

	<b>CLEARFIELD COUNTY EMERGENCY MANAGEMENT / 9-1-1</b> Standard Operating Procedures	Initial: 3/2006
	SOP #: EMS 6-23	Revised:
	Subject: EMD Performance Management	

## MEDICAL PRIORITY DISPATCH PROTOCOL COMPLIANCE; EMD PERFORMANCE MANAGEMENT AND REMEDIATION

It is the policy of Clearfield County Emergency Management / 911 to comply with the Medical Priority Dispatch System (MPDS) protocols. EMDs are required to meet regular minimum performance/compliance requirements as detailed below. Remedial training and education will be provided for EMDs that do not meet minimum compliance levels.

- **COMPLIANCE**

1. Each individual EMD is required to meet the following average MPDS compliance scores:

- 95% Case Entry compliance
- 90% Key Question compliance
- 95% Chief Complaint selection accuracy
- 90% Post Dispatch Instructions
- 95% Pre-Arrival Instructions
- 90% Final Dispatch Determinant Code accuracy
- 90% Total Compliance Score

- Understanding that it will take a reasonable period of time for a newly trained and certified EMD to reach the above performance standards, the following procedures will be followed:

1. Within two months of becoming certified EMDs, all dispatchers shall achieve a 75% compliance rate in all the above-listed performance areas. Any dispatcher not achieving a 75% compliance rate as listed above shall receive remedial training.
2. Within three months of becoming certified EMDs, all dispatchers shall achieve an 80% compliance rate. Any dispatcher not achieving an 80% compliance rate as listed above shall receive remedial training.
3. Within four months of becoming certified EMDs, all dispatchers shall achieve an 85% compliance rate.
4. Within five months of becoming certified EMDs, all dispatchers shall achieve a 90% compliance rate to all performance areas listed above.
5. After six months of becoming certified EMDs, all dispatchers shall achieve and maintain the compliance rates detailed at the beginning of this policy. Any dispatcher not maintaining these compliance rates in any one month will be subject to remedial training and/or a performance improvement action plan.

***This policy does not exclude the need for discipline when considering individual cases of gross negligence and/or gross improper behavior, or cases of persistent failure to apply the MPDS protocols; nor does it exclude any other existing disciplinary process.***

- **Discipline vs. Quality Improvement**

1. When compliance becomes a discipline versus quality improvement problem, the quality assurance person will identify the individual to the Communications Director/Supervisor.
2. All remedial training shall be handled by the individual's direct supervisor or an appointed qualified EMD or training officer.
3. All discipline cases shall be handled according to current disciplinary policy and via the chain of command for the individual concerned.

- **Trigger Points for Disciplinary Action**

- An EMD may be subject to disciplinary action after sufficient remedial training and performance improvement interventions have not yielded desired results. Disciplinary action may result from any of the following:
  1. In the first six months after certification as an EMD:
    - Failure to achieve the required compliance levels as detailed above in two out of three months.
- Following a six month period of certification as an EMD:
  1. Failure to achieve 95% Case Entry compliance in two out of three months.
  2. Failure to achieve 90% Key Question compliance in two out of three months.
  3. Failure to achieve 95% Chief Complaint selection accuracy in two out of three months.
  4. Failure to achieve 90% Dispatch Life Support Instruction compliance in two out of three months.
  5. Failure to achieve 90 % Final Determinant Coding compliance in two out of three months.