



STANDARD OPERATING GUIDELINE

Number 130-01

Continuing Medical Education

EFFECTIVE DATE: 04/15/2001	REVISION DATE: 12/01/2007	APPROVED BY: INGA H. KELLY, RN RONALD D. ROMBS	PAGE: 1 OF 2
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PURPOSE: The intent of this policy is to ensure the provision of providing continuing medical education, as required by North Carolina Office of Emergency Medical Services, for Lincoln County EMS providers functioning in a clinical capacity, and to provide ongoing quality improvement and professional development through continuing education. This program also insures a universal standard of care for all Emergency Medical Technicians, Basic through Paramedic level.

The term technician refers to all levels of practice, Emergency Medical Technician-Basic, Emergency Medical Technician-Intermediate, and Emergency Medical Technician-Paramedic.

SCOPE: This policy applies to all LCEMS System providers engaging in clinical practice.

POLICY: Lincoln County Emergency Medical Services, or its designee, will provide continuing Medical Education (CME) on a needed basis.

All LCEMS technicians must complete a minimum of 24 hours annually.

All LCEMS technicians must maintain as a minimum, in a current status at all times during employment, a North Carolina Office of Emergency Medical Services certification at the level hired at and an AHA Healthcare Provider BCLS certification.

LCEMS will provide continuing education in monthly modules as deemed necessary to provide all technicians the opportunity to obtain required training hours.

All full time personnel, and all part time personnel using Lincoln County EMS as their primary EMS provider, must attend the monthly continuing education modules. All personnel will be required to attend the training session that is scheduled for their shift. If personnel know ahead of time that they will be unable to attend their scheduled training session, it is the responsibility of the employee to notify the Training Coordinator to make arrangements to attend an alternate session.

All part time personnel using Lincoln County EMS as their secondary provider must submit a continuing education report, signed by the Training Coordinator of their primary provider, on an annual basis. This report is due to the LCEMS Training Coordinator no later than January 31st of each year.



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Regardless of status (full-time or part-time), no employee is exempt from CME classes annotated as "**Mandatory for All Employees.**"

CME classes will be considered as scheduled work time for all employees whom it is deemed mandatory. Shift Supervisors shall be responsible for monitoring attendance and behavior of assigned personnel and take appropriate actions for misconduct. Shift Supervisors shall also ensure that all absences and disciplinary actions are documented in StarLife Information Management System.

In the event a CME classes cannot be attended for an unexpected reason (i.e. emergency, illness, etc.) the employee shall follow the usual procedure for calling in per SOG 120-01.

In the event of an absence due to unforeseen circumstances and proper call-in procedures are followed, the employee shall be given 30 days to complete the required objective.

Failure to attend a scheduled CME class without prior notification will be considered "absent from work without notification."

Failure to complete the CME requirements within the prescribed time period will result in notification, in writing, from the Training Coordinator concerning the deficiency. This notification will be filed in the StarLife Information Management System, forwarded to the Director for appropriate disciplinary action.

Failure to complete the assigned material within 30 days will result in automatic suspension of ALS privileges. Failure to complete the assigned material within 60 days will result in disciplinary actions, up to and including termination of employment.



STANDARD OPERATING GUIDELINE

Number 130-02

Request for Training

EFFECTIVE DATE: 02/01/2002	REVISION DATE: 12/01/2007	APPROVED BY: RONALD D. ROMBS	PAGE: 1 OF 2
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PURPOSE: The intent of this policy is to ensure proper request and authorization for funding is obtained prior to attendance to education programs outside of LCEMS and to ensure proper zone coverage is maintained during attendance to personal courses.

SCOPE: This procedure applies to all LCEMS employees.

POLICY: Lincoln County Emergency Medical Services fully supports continuing medical education and development of all employees. Education and training programs will be managed within the annual budget constraints of this service.

Priority will be given to courses specifically required by the individual job description and/or duties.

Any full-time employee desiring attendance to a training program, course, or conference outside of the LCEMS Continuing Education Program, will submit a formal written request (LCEMS Request for Training), NLT 30 days prior to the start date. This request will be routed through the LCEMS Training Coordinator, to the Director of Emergency Medical Services. The Director must approve this request before any funds are allocated. When the LCEMS Request for Training is approved, it is the responsibility of the employee to ensure that ample shift coverage is obtained through the direction of their Shift Supervisor.

LCEMS will not pay for any part of a course cost for training programs offered locally that are "NO FEE" courses. The employee will be required to take annual leave if they are scheduled to work during any portion of the class.

LCEMS will not pay for any part of outside course cost or travel expenses for part-time employees.

LCEMS will not pay for "Training Time" or certification cost for any part-time employee not utilizing LCEMS as a primary provider and the employee is required to attend the same certification course by their primary provider. Only courses or portions of courses scheduled as "mandatory attendance" will be authorized by LCEMS for pay for part-time employees.

Individuals enrolled in personal enhancement or upgrade programs, must coordinate all scheduled work hours to ensure proper coverage of the county. Individuals will not be released from a scheduled shift to attend personal training programs if it will create a personnel shortage for county or shift coverage.



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Number 130-02

Request for Training

EFFECTIVE DATE: 02/01/2002	REVISION DATE: 12/01/2007	APPROVED BY: RONALD D. ROMBS	PAGE: 2 OF 2
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Individuals will not attend personal training programs and courses while on duty with LCEMS and at no time will crews be relocated or displaced to accommodate an individual's personal need to attend a course, class, or program. Individuals that are enrolled in local training programs may coordinate shift swaps or annual leave to attend personal courses, providing that all procedures are followed correctly.



STANDARD OPERATING GUIDELINE

Number 130-03

Continuous Quality Improvement / Performance Improvement Program (CQIPI)

EFFECTIVE DATE: 02/01/2002	REVISION DATE: 12/01/2007	APPROVED BY: LINDA H. SPEDD RONALD D. ROMBO <i>JK</i>	PAGE: 1 OF 7
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PURPOSE: The intent of the Lincoln County Emergency Medical Services Quality Assurance / Performance Improvement program is to promote, enhance and ensure quality emergency medical care in Lincoln County through information analysis, education, coordination, and provide dynamic feedback concerning individual, agency and system-wide performance.

- Collect patient care statistics to evaluate system effectiveness and identify trends.
- Provide data and information, in a non-punitive manner, on how well the system and process works.
- Implement continuing education, training programs, and equipment needs based on outcome data from the peer review / performance improvement process.
- Conduct Medical Incident Reviews.
- Provide constructive feed back on performance improvement to all pre-hospital care providers within the Lincoln County Emergency Medical Services (LCEMS) System.

Continuous Quality improvement / Performance Improvement

Lincoln County Emergency Medical Services provider agencies must strive to maximize efficiency, effectiveness, promote excellence and personal accountability through peer review and continuous performance improvement.

North Carolina Office of Emergency Medical Services requires EMS Systems to establish ongoing peer review and performance improvement programs to improve the availability and quality of pre-hospital care.

Lincoln County EMS shall establish an on-going Continuous Quality Improvement / Performance Improvement program (CQIPI) Program. This program is a never ending process in which all levels of providers are encouraged to team together to develop and enhance the overall system.



STANDARD OPERATING GUIDELINE

Number 130-03

Continuous Quality Improvement / Performance Improvement Program (CQIPI)

EFFECTIVE DATE: 02/01/2002	REVISION DATE: 12/01/2007	APPROVED BY: LINDA H. ISBELL RONALD D. ROMB	PAGE: 2 OF 7
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Definitions Performance Improvement (PI): The continuous study and improvement of process, system or organization.

Peer review: A team process in which Emergency Medical Services System providers continuously evaluate and improve the patient care delivery system.

Protection of Quality Improvement / Performance Improvement Data

Information generated solely for use in a peer review or performance improvement program is not a public record, is not subject to discovery and shall not be introduced into evidence in a civil action as protected in accordance with NCGS131E-95.

Confidentiality

In order to maintain the integrity of the Quality Assurance / Performance Improvement Committee and protect patient and provider agency privacy, each member shall maintain strict confidentiality. However, communication with other entities of the system is essential. Specifically, when a problem is identified within the system such as: skills, critical thinking, documentation, equipment, protocol deviation or other general issues, it is the responsibility of this committee to inform the appropriate agency and elicit input for possible solutions. All reasonable efforts will be taken to sanitize records and maintain patient and agency anonymity.

Medical Direction

Medical Direction is essential and important for the program's success. The Quality Assurance / Performance Improvement program, under direction of the LCEMS System Medical Director is responsible for assuring and improving the quality of pre-hospital care within the LCEMS system.

The Medical Director is also responsible for program content and spearheads leadership for the performance improvement program. He or she also sets the direction for performance improvement by creating a strong patient focus.



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Scope This program applies to all provider agencies within the Lincoln County Emergency Medical Services System.

The Lincoln County EMS CQIPI Program objectives are:

- To recognize, reward, and reinforce positive patient care and behavior.
- To identify trends in pre-hospital care.
- To set performance standards and indicators related to these aspects of care.
- To collect and organize data in an attempt to obtain outcome-based information.
- To establish thresholds for evaluation related to the indicators.
- To oversee actions taken to improve patient care.
- To assess the effectiveness of the actions taken and review documented improvement.
- To communicate information among provider agencies.
- To develop action plans and counsel system providers who do not meet established thresholds.
- To provide feedback and promote training on CQIPI issues;
 - a) Commendations for a job well done.
 - b) Case review and counseling on specific issues.
 - c) Didactic courses.
 - d) Hands-on training and or skills refreshers.
 - e) Topic-oriented research.
 - f) Development of in-services with a supervised review.



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Lincoln County Emergency Medical Services shall:

- Provide Medical Direction oversight.
- Establish an ongoing Quality Assurance and Performance Improvement program.
- Establish and maintain the Peer Review Committee.
- Establish and maintain the Medical Review Committee.
- Establish the structure and / or membership to implement the Performance Improvement process and the Medical Review Committee.
- Establish performance indicators relevant to the system.
- Develop a feedback mechanism to the patient care providers.

Provider Agency Participation

Each provider agency within the Lincoln County EMS System shall appoint a Provider Agency Liaison (PAL) for the Lincoln County EMS System CQIPI Program. This person shall have the ability to train and orient new providers in the agency. The Provider Agency Liaison will have the ability to consult with the Training Coordinator, and shall:

- Serve as the agency contact for the Lincoln County EMS Medical Review Committee.
- Assist in orienting new providers to the agency and LCEMS System.
- Perform audits of 100% of the agency's electronic patient care reports (ePCRs).
- Follow the established process for retrospective analysis of field care, utilizing ePCRs or other applicable documentation. These should include, but not be limited to, high risk, low volume, problem-oriented calls, or those requested by LCEMS.



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- Follow the performance standards for evaluating the quality of care delivered by respective agency personnel through retrospective analysis.
- Educate and counsel agency personnel who do not meet established thresholds.
- Provide or arrange for remedial training to personnel as necessary.
- Reports statistical information to the LCEMS Training Coordinator as required.
- Participate in continuing education courses and the training of pre-hospital care providers within the agency.
- Assist with the design of corrective action plans for agency and/or individual provider deficiencies.
- Assist with the development of agency specific educational opportunities for providers based on problem identification, scope of practice and trend analysis.
- Evaluation of agency providers: direct observation, evaluation of new agency providers, routine evaluation.
- Comply with reporting and other quality improvement requirements as specified by LCEMS.
- Participate in pre-hospital research as requested.
- Follow the established process for identifying trends in the quality of pre-hospital care provided by respective agency.
- Submit reports as specified by LCEMS.
- Recommend and implement changes to agency internal policies and procedures based on trend analysis.
- Provide feedback to respective agency and individual providers when applicable or when requested on quality improvement issues.



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Implementation

Protocols set the standard of care by which pre-hospital care providers are evaluated. LCEMS System Administration shall ensure that each provider agency has access to a current copy of the Lincoln County EMS current pre-hospital protocols, policies and procedures and ensure that each provider agency PAL has access to a current copy of the LCEMS BLS Audit Form.

LCEMS System shall establish the review process, which is the method to review patient care reports.

Review Forms

The following pages show the LCEMS BLS Audit Form utilized in reviewing protocol compliance by pre-hospital providers.

These forms will allow provider agencies (PAL) to begin the review process and evaluate their department's progress and their providers' adherence to the established standard of care protocols, policies and procedures.

It is suggested that one form be used to review each run. The Provider Agency Liaison (PAL) will read the pre-hospital care report and determine if documentation reflects adherence to the items listed on the review form. The PAL shall submit completed audits on a monthly basis to the LCEMS Training Coordinator before the 5th of each month.

Each review form reflects the protocols which are used to provide quality care to patients.

Feedback Mechanism

Provider Agency feedback is an important process to let providers see how the system and the process are working.

The confidentiality of the agency, individual provider and the patient shall be maintained throughout this process.

Lincoln County EMS Medical Review Committee shall publish a monthly newsletter providing pertinent Performance Improvement information.



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Continuing Education

Continuing Education is an important component of the performance improvement process and is one method that shall be utilized to correct areas of weakness identified by the Peer Review and Performance Improvement process.

Continuing education shall be designed to improve the overall patient care delivery system. Peer Review and Performance Improvement trend analysis and performance indicators shall drive topic selection for course development and design.

The information obtained and lessons learned through the Peer Review and Performance Improvement Program shall be incorporated into the continuing education process and provided to the appropriate providers where indicated in order to appropriately complete the Performance Improvement feedback loop. Continuing education that results from this process may be done individually, agency or system-wide, depending on the needs as identified by the Performance Improvement Committee and the Medical Director.

Re-Evaluation

The Medical Review Committee shall re-evaluate the selected indicators within the next 2 quarters to assess if there has been documented improvement.

If there is no improvement, the process shall be readjusted in an effort to find an effective method for improvement. For example, re-evaluate the educational process, communication system, protocols.

Peer review / performance improvement is a continuous process.



STANDARD OPERATING GUIDELINE

Number 130-04

Student / Rider Policy

EFFECTIVE DATE: 02/01/2002	REVISION DATE: 12/01/2007	APPROVED BY: RONALD D. ROMBS	PAGE: 1 OF 2
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PURPOSE: The intent of this policy is to ensure proper procedure for students and riders operating within the Lincoln County EMS system. To provide quality educational opportunities to students engaging in supervised clinical practice with Lincoln County EMS.

SCOPE: This procedure applies to all LCEMS employees, students participating in clinical education with LCEMS, and lay riders.

POLICY: No person shall ride on a LCEMS apparatus as an observer or student without expressed consent from LCEMS administration.

All student riders must be affiliated with a teaching institution that has a current student agreement in place with LCEMS.

Scheduling of riders and students will be the responsibility of the Training Coordinator, who will then provide a rider schedule for the Shift Supervisors.

New employees shall take precedence over students for purposes of scheduling ride time. Students shall have preference over lay riders.

Any provider of the Lincoln County Emergency Medical Services System may ride with LCEMS by contacting the Training Coordinator for an appointment. Lay riders must submit a request in writing to the Training Coordinator who will evaluate the request, and if approved, will provide an orientation for the rider.

Students must be scheduled through their teaching institution.

Students and lay riders will be dressed appropriately to give a professional appearance. Navy/Black EMS or Dress pants, White collared shirt. Students associated with an allied agency may wear their agencies uniform, assuming the department uniform minimally includes a collared shirt. All students or lay riders are held to the same standard as LCEMS employees as outlined in SOG 108-01, with respect to hair, jewelry, hygiene, etc.

Students and riders shall report to the on-duty Shift Supervisor at the assigned time. If a student is to be late or absent, they must contact the on-duty Shift Supervisor and the representative of their teaching institution. The Shift Supervisor will then make provision for the student or rider to be placed with their assigned preceptor.



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Number 130-04

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While riding with LCEMS, students and riders are subject to all policies and procedures governing LCEMS employees, and will follow the LCEMS chain of command. The assigned preceptor will ensure the student/lay rider meets all standards of uniform and appearance.

A student or rider may not alter the ride schedule without consulting the Training Coordinator or Shift Supervisor.

Riders and students will be placed with a Field Training Officer (FTO) whenever possible.

It is the responsibility of the FTO to oversee the practice of students and riders on his or her shift and to ensure the provision of quality clinical education, irrespective as to the student's actual preceptor.

Students and riders will remain in the status of a 3rd party rider at all times regardless of employee or volunteer status. Students and riders are therefore prohibited from operating LCEMS apparatus, riding in the front passenger seat, or serving in the capacity of a sole caregiver. When not performing patient care, all students and riders will be seated and restrained in the captain's seat in the patient compartment of the ambulance.

Students or riders who become sick or injured in the course of ride time with LCEMS should refer to standard LCEMS procedures for incident reporting in addition to contacting their teaching institution representative.

Riders not serving in a clinical capacity as a student during scheduled clinical time may not perform any medical procedure and are deemed to be in an observation capacity only.

A student or rider is not to be solely responsible for the operation of a loaded stretcher. Stretchers shall be operated at all times by a minimum of two LCEMS employees.

Students failing to follow LCEMS policies and procedures, arrive dressed inappropriately, or who are deemed to have committed an unsafe act either to themselves, a patient, or a crewmember will be released from clinical activity. In this event, the on-duty Shift Supervisor, Training Coordinator, and educational institution representative should be contacted, and the event documented on a Special Report form. If the unsafe act directly impacts or involves patient care, the Training Coordinator and Deputy Director will be immediately contacted.



STANDARD OPERATING GUIDELINE

Number 130-05

Temporary Suspension of Medical Privileges

EFFECTIVE DATE: 07/01/2003	REVISION DATE: 12/01/2007	APPROVED BY: LINDA H. KELLY, IV RONALD D. ROMBS	PAGE: 1 OF 1
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PURPOSE: The intent of this policy is to ensure competent, professional prehospital medical care that consistently meets or exceeds established medical practice by local, state and national standards of prehospital medical care.

SCOPE: This procedure applies to all personnel practicing as prehospital medical professionals within the Lincoln County Emergency Medical Services System.

POLICY: The Medical Director, EMS Director, EMS Deputy Director and/or EMS Training Coordinator have the authority to immediately suspend medical privileges of any Lincoln County EMS System provider if any care rendered appears detrimental to the patient, constitutes unprofessional behavior or results in non-compliance with credentialing and/or written procedures and medical protocols, policies and procedures.

Any such action will be thoroughly investigated by Lincoln County EMS Administration by interviewing individuals involved and conducting CQI/PI analysis of all patient related documentation.

Lincoln County EMS Administration will present a written report to the Medical Director within 48 hours of suspension of privileges.

The Medical Director is responsible for reviewing reports and documentation, conducting further interviews, if required and issuing a final determination within the next 48 hours.

Medical Directors decisions may include, but are not limited to:

- a. No further action.
- b. Continued suspension of specific privileges for specified period.
- c. Remedial education.
- d. Assignment to an FTO for a specified period for remediation.
- e. Reviewing performance on regularly scheduled intervals.
- f. Permanent suspension of privileges.

All permanent suspension of privileges will be reported to the NC Office of EMS by LCEMS Administration within 24 hours.

All cases involving suspension of privileges will be reported to the Peer Review Committee as an agenda item at the next scheduled quarterly meeting.