

Category 5

Criterion 5F: Emergency Medical Services (EMS) Program

The agency operates an EMS program with a designated level of out-of-hospital emergency medical care that protects the community from injury or death. If identified risks are outside the scope of the agency's capabilities, Category 10 performance indicators should address the agency's ability to receive aid from partners in those areas. The agency should conduct a thorough risk assessment as part of activities in Category 2 to determine the need for a specific EMS program and support the overall risk reduction strategy.

NOTE: EMS is a major element of many fire service agencies. Fire service personnel are frequently the first responder to medical emergencies. For that reason, emergency medical response can be organizationally integrated with fire suppression activity. Care should be exercised not to create a priority or resource allocation conflict between the two program activities. Agencies that only provide first responder services must also complete this criterion.

Summary:

The Meridian Fire Department is a partner agency in the Ada County/City Emergency Services System (ACCESS) along side Boise Fire Department, Ada County Paramedics, Eagle Fire Department, Star/Middleton Fire Department, and Kuna Fire Department. The ACCESS Joint Powers Agreement (JPA) was created in 2013 as a way to pool resources, heighten efficacy, and create a standard of care for all county EMS providers. As a member of ACCESS, the Meridian Fire Department provides non-transport Advanced Life Support (ALS) and Basic Life Support (BLS) services to our community.

The department operates its emergency medical services program through the JPA and underneath the cooperatively created ACCESS Standing Written Orders (SWOs) which provide medical control for all partner agencies. A joint medical directorate, surrounding hospitals, and local medical community members all have input into the SWOs and ACCESS protocols. By jointly creating and managing SWOs, the department operates in

sync with all other agencies and ensures the highest quality of care for its citizens. The department maintains its licensure through the State of Idaho as part of the ACCESS system. The division chief of EMS is responsible for all EMS response, training, and licensing requirements in the department.

Performance Indicators:

CC 5F.1 Given the agency's community risk assessment/standards of cover and emergency performance statements, the agency meets its staffing, response time, station(s), apparatus, and equipment deployment objectives for each type and magnitude of emergency medical incident(s).

Description

The department is working to meet its staffing, response time, station, apparatus, and equipment deployment objectives for each type of emergency medical incidents. The department responds to nearly 8500 calls for service a year, approximately 75% of which are EMS. Meridian Fire Department employs 120 emergency medical providers, including 46 paramedics and 67 EMT-Basics. The department currently staffs five front-line engines and two front-line trucks with advanced life support (ALS) capabilities. All reserve engines and trucks are also equipped with ALS equipment. Two cross-staffed brush engines, a battalion chief rig, and one cross-staffed tender are equipped with basic life support (BLS) capabilities. Through Meridian Fire Department's partnership in ACCESS, resources are dispatched through an automatic aid agreement according to defined response criteria based on priority emergency medical dispatch (EMD). The department has established deployment and response time objectives based on National Fire Protection Association (NFPA) 1710: *Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Career Fire Departments*. Those objectives are modified to suit the needs of the department and outlined in the *Meridian Fire Department Community Risk Assessment Standards of Cover (CRA/SOC)*.

Appraisal

The department has had adequate staffing, stations, and personnel to respond to EMS risks in the Meridian response area. Following the Covid-19 pandemic, the Meridian area saw one of the largest increases in growth and population in the country. The department acknowledged this and began planning for the addition of two new stations and increasing its personnel size by almost 40%. The department also purchased three new engines and a

new quint to help increase apparatus availability and distribution, as well as hired an EMS coordinator to assist with EMS division needs and training. While the department has fallen short of its response and staffing objectives over the last two years, there have been active efforts underway to mitigate those short falls. The department has maintained ALS service on all front-line apparatus throughout the last two years in accordance with operational directives. All front-line apparatus were appropriately equipped with ALS equipment meeting Idaho State EMS bureau standards. For moderate risk EMS calls in 2022, the department has a total response time for a first unit on scene of 11 minutes and 18 seconds. The biggest contributing factors to this response time were an alarm handling time of 3 minutes and 14 seconds (double the department target and nearly 3 times then NFPA standard) and a travel time of 7 minutes and 45 seconds, nearly 3 minutes over the 5-minute goal.

Plan

The department will open two new station in September and October of 2023. Those stations will be staffed and equipped with ALS personnel and equipment when they open and will improve the distribution of the department's personnel and resources. In addition, both stations will be shared with Ada County Paramedics ambulances and personnel to help increase their resources concentration and distribution. The department will also installing station pre-alerting systems into all stations in the next 6 months, as well as invest in new predictive Opticom technology in the next year to reduce travel times. The department will develop a performance improvement plan with Ada County Sheriff's Office 911 Emergency Dispatch Center (Dispatch) to improve how calls are handled and dispatched to improve response times and meet benchmark times outlined in the CRA/SOC. The significant increase in personnel and equipment should greatly assist in the department ability to provide appropriate resources to all EMS calls in its coverage area.

References

- Meridian Fire Department Community Risk Assessment/Standards of Cover, pg. 107-110

- Bryx Station Pre-Alerting Email
- FY2023 Budget Amendment Form – Opticom Emergency Vehicle Preemption
- <https://idahocapitalsun.com/2021/08/12/new-2020-census-data-shows-meridian-was-one-of-the-10-fastest-growing-cities-in-the-u-s/>

CC 5F.2 The agency has standing orders/protocols in place to direct EMS response activities to meet the stated level of EMS response including determination criteria for specialty transport and receiving facility destination.

Description

Meridian Fire Department operates using the Ada County/City Emergency Services System (ACCESS) Standing Written Orders (SWOs). These SWOs are developed and reviewed regularly under the ACCESS Joint Powers Agreement (JPA). The SWOs meet the standards of the Idaho Bureau of EMS and Preparedness (IBEP), which is the regulatory authority for EMS in the state of Idaho. The ACCESS SWOs are accessible to all employees online, through the SWO mobile app, or through the apparatuses' mobile data terminals. Protocol G-03 Hospital Destination defines the determination criteria for specialty transport and receiving facility capabilities. The division chief of EMS regularly attends the Regional Interagency Committee on EMS (RICE) meetings, where area hospitals provide status updates on any proposed capability changes, and Medical Directorate meetings, where SWOs changes, reviews, or compliance issues are communicated with medical direction partners.

Appraisal

The current SWOs have met all state and local requirements and have served the needs of the department and its ACCESS partners. The ongoing review process guarantees that SWOs are continuously updated to meet department and area needs, and training updates through *Target Solutions* have ensured that all members are updated and educated in a timely manner. The RICE and Medical Directorate meetings have proved helpful in keeping all local EMS agencies and health care stakeholders abreast of current practices and hospital capabilities.

Plan

The department will continue to operate under the ACCESS SWOs and the division chief of EMS will continue to ensure that the department remains a stakeholder in the review and development of current and future SWOs. The division chief of EMS will continue to be an active partner in the RICE and Medical Directorate meetings.

References

- ACCESS SWOs
- ACCESS SWO G-03 Hospital Destination
- ACCESS Joint Powers Agreement, pg. 7
- RICE Meeting Notes March 2023

5F.3 The agency annually reviews and updates, as needed, orders/protocols and engages external stakeholders in the process.

Description

The Ada County/City Emergency Services System (ACCESS) Standing Written Orders (SWOs) are reviewed regularly by the SWO committee, the Joint Powers Board and the medical directorate as ongoing agenda items. SWOs are reviewed and updated every six months, or sooner, if an urgent update is required. Members from all ACCESS agencies participate in both the SWO committee and the Joint Powers Board. The Regional Interagency Committee on EMS (RICE) involves external stakeholders such as area hospitals, other EMS agencies outside of ACCESS, the county coroner's office, and other healthcare professionals to address EMS policies and procedures.

Appraisal

The SWO review, update, and training processes have worked exceptionally well for the department and other ACCESS members. The collaborative approach ensured buy-in from all partner agencies and external stakeholders. By updating SWOs on a semiannual basis, all EMS personnel have been trained in the most up-to-date medical protocols.

Plan

The department will continue to actively participate in the SWO Committee to review and update protocols, and regularly attend RICE and medical directorate meetings, under the guidance of the division chief of EMS.

References

- SWO Committee Agenda June 2023
- SWO Committee Minutes May 2023
- RICE Schedule
- Vector Solutions SWO Update Screenshot

CC 5F.4 The agency has online and offline medical control.

Description

The department has online and offline medical control. Offline medical control is accomplished by the shared Ada County/City Emergency Services System (ACCESS) Standing Written Orders (SWOs) which meet Idaho Bureau of EMS and Preparedness (IBEP) standards. Protocol G-02 Medical Direction outlines both offline and online medical control and defines minimum standards for authorization to practice. The SWOs outline procedures and treatments requiring online medical control and are identified in each individual SWO by using a bold and underlined font. Online medical control is defined as direct contact with a physician at a certified receiving acute care facility (i.e. emergency departments). EMS providers may utilize hospital radio frequencies or cell phones to contact online medical control.

Appraisal

SWOs have been reviewed and updated regularly to provide offline medical control. Online medical control requirements have been updated as new medications, treatments, and/or protocols are introduced into the system. To date there have been no known failures of online medical control, and audio recordings of medical control contacts are kept by receiving hospitals if needed for review.

Plan

The department will continue to participate in the annual review of the medical direction protocol and utilize the ACCESS Quality Assurance and Quality Improvement (QA/QI) to regularly review calls in which online medical control was utilized. Medical Control will be added as an ongoing agenda item to the medical directorate meeting to address any issues with compliance or accessibility. The division chief of EMS will address any deficiency with agency partners during the regular medical directorate meetings.

References

- ACCESS SWO G-02 Medical Direction

CC 5F.5 The agency creates and maintains a patient care record, hard copy or electronic, for each patient encountered. This report records a provider impression, patient history, data regarding treatment rendered, and the patient disposition. The agency must make reasonable efforts to protect reports from public access and maintain them as per local, state/provincial, and federal records retention requirements.

Description

Electronic patient care reports (ePCRs) are generated for each patient encountered according to Ada County/City Emergency Services System (ACCESS) Standing Written Orders (SWOs) Protocol G-10 EMS Incident Documentation. EPCRs are created and managed in ESO Solutions (ESO). The ACCESS SWOs and the Idaho Department of Health and Welfare, Idaho Administrative Procedures Act (IDAPA) 16.01.06 outlines what patient information must be recorded in the ePCR, including patient history, incident history, treatment data, patient disposition, and a narrative. All ePCRs are protected from public access as per the Health Insurance Portability and Accountability Act (HIPAA) and are maintained according to local and state regulations as adopted by City of Meridian Resolution 21-2280.

Appraisal

All patient contacts have generated ePCRs which are maintained and stored according the ACCESS JPA agreement. Protected health information has remained secure over the last five years and the department and ACCESS have not been found to be in violation of any known local, state, or federal record retention requirements. ACCESS’s quality improvement/quality assurance (QI/QA) program has checked every ePCR for accuracy in recording patient information.

Plan

The department will continue to create ePCRs for all patients encountered and will manage them in partnership with ACCESS using a patient care record system. The department will continue to follow the requirements in the ACCESS SWOs and abide by the city’s record retention schedule. The division chief of EMS will continue to review all

standards for patient care records and continuously evaluate the effectiveness and capabilities of the patient care record management system. The QI/QA program will continue to review every ePCR for compliance with state and federal law.

References

- <https://www.esosuite.net/login/?ReturnUrl=%2FDashboard>
- ACCESS SWO G-10 EMS Incident Documentation
- IDAPA 16.01.06
- City of Meridian Resolution No. 21-2280

CC 5F.6 **The agency has a program to maintain compliance with privacy laws such as the Health Insurance Portability and Accountability Act (HIPAA) or equivalent (e.g., Canada’s Freedom of Information and Protection of Privacy) that meets federal and state/provincial guidelines. All personnel are trained in HIPAA/FOIP regulations and procedures.**

Description

The department has a Health Insurance Portability and Accountability Act (HIPAA) compliance program and policy contained in the ACCESS Joint Powers Agreement. All new hires receive HIPAA training and complete a HIPAA Security and Confidentiality Agreement. All appropriate personnel review HIPAA training on an annual basis or as needed.

Appraisal

The department’s HIPAA policy falls under the ACCESS compliance program which meets all federal and state requirements. All of the department’s internal policies and procedures are HIPAA compliant and have been reviewed by the city attorney’s office. To date there have been no known HIPAA violations or complaints in the last 5 years.

Plan

The department will continue to follow all federal and state HIPAA laws, and the division chief of EMS shall be responsible for HIPAA compliance and training, as well as record keeping. The department will continue to monitor and review any federal or state changes in HIPAA policy and adopt as required.

References

- ACP Joint Powers Agreement

- ACP HIPAA policy

- HIPAA Completion Record 2023

- HIPAA Security and Confidentiality Agreement

5F.7 The agency has a quality improvement/quality assurance (QI/QA) program in place to improve system performance and patient outcomes including provisions for the exchange of patient outcome data between the agency and receiving facilities.

Description

The Meridian Fire Department through its partnership in the Ada County/City Emergency Services System (ACCESS) has a quality improvement/quality assurance (QI/QA) program in place. Expectations and requirements for electronic patient care reports (ePCRs) are established in ACCESS Standing Written Order (SWO) G-10: EMS Incident Documentation, G-09 Patient Refusal and Documentation, Appx-28 Abbreviations, and APPX-27 SOAP Guidelines. QI/QA is completed on every EMS incident. ACCESS employs three paramedics as chart reviewers who are able to communicate directly with chart authors through ESO. In addition, the medical directors can provide feedback and outcomes on sentinel events (such as cardiac arrests, code critical activations, trauma activations, strokes, and heart attacks) through ESO. ESO also provides patient outcome data for patient transported to local area hospitals, so that providers can evaluate their diagnoses and interventions.

Appraisal

The ACCESS QI/QA program adequately met the needs of the department. All ePCRs were reviewed by the QI/QA team, and all sentinel events received follow up with either a chart reviewer or a medical director. Patient outcome data has proved useful to employees self-evaluating their treatment plans, interventions, and patient examinations.

Plan

The department will continue to utilize the ACCESS QI/QA program. The division chief of EMS will evaluate and review the program on an ongoing basis, and work with agency partners to develop an annual QI/QA summary report. The department will work with its partners to monitor the workload of the QI/QA employees and evaluate the need for additional personnel as call volume increases.

References

- ACCESS SWO G-10 EMS Incident Documentation
- ACCESS SWO G-09 Patient Refusal and Documentation
- ACCESS SWO Appx 28 Abbreviations
- ACCESS SWO Appx 27 SOAP Guidelines

5F.8 The agency has implemented or developed a plan a cardiopulmonary resuscitation (CPR) and public access defibrillation program for the community.

Description

The department operates the Heart Safe Meridian program which provides CPR training and access to defibrillators for the public. The division of EMS and community risk reduction program jointly run the program and provide CPR classes for city employees and the public. In addition, the program has over 120 automated external defibrillators (AEDs) strategically placed around the City of Meridian for public use and access. AEDs are located in all public parks and city-owned properties, as well as in all Meridian Police patrol and code enforcement vehicles. The AED locations and maintenance are managed through the National Registry of AEDs. The department, through ACCESS, also partners with the Pulse Point app to encourage citizens to assist in the event of a cardiac arrest. The app notifies the user if a cardiac arrest occurs in their general location and provides the location of the nearest AEDs.

Appraisal

In 2022 CPR and AED training was provided to 187 city employees and Hands Only CPR training was taught to over 5670 citizens. As of 2022 there were 13,675 people using the Pulse Point App in the ACCESS coverage area. In 2021, the department was awarded the Idaho Associations of Cities “City Achievement Award,” recognizing the Heart Safe Meridian program.

Plan

The department will examine ways to expand the CPR and public access defibrillation program to the Meridian community, with the goal of maintaining 100% compliance with CPR/AED training for all City of Meridian employees. The department aims to improve out of hospital cardiac arrest survivability by more than 50% in the City of Meridian. The department will continue to maintain the current AED’s available in the city and increase the number of AEDs in the public.

References

- <https://www.ktvb.com/article/news/local/meridian-recognized-with-public-safety-award/277-6c653277-1f39-49e9-87f6-288f0e4565e0>
- <https://www.ktvb.com/article/news/local/free-app-aims-to-help-save-lives-in-ada-county/277-484342646>
- <https://www.nationalaedregistry.com/aed>

CC 5F.9 The agency conducts a formal and documented program appraisal, at least annually, to determine the impact, outcomes and effectiveness of the program and to measure its performance toward meeting the agency's goals and objectives.

Description

The Division Chief of EMS conducts an annual appraisal of the EMS division in accordance with Administrative Standard Operating Guidelines (SOGs). All department program appraisals are conducted prior to budget requests being made for the following year and submitted to the fire chief for review. The program appraisals are used to guide budgetary requests, the strategic plan, and to provide data for the annual report. The EMS program appraisal includes an evaluation of the divisions budget, resources, personnel, call volume and responses, and protocols.

Appraisal

This is the first year that the department has conducted formalized appraisal programs based on the new Administrative SOG. Previously, department programs compiled data and measured the programs outcomes through the annual report process, which was not as formalized. The department chose a simplified appraisal format for its first attempt with the option to change the form in the future. This is the first time the department has had a consistent method for identifying strengths and weaknesses, as well as for identifying opportunities and goals. Based on response time components for low, moderate, and high-risk EMS calls from 2020-2022, call processing and travel times remained the biggest challenges for the department. However, the department was able to staff a paramedic on each apparatus over 80 percent of the time and met its goal to have 3 ALS staffed apparatus per shift 100 percent of the time.

Plan

The division chief of EMS will continue to complete the EMS program appraisal in accordance with the administrative SOGs. The department will evaluate the outcomes of its first formalized appraisal process and, and will meet prior to the 2024 appraisals to determine if the format or SOG needs to be altered. The department will implement efforts to decrease travel times such as station pre-alerting, predictive Opticom systems, and

opening two new stations. The department will create a performance improvement plan with dispatch to decrease call processing times.

References

- Annual Program Appraisal_5F.9 EMS
- Administrative SOG – Annual Program Appraisals