



Quality Improvement Program (EQIP) Plan

***AMERICAN MEDICAL RESPONSE
NAPA COUNTY OPERATIONS***

July 2020

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INTRODUCTION

Mission, Vision and Values

Mission Statement: AMR Napa County is committed to quickly and safely respond to those in need providing expert, high quality pre-hospital care.

Our Vision is to be an integral and essential part of the Napa County community by utilizing and sharing our resources in ways that promote health and well-being.

Organizational Values

Provider Centricity: Our field providers are our most valuable asset. Their engagement, satisfaction and pride in caring for our community will directly affect the quality of our service.

Excellence in Patient Care: Often our patients are in crisis when they need our service. We owe them the best quality of care.

Continuous Improvement: There is no endpoint to quality in the care we provide. We are committed to continuous, respectful change.

Teamwork: We work in an amazing team of providers to deliver emergency medical care to the citizens of Napa County. We with continue to work on our internal and external relationships to accomplish quality patient care.

American Medical Response – Napa County Operations

American Medical Response began providing 911 Advanced Life Support response in transport services in accordance with a county RFP in January of 2012. Currently, Napa County operations provides a number of 911 response ambulances and quick response vehicles at the Paramedic Level to the 911 system as well as an IFT program that provides BLS and ALS transport service.

Napa County AMR provides emergency ambulance services for 9-1-1 calls at the Advanced Life Support (ALS) level for the six cities, Napa, Yountville, St. Helena, Angwin, Calistoga and American Canyon, as well as unincorporated communities of Napa County, with a population of approximately 140,000. Of the 789 square miles AMR covers, 94.9% is land and 5.1% water (much of this is Lake Berryessa).

AMR-Napa County Operations is committed to providing outstanding quality in Emergency Medical Services to the citizens of Napa County. In doing so we must be committed to providing the highest levels of customer service and patient care. Essential to any system who is committed to these lofty goals is a commitment to Quality Improvement.

Our Organizational Values as stated above are key to and integrated into our culture of Continuous Quality Improvement.

Additionally, to align ourselves with all healthcare organizations, we subscribe the Institute of Medicine's Six Aims for improvements in Healthcare Quality:

- Safe
- Effective
- Patient-Centered
- Timely
- Efficient
- Equitable

Continuous Quality Improvement (CQI) is a formal approach to the analysis of system performance and efforts to improve it. Napa County AMR is committed to the process of CQI. CQI is, by its very name, a continuous process. CQI includes such things as:

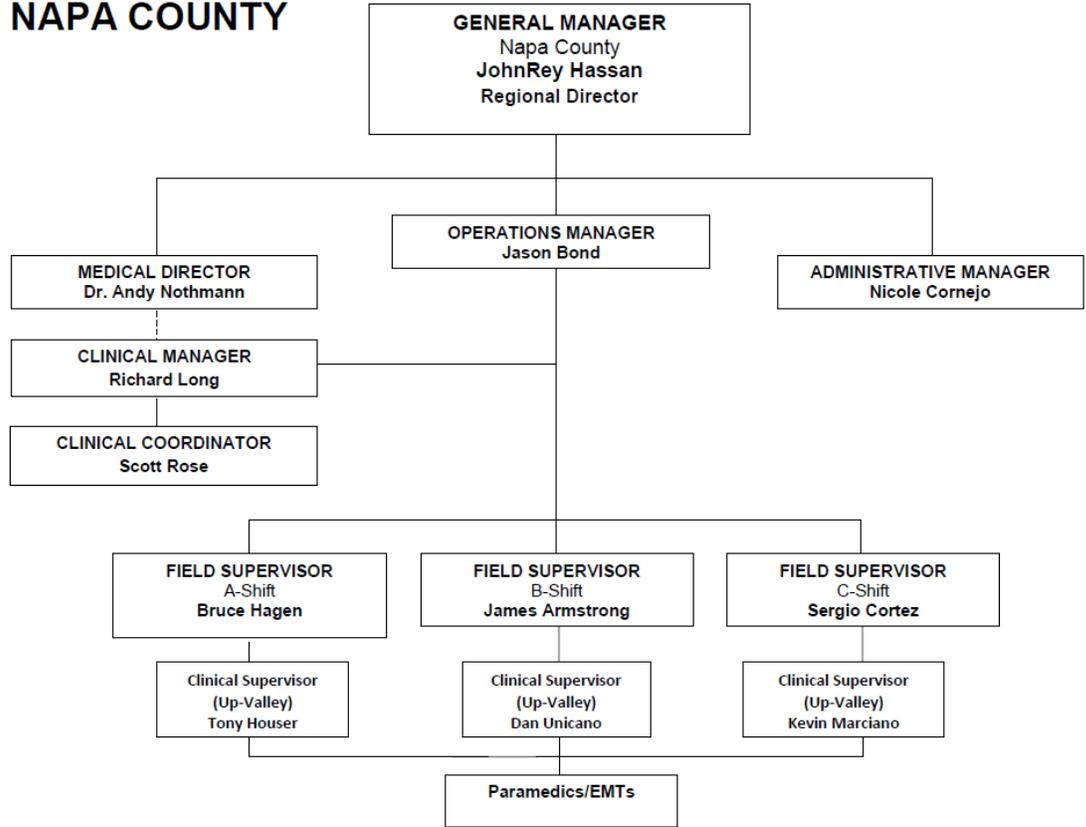
- Recognizing excellence, both individually and organizationally;
- Quantifying objectively what EMS does by trending, analyzing and identifying issues, concerns, and excellence based on those trends;
- Setting benchmarks;
- Promoting remediation rather than discipline. CQI also makes a powerful distinction between the two. Remediation is education. Discipline involves licensure/certification;
- Working hand in hand with training, education and with risk management;
- Identifying system issues when possible rather than individual issues;
- Presenting itself as an evidence-based process equal to industry programs for education and personnel.

Continuous Quality Improvement is a never-ending process in which all levels of healthcare workers are encouraged to team together, without fear of management repercussion, to develop and enhance the system they work in. Based on EMS community collaboration and a shared commitment to excellence, CQI reveals potential areas for improvement of the EMS system, identifies training opportunities, highlights outstanding clinical performance, audits compliance with treatment protocols, and reviews specific illnesses or injuries along with their associated treatments. These efforts contribute to the continued success of our emergency medical services through a systematic process of review, analysis, and improvement.

AMR Napa County Organization Chart



NAPA COUNTY



Revised 7-2020

STRUCTURE, ORGANIZATIONAL DESCRIPTION, RESPONSIBILITIES

AMR Napa County Continuous Quality Improvement Program

The purpose of the AMR Napa Continuous Quality Improvement (CQI) Program is to monitor, review, evaluate, and improve the delivery of prehospital care services in our agency. The Quality Improvement Plan strives to create a culture of quality within our 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 standards as well as standards which we strive to achieve on an organizational level.
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 and education rather than discipline or punishment. This will allow us to grow from learning opportunities rather than be scared of stretching the envelope to provide excellent care.
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. Create an environment in which providers are not afraid to bring forward deviations from SOPs and protocols.
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 our Manager of Clinical Services, Clinical Coordinator and are supported throughout the leadership of the organization. Our Manager of Clinical Services oversees and leads all clinical needs that the department faces via a close relationship with the operational aspect of the organization. An Operations Manager and Regional Director complete the organization's senior leadership team.

Our internal Medical Director provides 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.

Unlike many EMS organizations where there is clear delineation between Operations and Clinical delivery of services, our organization's Operations and Administrative Supervisors actively engage in the process to improve clinical care. This cross-disciplinary engagement and ownership is key to our success as it engages the entire organization in the same direction and goals.

Three line-level Paramedics participate directly in the program as Clinical & Education Services (CES) Specialists. These CES Specialists focus on a variety of tasks as needed required by system needs, however are primarily committed to training, quality review, constructive feedback and education, data collection and organizational projects aimed at improving quality improvement. By utilizing staff who still actively work in the field, the organization engages field level support and perspective as the primary driving force in organizational change.

AMR has also implemented a part time Clinical Coordinator who operates directly with the Clinical Manager. The Clinical Coordinator assist in oversight of QI review, training and education, data collection and specialty projects.

Our organization is also extremely fortunate to have a number of engaged providers that participate in our system as Field Training Officers. Our "FTO" group meets monthly and actively participates in internal and external training as well as providing feedback and support to the organization. Along with the CES Specialists, these team members are invaluable to engaging our organizations' leadership with the line staff.

External Relationships

Our organization 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)
- Other Ambulance Providers
- Fire Departments
- 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. AMR Napa actively participates in this committee and other CQI activities in Napa County.

Quality Improvement (QI) Reporting

AMR Napa County utilizes both internal and external reporting structures to ensure prompt notification of and rapid resolution of identified issues. These structures ensure that appropriate AMR Napa leadership personnel, regulatory agencies and EMS system partners.

Regulatory Reporting – Napa County EMS Agency

AMR Napa County 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

AMR Napa County utilizes an internal reporting algorithm to ensure that appropriate leadership personnel are made aware of events as necessary, the algorithm is included below.

Definitions		
Level A High Priority Event	Level B Medium Priority Event	Level C Low Priority Event
<p>Examples include:</p> <ul style="list-style-type: none"> - Death or negative patient outcome due to: <ul style="list-style-type: none"> • Protocol/Policy Violations • Medical Treatment • Equipment/Stocking issues • Medication Errors • Technical Skill Issues • Recurrent individual/system problems - Behavior Issues <ul style="list-style-type: none"> • Negligence • Patient Abuse • Substance Abuse • Patient Abandonment • Issues requiring immediate suspension/leave - Significant personnel injuries/issues - Significant damage to company property 	<p>Examples include:</p> <ul style="list-style-type: none"> - Notification by a regulatory agency, Medical Director or Base Hospital Representative of Policy Violation, behavioral issue or substandard clinical treatment - Any significant level “A” event that did not cause adverse patient outcome - Any event that has been judged by management personnel to require an immediate response - Unexpected decline in patient condition/outcome 	<p>Examples include:</p> <ul style="list-style-type: none"> - Events that may require formal action, however do not require immediate action - Did not have formal notification from outside agencies or individuals - Minor events that can routinely be handled by on duty Supervisor or other Management personnel on an informal, coach/counsel basis

- Any event that becomes "high profile" such as a Major News item

Incident Handling

Discovery	Identification	Notification	Investigation	Resolution	Reporting
<ul style="list-style-type: none"> - Self Reporting - Chart Review - Report by: <ul style="list-style-type: none"> Community Member AMR Staff Allied Agency Regulatory Agency 	<i>Initial Fact Finding</i> Level A - Manager - Ops Supervisor Level B - Manager - Ops Supervisor Level C - Ops Supervisor - QRV Supervisor	<i>See Notification Algorithm Below</i>	Level A - Manager Level B - Manager - Ops Supervisor Level C - Ops Supervisor - QRV Supervisor	<i>Resolution devised utilizing "Just Culture" principals/algorithm (attached) and approved by Clinical Manager</i> *May require external input (Regulatory, etc)	<i>"Closed Loop" reporting by Clinical Manager or designee to all involved internal and external parties involved as appropriate for their involvement.</i>

Notification Algorithm

Level A High Priority Event	<ul style="list-style-type: none"> • On Duty Supervisor will perform immediate phone notification of: <ul style="list-style-type: none"> ○ Operations Manager (Operational Issues) ○ Clinical Manager (Clinical Issues) ○ General Manager (if Neither CM or OM is available) • On Duty Supervisor and Manager will discuss next steps and notifications as necessary <ul style="list-style-type: none"> ○ Clinical Manager, Operations Manager, General Manager ○ Supervisor and Up-Valley Supervisor Group ○ Medical Director ○ AMR Risk/Safety ○ NCEMSA Duty Officer ○ AMR Napa PIO ○ Full notification of AMR Napa Personnel
Level B Medium Priority Event	<ul style="list-style-type: none"> • Identify single point(s) of contact for Internal and External Communication • Notification of the appropriate Manager for handling <ul style="list-style-type: none"> ○ Manager will advise GM and OM/CM of event ○ Manager will notify Medical Director as necessary • Identify lead for event as single point of contact
Level C Low Priority Event	<ul style="list-style-type: none"> • On-Duty Supervisor investigate and resolve with crew involved • Results will be forwarded to appropriate manager for tracking purposes

Interagency Quality Improvement Responsibilities

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

Prehospital ALS Provider

1. Pre-Hospital ALS provider agencies shall:
 - a. Participate in accreditation courses and the training of pre-hospital care providers. Design and participate in educational programs based on problem identification and trend analysis.
 - b. Establish procedure for promptly informing all field personnel of system changes/updates. Assure all employees are properly oriented to the EMS System.
 - c. Designate a Pre-hospital Liaison Officer (PLO) who will be responsible for coordinating the provider agency's interaction with the EMS system.
 - d. Utilize criteria, approved by the local EMS medical director, for evaluation of individual pre-hospital care personnel. These should include, but not be limited to, the following:
 - i. PCR / audio tape review.
 - ii. Field evaluations.
 - iii. New employee evaluations.
 - iv. Routine and problem orientated evaluations.
 - e. Establish a system to maintain current records on all personnel. These should include copies of the items listed below:
 - i. ACLS competency;
 - ii. BLS certification;
 - iii. Employee and field evaluations;
 - iv. Paramedic/EMT licensure/certification; and
 - v. County accreditation confirmation.
2. Criteria for PLO:
 - a. Experienced in or have knowledge in the EMS system in Napa County.
 - b. Knowledge of regulations, policies, treatment guidelines, protocols and local optional scope of practice items developed for pre-hospital care providers.
 - c. Comprehension of QI principles and practices.
3. PLO shall:
 - a. Cooperate with the EMS Agency, hospitals, and other providers agencies in providing any necessary information needed on QI issues.
 - b. Investigate, critique, document, and report to the EMS Agency all reported incidences of deficiencies in patient care or non-compliance with local policy.
 - c. Provide both base hospital staff and field personnel with feedback on the outcome of any notification forms (e.g. QI Report, UO) which were initiated by them.
 - d. Actively participate on appropriate EMS Committee(s). This would include but not be limited to:
 - i. Emergency Medical Care Committee (EMCC);
 - ii. Medical Advisory Committee (MAC);
 - iii. EMS Aircraft Committee; and
 - iv. County CQI Committee / Sub-CQI Committee.
 - v. Pre-hospital Trauma Advisory Committee (PTAC)
 - e. Facilitate education programs for pre-hospital care personnel.
 - f. Relay information on EMS activities, system changes, and EMS policies to provider administration and other staff as needed.
 - g. Keep monthly statistics of provider activities and other statistics that may be needed for system planning.
 - h. Organize and or assist with pre-hospital training (e.g. FCA).

- i. Provide remediation for QI issues and keep appropriate documentation on file.
- 4. Pre-hospital care personnel shall:
 - a. Participate in QI within own agency.
 - b. Provide thorough and complete documentation on all PCRs as per policy.
 - c. Promptly comply with the investigation of any QI incident your agency is involved in.
 - d. Maintain record of your attendance at CE courses and tape reviews.
 - e. Maintain certification/licensure as required by the State of California and the Napa County EMS Agency.

DATA COLLECTION AND REPORTING

State Core Measures

AMR Napa County 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, however as the primary EOA holder, AMR Napa organizes and provides a significant amount of data for these efforts.

Local Indicators

The Napa County EMS System has developed additional indicators locally as identified in the Napa County EMS EQIP, AMR Napa contributes data to these indicators as requested. Additionally, as outlined above, AMR Napa actively participates in the County CQI committee and developed a set of local clinical indicators for use by the group to help guide improvement activities

EVALUATION OF EMS SYSTEM INDICATORS

Current Status of EMS System

Personnel

AMR Napa actively participates in multiple training programs and is in full compliance with the Napa County EMS established policies related to the initial certification, re-certification, and accreditation of EMT and paramedic personnel in Napa County. Additionally, AMR Napa operates under EOA for ALS and 911 services in Napa county, therefore additional requirements exist for EMS personnel. These include Advanced Cardiac Life Support (ACLS) or equivalent, Pediatric Advanced Life Support (PALS), and Prehospital Trauma Life Support (PHTLS) or International Trauma Life Support (ITLS). AMR Napa ensures that all personnel and our subcontracted response personnel comply with these standards.

Additionally, all personnel are to stay current and knowledgeable regarding the policies and procedures of Napa County EMS. Additionally, annual training occurs in the 4th quarter of each year to update AMR personnel on policy changes and updates.

Personnel performance is closely monitored by field supervisory and agency leadership staff. AMR 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

AMR Napa continuously evaluates both durable and disposable equipment products to ensure that these items are performing optimally for our providers. 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

AMR Napa 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, AMR Napa has instituted Patient Care Report Review Standards to ensure that documentation is reviewed, these standards are included below.

<i>PCR Review Categories/Standards</i>	
Indicator (PIT Queues)	Personnel Responsible
ALS Airway Management	QRV/Operations Supervisors
Code 3 Returns	
Cancellation on Scene	
AMA/RAS (20%)	
Pediatrics	
Sudden Cardiac Arrest (SCA)	All Personnel
Random Audit	
Needle Decompression/Cric	Clinical Manager
Helicopter Response (Cancelled or Utilized)	
100% of Intubation Attempts, Pediatric Medication Administrations, Cardiac Arrests, STEMI's, Trauma Activations and Stroke Activations.	
Controlled Substances Given	Controlled Substance Supervisor(s)

Handling	
Case Notification	Dependent on the indicator, the reviewing personnel are notified by email or via PIT Queues
Log into PIT	https://pit.amr.net // Login with personal information
Review PCRs	Review PCR, making sure to click the "reviewed" check box for each PCR reviewed. - PCR review performed based on LEMSA protocol and policy, AMR policy (including standards of documentation) and general standards of care.
Notes	Place notes on PCR in PIT if necessary. These notes are CQI information only.
Incidents	If follow up is necessary or for tracking purposes, create incident in PIT, assigning it to the appropriate person for follow up.
Crew Notification	If level "C" Event (most common, minor event not requiring official reporting), send QI comments to crewmembers via PIT/MEDS Messaging. Face to face follow up also very appropriate. Do not send CQI Comments over email.
Notify leadership as necessary	Per the Clinical Event Algorithm, provide notification as necessary.

Clinical Care and Patient Outcome

AMR Napa's 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 AMR Napa 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.

CO/PA (Clinical Outcomes & Performance Analysis)

GOAL: A collaborative clinical initiative to ensure best care possible for our patients. Analysis of cases where patient care could have benefited from better collaborative care or operational processes.

The main objectives include:

- Identification of areas for improvement i.e.. Clinical care, clinical supply, equipment, operations, dispatch, resource allocation and utilization
- Data collection to support the need for improvement
- Aggregation of data involving what we can do globally to enhance care to our patients.

Analysis and responses to CO/PA questions should not be biased to current protocols, political environment or contracts. Questions should be discussed and answered keeping our main objectives in mind and our overall goal of patient care improvement at the forefront.

MEETINGS:

Meetings are to be held monthly and in-person until further instruction is provided. They may coincide with existing meetings in which all attendees are already present to reduce scheduling.

Where applicable, meetings may be combined amongst regions if acceptable to all parties.

AMR Clinical Manager (where applicable) or Clinical Education Specialist will be the meeting driver- They will do scheduling in collaboration with air partners.

REPORTING:

All reporting will be done via the CO/PA reporting tool found within the AMR MEDS Performance Improvement Tool (PIT). Access will be granted on a per site basis. Ground and Air will both have a CO/PA queue that will automatically populate with the cases that need to be reviewed. Current cases include:

-Ground: Any case with an initial acuity designation of Red or an acuity designation of Yellow with greater than 30-minute transport time.

Skills Maintenance/Competency

AMR Napa utilizes a team of Field Training Officers to continually evaluate and improve skill maintenance and competency. Lessor used skills are addressed at training sessions and annual updates.

Public Education and Prevention

AMR Napa actively participates in several community education efforts including hands only CPR, school education events and participation in the county public information and education committee. AMR Napa also designates a line crew member as our “Community Service Officer” to encourage and involve invested line personnel in community education and information activities. AMR utilizes Facebook Social Media for public awareness and events as well as community outreach.

CodeStat Annotation- Sudden Cardiac Arrests

AMR Napa utilizes Physio Control CodeStat v10 for Sudden Cardiac Arrest Annotation. Sudden Cardiac Arrest data can be transmitted to CodeStat immediately following a Sudden Cardiac Arrest. CodeStat v10 allows for the review and quality improvement of field treatment in Sudden Cardiac Arrest patients. Within CodeStat we are able to review CPR quality, intervention intervals, ETCO2 monitoring, defibrillations, ROSC, with accurate time frames. We are able to provide the LEMSA, Allied agencies and AMR Crews with feedback regarding the CodeStat data.

Steps for CodeStat transmission and annotation-

All Supervisors and QRV Medic’s receive a MEDS SAM alert for Cardiac Arrest, Defibrillations, Intubations, ROSC and a few other categories not related to SCA. The alert is sent via email directly to each Supervisor and QRV Medic immediately following the completion of the PCR in MEDS.

The on duty Supervisor and/or QRV will contact the crew responsible for handling the call and confirm CodeStat report has been transmitted via LifeNet communications. If CodeStat Data is determined to be stored on LifePak devices belonging to Napa City Fire Department or American Canyon Fire Protection District, the EMS coordinators for those agencies will be emailed and/or contacted via telephone for CodeStat transmission. All Supervisors and

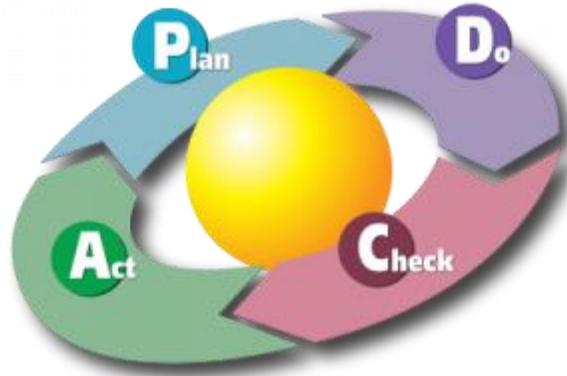
QRV Medic's will receive email alerts confirming the Transmission is complete and successful.

CodeStat Annotation will be completed and submitted to the LEMSA, as well as care providers no more than 48 hours following completion of the call. Annotation will be completed by a Supervisor, QRV Medic or CES Manager. We currently have multiple CodeStat licenses which are provided to the up-valley QRV Medic's for remote assistance with CodeStat annotation.

The final Codestat annotation along with feedback regarding the SCA event will be emailed directly to the follow recipients, AMR providers, Napa County Emergency Medical Director and Napa County Emergency Medical Specialist. The Emergency Medical Director and Emergency Medical Specialist will be able to provide addition feedback to the providers via the email thread.

ACTION TO IMPROVE

AMR Napa County Operations 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

Our goal with training and education is to offer meaningful training and educational programs internally and externally. Staff involvement and engagement at all levels is key to the success of these programs. Training and Education programs will be monitored and modified as needed to ensure compliance with regulations as well as organizational and system needs.

Currently, AMR Napa provides extensive training for internal and external providers on a routine bases. Examples of these trainings include:

- Basic Cardiac Life Support (BCLS)
- Advanced Cardiac Life Support (ACLS)
- Prehospital Trauma Life Support (PHTLS)
- International Trauma Life Support (ITLS)
- Pediatric Advanced Life Support (PALS)
- Advanced Medical Life Support (AMLS)
- 12-Lead Training
- Quarterly In-house Meetings and Trainings
- Quarterly Allied Agency Training
- Online Learning Management System Trainings including
 - Bloodborne Pathogens Training
 - Airborne Transmitted Diseases Training
 - Documentation and Corporate Compliance Training
 - HIPAA and Patient Privacy Training
- AMR Napa County also conducts bi-annual Intubation training for all AMR Paramedics, which includes both Direct Laryngoscopy and Video Laryngoscopy intubations.