COUNTY OF SANTA CRUZ

HEALTH SERVICES AGENCY
ADMINISTRATION

HEALTH SERVICES AGENCY

P.O. BOX 962, 1080 EMELINE AVENUE
SANTA CRUZ, CA 95061
(408) 454-4066 FAX: (408) 454-4770
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July 1, 1998 AGENDA: August 4, 1998

BOARD OF SUPERVISORS
Santa Cruz County
701 Ocean Street
Santa Cruz, CA 95060

RE: **Agreement Authorizing Designation of the Central Fire Protection District as an Approved Paramedic Service Provider**

Dear Board Members:

On June 9, 1998, your Board considered an agreement between the County and Central Fire Protection District (CFPD) which would allow CFPD to provide engine-based paramedic services from its 17th Avenue station. The agreement is for one year. Although it is the District's intent to expand paramedic-level services district-wide over a four-year period of time, this recommended agreement would authorize services for only one year and for one station on a pilot basis.

The attached agreement specifies that CFPD will have one paramedic available 24 hours per day to provide advanced life support services within the designated pilot area. The agreement calls for a response time of six minutes in 90% of the cases. Ambulance transportation will not change, and will remain the responsibility of American Medical Response West (AMR), the County's ambulance provider. The agreement requires CFPD paramedics to accompany patients to the hospital in the AMR ambulance to assure continuity of care, and so that the paramedics may receive feedback from emergency department personnel regarding care given. It also requires CFPD to participate in the County's quality assurance program and specifies that the program is under the medical direction of the EMS Agency's Medical Director. The

agreement requires CFPD to pay the County ten dollars ($10) per patient care report generated to offset increased County costs of quality assurance necessary to ensure the safety of the program.

Following discussion of this item on June 9, 1998, your Board continued consideration to August 4, 1998, and directed HSA staff to return on August 4, 1998, with a report which includes the following:

- An agreement between American Medical Response (AMR) and Central Fire Protection District regarding the requirement that the Central paramedic accompany patients to the hospital in the ambulance to assure continuity of care;
- Clarification of the ten dollar charge per patient record generated;
- Information from NETCOM regarding the tracking of first response calls;
- A comparison of training and hiring standards within the fire and AMR contracts;
- Addressing of concerns regarding the maintaining of paramedic skill level.

Engine-based Paramedic Accompanying Patients to Hospitals

Currently, AMR allows firefighters to accompany patients to hospitals, typically, but not exclusively, in critical situations. This is true for basic life support firefighters and (in the case of Aptos/La Selva Beach) for paramedic firefighters. AMR is in agreement with HSA's requirement that CFPD paramedics accompany all patients to the hospital (letter attached - Exhibit A). The issue of patient care and patient care transfer is addressed in the County's Emergency Medical Services Agency policy #1 110 (attached - Exhibit B). That policy has been reviewed by the Prehospital Advisory Committee and updated to reflect changes brought about by the creation of the Emergency Medical Services integration Authority (EMSIA) and in anticipation of bringing new firefighter paramedics into the system. This revised policy clarifies in Section III.C that with regard to patient care provided in AMR ambulances, AMR paramedics will have final jurisdiction over paramedic care rendered. However, the policy supports the principle of having the first arriving, highest medically qualified paramedics direct patient care until the patient is properly relinquished to another provider.

Charge for Each Patient Care Record

Every emergency medical call results in the generation of a Patient Care Record (PCR). PCRs, which are required by state law, are used as an online information gathering tool and provide the basis for a broad range of quality assurance activities. Due to anticipated increased costs for quality assurance activities which result directly from the introduction of new paramedics into the system, HSA has requested, and CFPD has agreed to pay the County ten dollars for each additional PCR generated. Based upon data provided by NETCOM and CFPD, HSA expects to receive between $6,000 and $7,000 (600 to 700 PCRs) during the one-year term of this agreement. Payment will be provided to HSA quarterly, in arrears.

The revenue will be used by HSA to support the costs associated with increased quality assurance activities as indicated in the EMS Medical Quality Assessment and Safety Plan which is shown as Contract Attachment A. Most specifically, a review will occur of each PCR from cases requiring Advance Life Support activities and skills. This will be an estimated 25%-30% of the total PCRs, or 175 to. 210 of the 700 expected calls. Additionally, a sampling of Basic Life Support calls will be reviewed. It is expected that the time of the EMS Medical Director will be increased by approximately eighty hours for the year. HSA will submit to your Board a letter accepting the unanticipated revenues and detailing specific expenditures during the first quarter of the agreement.

NETCOM Information

At present, NETCOM provides CFPD with reports comparing response times of fire engine and ambulance to mutual calls. A report specific to Engine 3411, the engine on which the paramedics will ride is also prepared (copy of first page attached - Exhibit C). NETCOM and CFPD have agreed to provide HSA with the E 3411 report on a quarterly basis. The information contained in that report will permit calculation of CFPD's compliance with the requirement that they maintain a response time of six minutes at 90% of the time. NETCOM has agreed to add a response time summary field (six minutes at 90% of the time) to the report eliminating manual calculations.

Training and Hiring Standards

To work as a paramedic in Santa Cruz County, regardless of employer, one must be accredited by the EMS Agency. Training requirements, in addition to state paramedic certification, call for additional accreditation, including the following:

- Advanced Cardiac Life Support (ACLS)
- Pediatric Advanced Life Support (PALS) or Pediatric Emergency Preparedness (PEP)
- Basic Trauma Life Support (BTLS) or Prehospital Trauma Life Support (PHTLS)

The County requires AMR to provide a semi-annual update on their personnel regarding currency of the above certifications. The Emergency Medical Services Integration Authority (EMSIA) , on behalf of CFPD as well as Aptos/La Selva, will provide similar reports through their Quality Assurance coordinator. EMSIA will also provide twice-yearly turnover reports, similar to the practice of AMR.

In addition to the training requirements, each paramedic must have documented an annual skill review which includes the following skills or topics:

- Endotracheal intubation
- , Thoracostomy (needle)
- Cricothyrotomy (needle)
- lntraosseous infusion technique

- Rectal administration of Valium (pediatric)
- Disaster plans including multiple victim and hazardous materials medical response
- SIDS protocol
- Infection control policy
- Trauma skill and triage update
- New policies or procedures or review of policy or procedure update

Although not yet formally accredited, all paramedics in the CFPD proposal now meet the above training and skill review requirements.

The County's EMS Agency Policy 1120 dictates components of a quality assurance plan which a participating agency must develop. All QA plans must be approved by the Prehospital Advisory Committee (PAC). AMR has a QA plan which has been approved. The EMSIA has developed a QA plan to be used by fire agencies wishing to provide paramedic services. CFPD has adopted and will use the EMSIA quality assurance plan. That plan has been reviewed and approved by the PAC. Attached (Exhibit D) to this report is a list of components of the plans and a reference to where those components can be found in the AMR and EMSIA plans

Orientation of new staff, ongoing training, and field observation of CFPD paramedics are elaborated in the adopted EMSIA Quality Improvement Plan. Copies of salient sections of that plan are attached (Exhibit E). The proposed County/CFPD agreement obligates CFPD to adhere to that plan. Section ll.B.3 has been inserted into the proposed agreement which requires that any changes in the QA plan must have the prior approval of both HSA and the PAC.

Skills Maintenance

There is a concern that the introduction of new paramedics into the system will increase the numbers of paramedics to a point at which there will be a degradation of skills because of infrequent application of those skills. This concern exists even if there are no new paramedics added. Some paramedic skills are used infrequently, given the nature and volume of the Santa Cruz County system. Thus, the requirement for annual skills review has been established. In order to monitor the possibility of skills degradation, HSA's EMS Medical Director established a working group of local physicians, paramedics, liaison nurses, and quality assurance coordinators. Through the efforts of this group, the EMS Medical Quality Assessment and Safety Plan for Implementation of Central Fire Protection District Paramedic Program was developed, and is shown as Attachment A to the proposed agreement. This plan provides for extraordinary review of the quality of the proposed service. In addition to the requirements listed above, EMSIA and CFPD have committed to twice yearly skills review for fire paramedics. They also will provide three-hours-per-month training in quality assurance which exceeds state and local requirements.

It is therefore RECOMMENDED that your Board:

1. Authorize the HSA Administrator to sign the attached agreement authorizing designation of the Central Fire Protection District as an approved paramedic service provider.

2. Direct HSA staff to report to the Board at its first meeting in February, 1999, regarding progress in implementing the agreement.

Sincerely,

Charles M. Moody
HSA Administrator

RECOMMENDED:

Susan A. Mauriello
County Administrative Officer

GW/amg
Attachments

cc: CAO
County Counsel
Auditor-Controller
EMCC
HSA Administration
ACCC
EMSIA
LAFCO
EMS Administrator
Central Fire Protection District

AGREEMENT AUTHORIZING DESIGNATION OF THE CENTRAL FIRE PROTECTION DISTRICT AS AN APPROVED PARAMEDIC SERVICE PROVIDER PURSUANT TO 22 C.C.R. SECTION 100168

THIS AGREEMENT is entered into by and between the COUNTY OF SANTA CRUZ, acting through its designated Local Emergency Medical Services Agency (hereinafter referred to as "COUNTY"), and the CENTRAL FIRE PROTECTION DISTRICT (hereinafter referred to as the "DISTRICT"):

WITNESSETH:

WHEREAS, the Santa Cruz County Board of Supervisors has designated the Santa Cruz County Health Services Agency (HSA) as the local EMS Agency pursuant to Health and Safety Code Section 1797.200; and

WHEREAS, Health and Safety Code Section 1798 provides that the medical direction and management of an emergency medical services system shall be under the medical control of the medical director of the local EMS agency; and

WHEREAS, medical control encompasses matters directly related to regulating the quality of emergency medical services, including policies and procedures governing dispatch, patient destination, patient care, and quality assurance; and

WHEREAS, Health and Safety Code Section 1797.204 provides that the COUNTY'S role is to plan, implement, and evaluate the local emergency medical services system including, but not limited to, the designation of paramedic service providers; and

WHEREAS, the DISTRICT is seeking designation by the COUNTY as an "approved service provider" pursuant to 22 C.C.R. Section 100168 (b); and

WHEREAS, the COUNTY has established policies and procedures for the approval, designation, and evaluation through its quality assurance system, of all paramedic services providers; and

WHEREAS, 22 C.C.R. Section 100168 (b) (4) requires an approved paramedic service provider to have a written agreement with the Local EMS Agency to participate in the advanced life support program and to comply with all applicable State regulations and local policies and procedures, including participation in the local EMS Agency's quality assurance system; and

WHEREAS, this designation has been reviewed by the Emergency Medical Care Commission and the Pre-Hospital Advisory Committee and is consistent with the Santa Cruz County Emergency Medical Services Plan and Emergency Medical Services system; and

WHEREAS, both parties agree that the COUNTY has complied with all the statutes and regulation governing the designation of an approved paramedic service provider; and

WHEREAS, pursuant to its regulatory responsibilities, the COUNTY is responsible for monitoring and evaluating the DISTRICT'S performance as an approved paramedic service provider; and

WHEREAS, the COUNTY has determined that it is in the public's interest, convenience, and welfare that this Agreement be initially limited to a one year "pilot program" period to evaluate the DISTRICT'S performance, including but not limited to, the system-wide impact brought about by the implementation of the first phase of the DISTRICT'S Paramedic Proposal; and

WHEREAS, the DISTRICT has submitted a First Response - Paramedic Proposal to COUNTY that specifies its intention to pursue a phased implementation of paramedic services at all of DISTRICT'S stations over a four year period with the initial phase being the implementation of paramedic service at the 17th Avenue Station; and

WHEREAS, DISTRICT and COUNTY acknowledge that, notwithstanding the four year phased implementation schedule of DISTRICT'S First Response - Paramedic Proposal, COUNTY retains the discretion, pursuant to 22 C.C.R. Section 100168 (e), to change, refuse to renew, cancel, or otherwise modify this Agreement, when determined necessary by COUNTY.

NOW, THEREFORE, THE PARTIES HERETO AGREE AS FOLLOWS:

I. DISTRICT RESPONSIBILITIES

A. General Responsibilities of the DISTRICT

1. DISTRICT agrees to provide paramedic (Emergency Medical Technician - Paramedic) services in compliance with all applicable State and local regulations.

2. DISTRICT agrees to abide by all protocols, policies and procedures promulgated by COUNTY governing the provision of paramedic services.

3. DISTRICT understands that neither the COUNTY nor the COUNTY'S ambulance transport contractor are obligated to pay the DISTRICT for any costs, either direct or indirect, arising out of the provision of paramedic services by the DISTRICT. This shall not affect protocols currently in place for the replacement and/or exchange of consumable items between the DISTRICT and the ambulance transport contractor.

4. DISTRICT agrees to pay the COUNTY a fee of ten dollars ($10.00) per patient care record generated as a result of a DISTRICT'S paramedic response regardless of the location of the response. This fee will be used by COUNTY to offset the additional cost incurred by COUNTY associated with the "Additional Activity" duties specified in the EMS Medical Quality Assessment and Safety Plan for Implementation of Central Fire Protection District Paramedic Program shown in Attachment A and attached hereto. DISTRICT and COUNTY understand that this fee is subject to negotiation should this Agreement be extended or renewed after the one year "pilot project" phase.

B. Response Area

1. The primary response area for paramedic services covered by this Agreement shall be the "first-in" area, as defined in Santa Cruz County Consolidated Emergency Communication Center's (also known as NetCom) Computer Aided Dispatch (CAD) system, that is normally served by DISTRICT'S Fire Station 1. This station is located at 930 17th Avenue. The boundaries of this first-in area are shown in Attachment B which is hereby made part of this Agreement.

2. Under circumstances where NetCom's "Situation Proximity List" (the list used to determine the available fire units in closest proximity to an incident) indicates that the engine(s) available at Fire Station 1 is (are) the most appropriate unit(s) to be dispatched to an incident, DISTRICT will respond accordingly without regard to its normal service area described in Attachment B.

3. DISTRICT and COUNTY acknowledge that DISTRICT'S ability to provide paramedic services within the Fire Station 1 first-in response area will be limited by the prior commitment of firefighter/paramedic personnel to pre-existing incidents required of the station's limited vehicular and staffing resources. When such prior commitments are a result of dispatches directed by NetCom or scheduled training exercises, DISTRICT'S inability to provide paramedic services will not be considered a failure to perform under this Agreement and will not result in any adverse action or judgment by COUNTY.

4. COUNTY recognizes that DISTRICT actively participates in the California Mutual Aid System and is party to the Santa Cruz Fire Agencies Mutual Aid Agreement. These agreements exist to insure that response to incidents are made by the closest and most appropriate fire resource. The agreements include both mutual aid and day-to-day automatic aid components. Automatic aid agreements are in place to allow fire resources to service response. areas not included within the agency's jurisdictional boundary. In the event of a declared disaster situation which activates a mutual aid response, COUNTY further recognizes that DISTRICT may staff additional engines at other fire stations in

order to appropriately respond to the circumstances created by a disaster situation. This Agreement will not be construed to limit DISTRICT'S ability to respond to declared disaster situation with all appropriate resources.

C. Coverage

1. DISTRICT agrees that over the life of this Agreement that it shall designate Engine 3411 (E3411), housed at Fire Station 1, to be its paramedic engine and staff E3411 with at least one paramedic at all times.

2. DISTRICT shall assure that Engine 3411 is designated as the front-line engine in NetCom's CAD system as the recommended unit for all alarm types emanating from the Fire Station 1 first-in area defined herein.

3. Upon commitment to an ALS incident, Engine 3411 shall be considered unavailable for other duties so long as the paramedic assigned to E3411 is engaged in the performance of paramedic related duties. Those duties will be deemed completed upon the transfer of care at the receiving hospital.

4. When Engine 3411 is dispatched by NetCom to an incident within Fire Station 1 's first-in area, the response time standard used by COUNTY in evaluating DISTRICT'S PERFORMANCE in this regard will be reporting on-scene within six (6) minutes for ninety percent (90%) of the calls. Response time will be measured using NetCom's CAD system and defined as the elapsed time between the "date stamp" entered into the CAD system by NetCom's dispatcher documenting the dispatch and the time E3411 reports to the dispatcher as being "on-scene."

D. Staffing

1. DISTRICT agrees that engines specified as paramedic engines will be staffed at all times with at least one paramedic accredited by COUNTY. The paramedic may be of any rank.

2. DISTRICT will assure that all paramedic personnel providing services under this Agreement maintain all required licenses and certifications in good standing as required by the State Health and Safety Code, Title XXII of the California Code of Regulations.

3. DISTRICT will establish an administrative structure to oversee the performance and training of its paramedics. Quality assurance issues will be addressed in accordance with the EMS Agency's Quality Assurance/Quality Improvement plan and the EMS Medical Quality Assessment and Safety Plan for Implementation of Central Fire Protection District Paramedic Program (Attachment A).

4. DISTRICT paramedics shall be visually identifiable by the wearing of a patch on their clothing that clearly identifies them as paramedics. This patch shall be consistent with the patch currently worn by the engine-based paramedics of the Aptos/La Selva Fire Protection District.

E. Dispatch

1. DISTRICT will designate a representative to work with the County's public safety dispatch entity, the Santa Cruz Consolidated Emergency Communications Center (or NetCom) with respect to training, coordination, cooperation and communication.

2. Communication and telemetry equipment utilized by paramedic personnel will be compatible with equipment utilized by NetCom and base station hospitals..

F. Vehicles, Equipment and Supplies

1. Vehicles and equipment will be maintained by DISTRICT in good condition and meet or exceed standards established by the State and County.

2. DISTRICT agrees to maintain drug, medical supply and equipment inventory according to local EMS Agency policy and consistent with State, Federal and local regulations. All costs associated with this requirement are to be borne exclusively by the DISTRICT, insofar as they are not inconsistent with the current EMS Agency protocols and/or County's ambulance contractor regarding the restocking of consumable items..

G. Medical Control

1. DISTRICT will take all necessary actions to assure that its paramedics performance in the field complies with all applicable policies and procedures. It is DISTRICT'S responsibility to demonstrate compliance with such policies and procedures to the EMS Medical Director in all matters related to the medical performance of its paramedics.

2. DISTRICT shall ensure that knowledge gained during the medical audit process is routinely translated into improved field performance by way of in-service training, working with and through the Pre-Hospital Advisory Committee, implementing amendments to the policies and procedures manual, and employee orientation.

3. In all clinical matters, DISTRICT paramedics will work under on-line medical direction of EMS system's designated base hospital. Each of the accredited

personnel working in the system has not only a right, but a legal obligation, to work directly with the system physician leadership on issues related to patient care.

4. DISTRICT agrees to abide by all decisions regarding medical control made by the COUNTY an&or EMS Medical Director

H. Quality Assurance

1. DISTRICT shall adhere to California State laws, rules, and/or regulations which require all paramedic service providers to have a COUNTY approved continuous quality improvement (CQI) plan and provide reports as mutually agreed upon to the EMS Agency which documents quality assurance activities, problem identification and proposed solutions.

2. DISTRICT shall actively participate in the EMS Agency's medical CQI program, provide special training and support to DISTRICT'S paramedics personnel found in need of special assistance in specific skill or knowledge areas, and provide additional clinical leadership by maintaining a current and extensive knowledge of developments in equipment and procedures throughout the industry.

3. DISTRICT shall participate in the data system for medical response documentation and other quality assurance activities as requested by the COUNTY.

4. DISTRICT agrees to be subject to the authority of the duly appointed quality assurance coordinator of the Emergency Medical Services Integration Authority (EMSIA) with respect to adherence to the EMS Agency approved EMSIA Emergency Medical Services Quality Assurance Plan.

5. DISTRICT will respond to quality assurance inquiries in a timely manner.

6. DISTRICT agrees to participate in the EMS Agency's Quality Assessment and Safety Plan (Attachment A) including, but not limited to the following components: patient care record review, critical skills performance review, seldom-used drug and skills review, and general patient management review.

II. COUNTY RESPONSIBILITIES

A. Miscellaneous Responsibilities

1. The COUNTY general responsibilities shall include:
   a. Oversight of the EMS dispatch system

b. Assuring EMS system integration and coordination of activities in cooperation with EMSIA
c. Development and implementation of EMS policies and procedures
d. Enforcement of EMS rules, regulations, and policies
e. Provision of standard reports as defined in the EMS Medical Quality Assessment and Safety Plan.

2. The COUNTY is responsible for paramedic accreditation within the County's boundaries, including accreditation of DISTRICT'S paramedics. DISTRICT'S paramedics shall be subject to accreditation requirements no more stringent than those applicable to other paramedics performing similar services within County, and COUNTY shall not unreasonably withhold accreditation of DISTRICT'S paramedics. During the term of this Agreement, DISTRICT shall be considered an authorized ALS provider for paramedic accreditation purposes.

3. The COUNTY has the authority to withdraw paramedic accreditation for cause when DISTRICT'S employees are found to be medically incompetent or negligent.

B. Medical Control

1. The COUNTY shall ensure the continuous and reliable availability of qualified Base Hospital physician medical control by radio/phone contact with field paramedics. It is the responsibility of COUNTY to ensure rapid and reliable radio access to emergency physicians who are fully knowledgeable of the local paramedic personnel, medical protocols, on-board equipment and supplies, patient assessment procedures, communication procedures, and medical audit processes.

2. The EMS Agency Medical Director shall be the sole authority for the issuing and signing of any and all treatment guidelines and protocols.

3. The EMS Agency Medical Director shall have approval authority over any and all changes to the medical quality assurance plans under which DISTRICTS paramedics operate.

4. COUNTY shall have final decision making authority in resolving any disputes that may arise between DISTRICT and ambulance contractor paramedics arising out of the provision of first responder services. Settlement of such disputes shall be in accordance with established protocols when such exist.

5. The COUNTY will evaluate any incident in which there is reason to believe patient care was compromised for any reason. This shall be accomplished in

accordance with existing EMS Agency procedures and protocols governing such incidents.

III. GENERAL PROVISIONS

A. Indemnification For Damages, Taxes and Contributions: DISTRICT shall exonerate, indemnify, and hold harmless, without limitation, COUNTY, its officers, agents, employees and volunteers from and against:

a. Any and all claims, losses, damages, defense costs, or liability of any kind or nature which County may sustain or incur or which may be imposed upon them for injury to or death of persons, or damage to property as a result of, arising out of, or in any manner connected with the DISTRICT'S performance under the terms of this agreement, excepting any liability arising out of the sole negligence of the COUNTY. Such indemnification includes any damage to the person(s), or property (ies) of DISTRICT and third persons.

b. Any and all Federal, State, and Local taxes, charges, fees, or contributions required to be paid with respect to DISTRICT and DISTRICT'S officers, employees and agents engaged in the performance of this Agreement (including, without limitation, unemployment insurance, social security and payroll tax withholding).

B. Presentation of Claims: Presentation and processing of any or all claims arising out of or related to this Agreement shall be made in accordance with the provisions contained in Chapter 1.05 of the Santa Cruz County Code, which by this reference is incorporated herein.

C. Retention and Audit of Records: DISTRICT shall retain records pertinent to this Agreement for a period of not less than five (5) years.

D. Parties Operate Independently: Nothing contained in this Agreement shall be construed to make any party hereto or any of its officers, agents, or employees the officer, agent or employee of any other party.

E. Notification: All notices herein required shall be in writing and delivered in person or sent by first class mail, postage prepaid, addressed as follows:

The Central Fire Protection District
2425 Porter Street, Suite 14
Soquel, CA 95073-2453

PO Box 962
Santa Cruz, CA 9506 1

IV. TERM, RENEWAL and TERMINATION

A. This Agreement shall be effective thirty (30) days following approval by the Local Agency Formation Commission (LAFCO) of DISTRICT'S intent to provide paramedic services under this Agreement and shall continue for one year.

B. DISTRICT may request a renewal of its designation as an approved paramedic service provider by the COUNTY pursuant to C.C.R. Section 100168 (e) prior to the conclusion of the one year "pilot program" period. Said request by the DISTRICT for continued designation shall be filed with the COUNTY no earlier than ninety (90) calendar days prior to the termination date of this Agreement. The COUNTY shall evaluate any request and prepare a recommendation at least thirty (30) days prior to the expiration of this Agreement for consideration by the Board of Supervisors.

C. COUNTY may deny, suspend, or revoke the approval of the DISTRICT as a paramedic service provider for failure to comply with applicable policies, procedures, and regulations pursuant to C.C.R. Section 10168 (f).

IN WITNESS WHEREOF, the parties have executed this Agreement on dates indicated below.

For the County of Santa Cruz	For the Central Fire Protection District
Charles M. Moody HSA Administrator	Jack Darrough Chair, Central Fire Protection District
Date: _____	Date: _____

APPROVED AS TO FORM:

Assistant County Counsel

(NOTE: Revised Agreement to be considered at 7/14/98 meeting of CFPD Board of Directors.)

ATTACHMENT A

EMS Medical Quality Assessment and Safety Plan for Implementation of Central Fire Protection District Paramedic Program

Patient Care Record Review

Quality Assurance Measurement Tool	Current Activity	Additional Activity
1) All Patient Care Records generated by Santa Cruz EMS paramedics reviewed by AMRW/EMSIA QA Staff.	1) Reviewed by AMRW/EMSIA	
2) Select Patient Care Records of patients under jurisdiction of Santa Cruz County Base Stations reviewed by Base Station Staff.	2) Reviewed by Base Station PLN	
3) All Patient Care Records generated by Central Fire pammedics individually reviewed by the EMS Medical Director with support of the EMS Agency Staff.		3) All Central Fire PCRs will be reviewed by the EMS Medical Director. EMS staff will report selected cases to QA Copmmittee on a quarterly basis.
4) A focused review of clinical performance throughout the EMS system will include, but not necessarily be limited to, the following elements: Critical Skills, Seldom Used Medications & Skills, Pediatric Drugs & Skills, Compliance with EMS Protocols & Policies	4) Focused review by AMRW/EMSIA	4) On a quarterly basis, the EMS Medical Director will present this review to QA Committee. Although the focus of the review will be Central Fire's performance, the entire EMS system will be included.

Critical Skills

Intubation

Using intubation success/failure as the clinical indicator all advanced airway procedure field attempts by Central Fire, AMRW and Aptos La-Selva Fire will be reviewed. At a minimum the analysis shall include:

Quality Assurance Measurement Tool	Current Activity	Additional Activity
5) Review of each patient where intubation is attempted as specified by airway clinical indicator criteria	5) Reviewed by AMRW/EMSIA and statistics gathered by providers	5) Using EMS data base and EMS Medical Director's review, EMS Agency staff to prepare report for QA Committee review
6) Review of each patient identified arriving in ED with unstable airway and/or requiring intubation or reintubation within 15 minutes of arrival in the ED	6) Reviewed by Base Station PLN	6) PLN to forward cases to EMS Medical Director for review and analysis. EMS Agency to bring selected cases quarterly to QA Committee.

Intravenous Access

Using IV success/failure as the clinical indicator all IV field attempts by Central Fire, AMRW and Aptos La-Selva Fire will be reviewed. At a minimum the analysis shall include:

Quality Assurance Measurement Tool	Current Activity	Additional Activity
7) Review of each patient where IV is attempted as specified by IV clinical indicator criteria		7) Using EMS data base, EMS Agency to prepare report for quarterly QA Committee review

Rhythm Strips

Maintaining proficiency in EKG rhythm strip reading and interpretation:

Quality Assurance Measurement Tool	Current Activity	Additional Activity
8) Using the clinical indicator criteria, review of EMS patients who had EKG rhythms significantly different from the field interpretation.		9) On a quarterly basis, the 'PLN, in consultation with the Base Station Medical Director at each hospital, will forward cases to EMS for review and analysis. Selected cases to be reviewed by QA Committee.

Seldom Used Drugs & Skills(need to develop clinical indicators1

All seldom-used skills and rarely used drugs will be subjected to the following analysis:

Quality Assurance Measurement Tool	Current Activity	Additional Activity
9) Review of cases where seldom-used drugs and/or drugs requiring, some complex calculations are used, e.g. Oxytocin, Verapamil, Dopamine, Bretylium tosylate, Adenosine, Glucagon	10) Reviewed by AMRW/EMSIA Reviewed by PLNs	10) On a monthly basis, EMSIA QA coordinator to forward list of Central Fire cases to EMS Agency for review and analysis. EMS Agency to bring selected cases quarterly to QA Committee.
10) Review of pediatric cases meeting clinical indicator criteria	11) Reviewed by AMRW/EMSIA Reviewed by PLNs	11) On a monthly basis, EMSIA QA coordinator to forward Central Fire cases to EMS Agency for review and analysis. EMS Agency to bring selected cases quarterly to QA Committee.

11) Review of cricothyrotomy and needle thoracostomy procedures	12) Reviewed by AMRW/EMSIA Reviewed by PLNs On a case-by-case basis, cases are forwarded to EMS for review and analysis.	12) EMS Agency to bring selected cases quarterly to QA Committee.
12) Review of intraosseous infusion cases.	13) Reviewed by AMRW/EMSIA Reviewed by PLNs On a case-by-case basis, cases are forwarded to EMS for review and analysis.	13) EMS Agency to bring selected cases quarterly to QA Committee.
13 Review of pediatric IV attempts(a separate and distinct analysis from adult I V usage)	14) Reviewed by AMRW/EMSIA Reviewed by PLNs	14) Using EMS data base, EMS Agency to prepare report for quarterly QA Committee review
14) Review of external jugular intravenous line attempts	15) Reviewed by AMRWIEMSIA Reviewed by PLNs	15) On a monthly basis, EMSIA QA coordinator to forward Central Fire cases to EMS Agency for review and analysis. EMS Agency to bring selected cases quarterly to QA Committee.
15) Review of synchronized countershock	16) Reviewed by AMRW/EMSIA Reviewed by PLNs	16) EMS Agency to bring selected cases quarterly to QA Committee.

General Patient Management Review

Validation of field impressions and appropriateness of procedures for Central Fire non-transport paramedics will be of critical importance. Procedures to assure this will, at a minimum include:

Quality Assurance Measurement Tool	Current Activity	Additional Activity
16) All Central Fire paramedics in their first year of practice who have less than 1 year of field experience in Santa Cruz County EMS will accompany their ALS patients to the hospital		16) EMSIA QA Coordinator to forward to EMS Agency monthly compliance data
17 Paramedic patient assessment skills, knowledge of treatment protocols and accurate implementation of EMS policies.	17) Reviewed by AMRW/EMSIA Reviewed by PLNs	17) All Central Fire PCRs will be reviewed by EMS Medical Director. EMS Agency will report selected cases to QA Committee on a quarterly basis
18) Field incidents where there has been a dispute between non-transport and transport paramedics	18) Reviewed by AMRW/EMSIA	18) All cases involving Central Fire will be forwarded by AMRW & EMSIA QA Coordinators to EMS Medical Director for review. EMS Agency will report selected cases to QA Committee on a quarterly basis.

Central Fire Protection District of Santa Cruz County

Station 1 First-In Area

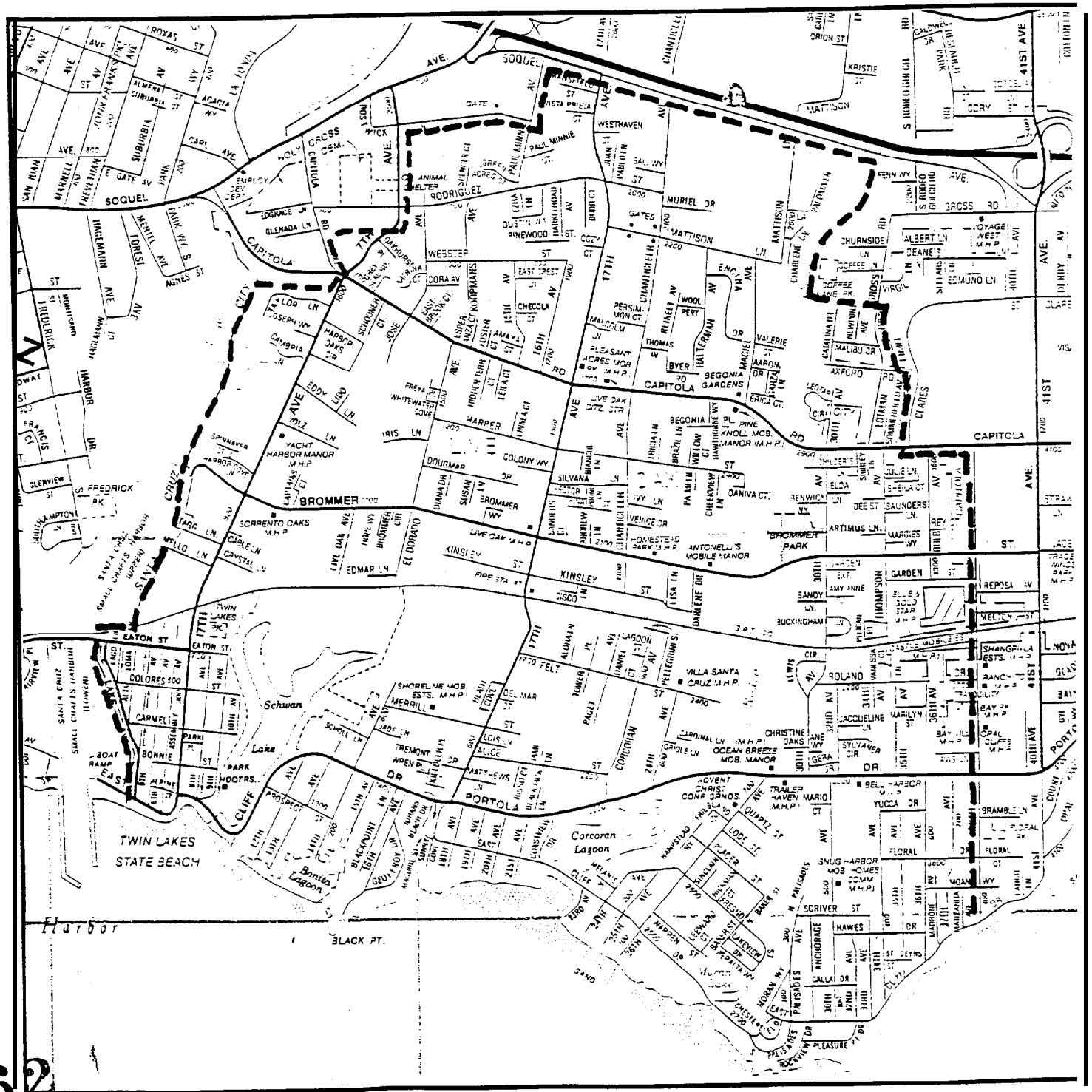

EXHIBIT A 645

AMERICAN MEDICAL RESPONSE

July 7 1998

Mr. Charles Moody, Administrator
Santa Cruz County Health Services Agency
P. O. Box 962
Santa Crut CA 95061

Re: Proposed changes to Policy 111 O/EMSIA-County Contracted Transport Patient Care Transfer Procedures.

Dear Mr. Moody:

This letter is intended as a follow-up to my correspondence of June 26, 1998 regarding the Central Fire Agency proposal to provide engine based paramedic services.

I have had the opportunity to review the proposed changes to Policy 1110 and find them acceptable.

Should you have any questions regarding this information, please contact me.

Sincerely,

AMERICAN MEDICAL RESPONSE

Robert D. Zuckswert
Director of Operations

. RDZ/lg

62

AMERICAN MEDICAL RESPONSE

June261998

George Wolfe, M.D.
Santa Cruz County Health Services Agency
P.O. Box 962
Santa Cruz CA 95061

Dear Dr. Wolfe:

This letter is intended as a follow-up to our conversation earlier this week, regarding the Central Fire Agency proposal to provide engine based paramedic services.

As I understand it, the Board of Supervisors has asked that HSA ensure that American Medical Response will allow Central Fire Agency paramedic personnel to accompany the patient to the hospital.

As you know, American Medical Response currently allows firefighters to accompany the patient to the hospital, primarily with patients who are critical. Indeed, this is a practice that takes place throughout our organization.

We anticipate that we will be able to work with Central Fire and your agency to develop specific protocols, and related procedures, to allow Central Fire Agency staff to continue to accompany the patient to the hospital in an AMR ambulance as paramedics. However, as I have indicated in the past, the details of the protocols and/or procedures will need to be defined prior to the implementation of this practice.

116 Hubbard Street • Santa Cruz, CA 95060
(408) 423-7030 (408) 423-2038 fax

I believe we can develop these protocols and procedures fairly quickly and look forward to beginning discussions soon. In the meantime, should you have any questions regarding this information, please contact me.

Sincerely,

AMERICAN MEDICAL RESPONSE

Robert D. Zuckswert
Director of Operations

RDZ/lg

Cc; Kurt Williams, Vice President of Operations
Saladin Sale, Director, Safety and Risk

Policy No. 1110
July 1998

Emergency Medical Services Program

Approved

_____

Subject: EMSIA County-Contracted Transport Patient Care Transfer Procedure

I. Statement of Philosophy

This procedure has been developed so as to minimize the potential for confusion or conflict between two or more paramedic providers in the provision of emergency patient care. Occasionally a difference of opinion exists between paramedics of two different provider agencies regarding the steps to be taken and order of treatment in the provision of medical care. With this in mind, this policy is intended to establish a procedure to facilitate, as smoothly as possible, patient transfer between ALS providers.

II. Incident Command System

The Santa Cruz County EMS Agency subscribes to the principles of the incident command system. In this regard, every EMS incident is under the direction and control of an incident commander. Further, the incident command system provides that patient care on-scene is to be directed by the first arriving highest medically qualified person until such a time as the patient is properly relinquished to another ALS provider.

III. Procedure

A. First arriving EMSIA or County-contracted paramedic is to institute patient care according to Santa Cruz County EMS treatment protocols. The paramedic shall continue all aspects of patient care until arrival at hospital or until patient care authority is transferred to the transport paramedics.

B. Subsequent arriving paramedics are expected to assist in the provision of patient care under the direction of the first paramedic on-scene or until the patient care is transferred to them.

C. If the first on-scene EMSIA paramedic elects to accompany the patient to the receiving hospital, generally all patient care responsibility and documentation will be maintained by the first on-scene paramedic with the other paramedics providing support as may be requested. However, recognizing that the contract transport paramedic service shares responsibility (and liability) with the EMSIA paramedic service, it is essential that both services collaborate. Notwithstanding the Problem Resolution Process described in Section IV of this policy, a transporting paramedic may, for any reason, elect to assume patient care responsibility once a patient is in the transport vehicle. If the transport paramedic assumes patient care responsibility, such assumption will be reported to the EMS medical director within 24 hours.

D. If the first on-scene EMSIA paramedic elects not to accompany the patient to the hospital, patient care should be transferred to the transporting paramedics. Transfer of care shall be accomplished with a verbal report to receiving paramedics which is to include, at a minimum, as known, pertinent physical findings, vital signs, treatment rendered, and any response to treatment procedures.

E. In the event that the first on-scene EMSIA paramedic elects to transfer care to the transport paramedic, every effort shall be made by the on-scene EMSIA paramedic to provide a worksheet to the transporting paramedics. The worksheet shall be considered an unofficial record of pertinent physical findings and a short history leading up to the emergency and treatment rendered.

F. The transporting paramedics are solely responsible for making the decision on the receiving hospital.

G. A separate PCR shall be completed by both the EMSIA paramedic and transporting paramedics. The PCR's shall reflect the hand-off and receipt of the patient, each noting the condition of the patient at the time of transfer of the patient.

IV. Problem Resolution Process

A. The County contracted paramedics are responsible to transport patients in a timely manner.

B. If the transporting paramedics disagree with the treatment provided by the first on-scene EMSIA paramedic, one of the following steps should be taken:

1) If the patient is in extremis, the first on-scene EMSIA paramedic shall maintain all patient care responsibility and shall accompany the patient to the receiving hospital.

2) If the patient's condition is stable, the transporting paramedics may contact the base station and ask for guidance or further orders for treatment. If ordered by the base station, the on-scene EMSIA paramedic will accompany the patient in the ambulance to the receiving hospital while retaining all patient care responsibility and authority.

or

3) The transporting paramedics shall proceed with the appropriate patient care documenting the discrepancies. They may, of course, contact the base station for guidance or further orders once the patient care authority and responsibility have been transferred and they are en-route to the receiving hospital.

Note: Every effort shall be made, after the fact, by the transporting paramedics to determine the reasons for the perceived discrepancies. In most cases, a discrepancy in patient care may be the result of on-scene confusion that was complicated by a misunderstanding of the verbal report or a documentation error on the worksheet.

If the patient care error cannot otherwise be explained, an incident report shall be completed by the transporting paramedics and forwarded to the EMS office along with the PCR noting the observed unexplained patient care error of discrepancy.

At no time should patient care and transport be delayed to resolve a perceived treatment error or discrepancy. Problem resolution shall be done after the transport.

D. If the first on-scene EMSIA paramedic disagrees with the treatment provided by the transporting paramedics, these errors and discrepancies shall be resolved in the same manner as outlines in Section IV.B.3) of this policy.

EXHIBIT C

SCCECC

Fire/EMS Response Time Comparison Summary Analysis for January - May, 1998

All calls on which E3411 Responded Only

Report is Based upon Both Agencies' having Arrival Times for each Incident

Fire Agency in which Incidents Occurred: **Central Fire District**

Total Incidents Matching Criteria for Period: 297

Total Incidents Where Fire Arrived First:	**234**	**Total Incidents Where Ambulance Arrived First:**	**s9**
Percentage of Total Incidents Where Fire Arrived First:	**79%**	**Percentage of Incidents Where Ambulance Arrived First:**	**20%**
Total Incidents Where Fire had Faster Response Times:	**233**	**Total Incidents Where Ambulance had Faster Response Times:**	**64**
Percentage Where Fire had Faster Response Time:	**78%**	**Percentage Where Ambulance had Faster Response Times:**	**22%**
Average Difference in Onscene Time where Fire Arrived First:	**2:39**	**Average Difference in Onscene Time where Ambulance Arrived First:**	**1:20**

Total Incidents Where They Both Got There at the Same Time: 4

	Date	Fire Incident No.	Type	Zone	Unit	Dispatch	Onscene	Response Time	Ambulance Incident No.	Type	Grid	Unit	Dispatch	Onscene	Response Time	Difference	In Favor of
3) +	1/1/98	FD980101000012	MEDICC	CFIA	E341I	06:53:28	06:58:56	5:28	~~980101000016	C	S25	MED4	06:53:23	06:59:28	6:05	0.37	E3411
4) +	1/1/98	FD980101000014	MEDICD	CFIA	E341I	07:26:46	07:31:31	4:45	AM980101000019	D	S23A	MED4	07:26:42	07:31:41	4:59	0:14	E3411
1) —	1/1/98	FD980101000027	MEDICD	CFIA	E3411	12:00:47	12:04:06	3:19	/AM980101000032	D	T24	MED4	12:00:35	12:06:49	6:14	2:55	E3411
2) —	1/2/98	FD980102000080	MEDICB	CFIA	E3411	13:55:36	13:58:45	3:09	/AM980102000087	B	T24	MED4	13:55:30	14:03:45	8:15	5:06	E341 I
3) +	1I2/98	FD980102000083	MEDICD	CFIA	E341 1	14:35:18	14:37:19	2:01	AM980102000091	D	T24	MED4	14:35:08	14:42:44	7:36	5:35	E341I
3) +	1/2/98	FD980102000103	INJACC	CFIA	E341 I	20:17:56	20:21:19	3:23	AM980102000104	D	S24	MED4	30:18:04	20:22:I2	4:08	2:45	E3411
2) —	1/3/98	FD980103000131	MEDICC	CFIA	E341I	13:14:55	13:17:14	2:19	AM980103000132	C	T24	MED7	13:14:49	13:18:26	3:37	0:18	E3411
1) —	1/3/98	1~1~980103000152	MEDICC	CFIA	E341I	20:16:05	20:19:07	3:02	/'AM980103000152	C	T24	MED4	20:16:03	20:21:51	5:48	0:46	E3411
2 —	1/4/98	FD980104000168	MEDICD	CFIA	E341I	00:21:oo	00:26:24	5:24	✓AM980104000159	D	S23A	MED4	00:21:07	00:27:14	6:07	:43	E341I
4 +	1/4/98	FD980104000184	MEDICC	CFIA	E3411	09:47:25	09:51:22	3:57	AM980104000171	C	S24	MED4	09:47:20	09:51:53	4:33	:36	E3411
2 —	1/4/98	FD980104000189	MEDICC	CFIA	E3411	11:50:15	11:51:48	1:33	AM980104000174	C	S24	MED4	11:50:11	11:56:05	5:54	4:21	E341I
3 —	1/5/98	FD980105000226	MEDICD	CFIA	E341I	00:51:35	00:56:51	5:16	✓AM9801 05000204	D	S24	MED4	00:51:26	00:57:01	5:35	0:19	E3411
2 —	1/7/98	FD980 I07000360	MEDICD	CFIA	E3411	06:36:I2	06:40:46	4:34	AM980107000294	D	T24	MED2	06:36:08	06:49:30	13:22	8:48	E3411
3 —	1/7/98	FD980107000362	INJACC	CFIA	E3411	07:49:03	07:53:47	4:44	✓AM980 107000296	D	S23A	MED2	07:49:1I	07:54:02	4:51	0:07	E3411
2 +	1/7/98	FD980107000386	MEDICC	CFIA	E3411	15:20:00	15:23:46	3:46	✓AM980107000317	D	S23A	MED1	15:19:54	15:27:10	7:16	3:30	E3411
3 —	1/7/98	FD980107000395	MEDICD	CFIA	E3411	17:54:38	17:58:56	4:18	/AM980107000325	D	T24	MED4	17:54:30	17:59:33	5:03	0:45	E341 1
2 —	1/7/98	FD980 107000402	MEDICC	CFIA	E341I	20:21:so	20:26:19	4:29	✓AM980107000330	C	S24	MED4	20:21:45	20:26:20	4:35	0:06	E3411
3 +	1 /8/98	FD980 108000446	MEDICC	CFIA	E3411	16:16:16	16:20:19	4:03	AM980 108000369	C	T25	MED4	16:16:09	16:23:44	7:35	3:32	E3411
5 +	1/8/98	FD980108000447	MEDICC	CFIA	E3411	17:17:57	17:21:40	3:43	/AM980108000372	C	S24	MED3	17:17:50	17:21:56	4:06	0:23	E3411
2 -	1/8/98	FD980 108000460	MEDICD	CFIA	E3411	22:17:10	22:21:19	4:09	✓AM980108000383	D	S24	MED4	22:17:06	22:21:38	4:32	0:23	E3411
0 —	1/9/98	FD980 109000472	MEDICD	CFIA	E3411	10:44:35	10:48:28	3:53	'AM980109000394	D	S23A	MED7	10:44:27	10:48:28	4:01	0:08	E3411

8/-1

COMPARISONS OF EMSIA AND AMRW
QUALITY ASSURANCE PLANS

This document is intended to provide a comparison of the quality assurance plans for the two paramedic provider services American Medical Response West (AMRW) and Emergency Medical Services Integration Authority (EMSIA). It should be noted that both plans were developed using the County Standard Policy #1120 and therefore are sequentially the same. The plan contents vary, however, taking into consideration the different roles of EMSIA and AMRW; the first a paramedic first responder agency and the second the transport agency in all cases and in some area of the County also the first paramedic responder agency.

To accomplish the comparison of the two documents, sections from Policy #1120 "Advanced Life Support Medical Control and Quality Improvement Outline" are first quoted, followed by the corresponding pages in each of the two quality assurance plans. The reader need simply note the policy demand and then turn to the pages of the EMSIA and AMRW QA plans to determine similarities or contrast.

Training

Ongoing: Should include provisions for mandated certification and to address issues or problems identified during the retrospective review process, e.g., infrequent skills review, PALS, ACLS, and trauma training.

AMRW: Pages l-3 EMSIA: Training Tab, Section 1

Interagency Interface: This should include operational plans that are in harmony with existing EMS plans regarding interfacing with other agencies. The plan should include interfacing between ALS services, ALS and BLS services , or intermediate ALS with ALS, and intermediate ALS with BLS. It is important that the plan be presented prospectively during orientation and be used as a standard of comparison during and after patient contacts. Another matter to be addressed is the procedures for patient hand-off to another agency.

AMRW: Page 1 EMSIA: Training Tab, Section 2

Peer Training: Each agency must consider a program where peer training is incorporated into the training program and used as a tool for measuring field competency. Field Training Officers is an example of peer training.

AMRW: Page 2 & Appendix 4 EMSIA: Training Tab, Section 3 & 4

Continuing Education (CE): A plan should be developed to ensure that all personnel are meeting State and local continuing education and accreditation requirements. ALS personnel who do not meet the minimum requirements cannot perform field care. Providers should consider offering their own CE internally to help contain costs.

AMRW: Page 2 & Appendix 5 EMSIA: Training Tab, Section 4

Skill and Field Practice Standards: Providers should develop and/or adopt existing skill and field practice standards that will be the foundation for measuring personnel competence concurrently and retrospectively. Examples of this are spinal immobilization. IV insertion, injection techniques, intubation, etc. Some of the standards such as IV and ETT success rates will eventually be established by the County.

AMRW: Page 2 & Appendix 6 EMSIA: Training Tab, Section 5

Policy, Procedures. and Protocol Review and Distribution: Providers must develop a method to distribute to staff new policies, protocols, and procedures. Periodic review of procedures, policies, and protocols should be conducted to ensure the latest standards of practice.

AMRW: Page 3 EMSIA: Training Tab, Section 6

Base Station Field Care Audits: Staff must be allowed to attend these State-mandated meetings. Another form of participation is to assist in base station training.

AMRW: Page 3 EMSIA: Training Tab, Section 7

New Employee Orientation

Providers must detail their new employees orientation program. The plan should detail the process of familiarization of new employees to County and agency policies, protocols, PCR reporting and internal standards, and base station policies and procedures.

AMRW: Page 3 & Appendix 7 EMSIA: New Employee Orientation Tab, Section B

Accreditation Process

Accreditation is a local EMS agency prerogative to ensure paramedic preparation to practice within a jurisdiction. At a minimum, an internal policy should be developed detailing compliance with the accreditation process. A statement should be provided to EMS detailing the intent to comply with the accreditation process both locally and at the State level licensure.

AMRW: Page 3 EMSIA: Accreditation Process Tab, Section C

Field Observation

The QA plan must include the process if evaluating new employee skill capability, familiarization with local protocols, policies and procedures, scene management, and patient assessment of actual patients. An employee's skills must not be accepted at face value but proven. This process is in-lieu of a County accreditation field approval process.

AMRW: Page 4 & Appendix 8 EMSIA: Field Observation Tab, Section D

Participation in the Prehospital Advisory Committee (PAC) and Quality Assurance Committee

Each provider agency should plan on assigning key staff to these groups. The PAC is the body that defines treatment protocols, evaluates new medical equipment, approves new policies, and generally provides medical oversight of all EMS levels of care. The QA committee, in an atmosphere of confidentially, evaluates the quality of medical care County-wide. As other ad hoc committees are formed, the provider agency should allow the quality assurance person(s) opportunity to attend.

AMRW: Page 4 EMSIA: PAC/QA Committee Tab, Section E

System Status Management

Prior to implementing a new ALS program, the provider agency must develop a plan regarding how its organization will matrix with other EMS responding agencies and integrate into the County-wide program. A plan for disaster medical response and medical mutual aid requests should also be included.

AMRW: Pages 4 & 5 EMSIA: System Status Management Tab, Section F

Concurrent

Periodic Field Evaluation: A plan must be developed addressing the ongoing issue of evaluating personnel competency while they are managing patients in the field. A program designating field personnel as field training officer(s) who evaluate peers is an example of such a program.

AMRW: Page 5 & Appendix 9 EMSIA: Periodic Field Evaluation Tab, Section A

On-Scene Medical Control and Evaluation: An intra-agency plan or policy must be developed that establishes how on-scene medical accountability shall be handled. The plan should address the issue of two paramedic partners, or a paramedic and EMT- 1 on-scene interaction.

AMRW: Page 5 EMSIA: On-Scene Medical Control Tab, Section B

Interagency Patient Control: An example of this is Policy #1110 that governs patient hand-off between Aptos Fire paramedics and AMRW paramedics.

AMRW: Page 6 EMSIA: Interagency Patient Control Tab, Section C

Retrospective

The provider must develop a patient care record (PCR) plan which should at a minimum include:

- Compliance with County EMS Policy #1170 "Santa Cruz County Patient Care Record".
- Frequency of PCR review.
- Review for AMA Policy #1080 compliance.
- Verify that the requisite ECG documentation is on the record.
- Ensure proper documentation including vital signs.
- Evaluate appropriateness of care rendered and the times documented.
- Ensure that all records are properly filed and archived for future review according to the standards outlined in CCR, Title 22.
- Base Station contact made according to protocol.
- Ensure that copies of PCR's are timely and properly routed to the EMS office and base hospital.
- Ensure that the destination hospital was appropriate.
- Ensure the prompt filing of Radio Failure Reports and IO Reports.

AMRW: Pages 7-8 & 10 EMSIA: PCR Plan Tab, Section A

Data Collection and Analysis: Every record for responder and patient encounter must be entered into the County electronic PCR program. A policy must be developed that provides a method of ensuring compliance. Each agency may want to also consider developing their own database of information.

AMRW: Page 8 EMSIA: Data Collection & Analysis Tab, Section B

Incident Review: A policy must be developed regarding the process of incident investigation and follow up. The policy should outline the process when inquiries are received from outside agencies as well as internal incident investigation. Additionally, personnel polices should address the personnel disciplinary process.

AMRW: Pages 9- 10 EMSIA: Incident Review Tab, Section C

Delayed Response: For a number of reasons delayed medical response is an inevitability. A plan should be written that identifies a process of problem identification and resolution.

AMRW: Page 10 EMSIA: Delayed Response Tab, Section D

Employee Remediation Plan: A process should be established regarding personnel remediation in the event that an investigation indicates this need. The County EMS never abrogates its authority to separately conduct its own investigation.

AMRW: Page 11 EMSIA: Employee Remediation Tab, Section E

Sentinel Event Review: Some issues in EMS deserve urgent individual scrutiny and follow-up procedures. Examples of this would be esophageal intubation, medication error (either route or dose), a late response with an adverse outcome, or patient complaints. A plan for dealing with these issues on an urgent and timely basis should be developed.

AMRW: Page 11 EMSIA: Sentinel Event Review Tab, Section F

Employee Recognition: Some attempt should be made to recognize employee's actions that are extra-ordinary.

AMRW: Page 12 EMSIA: Employee Recognition Tab, Section G

Sample Study and Audits: In order to evaluate employee performance and to sample protocol compliance, a plan must be developed that requires random chart audits. The computerized system lends itself particularly well for this purpose.

AMRW: Page 12 EMSIA: Sample Study & Audits Tab, Section H

Patient Complaints: The perception by the patient of the quality of medical care received cannot be ignored. It is therefore important that an internal plan be developed to resolve patient complaints regarding the quality of care rendered.

AMRW: Page 12 EMSIA: Patient Complaints Tab, Section I

Infection Control

Rvan White Federal Law: The Ryan White Federal Law and State OSHA standards require that every agency whose employees may encounter blood or body fluids must develop an infection control plan. At a minimum, the plan requires the designation of an internal reporting officer, a plan for employees inoculation, an exposure notification process, a plan for employee medical exam and treatment if exposed to an infectious disease, and a plan for disposal of contaminated material including sharps and body tissue or fluid-contaminated materials. The communicable disease (CD) plan should also outline procedures for body substance isolation (formerly known as universal precautions) and related disciplinary action to be taken if an employee repeatedly violates the CD policy.

Health Services Manual EMSIA: Infection Control Tab, Section A, 204.092

Biomedical Hazardous Material Management: A plan should be developed regarding biomedical hazardous material disposal and decontamination. The plan should identify the disposal process for bodily fluids and tissues, and sharps.

Health Services Manual EMSIA: Infection Control Tab, Section A, 204.097

Blood Borne Pathogens: The Ryan White Federal Law and State OSHA requires internal plans be developed that addresses safety precautions used by staff who come in contact with blood and body fluids, disposal of contaminated materials, exposure reporting, and a health care plan for inoculation, medical interventions after exposure and exposure follow-up.

Health Services Manual EMSIA: Infection Control Tab, Section A, 204.094, 204.095, and 204.096

Equipment Decontamination Plan (biological): A plan must be developed for either replacing biologically contaminated equipment or decontamination of medical equipment that may not be disposable.

Health Services Manual EMSIA: Infection Control Tab, Section A, 204.096

Hazardous Material Exposure: Additionally, a plan must be developed regarding the response of the medical team to a hazardous materials release incident including support to the entry team, field staff personal protection, and ambulance transport preparation.

AMRW: Page 13 EMSIA: Hazardous Exposure Tab, Section B, Pages 1- 102

Fleet Maintenance: A plan for this program should be developed. This item of planning is of particular importance if your agency is responding in a transport-capable vehicle. A fleet preventative maintenance program is important for patient safety as well as minimizing unit failure during a response.

AMRW: Page 14 & Appendix 11 EMSIA: Fleet Maintenance Tab, Section C

Patient Belongings Accountability Plan: A frequent problem in the provision of health care is the tracking and protection of personal belongings. Belongings range from money and clothes to prosthetic appliances (limbs, teeth, etc.). A plan should be developed for accounting for a patient's belongings.

AMRW: Page 14 & Appendix 12 EMSIA: Patient Belongings Accountability Tab, Section D

PROSPECTIVE QUALITY ASSURANCE FUNCTIONS

A. Training

1. Ongoing Training
2. interagency Interface
3. Peer Training
4. Continuing Education
5. Skill and Field Practice Standards
6. Policy, Procedure, and Protocol Review and Distribution
7. Base Station Field Care Audits

B. New Employee Orientation

C. Accreditation Process

D. Field 0 bservation

E. Prehospital Advisory Committee (PAC) and Quality Assurance Committee Participation

F. System Status Management

CONCURRENT QUALITY ASSURANCE FUNCTIONS

A. Periodic Field Evaluation

B. On-scene Medical Control and Evaluation

C. Interagency Patient Control

RETROSPECTIVE QUALITY ASSURANCE FUNCTIONS

A. Patient Care Record (PCR) plan

B. Data Collection and Analysis

C. Incident Review

D. Delayed Response

E. Employee Remediation Plan

G. Employee Recognition

H. Sample Study and Audits

I. Patient Complaints

1. Ongoing Training

Requirement: *Should include provisions for mandated certification and to address issues or problems identified during the retrospective review process, e.g. infrequent skills review, PALS, ACLS and trauma training.*

Certification

The JPA requires that all employed paramedics maintain all paramedic certification requirements as outlined in the California Code of Regulations, Title 22, Division 9, Article 3, Section 100154, and 100155. In addition, all accreditation requirements set forth by the County of Santa Cruz will be maintained by each paramedic.

Monthly Training

Each month the JPA participating agency should participate in a minimum of 3 hours of EMT-i/EMT-P recertification training. Sessions could include a professionally prepared video tape from either the PULSE or Emergency Medical Update video series. Both series include behavioral and learning objectives, as well as a post-test. The video and related training sessions are delivered to all members of each shift/platoon including EMT-l personnel. Paramedics participate in the training by leading discussion about each subject. Each session includes a focus on two or more of the Santa Cruz County BLS policies and protocols. Applicable skills are practiced including ALS skills. As applicable, ALS policies and protocols are also studied and discussed.

Annual Training

JPA paramedics shall participate in all mandated annual refresher or recertification courses or offerings. An example of suchtraining is the “seldom used skills update” sessions which are offered each year in December/January. Overtime compensation is provided for off-duty participation

Certification Training

In addition to maintaining paramedic certification, JPA paramedics are also required to maintain certification training for ACLS (Advanced Cardiac Life Support) and CPR (Basic Life Support)

The JPA encourages paramedics to complete and maintain PALS (Pediatric Advanced Life Support) and BTLS (Basic Trauma Life Support) as a part of fulfilling the their Continuing education requirements.

1. Ongoing Training

Clinical Training

The JPA or it's participating agencies may contract with Dominican Santa Cruz or Watsonville Hospitals for clinical training opportunities. Paramedics may choose to gain experience in the clinical setting. Continuing education credits will be awarded for clinical hours. In skills remediation situations, paramedics may be detailed to clinical rotations to enhance skills performances or confidence levels. In most cases, learning or performance objectives will be established prior to the beginning of any clinical experience.

Clinical training is not limited to the Emergency Department, paramedics may elect to observe or actively practice skills in other hospital units, i.e.. OB/Delivery, cardiac care, IV team. All clinical training outside of the emergency department requires prior approval of the affected unit and the hospital PLN.

2. Interagency Interface

Requirement: *This should include operational plans that are in harmony with existing EMS plans regarding interfacing with other agencies. The plan should include interfacing between ALS services, ALS and BLS services, or intermediate ALS with ALS, and intermediate ALS with BLS. It is important that the plan be presented prospectively during orientation and be used as a standard of comparison during and after patient contacts. Another matter to be addressed is the procedure for patient hand-off to another agency.*

JPA agencies participate with several outside agencies in training and operational aspects. Primarily, the greatest need for continued interagency-communication exists between the JPA agencies and AMR West. The scope of this process includes open discussion and review of common calls responded to and to issues created about or during emergencies.

The JPA EMS Coordinators are to maintain open channels of communication and cooperation with the Paramedic Liaison Nurses (PLN) and AMR West staff. Regular cooperative participation in meetings and training sessions assists in maintaining relationships that encourage interagency cooperation.

As a matter of practice, when a problem, issue or trend surfaces, an EMS Coordinator will contact the AMR QI/QA Coordinator and/or the appropriate hospital PLN. The situation will be discussed and/or investigated as necessary. If necessary, the Santa Cruz County EMS Administrator may be contacted. In general, problems will be handled at the lowest level.

3. Peer Training

Requirement: *Each agency must consider a program where peer training is incorporated into the training program and used as a tool for measuring field competency. Field Training Officers are an example of peer training.*

4. Continuing Education (CE)

Requirement: *A plan should be developed* to *ensure that all personnel are meeting State and local continuing education and accreditation requirements. ALS personnel who do not meet the minimum requirements cannot perform field care. Providers should consider offering their own CE internally to help contain costs.*

Current California Administrative Code, Title 22 EMT-Paramedic Regulations specify that a licensed paramedic complete 48 hours of continuing education every two (2) years. JPA agencies will assist Firefighter/Paramedics in meeting this requirement by reimbursing associated course fees and/or providing overtime compensation for actual CE contact hours awarded. In addition, JPA-agencies will strive to provide in-house opportunities for both categories of CE. The JPA needs to be an approved EMT-Paramedic CE provider (440005).

CE records are maintained by an EMS Coordinator. A individual file will be maintained for each paramedic. All CEU certificates of completion, certification cards and records of attendance will be stored in the files located in the EMS Coordinator office. Each paramedic is required to maintain their own CEU log. This form is to be sent to the EMS Authority for recertification purposes. Additionally, paramedics are encouraged to keep a duplicate file for all CEU documentation.

Requirements

Continuing Education for each two year period is broken down in the following manner:

1. Paramedics must have a minimum of 48 CE hours to become relicensed. CE categories are divided as follows:

   - A minimum of 24 hours of Category I (periodic training session or structured clinical experience, in basic and advanced life support knowledge and skills to include advanced airway management and cardiac resuscitation).

   - A minimum of 12 hours of Category II (organized field care audit of actual recorded or written patient care records).

   - The remaining 12 hours may be either Category I or II

2. Only CE courses taken within current licensure period will be allowed for CE credit. If a course is outside of the licensure period it will not be eligible for credit. The state paramedic license wallet card has the effective and expiration dates. These dates may be used to guide the application of CE credit.

3. CE credits issued by BRN, CMA or other similar agency will not be accepted unless the provider has also been approved and assigned a California EMT-P CE provider number.

4. Continuing Education (CE)

4. CE credits issued by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS) are acceptable, as are CE credits approved from other state's EMS departments. This applies mostly to out of state conferences or JEMS magazine publication CE offerings.

5. Credit for duplicate courses for CE purposes will be restricted to the repetition of specific courses only in each licensure period. Example approved courses include:

   ACLS - Advanced Cardiac Life Support
   BTLS - Basic Trauma Life Support
   PHTLS - PreHospital Trauma Life Support
   PALS - Pediatric Advanced Life Support
   CPR - Cardiopulmonary Resuscitation

6. Several courses or activities have maximum hours that can be used for CE credit. These maximum limits have been set by the EMS Authority. The following maximum limits are set for each licensure period

   8 hours Instruction of BLS topics or EMT-1 Courses
   8 hours Instruction of ALS topics or EMT-Paramedic Courses
   8 hours Structured clinical experience
   8 hours EMT-1 Refresher courses
   8 hours Precepting paramedic interns

7. Several areas are specifically disallowed for CE credit. These include, but are not limited to:
   - EMT-I field ride-along instruction
   - Activities not approved by an EMT-P CE provider
   - Activities not directly related to prehospital care

CE Attendance

CE courses may be attended either while on-duty or off duty. Overtime will be paid for each CE contact hour attended. On occasion, CE offerings will be conducted in a manner in which on duty paramedics can attend. This will be limited to CE offerings held inside the JPA agency boundary, providing that no negative impact is placed upon emergency operations or staffing levels. Normally, a paramedic will not be detailed while on-duty to a CE offering that requires overtime hiring to maintain staffing levels. The exception will be for a pre-approved conference as detailed below. No overtime will be paid for on duty attendance.

4. Continuing Education (CE)

Conferences

Conferences often provide an opportunity to acquire large blocks of continuing education. These conferences are commonly held on two consecutive days, usually requiring an over night stay.

The JPA agency may reimburse paramedics for expenses incurred for attending a conference. This opportunity shall be limited to **once** per certification period (every two years) and shall be applied in accordance to the participating agencies "Reimbursement-for Travel expenses" policy. This will include-food and lodging expenses, travel expenses and registration fees.

If the conference is scheduled on a duty day, the JPA agency may provide coverage. In this case, overtime will not be paid for CE units earned as the employee is on-duty and detailed to the conference. Otherwise, CE attended while off-duty, will be paid overtime for CE credit hours only .

This policy will apply only to conferences and seminars which are held in California or within a 250 mile travel distance from the JPA agency. Pre-approval from the participating agency EMS Coordinator or Fire Chief is required for conference attendance.

Compensation for CE hours

At the completion of a CE course, the paramedic must submit a copy of CE course certificate of completion along with an overtime pay request. CE overtime requests must be approved by the participating agency EMS Coordinator or the Fire Chief.

A database will be maintained to track all continuing education. Requests for overtime pay will be screened by the EMS Coordinator. After confirmation that the CE overtime request is not in excess of the biannual CE limit, the overtime will be processed. All CE overtime requests must have a copy of the certificate of completion attached. This copy will be placed in the employee's Continuing Education file. The original of the CE certificate of completion should be retained by the employee. Forms are available for paramedics to track their CE attendance.

In accordance to the JPA participating agency "Reimbursement for Travel expenses" policy, paramedics may be eligible for meal and travel reimbursements for conference type CE offerings. The "Claim for Travel Expenses" form must be completed and submitted with the CE certificate of completion and associated receipts.

Santa Cruz County EMS Authority

665

CE Course Record

Department _____

Date _____ Instructor _____

Shift

Subject(s) _____

BATTALION CHIEF

B/C _____ EMT-1

STATION #1

Capt _____ EMT-1

FF/PM _____ EMT-P

FF _____ EMT-1

STATION #2

Capt _____ EMT-1

FF/PM _____ EMT-P

FF _____ EMT-1

Float _____

STATION #3

Capt _____ EMT-I

FF/PM _____ EMT-P

FF _____ EMT-1

STATION #4

Capt _____ EMT-1

FF/PM _____ EMT-P

FF _____ EMT-1

MEMBERS NOT WORKING

Name Reason

101 .000-01 CE Worksheet

1/12/98

62

629

Aptos/La Selva Fire District

Certificate of Completion

The Individual named on this record

Sample

has completed an approved EMT-Paramedic CE Course:

Pulse Video Series - February 1997

This course has been approved for 2 hours
of Category Continuing Education by
California EMT-P CE Provider 44-00005

Course completion date February 28, 1997

EMS Officer

This documentation must be retained for a period of four (4) years

999

7. Base Station Field Care Audits

Requirement: Staff *must be allowed to attend these State-mandated meetings.* ***Another*** *form of participation is to assist in base station training*

In general, paramedics are encouraged to attend Base Station Meetings while on duty. The proximity of the JPA participating agency in relationship to the two local hospitals coupled with the need for emergency response coverage, may make on duty attendance prohibitive. Paramedics are compensated with overtime pay for off-duty attendance to base station meetings and field care audits.

The JPA utilizes an in-house program for field care audits. Paramedics are encouraged to review PCR's in the same manner and utilizing the same standard as is used for PCR review by the EMS Coordinator. Copies of the PCR stamped as "QA Review" are issued to paramedics for their review. CEU's are awarded on an hour for hour basis. This program is a of great value to the JPA's EMS operation. It clearly has enhanced the reporting accuracy and clarity of all PCR's generated by paramedic staff.

The JPA also actively participates in the provision Gf Base Station meetings. JPA staff prepares and delivers the curriculum and programming for two Base Station Meetings per year. In May of each year the meeting is held at Dominican Santa Cruz Hospital and in November the meeting is held at Watsonville Community Hospital. Paramedics assisting the creation or preparation of the programming may receive additional CE credit as applicable and allowable.

B. New Employee Orientation

Requirement: *Providers must detail their new employee orientation program. The plan should detail the process of familiarization of new employees to County and agency policies, protocols, PCR reporting and internal standard and base station policies and procedures.*

New Paramedic Orientation

All new hire firefighter/paramedics and all current firefighters who become paramedics will be required to complete an orientation process. The accreditation process applies to only those paramedics that are not presently accredited to practice in Santa Cruz County.

1. JPA Participating Agency

   A. Each paramedic will be required to meet with JPA agencies EMS/QI Coordinator. At this meeting, the paramedic will be shown the PCR computer reporting and routing system, complete necessary paperwork, and discuss questions and concerns.

   B. Each paramedic will be required to complete a list of expiration dates for all licenses and certifications. These dates will be kept on file and used to notify paramedics (60 days) prior to expiration, to remind them to make training arrangements.

   C. Each paramedic will be issued a copy of the JPA Field Performance Standards. This document will be the criteria used for evaluations and field coaching.

   D, Each paramedic will be issued a copy of the JPA agency's EMS SOP/EOP's. These procedures are use to identify intra-department expectations and performances.

   E. Each paramedic will be issued a copy of the Santa Cruz Co. Trauma Plan. A general overview of the plan will be discussed with formal training of the plan scheduled as needed.

   F. Each paramedic will be required to complete a "seldom used skills lab", or show proof of recent completion. These skills include: adult and pediatric intubation, needle cricothyrotomy, rectal diazepam administration, and intra-osseous infusion.

II. Health Services Agency

   A. Each paramedic will meet with the Santa Cruz *Co.* EMS Program Manager as part of the accreditation process.

   B. Each paramedic will be issued a copy of Santa Cruz County Advanced Life Support Protocols, Policies, Standards, and Guidelines. Also included will be a copy of all Basic Life Support, Pediatric and Trauma related policies and protocols. It is the responsibility of the paramedic to become familiar and knowledgeable of all applicable policies and protocols.

B. New Employee Orientation

III. Hospital

A. Each paramedic will meet with both the Dominican Santa Cruz Hospital and Watsonville Community Hospital Paramedic Liaison Nurses. At this meeting, the PLN will orient the new paramedic to the layout and functional areas of the Emergency Departments.

B. Each paramedic will ensure that they know the location of the paramedic work room.

C. Each paramedic will ensure that they know the location of the (PLN) office, where to locate the C.E. board, and information of base station meeting dates.

D. Each paramedic will ensure that they know the location **Gf** the medication/supplies restock cabinet.

IV. Ride-Alongs

A. See New Employee Field Observation Process

C. Accreditation Process

Requirement: *Accreditation is a local EMS agency prerogative to ensure paramedic preparation to practice within a jurisdiction. At a minimum, an internal policy should be developed detailing compliance with the accreditation process. A statement should be provided to EMS detailing the intent to comply with the-accreditation process both locally and at the State level licensure.*

Statement: The JPA and it's participating agencies agrees to comply with any and all accreditation requirements prescribed by the County of Santa Cruz and the State of California.

Accreditation is the process by which the Santa Cruz County EMS Program Manager and Medical Director can be assured that all EMT-Ps functioning in the Santa Cruz County EMS system are oriented to local policies, procedures, and system features, as well as maintaining medical control and integrity of the system. The requirements placed within accreditation should be carefully considered in the context of the needs of the Santa Cruz County EMS system and of the individual EMT-P.

Licensure and local employment as a paramedic is a prerequisite for local accreditation. State licensure means that the individual has met specified training and education standards and has been deemed competent to practice throughout the State in the EMT-P basic scope of practice, as defined in Title 22, California Code of Regulations.

A. Initial Accreditation

Initial accreditation allows the Santa Cruz County EMS Agency Medical Director and Administrator to ensure that the EMT-P is trained in the optional skills and oriented to Santa Cruz County EMS Policies and Procedures.

B. Application Process

1. A complete application is one in which the following information is provided:

   - Name
   - Address
   - Phone Number
   - Date of Birth
   - Social Security Number
   - Proof of EMT-P License
   - Proof of ACLS Certification
   - CA Drivers License or other valid picture identification
   - Information on any previous licensure action
   - Information on any previous accreditation practice

2. Pay established accreditation fee.

3. Sign Declaration of Compliance with Health and Safety Code 2.5, Section 1798.200 Form.

4. If the applicant does not complete accreditation requirements within thirty (30) days, then the applicant may be required to complete a new application and pay a new fee to begin another thirty (30) day period. Every effort will be made to eliminate the barriers in the accreditation process which may impede an EMT-P's ability to work.

B. Orientation Process

Meet with EMS Program Manager for a two hour orientation to Santa Cruz County EMS system, including policies, guidelines, treatment protocols, radio communications, base and receiving hospitals, specialty care centers, other local issues, and program emphasis. Complete accreditation process as outlined in Section E. below.

C. Optional Scope of Practice

The newly hired paramedic will be trained and evaluated in optional scope of practice skills, equipment utilization, and other aspects that differ from other counties. Repeated training may be required until proficiency is achieved.

1. Training in the optional scope of practice must be completed within the thirty (30) day time frame for accreditation.

2. Training on and evaluation of specific undefined scope of practice items will be offered expeditiously and be limited to items in which the EMT-P has not previously received similar instruction.

3. Testing in the optional scope of practice may be in a written, oral and/or skills format.

D. Pre-established Training Courses

Initial accreditation will not be delayed pending completion of the pre-established training course(s), such as PHTLS, BTLS, PALS, etc. Completion of these course in a reasonable time frame may be permitted.

1. Completion of the specialized training shall be credited towards the continuing education requirements for the EMT-P's next licensure cycle.

2. Courses must be within the CE hours specified in the regulations for any one licensure cycle.

C. Accreditation Process

E. Accreditation

Accreditation to practice will be continuous as long as the EMT-P maintains a valid license, maintains the appropriate level of education and training, and adheres to local medical care standards and protocols as developed by the Santa Cruz County EMS Program Manager and Medical Director.

1. The EMT-P will complete training courses on revised policies and procedures on treatment protocols.

2. Meet with a local base station paramedic liaison nurse.

3. Complete employee orientation program which should include ride-along evaluation in accordance with Title 22, California Code of Regulations.

4. Receive training on computer PCR documentation.

5. Meet with private/public ambulance provider's QA Coordinator to show skills competency on skills infrequently used.

6. Meet any other requirements deemed necessary by the County EMS Program Medical Director.

H. Adverse Actions on Accreditation

Accreditation may be denied or suspended if an EMT-P does not maintain current licensure or meet accreditation requirements. Accreditation will be suspended until such time that the deficiencies are corrected and documented. Suspension of accreditation privileges means that the EMT-P cannot work in either the basic or optional scope of practice in the Santa Cruz County's EMS Agency's jurisdiction.

1. The EMT-P will be given ample notification of any deadlines and requirements.

2. Accreditation will not be denied based on a paramedic's accreditation history with another county or their provider affiliation.

3. See EMS Policy #3040 Reprimand, Probation, Suspension, Revocation of Paramedic Accreditation regarding due process for taking action against accreditation.

D. Field Observation

Requirement: *The QA plan must include the process Of evaluating new employee skill capability, familiarization with local protocols, policies and* ***procedures, scene*** *management and patient assessment of actual patients. An employee's skills must not be accepted at face value but proven. This process is in-lieu of a County accreditation field approval process.*

New Employee Field Observation Guidelines

Minimum Requirements:

The minimum requirements for New Employee Field Observation shall be:

- 144 hours (minimum: six, 24-hour shifts)
- 6 ALS Patient Contacts
- Satisfactory Written Evaluations
- Preceptor Recommendation (written)
- Staff Recommendation (written)

In cases in which the above requirements are not met, the paramedic may have his/her New Employee Field Observation period extended.

Rater Requirements:

The rater must meet the following requirements in order to supervise and evaluate interns:

- Be currently certified as an EMT-P.
- Have possessed a current EMT-P certification for a minimum of 2 years.
- Must not presently be on probationary status within the county of certification.
- Must not presently be on probationary status for employment with the JPA .
- Must have completed an orientation course/session for the accreditation process.

Role Of The New Employee:

The role of the paramedic during the accreditation and field observation process is that of an active participant in all phases of paramedical operations. The new employee shall not administer definitive care, to a patient unless under the direct supervision of a certified and accredited paramedic, a physician, or M.I.C.N., since the trainee is legally covered only when working under the direct supervision of one of these professionals.

New Employee Orientation:

On the morning of the first orientation shift, the rater paramedic shall meet with the new employee to inform him/her of his/her station duties and paramedic responsibilities. During the course of the first shift, the evaluating paramedic shall orientate the new employee to the various aspects of paramedic operations within the JPA operations. This should include:

1. Location and type of equipment and supplies used.
2. Location of reserve supplies for restocking the unit.
3. Types of calls routinely seen
4. Daily routine and assignments of paramedics (the logistics of handling calls, etc.)
5. Location and frequency of transport to base station and receiving hospitals.
6. Frequency of radio communications problems with the base station hospital and alternate base stations, which may be used.
7. Location of paramedic supplies at the base station and the restocking procedures.

D. Field Observation

New Employee Responsibilities:
New paramedic will be responsible for:

1. Morning Equipment and Supply Check.
2. Morning Radio Check
3. Re-stocking of Unit as Necessary
4. Patient Care
5. Completion of PCR's and Run Documents
6.. Completion of the Trainee Run Log sheets

-Performance Evaluations:
Performance of the new paramedic will be closely observed and evaluated by an approved Rater paramedic to determine whether the new paramedic can demonstrate, in a field setting, appropriate application of knowledge and skills necessary to perform as a paramedic without supervision or the benefit of a partner. This is a competency-based evaluation, therefore, all ratings must be based on the Performance Evaluation Standards found in this manual.

Daily Evaluations:
Daily evaluations must be completed for all shifts. The evaluations should be completed as soon as practically possible. Evaluations should be completed by the rater and then reviewed with the new employee. Check boxes are used for specific skills and qualities. Space is also provided for "Performance Objectives" and "Areas for Improvement".
See Attached "Daily Evaluation Form"

Major Evaluations:
Major evaluations must be completed at the completion of each 3 shift tour. Major Evaluations are intended to be a comprehensive evaluation for the Evaluation Period (3 shifts). They should be a reflection of the new paramedics abilities and progress. Major Evaluations should reflect observations noted on Daily Evaluations. When completing Major Evaluations, raters should refer to past evaluation copies and the Major Evaluation Criteria Sheets.
See Attached "Major Evaluation Form"

Run Critiques:
Each call should be reviewed by the rater. It is preferred that this is done immediately after the run is completed. The new employee paramedic should review their own performance followed by the rater's critique. Areas of weakness/strength should be discussed. A plan of action for future calls/situations should be formulated and discussed.

EMS Coordinator Role:
The EMS Coordinator will monitor closely the progress of the accreditation process. The EMS Coordinator will scheduled a progress meeting prior to the 4th shift evaluation. During this meeting , the EMS Coordinator, the evaluating paramedic, and the new employee will discuss the employee's progress and needs. A monitoring form will be completed and evaluation copies will be collected and filed by the EMS Coordinator.

D. Field Observation

Observation Extensions:

The standard New Employee Field Observation is 144 hours (six 24-hour shifts). This is considered to be a minimum requirement. Raters and new employees should not view extensions as being a negative situation. Low call volumes can create problems in' obtaining an adequate evaluation of the new paramedic. Official notification will be made on the "Recommendation Status" form. This **is** to be completed on the 5th shift. Extensions may be made for any number of shifts and will require intervention and approval from the EMS Coordinator.

Santa Cruz County EMS **Integration Authority**

Paramedic Accreditation Evaluation

Date _____

Unit # _____

Shifts/Hrs. Completed _____

EMT-P Name _____

Evaluator Name _____

Evaluation # _____

(#1 = Unsatisfactory, #2 = Needs Improvement, #3 = Satisfactory, #4 Excellent)

PROFESSIONALISM:

1	2	3	4	
☐	☐	☐	☐	Appearance
☐	☐	☐	☐	Attendance
☐	☐	☐	☐	Interaction with Patient & Family
☐	☐	☐	☐	Interaction with Staff
☐	☐	☐	☐	Interest, Initiative, & Motivation
☐	☐	☐	☐	Acceptance of Responsibilities
☐	☐	☐	☐	Acceptance of Constructive Criticism
☐	☐	☐	☐	Leadership Potential
☐	☐	☐	☐	Delegation/Organization
☐	☐	☐	☐	Ability to Work Calmly with Self Confidence
☐	☐	☐	☐	Scene Control

PATIENT EVALUATION:

1	2	3	4	
0	0	0	0	History Taking
0	0	0	0	Physical Assessment
0	☐	0	☐	Ability to Formulate a Working Diagnosis
☐	0	0	0	Demonstrates Knowledge of Pathophysiology, Appropriate field treatment for common prehospital emergency conditions
0	0	☐	☐	Priority Setting
0	0	0	0	Documentation/Reporting

INTERVENTION SKILLS:

1	2	3	4	(# Completed)	
0	0	0	0	_____	IV Insertion
0	0	0	0	_____	IV Push Meds
0	0	0	0	_____	IV Piggyback Meds
0	0	0	0	_____	Intramuscular Meds
0	0	0	0	_____	Oral Meds
0	0	0	0	_____	Subcutaneous Meds
0	0	0	0	_____	Nebulized Meds
0	0	0	0	_____	Endotracheal Meds
0	0	0	0	_____	Cardiac Monitoring/ Arrhythmia Recognition
0	0	0	0	_____	Defibrillation/Cardioversion
0	0	0	0	_____	Valsalva Maneuvers
0	0	0	0	_____	NG Tube Insertion
0	0	0	☐	_____	Mast Suit
0	0	0	0	_____	Oxygen Therapy
0	0	0	0	_____	Airway Management
0	0	0	☐	_____	Endotracheal Intubation
0	0	0	0	_____	Esophageal Obturator Airway
0	0	0	0	_____	Suctioning
☐	0	0	0	_____	Venipuncture
0	0	0	0	_____	Basic Life Support Skills

COMMENTS/SUGGESTIONS for IMPROVEMENT:

PERFORMANCE OBJECTIVES (if necessary):

EMT-P Signature

Evaluator Signature

Santa Cruz County EMS Integration Authority 677
PARAMEDIC ACREDITATION PROCESS

Major Evaluation

PARAMEDIC _____ STATION/UNIT _____ DATE _____

PRECEPTOR _____ #OF SHIFTS COMPLETED _____

RATING CRITERIA

1. Fails to perform procedures in an acceptable manner. Improvement needed.
2 Inconsistent in performing procedures in a competent manner but is showing improvement.
3 Consistently performs procedures in an ***acceptable manner.***
4 Performs procedures in an ***above average manner.***
N/A Not ***applicable.*** Did not perform skill. Skills not observed in the field shall be evaluated in a drill situation prior to the completion of internship.

This is a competency-based evaluation, therefore, all ratings must be based on the *Performance Evaluation Standards.* A rating of 1 or 2 does not necessarily imply that the trainee is not making progress toward certification.

EVALUATION FACTORS	RATING	COMMENTS
Evaluation and Control of Scene		
• Determines safety for self and adequacy of work environment (light, space, etc.)		
• Initiates appropriate crowd maneuvers.		
• Requests additional assistance and equipment (police, paramedic units, ambulances, etc.) when necessary.		
• Establishes and maintains rapport with patient, family and bystanders.		
Patient Assessment Skills		
• Performs a complete primary assessment and intervenes immediately.		
Primary Survey: Environment		
ABCs		
Skin Vitals		
Chief Complaint		
• Obtains relevant and accurate patient history, medications and allergies in a systematic manner (secondary assessment).		
• Performs an appropriate physical examination when indicated.		
• Recognizes patients that need further medical attention, determines appropriate mode of transport (ambulance, private car, etc.) and transports at appropriate point in run.		
• Recognizes the need to make base station contact.		
• Obtains accurate vital signs in a timely manner when indicated.		
• Recognizes arrhythmias.		
• Interprets assessment information correctly and takes appropriate action.		
Communication Skills		
• Accurately reports all pertinent information in a systematic manner.		
• Speaks clearly and concisely and is easily understood.		
• Repeats all orders and reports patient response to therapy.		
• Keeps accurate, complete and legible written records.		

Santa Cruz County EMS Integration Authority

EMT-P Accreditation Response Log

page-of-

Call Number	Incident Number	ALS or BLS	ALS #	BLS #	Type of Call	Comments