

Transcript - Rural EMS Quality Improvement Basics - Level 2-Improvement Implementation Summary

Slide 0

Now that we've covered some of the concepts and tools used for quality improvement, let's talk about how to apply them in an EMS setting.

Slide 1

Thinking about team concepts from the EMS perspective may require us to expand our normal perception of a team. For practical quality improvement projects, we may need to expand our team to include paid staff or volunteer staff or nurses from the emergency room, a physician from the clinic, and our medical director, so our team could be pretty significant. It could also include representatives of the fire department or the Police Department or maybe the Sheriff's Office and the call takers for the 911 system in your jurisdiction. Another type of person that would be good to be considered for our team is a member of the public who has experienced our services and could provide that patient advocacy role.

Slide 2

Communication is essential to everything we do in health care. When properly employed, the right communication technique with the appropriate audience can make a world of difference in patient outcomes and our quality improvement efforts. The SBAR – Situation Background Assessment Response – is a clear, concise way to communicate with a receiving facility so they can be prepared to take over care for a patient in transit. Check-back, or closed-loop communication, can ensure that EMS team members are on the same page about who is doing what in a high-stress situation involving patient care. And when you are looking to engage partners in your quality work, a well-articulated elevator speech can help clearly convey your message and hopefully garner support for your efforts.

Slide 3

Fortunately for us, the Model for Improvement and the Plan Do Study Act cycle provide us with the steppingstones that we need to make changes in EMS. It also helps us see that we do not have to make all the changes all at once, but we can implement small tests of change to achieve our goals.

Slide 4

Much of the data we might need to use in EMS is easily accessible in ePCR (electronic patient care record) systems. For example, lights and sirens are documented for every call. The vital signs are recorded in the calls, too, making the data collection process simpler. In addition, as the data basics module indicated, we could add in surveys or data from outside sources such as our dispatch center or the emergency department to have complete data for a quality improvement project for EMS.

Slide 5

This concludes the Rural EMS QI Basics Level 2: Improvement Implementation. Armed with the knowledge gained through these modules you should now be ready to engage in quality improvement activities at your organization. Remember, QI Basics course modules are always available for your review. If you like what you've learned so far and want to further your understanding of quality improvement, check out Level 3 – Improvement Leader.