

Washington County EMS Alliance  
Strategic Plan  
2022-2025

Mission, Vision, and Goals

**Mission:**

To maintain and enhance a safe and effective EMS system through leadership, oversight, facilitation and education for the citizens and EMS community we serve.

**Vision:**

To provide a high-performance, patient-centric health care system, within a just culture, through improved resource utilization, expanded education, system development and collaboration.

**Goals:**

1. **Medical Direction:** Use a collaborative approach to medical direction that supports centralized EMS system decision-making. The approach should be adaptable, innovative and draw on subject matter expertise where appropriate. There should be a consistent methodology for review, education, and policy creation.
2. **Data and Performance Metrics:** Utilize system and community level data across the EMS service continuum (from first call to discharge to support) and identify quality improvement processes that ensure access to care, quality of care and outcomes are not determined by age, socioeconomic status, gender, ethnicity, geography or other social determinants.
3. **Centralized Dispatch:** Dispatch all appropriate response units through the same dispatch center, to the right place at the right time, using a unified communication system for EMS calls.
4. **Resource Management Integration:** Support a fully integrated EMS system by creating a formalized and collaborative structure for our system's resources (e.g., first response, transport, community health).
5. **Financial Stewardship:** Ensure an efficient EMS system that provides value to the community and operates with transparency and accountability while maintaining a fiscally responsible and sustainable framework.
6. **System Enhancements:** Support and sustain a collaborative, integrated and resilient public/private EMS system through shared authority and responsibility for systemwide performance and enhancement strategies.

**Strategies**

**MEDICAL DIRECTION**

**Goal:** Use a collaborative approach to medical direction that supports centralized EMS system decision-making. The approach should be adaptable, innovative and draw on subject matter expertise where appropriate. There should be a consistent methodology for review, education, and policy creation.

**Responsibility for implementation rests with:** Newly created work group of the Governing Board.

<b>Strategies:</b>	<b>We will know we are successful when:</b>
Define scope of oversight for EMS medical directors and associate medical directors as it relates to the system.	Scope of medical direction oversight is defined and endorsed by the EMS Alliance Governing Board.
Create policy and agreements to structure the delivery of centralized medical direction.	Policy is approved by the EMS Alliance Governing Board. Associated agreements are approved by partner agencies.
<i>Create a countywide EMS training program.</i> <i>OR</i> <i>Align training programs among system partners.</i>	Training program is in place and all partner agencies participate regularly.
Support a “pipeline” of qualified EMS physicians by: <ul style="list-style-type: none"> <li>• Ensuring appropriate compensation to attract and retain educated and highly capable EMS physicians.</li> <li>• Encouraging and supporting early-career physicians to take an interest in EMS medical direction (e.g., fellowship opportunities).</li> </ul>	<i>As measured how?</i> <i>Possible measures:</i> <ul style="list-style-type: none"> <li>• <i>number of fellowship-trained EMS docs in region (affiliate/unaffiliated)</i></li> <li>• <i>Number of EMS docs recruited/hired by: Co, fire, EMS</i></li> <li>• <i>Interest in creating a fellowship program in region (NAEMSP poll?)</i></li> </ul>

**DATA AND PERFORMANCE METRICS**

**Goal:** Utilize system and community level data across the EMS service continuum (from first call to discharge to support) and identify quality improvement processes that ensure access to care, quality of care and outcomes are not determined by age, socioeconomic status, gender, ethnicity, geography or other social determinants.

**Responsibility for implementation rests with:** Data Work Group

Strategies:	We will know we are successful when:
Develop and implement a comprehensive and transparent data reporting program.	Data reporting program is approved and implemented by the Governing Board.
Data systems: <ul style="list-style-type: none"> <li>• Evaluate use of a single patient care reporting software.</li> <li>• Evaluate data systems that deliver real-time bio-surveillance, demographic trends in injury/illness patterns, and monitoring of operational and clinical key performance indicators.</li> </ul>	Appropriate data systems are identified and approved by the Governing Board for implementation.
Performance measures: <ul style="list-style-type: none"> <li>• Evaluate and adjust QI plan to incorporate both clinical and operational measures.</li> <li>• Establish meaningful system-wide performance measures that are SMART (specific, measurable, attainable, relevant, timeframe) with an appropriate frequency to be determined by the Alliance.</li> <li>• Examine the feasibility of moving to a <i>compliance</i> model based on patient needs and clinical outcomes, and away from the current model of exclusively time-based standards.</li> </ul>	Appropriate measures (clinical, operational, SMART) are identified and regularly by relevant workgroups with regular updates and annual reports presented to, and reviewed by, the Governing Board.  Governing Board recommends performance measures/standards to WashCo EMS Office to consider for use in EMS franchise agreement and associated documents.
Shared data: <ul style="list-style-type: none"> <li>• Establish health data exchange pathways with local and regional health systems and Public Health.</li> <li>• Enhance and maintain the sharing of analyzed data flowing into Washington County Public Health back to EMS system providers to sustain a cycle of continuous quality improvement.</li> </ul>	Data exchange pathways are in place between health systems and Public Health, and between EMS system providers and Public Health.  Data is reviewed by the Governing Board for quality improvement; further action is recommended/

	delegated to the appropriate agency or group to make modifications as appropriate.
Clinical studies/trials: Foster a culture of continuous learning and improvement by actively supporting, and participating in, ongoing and future EMS clinical studies and trials with research centers in the region.	The EMS Alliance participates in at least one clinical study or trial during this three-year period.

**CENTRALIZED DISPATCH**

**Goal:** Dispatch all appropriate response units through the same dispatch center, to the right place at the right time, using a unified communication system for EMS calls.

**Responsibility for implementation rests with:** Centralized Dispatch Work Group

Strategies:	We will know we are successful when:
Identify and support modification of all system partners’ impacted policies, procedures, and protocols to facilitate centralized/integrated dispatch. Develop new joint policies, procedures and protocols as needed. <ul style="list-style-type: none"> <li>• Conduct initial and continuous rigorous live testing with participation by response agencies to confirm and optimize functionality.</li> <li>• Support dispatcher and responder awareness and training on the concept and on dispatch modifications associated with implementation.</li> </ul>	New system goes live.
Identify and support acquisition of necessary resources and equipment to optimize/maximize functionality. Identify related initial and ongoing costs and make related fiscal decisions.	The system continues to operate successfully over time.
Establish and track metrics to measure the performance resulting from the anticipated changes (historical controls, baselines, benchmarks, etc.).	Benefits of the new system are measured and understood. Needed improvements are identified and addressed.

**RESOURCE MANAGEMENT INTEGRATION**

**Goal:** Support a fully integrated EMS system by creating a formalized and collaborative structure for our system’s resources (e.g., first response, transport, community health).

**Responsibility for implementation rests with:** *Centralized Dispatch Work Group?*

Strategies:	We will know we are successful when:
<p>Evaluate current Fire, EMS and private ambulance operational policies to ensure system-wide incident prioritization and resource management compatibility.</p> <ul style="list-style-type: none"> <li>• Establish/maintain efficient standing dispatch orders and/or response agreements to ensure timely response.</li> <li>• Establish EMS equipment standardization program/workgroup to facilitate use of standardized equipment across system partners; develop uniform definitions, nomenclature, and standards; establish/maintain interoperability of key system components among all system elements (e.g., monitors, radios, mobile data terminals).</li> </ul>	<p>Equipment standardization work group is established and reports regularly to the Governing Board.                      Dispatch orders and/or response agreements are in place.                      Interoperability of key systems components is established and maintained.</p>
<p>Ensure all EMS resources are recognized and utilized as clinically appropriate.</p>	<p><i>As measured how? Measures could be developed as new dispatch procedures are created.</i></p>
<p>Define resource needs for alternate EMS deployment and disposition models. Establish and maintain integration between rural and urban systems of care to ensure resources can be accessed by all county residents.</p>	<p>Resource needs are identified.                      Data is regularly reviewed to assess differences in access to care between rural and urban areas (e.g., call volume, total transports, median response time, etc.)</p>
<p>Enable shared access to track real-time availability of all EMS response resources/units by operational and administrative staff of all EMS system agencies.</p>	<p>Mechanism to track real-time availability is implemented.</p>
<p>Establish the proactive EMS system framework, infrastructure and oversight needed to consistently achieve timely and effective operational and clinical outcomes and scale to surges and disasters.</p>	<p><i>As measured how?</i></p>

**FINANCIAL STEWARDSHIP**

**Goal:** Ensure an efficient EMS system that provides value to the community and operates with transparency and accountability while maintaining a fiscally responsible and sustainable framework.

**Responsibility for implementation rests with:** Newly created work group of the Governing Board.

Strategies:	We will know we are successful when:
Identify and monitor the financial and economic drivers of the system, and related risks and opportunities. <ul style="list-style-type: none"> <li>• Establish metrics to quantify baseline system costs.</li> <li>• Review the financial health of the EMS systems through high level annual financial reports of member agencies.</li> <li>• Establish a work group of the Alliance with the responsibility and expertise to support the strategies and functions related to Financial Stewardship.</li> </ul>	Work group is established and reports regularly to the Governing Board. Financial metrics are identified and reported regularly to the Governing Board.
Create and implement a System Enhancement Fund: <ul style="list-style-type: none"> <li>• Develop policies to structure a decision-making process for a System Enhancement Fund.</li> <li>• Investigate alternate revenue models that would allow reinvestment into the EMS system.</li> </ul>	System Enhancement Fund is created and funded.

**SYSTEM ENHANCEMENTS**

**Goal:** Support and sustain a collaborative, integrated and resilient public/private EMS system through shared authority and responsibility for systemwide performance and enhancement strategies.

**Responsibility for implementation rests with:** Newly created work group of the Governing Board.

Strategies:	We will know we are successful when:
Create processes and criteria for how system enhancement recommendations will be considered by the EMS Alliance Governing Board at least annually, to be recommended to Washington County and funded by a System Enhancement Fund.	Governing Board makes recommendations for system enhancement investments at least annually.
Review current EMS policies to ensure inclusion of industry best practices and revise policies to support forward-thinking innovation where needed.	Governing Board reviews best practice options at least annually and revises policies to incorporate at least one new “best practice” during this three-year planning period.
Develop and implement targeted contemporary EMS delivery methods to include: <ul style="list-style-type: none"> <li>• Behavioral health care delivery modernizations to decrease inappropriate use of EMS and ED services</li> <li>• Development of a high utilizer identification and management scheme</li> <li>• Development of a collaborative approach to reduce patient offload delays</li> <li>• Recognizing and promoting clinical excellence in the workforce</li> </ul>	Governing Board identifies and successfully implements at least one new targeted delivery method within this three-year planning period.
Support the next generation of EMS professionals by encouraging an interest in an EMS career among young people in Washington County.	<i>As measured how? Member agency participation at least annually in career fairs, EMS scholarships, work/study programs, etc.?</i>