

CONTINUOUS  
QUALITY IMPROVEMENT  
PLAN



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**Falck**

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Revised 06/2020



<b>Section:</b>	Administration	<b>Effective Date:</b>	May 26, 2016
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### I. Structure and Organizational Description

#### Falck Northern California

The team of Falck Northern California strives for excellence and transparency. Our commitment to a culture of safety is evident in our CQI planning and operation. Our selection process includes culturally adept and competent personnel, training, and validation of competencies, and support of our key mission functions with superior equipment and up to date data driven processes.

As a stakeholder in complex systems of healthcare, along with the EMS Agencies, we offer a team with a progressive outlook on pre-hospital care and transportation. We are open to new ideas, collaboration, and partnerships with our stakeholders, customers, and employees in an effort to uphold our motto: "There when you need us."

Measuring and assuring the quality of our service is of utmost importance to our team and our employees. It is our expectation that continuous feedback is standard to our operations and our success. We pride ourselves on an environment that acknowledges excellent performance and builds the confidence of our team to assure that self-reporting occurs. As always, "Best of practices" standards are engaged, and service monitoring is ongoing.

#### **Mission Statement**

For more than 100 years, it has been Falck’s mission to prevent accidents, disease, and emergency situations, to rescue and assist people in emergencies quickly and competently, and to rehabilitate people after illness and injury.

#### **Vision Statement**

To develop a major international business working within assistance, healthcare, emergency management, rescue, and rehabilitation services.

#### **Values**

The values of our company help employees meet the goals of our organization. As noted above, Falck Northern California’s vision is clearly defined and helps give direction for employees to follow. However, for a better understanding, Falck Northern California has defined a set of values that addresses the culture, social responsibility, and the ethics within the community.

The development of the company has been based on the six strong core values: Reliable, Accessible, Fast, Helpful, Competent, and Efficient, which were defined and established in 2002.



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At Falck Northern California, our values serve as an integrated part of the way we do business. These values guide our behavior and ensure that we make sound decisions that are aligned with our culture. Below is a breakdown of how we use our values every day.

### Core Values

#### ***Accessible***

We are always available and ready to help. This means that Falck Northern California employees are here to help, are friendly, forthcoming, attentive and approachable.

#### ***Competent***

We constantly make an effort to retain and improve our skills. This means that Falck Northern California employees add to their expertise and they expand and meet new challenges, always deliver, are determined to learn and they consistently refine their skills.

#### ***Efficient***

We look for solutions rather than problems. This means that Falck Northern California employees take responsibility, show initiative, do the job, and do it on time.

#### ***Fast***

We respond quickly and with dedication whenever people need our help. This means that Falck Northern California employees are on top of the situation, flexible yet focused, and capable of doing things right—the first time.

#### ***Helpful***

We want to make people safer in their everyday lives. This means that Falck Northern California employees will make an extra effort, they will share their knowledge, and take pride in being considerate and caring.

#### ***Reliable***

We repay the faith our customers have in us by always keeping our promises. This means that Falck Northern California employees are people you can trust, can have an open dialogue with, and are dependable, resourceful, and respectful.



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### Purpose

The purpose of the Falck Northern California Continuous Quality Improvement Plan (CQIP) is to establish an effective tool for evaluating and improving the quality of pre-hospital care and medical transportation. This tool will focus on improvement efforts to identify root causes of problems, interventions that correct problems, and to promote consistent participation in the system. The CQIP will also recognize excellence in performance and service to the community.

The Falck Northern California CQIP is developed with our focus and aim on consistently focusing on the following tenets of healthcare delivery:

- 1) **Safe:** avoid injuries to crewmembers and patients
- 2) **Effective:** provide only those services that will benefit the patients' well-being
- 3) **Patient-centered:** providing care that is respectful of individual patient preferences, needs, and values, and ensuring the patient 's values are considered in making clinical decisions
- 4) **Timely:** reduce waits and delays for our services
- 5) **Efficient:** avoiding waste: including equipment, supplies, ideas & energy
- 6) **Equitable:** providing consistent quality care regardless of personal characteristics such as gender/ethnicity/geographic location/socio-economic status

### Definitions

- ALS      Advanced Life Support
- BLS      Basic Life Support
- CQI      Continuous Quality Improvement
- CQIC     Continuous Quality Improvement Coordinator
- CCQIC   Central Continuous Quality Improvement Committee
- CQIP     Continuous Quality Improvement Plan
- CCTRN   Critical Care Transport Registered Nurse
- PDSA     Plan-Do-Study-Act Cycle



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### CQI Goals and Objectives

#### **i. Implement NEMSIS-3 requirements**

1. Objective- Install and use new technology designed to capture the new NEMSIS requirements
2. Objective- Develop and implement training for all providers

#### **ii. Implement Local EMS data requirements for all EMS Agencies**

1. Objective- Install and use new technology designed to capture the new LEMSIS requirements
2. Objective- Develop and implement training for all providers

#### **iii. Identify current advanced airway success rate**

1. Objective- Identify the overall and individual success rate for advanced airway placement over the past 12 months.
2. Objective- Identify any successes and failure rates.
3. Objective- Develop and implement training for ALS providers

#### **iv. Identify Return of Spontaneous Circulation Success Rate**

1. Objective- Identify the overall and individual success rate for Return of Spontaneous Circulation over the past 12 months.
2. Objective- Identify any clinical issues
3. Objective- Develop and implement training for all providers

#### **v. Identify Billing/Documentation related issues**

1. Objective- Identify PCS success rates
2. Objective- Identify signature success rates
3. Objective- Identify success rate of billing
4. Objective- Develop and implement training for ALS providers



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**vi. Identify Continuity of Vital Signs for all patients**

1. Objective- Identify that all stable patients are having Vital Signs recorded every 15 minutes and a minimum of two sets are taken for every transport over the last 12 months.
2. Objective- Identify that all unstable patients are having Vital Signs recorded every 5 minutes and a minimum of two sets are taken for every transport over the last 12 months.
3. Objective- Develop and implement training for all providers

**vii. Develop and implement lesser used skills class for all providers**

1. Objective- Identify lesser used skills for both ALS and BLS providers
2. Objective- Develop and implement training and skills sign off for all providers

**Organizational Structure**

At Falck Northern California, we recognize a CQIP is a key element to the success of day-to-day operations and long-term success. Falck Northern California is responsible for the oversight and implementation of the CQIP including data collection and evaluation. Our team will function with direction of the Medical Director/CMO.

Falck Northern California will engage EMT, Paramedic, and CCT-RN field representatives as our staff develops in our new operation areas and engage clinical staff at our receiving facilities for feedback regarding our performance.



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### Roles and Responsibilities:

#### **Medical Director**

- A board certified emergency physician who oversees the internal medical/clinical components of the Falck Northern California’s clinical care delivery system.
- Demonstrate Falck Northern California’s commitment and dedication to the goals outlined in the CQIP by serving as a team leader for the organization, providing educational opportunities, training, and encouraging communication of skills to facilitate the team-building network.
- Provide oversight of the Falck Northern California’s CQIP while focusing on the opportunity for improvement as well as identification and prevention of performance shortfalls. Implement resolutions to problems, evaluating outcomes, as well as providing positive recognition for outstanding performance.

#### **Division Chiefs (Operations Managers)**

Falck Northern California’s Division Chiefs will be the primary resource for CQIP activity reporting and will perform or designate the following functions:

- Cooperate with the LEMSA in carrying out the responsibilities of individual county requirements and expectations.
- Cooperate with the LEMSA in the implementation of State required EMS system indicators.
- Cooperate with the LEMSA in monitoring, collecting data, and evaluating the state and regional/local EMS system indicators, both required and optional.
- Cooperate in the re-evaluation and improvement of state and local EMS system indicators.
- Conduct meetings for internal review of EMS performance improvement programs related to the findings.
- Establish a mechanism to receive input from LEMSA’s, for the development of performance improvement programs.



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- Develop and deliver regularly scheduled CQIP training and in-service education.
- Participate in meetings and presentations of state and local EMS systems.
- serve as a liaison to the management team, employees, medical community, and citizens they serve. The Manager is responsible for assuring the Supervisors, Field Training Officers and field employees have the necessary resources to operate effectively.

### Division Chief of Quality

- Falck Northern California’s QA/QI Coordinator works directly with the field staff senior management, and the Medical Director. The QA/QI Coordinator is responsible for the direct oversight of quality assurance and improvement in the organization.

### Operations Captains

- Falck Operations Captains work directly with the employees to assist with training and program implementation. Captains have daily contact with field personnel and are responsible for the day-to-day operations of each service area.

### Field Employees

- Our employees affect our communities, stakeholders, patients, their family members, and other medical professionals on a daily basis. Observations and suggestions for improvement are encouraged to be brought to the attention of the Falck Northern California management team, CQI staff, and Medical Director through a variety of communication options which include: incident-reporting, letters to the company, input at the Communication Center level, and electronic communication.
- Self-reporting is encouraged and responded to with action plans, training and communication loop closure so the employees and their colleagues recognize they are an integral part of our team success.



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## II. Data Collection and Reporting

### Purpose

Collecting performance data at all levels of the organization allows us to measure the satisfaction of our patients, stakeholders, and employees. From treatment and transport, to customer service, on time performance, and efficiencies in our delivery model, we will strive to remain on the cutting edge of pre-hospital medicine and transportation services.

### Methods

Monitoring our performance to support our crews and provide for the safety of our patients is our primary goal. Clinical data is gathered and reviewed by the QI team and the Medical Director as needed for random audits, investigations, and performance review. Compliant documentation is a component to assess care, transportation, and destination processes, and evaluate adherence to company and county protocols and/or policies. Documentation evaluation is an important tool utilized to assure competency and compliance.

Each and every patient contact shall be documented using a standardized patient care report (PCR). All PCRs that fall under the clinical triggers shall be reviewed by a designated person for overall quality assurance and medical necessity. PCRs meeting specific criteria shall be forwarded on in the QA process to a specified clinical QA person for further review.

Our goal is to observe system performance over time, include interactions between field care providers and receiving facilities, and between clinical crews and other system participants, including co-responders. When aggregated, these observations provide a strong tool for system analysis and process improvement. In order to ensure that quality care and customer service is provided, we implement a prospective, concurrent, and retrospective quality improvement process. This is done through training, peer review, and through the QA/QI process.

Through a clinical supervision structure made up of Chiefs, Captains, Field Training Officers and the Medical Director, Falck Northern California has the means to evaluate and adjust the quality of the services it provides before the work starts, while work is in progress and after the work has been completed. The performance management program includes the following methods of providing quality improvement:



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**Field Observation:** Supervisors and Field Training Officers will randomly audit crews to evaluate both team performance and the system in action. Crews will be provided with immediate feedback, compliments, and correction where necessary.

**Chart Review:** Patient care reports generated by clinical crewmembers shall be audited for completion and for quality of care provided. All hard copies of charts will be held in the billing department or in a secured office. Electronic copies of charts and QA forms will be stored in our database. This data can only be accessed by approved staff. Charts for audit will be selected according to the criteria listed in the quality indicators located in the CQIP.

### QI Process

The quality improvement processes often identify potential issues or excellent care. We encourage all of our employees to self-report potential clinical issues and constantly address shortfalls through training and clinical reviews. By doing this, Falck Northern California is able to improve the quality of care given by each individual.

In addition to self-reporting, another option for the QI process is through other employees who have reported an issue with clinical care. This can be either through coworkers, managers, or through any other internal employee. We strongly encourage employees to perform with strong and good morals and values using good moral reasoning. This encourages employees to do the right thing and help others get better with patient care. Falck Northern California has high standards with patient care and expects all employees to follow these standards.

Another identified internal process is through routine random audits. Any member of management can perform these audits. The intent behind this process is to non-selectively find patient care reports and evaluate them. This blind process allows Falck Northern California to gather data to determine if a problem is a systemic issue or just a provider issue.

Falck Northern California also uses automatic patient care triggers. These triggers include but are not limited to cardiac arrest, intubations, strokes, STEMI's, etc. The intent behind this process is to ensure that the best possible care is being delivered. These types of events are considered low-frequency/high-risk patients and will be audited for performance and clinical oversight.

Hospital reporting is another form of quality assurance. Falck Northern California prides itself on its partnerships with local hospitals and utilizes hospital QI reports and notifications to



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augment the CQIP program. This method allows us to provide a well-rounded CQIP plan and better opportunities to provide the highest level of care and customer service.

Much like our partnerships with the hospitals, we focus on our relationships with local fire departments. Our goal is to provide the best possible care in conjunction with other health care providers. When a QI report is made via this channel, we look to get the QI information from the fire department and merge it with our investigation. This process allows us to provide both an internal and external view of the same response.

Another method of the QI Process is a County EMS report. This method is less common, but just as important as a hospital or fire department report. As noted above, we focus on our partnerships with the fire departments and hospitals much as we do with the local EMS agencies. When a report is received through this channel, we look to get as much information from other providers that were involved. Once all the information is gathered, we will conclude the investigation and turn a report over to the requesting agency. This method allows for a full and transparent investigation and resolution.

Finally, the last method of an external channel is through patients or customer reports. This process gives us an additional view other than a care provider. This method of reporting is of high importance to us as we a patient focused and care centered organization. This method of reporting allow us to find both positive and negative care practices and resolve the issues noted from a QI investigation.

### QI Flow

Once an issue has been identified, either the CCT Nurse Manager or the Chief of QA will open a QI incident in the Zoll ePCR system. Once the QI issue has been opened, either the Division Chief or the Director of Clinical Care will assign the QI issue to a Captain or they will begin the investigation themselves.

The first step in the process is for the assigned person to begin interviews with the crewmembers involved and any outside agencies. Once sufficient information is obtained, the assigned person will determine if any immediate education is needed. In addition, this step will help reinforce and identify any positive provisions of care and discuss any minor issues identified from the investigation and provide some resolution to those issues.

The next step is for the assigned person to determine if any additional interventions are needed. If no additional interventions are needed, the QI investigation can be closed. If additional interventions are warranted, then the assigned person will issue either discipline or



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additional education as needed. Once the discipline or education has been completed, then the assigned person will close the issue in our database.

In some minor cases, additional review will be needed. In these cases, once the supervisor or assigned manager has concluded his or her investigation, he or she will make the determination if additional review is needed. These cases will be brought to the Chief of QA and Medical Director in the specific region where an additional review will take place. The Chief of QA and the Medical Director will conclude the investigation with a resolution. All performance improvement plans, must go through the Chief of QA and the Medical Director. In addition, the Chief of QA will approve any discipline or additional education prior to issuance by the Division Chief.

When closing the issue, the assigned person will provide a summary of the QI investigation and the resolution provided in the database system. In addition, the assigned person will make contact and provide the County EMS agency with any information needed for reportable events as required by County Policy and set timelines.

### **Mandatory and Required Reporting**

In some of these quality improvement cases, certain incidents will trigger a requirement for a mandatory report to a County EMS Agency. In these cases, all reporting will be made as required by the County Agency.

### **Peer-to-Peer Reporting**

Peer-to-Peer reporting is any incident or event such as minor interpersonal conflicts, misunderstandings, and demeanor issues that are unrelated to patient care activities or minor operational issues.

### **Quality Indicators**

Falck Northern California CQIP includes indicators, covering the areas listed in the California Code of Regulations, Title 22, Chapter 12 of the Emergency Medical Services System Quality Improvement Program, which address, but are not limited to, the following:



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### Personnel

Monitored	Why evaluated	How evaluated	Who evaluates
Workplace Satisfaction	Recruitment & retention	Attrition Rates, Exit Interviews, Open Communication	HR, & Management
Lifting and Transfer Techniques	Employee and patient safety	Training review, direct observation, Injury/incident reports, Audits	Captains, HR, FTO, QA, Management

### Equipment and Supplies

Monitored	Why evaluated	How evaluated	Who evaluates
Gurney	Ensure Functionality and Safety	Daily Inspections and Annual Inspections	Fleet
Durable Equipment	Ensure Functionality and Safety	Daily Inspections and Annual Inspections	Fleet, Supply, and Captains
Vehicle maintenance	Employee & public safety	Daily Vehicle Check	All field employees

### Documentation

Monitored	Why evaluated	How evaluated	Who evaluates
HIPAA Compliance	Compliance with documentation standards	Audit, Incident Reports	QA, Billing, & Medical Director
Narcotic Logs	Compliance with DEA standards	Audit, Incident Reports	QA and Captains

### Clinical Care and Patient Outcomes

Monitored	Why evaluated	How evaluated	Who evaluates
Stroke	Quality of Patient Care, LEMSA, CEMIS, NEMIS requirement	Skills validation, incident report, and audit	Captains, FTO, QA, Medical Director
Trauma Activations	Quality of Patient Care, LEMSA, CEMIS, NEMIS requirement	Skills validation, incident report, and audit	Captains, FTO, QA, Medical Director
Psychiatric/5150	Quality of Patient Care	Skills validation, incident report, and audit	Captains, FTO, QA, Medical Director
12-Leads	Quality of Patient Care	Skills validation, incident report, and audit	Captains, FTO, QA, Medical Director



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Sedatives or Paralytics	Quality of Patient Care	Skills validation, incident report, and audit	Captains, FTO, QA, Medical Director
IO Access	Quality of Patient Care	Skills validation, incident report, and audit	Captains, FTO, QA, Medical Director
Cricothyrotomy	Quality of Patient Care	Skills validation, incident report, and audit	Captains, FTO, QA, Medical Director
Cardioversion/ TCP	Quality of Patient Care	Skills validation, incident report, and audit	Captains, FTO, QA, Medical Director
Chest Pain	Quality of Patient Care, LEMSA, CEMSI, NEMSI requirement	Skills validation, code data review, incident report, and audit	Captains, FTO, QA, Medical Director
Cardiac Arrest	Quality of Patient Care, LEMSA, CEMSI, NEMSI requirement	Skills validation, code data review, incident report, and audit	Captains, FTO, QA, Medical Director
Advanced Airway Management	Quality of Patient Care	Training review, data review, direct observation, Audit	Captains, FTO, QA, Medical Director
Shortness of Breath	Quality of Patient Care, LEMSA, CEMSI, NEMSI requirement	Training review, data review, direct observation, Audit	Captains, FTO, QA, Medical Director

### Skills Maintenance/Competency

Monitored	Why evaluated	How evaluated	Who evaluates
Certifications	Compliance	Audit and E-Pro	Human Resources
Continuing Education	Compliance	Audit and On-Line Tracking Tool	Human Resources
Infrequent Skills	Employee skill development	Training and skills validation	Clinical Team, Medical Director



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### Transportation /Facilities

Monitored	Why evaluated	How evaluated	Who evaluates
Chute Times	Contract Compliance & Patient Safety	CAD Reports and Audits	Communications, Captains & Management
Response Times	Contract Compliance & Patient Safety	CAD Reports and Audits	Communications, Captains & Management

### Risk Management

Monitored	Why evaluated	How evaluated	Who evaluates
Patient, Family, and Facility stakeholder complaints	Customer service	Audit and respond to client needs	Captains and Chiefs
Pt Injury	Patient Safety	Incident Reports and Investigations	Captains and Chiefs
Employee Injuries	Employee and patient safety	Audit, injury reports	Human Resources, Captains and Chiefs
Vehicle accidents	Employee and patient safety	Audit, incident report	Captains and Chiefs

### Public Education

Risk	Why evaluated	How evaluated	Who evaluates
Community Education	Patient Safety	Outreach, Donations, Classes and attendance	Captains and Chiefs
Customer Satisfaction	Customer service	Customer Complaints and Compliments	Captains and Chiefs

Indicators will be tracked and trended to determine compliance with established thresholds as well as reviewed for potential issues. Falck Northern California will maintain on-going records ensuring compliance to the requirements set forth. This monitoring system will provide a standardized guideline for the assessment, identification, evaluation, feedback, and implementation of changes to meet the needs of our organization. For dispatch data elements and QA, the dispatch CQIP plan will discuss this process.



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### Customer Satisfaction

Customer satisfaction is often viewed as an indicator important to business quality and repeat patronage, but it is also an indicator important to the quality of care provided. Many separate actions experienced by the patient and/or other significant stakeholders leads to a high or low rating of customer satisfaction, including but not limited to staff professionalism, empathy, clinical knowledge, procedural expertise, efficiency, effectiveness, and value. Therefore, aside from the core indicators, customer satisfaction will also be evaluated.

### Frequency, Analysis, and Evaluation

Data will be evaluated and reviewed on an ongoing basis by the CQI team, with the goal of mandatory auditing of specific call types (e.g. cardiac arrest, intubation, Bi-PAP usage, bariatric transfers, transfer of care to an alternate pre-hospital agency, transfer of level of care, mass-casualty incidents, non-transport, sentinel events, etc.). The CQI team and the Medical Director shall continually review the relevance and usefulness of the utilized indicators and will determine whether a change of indicator use is required dependent on quality of data received.



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### III. Training and Education

#### Purpose

This section describes the measures that Falck Northern California uses to ensure that EMS personnel meet the performance expectations of the community. Prospective Training programs provide a mechanism for ensuring quality performance before work actually occurs – it is prospective performance management.

#### Selection of Personnel

Falck Northern California has outsourced some personnel selection processes with Avesta Corporation. Avesta utilizes validated testing online to rank the applicant pool a validated process specific to EMS professionals to continue them in the onboarding process. The Falck Northern California management team executes a standardized interview process and a group discussion is completed to review the candidate responses.

During the selection process, candidates must participate in a lift assessment. The lift assessment is EMS / ambulance work specific and must be completed according to our standards.

After completing these early stages of onboarding, the candidate must undergo and pass a medical exam including drug testing, a background check, DMV report, and criminal record search.

#### Initial Training

The recruit academy will be conducted at various locations and will include skills review, company and county policies and employment expectations.

As with other performance management programs, the recruit academy follow up is an ongoing or living program. Falck Northern California, is implementing a review program that includes student feedback to evaluate the efficacy and utility of the course curriculum and management, making changes where necessary in order to improve the quality of course offerings.

#### Continuing In-service Training

Regular training and education will be offered to all employees providing specific updates and skill validation to address system issues identified through the performance management and/or quality assurance programs, and maintenance of seldom-used skills.



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### Performance Improvement Plans (PIP)/Clinical Education Assignment (CEA)

In some cases, employees may require additional oversight and training for poor performance or inappropriate medical treatment. In these events, employees are placed on a performance improvement plan/ Clinical Education Assignment. These plans are designed to alter or fix unwanted behavior or lack of knowledge by providing education and proper training.

Once a Supervisor, Manager, or Director has determined that an employee needs to be placed on a performance improvement plan, the CQI team will develop criteria aimed at fixing any identified QI issues. The employee will then go through training and education that has been developed based of the criteria that was identified. Depending on the success of the performance improvement plan, the employee either will be returned back for full duty or may require additional training or discipline.

### Progressive Discipline

Employees who have had multiple occasions of poor clinical judgments or have gravely mistreated a patient will be held accountable through the standard progressive discipline process. Dependent on the issue, a report will be filed with the LEMSA regarding the clinical error and an investigation will take place. Such investigation will involve all parties and will conclude within a reasonable amount of time.

If at the conclusion of the investigation, it is determined that the employee made a poor clinical decision, than that said employee will be held responsible through progressive discipline as needed.

### Commendations

Employees who have had commendations or good customer service reports are celebrated at Falck Northern California. We pride our organization on providing excellent patient care and superior customer service. Employees who have been given a commendation by a patient, family member, coworker, or an outside agency are notified in person about the job well done and a note is placed in the employee personal file.



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### IV. Annual Update

Falck Northern California acknowledges that communication and follow-through on activities related to the CQIP plan are the keys to its success. The CQI team and executive management shall review this plan yearly. The annual review / update will cover the following topics:

- Updated organizational chart related to CQI processes
- Determine if goals and objectives were met
- Indicators monitored - State, County, and Provider.
- Audit critical skills
- Determine appropriate follow - up of unresolved issues.
- Create improvement action plan / Following year work plan.
- Identify trending issues
- Important findings / Identify key issues.
- List opportunities for improvement and plans for next review cycle
- Revision of in-house policies
- Describe next year's work plan
- Describe continuing education and skill training
- Review QI and Training Activities