

Memorandum



Date: September 6, 2013
To: Members of the Public Safety Committee
Subject: Quality Management Program

The Public Safety Committee will be briefed on Quality Management Program on Monday, September 9, 2013.



Charles M. Cato
Interim Assistant City Manager

Attachment

cc: Honorable Mayor and Members of the City Council
A.C. Gonzalez, Interim City Manager
Rosa A. Rios, City Secretary
Warren M. S. Ernst, Interim City Attorney
Craig D. Kinton, City Auditor
Judge Daniel F. Solis, Administrative Judge
Ryan S. Evans, Interim First Assistant City Manager

Jill A. Jordan, P.E., Assistant City Manager
Forest E. Turner, Assistant City Manager
Joey Zapata, Assistant City Manager
Teresa O' Donnell, Interim Assistant City Manager
Jeanne Chipperfield, Chief Financial Officer
Frank Libro, Public Information Officer
Elsa Cantu, Assistant to the City Manager

Dallas Fire-Rescue Department

Quality Management Program



Public Safety Committee

September 9, 2013





Purpose

Establish a program where paramedics are evaluated for completeness and accuracy in patient care documentation and clinical care

It is the policy of the Dallas Fire-Rescue Department to strive for excellence in patient care as reflected in the documentation of patient care reports



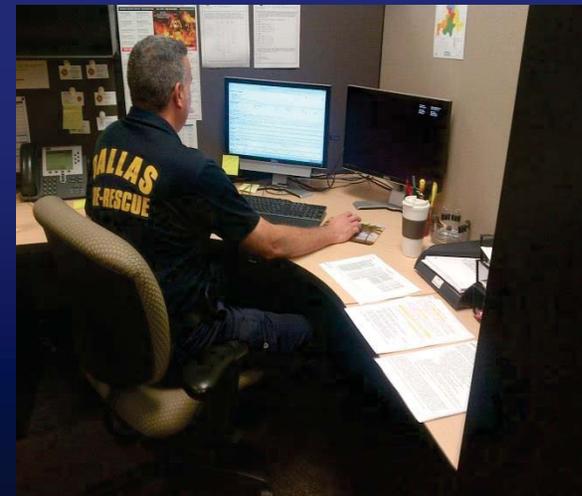
EMS Quality Management Team

- Quality Management (QM) Captain and Lieutenant
 - Coordinate activities pursuant to providing the highest quality pre-hospital emergency care
 - Develop, implement and coordinate the QM Program
 - Maintain a QM database enabling tracking of DFRD paramedics, Rescues, treatments, customer service as well as documentation compliance in a HIPPA compliant manner
 - Identify outstanding performance deserving of recognition
 - All personnel in this program are HIPPA trained



Run Review Procedures

- QM Team currently reviews up to 500 runs per month
- Billing and clinical categories are reviewed for compliance:
 - Demographic information
 - Signs and Symptoms
 - Vitals
 - Proper Treatments
 - Documentation





Run Review Procedures

- Electronic Patient Care Reports (EPCR) are randomly selected from the EPCR administration site
- Scored by using a billing and clinical QM checklist
- Data collected is entered into a database for tracking and analysis



QM Checklist

- Point total developed for reviewing EPCRs
- 20 points are considered a perfectly documented EPCR
- 10 points or less are routed to EMS Field Supervisor to review with the responsible medics



QM Access Database

Quality Management Database : Database (Access 2007 - 2010) - Microsoft Access

File Home Create External Data Database Tools

View Paste Copy Cut Filter Filter Ascending Descending Selection Advanced Refresh Save Spelling Find Replace Go To Text Formatting

All Tables Search... PCR Documentation QM Billing and Clinical Report by QM ID #

PCR Documentation ...
PCR Documentation ...
Date Range QM Query
Employee Number Qu...
QM ID # Query
Score Greater than # ...
Score Less than # Qu...
Zone and Shift Query
PCR Documentation ...
Report by Employee ...
Report by QM ID #
Zone and Shift Query
Table Documentation...
Table Documentation...
Emp # Query
Evaluator Name Query
New Data Entry Form
Report by EMP #
Documentation Review...
Documentation Review...
Documentation Review
Unrelated Objects
Incident # Review
Monthly Totals by Me...
Supervisor Document...

 PCR Documentation QM Billing and Clinical 

Incident #	<input type="text"/>	Billing Score Sheet		Dallas Fire-Rescue Department Emergency Medical Service Guidelines	
Date of Service	<input type="text"/>	Full Patient Name	<input checked="" type="checkbox"/>	Sufficient Information for Medical Necessity Determination	<input checked="" type="checkbox"/>
Rescue #	<input type="text"/>	Date of Birth	<input checked="" type="checkbox"/>	Sufficient Information to make Level of Service Determination	<input checked="" type="checkbox"/>
Shift	<input type="text"/>	Social Security Number	<input checked="" type="checkbox"/>	One Complete Set of Vitals (BP, Pulse, Resp)	<input checked="" type="checkbox"/>
Medic 1 Last Name	<input type="text"/>	Patient Address	<input checked="" type="checkbox"/>	Proper Patient/Representative Signatures	<input checked="" type="checkbox"/>
Medic 1 First Name	<input type="text"/>	Chief Complaint	<input checked="" type="checkbox"/>	Legible Signatures of Both Medics	<input checked="" type="checkbox"/>
Medic 1 Emp #	<input type="text"/>	Patient Symptoms	<input checked="" type="checkbox"/>		
Medic 2 Last Name	<input type="text"/>	Patient History	<input checked="" type="checkbox"/>		
Medic 2 First Name	<input type="text"/>	Medication	<input checked="" type="checkbox"/>		
Medic 2 Emp #	<input type="text"/>	Allergies	<input checked="" type="checkbox"/>		
Field Supervisor	<input type="text" value="783"/>				
Reviewed By	<input type="text"/>				
		Total Score	<input type="text" value="20"/>	20 = Perfect Score	
		<i>Social Security, Chief Complaint, Patient Symptoms, Medical Necessity, Level of Service, and Proper Patient Signatures are worth 2 points. All other fields are worth 1 point.</i>			
		Documentation Review Disposition			
		<input type="text" value="MEETS STANDARDS"/>			
Positive Feedback	<input type="text"/>				

Record: 620 of 620 No Filter Search

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Feedback to Paramedics

- The EMS Field Supervisor will review the run with the Paramedic to commend, coach, counsel and/or educate to achieve compliance
- For performance above and beyond expectations, the paramedic will receive a Letter of Exemplary Performance, if warranted
- The QM team may also send Review forms directly to affected paramedic's stations via internal mail



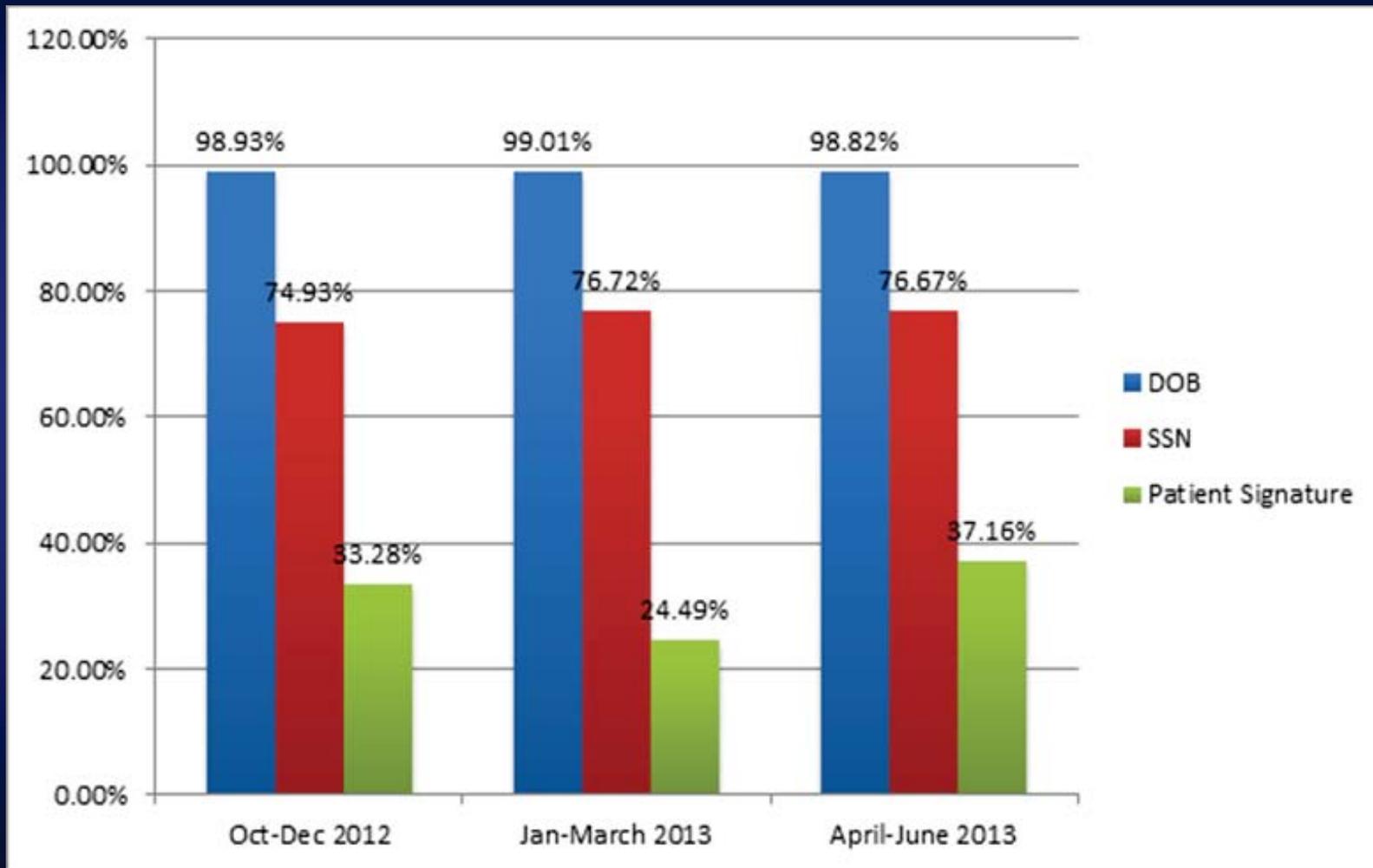
Targeted Improvement Needs

- The QM Database allows for statistical information usage/guidance in future documentation and clinical issues/training modules
- Helps target areas of improvement needing focused attention. Examples: deficiencies gathering demographics, signatures, deficient skills delivery or clinical care issues
- Individual paramedic history regarding strengths and deficiencies





Improvement Stats





Overall Goal of QM Process

- QM process is not intended to be a punitive process
- Training, coaching and mentoring process is followed in order to improve the quality of care and documentation delivered by the individual paramedic
- Repeated non-compliance will result in utilization of progressive discipline process to correct deficient service delivery



Questions?