

NORTH CENTRAL REGION

2016 - 2018

REGIONAL QUALITY IMPROVEMENT PLAN



MISSION STATEMENT

The North Central Region Quality Improvement Committee strives to optimize Emergency Systems of Care through a collaborative multidisciplinary approach to improve patient outcomes.

Collaborative Support Provided by
North Central Emergency Care Council
Proudly Serving Chelan, Douglas, Grant and Okanogan Counties

<http://www.ncecc.org/>

1.800.346.4032

Mission Statement

The North Central Region Quality Improvement Committee strives to optimize Emergency Systems of Care through a collaborative multidisciplinary approach to improve patient outcomes.

GOALS: IMPROVE CARE BY UTILIZATION OF OUTCOMES MONITORING

1. Collect Accurate, Timely Data

Collection of accurate, timely data is an essential prerequisite to effective quality improvement.

1.a. Include Prehospital Care Analysis

True system review requires more than hospital-alone quality review. All prehospital providers, including dispatch personnel, within the region should be included in the QI Process.

2. Analyze Patterns and Trends of Regional Emergency Systems of Care

Compare similarities and differences between North Central Region and other regional, state and national models.

2.a. Assess Patient Flow Patterns

Patient flow patterns as well as inter-facility transfers and methods of transport are important considerations in North Central Region. Ongoing monitoring will be required to provide data for consideration of additional (or fewer) designated trauma, cardiac, and stroke centers.

2.b. Compare Similar Hospital/Agency Outcomes

Case review requires objective comparisons with similar institutions within the region, state or nationally. In addition, a “benchmark” or “gold standard” to which comparisons can be made, regardless of institutional status, is required.

2.c. Analyze Individual Cases of Care

Highlighting the trends and patterns with individual case review will provide a specific focus for improvements and changes, as well as affording the opportunity to discuss individual cases.

3. Action Plan/Loop Closure

3.a. Trending/Reporting

The Committee should provide communication on patterns and trends of regional systems of care to the North Central Emergency Care Council or appropriate agency.

3.b. Opportunities for Improvement

The Committee should recommend opportunities for improvement to the appropriate training or prevention committee of the North Central Emergency Care Council.

3.c. Loop Closure

Cases sent to QI Committee for review and recommendation require follow-up with feedback on action taken.

PRINCIPLES

- **Regional Leadership**

As described in *WAC 246-976-910 (2) and RCW 70.168.090 (2)*: Levels I, II, and III trauma care facilities shall establish, coordinate and participate in regional EMS/TC systems quality improvement programs.

As described in *RCW 70.168.150 2(a) and 2(b)*, all designated Cardiac / Stroke centers will participate in associated regional QI activities. This will take place and follow the process of the already established EMS/TC systems quality improvement program.

- **System Analysis**

This is intended to be a process for continuous quality improvement of the regional system of care throughout the age continuum. It is not intended to duplicate or replace quality improvement programs of the individual hospitals, rehabilitation units, or prehospital agencies involved in regional care. State and regional databases, such as the state Trauma Registry/Collector, COAP, WEMESIS, and Get with the Guidelines/Outcomes, will provide accurate data to assess regional performance as well as individual provider/agency performance.

- **Confidential Case Review & Education**

Effective identification, analysis and correction of problems require objective review by qualified, appropriate members of regional care programs, protected by a process which ensures confidentiality. The approach used by the QI Committee will be standard case review profiling issues for education and/or process improvement.

PROCESS

MEMBERSHIP

As stated in WAC 246-976-910(3):

The regional quality improvement program: Shall include at least one member of each designated facility's medical staff, the RN Coordinator of each service, an EMS provider, and a member of the regional council.

And WAC 246-976-910(4):

The regional quality improvement program shall invite the MPD and all other health care providers and facilities providing care in the region, including non-designated facilities and non-verified prehospital services, to participate in the regional quality improvement program.

In accordance with the above administrative code, the North Central Region QI Committee membership will be:

Voting Members:

Medical Director from each designated facility and/or rehabilitation center
Nurse Coordinators from the Emergency Systems of Care for each designated facility and/or rehabilitation center
Medical Program Director (MPD) from each county
EMS Provider representative (1 rep elected from each local council)
Regional EMS Council Chair
Regional injury prevention representative for peds and adults
Air Medical Services Representatives (2)

**Any of the above members may be replaced by an official designee from the represented facility or agency.*

Non-voting Members:

Emergency Department Directors (clinical and medical)
*ICU (Critical Care) Department Directors (clinical and medical)
State DOH staff
*Appropriate medical specialists as needed and determined by chairperson
Non-designated facility representatives
*Coroner/Medical Examiner from each county
EMS Director from each county
Dispatch center representative from each county
Regional Council staff member

**As appropriate for QA purposes*

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Quorum: A quorum shall consist of a minimum of 10 voting members at the beginning of the meeting and will continue as long as 6 or more voting members remain.

□ **Confidentiality**

Actions of the QI Committee are confidential as provided in *WAC 246-976-910 (5)(e)(f)(g)(h)* and protected by *RCW 43.70.510* and *chapters 18.71, 18.73, and 70.168*. See *Attachment A*. A written plan for confidentiality is required. See *Attachment B*. Notification in writing of the confidentiality of each meeting is required. Information identifying individual patients cannot be publicly disclosed without patient consent.

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- **Regional QA meetings**
 - Frequency: Quarterly
 - Chairperson and 2 Vice Chairs: 2-year position elected by the majority of voting members (preferred structure: Chair = MD / Vice Chairs = Hospital Representatives)
 - 2-hours-in-length

- **Four components to meeting**
 - Review of state and regional data / trends
 - Review of Injury Prevention data / trends
 - Focused case(s) review of trauma, cardiac, and/or stroke patients with directed discussion
 - Next QI Committee meeting goals and targets

- **Summary Conclusions and Reporting**

The Chairperson is responsible for providing summary conclusions of discussions. Provisions must be provided for feedback to the Department of Health and the regional council regarding identified EMS and facility issues and concerns.

DETAILS

Component 1: Review of state and regional data and trends

- The state Trauma Registry and other emergency system reports as appropriate shall provide a routine Summary Report (as defined) distributed with the agenda in advance. These reports are standardized, emphasizing the state and regional trauma system, and will relate to the case presentation selected by the committee.
- The State Trauma Registry shall provide a focused report on issues / filters as requested to assist in the selection of case presentations for performance improvement.
- Regional Cardiac and Stroke data based on committee established audit filters and benchmarks shall be reported on to identify issues / trends for performance improvement.

Component 2: Review of Disease and Injury Prevention data / trends

- The Regional Injury Prevention representative will provide data / trends relating to the topic of the selected case presentation.
- Information regarding regional Injury Prevention data / trends shall report on any issues / filters that will assist in selection of case presentations for performance improvement.

Component 3: Focused cases reviews:

- Designated agencies present injury or process specific case reviews as assigned by the committee. Cases will be not exceed 30 minutes and include:
 - Continuum of care from dispatch through rehabilitation
 - Major players involved be present or available for questions and discussion
 - Audio-visual aids
 - Topics from case for discussions
 - Lessons learned

Component 4: Identification of next quarter's meeting goals and targets

ATTACHMENT A

NORTH CENTRAL REGION QUALITY IMPROVEMENT COMMITTEE

**QI COMMITTEE MEMBERS AND GUESTS
CONFIDENTIALITY AGREEMENT**

In accordance with RCW 70.168.090(3) and (4)

The undersigned attendees of the QI Committee meeting held (date), agree to hold in strict confidence all information, data, documentation, and discussions resulting from this meeting, and subsequently documented in meeting minutes. No information will be disclosed to parties outside this QI Committee, except as agreed to by the attendees for the purposes of follow-up, resolution or systems design changes. Failure to observe this agreement will result in dismissal from the Committee and possible personal liability.

First Name	Last Name	Title	Job Title	Agency	Signature

ATTACHMENT B

North Central Region
Quality Improvement Committee

Systems of Care Quality Improvement Plan 2014 - 2015

Authority

RCW 70.168.090(2); WAC 246-976-910(2); RCW 70.168.150 (2)a / (2)b

Policy

The North Central Region Quality Improvement Committee (NCRQIC) uses information gathered and reviewed by the committee to evaluate and improve care of patients in the region through improved system performance. It is necessary that providers have protection from discoverability and liability, to achieve these goals, in accordance with applicable state law.

Membership

Minimum membership is maintained in accordance with the standards set forth in *WAC 246-976-910(3)*

Pledge of Confidentiality

All attendees of the QI meetings will sign a pledge of confidentiality, which also serves as a record of attendance. At each meeting a pledge of confidentiality will be included with the minutes.

Documentation

Patient records will be blinded to identification. Patient information cannot be disclosed without written permission of the patient or guardian per HIPPA regulations.

All committee handouts shall be labeled "Confidential QI Document/Privileged Information/Not Authorized for Distribution". All confidential documents will be collected at the end of each meeting.

Minutes

Minutes from QI Committee meetings will be prepared by the designated recorder, reviewed and approved by the members. One permanent copy will be kept for purposes of the record and maintained in secured QI files at CWH Trauma Services. Any case specific information presented during QI committee meetings will be held in strict confidence among those attending the meeting. Confidential case presentation(s) will be selected by the committee chairperson based upon identification of system issues or at the request of regional committee member(s) and/or a hospital. Case studies will be based on educational merit that is relevant to the regional goals and incorporate state and injury prevention data.

Access to Information

All members of the QI Committee and those who have been invited to attend by members of the committee have access to view or discuss case information. It is the obligation of the attendees to keep all information confidential and to protect it against unauthorized intrusion, corruption, or damage.

Goals

- Improve care, not just monitor outcomes
- Collect and submit accurate, timely data
- Analyze patterns and trends of the regional emergency system of care
- Assess patient flow patterns within and out of the region
- Include pre-hospital data in the analysis of care within the region
- Compare similar hospital/agency outcomes through information provided by the state trauma registry and other system data collection resources.
- Review, analyze, and evaluate individual cases of care
 1. Identifying opportunities for improvement within the regional system
 2. Developing plans of action for identified opportunities to improve care
 3. Monitoring implementation of plans
 4. Evaluating effectiveness of interventions
- Utilize committee resources to improve the quality of trauma, cardiac, and stroke care within the region through:
 1. Provider education
 2. Identifying trends unique or specific to the region indicative of needed trauma / cardiac / stroke prevention activities

Process

Regional QI Meetings

- Chairperson nominated by the Regional Trauma Center, regional EMS/TC will be informed of choice; must be a required member of QI Committee, two year term, renewable
- Fixed or rotating location, 2 hours in length

Meeting Components

- Review of regional data/trends utilizing data from state trauma registry and other system data collection resources
- Focused case reviews identified according to the following audit filters for
 - Trauma:
 1. Unexpected trauma deaths
 2. Double transfers: Patients transferred to a higher level of care within the region and then transferred a second time to a higher level of care within or out of the region
 3. Patients transported from the scene, directly to a trauma center outside of the North Central Region
 4. All new potential QI audit filters will be trended within all trauma facilities in the North Central Region. All data will be compiled and presented to the group for review. All audit filters must measure performance against standards, health indicators and patient outcomes. Potential audit filters will be listed for improvement based on: Importance, High risk, High volume, or those that are Problem prone as identified by members of the North Central Region.
 - Cardiac:
 1. Door to transfer time > 30 minutes
 2. Door to drug time > 30 minutes
 3. First medical contact to reperfusion > 90 minutes for Primary PCI
 - Stroke
 1. Percentage of patients who received tPA within 3 hours of symptom onset
 2. Door to CT reviewed > 45 minutes
 3. Door to tPA time > 60 minutes
- Monitoring of compliance with North Central Emergency Care Council Patient Care Procedures
 - Individual EMS agencies within the North Central Region are responsible for implementing and monitoring compliance with the following patient care procedures:
 1. Access to Prehospital EMS Care; Communication and Dispatch Procedures

2. Response Times for Aid/Transport units
 - Urban : 8 minutes/10 minutes
 - Suburban: 15minutes/20 minutes
 - Rural: 45 minutes
 - Wilderness: As soon as possible
 3. Identification of major trauma, cardiac, stroke patients per appropriate prehospital triage tool utilization
 4. Interfacility transfers
 5. Air Medical Transport Activation
 6. Designated Trauma / Cardiac / Stroke Center Diversion
- Individual EMS agencies are responsible for reporting results of monitoring to the NCRQIC. Reports will include:
 1. Compliance with standards
 2. Problems identified
 3. Corrective action taken
 4. Results of follow up monitoring and changes to corrective action
 5. Local emergency medical services and trauma care councils shall review, evaluate, and provide recommendations to the regional emergency medical services and trauma care in the region.

Summary Conclusions and Reporting

The chairperson is responsible for providing summary conclusions of discussions. The summary conclusions are documented in the meeting minutes and are forwarded to the Regional EMS/TC for information and action.

ATTACHMENT B

North Central Region Quality Improvement Plan
TEMPLATE FOR CASE REVIEWS

I. NCRQI Case Review

- *Name of presenter*
- *Name of agencies represented*
- *Date*

II. Topic

- *Question or issue to be addressed with this case review*

III. Scene/Background Information

IV. EMS Findings/Interventions

- *Description of Pt*
- *Vital Signs*
- *Interventions*

V. ED Interventions/Findings

- *Vital Signs*
- *Interventions*
- *Findings*
- *Injury List*
- *Consults*
- *Pt Disposition*

VI. Hospital Course

- *Length of Stay*
- *Surgeries*
- *Other Injuries/Procedures Done*
- *Cost*

VII. Rehab (if appropriate)

VIII. Outcome

- *Discharge Status*
- *Current Update on Pt Outcome*

ATTACHMENT C

North Central Region Quality Improvement Plan

I have received and reviewed a copy of the North Central Regional Trauma Quality Improvement Plan.

Cascade Medical Center

Voting Member

Medical
Director _____

Voting Member

Program
Manager _____

Central Washington Hospital

Voting Member

Medical
Director _____

Voting Member

Program
Manager _____

Chelan/Douglas County MPD

Voting Member

MPD _____

Columbia Basin Hospital

Voting Member

Medical
Director _____

Voting Member

Program
Manager _____

Coulee Medical Center

Voting Member

Medical
Director _____

Voting Member

Program
Manager _____

North Valley Hospital

Voting Member

Medical
Director _____

Voting Member

Program
Manager _____

Lake Chelan Community Hospital

Voting Member

Program
Manager _____

Mid-Valley Hospital

Voting Member

Medical
Director _____

Voting Member

Program
Manager _____

Three Rivers Hospital

Voting Member

Medical
Director _____

Voting Member

Program
Manager _____

Okanogan County MPD

Voting Member

MPD _____

Quincy Valley Medical Center

Voting Member

Voting Member

Medical
Director _____
Program
Manager _____

Samaritan Healthcare

Voting Member

Voting Member

Medical
Director _____
Program
Manager _____

Confluence Health Acute Rehabilitation

Voting Member

Rehab
Rep _____

Okanogan County EMS Council Representative

Voting Member

Greater Wenatchee EMS Council Representative

Voting Member

Grant County EMS Council Representative

Voting Member

North Central EMS Council Chair

Voting Member

North Central Region Injury Prevention Representative

Voting Member
