

Sample cover page

Provider Name
Quality Improvement Plan

Original plan implemented 2008

SAMPLE

Reviewed/Updated: _____
Signature, Title: _____

(Your Organization's Name)
QUALITY IMPROVEMENT PLAN

Mission Statement: *(organization specific)*

It is the mission of *(your organization's name)* to promote and deliver the highest quality of prehospital care possible through comprehensive management, state of the art and focused educational programs and collaborative team work by all parties involved in the EMS program.

Philosophy Statement: *(organization specific)*

It is the philosophy of *(your organization's name)* to promote and deliver the highest quality of patient care through team work, commitment to patients, focused training and education programs geared to the improved performance and delivery of patient care.

Performance Improvement Organizational Chart:

(May use an organizational flow chart or text description):

The QI program/process demonstrates the dissemination of QI information to all participants, (i.e., administration, paramedics, base hospitals and other provider agencies.) If a chart is used, make it an attachment so it can be easily changed as the organization changes.

See attachment 1A

Description of Processes Used in Conducting QI:

(Organization's QI process)

The continuous QI Process used by _____ is:

FOCUS-PDSA cycle

F – find a process to improve

O – organize an effort to work on improvement

C – clarify current knowledge of the process

U – understands the process and variation

S – select a strategy for further improvement

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

Or PDCA.

P - Plan, Analysis, Conclusions, Recommendations

- Description of current process or outcome
- Analysis of findings
- Conclusions based on findings
- Recommendations to improve performance

D – Do/Act

- What action did you take to improve the performance
- When did you take the action(s) to improve performance

C – Check

- How effective were the actions to improve performance
- Briefly describe the performance improvement
- Did the action have an impact on patient care
- Did the action have an impact on customer satisfaction
- Did the action have a financial impact
- Will there be a long-term benefit

A – Act

- When will the action be monitored to determine the effectiveness
- How long will the action be monitored to ensure improvement and/or resolution
- How often will the effectiveness of the action be monitored

Methods Used to Document the QI Processes. (*Organization specific*)

The “QI Committee” will meet _____ and review audit findings/results regarding field care issues/indicators, acknowledge performance improvement, and develop action plans for deficiencies. The focus of the reviews will be areas that impact patient care, customer service, improve performance/processes, and influence financial and overall long-term benefits. Pertinent information from the committee meeting will be distributed to all participants. Additional means of documenting the QI process is through _____(quarterly) organizational staff meetings where QI is a standing agenda item, communication books and/or posting memos relating to the QI process or recognition of improvement.

Technical Advisory Group (TAG) (*Organization specific*)

The TAG will meet _____ and is responsible for implementation of _____ QI Plan. The TAG members are identified stakeholders (i.e., EMS dispatch personnel, skilled nursing facilities, other ambulance services, etc.) and report directly to the CEO/President or General Manager. Membership listing with names and affiliations is attached.

Participation in a Common Database System – TEMIS: (*organization specific*)

_____ currently participates in the Los Angeles County EMS Agency’s data collection system, TEMIS, by submitting the EMS Report forms to the EMS Agency for data entry into Lancet.

Methodologies for _____ QI Program:

- Prospective – being in the future: looking forward in time: expected or potential.
- Concurrent – concurring: tending to or meeting at the same point; occurring or existing together or side-by-side.
- Retrospective – directed to the past; contemplative of past events; looking or directed backward.

Prospective QI: (*organization specific*)

Conducting skills sessions on an ongoing basis may complete prospective QI. Without frequent opportunities to perform low volume /high-risk skills, i.e. endotracheal intubation and cardioversion/defibrillation, there is an anticipated loss of cognitive thinking and motor skills.

Concurrent QI: *(organization specific)*

Concurrent QI may be completed by any of the following methods:

- ride alongs
- tape reviews
- forms review
- 1:1 education.

Retrospective QI: *(organization specific)*

Retrospective QI may be completed by any of the following methods:

- ride alongs
- tape reviews
- forms review
- 1:1 education

Special consideration will be given to high risk, high volume and/or problem prone areas specific to _____(organization) assessed needs. All indicators will be well defined, include a threshold and time period for the study. For current indicators, see Attachment 1B *(place organization's indicators on this page.)*

(Describe your process. Include how you will do the QI – who is going to review the EMS forms? How many forms will you review? ie. 100%, every 4th form etc.)

Trending and tracking tools will be utilized to demonstrate the ongoing indicator performance trends and to document corrective actions to assure loop closure/resolution.

For trending tool, see Attachment 1C *(place organization's trending tool on this page.)*

For tracking tool, see Attachment 1C *(Place organization's tracking tool for those fallouts/recognition of improvement that are not a part of the study/indicator on this page.)*

QI Program Integrated into the LA County EMS Agency:

The _____(i.e. *Quality Improvement Coordinator, General Manager, etc.*)) will represent _____(*your organization's name*) by attending the L.A. County EMS QI Committee. Sources of potential QI and system wide studies/indicators may be instituted as a direct result of participation in EMS related committees and meetings.

Quality Improvement Program Goals and Objectives:

- Recognize, reward, and reinforce positive behavior.
- Define standards, evaluate methodologies and utilize the evaluation results for continued system improvement.
- Identify important aspects of care.
- Establish performance standards and indicators related to these aspects of care.
- Establish thresholds for evaluation related to the indicators.
- Organize and collect data.
- Recognize, develop and enhance opportunities for improvement based on performance standards and thresholds.
- Take action to improve care.
- Assess the effectiveness of remedial actions and document improvement.
- Communicate relevant information among participating agencies.

Recognition of Improvement:

(This section should reflect how your agency recognizes improvement or outstanding performances. Examples – emails, 1:1, during meetings, Starbucks coupons, and letters to personnel file.)

Updated 8/08

SAMPLE