Hello, my name is Andrew Tomich and I would like to announce my candidacy for QA/QI Director for R/C MERT. I am a Sophomore studying Audio and Music Engineering and have been a member of MERT for 3 years. I am currently an 802 and served as QA/QI in the spring of 2012. I served on the training committee under Guang Yi Chua as well as the Operations Committee under Brien Walsh. I have worked in the EMS community for 7 years, initially as a Ski Patroller on the BM/BW Ski Patrol in Boston, Ohio and later as a member of MERT. I also have approximately 150 volunteer hours logged in the Emergency Department at South Pointe Hospital in Maple Heights, Ohio.

Outside of MERT, I aided in training BMBWSP's 2009 Outdoor Emergency Care class (effectively EMT-B with emphasis on cold weather/swift water emergencies, long term injury management, and musculoskeletal injury care). I also attended, and later worked for, the Greater Cleveland Council's National Youth Leadership Training program, a leadership development camp run through the Boy Scouts. At NYLT, I served as a Guide, leading a group of 10 participants through the program. I also taught a series of lectures on group management and effective communication while at NYLT. I am an Eagle Scout and an avid skier. I love spending time outdoors, be it climbing, camping, boating, fishing, or backpacking. On campus, I am a member of the Midnight Ramblers A Cappella group (currently inactive) and am a brother of Delta Upsilon.

I am a firm believer in full disclosure and accordingly will discuss what happened at the end of my (first) sophomore year. A number of personal factors also arose for me that semester. In short, I found myself severely overextended, underslept, and with little-to-no interest in school. My grades slipped and at the end of the semester I was placed on inactive status by the Academic Committee. Last year, while not at UR, I worked for a sound/light company, took some classes, and thought a lot. To be completely frank, it was boring as hell. At the end of the year I applied for readmission and it was granted to me.

A year and a half later, I feel I am specially suited to serve as QAQI due to my past experience in the position. During my sophomore spring I oversaw QA during the shift to EMSCharts. Prior to April we had been using paper charts for all patients and the promise of simplicity in storage and QA made the shift to digital seem particularly appealing. At the time, the database of QA information was large enough that most laptops struggled to open the document and hours of data analysis were necessary in order to achieve usable data. Upon finding said data, I was shocked at some of the trends I uncovered, both good and bad. Trends in response times, chief complaint, call densities by day or time or location all became apparent, as well as which members of MERT were struggling with which aspects of the training program. I shared as much as possible with the Training Department at the time and was glad to see changes made to protocols.

Today, however, I feel that there has been a drastic change in the role of QA/QI. With all due respect to the current and past members of the position, I'm not entirely sure what the purpose of the role is anymore. I feel largely responsible for this, as I never transitioned Greta or Hannah into this position and much of the work on protocols regarding EMSCharts fell to the wayside. Simultaneously, Melissa Ratliff, our system administrator, became increasingly difficult to get in touch with as her workload at SMH increased. It is my aim, therefore, to reinstate some of policies that I had once worked on bringing to MERT.

First and foremost, I would like to bring back QA Sessions. During these sessions, 801's

and 802's would QA charts in a group format once a week (not all sessions were mandatory). Each person would sit down and QA each chart until all were done for the week. This afforded two important benefits. First, every 802 knew the exact format and language that was standardized by the training department, as each of them would work together in QA'ing. Second, and more importantly, each 802 would review 3-4 times more calls than they were able to take themselves. This increased frequency of calls increased everyone's familiarity with the right procedures under a greater number of circumstances. Accordingly, QA became a vital part of training, not just busy paperwork. This can be done with simple tweaking of EMSCharts to output a chart completely devoid of patient information.

Second, I would like to change the EMSCharts QA Hierarchy. Currently there are 3 levels of QA: Entry, 801, and QA/QI Director. This is not entirely in keeping with NYS standards and I would like to establish another level of QA. Ideally, this would be either a member of Top 3 or a senior 801. More eyes on each chart will aid in mistakes slipping through.

Third, a problem that I noticed two years ago as QA was the difficulty in determining procedural versus documentational errors. This will always be somewhat present, but by creating a simplified, standard method of QA and charting we can minimize the documentational errors. QA is not a commonsense process. A standardized form, or checklist, or method would vastly improve the efficacy of the system. In *A Checklist Manifesto,* Dr. Atul Gawande discusses the nature of commonsense vs. checklist based thinking in the medical setting. Seemingly simple, systemic problems are often eradicated by establishing a step by step system. I want to bring such a system to MERT.

Fourth, I feel that our e-Dispatch system can be improved. To date, we have no standardized protocols with security regarding these texts, and I would like to address this. I see no reason to not work with Public Safety to improve our entire process, not just what happens once en route to a call.

To conclude, I would like to leave you with this: I like complex systems. Inspecting them, breaking them down into their constituent parts, analyzing them, all of it. MERT is just that, a big system, that while great, can be improved. These are just some of the ideas I have and I am certain more will come if I am elected. I would like to make as many of those improvements as possible, or at least do the research to better identify and classify them. In doing so I can better help each of you in doing your job and hopefully improve the experience for the patient. I would be honored with the opportunity to serve as your QAQI Director again for this coming year. My name is Andrew Tomich and I appreciate your vote.