A. The Summa EMS Performance Improvement Plan outlines a coordinated, systemic 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 delivery of health care services.

B. Each EMS service must identify one individual who will be responsible for the PI program.

C. Effective January 1, 2012 each EMS service will complete at least one PI project per quarter. Findings will be submitted to the EMS Office. Topics covering any issue related to direct patient care may be selected by the service or the Medical Director may suggest and/or request a specific topic.

D. Summa EMS Offices and Medical Directors will review the topics and results to detect trends and identify strengths and weaknesses. Through these ongoing review processes, educational needs will be identified and programs developed to meet those needs as well as updating protocols as needed.

PROCEDURE

A. Select a topic to evaluate. Some suggestions for PI topics are listed at the end of this protocol.

B. Gather run reports that apply to the topic. In order to be statistically significant, we need data from at least 30 run reports. For some departments that may mean reviewing more than one quarter of reports at a time to get an adequate number.

C. Gather data.

D. Complete PI form:
   1. “The Standard or Aspect of Care Being Monitored” is the general protocol or category being evaluated. For example – Altered LOC Protocol.
   2. “Indicators of Care” are the specific item(s) being monitored. Example: Blood sugars are to be checked on all altered LOC calls
   3. “Acceptable compliance” is the percentage of time that the EMS service feels this indicator should be met. This number is established prior to gathering data. Example: 100%.
   4. “Data examined” is the number of applicable run reports reviewed and over what time frame. Example: 35 altered LOC run reports reviewed from January through March
   5. “Results” – how many times was the Indicator of Care met, reported as a percentage. Example: 60%
   6. “Actions” – what was done with the information obtained. Example: PI results and Altered LOC Protocol posted for department to review.
   7. “Evaluation / Follow-Up” is what will happen next. Example: will re-evaluate in the fourth quarter.

E. Forward results to EMS Office.

F. Post PI form for department members to review.

G. If results did not meet the acceptable compliance level, develop strategies to improve results. These may include protocol review, training sessions, etc. Establish a timeline to complete these strategies and then re-evaluate topic.
These are just some suggestions. Only need to evaluate on specific point per PI report.

A. Altered LOC Protocol
   1. Was BS checked?
   2. BS treated appropriately
   3. GCS

B. Acute Coronary Syndromes
   1. Oxygen administration
   2. Aspirin administration
   3. IV access

C. 12-lead protocol
   1. Done as indicated
   2. Documentation that EKG was shown to physician

D. Respiratory Emergencies
   1. Assess breath sounds
   2. IV access obtained
   3. Monitor EKG
   4. Oxygen
   5. CPAP used as indicated with proper documentation

E. Seizure Protocol
   1. Blood sugar check
   2. Oxygen

F. IV Protocol
   1. AC site used only for unstable patients and life-saving interventions
   2. Proper documentation – site, catheter size, time, attempts, person starting, amount of solution administered

G. General documentation
   1. Advanced airway – tube size, persons inserting, measurements as applicable, confirming data (ETCO2, capnography, etc), lung sounds before and after, placement evaluated q10 minutes and with every position change
   2. Allergies
   3. Signature of EMT in charge
   4. Medications – time, dose, route, response
   5. Vitals as indicated for conscious sedation, pain management, nitro
   6. EMT’s “impression”
   7. Pulse checks before and after immobilization
   8. Patient Alternative Transport was authorized by ED physician
   9. Patient refusal documentation
   10. Vitals signs every 5 minutes for unstable and every 15 minutes for stable patients
   11. Care provided prior to EMS arrival (e.g., bystander CPR, AED use)

H. Restraint Policy
   1. Assess extremities for color, nerve and motor function, pulse and cap refill every 15 minutes
   2. Reason for restraint documented

I. Trauma Protocol
   1. MOI documented
   2. GCS
   3. On scene time < 10 minutes; with explanation documented if > 10 minutes
   4. Reason documented that trauma patient transported to a non-trauma center

J. Patient death – All DOAs (dead on arrival to ED) and DAAs (if known to EMS) should be reviewed to ensure that appropriate protocols were followed. Documentation of this review does not need to be submitted to the EMS Office and does not count towards the number of PI projects required.
Submitted by: ____________________________________________      Date: ____________________

EMS Department: ________________________________  Acceptable Compliance: _______%

Standard or Aspect of Care Being Monitored: _______________________________________________

Indicator(s) of Care: ___________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Data Examined:  Number of applicable run reports __________    Time Frame: ____________________

Results: ___________% compliance.

Action(s); __________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Evaluation / Follow-Up: _________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Misc. information: _____________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________