**EAST ALABAMA EMERGENCY MEDICAL SERVICES**

**MISSION, VISION, AND OBJECTIVES**

**MISSION STATEMENT:**

"To provide the highest standard of prehospital emergency medical care, saving lives, and improving the health outcomes of our community through compassionate, efficient, and innovative practices."

**VISION STATEMENT:**

"To be a model of excellence in prehospital emergency medical services, setting the highest standards in patient care, training, and community engagement, while fostering seamless integration with hospitals for the betterment of our Region's health."

**QUALITY IMPROVEMENT OBJECTIVES:**

**Enhance Patient Care Quality** **-** Continuously improve the quality of prehospital care through evidence-based practices and the latest medical technologies.

**Optimize Response Time** **-** Minimize response times to emergency calls, ensuring swift access to medical care in critical situations.

**Strengthen Training and Education** **-** Provide ongoing training and education for EMS personnel to maintain the highest level of competence.

**Patient Satisfaction -** Regularly gather feedback from patients and their families to improve the patient experience.

**Interagency Collaboration -** Foster strong partnerships and seamless communication with local hospitals and other healthcare providers.

**EAST ALABAMA EMS – REGION 2**

**QUALITY ASSURANCE FY2023-2024 PRIORITIES**

**Quality Assurance**

* Each hospital and EMS provider is dedicated to delivering the utmost standard of care to every acute health care system patient, adhering closely to both state and regional EMS guidelines.
* This commitment is solidified through the signing of a Quality Memorandum of Understanding with the regional EMS office, ensuring formal recognition and reinforcement of our dedication to excellence.
* With a steadfast commitment to patient well-being, our hospitals and EMS providers uphold the highest standards of care in every acute h care system patient interaction and treatment.
* Acknowledging the paramount importance of quality assurance and acute health care system patient-centered care, Region 2 Healthcare partners are committed to establishing transparent patient care expectations and implementing robust quality processes. This commitment fosters a culture of continuous improvement through regular review and active engagement in patient care processes.

**Medical Direction**

* Regional Medical Director
* Quality Assurance (QA/QI)
* Regional Medical Direction & Accountability Committee (MDAC)
	+ On-Line Medical Directors
	+ Off-line medical directors (Service Medical Directors)

Job expectations and responsibilities of our physician leaders

* EMS Personnel skills competencies and proficiencies
* OLMD (Off) Service Chief Medical Officer
* EMS Provider – Operational Accountability

**Delivery of Care – Patient Experience**

* Patient Care – (Point of Care)
* Skill performance –in accordance with standard of care
* ePCR (Electronic Patient Care Report) – accurate and appropriate
* Patient Refusing Transport (PRT) – monitoring and compliance
* Quality Review – meaningful metrics of categories – OLMD expectations
* Patient Outcomes - monitoring and compliance
* Patient Satisfaction Process – meaningful and measurable survey

**QUALITY ASSURANCE FY2023-2024 PRIORITES - CONTINUED**

**Operations – Metrics – Reporting**

* Utilization of Resources
	+ ATCC
	+ Hospital – Resources category – designation – destination
	+ Aero-medical
* Times
	+ Time of Call
	+ Unit Dispatch
	+ Response
	+ Point-of-care
	+ On-scene
	+ Transport
	+ In-service

**Quality Assurance and Continuous Quality Improvement (CQI)**

* Physician Leadership – Engagement and Oversight
* Delivery of Care and Patient Experience Care Review
* Outcomes – specific area for CQI focus – education
* EMS Provider Request Region Specific CQI education course
	+ Plan
	+ Physician oversight – participation - approval
	+ Outcome monitoring and compliance
	+ Report of Accomplishments

**State – Regional Education**

* + Medical Legal
	+ Protocol Review
	+ Rules Review
	+ AHS – Plan – Process
	+ Engagement of process Improvement and examination of EMS service provider communities.
	+ Pediatric Education

**EAST ALABAMA EMERGENCY MEDICAL SERVICES**

**QUALITY PLAN**

**KEY COMPONENTS**

**KEY COMPONENTS:**

**Continuous Quality Improvement (CQI):** We embrace a culture of continuous quality improvement, constantly seeking ways to enhance our services. We recognize that excellence is an ongoing journey, not a destination, and we are dedicated to staying at the forefront of medical advancements and best practices. CQI can be used to engage in measurable progress in a variety of areas, including but not limited to improving key patient-care metrics, professional development, and short and long-term organizational improvement.

**Patient-Centered Care:** We pledge to prioritize the needs and well-being of our patients above all else. Every decision, every action, and every innovation are centered on ensuring the best possible outcome for those we serve.

**Collaboration:** We understand that delivering exceptional patient care requires a coordinated effort. We collaborate with hospitals, first responders, local government agencies, and the broader healthcare community to ensure seamless, efficient, and effective emergency medical services.

**Organizational Improvement:** We embrace innovation and strategic asset management as a means to enhance patient care. We invest in cutting-edge technology, evidence-based protocols, and innovative solutions to improve response times, diagnosis, and treatment options.

**Accountability:** We hold ourselves accountable for our actions and outcomes. We actively seek feedback from patients, their families, and our community partners to drive improvements. Transparency and accountability are the cornerstones of our commitment to quality.

**Professional Development:** Our team members are our most valuable asset. We are committed to fostering an environment that encourages learning, growth, and the highest levels of professionalism among our staff. We invest in training, education, and support to ensure that our EMS providers are equipped with the latest knowledge and skills.



**ACCOUNTABILITY**

**REGION 2**

**COLLABORATION**

**PATIENT – CENTERED**

**CARE**

 **QUALITY**

 **PLAN**

**PROFESSIONAL**

**DEVELOPMENT**

**ORGANIZATIONAL**

**IMPROVEMENT**

**CONTINUOUS**

**QUALITY**

**IMPROVEMENT**

**EAST ALABAMA EMERGENCY MEDICAL SERVICES**

**FEBRUARY 2024**

 **Calhoun – Chambers – Cherokee – Clay – Cleburne – Coosa – Etowah – Randolph – Talladega – Tallapoosa**

**CONTINUOUS QUALITY IMPROVEMENT**

**Purpose:** Continuous Quality Improvement (CQI) is a never-ending process in which all levels of healthcare workers are encouraged to team together to develop and enhance the system within which they work. Based on EMS community collaboration and a shared commitment to excellence, the CQI process identifies areas for improvement within the EMS System. The CQI process identifies training opportunities, highlights outstanding clinical performance, audits compliance with treatment protocols, and reviews specific illnesses or injuries along with their associated treatments. These efforts contribute to the continued success of emergency medical services providers through a systematic process of review, analysis, and improvement.

CQI involves but is not limited to the following activities:

1. **Prospective** – Designed to prevent potential problems.
2. Comply with all pertinent rules, regulations, laws, and codes applicable to emergency medical services.
3. Coordinate prehospital quality committees.
4. Plan, implement, and evaluate the emergency medical services system, including public and private agreements and operational procedures.
5. Implement advanced life-support systems and limited advanced life-support systems.
6. Approve and monitor prehospital training programs.
7. Certify/authorize prehospital personnel.
8. Establish policies and procedures to assure medical control and oversight, which may include dispatch, basic life support, advanced life support, patient destination, patient-care guidelines, and quality improvement requirements.
9. Facilitate implementation by system participants of required Quality Improvement plans.
10. Design reports for monitoring identified problems and/or trends analysis.
11. Approve standardized corrective action plan for identified deficiencies in prehospital and base hospital personnel.
12. **Concurrent** – Designed to identify problems or potential problems during the course of patient care.
13. Site visits to monitor and evaluate system components.
14. On-call availability for unusual occurrences, including by not limited to:
* Multi-casualty Incidents
* Ambulance Rerouting and Hospital Bypass
1. **Retrospective** – Designed to identify potential or known problems and prevent their recurrence.
2. Evaluate the process developed by system participants for retrospective analysis of prehospital care.
3. Evaluate identified trends in the quality of prehospital care delivered in the system.
4. Establish procedures for implementing the review process for prehospital emergency medical personnel.
5. Monitor and evaluate an incident review.
* Continued

**CONTINUOUS QUALITY IMPROVEMENT PLAN - CONTINUED**

1. **Reporting/Feedback** – CQI activities will be reported to East Alabama EMS in a manner to be jointly determined by system participants.
2. Evaluate submitted reports from system participants and make changes in system design, as necessary.
3. Provide feedback to system participants when applicable or when requested on Quality Improvement issues.
4. Design prehospital research and efficacy studies regarding the prehospital use of any drug, device, or treatment procedure where applicable.
5. **Plan, Do, Check, Act** – During the improvement phase, the PDCA (Plan, Do, Check, Act) model can be used to implement and evaluate improvements.
6. ***Plan –*** Understanding of the process gleaned from process analysis is used to make planned changes to the process.
7. ***Do –*** Such changes should be implemented as a pilot test or design experiment.
8. ***Check –*** As a means of assessing the efficacy of changes made to the process, post-change performance is assessed and compared to baseline performance. This can be done with pre- and post-comparison of control charts or more advanced statistical methods.
9. ***Act –*** Finally, adjustments are made as necessary and then changes are implemented system-wide. The PDCA cycle continues to be repeated until the desired actions are achieved.

**Action:** Utilize the Quality Improvement Program/Project Template – Appendix A.

**Special Projects**

1. If a service is participating in an OEMS or Regional EMS special project, extra care should be taken.
2. In such situations, a service will be provided with instructions as to how to document findings, and they may be provided with specific sheets or electronic files for documentation purposes.

**EAST ALABAMA EMERGENCY MEDICAL SERVICES**

**PATIENT-CENTERED CARE**

**PREHOSPITAL QUALITY METRIC PLAN**

**Purpose:** To establish a robust quality metrics plan for EMS Providers to ensure the highest level of patient care and continuous improvement.

**I. QUALITY METRIC FRAMEWORK**

 **1. Patient Outcomes:**

1. **Mortality Rates:** Monitor and record patient survival rates post-EMS intervention.
2. **Complication Rates:** Track and analyze the occurrence of complications related to EMS

 procedures

1. **Patient Satisfaction:** Gather feedback from patients on the quality of care provided.

 **2. Response Times:**

1. **Response Time Goals:** Set specific response time targets for different types of

 emergencies.

1. **Response Time Data Collection:** Implement a system for real-time monitoring and data

 collection of response times.

 **3. Patient Chart Reviews:**

1. **Medical Documentation:** Ensure accurate and comprehensive patient charting.
2. **Regular Audits:** Conduct routine audits of patient charts to identify areas for

 improvement.

**II. IMPLEMENTATION STEPS**

 **1. Data Collection and Analysis**:

1. **Data Sources:** Gather data from EMS records, patient charts, and feedback surveys.
2. **Analysis Team:** Establish a dedicated team to analyze collected data.

 **2. Continuous Quality Improvement (CQI):**

1. **QI Committee:** Form a committee responsible for CQI initiatives.
2. **Action Plans:** Develop action plans based on identified areas for improvement.
3. **Regular Meetings:** Hold regular CQI meetings to review progress and adjust strategies.

 **3. Training and Education:**

1. **Ongoing Education:** Ensure EMTs and paramedics receive continuous training.
2. **Review Protocols:** Periodically review and update EMS protocols and procedures.

**III. REPORTING AND FEEDBACK**

 **1. Reporting Mechanisms:**

1. **Incident Reporting:** Implement a system for reporting adverse incidents.
2. **Feedback Channels:** Establish channels for EMTs and paramedics to provide feedback.

 **2. Transparency:** Share quality metrics data and improvement initiatives with EMS personnel,

 stakeholders and the public.

**PATIENT-CENTERED CARE - PREHOSPITAL QUALITY METRIC PLAN**

**PAGE TWO**

**IV. PERFORMANCE EVALUATION**

 **1. Performance Metrics:**

1. **Key Performance Indicators:** Define specific metrics for success in patient outcomes,

 response times, and documentation.

1. **Regular Evaluation:** Review performance against established metrics at regular

 intervals.

 **2. Recognition and Incentives:** Recognize outstanding EMTs and paramedics and provide incentives

 for maintaining high-quality care.

**V. DATA COLLECTION AND REPORTING**

1. Prospectively identify areas for improvement and enable data-driven decisions.

2. Monitor system changes after QI Interventions has been implemented.

3. Monitor individual and group performance in the individual system.

4. Support research.

5. Provide benchmarks with other EMS systems.

6. Identify data collection systems to utilize in decision making, including Biospatial, ADPH systems

 and internal billing systems.

**VI. COMPLAINTS**

 1. The QI Committee will review outside complaints from the patient or other outside sources.

**Action:** Utilize the Alabama Department of Public Health, Office of EMS Complaint Form – Appendix B.

**VII. CONCLUSION**

**Continuous Improvement** East Alabama Emergency Medical Service is committed to continuous improvement in patient care and EMS services.

**Review and Adaptation:** Periodically review and adapt this plan to align with changing needs and best practices in EMS.

**Action:** Utilize the Prehospital EMS Metrics, EMT & Paramedic Review, and Patient Outcome Monitoring Form – Appendix C.

**Action:** Utilize the Sample Review Forms – Appendix D

**COLLABORATION**

**Purpose:** Strategies to improve interdisciplinary collaboration include aggressively seeking opportunities for dialogue and participation, including conversations peripheral to traditional EMS topics, and the creation of partnerships with other organizations to provide combined services or at least exchange information. Collaboration is a key component of working with other community healthcare stakeholders to create a common vision for the full spectrum of community-based care.

1. **Promote involvement in community outreach.**
2. Develop a community outreach plan, to include regular organization participation at neighborhood and community meetings.
3. Prioritize established time commitments to allow for community outreach.
4. Maintain a central coordinating system for tracking community outreach and report on outreach activities on a regular basis.
5. Designate a community outreach contact and communicate clear expectations of their role.
6. **Cultivate partnerships with other healthcare system stakeholders to support organization services.**
7. Evaluate current organization partnerships for effectiveness and increased opportunity and provide a formal report.
8. Establish a regular, frequent communication mechanism with partner agencies.
9. Create new agency partnerships where a mutually beneficial goal can be identified.
10. Utilize partnerships to solve problems, expand services, and inform decision-making.
11. **Conduct research to identify the opinions and priorities of the community, and their awareness and support for current and proposed department programs.**
12. Conduct community surveys.
13. Use survey results to better inform community outreach efforts.

**ORGANIZATIONAL IMPROVEMENT**

**Purpose:** A strategic focus on managing an organization’s assets is critical to removing barriers to the goal of providing the highest quality of patient care possible. An emphasis on effective long-term asset management built around patient needs is key to organizational improvement. A strategic focus on asset management serves as a key component in the framework for enhancing an agency’s operations and the overall healthcare system, with three areas of focus: 1) patient experience of care, 2) community health improvement, and 3) organizational improvement.

1. **Create a long-term technology plan.**
2. Form a planning committee to define expected outcomes and priority areas.
3. Conduct inventory and needs assessment of technology.
4. Develop a plan and budget that includes a roadmap for optimal technology investments.
5. **Plan for long-term asset sustainability.**
6. Develop a comprehensive lifecycle replacement schedule for personal protective and other equipment.
7. Develop a plan to ensure quality apparatus.
8. Develop a quality maintenance plan for facilities and equipment.
9. **Conduct periodic evaluations of the deployment model and revise as needed.**
10. Establish a standing committee to review and annually evaluate the deployment model.
11. Establish and prioritize deployment outcome objectives such as reducing response times and optimizing coverage to high-risk areas and target populations.
12. Compile historical data, perform trend analysis, and forecast deployment workloads.
13. **Effectively manage responses to non-emergency calls for efficient use of department resources while maintaining quality service delivery.**
14. Establish a group to define non-emergency events and collect historical data to use in the analysis.
15. Survey other jurisdictions and document alternative strategies for reducing non-emergency calls.
16. Conduct analysis and develop a specific process to reduce non-emergency calls.
17. **Effective management of financial resources.**
18. Income stream growth opportunities.
19. Enact expense-control measures for both short and long-term.
20. Forecast capital expenditure investments.
21. Identify budget process priorities.

**ACCOUNTABILITY**

**QUALITY IMPROVEMENT COMMITTEE**

**Purpose:** The Quality Improvement (QI) Committee is responsible for determining whether a proposed project meets the criteria for quality improvement program evaluation and the communication of their decisions. A QI Committee should have multiple members, some of whom do not participate in the provision of care by the service. The size of the committee should be manageable, yet large enough to support the anticipated workload, with an optimal size of 6-10 members.

It is recommended that the QI Committee include the Service Medical Director with the other members coming from a variety of professions, including nursing, emergency medical technicians, advanced emergency medical technicians, or other appropriately qualified allied healthcare personnel.

**Responsibilities**

1. Identifies Quality Improvement Needs
2. Develops Quality Improvement Indicators
3. Contributes to the development of a consistent approach to developing quality indicators and gathering and analyzing data
4. Monitors and evaluates system data reports to identify opportunities for improvement and training needs

**QI Coordinator**

A key role on the QI Committee is the QI Coordinator. The QI Coordinator should be knowledgeable in prehospital policies, protocols, and procedures, and general QI processes. Agencies should consider enlisting the expertise of their Service Medical Director, a senior prehospital provider from the agency, or quality improvement specialists from other local agencies/industries. The prehospital provider representative should be currently credentialed and certified at the highest level of care provided by the agency.

The duties of the QI Coordinator include interfacing with EMS Providers, educators, field supervisors, and the Agency Service Medical Director; reviewing patient-care reports (PCRs); reviewing existing protocols and policies, developing Continuing Medical Education curriculum with the EMS Agency Training Officer; and reviewing consumer communications. The QI Coordinator shall be responsible for educating staff about the CQI process.

According to the National Highway Traffic Safety Administration, the following developmental stages provide the framework for the modern-day QI Coordinator:

1. Building potential for success by developing an awareness throughout the organization that QI is a worthwhile endeavor.
2. Expanding agency-wide knowledge of, and capability in, QI practices, and techniques.
3. Fully integrating the strategic quality planning processes and related actions into daily EMS operations.
* Continued

**QUALITY IMPROVEMENT COMMITTEE**

**PAGE TWO**

**Service Medical Director**

EMS Service Medical Directors should actively direct and oversee continuous quality improvement programs based on evidence-supported practices and outcomes, so as to critically appraise and advance the quality of clinical performance in an EMS system.

**Service Medical Director Responsibilities:**

1. Maintain a record of the method of communication, topic of conversation, and when it took place.
2. Involved in service-related activities, such as training and planning meetings.
3. Include Patient Care Report (PCR) reviews in service contracts with the Service Medical Director.
4. Should perform regular reviews on these reports and provide feedback to those who responded to the calls. These reviews may be pulled at random, or set aside for them, if a specific incident is in question.
5. These reviews and feedback should cover all of the following:
	* Quality of documentation.
	* Quality of patient care provided.
	* Suggestions on types of training, if necessary.

**Communications**

The Quality Plan aims to inspire, motivate, and attain sustained cultural change; therefore, it needs to have visibility with staff and management at all levels. The QI Committee plays a vital role in developing the communication strategy that will be used in the CQI Process.

**Key Criteria for Effective Communication:**

* Make all members of the organization aware of the Plan and set the expectation of change.
* Highlight coming initiatives and possible opportunities for involvement.
* Demonstrate Senior Leadership support for quality as a priority.
* Be transparent about goals, targets, and metrics; and
* Garner understanding and alleviating any insecurities about how the Plan will impact staff or the achievability of the targets.

**Action:** Utilize the QIC Leadership Information Sheet – Appendix E.

**PROFESSIONAL DEVELOPMENT**

**Purpose:** The purpose of professional development is to give EMS personnel the opportunity to learn and apply knowledge and skills that can help them in their job to provide high-quality patient care. Professional development is all about building skill sets and expanding knowledge to a very high standard in order to develop more well-rounded EMS personnel.

1. **Develop a comprehensive training model for all department employees.**
2. Establish a standing training advisory committee to produce an annual training plan that meets the organization’s needs.
3. Identify and prioritize annual training to meet department-identified areas of emphasis.
4. Annually evaluate the effectiveness of the plan and provide a formal report.
5. Analyze current skills sets and identify areas for cross-training and/or advancement training.
6. **Deliver training that is effective, efficient, and accessible.**
7. Identify complementary or alternative methods for training delivery, evaluate their effectiveness, and provide a formal report.
8. Annually, evaluate the effectiveness of training delivery and provide a formal report.
9. **Evaluate and revise organizational policies, materials, and procedures to promote individual employee development.**
10. Update and consolidate policies, procedures, training, and reference materials to reflect current standards and practices.
11. Ensure that all organizational policies and practices are clear, consistent, and well communicated.
12. **Promote personal accountability, growth and development, and the meeting of workplace expectations for all employees.**
13. Provide on-going personnel management training for supervisors.
14. Design a voluntary mentorship program.
15. Evaluate individual accountability through performance evaluations.
16. **Incorporate leadership training throughout all levels of the organization.**
17. Develop and deliver leadership training relevant to chief and organization officers with measurable outcomes and defined expectations.
18. Develop leadership training for all department employees with measurable outcomes and defined expectations.
19. **Enhance organizational resources for leadership training and mentoring.**
20. Prioritize leadership development opportunities.
21. Partner with professional leadership groups to provide education.
22. Incentivize the development of leadership skills as part of the promotional process.
* Continued

**PROFESSIONAL DEVELOPMENT**

**PAGE TWO**

1. **Delegate decision-making authority at the appropriate level in the organizational structure to empower and include all employees.**
2. Evaluate business processes to identify areas of authority and responsibility that can be delegated and provide a formal report.
3. Review delegated areas of authority for effectiveness and revise policies and procedures, as necessary.
4. Seek employee ideas on cost reduction, service improvement, and problem solving.
5. **Ensure the Disciplinary Policy is applied equally and consistently.**
6. Establish regular training on discipline policy and procedures.
7. Provide safe and secure access to employee history and previous decisions to ensure consistent decision making.

**APPENDICES**

**Appendix A: Quality Improvement Plan Program/Project Template**

**Appendix B: Alabama Department of Public Health, Office of EMS – Complaint Form**

**Appendix C: Prehospital EMS Metrics, EMT & Paramedic Review, and Patient Outcome Monitoring Form**

**Appendix D: Sample Review Forms**

**Appendix E: QIC Leadership Information Sheet**

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BD2024 QUALITY PLAN