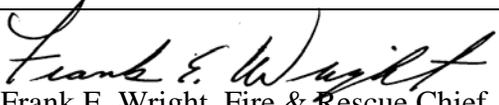


	STANDARD OPERATING GUIDELINES	
	SUBJECT	Performance Improvement Plan
	REFERENCE NUMBER	SOG-10-01
	EFFECTIVE DATE	March 4, 2010
	SIGNATURE OF APPROVAL	 Frank E. Wright, Fire & Rescue Chief
	SIGNATURE OF APPROVAL	 C. Christopher Turnbull, Operational Medical Director

Introduction:

Providing quality and competent emergency medical care is a priority of the Winchester Fire and Rescue Department (WFRD). To enable the department to meet this goal, a comprehensive Performance Improvement Program (PIP) is necessary. Improving performance is the cornerstone for any successful organization to continue to thrive. Therefore, it is imperative that all members receive the opportunity to enhance their abilities through feedback generated from the PIP.

Purpose:

To establish a procedure for review of pre-hospital patient care reports that will assist with measuring performance and care delivered by all Winchester Fire and Rescue Department EMS providers. To ensure that all patients requiring the services of Winchester Fire and Rescue Department receive professional and competent emergency medical care in a timely manner. Provide all members of the Winchester Fire and Rescue Department with the opportunity to grow and improve their abilities in the emergency medical care field by receiving constructive feedback from performance information obtained through consistent review of pre-hospital patient care reports.

Responsibility:

The Operational Medical Director is responsible for emergency medical care rendered by all members of the Winchester Fire and Rescue Department. The Emergency Medical Services Captain is responsible for coordinating performance improvement review meetings with the Operational Medical Director.

Definitions:

Alarm Time – Is the time the Emergency Communications Center (ECC) answers the call for service.

Unit Notified – Is the time that fire and rescue is alerted to the emergency by the Emergency Communications Center.

Unit Enroute – Is the time that the fire and rescue unit marks responding to the emergency incident.

Arrived on Scene – Is the time that the fire and rescue unit arrives at the emergency scene.

Arrived at Patient – Is the time that fire and rescue personnel arrive at the patient.

Enroute Destination – Is the time the EMS transport unit departs the scene to transport to the emergency department.

Arrived Destination – Is the time that the EMS transport unit arrives at the emergency department.

Back-in-Service – Is the time the fire and rescue unit is available to respond to another emergency.

Call Processing Time – Is the elapsed time between the “Alarm” time and “Unit Notified” time.

Contact Time – Is the elapsed time between the “Arrived Patient/Victim” time and “Arrived Destination” time.

On-Scene Time – Is the elapsed time between the “Arrived Scene” time and “Enroute Destination” time.

Peer Reviewer – A person selected by the Emergency Medical Services Captain to review pre-hospital patient care reports for accuracy and completeness of documentation and patient treatment.

Performance Improvement Review – A process that provides a method of evaluation of services provided and that results in improved performance and recognition of excellence.

Responder Response Time – Is the elapsed time between the “Unit Notified” time and the “Arrived Scene” time.

System Standards – Are the benchmarks established for providing guidance to providers and evaluators.

Turnout Time – Is the elapsed time between the “Unit Notified” time and the “Unit Enroute” time.

Vital Signs – Is to include at a minimum the patient’s blood pressure, respiratory rate, and pulse rate.

System Standards:

The Winchester Fire and Rescue Department's "Turnout Time" should be 60 seconds for all fire and EMS responses, documentation should clearly detail why this could not be accomplished.

The Winchester Fire and Rescue Department's "Responder Response Time" should be six (6) minutes or less for 90% of all emergency incidents, documentation should clearly detail why this could not be accomplished.

The Winchester Fire and Rescue Department's "On-Scene Time" should be ten (10) minutes or less for 90% of all trauma patients with significant injury and twenty (20) minutes or less for 90% of all medical emergency incidents, documentation should clearly detail why this could not be accomplished.

A minimum of two (2) sets of "vital signs" should be obtained for all patients transported to the emergency department with a "contact time" of greater than ten (10) minutes. If unable to obtain two (2) sets of vitals, documentation should clearly detail why this could not be accomplished.

Guidelines:

1. The PIP is designed to maintain quality patient care by providing constructive feedback to providers.
2. The PIP is not designed to be negative or punitive in nature. It is expected that most pre-hospital patient care reports reviewed will have no or only minor performance improvement concerns.
3. On rare occasions there may be patient care concerns that require immediate action by the department. In these cases the Emergency Medical Services Captain will contact the Operational Medical Director for a prompt meeting to review the concern.
4. All pre-hospital patient care reports will be reviewed by the EMS Billing Manager and/or designee for accuracy and completeness of response times to include:
 - Alarm Time
 - Unit Notified
 - Unit Enroute
 - Arrived on Scene
 - Arrived at Patient
 - Enroute to Destination
 - Arrived at Destination
 - Back-in-Service
5. Pre-hospital patient care reports with missing or incorrect data will be corrected by the Attendant-In-Charge of the incident as soon as possible. The Emergency Medical Services Captain will be notified of pre-hospital patient care reports with missing data.

6. The Emergency Medical Services Captain will select personnel to serve as peer reviewers to perform the initial performance improvement review.
7. A minimum of 20% of all EMS incidents will be peer reviewed each month for emergency medical treatment. Certain call types will automatically be reviewed. These include:
 - All Cardiac Arrests
 - All EZ-IO Use
 - All Advanced Airway Use
 - 20% of Patient Refusals
 - Any Incident Where a Concern is Raised
8. All incidents which are not responded to within 120 seconds should be reviewed by the Emergency Medical Services Captain.
 - Failure of the dispatched apparatus to mark in response to the incident within 120 seconds should cause the ECC personnel to immediately dispatch the next-due station for response.
 - The career duty officer should immediately be notified of the failure to respond and should investigate the cause of the non-response. A written summary of the investigation should be forwarded to the Emergency Medical Services Captain within 24 hours.
 - If the initially dispatched apparatus is unable to respond (i.e., illness or injury of personnel, mechanical breakdown of apparatus, etc.), the dispatched apparatus shall immediately notify the ECC and the ECC shall immediately dispatch next due apparatus.
 - If no WFRD apparatus are available for response, Frederick County shall be notified to initiate mutual aid response.
9. Any department member can request for an incident to be peer reviewed by providing the Emergency Medical Services Captain with the incident number and date of the incident.
10. The Emergency Medical Services Captain will electronically mail a list of incidents needing reviewed to the peer reviewers each month.
11. The Emergency Medical Services Captain will maintain an electronic log of incidents that have been selected for performance improvement review.
12. Peer reviewers will review the incident and will complete the electronic version of the EMS Performance Improvement Review Form (Attachment 1) within 30 days of receiving the list of incidents needing reviewed. The completed EMS Performance Improvement review form will be sent via electronic mail back to the Emergency Medical Service Captain.
13. The Emergency Medical Services Captain will review all completed EMS Performance Improvement review forms.

14. The Emergency Medical Services Captain will evaluate the data collected from the review forms to identify positive and negative trends.
15. Any EMS Performance Improvement Review Form that has areas of concern regarding patient care will be evaluated by at least one additional peer reviewer.
16. The Operation Medical Director and Emergency Medical Services Captain will meet monthly to review all completed EMS Performance Improvement Review Forms.
17. The Operational Medical Director and/or Emergency Medical Services Captain will recognize and reinforce exemplary performance of department personnel.
18. The Operational Medical Director and/or Emergency Medical Services Captain will communicate any concerns or recommendations for improvement back to the EMS provider.
 - Communications to volunteer department personnel will be coordinated through the respective station chief.