Sunstar Paramedics/ Paramedics Plus Submission for:
2017 Amby Award- Employee Programs – Pre-hire Testing, New-Hire Training and Leadership.

Situational Analysis (brief background for your project)

During strategic planning sessions, Sunstar identified the need to streamline the pre-hire process, improve the quality of training of the new EMTs and Paramedics, and provide the Field Training Officers (FTO) with more leadership skills and abilities.

Project Goals (clearly state the goals of your project)

- Implement a new pre-hire online assessment test to improve the efficiency and quality of the orientation and training process (decrease the number of substantiated Quality Assurance Reviews (QAR).
- Develop a formal training academy for provisional EMTs and Paramedics and reduce clearance time to the field.
- Increase engagement and provide professional development for the Field Training Officer program (increase instructor ratings for FTOs).

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.)

Timeline

- *Pre-hire online assessment exam:*

September 2015 – Developed the idea to eliminate the practical scenario and replace with online testing scenarios. The clinical services team performed analysis to determine the main qualities desired from the practical test. Decision making, confidence, and comfort with the material were determined to be the main attributes being tested by the scenario and psychomotor competency could be trained and tested after hiring. The test was designed as a virtual scenario which prohibited testers from going back, and also timed each question to elicit the desired qualities. Each question was categorized as basic, intermediate or advanced, and local/regional questions were also designated. This allowed out-of-area applicants to be tested fairly – if they did poorly on local questions but well on others, they were deemed trainable – in theory - and brought in for an interview.

October 2015 – The clinical services team worked with third party, ReviewNet, to beta test a new software allowing companies to write their own test questions. At the time, company was strictly an IT testing company. During this time a paper version of the test was used to begin validation of the material, while engineers developed the online version.

February 2016 – The first online tests go live, with success. Many EMT students performed worse than expected, while medics scored better than expected. A manual review of each failing EMT grade was performed.

August 2016 – EMT scoring pattern was identified in successful candidates and passing criteria was adjusted to account for overall score, section scores, overall time taken, and time per question.

January 2017 – EMT test version 2 is created based on employee feedback, new protocols, implementation of BLS transport, and statistical analysis. New scoring standard was set for EMTs. Medic test deemed valid and continued.

- *Restructured training focus:*

October 2015 - fiscal year the average Paramedic was being cleared in 100 days or more and EMTs over 90 days with a first time Capstone (final clearing test) pass rate at 46%. This cost a significant amount of labor hours, and was an unsustainable cycle for meeting the needs of our operation. The strategic planning group developed a goal of 75 days for paramedics and 50 days for EMTs to be County certified and cleared to the system.

January 2016 -The clinical services team developed a pipeline academy for each of the disciplines that fit within this timeline. In addition to meeting the time standard the clinical services department developed a curriculum that increased the Pinellas County capstone pass rate for provisional employees from 46% to 95% and shortened the clearing time to 70 days for paramedics and 50 days for EMTs.

March 2016 through YTD – The clinical services team developed and implemented a new style of classroom training in conjunction to the field shift training. New "phase evaluation" days made use of our medium fidelity simulation mannequins and credentialed FTO instructors and clinical services coordinators. The classroom days consisted of mini monitor, airway, and assessments stations that eventually built into a full call scenario which put the Paramedics and EMTs through arrival, assessment, transport and arrival to destination components. The refocusing on drill-like training with a focus on assessments increased the proficiency level of the newly cleared clinicians to lower the occurrence of quality assurance review (QAR) incidents and decreased their clearing time. The areas of opportunity identified to focus on were medication administration, electrotherapy, patient assessment and crew resource management.

- *FTO leadership: clinical, professional and educational development:*

The final area of opportunity for the onboarding process is the FTO Program. This is a group of field personnel that complete the 'on the job' training portion of our provisional academy. This group consists of over 100 EMTs and paramedics that have displayed excellent job performance, and expressed a desire to train new employees. This group lacked an objective measure of performance and feedback, as well as any formal training.

January 2016 – a new format to the FTO group was initiated with a promise of professional, educational, and clinical development. This was accomplished by holding quarterly meetings throughout 2016. The meetings involved guest speakers (neurologist/trauma surgeons), cardiac / airway labs using pig hearts and lungs, and professional development by offering free instructor rating classes (ACLS, BLS, AMLS, etc.)

January of 2017 - The clinical services department developed quarterly training and professional development sessions, and a FTO Report Card that measures key job functions. The report card is given to the group monthly, and any individuals identified to be under the standard are placed on

performance improvement plans to help correct the deficiency.

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

We achieved our goals with a reduction in clearance times for EMTs and Paramedics, decreased labor cost and time for the pre-hire clinical assessment, decreased the amount of quality assurance reviews and increased the number of instructor ratings for the FTO group.

	Old pre-hire Test (7 months)	New pre-hire Test (7 months)
Average Monthly Clinical Failures	**6**	**1.5** ↓
Average Monthly Clinical Passes	**12**	**14** ↑
Average Labor Hours per Candidate	**50**	**5** ↓

	Prior to Changes	After Changes
Average Hire to Clear Day (EMT)	**90**	**50** ↓
Average Hire to Clear Days (Medic)	**110**	**70** ↓
Average Training/ride time costs	**$15000**	**$7000** ↓
% of first time pass rate for Capstone	**46%**	**95%** ↑

	Prior to Changes	After Changes
FTOs with Instructor certifications	**10**	**23** ↑

	2015	2016	2017 YTD
Founded Quality Assurance Reviews	**301**	**237**	**150** ↓

Impact

What impact has this project had on your service? Narrative and qualitative and quantitative info

The biggest advantage of the hiring testing process was removing a barrier for employment based on test taking ability. For the old process, candidates were surprised with an extensive written test and practical scenario, often in a suit and tie and already anxious. Many candidates chose not to retest if they were not successful and simply moved on.

While fewer candidates fail the new test, those that do immediately end the hiring process. This saves several hours of the recruiter's time, as well as the clinical coordinators who used to administer the exam. There was only a minor increase in average per month applicants, even though there was a large drop-off in clinical failures. This was partly due to candidates washing out of the process at other points in the process (often the interview or agility test). Therefore the change streamlined the process saving time, labor cost, and inappropriate hires, without adversely affecting quality.

The new streamlined training program did indeed reduce the amount of overhead and expense by using training time more responsibly and eliminating training that did not meet core objectives.

There was a significant drop in substantiated quality assurance reviews (QARs), which contain performance remediation plans for clinical issues. It can be reasoned that the increased focus on protocol training and higher quality of field training officer program contributed to this decrease. This is validation that our practices did indeed save time and money while not sacrificing quality of patient care – in fact patient care quality improved under the new program!

Our efforts have received recognition in the August 2017 JEMS as an article outlining the improvement process and recognition by the State of Florida's the recipient of the "EMS Educator of the Year" award for 2017.

We are currently tracking new outcome measures like patient engagement and documentation quality, which will likely show similar positive trends in the future.
(From JEMS) Restructuring the clinical services department hasn't just improved internal communications and processes; it's also enhanced Sunstar Paramedics' relationships with local agencies. Seven different agencies within Pinellas County have reached out to Sunstar Paramedics and arranged for their employees to go through the redesigned new hire training. This training partnership forges better interagency relationships, allows Sunstar Paramedics crews the opportunity to train with local fire departments and other neighboring EMS agencies, and has led to marked improvements in the EMS culture in Pinellas County.

Budget

Since this employee related project was initiated to improve efficiency, lower cost, and current resources were used a budget was not necessary. The project positively impacted our budget by reducing cost of new hire orientation and training by half.

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FTO/Preceptor Report Card

June 2017

The below ratings are based on data collected for the given time period. A starting score of 50 points is awarded and, each area's score is added to create an overall rating. A rating or ratings that fall below the average range are subject to immediate review by the Clinical Services Leadership.

Cause For Review of Status	Below Standard (Probation)	Meets Standard	Exemplary Member
• Consistanly operates outside of company standards and Pinellas county MOMs. • Does not represent the FTO/Preceptor Group in a positive fashion	• Has areas of concern that must be remediated • Does not actively contribute to the overall goals of the FTO/Preceptor Group • Occasionally operates outside of company standards and Pinellas county MOMs.	• Has a Strong understanding of company and clinical standards. • Actively contributes to the FTO/Preceptor groups goals. • Sets a strong example for fellow employees	• Displays a commitment to excellence on a consistent basis. • Consistently contributes to the FTO/Preceptor group and Clinical Services. • Strives to better themselves and the organization as a whole.
Score: 29 or less	Score: 30-49	Score: 50-89	Score: 90 and above

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InThinc

Distance Driven

Overall score of 4.0-5.0 receives 15 points, below 3.0 loses 10 points, individual scores above 4.0 will earn 5 points, and individual scores below 3.0 lose 5 points. Driving less than 500 mi receives zero points.

Overall Rating	
Speed	
Style	
Seatbelt	
Score	

First Pass

An overall score of 100% receives 25 points, 90-99% receives 10 points, 50-89% receives 0, and below 50% loses 25 points. Each section at 100% receives an additional 5 points and any section below 50% loses an additional 5 points.

ALS

Overall Rating	
ACS	
Airway	
Major Trauma	
Refusal	
Cardiac Arrest	
Universal	
Score	

BLS

Universal	
Billing	

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FTO Preceptor Meeting Attendance

15 points will be awarded for attending all of the FTO/Preceptor Meetings. Habitual absence from the meeting is subject for immediate review of status. A partial score (ie. *.5) is due to excused absence.

Meetings Attended April-June	out of 3
Overall Score	

CME Compliance

If you complete the CME in the first 10 days you receive 10 points, if you complete within the first month 0 points, and if not completed in the first month lose 25 points. If placed on restriction you are subject to immediate review.

Completion Date

	Overall Score	

Remediation, Discipline, and Commendation

Verbal Warning loses 25 points. Any Written Warning loses 50 points. Any receipt of a last and final warning is subject to review. All discipline will remain on the scorecard for 90 days. A minor paperwork discrepancy will lose 15 points and a major will lose 25. Positive commendations will be awarded the values below. Director Review will lose 100 points, and will need to meet with the Clinical Services Director for follow-up. Director review may be lifted depending on the outcome. (If you have a yes under Director review please contact Damian to schedule a meeting time.)

Overall Score	
Verbal	
Written	
Last and Final	
TVF	
Clinical Action	
Director Review	
Paperwork compliance	
Blue QAR +35	
Star Care Level Up +5	
Care Plus +25	
State or Local Award +35	

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Instructor Certifications

Five points each

BLS	ACLS	PALS	AMLS	PHTLS	SPC	EVOC
Overall Score						

Classes Taught

Teaching two classes or more receives 10 points. Teaching one class receives five points.

Overall Total and Score

BLS	ACLS	PALS	AMLS	PHTLS	EVOC
Overall Score					

Uniform Issue

Any cited uniform issue loses 10 points.

Number of occurrences	0
Overall Score	

Drop Times	Signatures	Founded late Calls
Under 25 receives 5 points	Greater than 80% Receives 5 points	two or more loses five points
Score	Score	Score

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TOTAL SCORE: RATING:

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Score: 29 or less	Score: 30-49	Score: 50-89	Score: 90 and above

Below are sections for information purposes only

Emergency Call Compliance