

Performance Improvement (PI)

Purpose

The Summa EMS Performance Improvement (PI) Plan outlines a coordinated, systematic approach to improving patient care and health outcomes. The plan is designed to educate, communicate, implement and sustain continuous improvement and to create a culture focused on improving the safe and effective delivery of prehospital care.

Procedure

- A. Each EMS agency shall identify at least one individual who will serve as their Performance Improvement (PI) “point-person” who regularly monitors agency run reports. Agency shall provide medical direction office at Summa the name and contact information for this PI point-person so we can stay in regular communication.
- B. The agency PI point-person shall evaluate the agency run reports looking for the following:
- Calls that went well, for which the crew deserves positive reinforcement
 - Calls that contain errors/opportunities for improvement, for which the crew requires protocol review, education or remediation
 - Calls that are ambiguous, uncertain, or require further guidance from medical direction
- C. The PI point-person shall focus on the following types of calls, in particular those requiring specialty team activations:
- Trauma alerts
 - STEMI alerts
 - Stroke alerts (whether VAN + or -)
 - Cardiac arrests
 - Shock (any etiology) or suspected sepsis
 - Calls requiring advanced airway insertion
 - Calls requiring sedative medication to be given (e.g. violent behavior, seizure)
 - Calls for pediatric patients in which medications were administered (high risk area)
 - Refusal of Medical Attention/RMA calls (high risk area)
 - Calls that represent “bounce-backs”, wherein the agency was called to care for the same patient twice in 24 hours
- D. If the PI point-person has questions about how a call was handled, is uncertain how to evaluate a given case, feels that the crew did an excellent job and should be recognized, or that a case represents an opportunity for improvement/requires remediation, they shall forward details on that case to their local Summa EMS Coordinator. Summa EMS Coordinator will evaluate the case and if necessary, refer it to medical control for review.

E. Summa Health EMS Coordinators and EMS medical directors will also periodically review high risk cases listed in Section C to identify trends or opportunities for improvement within the System

F. Call feedback: Use of the Summa Health ESO Health Data Exchange (HDE) is encouraged, but not required. The HDE provides automated feedback on every patient brought to Summa facilities whose wristband is scanned. If this is not utilized, Summa Health EMS office will provide feedback on the results of a patient's workup and their ultimate disposition on any call, anytime, as requested by the referring agency

G. If based on the review of a given case, a full formal QA investigation is either requested by the referring agency or deemed necessary by the Summa EMS office, the following Quality Assurance (QA) Investigation Template form shall be utilized by Summa EMS medical direction:

**PATIENT CARE ISSUE
PROTECTED QA REPORT**

DOS: _____

Agency: _____

Provider/Level: _____

Referred to OMD by: _____

Summary: _____

Impact: _____

Provider Thought Process: _____

Errors Made: _____

Remediation: _____