

Continuous Quality Improvement Plan (CQIP)



I. Structure and Organization

Who We Are

LIFWest is a privately owned and community-based ambulance service established to provide the highest quality clinical care, medical transportation and customer service.

Areas Served

LIFWest currently operates ambulances in the northern Bay Area, including the county of Sonoma.

Primary Activities

LIFWest provides the following services:

- Non-emergency BLS ambulance transportation and stand-by services
- ALS ambulance transportation and stand-by services
- Critical Care Transportation
- Participation in Local EMS Agency sponsored training and participating in provider-sponsored drills
- Participation in LEMSA Quality Improvement Committees and Provider Agency Action Committees.

Mission Statement

To provide the highest quality, safe, and reliable medical transportation service with excellence in patient care, efficient services, and valued medical staff in the communities we serve.

Company Values

Our values serve a commitment to the following:

- **Service**- We provide care to patients and people in our community with unparalleled quality service that is healing and compassionate.
- **Excellence**- We strive to be the most customer service driven organization by providing quality patient care and exceeding the expectations of those we serve.
- **Dignity**- We believe in providing a service aimed at giving a personal sense of worth, value, and respect for both our employees and our customers
- **Compassion**- We provide high quality service by being an advocate for our patients and their families while still being empathetic and understanding.
- **Ethics**- We provide a service that uses honesty, transparency, integrity, and accountability as our guiding principles for all decisions.

The responsibilities of LIFWest include

- Providing safe ambulance transportation by trained EMT's, Paramedics and Nurses, who are knowledgeable, caring, and compassionate.
- Providing a staff of professional care takers and technicians who undergo a rigorous selection process and training program. This enables us to staff our ambulances with courteous, confident, and knowledgeable employees who truly enjoy the work they do.
- Providing clean, safe ambulances for our employees, patients and family members. Our vehicle maintenance program ensures that each ambulance is safe, and all systems are in good working

condition. By utilizing our multi-tiered Scheduled Maintenance Program, we can eliminate any “predictable” failure.

- Educating our customers about our service. We provide in-service training to Nurses, LVN’s, and administrators about the abilities of a non-emergency BLS provider, our Critical Care Program, and CPR for healthcare providers training.

Quality Improvement Goals and Objectives

The goals and objectives of the LIFEwest QI/QA Program are:

- To improve pre-hospital and interfacility service through continuous planning, evaluation, and action.
- To involve the EMS community in our efforts to continuously improve services.
- To advance the skills and knowledge of all members of the health care team involved in delivering medical care to patients.
- To use available resources efficiently and purposefully.
- To recognize, reward, and reinforce exemplary performance.
- To communicate information relating to continuous quality improvement and quality assurance with participating agencies, regional QI/QA committees, and the Local EMS Agency.
- To identify important aspects of care.
- To establish thresholds for evaluation related to the indicators.
- To collect and organize data
- To recognize trends, develop and enhance opportunities for improvement based on performance standards and thresholds.
- To improve operations and patient care.
- To assess the effectiveness of remedial actions and document improvement.

Participation in LEMSA’s CQI Plan

LIFEwest shall participate in all applicable EMS Agency’s CQI plan. Participation shall include:

- Submission of CQI Plan for approval and annual review
- Attend and participate in meetings and presentations
- Submit data reports and records for program monitoring and evaluation
- Providing input as an EMS provider for the development of performance improvement plans
- Maintain and submit documentation that all training requirements have been met
- Identify areas of interface that can be improved upon, between LEMSA and LIFEwest
 - May include pandemic activities or any issues identified by the LEMSA.

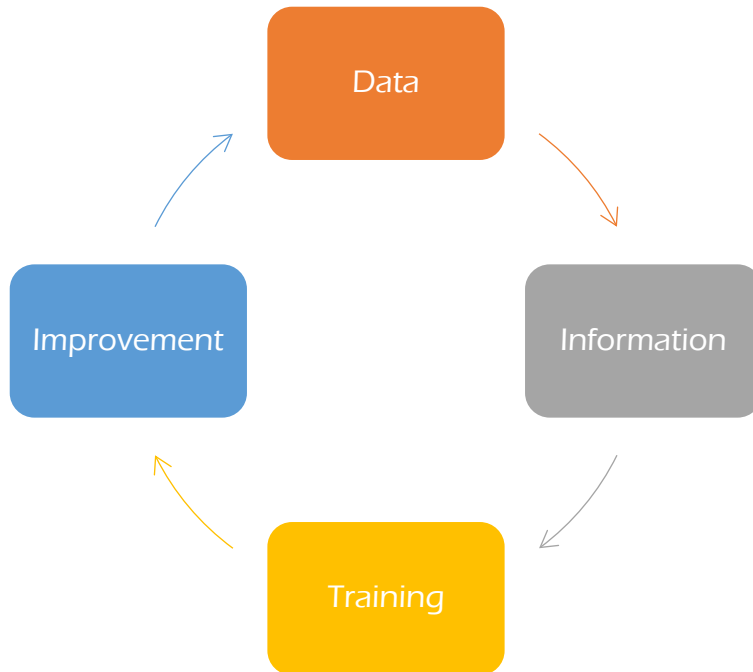
Quality Improvement Committee

The responsibilities of the LIFEwest QI Committee are:

- To implement a Quality Improvement Program that will include indicators to be collected, measured and reported as required by the State of California and LEMSA.
- To integrate the Quality Improvement Program into the LIFEwest organization by allowing continuous input and feedback to employees and LIFEwest stakeholders.
- Develop a performance action plan to address needs for improvement identified by the Quality Improvement Program
- To develop and monitor, and evaluate indicators specific to LIFEwest and publish a summary of trends and analysis on a quarterly basis
- To cooperate with applicable EMS Agencies in carrying out the responsibilities of each agency's QI Program
- To participate in applicable LEMSA's Technical Advisory Committee and/or Medical Advisory Committee
- Participate in the re-evaluation and improvement of state and local EMS system indicators
- Participate in the Internal Review Process and develop performance improvement plans related to the findings
- Develop a procedure to receive input from the LEMSA, other service providers and other EMS System participants for the development of performance improvement plans
- Evaluate the current QI Plan and develop plans for the expansion and growth of the current QI Plan based on department needs
- Participate in meetings, committees and presentations of state and local EMS systems for peer review.

Process

- Define a problem or area to be studied and the method for collecting data
- Collect data as described in the indicator definition
- Analyze the data and identify any trends
- Develop a plan of action (corrective or reward) and implement plan
- Measure the results of any actions taken
- Continue to track and trend for length of time described in indicator definition



Procedures

- The LIFEwest Medical Director, or their designee, is responsible for the oversight of the Quality Improvement Committee.
- Directed by the Quality Improvement Coordinator, the Committee meets on a Quarterly Basis.
- Minutes from each Quality Improvement Committee meeting shall be recorded and each committee member must sign in on a roster to indicate his/her attendance.

All committee members must abide by HIPAA regulations and any documentation with identifiable patient information shall be destroyed.

Appendix A - Quality Improvement Committee

Appendix B – Indicator Definitions

Appendix C – Sample Remedial Education Form

Appendix D – Miscellaneous Fallout Tracking Form

II. Data Collecting and Reporting

LIFEWest collects data, analyzes and trends data for indicators chosen and organized under the following categories:

1. Personnel
2. Equipment and Supplies
3. Documentation
4. Clinical Care and Patient Outcome
5. Skills Maintenance/Competence (ie. Lesser Used Skills by paramedics)
6. Transportation/Facilities
7. Public Education and Prevention
8. Risk Management

Performance Indicators are chosen each year by the Quality Improvement Committee. Indicators are chosen after identifying areas for improvement while participating in the Prospective, Concurrent, and Retrospective Reviews. These items are documented as “Fallouts” and reviewed for trends.

The current indicators are included in Appendix B, including type of indicator. Additional indicators may be added throughout the year based on trends or opportunities for improvement that may occur due to an incident or conflict.

Data is collected from sources, as defined in each indicator definition, on a regular basis by the managers of each department utilizing forms and templates designed by the Quality Improvement Coordinator to capture each component of the indicator. Data collected monthly can be collected from sources such as CAD reports, ePro employee reports, and fleet reports.

Within 3 business days after the end of the month, the managers submit the reports on the indicator to the Quality Improvement Coordinator for review.

III. Evaluation of Indicators

In addition to PCR’s and company reporting forms, LIFEWest utilizes various data systems that collect relevant data including CAD and ePro Scheduling and Management reports.

The Quality Improvement Coordinator analyzes performance indicator data on a monthly basis and prepares reports on a monthly and quarterly basis for the Quality Improvement Committee. Data can be

presented in lists, pie charts, bar charts, column charts, flow charts and line graphs to enable rapid interpretation by groups such as the Quality Improvement Committee, or other stakeholders.

See appendix F for an example of formats used for the presentation of quality indicator analyses to the Quality Improvement Committee.

The Quality Improvement Committee will meet quarterly, or as needed to evaluate and discuss the data provided by the Quality Improvement Coordinator. It is at this time during which the indicators will be reviewed and discussed within the group. The group will examine trends, acknowledging positive trends and discussing unsatisfactory trends and recommend actions.

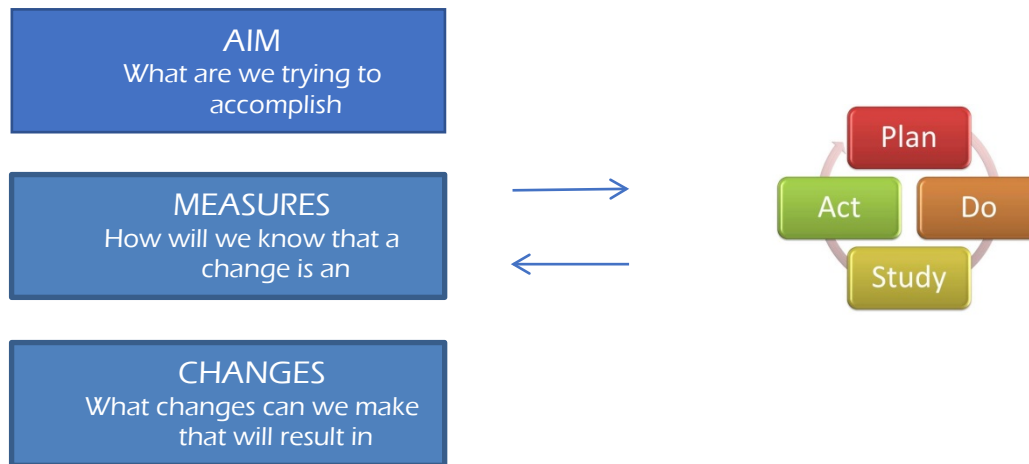
IV. Action to Improve

LIFEWest's approach to performance improvement includes the following activities:

- Prospective – designed to prevent potential problems.
 - Conduct skill sessions on a regular basis to prospectively anticipate loss of cognitive and motor skills due to lack of practice.
 - Skills sessions shall be administered by the training manager
- Concurrent – designed to identify problems or potential problems during the course of patient care.
 - Ride-along by training officers to observe EMT's interactions with patients
 - Perform field audits to observe proper technique while transporting patients and representing the company
- Retrospective Review – accomplished through thorough evaluation of PCR's and other reporting data (e.g. dispatch reports).
 - This evaluation is performed by the QI Coordinator on a daily basis

In developing QI activities, various models and methodologies such as the Model for Improvement, Plan-Do-Study-Act (PDSA) and Six Sigma – Define, Measure, Analyze, Improve, Control (DMAIC) are used for LIFEWest's Quality Improvement Team.

The Model for Improvement



- The **Aim**: *What are we trying to accomplish? How good? By when? For whom?*
- The **Measures**: *How will we know a change is an improvement? What are the process and outcome measures?*
- The **Changes**: *What change can we make that will result in improvement?*

PDSA

The PDSA cycle gives us a way to quickly test changes on a small scale, observe what happens, adjust the changes as necessary, and then test again – before implementing anything on a broad scale.

- P - Plan a change or test aimed at improvement
- D - Do carry out the change or test
- S - Study the results, what was learned and what went wrong
- A - Act and adopt the change, abandon it, or run through the cycle again

Integration into Organization

Utilization of Findings

LIFWest has adopted the policy to implement and educate rather than a punitive approach to pre-hospital care problem resolution whenever possible. LIFWest will promote a “Just Culture” as part of any findings/education.

Feedback and recommendations are provided in the following ways:

- Informal verbal discussion
- Informal written communication
- Formal counseling
- Formal written report

- Quality improvement reports at crew meetings

A Quality Task Force can be established to implement an action plan and report all activities to the TAG.

Distribution of Performance Improvement Findings

LIFWest believes that our employees should be empowered with the knowledge required to improve performance. Company indicators are posted in employee areas on a quarterly basis. Those employees who require remedial training will have remedial training performed by a supervisor and documented in ePro.

Recognition of Improvement

Recognition of improvement to employees who have shown improvement and effort in participating in the QI plan will receive gift cards, bonuses. If competition involves stations or teams, the winning teams will receive parties or other group rewards.

v. Training and Education

When the Quality Improvement Committee has identified an issue that can be resolved with remedial education or training, the Quality Improvement Committee, which includes the training manager and Medical Director, will discuss educational needs and make specific training recommendations for either the individual or companywide. LIFWest reserves the right to make training mandatory for the individual or for all employees within a job category. The Medical Director is responsible for oversight for directing clinical training and education which may include 1:1 training, company-wide remedial education, mandatory training sessions, skills verification, or online training. Documentation of training shall be kept in the employee's training file.

Once a Performance Improvement Plan or project has been successfully implemented, any need for policy or procedural changes shall be referred to Operations leadership. Changes in policies or procedures will be presented to all employees and placed in the Policy and Procedure manual.

The Training Manager is to provide documentation that all training requirements have been met monthly. Operations leadership may request rosters or records of training to show that requirements for training have been met. The training issues identified in the improvement plan can be implemented into the training program by utilizing training bulletins, online training modules, and implementing training into the New Employee Orientation.

LIFWest requires yearly annual skills and educational updates that are scheduled and administered by the Training Manager. This mandatory training is an element of the annual evaluation. Operations

leadership is responsible for assuring that the EMT's are receiving the appropriate training for their job classification at the correct intervals. LIFEwest requires the following training:

- New Employee Orientation
 - Mandated OSHA training (e.g. Bloodborne & Airborne Pathogens)
 - LIFEwest Policies and Procedures/Documentation
 - HIPAA, Healthcare Fraud and Abuse, Anti-kickback
 - LEMSA requirements, policies and scope of practice
 - Diversity Training
 - Hazardous Materials Awareness/PPE Training
 - Skills Competencies
 - Critical Care Transport Orientation
 - ALS Orientation
 - LEMSA Unusual Occurrence reporting process
- Driver Training Course
- ICS 100, 200 and 700 are required for personnel assigned to disaster or major events
- Annual Driver Training
- Annual Skills Competencies (3 skills are chosen at random in addition to Spinal Immobilization, Traction Splint, Restraints and KED)
- Annual OSHA Training
- Annual Critical Care Transport Training
- Annual Lesser Used Skills training for paramedics including:
 - Advanced airway training (e.g. intubation, supraglottic device(s), chest decompression, Pediatric Medication administration, I.O. access).

Remedial Education

A sample of a Remedial Education Form used for 1:1 education can be found in Appendix C.

VI. Annual Update/Summary

The Annual Update is a written account of the progress of LIFEwest's activities as stated in the Quality Improvement Plan. The QI Coordinator, Operations Manager, and the Medical Director will work together to ensure that the Quality Improvement Plan is focusing on current objectives. Once the QI Plan has been reviewed, the Coordinator will present the findings to the Quality Improvement Committee.

As part of the annual update, the QI Coordinator and the QI Committee will offer recommendations for changes needed in the QI Plan for the new year, including priority improvement goals, indicators, improvement plans and a review of how well the goals and objectives were met and whether follow-up is needed. An annual update will be prepared and submitted to the Local EMS Agency every year, and will include a summary of areas identified for improvement and will provide action(s) taken or that will be taken to address areas for improvement. Examples of improvement could include, but not be limited to the following:

- IFT times needing adjustment based upon data driven parameters and LEMSA/hospital feedback.

- Increased participation, as needed, in LEMSA committees on development of policies and protocols.
- Work closely with the LEMSA to provide assistance with the pandemic response.

The QI Plan shall be submitted to the Local EMS Agency every 5 years, or less, depending on updates.

Appendix A

Quality Improvement Committee

LIFEWest Medical Director
Director of Quality
Managing Director of Operations
Designated RN
Designated Paramedic
Designated EMT

Appendix B Current Indicators

CCT

- All code 3 transports
- All pediatric patients < 15 years old
- All OB patients
- All vented patients
- Unexpected patient deterioration
- Any transport where the patient care, or reviewing RN feels could benefit from CQI review

ALS

- All 911 medical and trauma emergency patient contacts, including RAS and AMA documentation
- Unexpected patient deterioration
- LIFEwest performed intubation
- All pediatric patients < 15 years old
- All Interfacility transports going into an Emergency Department or Cath Lab
- Any PCR that the patient care, or reviewing Paramedic feels could benefit from CQI review

BLS

- All Interfacility transports going into an Emergency Department
- Unexpected patient deterioration
- All pediatric patients < 15 years old
- Patients requiring unexpected transfer of care to higher level provider
- Any PCR that the EMTs feel could benefit from CQI review

Appendix C

Sample Remedial Education Form

Provider Agency Record of Remedial Education/Training

Employee:
RE: Incident #:

RN [] MEDIC [] EMT []
Incident Date:

Date:

Remediation Checklist:

1. Statement of Problem or Issue
2. Recognition of Required Performance Criteria
3. Relation of Problem/Issue to the Required Performance Criteria
4. Remedial Cognitive, Psychomotor, and/or Affective Education/Training objectives
5. Statement of Expected Results of Remediation
6. Check for Understanding

1. Statement of Problem/Issue:

2. Required Performance Criteria (Performance Standards) – Objectives of the Remediation.

Standards Referenced/Reviewed in Remediation:

LEMSA Protocols AHA Basic Life Support (BLS) Standards

Advanced Prehospital Trauma Life Support (ITLS) Standards

AHA Advanced Cardiac Life Support Standards (ACLS)

AHA Pediatric Advanced Life Support (PALS) Standards

LIFEWest Policies and Procedures

Other _____

Appendix C Continued

Sample Remedial Education Form Page 2

3. Relation of Problem/Issue to the Required Performance Criteria:

4. Remedial Cognitive, Psychomotor, and/or Affective Education/Training objectives:

5. Statement of Expected Results of Remediation:

Deadline (if indicated):

6. Employee Understanding

Employee Comments:

Employee Signature

Supervisor Signature

