QA/QI Platforms 2014

Emily Fitzgerald

My name is Emily Fitzgerald and I am would love the opportunity to be the next QA/QI chair! I joined MERT in freshmen year and immediately took the EMT class. I started volunteering at Brighton Volunteer Ambulance (BVA) in July and cleared as a medic in October, and am working to finish up my fast-tracked 802 program that I started in October. I currently work 10 hours a week on BVA's ambulance which gives me more chances to practice my skills in the field and get advice from career medics. Brighton also uses EMScharts, but writes charts in a different style, so I have had the opportunity to learn charting from various different perspectives, and see how QA/QI works in both organizations. I am interested in QA/QI because it is an immensely important part of any EMS agency, and is treated with universal respect in all professional organizations.

I would like to inject some fun into the QA process and increase accountability through and creating 'reviser of the month' incentivization program. I would reward the 801 who most thoroughly and quickly completed their assigned charts. To the EMScharts system, I would like to trial run a new page that displays a body and allows the 802 to pinpoint the exact anatomical location of the injury and describe that area specifically. The general boxes in the physical findings section work well for medical calls, but the new system would improve the specificity of our trauma call charting. Also, adding default answers such as deferred and (-)DCAP-BTLS to certain sections will increase charting efficiency. I also want to work with training to ensure that every 802 gets charting training, where they are given a realistic call scenario to document, because EMScharts is a foreign topic to most new 802s. I want create an EMScharts introduction to share with the EMT class each year, so they have some familiarity with the system if they choose to become 802s in the future.

I would like to work with the secretary department to compile interesting facts about the membership (such as people's majors and campus involvement) and then work with the PR department to create reader-friendly flier showcasing both the diversity of MERT membership and the highlights of the annual statistics report to clear up public misconceptions about MERT. I would create a specialized informational packet for res-life staff and campus faculty so they are well-informed of the services that MERT offers to their students. I will work with the operation department to gather statistics before and during the trial period of each proposed change to MERT protocol (such as adding quick-books). At the end of the trial period, the statistics will be presented to general membership and then a poll will be taken to gage if member's opinions on the new system. I will work to ensure that major changes in MERT will only happen after the general membership has been well-informed of and has approved of these decisions.

I am running for QA/QI because it is a position with great potential, and I feel I have the experience and ideas to improve this department. I truly care about the health and success of MERT as an organization and would love the opportunity to further my involvement within this organization through taking on an e-board position. If elected, I will be very open to member's suggestions and will constantly work to improve the QA/QI department.

Thanks for your consideration,
Emily Fitzgerald

Andrew Tomich

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.