EMS Engagement
Communication Tools and Strategies for Coordinating Patient Care

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Presenter Disclosure Information

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FINANCIAL DISCLOSURE:
No Disclosures

UNLABELED/UNAPPROVED USES DISCLOSURE:
No Disclosures

Objectives

I. Case Study
II. CQI-Hospital
   I. PDCA
   II. Communication tools
III. CQI-EMS
IV. Summary
Case Study

• 39 year old male complaining of sharp, stabbing chest pain with sudden onset at 03:00 hours. The pain woke him from sleep.
• Patient states he has been ill with some type of stomach bug for the last three days
• Patient has no medical history

Case Study

• Vitals: P = 98, BP = 116 / 70, RR = 22; Temp; 101.0; SpO2 = 96%

• EMS Actions: Oxygen, 12-lead, ASA, Nitro x 3 with no relief, Morphine 4 mg with significant relief. Request Pre-hospital MI Alert
Case Study - Outcomes

- EMS crew - Gets back to station and tells the oncoming morning crew about the crazy MI they had. Young guy, fever and a stomach bug, but really having an MI. 12-lead had elevation everywhere. High fives all around. Provider is crowned the MI king!
- ER doctor – Cancelled the MI alert. Treated the patient for pericarditis. Thinks EMS needs some retraining.
- Cardiologist – Really upset because he got out of bed at 4 am and didn’t need to.
- This is why CQI is so important!

What is CQI?

Continuous Quality Improvement (CQI) is a quality management process that encourages all health care team members to continuously ask the questions, “How are we doing?” and “Can we do it better?”

The Institute for Healthcare Improvement (IHI) Model for Improvement

- What are we trying to accomplish?

- How will we know that a change is an improvement?

- What changes can we make that will result in improvement?

PDCA Cycle

- Establish measures
- Select changes
- Test changes
- Implement changes
- Spread changes
What's the difference between a scientist and a third-grade science student?

They both know the definition of the scientific method... but a scientist actually *practices* the scientific method with a high degree of skill — to solve endless diverse real-world problems.
Communication Tools – Score Cards

[Image of a presentation slide showing a table and diagrams]

Communication Tools – Score Cards

[Image of another presentation slide with a table and medical diagrams]
Communication Tools – EMS Score Cards

Communication Tools – EMS Score Cards
Communication Tools – EMS Score Cards

What happens after feedback is delivered to EMS?

• Option 1

• Option 2
  • Quality Improvement!
Each case should be reviewed ASAP

• Most people can’t recall what they had for lunch last week, much less a chest pain call they were on three months ago.
  Immediate feedback to the providers is key.

• Look for inconsistencies, confirm data accuracy

• Look for contributing factors
  • Track contributing factors; look for trends

• Provide feedback to callers

### Looking for Trends

<table>
<thead>
<tr>
<th>Call #</th>
<th>Dispatch</th>
<th>Responding</th>
<th>On-Scene</th>
<th>At Patient</th>
<th>1st 12-lead indicating STEMI</th>
<th>First ASA</th>
<th>First Nitro</th>
<th>Activation Time</th>
<th>Haemute Hospital</th>
<th>At Hospital</th>
<th>Hospital Time</th>
<th>Hospital D2BT (minutes)</th>
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</thead>
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<tr>
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<td>2:52</td>
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</table>

### Hospital D2BT (minutes)

<table>
<thead>
<tr>
<th>1st medical contact to Balloon</th>
<th>At Patient to ASA</th>
<th>At Patient to Nitro</th>
<th>At Patient to 12-lead</th>
<th>12-lead to activation</th>
<th>At Patient to activation</th>
<th>Total time with patient</th>
<th>Pre-hosp Mt alert requested</th>
<th>Pre-hosp Mt alert activated</th>
<th>Mt Alert Activated in hospital</th>
</tr>
</thead>
<tbody>
<tr>
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</table>
Looking for trends

<table>
<thead>
<tr>
<th>Provider</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jones</td>
<td>Prehospital request was denied due to patient age (92). However, LVH processed as pre-hospital alert due to request from provider. Hospital collected consent delay.</td>
</tr>
<tr>
<td>Smith</td>
<td>No PCI performed.</td>
</tr>
<tr>
<td>Wilson</td>
<td>ER and Cardiology confirmed elevation and took patient to cath. Lab where no blockage was found.</td>
</tr>
<tr>
<td>Henry</td>
<td>Hospital states no PCI.</td>
</tr>
<tr>
<td>Rivera</td>
<td>ER and Cardiology confirmed elevation and took patient to cath. Lab where no blockage was found.</td>
</tr>
<tr>
<td>Doe</td>
<td>Patient in rapid AFib with no elevation during most of care. Upon arrival at hospital, 12 lead showed elevation. Provider advised ER of this upon entering hospital.</td>
</tr>
<tr>
<td>Greb</td>
<td>Patient refused Cath.</td>
</tr>
<tr>
<td>Jones</td>
<td>Patient coded while walking to litter. V-fib, defib, and 12 lead performed afterward.</td>
</tr>
</tbody>
</table>

• Specific providers?
  – Delays, Treatments, Errors

• Specific times of day

• Etc, Etc, Etc...

Score card

• Use to validate data collected after each case

• Use for benchmarking

• Use to put a spotlight on excellence!
Summary / Key Points

- Engage EMS in CQI initiatives early
- Involve service Medical Director
- Provide support as needed without pushing too hard
- Continue monitoring process and provide feedback often and consistently

Presenter Disclosure Information

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