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## 2022 CAASE Award Submission

**CAASE Awards Submission****Submission Category:**

Community Impact Program (open to any community-based program)

**Submission Title:**

Basic Readiness in Developing Great EMTs (BRIDGE)

**Contact Name:**

Danielle Thomas

**Organization:**

LifeLine EMS

**Email:****Preferred**

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**Number of Annual Service Requests:****Number of Ambulances:**

80

**Business Type (check all that apply):**

Business

Privately Held Corporation

**Project Participants (Names, Job Titles & Email Addresses of individuals involved in the project):**

1.Konnor Pacheco – Training and Education Manager – kpacheco@lifeline-ems.com 2.Scott Simsian – Training and Education Supervisor – ssimsian@lifeline-ems.com 3.Scott Morency – Clinical Consultant – rsmorency@gmail.com 4.Danielle Thomas – Chief Operating Officer – dthomas@lifeline-ems.com

**Situational Analysis (Background of Project):**

Basic Readiness in Developing Great EMTs (BRIDGE) began in Spring 2022 after establishing a need in Los Angeles and Orange counties to offer upcoming providers a pre-employment insight to their EMS career. As we are expanding our organization's education, we wanted to offer several necessary skills that make EMTs successful to non-employees. BRIDGE is a three-day free training initiative that requests only the participant's time and strives to create better-prepared applicants for Southern California EMS agencies. This program is designed to reduce onboarding and clearance time by increasing confidence and competency of each potential provider. Additionally, LifeLine EMS educates providers waiting to be credentialed by the NREMT. This hands-on education supplements their studies in preparation for successful completion of this cognitive exam. An outline of the BRIDGE program's topics: Day 1: 1. Brief patient transport demonstration 2. Introduction Exercise 3. Assessment Based Management 4. Vital Signs 5. Scenarios 6. Code 3 Ambulance Procedures Day 2: 1. Communication with healthcare providers (simulation) 2. Documentation/Report writing 3. Ambulance Tour 4. Patient movement equipment demonstrations 5. Gurney Operations Day 3: 1. A full day of EMS scenarios 2. Evaluation of subjects taught and certification

**Project Goals:**

Better prepared, confident EMS providers to easily transition into traditional EMS roles.

**Planning & Implementation (describe process from the planning phase, including research, through implementation phase. Include the overall length of your project in weeks/months):**

In April, the four project developers brainstormed the most relevant topics to an EMT's career, whether it be 911 or interfacility transport. They also wanted to determine how many days they could offer this program without losing potential candidates due to external time conflicts. Once the team established these two factors, the BRIDGE program was ready to be provided to the public in May 2022.

**Results (Did you achieve your goals? How did you measure results?):**

The Training and Education manager reaches out to completed participants bi-weekly to inquire about their success in finding an EMS job or passing the NREMT exam. Participants are also provided a feedback survey on day 3 for comments offering students the opportunity to vocalize likes/dislikes to tailor the program to optimize necessary material. LifeLine EMS has trained 25 EMT candidates, has hired 4 credentialed EMTs, and is currently courting 12 prospective EMTs that remain in the pipeline waiting to test. We have educated 3 EMT hopefuls, deciding to attend EMT school.

**Impact (What impact has this project had on your service? Information can be given as narrative. However, if possible, please provide qualitative and quantitative information.):**

The feedback has been outstandingly positive, and several participants elected to participate more than once as the scenarios offered could differ between each class. Although not the primary intention, the BRIDGE program has led to several participants becoming successful employees within our organization. Through the use of multi media inclusive of video and simulation, each candidate is offered the best practice with an opportunity to practice and receive professional feedback through a debrief.

**Budget (Did you have a budget? Budget numbers can be provided as a percentage of overall operating or departmental budget.):**

BRIDGE is run bimonthly and training costs apply to each session. To date, LifeLine EMS has conducted 5 BRIDGE programs costing \$6545.00.

**Supporting Documents #1:**

BRIDGE ITINERARY.pdf

**Supporting Documents #2:**

BRIDGE FLYER.pdf





# **BRIDGE** **Basic** **Readiness and** **Individual** **Development of** **Great** **EMTs in EMS**

**Coming May 2022**



## **Purpose**

To develop basic readiness and individual development of great EMTs in EMS for new or recently credentialed EMTs



## **Ideology**

We believe in providing free access to meaningful field experience to provide new EMTs the opportunity to strengthen their confidence level in patient care and team building skills



## **Significance**

EMTs are responsible for providing life-saving care and transporting patients to hospitals for more extensive services. As a result, the goal of this program is to increase students' confidence in their ability to provide exceptional patient care

# BRIDGE KNOWLEDGE INTO ACTION!



**Graduate with a certificate  
of completion!**



## ABOUT BRIDGE

BRIDGE is a free 3-day program designed to build competency and confidence for newer EMTs or those transitioning from school to the EMS workforce. Become a more attractive applicant when you apply for a position. Clear to work quickly with the confidence you need to safely and effectively treat patients with clinical excellence.

## 3 DAY AGENDA

### Day 1: Assessment Based Management

You know how to treat a patient, let's get you more confident at speaking to patients while treating them!

- Vital Signs Clinic- Learn tips and tricks
- Scenarios
- Code 3 Procedures

### Day 2: Communications and Reporting, learn to report and write, you are the eyes and the ears on scene

- Loads, Lifts, and Carries
- Gurney Ops/COT SAFE
- Simulation

### Day 3: Putting it all Together

- Add your new key learnings to your recent EMT Program Education and shine as New Hire EMT
- Practice how you want to perform through through muscle memory and simulation

## BRIDGE

Basic Readiness and Individual Development of Great EMTS

# Day 1

### 1st Topic **Demonstration and Debrief** (30min)

Equipment (1 fully stocked ambulance with first in equipment, at least 2 EMS providers, patient, Equipment like bed or cars to simulate the scenario, space to run this)

1. This demonstration should be a professional demonstration of skills done by providers properly and efficiently to set the example. Must be attention getting and dialed in with a good show of skills and equipment use.
2. Scenario: students staged in a good location to observe demonstrations. EMS providers arrive on scene simulating a response.
3. After the demonstration a debrief takes place that explains to the students what occurred, and what they will be learning during the course.

### 2nd Topic **Icebreaker Exercise** (30min)

### 3rd Topic **Assessment Based Management** (3hrs)

Equipment: First In Training Bag

Instructors 1-2

### 4th Topic **Vital Signs Clinic** (1.5hrs)

Equipment: quantity dependent on class size/ bp cuffs/ steths/ glucometer/pen lights

Instructors; 1 instructor per 4 students

### 5th Topic **Scenarios** (1hr)

Equipment: All

Instructors 1 per 2-4 students

1. tances.

(1) when responding to an emergency call or when engaged in emergency services as defined in this article, and

### 6th Topic **Code 3 Procedures** (1hr)

Equipment (1 ambulance, TV screen for videos, videos for demonstration of Code 3 driving, Instructors needed dependent on how many students.

2. Code 3 mentality; what mindset do you need to have? What is the purpose of going code 3; When is it the right time to go code 3.
3. Code 3 laws in regards to driving code 3. EMTs shall not use the siren and red warning light (code 3 operation) when traffic is congested to a degree that increased ambulance speed and right-of-way cannot be gained thereby. Siren

and red warning lights shall be used with due regard for safe roadway operation of ambulances and shall not be used except under the following circumstances(2) when speed in transporting the patient to an emergency medical care facility appears essential to prevent loss of life, undue suffering, or to reduce or prevent disability.

4. Proper lane choice; changing tones and when to do so
5. Vehicle positioning (highway, uphill upwind, scene safety, curbside door parking) with video/images.
6. Hands on with an ambulance reviewing the lights and sirens and switches. Importance of Ambulance check out at SOS to ensure all supplies are stocked and lights/ sirens functioning.
7. Video scenarios showing examples of Code 3 driving with scenario questions at different parts of the video where students can input what they would do.

## Day2

### Topic 1. Communication/reporting w/simulation

(1.5hrs)

Equipment hosp bed, note cards, paperwork

Instructors, 1 instructor, 1 patient, 1 nurse

1. Simulated conversations with both nurses, partners and nurses
2. What information is needed to give a good report
3. How to ask and acquire more information from nurse/paperwork and patient
4. ASH ICE, Transfer of Care

### Topic 2. Documentation

(2hrs)

Equipment: Paper to write narratives

Instructors: 1

1. Report writing and the importance
2. Narratives/ organization
3. Necessity for ambulance transportation vs chief complaint
4. PCS and narrative tell same story
5. Writing narrative of demonstration done on day 1

### Topic 3 Vehicle

(1hr)

Equipment 1x fully stocked Ambulance

Instructors, at least 1

1. Introduction/show and tell of equipment on rig
2. Changing Oxygen tanks
3. Suction equipment
4. Action area including seat belt usage, where to sit, placement of supplies

5. Equipment and supplies and their uses including Pedimate, bandaging, BVM, O2 tanks, helmets/vests
6. Importance of checklist and SOS inventory checklist
7. Vehicle specs/ weight, size consideration

#### Topic 4 Loads, Lifts and Carries

(1hr)

Equipment backboard, stair chair, breakaway flat

Instructors at least 3

1. 3 different stations
2. Stair chair w/ 1 instructor  
form and technique, alternative uses such as to get through halls/ how to roll steps/ properly securing patients
3. Breakaway flat w 1 instructor  
form and technique; uses for it such as patient down on floor vs getting through tight halls when a patient cannot sit on chair  
-how to remove from under patient log rolling vs removing spine
4. Backboard w/ 1 instructor

#### Topic 5 Cotsafe/ Gurney Ops

(1hr)

Equipment- 1 gurney, powerpoint presentation with slides for each letter, at least 2 instructors

C—cot hook latched properly

O—over the shoulder; seatbelts used properly

T—talk/communication with partner

S—stripes/ loading vs transporting height

A—attention/hands on and secure at all times

F—forward face; direction of travel

E—even ground/ uneven surfaces

Perform basic gurney ops with raising and lowering/ load and unloading.

## Day 3

Scenarios x3

Equipment: All

Instructors: At least 1 per scenario group/ minimum of 3

Scenario 1: No problem IFT call

Scenario 2: Medical aid call on 2nd floor forcing the use of a stair chair  
equipment includes one patient; one gurney; stair chair; assessment equipment/trauma bag

Scenario 3: Demonstration scenario repeated by students

Overview of 3 Day course with Evaluation , potential Job Offers , Graduation and certificates.



(shift) (hosp/snf/prvt/dial) (arrived on scene) (age) (M/F)

-- \_\_\_\_\_ dispatched to a \_\_\_\_\_ - \_\_\_\_\_ call. AOS to find a \_\_\_\_\_ Y/O \_\_\_\_\_

(laying/sitting/standing) (bed/chair, etc) (chief complaint)

--A&Ox \_\_\_\_\_. Pt found \_\_\_\_\_ on \_\_\_\_\_. Pt C/C of \_\_\_\_\_

+ pain -> pain scale? --> meds --> placed in P.O.C----- -SOB

--Pt has \_\_\_\_\_

-pain - SOB

(Pt Assessment)-----Confused—IV—O2---Isolation---Foley catheter---G-Tube---Skin---ulcers---pacemaker--ETC

--Pt has \_\_\_\_\_

(Pt Hx)

--PT Hx of \_\_\_\_\_

(Hosp-Hosp= Capitated to \_\_\_\_\_ hosp OR equipment/Services)------(To ER—"due to emergency and find reason)  
 (hosp-snf/prvt= find reason)----- (To Dialysis—"requires dialysis Tx and find reason)—(Cardiac Monitoring IF Nurs

--PT requires transportation due to \_\_\_\_\_

D/Sx2emt

--PT is moved to Gurney & bed via \_\_\_\_\_

(within normal limits) Stand & Pivot x 2emt. PT IS ambulatory

--Pt V/S WNL---if not state it—(shoudnt take PT)

RN?—who? Name

--PT care transferred to \_\_\_\_\_ W/O incident.

Approved Medical Abbreviations:

Abbreviation.....Definition

[Aa]

- @..... at
- AAA..... abdominal aortic aneurysm
- ABD..... abdomen
- ABC..... airway, breathing, circulation
- AC..... antecubital
- ACLS..... advanced cardiac life support
- A&D..... admission and discharge



AED..... automatic external defibrillator  
 A-fib..... atrial fibrillation  
 AIDS..... acquired immune deficiency syndrome  
 ALS..... advanced life support  
 AKA..... also known as/ above the knee amputation  
 A.M.A., AMA..... against medical advice  
 AMI..... acute myocardial infarction  
 AMT..... amount  
 AOS..... arrived on scene  
 APAP..... acetaminophen  
 APGAR..... infant assessment scale  
 APPROX..... approximately  
 ASA..... aspirin  
 ASHD..... arteriosclerotic heart disease

**[Bb]**

BB..... backboard/ bundle branch  
 BBB..... bundle branch block  
 BBS..... bilateral breath sounds  
 bilat..... bilateral  
 BKA ..... below knee amputation  
 BLS..... basic life support  
 BM..... bowel movement  
 BP..... blood pressure  
 BG..... blood glucose  
 BVM..... bag valve mask

**[Cc]**

CABG..... coronary artery bypass graft  
 CAD..... coronary artery disease  
 CA0x3..... conscious, alert, oriented to person, place and time  
 CA..... cancer  
 Cath..... catheterization  
 CC..... chief complaint  
 CCU..... coronary care unit/critical care unit  
 CHF..... congestive heart failure  
 CNS..... central nervous system  
 C/O..... complaints of  
 CO<sub>2</sub>..... carbon dioxide  
 COD..... cause of death  
 COPD..... chronic obstructive pulmonary disease  
 CP..... chest pain  
 CPR..... cardiopulmonary resuscitation  
 CQI..... continuous quality improvement  
 CSF..... cerebral spinal fluid

CT scan..... computerized axial tomography  
CVA..... cerebral vascular accident

**[Dd]**

DA..... drug abuse  
D/C..... discontinue or discharge  
DCAP-BTLS..... deformities, contusions, punctures & penetrations,  
burns, tenderness, lacerations.  
DNR ..... do not resuscitate  
DOA..... dead on arrival  
DOS..... dead on scene  
DT's..... delirium tremens  
DVT..... deep vein thrombosis  
D5W..... dextrose 5% in water  
DX..... diagnosis

**[Ee]**

ECG..... electrocardiogram  
EEG..... electroencephalogram  
EENT..... eyes, ears, nose, throat  
EJ..... external jugular  
EMS..... Emergency Medical Services  
EMT..... Emergency Medical Technician  
EOA ..... esophageal obturator airway  
EPS..... extra pyramidal symptoms  
ETA..... estimated time of arrival  
ETOH..... ethyl alcohol  
ET..... endotracheal tube  
EXT..... external (extension)

**[Ff]**

F..... female  
FB..... foreign body  
FOB..... foreign object/ body  
FLEX..... flexion  
FROM..... full range of motion  
FX..... fracture

**[Gg]**

g..... gram(s)  
GCS..... Glasgow Coma Scale  
GI..... gastrointestinal  
GOA ..... gone on arrival  
GSW..... gunshot wound

gtts..... drops  
 GU..... genitourinary  
 GYN..... gynecology

**[Hh]**

H/A..... headache  
 HEENT..... head, ears, eyes, nose, throat  
 HIV..... human immune deficiency virus  
 HR..... heart rate  
 HTN..... hypertension  
 Hx..... history  
 hyper..... above or high  
 hypo..... below or low

**[Ii]**

ICF..... intracellular fluid  
 ICP..... intracranial pressure  
 ICS..... intercostals space  
 ICU..... intensive care unit  
 IM..... intramuscular  
 IO..... intraosseous  
 IV..... intravenous  
 IVP..... intravenous push  
 IVPB..... intravenous piggy back

**[Jj]**

J..... joules  
 JVD..... jugular vein distension

**[Kk]**

Kg..... kilogram  
 KO..... keep open  
 KVO..... keep vein open

**[Ll]**

L&D..... labor and delivery  
 LAT..... lateral  
 LBBB..... left bundle branch block  
 lb..... pound  
 LLQ..... left lower quadrant  
 LMP..... last menstrual period  
 LOC..... loss of consciousness  
 LR..... lactated ringers  
 L-Spine..... lumbar spine

LSB..... long spine board  
LUQ..... left upper quadrant

**[Mm]**

MAE..... moves all extremities  
MAST..... military anti-shock trousers  
mcg..... microgram  
MCI..... mass casualty incident  
MDI ..... metered dose inhaler  
ME..... medical examiner  
mEq..... milliequivalent  
MED..... medication/ medium  
mg..... milligram  
MICU..... medical intensive care unit  
MI..... myocardial infarction  
MOI..... mechanism of injury  
MRI..... magnetic resonance imaging  
MS..... morphine sulfate/ multiple sclerosis  
MVA..... motor vehicle accident

**[Nn]**

NaCl..... sodium chloride  
NAD..... no acute distress  
NC..... nasal cannula  
NEB..... nebulizer  
NKA, NKDA..... no known allergies, no known drug allergies  
NRM, NRB..... non-rebreather mask  
NS..... normal saline  
NSR ..... normal sinus rhythm  
NT..... non-tender  
NTI..... nasotracheal intubation  
NTG..... nitro- nitroglycerine  
N/V..... nausea and vomiting  
N/V/D..... nausea, vomiting and diarrhea

**[Oo]**

O2..... oxygen  
O2Sat..... oxygen saturation by pulse oximeter  
OB..... obstetrics  
OD..... overdose  
OPA..... oral pharyngeal airway  
OPQRST.....onset, provoking factors, quality, radiation,  
severity, time.

OTC..... over the counter  
 (OU)..... both eyes

**[Pp]**

P..... pulse  
 PAC..... premature atrial contraction  
 PALP..... palpation  
 PALS..... pediatric advanced life support  
 PASG..... pneumatic antishock garment  
 PCN..... penicillin  
 PE..... physical examination/ pulmonary embolism/  
 pulmonary edema.  
 PEA..... pulseless electrical activity  
 PEEP..... positive end expiratory pressure  
 PEARL..... pupils equal and reactive to light  
 PJC..... premature junctional contraction  
 PMHx..... past medical history  
 PO..... orally  
 POV..... privately owned vehicle  
 PRN, prn..... as needed  
 PSVT..... paroxysmal supraventricular tachycardia  
 PT..... patient  
 PTA ..... prior to arrival  
 PVC..... premature ventricular contraction

**[Qq]**

q..... every  
 QAM, qam..... every morning  
 qd..... every day  
 qh..... every hour  
 q2h..... every two hours  
 q3h ..... every three hours  
 q4h ..... every four hours  
 QHS, qhs..... every night at bedtime  
 qid or QID..... four times a day  
 qod, QOD..... every other day

**[Rr]**

R/O..... rule out  
 ROM..... range of motion/movement  
 (R)..... right  
 RLQ..... right lower quadrant  
 RUQ..... right upper quadrant  
 Rx..... prescription therapy

**[Ss]**

SaO2..... systemic arterial oxygen saturation (%)  
SIDS..... sudden infant death syndrome  
SL..... sublingual  
SOB..... short of breath  
SpO2..... oxygen saturation by pulse oximeter  
ST..... sinus tachycardia  
STAT..... at once  
STD.....sexually transmitted disease  
SQ..... subcutaneous  
SR..... sinus rhythm  
START..... simple triage & rapid treatment  
SVT..... supraventricular tachycardia  
SZ..... seizure  
SX..... symptom

**[Tt]**

T..... temperature  
TCP..... transcutaneous pacing  
TIA..... transient ischemic attack  
TKO..... to keep open  
Tx..... treatment

**[Uu]**

UOA..... upon our arrival  
URI..... upper respiratory infection  
UTI..... urinary tract infection  
UTL..... unable to locate

**[Vv]**

V-fib.....ventricular fibrillation  
VS.....vital signs  
VT.....ventricular tachycardia

**[Ww]**

W/C..... Wheel Chair  
W&D..... warm and dry  
WNL..... within normal limits  
WPW..... Parkinson-White Syndrome

**[Xx]****None****[Yy]**

YO (YOA)..... years of age/ years old  
YTD..... year to date

### Symbols

M or ♂ ..... male  
F or ♀ ..... female  
+ ..... positive  
- ..... negative  
? ..... questionable  
Ψ ..... psychiatric  
~ ..... approximately  
> ..... greater than  
= ..... equal  
s ..... without  
Δ ..... change  
ā ..... before  
L ..... left  
R ..... right

### BRIDGE Training Survey

1. On a scale of 1-5, please rate how welcomed and comfortable you felt joining us.

1                      2                      3                      4                      5

2. Please rate Day 1 of BRIDGE (Scene Management, Vital Signs, Scenarios, Code 3 Processes)

1                      2                      3                      4                      5

3. Please rate Day 2 of BRIDGE (Communication, Reporting, Documentation, Vehicle check out, Safe patient handling and movement)

1                      2                      3                      4                      5

4. Please rate Day 3 of BRIDGE (Scenarios)

1                      2                      3                      4                      5

5. After completing BRIDGE, how prepared do you think you are for your future in EMS?

1                      2                      3                      4                      5

6. Before completing BRIDGE, how prepared did you feel you were for your future in EMS?

1                      2                      3                      4                      5

7. What was your favorite part or activity of BRIDGE?

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8. What was your LEAST favorite part or activity of BRIDGE?

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9. Please specify the areas of training that could use more instruction.

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10. What do you believe to be your weakest area of EMT expertise?

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11. Overall, how satisfied were you with your BRIDGE experience?

1                      2                      3                      4                      5

12. Do you have any other feedback for the team?

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**Supporting Documents #3:**  
BRIDGE Training Survey (1).pdf  
**Supporting Documents #4:**  
BRIDGE Narrative - iCHART.pdf  
**Supporting Documents #5:**  
**Supporting Documents #6:**  
**Comments:**  
**CAASE Awards Submission Fee:**  
CAASE Awards Submission - \$100.00

**General Section**