QUALITY PROGRAMMING OVERVIEW 2022-2023

Centre for Prehospital Care

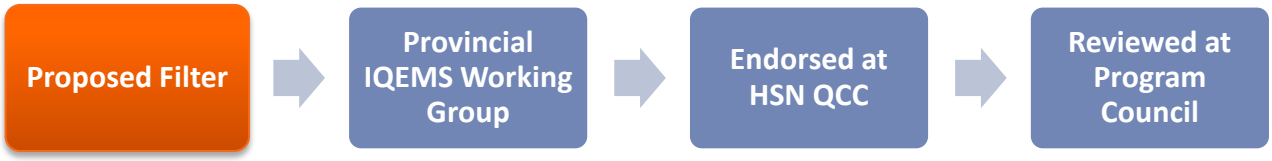
Health Sciences North

www.hsncpc.ca

INTRODUCTION

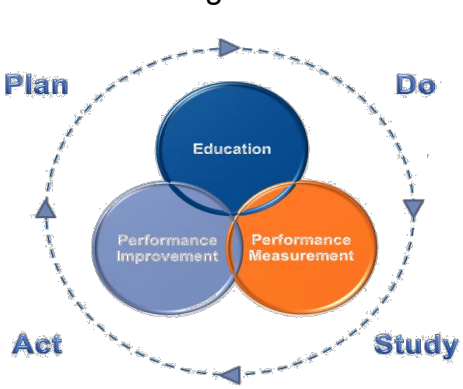
Quality is a multifaceted responsibility that requires the collective effort of varied focus areas. Within the Health Sciences North Centre for Prehospital Care (HSN CPC), this is attained through an integrated system of clinical measurements, quality improvement and continuing medical education within a broad based system of quality management and medical leadership. The need and importance of a wide overlap between these programs (Figure 1) is vital to ensure ongoing quality patient care as demonstrated in the Plan-Do-Study-Act cycle (Figure 2).

Performance Measurement is accomplished by utilizing the Integrated Quality Evaluation Management System (IQEMS). This clinical auditing system is fully web-based, and audits 100% of the data through the clinical filter identification system. Electronic Ambulance Call Reports (eACRs) received from the Service Operators are electronically sorted and filtered through computerized algorithms that are based on Medical Directives and/or Standards. The filters identified through the clinical filter identification system are developed and approved by the Provincial IQEMS Operational Working Group in consultation with Medical Directors then endorsed through HSN CPC Quality of Care Committee and reviewed at Program Council.



Continuous Quality Improvement (CQI) activities include continuously examining performance in the system to see where the personnel, system, and processes can continue to improve. Various databases currently exist which contain data relevant to CQI activities. These data systems are used to evaluate performance in the following ways:

- Prospectively identify areas of potential improvement
- Answer questions about patient related items within the EMS System
- Monitor changes once improvement plans are implemented
- Provide accurate information enabling data driven decisions
- Support research that will improve the system and potentially broaden EMS knowledge



Since transitioning to the Intelligent Quality Evaluation and Management Suite (IQEMS) in 2017, the following sections have been updated based on the new chart audit processes and reporting functionalities.

A. PERFORMANCE MEASUREMENT

CLINICAL AUDIT SYSTEM

The Clinical Audit process ensures:

1. Paramedics have 100% of their charts audited where a controlled act or advanced medical procedure was performed.
2. Newly certified Paramedics (defined as paramedics not having previous Base Hospital certification): The performance agreements states 80% of charts where a controlled act or advanced medical procedure must be audited however IQEMS allows for 100% of paramedic charts to be audited.
3. All cancelled calls that fail an IQEMS filter, where paramedics made patient contact, with or without controlled acts performed, are audited.

STANDARD REPORTS

Reports are generated to ensure compliance with the Performance Agreement and the ALS/BLS Patient Care Standards. These reports are shared with the Service Operators and the Ministry of Health and Long-Term Care (MOHLTC) as outlined below. Following receipt, the Service Operators are invited to discuss any findings within the reports.

A. QUARTERLY REPORTS

HSN CPC Audit Activities

The report is an overview of ALS calls that were filtered through the IQEMS computerized algorithm. It is summarized by paramedic and includes the number of ALS calls, electronic audits and manually reviewed audits. This report also includes a summary of audit activities by service operator.

Audit Variance Summary

This report provides a breakdown of the number of ACRs that match a filter type and require further review and is measured against the Northeast.

Audit Variance Detail

This report includes variances by medic, filter type, and base hospital outcome. This is provided in excel format to allow service operators to review, sort, and organize the data.

Online Medical Quality Control Interactions

Under development for 2022-23.

Service Operator Audit Requests

This report identifies the number of audits requested by a Service Operator. It is categorized by filter type, reason and base hospital outcome.

Paramedic Self Reports

This report identifies the number of self-reports submitted by Paramedics related to identified omissions and/or commissions in patient care or documentation. This is recognized as a very important component of paramedic practice. It is categorized by filter type, reason (negative statement) and base hospital outcome.

BLS Issues Reported to Service Operators

Service Operators are notified of any BLS issues discovered during an audit through IQEMS. This report captures the calls numbers by filter type sent to services and is provided in excel format to allow service operators to review, sort, and organize the data.

B. BIANNUAL REPORTS

Paramedic Skills Inventory

This report is the total number of calls (by call #) where a particular ALS skill was used as part of the overall patient care plan. Paramedic skills activities are based on the number of times a Paramedic was on a call where an ALS skill was used as part of a patient care plan. These counts are based on the total number of ALS skills performed by the entire responding crew. For example, a call with multiple crew members identified on the ACR will each receive credit for their active participation in the assessed need and delivery of the identified ALS skill.

Reports are distributed as follows unless otherwise noted in this document:

REPORTING PERIOD	DISTRIBUTION TIMELINE
Service Operators/MoHLTC	
Quarterly Reports	8 - 12 weeks following reporting period
Biannual Reports	8 - 12 weeks following reporting period
Annual Reports	8 – 12 weeks following reporting period

CLINICAL PERFORMANCE MEASURES

Clinical Performance Measures are defined measurements that are part of a process. They are evidence-based measures that optimally guide the improvement of the quality of patient care and practice. These indicators are evaluated on a regular basis by running standardized data queries and subsequently reviewing outlier data to provide accurate treatment rates for specific clinically relevant indicators. These indicators are reviewed and endorsed by the Quality of Care Committee.

Current indicators include:

- Medication Incidents (Pediatric and Adults)
  - Provided quarterly to service operators
- # of patients with an opioid overdose and receive Narcan by paramedics \
  - Provided quarterly to OBHG Data Quality Committee (Ministry request)
- Palliative Care Special Project
  - Provided in collaboration with GSPS to the Special Project Lead (OHRI).

B. CONTINOUS QUALITY IMPROVEMENT

QUALITY IMPROVEMENT ACTIVITIES

Continuous Quality Improvement (CQI) provides a method for understanding the system processes and allows for their revision using data obtained from those same processes. HSN CPC uses a number of approaches and models of problem solving and analysis to ensure and demonstrate the required standards are being met through valid measurement tools.

1. Clinical Audit Reports

A clinical audit is a cyclical process where an element of clinical practice is measured against a standard. The results are then analysed and an improvement plan is implemented. Once implemented, the clinical practice is measured again to identify improvements, if any.

The Quality of Care Committee will lead the planning of the audit and determine the population as it directly relates to existing protocols (i.e. chest pain, stroke, multi-system trauma, etc.) and/or Standards. A random statistical sample will be calculated and reviewed. The cases will be compared to the associated treatment protocol algorithm and scored

based on documentation and adherence to protocols. Based on the findings, improvement opportunities will be developed, disseminated and monitored.

2. Focused Reports

Focused reports are ad hoc reports responsive to needs as they arise. Content may be driven from the HSN CPC Quality of Care Committee, HSN CPC Program Committee, HSN CPC Program Council, or Ontario Base Hospital Data Quality Committee. Examples include repetitive errors reported by performance measurements, implementation of a new or changed directive, and request for data from the Ministry of Health (MoH).

3. Event Analysis

Analysing incidents, through an established framework, can serve as a catalyst for enhancing the safety and quality of patient care.

Recommendations and corrective actions will be formalised and have an evaluation plan to determine if the recommendations are implemented and what impact they had on the system.

REPORTING	DISTRIBUTION DATE
Preliminary Findings	14 days post event analysis
Final Report	30 days post event analysis