



ATTACHMENT 12

Sample Reports



Indicator Title	911 TOC with Vitals
EMSA Indicator Category	<input type="checkbox"/> Clinical Care and Patient Outcome
Objective	To evaluate BLS personnel's re-assessment of the patient's clinical condition at transfer of care (TOC)
Indicator reporting value	<input type="checkbox"/> %
Frequency of data collection	<input type="checkbox"/> Monthly and Quarterly
Time Period	Undetermined - timeline based upon evaluation of the data and need for improvement
Display Format	Bar Graph and Excel spread sheet of data.
Sampling	<input type="checkbox"/> 100 completed Patient Care Records (PCRs)
Population Denominator	All 911 patient's that are BLS to ER receiving that had vitals signs (at minium pulse, respiratory rate, GCS score) taken 5 minutes before or after TOC
Denominator Inclusion Criteria	Adults greater than 14 years of age transported exclusively by private provider agency BLS personnel approved for 911 transport.
Denominator Data Source	<input type="checkbox"/> Care Ambulance Patient Care Records
Population Numerator	All 911 patient's that are BLS to ER receiving that had vitals signs taken greater then 5 minutes before or after TOC time or no vitals at all after the arrival time.
Numerator Inclusion Criteria	Adults greater than 14 years of age transported exclusively by private provider agency BLS personnel approved for 911 transport.
Numerator Data Source	<input type="checkbox"/> 100 completed Patient Care Records (PCRs)
Description of Indicator formula	<input type="checkbox"/> Numerator divided by denominator x 100 = %
Indicator Exclusion Criteria	<input type="checkbox"/> Patients transported by ALS personnel <input type="checkbox"/> Canceled Calls with or without Patient Contact
Auditor	Manager of QA/QI
Validation/Rationale	Re-assessment of the patient's clinical condition at the TOC allows for current information to be relayed to the healthcare provider for continuum of care



Care Ambulance
QA/QI Department

Trending Analysis for Quality Improvement

Indicators	Threshold	Number of calls audited per Quarter														
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	3rd QTR	Oct	Nov	Dec	4th QTR	Annual Report
Set of Vitals at TOC	90%	N/A	N/A	N/A	N/A	N/A	N/A	7%	6%	29%	14%	22%	44%	27%	31%	23%
Compliant PCR's		0	0	0	0	0	0	7	6	29	42	22	44	27	93	135
Total PCR's Audited		0	0	0	0	0	0	100	100	100	300	100	100	100	300	600

Analysis of Trended Data: 2015

Indicator Definition- To evaluate BLS personnel's re-assessment of the patient's clinical condition at transfer of care (TOC)

1st Quarter

Summarized Findings- Started indicator on the 3rd QTR
Trends Identified-
Effectiveness of the Previous Corrective Action(s), when applicable-
Corrective Action(s) required to improve(see legend below)-

2nd Quarter

Summarized Findings- Started indicator on the 3rd QTR
Trends Identified-
Effectiveness of the Previous Corrective Action(s), when applicable-
Corrective Action(s) required to improve(see legend below)-

- No Action Required
- Referred for 1:1 Education
- Referred to QI Committee
- Continuing Education Provided
- Referred to Medical Director
- Referred to Other Provider
- Referred to Base Hospital
- Referred to DHS
- Referred to Administration
- New Policy/Procedure Initiated
- Study Initiated
- Recognition of Improvement
- Discussed at Base Hospital
- Information on Bulletin Board
- Discussed at Staff Meeting

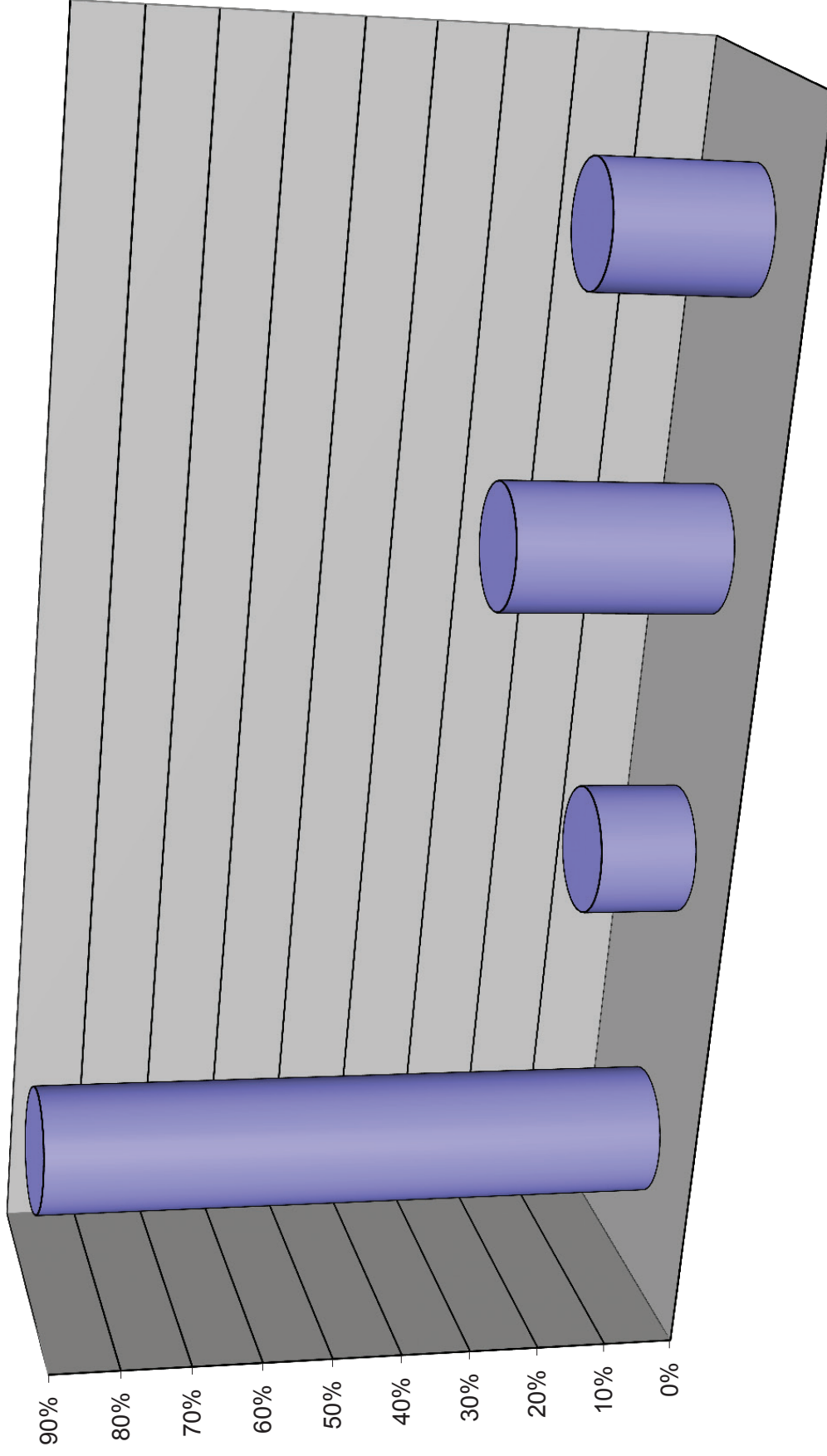
3rd Quarter

Summarized Findings- Started indicator and collection of data.
Trends Identified- N/A
Effectiveness of the Previous Corrective Action(s), when applicable- N/A
Corrective Action(s) required to improve(see legend below)- ePro Message to the crews.

4th Quarter

Summarized Findings- After mandatory training, indicator improved from 3rd QTR.
Trends Identified- None
Effectiveness of the Previous Corrective Action(s), when applicable- 17 percent gain from 3rd QTR.
Corrective Action(s) required to improve(see legend below)- Mandatory Training/Message out to Crews

Trend and Analysis



Threshold	Qtr	Report
90%	3rd	Annual
	4th	23%

■ Set of Vitals at TOC



CARE

AMBULANCE SERVICE

Indicator Title	Pain Management Documentation on the Patient Care Report
EMSA Indicator Category	<input type="checkbox"/> Clinical Care and Patient Outcomes
Objective	To measure the % of adult patients with a complaint of pain who receive an intervention to reduce pain while under the care of EMS personnel.
Indicator reporting value	<input type="checkbox"/> %
Frequency of data collection	<input type="checkbox"/> Monthly and Quarterly
Time Period	Undetermined - timeline based upon evaluation of the data and need for improvement
Display Format	Bar graph and excel spread sheet of data.
Sampling	<input type="checkbox"/> 100% is done of patients with a complaint of pain.
Population Denominator	<input type="checkbox"/> Total number of patients with a complaint of pain
Denominator Inclusion Criteria	<input type="checkbox"/> All Patient Care Records with the a documented complaint of pain.
Denominator Data Source	<input type="checkbox"/> Care Ambulance Patient Care Record
Population Numerator	<input type="checkbox"/> All transports with proper documentation of Level of Distress, Pain scale, intervention performed and re-evaluation of pain scale
Numerator Inclusion Criteria	<input type="checkbox"/> Compliant Patient Care Records.
Numerator Data Source	<input type="checkbox"/> Care Ambulance Patient Care Record
Description of Indicator formula	<input type="checkbox"/> Numerator divided by denominator x 100 = %
Indicator Exclusion Criteria	<input type="checkbox"/> Patients <15 years of age and Acute ALOC (change in baseline mental status). <input type="checkbox"/> 911 Calls
Auditor	Manager of QA/QI
Validation/Rationale	Pain is a frequent symptom associated with a wide array of illnesses and injuries that is often under recognized and under treated by prehospital personnel. Pain management is an important part of providing compassionate care and improves patient satisfaction, Reserch has shown that utilization of an instrument to assess pain is associated with an increase in awareness and treatment of acute pain, Pain management utilizing pharmacologic and non-pharmacologic interventions has been demonstrated to be effective in reducing pain in the prehospital setting.



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Trending Analysis for IFT Pain Management Quality Improvement

Indicators	Threshold	Number of calls audited per Quarter																
		Jan	Feb	Mar	1st QTR	Apr	May	Jun	2nd QTR	Jul	Aug	Sept	3rd QTR	Oct	Nov	Dec	4th QTR	Annual Report
Documentation of data elements for LA County DHS EMS 2012 Pain management Study	90%	90%	86%	95%	90%	92%	93%	88%	90%	89%	95%	90%	91%	89%	92%	95%	92%	91%
Compliant PCR's Total PCR's Audited		179	102	195	476	186	185	174	545	155	179	198	532	154	194	74	422	1975
		199	118	206	523	174	172	153	499	174	189	220	583	173	212	78	463	2068
Analysis of Trended Data: 2016																		

Indicator Definition- To measure the percentage of adult patients with a complaint of pain who received an intervention intended to reduce pain while under the care of EMS personnel

1st Quarter

Summarized Findings- Threshold has been achieved.
Trends Identified- None
Effectiveness of the Previous Corrective Action(s), when applicable- None
Corrective Action(s) required to improve(see legend below)- 1 No Action Required

3rd Quarter

Summarized Findings- Threshold has been achieved.
Trends Identified- None
Effectiveness of the Previous Corrective Action(s), when applicable- Not Applicable
Corrective Action(s) required to improve(see legend below)- 1 No Action Required

2nd Quarter

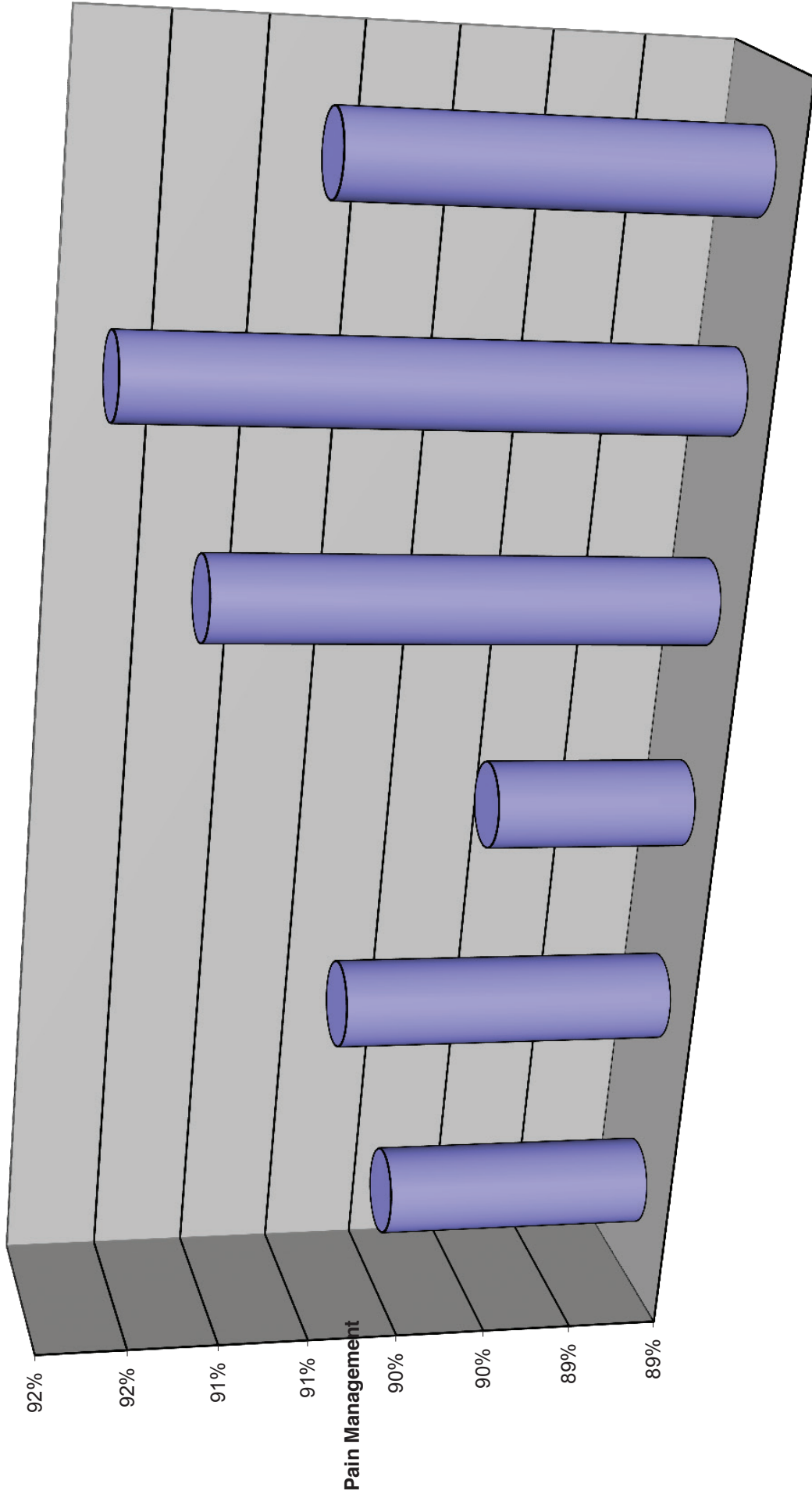
Summarized Findings- Threshold has been achieved.
Trends Identified- None
Effectiveness of the Previous Corrective Action(s), when applicable- Not Applicable
Corrective Action(s) required to improve(see legend below)- 1 No Action Required

4th Quarter

Summarized Findings- Threshold has been achieved.
Trends Identified- None
Effectiveness of the Previous Corrective Action(s), when applicable- Not Applicable
Corrective Action(s) required to improve(see legend below)- 1 No Action Required

- | | | | | |
|------------------------------|---------------------------------|------------------------------|-----------------------------------|----------------------------------|
| 1 No Action Required | 4 Continuing Education Provided | 7 Referred to Base Hospital | 10 New Policy/Procedure Initiated | 13 Discussed at Base Hospital |
| 2 Referred for 1:1 Education | 5 Referred to Medical Director | 8 Referred to DHS | 11 Study Initiated | 14 Information on Bulletin Board |
| 3 Referred to QI Committee | 6 Referred to Other Provider | 9 Referred to Administration | 12 Recognition of Improvement | 15 Discussed at Staff Meeting |

Trend and Analysis



Threshold	Qtr 1st	Qtr 2nd	Qtr 3rd	Qtr 4th	Report Annual
90%	90%	90%	91%	92%	91%

■ Pain Management Study 2016



Indicator Title	Restraints-Agency Applying
EMSA Indicator Category	<input type="checkbox"/> Documentation
Objective	To evaluate system compliance for documentation of the name of the provider agency applying restraints for patients transported by EMS personnel per Reference 838, Application of Patient Restraints.
Indicator reporting value	<input type="checkbox"/> %
Frequency of data collection	<input type="checkbox"/> Monthly and Quarterly
Time Period	May 1, 2015-The treshold for the system performance is 90%
Display Format	Bar Graph and Excel spread sheet of data.
Sampling	<input type="checkbox"/> 100% of all ALS calls completed on Patient Care Records (PCRs)
Population Denominator	All adult and pediatric patients transported by EMS in restraints.
Denominator Inclusion Criteria	Date of Transport, Interventions, fields
Denominator Data Source	<input type="checkbox"/> Care Ambulance Patient Care Records
Population Numerator	All adult and pediatric patients transported by EMS in restraints that the name of the agency or medical facility is listed.
Numerator Inclusion Criteria	Date of Transport, Interventions and agency field.
Numerator Data Source	<input type="checkbox"/> Care Ambulance Patient Care Records
Description of Indicator formula	<input type="checkbox"/> Numerator divided by denominator x 100 = %
Indicator Exclusion Criteria	<input type="checkbox"/> Canceled Calls with or with out Patient Contact
Auditor	LA County EMS Agency and Chris Wilson



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QA/QI Department

Trending Analysis for Restraints Quality Improvement

Indicators	Threshold	Number of calls audited per Quarter																
		Jan	Feb	Mar	1st QTR	Apr	May	Jun	2nd QTR	Jul	Aug	Sept	3rd QTR	Oct	Nov	Dec	4th QTR	Annual Report
Documenting Provider Agency Applying Restraints	90%	100%	99%	96%	98%	100%	85%	95%	93%	98%	90%	96%	95%	100%	97%	98%	98%	96%
		71	67	65	77	203	55	57	189	54	47	27	128	67	56	57	180	700
<i>Compliant Audited</i>		71	68	68	77	207	65	60	202	55	52	28	135	67	58	58	183	727

Analysis of Trended Data: Start May 2015 Results for 2016

Indicator Definition- To evaluate system compliance for documentation of the name of the provider agency applying restraints for patients transported by EMS personnel per Reference 838, Application of Patient Restraints.

1st Quarter

Summarized Findings- First Quarter is in compliance
Trends Identified- N/A
Effectiveness of the Previous Corrective Action(s), when applicable- N/A
Corrective Action(s) required to improve(see legend below)- 1 No Action Required

2nd Quarter

Summarized Findings- Second Quarter is in compliance
Trends Identified- N/A
Effectiveness of the Previous Corrective Action(s), when applicable- N/A
Corrective Action(s) required to improve(see legend below)- 1 No Action Required

- 1 No Action Required
- 2 Referred for 1:1 Education
- 3 Referred to QI Committee
- 4 Continuing Education Provided
- 5 Referred to Medical Director
- 6 Referred to Other Provider
- 7 Referred to Base Hospital
- 8 Referred to DHS
- 9 Referred to Administration

- 10 New Policy/Procedure Initiated
- 11 Study Initiated
- 12 Recognition of Improvement
- 13 Discussed at Base Hospital
- 14 Information on E-Pro Bulletin Board
- 15 Discussed at Staff Meeting

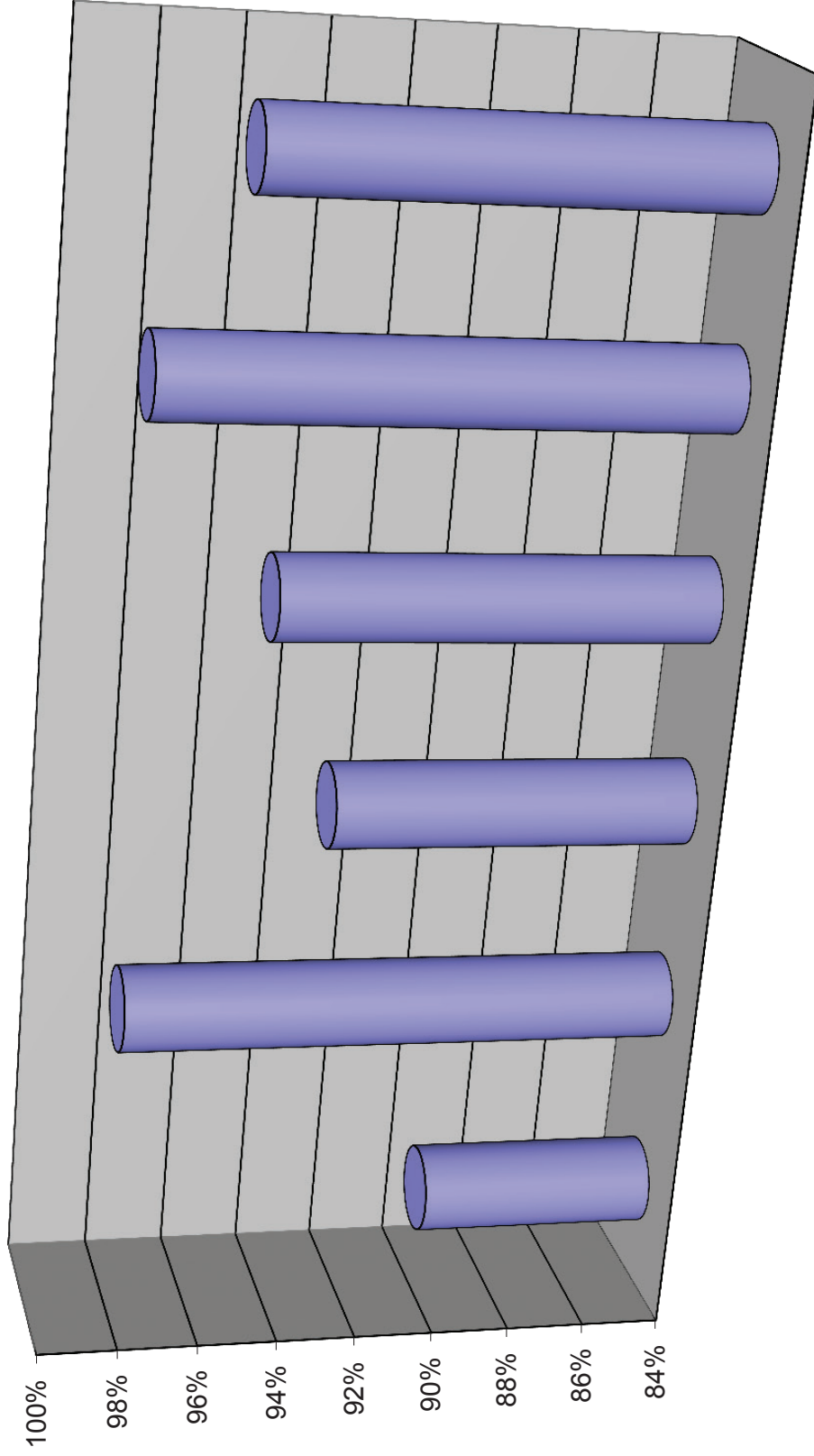
3rd Quarter

Summarized Findings- Third Quarter is in compliance.
Trends Identified- Will have to audit calls to check if the crew member is using restraint intervention. Numbers look low.
Effectiveness of the Previous Corrective Action(s), when applicable- n/a
Corrective Action(s) required to improve(see legend below)- None

4th Quarter

Summarized Findings- Fourth Quarter is in compliance.
Trends Identified- N/A
Effectiveness of the Previous Corrective Action(s), when applicable- N/A
Corrective Action(s) required to improve(see legend below)- Mandatory training reminder of restraint intervention to be used.

Trend and Analysis Restraint Documentation on Patient Care Reports



Threshold	Qtr	Qtr	Qtr	Report
90%	1st	2nd	3rd	Annual
	98%	93%	95%	96%

■ Restraint Documentation