

**OKALOOSA COUNTY
EMERGENCY MEDICAL SERVICES
STANDARD OPERATING PROCEDURE**

Title: Ancillary Comprehensive Training

Policy: 502.00

Purpose: To identify any immediate deficiencies through QA and on-scene observations. Once deficiencies have been identified, the Shift Training Officer's (STO) will create a "hands-on" scenario or block training to encompass the deficiency/issues and deliver the training to all front line personnel. ACT is a supporting process for improving the department's overall patient care, customer service and affirming success in our personnel.

Policy:

1. If during the daily QA and/or field observation process, the STO or designee identifies any trending clinical/operational issues, ACT will be initiated. A scenario or block training will be developed by the STO and implemented by the STO or designee to the field personnel for immediate performance improvement. ACT will be developed to have as little impact on daily operations as possible. ACT will be no more than 30 minute in length and is designed to be delivered in the field. ACT should be completed on a monthly basis and a report submitted to the MDQA board.
2. Each Shift Training Officer (STO) or designee will perform daily QA/CQI (as outlined in Quality Assurance policy; Policy 601.00).
 - a. When trending deficiencies (with QA and/or "daily quality assurance monitoring") are identified, the deficiencies will be listed in the designated shared folder for ACT development.
 - b. An ACT worksheet will be developed based on that month's specific findings.
 - c. Deficiencies can be based on a wide range of issues such as operational, patient care, billing or documentation.
 - d. The Performance Feedback Worksheet should be utilized as an aid for identifying deficiency trends in the field.
 - e. Once deficiencies are identified and ACT is created, each shift's STO or designee will work towards completing the training on shift with field employees. The training should not be measured in shift compliance, but rather in individual compliance.
 - f. The training should be delivered "cold" to identify the employee's base knowledge, then the employee should be remediated as needed.
 - i. If the training is ALS in nature, the Paramedics should be evaluated individually. The EMT can be present to benefit from the training.
 - ii. If the training is BLS the EMT and Paramedic should be evaluated separately.
 - g. In months where no deficiencies are identified, previous ACT should be reevaluated for individual employees who needed remediation. The retraining should be recorded for retention of information.
 - h. Upon request, ALS Fire Department (ALS FD) medical representatives will receive a current electronic ACT Excel worksheet. The individual participating ALS FDs will be responsible for ACT. The participating ALS FDs will also be responsible for

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retaining/submitting their data at the monthly MDQA meeting. OCEMS STO or designee's may aid in ALS FD ACT if requested.

Accountability and Compliance:

1. Deficiencies will be identified through the Quality Assurance Process; 601.00.
2. Each employee's performance will be captured on the ACT Excel worksheet.
3. Records can be electronically scanned/stored and must remain as a part of the ACT training file for a period of 7 years.
4. During each monthly Senior Staff Meeting, the EMS Chief will be presented with the ACT data that will be presented at the MDQA.
5. During each monthly MDQA Meeting, the Medical Director will be presented with the data from previous months ACT.

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