

Award Application

1	Project Title	Improving Ketorolac Compliance for Prehospital EMS Clinicians Through Automation of Quality Assurance Program
2	Clinical or Operational Area	Emergency Medical Services
3	Healthcare System	Presbyterian Healthcare Services
4	Hospital or Entity Name	Albuquerque Ambulance Service
5	Applicant Name	Zachary Potts
6	Applicant Title	Clinical Quality Commander
7	E-mail Address	zpotts2@phs.org
8	Telephone	(505)449-5700
9	Mailing Address, City, State, Zip Code	4500 Montbel PI NE Albuquerque, New Mexico 87107
10	Please list the names and titles/roles of the additional members of the project team:	
	Name:	Title/Role:
	Ian Medoro	Medical Director
11	Name of Senior Risk Management or Corporate Insurance Representative	Laura Crowe
12	Mailing Address, City, State, Zip Code	9521 San Mateo Blvd NE Albuquerque, New Mexico 87113

13. The best practice/improvement submitted for consideration is a: (Check all that apply)

- Clinical Policy
 Performance Improvement Strategy (*Six Sigma, etc.*)
 Communication Strategy (*Briefing before surgical procedure, senior management rounds, etc.*)
 Other (*Please specify*)

Click or tap here to enter text.

14. Can the project be duplicated to support patient safety/risk mitigation strategies at other organizations? Yes
 No

15. Briefly describe the project: (two paragraphs maximum, please attach any supporting documentation)

In 2023, Albuquerque Ambulance examined our ketorolac compliance for EMS providers. While ketorolac can be a valuable medication for treating pain, there are numerous cautions and contraindications to consider. From January 1st, 2022 through February 24th, 2023, we discovered that 235 out of the 2,226 administrations were outside of expected

administration guidelines (about 10.6%). As one of our most frequently utilized medications on the ambulance, we leveraged the Model for Improvement to improve compliance. After several Plan-Do-Study-Act (PDSA) cycles, we discovered that our most powerful intervention was implementation of automated coaching. If an employee administered ketorolac in the presence of a contraindication, we utilized our PCR's software to generate an automatic email coaching sent to the employee as well as the quality supervisor.

After running this project, our ketorolac compliance improved, and we have maintained high levels of compliance. We intend to replicate this automated monitoring with other medications which will allow us to identify opportunities for improving safety of prehospital care in a more timely fashion. Additionally, this project can be replicated with other EMS agencies who utilize ImageTrend, the largest vender for EMS patient care report software.

16. Describe how this project has reduced the potential for liability and improved patient safety. (*one paragraph maximum*)

This project helped to improve patient safety by providing coaching to providers who gave a medication with specific contraindications. Prior to implementation, we identified 13 providers with noncompliance rates above 20%. After we activated the automated coachings, none of those 13 providers continued to have high noncompliance. Our overall noncompliance rate for ketorolac was cut in half and has remained low. Patients treated by Albuquerque Ambulance are now less likely to receive a medication that is not indicated at the time of transport/treatment. Additionally, by automatically reviewing 100% of ketorolac administrations, we are better able to identify patterns and intervene with regard to behavior that could adversely impact a patient. Every noncompliant administration results in a notification to the employee as well as the Clinical Quality Commander. This has allowed the Clinical Quality Commander to identify cases that previously might have gone unnoticed or unreported, and it reduces future potential liability by correcting employee behavior/practice early.

17. What metric(s) have been used to measure and/or sustain success? (*one paragraph maximum*)

The primary metric that we used was a calculated error rate calculated biweekly, graphed onto a p-chart. Additionally, we compared pre- and post-intervention error types (age, allergy, field diagnosis/impression, past medical history, and/or pregnancy) via Pareto chart. We also monitored general pain management, and rates of pain management have been unchanged since 2022, even after implementation of this project.

18. Are you willing to share this project with other members of AEIX? Yes No

19. Was this project an original concept created by the project team? Yes No

20. Was this project based on successful practices evaluated from literature or other healthcare providers? Yes No

21. Is this project being implemented in your health system for the first time? Yes No

22. Do you have plans to publish the project results in a professional publication or networking forum? Yes No

23. Is there anything else you'd like to share about this project?

Please see quality improvement poster submission presented at the National Association of EMS Physicians 2024 conference as well as an updated p-chart (measured by month instead of biweekly) reflecting a continued low error rate. In July, we had 117 ketorolac administrations with zero medication errors.

Thank you for completing the application. Please follow these next steps.

- Please save this document in Word format and gather your supporting documentation.
- Forward the application and documentation to your senior risk management leader or corporate insurance representative. *They will need to complete and sign the Evaluation of Awards Application Form on the final page of the application before submitting it to American Excess Insurance by Friday August 16, 2024.*

Evaluation of Award Application

The evaluation must be completed and signed by the senior risk manager or corporate insurance representative. Please evaluate the Award Application by indicating the best answer to the question.

1. How will this project improve safety and/or reduce liability?

- Little effect on safety and liability (1)
- Some improvement but metrics are not defined and/or it is not clear that measurable effect can be sustained (2)
- Strong effect with clearly defined metrics (3)

2. What is the potential to share this project or practice with other AEIX members?

- Little potential – i.e. *implementation requires major budgetary commitment, topic is highly specialized, and/or metrics are not clearly defined* (1)
- Some potential but process may be hard for another organization to implement, and/or its application may be limited - i.e. *major budgetary commitment, topic is highly specialized, and/or metrics are not clearly defined* (2)
- Strong potential for producing best practices (3)

3. What level of impact will this project or practice have on the severity of risk exposure?

- Little chance of impacting severity of risk but could address other issues (1)
- Some potential to impact risk exposure (2)
- Strong ability to impact severe malpractice exposure caused by significant risk events (3)

4. What level of innovation best describes this project?

- Project/practice is new to this organization and is based primarily on firmly established best practices (1)
- Project/practice was created primarily by applicants with some assistance from an outside vendor and contains well-established best practices with additional innovative features (2)
- Project/practice was created solely by applicants and could be included in established literature or industry best practices (3)

5. Share your comments or recommendations.

Laura Crowe	Risk Management Director	8/15, 2024
E-Signature	Title	Date
(505)923-6319	lcrowe@phs.org	
Phone	Email	

Send the completed application in Word format, supporting documentation, and signed evaluation to ana_taylor@premierinc.com by **Friday August 16, 2024**.

Thank you for your submission. In continued pursuit of our mission and vision to partner with forward-thinking healthcare leaders, inspire innovation, and provide the leading pathway for managing risk, we may share your project with other members of American Excess. However, this project will not be shared outside of the American Excess Insurance membership without your prior consent.