

Meeting of the Minds: A CQI Colloquium

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Mind your Ps and Qs: Quality Improvement, Quality Assurance & Performance Improvement

Understanding the differences
and
how to use the information to improve care

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So what is a "colloquium", anyway?

- An academic seminar
- An informal meeting for exchange of views
- ... it was a way to incorporate the letters **CQI** into our title

Goals for CQI:



- Create an environment of continued improvement
- Help agencies and individuals to look at the way they deliver care and services
- Identify root causes of problems in our systems
- Implement processes to mitigate errors
- ... **AND innovate systems to make improvements in care delivery!**

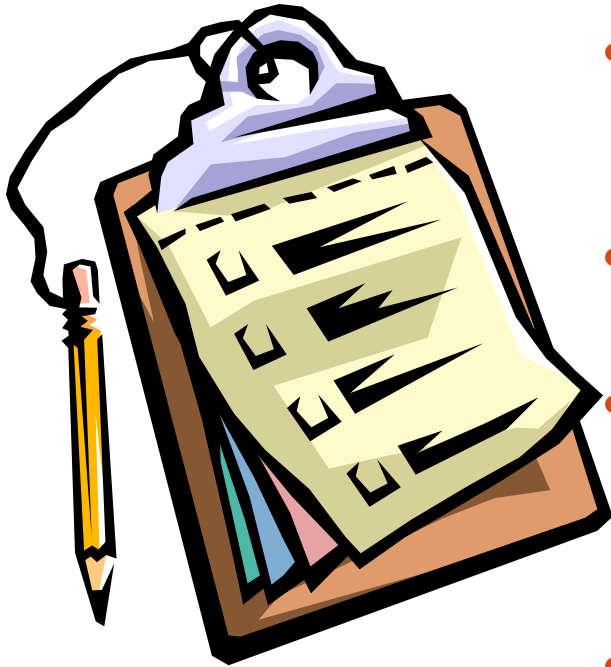
Terminology:

- **QC:** quality control
- **QA:** quality assurance or assessment
- **QI:** quality improvement
- **PI:** performance improvement

So what's the difference???



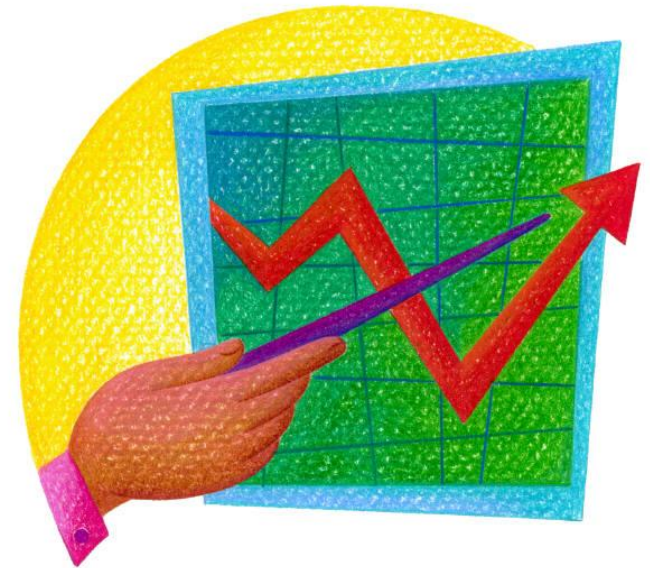
Quality Control (QC)



- Putting routine checks in place to ensure that your service will be safe and effective
- Routinely documented, usually a checklist.
- A task that is generally easily shared among staff; all have a role to play in making day-to-day work safe
- Examples: defib checks, routine preventive maintenance, checking for outdates

Quality Assurance (QA)

- Determines where we are in relation to where we want to be
- Compares measured performance to a predetermined benchmark or threshold
- Examples: documentation review; procedure compliance; clinical studies (stroke CT times, STEMI D2B times, scene times, etc.)



Quality & Performance Improvement



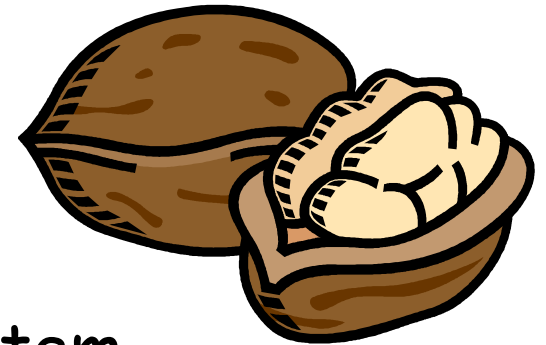
- Using data to make changes for the better
- Setting specific goals and *making changes to achieve those goals*
 - They rely on measuring progress routinely
- Examples: Looking current clinical trends to develop new treatment guidelines; using QA data to determine specific areas to improve clinical outcomes

Example of using QA data to create a QI project:

- 2009 study of 570 pts w/non-traumatic chest pain
- Metrics separately:
 - VS - 99%
 - 12-lead - 92%
 - Lung sounds 73%
 - Document risk factors - 73%
 - ASA - 62%
- "Bundling" them together:
 - Overall compliance - 39%
 - ASA was withheld for younger pts
- Conclusion: "The care received by the majority of pts with non-traumatic CP is incomplete, and that there is great inconsistency in the way CP pts are treated."
- *Plan: Evidence-based education on outcomes through "bundling" of interventions*

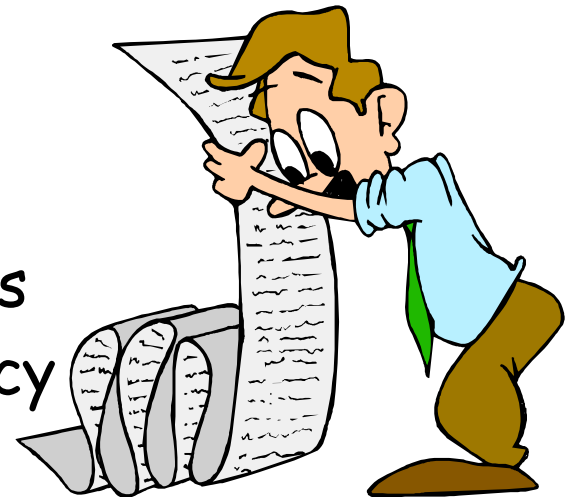
In a nutshell...

- *Quality Assurance* demonstrates that a set of requirements or criteria are met
- *Quality Improvement* refers to making things better
- *Continuous Quality Improvement* includes ongoing or repeated improvements in the process or system



What is required for an EMS Provider CQI plan?

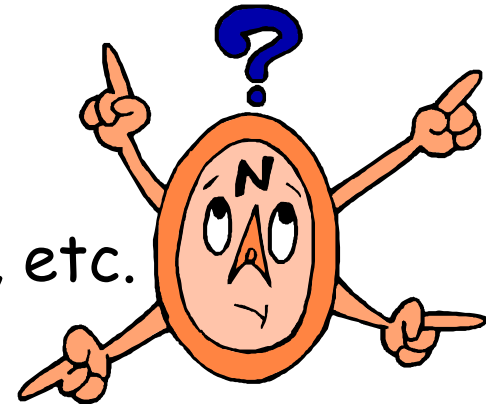
- According to regulations, these elements should be addressed in your plan:
 - Personnel
 - Equipment & Supplies
 - Documentation
 - Clinical care and patient outcomes
 - Skills maintenance and competency
 - Transportation and facilities
 - Public education and prevention
 - Risk management



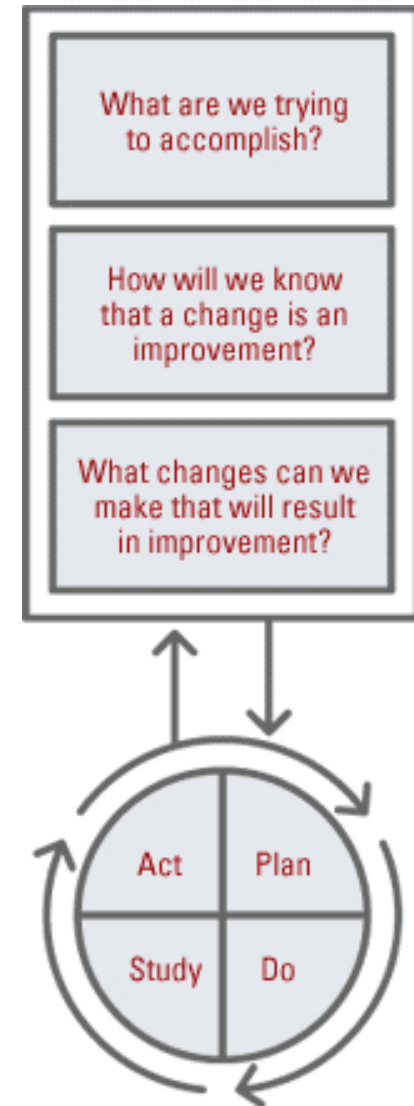
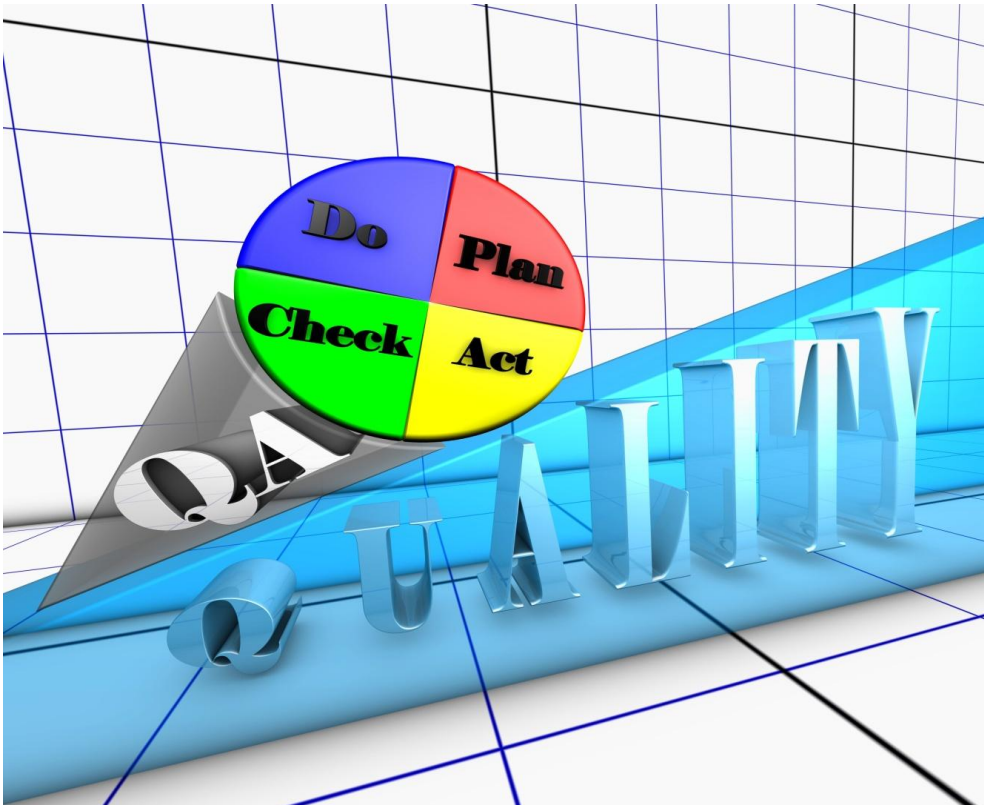
Reference: Title 22, Division 9, Chapter 12, Article 2, Section 100402

So how do we do *that*?

- *It is OK to start with just the basics*
 - Examples: EMT recerts, chart reviews, etc.
- EMSA website has a sample template
- OC EMS has two sample templates, available upon request
- Here are some suggestions to get you started...

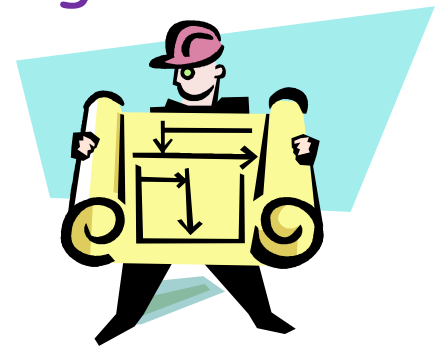


One simple method as a basis...



Common Components of a CQI Plan

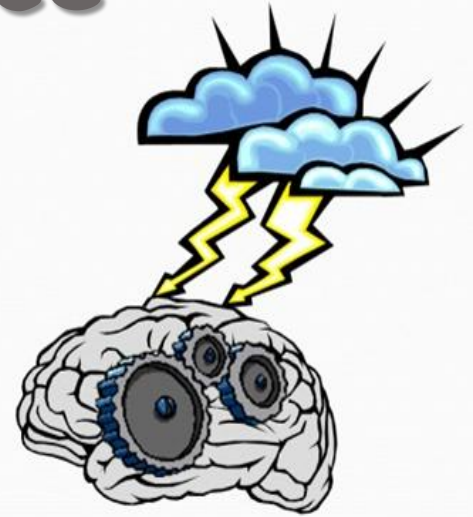
- Retrospective review → Example: PCR Audits
 - Designed to identify potential or known problems and *prevent their recurrence*
 - Audit for agency success as well as individual provider
- Concurrent Review → Example: Field Care Audits
 - Designed to identify problems or potential problems *during patient care*
- Prospective Review → Example: Networking with peers for new ideas and trends
 - *Prevent potential problems OR*
 - *Improve care BEFORE the call*
 - Education based on new trends and treatment
 - Identifying areas for improvement based on current literature



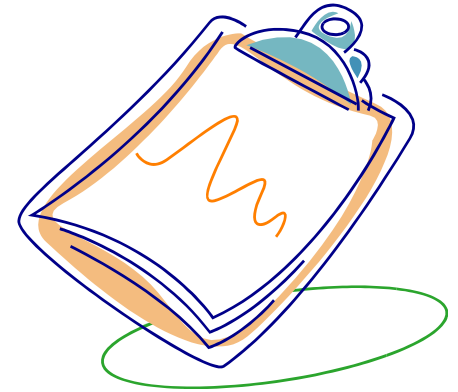
Department Performance

Even though we are looking at the same data:

- You decide how you and your staff will measure performance
 - Do some good, old fashioned brainstorming
- You decide what processes need improvement and how to improve them
 - Create a "culture of safety" and improvement through teamwork and transparency
- You determine your direction using data and collaboration



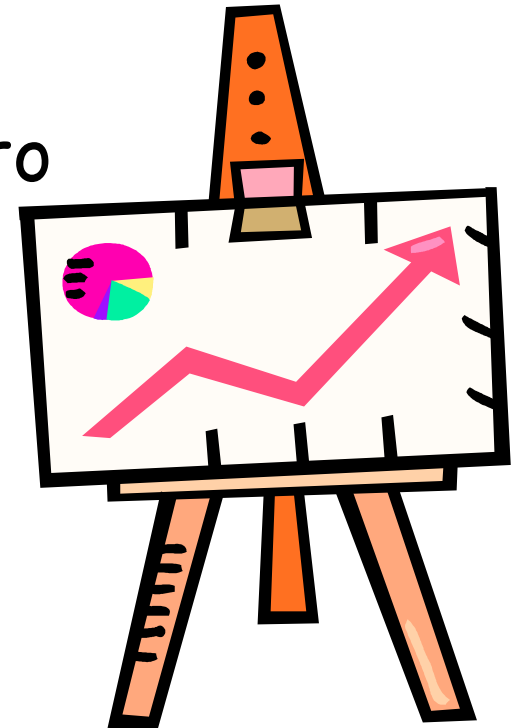
Data Collection



- Define what you are collecting
 - So that everyone is clear
 - Describe in quantifiable terms what you will measure & how to measure it consistently
 - If there are exclusions, explain these
- Know why you are collecting the data
 - What will you do with it once you have it?
- What level of detail do you think you will need to get to the root of the issue?
- How much data will you look at?

Making Data Meaningful

- Data, graphs, and reports can speak volumes
- They are tools to show progress over time
- They help your team stay focused to continue in the right direction
 - CQI isn't just one person doing audits!
- Post progress for your team members to see



Data Pitfalls – Watch out!

- Data collection and how it is done – be consistent
- Inaccurate measuring, or not getting the right criteria
- Temptation to manipulate/exclude to get what you want
- Poor choice of collection period
- Lost data (Save, save, save...)



EMSA Core Measures

- Developed through grant funding to evaluate system performance
- EMSA will be collecting "sets" of data
 - Trauma Care
 - ACS Care
 - Cardiac Arrest
 - Stroke care
 - Respiratory Care
 - Pediatric EMS
 - Pain Assessment and Intervention
 - Skill Performance
 - Response and Transport
 - Public Education: CPR



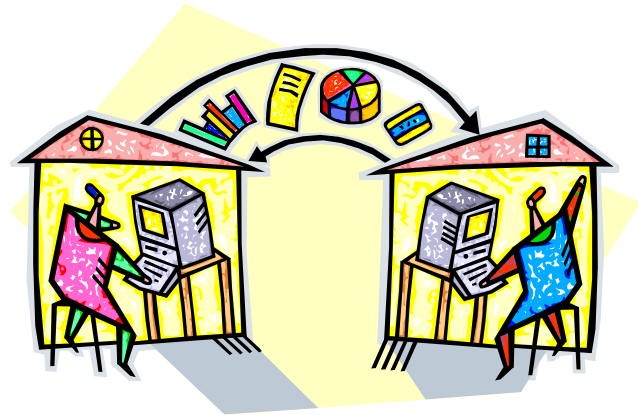
You may use these to help build your plan...

Sample Core Measures

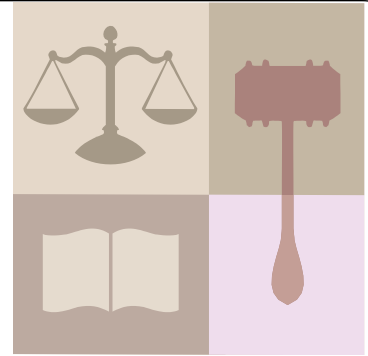
- ACS-2: 12-lead EKG performance
 - A process measure that looks at the number of patients with a provider impression of chest pain/discomfort who have a 12-lead EKG performed
- CAR-2: Out-of-hospital arrests who have a return of spontaneous circulation (ROSC) in the field
 - A process measure collecting a % of cardiac arrest patients who have ROSC in the field

Tips for Success: Getting started

- Align your project with local or departmental education and training goals
- *Start small* and as you get better, expand your measures
- Network with your peers and find out what works for them or what barriers they have overcome
 - Don't re-invent the wheel!! Borrowing is good!

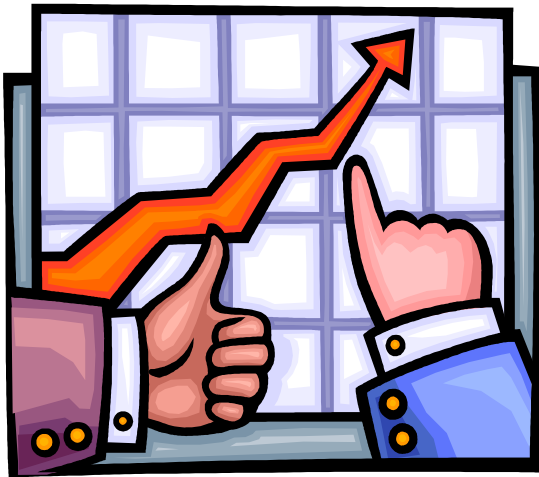


Tips for Success: Creating a “just culture”



- A balance between the “bad apple” and the “blame-free” concepts
- Assume that mistakes will happen
- *Focus less on the “who” and more on the “how”*
- Look at the system and build in safety
 - Checklists, procedures
- Understand and mitigate “complacency drift”
 - Support the reporting of “no harm, no foul” events
- Know when it is no longer a system issue and more of a “risk behavior” issue which requires counseling

Tips for Success: Sustainment



- Keep after it - it benefits the patients, the agency as a whole and the individuals you work with
- Involve your staff, those who are "in the trenches"
 - They probably have great ideas
 - You might learn how things are really being done
 - They'll be more likely to support the plan and the positive changes that will come

Tips for Success: Celebrate!!

- Celebrate your success (no matter how small)
 - Reward yourself and your staff
- CQI isn't always about finding errors or figuring out who did it!
- CQI is about making a difference for the people we serve!!



"To improve is to change;
to succeed is to change often."

Winston Churchill

