

# PRE-SURVEY PACKET *for* PARAMEDIC PROGRAM REVIEW

## SFTP PROVIDERS

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### *Instructions to Prepare for the DHS Review*

To prepare for the Los Angeles County Department of Health Services (DHS) paramedic program review, select the department-specific (SFTP or Non-SFTP) packet, enter appropriate information and submit all requested documents to your EMS Agency representative. Completed packets may be submitted via US Postal Service, Electronic Mail, or hand delivery.

#### US Postal Service or Hand Deliveries:

Los Angeles County EMS Agency  
10100 Pioneer Blvd., Suite 200  
Santa Fe Springs, CA 90670  
Attention: Gary Watson

#### Electronic Mail:

Gary Watson at [gwatson@dhs.lacounty.gov](mailto:gwatson@dhs.lacounty.gov)

The pre-survey packet includes written instructions and up to five (5) documents that have writeable capabilities, including:

- a. eAttachment I – Current Administrative Personnel
- b. eAttachment II – Provider Agency Medical Oversight
- c. eAttachment III – Paramedic Roster
- d. eAttachment IV – ALS Unit Roster
- e. eAttachment V – Policy Compliance - *Instructions*
- f. eAttachment VI – Policy Acknowledgments - *Signature Page*

During the DHS program review, EMS Agency representatives will be verifying compliance to policies within the Prehospital Care Manual that is specific to your provider agency. Prior to the program review, each provider is encouraged to be familiar with the applicable policies. These policies include but are not limited to:

#### Provider Authorization

Reference No. 406 – Authorization for Paramedic Provider Status  
Reference No. 813 – Standing Field Treatment Protocol (SFTP) Program

#### Quality Improvement Program

Reference No. 618 – EMS Quality Improvement Program (EQIP) Committees  
Reference No. 620 – EMS Quality Improvement Program

#### Equipment/Supplies/Medications

Reference No. 701 – Supply and Resupply of Designated EMS Providers Units/Vehicles  
Reference No. 702 – Controlled Drugs Carried on ALS Units  
Reference No. 703 – ALS Unit Inventory  
Reference No. 704 – Assessment Unit Inventory  
Reference No. 1104 – Disaster Pharmaceutical Caches Carried By First Responders

#### EMS Data Compliance

Reference No. 606 – Documentation of Prehospital Care  
Reference No. 607 – Electronic Submission of Prehospital Data  
Reference No. 608 – Retention and Disposition of Paper Prehospital Patient Care Records

# CURRENT ADMINISTRATIVE PERSONNEL

*Prehospital Care Manual, Reference No. 621*

*Department Name* \_\_\_\_\_

*Date Submitted* \_\_\_\_\_

<b>Check Applicable Box: [ ] Fire Chief [ ] CEO</b>				
Name:		Title:		
Telephone Number:	Fax Number:	E-Mail Address:		
<b>Paramedic Coordinator</b>				
Name:		Title:		
Telephone Number:	Fax Number:	E-Mail Address:		
<b>Medical Director (Paramedic Only)</b>				
Name:		Title:		
Telephone Number:	Fax Number:	E-Mail Address:		
<b>Drug Authorizing Physician</b>				
Name:		Title:		
Telephone Number:	Fax Number:	E-Mail Address:		
<b>Quality Improvement Coordinator</b>				
Name:		Title:		
Telephone Number:	Fax Number:	E-Mail Address:		
<b>EMS Educator</b>				
Name:		Title:		
Telephone Number:	Fax Number:	E-Mail Address:		
<b>CE Program Director</b>				
Name:		Title:		
Telephone Number:	Fax Number:	E-Mail Address:		
<b>General Manager / Operations Manager or equivalent (if changed, attach copy of resume)</b>				
Name:		Title:		
Telephone Number:	Fax Number:	E-Mail Address:		
<b>Person Completing Form (Print Name):</b>				
Signature:		Date:		

**NOTE**

**All EMS related organizations shall complete and forward Reference No. 621.1, Notification of Personnel Change Form, whenever there is an address, telephone, or personnel staffing change.**

# PROVIDER AGENCY MEDICAL OVERSIGHT

*Prehospital Care Manual, Reference No.s 410, 701, 702, 702.4 and 813*

*Department Name* \_\_\_\_\_

*Date Submitted* \_\_\_\_\_

*Type or Print*

<b>Name of physician that provides OVERSIGHT in the following areas:</b>	
<b>Provider Agency Medical Director (Ref. No. 410)</b>	<b>Physician:</b>
<b>Standing Field Treatment Protocol Program (Ref. No. 813)</b>	<b>Physician:</b> <input type="checkbox"/> Not An SFTP Provider
<b>Purchase of Non-Narcotic Medications and Medical Devices (Ref. No. 701)</b>	<b>Physician:</b>
<b>Purchase of Narcotic Medications: (Reference No. 702)</b>	<b>Physician:</b>
<b>Has your Medical Director taken complete responsibility of your department's narcotic program and signed Ref. No.702.4?</b>	<input type="checkbox"/> NO <input type="checkbox"/> YES - Name of Physician:
<b>Name of Non-Narcotic Pharmacy:</b>	<b>Name of Narcotic Pharmacy:</b>





# POLICY COMPLIANCE

## *Instructions*

During this program review, the following Prehospital Care Manual policies will be reviewed for compliance. There are two sets of instructions in this section of the Pre-Survey Packet; one set of instructions lists the material that is to be submitted to the EMS Agency prior to the site visit and the other set of instructions lists the material that is to be readily available at the time of the site visit. Please read each section carefully.

### **A. Authorization For Paramedic Provider Status – Reference No. 406**

#### **EMS Provider Agency responsibilities:**

- A plan to ensure that all personnel involved in the ALS program have received base hospital orientation
- A policy/procedure to ensure that all ALS units and paramedic personnel are visibly identified as such
- Each ALS, Assessment and Reserve unit shall undergo a unit inventory inspection and be approved by the EMS Agency prior to deployment
- Ensure that all deployed unit(s) (ALS, Assessment and Reserve) are fully stocked at all times
- Notify the EMS Agency for any long-term relocation of existing ALS units or reduction in the number of ALS units
- Provider agencies desiring to change unit configurations shall notify the EMS Agency for inventory inspection and approval
- Ensure that the paramedic coordinator attends EMS Orientation within six months of being appointed
- Staff each approved ALS unit with a minimum of two licensed and locally accredited paramedics in accordance with Reference No. 408, Advanced Life Support Unit Staffing

#### **Prior to the site visit, submit the following to the EMS Agency:**

- List of all ALS, Assessment and Reserve units, numerical unit designation, physical address and contact number for the location of each unit

### **B. EMS Data Compliance - Reference No. 606, 607 and 608**

#### **During the site visit:**

- Be prepared to describe the following:
  - Length of time records are retained and the method(s) utilized to ensure confidentiality of patient care records, audio tapes, logs, etc
  - Measures taken to ensure EMS Report Forms are submitted to the EMS Agency within 60 calendar days of the date of service or if electronic submission, within 30 days of the last day of the preceding month
  - Measures taken to ensure that one (1) EMS Report form is completed for each EMS response

### **C. Quality Improvement Program – Reference No. 618 and 620**

#### **EMS Provider Agency responsibilities:**

- Provider designates a representative to attend the relevant EMS Agency QI Committee meeting(s)
- Participate in the systemwide QI studies, to include timely submission of requested data to the EMS Agency
- All QI records shall be maintained in accordance with Health Insurance Portability and Accountability Act (HIPAA) regulations

# POLICY COMPLIANCE

## *Instructions*

### **Prior to the site visit, submit the following to the EMS Agency:**

- Approved departmental QI Plan that reflects the current QI program that is specific to the needs of your organization and includes the following:
  - Mission Statement and/or philosophy of the organization
  - Goals and Objectives
  - Description of how the QI program is integrated within the organization, EMS Agency QI Program, and State EMS QI Program
  - Description of how the organization's QI program is integrated with local and State EMS QI programs
  - Methodology, processes and tools used to facilitate the QI Process (i.e., FOCUS-PDSA)
  - Data Collection and Reporting to include all reliable sources of information utilized in the QI Process; flow of information; methods used to document QI findings; and process used to submit data to the EMS Agency
  - Training, education or methods that will be used to communicate relevant information among stakeholders

**NOTE: If there are no revisions, a signed copy of the QI Plan signature page or written statement to that effect, along with a copy of the current QI indicators, may be submitted in lieu of the entire plan. [Title 22, §100402 (5)]  
See Attachment VI.**

- Two indicators that relate to important aspects of care, to include the following:
  - Well-defined description of the important aspect of care being measured
  - Threshold for compliance
  - Timeline for tracking indicator once the threshold has been achieved
  - Data source
  - Methods of tracking compliance and identifying trends
  - Written analysis that summarizes the QI findings
  - Corrective Actions that may be taken to improve processes
  - Written trending report that includes effectiveness of performance improvement action plans
  - Recognition and acknowledgment of performance improvement
  - Periodic review or a re-evaluation of a discontinued indicator within a predetermined time frame after achievement of threshold to ensure ongoing compliance
- Education and training specific to findings identified in the QI process
- Methods utilized for dissemination of the QI findings to stakeholders
- Methods for identifying, tracking, documenting and addressing non-indicator issues and unusual occurrences

### **During the site visit, have the following documents available:**

- QI meeting minutes and sign-in rosters
- Your organization's fallout tracking tool that describes how non-indicators / fallouts are identified, tracked, documented and addressed. Be prepared to describe how your department utilizes this system

## **D. Equipment/Supplies/Medication**

### **(1) Supply and Resupply of Designated EMS Providers Units/Vehicles – Reference No.701**

# POLICY COMPLIANCE

## *Instructions*

### **Prior to the site visit, submit the following to the EMS Agency:**

- Current copy of your department's policy and procedure addressing the procurement, storage and distribution of medical supplies and non-narcotic pharmaceuticals

**NOTE: If there have been no changes to the organizational non-narcotic policy listed above, submit a signed copy of Attachment VI.**

### **During the site visit have the following documents available:**

- *(If applicable)* On the day of the site visit please have available all invoices from the review period for all medical devices and non-narcotic medications ordered through the EMS Agency Medical Director's license

## **(2) Controlled Drugs Carried on ALS Units – Reference No. 702**

### **Prior to the site visit, submit the following to the EMS Agency:**

- Current copy of your department's policy and procedure addressing the procurement, transport, security, storage, and distribution of narcotic drugs.

**NOTE: If there have been no changes to the organizational narcotic policy listed above, submit a signed copy of Attachment VI.**

EMS Agency representative will be reviewing EMS Report Forms for correct narcotic documentation; including wasted amounts and witnessed co-signatures. Findings will be reviewed during the site visit.

### **During the site visit, have the following documents available:**

- The following forms from each ALS unit that were completed during the review period and from the past three years:
  - Reference No. 702.1, Missing/Expired Narcotic Reporting Form
  - Reference No. 702.2, Daily Narcotic and Key Inventory Forms (or equivalent)
  - EMS Report Forms for each patient who received narcotics (blue forms)
- Controlled drug security on and off ALS units will be assessed to ensure double-locking mechanism
- Controlled drugs stored in locations other than the ALS unit, must be authorized by the EMS Agency and the security of these drugs must be addressed in the internal policy

***If the provider's Medical Director has taken full responsibility of the provider's narcotic program and a signed Ref. No. 702.4 is on file at the EMS Agency, the provider's controlled substance program will not be monitored.***

## **(3) ALS Unit Inventory – Reference No. 703 and Assessment Unit Inventory – Reference No. 704**

### **During the site visit:**

- An ALS unit or Assessment Unit will be inventoried to verify a standardized minimum inventory and confirm that all equipment, carried for use in providing emergency medical care, is maintained in good working order (i.e., validation of cardiac monitor's preventive maintenance checks that is according to manufacturer's recommendation). Provider personnel will be asked to demonstrate/test the functionality of the following equipment: cardiac monitor/defibrillator, pulse oximeter, glucometer, laryngoscope blade/handle, suction unit, penlight and hand-held radio/base contact.
- Daily Narcotic and Key Inventory Forms will be reviewed to verify that minimum and maximum daily inventory amounts of controlled substances were maintained on the ALS unit according to this Reference. *(This applies to ALL providers)*

# POLICY COMPLIANCE

## *Instructions*

### **E. Standing Field Treatment Protocols (SFTP) – Reference No. 813**

#### **Prior to the site visit, submit the following to the EMS Agency:**

- Current copy of department Medical Director's current California Medical License and Board Certification in Emergency Medicine along with a current resume.
- Current copy of department Nurse Educator's California Nursing License along with a current resume.
- Current copy of department's SFTP Policy that includes the following:
  - At least one of the paramedics assigned to the unit will have a minimum of one (1) year of ALS experience as a paramedic
  - Each paramedic staffing the SFTP unit must have received the standardized SFTP orientation/training program
  - Have a mechanism to ensure that personnel only utilize SFTPs approved and authorized by the EMS Agency Medical Director and adhere to all policies and procedures regarding SFTPs
  - Have a mechanism to ensure that SFTPs are being utilized only by paramedics who have received the initial SFTP training. Ensure that the most recent changes to SFTP training and any recent mandatory training are included
  - Current SFTP provider will retain all training rosters for SFTP (initial and updates)
  - A description of the primary and secondary methods used to notify receiving hospitals
  - Have a mechanism to identify hospitals on diversion

**NOTE: If there have been no changes to the department's SFTP policy listed above, submit a signed copy of Attachment VII.**

#### **During the site visit, have available for review:**

- Methods in which the Medical Director / Nurse Educator participated in quality improvement monitoring and continuing education (meeting minutes, memos, education rosters, ride-a-longs, etc.)
- Personnel records to verify current Los Angeles County Accreditation, initial and ongoing SFTP Training (training rosters, continuing education)
- Personnel assignment records to verify ALS Unit Staffing as specified in Reference No. 813, Standing Field Treatment Protocols

# POLICY ACKNOWLEDGMENTS

*Signature Page*

\_\_\_\_\_  
*Department Name*

\_\_\_\_\_  
*Date Submitted*

## **Reference No. 620, EMS Quality Improvement Program**

The above listed Department acknowledges, by the signature and date below, that the Quality Improvement Program has been reviewed and that no changes have been made to the Quality Improvement plan on file at the EMS Agency.

Responsible Party Signature

Date Reviewed

\_\_\_\_\_

\_\_\_\_\_

## **Reference No. 701, Supply and Resupply of Designated EMS Units/vehicles**

The above listed Department acknowledges, by the signature and date below, that the departmental Restricted Drugs & Devices Policy (non-narcotic) has been reviewed and that no changes have been made to the Restricted Drugs & Devices Policy on file at the EMS Agency.

Responsible Party Signature

Date Reviewed

\_\_\_\_\_

\_\_\_\_\_

## **Reference No. 702, Controlled Drugs Carried On ALS Units**

The above listed Department acknowledges, by the signature and date below, that the departmental Narcotic Policy has been reviewed and that no changes have been made to the Narcotic Policy on file at the EMS Agency.

Responsible Party Signature

Date Reviewed

\_\_\_\_\_

\_\_\_\_\_

## **Reference No. 813, Standing Field Treatment Protocol (SFTP) Program**

The above listed Department acknowledges, by the signature and date below, that the departmental SFTP Policy has been reviewed and that no changes have been made to the SFTP Policy on file at the EMS Agency.

Responsible Party Signature

Date Reviewed

\_\_\_\_\_

\_\_\_\_\_

### **NOTE**

**Please provide the EMS Agency any recent revisions of the above policies.**