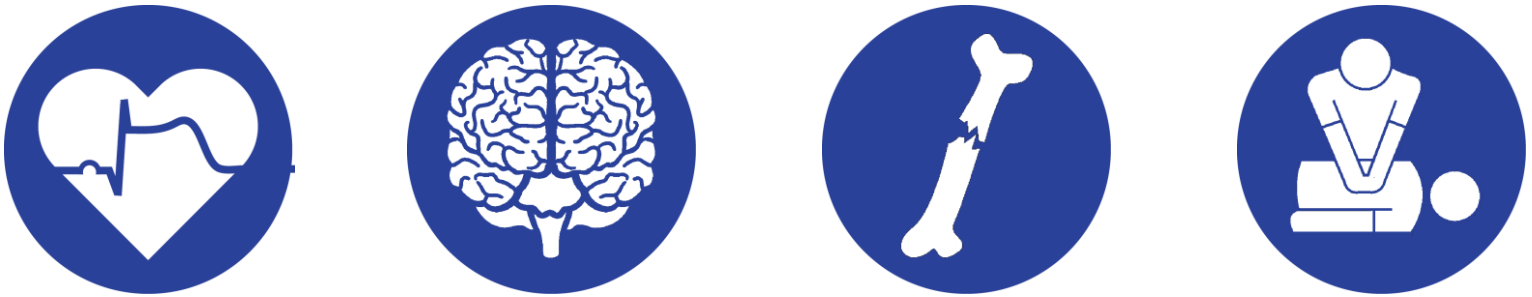
Wisconsin Ambulance Service Assessment: Patient Care Policies And Procedures



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	STEMI	Trauma	Cardiac Arrest
			
	12-Lead ECG transmission		Pit Crew
Protocols	Protocols	Protocols	
Protocol review	Protocol review	Protocol review	
Training	Training	Training	
QA policy	QA policy	QA policy	QA policy
QA w/hospital	QA w/hospital	QA w/hospital	QA w/hospital

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.

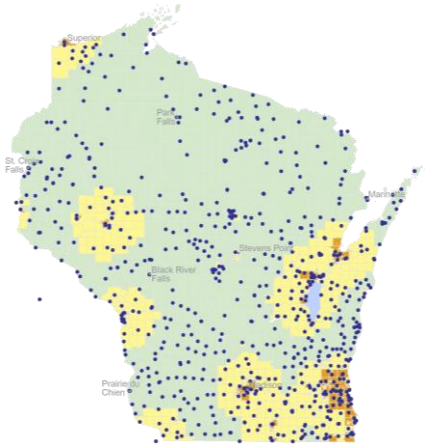
3) My service receives feedback on some STEMI cases from our receiving hospitals.

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.

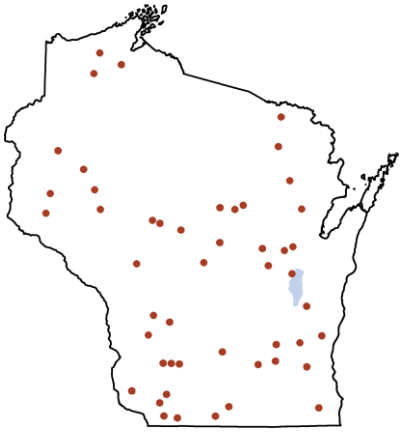
Purpose

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

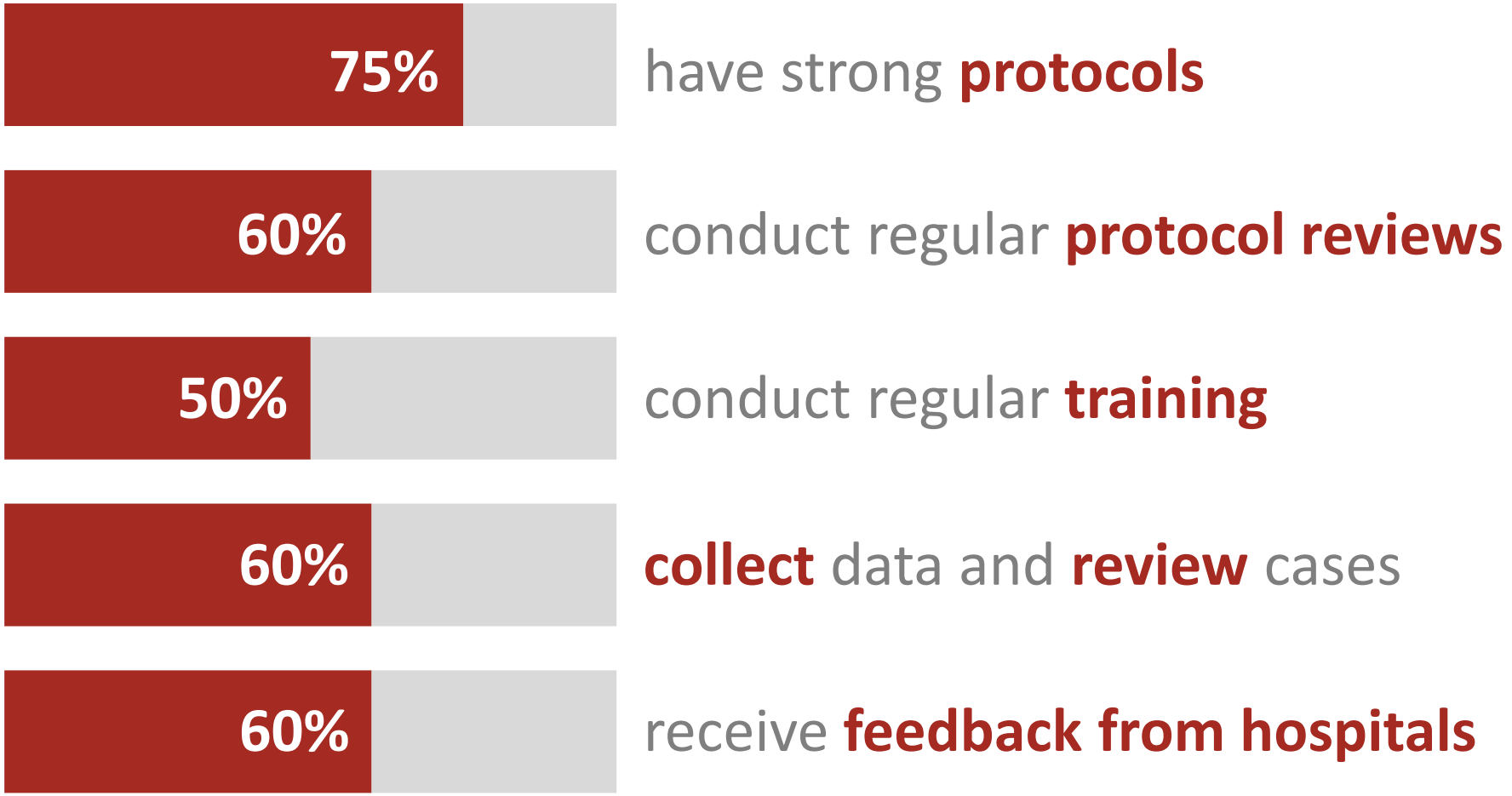
Geographic characteristics

- Rurality

Agency characteristics

- License level
- Call volume
- Roster size
- Roster volunteer

Results - Overall



Low Performers (<3)

STEMI QA policy

STEMI hospital QA

Stroke QA policy

Stroke hospital QA

Cardiac arrest Pit Crew

Cardiac arrest hospital QA

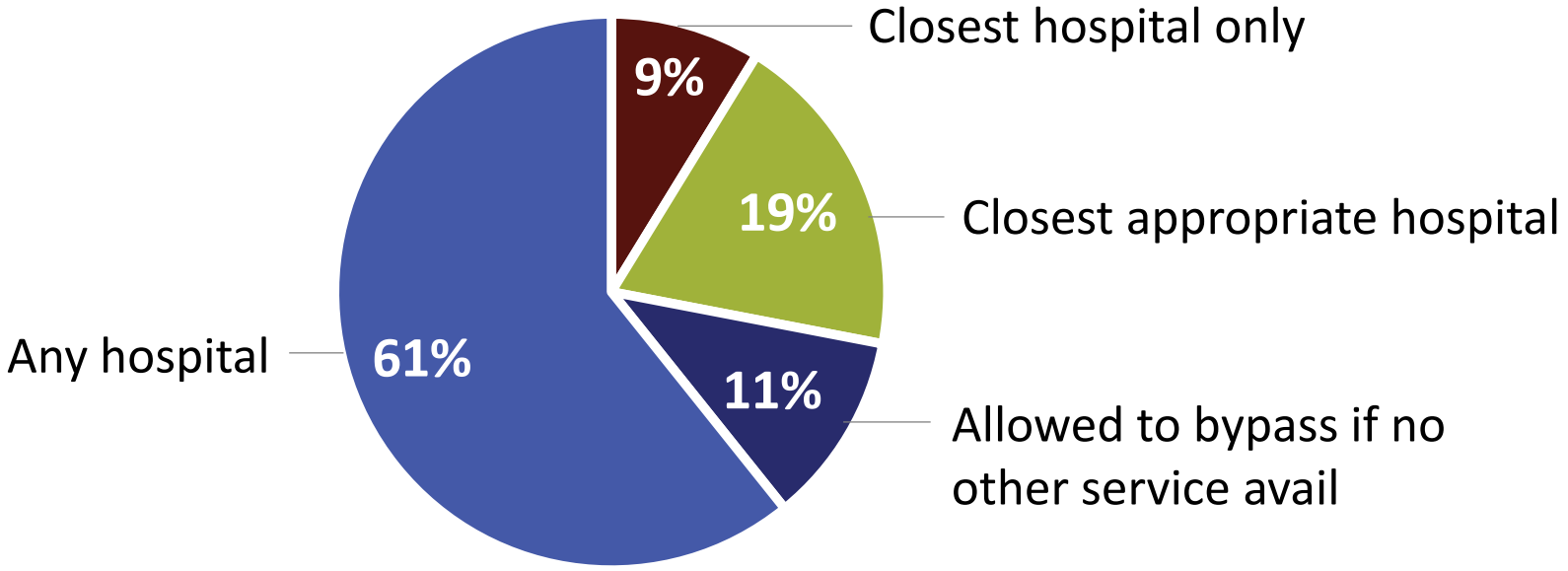
Results - Overall

≤3
≥75% or 3.5

Stroke	STEMI	Trauma	Cardiac Arrest
			
	12-Lead ECG transmission		**Pit Crew**
Protocols	**Protocols**	**Protocols**	
Protocol review	**Protocol review**	**Protocol review**	
Training	**Training**	**Training**	
QA policy	**QA policy**	QA policy	QA policy
QA w/hospital	**QA w/hospital**	QA w/hospital	**QA w/hospital**

Results – Overall Transport Policy

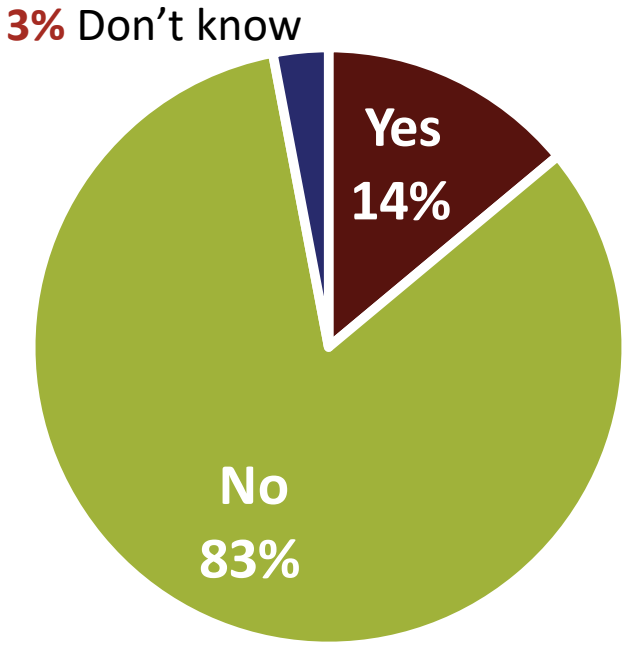
0% Don't know



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

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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