

STANISLAUS CONSOLIDATED FIRE PROTECTION DISTRICT  
POLICIES & PROCEDURES

ARTICLE: C-98  
SECTION: EMERGENCY MEDICAL OPERATIONS  
DATE: February 2017  
SUPERSEDES: None, new policy.  
TITLE: Quality Improvement

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**ALS Quality Improvement Components**

**Customer Identification and Satisfaction**

The EMS leadership of our Fire District will ensure that all organizational and system processes focus on the needs of our patients and other internal and external customers. We accomplish this by:

- Identifying our customers by reviewing run reports data from our patient contacts, reviewing the 911 system components such as local ambulance companies, County EMS Agency and neighboring fire departments.
- Working to understand the needs and expectations of our customers. With limited staff and resources, we make public appearances to community groups to provide information about programs and solicit feedback from attendees. In addition, all customer inquiries, complaints, and request are handled in a timely manner.
- Randomized mailing of customer satisfaction surveys in which feedback from our patients/customers is evaluated. Surveys with customer complaints are handled by the Chief of Operations.
- Strong communication links with departmental personnel. Involvement in local, county, and statewide committees and organizations in encouraged. Examples include: California Fire Chiefs Association, Local Quality Improvement Group, usage of Fire District intranet and email software.
- Recognizing our District's EMS professionals as a valuable source of information for our customer needs and expectations. We empower every EMS provider to look for ways to solve problems and improve services. This information is solicited during mOlling meeting with the Battalion Chief, committee meetings, classroom settings and direct contact with EMS Management.

**Quality Improvement (QI) Process**

In order to ensure that the customers served by the Department receive the best possible Pre-hospital care, the District has established a QI Process. This process is designed to establish, evaluate and modify all aspects related to the delivery of patient care.

## Process Participants

All members of the District are encouraged to participate in the Quality Improvement process. Changes and mandates are communicated to the staff through emails and morning briefings conducted by the Shift Battalion Chief. The QI process has three divisions for system assessment and modification. These divisions and their roles are as follows:

- **Fire Administration:** Ultimately provides leadership in the quality and timelines of emergency services and ensures the highest level of integrity, work ethic, compassion and customer service.
- **EMS Coordinator:** The EMS Coordinator collects all Patient Care Reports (PCR's) in order to analyze all data, documentation and protocol compliance. Examines all aspects of delivery of patient care and evaluates them in the context of current standards of care and common field practice. Based on these evaluations, appropriate education or supplemental training will be devised and implemented. This position is responsible for initiating necessary changes and recommendations regarding policies and procedures or the acquisition of new or alternative supplies and equipment. Recommendations for change are made to a Fire Chief of Support Services or to the general Leadership Staff.
- **Training Division:** The role of the Training Division is to provide the highest quality training, instruction, and evaluation to department members. The Division provides a comprehensive Fire Academy for all our newly hired firefighters. They also have an ongoing responsibility to provide training and safety awareness for all our personnel over the course of their careers. This training is guided and focused on compliance with state and federal laws and regulations.

## Data Collection Sources

Data used in the QI process may come from several sources. The source may be pre-defined or suggested from field personnel or the Local EMS Agency. The primary sources of data are:

- **Patient Care Reports Forms:** These are completed by every Paramedic providing patient care when Stanislaus Consolidated is first on scene. These reports are evaluated and audited for completeness, accuracy, protocol compliance, and quality of documentation.
- **National Fire Incident Reporting (NFIRS) Forms:** This is the current data collection program used by the District to report emergency and nonemergency response activity to the California State Fire Marshal's Office. Our incident reports are completed in the records management system (RMS) by the Company Officer that was in charge at the incident.
- **Unusual Occurrence Report Forms:** This is a mechanism for District personnel to document errors in patient care, conflict with on scene personnel, communication issues, or patient-related complaints.
- **Mountain Valley EMS Agency Unusual Occurrence Form:** This is another mechanism for documentation when standard of care has been breached, there has been a failure to follow MVEMSA policy, or to report suspected violations of Health and Safety Code. Issues of this severity will be handled at the Regional Level.
- **Field Personnel Input:** Anyone in the organization may present an observation of a problem or system failure to any member of the leadership team with suggestions for improvement.

- **Customer Feedback:** As stated earlier, Customer Satisfaction Surveys are randomly sent to previous patients or customers. This provides two-way communication. Whenever possible, verbal communication is the preferred method of providing feedback to the patient or customer.

Types of Audit/review.

- **High Acuity/High Risk:** These would include intubation, cardiac arrest, capnography, and pacing.
- **Focused Audit:** Previous and ongoing include Congestive Heart Failure and Versed Administration. This type of audits is usually determined by the Local Quality Improvement Committee and can also be at the direction of the EMS Coordinator to determine what and how long the audit will continue.
- **Special Request Focus Audit:** These are audits requested by the Local Agency or the State EMS Authority. Audits of this type gather data from multiple agencies throughout the state. Examples of this are "Seven Pediatric Indicators," focusing on documentation, drug dosing and glucose testing.

### **Methods for Evaluation of Quality Improvement**

On the last Thursday of each month, the Local Quality Improvement Group (LQIG) meets to discuss individual indicators and outcomes revealed in the monthly audits. This group is an established committee, comprised of multiple provider agencies, which meets regularly to evaluate and act upon quality improvement information and issues within a local community Stanislaus Consolidated Fire Protection District participates in the Plan/Do/Study/Act EMS system improvement program:

- **Plan:** Develop a PLAN to implement a policy, procedure, or process to improve quality.
- **Do:** After the plan is developed, DO it by putting the plan into action.
- **Study:** After the plan has been put into action, STUDY the results to see if the plan has worked.
- **Act:** After studying the results of the plan, ACT either to stabilize the improvement that occurred or determine what went wrong if the gains that were planned for did not materialize

### **QI Plan Components**

#### **Prospective:**

- 1 Department Orientation: Newly-hired firefighters, whether they are certified as a Paramedic or EMT, attend a comprehensive fire academy. This academy consists of 10 to 12 weeks of intensive hands-on didactic training; 24 hours are dedicated to EMS. It has been the practice of the department not to allow any of the newly-hired Paramedics to actively participate in the ALS program until they have successfully demonstrated competency in firefighting skills.
- 2 EMS Articles and Books: All fire stations receive Fire Engineering Magazine, and Firehouse Magazine. The Paramedic stations in addition receive JEMS. On hand are resource books including ACLS, PALS, and PHTLS. Miscellaneous textbooks are also available based on individual preference

- 3 Licenses and Certifications: All Stanislaus Consolidated Fire Protection District Paramedics are required to maintain state and local accreditation. Paramedics are also required to maintain current certification in Basic Cardiac Life Support (BLS), Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS) or Pediatric Education for Pre-Hospital Professionals (PEPP), and Basic Trauma Life Support (BTLS) or Pre-Hospital Trauma Life Support (PHTLS).
- 4 EMS Training: Quarterly, district wide EMS training is performed on duty. Depending on the subject, the training is done over the closed-circuit television or the EMS Coordinator/designated instructor will participate in hands-on training with all duty personal during the day.
- 5 Electronic information: The training division posts pertinent educational articles, videos, etc. on the department wide Outlook system.
- 6 CD Library: Modesto Fire Department maintains a CD library for use of any staff member. Post tests for some of the CD training will be made available on the MFD Intranet.
- 7 New equipment/procedure orientation and training: When new equipment is purchased, or a new procedure is in effect every effort is made to provide the best possible training and orientation using EMS Coordinator and/or company representative
- 8 Joint training opportunities: When possible Modesto Fire Paramedics will train with AMR paramedics. Lectures provided by instructors from each organization. This provides for obtaining mutual Knowledge bases and networking.

### **Concurrent**

1. Hospital input: Base Liaison's from Sutter Memorial and Doctors Medical Center have direct contact with the EMS Coordinator. Requests for patient follow up are handled in this way. Information is shared in both directions in a professional and confidential manner.
2. Inter-agency interaction: Our District will and does meet with other agencies and providers as needed.
3. Preceptors, Mentors and Field Training Officers: New Paramedics with Stanislaus Consolidated Fire Protection District are assigned to work with one of our established Paramedics for orientation to our program. Once the new Paramedic has demonstrated their preparedness, they then participate in the MVEMSA "local accreditation" process. This may require the new Paramedic to schedule and successfully complete a 5-call ride-a-long with an Oak Valley Ambulance Field Training Officer.
4. Quarterly Paramedic meetings: This meeting provides for sharing of information, education, and lectures.
5. Monthly provider meetings: These meetings are attended by all providers in Stanislaus County. The intent of the group is Quality Improvement and data sharing. However, many clinical issues are discussed and allows for the exchange of information between representatives

for each provider. Necessary information is then shared with the department on an as needed basis.

6. Daily PCR review: The EMS Coordinator reads the PCR's on a daily basis. They are read for clarity and any clinical issues that may be present. This daily activity allows for immediate education and action

7. Performance Improvement Plan: In the event a deficiency in patient care is determined, the EMS Coordinator and Regional Medical Director will write a plan for the individual Paramedic. The plan will be a formal written training plan with measurable and quantifiable objectives that will enhance the cognitive, psychomotor, and effective skills and knowledge of the Stanislaus Consolidated Fire Protection District Paramedic. (See Title 22, Division 9, Chapter 12, Article 2, Section 1004.02)

8. Seldom Used Skills Competencies: Stanislaus Consolidated Fire Protection District Paramedics are tested annually on the following eight (8) seldom used skills. They are,

- **Pleural Decompression**
- **Cricothyrotomy**
- **Pediatric Intraosseous**
- **Pediatric Advanced Airway Management**
- **Adult Intubation**
- **Adult Combi tube**
- **Transcutaneous Pacing**
- **IV Therapy**

### **Retrospective**

I. Retrospective audits: All ALS calls are audited by the EMS Coordinator. Audits include documentation, vital signs, appropriateness of protocol application and working diagnosis, medications and procedures performed.

1 Advanced procedure audits: In addition to the general audits all advanced procedures are audited. Specific audit tools have been developed to identify areas that may require further coaching and training. Current advanced procedures include all advanced airway management and pacing.

2 Focus audits: These are specifically agreed upon audits by the Local Quality Improvement Group. The audits allow for a larger data pool in order to discover trends in patient care from a specific region. Focus audits may also provide department specific data.

3 Local and state compliance audits: Stanislaus Consolidated Fire Protection District participates in a statewide audit focusing on seven pediatric indicators.

## QI Plan Evaluation

Stanislaus Consolidated Fire Protection District is committed to quality improvement. This document will be used as a working guide and will be modified as necessary.

Evaluation of this plan will be accomplished through:

- Regular analysis of data/critical indicators, yielding patterns of performance that will trigger quality improvement projects.
- Customer surveys yielding information on satisfaction.
- Comparison of clinical performance and documentation against critical indicators, i.e. Audit tools.

END

Written by: Joe Culvahouse, Engineer/Paramedic

Approved by:   
Michael W. Whorton, Fire Chief