

## Quality Projects Reference

These projects are in addition to your local facility's programs and do not replace them. Reports will be provided for validation and comparison of internal data.

**Chest Pain Project:** Overall goal is to improve patient care by meeting quality metrics. eCare Emergency follows national standards and benchmarks for time to Aspirin and time to EKG.

- Local facility receives quarterly report.
- Program data will only include patients that are on video with eCare Emergency; due to this, reporting will not capture 100% of patients that present with chest pain symptoms. Program works best when the local facility calls before patient arrival or as patient is arriving in the ED.
- Data collection includes: Patient demographics, patient arrival time, Aspirin time, EKG time and whether EKG is done in the field (EMS), Fibrinolytic time, patient disposition, and transfer time if applicable
- Chest pain study calls often involve nursing documentation and eCare Emergency physician review of EKG. The length of the call is determined by patient acuity and bedside staff, varying from 2 minutes to 2 hours.

**Stroke Project:** Overall goal is to improve patient care and was introduced as a request from a CAH due to not meeting door to CT read time of 45 minutes.

- Local facility receives quarterly report.
- Program data will only include patients that are on video with eCare Emergency; due to this, reporting will not capture 100% of patients that present with stroke symptoms. Program works best when the local facility calls before patient arrival or as patient is arriving in the ED.
- Data collection includes: Patient demographics, time of symptom onset, time of CT order, time of CT result, TPA candidate, TPA administration time, transfer time if applicable.
- eCare Emergency staff will review TPA exclusion criteria at the bedside teams request and fax upon completion.

**Sepsis Project:** Overall goal is to create more awareness, to recognize sepsis early, and have 100% compliance of eCare Emergency partners complete a sepsis screen on all ED patients.

- Local facility receives quarterly data that indicates how many patients screened positive for sepsis. Additional information can then be requested if desired.
- Program data will only include patients that are on video with eCare Emergency. Program works best when eCare Emergency is activated early, prior to patient arrival or as patient is arriving in the ED (when EMS report indicates sepsis or when patient screens positive in the ED for sepsis).
- Data collection includes: Patient demographics, patient arrival time, positive sepsis screen, sepsis bundle elements including serum lactate, blood cultures, antibiotics, volume, vasopressors, lactate re-measure if applicable.
- eCare Emergency screens every patient via the camera for sepsis and conducts our own internal sepsis quality project.

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**Intubation Project:** Overall goal is to improve first pass success rate with video laryngoscope use, increase awareness, and provide airway management education. Please share the details of this project with your intubating clinicians.

- eCare Emergency participates in the NEAR study (National Emergency Airway Registry); therefore, collecting data on every intubation completed while on video. Neither PHI nor facility/provider data is reported in the study.
- When involved in an intubation on camera, eCare Emergency collects the following data from the intubating clinician: primary indication for intubation, difficult airway markers, method, device, best glottic view, adverse events and patient disposition.
- eCare Emergency will provide guidance to clinicians on use of intubation techniques and equipment during an acute event or upon request.