	SOUTHERN FOX VALLEY EMERGENCY MEDICAL SERVICES SYSTEM POLICY & PROCEDURES
TITLE: QUALITY ASSURANCE FOR MOBILE INTEGRATED HEALTHCARE PROGRAMS	
SECTION: QUALITY ASSURANCE/DATA COLLECTION	POLICY NUMBER: F 3.0
APPROVED BY: DR. ARTHUR PROUST EMS MEDICAL DIRECTOR	
EFFECTIVE DATE: 01/21/2025	PAGE NUMBER: 1 OF 2

PURPOSE: The Mobile Integrated Healthcare Program is data, information, and evidence informed. Continuous and comprehensive evaluation is essential to measure the effectiveness and quality of all aspects of performance including structural, process, and outcome measures.

POLICY: Quality improvement data shall be collected and analyzed to compare current to desired states, identify apparent cause analyses of barriers resulting in performance gaps, and create action plans. Data shall be used to systematically improve care, standardized processes and structures to reduce variation, achieve predictable results, and improve outcomes.

A. Data collected by the MIH Program Leader will be sent to the EMS System Office for review. The following will review the data:
    1. MIH Program Leader
    2. System QA/QI Coordinator
    3. EMS System Coordinator
    4. EMS System Medical Director
    5. Ad hoc stakeholders

B. Quality improvement monitoring and surveillance audits shall be done quarterly. After the EMS System reviews the data, it will be sent to the Region 9 EMS Coordinator quarterly during the first year of all new MIH programs.

C. Quality improvement monitoring and surveillance audits will continue to be completed by the MIH Program Leader quarterly and sent to the EMS System Office for review.
    1. EMS System will compile the data into an annual report to be submitted to the Region 9 EMS Coordinator.

D. Quality improvement and assurance will review the following MIH benchmarks and metrics
    1. Process Metrics
        i. Patients meeting inclusion criteria are enrolled in the programs as resources allow
        ii. Communication flows are designed
        iii. First MIH visit occurs within the requested date and time
        iv. Patient acuity is accurately rated by MIH personnel
        v. Assessment, care, and education provided by MIH personnel conforms to plan and MIH Clinical Guidelines and Standing Medical Orders
    2. Outcome Metrics
        i. Patients conforms to plan
        ii. Patient meets target outcomes without preventable complications

iii. 30-day unscheduled, avoidable hospital readmissions are reduced in the target population within the program's targeted rate
iv. Unscheduled, non-emergency ED revisits in enrolled patients is reduced to meet the program's targeted rate.
v. Calls to 911 for non-emergency causes by enrolled patients is reduced to meet the program's targeted rate.

3. Patient Satisfaction Metrics
    i. Patient satisfaction scores meet/exceed targets set at the 75th percentile

4. Quality of Care and Patient Safety Metrics
    i. Medication inventory and reconciliation preventing drug errors
    ii. Patients are involved in setting individualized goals
    iii. MIH personnel conform to MIH policies and protocols
    iv. Adverse events are reported and action plans created for future prevention