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Comprehensive Clinical Management Program

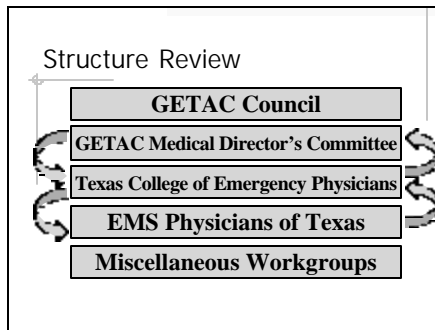
A concept formerly known as:
"Option 5" or "the Platinum Plan"

"This is a whole system project"
David Persse, MD
Aug. 23rd 2001

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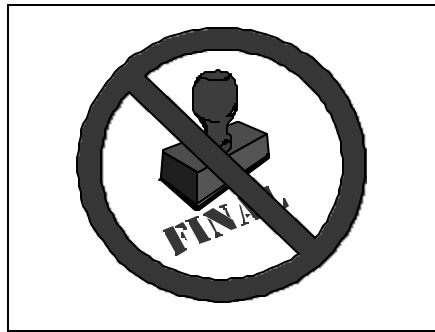


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Idea Origination

- ◆ A partnership between Medical Directors and Administrators
- ◆ New level of Medical Oversight for Texas
- ◆ Utilize "Principles of Quality"
- ◆ Focus on the provider AND the system
- ◆ Responsibility for system is set above TDH minimum standards
- ◆ Self Assessment & On-site survey model

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Steps for a Successful Clinical Management System

AN "EMS" MEDICAL DIRECTOR
ESTABLISHED COMMITTEE
MEASUREMENT & EVALUATION
SERVICE INQUIRY SYSTEM
CREDENTIALING PROCESS
QUALITY IMPROVEMENT BASED
PROTOCOL MANAGEMENT
REQUIRED CONTINUING EDUCATION
PRECEPTORSHIP/INTERNSHIP PROGRAM
INITIAL CANDIDATE ASSESSMENT

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- The Big 10
- ◆ Initial Assessment
 - ◆ Preceptorship/Internship
 - ◆ Required CE
 - ◆ Protocol Testing/Management
 - ◆ QI Program
 - ◆ Credentialing Process
 - ◆ Service Inquiry System
 - ◆ Measurement and Evaluation
 - ◆ Established Committee(s)
 - ◆ Medical Director Accreditation

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§157.yy - Comprehensive Clinical Management Program

(a) Comprehensive Clinical Management Program Standards. The Medical Directors Committee of the Governor's EMS and Trauma Advisory Council shall develop, and the Bureau of Emergency Management shall publish, the Texas Comprehensive Clinical Management Program Manual outlining program criteria and standards for licensed EMS providers that address at least the following areas:

DRAFT ONLY!


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- (1) an initial and on-going certificant credentialing process which shall include:
- (a) an initial assessment process for new EMS personnel,
 - (b) a preceptor internship program; and
 - (c) a biannual protocol testing process.
- (2) a continuing education program;
- (3) a quality management/improvement process which includes:
- (a) a formal complaint tracking process;
 - (b) evidence of on-going corrective action; and,
 - *NEW (c) a sentinel event evaluation process.
- (4) Established committees; and,
- (5) Medical Director Accreditation.
- DRAFT ONLY!**

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Initial Candidate Assessment

- ◆ EMS Providers come with a variety of backgrounds and experiences.
- ◆ Initial assessment
 - Strengths and Weaknesses
 - Plan for successful completion of Credentialing Process
- ◆ Trends may give inputs to system QI



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Preceptorship/Internship


- ◆ Transition into new work environment
- ◆ Guided by experienced providers
- ◆ Refine clinical skills
- ◆ Public Protection
- ◆ Opportunity to learn system specific practices



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Required Continuing Education


- ◆ Educational component of QI
- ◆ Update on:
 - new techniques
 - interventions
 - clinical updates
- ◆ Insure continuity of information



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Protocol Management


- ◆ Ensure that all patient care personnel are current on information contained in local patient care guidelines
- ◆ Protocols "as a whole" must receive constant scrutiny as a living document



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QI Program

- ◆ The ultimate goal of Quality Improvement focuses on enhancing the Provider's ability to provide excellent patient care and excellent customer service while continuing to be clinically sophisticated and fiscally responsible.
- ◆ This item is meant to mandate all systems to deploy proven **quality principles**.



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Risk Management Tactics

- ◆ Sentinel Event Evaluation Process
 - Use Root Cause Analysis
 - Examine all errors to identify:
 - ◆ further development opportunities
 - ◆ process adjustments
- ◆ Mitigation Methodology
- ◆ Closer legal interface to protect provider, system, and the medical director.




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Credentialing Process

- ◆ To ensure all EMS providers working under a medical directors license have met criteria set by that medical director

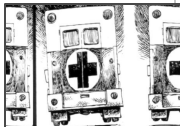
“ONLY THOSE INDIVIDUALS CREDNTIALED BY THE MEDICAL DIRECTOR WILL BE ELIGIBLE FOR AUTOMATIC RECERTIFICATION”



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Service & Performance Inquiry

- ◆ Timely & appropriate response to consumers specific concerns must be addressed and closely observed for trends




- Communicate positive findings widely
- Correct negative findings promptly
- Squelch misconceptions

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Measurement & Evaluation

- ◆ Continuously collecting data about important aspects of care/service, analyzing the data, and recommending necessary improvement actions *based on the analysis.*


- Links improvement actions to data
- Very process oriented
- Sets priorities
- Follow up on changes



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Established Committee(s)

- ◆ Establishes a mechanism to ensure public safety, *medical* and *operational* accountability
 - Creates a review body for Monitoring & Evaluation, Service Inquiry, etc.
 - Enhance system wide communication
 - Increase participation by being multidisciplinary in composition



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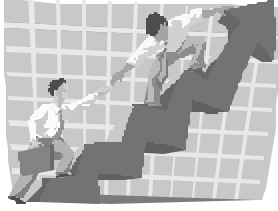
Medical Director Accreditation

- ◆ Active involvement of Medical Director
- ◆ Expertise of the involved Medical Director
- ◆ Have completed the National Association of EMS Physicians Medical Director Training Seminar
- ◆ Membership in NAEMSP
- ◆ Attend the Texas College of Emergency Physicians Annual EMS Physicians Seminar
- ◆ Membership in the EMS Physicians of Texas



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The Bottom Line:
We must help each other.



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"How To's"


- ◆ Most systems don't have all the skills and talents to take this step
- ◆ "Quality" Education is a must
 - Process construction
 - Measurement systems
 - Correct analysis
- ◆ Identify Best Practices
- ◆ Set Benchmarks
- ◆ Master Survey Methodology



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Sources:

- ◆ CAAS
- ◆ CAMT
- ◆ NAEMSP
- ◆ ACEP
- ◆ JCAHO
- ◆ TDH
- ◆ etc.



There is no need in recreating the wheel. Many systems already have a successful track record with many of these topics.