

January 2021

Lathrop-Manteca Fire District

Advanced Life Support Enhancement Plan

Board of Directors

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Fire Chief

Gene Neely



Executive Introduction

February 1, 2021

Mr. Burch, Mr. Diederich, and

Members of the Board of Supervisors:

The Lathrop Manteca Fire District is pursuing authorization to implement an Advanced Life Support program to provide an enhanced level of emergency medical service.

The Lathrop Manteca Fire District and its Board of Directors has recognized that the organization is in a unique position to deliver Advanced Life Support (ALS Paramedic) services within our district, to our neighbors, as a partner with the county emergency medical services system, and as part of the master mutual aid system in the State of California. As the south portions of San Joaquin County continue to grow in population as well as calls for service, having an additional ALS service provider can help reduce the impact to your system. The Lathrop Manteca Fire District has been positioned appropriately to be able to add service and capacity as an ALS provider. The Lathrop Manteca Fire District would be able provide its own medical monitoring as part of its comprehensive deployment to emergencies other than medical (ie. fires and hazardous materials), provide ALS care while deployed as part of the state's master mutual aid system, assist in establishing early ALS diagnosis and treatment, assist the transporting paramedic on scene with patient care, assist in patient treatment during transport, and many other opportunities both locally and beyond. It is for these reasons that the Lathrop Manteca Fire District see's significant increases and benefit to the health and safety of all stakeholders: local, countywide, and state.

As the Fire Chief for the LMFD you have our organizations full partnership in this endeavor. Included in this plan for ALS service enhancement you will also find a resolution from our Fire Board as a statement of organization direction and policy. On page 3 you will see that I have authorized decision makers at the highest levels of the organization as a point of contact; and as always, I am available for any additional needs you may have in making your determination. Please accept this document as the Lathrop Manteca Fire District's Advanced Life Support Enhancement Plan.



Gene T. Neelv
Fire Chief

Lathrop Manteca Fire District



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Section 1: Point of Contact

On January 28th, 2021 the Fire Chief was authorized and directed to submit this Advanced Life Support Enhancement Plan. Authorization and empowerment from an organizational policy perspective is outlined in Resolution 2021-01 from the Lathrop Manteca Fire District Board of Directors, the State of California Health & Safety Code Section 1797.223, and the State of California Health & Safety Code Section 13800 (et el). As a matter of reference, the fire districts resolution was adopted unanimously by the fire districts Board of Directors.

While always present and available, as a matter of work flow through a division of labor, the Fire Chief has assigned Division Chief Larry Madoski to serve of the fire district main point of contact during this approvals process with your organization. As one of our organization's primary decision makers at the executive level, Chief Madoski will report directly to the Fire Chief on all matters of this plan's approval process. This includes any question and answers of the submitted plan, contract draft including terms and conditions, document formatting, performance agreement, and preparation for Fire Board adoption and empowerment signature by the Office of the Fire Chief.

Division Chief: Larry Madoski
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Cell Phone: 209.851.5403
Email: lmadoski@lmfire.org

Mail to:
Attention Chief Madoski
19001 Somerston Parkway
Lathrop, CA
95330

Should the need arise, please feel free to contact the Office of the Fire Chief. The Office of the Fire Chief is the highest office of the organization and he is empowered to act as the organizations Chief Executive Officer.

Fire Chief: Gene Neely
Direct Office: 209.941.5101
Cell Phone: 209.456.7696
Email: gneely@lmfire.org

Section 2: Service Area Description

In general, the Lathrop Manteca Fire District's jurisdictional boundaries include the City of Lathrop, the unincorporated areas around Lathrop, and the unincorporated areas around the City of Manteca. The fire district serves approximately 90 square miles in the described general area. Additionally, the fire district provides services to neighboring jurisdictions through automatic and mutual aid agreements. The fire district also participates heavily in the states master mutual aid plan.

Specifically, the fire district includes the Interstate 5 corridor from the Highway 205 "split" north to Roth Road. The boundaries continue east along Roth Road around the City of Manteca, to property that abuts the California Correctional Health Care Facility near Newcastle Road towards Jack Tone Road. The district's boundaries go south on Jack Tone Road and stop at the eastern portions of Manteca. The fire districts southern boundaries go south from Manteca proper to the San Joaquin and Stanislaus Rivers.

Within its boundaries include the Raymus Village Development, Oakwood Shores Development, and the communities of Nile Garden and New Haven.

The City of Lathrop almost in its entirety is served by the fire district. The City of Lathrop is experiencing explosive and unprecedented growth with several major developments currently underway. The River Island master planned community has a target to develop an additional 14,000 residential living units within its project boundaries over the next 15 years. Additionally, the project calls for a new high school, several elementary schools, as well as over 4 million square feet of commercial office space in a regional business park setting. The project anticipates expanding mass transit systems into its project with the potential for ACE train, Valley Link rail service and BART transition stations relocating to the area. This project is anticipated to generate more than 60,000 additional permanent residents to the District's service area. Another major project is underway in central Lathrop consisting of nearly 7,000 new residential units with an anticipation of more than 35,000 new residents. This project also has plans for 5 million square feet of freeway commercial businesses drawing thousands of shoppers to the area. Major regional shipping distribution is also building within the City of Lathrop. Primarily, the city is seeing distribution center growth throughout that encompasses the WayFair building and eventual campus, the Phelan development, Tesla, and other bay area commercial. Between the 2 major residential projects currently underway, the District is anticipating nearly 100,000 new permanent residents within its jurisdiction. The major commercial development within the city is anticipated to bring over 10 million additional square feet in building with thousands more people shopping, working, recreating and travelling in the Lathrop area.

Section 3: Population Served

The fire district services a very diverse population. From suburban households, rural farming communities, to industrial growth each of these have their own demographic to be served. The needs and demands for service for each of these populations vary greatly. Rural land ownership populations throughout the fire district include farmers, ranchers, families recreating on waterways and open trails, and sparse development whose populations desire a more country lifestyle. Today the fire district estimates it serves over 32,000 residents.

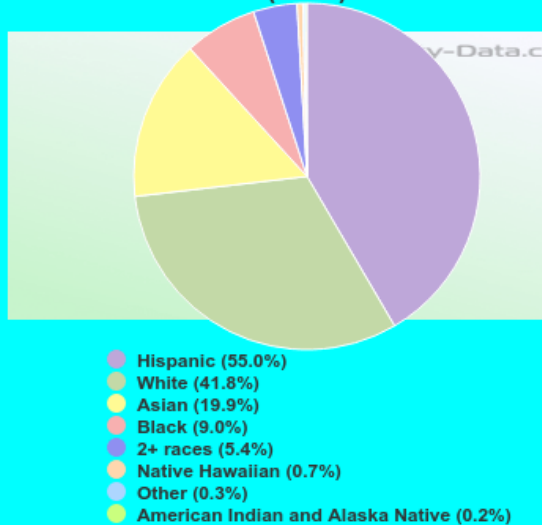
City of Lathrop Demographic

	Lathrop	California Comparison	San Joaquin County
Population	22,781*		
Male	11,594	50.9%	50.3%
Female	11,187	49.1%	49.7%
Median Household Income	\$76,273	\$71,805	\$61,164
Median Resident Age	33.4 years	36.5 years	34.3 years
Average Household Size	3.8 people	2.9 people	3.0 people
Number of Residents Living in Poverty	12.6%	13.3%	15.5 %
Travel Time to Work (20-35 minutes)	54% (approx.)	48% (approx.)	Not Provided
Unemployment Rate (March 2019)	7.3%	4.6%	Not Provided

Source: City-Data.com (2017). Accessed January 8th, 2021

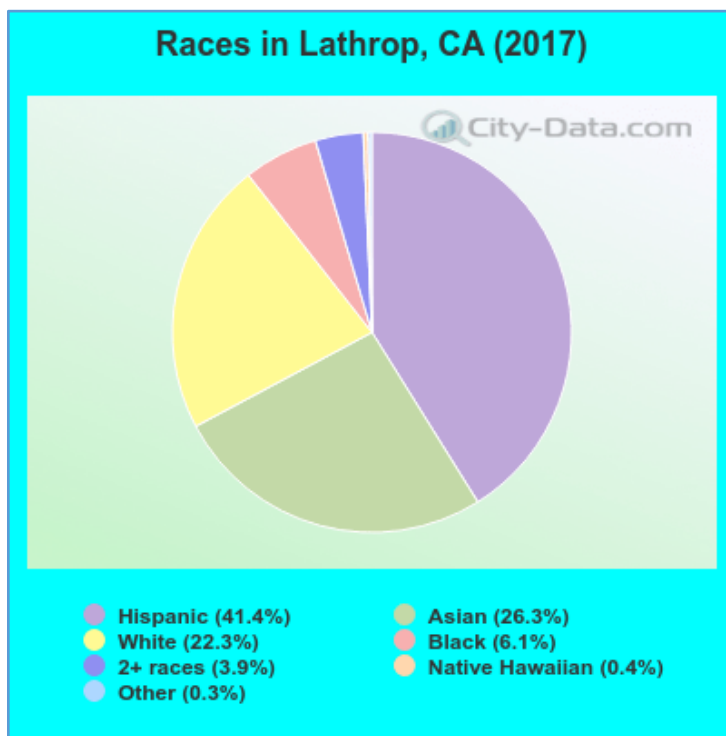
* Present Population Est. over 25,000

Races in San Joaquin County, CA (2017)



Hispanic or Latino	55.0%	310,067
White Non-Hispanic Alone	41.8%	235,440
Asian alone	19.9%	111,968
Black Non-Hispanic Alone	9.0%	50,693
Two or more races	5.4%	30,401
Native Hawaiian and Other Pacific Islander alone	0.7%	3,987
Some other race alone	0.3%	1,531
American Indian and Alaska Native alone	0.2%	1,337

While the fire district would've liked to use the US Census Bureau's recent 2020 counts in its measurement and analysis, updates for local use will take additional time. Through the use of technology, the fire district's staff has been able to follow and lean on informational estimates based on data collected at the local, state, and private open sourced levels. Technology and open sources such as City-Data are repositories that collect information regularly through both private and public partnerships. They are an industry leader for those who lean on demographic estimates both in the private and public sectors. Throughout this document the fire district uses population analysis to highlight benefit.



Both the service area description and the population served sections show the unique needs of the fire district as articulated in the community benefit section of this document.

As defined by a November 1, 2006 article in the *American Journal of Managed Healthcare*, Vulnerable and At-Risk populations include:

“...ethnic minorities, the uninsured, low-income children, the elderly, the homeless, those with human immunodeficiency virus (HIV), and those with other chronic health conditions, including severe mental illness. It may also include rural residents, who often encounter barriers to accessing healthcare services. The vulnerability of these individuals is enhanced by race, ethnicity, age, sex, and factors such as income, insurance coverage (or lack thereof), and absence of a usual source of care.”

As compared to the State of California the Lathrop-Manteca Fire District (that also services the City of Lathrop and surrounding community) has significant exposure to vulnerable and at-risk populations. The population numbers show that the fire district services members of the rural community that often lack access to emergent medical care. They also service young families with higher household numbers that show growing families. These growing families include pregnant women, pediatrics and

younger populations, and higher unemployment populations that struggle with access to healthcare.

Interstate 5, Highway 99, and Highway 120 are all major thoroughfares and primary transportation routes. The populations and daily travel routes of many that both live and work in the district swell populations serviced estimates. The City of Lathrop highlights that they have a trade area population of approximately 288,875.

All of these are populations that will benefit from an Advanced Life Support enhancement.

Section 4: Community Benefit for Enhanced ALS Services

The advanced life support scope provides an enhanced level of knowledge, skills, and abilities. Without question paramedics have a greater understand of physiology and the systems of the body. A paramedic enhancement to the fire districts current basic life support provides the ability to use advanced airway adjuncts, deliver medications, and perform advanced maneuvers for both trauma patients and those with cardiac emergencies. This section provides an overview of the benefits to those in the community.

Traffic Related Incidents

The fire district has a large commuting population. These citizens have expectations of service delivery and see the fire department as their “safety net” for access to emergency services with regards to traffic. Interstate 5, Highway 99, Highway 120, and Interstate 205, are all major thoroughfares having the potential for mass casualty incidents. Being an ALS service provider would assist the transporting units with diagnosis and treatment of traumatic injuries. During mass casualty incidents on freeways and rural roads provides enhanced skill sets when delays exist due traffic slowdowns, commuting time, rural access, and other roadway incidents. This population needs specialized rescue due to entrapment or over embankment vehicle stabilization. Also served in these routes are the primary regional distribution of goods and the



industry of major transportation. This industry has specific population needs in heavy vehicle rescue and hazardous materials response. The skills and training required to extricate, stabilize, and mitigate these forms of technical rescue or hazardous materials take trained members to accomplish rescue. The fire districts members are trained for these types of scenarios and operate in accordance with industry best practices. Transporting ALS

providers are not trained to this level nor do they carry the equipment necessary to mitigate these types of rescues.

An ALS enhancement meets this expectation of the community with regards to traffic incidents. Having a fire-based ALS provider willing to take on ALS enhancement benefits both the community and the EMS system. Additional ALS personnel on scene of complex or multi-patient scene calls can alleviate the burden to the transporting ambulance paramedic and ensure quality ALS care is provided to help ensure the best outcomes for the patients involved.

Growth and Development

Serving constituents in growth and development was heavily weighted in the decision to formulate a plan and seek this ALS enhancement. Service parody to other bay area and nearby communities is becoming essential. Residential development and existing citizens continue to relocate from bay area counties that offer fire-based paramedicine. The population growth within the fire district's boundaries, as well as regional growth within San Joaquin County will create an added impact to the emergency service needs for the EMS System: Lathrop Manteca Fire District, local ambulance transporting agencies, and local hospitals. This impact will require increased service demand to all parties in the EMS system. The Lathrop Manteca Fire District is in a unique position to implement and offer Advanced Life Support services early in the survival chain to ensure effective delivery of emergency medical care. In addition, by seeking this enhancement the fire district is laying the groundwork for interventions with other providers to help meet the challenges in the continuum of care.

As calls for service increase and hospitals become more inundated, the Lathrop Manteca Fire District's ALS program can assist with the county and its EMS system with additional advanced life support diagnosis and treatment. This is especially true during system saturation periods and pandemics like the one we are seeing now. We can accomplish this by providing high levels of EMS before and during transport, thereby easing the diagnosis and treatment needs of the system. Quicker ALS intervention by fire personnel prior to ambulance arrival will allow the transporting units to remain stocked with equipment and more rapidly re-enter the ALS system to ease the EMS transport provider's needs.



Fire Response

The State of California is no stranger to the massive devastation in wildfire. The fire district responded to over 80 local structure fires in 2020. Over 30 of those fires were working structure fires that involved an active fire fight. During strike team deployments crews and other resources routinely look for working ALS personnel with equipment.

These statements are critical to reduce reflex time for ALS care should a firefighter or civilian need this intervention. Recently, the transporting ALS companies that the fire district works closely with took exception to responding on the initial alarm to a structure fire. Their reasoning was that many of them are contained quickly or have some other incident that causes their ambulance to be cancelled. The fire district respects their decisions; however, this delays the ALS transporting provider to the scene should there be a need for ALS intervention. The fire district has one documented case where this occurred. This is a serious gap in public and first responder safety. If the fire district had authorization to perform ALS, this burn patient could've received interventions before the ALS transporting unit arrived and saved time in getting this patient to the hospital.

In addition, ALS care while firefighters are working as part of the statewide mutual aid system is paramount. Firefighters are often times working in remote areas, and have few ALS responders in the area. Reflex and response time during an event is often times critical. The fire district is the sponsoring agency to California Swift Water Rescue Team 13 for the California Office of Emergency Services. This team is a Firescope Type 1 team that requires ALS. Currently the fire district partners with other accredited and authorized providers to fill these roles. Having its own ALS program would ease the burden from other partners in this team, and would allow the fire district to better meet the states mission capabilities.

Pandemics

As seen in the current pandemic conditions, trained personnel is essential. It is without question that hospitals in San Joaquin County are operating at an alarming capacity. Having the fire district provide ALS care provides the county with more trained first responders to help mitigate staffing shortfalls and other needs in the system. While writing this document the county's Public Health Officer is requesting those that are trained to deliver vaccines to offer to assist. In her words from a county press release:

“Dr. Park said that the State has approved hospitals, county clinics and Community Medical Centers to officially administer vaccines. Dr. Park said she would encourage physicians and other health care providers to apply with the State to become official “vaccinators” so that as vaccines are delivered to the County in mass quantities that there will be an adequate number of professionals to administer the vaccine to the public in the shortest amount of time.”

Without approval of this plan the county would actually be exasperating their own concerns and requests. Bay area fire-based ALS providers are assisting their communities in delivering these vaccines. This helps alleviate pressure from the county's clinics and other efforts. As evident in its capacity to assist the statewide mutual aid system, the fire district can offer high quality ALS assistance to the county as an ALS provider during these times of greater need.

Population Demographic

As shown earlier the Lathrop Manteca Fire District has significant exposure to populations that are vulnerable and at risk. The area served includes areas that are extremely diverse in population and response area. Young families in their birthing and growth years, populations that are vulnerable in the lack of human healthcare resources, populations out of the workforce that need access to healthcare, and a response area that includes rural areas that have limited accessibility.

The Lathrop Manteca Fire District views the opportunity to provide Advanced Life Support services as an enhancement to the San Joaquin County EMS system's goal of delivering high quality and effective emergency medical response to the citizens of the communities in which we serve. The District would like to be a collaborative partner with the County and neighboring agencies to ensure effective and efficient services are provided. The fire district believes that they can be a partner with the county to help alleviate additional needs for the counties unincorporated areas, rural roadways response, tactical medical needs, community paramedicine, and many other opportunities that could be mutually identified and a partnership built.

Gap Opportunities for San Joaquin County

The fire district routinely is engaged with county stakeholders for responses to an "unprotected area" in western areas of San Joaquin County. This area presents challenges for technical rescue and other resource response needs. The fire district is open to exploring a partnership that would eliminate this gap in the county's EMS system. To make this a viable option to the fire district and its constituents that provide funding for the fire district, the district would work with the county to implement a "fee for service reimbursement" similar to its participation in the statewide mutual aid response system.

The fire district also understands that the county has communicated numerous times about a gap of licensed paramedics to meet the employment demands of the county and surrounding region. This fire district is in a unique position with its partnerships in the community college system to partner with a successful program. The partnership would bring additional validated training programs with proven success to the county. This also would allow opportunity for the county's teaching hospital in French Camp to assimilate other new paramedics into the county's desired system. It provides new possibilities to use paramedics in a unique learning environment that is focused specifically on the county's emergency medical system. In addition to bringing a training site, the county's hospital could forge an opportunity through the CQI process to provide additional training to infrequently used skills for all paramedics unique to a countywide system. By leveraging the county's existing resources at the hospital in French Camp, the county would also have a facility with tenured faculty to assist paramedics in skill enhancement.

Community paramedicine is also gaining traction in areas where vulnerable and at-risk populations are heavy users of the EMS system. The county see's large pockets of these areas and the fire district is open to forging a relationship that assists the county in relieving hospital crowding through a community paramedic program.

The fire district is open to addressing any other gaps in service delivery as a partner with San Joaquin County.

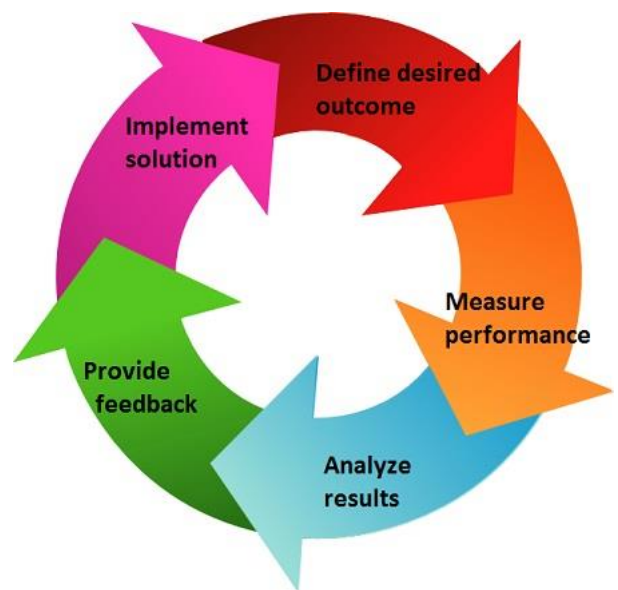
Section 5: Paramedic Competency

The fire district intends to maintain skill and knowledge competencies through a comprehensive training program that follows the principals of a defined outcome, measured performance, by analyzing results, with stakeholder feedback, and implemented solutions. The fire district will utilize this quality improvement philosophy with a focused approach that consists of internal and external training modalities. The District intends to ensure its licensed paramedics not only meet the minimum requirements for continuing education standards as set forth in county policy's 2720 and 6620, but also exceed those standards through data that is performance driven.

Internal training will consist of a combination of online and classroom training sessions. Technical skills training sessions will be comprised of didactic and clinic sessions with measured outcomes to ensure intended learner outcomes.

Paramedics will participate in at least four (4) hours of online training per month as assigned by the training division and in coordination with a continuous quality improvement team. Additionally, paramedics will engage in monthly classroom training covering a wide variety of skills and knowledge that enhances both ALS and BLS skill sets. Monthly training sessions will consist of core concepts in Advanced Life Support coinciding with SJEMSA Treatment Protocols. Paramedics will also engage in monthly skill refresher training to ensure skill competencies consisting of, but not limited to:

- Advanced airway management including endotracheal intubation and i-Gel airways for adult and pediatric patients
- Cardiac Arrest management – MICR
- Synchronized cardioversion and transcutaneous pacing
- Needle Thoracostomy and Percutaneous Needle Cricothyroidotomy
- Trauma interventions



External training will initially consist of utilizing third-party vendors to train and certify our personnel in areas such as Advanced Cardiac Life Support, Pediatric Life support, and Pre-Hospital Trauma Life Support. As the program develops, the fire district intends to train employees to the instructor level to re-certify our paramedics as well as developing a regional training consortium that can assist the needs of the fire district and should the county desire, the entire EMS system.

The fire district has already identified opportunity to meet with our neighboring agencies including ALS and BLS fire departments, ambulance transport agencies, law enforcement agencies, and local hospitals to participate in joint training sessions. The fire district is very interested in developing and enhancing participation with neighboring agencies for training opportunities. The fire district sees mutual benefit with its BLS personnel by increasing their level of skill and knowledge with the addition of an ALS program.

Training Adjuncts

The District intends to procure a variety of training adjuncts to ensure our personnel have access to all components of ALS skills management. Such training equipment will include manikins/props for cardiac management, airway management, IV/IO access, Trauma management, etc. All training adjuncts may be made available to neighboring agencies to assist with their training as well.

Section 6: Compliance

The Lathrop Manteca Fire District is one of the premier compliance agencies in San Joaquin County. To its example, its newly reformed website is compliant with state laws regarding accessibility and the site developer has demonstrated the site compliant with WCAG compliance version 2.0. This is an important statement as it is the only government sponsored healthcare providing website in San Joaquin County that complies with California Senate Bill 432's requirement to identify an infectious control officer on their home page: www.lmfire.org (located in footer). For reference, the requirement is identified in Health & Safety Code Section 1797.188(d).

The fire district takes compliance seriously. It provides monthly updates to its board of directors regarding responses and fire district activities. Its web and social media presence are all compliant with state accessibility laws.

It is the fire districts intention to take this same level of detail towards compliance and apply it to their newly created Paramedic Program. The fire district routinely monitors policy and legislation from the Executive level. Both the Fire Chief and the Administrative Chief Officers participate regularly in conferences to help identify new pending legislation. In addition, the fire district has been a regular attendee of the EMS Liaison Committee that is sponsored by the County's Emergency Medical Services Agency. The fire district send a representative at the staff level Chief Officer ranks.

Lastly, the fire districts administrative team (both Executive and Staff level) Chief Officers meet to discuss new policy proposals from the EMS Agency. Some of these policies the fire district has been a participant in the drafting process. The fire district envisions continuing these methods and is open to the county for enhancements to better efforts with regards to compliance.

Lastly, the fire district is currently in discussions with its primary ALS transport provider to draft and implement a quarterly training session to ensure/enhance compliance with Local EMS policies. Evidence of this was provided in the form of email communications between Manteca District Ambulance Manager John Andrews and Division Chief Larry Madoski.

Section 7: Coordinating with our EOA Provider

The Lathrop-Manteca Fire District has a long history of coordinating efforts with the Manteca District Ambulance. The Lathrop Manteca Fire District has allowed a lease agreement of district owned property that allows Manteca District Ambulance to place a station at one its fire stations. This lease has afforded the ambulance to meet the growing needs for ALS transportation. The fire district anticipates continuing this agreement this relationship, and most recently was tasked with communications from the ambulance company to relocate this facility.



The fire district also produced two email communications that showed coordinated efforts regarding the fire districts ALS enhancement. This communication involves a potential purchasing agreement and the inclusion of the ambulance company in a training program that may provide for a more coordinated effort. Lastly, in the communication the fire district and ambulance company are already coordinating the possibility of internships for the district's personnel at the conclusion of their paramedic schooling didactic portion. The Manteca District Ambulance company's John Andrews stated in this communication:

"I see a lot happening between the LMFD and MDA over the coming months all of which I consider positive. This type of communication only strengthens our relationship."

These opportunities and the forward thinking of the fire district to reach out to stakeholders is continued evidence of the fire districts commitment to be a valued partner. Throughout discussions of this plan the fire district see's continued opportunities to partner with other agencies including the county government. These partnerships can fill gaps that are essential for emergency service delivery.

Section 8: Implementation Schedule

Training

The District has already begun the commitment process to a sustainable implementation plan. Currently, the Lathrop Manteca Fire District has two (2) firefighters and one (1) Battalion Chief that are licensed paramedics. To minimize disruption or impact to neighboring agencies, the fire district will train nine (9) additional current personnel to an ALS level using a regional paramedic program. The fire district intends to utilize this program to obtain licensure. Should the fire districts personnel be successful, the fire district would have eleven (11) firefighters and one (1) Battalion Chief. These personnel will be spread across three (3) shifts: A, B, and C. The district is also in the review process with four (4) ALS transport agencies to facilitate field internships of personnel. The District is anticipating to have personnel complete the ALS training process in as little as 12 months with all personnel completing the program within 18 months or less. The Lathrop Manteca Fire District was awarded a federal grant to offset the cost of training their personnel as part of this ALS Enhancement Plan.

The district continues to pursue additional grant opportunities for additional revenue sources that will offset funding, and create enhanced opportunities in addition to those included in this plan.

Timing Benchmarks

Early 2020: Meet with local administrators to identify pathways for an ALS Enhancement. Completed

Mid 2020: Apply for an Assistance to Firefighters federal grant for initial program training. Successful and Completed.

Mid 2020: Seek outside support and assistance in drafting an ALS Enhancement Plan. Completed

January 2021: Meet with local administrators to socialize a drafted ALS Enhancement Plan. In process

January 28, 2021: Present a Draft plan to the Fire Board for Resolution approval to move forward. Forthcoming

February 1, 2021: Submit the Lathrop Manteca Fire District Advanced Life Support (ALS) Enhancement Plan. Forthcoming

Late February 2021: Purchase the non-pharmaceutical equipment as identified in SJEMS Policy 4101.

May 1, 2021: Anticipated approval of the plan from local administrators and move to Draft an agreement for services between the Lathrop Manteca Fire District and San Joaquin County.

Mid May 15, 2021: Adoption of a jointly drafted agreement for ALS Service by the San Joaquin County Board of Supervisors.

May 20, 2021: Adoption of a jointly drafted agreement for ALS Service by the Lathrop Manteca Fire Board.

September 2021: Identify all logistics and storage of supply. Complete all internal district policy adjustments to begin service.

Late 2021: Begin providing written notice to the San Joaquin County Local Emergency Medical Services Agency of the commencement of ALS Services from its fire assets. Purchase narcotics and any remaining equipment.

January 1, 2022: Brand the fire district assets to account for the inclusion of an ALS Enhanced service level.

Early 2022: Providing written notice to the San Joaquin County Local Emergency Medical Services Agency of the commencement of ALS Services from additional fire assets.

Deployment

The initial intended deployment of Advanced Life Support (ALS) personnel will be from Fire Station 34, located at 460 River Islands Pkwy in Lathrop. The station is the most centrally located within the City of Lathrop. The intent is to have a minimum of one (1) paramedic on duty every day at any authorized ALS unit. The fire district is drafting policy adjustments to include provisions for filling overtime and accounting for personnel leave while maintaining ALS services. It is the districts intent that once ALS service has begun from a fire station that this service level is sustainable and continued indefinitely. The fire district intends on expanding to include additional companies within other fire station response areas.

The initial projected timeline for ALS deployment:

Late 2021- Begin ALS service from fire station 34

Early 2022- Begin ALS service from fire station 35 and fire station 31

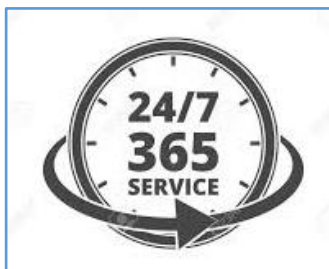
January 1 2024- 2 additional ALS companies

The fire district intends to continuously evaluate several factors such as call volume, staffing levels, response times, revenues, and other operational areas to best determine further deployment of ALS resources and subsequent ALS expansion.

The district further intends to enroll additional personnel into ALS training programs to generate a larger pool of paramedics for future needs and departmental expansion.

Section 9: Provision of Services- 24 Hour

The Lathrop Manteca Fire District has entered into a bargaining agreement with the International Association of Firefighters Local #4317. In this agreement the firefighters have bargained and received a schedule that includes a schedule of forty-eight (48) hours on duty and ninety-six (96) hours off duty. This schedule has served the district and its personnel well and has become somewhat of an industry standard in the California. Many organizations were forced to this schedule out of fiscal needs due to the rising costs of housing and affordability of service. The three-platoon shift schedule the fire district works is another example of these same constraints. The federal governments Fair Labor Standards Act recognizes this, and the fire district takes advantage of the Section 7K employer exemption. The inclusion of the fire districts schedule does have a provision for Christmas Eve and Christmas Day to assist in preventing a single shift from working both of those holidays.



It is the fire districts intent to have its trained ALS personnel work this schedule. Both the bargaining unit and the fire district have met and conferred on this schedule and agree that this is the best method for deployments. However, the fire district at times has recognized a need to staff additional units during peak demand or anticipated peak demand. This additional “up” staffing may be less than the twenty-four period and both the district and bargaining unit have worked collaboratively to add

this staffing. The district may desire to staff this additional unit with a paramedic and utilize the ALS Enhanced services it could provide.

Both the fire district and the bargaining unit are open to other schedules that would assist the county in filling an identified gap need that is separate from the services scope of this plan. These schedules would most likely involve overtime costs and discussions between the fire district and the county would need to mitigate these costs through mutual agreement.

Section 10: ALS Delivery Model

Generally, the fire district anticipates the delivery of ALS Enhanced service from fire apparatus. The configuration would generally include:

- City of Lathrop
- 1- Paramedic

2- Emergency Medical Technicians (Enhanced Level)

Rural Unincorporated Areas

- 1- Paramedic
- 1- Emergency Medical Technician (Enhanced Level)

At times the transporting ambulance requests additional personnel to ride with them to the hospital. This request is something that the fire district has honored in the effort of best possible patient outcome. During these events the fire apparatus is down staffed and remains in service and able to respond to calls. While the district receives no compensation for this, they continue this practice. The fire district personnel have rarely seen this abused by the ambulance provider, and the district continues to honor these requests when warranted.

Potentially during these service periods, the fire districts paramedic may be requested when an Emergency Medical Technician was not well suitable. During these times the fire district would continue to staff its fire apparatus with quality Enhanced EMT's as it does present day.

The fire districts units routinely move around the jurisdiction boundaries of the Lathrop Manteca Fire District and at times cross jurisdictional lines. It is expected that approved units that are staffed with a paramedic and accredited to work be allowed to provide these services.

As mentioned previously, the fire district is occasionally requested to provide additional services within its jurisdiction during large events, or has an additional need to "up" staff. During these times the fire district may utilize its San Joaquin County accredited ALS personnel to fill this roll.

Section 11: System Saturation

System saturation occurs when catastrophic events unfold that place a demand on resources that overwhelm capacity. The fire district has had excellent relationships with its neighboring agencies. Both Stockton and the South San Joaquin County Fire Authority have routinely provided automatic and mutual aid when requested. Both of these agencies are also ALS providers and provide the opportunity to continue ALS care within the fire districts jurisdiction.

By allowing another fire-based ALS provider the county ensures that additional units are available to those agencies as well when their systems are saturated. This enhances the overall south San Joaquin County EMS system.



As disaster service workers defined by law and under the bargaining agreement, firefighters at the Lathrop Manteca Fire District are required to return to work during times of recall. The fire district utilizes this recall method during times of system saturation and anticipates continuing this practice.

Section 12: ALS Unit Notification

ALS unit notifications are made over either primary or secondary methods. The primary unit notification procedure utilizes the US Digital Designs unit-based alerting over internet protocol. This system is configured over a proprietary network that meets homeland security measures and requirements. This primary method of IP based alerting and the proprietary software can “communicate” back to the dispatch center console. This is helpful in viewing the logged files to make determinations for system improvement. IP based alerting using the US Digital Designs hardware and software is cutting edge technology and the fire district was the first in San Joaquin County to implement this technology. The secondary method of alerting is done over radio frequency and is a station based alerting method where the radio “listens” to the 2-tone frequency and intervals. Through a system of relays the station is alerted and personnel are notified of a response. The fire district is exploring a method with the US Digital Designs team to use the station controller to move to a DTMF decoder. This method continues to use the radio frequency method of transmission; however, notifications could be done at the unit verses the station method previously mentioned on the backup system.



The fire district maintains additional communications in VHF, UHF and UHF trunked. The fire district was also an early adopter of AT&T FirstNet technology that is only available to first responders. FirstNet provides the ability to utilize priority and preemption LTE services that are unrestricted on the network. The fire district operates and maintains a Radio of Internet Protocol (RoIP) for two (2) of its radio channels that cross band to LTE services. The Lathrop Manteca Fire District was the first to utilize an executive level iPhone for communication of AT&T Enhanced PTT with a device that operated over both AT&T FirstNet and Verizon Wireless on the same device.



Presently the fire district is dispatched through the Stockton Fire Department’s emergency communications center. However, the fire district has identified a need for additional providers that can be good partners with external stakeholders. The fire district is exploring what service might look like from an enhanced regional approach.

Section 13: Controlled Substances Tracking, Equipment

The District plans to procure controlled substances through a local pharmacy under the supervision of Dr. Chetan Patel, PHARM.D. Controlled substances will be secured in accordance with SJEMS policy 4200 using a double lock safe securely mounted to each ALS fire apparatus. Controlled substances stored on ALS apparatus will be inventoried according to SJEMS policy 4200. Surplus controlled substances will be stored in a double-lock safe located at one of the District's facilities. All storage of controlled substances will be in secure safes capable of utilizing biometrics and unique identifiers to ensure access is limited to only authorized personnel.

Access to controlled substances will only be made available to ALS personnel, LMFD ALS Manager, and the LMFD Fire Chief.

Controlled substance inventory will be completed monthly by the fire district's EMS Director and witnessed by one (1) other ALS employee. Distribution of controlled substances will be done by the LMFD ALS Manager or LMFD EMS Director. The LMFD Fire Chief will identify and authorize competent personnel to fulfill the role of ALS Manager and EMS Director. Acquisition of controlled substances will only be completed by authorized ALS personnel and witnessed by one (1) other ALS employee or other authorized employee per the Fire Chief.

Non-scheduled medications will be procured from the local pharmacy or through online vendors. The district will maintain an inventory on the ALS units in compliance with SJEMS policy 4101 and policy 4101A on all ALS units as well as sufficient surplus of medications to re-stock the Fire ALS units as needed.

Supplies and equipment will be procured from the local pharmacy or through online vendors. The district will maintain an inventory on the ALS units in compliance with SJEMS policy 4101 and policy 4101A on all ALS units as well as sufficient surplus of supplies and equipment to re-stock the Fire ALS units as needed.

The fire district plans to procure ALS capable monitors compliant with SJEMS policy 2551. The District will procure an ALS monitor for each ALS unit and maintaining at least one (1) additional ALS monitor in reserve as a backup to be used as needed.

The Lathrop Manteca Fire District maintains a modern fleet of fire apparatus that is sufficient for the needs of the district. First out fire apparatus are all of 15 years or newer. The oldest first out unit has been approved for replacement and is scheduled to have the new apparatus to be in service before the end of 2022. The fire districts current reserve fleet includes a 1990 Type 1 fire apparatus that is the oldest and now in reserve status. The unit is still maintained and worthy of first out status if needed. Each of the districts response apparatus is maintained in accordance with industry standards and best practices that include annual brake inspections, oil changes every 300 hours, other fluid and filter changes at regular intervals, and regular tune ups through an effective preventative maintenance program.

The fire districts annual revenues are sufficient to maintain both vehicles and added equipment for ALS service delivery.

Section 14: Key Personnel

Fire Chief:
Gene Neely

Fire Chief Gene Neely was appointed by the Board of Directors as the fire district's Fire Chief in 2010. He has served in every rank from Reserve Firefighter through Fire Chief and has over 26 years of experience serving the citizens of the Lathrop Manteca Fire District. Chief Neely was instrumental in establishing the districts' Dive Rescue/Recovery program, the training facility at fire station 31, the expansion and building of fire station 35 in River Islands, the establishment of sound fiscal management policies, reinstatement of the district's Capital Improvement Plan, and a completed update to the district's Master Plan document in 2019. The Lathrop Manteca Fire District's Fire Chief serves as the Chief Executive Officer of the district. The Fire Chief will have ultimate responsibility and oversight for the district's agreement and accountability for the districts Paramedic Program.

EMS Program Administrator:
Battalion Chief Craig Jones

Chief Jones has oversight over all Enhanced BLS personnel training, supply, and coordinates the overall mission of the Lathrop Manteca Fire District's both internally and externally with the Local Emergency Medical Services Agency. He reports to the Fire Chief on all matters relating to EMS as it relates to the Lathrop Manteca Fire District.

Paramedic Program Administrator:
Battalion Chief Josh Capper

Chief Capper has over 20 years experience in the fire service. He is an accredited paramedic in San Joaquin County. Chief Capper will have management oversight of the Paramedic Program and will report directly to the Fire Chief and Battalion Chief Craig Jones concerning all ALS Paramedic Program matters under his purview. He is responsible for overall program review and recommendations for enhancement, quality improvement with regards to ALS Personnel, inventory accountability, and compliance with LEMSA Policy.

CQI & CE Coordinator:
Engineer Paramedic Martin Ortiz

Engineer Marty Ortiz is an experienced paramedic that is accredited to work in San Joaquin County. Previously Martin served as an approved preceptor in San Joaquin County. He is well known in the south San Joaquin County area for his passion in paramedicine and his skills in the field. Martin enjoys teaching and mentoring other paramedics and will serve as the CQI Coordinator for the Lathrop Manteca Fire District.

Prescribing Physician:
Dr. Rahul Patel, M.D.

The District has arranged to collaborate with a local physician, Dr. Rahul Patel, M.D. to act as Medical Control and to prescribe all medications and equipment. Dr. Patel will also review the administration of controlled substances/medications and will be provided monthly reports of medication administration cases. Dr. Patel will also work with Chief Capper to oversee the policy/procedures regarding acquisition, storage, disbursement, and disposal of controlled substances.

Section 15: Stress, Fatigue, and Employee Care

The fire district understands that the role of a paramedic places critical medications, controlled, substances, and other adjuncts in the hands of someone for potential misuse. This misuse can have devastating consequences to patients, coworkers on the EMS team, and the paramedic themselves. Additionally, the emergency services is well known for high “burnout” turnover. Other types of fatigue can lead to the deterioration of fine motor skills, feelings of depression, loss of motivation, and even in the most severe cases Post Traumatic Stress Syndrome (PTSD).

The Lathrop Manteca Fire District Policies addresses this issue. Specifically, the fire districts policy 3.23: Beds and Lockers addresses opportunities for rest. Other policies that support this include the fire districts policy 7.01: Employee Conduct and Work Rules, and Policy 7.05: Duty Orders. These policies are included in this document as Appendix A and provides the employee to consult with their supervisor for rest. This first line of supervision has the authority empowerment to weigh considerations and provide the employee the ability to occupy their bed at the fire station. In Section 6 of the Bargaining Units MOU it states:

“Beds may be used by employees between 2100 hours and 0700 hours. However, the company officer, in their sole discretion, may allow employees to occupy the beds at other times when circumstances such as illness or excessive fatigue warrant it.”

Line supervisors are trained to recognize fatigue: mental cloudiness, non-cohesive speech, irritability, reduced alertness, tiredness, tardiness to work, increased alcohol use, and many others. As these conditions persist, first lines supervisors are required to inform the fire districts on duty Battalion Chief for additional remedy. This remedy includes sending the employee home, enrollment in the fire districts employee assistance plan, and even trained peer to peer support. As of the writing of this document the fire district has shown no evidence of having to send someone home for fatigue.



The fire district has had training for members to support personnel emotionally, and realistically the fire district is responsive in planning for added capacity to service growth. This keeps job time manageable for employees and promotes a healthy lifestyle. Prevention and proper planning can and should be the first step in mitigating stress, fatigue, and employee burnout.

All of the fire districts stations have extensive workout equipment and facilities.

Section 16: Authority

Under the State of California Health and Safety Code section 1797.200, each county is authorized to develop a local EMS agency for the administration of emergency medical services. Health and Safety Code section 1797.204 requires the local EMS agency to plan, implement, and evaluate an EMS system consisting of an organized pattern of readiness and response services based on public and private agreements and operational procedures. Additionally, Health and Safety Code section 1797.206 requires local EMS agencies be responsible for the implementation of advanced life support (ALS) systems.

The Lathrop Manteca Fire District requests to participate as an integrated component in the County's Emergency Medical Services (EMS) system as an ALS provider pursuant to Health and Safety Code sections 1797.201:

“Upon the request of a city or fire district that contracted for or provided, as of June 1, 1980, prehospital emergency medical services, a county shall enter into a written agreement with the city or fire district regarding the provision of prehospital emergency medical services for that city or fire district. Until such time that an agreement is reached, prehospital emergency medical services shall be continued at not less than the existing level, and the administration of prehospital EMS by cities and fire districts presently providing such services shall be retained by those cities and fire districts, except the level of prehospital EMS

may be reduced where the city council, or the governing body of a fire district, pursuant to a public hearing, determines that the reduction is necessary. Notwithstanding any provision of this section the provisions of Chapter 5 (commencing with Section 1798) shall apply.”

Section 1797.223(d):

“A local EMS agency shall review and approve or deny a public safety agency’s plan to implement an EMD or advanced life support program within 90 days of submission of the plan. A public safety agency may elect to appeal any action of a local EMS agency as described in paragraphs (1) and (2).”

Section 13801:

“The Legislature finds and declares that the local provision of fire protection services, rescue services, emergency medical services, hazardous material emergency response services, ambulance services, and other services relating to the protection of lives and property is critical to the public peace, health, and safety of the state. Among the ways that local communities have provided for those services has been the creation of fire protection districts. Local control over the types, levels, and availability of these services is a long-standing tradition in California which the Legislature intends to retain. Recognizing that the state’s communities have diverse needs and resources, it is the intent of the Legislature in enacting this part to provide a broad statutory authority for local officials. The Legislature encourages local communities and their officials to adapt the powers and procedures in this part to meet their own circumstances and responsibilities.”

Section 13805:

“If any provision of this part or the application of any provision of this part in any circumstance or to any person, city, county, district, the state, or any agency or subdivision of the state is held invalid, that invalidity shall not affect other provisions or applications of this part which can be given effect without the invalid provision or application of the invalid provision, and to this end the provisions of this part are severable.”

Lathrop Manteca Fire Board Resolution 2021-2
See Appendix for the document in its entirety.

Section 17: Intended Agreement

As an ALS provider, the fire district intends to sign an agreement. The district has been provided preliminary template of documents from the Local Emergency Medical

Services Agency to serve as a potential agreement. The fire district is in agreeance to the language provided and has agreed to fully explore the language provided to:

1. Meet all program requirements, regulations, procedures, policies, and protocols as have been or may be established by the San Joaquin County EMS Agency (SJEMSA).
2. Adhere to and be responsible for compliance to EMS rules and regulations established by the State as adopted and implemented by SJEMSA.
3. Voluntarily and in good faith keep the EMS Agency informed of the District's ability to adhere to EMS Agency policies and procedures and the District's performance in the EMS system.
4. Provide non-ambulance based ALS and basic life support (BLS) services in accordance with the policies and procedures of SJEMSA within the boundaries of the Lathrop Manteca Fire District and other service areas as may be approved by the SJEMSA.
5. Have and maintain capability at all times for paramedic units to conduct two-way radio communications with dispatch, base hospitals, receiving hospitals, other EMS providers as specified by the SJEMSA, and maintain and operate communications equipment so as to ensure continued compatibility in a manner which will not degrade nor interfere with the actual or intended operation of the County's communication system.
6. Be responsible for all expenses related to District's participation in the County's EMS system.
7. Patient Care Data and Medical Records:
 - a. Maintain an EMS Agency approved electronic Patient Care Report (ePCR) that adheres to SJEMSA Standards. This ePCR software shall be National EMS Information System (NEMIS) compliant and HL7 compatible, and be pre-approved by the EMS Agency for patient documentation on all patient contacts.
 - b. The ePCR shall be accurately completed and transmitted to the receiving hospital emergency department at the conclusion of the call using a secure connection.
 - c. The ePCR system shall allow for timely transmission of required data elements to the EMS Agency in a digital format that allows direct import into the EMS Agency's database in order to allow full countywide integration of ePCR and CAD Data. The ePCR system must be capable of capturing and accurately reporting the California EMS Authority's Core Measures as defined by the EMS Agency. The District's ePCR system shall be compatible with both NEMIS and EMS policy No. 6301. Any discrepancy between NEMIS and EMS Agency policy shall be resolved in favor of compliance with EMS Agency policy. The EMS Agency shall have sole discretion to determine whether the District complies with EMS Agency policy.
 - d. The District shall provide the EMS Agency with remote read-only ePCR access and the ability to generate reports using the ePCR system and training in the use of its ePCR system.

- e. The District's personnel shall accurately and completely describe the prehospital patient care provided in accordance with EMS Agency standards.

8. Continuous Quality Improvement

The District intends to implement a continuous quality improvement (QI) program that adheres to EMS Agency standards to include:

- a. The ability to identify, track, and trend key indicators from continuous quality improvement (CQI) data analysis.
- b. Submit quarterly Key Performance Indicators (KPI) reports to EMS Agency.
- c. Attend and participate in EMS Agency CQI Council meetings.
- d. Notify to the EMS Agency of all incidents in which the District personnel fail to comply with policy and/or contractual requirements.
- e. Formation of a Peer Review Committee (PRC) to review all off-going personnel's ALS PCR's according to the timeline established in the CQI plan.
- f. The auditing of PCR's using an audit tool, as approved in an EMS Agency approved QI plan that identifies the appropriateness of patient documentation and patient care.
- g. Retrospective prehospital care education and skill competency activities for all prehospital care personnel based upon analysis and recommendations of the PRC and EMS Agency CQI Council.
- h. Prospective training to ensure the District's personnel have a mastery of EMS Agency policies and procedures.
- i. Have and maintain a full-time equivalent (FTE) EMS QI or clinical specialist.

9. County EMS Resource Assignments:

- a. Provider shall respond to EMS incidents occurring within the Lathrop Manteca Fire District pursuant to SJEMS Policy, including but not limited to those as crafted in collaboration with the fire district for Policy No. 3202.
- b. County agrees to add the following provision to EMS Policy No. 3202:
- c. For EMS incidents occurring within the Lathrop Manteca Fire District, EMR resources shall be assigned at time of call to the same incidents, at the same response level as ambulance resources, except that no EMR resources shall be assigned to Protocol 33 alpha determinants unless requested due to exigent circumstances.
- d. The District shall cooperate in good faith with the County's efforts to increase compatibility between the computer aided dispatch interface the District utilizes for its EMR/fire dispatch and the County's designated EMS dispatch center.
- e. The District shall utilize automatic vehicle locator technologies (AVL) allowing the County's designated EMS dispatch center to identify the location of and track the District's vehicles and EMS resources in real time via CAD interface by no later than January 1 2021, unless the

County and the District meet and confer and mutually agree on an extension of time for the District to comply.

- f. The fire district is open to amicable language that would satisfy the counties requirements with regards to dispatching.

Section 18: Administrative

FUNDING

The fire district receives revenue through various sources: property tax ad-valorem, a special assessment of the jurisdictions parcel owners, various service enhancement agreements (Measure C sales tax share, hazardous materials response, and an operations and easement maintenance maintenance), grants, and various fees for growth mitigation (development agreements, joint partnership with community facilities districts, and a fire facility fee capital expenditure fee). In addition, the fire district has utilized grant sourced funds to their benefit in order to maximize efficient spending.

The districts financials and audits are transparent on their public facing webpage: <https://www.lmfire.org/administration/page/financial-documents>. A review of the fire districts budgeted Property Tax Ad Valorem, the voter passed Special Assessment, and Measure C combined sum revenues over the last three years show a net growth of over twenty-two percent (22%). Additional trending revenue expectations show similar patterns when compared to the five and seven year trending patterns.

Fiscal Year 2020-21

- Ad Valorem: \$5,170,517
- Special Assessment: \$2,174,492
- Measure C: \$2,152,095

Total: \$9,497,104 (3.6% YoY-Increase)

Fiscal Year 2019-20

- Ad Valorem: \$4,554,801
- Override Assessment: \$2,174,492
- Measure C: \$2,430,846

Total: \$9,160,139 (18.9% YoY-Increase)

Fiscal Year 2018-2019

- Ad Valorem: \$3,883,336
- Special Assessment: \$1,980,044
- Measure C: \$1,838,901

Total: \$7,702,281 (baseline)

These three revenue sources and a subsequent comparison to the districts published audits provide firm validation to the claims of dwelling and building growth. The ad valorem as used is impacted by both new physical development, and property values.

The special assessment is a voter approved enhanced funding mechanism that should stay fairly consistent with one exception: additional physical buildings. This exception would primarily show increases. This financial instrument works to soften the highs and lows of more global economic impacts. Lastly, the Measure C sales tax share with the City of Lathrop shows a diversification of revenue source and both the city and the fire districts commitment to enhanced service levels with supportive funding. This ALS enhancement qualifies for the use of all of these funds. While not a complete financial picture (nor is it the purpose of this document), these three revenue sources are impactful and validate the claims of the fire district that it has sound financial revenues that can be assigned to this ALS Enhancement.

INSURANCE

The District intends to acquire and maintain adequate comprehensive general liability, professional liability, and medical malpractice insurance for the duration of the ALS program.

HOLD HARMLESS

The District intends to exonerate, indemnify, defend, and hold harmless the County from and against any and all claims, demands, losses, damages, defense costs, or liability of any kind of nature which the County may sustain or incur or which may be imposed upon it 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 the agreement, excepting any liability arising out of the intentional or negligent conduct of the County. Such indemnification includes any damage to the person(s), or property(ies) of the District and third persons.

DISCIPLINE

The District will review employee performance on a continuous basis and implement disciplinary action when findings indicate, in accordance with District policies and procedures, SJEMSA policies, and California EMSA policies.

NOTICE OF THE COUNTY'S INTENT TO EXPLORE FUTURE EMS SYSTEM CHANGES

1. The District acknowledges that the County has informed the District that the County EMS System is exploring the integration of fines and penalties in ALS agreements for all ALS providers in the EMS system. The EMS agency expects fines and penalties to be put into place for failure to perform contracted services, consistent with the EMS Agency's goal of incentivizing provider compliance and avoiding any unnecessary interruption in the provision of ALS services, subject to EMS Agency procedures and state law. The District reserves its rights under EMS Agency procedures and state law to object to fines and penalties proposed by the EMS Agency.
2. The District further acknowledges that the County has informed the District that discussions regarding the integration of fines and penalties in subsequent ALS agreements will occur prior to the end of the Agreement term.

FAILURE TO COMPLY

1. The EMS Administrator shall notify the District of deficiencies or failures to comply with the provisions of the Agreement and allow the District thirty (30) days to correct any failure to comply, deficiency, or other violation of the EMS Agency policies and procedures before taking action to terminate the Agreement for cause.
2. The EMS Administrator or EMS Medical Director may immediately suspend the District's authorization to provide ALS services or participate in the County's EMS system for conduct or omissions that in the EMS Agency's reasonable and good faith judgment pose a threat to the public health and safety, including the District's failure to make corrective actions ordered by the EMS Agency.
 - a. Following notice to the District of the immediate suspension, the EMS Agency shall investigate the matter and review the desirability of continuation of the District as a participant in the County EMS system.
 - b. Within forty-five (45) days, unless the EMS Administrator or EMS Medical Director reasonably and in good faith determines, and notifies the District of the basis of the determination, that an extension is necessary, the EMS Agency will send to the District a written summary of its findings and final decision in the matter.
 - c. At its sole discretion, the County EMS Agency may allow the District to provide Basic Life Support service (BLS) during the investigation and review period or until a final decision is reached.
3. The District may appeal a final decision to terminate for cause to the Board of Supervisors after the District complies with the EMS Agency's directive(s), including but not limited to a directive to terminate or cease service. An appeal must be filed within thirty (30) days of the date of the EMS Agency's final decision.
4. The EMS Agency's findings and directive(s) shall remain in full force and effect until modified, vacated, or superseded by the Board of Supervisors.

ALTERATION OF AGREEMENT

No alteration, modification, or variation of the terms of the Agreement shall be valid unless made in writing and signed by the parties involved, and no oral understanding or agreement not incorporated herein shall be binding on the parties hereto.

TERM

The term of the Agreement shall commence on a date mutually agreeable to both the County and Fire District.

Appendices

3.23 Beds and Lockers Policy

Effective Date: 10/26/2005

Revision Date: 12/17/2013

At all times lockers and beds are to be kept neat in an orderly fashion. At no time is there to be excess amounts of boxes and/or clothing on top of lockers or underneath beds.

Lockers or beds are not to be damaged through horse play or any kind of practical joke. Actions as the result of horseplay or practical jokes that cause damage to any district property will be cause for discipline.

Occupancy of Beds;
(See MOU)

7.01 Employee Conduct and Work Rules

Effective Date: 10/28/2005

Revision Date:

To ensure orderly operations and provide the best possible work environment, the Lathrop-Manteca Fire District expects employees to follow rules of conduct that will protect the interests and safety of all employees and the Department.

It is not possible to list all the forms of behavior that are considered unacceptable in the workplace. The following are examples of infractions of rules of conduct that may result in disciplinary action, up to and including termination of employment:

- * Theft or inappropriate removal or possession of property
- * Falsification of timekeeping records
- * Working under the influence of alcohol or illegal drugs
- * Possession, distribution, sale, transfer, or use of alcohol or illegal drugs in the workplace, while on duty, or while operating employer-owned vehicles or equipment
- * Fighting or threatening violence in the workplace
- * Boisterous or disruptive activity in the workplace
- * Negligence or improper conduct leading to damage of employer-owned or customer-owned property
- * Insubordination or other disrespectful conduct
- * Violation of safety or health rules
- * Smoking in prohibited areas
- * Sexual or other unlawful or unwelcome harassment
- * Possession of dangerous or unauthorized materials, such as explosives or firearms, in the workplace
- * Excessive absenteeism or any absence without notice
- * Unauthorized absence from work station during the workday
- * Unauthorized use of telephones, mail system, or other employer-owned equipment
- * Unauthorized disclosure of business "secrets" or confidential information
- * Violation of personnel policies
- * Unsatisfactory performance or conduct

BEFORE THE BOARD OF DIRECTORS OF THE LATHROP-MANTECA FIRE
PROTECTION DISTRICT

R-2021-02

AUTHORIZE THE FIRE CHIEF TO SUBMIT THE LATHROP-MANTECA FIRE DISTRICT'S
ADVANCED LIFE SUPPORT ENHANCEMENT PLAN TO THE SAN JOAQUIN COUNTY
LOCAL EMERGENCY MEDICAL SERVICES AGENCY IN SUPPORT OF THE FIRE DISTRICT
TO PROVIDE PARAMEDIC SERVICES

WHEREAS, the Lathrop Manteca Fire District is a duly formed and recognized special district organized under Health & Safety Code §13800, et seq. for the provision of fire protection services, rescue services, emergency medical services, hazardous material emergency response services, ambulance services, and other services relating to the protection of lives and property that is critical to the public peace, health, and safety of the state; and

WHEREAS, the California Health and Safety Code Section 1797.223 Cd) states that a local EMS agency shall review and approve or deny a public safety agency's plan to implement an EMI) or advanced life support program within 90 days of submission of the plan; and

WHEREAS, the county of San Joaquin County has passed Ordinance 4563 which includes Title 4 Public Safety, Division 4 et seq. to allow for the orderly and lawful operation of a local emergency medical services system pursuant to the provisions of Health and Safety Code Section 1797 et seq.; and

WHEREAS, the Lathrop Manteca Fire District has ample financial resources to fund this enhancement through the use of property taxes, a special assessment, Measure C and other fee structures; and

WHEREAS, the Fire Board has asked the Fire Chief to move forward in identifying a path towards the Fire District providing paramedic service; and

WHEREAS, the Advanced Life Support Enhancement Plan identifies a path forward for the implementation of paramedic services for the Fire District:

NOW THEREFORE, BE IT RESOLVED that the Board of Directors for the Lathrop Manteca Fire District has reviewed this Advanced Life Support Enhancement Plan and hereby authorizes the Fire Chief to submit this plan service for the statute authorization to provide paramedic services.

PASSED AND ADOPTED on this 28th, day of January 2021 by the following vote of the Board of Directors to wit:

AYES: 5

NOES: 0

ABSENT: 0

ABSTAIN: 0


Tosh Ishihara,

Chairman of the Board of Directors

ATTEST: Gene Neely Secretary of
the
Board of Directors of the Lathrop-Manteca Fire Protection
District.
State of California



By (SEAL)
Board Secretary



Lathrop Manteca Fire District Advanced Life Support Continuous Quality Improvement Plan



Introduction

The Lathrop Manteca Fire District is responsible for the delivery of Advanced Life Support services and Basic Life Support Services pursuant to an agreement with the San Joaquin County Emergency Medical Services Agency. As an EMS provider within the San Joaquin EMS system, the Lathrop Manteca Fire District is responsible to actively participate in the CQI program set forth in the SJCEMSA policies and procedures and as defined by the San Joaquin County Continuous Quality Improvement Council. While oversight to the Lathrop Manteca Fire District's CQI program is in part provided by the SJCEMSA and input and feedback is provided by the CQI Council, the Lathrop Manteca Fire District is responsible for conducting internal CQI activities by analyzing process, structure, and outcomes of key areas that have an impact on patient care in San Joaquin County. This CQI plan describes how the Lathrop Manteca Fire District, as part of a team comprised of other ALS providers, local acute care facilities, and dispatch centers working with the SJEMSA develops processes utilized for evaluating and improving the quality of prehospital care in San Joaquin County and ensures that the delivery of emergency medical services is consistent with the Lathrop Manteca Fire District's mission, vision, and values.

Mission

The Mission of the Lathrop-Manteca Fire Protection District is to protect life and property, through efficient and dedicated response, to the emergency needs of our community, delivered with care skill and compassion, to all who need our aid.

Vision

Values

CQI Plan Purpose

The purpose of the Lathrop Manteca Fire District Continuous Quality Improvement plan is to identify patient treatment concerns, observed or noted training deficiencies, documentation errors, omission or deficiencies and to construct training to document and improve personnel's ability to complete these tasks in a professional manner.

In addition to the evaluation and reporting of key indicators as required by the SJEMS Agency, the Lathrop Manteca Fire District's CQI program employs an internal process that evaluates events and indicators are reported to the SJC EMS Agency in a format described in Appendix A.

At the core of the internal process adopted by the Lathrop Manteca Fire District are; staff assigned to review and evaluate processes and key indicators. This staff includes the Lathrop Manteca Fire District's CQI Coordinator who works in conjunction with the Lathrop Manteca Fire District's Chief of Training and other staff to monitor performance, identify positive and negative trends, and seek solutions for issues specific to the Lathrop Manteca Fire District while working with the Joaquin County CQI Council to address overall CQI needs of San Joaquin County.

The Lathrop Manteca Fire District's CQI Plan has been written in accordance with the Emergency Medical Services System Quality Improvement Program Model Guidelines.

SECTION I

Structure and Organizational Description

The Lathrop Manteca Fire District's CQI Team

The Lathrop Manteca Fire District's CQI team provides leadership for the Lathrop Manteca Fire District's CQI program. The CQI team includes, but is not limited to, the following representatives:

1. Dr. Rahul Patel M.D. – Medical Director
2. Joshua Capper EMT-P – ALS Manager/Quality Improvement Coordinator
3. Craig Jones – EMS Director
4. Larry Madoski - Analytics

Responsibilities of the EMS CQI Team:

- Review, monitor, collect, evaluate, and report on data used for evaluating organizational quality indicators
- Regularly send a representative to and actively participate in SJEMS CQI Council
- Incorporate the PDSA (Plan, Do, Study, Act) improvement cycle into the Lathrop Manteca Fire District's CQI program
- Promote CQI training
- Provide recommendations for EMS personnel training.
- Participate in the development and selection of San Joaquin County EMS system quality improvement indicators.

The Lathrop Manteca Fire District's CQI

The Lathrop Manteca Fire District's CQI Peer Review Council (PRC) provides evaluation and feedback regarding the Lathrop Manteca Fire District's CQI program. The PRC includes, but is not limited to, line personnel consisting of paramedics and EMT's as assigned.

Responsibilities of the EMS CQI Council:

The PRC is responsible for the review of select Patient Care Reports (PCRs) for completeness and forwarding any irregularities, high profile, or unusual occurrences to the Lathrop Manteca Fire District's CQI Coordinator.

- Clinical Review of Patient Care Records for:
 - Completeness
 - Appropriateness of care related to clinical impression
 - Use of specific medications

Primary Healthcare Services/Processes and Associated Standards/Requirements

The Lathrop Manteca Fire District is an ALS provider that responds to emergency calls within San Joaquin County pursuant to an agreement with the SJEMSA. This agreement contains requirements addressing standards in the following areas:

- Deployment
- Dispatch
- Equipment and Supplies
- Communications
- Disaster Preparedness
- System Committee Participation
- Clinical Standards
- CQI Program
- Inquiries and Complaints
- Accreditation
- Data System Hardware and Software
- Reporting Responsibilities

Organizational Goals and Objectives

Lathrop Manteca Fire District's goal is to provide service to its customers in a timely efficient manner that displays professionalism through a high degree of proficiency.

Section II Data Collection and Reporting

A. List of Indicators

The Lathrop Manteca Fire District provides the San Joaquin County EMS Agency with performance indicator data on a monthly and quarterly basis. Data is collected, reviewed, and analyzed by the Lathrop Manteca Fire District's CQI Coordinator and submitted to the SJEMSA in monthly and quarterly reports. Monthly and quarterly report examples are provided in Exhibit B. The SJEMSA and the CQI Council select from the following data collection and reporting categories in determining those elements that must comprise the monthly and quarterly reports:

1. Personnel
2. Equipment and Supplies
3. Documentation
4. Clinical Care and Patient Outcome
5. Skills Maintenance/Competency
6. Public Education and Prevention
7. Risk Management

Ad hoc indicators may be added during the calendar year based upon trend analysis or opportunities for improvement that present through the incident and sentinel event reporting process.

B. Indicator Selection Process

There are two processes used for the selection of indicators that result in data collection and reporting. The first process is a collaborative effort led by the SJC EMSA through the CQI Council. This process follows the requirements of "EMS Policy 6630 – Continuous Quality Improvement Council."

The second process used for the selection of indicators is the internal process developed by the Lathrop Manteca Fire District to ensure that specific processes, structures, and outcome issues are identified and mitigated by the Lathrop Manteca Fire District. Lathrop Manteca Fire District's CQI program utilizes key staff and internal processes to collect and analyze data. This data is used to develop training that is

focused on a group or individual improvement plans needed to address identified issues.

The Lathrop Manteca Fire District shall compose a three-tier CQI program consisting of the following elements

- The Lathrop Manteca Fire District's CQI team
- Lathrop Manteca Fire District's CQI Council
- The Lathrop Manteca Fire District's Peer Review Council

The three tiers shall be responsible for selecting, tracking, trending, and examining these indicators. These tiers shall determine the process, structure, and outcome desires for the Lathrop Manteca Fire District.

C. The Continuous Quality Improvement Coordinator will collect data from our current electronic reporting program and submit on a monthly and quarterly basis as required by SJC EMSA.

Section III

Evaluation of Indicators

The Lathrop Manteca Fire District's Quality Improvement Coordinator collects, analyzes performance indicator data during each quarter. The results of this evaluation process are summarized in reports provided to the SJC EMSA on a quarterly basis. These reports are also reviewed by the CQI Council. Monthly and quarterly data will be reported in chart or report form depending on the type of data being reviewed. An example of a quarterly report format is included in Appendix A.

In addition to evaluating indicators that can be quantified in control charts, the Lathrop Manteca Fire District also routinely presents issues to the CQI Council for discussion based upon individual chart reviews. These chart reviews are selected and presented to provide an opportunity to share lessons learned and to problem-solve in a group setting.

The Lathrop Manteca Fire District's CQI team will meet on at least a quarterly basis and will be comprised of at least the Medical Director and the CQI Coordinator, with other members of the Lathrop Manteca Fire District's CQI team as available.

- The meeting shall occur quarterly (following or preceding) SJC EMSA County CQI Council meeting.
 - This group shall discuss current trends in the delivery system with expected goals and outcomes for the Lathrop Manteca Fire District.
 - This group shall discuss future goals within the Lathrop Manteca Fire District based on the SJC EMSA County CQI Council and external EMS Systems.
- The Lathrop Manteca Fire District's CQI Council will be composed of at least; the CQI Coordinator, the EMS Director, and at least 1 line personnel selected for CQI Council.
 - Line personnel interested in participating on the CQI council shall be required to submit a letter of interest and undergo an interview process as part of the selection process.
 - Shall meet to review Unusual Occurrence Incidents, ALS without Base Hospital Contacts, Advanced Airway Reports, and any infrequently used skills as determined by SJEMSA.
 - Shall review and recommend Employee Personal Improvement Plans (EPIP).

- Shall conduct complaint Investigations and Internal Reviews of medical care provided by individual field personnel.
- Shall review, amend, develop, and propose LMFD Policies and Procedures as needed.
- Shall review and provide input to the QCI Coordinator's reports
 - Quarterly ALS report (quarterly submission)
 - Advanced Airway Report (monthly submission)
 - Key Performance Indicators (KPI; quarterly submission)
 - Continuous Quality Improvement Revisions (annual revision)

Section IV Action to Improve

CQI is a dynamic process that provides critical feedback and performance data on the EMS system based on defined indicators that reflect standards in the community, state, and the nation. The LMFED complies with the SJEMSA and follows the Plan, Do, Study, Act (PDSA) Cycle for all improvements in the EMS system

1. Plan

- a. What is the objective?
- b. Questions and predictions
- c. Plan to carry out the cycle (who, what where, when?)
- d. Plan for data collection

2. Do

- a. Carry out the plan
- b. Document problems and unexpected observations
- c. Begin analysis of the data

3. Study

- a. Complete the analysis of the data
- b. Compare data to predictions
- c. Summarize what was learned

4. Act

- a. What changes are to be made?
- b. What is the next cycle?

Indicators Monitored	Specific Objective	Key Findings/Priority Issues Identified	Improvement Action Plan for Further Action	Follow-up/Goals Met?
Documentation Clinical Care and Patient Outcome	Document the number of STEMI patients identified in 202X.			
Clinical Care and Patient Outcome Documentation	Document the number of hemostatic dressings used in 202X.			
Clinical Care and Patient Outcome Documentation	Document the percentage of correct usages of narcotics on patients in 202X.			

Indicators Monitored	Specific Objective	Key Findings/Priority Issues Identified	Improvement Action Plan for Further Action	Follow-up/Goals Met?
Clinical Care and Patient Outcome Documentation	Document the % of correct doses provided to patients in 202X.			
Clinical Care and Patient Outcome Documentation	Document the percentage of impressions that match the PCR of PCR's reviewed in 202X.			
Clinical Care and Patient Outcome Documentation	Document the number of AMA's produced by the Lathrop Manteca Fire District in the year 202X.			
Documentation	Document the number of stroke activations by the Lathrop Manteca Fire District in 202X.			
Documentation Clinical Care and Patient Outcome	Document the number of 12-lead ECG's procedures on ROSC patients in 202X.			
Documentation Clinical Care and Patient Outcome Skills Maintenance/ Competency	Document the average Peri-shock pause (code state) delivered by the Lathrop Manteca Fire District in the year 202X			
Documentation Clinical Care and Patient Outcome Skills Maintenance/ Competency	Document the total number of Peri-shock pauses (code state) greater than 10 seconds delivered by the Lathrop Manteca Fire District in the year 202X.			

Indicators Monitored	Specific Objective	Key Findings/Priority Issues Identified	Improvement Action Plan for Further Action	Follow-up/Goals Met?
Documentation	Document the number of PCR's reviewed for the year 202X.			
Clinical Care and Patient Outcome Documentation	Document the number of AMA's reviewed by the Lathrop Manteca Fire District in the year 202X.			
Documentation Skills Maintenance/Competency	Document the total number of training hours performed by the Lathrop Manteca Fire District relating to Cardiac in the year 202X.			
Documentation Skills Maintenance/Competency	Document the total number of training hours performed by the Lathrop Manteca Fire District relating to Respiratory in the year 202X.			
Documentation Skills Maintenance/Competency	Document the total number of training hours performed by the Lathrop Manteca Fire District relating to Trauma in the year 202X.			
Documentation Skills Maintenance/Competency	Document the total number of training hours performed by the Lathrop Manteca Fire District relating to Pediatrics in the year 202X.			
Documentation Skills Maintenance/Competency	Document the total number of training hours performed by the Lathrop Manteca Fire District relating to Pharmacology in the year 202X.			
Documentation Skills Maintenance/Competency	Document the total number of training hours performed by the Lathrop Manteca Fire District relating to Miscellaneous medical in the year 202X.			

Indicators Monitored	Specific Objective	Key Findings/Priority Issues Identified	Improvement Action Plan for Further Action	Follow-up/Goals Met?
Personnel Documentation Skills Maintenance/Competency	Document the number of CES investigations by the Lathrop Manteca Fire District in the year 202X.			
Personnel Documentation Skills Maintenance/Competency	Document the number of CES coaching's by the LMFD in the year 202X.			
Personnel Documentation Skills Maintenance/Competency	Document the number of CES performance improvement plans initiated by LMFD in the year 202X.			

Section V Training and Education

Once the decision-to-act or decision-to-solve-a-problem has occurred, training and education are critical components that need to be addressed. While education needs for EMS system participants will be identified at CQI Council meetings, education needs specific to the Lathrop Manteca Fire District's personnel will be identified and coordinated by the Lathrop Manteca Fire District's CQI Coordinator and Training Staff.

LMFD intends to assist personnel in obtaining the required training and education to ensure certification/licensure and competency for the following:

Basic Life Support (BLS)

- Optional Skills including
 - Epinephrine Auto-Injector
 - Nalaxone
 - Glucometer – Blood sugar levels
 - Pulse Oximetry – Oxygen saturation levels

Advanced Life Support (ALS)

- Advanced Cardiac Life Support (ACLS)
- Pediatric Advanced Life Support (PALS)
- Prehospital Trauma Life Support (PHTLS or International Trauma Life Support (ITLS))
- Endotracheal Intubation training utilizing direct laryngoscopy and video laryngoscopy on a quarterly basis or as required by SJEMSA Policy

Indicators Monitored	Specific Objective	Key Findings/Priority Issues Identified	Improvement Action Plan for Further Action	Follow-up/Goals Met?
Skills Maintenance & Competency Personnel	Measure advanced airway skills for: OTI success rate (%) in 202X			
Skills Maintenance & Competency/ Personnel	Measure advanced airway skills for: Use of ETTI (%) in 202X.			
Skills Maintenance & Competency/ Personnel	Measure advanced airway skills for: Identifying Cormack-Lehan grades by category (%) in 202X.			
Skills Maintenance & Competency/ Personnel	Measure advanced airway skills for: Appropriate use of supraglottic airways (%) in the year 202X.			

<p>Skills Maintenance & Competency/ Personnel</p>	<p>Measure advanced airway skills for: Confirmation of OTI success with End-Tidal CO2 (%) for the year 202X.</p>			
<p>Skills Maintenance & Competency/ Personnel</p>	<p>Complete quarterly skills training for all personnel with greater than 85% attendance in 202X.</p>			

Section VI

Annual Update

The Annual Update is a written account of the progress of an organization's activities as stated in the Lathrop Manteca Fire District's CQI Plan. The QI Coordinator is responsible for annually updating the EMS Plan, in alignment with current EMS and Lathrop Manteca Fire District's strategic goals. The QI Coordinator will work in conjunction with Lathrop Manteca Fire District's Administration to ensure that both the CQI Plan and the Lathrop Manteca Fire District's goals are focusing on the same objectives. Once the CQI Plan has been reviewed in this fashion, the Quality Improvement Coordinator will present the annual plan update to the SJEMSA. This update will include goals and objectives, the list of indicators that were monitored, an assessment of how well goals and objectives were met, and what follow-up is needed or has been accomplished.

Quarterly Report Template (Draft)

I. PROGRAM SUMMARY/CHANGES

Summarize the ways in which your CQI program collects and analyzes information; describe the sources of information and methods used, and how the information is used as a basis for understanding the strengths and weaknesses in your organization's provision of patient care and the effectiveness of your efforts to affect improvement. In order to provide such a summary, describe how your understanding and measurement of process, structure, and outcome informs the manner in which patient care is analyzed in your organization. Describe the role of quantitative analysis (aggregate data), the method for choosing the areas selected for evaluation, and those occasions in which such evaluation leads to a review of individual patient care reports. Describe the role (if any) that qualitative analysis (one-on-one interviews) plays in evaluating patient care.

II. Response STATISTICS

LMFD reviews and documents all incidents responded to during the quarter and will provide a "snap-shot" of the call-volume and Continuous Quality Improvement (CQI) activities.

- Total Number of System Responses
- Number of EMS incidents
- Number of ALS & BLS contacts

In an effort to continually improve the services we provide to our customers, we analyze data from a retrospective, concurrent and prospective standpoint.

Advanced Life Support (ALS) emergency medical services are provided by one engine company with the intent to expand ALS services gradually. Basic Life Support (BLS) is provided by all LMFD companies by five strategically located fire stations providing EMS to over 35,000 residents in a service area of roughly 100 square miles. The EMS call volume is moderate with an average of 4-6 calls per day. Fulfilling the expectations of the citizens and visitors of this jurisdiction, LMFD responds to every 911 activation and medical emergency regardless of the patient acuity level.

Lathrop Manteca Fire District is committed to clinical excellence by providing the citizens and visitors of our jurisdiction with the best prehospital emergency medical care possible.

III. AMA Documentation

LMFD reviews all incidents resulting in patient AMA (Against Medical Advice) documentation via the Peer Review Committee and the EMS Coordinator. The parameters of the analysis is based upon SJCEMSA Policy 5109, Patient Refusal of Treatment or Transport, EMS Against Medical Advice (AMA). If a competent adult or emancipated minor refuses indicated emergency evaluation or ambulance transportation, EMS personnel shall:

- A. Perform a primary and secondary patient assessment;
- B. Advise the patient of the risks and consequences which may result from refusing medical evaluation, treatment, or ambulance transport;
- C. Ensure and document the patient is competent to refuse service;
- D. Have the patient or legal representative sign a refusal of care (AMA) form. The signature shall be witnessed, preferably by a family member. A patient or legal representative's refusal to sign the AMA form should be documented on the patient care record;
- E. Advise the patient that they may re-contact 9-1-1 if their situation changes.

IV. CONCURRENT QI ACTIVITIES

- A. Describe complaints, investigations, and opportunities for improvement (OIs).
- B. Summarize resolutions, PIPs (and describe training, and methods of tracking and trending).
- C. Describe ongoing evaluation of personnel using objective criteria as measured by direct observation.

V. RETROSPECTIVE CLINICAL AND OPERATIONAL PERFORMANCE REVIEW – TRACKING AND TRENDING

- A. Total Number of PCR's Reviewed (and percent of total PCRs for quarter)
 - 1. Describe review process
 - 2. Describe areas targeted by review process

3. Describe method to track and trend opportunities for improvement

B. List a minimum of three areas targeted for review (**clinical** e.g. patient care procedure or compliance with treatment policies for STEMI or trauma patients; or **operational** e.g. patient destination, MCIs, Base Hospital Radio Reporting). For each area:

1. **PLAN** - Describe the reason selected (e.g. based upon O.I. (qualitative) or through quantitative data analysis – and briefly describe in detail)
2. **DO** - Document number of cases reviewed
3. Describe the method of tracking and trending findings
4. **CHECK/STUDY** - Analyze findings, and;
5. **ACT** - make recommendations (e.g. provide training, develop or suggest new policies etc.

C. Advanced Airway Project Findings

1. Document number of cases reviewed
2. Describe the method of tracking and trending findings
3. Analyze findings and make recommendations.

VI. SUMMARIZE TRAINING

A. List the training provided to individuals for PIP's, E/O's, and generally to all EMS personnel for each type provided:

1. Dates
2. Subject
3. Length
4. Current percent of targeted personnel that received the training
5. The method used to track receipt of training by personnel