Wisconsin Ambulance Service Assessment: Patient Care Policies And Procedures

NOSORH Region C Meeting
August 15, 2018
Background

- Electronic survey, sent November 2016

- Developed by group of WI experts:
  - EMTs
  - Hospital stroke and STEMI coordinators
  - Medical Directors
  - RTAC coordinators

- Focused on time-critical diagnoses
Content & Structure

**Stroke**
- Protocols
- Protocol review
- Training
- QA policy
- QA w/hospital

**STEMI**
- Protocols
- Protocol review
- Training
- QA policy
- QA w/hospital

**Trauma**
- Protocols
- Protocol review
- Training
- QA policy
- QA w/hospital

**Cardiac Arrest**
- Protocols
- Protocol review
- Training
- QA policy
- QA w/hospital

12-Lead ECG transmission

Pit Crew
Example

Working With Receiving Hospitals on STEMI Quality Assurance

1) My service does not have a STEMI QA process in place with our receiving hospitals.

2) My service receives no feedback on STEMI cases from our receiving hospitals.

3) My service receives feedback on some STEMI cases from our receiving hospitals.

4) My service receives feedback on all STEMI cases from our receiving hospitals with identified opportunities for improvement.

5) My service’s Medical Director, or designee, meets with our receiving hospitals on a regular basis to review STEMI case data.
Purpose

Identify **the state of** EMS TCD patient care policies in WI

Identify **differences** among agencies and regions

Identify **agencies** that could benefit from technical assistance
Analysis

Overall

Geographic characteristics
• Rurality

Agency characteristics
• License level
• Call volume
• Roster size
• Roster volunteer
Results - Overall

- 75% have strong **protocols**
- 60% conduct regular **protocol reviews**
- 50% conduct regular **training**
- 60% collect data and review cases
- 60% receive feedback from hospitals
Low Performers (<3)

- STEMI QA policy
- STEMI hospital QA
- Stroke QA policy
- Stroke hospital QA
- Cardiac arrest Pit Crew
- Cardiac arrest hospital QA
Results - Overall

Stroke
- Protocols
- Protocol review
- Training
- QA policy
- QA w/hospital

STE MI
- Protocols
- Protocol review
- Training
- QA policy
- QA w/hospital

Trauma
- Protocols
- Protocol review
- Training
- QA policy
- QA w/hospital

Cardiac Arrest
- Protocols
- Protocol review
- Training
- QA policy
- QA w/hospital

12-Lead ECG transmission

Pit Crew
- QA policy
- QA w/hospital

≤3
≥75% or 3.5
Results – Overall Transport Policy

- Any hospital: 61%
- Closest appropriate hospital: 19%
- Allowed to bypass if no other service avail: 11%
- Closest hospital only: 9%
- 0% Don’t know
Results – Overall Telemedicine Capacity

No
- Cost
- Lack of knowledge
- Lack of equip/tech
- No/limited availability
- Connectivity issue
- No need
- No capability
- Hospital doesn’t do it
- Need training
- HIPAA/security concerns

Yes
- 12-lead transmission
- Phone calls
- VHF radio

3% Don’t know
No 83%
Yes 14%
Results – Differences by Group

Geographic characteristics
• Rural and Small Urban

Agency characteristics
• Lowest license level
• Smallest roster size
• Largest % of volunteer roster
• Call volumes <300
Use – TA Candidates

• Identified three **low-scoring rural services**
  • Average < 3
  • 42 out of 127 responding

• Contracted with MetaStar (Wisconsin’s QIO) to provide **one-on-one TA** and strategic planning
Use - TA Process

• WI-ORH made initial contact
• Contractor **reviewed** survey responses
• **Requested** and reviewed copies of agency policies, protocols, operational plans, etc.
• **Interviewed** agency staff and Medical Director
• **Recommended** changes to policies as appropriate
• **Developed** performance measures and goals
Use – TA Findings

- Agency buy-in critical
- Training and resource needs
  - WARDS Elite (Wisconsin’s ambulance run data base)
  - Reference cards for stroke assessment
- Lack of communication with hospitals
  - Medical direction
  - QA review
- Discrepancies between service director and crew
Use – TA Selected Challenges

- No feedback from hospitals on TCD cases
- No QA review with hospitals
- No standard protocols or not based on national standards (AHA, etc.)
- No policy on utilizing ALS services
- No consistent data collection system
- Medical Director MIA
- Inconsistent training or case review
  - “When an issue arises”
Use – TA Outcomes

Established performance goals and baseline measures

• On-scene time < 15 minutes
• Increase 12-lead acquisition
• Incorporate ALS

Agencies implemented changes

• Developing ALS use policy
• Plan to increase 12-lead acquisition
• Identified additional training needs
Next Steps

• **Follow up** with service directors
• **Publish** the analysis and TCD Tool Kit
• **Six** additional agencies in 2017-18
• **Repeat** TCD assessment in 2019
What questions do you have?
~ Thank You ~

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