

# Memorandum



DATE:

February 19, 2016

TO:

Honorable Members of the Public Safety Committee:  
Adam Medrano (Chair), B. Adam McGough (Vice Chair), Sandy Greyson, Tiffinni A. Young  
Jennifer S. Gates, Philip T. Kingston

SUBJECT:

**Quality Management Program**

On Monday, February 22, 2016, you will be briefed on the Quality Management Program by Deputy Chief George Gamez of the Dallas Fire-Rescue Department.

The briefing materials are attached for your review.

Please contact me if you have any questions or need additional information.



Eric D. Campbell  
Assistant City Manager

[Attachment]

cc: Honorable Mayor and Members of the City Council  
A.C. Gonzalez, City Manager  
Warren M.S. Ernst, City Attorney  
Craig D. Kinton, City Auditor  
Rosa A. Rios, City Secretary  
Daniel F. Solis, Administrative Judge  
Ryan S. Evans, First Assistant City Manager

Jill A. Jordan, P.E., Assistant City Manager  
Mark McDaniel, Assistant City Manager  
Joey Zapata, Assistant City Manager  
Jeanne Chipperfield, Chief Financial Officer  
Sana Syed, Public Information Officer  
Elsa Cantu, Assistant to the City Manager – Mayor & Council



# Quality Management Program

Public Safety Committee

February 22, 2016



# Purpose



- Establish a program where all paramedics are evaluated for completeness and accuracy in patient care documentation and clinical care
- It is the policy of the Dallas Fire-Rescue Department (DFR) to strive for excellence in patient care as reflected in the documentation of patient care reports

# Goals



## To Ensure:

- Effective, efficient and timely emergency patient care
- Identify the needs of the pre-hospital care providers
- Competence of all practitioners
- Responsiveness to perceived care needs
- Continuous, multi-faceted evaluation of the Emergency Medical Service (EMS) process
- Compliance with all state and local policy requirements
- Professional accountability through participation in Quality Management (QM) activities
- Administrative commitment/support for QM activities
- Monitoring of the process and outcome of patient care
- To improve the medical knowledge and skills of DFR personnel
- To provide institutional structure and organization to promote continuous Quality Improvement (QI) and clinical risk prevention

# EMS Quality Management Team



- Quality Management Team consists of the following:
  - Assistant Chief of EMS
  - EMS Deputy Chief
  - Medical Director
  - EMS Section Chief
  - EMS Quality Management (QM) Captain
  - EMS QM Lieutenant
  - EMS QM Coordinator - Civilian
  - EMS Field Supervisors
- Coordinates activities with all levels of field personnel

# EMS Quality Management Team



Determines goals, sets policies and implements the Quality Management Plan (QMP):

- Participates in the development of EMS policies, treatment guidelines, operational protocols and training initiatives
- Investigates clinical and operational inquiries from internal and external stakeholders
- Tracks operational and clinical performance through reviewing Electronic Patient Care Reports (EPCR) for compliance with the Standard of Care
- Maintains, compiles and aggregates data which tracks all DFR paramedics, rescues, treatments, customer service and documentation compliance issues
- Identifies outstanding performance deserving of recognition.

# Quality Improvement Process



- Prospective
  - Monthly Continuing Medical Education (CME) courses in targeted training areas
- Concurrent
  - Field Officers who directly observe patient care, give immediate feedback, provide training and notification of system changes
- Retrospective
  - Thorough review of past data from monitors, Automatic External Defibrillators (AED), hospital records, EMS dispatch, response time, run volume data and EPCRs

# Run Review Procedures



- QM Team currently reviews 3%-5% of the 17,000 monthly patient contacts, about 600 EPCR's per month
- Billing and clinical categories are reviewed for compliance:
  - Demographic information
  - Signs and symptoms
  - Vital signs
  - Proper treatments
  - Appropriate documentation





# Run Review Procedures



- Electronic Patient Care Reports (EPCR) are randomly selected from the EPCR administration site
- Graded by using a billing and clinical QM checklist
- Data collected is entered into a database for tracking and analysis
- Feedback is provided to the field paramedic and their EMS Field Supervisor

# QM Checklist



- The checklist was developed for reviewing EPCR's
- EPCR's are checked for
  - Completeness and accuracy of documentation
  - Correct clinical care and application of proper treatment guidelines
- Substandard EPCR's are noted and given to the EMS Field Supervisor to review with the responsible paramedics

# QM Access Database



QA/QI Start-Up PCR Documentation QM Billing and Clinical

## EPCR Documentation and Clinical Care Review

[Click Here To Add New Record](#)

<p>Incident # <input type="text"/></p> <p>Date of Service <input type="text"/></p> <p>Rescue # <input type="text"/></p> <p>Shift <input type="text"/></p> <p>Medic 1 Employee # <input type="text"/></p> <p>Medic 1 Last Name <input type="text"/></p> <p>Medic 1 First Name <input type="text"/></p> <p>Medic 2 Employee # <input type="text"/></p> <p>Medic 2 Last Name <input type="text"/></p> <p>Medic 2 First Name <input type="text"/></p> <p>Field Supervisor <input type="text"/></p> <p>Reviewed By <input type="text"/></p>	<p style="text-align: center;"><b>Aquired Billing Information</b></p> <p>Full Patient Name <input checked="" type="checkbox"/></p> <p>Date of Birth <input checked="" type="checkbox"/></p> <p>Social Security Number <input checked="" type="checkbox"/></p> <p>Patient Address <input checked="" type="checkbox"/></p> <p>Chief Complaint <input type="checkbox"/></p> <p>Patient Symptoms <input type="checkbox"/></p> <p>Patient History <input type="checkbox"/></p> <p>Medication <input type="checkbox"/></p> <p>Allergies <input type="checkbox"/></p> <p>Sufficient Information for Medical Necessity Determination <input checked="" type="checkbox"/></p> <p>Sufficient Information to make Level of Service Determination <input type="checkbox"/></p> <p>One Complete Set of Vitals (BP, Pulse, Resp) <input type="checkbox"/></p> <p>Proper Patient/Representative Signatures <input type="checkbox"/></p> <p>Legible Signatures of Both Medics <input type="checkbox"/></p>	<p style="text-align: center;"><b>Dallas Fire-Rescue Department Emergency Medical Service Guidelines</b></p> <p>If Transport refused, was the Patient/ Parent Refusal Signature obtained <input type="checkbox"/></p> <p>LifePack record was NOT attached to EPCR. EACH TIME LIFEPACK IS USED, LIFEPACK RECORD MUST BE ATTACHED TO EPCR <input type="checkbox"/></p>
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<p><b>Documentation Review Disposition</b></p> <input type="text"/>	<p><b>Documented Outcome</b></p> <input type="text"/>	<p><b>Clinical Care Review Disposition</b></p> <input type="text"/>
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Clinical Care Feedback	<input style="width: 80%;" type="text"/>
Documentation Feedback	<input style="width: 80%;" type="text"/>
Field Supervisor Comments	<input style="width: 80%;" type="text"/>

DateReviewed

QM ID Number  (New)

# Feedback to Paramedics



- The EMS Field Supervisor will review the run with the Paramedic to commend, coach, counsel and/or educate to achieve future compliance
- For performance above and beyond expectations, the Paramedic will receive a Commendation Letter, if warranted
- The QM Team may also send Review forms directly to affected paramedic's stations via internal mail

# Targeted Improvement Needs



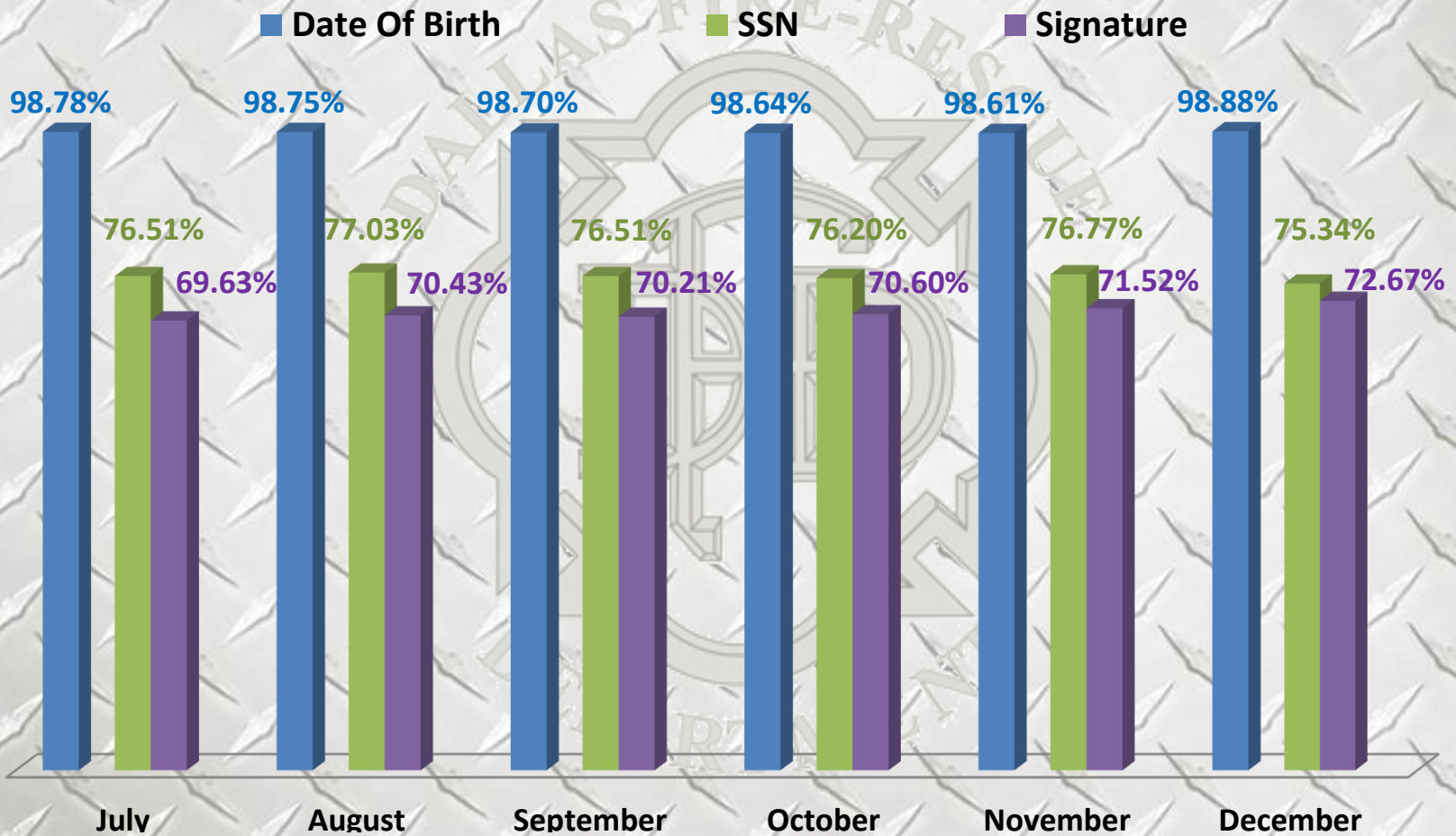
- The QM Database allows for statistical information usage/guidance in future documentation and clinical issues/training modules
- Helps target areas of improvement needing focused attention:
  - E.g.; deficiencies gathering demographics, signatures, deficient skills delivery or clinical care issues
- Individual paramedic history regarding strengths and deficiencies



# Improvement Stats



## 2015 Collection Percentage



# Overall Goal of QM Process



- QM process is not intended to be a punitive process
- Training, coaching and mentoring process is followed in order to improve the quality of care and documentation delivered by the individual paramedic
- Repeated non-compliance will result in utilization of progressive discipline process to correct deficient service delivery

# Future Steps



- Projected healthcare reform initiative impacts
  - Change from fee-for-service to value-based (performance) reimbursement model
  - Customer satisfaction component





Questions?

