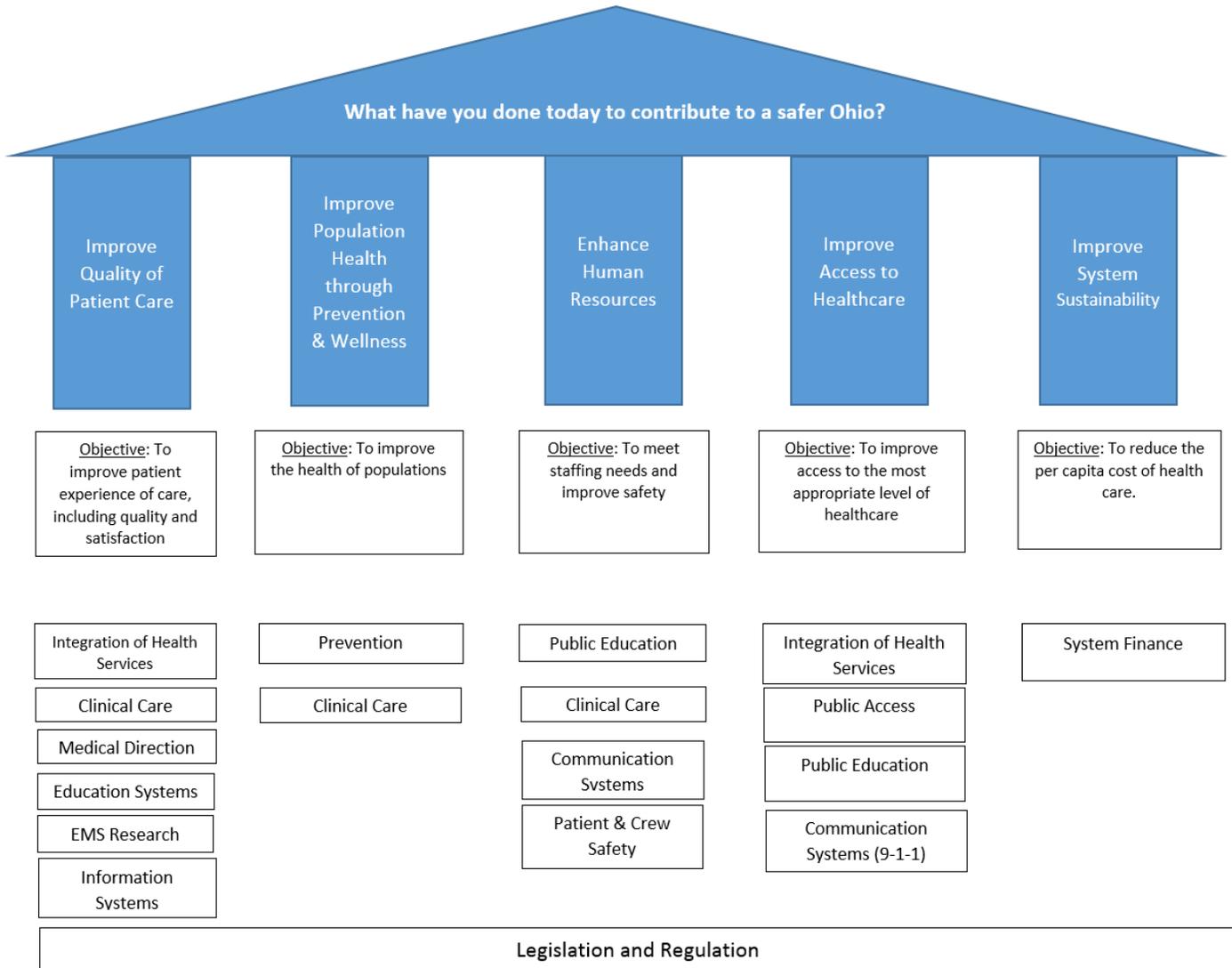


2018 EMFTS Board Strategic Plan Model



Description of Process

In August of 2017, Mr. Tom Allenstein, EMFTS Board Chair developed and drafted a concept for a strategic plan with Mr. Melvin House, DEMS Executive Director, and EMS staff. The draft was based upon previous EMFTS Board strategic planning activities and other national and state EMS initiatives, such as goals from EMS 3.0, NHTSA EMS Agenda, and EMS 2050. The drafted schematic (above) focused on the Ohio Department of Public Safety’s vision statement, “What have you done today to contribute to a safer Ohio?” Five separate categories, or pillars, were identified after reviewing all materials which supported the overarching theme and helped create an organized system in which future projects could be identified, developed, and assigned to facilitate focus and eventual execution

of the EMFTS Board Strategic Plan. The EMFTS Board agreed with the concept of five main pillars, with associated objectives and tactics to be developed in order to support the mission and vision of the Ohio Department of Public Safety and the Division of EMS. The drafted schematic was circulated and discussed among all EMFTS Board members and Committees, during which time feedback was encouraged, comments were solicited, and final edits were completed. All Committees were encouraged to review the drafted plan and continue discussion of the identified tactics as they related to their Committee's charge and focus.

In October 2017, Mr. Allenstein recommended that a workgroup be developed to continue further development of the plan's objectives and improve efficiency in completing the strategic plan. EMFTS Board members, as well as invited outside individuals who had specific expertise in the related objectives, were invited to participate in a workgroup, utilizing the schematic to help identify three to five specific projects under each pillar that would be important for the EMFTS Board and the Division of EMS to accomplish in the next strategic plan cycle.

It was recommended that an outside individual, preferably someone who had no direct involvement in EMS, be retained to facilitate this meeting. Mr. Brandon Gardner, Senior Policy Advisor for the Private Investigator Security Guard Services at ODPS, was recommended based on his past experience with the nominal group technique process for generating ideas within law enforcement groups. Mr. Gardner agreed to facilitate the meeting and DEMS staff reviewed his roles and the expectations of the EMFTS Board prior to the meeting.

All participants received a description of the workgroup process one month prior to the meeting. A formal invitation to participate and the following meeting agenda were forwarded to each participant's email contact:

9:30 – 10:20 AM	Introduction and Model Review by Brandon Gardner and Tom Allenstein Brainstorm Session: Five Pillars Group Rotations to Identify Projects
10:20 – 10:30 AM	Break
10:30 – 11:30 AM	Brainstorm Session: Five Pillars Group Rotations to Identify Projects
11:30 – 12:00 PM	Lunch
12:00 – 1:30 PM	Prioritize Projects Identify Tactics and Metrics for Identified Projects
1:30 – 1:45 PM	Break
1:45 – 2:00 PM	Wrap-up and Next Steps

On November 6, 2017, the following 17 individuals participated in the workgroup exercise held at MedFlight Headquarters in Columbus, OH:

EMFTS Board Members

- Tom Allenstein, Chair
- Kent Appelhans
- Susan Kearns
- Phil Koster
- Mark Resanovich
- Julie Rose
- Dudley Wright, II

Invited Guests

- Robert Jacks
- David Keseg, MD
- Julie Leonard, MD
- Dean Martens
- Michelle Martens
- Kathy Montgomery
- Eileen Scarrett-Dudgeon
- Karla Short
- Diane Simon
- Paul Zeeb, MD

Mr. Allenstein provided a formal welcome to all participants and Mr. Gardner reviewed the day's agenda. Five separate tables with flip charts, each labeled to represent the five identified pillars, were set up around the room. DEMS staff were assigned to each table to serve as recorders of all ideas and recommendations throughout the day. The 17-member group of participants was then divided up into five groups and were rotated between each of the five tables at 20-minute intervals. All ideas were recorded and posted throughout the day so that successive groups could review the work of previous groups and add any additional ideas to the growing list of projects.

During a lunch break, Mr. Gardner reviewed all of the recorded projects and collapsed similar ideas into a more concise list of all the different ideas generated during the morning brainstorm sessions. Following lunch, Mr. Gardner briefly reviewed each of the five lists with the participants to ensure their understanding of the consolidated lists. He then instructed the participants on how the projects would be prioritized so that relative importance of each project could be communicated back to the EMFTS Board. Each participant was issued a packet of 18 self-stick dots and was directed to distribute the dots as follows:

1. At least one dot must be placed on at least 1 project listed in each of the five pillars.
2. Each dot represents the most important project listed based on each participant's independent judgment.
3. The remaining dots may be assigned to other important projects or added to any of the five initially identified projects based on each participant's independent judgment of importance.

The group identified the following important projects for the EMFTS Board to consider and assign for its next Strategic Plan Cycle:

1. IMPROVE QUALITY OF PATIENT CARE

- a. Sepsis
 - i. Establish a statewide registry
 - ii. Implement EMS sepsis protocol with 50% participation after 3 years and 80% after 5 years
 - iii. Collaborate with OHA to establish standardized sepsis education for hospital and EMS personnel
 - iv. Decrease sepsis mortality by 20% after 3 years of statewide implementation

- b. Strengthen Medical Direction
 - i. Develop and promote law change which enables increase in authority and provides immunity for physicians providing medical direction
 - ii. Mandatory Board-approved medical director course for all medical directors
 - iii. Collaborate with Board-approved medical direction programs
 - iv. Implement EMSC performance measures

- c. Scope of Practice
 - i. Enact law change to permit Board to establish specialty care certification
 - ii. Collaboration of all stakeholders
 - iii. Identify bill sponsor

- d. Alternative to Opiate Pain Management
 - i. Decrease amount of opiates given by EMS for pain management
 - ii. MOC develop white paper on non-opiate pain management in field and send with protocol to EMS Medical Directors in the state

2. IMPROVE POPULATION HEALTH THROUGH PREVENTION AND WELLNESS

- a. Partner with public education initiatives (HS/Jr. High) and create fire prevention-style health prevention
 - i. Measurable decrease in community morbidity/mortality for most common healthcare problems
 - ii. Percent of schools that adopt the program within X years

- b. Create EMS-based surveillance system for high risk conditions
 - i. Establish system
 - ii. Identify at-risk households
 - iii. Connect household with community resources

- c. Improve statewide sharing of data and best practices
 - i. Identify EMS agencies that engage and utilize data to implement best practices
 - ii. Create statewide EMS quality improvement consortium
 - iii. Create a quality improvement curriculum
 - iv. Identify EMS agencies that complete the curriculum and establish a QI Officer

3. ENHANCE HUMAN RESOURCES

- a. Recruitment into EMS
 - i. Increase # of qualified employees
 - ii. Follow changes from benchmark survey results in 2 – 3 years
 - iii. Quality assurance reviews
 - iv. Customer satisfaction surveys

- b. Safety/Wellness
 - i. Reduction in BWC claims
 - ii. Follow-up survey of providers to identify retention/attrition

4. IMPROVE ACCESS TO HEALTHCARE

- a. EMS funding for non-emergent services
 - i. Increase collaboration between EMS and healthcare
 - ii. Implement a system that provides timely exchange of QA/QI through interoperability

- b. Cross-training
 - i. 10% of CE should involve basic life-saving techniques, i.e., AED, naloxone, tourniquets

- c. Telemedicine
 - i. Access to technology
 - ii. Agency implementation driven by needs
 - iii. Measured by percentage of state population served

- d. Effective use of grant monies

- e. Hospice stretcher transportation of sick patients in unlicensed vehicle

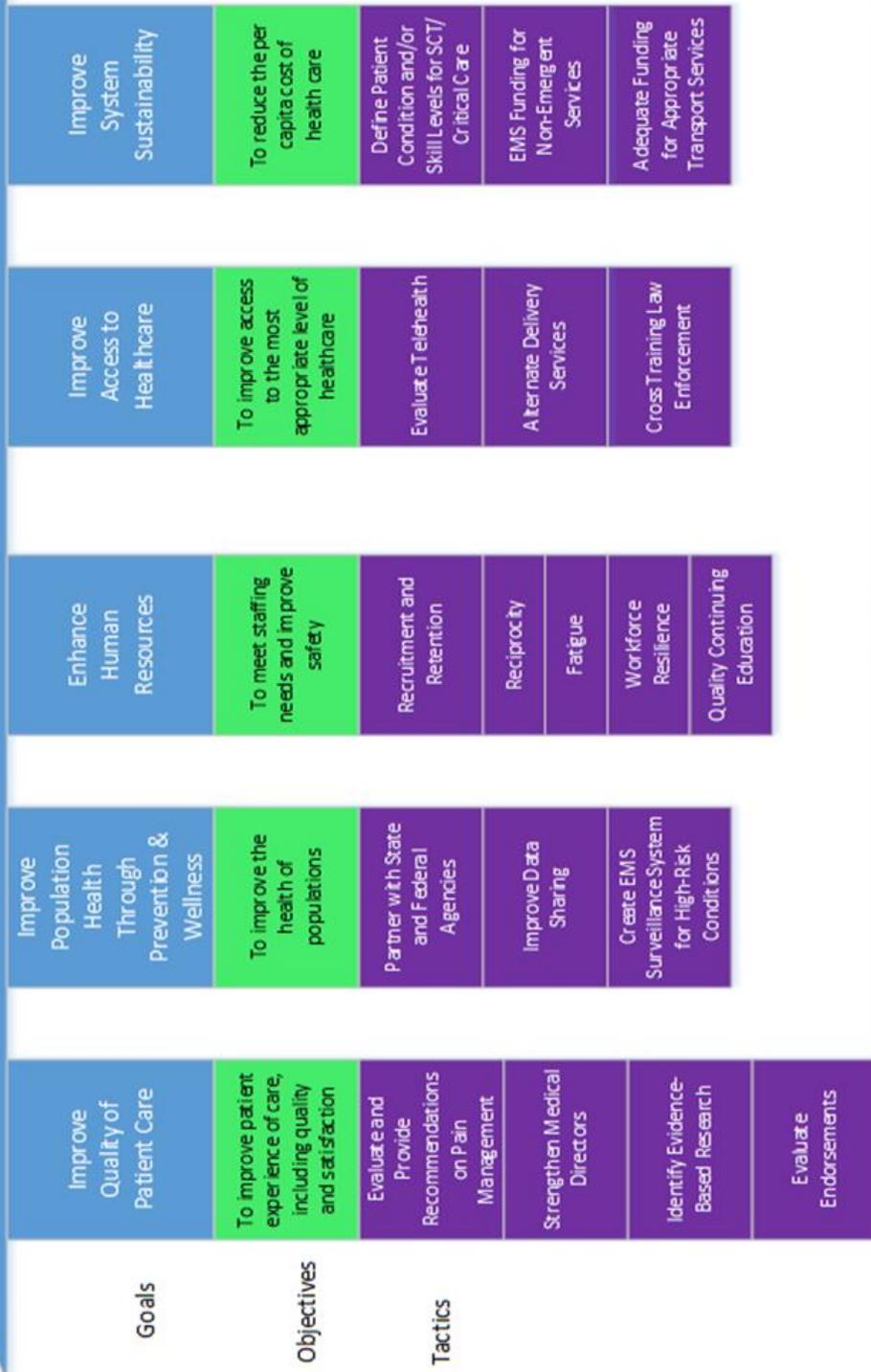
5. IMPROVE SYSTEM SUSTAINABILITY

- a. Adequate funding for appropriate transport services provided
 - i. Reimbursement meets or exceeds cost of providing services (all funding services, governmental, subsidies, etc., based on national cost data)
- b. Encourage collaboration of effective system design
- c. Appropriate level of transport services being utilized
 - i. Increase percentage of patients who receive the level of care necessary for positive outcomes
 - ii. Define patient condition and/or skill levels for SCT/critical care
 - iii. Increase percentage of patients who arrive at the appropriate destination based on their clinical needs

Recommendations

On February 14, 2018, the EMFTS Board held a retreat at the ODNR Division of Geological Survey Horace R. Collins Laboratory, 3307 South Old State Road, Delaware, Ohio. The Board discussed the strategic plan and reviewed the final recommendations of the November 2017 workgroup. Each prioritized project was then identified as a specific tactic and placed in the pillar to which it best related. Although data collection and analysis, legislative needs, and regulatory considerations are not specifically listed as separate projects above, the Board affirmed that these considerations span across each of the pillars and are essential considerations for the success of every identified project. The final schematic representation of the 2018 EMFTS Board Strategic Plan can be viewed as follows:

What have you done today to contribute to a safer Ohio?



Legislation and Regulation

Database Issues

The next step in developing the 2018 EMFTS Board Strategic Plan was to prioritize the various projects and assign primary oversight for each identified project to an existing or ad hoc Committee of the Board. Although some projects may require collaboration between two or more Committees, the identified Committee is tasked with the primary responsibility for coordination, development, execution, and completion of each assigned project:

COMMITTEE	Improve Quality of Patient Care	Improve Population Health Through Prevention & Wellness	Enhance Human Resources	Improve Access to Healthcare	Improve System Sustainability
Education			Reciprocity Quality continuing education	Cross-training law enforcement continuing education	
EMS for Children	Update Pediatric Guidelines				
EMS System Development		Create EMS-based surveillance system for high-risk conditions		Evaluate Telehealth	EMS funding for non-emergent services
Homeland Security	Endorsements – Tactical EMS and Rescue Task Force operations				
Medical Oversight	Evaluation and recommendations for pain management Strengthen Medical Direction Comprehensive review of Scopes of Practice Identify evidence-based research				

COMMMITTEE	Improve Quality of Patient Care	Improve Population Health Through Prevention & Wellness	Enhance Human Resources	Improve Access to Healthcare	Improve System Sustainability
Medical Transportation			Fatigue	Alternate delivery services	
Critical Care	Endorsements – Critical Care and Community Paramedicine				Define patient condition and/or skill levels for specialty care transport/ critical care
Rural EMS			Recruitment and Retention		
Trauma					
Human Resources Ad Hoc (to be created)			Workforce Resilience		
DEMS Staff		Partner with state and federal agencies Improve data sharing			

Prior to the April 18, 2018 Emergency Medical, Fire, and Transportation Services Board meeting, the various Committees received a briefing on the status of the plan and the projects that had been assigned to each Committee. The strategic plan, including committee assignments, was approved at the EMFTS Board meeting on April 18, 2018. Committees are currently reviewing, discussing, and working to implement the plan recommendations. The estimated implementation timeline is three to five years from approval (by 2021 – 2023), at which point the next strategic planning cycle will be underway.