

Paramedics Plus – Alameda County

Participants: Kimberly Lacina, Director of Quality and Clinical Services , klacina@paramedicsplus.com

Carolina Snypes, Clinical Education Coordinator, csnypes@paramedicsplus.com

Jeff Delmar, Clinical Education Coordinator, jdelmar@paramedicsplus.com

Mike Frith, Clinical Education Coordinator, mfrith@paramedicsplus.com

Situational Analysis: During strategic planning sessions, Paramedics Plus identified the need to streamline the hiring process, improve the method used to select new hires, provide a more comprehensive training program that addressed the needs of entry-level paramedics.

Project Goals:

- Implement an efficient pre-hire process that streamlines the selection process of quality applicants.
- Increase engagement of the workforce in the new hire selection process.
- Restructure the training academy for new-hire EMTs and Paramedics, and reduce clearance time to the field while maintaining the requirements set forth by the LEMSA.

Planning & Implementation:

October 2016, we were faced with a staffing shortage of qualified paramedics. In the years past, this had not been an issue. Therefore, the process that was in place was lengthy and did not lend itself to a rapid onboarding of new applicants. Since the selection process consisted of a written test, oral interview and skills demonstration and an agility evaluation, it was necessary to consolidate the requirements into structured, pre-determined days for hiring. Paramedics Plus also utilizes a hiring committee that is staffed by field personnel. In order to have a consistent and fair testing process, the engagement of this group in the development of scenarios and interview questions was key.

November 2016, with the collaboration of the hiring committee, dates were selected 90 days in advanced, offering four days a month. Initially, a total of 8 candidates could be scheduled each day, but that was later reduced to seven. In order to make the scheduling of candidates easier, we began to utilize Eventbrite to allow new applicants to make their appointment for an interview online. Eventbrite also allowed us to provide pre-hire testing information to allow the candidates to prepare for the questions and scenarios that they would encounter. This online scheduling format was critical at this point since we did not have a recruiter.

Another important factor in the selection of new hires, was a change in focus regarding the attributes that we were seeking. There is a lack of experienced clinicians seeking jobs, and sometimes the most knowledgeable ones don't necessarily make the best employees. Paramedics and EMTs are required to have much more knowledge – they are expected to be pre-hospital clinicians, not technicians. Additionally, we knew from past experience that people with good attitudes and habits could be coached and mentored. We shifted from looking for the most highly skilled applicants, to seeking those that had a baseline foundation of clinical knowledge and skills, with excellent attitudes and habits.

March 2017, in conjunction with the uptake in hiring, it was determined that better accountability of the new hires' process to clear was needed. Past practice was that new hires entered into a two-week academy, followed by time with a field training officer. The field training officer made the final determination of a new hire as pass or fail, and the amount of time that a new hire spent in field training was ambiguous. This was not operationally or fiscally meeting the staffing needs. Being able to provide a "pipeline" of new hires with expected clearance time was crucial to the overall staffing of ambulances.

Restructured Training Focus:

June 2017 – Past practice of clearing new hire medics consisted of more an evaluation period rather than actual training. On average, it took nearly four months on average to clear a basic paramedic. And, as mentioned before, the success/failure of the new hire was determined solely by an FTO. This often led to new hires being terminated for issues that more intense remediation and training could have allowed for them to be successful. On the other hand, new hires were kept in training for an extended period of time when behavioral and attitude issues were discovered early in their orientation.

The CES team developed a training pipeline that consisted of academy time, phase evaluations and a capstone with the medical director. The goal was to have basic paramedics clear within 75 days of hire, and then be prepared for advanced medic upgrade within six months. Academy was restructured to provide not only introduction to system protocols, but to review patient care standards. One of the major weaknesses being noted in the new hires was the inability to perform a basic patient assessment. To facilitate this learning, AMLS (Advanced Medical Life Support) was added to academy schedule, for both Paramedics and EMT's. Next, field training time was divided up into phases. Each phase consisted of 10 shifts followed by an in-class phase evaluation. This allowed for CES to address weaknesses that were identified by the FTO early on, and provide the new hires with an opportunity to debrief about their field training experience and receive individualized one-on-one training. Also, the group would be put through various patient scenarios to further hone in their assessment techniques and application of protocols. New hire paramedics were expected to complete their field training, and be prepared for capstone within 20 shifts. For those that required remediation, a third phase was assigned. Both new hire and their FTO's knew in advance when their capstone date was scheduled and the accountability to be prepared for this was equally held by both.

The addition of the capstone with the Medical Director provided several positive aspects to the training program. First, new hires would get to spend time with the medical director in a one-on-one setting. This allowed for the Medical Director to engage with employee and impart his expectations related to patient care. It also allowed for an unbiased evaluation of the new hire's ability to function as a basic paramedic. New hires are given two opportunities to pass their capstone. First-time pass rate averages 75%.

FTO leadership: clinical, professional and educational development:

The final area of opportunity for the onboarding process was the FTO Program. Meetings were held with the FTO group to introduce them to the new concepts. The group was presented with the current challenges of training and the need to provide a more structured and accountable program. New daily and phase evaluation forms were developed with input from this group. Additionally, they were provided with the expectations of each phase and guidelines for grading performance. Furthermore, they were introduced to the idea of facilitating learning and mentoring versus just evaluating a new hire.

These changes allowed for a more unbiased evaluation focusing on the facilitation of learning, and provided increased real-time feedback to new hires and to CES as to the areas in which further remediation was needed. Future projects in this area are planned to address professional development of this group.

Results:

After one year, we achieved our goals with a reduction in clearance times for Paramedics, decreased labor cost and time for pre-hire testing and interviews, decreased the amount of applicants lost to other employers, better defined the expectations of the field training for both new hires and the FTO's, and increased the engagement of the medical director. The successful new hire completion of academy and field training increased from 87% to 90% along with decreasing the total time in training to a 75 day average. With a significant decrease in field training hours, the budget was impacted positively. A weekly pipeline update is provided to all department leads in order to keep everyone abreast of the staffing forecast.

See attachment A : New Hire Data

See attachment B: Pipeline Example

Impact:

For hiring, the advantage was having a streamlined process in which new applicants could be easily scheduled and provided information regarding the testing process. It allowed for better forecasting of potential new employees and became the initial step in our pipeline. For applicants, it removed the barrier and inconvenience of multiple steps in the interview process. Often, with the old method, applicants were more or less lost in the process due to the extended amount of time it was taking to receive an initial offer letter. Additionally, allowing applicants to re-interview in 30 days if they were unsuccessful the first, kept their interest in joining the company. In the past, applicants had to wait six months or more before they were allowed to retest. This led to many finding other employment opportunities. Candidates that are not successful the first time, are given the opportunity to discuss their weakness and are provided with resources and recommendations to prepare for their next interview.

With the new process and concepts applied to hiring, the number of applicants passing the interview and testing program increased from less than 50% to 75% for first attempts, and 90% for second attempts. With the feedback that the hiring committee would give regarding the applicant's strengths and weaknesses, CES could have a preliminary idea of any individualized training needs a new hire may require. The changes streamlined the process saving time, labor cost, reduction of "lost" applicants while increasing the quality of our onboarding process for potential new hires.

The new streamlined training program did indeed reduce the amount of overhead and expense by using training time more responsibly and eliminating training that did not meet core objectives. Although a big shift from the past in regards to moving from strictly evaluating a new hire to mentoring and facilitating the learning process, the training process has proved successful in a number of ways.

First, there was a substantial drop in the number of new hires that "failed" field training time. By following a structured training regimen with improved documentation of strengths and weaknesses, new

hires that were struggling were identified early and provided resources to help them be successful. Second, from an operational standpoint, being able to predetermine the expected date of new hires clearing the process allows for better planning of staffing needs. Additionally, new hires no longer got lost in the process spending excessive time in field training without addressing issues that kept them from successfully completing their field training. Third, by implementing the capstone with the Medical Director, new hires receive a final evaluation that is fair and unbiased. This has also increased our Medical Director's satisfaction with the training program by allowing him to participate in the process and become more engaged with the employees.

Budget:

This project was initiated to improve efficiency, decrease the cost of training, and improve the knowledge and skills of our new hires, so a budget was not necessary. Since this employee related project was initiated using the current resources to improve efficiency, and reduce onboarding time no extra funding was needed. Overall, the project positively impacted our budget by reducing cost of new hire selection, academy, and field training.

Supporting Docs:

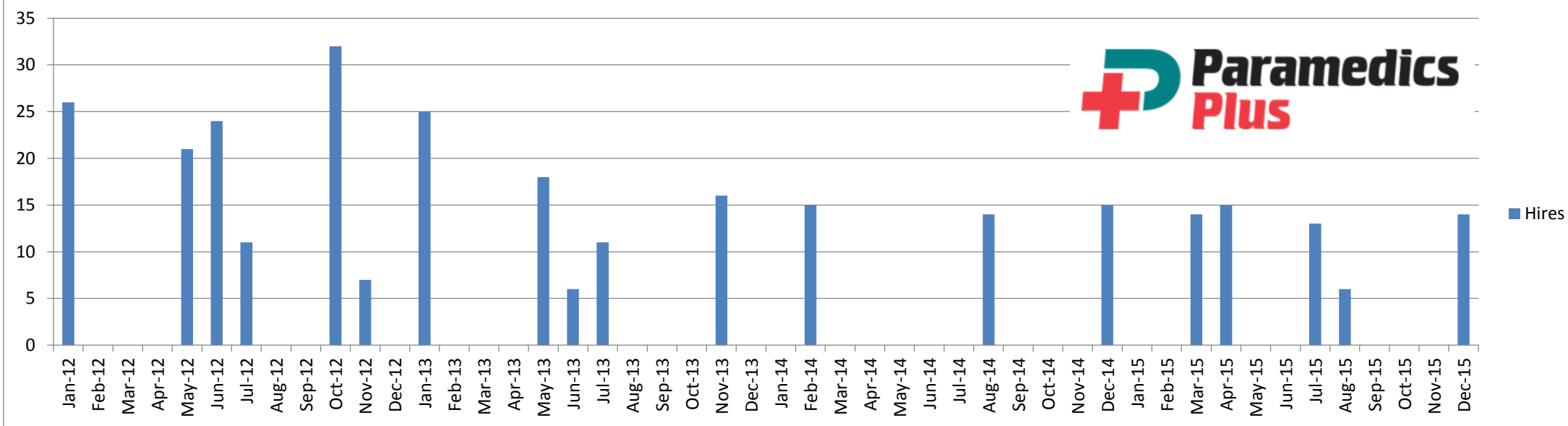
Attachment A – New hire data

Attachment B – Pipeline example

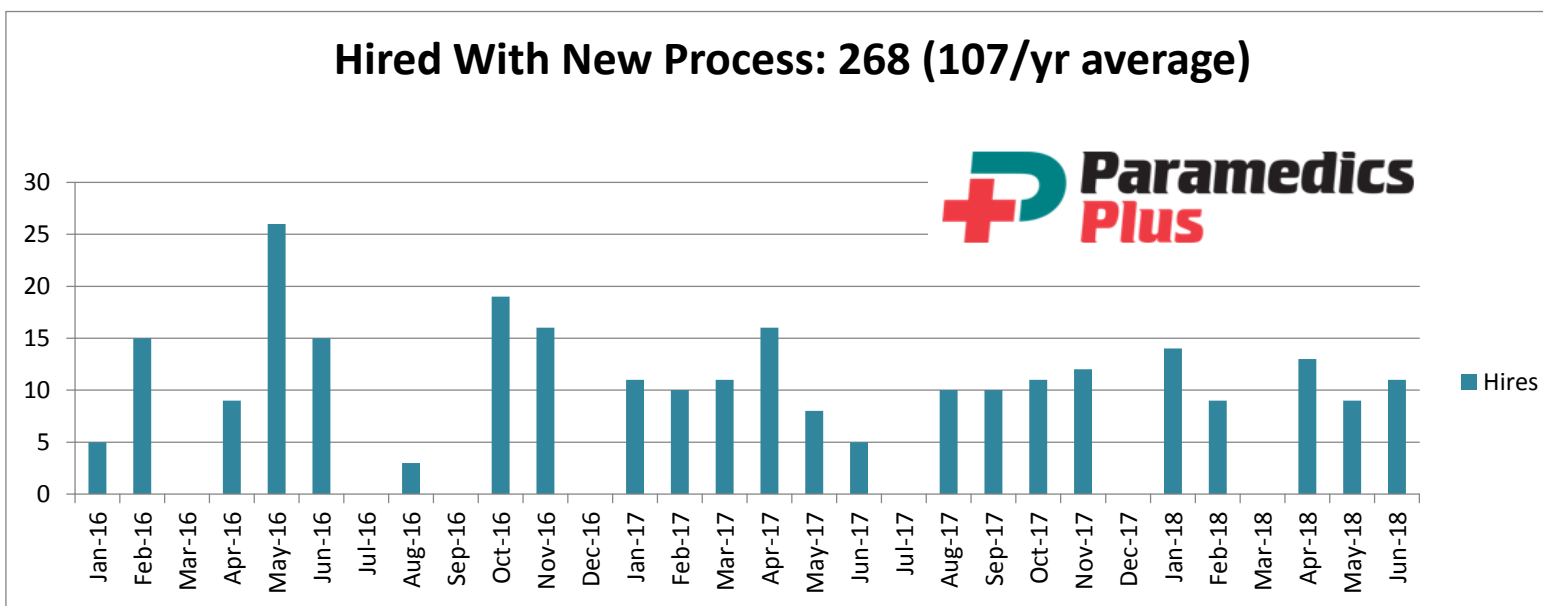
Attachment C – New hire training program and evaluation forms

Attachment D – Academy schedule

Total Employees hired in 4 years: 303 (75/yr average)



Hired With New Process: 268 (107/yr average)





Paramedics Plus

Alameda County EMS

Academy Program

Introduction

Welcome to Alameda County Emergency Medical Services. Paramedics Plus, in conjunction with the Alameda County EMS Agency and Office of the Medical Director (OMD), present to you the caregiver, a comprehensive orientation to clinical operations. In this guide, you will be engaged in education and training to prepare you for your future as a clinician in Alameda County. From this point on you will be working under the authority and licenses of the Medical Director of Alameda

County and the Medical Director of Paramedics Plus. This carries with it a tremendous amount of responsibility for you and the medical director.

With this responsibility comes accountability.

Therefore, it is important that you abide by the protocols that have been established.

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I. Introduction and Intent

Emergency Medical Services is in the midst of a paradigm shift. EMS professionals who were once seen as simply “ambulance drivers” are now Emergency Medical Technicians, Paramedics, Pre-hospital and Flight Nurses, and EMS Physicians. Instead of being treated as unskilled technicians, after a long struggle we are now finally recognized as the professionals who make up a unique subspecialty of the practice of emergency medicine. In fact, the American Board of Medical Subspecialties has recognized our specialty and begun administering examinations for physicians to become Board Certified in EMS. This is an exciting time to be a part of EMS, but also a time when it is critical that we exemplify the professional standing we are finally achieving. Now more than ever it is imperative that we maintain the highest of standards in our clinical practice of pre-hospital medicine.

Clinicians within an EMS system work as an extension of a Medical Director. This concept is known as a “delegated practice of medicine.” This means that field clinicians are viewed as independent practitioners whose actions in treating patients are pre-authorized by a medical director. These practitioners may occasionally require expert consultation for clinical guidance, but do not require permission to carry out their care of patients on a routine basis. This philosophy and model of medical direction requires a professional, skilled, responsible, and above all a thoughtful clinician.

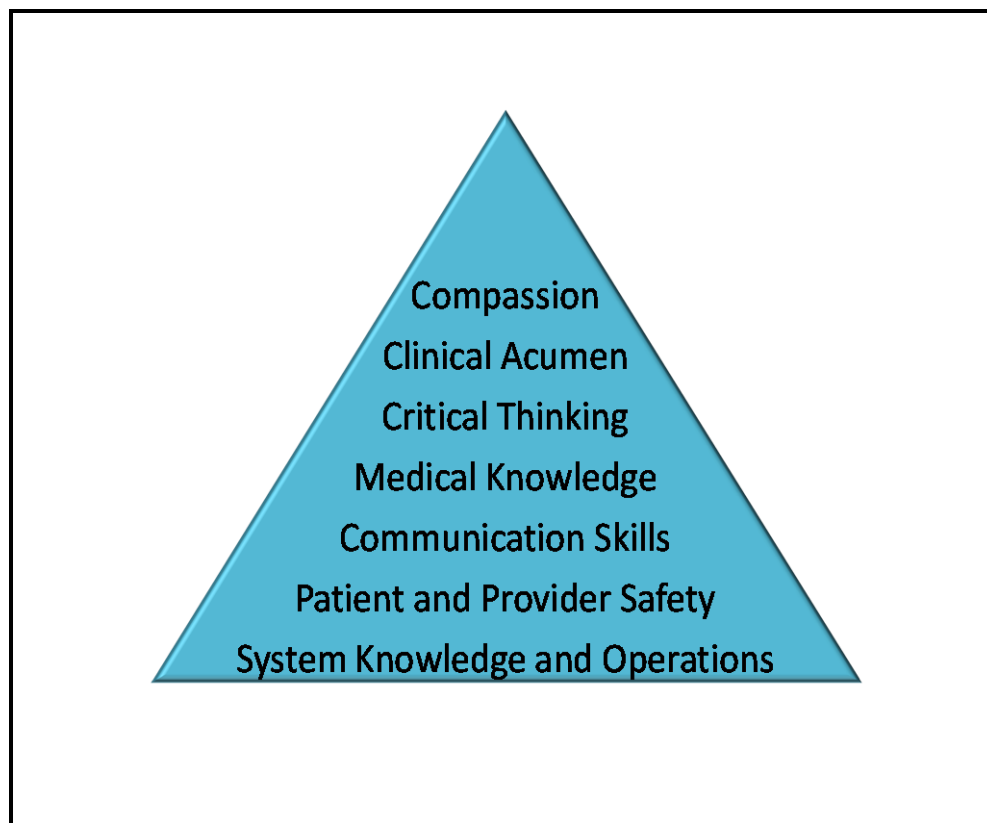
II. Development Process

Over the last year, the Paramedics Plus Academy has been under review and change. The goal of the academy is to produce a uniformly high standard of clinician that can successfully enter the ALCO EMS System. In order to ensure qualified and competent personnel, the following has been put into place. A set of Clinical Competencies grouped into 7 core areas is the foundation for the process. Many ideas have been proposed, examined, and refined to arrive at the current program as outlined in this document. As with any program, there is no doubt that it will require periodic updates on an ongoing basis as the needs and resources of our system change.

III. Paramedics Plus Clinical Competencies

The following seven areas represent the Core Clinical Competency Areas:

Fig 1 Core Competencies



To excel at the complex and difficult work of providing excellent medical care in the uncontrolled pre-hospital environment, the clinician will be required to have expertise in each of these areas. To assist in designing a qualification program and to define for providers those areas that they will be responsible for, each of these areas has been further defined and broken down into its components as below.

Definitions

- 1. System Knowledge and Situational Awareness-** The ability to know where you are responding to, who you are responding with, response determinate, who will be first to the patient, and safest most efficient route to arrive on scene.
- 2. Medical Knowledge-** The ability to know what is required for the best outcome of the patient
- 3. Clinical Acumen-** The ability to assess the scene and the patient, to obtain pertinent medical and social history, and perform skills at the highest level.
- 4. Independent and Critical Thinking-** The ability to process the information gathered during assessment and history gathering, provide the most effective care for the patient, and transport the patient to the most appropriate facility.

5. **Compassion-** The ability to provide a comforting, caring, and empathic experience for the patient.
6. **Patient and Provider Safety-** The ability to provide a safe working environment for your fellow patient care providers as well as ensuring that movement and transportation of the patient is done with the highest level of safety is provided.
7. **Effective Communications-** The ability to communicate with the patient, family members, EMS, law enforcement, skilled nursing facilities, and receiving healthcare facility members to ensure that all pertinent information is obtained to provide the best possible outcome of the patient.

IV. Pathway to Accreditation

Overview--The qualification for Basic Paramedic accreditation comprises 2 phases and is designed to be completed in 75 days. It entails classroom based learning, on-line self directed study, supervised field experience, and both written and high fidelity simulation based evaluations. Paramedics must additionally complete a session of practical skills review and testing at the end of each Phase, and one capstone day at the completion of their field training time.

The first phase is dedicated to an orientation period and review of the basic medical knowledge required of clinicians. The second phase involves refinement of clinical skills and the third phase is an integrative period focused on communication skills and critical thinking. Each of these phases will entail on-line self study and supervised field experience. There will be an evaluation at the end of each period and successful completion of the phase evaluation will be a prerequisite for progression to the next phase. The evaluation following the second phase will serve as the capstone of the qualification process and be the ultimate determination of ability to attain certification.

There is no set timeframe for each phase although it is anticipated that they will last no longer than 30 days. It is the expectation that all FTO's and new hires remain accountable to the expectations of each phase and the pre-determined Capstone date. As with any program, there may be extenuating circumstances that delay a new hire's progress. Any circumstance that requires extensions, deletions or significant changes to these guidelines will be reviewed and approved by the Director of Clinical Services.

Academy--The following competencies are determined to require in-person instruction at the beginning of a student's supervised field experience.

PHASE 1-- Phase 1 entails a review of the foundation medical knowledge of an EMS professional at either the EMT or paramedic level. It is necessary due to recurrent incidents that the personnel they are entering the academy are not adequately trained by their initial education programs. It will comprise completion of academy, independent, self-directed learning and a minimum of 10 supervised field experience shift evaluations. Phase I will conclude with a Phase evaluation and written examination.

PHASE 2—Phase 2 entails the refinement of the clinician's clinical skills including assessment and procedural expertise. Again there will be continued, self-directed learning, and a minimum of 10 supervised field experience shift evaluations. Additionally, clinicians should be demonstrating the ability to integrate their knowledge and skills achieved in their previous phase and academy, and begin to practice critical thinking skills in caring for patients. As part of completing Phase 2, successful completion of five ALS-defined calls is required.

CAPSTONE

The capstone experience will include both written and practical examinations. The practical examination will utilize a simulator to ensure as realistic an assessment as possible. It will also include an interview with the Medical Director. Successful completion of this step is the final requirement for qualification to obtain county accreditation as a Basic Paramedic. Clinicians will be given two (2) opportunities to successfully complete Capstone.

PHASE 3- REMEDIATION—Phase 3 is designed to help the clinician who has not demonstrated the competencies required to be an accredited Basic Paramedic. This will continue to be an integrative period where the knowledge and skills achieved in the two previous phases and application of critical thinking skills in caring for patients. Additionally there will be a focus on the deficient areas identified in the previous phases. There will be a minimum of 10 supervised field training shifts during this period. Specific assigned learning opportunities may also be incorporated into this phase in order to facilitate the clinician's ability to successfully complete the program.

Although there is an expected timeline, and a minimum number of shift requirements, it is understood that there may be circumstances that call for shortened or extended phase periods. New hires may be held in a specific phase. Any decisions to allow a deviation from the expected pathway for accreditation will be made by the Clinical Services Director with the input from CES Coordinators and FTO(s). Phase 3 – Remediation may be extended beyond 10 shifts; however, Field Training time will not exceed 40 total shifts or four (4) months time.

ADVANCED PARAMEDIC – Criteria to upgrade to Advanced Paramedic status is set forth by Alameda County EMS. All Basic Paramedics are expected to complete the upgrade process within the guidelines. Additionally, Basic Paramedics are expected to tech the majority of calls in order to gain experience and further develop their skills as a Paramedic. Progress will be tracked utilizing the data collected from completed ePCR's. At the request to upgrade, the field contacts, hours worked, past experience and demonstration of competent practice as a Paramedic's Plus/ALCO EMS clinician will be considered. A structured review by the Clinical Services Director and successful completion of defined ALS 5-call evaluation by an FTO will

allow a Basic Medic to upgrade to Advanced status. If a clinician is not successful on the first attempt, a specific and individualized remediation will be designed and implemented.

VI. Remediation

We value our clinicians as integral members of the patient care team. Our goal is to provide the education, experiences and support to all new hires to facilitate their success. New hires will be given every opportunity to be successful in completing the Academy Program; however, it is expected that they take the ultimate ownership of their field training time.



New Hire Training Academy

EXAMPLE

WEEK 1

Day 1: ORIENTATION DAY

MONDAY

0800	0815	Welcome to Paramedics Plus - Intro and Classroom Expectations
0815	0915	Clinical Services Presentation "Mission & Vision" Ethics and Values activity
0915	1000	Just Culture
1000	1015	BREAK
1015	1115	Payroll Department Presentation Biometric Scan for punch in/out Time Card Corrections RescueNet CrewScheduler UltiPro Direct Deposit, W4, Payroll
1115	1200	Human Resources Presentation Benefits Enrollments [FT]
1200	1300	LUNCH - In house provided by Paramedics Plus Admin Team Overview of Paramedics Plus Presentation Walk-Around Tour of HQ facility
1300	1330	Field training expectations [outline] Certifications and Health Records
1330	1415	IT Presentation & Setup of New Hire Candidates' E-mail Accounts Badge photos

1415	1500	Uniforms
1500	1515	BREAK
1515	1600	Critical Incident Stress Management [CISM]
1600	1645	NAGE Union Presentation
1645		Session Wrap Up: Protocols, Books, general homework assignments Homework: HIPAA Assignment Pre assign: 12-lead homework to medics

Day 2: LOGISTICS, OPERATIONS, and SAFETY & RISK

TUESDAY

0800	0930	Protocol Review/Area Familiarization
0945	1015	Fleet Presentation Zendesk, Preventative Maintenance Program
1015	1100	Logistics Presentation : OP IQ, Narcotic Lecture, etc.
1100	1245	LUNCH <i>[extra time for uniform/boot shopping; clinic visits]</i>
1245	1415	EMS Fit Responder
1415	1500	Infection Control/Blood Borne Pathogens
1500	1600	Operations Policies & Procedures
1600	1615	Hazard Communication: Globally Harmonized System—The New Standards
1615	1630	Emergency Action Plan/Fire Safety
1630	1645	EMTALA
1700		Session Wrap Up

Day 3: COMMUNICATIONS

WEDNESDAY

0800	1100	Communications Presentation Response Plan Compliance Deployment Equipment Presentation Radios, Toughbook Pager System, Cell Phone
1100	1200	Hospitals and Mapping/Navigation review
1200	1300	LUNCH
1300	1345	Crew Scheduler
1345	1645	Equipment Skills: Gurney; Stair Chair; H-Tanks; LUCAS; vacuum splint

Day 4: EVOC/EVOS—CLASSROOM

THURSDAY

0800	1200	Classroom Lectures—EVOS: Emergency Vehicle Operator Safety [NAEMT] Road Safety; Code 3 Driving; Situational Awareness
1200	1300	LUNCH
1300	1630	Classroom Lectures, <i>Continued</i>
1630	1700	Session Wrap Up

Day 5: AMLS—DAY 1

FRIDAY

0800	1200	AML: Advanced Medical Life Support [NAEMT]
1200	1300	LUNCH
1330	1630	AML, <i>Continued</i>
1630		Session Wrap Up

WEEK 2

Day 6: EQUIPMENT ORIENTATION and ePCR

MONDAY

0800	1200	Ambulance Orientation & Equipment [learning stations] First-In bags Fremont Fire partners: equipment presentation
1200	1300	LUNCH
1300	1700	ePCR Intro Presentation, including: Pre-Billing Legal Documentation / Narrative Process and practice writing
1700		Session Wrap Up

Day 7: AMLS—DAY 2

TUESDAY

0900	1200	AMLS
1200	1300	LUNCH
1300	1700	AMLS, Continued
1700		Session Wrap Up

Day 8: CLINICAL PRACTICE—SCENARIO DAY

WEDNESDAY

0800	1200	Scenarios: Trauma, Adult Code, Radio/Comms [also: Handtevy/med calculations]
1200	1300	LUNCH
1300	1630	Scenarios: Pedi Code, OB, Pharmacology [also: IO skills; Stroke/STEMI]
1630		Session Wrap Up

Day 9: EVOC/EVOS—PRACTICAL

THURSDAY

[clock-in at HQ about 15 min early]

0730 1500 Driving site: Oracle Arena, Lot B

[return to HQ for session wrap-up]

1530 1545 Session Wrap Up

Day 10: FINAL DAY—GRAND ROUNDS, 12-LEAD, MCI

FRIDAY

0800 0900 Grand Rounds: Recognition and Management of Pediatric Extremis

0900 0930 Case Presentation

1030 1200 Operations and MCIs

1200 1300 *Pictures before and/or after:* LUNCH

1300 1630 12-Lead EKG Interpretation [EMT *and* medic]

1630 1645 Chief's Round-Up

1645 ***Academy Wrap Up and Dismissal***

PIPELINE								
Updated as of 5/10/2018								
Paramedics in Orientation								
NEW HIRE PARAMEDICS	Hire Date	Current FTO	Shift	Capstone (70 days)	FT/PT	SHIFT#	Phase1	Phase2
WH	1/22/2018	FTO A	3221B	Remediation	PT	21/30	3/6/2018	4/3/2018
RB	2/26/2018	FTO B	2216B	Remediation	FT	22/30	4/10/2018	5/8/2018
SC	2/26/2018	FTO C	4409A	5/10/2018	PT	18/20	4/10/2018	5/8/2018
ET	4/9/2018	FTO D	2121A	6/21/2018	FT	6/20	5/22/2018	6/19/2018
CK	4/9/2018	FTO E	5102B	6/21/2018	FT	9/20	5/22/2018	6/19/2018
EH	4/9/2018	FTO F	2223A	6/21/2018	FT	5/20	5/22/2018	6/19/2018
UPGRADES								
CE	4/1/2018	FTO G	4209A	N/A	FT	17/20	N/A	5/8/2018
HN	4/16/2018	FTO H	2215A	6/21/2018	FT	8/20	5/22/2018	6/19/2018
CF	4/16/2018	FTO I	4209B	6/21/2018	FT	6/20	5/22/2018	6/19/2018
KB	4/16/2018	FTO J	5525A	6/21/2018	FT	8/20	5/22/2018	6/19/2018
KA	4/16/2018	FTO K	5505A	6/21/2018	PT	7/20	5/22/2018	6/19/2018
AB	4/16/2018	FTO L	2118A	6/21/2018	FT	6/20	5/22/2018	6/19/2018
LM	4/16/2018	FTO M	5101B	6/21/2018	FT	6/20	5/22/2018	6/19/2018
EMTs in Orientation								
NEW HIRE EMTS	Hire Date	Current FTO			FT/PT	SHIFT#		
BB	1/22/2018	FTO N	2124B	Remediation	PT	25/30	2/27/2018	N/A
EG	2/26/2018	FTO O	4114B	N/A	FT	14/20	4/11/2018	N/A
DD	4/9/2018	FTO P	2280A	N/A	FT	8/20	5/22/2018	N/A