



DR. PABLO O. TORRE
MEMORIAL HOSPITAL

RIVERSIDE MEDICAL CENTER, INC.



METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

DEPARTMENT: Nursing Service Division		POLICY NUMBER: DPOTMH-MPP-ER/OPD-P015-(01)	
TITLE/DESCRIPTION: AMBULANCE CONTINUOUS QUALITY IMPROVEMENT PROGRAM			
EFFECTIVE DATE: May 31, 2024	REVISION DUE: May 30, 2027	REPLACES NUMBER: DPOTMH-I-40-P15	NO. OF PAGES: 1 of 7
APPLIES TO: NSO, DEM, Engineering Department, Marketing Division, TQD		POLICY TYPE: Multi Disciplinary	

PURPOSE:

To increase efficiency of the employees and the infrastructure, vehicle and equipment, implements change through a robust, non-punitive/"just culture" approach education program, and evaluate the ongoing process on how the organization works and the way to improve its processes in order to increase satisfaction for both internal and external clients.

DEFINITIONS:

Quality Improvement (QI) - The intentional process of making system-level changes in clinical processes with a continuous reassessment to improve the delivery of a product/services (Lincoln, 2021).

Just Culture Approach/Non-Punitive Approach - An organizational method that emphasizes the accountability of both the individual and the organization in the prevention of errors and improvement. Just culture also acknowledges that errors are often caused by a combination of factors, including system factors. In a "just culture" the organization must be responsible for improving the system and processes that providers are working in, while also ensuring the providers are responsible for safe choices (Lincoln, 2021).

RESPONSIBILITY:

Nurse, Department of Emergency Medicine, MD, Auxiliary, Ambulance driver, Housekeeping, Marketing, Engineering

POLICY:

1. The Patient Experience shall conduct an annual performance review of Ambulance Services based on the results of Patient Satisfaction Survey, Ambulance Audit, and Gap Analysis.
2. The Patient Experience shall establish and monitor metrics to evaluate improvement efforts and outcomes routinely and ensure that all staff members understand the metrics for success.
3. The Patient Experience Personnel, Ambulance Providers, and Other Allied Health Care Team members shall directly be involved in crafting quality improvement activities.
4. The Department of Emergency Medicine (DEM)/Patient Experience shall choose from the different processes like but not limited to Plan-Do-Check-Act Cycle; Lean and Six Sigma; Lean

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Principles for Operational Efficiency; the Institute for Healthcare Improvement (IHI) Model for Improvement, etc.

5. The Department of Emergency Medicine shall coordinate with the Total Quality Division-Quality Improvement Section, Engineering, Consultants, and Other Training Institutions (Philippine Society for Quality in Health Care) to work closely and support in building CQI program capacity by providing:
 - Consultation
 - Training
 - Facilitation
 - Coaching
 - Peer learning opportunities
 - Technical assistance
 - Data collection, reporting, and analysis
6. All Continuous Quality Improvement initiatives shall be presented to the Management Committee for approval.

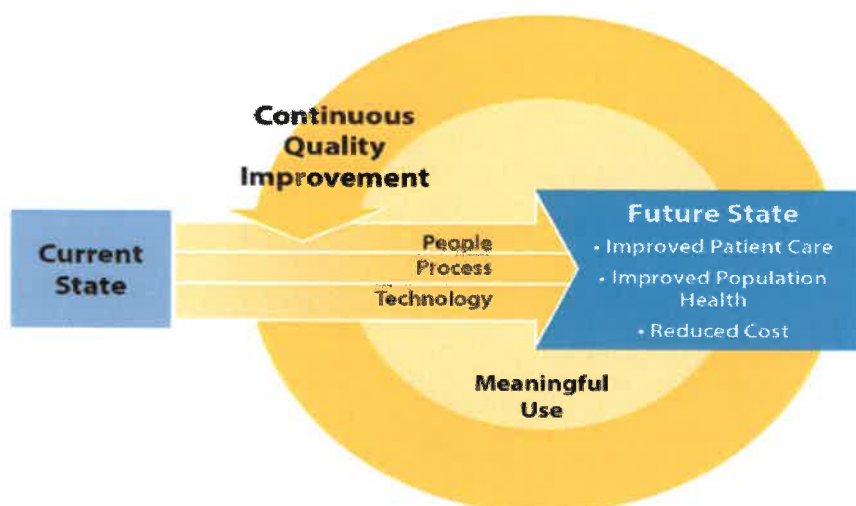




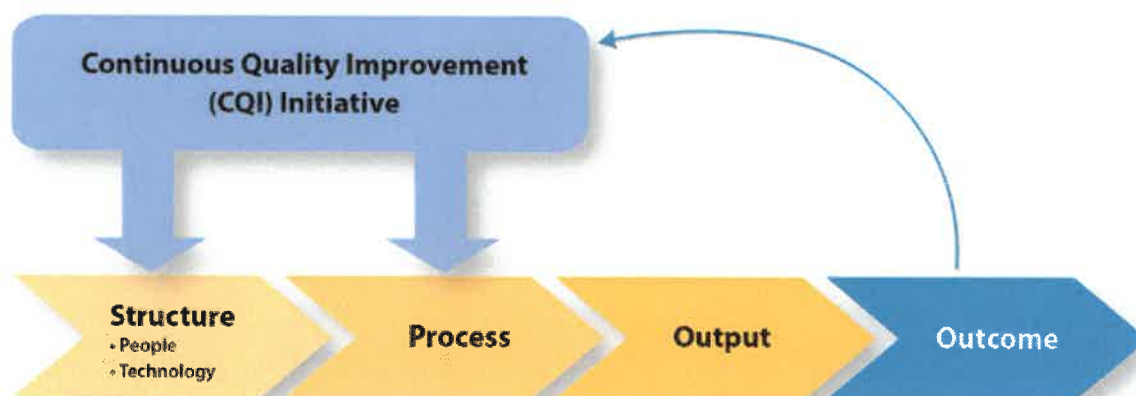
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TYPES OF QUALITY IMPROVEMENT MODELS:

1. CQI to Move From Current State to Future State



2. CQI Framework Model





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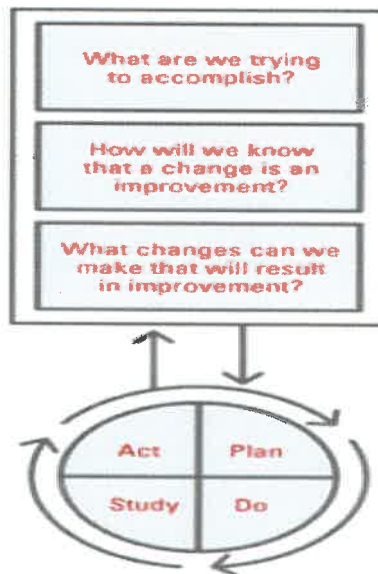
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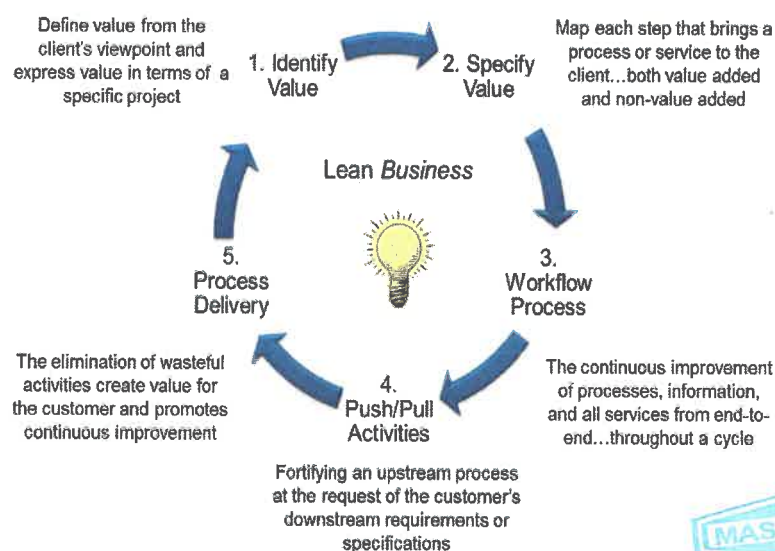
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3. The Institute for Healthcare Improvement (IHI) Model for Improvement



4. Lean Principles for Operational Efficiency

Five principles to guide the activities for operational efficiency





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5. Six Sigma



Six Sigma was used to improve coordination between primary care physicians and diabetic specialists, reduce unnecessary appointments and reduce waiting times for appointments with specialists. The initiative defined and measured process indicators, analyzed descriptive statistics, and developed strategies based on the results. These strategies involved changing clinical protocol for hospitalized patients, increasing the autonomy of nursing staff, reorganizing the scheduling office, and specializing diabetic clinics to provide certain types of diabetic care. (Paccagnella et al., 2012).

6. Baldrige Quality Award Criteria

Exhibit 6. Baldrige Core Values and Concepts³

The Baldrige Health Care Criteria build on core values and concepts...

which are embedded in systematic processes... (Criteria categories 1–6)

yielding performance results. (Criteria category 7)



From Baldrige Performance Excellence Program, 2013, 2013–2014 Health-Care Criteria for Performance Excellence (Gaithersburg, MD: U.S. Department of Commerce, National Institute of Standards and Technology. <https://www.nist.gov/baldrige/publications/criteria.cfm>).





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PROCEDURE (SOP): N/A
WORK INSTRUCTION: N/A
WORK FLOW: N/A
FORMS: N/A
EQUIPMENT: N/A
REFERENCES: 1. https://www.healthit.gov/sites/default/files/tools 2. Lincoln EW, Reed-Schrader E, Jarvis JL. EMS Quality Improvement Programs. 2021 Jul 22. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. PMID: 30725667. nlc_continuousqualityimprovementprimer.pdf





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