



Quality Improvement Program (EQIP) Plan

***AMERICAN CANYON
FIRE PROTECTION DISTRICT***

July 2019

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INTRODUCTION

Mission, Vision and Values

Mission Statement:

Our mission is to provide reliable and progressive emergency response while seeking opportunities to make a positive difference in the lives of the people and the community we serve

Our Vision

We will continuously improve and grow with the community as a positive, healthy and cohesive team

Organizational Goals

Service: To make a positive difference in the lives of the people and the community we serve

Fiscal Responsibility: Plan for and meet the needs of the community by developing a fiscally responsible and sustainable organization

Culture: Continuously improve our culture to inspire excellence through cooperation

Organizational Effectiveness: Create and maintain a highly efficient infrastructure, systems and processes

Disaster Preparedness: Achieve and maintain a state of readiness for any large scale natural or man-made disaster

American Canyon Fire Protection District

The American Canyon Fire Protection District ("District") was founded in 1957. When the City of American Canyon incorporated in 1992, the District was maintained as a subsidiary special district to the City of American Canyon. The District's response area is approximately 15 miles in size and protects a population of 19,454 (not including visitors).

Bordered on the south by the City of Vallejo, on the west by the Napa River and on the east by Interstate 80, the District is frequently called upon to provide automatic and mutual aid to multiple agencies in Napa & Solano counties.

Services We Provide

Providing a high level of FIRE SUPPRESSION, EMS, and RESCUE services to the community is a priority with a multitude of specially developed programs designed to meet this challenge. The District has representation on regional response teams such as the Napa Inter-agency Hazardous Incident Team (NIHIT), and the Napa Interagency Rescue Team (NIRT). The District is also recognized by the California Office of Emergency Services (Cal-OES) as a Type I US&R single resource ("heavy rescue").

On May 16, 2014, the District commenced a "first response" Advanced Life Support Program. A fire engine is staffed by at least one firefighter who is also a licensed paramedic on a 24-7 basis. Often, the district staffs a second ALS First Responder resource. The District and American Medical Response (AMR) have established a public-private partnership that enhances the emergency medical system in Napa County and are working together to provide the highest quality care to our community the most expedient and safe manner possible.

History of the District

The American Canyon Fire Protection District was formed by a vote of the citizens in November 1957. In the beginning it was an all volunteer organization. In the early sixties paid staff were added slowly due to increases in call volume.

In the early seventies staffing was again increased to a minimum of two personnel, twenty-four hours daily. At that time the District had a Insurance Service Office (ISO) rating of a Class 5. (ISO rates all Departments within California as Class 1 being the best, Class 10 the worst, and insurance premiums are based on the rating.) During this time the governing body was an independent, three person, elected Board of Directors. Members were elected at large.

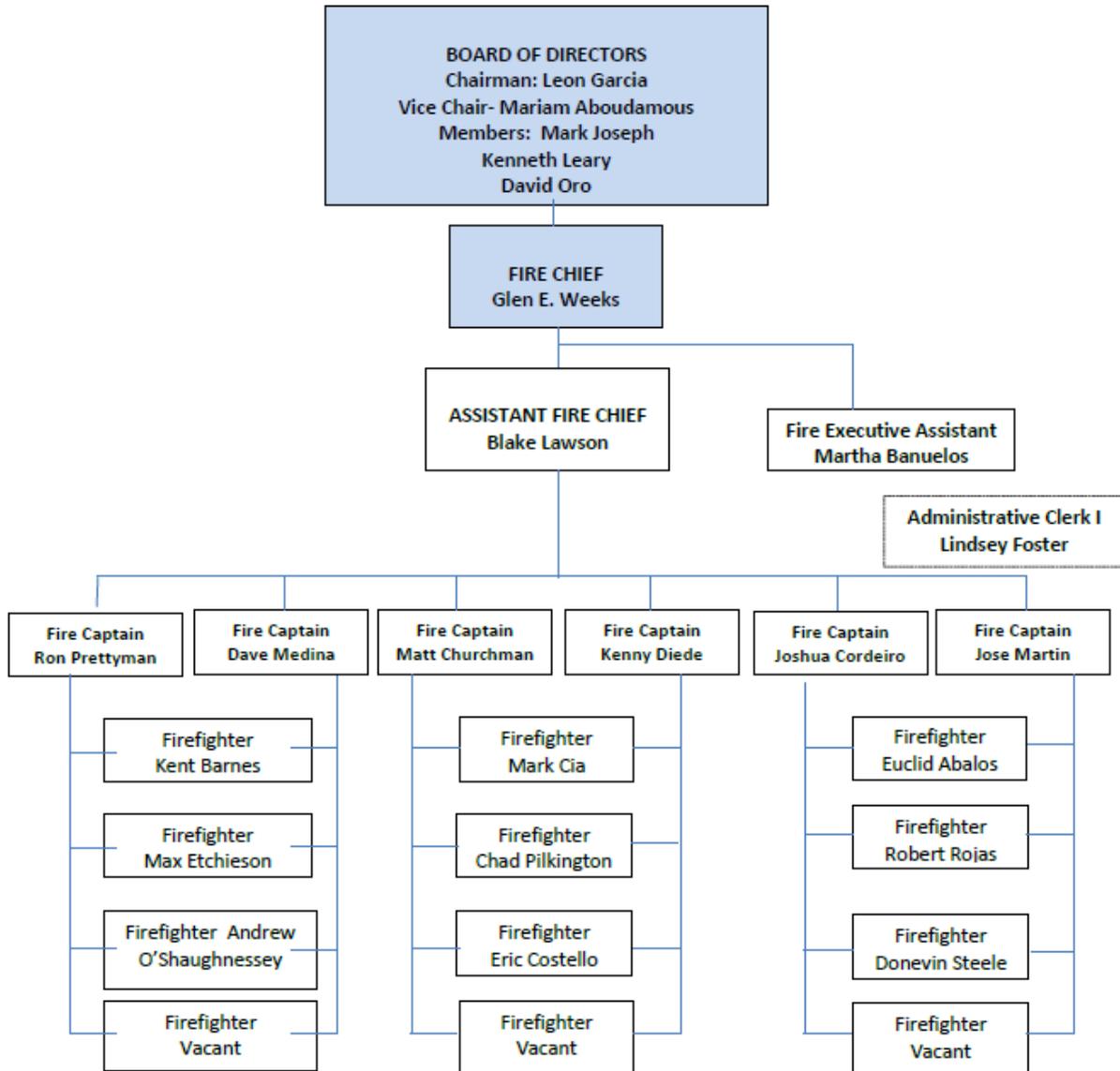
In the 1980's the District faced financial problems resulting from the passage of Proposition 13. The District was successful in a voter approved fee which made up the loss in revenues. This fee, known as the "Fire Service Fee", was passed with the required two-thirds majority in favor. The District also passed a one-time tax on new construction by the required two-thirds majority. This fee is known as the "Fire Mitigation Fee" and is restricted funds only to be used for construction of new facilities and purchase of major new fire apparatus.

The current Insurance Services Office (ISO) rating of the American Canyon Fire Protection District is a Class 2 / 2Y. Currently there are 62 Class 2 and 7 Class 1 Fire Departments out of 988 in the State of California.

American Canyon Fire Protection District Organization Chart



AMERICAN CANYON FIRE PROTECTION DISTRICT



STRUCTURE, ORGANIZATIONAL DESCRIPTION, RESPONSIBILITIES

ACFPD Continuous Quality Improvement Program

The purpose of the Continuous Quality Improvement (CQI) Program is to monitor, review, evaluate, and improve the delivery of prehospital care services within our agency. The Quality Improvement Plan strives to create a culture of quality within the organization, to this end, our organizational goals are:

1. To create a culture of quality in which all of the members in the process engage in evaluation and process improvement on personal, organizational and system levels.
2. Alignment of participants in the system and organization towards providing excellent patient care.
3. To define minimum performance standards as well as those which we strive to achieve across the organization.
4. Provide useful and applicable training and education initiatives.
5. Provide the tools, equipment and resources to support care providers and leaders in achievement of high quality care.
6. Determined focus on providing support, education and professional growth rather than discipline or punishment. This will allow us to grow from learning opportunities rather than be scared of providing excellent care to our community.
7. Change leadership paradigms from being responsive and giving negative feedback to being proactive, offering guidance and leading into the future.
8. Build systems which support providers in good decision making and excellent patient care.
9. Support an open reporting environment in which providers are not afraid to bring forward both deviation from SOPs/protocols as well as errors in judgement or care.
10. Invest in provider's achievement of long and short term goals.
11. Remove barriers to provider's taking initiative and pride in organizational and system improvement and development.

Internal Leadership and Responsibilities

Internally, our QI efforts are championed by Fire Chief Glen Weeks. Chief Weeks is supported in our EMS program by CQI/EMS Coordinator Todd Pelletier, MS, RN, CCRN, CFRN, EMT-P.

Dr. Andrew Nothmann, MD serves as the agency's medical director providing direct medical oversight and support to the organization as well as actively participating in the planning and operationalization of the EMS system in Napa County.

External Relationships

The district actively works to grow and develop relationships with local stakeholders and engage them in our continuous efforts to improve. Some of these include:

- Napa County EMS (LEMSA)
- Local Ambulance Providers
- Other Local and Regional Fire Agencies
- Law Enforcement Agencies
- Emergency Management Officials
- Base Hospital
- Receiving Hospitals (Including regional specialty centers)
- Local Clinics, Physicians and Urgent Care Centers
- Air Ambulance Providers
- Community Organizations

Napa County EMS Continuous Quality Improvement (CQI) Committee

The Napa County EMS CQI Committee is a patient focused partnership consisting of designated stakeholders, EMS Agency Medical Director, Provider EMS Medical Directors, and members of the EMS Agency staff assigned to clinical programs. The District actively participates in this committee and other CQI activities in Napa County.

Quality Improvement (QI) Reporting

The District utilizes both internal and external reporting structures to ensure prompt notification of and rapid resolution of identified issues. These structures ensure that appropriate leadership personnel, regulatory agencies and EMS system partners are fully aware of and engaged in resolution of identified issues.

Regulatory Reporting – Napa County EMS Agency

The District ensures that all regulatory reporting occurs per the Napa County EMS Agency's policies and procedures while maintaining an active role in discovering causative factors and participating in Continuous Quality Improvement to improve upon and prevent previous issues.

Internal Reporting Structure

The District utilizes an internal reporting algorithm to ensure that appropriate command personnel are made aware of events as necessary. An operational duty chief is available 24/7.

Interagency Quality Improvement Responsibilities

As a prehospital provider in the Napa County EMS System, the District actively participates in quality improvement per the LEMSAs' EQIP plan. The plan outlines specific roles and responsibilities of the provider agency as well as the designated PLO (Pre-hospital Liaison Officer). The District's Pre-hospital Liaison Officer for Napa County EMS is the agency's EMS Coordinator.

DATA COLLECTION AND REPORTING

State Core Measures

The District participates in generating the State Core Measures as outlined by the Napa County EMS Agency's EQIP plan. The LEMSA is the coordinating and submitting agency for these indicators, ACFPD actively participates in data collection and reporting as requested.

Local Indicators

The Napa County EMS System has developed additional indicators locally as identified in the Napa County EMS EQIP, the District contributes data to these indicators as requested. Additionally, as outlined above, we actively participates in the County CQI committee.

EVALUATION OF EMS SYSTEM INDICATORS

Current Status of EMS System

Personnel

District personnel are in full compliance with the Napa County EMS established policies related to initial certification, re-certification, and accreditation of EMT and paramedic personnel in Napa County. Additionally, district personnel maintain certification in Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS) and a LEMSA acceptable trauma certification requirements.

Additionally, all personnel are to stay current and knowledgeable regarding the policies and procedures of Napa County EMS. Significant efforts are made to ensure that training meets the needs of the ALS and BLS providers within the agency. This training plan is outlined below, however is modified as needed to ensure that the staff receives information about current changes and innovations within Napa County EMS as well as the EMS community in general.

Personnel performance is closely monitored by field supervisory and command staff. The district utilizes the Just Culture philosophy to evaluate and differentiate human error and high risk acts. We believe that Just Culture and an open reporting culture ensures that personnel actively participate in system quality improvement with recognized errors and near misses as opposed to being afraid of punishment.

Equipment and Supplies

The District continuously evaluates both durable and disposable equipment products to ensure that these items are performing optimally for our providers. A significant effort is made to ensure that equipment used is standardized where possible with partner EMS providers. This helps to ensure a reduction in error potential as well as increasing quality and safety of patient care. Additionally, an actively used incident reporting system is utilized to ensure that failures are acknowledged, tracked, trended, fixed and, when necessary, reported to regulatory authorities.

Documentation

The District currently utilizes the MEDS ePCR to ensure that thorough patient documentation and data are obtained. The ePCR system has several Quality Improvement tools to ensure thorough review of patient care and documentation occurs. In addition, in any call where district personnel perform Advanced Life Support intervention, a complete PCR audit is performed.

Clinical Care and Patient Outcomes

District clinicians practice under the direction of Napa County EMS's Medical Direction and prospective treatment guidelines. This effort is led by the Medical Advisory Committee (MAC), a group which District personnel actively participate in. Napa County currently uses a smartphone app and its webpage for distribution of policy and treatment guideline updates. Both the smartphone application and webpage can be updated any time there is a policy or treatment guideline change. Significant changes to existing or the establishment of new policies and treatment guidelines are usually done effective January 1st of each year.

Skills Maintenance/Competency

Through the comprehensive training plan, the District ensures that clinical personnel maintain active skill competency with all equipment and skills required to provide Advanced Life Support care.

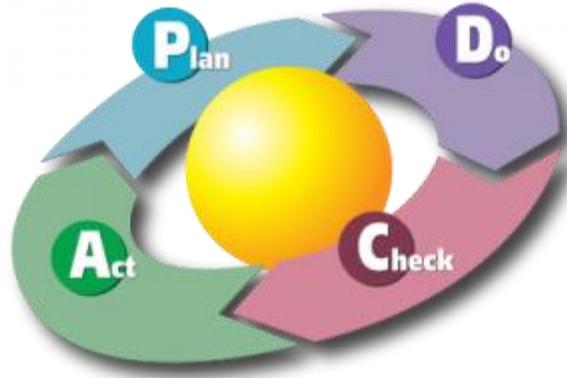
Public Education and Prevention

The District actively participates in community education and prevention efforts including hands only CPR and regular community education efforts. The District also supports and participates in

larger community education efforts coordinated by partner agencies and the county's Public Information and Education committee.

PERFORMANCE IMPROVEMENT

The District adopts the PDCA (Plan, Do, Check, Act) method for process improvement. Processes identified as requiring improvement via the CQI process or identification by internal or external personnel will be placed into the PDCA process to ensure that it is thoroughly investigated and the intervention is properly developed to address the issue. The process is briefly explained below.



PLAN: Develop a plan to implement a policy or process

DO: After the plan is developed, place the plan into action

CHECK: After the plan has been put into action, check to see if the plan has met the requirements as established in the plan.

ACT: Act by stabilizing the improvement (establish as standard culture) or determine the shortfalls and re-initiate the process as a plan to fix these issues or establish a new plan to fix the problem.

Additionally, we recognize that the PDCA process is a continuous process of improvement focused on incremental changes that produce overall significant change in systems performance.

TRAINING AND EDUCATION PLAN

The District is committed to providing the highest quality First Responder Advanced Life Support care to our community. A key component in achieving this goal on a daily basis is a commitment to routine training. While any provider of Emergency Medical Services must meet basic regulatory requirements the District seeks to meet and exceed these requirements to ensure that District Personnel are always prepared and ready to provide excellent emergency medical care.

EMS Training and Education are integrally tied to the continuous quality improvement efforts of the District. This requires that we routinely evaluate the current needs of the providers and community and tailor training and education programs offered to those needs. While the attached set schedule ensures routine formal training opportunities and regulatory compliance, members of the District shall also have extensive resources and opportunities for informal education and training which will occur on a regular basis. Examples of these resources include:

- Department Subject Matter Experts
 - o Senior Paramedic Staff
 - o EMS Coordinator
 - o Department Medical Director
- Textbook and Quick Reference Library Resources
- Target Solutions online learning management system

On a routine basis and in compliance with NCEMSA requirements the district provides the following training:

- Advanced Airway Management
 - o Including use of the department Video Laryngoscopy System
 - o Specifically, this addressed the NCEMSA mandated quarterly intubation training
- Vascular and Intraosseous Access
- CPR and the LUCAS Device
- Patient Abuse and Assault
- HIPAA
- Heat Emergencies
- Medication Safety
- Child & Elder Abuse
- Communicable disease (BBP, ATD)

The department holds mandatory ALS CQI meetings which include the department command staff on a regular basis. These CQI meetings routinely include: Case reviews of cases within the department or larger incidents regionally, report outs from staff involved in EMS related committees, updates or changes in policy or protocol, a clinical or operational training topic related to current events within our EMS system.

The department also places high value on simulation related training EMS training which it provides both independently and integrated with Fire and Rescue based training.

Department ALS providers are required to maintain certification in ACLS, PALS and a LEMSA acceptable trauma certification. BLS providers must maintain an active BLS CPR certification and perform state skills for recertification as below.

In Summary, the District is routinely focused on providing multiple opportunities for District staff to receive education to ensure readiness in responding to incidents throughout the community.