FY 2022 Flex EMS Small Group Meeting: Project Updates

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Arizona

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Project Description

- To improve rural EMS agency performance on national EMS clinical benchmarks by improving data collection, implementing automated quality improvement systems and providing benchmark- directed education.

- This project will be implemented at five rural EMS agencies and target areas of care where baseline data suggest significant differences exist between patient-centered outcomes in urban and rural EMS systems.

- If this approach is found to be effective, the study team will work with Arizona Department of Health Services to make project tools available across the State.

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Year One Workplan Outcomes

- We met with leaders from all 5 sites to identify key personnel, IT requirements and any roadblocks to implementation.

- Obtained IRB approval by the University of Arizona to collect EMS agency data for review in the purpose of quality improvement.

- Developed and distributed 2 hours of training to the providers on data completeness, evidence-based guidelines and EMS research.

- Drafted and signed data use agreements for all 5 agencies.

- Designed and implemented data queries for existing EMS agency ePCR platforms.

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Year One Accomplishments

- **Our team laid the foundation for the implementation of the QI systems.**
  - Established the required IT infrastructure
  - Obtained IRB approval from the University of Arizona
  - Established data use agreements.
  - Distributed iPads with FirstNet data service to each participating EMS agency to facilitate completion of education and/or completion of data collection.
  - Developed 2 hours of EMS provider educational content
  - Designed data queries for each agency's ePCR system in order to track the clinical benchmarks and capture relevant data in order to report on performance.
  - Documented the steps necessary to implement the rural EMS quality improvement benchmarks such that tool kits can be created in year two of this project.

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Lessons Learned So Far

- **Roadblocks will occur, we must be flexible in our plan and move forward.**
  - Sonoita-Elgin Fire District was in process of implementing a new ePCR system. This made it difficult to collect retrospective data for this agency.

- **The rural agencies have fewer members that are very busy, often in multiple roles. This has required us to be flexible with our timelines as some things take longer to get done than anticipated.**

- **In year two we will try and plan ahead, get information on tasks to be completed out sooner to give more time for completion.**

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Michigan

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Project Description

To improve EMS data reporting quality for rural Michigan EMS agencies who are currently experiencing latent submission of EMS patient care reports and/or electronic submission errors at the local, state and national level.

With this project work we intend to develop EMS data reporting quality improvement best practices that can be utilized by Michigan EMS agencies across the state.

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Year One Workplan Outcomes

- 2 of 2 of our EMS agencies reporting on paper are now reporting electronically.

- 11 of 11 of our EMS agencies participated in the required education and trainings.

- Our year one data reporting won't be available until Sept 1st.

Year One Accomplishments

- The level of engagement we've had throughout this project.

- The close relationships we've formed

- The excitement the cohort has around learning from each other and sharing information

- The cohort has requested we continue our quality alliance network beyond the grant period. They are enjoying the work we're doing.

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Lessons Learned So Far

- EMS data is complex, messy and grey. Learn to enjoy it.
- We just launched an internal Flex cohort listserv. This has made communication more efficient
- We aim to have more in-person data learning sessions.

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New Mexico

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Project Description

- The New Mexico project involves enhanced training, technical assistance and consultation to rural Emergency Medical Service (EMS) personnel, rural EMS managers and Medical Directors in the use of the state database (NMEMSTARS). This project will produce an improvement in the accuracy of patient care reports that are submitted into NMEMSTARS and quality of patient care performance.

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Year One Workplan Outcomes

- Eighty (80%) of rural administrators from the 10 participating services are logging into NMEMSTARS regularly to assure that the 20 data elements are correctly inputted. This represents a 50% increase from baseline data.

- We currently have 7 Medical Directors serving the 10 Project services. All 7 Medical Directors (100%) are using NMEMSTARS data for QI activities. This represents an 80% increase from baseline data.

- Seven (70%) of our rural project services are reporting at a "Good" or "Excellent" level and 2 are reporting at an "Acceptable" level. This represents a 30% increase from baseline.

- The number of providers trained for year 1 increased by 32 providers from base line. Administrators increased by 21 and Medical Directors increased by 15 (four in our project agencies).

- There were a total of 2,331 run reports reviewed as of 08/02/23 for documentation errors for QI which has exceeded the year 1 goal of 1,000 records.

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Year One Accomplishments

- Participation in the Project has been very good. All services have demonstrated the desire to improve and are doing a good job toward reaching our target goal of quality data input.

- All Medical Directors have been trained and are becoming much more involved as they see the importance of quality data and how that data can be used in numerous ways to conduct Quality Improvement activities.

- Project services are sharing a lot of information during our "Stakeholder" meetings which improves the overall status of the project.

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Lessons Learned So Far

❖ The change in administrators in rural services has been more frequent than expected. This requires frequent monitoring for changes, personnel updates and training for new personnel to ensure quality participation in the project is continued.

• As Medical Directors start using the data for their Quality Improvement activities, they are requesting the development of additional data reports. This has increased the need for additional 1 on 1 Medical Director training.

• In year 2 we are planning additional targeted training for administrators and Medical Directors in data report development.

• Also in year 2, we are planning more in-person training sessions.

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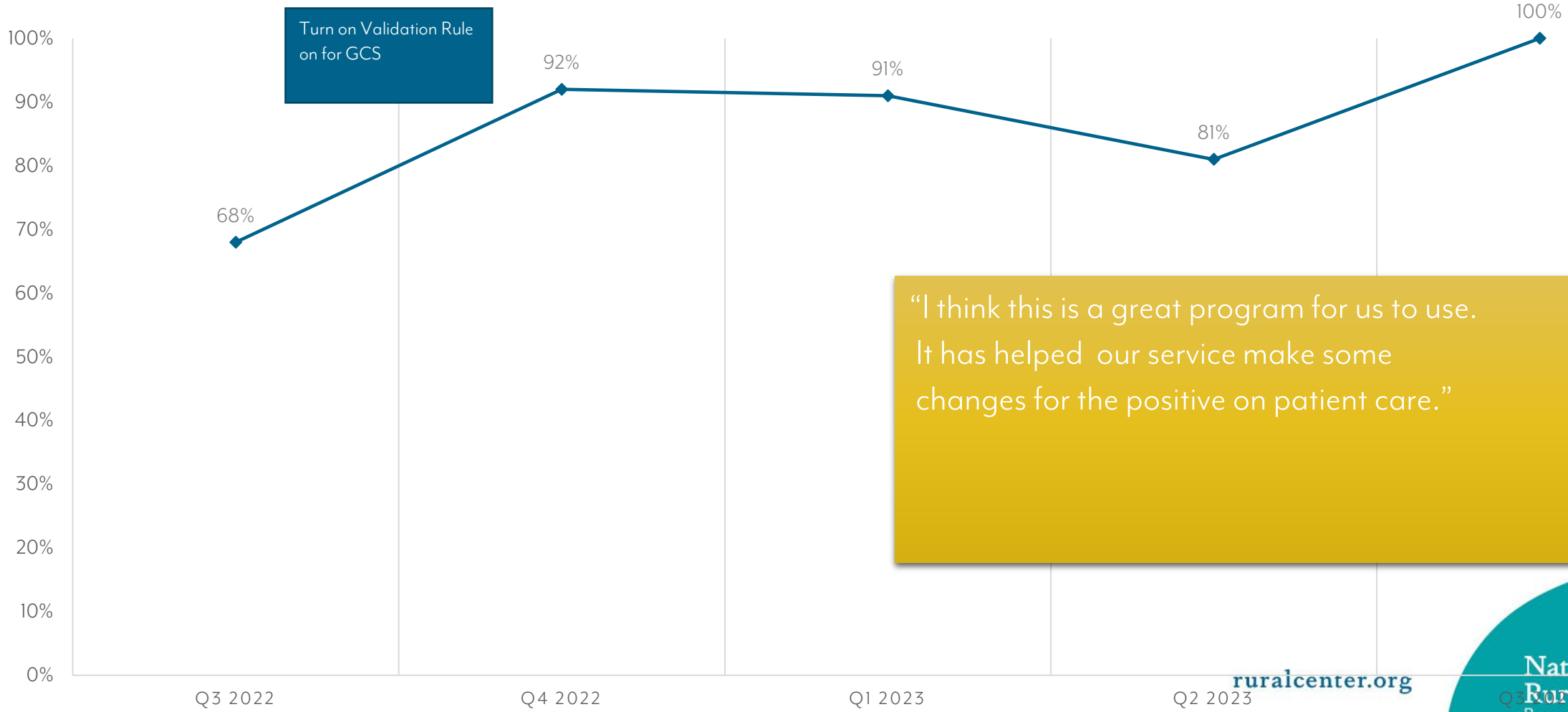Email: droberts@emsregion3.org

North Dakota

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Project Description

- **5 EMS Agencies to improve one Rural EMS Counts measure using the IHI model for improvement**

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Year One Workplan Outcomes

- **5/5 agencies showed improvement in one measure area**
  - New Salem
  - Devils Lake
  - Jamestown
  - Hettinger
  - Bowdon

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Ambulance 1 – Vital Signs

% COMPLIANCE

Turn on Validation Rule on for GCS

68%

92%

91%

81%

100%

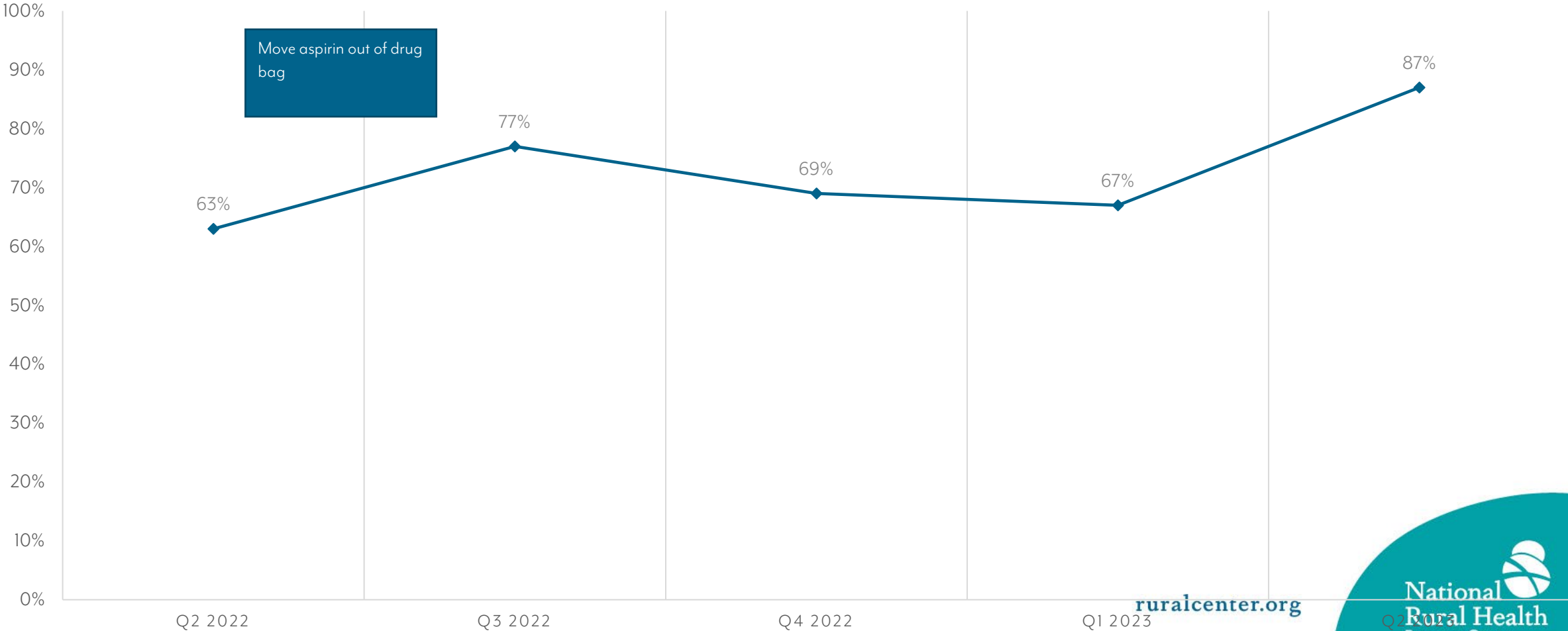"I think this is a great program for us to use. It has helped our service make some changes for the positive on patient care."

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

Q3 2022   Q4 2022   Q1 2023   Q2 2023   Q3 2023

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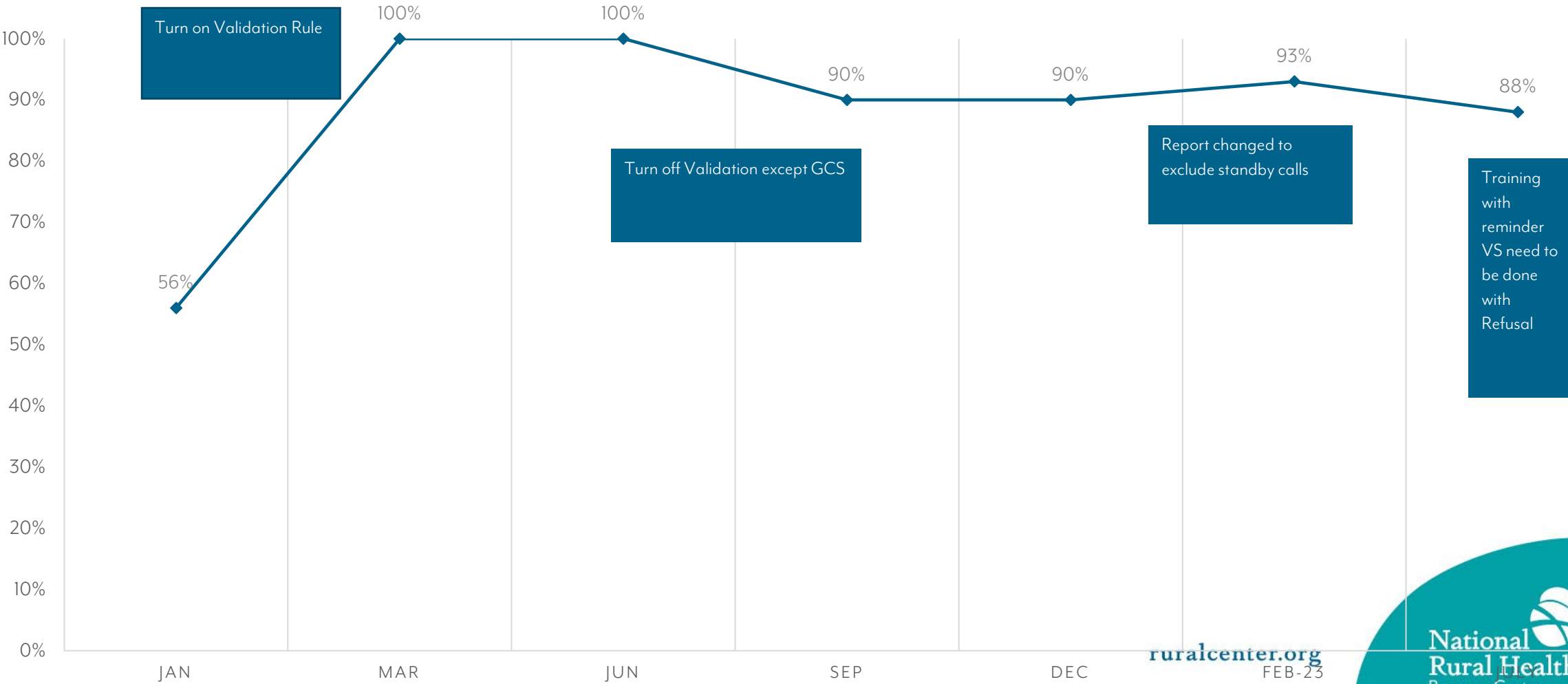
Ambulance 3 – Aspirin Administration for Cardiac Chest Pain

- 2022 – Measure at 0% for 7 cases

- March 2023 – Held training on where to document and why we give aspirin

- March – July 2023 – 100% for 2 cases

So I have not had time to do a Run Chart. For Aspirin with cardiac Chest pain, we had 7 cases in last year, we were at 0% and I did Training in March on where to document and why we give. We are 100 %. WE had 2 chest pains since the training.
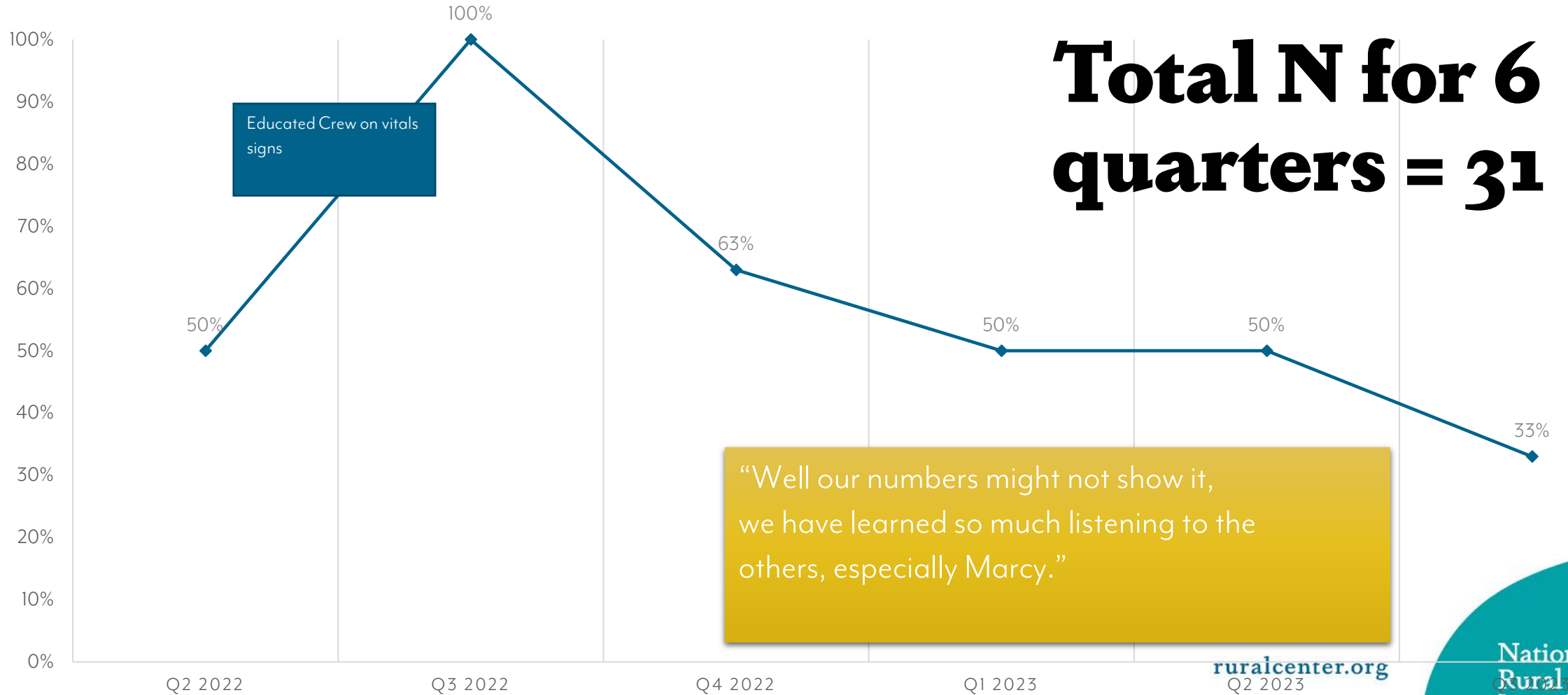
Thanks

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Ambulance 4 - Aspirin Administration for Cardiac Chest Pain

- 2022 – Measure at 43%

- 1/1/2023-8/2/2023 – Measure at 84%

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Year One Accomplishments

- First North Dakota Foundations of Medical Direction Course held, with section on quality improvement had 15 attendees.

- Able to add a medical director to the steering committee and another medical director is going to work on the project next year as well.

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Lessons Learned So Far

- More sprints rather than a marathon
- Accept whatever reporting format works for that agency (emailBalancing individual meetings with the cohort working together (especially in the summer) (excel, letter, etc.)

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Utah

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Project Description

- **9 Rural EMS agencies**
  - Aid them in educating their staff and leadership re: Data Quality
  - HOW?
    - Weekly Reports targeting 5 variables
    - "Common" data errors
    - Weekly count reconciliation
    - Validation
    - Creation time
    - Monthly meetings

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Year One Workplan Outcomes

Everyone is working well together and bouncing ideas off each other

- Had our in person meeting with all but 2 agencies come (they should have all come ☹)
- Excited about year 2 and have chosen additional variables to focus on

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Year One Accomplishments

- Our average validation scores are at 99.5% for this year all agencies for current year (range 97.1 – 99.6)
- Group works well together to share ideas, what works best for them

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Lessons Learned So Far

- **Lessons learned from year one, mark one as a key takeaway**
  - Report fatigue
  - It has been extremely hard to pay them!!!
    - Remind them early, and often, to get invoices in …
- **What will you change going into year two?**
  - New data points will be added that the group wants to see
    - Last known well – Cardiac, Stroke, Trauma
    - Patient Demographics
    - Incident Demographics

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Washington

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Project Description

- **To educate EMS agencies on the importance of accurate data reporting.**

- **Create a package that can be used independently.**

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Year One Workplan Outcomes

- 8 EMS agencies are participating
- 7 Medical Program Directors are participating
- Monthly meetings

Year One Accomplishments

- Engagement
- Great subject matter experts

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Lessons Learned So Far

- Everything takes longer than planned.
- No major changes planned for year two.

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