

EMS Continuing Education

In-service Training: Lead EMS Instructor and AED Coordinator

December 2012



Lead EMS Instructor and AED Coordinator In-service Training

Agenda

Welcome

Introductions

Technical overview of AnyMeeting

SharePoint site

Non-DPR trained EMS employees

- Does your District employ non-public safety classifications for EMS?

- Must be documented in ETMS

- Volunteers on the SharePoint site

PowerPoint: AED Coordinator Training

PowerPoint: EMT 2010 implementation

PowerPoint: EMS Quality Improvement implementation

- Run review

- ePCR Review

- Working with LEMSAs

Update to DOM 1100

- EMS providers not trained by us must pass written exam and skills verification

- AMA is only needed when the patient refuses care you feel they need before you transfer patient care to another agency. Once patient care is transferred, document who it was transferred to.

- Medical information confidentiality. Do not give out patient name over radio. If you have to because they are a suspect or vehicle operator, do not identify them as the patient.

Update to protocols

- Equipment list and how to submit new items

Update to lesson plans

- Follow PowerPoint presentations. May add illustrations, local details, examples, etc., but nothing removed

AED PowerPoint

Written test

Pre-Assignment

Go to www.AnyMeeting.com on the computer you will be using for the training. Make sure AnyMeeting works on the computer. If not, use another computer or get assistance from the IT Helpdesk.

Review the new DOM 1100.

California State Parks AED Coordinator Training



Learning Goals

- Understand the importance of proper management of our AED program
- Understand the role of the AED Coordinator
- Understand the specific duties of the AED Coordinator



Cardiac Science



Agilent



HeartSine



FirstSave



Medtronic



Philips



Zoll

DPR AEDs

| | |
|-----------------|------------|
| AGILENT | 3 |
| CARDIAC SCIENCE | 143 |
| FIRSTSAVE | 11 |
| HEARTSINE TECH | 3 |
| MEDTRONIC | 20 |
| PHILIPS | 20 |
| ZOLL | 20 |
| | 220 |

Why is this important?

- Public Safety AED Providers are regulated by EMSA regulations
- Failure to comply with the regulations could result in the loss of our authority to carry AEDs
- Early defibrillation saves lives
- Many of our parks are too remote for a fast ambulance response.

AED Regulations (1 of 2)

- Training (22CCR100020)
- Program approval (22CCR100021(a))
- Orientation (22CCR100021(c)(1))
- Maintenance (22CCR100021(c)(2))
- Reporting (22CCR100021(c)(4))
- Testing (22CCR100022)



AED Regulations (2 of 2)

- Retraining (22CCR100025)
- Training approval (22CCR100026(c))
- Periodic program review (22CCR100028)



Early Defibrillation

- "...EMS-treated out-of-hospital cardiac arrests, 23% have an initial rhythm of ventricular fibrillation (VF), ventricular tachycardia (VT), or are shockable by automated external defibrillator (AED)..."

• (Circulation. 2011;123:e000-e000.) © 2010 American Heart Association, Inc. <http://circ.ahajournals.org>



AED Coordinator Responsibilities (1 of 2)

1. Maintaining download capability
2. Maintaining the AED
3. Annual inventory and inspection
4. Monitoring maintenance records and tracking AED use



Automated External Defibrillator (AED) Policy, April 11, 2005

AED Coordinator Responsibilities

5. Coordinating repair and/or maintenance
6. Ensuring adequate supplies
7. Ensuring report compliance
8. Coordinating with with other agencies



Automated External Defibrillator (AED) Policy, April 11, 2005

Maintaining download capability

- For each AED model, you must be able to download the entire report, convert to PDF and email to the Superintendent of Emergency Services
- Usually requires a cable & software
- Also, must be able to scan DPR 836 to PDF



Maintaining the AED

- Follow manufacturer's recommendations
- Make sure the hardware and software are available to download reports
- Make sure AEDs are cleaned and restocked to be put back into service after use



Annual inventory of AEDs

- Inspect each annually per policy
- Check expiration dates on batteries, pads, etc.
- Replace expired items
- Order supplies to replace items due to expire within the next year



Maintaining records

- All AEDs should be in CAMP
- Make sure inspections are documented
 - Daily
 - Monthly
 - Annual
- Make sure maintenance is documented
- Make sure use is documented



Coordinating repair/maintenance

- Make sure any needed repairs are made
- Make sure recalls are addressed
- Make sure maintenance is being done



Ensuring adequate supplies

- Electrodes/defibrillator pads
- Razors
- 4x4 dressings
- Batteries
- Use annual inspection to anticipate expiration dates for the next year
- Purchases over \$250 must come from mandatory contract vendor (Empire Safety)



Reporting Compliance

- Coordinate with the Lead EMS Instructor and District Superintendent to ensure that all required reports are submitted
 - ePCR before leaving for the day
 - AED download (complete) and DPR 836 emailed to Superintendent of Emergency Services within 48 hours
 - LEMSA per their protocols



Reports to LEESD

- The ePCR (and DPR 836) serve an entirely different purpose than public safety reports
- They are the patient's medical record including assessment, treatment and response to treatment
- They are not for public safety reporting
- Public safety reports should not have patient care details in them



Reports to LEESD

- Scan or digital photo of DPR 836 with patient name, address, DOB and identifying numbers redacted.
- Leave age and gender visible.
- Complete download from AED with any patient identification information redacted.



LEESD

- Application of the AED electrode/pads to the patient shall constitute use and will require documentation
- within 48 hours
 - DPR 836 with AED addressed
 - Event printout from AED
 - (Public Safety Report is not necessary)
 - (ePCR is available to Medical Director)
 - (Name, DOB, CDL, SSN, address should be redacted- leave age and gender)



Coordinate with other agencies

- LEMSA(s)
- Fire response
- Ambulance



Questions?



EMT 2010

California Emergency Medical Services Authority

Background Investigations Statewide Registry Complaint Investigations Discipline Standards

5/15/2012



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EMT Incidents

- Brought attention to the lack of oversight, accountability and standard discipline for EMTs
- <http://www.firefightingnews.com/article-us.cfm?articleID=26583>
- Paramedics lose license, but continue to practice as EMTs
- Neither Employer nor LEMSA take action
- Media attention leads to legislation

5/15/2012



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Legislation

- AB 2917, signed in 2008
- Required by July 1, 2010:
 - Background checks for certification
 - Central registry for California EMTs
 - Standardized disciplinary action against certification by LEMSAs with appeal to administrative law judge
- The legislation was drafted with input from EMS stakeholders, including DPR, CHP & CalFire

5/15/2012



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Regulations

- The regulations were developed to implement the statute.
- The regulations were drafted with input from EMS stakeholders, including DPR, CHP and CalFire
- The effective date met the July 1, 2010 deadline
- Title 22 CCR Division 9 Chapter 2, sections 100056 et seq.

5/15/2012

Search for a License
Welcome to Web Lookup/Verification



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What does it mean to us? (1 of 5)

- All new EMT applicants and recerts that weren't grandfathered in must have **new** live scans done
 - Initial and subsequent returns go back to **BOTH** the certifying entity (DPR) and EMSA.
- EMTs must be in the state registry.
- Complaints must be reported to LEMSA where alleged violation occurred.
- Relevant employer (DPR) or LEMSA must investigate complaints.

5/15/2012



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What does it mean to us? (2 of 5)

- If investigation sustains allegation, results in proposed disciplinary plan based on Model Disciplinary Orders (MDOs).
- LEMSA of agency headquarters (Sacramento EMSA for DPR) takes any action on certificate.
- Action may be appealed to administrative law judge

5/15/2012

CA.gov Office of Administrative Hearings



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What does it mean to us? (3 of 5)

- Potential discipline
 - Remedial training
 - Probation on EMT certificate
 - Suspension of EMT certificate
 - Revocation of EMT certificate
- This is an different process from any criminal or administrative (IA) investigation.



5/15/2012

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What does it mean to us? (4 of 5)

- If your EMT certificate is suspended or revoked
 - You will no longer be able to teach EMS
 - You will lose the teaching differential
 - You will have to maintain EMR certification



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What does it mean to us? (5 of 5)

- Increased costs
 - \$50 for each live scan
 - \$75 for initial EMT certificate
 - \$37 for recertification
 - Investigations
- Increased cooperation with LEMSAs
- If you change certifying entity, you will need a new live scan



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Violations (H&S 1798.200 (c)) (1 of 5)

- Fraud in the procurement of an EMT certificate.
- **Gross** negligence.
- **Repeated** negligent acts.
- Incompetence.
- The commission of fraudulent, dishonest, or corrupt act.
- Conviction of any crime related to the qualifications, functions, and duties of EMT.



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Violations (H&S 1798.200 (c)) (2 of 5)

- Violating or **attempting** to violate any federal or state statute or regulation that regulates narcotics, dangerous drugs, or controlled substances.
- Addiction to, the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.
- Functioning outside the supervision of medical control.



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Violations (H&S 1798.200 (c)) (3 of 5)

- Demonstration of irrational behavior or occurrence of a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired.



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Violations (H&S 1798.200 (c)) (4 of 5)

- Unprofessional conduct exhibited by any of the following:
 - The mistreatment or physical abuse of any patient resulting from force in excess of what a reasonable and prudent person trained and acting in a similar capacity while engaged in the performance of his or her duties would use if confronted with a similar circumstance. **“Nothing in this section shall be deemed to prohibit an EMT-I ... from assisting a peace officer, or a peace officer who is acting in the dual capacity of peace officer and EMT-I ... from using that force that is reasonably necessary to effect a lawful arrest or detention.”**

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Violations (H&S 1798.200 (c)) (5 of 5)

- Unprofessional conduct exhibited by any of the following:
 - The failure to maintain confidentiality of patient medical information, except as disclosure is otherwise permitted or required by law in Part 2.53 (commencing with Section 56) of Division 1 of the Civil Code.
 - The commission of any sexually related offense specified under Section 290 of the Penal Code.

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EMT Registry

- Available to the public
- <http://www.centralregistry.ca.gov/>

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EMT Certificate



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The Investigation Process



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The Investigation Process (1 of 8)

1. Allegation may be received from:
 - a. Live Scan return to District Live Scan Coordinator or LEESD
 - b. LEMSA
 - c. Other EMS provider
 - d. Public
 - e. Any other means



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The Investigation Process (2 of 8)

2. Complaint is referred to Superintendent of Emergency Services or designee.
3. The Superintendent of Emergency Services:
If EMT is employee certified by DPR **AND** is required to provide EMS care on duty:
 - a. Notifies the EMT's supervisor.
 - b. Notifies the Lead EMS Instructor.
 - c. Assigns investigation to nearest uninvolved EMS Staff Instructor.If EMT does not meet criteria, notifies appropriate LEMSA for investigation.

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The Investigation Process (3 of 8)

4. The Investigator conducts an initial review to determine if the allegation is credible and if the alleged conduct is a violation of H&S 1798.200(c).
5. The Investigator determines if allegation meets the criteria for a Temporary Suspension Order (TSO):
 - a. The EMT has engaged in acts or omissions that constitute grounds for revocation of their EMT certificate, **AND**
 - b. Permitting the EMT to continue to practice as an EMT without restriction would pose an imminent threat to the public health or safety.

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The Investigation Process (4 of 8)

6. The Investigator notifies the LEMSA with jurisdiction where the alleged violation occurred within 3 days of determining that the complaint is credible and a potential violation. Notification includes:
 - a. EMT's name
 - b. EMT certification number
 - c. Allegation(s).
7. If necessary, the Investigator requests LEMSA Medical Director issue a TSO.

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The Investigation Process (5 of 8)

8. The Investigator conducts an investigation:
 - a. May use Lead EMS Instructor for assistance
 - b. Interviews witnesses, patients, victims, EMT
 - c. Reviews documents
 - d. Maintains investigation log
 - e. Considers if Firefighter's Bill of Rights applies.
 - f. Per DPR policy, complies with POBOR
 - g. Completes report

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Note:

- Committing or attempting an act may be in violation of H&S 1798.200(c) even when the EMT is not convicted.
- Investigators must be familiar with H&S 1798.200(c).

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The Investigation Process (6 of 8)

9. If allegation is sustained, Investigator prepares a proposed disciplinary plan following the Model Disciplinary Orders (MDOs). Plan may include:
 - a. Remediation
 - b. Certificate action
 - i. Temporary suspension
 - ii. Probation
 - iii. Revocation

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The Investigation Process (7 of 8)

10. The report and any proposed disciplinary plan are submitted to the Superintendent of Emergency Services who forwards it to the Medical Director.
11. Medical Director's determination is attached.
12. Final documents are submitted to Sacramento County EMSA within 3 days of MD determination.
13. Sacramento EMSA may take action on the EMT's certificate.

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The Investigation Process (8 of 8)

14. Sacramento EMSA has ten working days after making the determination to notify DPR and the EMT.
15. The Superintendent of Emergency Services contacts the EMT's supervisor to notify of the outcome and arrange any remediation.
16. The Supervisor places the required statement into the employee's personnel file.

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Appeal

- The EMT has 15 days to file a written request for a hearing.
- If requested, a hearing with an administrative law judge process will be arranged through Sacramento County EMSA.

5/15/2012



Additional requirements

The Lead EMS Instructor shall notify the medical director that has jurisdiction in the county in which the alleged action occurred within three (3) working days of the occurrence of any of following:

- (1) The EMT is terminated or suspended for a disciplinary cause,
- (2) The EMT resigns or retires following notification of an impending investigation based upon evidence that would indicate the existence of a disciplinary cause, or
- (3) The EMT is removed from EMT related duties for a disciplinary cause after the completion of the investigation.

5/15/2012



EMT Registry Procedures

- The Superintendent of Emergency Services is primary contact for EMS issues.
- For renewal
 - If you aren't already certified by us, you will need a new live scan to recertify with us.
 - See District live scan coordinator
- Email Superintendent of Emergency Services for
 - Change of address
 - Did not receive card within 30 days of notice

5/15/2012



Questions?

5/15/2012



**California State Parks
EMS Program
EMT Live Scan Fingerprint Process**

Your EMT certification or recertification cannot be completed until we receive your criminal history and confirm that you don't have any of the violations that would preclude you from being an EMT. It typically takes two weeks for a response, but can take months. **The sooner you complete the process, the sooner we can complete your EMT certification or recertification.**

Effective July 1, 2010, state law and regulations require EMTs be subject to fingerprint live scan background checks. EMTs are also subject to a process for investigations and disciplinary action on their EMT certificates.

You may wonder why you have to be fingerprinted again when your fingerprints are already in the system. Criminal history data can only be returned to the requesting agency and cannot be shared with other agencies. In order to get your criminal history, each agency must submit a new set of fingerprints.

EMT certification is the only submission type that allows a return to two agencies: The certifying entity and California Emergency Medical Services Agency (EMSA). This allows the EMSA to monitor criminal histories for all EMTs.

We were able to "grandfather in" 80 EMTs that were peace officers certified through us. These 80 will not have to get another EMT lives can as long as they are employed by us and keep their certification with us current.

All other Department EMTs will have to submit new fingerprints when they certify or recertify through us.

EMT Live Scan Fingerprint Procedure (for the EMT)

1. Obtain a BCII8016 form from your District Live Scan Coordinator.
2. Make sure the form is filled out for EMT application:
 - a. The Authorized Applicant Type is "Emerg Med Tech Lic/Cert"
 - b. The Applicant Information is complete. Peace officers may use their work address.
 - c. The Employer Name is "Emergency Medical Services Authority"
 - d. The Employer Mail Code is 02531.
3. Your District Live Scan Coordinator can provide you with Live Scan location(s).
4. You may need to make an appointment.
5. You will most likely have to pay the fingerprint-rolling fee and get reimbursed through the Travel Claim process as a business expense. Check with your District Live Scan Coordinator.
6. Make sure you have a means to pay that is accepted by the Live Scan operator (cash, check, money order, etc.).
7. Take with you:
 - a. Three copies of the completed BCII8016 form.
 - b. Your valid California Driver's License or ID Card.
 - c. Payment for the fingerprint-rolling fee.
8. Make sure the operator correctly copies the employer information. If the EMSA does not get their return, we will have to pay for another Live Scan. The machine should populate the EMSA fields if the operator selects the correct certification type.
9. Make sure the operator legibly and accurately copies the ATI Number from the Live Scan machine to the bottom of your copy and the Requesting Agency copy of the BCII8016 form.
10. Obtain a receipt for the payment.
11. Return the Requesting Agency copy to your District Live Scan Coordinator.
12. Submit your travel claim with the receipt for reimbursement, unless your District has made other arrangements.
13. Your EMT status will be updated in the registry after the returns are received, assuming you have submitted a complete original application and supporting documents. If your criminal history shows relevant violations, there will be an investigation. This EMT certification investigation is an independent process from any other administrative (Internal Affairs) or criminal investigation. The potential consequences of the EMT certification investigation are limited to Remediation or Certificate action such as temporary suspension, probation or revocation of the EMT Certificate.
14. You may check your EMT certification status at <http://www.centralregistry.ca.gov/>.

For questions, contact the Superintendent of Emergency Services and/or your District Live Scan Coordinator.

H&S 1798.200 (c) Any of the following actions shall be considered evidence of a threat to the public health and safety and may result in the denial, suspension, or revocation of a certificate or license issued under this division, or in the placement on probation of a certificate or licenseholder under this division:

- (1) Fraud in the procurement of any certificate or license under this division.
- (2) Gross negligence.
- (3) Repeated negligent acts.
- (4) Incompetence.

(5) The commission of any fraudulent, dishonest, or corrupt act that is substantially related to the qualifications, functions, and duties of prehospital personnel.

(6) Conviction of any crime which is substantially related to the qualifications, functions, and duties of prehospital personnel. The record of conviction or a certified copy of the record shall be conclusive evidence of the conviction.

(7) Violating or attempting to violate directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this division or the regulations adopted by the authority pertaining to prehospital personnel.

(8) Violating or attempting to violate any federal or state statute or regulation that regulates narcotics, dangerous drugs, or controlled substances.

(9) Addiction to, the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.

(10) Functioning outside the supervision of medical control in the field care system operating at the local level, except as authorized by any other license or certification.

(11) Demonstration of irrational behavior or occurrence of a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired.

(12) Unprofessional conduct exhibited by any of the following:

(A) The mistreatment or physical abuse of any patient resulting from force in excess of what a reasonable and prudent person trained and acting in a similar capacity while engaged in the performance of his or her duties would use if confronted with a similar circumstance. Nothing in this section shall be deemed to prohibit an EMT-I, EMT-II, or EMT-P from assisting a peace officer, or a peace officer who is acting in the dual capacity of peace officer and EMT-I, EMT-II, or EMT-P, from using that force that is reasonably necessary to effect a lawful arrest or detention.

(B) The failure to maintain confidentiality of patient medical information, except as disclosure is otherwise permitted or required by law in Part 2.53 (commencing with Section 56) of Division 1 of the Civil Code.

(C) The commission of any sexually related offense specified under Section 290 of the Penal Code.

(d) The information shared among EMT-I, EMT-II, and EMT-P employers, medical directors of local EMS agencies, the authority, and EMT-I and EMT-II certifying entities shall be deemed to be an investigative communication that is exempt from public disclosure as a public record pursuant to subdivision (f) of Section 6254 of the Government Code. A formal disciplinary action against an EMT-I, EMT-II, or EMT-P shall be considered a public record available to the public, unless otherwise protected from disclosure pursuant to state or federal law.

(e) For purposes of this section, "disciplinary cause" means an act that is substantially related to the qualifications, functions, and duties of an EMT-I, EMT-II, or EMT-P and is evidence of a threat to the public health and safety described in subdivision (c).

EMT 2010 Investigative Process

1. The Relevant Employer (DPR) receives a complaint alleging a violation by an EMT.
2. Superintendent of Emergency Services is notified.
3. Superintendent of Emergency Services assigns to local uninvolved EMS Staff Instructor to investigate.
4. The Relevant Employer (assigned EMS Staff Instructor) conducts initial review to determine if the allegation is credible and if the alleged conduct is a violation of H&S 1798.200(c).
5. The Relevant Employer determines if allegation meets the criteria for a Temporary Suspension Order (TSO):
 - a. The EMT has engaged in acts or omissions that constitute grounds for revocation of their EMT certificate, AND
 - b. Permitting the EMT to continue to practice as an EMT without restriction would pose an imminent threat to the public health or safety.
6. The Relevant Employer notifies LEMSA with jurisdiction where the alleged violation occurred within 3 days of determining that the complaint is alleging a potential violation. Notification includes:
 - a. EMT's name
 - b. EMT certification number
 - c. Allegation(s).
7. If necessary, the Relevant Employer requests LEMSA Medical Director issue a TSO.
8. The Relevant Employer conducts an investigation:
 - a. Interviews
 - b. Documents
 - c. Maintaining investigation log
 - d. Considers if Firefighter's Bill of Rights (& POBOR for DPR) applies.
 - e. Completes report
9. If appropriate, the Relevant Employer prepares a proposed disciplinary plan.
 - a. Following Model Disciplinary Orders (MDOs).
 - i. Remediation
 - ii. Certificate action
 1. Temporary suspension
 2. Probation
 3. Revocation
10. The Relevant Employer submits plan to their medical director.
11. The Relevant Employer submits the proposed disciplinary plan to the LEMSA of the agency's headquarters. For DPR this is:

Sacramento County EMS Agency
9616 Micron Avenue, Suite 635
Sacramento, CA 95827
wagnerems@msn.com
Telephone: (916) 875-9753
Fax: (916) 875-9711

For more information, go to the EMSA website, www.emsa.ca.gov.

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(7) Violating or attempting to violate directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this division or the regulations adopted by the authority pertaining to prehospital personnel.

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(10) Functioning outside the supervision of medical control in the field care system operating at the local level, except as authorized by any other license or certification.

(11) Demonstration of irrational behavior or occurrence of a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired.

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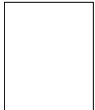
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(e) For purposes of this section, "disciplinary cause" means an act that is substantially related to the qualifications, functions, and duties of an EMT-I, EMT-II, or EMT-P and is evidence of a threat to the public health and safety described in subdivision (c).



EMS Quality Improvement

EMSQI Program Implementation
For Lead EMS Instructors



Savage Chickens

by Doug Savage



Training Goals

- Understand the importance of EMSQIP
- Become familiar with the EMSQIP
- Become familiar with ePCR
- Understand the Lead EMS Instructor's role



Why do we need EMSQI?

- It is required by law – H&S 1798.175(a)(2)(H)
- It is required by regulation – 22CRF100402(a)(1)
- Failure to comply could result in the loss of our EMS program
- It will improve the quality of care for patients
- It will provide data to monitor and improve our program



The loss of our EMS program:

- Would require increased costs to maintain our training levels through outside providers
- Could result in a lower quality of care if we reduce our certification requirements or if providers have a lower standard.



Elements of EMSQI

- The Department EMSQI Plan
- Electronic Patient (Prehospital) Care Reports (ePCRs) for each patient assessed or treated by on-duty personnel
- ePCR review by Lead EMS Instructors (aka "Peer Review")
- Use "Run Reviews" for training
- Mentoring based on ePCR review
- Data collection from ePCRs



Elements of EMSQI (continued)

- Data uploads to LEMSAs by county
- Monitoring of specific items for trends
- Annual review of data by EMSQI Team
- Program changes based on review
- Annual report of EMSQI to LEMSAs and EMSA
- Implementation of changes through policy updates and in-service training



Lead EMSI Role

- Training & mentoring field personnel on ePCR
- Monitoring compliance
- Reviewing DPR 836 forms and ePCRs
- Requesting corrections through addendum



Lead EMSI Role (continued)

- Using EMS incidents for run review
- Mentoring based on ePCR review
- Working with LEMSAs
- Reporting problems to LEESD
- Forwarding EMSQI input to EMSQI Team
- Implementing changes from EMSQI Team



Training & mentoring field personnel on ePCR

- Initial training
- Hands-on training
- Assisting with actual reports
- Mentoring after ePCR review



Monitoring compliance

- Monitor for ePCR submission
- They are due before leaving for the day
 - For transports to hospital
 - AED use
 - Fatalities
- Review DPR 836 and ePCR



Reviewing DPR 836

- Only information available at patient transfer is recorded
- Blank boxes are lined out
- Signed prior to release
- No changes after signed
- Reasonably complete for time with patient



Reviewing ePCRs

- Completeness
- Accuracy
- Clarity
- Protocol Compliance
- Equipment issues
- Any other concerns that indicate a need for additional training or a change in existing statutes, regulations, Department policies, Department and LEMSA protocols and approved training and equipment.



Reviewing ePCRs

- The ePCR (and DPR 836) serve an entirely different purpose than public safety reports
- They are the patient's medical record including response, observations on arrival, assessment, interventions and response to interventions
- They are not for public safety reporting



Reviewing ePCRs

- Public safety reports should not have patient care details in them
- It is best if the investigating officer and the EMS provider are different
- EMS reports should not be stored with public safety reports



Reviewing ePCRs

- The narrative must address:
 - Notification
 - Scene observations
 - Patient assessment
 - Include what was not found ("no deformities")
 - Interventions
 - Patient response to interventions
 - Patient handoff or AMA (no need for both)



Reviewing ePCRs

- Must match DPR 836 or explain why not
- EMS Providers must check and record vitals on a regular basis
 - Check LEMSA protocols
 - Usually every 5 minutes for unstable patient, 15 for stable patient
- Use plain language
 - LEMSAs have specific approved abbreviations and symbols, but there is no statewide standard



Reviewing ePCRs

- Look to see that interventions match assessment
- If protocols are deviated from, there must be an explanation
- The goal in completing the report is that any EMR or EMT reviewing the report would agree that the interventions taken were appropriate based on the information available.



Requesting corrections

- The ePCR will not allow changes after finalized
- EMT/EMR can attach an addendum with corrections or additions
- If necessary, involve supervisor for failure to learn/improve/comply



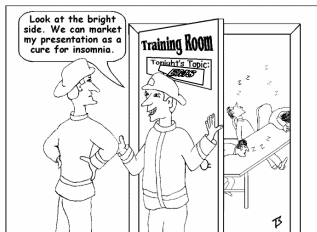
Sample ePCR Review

- A poorly done report
- You question the EMS provider
- The EMS provider submits a supplement



Using EMS incidents for run review

- Each EMS training day, review appropriate calls since last training
 - Use them as training illustration
 - Consider equipment issues, protocol issues, training issues.



Sample Run Review



Thanks for the photos, Jennifer McCallan!



- Report

Sample Run Review 2

- Report
- Better report



Working with LEMSAs

- We have at least one unit in each of California's 31 LEMSAs
- Diablo Vista District has 7 LEMSAs
- S-SV EMSA has 15 Sectors or Districts
- Sacramento and San Diego each have 10



Sierra-Sacramento Valley
EMS Agency



Working with LEMSAs



- Regulations require us to work with LEMSA QI programs
- Attend meetings
- Report issues
- Maintain a positive working relationship before problems occur



Reporting problems to LEESD

If you can't resolve LEMSA issues, notify the Superintendent of Emergency Services who will work with our Medical Director to resolve the issue.



Forwarding input to EMSQI Team

- When issues arise that may indicate a need to revise equipment, protocols, training, or any other element of our EMS program,
- Notify the Superintendent of Emergency Services who will pass on your information to the rest of the EMSQI Team.



Implementing changes from EMSQI Team

- The EMSQI process should result in changes in:
 - Equipment
 - Training
 - Reporting
- Updates will be provided as needed



• Questions?

