

WEST REGION QUALITY IMPROVEMENT PLAN

II. West Region QI – Cardiac & Stroke QI Approved 10/15/12

Mission Statement

Continuously strive to optimize
Cardiac and Stroke patient care and outcome through the
continuum of care.

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**Continuously strive to optimize
Cardiac and Stroke patient care and outcome through the continuum of care.**

GOAL: EVALUATE & IMPROVE CARDIAC & STROKE PATIENT CARE THROUGH THE USE OF COMPREHENSIVE, DATA-DRIVEN QUALITY IMPROVEMENT PROCESSES.

1. Collect Accurate, Timely Data

Accurate, timely data is an essential prerequisite to effective quality improvement.

1.a. Patient Care Analysis

QI reviews should include all aspects of patient care from prevention, dispatch, pre-hospital, hospital and through rehabilitation

2. Analyze Patterns and Trends of Regional Cardiac/Stroke Care

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

2.a Assess Patient Flow Patterns

A special concern of West Region is cardiac and stroke patient flow patterns as well as inter-facility transfers and methods of transport. Ongoing monitoring will be required to provide data to assure access to WA State categorized cardiac and stroke centers in accordance to the state triage tools for cardiac and stroke.

2.b Compare Similar Hospital/Agency Outcomes

Case review requires objective comparisons with similar institutions within the region, state or nationally. In addition, a benchmarking is used when available to which comparisons can be made.

2.c Analyze Individual Cases of Cardiac and Stroke Care

Analysis can be provided by highlighting the trends and patterns with examples from individual case review. This will provide a specific focus for education, improvements and changes, as well as affording the opportunity to discuss individual cases.

3. Action Plan/Loop Closure

3.a Washington State Department of Health

Provide communication on patterns and trends of regional Cardiac/Stroke care through the West Region Quality Improvement Forum (QIF) or appropriate agency.

3.b Opportunities for Improvement

Recommend opportunities for improvement to the training or prevention committee of the West Region Council to disseminate among West Region agencies/facilities.

3.c Loop Closure

Cases sent to the Quality Improvement Forum (QIF) for review and recommendation require follow-up with action taken at the next meeting. Based upon information learned, key teaching points from each forum may be disseminated.

WEST REGION QUALITY IMPROVEMENT PLAN

PRINCIPLES

- **Cardiac and Stroke Center Leadership and Participation**
According to Washington State Department of Health Participation Criteria for Level 1 Cardiac and Level 1 Stroke Categorization provide community/regional resources for guidance and recommendations through leadership. All Levels of Cardiac and Stroke centers have committed to participate in regional quality improvement activities through the categorization process. West Region QIF encourages full participation from all West Region hospitals.
- **System Analysis**
This is intended to be a process for continuous quality improvement of the regional system of cardiac and stroke care throughout the age continuum. It is not intended to duplicate or supplant quality improvement programs of prehospital agencies, individual hospitals or rehabilitation units involved in cardiac and stroke care. By use of COAP and Outcomes Science GWTG for Stroke or the additional data collection tool there will be accurate data provided 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 cardiac and stroke care programs, protected by a process which ensures confidentiality. The approach used by the QIF will be standard case review profiling and issue for education and/or process improvement.

PROCESS

CARDIAC AND STROKE QIF MEMBERSHIP

The West Region Cardiac & Stroke QIF membership includes the following voting & non-voting members:

Voting Members:

Cardiac and Stroke Medical Directors from each categorized cardiac and stroke hospital
Cardiologist
Neurologist
Emergency Medicine Physician
Emergency Department RN
Cardiac and Stroke Coordinators from each categorized cardiac and stroke hospital
Medical Program Director (MPD) from each county - total 4
Emergency Department Representative from each categorized cardiac and stroke hospital (director or designee)
EMS representative (field provider preferred) - 3 from each county
CQI Representative – 1 prehospital and 1 hospital from each county
Regional EMS Council Chair
Prevention Representative: 1 cardiac and 1 stroke
Regional Aero Medical Provider
Representatives from County Cardiac and Stroke QI
**Any of the above members may be replaced by an official designee from the represented facility or agency.*

Non-voting Members:

State Department of Health Staff
Appropriate medical specialists as needed and determined by QIF voting members
American Heart/Stroke Association representative
Non-designated facility representatives
EMS Coordinator/Director from each county
Regional Council staff member

WEST REGION QUALITY IMPROVEMENT PLAN

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**

The ECS law amended RCW 70.168.090(2) to allow existing regional EMS and trauma quality assurance (QA) programs to evaluate cardiac and stroke care delivery in addition to trauma care delivery.

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.

- **Regional Cardiac and Stroke QIF meetings**

- Frequency: 4 meetings per year
- Chairperson and 1 Vice Chair: 3 year position elected by the majority of voting members (preferred structure: Chair = MD)
- Length
 - 1.5 hours cardiac
 - 1.5 hours stroke

- **Meeting Structure:**

0900-1030 – Cardiac QI Meeting
1030-1045 – Break
1045-1230 – Stroke QI Meeting

- **Components to meeting:**

Review of regional data and trends
Performance Improvement (PI) Project Presentation
Focused case(s) review with teaching points and directed discussion
Next QIF meeting goals and targets
Yearly process/injury focus will be identified at the last QIF meeting of the year.
Selection of goals and objectives for Cardiac/Stroke meetings will be identified annually.

- **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 West Region EMS & Trauma Care Council on identified cardiac and stroke care issues and concerns.

WEST REGION QUALITY IMPROVEMENT PLAN

DETAILS

Component 1: Review of regional data and trends

COAP and Outcomes Science GWTG for Stroke or the additional data collection tools will be used for data and trend reporting.

Component 2: Performance Improvement Project Presentation

Presentation will include following points:

- Problem identification
- Process changes
- Implementation process
- Tools or resources
- Evaluation
 - Lessons learned

Component 3: Focused cases reviews:

Designated agencies present cardiac and stroke case reviews as assigned by the committee. Cases will be not exceed 60 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

WEST REGION QUALITY IMPROVEMENT PLAN

ATTACHMENT A

WEST REGION CARDIAC & STROKE QUALITY IMPROVEMENT FORUM

**QI FORUM MEMBERS AND GUESTS
CONFIDENTIALITY AGREEMENT**
in accordance with RCW 70.168.090(3) and (4)

The undersigned attendees of the QI Forum 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 Forum, 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 Forum and possible personal liability.

First Name	Last Name	Title	Job Title	Agency	Signature

WEST REGION QUALITY IMPROVEMENT PLAN

ATTACHMENT B

West Region Quality Improvement Plan Confidentiality and Exemption from Discoverability Policy and Procedures October 2012

Policy

It is the intention of the West Region Quality Improvement Forum (QIF) to use the information gathered to support clinical research and improve patient care through improved systems performance. It is necessary that providers have protection from discoverability and possible liability to reach that end.

Pledge of Confidentiality

All attendees of the QIF will sign a pledge of confidentiality which will also act as a record of attendance. At each meeting the pledge of confidentiality will be read into the minutes. (See Att A).

Documentation

Patient records will be identified by the unique identifier. Patient information cannot be publicly disclosed without written permission of the patient or guardian. All QIF handouts shall be labeled "Confidential QI Document/Privilege Information/Not Authorized for Distribution." All confidential documents will be collected at the end of the meeting, and all copies will be destroyed following the meeting. One permanent copy will be kept in a locked cabinet.

Minutes

Minutes from QIF meetings will be prepared by the West Region EMS staff. Minutes will be reviewed and approved by the members. One copy of the minutes will be kept for the purpose of record by the West Region EMS, and its staff will be responsible for collecting and destroying all documents following the meeting. Retention schedule for minutes will be 4 years. The one permanent copy will be kept in a locked cabinet. Any case specific information presented during QIF meetings will be held in strict confidence among those attending the meeting. All identifying references to specific cases will be omitted from meeting minutes.

Reports

A report will be generated to summarize significant findings of the materials reviewed in the QIF meeting. The summary report will be modified to scrub information that might identify individuals or agencies involved in the QI review. Names, dates, times and situations may be modified to prevent loss of confidentiality while communicating intent of the finding(s). The QIF will approve the summary report (redacted meeting minutes) before it is released external to the QIF.

Educational Learning Points

Key learning points will be generated from a review of QI Forum reports and case presentations. To close the loop between quality improvement and training, this information will be distributed to field and in-hospital EMS providers to assist with education and training. All information will be carefully scrubbed to eliminate individual or agency identifiers.

Access to Information

All members of the QIF, and those who have been invited to attend by members of the forum, have access to view or discuss patient, provider, and systems information when the patient and the provider's identifying information has been obscured. It is the obligation of the attendees to keep all information confidential and to protect it against unauthorized intrusion, corruption, and damage.

WEST REGION QUALITY IMPROVEMENT PLAN

Attachment B

West Region Quality Improvement Plan TEMPLATE FOR CASE REVIEWS October 15, 2012

I. WRQIF Case Review

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

II. Topic

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

I. Scene/Background Information

IV. EMS Findings/Interventions

- *Description of Pt*
- *Vital Signs*
- *Symptoms*
- *Last known well time*
- *Onset of symptom time*
- *Interventions/Treatment*
- *EKG tracings*

V. ED Interventions/Findings

- *Vital Signs*
- *Interventions*
- *Findings*
- *12 lead EKG*
- *Imaging*
- *Consults*
- *Door to thrombolytic treatment and intervention time*

VI. Cath Lab/ Neuro Interventional lab/ OR

- *Balloon time*
- *Timing of neuro interventions or surgery performed*
- *Imaging or diagrams of procedures*

VI. Hospital Course

- *Length of Stay*
- *Surgeries or Procedures Done*
- *Cost*

VII. Rehab (if appropriate)

VIII. Outcome

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