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NHSHP CQI POLICY

The Emergency Medical Services (EMS) system is a vital component for the care of many patients requiring hospital services. State of Connecticut legislation and regulations mandate that EMS personnel work through the auspices of a Sponsor Hospital. In light of the legislation and regulations, and to assure a high level of quality pre-hospital care in the greater New Haven area, the Hospital of Saint Raphael and Yale-New Haven Hospital jointly operate a sponsor hospital program, which combines the financial, clinical, operational, and managerial resources of both hospitals. The major goals of the hospitals in establishing the New Haven Sponsor Hospital Program are as follows:

- I. To ensure standardization of pre-hospital care;
- II. To offer the highest quality of training and continuing medical education for all professionals involved in emergency medical care and/or EMS; and
- III. To maintain a comprehensive system which will aid pre-hospital personnel in providing high quality, professional patient care services.

CQI Purpose Statement:

To promote, enhance, and ensure quality emergency medical care to our community, through medical oversight, information analysis, education, and coordination.

Quality Concepts:

Quality has become one of the most prevalent topics in the healthcare industry. Continuous quality improvement (CQI) seeks to understand processes and revise them using data about the processes themselves. CQI sees “problems” as opportunities for improvement. The CQI process involves a project-by-project approach to systematically improve quality, not just to maintain the *status quo*.



One of the most important requirements of CQI is the total focus on the customer or client. In the healthcare setting, the client (patient) is usually considered to be the focus of the process. However, many healthcare facilities and EMS systems are designed for the convenience of the provider or for accessibility of patients. CQI shifts the focus to the user of the services, whether the user is the patient, another healthcare professional, or an outside party.

Another essential feature of CQI is the concept of continuously seeking improvement in quality by eliminating all activities that do not add value to the process of providing quality. Non-value activities are considered “waste” under CQI and are candidates for elimination.

Quality improvement is not a singular activity. It is not a static process. Rather, it is a group of on-going processes or activities that are linked together by teams or groups of people all directed towards a common goal.

Continuous Quality Improvement (CQI)

The CQI approach to quality management subscribes to the theory that it is not the work of employees or an organization that leads to poor quality; rather, it is poor design of systems and procedures.

CQI combines human resources and quantitative methods to achieve a state of continuous improvement. The goal of organizations using CQI is to improve customer satisfaction and the quality of patient care through the continuous quality improvement process.

A working definition of CQI for an EMS system includes the following:

- A management philosophy and approach focused on achieving an environment in the EMS system of continuous improvement to meet and exceed the EMS system customer’s needs, now and in the future
- Continuous improvement and innovation of EMS processes, and services.
- Continuous learning and development of EMS.
- Serving all internal and external EMS providers and customers.

Concepts of CQI for EMS

There are eight recognized major concepts of CQI that are endorsed to more compliment a program for an EMS system. These include:

- I. The EMS organization must focus on quality. The criteria and attitude of the organization must orient to “quality first”.
- II. Long-term focus. A move must be made away from short-term thinking to long-term vision.
- III. Prevention versus detection. There must be change in approach from describing what is “done wrong” to “doing the right things right the first time”.

- IV. Process focus. A focus must be maintained at the entire process towards quality rather than on individual steps.
- V. Customer-Provider orientation. Identifying what the customer wants and integrating that into EMS system design with continual communication and feedback is critical to the success of CQI.
- VI. Synergistic and systematic thinking. Thinking and planning in terms of the big picture and seeing how all the EMS system components are aligned and balanced are additional functions of CQI.
- VII. Statistical and scientific thinking. Fact driven management with an emphasis on evaluating variations is important, as well.
- VIII. Continuous improvement. As a vital function in CQI, it is achieved through small continuous incremental steps and through innovation.

Quality Improvement Defined

CQI is a higher, broader level of quality assurance. It takes on the responsibility of continuously examining performance in the system to see where the personnel, system, and process can continue to improve. The overall concept of quality improvement begins with the idea that all members of the team or system want to do well, and continues with an examination of the system to determine how it can be structured to achieve this goal. The theories of CQI look at what was done and what was done right so that the members can learn from both. Positive reinforcement is of paramount importance in a CQI program so that trust is instilled and fear is driven out. This applies from the administrator of the program to the most junior level healthcare provider.

The program must define “quality” and also take into consideration what is timely (mandated), efficient, and effective. In these days of fiscal uncertainty, it is pragmatic to consider those areas which will have an impact on the way we meet the mission goals without compromising budgetary constraints. We must consider all system resources, including personnel, facilities, equipment, and financing. Some of the variables of these resources include communication, topography, bureaucracy, financial, education, and expectation.

One of the most important variables that is often neglected is that of what the public expects or in some cases, demands of us as a public agency. It is again the goal of this program to meet their expectations head on through team playing and by definition of quality for an EMS system. Without this definition there can be no directed goal or quality improvement effort.

CQI Program Guidelines

I. Objectives of CQI:

- a. Recognize, reward, and reinforce positive patient care and behavior.
- b. Assign specific responsibilities to the following agencies for their participation in the quality improvement process:
 - a. EMD Dispatchers
 - b. EMS providers
 - c. Base hospitals
 - d. EMS/Fire agencies
 - e. Education coordinator
 - f. Medical director
- c. Identify trends in out of hospital care.
- d. Establish performance standards and indicators related to these trends in out of hospital care.
- e. Define standards, evaluate methodologies, and utilize the evaluation results of continued system improvement.
- f. Collect and organize data in an attempt to obtain outcome-based information.
- g. Establish thresholds for evaluation related to the indicators.
- h. Recognize, develop, and enhance opportunities for improvement based on performance standards and thresholds.
- i. Take action to improve patient care.
- j. Assess the effectiveness of the action taken and review documented improvement.
- k. Communicate information among participating agencies.
- l. Provide feedback and promote training on certain CQI issues.
 - a. Commendations for a job well done.
 - b. Case review and counseling on specific issues.
 - c. Didactic courses.
 - d. Hands-on training and or skills refreshers.
 - e. Topic-oriented research.
 - f. Development of in-services with a supervised review.

II. Prospective Approach

- a. The medical authorization process.
- b. Continuous development and enforcement of the NHSHP CME policy and program.
- c. Develop and participate in educational programs based on problem identification and trend analysis.
- d. Enforce the re-credentialing process which includes prime source verification of National Registry and/or state license status.

III. Concurrent Activities

- a. Evaluation of the performance standards through direct observation of on scene management by members of the NHSHP Operations Committee.
- b. Direct medical oversight.

IV. Retrospective Analysis

- a. Perform retrospective analysis of field care (peer review), utilizing EMSIRS run forms, tapes or other applicable documentation. These should include, but not be limited to, high risk, low volume, problem oriented calls, or those requested by an EMS agency or hospital personnel (focused peer review).
- b. Retrospective analysis of trauma cases via EMS Trauma Case Review sessions.
- c. Develop the performance standards for evaluating the quality of care delivered by the field personnel through retrospective analysis.
- d. Educate and counsel personnel who do not meet the established thresholds.
- e. Audit critical skills (e.g., endotracheal intubation, venous access, needle thoracostomy), provide remedial training as necessary, and report statistical information regarding such.
- f. Participate in research as requested.

Tools

- I. F Find a process to improve.
- II. O Organize an effort to work on improvement.
- III. C Clarify current knowledge of the process.
- IV. U Understand process variation and capability.
- V. S Select a strategy for further improvement.

- VI. P Plan a change or test aimed at improvement.
- VII. D Do – carry out the change or test.
- VIII. C Check the results. What was learned? What went wrong?
- IX. A Act – Adopt the change, abandon it or run through the cycle again.

Emergency Withdrawal of Medical Authorization

- I. In the event of allegation of gross misconduct or serious deviation from protocols or when there is substantial and objective reason to believe that patient care is in jeopardy, the MIC Medical Director may withdraw medical authorization for seventy-two hours pending a complete investigation of the incident. The MIC Service Chief/Owner and the MIC provider involved will be directly notified at the time of decision.

- II. Within the seventy-two hour period the withdrawal must be re-evaluated, at which time it can either be extended or withdrawn. Written documentation of the incident must be provided to the MIC Medical Director by the person(s) initiating the complaint or investigation within twelve hours of the incident. Documentation by the MIC provider in question must also be supplied to the MIC Medical Director, in the form of an incident report, within 12 hours.
- III. Should the MIC Medical Director decide not to reinstate medical authorization:
 - a. The MIC service Chief/Owner and the MIC provider involved will be directly notified as soon as the decision is made.
 - b. The MIC Service Chief/Owner and the MIC provider involved will be notified by registered or certified mail or served personally within seven working days of the incident.
 - c. A meeting will be held within seven days with the MIC Service Chief/Owner, the MIC provider involved, the Sponsor Hospital Program Director, the MIC Medical Director, the Education Medical Director, and other NHSHP Operations Committee personnel as deemed appropriate by the MIC Medical Director. The MIC Medical Director will determine further action and/or rendition.

Performance Review Committee

- I. The committee will meet monthly to review any and all QA issues as it pertains to the operations of EMS in the NHSHP catchment area. This will include findings during PCR review, system analysis of trends in the region, as well as individual comments or concerns forwarded to the committee. Issues and concerns from the EMS community/EMS provider(s) in regards to the interactions with the hospitals will be reviewed and addressed in a similar fashion.
- II. The committee shall be comprised of the MIC Medical Director, Sponsor Hospital Program Director and the two hospital EMS Coordinators.

Hospitals

Each base hospital will provide qualified personnel to coordinate their internal CQI programs and participate in on-going NHSHP CQI activities.