Transcript - Rural EMS Quality Improvement Basics - Level 3-Improvement Leader Summary

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Wow, many aspects of a quality improvement program go unnoticed unless you are actively involved in performing them. This course provides the foundational elements, the building blocks, needed to develop such a program.

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There are many tools that can help you in managing a QI team, including the project charter, work plan, and communication plan. In addition to the concepts covered in the course, another important consideration is the value of having standardized practices for managing meetings. As was mentioned previously, identifying the right parties to attend a meeting is very important. Once you have done that, scheduling the appointment with enough advanced notice for a day and time likely to have the best attendance from your partners is super important. Virtual meetings may be a good option for increasing attendance as well. If it's going to be attended by many unpaid persons, then consideration for evenings and weekends may have you holding a meeting outside of regular business hours. On the other end, if the session is with businesspeople and traditional schedules, then it would need to be during the day at a time convenient for a businessperson. Once that is set, publishing the agenda for your meeting, and distributing it ahead of time to the attendees will lead to a more successful meeting. It gives everyone time to think about what will be discussed, conduct any research needed ahead of time, and be mentally prepared to contribute to your discussion. If you find that your meetings become more controversial or other considerations lead to a need for very structured meeting management, then relying on the Roberts rules of order may be prudent. They can be found online and provide all the rules for conducting fair and effective meetings.

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In thinking about organizational culture, when it comes to change in EMS, sometimes, it takes some time to adjust. There can be numerous reasons for that. There are many pieces to an EMS system involved in transforming even the smallest of activities. There may also be differences of opinion among the people needed to effect the change. In an EMS organization there may be a mixture of paid and unpaid staff and other departments such as law enforcement and fire, plus hospitals and the community, making lot of different perspectives that must be considered. Reaching each of those groups to provide the justification and reasoning for the change at the same time can be highly challenging. Given these challenges, it is even more critical for us to be mindful of planning for a successful implementation of a change.

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Bringing it all together, we know that lights and sirens are standard components of EMS vehicles. They are intended to decrease the time it takes to respond to the location of an accident, illness, or injury and the time it takes to transport the patient to a definitive care center. But we also know that the use of lights and sirens is associated with a significantly higher risk of crashes, resulting in

injuries and death. So, it would make sense for your agency to decide to reduce the use of lights and sirens.

The first step to accomplishing this would be to identify the partners and invested parties who should be involved. This may be your paid and unpaid staff, supervisors, 9-1-1 dispatchers, EMS medical director, and the hospital managers for the ED and trauma services. It would also be a good idea to include a member of the community who can represent the patient perspective and there may be value in inviting someone from your local TV, radio, or newspaper outlets.

Scheduling a meeting to discuss the topic that will allow the most people to attend comes next. Putting together an agenda to address the topic logically will keep people on task.

Preparing some data on local practices, such as your agency's percent of responses and transports with lights and sirens. Set a goal to reduce this number by a reasonable amount over the coming year, to have a SMART goal (specific, measurable, achievable, reportable, time-bound).

Using the data collected in the ePCR system regarding use of lights and sirens, develop or access reports already available that you can run monthly. Print or share graphs to show the percentages for each week or month, depending on how many calls your agency runs. During monthly staff meetings, take the time to go over the progress that they are making. Congratulate them on their successes and help them understand any concerns that may be raised. After 6-12 months, you will be able to look back at the prior year and see all that has been accomplished.

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We can also take a similar approach to the documentation of a complete set of vital signs in a patient's record. Obtaining a patient's vital signs and recording them accurately in their medical history is essential to providing clinically appropriate care! Again, you might share examples with the team of when documented vitals have contributed to positive patient outcomes or lack of documented vitals has resulted in rework, inefficiencies, or poor patient outcomes.

Are your providers missing opportunities to record all of the vital signs? Why is that? Do they tell you that the waveform does not look very good, so they skipped that particular reading? Did they just forget to record it? You will be able to figure out why if you take this on as a quality improvement project using the tools taught in this course.

You might consider using process mapping to document the workflow for collecting and documenting vitals and identifying gaps or variations.

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This simple process map starts when a patient encounter is generated in the ePCR. As part of the assessment, the responding EMS professional attaches a pulse ox sensor to the patient's finger and reviews the results. They then consider, do the results match the patient presentation? If yes, they enter the data into the patient encounter.

But what if the results don't match the patient presentation? The responding EMS professional would then troubleshoot placement and functionality of the pulse ox sensor and view the results again. If the troubleshooting was successful and the results now match the patient presentation, that data can be entered into the patient encounter. However, if they were unsuccessful, the issue should be reported to the supervisor.

Let's imagine, the pulse ox was consistently not being entered. Without considering the full process flow we might jump to assuming the issue is simply one of consistent document and react to this discovery by sending a memo to all staff that pulse ox measurements must be entered on all patients. We've prescribed a fix without clarifying the problem. If instead, working with our colleagues, we review the process step by step, we may discover that the sensor was having difficulty obtaining a reading on many patients. We assumed the issue was one of documentation, when really the pulse ox wasn't being collected at all due to faulty equipment. Maybe it needs to be cleaned, the cord isn't connected securely, or the sensor is no longer functioning as expected. Knowing this, we can address the sensor's functionality and ensure a consistent process for reporting such issues. We identified areas for improvement by looking at the process itself.

Once you've identified potential interventions to improve vitals collection and documentation, implement and monitor performance. What works about the updated process? What doesn't? Did your intervention solve the issue, or do you need to take a different approach? These are the steps of the PDSA process that you are now equipped to lead your team through.

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This concludes the Rural EMS QI Basics Level 3: Improvement Leader. Armed with the knowledge gained through these modules you should now be ready to lead quality improvement activities at your organization. Remember, QI Basics course modules are always available for your review. Come back any time to review on your own or with your colleagues. We wish you all the best in your quality improvement work!

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