Quality Improvement, Risk Management & Patient Safety Program

Providing quality care and ensuring patient safety are the hallmarks of an active and effective risk management program. Emergency Medical Associates (EMA) employs a comprehensive risk management process to drive quality and improve patient outcomes. While EMA adheres to every client hospital’s quality assurance standards and requirements, our program provides an added level of oversight and generates specific improvements in the ED.

Process and Implementation

EMA’s Quality, Risk Reduction and Patient Safety (QRS) Steering Committee oversees the company’s plan.

Committee Structure

1. Quality Review Panel (QRP)

A panel of five physician experts with demonstrated clinical acumen qualitatively reviews the clinical performance of EMA physicians and associated practitioners. Via chart review, the panel scores each physician against clinical best practices for documentation and quality of care. All charts are redacted so that the reviewer doesn’t know whose case they are reviewing or where care took place. Each member reviews about 40 charts per month. Scores range from 1 (lowest) to 5 (highest); separate scores are given for care and documentation. Any chart that is given a score of 3 or less by an individual reviewer is “flagged” and is then sent to all of the other reviewers to discuss at the panel’s monthly meeting. That clinician’s scores from all reviewers are then averaged. If the average score is under 4, his or her medical director is notified so a more detailed review can be done by the director as he or she sees fit. If any chart gets a final score of 2 or less by the group (care or documentation), then 25 additional charts completed by that clinician are reviewed by the panel. Performance deemed below standard requires remediation and can affect the physician’s ability to attain or retain partnership.

2. Quality Project Teams (QPT)

The associate director at each client site participates in one of four Quality Project Teams. Each team is responsible for developing and implementing projects that meet or exceed QRS standards specified by the
client hospital, The Joint Commission or governmental regulations. Several projects employ Lean and Six Sigma quality improvement methodologies. Depending on the complexity, each project may take several years to implement at every EMA site. There are 17 projects currently in process, addressing topics from hand-off communications and EMTALA compliance to laboratory follow-up and complaint resolution for associate practitioners.

### Quality-Risk Assessment Program (Q-RAP)

When complaint monitoring or the quality review process identifies physicians who may have a performance issue, our Quality-Risk Assessment Program (Q-RAP) is triggered. This assessment includes a review of prior evaluations; observation during clinical shifts; chart review for quality and risk assessment; and an evaluation of incidents and lawsuits. If needed, more in-depth 360-degree evaluations will be sought. The findings of the investigation can result in a return to work; a performance improvement plan; or termination.

### Quality Standards Committee (QSC)

This physician panel researches and analyzes potential evidence-based clinical protocols to be used by EMA clinicians and on EMR templates. It reviews published clinical guidelines and either approves or revises those guidelines for incorporation into electronic templates of care and order sets. This ongoing process provides physicians and associate practitioners with easily accessible evidence-based best practices.

### Risk Management

Areas of focus for risk prevention include the hiring process, orientation, education, data collection, record reviews, and annual onsite reviews of processes and documentation. Emergency physicians, physician assistants and nurse practitioners seeking to work for EMA must be able to demonstrate a record free of excessive malpractice litigation. They are required to complete ongoing educational and competency requirements.

All physicians are required to **report incidents** with potential medical-legal ramifications. While the vast majority of reported incidents do not generate claims, the reports yield important risk management insights and potentially become subjects for “Case of the Month” and other educational programs.

Every physician is required to participate in **chart review** focused on diagnoses identified as “high risk” (e.g., chest pain, abdominal pain, headache, pediatric fever). A checklist is used to assess adherence to documentation standards. This chart review provides a twofold benefit: it reinforces proper management and documentation for the reviewing physicians, and provides those reviewed with constructive feedback.

### Medical Directors

Our medical directors, with the support and supervision of a regional vice president and senior vice president, are responsible for meeting the requirements of each client’s quality, patient safety, risk management and patient satisfaction programs. They also are responsible for implementing all EMA-sponsored initiatives in this area.

*To request a proposal or receive additional information about Emergency Medical Associates’ management services, call (877) 692-4665 or email info@ema.net.*