

Practice Name:**Date Created:** 26-May-09**Author:****Last Updated:****Abstract:****GENERAL INFORMATION**

Name of Practice	Emergency Dispatch Protocol Accreditation
Date	18-June-08
Name of Municipality	City of Medicine Hat
Your Name and Title	Ronda Grant, 911 Communications Director
Phone Number	403-529-8495
Fax Number	403-529-8442
E-mail for Practice Contact(s)	rongra@medicinehat.ca
Mailing Address	884 2 Street S.E. Medicine Hat, Alberta T1A 8H2

DISCLAIMER

Terms of Use

This site is set up to allow municipalities to share their practices with each other. Information within the municipal practices is provided by municipalities. Information provided is solely for the user's information and is provided strictly as is without warranty of any kind. Alberta Municipal Affairs does not guarantee the accuracy of the practices. The municipal practices should not be relied upon without seeking legal or other professional advice.

Limitation of Liability

The Crown, its agents, employees or contractors (including Alberta Municipal Affairs) shall not be liable to any user for any losses, claims, or damages that may result either directly or indirectly from access to or any reliance upon the information contained within the municipal practices or information provided at any other site that can be accessed from this site.

Copyright

The copyright in the information within the municipal practices belongs to the municipality that submitted the practice to the Municipal Excellence Web site. The user should contact the municipality who posted the materials for permission to use or reproduce the materials.

[Click here for the site disclaimer](#)

THE ISSUE**Abstract:**

Achievement of Accreditation level compliance to protocols for Fire, Police and Ambulance emergency dispatching.

What is the practice you developed or are developing (brief abstract)?

Please briefly describe the final practice developed. (e.g. if you developed a new Council agenda, list the agenda items, or if a new communications plan was created, provide a summary of the plan's goals, objectives and

highlights.)

Need:

Please describe (just a couple of sentences or bullet points) why you needed to create this practice (policy or process).

We needed a standard, consistent method of gathering information and interrogating emergency and non emergency calls, that would ensure the safety of the public and responding emergency personnel.

What issue made it necessary? (e.g. “We needed a comprehensive plan to deal with...”, or “We needed an annual forecasting tool because...”)

This process consistency ensures our customers are getting the same service regardless of what time of the day or night they call 911.

This process ensured that regardless of the amount of experience, that we were doing it right each time, the first time.

CREATING YOUR PRACTICE**Research:**

How did you obtain information to help design your practice (including consultation with stakeholders, formal and informal research)?

Please include any research documentation you can share, or give us a source reference (e.g. Web site, literature, “We reviewed the bylaws from other municipalities in the area...”).

In 1995 emergency dispatch services were amalgamated in Medicine Hat, placing Fire, Police and Ambulance dispatching under one roof.

At that time we used a standard interrogation protocol, called EMD (Emergency Medical Dispatch) to gather information on medical calls only. We did not have a standard, consistent method of gathering information for Police or Fire at that time.

For both Police and Fire, we used what's been jokingly referred to now as the fly by the seat of my pants protocol.

In 2000 the same company that developed EMD, released a Fire protocol (EFD) that looked and worked similar to the way EMD did. While we had created an in-house type protocol for Fire during this time, we felt the need to at least look at this product, given the success with EMD.

We sent staff to attend a 3 day EFD course, and they came back with great enthusiasm and excitement that this was the way we need to proceed with regards to a standard for Fire. We implemented EFD in 2001 after training all of our staff, and waited patiently for the company to develop the final component of the protocol trio, EPD (Emergency Police Dispatch).

In 2002 we received notice that EPD was complete, and attended the first EPD course that Priority Dispatch offered. It was definitely the consistent solution that we were looking for.

We then requested Police send someone along with another 911 staff member to ensure it was a product they would endorse. They came back with some recommendations and we developed a plan to move ahead with the training and implementation of EPD.

Process:

How did you go about designing your practice? For

instance, did you create a team, hire a consultant, borrow something ready-made from another jurisdiction?

Describe briefly who did the design work and what process they followed.

Unfortunately we did not do a very good job of planning this entire process. We learned and implemented bits and pieces along the way. While we would not encourage other dispatch centers to do what we did, we are certainly able to help other 911 agencies avoid making the same mistakes.

Priority Dispatch (with our assistance) has learned from the implementation mistakes that we have made, and have changed their implementation strategy so that other agencies acquire success at the onset - avoiding the pitfalls that we encountered.

GETTING APPROVAL FOR YOUR PRACTICE

Authority:

Whose/what approval did you need to create and implement the practice?

Bob Wanner, who was the Commissioner of Public Services at the time we began implementing these protocols provided support and approval for the principle of this standard practice.

Once we started seriously considering Accreditation in one, then the second and third disciplines, the current Commissioner of Public Services, Albert Bizio became a tremendous support and advocate of what we are trying to achieve for the public and emergency services personnel.

Reporting:

How did you inform the decision-maker(s) about the practice and your need for their approval?

Through regular meetings with the Commissioner of Public Services, whom our department reports directly to. He was kept informed every step along the way.

Please note the name of any documents provided to the decision-makers that you would be willing to share.

Consultation:

Did you consult with stakeholders as part of your approval process?

If so, how? If possible, attach a copy of templates, surveys or other documents you used as part of your consultation.

Since we provide dispatching on behalf of all emergency service agencies in our municipality, it was imperative that we consult with stakeholders as part of our approval process.

We sought and received approval from senior management, but failed to see the significant importance of including field staff in this process.

It wasn't until we achieved accreditation that we began to train and include field staff from all disciplines and discovered how much value this would have added to the process earlier on.

We now offer field staff the opportunity to take the 3 day training in an effort to build a better understanding of what we do, and how it fundamentally works in concert with their work.

We also do role call training, and are an active part of team building sessions, to keep emergency service members apprised of what we are doing.

IMPLEMENTING YOUR PRACTICE

Plan:

Describe the process you went through to implement the practice. If you used an implementation plan, please note it here.

Again, without having a plan to implement protocols for the 3 disciplines, it was really a learning process every step of the way.

Another significant step that was not implemented was the development of a quality improvement process to follow immediately behind protocol implementation.

Each discipline of protocol was implemented, as well as it's complimented electronic version (ProQA). Each dispatcher is required to maintain certification as an EMD, EFD or EPD.

In 2005, a structured Quality Assurance program was designed. We also developed as an effective Continuing Education process to ensure that our dispatchers are improving and honing their skills towards excellence.

Policy:

What changes to bylaws, regulations or procedures were needed to implement this practice and how did you deal with them?

Please attach a copy of the change in bylaw, policy or procedure.

We created several standard operating procedures to accompany the implementation of the new protocols.

One of these new SOP's identifies the need to maintain certification in the use of the protocols, not allowing a dispatcher with expired certification to process emergency calls. Another identifies the commitment to software upgrades, ensuring we are working from the most current version of each protocol.

One standard operating procedure that was created to identify the consequences for non-compliance was initially implemented and then backed away from. We learned through the process that by creating such a prescriptive policy for non-compliance and the discipline measures that would be applied, it was not the best means to help our staff improve.

When we backed away from the punitive process and worked one-on-one with our staff when non-compliance issues arose, it not only built relationships with staff it also created stronger buy in and understanding from this group of users.

We now meet with each individual dispatcher monthly to review their progress and compliance. This has been an instrumental part in the success of the program. This is comparable to owning a BMW. Owning superior equipment is not enough. You have to maintain your equipment often to ensure that it is ready to run at its peak performance at any given time.

When:

When did your municipality begin to use the practice?
Was it implemented all at once or in stages?

The three protocols were implemented in stages, as was each accreditation application.

Medical protocol has been used in Medicine Hat since about 1991, Fire protocols began in about 2000, and Police in about 2002.

Who:

Who was responsible for implementing the practice?

If someone else is responsible for ongoing management,

who is it?

While the dispatchers are the front line heroes in making this accomplishment happen, the department Quality Assurance Coordinator plays a pivotal role in providing feedback and education on the proper use of the protocols.

The Quality Assurance person in the resident expert in protocol use, and Accreditation without a Quality Improvement process in place would be impossible.

Ronda Grant and the Quality Assurance Coordinator were responsible for implementing the protocols. And while we shared in the accreditation submissions, the Quality Assurance Coordinator did the lion's share of data collection and work with staff to achieve adequate compliance levels.

RESOURCES REQUIRED

Budget:

How much did it cost you to design and implement your practice (i.e. We saved/spent \$XX per year)?

What are your ongoing operational and capital costs, if any?

The cost of the protocols themselves and the software program that is used to simplify the quality assurance procedure (called AQUA) are as follows:

ProQA, which is the computerized version of the protocols are approximately \$4000 per work station for EMD, \$4000 per work station for EFD and \$5000 per work station for EPD.

ProQA training, which we would recommend for each discipline is approximately \$3000 - \$6000 depending on the size of the agency.

AQUA is approximately \$2000, plus \$800 for EMD, \$600 for EFD and \$1000 for EPD. This is for one work station only, additional work stations are approximately \$400.

AQUA software training is approximately \$3000.

Annual Maintenance costs are approximately 15% of the total purchase price for each product.

Consulting fees charged by Priority Dispatch are approximately \$2000 per day.

Accreditation cost is \$2,250 per discipline and \$1950 for re-accreditation every 3 years per discipline.

Staff:

What human resources did you need to design, implement and manage your practice? (e.g. "It took X staff member (s) X months on this" or "This is part of normal staff duties.")

Listed below are the number of hours it took during the 8 month time frame to achieve 2 accreditations. The points listed as Accreditation would be multiplied by three, since we had to attain that criteria for each specific discipline.

Dispatcher: Each individual dispatcher is responsible for doing Continuing Education and Certification. Each dispatcher also does a number of practice calls to ensure their skills remain sharp. Each dispatcher also meets once per month to review their skills with the Operations and Quality Assurance Coordinator (OQAC).

Con-Ed - 3 hrs/month x 26 dispatchers = 78hrs

Practice Calls x 26 dispatchers = 52 hrs

Meet with OQAC 26 dispatchers / .5 = 13 hrs

for a total of 143 hrs

The OQAC does quality assurance each day for approximately 6 hrs per day. They also prepare the Con-ED and organize certification needs, schedule courses, and manages individual call review when necessary. When Accreditation is due, the preparation of the criteria is a large responsibility for the OQAC.

6 x 22 = 132 hrs

Con-Ed = 6hrs per month

Schedule Courses = 4 hrs per month

Individual Call review = 20hrs per month

for a total of 162 hrs per month

Accreditation x 3 (3 disciplines/ 2 weeks each) = 240 hrs

Admin Assistant - was require to prepare each Accreditation package x 3 (3 - disciplines x 3 days) = 72 hrs

Manager - The Manager had a number of policy responsibilities in preparing for Accreditation x 3 (3 - disciplines x 1 week).
= 120 hrs

Infrastructure:

What "capital costs" (such as information

No capital costs were incurred, all current technology and equipment was able to handle these software applications.

technology, other equipment or building assets) did you need to design, implement, manage, and/or evaluate your practice?

EVALUATING YOUR PRACTICE

Formal:

If you did a formal evaluation (e.g. user satisfaction survey, analysis of annual expenditures or number of rate payers served) for your practice, please describe the evaluation tool and the process used.

Tell us who was involved.

Informal:

If you did an informal evaluation, describe what you did (such as discussing the practice with people in the office or on the street, or letters/comments received).

Performance measures:

Please list the performance measures for this practice (i.e. reduced number of complaints, money saved, or change in equipment life expectancy.)

Please list the process you used for measuring performance, (i.e. We do annual surveys on...) examples include:

- collecting data
- establishing a baseline
- applying the measures
- results
- follow up

Changes:

(a) Based on the evaluation (formal or informal), describe any changes you have made, or would like to make, to your practice as a result. (e.g. "After implementing this practice, we decided that it would be better if...")

The accreditation process itself is essentially a formal evaluation. It measures specific areas of compliance to each protocol.

Initially, we had a number of informal evaluations from the Police service. Part of this was the result of a poor implementation plan.

As a result, we did numerous role call training days in order to address the informal evaluations that had initially been presented to us.

Currently, we continually seek feedback from the public, emergency service personnel, and stakeholders through discussions, meetings and correspondence.

There was initially an increase in complaints because of the communication gap that existed between dispatch and field staff.

As we work on improved communication, training and understanding, complaints are virtually non-existent.

After accreditation we also conducted public information sessions and a public awareness campaign. This was extremely effective in helping the public understand why we ask the questions we do. We also worked with an advertising firm in creating brochures to include with Utility Bills and conducted a number of Media presentations (TV, Radio and Newspaper) informing the public of the benefits of protocol and Accreditation.

-or-

(b) Has your practice met your expectations and if so, how?

a) We know now that a quality improvement process followed immediately by protocol implementation is imperative. We try to stay current with call reviews in an effort to provide timely feedback to all dispatchers. We remain diligent with the new employees to keep them on track right from the onset, thus building on success each day.

We also know that while we are in the business of communication, we needed to communicate more effectively with our partners and stakeholders to make this process more effective and efficient. We work cooperatively with the agencies to hold in-services, and encourage their participation in the certification courses. We attempt to host at least 2 certification courses for each stakeholder group, to increase their understanding of what we do.

b) This practice has exceeded our expectations. It has helped us understand why we exist and that everything we do as a 911 service is about who we serve.

We believe being accredited ensures our citizens are receiving the best possible service.

LESSONS LEARNED / BENEFITS RECEIVED

Benefits:

What are the benefits of this practice to your municipality? (eg. Preparation of Council agenda packages now requires less time, etc.)

We can say with confidence that the citizens of Medicine Hat are receiving the highest level of service during emergent or non-emergent situations. They can be assured that their safety as well as the safety of responding personnel is our priority.

One of the members of our Quality Assurance Team is a Senior Instructor with the National Academy/Priority Dispatch. Recently at a teaching seminar, the question was posed, "What is the safest community in North America to live in?"

The Chief Police Consultant for Priority Dispatch said, Medicine Hat, AB, because they are offering the best in 911 service, regardless of what your emergency is. They are averaging over 97% on every call they take. This means they are getting it right each time, the first time and not practicing on callers.

Key Lessons:

What key lessons have you/your municipality learned through the process of:

- designing;
- obtaining approval;
- implementing; and
- evaluating your practice?

Include any problems, surprises, and unanticipated benefits. (e.g. "We realized that we needed to spend more time...")

The processes of implementing protocols, measuring compliance and applying for accreditation were an incredible journey for our center and staff.

The amazing lessons that we learned along the way, unfortunately more of what we should have done better, have ultimately made us a stronger team.

As the result of the errors we made along the way, we are now working closely with Priority Dispatch to design an implementation strategy so other 911 Centers who wish to use these protocols do not have to waste valuable time making the same mistakes we did.

We are completely comfortable being the ones to forge new ground in the area of emergency dispatching because the reward of being the first in the world to achieve accreditation in all 3 disciplines was worth the struggle.

We have colleagues within our emergency service community who visit our site because we are an agency that is doing it right. We have shared our ideas and our Center with people from Suffield AB, Lethbridge AB, Red Deer AB, Calgary AB, Saskatoon Sask, Vancouver BC, Winnipeg MB, Salt Lake City UT, Pennsecola FL, and Vienna Austria.

We have shared our successes and failures through phone interviews with places like Harford County and Prince George's County in MD, Danville VA, Moses Lake WA and Idaho Falls ID.

We've had the opportunity to visit many centers to share our words of encouragement, what worked for us and what didn't about protocol and accreditation with our peers.

Some of the places we've been honored to speak at are Baltimore MD, Hagerstown MD, Fort Meade MD, Washington DC, Belmont NY, Urbana IL, Harlan IA, Idaho Falls ID, Salt Lake City UT, Lethbridge AB, Calgary AB, Lacombe AB, and Vancouver BC, and will be traveling to Austin TX, Fairbanks AK and Bristol England.

Advice to Municipal Peers:

What advice would you give to another municipality that is considering adopting your practice? Is there anything you might have done differently?

There are a number of things that we would have done differently. Mainly getting buy in and understanding from field staff. While it was important to have buy in of the administrators in the Emergency Agencies, we failed to adequately inform and educate the public and the responders about the protocols.

PRACTICE UPDATES**New Information:**

There may be some new information to add since this practice was first posted. This is especially true if:

- a new process has been implemented in your municipality;
- there are new practice evaluation results; or
- there has been a change affecting organizational direction. For example, explain how new economic conditions or a new vision/strategy affect the practice.

Please indicate those changes here. Don't forget to list any new documents that may be useful to your peers. Then go to "Other Information" to attach the new documents.

As a result of the Medicine Hat Police Service survey, Medicine Hat 911 received excellent reviews regarding the service we are providing to the residents of our community. This was the first formal survey that's been completed since the inception of Police Protocol use in 2002.

OTHER INFORMATION**Suggestions:**

Please list relevant information sources that others might use or you would be willing to share (courses, Web sites, literature, experts).

Documents & Attachments:

Please attach (using the "Browse" button below) any documents you would be willing to share with others interested in your practice (e.g. a bylaw, a policy, approval documents, templates).

* Note: If you do not have an electronic copy of a document, please send Municipal Excellence a paper copy for scanning to:

Alberta Municipal Affairs
Municipal Excellence Network
17th Floor, Commerce Place
10155-102 Street
Edmonton, AB
T5J 4L4

Nominations:

Do you have any suggestions of other individuals or municipalities with municipal practices that we should add to the Municipal Excellence network? Please list their

For more information about the emergency dispatch protocols used in Medicine Hat or the accreditation process, sponsored by Priority Dispatch, visit their website at www.emergencydispatch.org.

practice, municipality, and contact information.

Or, e-mail menet@gov.ab.ca and let us know about a municipal colleague that has a really good way of doing things.

COMMENTS

Have we missed something; anything you'd like to add to the areas we have touched on, or an area we have not mentioned?