**Sunstar Paramedics Submission for 2018 Amby Award- Quality Improvement**

**Please provide the names, job titles, and email addresses of individuals involved in the project.**

Brian Eells, Director of Communications

Ron Shiner, Communications Training Coordinator

All Communications Staff

**Situational Analysis:**

In January 2017, Pinellas County introduced a BLS level of service for interfacility transports including facility to facility, facility to home, or home to appointments. This created many benefits to the system such as more appropriate resource utilization and ability to add capacity to the system without the need to add paramedics. This also created a new situation for the Communication’s Center call-takers in which now patients require triage to determine the proper utilization of a BLS or ALS level ambulance. Call-takers used the standard non-emergency call-taking questionnaire along with some basic rules and guidelines developed by the office of the medical director and clinical services. The process was soon discovered to be inefficient to properly select the appropriate resource for the patient’s condition. This created a lack of confidence by medical and administrative oversight and resulted in some degradation of the program (20% decrease in BLS transports) until the triage process could be improved. A taskforce was created to develop solutions that would improve the BLS call-taking process and to more appropriately select the best resource for the patient the first time.

**Project Goals:**

1. Improve call taking process
2. Improve resource management
3. Appropriately categorize calls for proper assignment utilization

**Planning and Implementation**

**(Describe the process from the planning phase, including research, through implementation phases. Include the overall length of your project in weeks/months.)**

**January 2017**- the BLS Program was initiated.

**May 2017**- Issues were identified with call processing procedure.

**July 2017**- Taskforce was created.

The taskforce brainstormed ideas, some of which were very complex and time consuming while others were not believed to have enough substance to achieve the desired results. One idea that surfaced was to revisit some of the current protocols in IAED (International Academy of Emergency Dispatch) EMD (Emergency Medical Dispatch) MPDS (Medical Priority Dispatch System). The taskforce investigated this option and contacted the IAED for some recommendations, during which IAED offered to utilize Sunstar to beta test their new inter-facility and non-emergency call-taking protocols. The taskforce took the protocols back to the medical director, administration, and clinical services to see if they would be a viable option to move forward with. All parties agree that the IAED inter-facility protocols coupled with guidelines developed by the medical director would be a good option to adopt.

**October 2017**- In addition to the approval of communication center call-taking protocols, a new process for training and testing EMTs was developed to ensure competency of EMTs working on BLS ambulances. QA/QI procedures were also revised to ensure proper handling of all processes in the BLS program.

Once the protocols were approved, the communications training department developed a training program for all communication staff which was implemented the second week of **November 2017.**

The revised and improved dispatch protocols allowed the communication center to review protocol compliance through the QA/QI process and also assist in identifying future protocol improvements. The QA/QI process also allowed management to go back and select certain calls to review. For example, a supervisor could now review instances where a BLS ambulance arrived on scene and subsequently upgraded the call to an ALS transport to determine why this occurred.

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

We achieved our goal for improving the BLS call taking process. Time to process a BLS call using the normal interfacility card (card 46) decreased 19 seconds from December 2017 to June 2018 and time to process using the new beta “upcare” card (card 45) decreased 26 seconds in the same timeframe.

We also achieved our goal to improve resource management. Prior to January 2017, calls that were coded as BLS transports were performed by ALS ambulances only, so BLS utilization was 0%. Early 2017 BLS utilization was 27% and went to 70% in 2018. That was an average of 29 transports per day in Feb 2017 to 71 per day in 2018. This was a total increase in BLS utilization of 61%

On an average, less than 1% of BLS calls are being upgraded to ALS.

**Impact (What impact has this project had on your service?**

The new BLS process enables more positive resource management practices to assist with gaining trust from all partners. Dispatchers work more confidently by asking the right questions and sending the right resources the first time. Above and beyond our stating goals for the project, these new protocols and processes also had additional positive effects on our operations.

For one, employee engagement improved. EMTs who never got to attend to patient care were now afforded this opportunity. Paramedics were now running fewer interfacilities and were reserved for 911 responses. Overall employee satisfaction improved from 78% in 2016 to 87% in 2017. We segmented out EMTs and paramedics in the 2017 survey in order to see more specific indications in improvement in each of these employee groups going forward.

Additionally, as BLS units staffed with two EMTS were added into the system, this relaxed our need for paramedics. Therefore, no mandatory overtime was required during our “busier” season.

Further, the efficiencies of the processes and resources of this program also resulted in an improvement to our interfacility customers. On-time reliability for interfacility transports increased from 94% to 98%.

**Cost and Budget:**

There was not a specific budget for this communication center improvement project. There was no cost to beta test/utilize the IAED’s new Pro-QA interfacility call-taking procedures. Training was accomplished during regular shift hours.