



NOVEMBER 4, 2014

# LOS ANGELES COUNTY FIRE DEPARTMENT

## EMERGENCY MEDICAL SERVICES STRATEGIC PLAN



AS PRESENTED BY:



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## Emergency Medical Services Strategic Plan

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### DEPARTMENT TEAM ACKNOWLEDGEMENTS

The Fire Chief and Citygate Associates convened a number of work groups. All of the work groups had a part to play in the development of this plan.

#### *EMS ORGANIZATION, CLINICAL, TRAINING, QUALITY ASSURANCE, AND IMPROVEMENT*

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Los Angeles County Fire Department  
**Emergency Medical Services Strategic Plan**

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## CITYGATE TEAM ACKNOWLEDGMENTS

It has been a privilege and honor for the Citygate Team to be of service the Los Angeles County Fire Department!

Respectfully submitted, November 4, 2014

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# *Executive Summary*





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**OVERVIEW OF STRATEGIC PLAN**

Best practices for delivery of Emergency Medical Services (EMS) recommend that, before implementing a significant change in the design of an EMS system, the jurisdiction conducts a comprehensive analysis and plan.<sup>1</sup> The Los Angeles County Fire Department (Department) embarked on this planning effort after reaching the understanding that its legacy system of delivering paramedic care had been overtaken by changes in patient care standards, emergency incident volumes, a shift in focus from fire prevention to EMS in its emergency responses, and the organization's sheer size.

The Department began the planning process by developing an organization-wide strategic plan<sup>2</sup> which called for many initiatives that have an impact on the EMS program. In early 2014, the Department developed a conceptual strategic plan specifically for EMS and shared the key issues with the Honorable Board of Supervisors. The Fire Chief and the Board agreed that a deep re-engineering effort was needed to build out the plan and shape EMS to meet the challenges of the future. The effort was to include members from many functional areas of the Department and also use outside expert assistance to review the needs of the Department.

<sup>1</sup> NFPA 450 *Guide for Emergency Medical Services and Systems*, 2013 Edition, National Fire Protection Association. Quincy, MA.

<sup>2</sup> *Engineering Our Future*, Los Angeles County Fire Department Strategic Plan, 2013. Los Angeles, CA.



## Emergency Medical Services Strategic Plan

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Citygate Associates, LLC was contracted by the Department to examine all aspects of the Department's EMS program to improve operations. Six task forces were assembled composed of Departmental personnel and Citygate consultants with the responsibility of examining the EMS program in depth. The task forces were broken-down as follows:

- ◆ EMS Organization, Clinical, Training, Quality Assurance (QA), and Quality Improvement (QI)
- ◆ Fiscal / Capital
- ◆ Future Services / Best Practices
- ◆ Human Resources (HR) / Paramedic and Emergency Medical Technician (EMT) Survey
- ◆ Information Technology, Electronic Patient Care Records (ePCR) / Dispatch
- ◆ Strategic Planning Work Group

Each of these task forces developed draft work products that have been consolidated into this strategic plan. Separately, Citygate prepared an EMS organizational and operational report regarding its independent review of the Department's EMS program.

The strategic plan and organizational report are focused on reinvigorating the EMS program and providing it with direction and resources to improve operations.

### **STRATEGIC PLAN ELEMENTS**

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This strategic plan utilizes the *Applied Strategic Plan* (ASP) model.<sup>3</sup> This ASP model results in (1) a technical and actionable living plan that is constantly reviewed and modified over the plan's timeframe to meet new circumstances and changing situations, and (2) an internal Strategic Planning Work Group that can maintain and advocate the plan.

The following key elements were critical to the plan's development. Many of these elements are discussed in greater detail throughout the plan.

- ◆ **Values and Culture** – This plan accounts for culture and seeks to slowly modify it to more fully embrace the changes needed in a fire-based EMS system.
- ◆ **The EMS mission** – The mission statement (shown below) guided the development of the plan and serves to guide the organization as it carries out its mission.

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<sup>3</sup> Goodstein, Leonard, Timothy Nolan, and J. William Pfeiffer. Applied Strategic Planning, How to Develop a Plan that Really Works. McGraw – Hill, New York. 1993.



## Emergency Medical Services Strategic Plan

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*“Los Angeles County Fire Department EMS is committed to providing prompt, clinically skilled, and caring medical service to ensure positive outcomes for everyone, every time.”*

- ◆ **Strategic Business Modeling** – The Strategic Planning Work Group developed specific objectives to lead the organization from its present state to its future envisioned state.
- ◆ **Major Lines of Service** – During the planning process the planners developed three major focuses or “Major Lines of Service.”
  - Human Resources Development
  - Excellence in EMS
  - Program Support
- ◆ **Strategic Thrusts** – The planners identified internal changes the Department must make in its approach to EMS to successfully accomplish the requirements of the plan.
- ◆ **Performance Audit** – The performance audit provided a methodical approach to understanding the EMS system performance and any gaps that exist.
- ◆ **Gap Analysis and Closure** – Using the differences between the current state and the desired state identified in the performance audit, the gap analysis and closure identified the steps to close the gaps.
- ◆ **Integrated Action Plans** – The Integrated Action Plans were developed according to each Major Line of Service and include a general strategy, description of more specific goals, and then, through a series of objectives with timelines, a course of action for the Department.
- ◆ **Organization and Staffing** – A sufficient organizational structure and staffing levels were determined to perform the work of the plan.
- ◆ **Environmental Monitoring** – During the course of any plan, conditions change and opportunities arise. Environmental monitoring is the process of ensuring that the plan is current as conditions change.

A more detailed explanation of the ASP model is in Appendix B.



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*Los Angeles County EMS*  
*Background*



LOS ANGELES  
COUNTY

187

Removal  
F.I.

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Quinn



Los Angeles County Fire Department  
**Emergency Medical Services Strategic Plan**



The Department was initially known as the Los Angeles County Forestry Department and Los Angeles County Fire Protection Districts. Stuart J. Flintham was selected by the Board of Supervisors to lead the new Department and was given the task to develop a program for fire prevention and firefighting for the County. Chief Flintham was able to meet that challenge and subsequently opened 30 Fire Prevention Districts to serve the cities and unincorporated areas of Los Angeles County.

Pioneering the unique hybrid of wildland and urban fire services, the Department has always been at the forefront of fire suppression techniques, equipment, technology, and viewed as a model for fire departments around the world.<sup>4</sup>

This is particularly true of the EMS program of the Department. While the history of fire-based EMS in the United States goes back into the late 1920s, it became professionalized in the 1960s, when firefighters began receiving medical care skills beyond basic first aid. The Department was one of the earliest to adopt a fire-based EMS model and its pioneering efforts led many other jurisdictions to follow in its footsteps.

The Department's EMS service delivery model has changed very little over the last 40 years. Consequently, it has outgrown the support and oversight needed to ensure the highest quality medical services. Currently, EMS incidents make up seventy-four percent of the call volume.

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<sup>4</sup> From the Los Angeles County Fire Department Emergency Medical Services Strategic Plan, updated November 11, 2013



## Emergency Medical Services Strategic Plan

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Fire Chief Daryl L. Osby stated, “I have the responsibility to ensure that the Department transforms how we provide emergency medical services that are medically current and relevant to our patients.”

The on-scene quality of EMS depends upon two factors: (1) the training, skill, and dedication of the Department’s first responders including the oversight of the responding fire captain; and (2) the support system that provides supplies and equipment, initial and ongoing training and education, and medical oversight.





# *How to Use This Plan*

FIRE DEPT.



Los Angeles County Fire Department  
**Emergency Medical Services Strategic Plan**

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**PLAN ORGANIZATION**

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The plan is organized as follows:

- ◆ Introductory sections (pages 1 – 18)
- ◆ Integrated Action Plans for each Major Line of Service (pages 19 – 100)
- ◆ Required Organization and Staffing section (pages 101 – 112)
- ◆ Appendices, containing supportive information

The heart of the plan is found in the Integrated Action Plans sections. These sections are organized in the following manner:

- ◆ **Major Lines of Service** – Three main focuses:
  - Human Resources Development
  - Excellence in EMS
  - Program Support
- ◆ **Strategies** – The six strategies in this plan are the major planning areas for the EMS program.
- ◆ **Goals** – For each of the strategies the Strategic Planning Work Group established individual goals. There are 28 goals identified in the plan.



## Emergency Medical Services Strategic Plan

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- ◆ **Objectives** – Objectives are the specific action items for each of the listed goals. The objectives are very specific, measurable, achievable, realistic, and have a time measure to include a start year and a completion year.
  - *Immediate* – objectives to be completed during the first two years of the plan
  - *Mid-range* – objectives to be completed during the third and fourth years of the plan
  - *Long-term* – objectives to be completed during the fifth and sixth year of the plan

As time passes, immediate objectives reach completion, mid-range objectives become immediate, and some long-term objectives become mid-range.

This information is written in a style similar to the sample on the following page to facilitate easy and rapid comprehension.<sup>5</sup>

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<sup>5</sup> Appendix B *Applied Strategic Plan Model and Processes* provides a more in-depth description of the planning process and the development of specific goals and objectives.



Los Angeles County Fire Department  
**Emergency Medical Services Strategic Plan**

**YOUR ARE HERE:**

**Strategy 1A Sample Strategy**

Goal 1A.1 Sample Goal

**1. HUMAN RESOURCES DEVELOPMENT**

- Strategy 1A
  - Goal 1A.1
  - Goal 1A.2
  - Goal 1A.3
- Strategy 1B
  - Goal 1B.1
  - Goal 1B.2
  - Goal 1B.3

**2. EXCELLENCE IN EMS**

- Strategy 2C
  - Goal 2C.1
  - Goal 2C.2
  - Goal 2C.3
  - Goal 2C.4
  - Goal 2C.5
  - Goal 2C.6
- Strategy 2D
  - Goal 2D.1
  - Goal 2D.2
  - Goal 2D.3
  - Goal 2D.4
  - Goal 2D.5
  - Goal 2D.6
  - Goal 2D.7
  - Goal 2D.8

**3. PROGRAM SUPPORT**

- Strategy 3E
  - Goal 3E.1
  - Goal 3E.2
  - Goal 3E.3
  - Goal 3E.4
  - Goal 3E.5
- Strategy 3F
  - Goal 3F.1
  - Goal 3F.2
  - Goal 3F.3

*This sidebar is present to help the reader in identifying his or her location in the Strategic Plan.*

Major Line of Service

**1**

**SAMPLE MAJOR LINE OF SERVICE**

***Strategy 1A Sample Strategy***

***Goal 1A.1 Sample Goal***

***Specific Line of Service***

Describes the ideal future of the Department specifying the service the Department plans to operate in the target year.

***Critical Success Indicators***

Benchmark measures used to determine the status of the organization's efforts to meet the anticipated performance of the specific line of service.

***Strategic Thrusts***

Internal changes or improvements to the organization that are required for the plan to succeed. There are four strategic thrusts in this plan; one or more apply to each goal.

***Impact on Culture***

A description of how completion of the goal will impact the culture, and how the existing culture may or may not support the goal.



# Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 1A Sample Strategy**

Goal 1A.1 Sample Goal

**1. HUMAN RESOURCES DEVELOPMENT**

- Strategy 1A
  - Goal 1A.1
  - Goal 1A.2
  - Goal 1A.3
- Strategy 1B
  - Goal 1B.1
  - Goal 1B.2
  - Goal 1B.3

**2. EXCELLENCE IN EMS**

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  - Goal 3F.2
  - Goal 3F.3

*This sidebar is present to help the reader in identifying his or her location in the Strategic Plan.*

**Goal**

Long-term continuous strategic areas that move the Department to the realization of its mission statement.

**Objectives**

Specific components of the overall goal that provide the framework for staff to take action in a coordinated Department supported plan. They are displayed in tables such as this:

Objectives	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
X2.1 Collect data on how training hours based on delivery method, average out over 24 months. <i>Starts in year 2 and continues.</i>						
X2.2 Review data on licenses lost or suspended. <i>Completed in year 1 and repeated in year 5.</i>						
X2.3 Determine financial impact with increased staff level. <i>Completed in year 1.</i>						
X2.4 Move to a system where individuals are more accountable for their own continuing education and recertification. <i>Starts in year 3 and continues.</i>						

The timeframe color code is as follows:

- ◆ Starting in years 1 or 2 – **maroon**
- ◆ Starting in years 3 or 4 – **green**
- ◆ Starting in years 5 or 6 – **blue**

The comments in red are to explain the timelines for each objective.



Los Angeles County Fire Department  
**Emergency Medical Services Strategic Plan**

*THE PLAN'S MAJOR LINES OF SERVICE, STRATEGIES, GOALS, AND ORGANIZATION*

The principal parts of the plan are summarized below and consist of the three Major Lines of Service and the EMS Bureau organizational staffing changes with associated costs needed to carry out the plan.

**Three Major Lines of Service**

<b>Major Line of Service</b>	<b>1</b>	<b>Human Resources Development</b>
<b>Strategy 1A</b>		<b>Recruitment and Retention</b>
	Goal 1A.1	Develop EMS Marketing for New Hires
	Goal 1A.2	Modify Recruitment Testing Process
	Goal 1A.3	Reduce Non-Volunteers for Paramedic Training
<b>Strategy 1B</b>		<b>Training and Education</b>
	Goal 1B.1	Improve New-Hire Training
	Goal 1B.2	Develop a More Comprehensive Continuing Education Program
	Goal 1B.3	Develop Supervisor Education Program
<b>Major Line of Service</b>	<b>2</b>	<b>Excellence in EMS</b>
<b>Strategy 2C</b>		<b>Continuous Quality Improvement</b>
	Goal 2C.1	Recognize Systematic Trends and Deficiencies or Exemplariness
	Goal 2C.2	Implement Preventative and Corrective Action in a Timely Manner
	Goal 2C.3	Monitor Implemented Actions to Ensure Effectiveness and System Improvement
	Goal 2C.4	Determine Research-Guided Best Practices
	Goal 2C.5	Develop and Deliver ePCR Training
	Goal 2C.6	Improve Team Performance Through the Use of EMS Checklists
<b>Strategy 2D</b>		<b>Improved Service Delivery</b>
	Goal 2D.1	Coordinate EMS Fee Design, Acceptance, and Implementation
	Goal 2D.2	Adopt Just Culture
	Goal 2D.3	Implement Tiered Dispatching with a CQI Process Tied to the Field Care CQI Process
	Goal 2D.4	Coordinate Safety Intelligence Reporting System Training and Implementation
	Goal 2D.5	Develop an Investigation Process
	Goal 2D.6	Utilize a Paramedic Assessment Unit
	Goal 2D.7	Conduct a Departmental Delivery Model Review
	Goal 2D.8	Utilize Electronic Incident and Patient Care Information for System Planning and Performance Monitoring



Los Angeles County Fire Department  
**Emergency Medical Services Strategic Plan**

<b>Major Line of Service</b>	<b>3</b>	<b>Program Support</b>
<b>Strategy 3E</b>	<b>Logistical Support</b>	
	Goal 3E.1	Modernize the Entire Logistics Chain
	Goal 3E.2	Maintain Adequate EMS Inventory
	Goal 3E.3	Adopt Electronic EMS Ordering System
	Goal 3E.4	Revamp the Controlled Drugs Management System
	Goal 3E.5	Provide Adequate EMS Staff Support
<b>Strategy 3F</b>	<b>Marketing the EMS Program</b>	
	Goal 3F.1	Develop and Maintain an EMS Marketing Program for Internal Stakeholders
	Goal 3F.2	Develop and Maintain an EMS Marketing Program for the Public
	Goal 3F.3	Develop and Maintain an EMS Marketing Program for Cooperators <sup>6</sup>

**Organization Structure**

<b>4 EMS Bureau Required Organization and Staffing</b>
<b>Proposed Organization of the EMS Bureau</b>
<b>Phasing in the Staffing of the Organization</b>

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<sup>6</sup> Cooperators includes all of the organizations that cooperate in the EMS delivery system, including hospitals, ambulance companies, clinics, mutual aid departments, oversight organizations, paramedic schools, etc.





*Major Line of Service 1*

*HUMAN RESOURCES*

*DEVELOPMENT*

*Integrated Action Plans*



## Emergency Medical Services Strategic Plan

### YOUR ARE HERE:

#### Strategy 1A Recruitment and Retention

#### 1. HUMAN RESOURCES DEVELOPMENT

- Strategy 1A
  - Goal 1A.1
  - Goal 1A.2
  - Goal 1A.3
- Strategy 1B
  - Goal 1B.1
  - Goal 1B.2
  - Goal 1B.3

#### 2. EXCELLENCE IN EMS

- Strategy 2C
  - Goal 2C.1
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  - Goal 3F.1
  - Goal 3F.2
  - Goal 3F.3

Major Line of  
Service

# 1

## HUMAN RESOURCES DEVELOPMENT *INTEGRATED ACTION PLANS*

### *Strategy 1A Recruitment and Retention*



#### *Desired Outcomes*

The Department will be recognized as a high-performing team that fosters a culture of inclusion. The team will pursue workforce excellence and capitalize on each employee's strengths while respecting individual differences.

The Department will strive to attract individuals who have demonstrated an interest and aptitude in EMS, and to retain and promote those ideal EMT/paramedics dedicated to performing our EMS mission in pursuit of workforce excellence.



## Emergency Medical Services Strategic Plan

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### YOUR ARE HERE:

#### **Strategy 1A Recruitment and Retention**

This effort will be coordinated with the Strategy 1B – Training and Education, Strategy 3E – Logistical Support, and Strategy 3F – Marketing.

### **1. HUMAN RESOURCES DEVELOPMENT**

#### Strategy 1A

- Goal 1A.1
- Goal 1A.2
- Goal 1A.3

#### Strategy 1B

- Goal 1B.1
- Goal 1B.2
- Goal 1B.3

### **2. EXCELLENCE IN EMS**

#### Strategy 2C

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### **3. PROGRAM SUPPORT**

#### Strategy 3E

- Goal 3E.1
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- Goal 3E.4
- Goal 3E.5

#### Strategy 3F

- Goal 3F.1
- Goal 3F.2
- Goal 3F.3



## Emergency Medical Services Strategic Plan

### YOUR ARE HERE:

#### Strategy 1A Recruitment and Retention

Goal 1A.1 Develop  
EMS Marketing for New  
Hires

### 1. HUMAN RESOURCES DEVELOPMENT

Strategy 1A  
Goal 1A.1  
Goal 1A.2  
Goal 1A.3

Strategy 1B  
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Strategy 3F  
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Goal 3F.2  
Goal 3F.3

## Goal 1A.1 Develop EMS Marketing for New Hires

### *Specific Line of Service*

Modify selection and hiring process of new personnel to reflect the values of the organization and its future and focus on the increasing importance of fire-based EMS. This is necessary since the Department hires 80 to 120 new firefighters each year. This process will require a 30-year investment in HR. Effective marketing will attract the right individuals for the next steps in the hiring process.

This effort will be coordinated with Strategy 3F – Marketing.

### *Critical Success Indicators*

- ◆ Recruitment materials reflect the EMS mindset of the Department and its dual-function fire-based EMS model.
- ◆ There is an increase in the number of licensed paramedics and certified EMT recruits hired.
- ◆ The stature of fire-based EMS service delivery in the Department is elevated.
- ◆ There is an increased focus on the EMS team led by a captain serving as the team supervisor, coordinating service delivery by paramedics and EMTs who provide definitive treatment.
- ◆ There is an increase in the number of paramedic school volunteers and a reduction in the number of employees that are drafted.
- ◆ The process utilizes the Department’s Internet page and the Department/Division Facebook and Twitter accounts to celebrate our EMS mission.
- ◆ The Internet is utilized to increase the transparency of the EMS organization.

### *Strategic Thrusts*

- ◆ Become an Information-Driven Organization
- ◆ Use Technology Appropriately to Achieve Efficiencies



# Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 1A  
Recruitment and  
Retention**

Goal 1A.1 Develop  
EMS Marketing for New  
Hires

**1. HUMAN RESOURCES  
DEVELOPMENT**

- Strategy 1A
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  - Goal 3E.4
  - Goal 3E.5
- Strategy 3F
  - Goal 3F.1
  - Goal 3F.2
  - Goal 3F.3

*Impact on Culture*

Initially, there might be some resistance by Department personnel, but eventually this will have a positive impact on the culture. As this happens, the staff will be supportive.

*Goal*

To attract individuals who have demonstrated an interest and aptitude in EMS and to retain those exemplary EMT/paramedics dedicated to performing the EMS mission. Although this will require additional funds, this will reduce future expenditures for initial paramedic and EMT training. If the Department could increase paramedic tenure by one year, estimated savings could be as high as \$9 million.<sup>7</sup>

Marketing will attract the right individuals for the next steps in the hiring process. This goal will boost the Department’s ability to attract individuals who possess an interest in EMS.

Objectives	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
1A.1.1 Develop a budget for the Recruitment Unit.	█					
1A.1.2 Identify a funding source.	█					
1A.1.3 Budget funds for one (1) Intermediate Typist Clerk (ITC).	█					
1A.1.4 Budget funds for supplies.	█	█	█	█	█	█
1A.1.5 Identify office space for ITC.	█	█	█	█	█	█
1A.1.6 Acquire equipment for ITC.	█	█	█	█	█	█
1A.1.7 Hire one (1) ITC.	█	█	█	█	█	█
1A.1.8 Train the ITC.	█	█	█	█	█	█

<sup>7</sup> The average cost to train a paramedic is \$150,000 including backfill and overtime. At 60-80 paramedics per year, this totals \$9 to 12 million.



# Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 1A  
Recruitment and  
Retention**

Goal 1A.1 Develop  
EMS Marketing for New  
Hires

**1. HUMAN RESOURCES  
DEVELOPMENT**

Strategy 1A  
Goal 1A.1  
Goal 1A.2  
Goal 1A.3

Strategy 1B  
Goal 1B.1  
Goal 1B.2  
Goal 1B.3

**2. EXCELLENCE IN EMS**

Strategy 2C  
Goal 2C.1  
Goal 2C.2  
Goal 2C.3  
Goal 2C.4  
Goal 2C.5  
Goal 2C.6

Strategy 2D  
Goal 2D.1  
Goal 2D.2  
Goal 2D.3  
Goal 2D.4  
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Goal 2D.6  
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**3. PROGRAM SUPPORT**

Strategy 3E  
Goal 3E.1  
Goal 3E.2  
Goal 3E.3  
Goal 3E.4  
Goal 3E.5

Strategy 3F  
Goal 3F.1  
Goal 3F.2  
Goal 3F.3

Objectives	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
1A.1.9 Collaborate with the Marketing Department for advertising.						



## Emergency Medical Services Strategic Plan

### YOUR ARE HERE:

#### Strategy 1A Recruitment and Retention

Goal 1A.2 Modify  
Recruitment Testing  
Process

### 1. HUMAN RESOURCES DEVELOPMENT

Strategy 1A  
Goal 1A.1  
Goal 1A.2  
Goal 1A.3

Strategy 1B  
Goal 1B.1  
Goal 1B.2  
Goal 1B.3

### 2. EXCELLENCE IN EMS

Strategy 2C  
Goal 2C.1  
Goal 2C.2  
Goal 2C.3  
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Goal 2C.6

Strategy 2D  
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Goal 2D.4  
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### 3. PROGRAM SUPPORT

Strategy 3E  
Goal 3E.1  
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Goal 3E.3  
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Goal 3E.5

Strategy 3F  
Goal 3F.1  
Goal 3F.2  
Goal 3F.3

## Goal 1A.2 Modify Recruitment Testing Process

### *Specific Line of Service*

Modify the recruitment process to reflect the desire for personnel with a background in and an affinity for EMS. Trained and licensed paramedics are the most preferred, followed by certified EMTs.

### *Critical Success Indicators*

- ◆ Testing will require at least an EMT certification and award extra credit/points to the overall score for paramedic licensure, or classes taken such as ethics and leadership.
- ◆ There is an increased percentage of licensed paramedic hires; a 30-50 percent increase will result in only one class required per year, resulting in savings.
- ◆ The testing process equally evaluates all of the critical qualifications. Requirements are based on the job analysis. Selective certification candidate pools (e.g., EMT, non-EMT, Paramedic, Firefighter 1) are developed and are used for hiring purposes.

### *Strategic Thrusts*

- ◆ Become an Information-Driven Organization
- ◆ Develop into a Demographically-Sensitive Organization
- ◆ Use Technology Appropriately to Achieve Efficiencies
- ◆ Maintain a High Level of Paramedic Experience for Excellence in Patient Care

### *Impact on Culture*

Once the process incorporates more paramedics and EMTs into the system, the number of individuals drafted and mandated to attend a paramedic-training program will be reduced. The staff should respond favorably.

### *Goal*

To increase the hiring of medically-focused and public-service-driven individuals who have already developed a background in EMS, saving the





## Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 1A  
Recruitment and Retention**

Goal 1A.2 Modify Recruitment Testing Process

**1. HUMAN RESOURCES DEVELOPMENT**

- Strategy 1A
  - Goal 1A.1
  - Goal 1A.2
  - Goal 1A.3
- Strategy 1B
  - Goal 1B.1
  - Goal 1B.2
  - Goal 1B.3

**2. EXCELLENCE IN EMS**

- Strategy 2C
  - Goal 2C.1
  - Goal 2C.2
  - Goal 2C.3
  - Goal 2C.4
  - Goal 2C.5
  - Goal 2C.6
- Strategy 2D
  - Goal 2D.1
  - Goal 2D.2
  - Goal 2D.3
  - Goal 2D.4
  - Goal 2D.5
  - Goal 2D.6
  - Goal 2D.7
  - Goal 2D.8

**3. PROGRAM SUPPORT**

- Strategy 3E
  - Goal 3E.1
  - Goal 3E.2
  - Goal 3E.3
  - Goal 3E.4
  - Goal 3E.5
- Strategy 3F
  - Goal 3F.1
  - Goal 3F.2
  - Goal 3F.3

Department money on initial training in the recruit and paramedic programs. If the recruitment testing process was more focused on individuals with an interest EMS, the need to “draft” firefighters to attend paramedic training would be reduced. Additionally, drafted paramedics typically have less success completing the curriculum, thus increasing costs for replacements.

Objectives	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
1A.2.1 Work with HR to rewrite the job description.			■			
1A.2.2 Work with HR to develop a new job bulletin that reflects desired qualifications.			■	■	■	■
1A.2.3 Work with HR to rewrite the entry-level test to fit the new job description.			■	■	■	■
1A.2.4 Change the scoring weight and content of the oral exam.			■	■	■	■
1A.2.5 Change the scoring weight of the written exam.			■	■	■	■
1A.2.6 Utilize the new testing process.			■	■	■	■
1A.2.7 Verify results to determine success.			■	■	■	■



## Emergency Medical Services Strategic Plan

### YOUR ARE HERE:

#### Strategy 1A Recruitment and Retention

Goal 1A.3 Reduce  
Non-Volunteers for  
Paramedic Training

### 1. HUMAN RESOURCES DEVELOPMENT

Strategy 1A  
Goal 1A.1  
Goal 1A.2  
Goal 1A.3

Strategy 1B  
Goal 1B.1  
Goal 1B.2  
Goal 1B.3

### 2. EXCELLENCE IN EMS

Strategy 2C  
Goal 2C.1  
Goal 2C.2  
Goal 2C.3  
Goal 2C.4  
Goal 2C.5  
Goal 2C.6

Strategy 2D  
Goal 2D.1  
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Goal 2D.7  
Goal 2D.8

### 3. PROGRAM SUPPORT

Strategy 3E  
Goal 3E.1  
Goal 3E.2  
Goal 3E.3  
Goal 3E.4  
Goal 3E.5

Strategy 3F  
Goal 3F.1  
Goal 3F.2  
Goal 3F.3

## Goal 1A.3 Reduce Non-Volunteers for Paramedic Training

### *Specific Line of Service*

Achieve a reduction in the number of firefighters required/mandated to attend paramedic training. This is needed since currently a sizable number of the candidates for paramedic training in the Department are not volunteers (as much as 50 percent). This is costly, disruptive to morale, and decreases the skill and experience level of paramedics.

### *Critical Success Indicators*

- ◆ The amount of time a paramedic needs to remain in a post-position is increased, i.e., the Firefighter Specialist promotional timeline is increased to five (5) years.
- ◆ Probation periods for new paramedics have been adjusted appropriately to reflect needs associated with providing safe and effective patient care.
- ◆ There will be a paramedic-only recruit class a minimum of once a year (for 40 people) to reduce the amount of time they are in the training program. This eliminates EMT training from the recruit training cycle.
- ◆ More paramedic alternate model positions exist in the Department.
- ◆ The probationary assignment and permanent bid processes have been modified to allow skill development by movement to and from different station areas.

### *Strategic Thrusts*

- ◆ Become an Information-Driven Organization
- ◆ Develop into a Demographically-Sensitive Organization
- ◆ Use Technology Appropriately to Achieve Efficiencies
- ◆ Maintain a High Level of Paramedic Experience for Excellence in Patient Care



# Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 1A  
Recruitment and  
Retention**

Goal 1A.3 Reduce  
Non-Volunteers for  
Paramedic Training

**1. HUMAN RESOURCES  
DEVELOPMENT**

- Strategy 1A
  - Goal 1A.1
  - Goal 1A.2
  - Goal 1A.3

- Strategy 1B
  - Goal 1B.1
  - Goal 1B.2
  - Goal 1B.3

**2. EXCELLENCE IN EMS**

- Strategy 2C
  - Goal 2C.1
  - Goal 2C.2
  - Goal 2C.3
  - Goal 2C.4
  - Goal 2C.5
  - Goal 2C.6

- Strategy 2D
  - Goal 2D.1
  - Goal 2D.2
  - Goal 2D.3
  - Goal 2D.4
  - Goal 2D.5
  - Goal 2D.6
  - Goal 2D.7
  - Goal 2D.8

**3. PROGRAM SUPPORT**

- Strategy 3E
  - Goal 3E.1
  - Goal 3E.2
  - Goal 3E.3
  - Goal 3E.4
  - Goal 3E.5

- Strategy 3F
  - Goal 3F.1
  - Goal 3F.2
  - Goal 3F.3

*Impact on Culture*

This action will make it very clear that the Department is committed to reducing the “burden” of mandated training on those who do not want it. The impact should be positive.

*Goal*

To reduce or eliminate the number of draftees into paramedic school by hiring candidates who already possess a paramedic license. Currently, the Department spends approximately \$9 million per year on paramedic training for approximately 60 firefighters. Any reduction in the number of paramedic trainees results in additional funds being available for the Department’s other needs.

This goal will be better achieved through more effective workforce planning in terms of estimating future paramedic staffing requirements. About 12 percent of the 691 current paramedics were drafted. With better efforts to predict paramedic-staffing needs, based on thorough analysis of data trends, the need to draft employees into paramedic training will be significantly reduced.

Objectives	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
1A.3.1 Develop a licensed paramedic-only recruit academy with HR assistance.			█			
1A.3.2 Negotiate with Local 1014 on paramedic reactivation limitation to 6 months of probation.		█				
1A.3.3 Coordinate with the Training Services Section (TSS) to develop a paramedic-only curriculum for the academy.			█			



## Emergency Medical Services Strategic Plan

### YOUR ARE HERE:

#### Strategy 1B Training and Education

## *Strategy 1B Training and Education*

### 1. HUMAN RESOURCES DEVELOPMENT

#### Strategy 1A

- Goal 1A.1
- Goal 1A.2
- Goal 1A.3

#### Strategy 1B

- Goal 1B.1
- Goal 1B.2
- Goal 1B.3

### 2. EXCELLENCE IN EMS

#### Strategy 2C

- Goal 2C.1
- Goal 2C.2
- Goal 2C.3
- Goal 2C.4
- Goal 2C.5
- Goal 2C.6

#### Strategy 2D

- Goal 2D.1
- Goal 2D.2
- Goal 2D.3
- Goal 2D.4
- Goal 2D.5
- Goal 2D.6
- Goal 2D.7
- Goal 2D.8

### 3. PROGRAM SUPPORT

#### Strategy 3E

- Goal 3E.1
- Goal 3E.2
- Goal 3E.3
- Goal 3E.4
- Goal 3E.5

#### Strategy 3F

- Goal 3F.1
- Goal 3F.2
- Goal 3F.3



### *Desired Outcomes*

The Department will be an exemplary organization acclaimed for its national reputation, regional strength, and hometown attentiveness while providing fire protection and life safety services. All employees will have the necessary tools, learning opportunities, and leadership support to incorporate and demonstrate the core values in pursuit of exemplary public service delivery.

The Department will provide this training in addition to the ongoing specific paramedic and EMT skills development maintenance and the CQI process.

This strategy interfaces with Strategy 1A – Recruitment and Retention, and Strategy 3F – Improving Service Delivery.



## Emergency Medical Services Strategic Plan

### YOUR ARE HERE:

#### Strategy 1B Training and Education

Goal 1B.1 Improve New-Hire Training

### 1. HUMAN RESOURCES DEVELOPMENT

#### Strategy 1A

- Goal 1A.1
- Goal 1A.2
- Goal 1A.3

#### Strategy 1B

- Goal 1B.1
- Goal 1B.2
- Goal 1B.3

### 2. EXCELLENCE IN EMS

#### Strategy 2C

- Goal 2C.1
- Goal 2C.2
- Goal 2C.3
- Goal 2C.4
- Goal 2C.5
- Goal 2C.6

#### Strategy 2D

- Goal 2D.1
- Goal 2D.2
- Goal 2D.3
- Goal 2D.4
- Goal 2D.5
- Goal 2D.6
- Goal 2D.7
- Goal 2D.8

### 3. PROGRAM SUPPORT

#### Strategy 3E

- Goal 3E.1
- Goal 3E.2
- Goal 3E.3
- Goal 3E.4
- Goal 3E.5

#### Strategy 3F

- Goal 3F.1
- Goal 3F.2
- Goal 3F.3

## Goal 1B.1 Improve New-Hire Training

### *Specific Line of Service*

Institute and manage a firefighter recruit training program that increases awareness and preparation for delivering the EMS mission.

### *Critical Success Indicators*

- ◆ Recruitment focuses on firefighters that have a commitment to multi-level training (service delivery focus; EMS focus; linked EMS and fire training; face-to-face vs. online).
- ◆ The selection process for EMS instructors has been improved.
- ◆ An EMS evaluation process is incorporated into the 4-month and 10-month follow-ups (at a minimum).
- ◆ Assessment tools to evaluate the knowledge of EMS risk behaviors and skill performance are being utilized.

### *Strategic Thrusts*

- ◆ Develop into a Demographically-Sensitive Organization
- ◆ Maintain a High Level of Paramedic Experience for Excellence in Patient Care

### *Impact on Culture*

As these firefighters rise through the ranks, their influence on the culture will become more profound.

### *Goal*

To deliver a solid foundation of EMT training starting at the recruit level. As a result, new employees will appreciate the importance of the EMS program as an integral part of their duties as firefighters.



# Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 1B Training and Education**

Goal 1B.1 Improve New-Hire Training

**1. HUMAN RESOURCES DEVELOPMENT**

Strategy 1A

- Goal 1A.1
- Goal 1A.2
- Goal 1A.3

Strategy 1B

- Goal 1B.1
- Goal 1B.2
- Goal 1B.3

**2. EXCELLENCE IN EMS**

Strategy 2C

- Goal 2C.1
- Goal 2C.2
- Goal 2C.3
- Goal 2C.4
- Goal 2C.5
- Goal 2C.6

Strategy 2D

- Goal 2D.1
- Goal 2D.2
- Goal 2D.3
- Goal 2D.4
- Goal 2D.5
- Goal 2D.6
- Goal 2D.7
- Goal 2D.8

**3. PROGRAM SUPPORT**

Strategy 3E

- Goal 3E.1
- Goal 3E.2
- Goal 3E.3
- Goal 3E.4
- Goal 3E.5

Strategy 3F

- Goal 3F.1
- Goal 3F.2
- Goal 3F.3

Objectives	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
1B.1.1 Verify that current recruit EMT training is meeting "National Curriculum Standards."	■					
1B.1.2 Verify current EMT curriculum data to ensure best standards/objectives are being met.	■					
1B.1.3 Utilize EMT course evaluations from recent recruits to target any areas for improvement to curriculum.	■					
1B.1.4 Determine if providing a Department EMS training refresher to new hires possessing an EMT certification results in satisfactory EMT skill performance.		■				
1B.1.5 Determine if providing a Department EMS training refresher to new hires possessing an EMT certification results in a net financial benefit to the Department.		■				
1B.1.6 Audit EMT cadre qualifications to validate that we are meeting "National Standards."	■				■	
1B.1.7 Implement identified areas of weakness during audits/evaluations to be improved via education of instructors.		■				
1B.1.8 Implement a lesson plan that underscores our goal of "Empowering Positive Outcomes" as it pertains to EMS at the recruit level.	■					



## Emergency Medical Services Strategic Plan

### YOUR ARE HERE:

#### Strategy 1B Training and Education

Goal 1B.2 Develop a More Comprehensive Continuing Education Program

### 1. HUMAN RESOURCES DEVELOPMENT

#### Strategy 1A

- Goal 1A.1
- Goal 1A.2
- Goal 1A.3

#### Strategy 1B

- Goal 1B.1
- Goal 1B.2
- Goal 1B.3

### 2. EXCELLENCE IN EMS

#### Strategy 2C

- Goal 2C.1
- Goal 2C.2
- Goal 2C.3
- Goal 2C.4
- Goal 2C.5
- Goal 2C.6

#### Strategy 2D

- Goal 2D.1
- Goal 2D.2
- Goal 2D.3
- Goal 2D.4
- Goal 2D.5
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- Goal 2D.8

### 3. PROGRAM SUPPORT

#### Strategy 3E

- Goal 3E.1
- Goal 3E.2
- Goal 3E.3
- Goal 3E.4
- Goal 3E.5

#### Strategy 3F

- Goal 3F.1
- Goal 3F.2
- Goal 3F.3

## Goal 1B.2 Develop a More Comprehensive Continuing Education Program

### *Specific Line of Service*

Institute and manage a continuing education (CE) program for all personnel who either perform medical duties, or directly or generally supervise those who perform medical duties.

### *Critical Success Indicators*

Personnel in supervisory roles will be aware of challenges and appropriate resolutions as they occur and take the appropriate action.

- ◆ Training includes risk management issues to ensure personnel safety.
- ◆ Training includes real-life circumstances and situations when possible and appropriate.
- ◆ CE plans include lessons learned from the CQI process and current industry trends.
- ◆ Training reinforces basic customer service, ethics, and risk management issues.
- ◆ Training updates personnel on changes in medical practice, policies, and/or technology.
- ◆ Technical skills are maintained and/or improved.

### *Strategic Thrusts*

- ◆ Become an Information-Driven Organization
- ◆ Develop into a Demographically-Sensitive Organization
- ◆ Maintain a High Level of Paramedic Experience for Excellence in Patient Care

### *Impact on Culture*

Over time, this will have a positive impact as the value people place on the EMS program will increase.



# Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 1B Training and Education**

Goal 1B.2 Develop a More Comprehensive Continuing Education Program

**1. HUMAN RESOURCES DEVELOPMENT**

- Strategy 1A
  - Goal 1A.1
  - Goal 1A.2
  - Goal 1A.3
- Strategy 1B
  - Goal 1B.1
  - Goal 1B.2
  - Goal 1B.3

**2. EXCELLENCE IN EMS**

- Strategy 2C
  - Goal 2C.1
  - Goal 2C.2
  - Goal 2C.3
  - Goal 2C.4
  - Goal 2C.5
  - Goal 2C.6
- Strategy 2D
  - Goal 2D.1
  - Goal 2D.2
  - Goal 2D.3
  - Goal 2D.4
  - Goal 2D.5
  - Goal 2D.6
  - Goal 2D.7
  - Goal 2D.8

**3. PROGRAM SUPPORT**

- Strategy 3E
  - Goal 3E.1
  - Goal 3E.2
  - Goal 3E.3
  - Goal 3E.4
  - Goal 3E.5
- Strategy 3F
  - Goal 3F.1
  - Goal 3F.2
  - Goal 3F.3

*Goal*

To deliver a leadership development process for personnel in the EMS program. Also, to deliver skill-focused, data-driven, group-oriented CE using a combination of online and instructor-based training, and to focus on “lessons learned.”

Objectives	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
1B.2.1 Collect data on training hours based on delivery method average out over 24 months of CE received.		[Red bar]				
1B.2.2 Review data on licenses lost or suspended due to having less than minimum CE hours.	[Red bar]				[Blue bar]	
1B.2.3 Create on-line CE courses for frequently-used skills.		[Red bar]				
1B.2.4 Focus instructor lead CE on low-frequency / high-risk CE topics.		[Red bar]				
1B.2.5 Determine financial impact with an increased staffing level.	[Red bar]					
1B.2.6 Hire 18 Nurse Instructors.		[Red bar]				
1B.2.7 Identify sites for a “Regional” CE approach to training.		[Red bar]				
1B.2.8 Move to a system where individuals are more accountable for their CE and recertification.			[Green bar]			





## Emergency Medical Services Strategic Plan

### YOUR ARE HERE:

#### **Strategy 1B Training and Education**

Goal 1B.3 Develop Supervisor Education Program

### **1. HUMAN RESOURCES DEVELOPMENT**

#### Strategy 1A

- Goal 1A.1
- Goal 1A.2
- Goal 1A.3

#### Strategy 1B

- Goal 1B.1
- Goal 1B.2
- Goal 1B.3

### **2. EXCELLENCE IN EMS**

#### Strategy 2C

- Goal 2C.1
- Goal 2C.2
- Goal 2C.3
- Goal 2C.4
- Goal 2C.5
- Goal 2C.6

#### Strategy 2D

- Goal 2D.1
- Goal 2D.2
- Goal 2D.3
- Goal 2D.4
- Goal 2D.5
- Goal 2D.6
- Goal 2D.7
- Goal 2D.8

### **3. PROGRAM SUPPORT**

#### Strategy 3E

- Goal 3E.1
- Goal 3E.2
- Goal 3E.3
- Goal 3E.4
- Goal 3E.5

#### Strategy 3F

- Goal 3F.1
- Goal 3F.2
- Goal 3F.3

## **Goal 1B.3 Develop Supervisor Education Program**

### *Specific Line of Service*

Institute and manage a Department-based EMS supervisory education program for all personnel who directly supervise or generally supervise those who perform medical duties.

All captains and battalion chiefs will receive training on leadership and supervision of EMS personnel and incidents, including Mass Casualty Incidents (MCIs). Training will be consistent with the terminology and patterns of other firefighter leadership and supervisory training, and will include case reviews as part of the curricula.

### *Critical Success Indicators*

- ◆ Training for captains and battalion chiefs is included in probationary requirements. Training is completed as part of preparation for captain's promotion. Training will include:
  - EMS Leadership.
  - Mandatory EMS Updates.
- ◆ CE plans include lessons learned from the CQI process and current industry trends.
- ◆ Update supervisors/managers on changes in medical practice, policies, and/or technology.
- ◆ Training reinforces basic customer service, ethics, and risk management issues.
- ◆ Checklists are used as a means for supervisors to ensure appropriate medical care.
- ◆ Technical skills are maintained and/or improved.

### *Strategic Thrusts*

- ◆ Become an Information-Driven Organization
- ◆ Develop into a Demographically-Sensitive Organization



# Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 1B Training and Education**

Goal 1B.3 Develop Supervisor Education Program

**1. HUMAN RESOURCES DEVELOPMENT**

- Strategy 1A
  - Goal 1A.1
  - Goal 1A.2
  - Goal 1A.3
- Strategy 1B
  - Goal 1B.1
  - Goal 1B.2
  - Goal 1B.3

**2. EXCELLENCE IN EMS**

- Strategy 2C
  - Goal 2C.1
  - Goal 2C.2
  - Goal 2C.3
  - Goal 2C.4
  - Goal 2C.5
  - Goal 2C.6
- Strategy 2D
  - Goal 2D.1
  - Goal 2D.2
  - Goal 2D.3
  - Goal 2D.4
  - Goal 2D.5
  - Goal 2D.6
  - Goal 2D.7
  - Goal 2D.8

**3. PROGRAM SUPPORT**

- Strategy 3E
  - Goal 3E.1
  - Goal 3E.2
  - Goal 3E.3
  - Goal 3E.4
  - Goal 3E.5
- Strategy 3F
  - Goal 3F.1
  - Goal 3F.2
  - Goal 3F.3

*Impact on Culture*

Since these are positions of leadership and authority, there should be a more immediate impact on culture change than there will be through firefighter training. Combining supervisor education with firefighter training should have a profound effect on the cultural view of EMS in the Department.

*Goal*

To deliver a leadership development process in the EMS program by incorporating a mentoring program for personnel that are responsible for direct or indirect supervision of EMS field operations. This is to be accomplished through the use of professional leadership courses and mentors.

Objectives	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
1B.3.1 Identify common supervisory issues that arise regarding EMS operations.	■				■	
1B.3.2 Work with the TSS to institute a portion of the captain’s academy focused on EMS field operations.	■					
1B.3.3 Create flow charts for supervisory use during mid-month and month-end reviews of EMS-related forms.	■		■			
1B.3.4 Create a training program that encourages battalion chiefs and captains to review EMS-related documents in operations.	■		■			
1B.3.5 Train supervisors on the use of checklists to ensure appropriate patient care.	■		■			
1B.3.6 Provide operations battalion chiefs with collected data to identify successes and problems to focus training.			■			
1B.3.7 Create shift/battalion field case review training to be attended by battalion chiefs and captains.			■			
1B.3.8 Identify the need for a battalion chief’s academy with focus on EMS operations.			■			



*Major Line of Service 2*

***EXCELLENCE IN EMS***

*Integrated Action Plans*



## Emergency Medical Services Strategic Plan

### YOUR ARE HERE:

Strategy 2C  
Continuous Quality  
Improvement

#### 1. HUMAN RESOURCES DEVELOPMENT

- Strategy 1A
  - Goal 1A.1
  - Goal 1A.2
  - Goal 1A.3
- Strategy 1B
  - Goal 1B.1
  - Goal 1B.2
  - Goal 1B.3

#### 2. EXCELLENCE IN EMS

- Strategy 2C
  - Goal 2C.1
  - Goal 2C.2
  - Goal 2C.3
  - Goal 2C.4
  - Goal 2C.5
  - Goal 2C.6
- Strategy 2D
  - Goal 2D.1
  - Goal 2D.2
  - Goal 2D.3
  - Goal 2D.4
  - Goal 2D.5
  - Goal 2D.6
  - Goal 2D.7
  - Goal 2D.8

#### 3. PROGRAM SUPPORT

- Strategy 3E
  - Goal 3E.1
  - Goal 3E.2
  - Goal 3E.3
  - Goal 3E.4
  - Goal 3E.5
- Strategy 3F
  - Goal 3F.1
  - Goal 3F.2
  - Goal 3F.3

Major Line of  
Service

# 2

## EXCELLENCE IN EMS *INTEGRATED ACTION PLANS*

### *Strategy 2C Continuous Quality Improvement*



#### *Desired Outcomes*

The Department will have the foundational strategies it needs to go from where it is today to where it expects to be in the future. Information technology projects, resources, and funding are aligned with the Department's strategic efforts and have full executive support.

Systematic and continuous actions will lead to measurable improvement viewed as "value added" instead of performance management.



## Emergency Medical Services Strategic Plan

### YOUR ARE HERE:

#### **Strategy 2C Continuous Quality Improvement**

#### **1. HUMAN RESOURCES DEVELOPMENT**

- Strategy 1A
  - Goal 1A.1
  - Goal 1A.2
  - Goal 1A.3
- Strategy 1B
  - Goal 1B.1
  - Goal 1B.2
  - Goal 1B.3

#### **2. EXCELLENCE IN EMS**

- Strategy 2C
  - Goal 2C.1
  - Goal 2C.2
  - Goal 2C.3
  - Goal 2C.4
  - Goal 2C.5
  - Goal 2C.6
- Strategy 2D
  - Goal 2D.1
  - Goal 2D.2
  - Goal 2D.3
  - Goal 2D.4
  - Goal 2D.5
  - Goal 2D.6
  - Goal 2D.7
  - Goal 2D.8

#### **3. PROGRAM SUPPORT**

- Strategy 3E
  - Goal 3E.1
  - Goal 3E.2
  - Goal 3E.3
  - Goal 3E.4
  - Goal 3E.5
- Strategy 3F
  - Goal 3F.1
  - Goal 3F.2
  - Goal 3F.3

At the cornerstone of every quality EMS program is a focus on CQI. This strategy provides a positive emphasis on CQI so that it is an ongoing and integral part of the Department EMS program and can be routinely accessed by the EMTs and paramedics to assist them in improving their field medical performance.

This year the Department is also required to implement the Safety Intelligence (SI), web-based, risk management electronic reporting process. The desired outcome is that Department personnel will self-report incidents that resulted in or could have possibly resulted in a negative patient outcome.

The self-reporting is not a means for punitive actions; it is intended to educate the workforce on process failures and to allow necessary corrective actions to be taken to improve outcomes while reducing risk.

The Department will also have the necessary infrastructure to constantly determine research-guided best practices in EMS medical practice and integrate those best practices into current patient care delivery and the supporting Department policies, procedures, education and training.

This strategy interfaces with Strategy 1B – Education and Training, Strategy 2D – Improving Service Delivery, Strategy 3E – Logistical Support, and Strategy 3F – Marketing.



## Emergency Medical Services Strategic Plan

### YOUR ARE HERE:

#### Strategy 2C Continuous Quality Improvement

Goal 2C.1 Recognize  
Systematic Trends and  
Deficiencies or  
Exemplariness

### 1. HUMAN RESOURCES

#### DEVELOPMENT

#### Strategy 1A

- Goal 1A.1
- Goal 1A.2
- Goal 1A.3

#### Strategy 1B

- Goal 1B.1
- Goal 1B.2
- Goal 1B.3

### 2. EXCELLENCE IN EMS

#### Strategy 2C

- Goal 2C.1
- Goal 2C.2
- Goal 2C.3
- Goal 2C.4
- Goal 2C.5
- Goal 2C.6

#### Strategy 2D

- Goal 2D.1
- Goal 2D.2
- Goal 2D.3
- Goal 2D.4
- Goal 2D.5
- Goal 2D.6
- Goal 2D.7
- Goal 2D.8

### 3. PROGRAM SUPPORT

#### Strategy 3E

- Goal 3E.1
- Goal 3E.2
- Goal 3E.3
- Goal 3E.4
- Goal 3E.5

#### Strategy 3F

- Goal 3F.1
- Goal 3F.2
- Goal 3F.3

## Goal 2C.1 Recognize Systematic Trends and Deficiencies or Exemplariness

### *Specific Line of Service*

Institute and manage a program that recognizes systemic trends and deficiencies or exemplariness in the EMS program. The CQI system involves the entire continuum of care from the time the call is received until the patient is transferred to another entity or the responding resource is released from the incident. This includes the dispatch system, on-scene treatment, on-scene supervision, treatment during transport, interface with the receiving transportation unit or hospital, as well as general management and leadership of the organization, its policies, and its procedures.

### *Critical Success Indicators*

Establish or continue the following processes, which provide the types of information required:

- ◆ Peer review of EMS report forms is an ongoing component of the QI/Education process.
- ◆ Information sharing occurs at the QI Work Groups.
- ◆ Data is collected for specific and non-specific QI indicators and is used in creating/modifying training plans and calendars.
- ◆ Department and division-wide indicators are monitored and evaluated routinely.
- ◆ Top 10 call types are used to develop key performance indicators (KPI).
- ◆ Adequate staff is available to perform identified functions on a full-time basis.

### *Strategic Thrusts*

- ◆ Become an Information-Driven Organization
- ◆ Use Technology Appropriately to Achieve Efficiencies
- ◆ Maintain a High Level of Paramedic Experience for Excellence in Patient Care.



# Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 2C  
Continuous Quality  
Improvement**

Goal 2C.1 Recognize Systematic Trends and Deficiencies or Exemplariness

**1. HUMAN RESOURCES**

**DEVELOPMENT**

Strategy 1A

- Goal 1A.1
- Goal 1A.2
- Goal 1A.3

Strategy 1B

- Goal 1B.1
- Goal 1B.2
- Goal 1B.3

**2. EXCELLENCE IN EMS**

Strategy 2C

- Goal 2C.1
- Goal 2C.2
- Goal 2C.3
- Goal 2C.4
- Goal 2C.5
- Goal 2C.6

Strategy 2D

- Goal 2D.1
- Goal 2D.2
- Goal 2D.3
- Goal 2D.4
- Goal 2D.5
- Goal 2D.6
- Goal 2D.7
- Goal 2D.8

**3. PROGRAM SUPPORT**

Strategy 3E

- Goal 3E.1
- Goal 3E.2
- Goal 3E.3
- Goal 3E.4
- Goal 3E.5

Strategy 3F

- Goal 3F.1
- Goal 3F.2
- Goal 3F.3

*Impact on Culture*

As long as the CQI strategy is conducted in a constructive and positive manner the culture will come to embrace it.

*Goal*

To identify trends of concerns, outliers, and opportunities for training to improve outcomes. The intent of CQI is both internal and external to the Department. The CQI program is also the collection of actions and reports that should reflect how well the Department is complying with patient care expectations of the community and local and State agencies. The CQI program compares Department performance with accepted and established expectations, standards, guidelines, and policies of the Los Angeles County EMS community.

Objectives	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
2C.1.1 Collect and organize data that is current, accurate, complete, and amenable to translation to "actionable information." In the future, most should be done electronically (ePCR), but can be done as needed by hand. In the meantime, take advantage of current data, such as Firemed Pro and National Fire Incident Reporting System (NFIRS) reports.						
2C.1.2 Create actionable information (canned reports) automatically that characterize performance of our EMS delivery system in a time frame consistent with any needed improvement efforts.						
2C.1.3 Identify top 10 call types and select State EMS Core Measures that represent our top 10 call types. Communicate these key expectations to all Department EMS personnel. ePCR features will drive much of this.						





# Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 2C  
Continuous Quality  
Improvement**

Goal 2C.1 Recognize Systematic Trends and Deficiencies or Exemplariness

**1. HUMAN RESOURCES**

**DEVELOPMENT**

Strategy 1A

Goal 1A.1

Goal 1A.2

Goal 1A.3

Strategy 1B

Goal 1B.1

Goal 1B.2

Goal 1B.3

**2. EXCELLENCE IN EMS**

Strategy 2C

Goal 2C.1

Goal 2C.2

Goal 2C.3

Goal 2C.4

Goal 2C.5

Goal 2C.6

Strategy 2D

Goal 2D.1

Goal 2D.2

Goal 2D.3

Goal 2D.4

Goal 2D.5

Goal 2D.6

Goal 2D.7

Goal 2D.8

**3. PROGRAM SUPPORT**

Strategy 3E

Goal 3E.1

Goal 3E.2

Goal 3E.3

Goal 3E.4

Goal 3E.5

Strategy 3F

Goal 3F.1

Goal 3F.2

Goal 3F.3

Objectives	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
2C.1.4 Create electronic and written communication tools that automatically share EMS system deficiencies or strengths with education, management and executive members of the Department. After review by Department staff, select reports are sent to the Local Emergency Medical Services Agency (LEMSA) and defined by policy, regulation, and mutually-agreed-upon need.						
2C.1.5 Collaboratively determine priorities for preventative and corrective actions (peer field personnel, QI staff, education staff, and management). Actions could include update of policy or procedure or Department-wide education as an awareness tool.						



## Emergency Medical Services Strategic Plan

### YOUR ARE HERE:

#### Strategy 2C Continuous Quality Improvement

Goal 2C.2 Implement  
Preventative and  
Corrective Action in a  
Timely Manner

### 1. HUMAN RESOURCES

#### DEVELOPMENT

#### Strategy 1A

- Goal 1A.1
- Goal 1A.2
- Goal 1A.3

#### Strategy 1B

- Goal 1B.1
- Goal 1B.2
- Goal 1B.3

### 2. EXCELLENCE IN EMS

#### Strategy 2C

- Goal 2C.1
- Goal 2C.2
- Goal 2C.3
- Goal 2C.4
- Goal 2C.5
- Goal 2C.6

#### Strategy 2D

- Goal 2D.1
- Goal 2D.2
- Goal 2D.3
- Goal 2D.4
- Goal 2D.5
- Goal 2D.6
- Goal 2D.7
- Goal 2D.8

### 3. PROGRAM SUPPORT

#### Strategy 3E

- Goal 3E.1
- Goal 3E.2
- Goal 3E.3
- Goal 3E.4
- Goal 3E.5

#### Strategy 3F

- Goal 3F.1
- Goal 3F.2
- Goal 3F.3

## Goal 2C.2 Implement Preventative and Corrective Action in a Timely Manner

### *Specific Line of Service*

As part of the CQI strategy, ensure that preventative and corrective action occurs promptly upon full examination of the facts and circumstances.

### *Critical Success Indicators*

Utilize the following steps to implement preventative and corrective actions:

- ◆ QI and data-driven education is provided to the paramedics and EMTs.
- ◆ Policy development and/or revision is done after all of the facts and circumstances are known.
- ◆ Data and information is used to identify critical process changes.
- ◆ The Issue Resolution process is standardized and has been shared with staff through the EMS marketing strategy.
- ◆ Trend data is tracked and analyzed to ensure compliance with Department and LEMSA protocols and policies.
- ◆ Checklists or KPIs are used routinely in patient care.
- ◆ Adequate staff exists to perform these activities.

### *Strategic Thrusts*

- ◆ Become an Information-Driven Organization
- ◆ Use Technology Appropriately to Achieve Efficiencies
- ◆ Maintain a High Level of Paramedic Experience for Excellence in Patient Care.

### *Impact on Culture*

As long as the CQI strategy is conducted in a constructive and positive manner the culture will come to embrace it.



## Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 2C  
Continuous Quality  
Improvement**

Goal 2C.2 Implement Preventative and Corrective Action in a Timely Manner

**1. HUMAN RESOURCES**

**DEVELOPMENT**

Strategy 1A

- Goal 1A.1
- Goal 1A.2
- Goal 1A.3

Strategy 1B

- Goal 1B.1
- Goal 1B.2
- Goal 1B.3

**2. EXCELLENCE IN EMS**

Strategy 2C

- Goal 2C.1
- Goal 2C.2
- Goal 2C.3
- Goal 2C.4
- Goal 2C.5
- Goal 2C.6

Strategy 2D

- Goal 2D.1
- Goal 2D.2
- Goal 2D.3
- Goal 2D.4
- Goal 2D.5
- Goal 2D.6
- Goal 2D.7
- Goal 2D.8

**3. PROGRAM SUPPORT**

Strategy 3E

- Goal 3E.1
- Goal 3E.2
- Goal 3E.3
- Goal 3E.4
- Goal 3E.5

Strategy 3F

- Goal 3F.1
- Goal 3F.2
- Goal 3F.3

**Goal**

To ensure that we are always doing the best we can to take care of our patients. A CQI program tells us when our performance is below established expectations, standards, guidelines, and policies of the Los Angeles County EMS community. When this below-par performance is identified we are expected to improve our performance in a timely manner.

Objectives	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
2C.2.1 Assist education staff in creating and implementing CE courses when education is the recommended intervention. CQI staff should be subject matter experts (SME) for developing training.						
2C.2.2 Identify "policy maker(s)" when policy changes are identified as the preventative or corrective action.						



## Emergency Medical Services Strategic Plan

### YOUR ARE HERE:

#### Strategy 2C Continuous Quality Improvement

Goal 2C.3 Monitor  
Implemented Actions to  
Ensure Effectiveness  
and System  
Improvement

### 1. HUMAN RESOURCES DEVELOPMENT

- Strategy 1A
  - Goal 1A.1
  - Goal 1A.2
  - Goal 1A.3
- Strategy 1B
  - Goal 1B.1
  - Goal 1B.2
  - Goal 1B.3

### 2. EXCELLENCE IN EMS

- Strategy 2C
  - Goal 2C.1
  - Goal 2C.2
  - Goal 2C.3
  - Goal 2C.4
  - Goal 2C.5
  - Goal 2C.6
- Strategy 2D
  - Goal 2D.1
  - Goal 2D.2
  - Goal 2D.3
  - Goal 2D.4
  - Goal 2D.5
  - Goal 2D.6
  - Goal 2D.7
  - Goal 2D.8

### 3. PROGRAM SUPPORT

- Strategy 3E
  - Goal 3E.1
  - Goal 3E.2
  - Goal 3E.3
  - Goal 3E.4
  - Goal 3E.5
- Strategy 3F
  - Goal 3F.1
  - Goal 3F.2
  - Goal 3F.3

## Goal 2C.3 Monitor Implemented Actions to Ensure Effectiveness and System Improvement

### *Specific Line of Service*

Develop and implement a system to continuously monitor implemented actions taken by the Department's EMS Bureau and Dispatch Center to ensure that they are effectively improving operations and/or patient outcomes.

### *Critical Success Indicators*

- ◆ Periodic and ongoing review of EMS data from patient care records (PCR) and other sources is an integral component of the QI process.
- ◆ Peer review is an integral component of the QI process.
- ◆ QI Work Groups and an effective QI committee exist.
- ◆ Nurse educator meetings occur on a regular basis.

### *Strategic Thrusts*

- ◆ Become an Information-Driven Organization
- ◆ Use Technology Appropriately to Achieve Efficiencies
- ◆ Maintain a High Level of Paramedic Experience for Excellence in Patient Care

### *Impact on Culture*

This goal should have a positive impact on the nurse sub-culture.

### *Goal*

To monitor any changes made related to patient care to determine the effectiveness of the changes utilizing the CQI process. If and when tiered-level dispatching is implemented, review and/or measurement of overall performance will start with dispatch and continue until patient is transferred.



# Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 2C  
Continuous Quality  
Improvement**

Goal 2C.3 Monitor  
Implemented Actions to  
Ensure Effectiveness  
and System  
Improvement

**1. HUMAN RESOURCES  
DEVELOPMENT**

- Strategy 1A
  - Goal 1A.1
  - Goal 1A.2
  - Goal 1A.3
- Strategy 1B
  - Goal 1B.1
  - Goal 1B.2
  - Goal 1B.3

**2. EXCELLENCE IN EMS**

- Strategy 2C
  - Goal 2C.1
  - Goal 2C.2
  - Goal 2C.3
  - Goal 2C.4
  - Goal 2C.5
  - Goal 2C.6
- Strategy 2D
  - Goal 2D.1
  - Goal 2D.2
  - Goal 2D.3
  - Goal 2D.4
  - Goal 2D.5
  - Goal 2D.6
  - Goal 2D.7
  - Goal 2D.8

**3. PROGRAM SUPPORT**

- Strategy 3E
  - Goal 3E.1
  - Goal 3E.2
  - Goal 3E.3
  - Goal 3E.4
  - Goal 3E.5
- Strategy 3F
  - Goal 3F.1
  - Goal 3F.2
  - Goal 3F.3

Objectives	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
2C.3.1 Have predetermined follow-up plan as part of preventative or corrective action that uses ePCR, peer review, Division QI Work Groups, and professional medical staff to review and develop automatic reports.						
2C.3.2 Identify, track, trend and measure changes.						



## Emergency Medical Services Strategic Plan

### YOUR ARE HERE:

#### Strategy 2C Continuous Quality Improvement

Goal 2C.4 Determine  
Research-Guided Best  
Practices

### 1. HUMAN RESOURCES DEVELOPMENT

- Strategy 1A
  - Goal 1A.1
  - Goal 1A.2
  - Goal 1A.3
- Strategy 1B
  - Goal 1B.1
  - Goal 1B.2
  - Goal 1B.3

### 2. EXCELLENCE IN EMS

- Strategy 2C
  - Goal 2C.1
  - Goal 2C.2
  - Goal 2C.3
  - Goal 2C.4
  - Goal 2C.5
  - Goal 2C.6
- Strategy 2D
  - Goal 2D.1
  - Goal 2D.2
  - Goal 2D.3
  - Goal 2D.4
  - Goal 2D.5
  - Goal 2D.6
  - Goal 2D.7
  - Goal 2D.8

### 3. PROGRAM SUPPORT

- Strategy 3E
  - Goal 3E.1
  - Goal 3E.2
  - Goal 3E.3
  - Goal 3E.4
  - Goal 3E.5
- Strategy 3F
  - Goal 3F.1
  - Goal 3F.2
  - Goal 3F.3

## Goal 2C.4 Determine Research-Guided Best Practices

### *Specific Line of Service*

Constantly monitor the “EMS Environment” to determine research-guided current best practices. This requires review and analysis of the pertinent medical literature, participation in professional meetings, and constant communication with trusted colleagues in the EMS and emergency medicine communities.

### *Critical Success Indicators*

- ◆ A “Best Practices Work Group” that includes the Medical Officer and key EMS personnel operates on a regular basis as a critical component of the QI process. This includes:
  - A physical location that ensures access to EMS and medical policy makers and researchers.
  - Published findings and recommendations that are made available to policy makers, EMS field practitioners and the general public.
  - Best practices that are incorporated into the Department’s Patient Care Expectation manual and EMS interventions.

### *Strategic Thrusts*

- ◆ Become an Information-Driven Organization
- ◆ Develop into a Demographically-Sensitive Organization
- ◆ Use Technology Appropriately to Achieve Efficiencies

### *Impact on Culture*

The ability to deliver research-guided best practices would ensure maximum patient safety and care, increase pride in EMS personnel, and increase reputation and respect of the Department’s EMS program in the medical community.



# Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 2C  
Continuous Quality  
Improvement**

Goal 2C.4 Determine Research-Guided Best Practices

**1. HUMAN RESOURCES  
DEVELOPMENT**

- Strategy 1A
  - Goal 1A.1
  - Goal 1A.2
  - Goal 1A.3
- Strategy 1B
  - Goal 1B.1
  - Goal 1B.2
  - Goal 1B.3

**2. EXCELLENCE IN EMS**

- Strategy 2C
  - Goal 2C.1
  - Goal 2C.2
  - Goal 2C.3
  - Goal 2C.4
  - Goal 2C.5
  - Goal 2C.6
- Strategy 2D
  - Goal 2D.1
  - Goal 2D.2
  - Goal 2D.3
  - Goal 2D.4
  - Goal 2D.5
  - Goal 2D.6
  - Goal 2D.7
  - Goal 2D.8

**3. PROGRAM SUPPORT**

- Strategy 3E
  - Goal 3E.1
  - Goal 3E.2
  - Goal 3E.3
  - Goal 3E.4
  - Goal 3E.5
- Strategy 3F
  - Goal 3F.1
  - Goal 3F.2
  - Goal 3F.3

*Goal*

To develop an approval and implementation process for integrating best practices into current clinical practice. This process must include all internal stakeholders in EMS (Medical Director, Field Operations staff, Information Management Division, Materials Management Division, Education/Training) as well as external stakeholders (vendors, LEMSA, etc.).

Objectives	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
2C.4.1 Determine composition of “Best Practices Work Group.”	█					
2C.4.2 Determine a location for the Work Group to meet.	█					
2C.4.3 Identify necessary support staff.	█					
2C.4.4 Develop a communication system between Best Practices Work Group and stakeholders, LEMSA, Department leadership, field operations personnel and EMS education staff to obtain approval of and implementation of newly-recognized “best practices.”			█			
2C.4.5 Create standard process to obtain needed approvals for new “best practices.”			█			
2C.4.6 Create a standardized process for integrating new “best practices” into existing clinical practice.			█			
2C.4.7 Evaluate the process annually with a report to the stakeholders and the Fire Chief.	█					



## Emergency Medical Services Strategic Plan

### YOUR ARE HERE:

#### Strategy 2C Continuous Quality Improvement

Goal 2C.5 Develop and  
Deliver ePCR Training

#### 1. HUMAN RESOURCES DEVELOPMENT

- Strategy 1A
  - Goal 1A.1
  - Goal 1A.2
  - Goal 1A.3
- Strategy 1B
  - Goal 1B.1
  - Goal 1B.2
  - Goal 1B.3

#### 2. EXCELLENCE IN EMS

- Strategy 2C
  - Goal 2C.1
  - Goal 2C.2
  - Goal 2C.3
  - Goal 2C.4
  - Goal 2C.5
  - Goal 2C.6
- Strategy 2D
  - Goal 2D.1
  - Goal 2D.2
  - Goal 2D.3
  - Goal 2D.4
  - Goal 2D.5
  - Goal 2D.6
  - Goal 2D.7
  - Goal 2D.8

#### 3. PROGRAM SUPPORT

- Strategy 3E
  - Goal 3E.1
  - Goal 3E.2
  - Goal 3E.3
  - Goal 3E.4
  - Goal 3E.5
- Strategy 3F
  - Goal 3F.1
  - Goal 3F.2
  - Goal 3F.3

### Goal 2C.5 Develop and Deliver ePCR Training

#### *Specific Line of Service*

Implement and manage an ongoing training program for ePCR. The training to be developed will be presented in modules appropriate for the assignment of the student (e.g., paramedic, EMT, company officer, administrator, nurse educator, division chief, etc.). Depending on assignment and module, members of the Department will be able to utilize the ePCR with accuracy, promptness, and efficiency. The CQI system will be incorporated to audit ePCRs after system implementation to ensure success.

#### *Critical Success Indicators*

- ◆ Data entry consistently, 99 percent of the time, meets standards for both accuracy and timeliness. If that occurs, over time, during the second year, resistance to the process will diminish.
- ◆ ePCR training for all levels of field and supervisory personnel has been implemented.
- ◆ Validation of data occurs as a routine component of the QI process.
- ◆ Staffing is supplemented, as needed, to accomplish the identified tasks.
- ◆ Appropriate staff has access to data and data systems. Appropriate IT interventions have been used to provide administrative rights.
- ◆ Data reports exist and are used as a critical component of the QI system.
- ◆ Dashboards have been developed and are used as a critical component of the QI system.

#### *Strategic Thrusts*

- ◆ Become an Information-Driven Organization
- ◆ Use Technology Appropriately to Achieve Efficiencies





# Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 2C  
Continuous Quality  
Improvement**

Goal 2C.5 Develop and Deliver ePCR Training

**1. HUMAN RESOURCES  
DEVELOPMENT**

- Strategy 1A
  - Goal 1A.1
  - Goal 1A.2
  - Goal 1A.3
- Strategy 1B
  - Goal 1B.1
  - Goal 1B.2
  - Goal 1B.3

**2. EXCELLENCE IN EMS**

- Strategy 2C
  - Goal 2C.1
  - Goal 2C.2
  - Goal 2C.3
  - Goal 2C.4
  - Goal 2C.5
  - Goal 2C.6
- Strategy 2D
  - Goal 2D.1
  - Goal 2D.2
  - Goal 2D.3
  - Goal 2D.4
  - Goal 2D.5
  - Goal 2D.6
  - Goal 2D.7
  - Goal 2D.8

**3. PROGRAM SUPPORT**

- Strategy 3E
  - Goal 3E.1
  - Goal 3E.2
  - Goal 3E.3
  - Goal 3E.4
  - Goal 3E.5
- Strategy 3F
  - Goal 3F.1
  - Goal 3F.2
  - Goal 3F.3

- ◆ Maintain a High Level of Paramedic Experience for Excellence in Patient Care

*Impact on Culture*

Initially, there is likely to be some resistance from field personnel to ePCR as this is a significant change in both procedure and expectations. Over time, as the use of the data becomes clear and meaningful, and as the ease of data entry becomes apparent, ePCR should be embraced by the culture.

*Goal*

To more rigorously evaluate our clinical and operational performance while simultaneously providing a professional document that frequently is the first part of a patient’s emergency health care record. To do this well, members of the Department must receive extensive and well-planned training that gives them the expertise needed to effectively use this powerful tool. This goal ensures a detailed, complete, and rigorous training program is given to all Department members who will use the ePCR.

Objectives	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
2C.5.1 Communicate early details of ePCR to the entire Department, before devices are placed in service. Increase awareness Department-wide of benefits/outcomes of ePCR implementation. Use mock reports/dashboards to demonstrate benefits/outcomes.	█					
2C.5.2 Incorporate ePCR training into the new hire training orientation program.	█					
2C.5.3 Create training modules commensurate with the role of the student to provide detailed instruction about the use of ePCR.	█					
2C.5.4 Identify potential Division SMEs (peers who can provide coaching and training).			█			
2C.5.5 Constantly validate data for accuracy and consistency.			█			
2C.5.6 Ensure sufficient technical support for implementation. Anticipate unforeseen technical glitches.	█					



## Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 2C  
Continuous Quality  
Improvement**

Goal 2C.5 Develop and Deliver ePCR Training

**1. HUMAN RESOURCES  
DEVELOPMENT**

- Strategy 1A
  - Goal 1A.1
  - Goal 1A.2
  - Goal 1A.3
- Strategy 1B
  - Goal 1B.1
  - Goal 1B.2
  - Goal 1B.3

**2. EXCELLENCE IN EMS**

- Strategy 2C
  - Goal 2C.1
  - Goal 2C.2
  - Goal 2C.3
  - Goal 2C.4
  - Goal 2C.5
  - Goal 2C.6
- Strategy 2D
  - Goal 2D.1
  - Goal 2D.2
  - Goal 2D.3
  - Goal 2D.4
  - Goal 2D.5
  - Goal 2D.6
  - Goal 2D.7
  - Goal 2D.8

**3. PROGRAM SUPPORT**

- Strategy 3E
  - Goal 3E.1
  - Goal 3E.2
  - Goal 3E.3
  - Goal 3E.4
  - Goal 3E.5
- Strategy 3F
  - Goal 3F.1
  - Goal 3F.2
  - Goal 3F.3

Objectives	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
2C.5.7 Assure sufficient technical support for the system’s lifetime.						
2C.5.8 Identify security levels for access to aggregate and individual patient data.						
2C.5.9 Develop an audit system to ensure desired training results are achieved.						



## Emergency Medical Services Strategic Plan

### YOUR ARE HERE:

#### Strategy 2C Continuous Quality Improvement

Goal 2C.6 Improve  
Team Performance  
Through the Use of  
Checklists

### 1. HUMAN RESOURCES DEVELOPMENT

- Strategy 1A
  - Goal 1A.1
  - Goal 1A.2
  - Goal 1A.3
- Strategy 1B
  - Goal 1B.1
  - Goal 1B.2
  - Goal 1B.3

### 2. EXCELLENCE IN EMS

- Strategy 2C
  - Goal 2C.1
  - Goal 2C.2
  - Goal 2C.3
  - Goal 2C.4
  - Goal 2C.5
  - Goal 2C.6
- Strategy 2D
  - Goal 2D.1
  - Goal 2D.2
  - Goal 2D.3
  - Goal 2D.4
  - Goal 2D.5
  - Goal 2D.6
  - Goal 2D.7
  - Goal 2D.8

### 3. PROGRAM SUPPORT

- Strategy 3E
  - Goal 3E.1
  - Goal 3E.2
  - Goal 3E.3
  - Goal 3E.4
  - Goal 3E.5
- Strategy 3F
  - Goal 3F.1
  - Goal 3F.2
  - Goal 3F.3

## Goal 2C.6 Improve Team Performance Through the Use of Checklists

### *Specific Line of Service*

Use checklists as part of scene management at medical emergencies. This has seen great success in other jurisdictions and in other industries. Maintaining and improving EMS team performance is recognized as one of the most important aspects of CQI. Using checklists as a means of ensuring that all critical steps in a complex process are completed has been found to be very effective in surgery and other medical situations.

### *Desired Outcome*

The captains will use checklists as common practice at medical emergencies.

### *Critical Success Indicators*

- ◆ Consistent EMS performance occurs across all stations and divisions.
- ◆ Critical tasks are completed on every EMS incident.
- ◆ Performance is validated to the team and to other stakeholders.

### *Strategic Thrusts*

- ◆ Become an Information-Driven Organization
- ◆ Use Technology Appropriately to Achieve Efficiencies
- ◆ Maintain a High Level of Paramedic Experience for Excellence in Patient Care

### *Impact on Culture*

Initially there is likely to be some resistance as this is a significant change in both procedure and expectations. Over time, as the use of checklists increases, and the captain and the team value their use, acceptance should be wide.

### *Goal*

To provide members of the Department with extensive and well-planned training that gives them the expertise needed to effectively use checklists. This goal ensures a detailed, complete, and appropriate training program is



## Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 2C  
Continuous Quality  
Improvement**

Goal 2C.6 Improve  
Team Performance  
Through the Use of  
Checklists

**1. HUMAN RESOURCES  
DEVELOPMENT**

Strategy 1A

- Goal 1A.1
- Goal 1A.2
- Goal 1A.3

Strategy 1B

- Goal 1B.1
- Goal 1B.2
- Goal 1B.3

**2. EXCELLENCE IN EMS**

Strategy 2C

- Goal 2C.1
- Goal 2C.2
- Goal 2C.3
- Goal 2C.4
- Goal 2C.5
- Goal 2C.6

Strategy 2D

- Goal 2D.1
- Goal 2D.2
- Goal 2D.3
- Goal 2D.4
- Goal 2D.5
- Goal 2D.6
- Goal 2D.7
- Goal 2D.8

**3. PROGRAM SUPPORT**

Strategy 3E

- Goal 3E.1
- Goal 3E.2
- Goal 3E.3
- Goal 3E.4
- Goal 3E.5

Strategy 3F

- Goal 3F.1
- Goal 3F.2
- Goal 3F.3

given to all Department members who will use the checklists. In addition, battalion chiefs and assistant chiefs will need to be familiar with their utilization in the field.

Objectives	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
2C.6.1 Utilizing model EMS checklists as guides, develop checklists that meet the needs of the Department given its deployment configuration.	■					
2C.6.2 Develop familiarization training to introduce the checklist concept to all employees.	■					
2C.6.3 Present the training.		■				
2C.6.4 Develop team training on the use of checklists in EMS team situations.		■				
2C.6.5 Train the teams on checklist use.			■			
2C.6.6 Monitor the checklist program to ensure team performance.			■			
2C.6.7 Reevaluate the program based on results.			■			
2C.6.8 Modify the checklists based on experience.			■			
2C.6.9 Develop ongoing training.			■			
2C.6.10 Present ongoing training to the EMS teams.				■		



## Emergency Medical Services Strategic Plan

### YOUR ARE HERE:

Strategy 2D Improved Service Delivery

## *Strategy 2D Improved Service Delivery*

### 1. HUMAN RESOURCES DEVELOPMENT

- Strategy 1A
  - Goal 1A.1
  - Goal 1A.2
  - Goal 1A.3
- Strategy 1B
  - Goal 1B.1
  - Goal 1B.2
  - Goal 1B.3

### 2. EXCELLENCE IN EMS

- Strategy 2C
  - Goal 2C.1
  - Goal 2C.2
  - Goal 2C.3
  - Goal 2C.4
  - Goal 2C.5
  - Goal 2C.6
- Strategy 2D
  - Goal 2D.1
  - Goal 2D.2
  - Goal 2D.3
  - Goal 2D.4
  - Goal 2D.5
  - Goal 2D.6
  - Goal 2D.7
  - Goal 2D.8

### 3. PROGRAM SUPPORT

- Strategy 3E
  - Goal 3E.1
  - Goal 3E.2
  - Goal 3E.3
  - Goal 3E.4
  - Goal 3E.5
- Strategy 3F
  - Goal 3F.1
  - Goal 3F.2
  - Goal 3F.3



### *Desired Outcomes*

The Department will be recognized as a high performing team that fosters a culture of inclusion, capitalizing on each employee's strengths while respecting individual differences, in pursuit of workforce excellence. All employees will have the necessary tools, learning opportunities, and leadership support to incorporate and demonstrate our core values in pursuit of exemplary public service delivery. The Department will realize increased operational efficiencies through the increased usage of technology in conducting everyday business. Information technology projects, resources, and funding are aligned with the Department's strategic efforts and have full executive support.

The Department will serve the community in new and engaging ways by creating customer service initiatives, life-enriching preparedness programs, and strategic community relations. Communities will be able to rely on our services and trust us to keep our word. Our communications will offer a vivid portrait of our strategic directions and outcomes that the organization wants and believes it can accomplish.

While the plan itself is primarily focused on improved service delivery, this strategy focuses on specific goals that, despite not conveniently fitting within the other strategies of the plan, are nevertheless critical to the success of the



## Emergency Medical Services Strategic Plan

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### YOUR ARE HERE:

#### **Strategy 2D Improved Service Delivery**

### 1. HUMAN RESOURCES DEVELOPMENT

#### Strategy 1A

- Goal 1A.1
- Goal 1A.2
- Goal 1A.3

#### Strategy 1B

- Goal 1B.1
- Goal 1B.2
- Goal 1B.3

### 2. EXCELLENCE IN EMS

#### Strategy 2C

- Goal 2C.1
- Goal 2C.2
- Goal 2C.3
- Goal 2C.4
- Goal 2C.5
- Goal 2C.6

#### Strategy 2D

- Goal 2D.1
- Goal 2D.2
- Goal 2D.3
- Goal 2D.4
- Goal 2D.5
- Goal 2D.6
- Goal 2D.7
- Goal 2D.8

### 3. PROGRAM SUPPORT

#### Strategy 3E

- Goal 3E.1
- Goal 3E.2
- Goal 3E.3
- Goal 3E.4
- Goal 3E.5

#### Strategy 3F

- Goal 3F.1
- Goal 3F.2
- Goal 3F.3

plan. For example, the Just Culture algorithm was developed to improve patient safety with an investigation portion and a pathway for determining if disciplinary action is warranted. This would not be a part of the CQI strategy due to the negative connotation of possible discipline but it is critical for improving EMS delivery.

This strategy interfaces with all of the strategies in our plan.



## Emergency Medical Services Strategic Plan

### YOUR ARE HERE:

#### Strategy 2D Improved Service Delivery

Goal 2D.1 Coordinate EMS Fee Design, Acceptance, and Implementation

### 1. HUMAN RESOURCES DEVELOPMENT

#### Strategy 1A

- Goal 1A.1
- Goal 1A.2
- Goal 1A.3

#### Strategy 1B

- Goal 1B.1
- Goal 1B.2
- Goal 1B.3

### 2. EXCELLENCE IN EMS

#### Strategy 2C

- Goal 2C.1
- Goal 2C.2
- Goal 2C.3
- Goal 2C.4
- Goal 2C.5
- Goal 2C.6

#### Strategy 2D

- Goal 2D.1
- Goal 2D.2
- Goal 2D.3
- Goal 2D.4
- Goal 2D.5
- Goal 2D.6
- Goal 2D.7
- Goal 2D.8

### 3. PROGRAM SUPPORT

#### Strategy 3E

- Goal 3E.1
- Goal 3E.2
- Goal 3E.3
- Goal 3E.4
- Goal 3E.5

#### Strategy 3F

- Goal 3F.1
- Goal 3F.2
- Goal 3F.3

## Goal 2D.1 Coordinate EMS Fee Design, Acceptance, and Implementation

### *Specific Line of Service*

The Department should research the feasibility of designing and implementing a paramedic “First Responder” fee that would be billed to the patient’s medical insurance companies. Doing so could raise approximately \$10 million plus annually to offset paramedic program costs. Establishing dedicated EMS revenues would allow the EMS program to be properly funded for patient care delivery and quality of care oversight.

### *Critical Success Indicators*

- ◆ The Department, Office of the County Counsel, and finance teams jointly support the fee.
- ◆ The fee is reasonable for the medical services provided by the Department.
- ◆ The fee is implemented at a reasonable cost for collection.

### *Strategic Thrusts*

- ◆ Become an Information-Driven Organization
- ◆ Develop into a Demographically-Sensitive Organization
- ◆ Use Technology Appropriately to Achieve Efficiencies

### *Impact on Culture*

As firefighters become familiar with the reason for the fee—supporting their training and equipment needs to deliver quality care—they will see the benefits to collecting the necessary patient billing information.

### *Goal*

To improve patient care by ensuring Department personnel are provided the tools, training, and clinical oversight to deliver the correct treatment to each patient, every time.



# Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 2D Improved Service Delivery**

Goal 2D.1 Coordinate EMS Fee Design, Acceptance, and Implementation

**1. HUMAN RESOURCES DEVELOPMENT**

Strategy 1A

- Goal 1A.1
- Goal 1A.2
- Goal 1A.3

Strategy 1B

- Goal 1B.1
- Goal 1B.2
- Goal 1B.3

**2. EXCELLENCE IN EMS**

Strategy 2C

- Goal 2C.1
- Goal 2C.2
- Goal 2C.3
- Goal 2C.4
- Goal 2C.5
- Goal 2C.6

Strategy 2D

- Goal 2D.1
- Goal 2D.2
- Goal 2D.3
- Goal 2D.4
- Goal 2D.5
- Goal 2D.6
- Goal 2D.7
- Goal 2D.8

**3. PROGRAM SUPPORT**

Strategy 3E

- Goal 3E.1
- Goal 3E.2
- Goal 3E.3
- Goal 3E.4
- Goal 3E.5

Strategy 3F

- Goal 3F.1
- Goal 3F.2
- Goal 3F.3

Objectives	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
2D.1.1 Conduct fee design research.	■					
2D.1.2 Analyze fee data collection system design and costs.		■				
2D.1.3 Present the fee package to the Board of Supervisors.			■			
2D.1.4 Present a public education program about the need for the fee.				■		
2D.1.5 Implement fee software.					■	
2D.1.6 Train Department EMS Personnel.					■	
2D.1.7 Begin fee collection.					■	
2D.1.8 Monitor issues with insurance companies.					■	





## Emergency Medical Services Strategic Plan

### YOUR ARE HERE:

#### Strategy 2D Improved Service Delivery

Goal 2D.2 Adopt Just Culture

### 1. HUMAN RESOURCES DEVELOPMENT

Strategy 1A

- Goal 1A.1
- Goal 1A.2
- Goal 1A.3

Strategy 1B

- Goal 1B.1
- Goal 1B.2
- Goal 1B.3

### 2. EXCELLENCE IN EMS

Strategy 2C

- Goal 2C.1
- Goal 2C.2
- Goal 2C.3
- Goal 2C.4
- Goal 2C.5
- Goal 2C.6

Strategy 2D

- Goal 2D.1
- Goal 2D.2
- Goal 2D.3
- Goal 2D.4
- Goal 2D.5
- Goal 2D.6
- Goal 2D.7
- Goal 2D.8

### 3. PROGRAM SUPPORT

Strategy 3E

- Goal 3E.1
- Goal 3E.2
- Goal 3E.3
- Goal 3E.4
- Goal 3E.5

Strategy 3F

- Goal 3F.1
- Goal 3F.2
- Goal 3F.3

## Goal 2D.2 Adopt Just Culture

### *Specific Line of Service*

Develop the skills for producing better outcomes in EMS that lead to better management of the critical elements within the organization's control.

### *Critical Success Indicators*

- ◆ Support is provided for the published values and expectations of the EMS system such as safety, cost control, privacy, transparency, and justice.
- ◆ The system anticipates human error, captures errors before they become critical, and permits recovery when errors become critical.
- ◆ The system anticipates that humans will make mistakes; productively coaches staff; and recognizes when remedial and disciplinary actions best serve the organization.
- ◆ A learning culture is established as the foundation for better outcomes.
- ◆ Individuals accept responsibility, which is the core of Just Culture.

### *Strategic Thrusts*

- ◆ Become an Information-Driven Organization
- ◆ Develop into a Demographically-Sensitive Organization
- ◆ Maintain a High Level of Paramedic Experience for Excellence in Patient Care

### *Impact on Culture*

In the long term, Just Culture should have a strong positive influence on the EMS aspects of the organization's culture.

### *Goal*

To provide an objective, thorough, systems-based evaluation of a possible medical error or inappropriate behavior. Just Culture does not minimize the role of human error, but attempts to analyze error in the environment where



## Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 2D Improved Service Delivery**

Goal 2D.2 Adopt Just Culture

**1. HUMAN RESOURCES DEVELOPMENT**

- Strategy 1A
  - Goal 1A.1
  - Goal 1A.2
  - Goal 1A.3
- Strategy 1B
  - Goal 1B.1
  - Goal 1B.2
  - Goal 1B.3

**2. EXCELLENCE IN EMS**

- Strategy 2C
  - Goal 2C.1
  - Goal 2C.2
  - Goal 2C.3
  - Goal 2C.4
  - Goal 2C.5
  - Goal 2C.6
- Strategy 2D
  - Goal 2D.1
  - Goal 2D.2
  - Goal 2D.3
  - Goal 2D.4
  - Goal 2D.5
  - Goal 2D.6
  - Goal 2D.7
  - Goal 2D.8

**3. PROGRAM SUPPORT**

- Strategy 3E
  - Goal 3E.1
  - Goal 3E.2
  - Goal 3E.3
  - Goal 3E.4
  - Goal 3E.5
- Strategy 3F
  - Goal 3F.1
  - Goal 3F.2
  - Goal 3F.3

the clinical care was delivered. Just Culture does permit punitive actions for reckless behavior.

Objectives	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
2D.2.1 Mirror Just Culture implementation as part of our collaboration with Department of Health Services (DHS).	[Red bar]					
2D.2.2 Observe and assist with selection of Just Culture consultant, currently being led by DHS.	[Red bar]					
2D.2.3 Introduce Just Culture to Department leadership as part of DHS implementation.	[Red bar]					
2D.2.4 Actively participate in consultant education and implementation process with DHS.	[Red bar]		[Grey bar]			
2D.2.5 Mitigate consultant product(s) to the Department.	[Red bar]		[Grey bar]			
2D.2.6 Develop training plan for new process.	[Grey bar]		[Green bar]			
2D.2.7 Train Department on new process.	[Grey bar]		[Green bar]			
2D.2.8 Refine and adopt the Issue Resolution process.	[Red bar]					
2D.2.9 Adopt Just Culture.	[Red bar]					
2D.2.10 Create predefined educational and punitive actions as function of investigative process outcomes.	[Red bar]					
2D.2.11 Communicate early and often with labor as these objectives are completed.	[Red bar]					
2D.2.12 Communicate progress in completing objectives to all field personnel.	[Red bar]					



## Emergency Medical Services Strategic Plan

### YOUR ARE HERE:

#### Strategy 2D Improved Service Delivery

Goal 2D.3 Implement Tiered Dispatching with a CQI Process Tied to the Field Care CQI Process

### 1. HUMAN RESOURCES

#### DEVELOPMENT

#### Strategy 1A

- Goal 1A.1
- Goal 1A.2
- Goal 1A.3

#### Strategy 1B

- Goal 1B.1
- Goal 1B.2
- Goal 1B.3

### 2. EXCELLENCE IN EMS

#### Strategy 2C

- Goal 2C.1
- Goal 2C.2
- Goal 2C.3
- Goal 2C.4
- Goal 2C.5
- Goal 2C.6

#### Strategy 2D

- Goal 2D.1
- Goal 2D.2
- Goal 2D.3
- Goal 2D.4
- Goal 2D.5
- Goal 2D.6
- Goal 2D.7
- Goal 2D.8

### 3. PROGRAM SUPPORT

#### Strategy 3E

- Goal 3E.1
- Goal 3E.2
- Goal 3E.3
- Goal 3E.4
- Goal 3E.5

#### Strategy 3F

- Goal 3F.1
- Goal 3F.2
- Goal 3F.3

## Goal 2D.3 Implement Tiered Dispatching with a CQI Process Tied to the Field Care CQI Process

### *Specific Line of Service*

Enable the dispatching of the most appropriate unit(s) to an incident based on their telephone assessment of the situation.

### *Critical Success Indicators*

- ◆ Dispatch staff understands the need and requirements for the program.
- ◆ Field staff recognizes the reason for change and accepts impacts.
- ◆ Frequent review of performance statistics show value of tiered dispatching (TD).
- ◆ System allows for modifications to be made to mitigate concerns on response times, response types, and changes to response volume.

### *Strategic Thrusts*

- ◆ Become an Information-Driven Organization
- ◆ Develop into a Demographically-Sensitive Organization
- ◆ Use Technology Appropriately to Achieve Efficiencies
- ◆ Maintain a High Level of Paramedic Experience for Excellence in Patient Care

### *Impact on Culture*

Implementation of TD would tailor the appropriate response to a reported medical problem, reducing commitment of ALS resources to non-ALS level calls for service. Further, it would reduce the number of incidents in which multiple resources are travelling with lights and sirens, thereby creating a safer environment for both the employee and the public.



# Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 2D Improved Service Delivery**

Goal 2D.3 Implement Tiered Dispatching with a CQI Process Tied to the Field Care CQI Process

**1. HUMAN RESOURCES**

**DEVELOPMENT**

Strategy 1A

- Goal 1A.1
- Goal 1A.2
- Goal 1A.3

Strategy 1B

- Goal 1B.1
- Goal 1B.2
- Goal 1B.3

**2. EXCELLENCE IN EMS**

Strategy 2C

- Goal 2C.1
- Goal 2C.2
- Goal 2C.3
- Goal 2C.4
- Goal 2C.5
- Goal 2C.6

Strategy 2D

- Goal 2D.1
- Goal 2D.2
- Goal 2D.3
- Goal 2D.4
- Goal 2D.5
- Goal 2D.6
- Goal 2D.7
- Goal 2D.8

**3. PROGRAM SUPPORT**

Strategy 3E

- Goal 3E.1
- Goal 3E.2
- Goal 3E.3
- Goal 3E.4
- Goal 3E.5

Strategy 3F

- Goal 3F.1
- Goal 3F.2
- Goal 3F.3

***Goal***

To determine the type and criticality of the medical problem the patient is having and dispatch what is needed following protocols. It can be unnerving to a patient with a relatively minor clinical problem to have a full complement of basic life support (BLS) and advanced life support (ALS) providers come into their home. These situations also result in many resources being unavailable for other simultaneous responses, thus creating delays in the delivery of quality EMS. By creating a tiered system, the medical dispatch would match the severity of the medical complaint or problem the patient is experiencing with the number and type of response units sent to offer aid.

Objectives	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
2D.3.1 Identify the cost to adapt TD.	█					
2D.3.2 Establish a budget for TD.	█					
2D.3.3 Train dispatchers.	█					
2D.3.4 Train field personnel.	█					
2D.3.5 Strengthen cross-CQI program between dispatch and field patient care.				█		
2D.3.6 Implement TD.	█					
2D.3.7 Monitor performance of TD system.	█					
2D.3.8 Adjust the system as needed.	█					



## Emergency Medical Services Strategic Plan

### YOUR ARE HERE:

#### Strategy 2D Improved Service Delivery

Goal 2D.4 Coordinate SI Reporting System Training and Implementation

### 1. HUMAN RESOURCES DEVELOPMENT

#### Strategy 1A

- Goal 1A.1
- Goal 1A.2
- Goal 1A.3

#### Strategy 1B

- Goal 1B.1
- Goal 1B.2
- Goal 1B.3

### 2. EXCELLENCE IN EMS

#### Strategy 2C

- Goal 2C.1
- Goal 2C.2
- Goal 2C.3
- Goal 2C.4
- Goal 2C.5
- Goal 2C.6

#### Strategy 2D

- Goal 2D.1
- Goal 2D.2
- Goal 2D.3
- Goal 2D.4
- Goal 2D.5
- Goal 2D.6
- Goal 2D.7
- Goal 2D.8

### 3. PROGRAM SUPPORT

#### Strategy 3E

- Goal 3E.1
- Goal 3E.2
- Goal 3E.3
- Goal 3E.4
- Goal 3E.5

#### Strategy 3F

- Goal 3F.1
- Goal 3F.2
- Goal 3F.3

## Goal 2D.4 Coordinate SI Reporting System Training and Implementation

### *Specific Line of Service*

Institute and manage a training program that increases awareness and preparation for the implementation of a SI reporting system. Effective implementation of SI will increase service delivery and reduce potential risk by minimizing poor patient outcomes.

### *Critical Success Indicators*

- ◆ Chief officers are trained in the SI reporting process and the organizational benefits of complying with the County initiative.
- ◆ Chief officers embrace the new reporting system and mentor subordinate staff on the benefits of the self-reporting system.
- ◆ Chief officers provide essential feedback to the Department administrators who are responsible for the oversight of reportable incidents.

### *Strategic Thrusts*

- ◆ Become an Information-Driven Organization
- ◆ Develop into a Demographically-Sensitive Organization
- ◆ Use Technology Appropriately to Achieve Efficiencies
- ◆ Maintain a High Level of Paramedic Experience for Excellence in Patient Care

### *Impact on Culture*

As firefighters become familiar with the reporting process, and see the benefits to utilizing the program, the process will become more organizationally accepted. When firefighters read reports, even though they are redacted, if they are not presented in a training setting, and if they are negative in tone, some individuals could find that unsettling.

### *Goal*

To improve patient care through case study education to the workforce.



## Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 2D Improved Service Delivery**

Goal 2D.4 Coordinate SI Reporting System Training and Implementation

**1. HUMAN RESOURCES DEVELOPMENT**

Strategy 1A

- Goal 1A.1
- Goal 1A.2
- Goal 1A.3

Strategy 1B

- Goal 1B.1
- Goal 1B.2
- Goal 1B.3

**2. EXCELLENCE IN EMS**

Strategy 2C

- Goal 2C.1
- Goal 2C.2
- Goal 2C.3
- Goal 2C.4
- Goal 2C.5
- Goal 2C.6

Strategy 2D

- Goal 2D.1
- Goal 2D.2
- Goal 2D.3
- Goal 2D.4
- Goal 2D.5
- Goal 2D.6
- Goal 2D.7
- Goal 2D.8

**3. PROGRAM SUPPORT**

Strategy 3E

- Goal 3E.1
- Goal 3E.2
- Goal 3E.3
- Goal 3E.4
- Goal 3E.5

Strategy 3F

- Goal 3F.1
- Goal 3F.2
- Goal 3F.3

Objectives	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
2D.4.1 Provide training to Department managers.	■					
2D.4.2 Provide training to the EMS team (captains, EMTs, and paramedics).	■					
2D.4.3 Implement program and ensure best standards/objectives are being met.	■					
2D.4.4 Managers with administrative rights conduct a daily review of entries.	■					



## Emergency Medical Services Strategic Plan

### YOUR ARE HERE:

#### Strategy 2D Improved Service Delivery

Goal 2D.5 Develop an Investigation Process

### 1. HUMAN RESOURCES DEVELOPMENT

Strategy 1A  
 Goal 1A.1  
 Goal 1A.2  
 Goal 1A.3

Strategy 1B  
 Goal 1B.1  
 Goal 1B.2  
 Goal 1B.3

### 2. EXCELLENCE IN EMS

Strategy 2C  
 Goal 2C.1  
 Goal 2C.2  
 Goal 2C.3  
 Goal 2C.4  
 Goal 2C.5  
 Goal 2C.6

Strategy 2D  
 Goal 2D.1  
 Goal 2D.2  
 Goal 2D.3  
 Goal 2D.4  
 Goal 2D.5  
 Goal 2D.6  
 Goal 2D.7  
 Goal 2D.8

### 3. PROGRAM SUPPORT

Strategy 3E  
 Goal 3E.1  
 Goal 3E.2  
 Goal 3E.3  
 Goal 3E.4  
 Goal 3E.5

Strategy 3F  
 Goal 3F.1  
 Goal 3F.2  
 Goal 3F.3

## Goal 2D.5 Develop an Investigation Process

### *Specific Line of Service*

Investigate and determine allegations and complaints of inappropriate behavior, violations of protocols and regulations, and malpractices. Ensure there is a process for investigation and determination of allegations that is thorough, fair, and consistent.

### *Critical Success Indicators*

- ◆ The members of the Department trust the process.
- ◆ The process is not abused or used for any purpose other than the straightforward investigation and determination of EMS allegations.
- ◆ Double or triple jeopardy does not occur.
- ◆ All parties to any allegation agree to follow the process.
- ◆ SMEs are used for the investigative process.
- ◆ All investigations are coordinated with LEMSA/EMSA.

### *Strategic Thrusts*

- ◆ Become an Information-Driven Organization
- ◆ Develop into a Demographically-Sensitive Organization
- ◆ Maintain a High Level of Paramedic Experience for Excellence in Patient Care

### *Impact on Culture*

Having investigators trained in EMS will ensure that the EMS portion of the investigation is professionally done with awareness of protocols. People are often uncomfortable with an investigation; however, if the investigation process is conducted fairly, confidentially, and respectfully, there is some assurance it will be more acceptable to staff.

### *Goal*

To change the perception of field care employees that making a mistake automatically results in a punitive action. The corrective action process is a sequence of steps to determine specifically what the response should be after



## Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 2D Improved Service Delivery**

Goal 2D.5 Develop an Investigation Process

**1. HUMAN RESOURCES DEVELOPMENT**

- Strategy 1A
  - Goal 1A.1
  - Goal 1A.2
  - Goal 1A.3
- Strategy 1B
  - Goal 1B.1
  - Goal 1B.2
  - Goal 1B.3

**2. EXCELLENCE IN EMS**

- Strategy 2C
  - Goal 2C.1
  - Goal 2C.2
  - Goal 2C.3
  - Goal 2C.4
  - Goal 2C.5
  - Goal 2C.6
- Strategy 2D
  - Goal 2D.1
  - Goal 2D.2
  - Goal 2D.3
  - Goal 2D.4
  - Goal 2D.5
  - Goal 2D.6
  - Goal 2D.7
  - Goal 2D.8

**3. PROGRAM SUPPORT**

- Strategy 3E
  - Goal 3E.1
  - Goal 3E.2
  - Goal 3E.3
  - Goal 3E.4
  - Goal 3E.5
- Strategy 3F
  - Goal 3F.1
  - Goal 3F.2
  - Goal 3F.3

a Just Culture evaluation identifies the root cause of a medical error. The corrective action can be changing policy, providing education, providing additional equipment, or applying a punitive action to a reckless clinician. The corrective action process is meant to correct the basic cause of a medical error or non-compliance with a protocol, assuming that malicious human intent is extremely uncommon in the clinical error process.

Objectives	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
2D.5.1 Revise and update current Issue Resolution Plan (IRP) with significant field input and engagement of Local 1014.	■					
2D.5.2 Educate all EMS personnel about details of draft plan, rationale behind plan, and solicit additional ideas from the field.	■					
2D.5.3 Complete review by counsel, Department management, CEO staff, and other stakeholders in the County and in the medical community.	■					
2D.5.4 Disseminate IRP to Department personnel and other relevant stakeholders.			■			





## Emergency Medical Services Strategic Plan

### YOUR ARE HERE:

#### Strategy 2D Improved Service Delivery

Goal 2D.6 Utilize a Patient Assessment Unit

### 1. HUMAN RESOURCES DEVELOPMENT

- Strategy 1A
  - Goal 1A.1
  - Goal 1A.2
  - Goal 1A.3
- Strategy 1B
  - Goal 1B.1
  - Goal 1B.2
  - Goal 1B.3

### 2. EXCELLENCE IN EMS

- Strategy 2C
  - Goal 2C.1
  - Goal 2C.2
  - Goal 2C.3
  - Goal 2C.4
  - Goal 2C.5
  - Goal 2C.6
- Strategy 2D
  - Goal 2D.1
  - Goal 2D.2
  - Goal 2D.3
  - Goal 2D.4
  - Goal 2D.5
  - Goal 2D.6
  - Goal 2D.7
  - Goal 2D.8

### 3. PROGRAM SUPPORT

- Strategy 3E
  - Goal 3E.1
  - Goal 3E.2
  - Goal 3E.3
  - Goal 3E.4
  - Goal 3E.5
- Strategy 3F
  - Goal 3F.1
  - Goal 3F.2
  - Goal 3F.3

## Goal 2D.6 Utilize a Patient Assessment Unit

### *Specific Line of Service*

Patient Assessment Units (PAUs) operate out of stations that do not house paramedic squads. Their role is to assess patients upon the receipt of a call for service and determine if a paramedic squad is required.

### *Critical Success Indicators*

- ◆ PAUs routinely arrive at the scene ahead of the paramedic squad.
- ◆ PAUs routinely give adequate reports on patient conditions to facilitate appropriate decisions to continue responding or cancel enroute.
- ◆ Paramedic call volume is significantly reduced by the use of PAUs.

### *Strategic Thrusts*

- ◆ Become an Information-Driven Organization
- ◆ Develop into a Demographically-Sensitive Organization
- ◆ Use Technology Appropriately to Achieve Efficiencies
- ◆ Maintain a High Level of Paramedic Experience for Excellence in Patient Care

### *Impact on Culture*

This will have a positive impact on the culture as it will reduce overuse of paramedics to incidents where they are not needed.

### *Goal*

To determine where additional paramedic-level resources should be stationed in communities. Paramedic-level resources can sometimes be a scarce resource that should not be used inappropriately, and should be available within acceptable period of time to all supported communities. This goal will help determine the acceptable timeframe for ALS delivery in all geographic areas of service in the County and then determine the best way to meet that need.



## Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 2D Improved Service Delivery**

Goal 2D.6 Utilize a Patient Assessment Unit

**1. HUMAN RESOURCES DEVELOPMENT**

Strategy 1A

- Goal 1A.1
- Goal 1A.2
- Goal 1A.3

Strategy 1B

- Goal 1B.1
- Goal 1B.2
- Goal 1B.3

**2. EXCELLENCE IN EMS**

Strategy 2C

- Goal 2C.1
- Goal 2C.2
- Goal 2C.3
- Goal 2C.4
- Goal 2C.5
- Goal 2C.6

Strategy 2D

- Goal 2D.1
- Goal 2D.2
- Goal 2D.3
- Goal 2D.4
- Goal 2D.5
- Goal 2D.6
- Goal 2D.7
- Goal 2D.8

**3. PROGRAM SUPPORT**

Strategy 3E

- Goal 3E.1
- Goal 3E.2
- Goal 3E.3
- Goal 3E.4
- Goal 3E.5

Strategy 3F

- Goal 3F.1
- Goal 3F.2
- Goal 3F.3

Objectives	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
2D.6.1 Identify stations for Assessment Engines using clinical and operationally-driven information requirements.			█			
2D.6.2 Establish a budget to purchase PAU equipment.			█			
2D.6.3 Negotiate with 1014 to implement PAU.			█			
2D.6.4 Identify a funding source.			█			
2D.6.5 Purchase PAU equipment.			█			
2D.6.6 Request PAU approval from DHS.			█			
2D.6.7 Negotiate with 1014 on paramedic post position bid process.			█			
2D.6.8 Educate paramedic on position options/details.			█			
2D.6.9 Inform/train dispatch on new unit assignments.			█			
2D.6.10 Request unit approval from DHS.			█			
2D.6.11 Assign personnel to PAU.			█			



# Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 2D Improved Service Delivery**

Goal 2D.7 Conduct a Departmental Delivery Model Review

**1. HUMAN RESOURCES DEVELOPMENT**

- Strategy 1A
  - Goal 1A.1
  - Goal 1A.2
  - Goal 1A.3
- Strategy 1B
  - Goal 1B.1
  - Goal 1B.2
  - Goal 1B.3

**2. EXCELLENCE IN EMS**

- Strategy 2C
  - Goal 2C.1
  - Goal 2C.2
  - Goal 2C.3
  - Goal 2C.4
  - Goal 2C.5
  - Goal 2C.6
- Strategy 2D
  - Goal 2D.1
  - Goal 2D.2
  - Goal 2D.3
  - Goal 2D.4
  - Goal 2D.5
  - Goal 2D.6
  - Goal 2D.7
  - Goal 2D.8

**3. PROGRAM SUPPORT**

- Strategy 3E
  - Goal 3E.1
  - Goal 3E.2
  - Goal 3E.3
  - Goal 3E.4
  - Goal 3E.5
- Strategy 3F
  - Goal 3F.1
  - Goal 3F.2
  - Goal 3F.3

## Goal 2D.7 Conduct a Departmental Delivery Model Review

*Specific Line of Service*

Conduct a thorough review of the Department’s EMS delivery model to ensure that the Department continues to be a leader in EMS delivery, which it has been since the earliest days of fire-based EMS.

*Critical Success Indicators*

- ◆ Patient outcome data is used routinely to review and modify the Department’s patient care delivery system.

*Strategic Thrusts*

- ◆ Develop into a Demographically-Sensitive Organization
- ◆ Maintain a High Level of Paramedic Experience for Excellence in Patient Care

*Impact on Culture*

If the Department continues to be a leader and trendsetter in EMS, this will positively impact the staff.

*Goal*

To use patient outcome data to track how the current delivery system performs and then compare system outcomes to other viable delivery methods and revenue impacts imposed by federal health care reform.

Objectives	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
2D.7.1 Study best practices and patient outcomes.						
2D.7.2 Determine maximum operational/clinical efficiency using the current two-paramedic model (best service, least cost, best resources use).						

## Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 2D Improved Service Delivery**

Goal 2D.7 Conduct a Departmental Delivery Model Review

**1. HUMAN RESOURCES DEVELOPMENT**

Strategy 1A

- Goal 1A.1
- Goal 1A.2
- Goal 1A.3

Strategy 1B

- Goal 1B.1
- Goal 1B.2
- Goal 1B.3

**2. EXCELLENCE IN EMS**

Strategy 2C

- Goal 2C.1
- Goal 2C.2
- Goal 2C.3
- Goal 2C.4
- Goal 2C.5
- Goal 2C.6

Strategy 2D

- Goal 2D.1
- Goal 2D.2
- Goal 2D.3
- Goal 2D.4
- Goal 2D.5
- Goal 2D.6
- Goal 2D.7
- Goal 2D.8

**3. PROGRAM SUPPORT**

Strategy 3E

- Goal 3E.1
- Goal 3E.2
- Goal 3E.3
- Goal 3E.4
- Goal 3E.5

Strategy 3F

- Goal 3F.1
- Goal 3F.2
- Goal 3F.3

Objectives	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
2D.7.3 Quantify the concept that a second paramedic improves patient outcomes and operational efficiency (on-scene time, wall time, patient destination).			■			
2D.7.4 Increase personal paramedic satisfaction as a paramedic (as defined by the paramedic).			■			
2D.7.5 Conduct a follow-up survey to focus on two-paramedic model.			■			



## Emergency Medical Services Strategic Plan

### YOUR ARE HERE:

#### **Strategy 2D Improved Service Delivery**

Goal 2D.8 Utilize Electronic Incident and Patient Care Information for System Planning and Performance Monitoring

### 1. HUMAN RESOURCES DEVELOPMENT

#### Strategy 1A

- Goal 1A.1
- Goal 1A.2
- Goal 1A.3

#### Strategy 1B

- Goal 1B.1
- Goal 1B.2
- Goal 1B.3

### 2. EXCELLENCE IN EMS

#### Strategy 2C

- Goal 2C.1
- Goal 2C.2
- Goal 2C.3
- Goal 2C.4
- Goal 2C.5
- Goal 2C.6

#### Strategy 2D

- Goal 2D.1
- Goal 2D.2
- Goal 2D.3
- Goal 2D.4
- Goal 2D.5
- Goal 2D.6
- Goal 2D.7
- Goal 2D.8

### 3. PROGRAM SUPPORT

#### Strategy 3E

- Goal 3E.1
- Goal 3E.2
- Goal 3E.3
- Goal 3E.4
- Goal 3E.5

#### Strategy 3F

- Goal 3F.1
- Goal 3F.2
- Goal 3F.3

## **Goal 2D.8 Utilize Electronic Incident and Patient Care Information for System Planning and Performance Monitoring**

### *Specific Line of Service*

Utilize Departmental electronic data to measure the performance of the system.

### *Critical Success Indicators*

Reportable performance criteria requires information from every aspect of a response, including dispatch, crew reaction, response, patient contact, scene operations, patient transfer, and resource return-to-service.

- ◆ Incident records contain all aspects of a response.
- ◆ Department personnel understand the importance and ramifications of accurate and complete documentation on patient care reports (PCRs).
- ◆ PCRs are filed in a timely manner without jeopardizing accuracy.
- ◆ PCRs are shared with divisions and trusted agencies that have a need to review the information.
- ◆ PCRs comply with and satisfy multiple local, State, and federal agency mandates and guidelines.

### *Strategic Thrusts*

- ◆ Become an Information-Driven Organization
- ◆ Develop into a Demographically-Sensitive Organization
- ◆ Use Technology Appropriately to Achieve Efficiencies
- ◆ Maintain a High Level of Paramedic Experience for Excellence in Patient Care

### *Impact on Culture*

Once employees are trained and recognize this task as part of their responsibility, it can create public trust for the agency and its employees by providing accessible and dependable information. Legacy response



# Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 2D Improved Service Delivery**

Goal 2D.8 Utilize Electronic Incident and Patient Care Information for System Planning and Performance Monitoring

information is valuable to new employees and will help them understand the agency’s culture and expectations of the employees.

*Goal*

To improve and better utilize electronic data to assure that the right allocation of resources, with the proper equipment, is delivered to every patient, every time.

**1. HUMAN RESOURCES**

**DEVELOPMENT**

Strategy 1A

- Goal 1A.1
- Goal 1A.2
- Goal 1A.3

Strategy 1B

- Goal 1B.1
- Goal 1B.2
- Goal 1B.3

**2. EXCELLENCE IN EMS**

Strategy 2C

- Goal 2C.1
- Goal 2C.2
- Goal 2C.3
- Goal 2C.4
- Goal 2C.5
- Goal 2C.6

Strategy 2D

- Goal 2D.1
- Goal 2D.2
- Goal 2D.3
- Goal 2D.4
- Goal 2D.5
- Goal 2D.6
- Goal 2D.7
- Goal 2D.8

**3. PROGRAM SUPPORT**

Strategy 3E

- Goal 3E.1
- Goal 3E.2
- Goal 3E.3
- Goal 3E.4
- Goal 3E.5

Strategy 3F

- Goal 3F.1
- Goal 3F.2
- Goal 3F.3

Objectives	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
2D.8.1 Ensure patient care information is accurate, objective, and complete.	[Red bar]					
2D.8.2 Analyzed the NFIRS data for relevance to EMS.	[Red bar]					
2D.8.3 Automatically link NFIRS with electronic patient care records and other EMS data.			[Green bar]			
2D.8.4 Define the data needed for the QI dashboards.	[Red bar]					



*Major Line of Service 3*

*PROGRAM SUPPORT*

*Integrated Action Plans*





## Emergency Medical Services Strategic Plan

### YOUR ARE HERE:

#### Strategy 3E Logistical Support

#### 1. HUMAN RESOURCES DEVELOPMENT

- Strategy 1A
  - Goal 1A.1
  - Goal 1A.2
  - Goal 1A.3
- Strategy 1B
  - Goal 1B.1
  - Goal 1B.2
  - Goal 1B.3

#### 2. EXCELLENCE IN EMS

- Strategy 2C
  - Goal 2C.1
  - Goal 2C.2
  - Goal 2C.3
  - Goal 2C.4
  - Goal 2C.5
  - Goal 2C.6
- Strategy 2D
  - Goal 2D.1
  - Goal 2D.2
  - Goal 2D.3
  - Goal 2D.4
  - Goal 2D.5
  - Goal 2D.6
  - Goal 2D.7
  - Goal 2D.8

#### 3. PROGRAM SUPPORT

- Strategy 3E
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  - Goal 3E.2
  - Goal 3E.3
  - Goal 3E.4
  - Goal 3E.5
- Strategy 3F
  - Goal 3F.1
  - Goal 3F.2
  - Goal 3F.3

Major Line of Service

# 3

## PROGRAM SUPPORT *INTEGRATED ACTION PLANS*

### *Strategy 3E Logistical Support*



#### *Desired Outcomes*

The Department will have the necessary facilities, equipment, vehicles, supplies, and other logistical necessities to carry out the mission of protecting lives, the environment, and property. The Department will realize increased operational efficiencies through the increased usage of technology in conducting everyday business. Information technology projects, resources,



## Emergency Medical Services Strategic Plan

### YOUR ARE HERE:

#### **Strategy 3E Logistical Support**

### **1. HUMAN RESOURCES DEVELOPMENT**

#### Strategy 1A

- Goal 1A.1
- Goal 1A.2
- Goal 1A.3

#### Strategy 1B

- Goal 1B.1
- Goal 1B.2
- Goal 1B.3

### **2. EXCELLENCE IN EMS**

#### Strategy 2C

- Goal 2C.1
- Goal 2C.2
- Goal 2C.3
- Goal 2C.4
- Goal 2C.5
- Goal 2C.6

#### Strategy 2D

- Goal 2D.1
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- Goal 2D.3
- Goal 2D.4
- Goal 2D.5
- Goal 2D.6
- Goal 2D.7
- Goal 2D.8

### **3. PROGRAM SUPPORT**

#### Strategy 3E

- Goal 3E.1
- Goal 3E.2
- Goal 3E.3
- Goal 3E.4
- Goal 3E.5

#### Strategy 3F

- Goal 3F.1
- Goal 3F.2
- Goal 3F.3

and funding will be aligned with the Department’s strategic efforts, and have full executive support.<sup>8</sup>

This strategy interfaces with Strategy 1B – Education and Training, Strategy 2C – Continuous Quality Improvement, Strategy 2D – Improved Service Delivery, and Strategy 3F – Marketing the EMS Program.

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<sup>8</sup> The Department was founded as a firefighting agency receiving revenue from property taxes to provide equitable fire protection to all of its service areas. When the Department shifted its legacy rescue squads into paramedic squads in the early 1960s, no one in the United States could have foreseen that EMS would become 74 percent or more of the Department’s emergency incident demand.



## Emergency Medical Services Strategic Plan

### YOUR ARE HERE:

#### Strategy 3E Logistical Support

Goal 3E.1 Modernize the Entire Logistics Chain

### 1. HUMAN RESOURCES DEVELOPMENT

#### Strategy 1A

- Goal 1A.1
- Goal 1A.2
- Goal 1A.3

#### Strategy 1B

- Goal 1B.1
- Goal 1B.2
- Goal 1B.3

### 2. EXCELLENCE IN EMS

#### Strategy 2C

- Goal 2C.1
- Goal 2C.2
- Goal 2C.3
- Goal 2C.4
- Goal 2C.5
- Goal 2C.6

#### Strategy 2D

- Goal 2D.1
- Goal 2D.2
- Goal 2D.3
- Goal 2D.4
- Goal 2D.5
- Goal 2D.6
- Goal 2D.7
- Goal 2D.8

### 3. PROGRAM SUPPORT

#### Strategy 3E

- Goal 3E.1
- Goal 3E.2
- Goal 3E.3
- Goal 3E.4
- Goal 3E.5

#### Strategy 3F

- Goal 3F.1
- Goal 3F.2
- Goal 3F.3

## Goal 3E.1 Modernize the Entire Logistics Chain

### *Specific Line of Service*

Improve logistical support with a modern logistics chain from the first ordering of a resource until its actual use. Strong logistical support indicates to the personnel working in the supply chain that their jobs are important; indicates to the field personnel that the organization supports the services they perform; and conveys to the patients that they are getting excellent service.

### *Critical Success Indicators*

- ◆ Equipment and supply orders are filled in time to meet operational needs.
- ◆ Adequate stock supplies reflecting accurate needs are maintained.
- ◆ No backlog of orders occurs on a regular basis.

### *Strategic Thrusts*

- ◆ Become an Information-Driven Organization
- ◆ Use Technology Appropriately to Achieve Efficiencies

### *Impact on Culture*

Providing the required resources to the field as needed is important and would create credibility for the EMS program.

### *Goal*

To enhance the EMS logistics process by converting the order system to an electronic processing system utilizing tools like bar codes or magnetic strips and other systems described in the previous goals.



## Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 3E Logistical Support**

Goal 3E.1 Modernize the Entire Logistics Chain

**1. HUMAN RESOURCES DEVELOPMENT**

- Strategy 1A
  - Goal 1A.1
  - Goal 1A.2
  - Goal 1A.3
- Strategy 1B
  - Goal 1B.1
  - Goal 1B.2
  - Goal 1B.3

**2. EXCELLENCE IN EMS**

- Strategy 2C
  - Goal 2C.1
  - Goal 2C.2
  - Goal 2C.3
  - Goal 2C.4
  - Goal 2C.5
  - Goal 2C.6
- Strategy 2D
  - Goal 2D.1
  - Goal 2D.2
  - Goal 2D.3
  - Goal 2D.4
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  - Goal 2D.7
  - Goal 2D.8

**3. PROGRAM SUPPORT**

- Strategy 3E
  - Goal 3E.1
  - Goal 3E.2
  - Goal 3E.3
  - Goal 3E.4
  - Goal 3E.5
- Strategy 3F
  - Goal 3F.1
  - Goal 3F.2
  - Goal 3F.3

Objectives	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
3E.1.1 Develop a system of warehouse inventory control by utilizing a bar code or other similar system of electronic identification and counting; incorporate recommendations from current field-level staff.						
3E.1.2 Electronically interface the ordering system to the ePCR to automate the ordering of supplies based on usage.						
3E.1.3 Install the system and apply the identifications to the Department inventory items. Where possible utilize the product bar codes for inventory.						
3E.1.4 Track deliveries by bar code or Radio Frequency Identification (RFID).						
3E.1.5 Track station inventories by bar code or RFID. The ultimate goal would be to establish an electronic system (bar code or RFID) of tracking supplies coming in and going out with an automated reordering of used items.						
3E.1.6 Tracking of controlled drugs by bar code or RFID.						



## Emergency Medical Services Strategic Plan

### YOUR ARE HERE:

#### Strategy 3E Logistical Support

Goal 3E.2 Maintain Adequate EMS Inventory

### 1. HUMAN RESOURCES DEVELOPMENT

#### Strategy 1A

- Goal 1A.1
- Goal 1A.2
- Goal 1A.3

#### Strategy 1B

- Goal 1B.1
- Goal 1B.2
- Goal 1B.3

### 2. EXCELLENCE IN EMS

#### Strategy 2C

- Goal 2C.1
- Goal 2C.2
- Goal 2C.3
- Goal 2C.4
- Goal 2C.5
- Goal 2C.6

#### Strategy 2D

- Goal 2D.1
- Goal 2D.2
- Goal 2D.3
- Goal 2D.4
- Goal 2D.5
- Goal 2D.6
- Goal 2D.7
- Goal 2D.8

### 3. PROGRAM SUPPORT

#### Strategy 3E

- Goal 3E.1
- Goal 3E.2
- Goal 3E.3
- Goal 3E.4
- Goal 3E.5

#### Strategy 3F

- Goal 3F.1
- Goal 3F.2
- Goal 3F.3

## Goal 3E.2 Maintain Adequate EMS Inventory

### *Specific Line of Service*

Develop a standard inventory system that provides each station with supplies needed to maintain minimum stocking levels with sufficient back-up to meet ongoing needs, plus a margin for mass casualty incidents or disasters. The warehouse is the first stage of the internal logistical pipeline and needs to be adequately stocked with the correct inventory to fulfill its role of supplying the rest of the system.

### *Critical Success Indicators*

- ◆ EMS supplies are provided to every station as needed. Shortages are not occurring on a regular basis. All stations have adequate space and appropriate security to store EMS stock items to help avoid shortages.
- ◆ A reliable and dependable inventory system meeting the LEMSA requirements exists and supports BLS and ALS patient care, mass casualty incident, and disaster response caches. A standardized but flexible shelving and locker system adequate for the stations' inventory exists.
- ◆ Space requirements for the shelving and locker system have been identified and appropriated.

### *Strategic Thrusts*

- ◆ Use Technology Appropriately to Achieve Efficiencies

### *Impact on Culture*

There is likely to be an initial push-back against the goal as other similar goals have been proposed and have not been implemented. Identifying the spaces and installing storage facilities will act as evidence of the Department's commitment to provide a working medical supply system. Maintaining sufficient supplies will eventually have a positive impact on the culture, reinforce the notion that the EMS program is important, and that the Department is serious about implementing its strategic plan.



# Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 3E Logistical Support**

Goal 3E.2 Maintain Adequate EMS Inventory

**1. HUMAN RESOURCES DEVELOPMENT**

- Strategy 1A
  - Goal 1A.1
  - Goal 1A.2
  - Goal 1A.3

- Strategy 1B
  - Goal 1B.1
  - Goal 1B.2
  - Goal 1B.3

**2. EXCELLENCE IN EMS**

- Strategy 2C
  - Goal 2C.1
  - Goal 2C.2
  - Goal 2C.3
  - Goal 2C.4
  - Goal 2C.5
  - Goal 2C.6

- Strategy 2D
  - Goal 2D.1
  - Goal 2D.2
  - Goal 2D.3
  - Goal 2D.4
  - Goal 2D.5
  - Goal 2D.6
  - Goal 2D.7
  - Goal 2D.8

**3. PROGRAM SUPPORT**

- Strategy 3E
  - Goal 3E.1
  - Goal 3E.2
  - Goal 3E.3
  - Goal 3E.4
  - Goal 3E.5

- Strategy 3F
  - Goal 3F.1
  - Goal 3F.2
  - Goal 3F.3

**Goal**

To enhance the ability to obtain, store, transport, and utilize all of the necessary EMS supplies and equipment required for optimal performance within the Department. This and the following goals within this strategy are designed to maintain sufficient EMS stock on hand in fire stations to satisfy responding unit’s required inventory. This will meet LEMSA requirements and result in better patient care and lower costs through a more efficient delivery system.

Objectives	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
3E.2.1 Assign responsibility at warehouse for maintaining adequate inventory and placing orders by equipment type (e.g., EMS supply supervisor, personal protective equipment (PPE) supply supervisor, etc.).	■					
3E.2.2 Establish chain of command at warehouse amongst personnel.	■					
3E.2.3 Utilize Novation ordering (DHS Group Purchasing) to order EMS items. Identify if ordering through the DHS purchasing agreement with Novation would benefit the Department with reduced cost and/or delivery time.			■			
3E.2.4 Analyze annual ordering statistics from past years (2012-2013) to establish scheduled delivery of EMS items.			■			
3E.2.5 Verify sufficient date of expiration on items delivered from vendors (expiration date to be determined by Materials Management Division (MMD)).	■					
3E.2.6 Develop new warehouse “Storefront” software that interfaces with the electronic Countywide Accounting and Purchasing System (eCAPS). Integrate the Storefront software with eCAPS so that, once ordered, the equipment cost will be deducted from the station/battalion/division budget.			■			
3E.2.7 Develop a minimum station inventory of EMS supplies that allows units to maintain required onboard inventory based on anticipated consumption of supplies.			■			



## Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 3E Logistical Support**

Goal 3E.2 Maintain Adequate EMS Inventory

**1. HUMAN RESOURCES DEVELOPMENT**

Strategy 1A  
Goal 1A.1  
Goal 1A.2  
Goal 1A.3

Strategy 1B  
Goal 1B.1  
Goal 1B.2  
Goal 1B.3

**2. EXCELLENCE IN EMS**

Strategy 2C  
Goal 2C.1  
Goal 2C.2  
Goal 2C.3  
Goal 2C.4  
Goal 2C.5  
Goal 2C.6

Strategy 2D  
Goal 2D.1  
Goal 2D.2  
Goal 2D.3  
Goal 2D.4  
Goal 2D.5  
Goal 2D.6  
Goal 2D.7  
Goal 2D.8

**3. PROGRAM SUPPORT**

Strategy 3E  
Goal 3E.1  
Goal 3E.2  
Goal 3E.3  
Goal 3E.4  
Goal 3E.5

Strategy 3F  
Goal 3F.1  
Goal 3F.2  
Goal 3F.3

Objectives	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
3E.2.8 Assign daily responsibility at the station level for maintaining sufficient inventory.						
3E.2.9 Track unit inventories using an electronic version of Form 260.						
3E.2.10 Determine if an item requires monthly, bi-monthly, or quarterly delivery. The decision is based on the availability of space at the warehouse.						
3E.2.11 Determine specific quantity of EMS equipment utilized.						
3E.2.12 Identify if specific items usage increased or decreased during the years 2012 and 2013 to determine projected usage for year 2014.						
3E.2.13 Initiate ordering of same items to move the equipment forward into the system.						
3E.2.14 Verify through vendor contract that no item(s) will have an expiration of less than 24 months.						
3E.2.15 Establish a fixed schedule to be followed by stations and the warehouse for placing and receiving orders. See example below this table.						
3E.2.16 Transmit orders by 0900 on assigned day.						
3E.2.17 Fulfill and set orders for delivery by 0900 the following day.						
3E.2.18 Deliver orders on assigned delivery day.						

The following is an example of the supply shipping rotation envisioned in this goal.

	Monday	Tuesday	Wednesday	Thursday	Friday
Place order	Batt. 1-5	Batt. 6-10	Batt. 11-15	Batt. 16-20	Batt. 21-Camps
Order delivered	Batt. 21-Camps	Batt. 1-5	Batt. 6-10	Batt. 11-15	Batt. 16-20



# Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 3E Logistical Support**

Goal 3E.3 Adopt Electronic EMS Supply Ordering System

**1. HUMAN RESOURCES DEVELOPMENT**

- Strategy 1A
  - Goal 1A.1
  - Goal 1A.2
  - Goal 1A.3
- Strategy 1B
  - Goal 1B.1
  - Goal 1B.2
  - Goal 1B.3

**2. EXCELLENCE IN EMS**

- Strategy 2C
  - Goal 2C.1
  - Goal 2C.2
  - Goal 2C.3
  - Goal 2C.4
  - Goal 2C.5
  - Goal 2C.6
- Strategy 2D
  - Goal 2D.1
  - Goal 2D.2
  - Goal 2D.3
  - Goal 2D.4
  - Goal 2D.5
  - Goal 2D.6
  - Goal 2D.7
  - Goal 2D.8

**3. PROGRAM SUPPORT**

- Strategy 3E
  - Goal 3E.1
  - Goal 3E.2
  - Goal 3E.3
  - Goal 3E.4
  - Goal 3E.5
- Strategy 3F
  - Goal 3F.1
  - Goal 3F.2
  - Goal 3F.3

## Goal 3E.3 Adopt Electronic EMS Supply Ordering System

*Specific Line of Service*

Improve electronic supply ordering to ensure orders are moved rapidly through the system. This would result in a lower volume of inventory at the local level and the receipt of orders could be rapidly confirmed.

*Critical Success Indicators*

- ◆ Orders are filled in time to meet the operational needs.
- ◆ Adequate, not excessive, stock is kept on hand.
- ◆ Orders do not result in backlogs on a regular basis.
- ◆ Inventory control system adequately tracks status of orders.

*Strategic Thrusts*

- ◆ Become an Information-Driven Organization
- ◆ Use Technology Appropriately to Achieve Efficiencies

*Impact on Culture*

Providing the required resources to the field as needed would create immediate credibility for the EMS program.

*Goal*

To develop an electronic means of transmitting orders for EMS supplies to the EMS supply warehouse. This will reduce the time required to obtain necessary EMS supplies and reduce the amount of paperwork. Over the long term, electronic interface between the ePCR system and the ordering system will result in stock being automatically ordered as it is used. This goal will also ensure that the EMS warehouse has sufficient stock to fulfill orders as they arrive.

Objectives	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6

3E.3.1 Develop a new "Storefront" website for the field to access and order supplies.  





## Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 3E Logistical Support**

Goal 3E.3 Adopt Electronic EMS Supply Ordering System

**1. HUMAN RESOURCES DEVELOPMENT**

Strategy 1A

- Goal 1A.1
- Goal 1A.2
- Goal 1A.3

Strategy 1B

- Goal 1B.1
- Goal 1B.2
- Goal 1B.3

**2. EXCELLENCE IN EMS**

Strategy 2C

- Goal 2C.1
- Goal 2C.2
- Goal 2C.3
- Goal 2C.4
- Goal 2C.5
- Goal 2C.6

Strategy 2D

- Goal 2D.1
- Goal 2D.2
- Goal 2D.3
- Goal 2D.4
- Goal 2D.5
- Goal 2D.6
- Goal 2D.7
- Goal 2D.8

**3. PROGRAM SUPPORT**

Strategy 3E

- Goal 3E.1
- Goal 3E.2
- Goal 3E.3
- Goal 3E.4
- Goal 3E.5

Strategy 3F

- Goal 3F.1
- Goal 3F.2
- Goal 3F.3

Objectives	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
3E.3.2 Redesign warehouse storefront to interface with eCAPS and streamline the budget and inventory process.	█					
3E.3.3 Allow station orders to be approved by on-duty captain rather than all three captains.	█					
3E.3.4 Transmit orders electronically to battalion chief for approval.	█					
3E.3.5 Transmit orders electronically to warehouse for fulfillment. The Storefront software should be a seamless electronic system that, when ordered at the station, would generate a request that is printed at the warehouse (thus bypassing the hand-carrying process).	█					
3E.3.6 Identify an order cost level that the ordering station captain has authorization to purchase. Require supplies above that level to be authorized by a battalion chief.	█					
3E.3.7 Interface ePCR with the ordering system for automated ordering and inventory control.	█					
3E.3.8 Allow DSCs to transmit orders by e-mail for fulfillment.	█					
3E.3.9 Remove responsibility of non-emergency EMS orders from battalion utility drivers.	█					
3E.3.10 Hire EMS delivery drivers assigned to warehouse.	█					



## Emergency Medical Services Strategic Plan

### YOUR ARE HERE:

#### **Strategy 3E Logistical Support**

Goal 3E.4 Revamp the Controlled Drugs Maintenance System

### 1. HUMAN RESOURCES DEVELOPMENT

#### Strategy 1A

- Goal 1A.1
- Goal 1A.2
- Goal 1A.3

#### Strategy 1B

- Goal 1B.1
- Goal 1B.2
- Goal 1B.3

### 2. EXCELLENCE IN EMS

#### Strategy 2C

- Goal 2C.1
- Goal 2C.2
- Goal 2C.3
- Goal 2C.4
- Goal 2C.5
- Goal 2C.6

#### Strategy 2D

- Goal 2D.1
- Goal 2D.2
- Goal 2D.3
- Goal 2D.4
- Goal 2D.5
- Goal 2D.6
- Goal 2D.7
- Goal 2D.8

### 3. PROGRAM SUPPORT

#### Strategy 3E

- Goal 3E.1
- Goal 3E.2
- Goal 3E.3
- Goal 3E.4
- Goal 3E.5

#### Strategy 3F

- Goal 3F.1
- Goal 3F.2
- Goal 3F.3

## Goal 3E.4 Revamp the Controlled Drugs Maintenance System

### *Specific Line of Service*

Increase the level of security and system management for controlled drugs. This will address documentation and legal requirements.

### *Critical Success Indicators*

- ◆ Controlled drugs of the correct type, dosage, and quantity are promptly and securely delivered to the stations as needed.
- ◆ The chain of custody is clear and unambiguous.
- ◆ The controlled drugs supply system, including all documentation, meets or exceeds the requirements of the Drug Enforcement Agency (DEA) and LEMSA.
- ◆ There are no unexplained shortages of controlled drugs.

### *Strategic Thrusts*

- ◆ Become an Information-Driven Organization
- ◆ Use Technology Appropriately to Achieve Efficiencies

### *Impact on Culture*

A functional and appropriate controlled substances (CS) system will reduce the stress on everyone involved.

### *Goal*

To use rigorous controls to ensure “chain of custody” from the moment the medication is acquired by the Department until the drug is administered to a patient, or disposed of in an approved manner and replaced into the ALS drug inventory. CS are medications deemed by the DEA to be highly vulnerable to diversion, theft, or dependency. This goal will ensure that medications highly regulated by the DEA (controlled substances – Schedule II) are properly available to the paramedics so that they can administer the CS. Simultaneously, Department personnel must adhere to a rigorous accountability process that closely tracks the movement and storage of the CS until they are administered to a patient and replaced into the drug inventory of the ALS unit. This goal will deliver the patient the medicine they need



## Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 3E Logistical Support**

Goal 3E.4 Revamp the Controlled Drugs Maintenance System

**1. HUMAN RESOURCES DEVELOPMENT**

- Strategy 1A
  - Goal 1A.1
  - Goal 1A.2
  - Goal 1A.3
- Strategy 1B
  - Goal 1B.1
  - Goal 1B.2
  - Goal 1B.3

**2. EXCELLENCE IN EMS**

- Strategy 2C
  - Goal 2C.1
  - Goal 2C.2
  - Goal 2C.3
  - Goal 2C.4
  - Goal 2C.5
  - Goal 2C.6
- Strategy 2D
  - Goal 2D.1
  - Goal 2D.2
  - Goal 2D.3
  - Goal 2D.4
  - Goal 2D.5
  - Goal 2D.6
  - Goal 2D.7
  - Goal 2D.8

**3. PROGRAM SUPPORT**

- Strategy 3E
  - Goal 3E.1
  - Goal 3E.2
  - Goal 3E.3
  - Goal 3E.4
  - Goal 3E.5
- Strategy 3F
  - Goal 3F.1
  - Goal 3F.2
  - Goal 3F.3

while creating an administrative process to ensure compliance with federal, State, and local regulators.

Objectives	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
3E.4.1 Convene stakeholders (Department EMS staff, Department operations staff, Department Medical Director, LEMSA staff, State Board of Pharmacy staff, DEA staff) to identify requirements for decentralized, Division-based, drug allocation system with centralized oversight in the EMS Bureau.						
3E.4.2 Complete administrative requirements identified in 3E.4.1 (e.g., DEA certificates for each site).						
3E.4.3 Create an acquisition plan that uses private delivery services (UPS or similar) to courier controlled substances in an almost "just in time" manner to a secure, Division-designated reception point.						
3E.4.4 Determine the best way for a regionally-based EMS representative (battalion chief, captain) to inventory and secure CS.						
3E.4.5 Determine the best way for a regionally-based EMS representative (battalion chief, captain) to allocate CS to ALS units within jurisdiction (Division) (e.g., ALS unit travels to Division site, EMS rep travels to ALS unit, or some combination).						
3E.4.6 Determine the best way for CS containers to be tracked after administration to a patient. Must include process for random analysis of used CS containers to verify contents were CS.						
3E.4.7 Refine current paper (to be replaced by electronic) tracking system for each unit of CS that ensures accountability and "ownership" of CS at any point in time, by identifiable individual, from acquisition by Department of CS until the final disposition of CS by Department personnel.						



## Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 3E Logistical Support**

Goal 3E.4 Revamp the Controlled Drugs Maintenance System

**1. HUMAN RESOURCES DEVELOPMENT**

Strategy 1A

- Goal 1A.1
- Goal 1A.2
- Goal 1A.3

Strategy 1B

- Goal 1B.1
- Goal 1B.2
- Goal 1B.3

**2. EXCELLENCE IN EMS**

Strategy 2C

- Goal 2C.1
- Goal 2C.2
- Goal 2C.3
- Goal 2C.4
- Goal 2C.5
- Goal 2C.6

Strategy 2D

- Goal 2D.1
- Goal 2D.2
- Goal 2D.3
- Goal 2D.4
- Goal 2D.5
- Goal 2D.6
- Goal 2D.7
- Goal 2D.8

**3. PROGRAM SUPPORT**

Strategy 3E

- Goal 3E.1
- Goal 3E.2
- Goal 3E.3
- Goal 3E.4
- Goal 3E.5

Strategy 3F

- Goal 3F.1
- Goal 3F.2
- Goal 3F.3

Objectives	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
3E.4.8 Create an oversight process using outside pharmacist(s) or other appropriate professional staff to ensure adherence to policies and procedures governing acquisition, storage, and use of CS by Department personnel.						
3E.4.9 Complete policy and procedure documents that support objectives 3E.4.2 through 3E.4.8.						
3E.4.10 Include review of all ePCRs where CS have been administrated to determine and verify the proper use of CS according to County protocols.						

# Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 3E Logistical Support**

Goal 3E.5 Provide Adequate EMS Staff Support

**1. HUMAN RESOURCES DEVELOPMENT**

- Strategy 1A
  - Goal 1A.1
  - Goal 1A.2
  - Goal 1A.3
- Strategy 1B
  - Goal 1B.1
  - Goal 1B.2
  - Goal 1B.3

**2. EXCELLENCE IN EMS**

- Strategy 2C
  - Goal 2C.1
  - Goal 2C.2
  - Goal 2C.3
  - Goal 2C.4
  - Goal 2C.5
  - Goal 2C.6
- Strategy 2D
  - Goal 2D.1
  - Goal 2D.2
  - Goal 2D.3
  - Goal 2D.4
  - Goal 2D.5
  - Goal 2D.6
  - Goal 2D.7
  - Goal 2D.8

**3. PROGRAM SUPPORT**

- Strategy 3E
  - Goal 3E.1
  - Goal 3E.2
  - Goal 3E.3
  - Goal 3E.4
  - Goal 3E.5
- Strategy 3F
  - Goal 3F.1
  - Goal 3F.2
  - Goal 3F.3

## Goal 3E.5 Provide Adequate EMS Staff Support

*Specific Line of Service*

Provide EMS staff with a proper working environment in which to complete their assigned tasks. This includes vehicles, office space (often with privacy), office equipment, training support equipment, and office and teaching supplies readily available.

*Critical Success Indicators*

- ◆ Every employee assigned to support the EMS program has an appropriate vehicle, suitable and equitable office space, and equipment and furniture to perform the duties assigned.
- ◆ Necessary supplies are easily accessible and readily available.

*Strategic Thrusts*

- ◆ Use Technology Appropriately to Achieve Efficiencies

*Impact on Culture*

This will improve the capabilities and efficiencies of the employees who support the EMS program, which will eventually have a positive impact on the internal culture.

*Goal*

To allocate office space, office equipment, and vehicles based on the assignment and the needs of the job.

Objectives	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
3E.5.1 Based on County standards, develop office space standards for each type of assignment in the EMS Bureau.						
3E.5.2 Acquire needed space.						
3E.5.3 Based on County standards, develop standard office equipment complements for each type of assignment in the EMS Bureau.						



## Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 3E Logistical Support**

Goal 3E.5 Provide Adequate EMS Staff Support

**1. HUMAN RESOURCES DEVELOPMENT**

Strategy 1A

- Goal 1A.1
- Goal 1A.2
- Goal 1A.3

Strategy 1B

- Goal 1B.1
- Goal 1B.2
- Goal 1B.3

**2. EXCELLENCE IN EMS**

Strategy 2C

- Goal 2C.1
- Goal 2C.2
- Goal 2C.3
- Goal 2C.4
- Goal 2C.5
- Goal 2C.6

Strategy 2D

- Goal 2D.1
- Goal 2D.2
- Goal 2D.3
- Goal 2D.4
- Goal 2D.5
- Goal 2D.6
- Goal 2D.7
- Goal 2D.8

**3. PROGRAM SUPPORT**

Strategy 3E

- Goal 3E.1
- Goal 3E.2
- Goal 3E.3
- Goal 3E.4
- Goal 3E.5

Strategy 3F

- Goal 3F.1
- Goal 3F.2
- Goal 3F.3

Objectives	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
3E.5.4 Based on County standards, develop vehicle assignment standards for each type of assignment in the EMS Bureau.	[Red bar covering IM 1-2, MR 3-4, LT 5-6]					
3E.5.5 Assign existing office space, as needed, in accordance with standards to current EMS Bureau employees.	[Red bar covering IM 1-2, MR 3-4, LT 5-6]					
3E.5.6 Assign office equipment, as needed, in accordance with standards to current EMS Bureau employees.	[Red bar covering IM 1-2, MR 3-4, LT 5-6]					
3E.5.7 Assign vehicles, as needed, in accordance with standards to current EMS Bureau employees.	[Red bar covering IM 1-2]					
3E.5.8 Assign new office space in accordance with standards to new EMS Bureau employees.	[Red bar covering IM 1-2, MR 3-4, LT 5-6]					
3E.5.9 Assign new office equipment in accordance with standards to new EMS Bureau employees.	[Red bar covering IM 1-2, MR 3-4, LT 5-6]					
3E.5.10 Assign new vehicles in accordance with standards to new EMS Bureau employees.	[Red bar covering IM 1-2, MR 3-4, LT 5-6]					



## Emergency Medical Services Strategic Plan

### YOUR ARE HERE:

Strategy 3F Marketing the EMS Program

### 1. HUMAN RESOURCES DEVELOPMENT

- Strategy 1A
  - Goal 1A.1
  - Goal 1A.2
  - Goal 1A.3
- Strategy 1B
  - Goal 1B.1
  - Goal 1B.2
  - Goal 1B.3

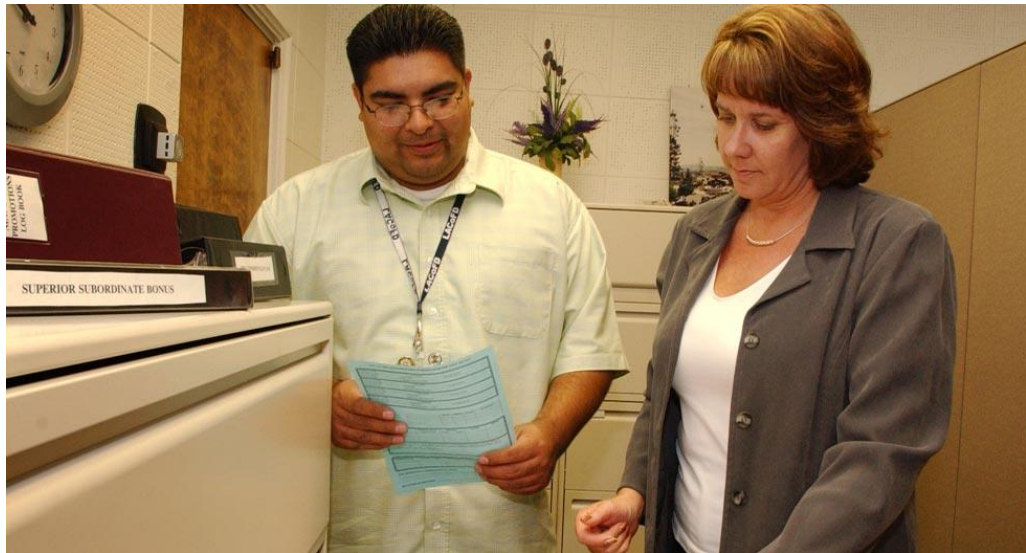
### 2. EXCELLENCE IN EMS

- Strategy 2C
  - Goal 2C.1
  - Goal 2C.2
  - Goal 2C.3
  - Goal 2C.4
  - Goal 2C.5
  - Goal 2C.6
- Strategy 2D
  - Goal 2D.1
  - Goal 2D.2
  - Goal 2D.3
  - Goal 2D.4
  - Goal 2D.5
  - Goal 2D.6
  - Goal 2D.7
  - Goal 2D.8

### 3. PROGRAM SUPPORT

- Strategy 3E
  - Goal 3E.1
  - Goal 3E.2
  - Goal 3E.3
  - Goal 3E.4
  - Goal 3E.5
- Strategy 3F
  - Goal 3F.1
  - Goal 3F.2
  - Goal 3F.3

## Strategy 3F Marketing the EMS Program



### *Desired Outcomes*

Communities will be able to rely on our services and trust us to keep our word. Our communications will offer a vivid portrait of our strategic directions and outcomes that the organization wants and believes it can accomplish. This strategy motivates personnel to engage with the public we serve and will lead to increased awareness of EMS and life-enriching programs to prevent illness and save lives.

This strategy interfaces with Strategy 1A – Recruitment and Retention, Strategy 1B – Education and Training, Strategy 2C – Continuous Quality Improvement, Strategy 2D – Improved Service Delivery, and Strategy 3E – Logistical Support.



## Emergency Medical Services Strategic Plan

### YOUR ARE HERE:

#### **Strategy 3F Marketing the EMS Program**

Goal 3F.1 Develop and Maintain an EMS Marketing Program for Internal Stakeholders

#### **1. HUMAN RESOURCES DEVELOPMENT**

##### Strategy 1A

- Goal 1A.1
- Goal 1A.2
- Goal 1A.3

##### Strategy 1B

- Goal 1B.1
- Goal 1B.2
- Goal 1B.3

#### **2. EXCELLENCE IN EMS**

##### Strategy 2C

- Goal 2C.1
- Goal 2C.2
- Goal 2C.3
- Goal 2C.4
- Goal 2C.5
- Goal 2C.6

##### Strategy 2D

- Goal 2D.1
- Goal 2D.2
- Goal 2D.3
- Goal 2D.4
- Goal 2D.5
- Goal 2D.6
- Goal 2D.7
- Goal 2D.8

#### **3. PROGRAM SUPPORT**

##### Strategy 3E

- Goal 3E.1
- Goal 3E.2
- Goal 3E.3
- Goal 3E.4
- Goal 3E.5

##### Strategy 3F

- Goal 3F.1
- Goal 3F.2
- Goal 3F.3

### **Goal 3F.1 Develop and Maintain an EMS Marketing Program for Internal Stakeholders**

#### *Specific Line of Service*

Develop and implement a marketing plan to inform all internal stakeholders about the Department's legendary EMS program. Use the marketing plan to create an informed workforce fully engaged in the new EMS mission as it transitions over time. Use the marketing program to create an environment in which each member of the Department has a personal connection to EMS success.

#### *Critical Success Indicators*

- ◆ A successfully supported and implemented marketing program exists with the following components:
  - Departmental EMS organization and structure.
  - Updates on milestones and achievements.
  - EMS values and mission statement.
  - Expectations and responsibilities for each employee.
  - Pride in the EMT and paramedic professions.
  - Customer surveys to promote accountability and quality care.
- ◆ An informed workforce is fully engaged in the new EMS mission.
- ◆ Each member of the workforce has a personal connection to EMS success.

#### *Strategic Thrusts*

- ◆ Become an Information-Driven Organization
- ◆ Develop into a Demographically-Sensitive Organization
- ◆ Use Technology Appropriately to Achieve Effectiveness
- ◆ Maintain a High Level of Paramedic Experience for Excellence in Patient Care





# Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 3F Marketing the EMS Program**

Goal 3F.1 Develop and Maintain an EMS Marketing Program for Internal Stakeholders

**1. HUMAN RESOURCES DEVELOPMENT**

- Strategy 1A
  - Goal 1A.1
  - Goal 1A.2
  - Goal 1A.3
- Strategy 1B
  - Goal 1B.1
  - Goal 1B.2
  - Goal 1B.3

**2. EXCELLENCE IN EMS**

- Strategy 2C
  - Goal 2C.1
  - Goal 2C.2
  - Goal 2C.3
  - Goal 2C.4
  - Goal 2C.5
  - Goal 2C.6
- Strategy 2D
  - Goal 2D.1
  - Goal 2D.2
  - Goal 2D.3
  - Goal 2D.4
  - Goal 2D.5
  - Goal 2D.6
  - Goal 2D.7
  - Goal 2D.8

**3. PROGRAM SUPPORT**

- Strategy 3E
  - Goal 3E.1
  - Goal 3E.2
  - Goal 3E.3
  - Goal 3E.4
  - Goal 3E.5
- Strategy 3F
  - Goal 3F.1
  - Goal 3F.2
  - Goal 3F.3

*Impact on Culture*

This will allow employee to develop a deep sense of pride and ownership in the EMS mission and rely more on their own motivation to do the right thing. This strategy motivates all personnel to engage with the public we serve and will lead to increased awareness of EMS and life-enriching programs to prevent illness and save lives.

*Goal*

To develop and implement a marketing plan to inform all internal stakeholders about the Department’s legendary EMS program and to create an environment in which each member of the Department has a personal connection to EMS’ success that translates to positive outcomes for each customer served.

Objectives	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
3F.1.1 Identify who will be responsible and map his/her chain of command.	█					
3F.1.2 Create Departmental communications aimed at promoting the new EMS mission.	█					
3F.1.3 Recruit paramedics (1 per shift per battalion) to serve as EMS advocates.	█					
3F.1.4 Train paramedics to educate personnel about the new EMS mission.	█					
3F.1.5 Train the field utilizing the EMS advocates.	█					
3F.1.6 Implement a system on our Intranet for continual feedback and suggestions.	█					
3F.1.7 Educate field personnel about our Intranet feedback system.	█					



## Emergency Medical Services Strategic Plan

### YOUR ARE HERE:

#### **Strategy 3F Marketing the EMS Program**

Goal 3F.2 Develop and Maintain an EMS Marketing Program for the Public We Serve

### 1. HUMAN RESOURCES DEVELOPMENT

- Strategy 1A
  - Goal 1A.1
  - Goal 1A.2
  - Goal 1A.3
- Strategy 1B
  - Goal 1B.1
  - Goal 1B.2
  - Goal 1B.3

### 2. EXCELLENCE IN EMS

- Strategy 2C
  - Goal 2C.1
  - Goal 2C.2
  - Goal 2C.3
  - Goal 2C.4
  - Goal 2C.5
  - Goal 2C.6
- Strategy 2D
  - Goal 2D.1
  - Goal 2D.2
  - Goal 2D.3
  - Goal 2D.4
  - Goal 2D.5
  - Goal 2D.6
  - Goal 2D.7
  - Goal 2D.8

### 3. PROGRAM SUPPORT

- Strategy 3E
  - Goal 3E.1
  - Goal 3E.2
  - Goal 3E.3
  - Goal 3E.4
  - Goal 3E.5
- Strategy 3F
  - Goal 3F.1
  - Goal 3F.2
  - Goal 3F.3

## **Goal 3F.2 Develop and Maintain an EMS Marketing Program for the Public We Serve**

### *Specific Line of Service*

Use marketing to inform the general public we serve, and promote goodwill and support for the Department in each community. Create communities specifically aware of the EMS mission, services, and life-enriching public education offerings. Motivate the public to become more involved in their health maintenance and survival through public education.

### *Critical Success Indicators*

- ◆ Increased enrollment in public education programs is occurring on a regular basis.
- ◆ An external marketing program exists and is adequately supported that describes how the Department's 21<sup>st</sup> century EMS program is positioned to bring improved medical services through:
  - CQI and QA.
  - Use of data and information.
  - Improved training and education.
  - Promotion of the EMS program in each community served through public information, public education, and public relations.
- ◆ The public is aware of its ability to give feedback via website, survey, and other means to solicit opinions.

### *Strategic Thrusts*

- ◆ Become an Information-Driven Organization
- ◆ Develop into a Demographically-Sensitive Organization
- ◆ Use Technology Appropriately to Achieve Efficiencies

### *Impact on Culture*

As communities become more informed about the Department's EMS program, they will take steps to improve their own health and will increase



# Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 3F Marketing the EMS Program**

Goal 3F.2 Develop and Maintain an EMS Marketing Program for the Public We Serve

**1. HUMAN RESOURCES DEVELOPMENT**

- Strategy 1A
  - Goal 1A.1
  - Goal 1A.2
  - Goal 1A.3
- Strategy 1B
  - Goal 1B.1
  - Goal 1B.2
  - Goal 1B.3

**2. EXCELLENCE IN EMS**

- Strategy 2C
  - Goal 2C.1
  - Goal 2C.2
  - Goal 2C.3
  - Goal 2C.4
  - Goal 2C.5
  - Goal 2C.6
- Strategy 2D
  - Goal 2D.1
  - Goal 2D.2
  - Goal 2D.3
  - Goal 2D.4
  - Goal 2D.5
  - Goal 2D.6
  - Goal 2D.7
  - Goal 2D.8

**3. PROGRAM SUPPORT**

- Strategy 3E
  - Goal 3E.1
  - Goal 3E.2
  - Goal 3E.3
  - Goal 3E.4
  - Goal 3E.5
- Strategy 3F
  - Goal 3F.1
  - Goal 3F.2
  - Goal 3F.3

their knowledge about higher-level medical services provided by the Department’s EMS team.

*Goal*

To create informed communities served by the Department that are well aware of the EMS mission, services, and offerings. This goal will be achieved by a joint effort between a marketing consulting team, the Communications Section, field assistant chiefs and the Department’s team of Community Service Representatives.

Objectives	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
3F.2.1 Identify who will be responsible and map his/her chain of command.	█					
3F.2.2 Identify Departmental communications available to promote the new EMS mission to the public we serve.	█		█			
3F.2.3 Develop new communications specifically aimed at the public we serve to promote new EMS mission.	█		█			
3F.2.4 Define the budget and detail the timeline.	█		█			
3F.2.5 Consult with an outside marketing firm to assist the Department’s Communications Section in determining the effectiveness of various marketing methods to tell the EMS story (i.e., video/TV, radio, outdoor advertising, social media, special events and others).	█					
3F.2.6 Create an ongoing marketing/advertising/public relations program to educate the public we serve about the new EMS mission, utilizing methods identified as most effective.	█		█			
3F.2.7 Use the power of storytelling to emphasize our human services and showcase “great saves” made by our paramedics and EMTs.	█					
3F.2.8 Implement the marketing/advertising/public relations plan.	█		█			
3F.2.9 Create a customer service survey and promote to the public we serve.	█					



# Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 3F Marketing the EMS Program**

Goal 3F.2 Develop and Maintain an EMS Marketing Program for the Public We Serve

**1. HUMAN RESOURCES DEVELOPMENT**

- Strategy 1A
  - Goal 1A.1
  - Goal 1A.2
  - Goal 1A.3
- Strategy 1B
  - Goal 1B.1
  - Goal 1B.2
  - Goal 1B.3

**2. EXCELLENCE IN EMS**

- Strategy 2C
  - Goal 2C.1
  - Goal 2C.2
  - Goal 2C.3
  - Goal 2C.4
  - Goal 2C.5
  - Goal 2C.6
- Strategy 2D
  - Goal 2D.1
  - Goal 2D.2
  - Goal 2D.3
  - Goal 2D.4
  - Goal 2D.5
  - Goal 2D.6
  - Goal 2D.7
  - Goal 2D.8

**3. PROGRAM SUPPORT**

- Strategy 3E
  - Goal 3E.1
  - Goal 3E.2
  - Goal 3E.3
  - Goal 3E.4
  - Goal 3E.5
- Strategy 3F
  - Goal 3F.1
  - Goal 3F.2
  - Goal 3F.3

Objectives	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
3F.2.10 Implement the customer service survey via web and social media sites.						
3F.2.11 Promote survey results regarding our quality of service.						



## Emergency Medical Services Strategic Plan

### YOUR ARE HERE:

#### **Strategy 3F Marketing the EMS Program**

Goal 3F.3 Develop and Maintain an EMS Marketing Program for Other Public Stakeholders

### **1. HUMAN RESOURCES**

#### **DEVELOPMENT**

##### Strategy 1A

- Goal 1A.1
- Goal 1A.2
- Goal 1A.3

##### Strategy 1B

- Goal 1B.1
- Goal 1B.2
- Goal 1B.3

### **2. EXCELLENCE IN EMS**

##### Strategy 2C

- Goal 2C.1
- Goal 2C.2
- Goal 2C.3
- Goal 2C.4
- Goal 2C.5
- Goal 2C.6

##### Strategy 2D

- Goal 2D.1
- Goal 2D.2
- Goal 2D.3
- Goal 2D.4
- Goal 2D.5
- Goal 2D.6
- Goal 2D.7
- Goal 2D.8

### **3. PROGRAM SUPPORT**

##### Strategy 3E

- Goal 3E.1
- Goal 3E.2
- Goal 3E.3
- Goal 3E.4
- Goal 3E.5

##### Strategy 3F

- Goal 3F.1
- Goal 3F.2
- Goal 3F.3

## **Goal 3F.3 Develop and Maintain an EMS Marketing Program for Other Public Stakeholders**

### *Specific Line of Service*

Create informed public stakeholders that will value their role and provide support. This is essential since the Department carries out its EMS mission through the cooperation and support of many other public stakeholder groups on scene and behind the scenes. Each EMS call involves many cooperators, including hospitals, clinics, ambulance companies, mutual and automatic aid partner agencies, and public bystanders. Behind the scenes, the mission is supported by local elected officials, city managers, and community leaders who all place great value on the public safety services provided by the Department. A critical link in carrying out the EMS mission is the logistical support received from many suppliers and vendors that provide the many items needed by firefighters in each service area.

### *Critical Success Indicators*

- ◆ All public stakeholder groups are more aware of the Department's EMS mission, services, and challenges, and their roles in the system.
- ◆ Policy stakeholders with the County, district, and contract cities have been identified, and effective communication routinely occurs.
- ◆ On-scene bystanders are quickly identified and appropriately engaged in supporting the work of the paramedic team.
- ◆ Bystander videos and/or photo images are used for marketing purposes by the Department.
- ◆ Community stakeholders are aware of the Department's outreach plan for its Hands-Only Cardio Pulmonary Resuscitation (CPR) training program, related PulsePoint app, and other community education programs.
- ◆ Community clinics with emergency care provisions have been identified and effective communications routinely occur with them.



# Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 3F Marketing the EMS Program**

Goal 3F.3 Develop and Maintain an EMS Marketing Program for Other Public Stakeholders

**1. HUMAN RESOURCES**

**DEVELOPMENT**

Strategy 1A

- Goal 1A.1
- Goal 1A.2
- Goal 1A.3

Strategy 1B

- Goal 1B.1
- Goal 1B.2
- Goal 1B.3

**2. EXCELLENCE IN EMS**

Strategy 2C

- Goal 2C.1
- Goal 2C.2
- Goal 2C.3
- Goal 2C.4
- Goal 2C.5
- Goal 2C.6

Strategy 2D

- Goal 2D.1
- Goal 2D.2
- Goal 2D.3
- Goal 2D.4
- Goal 2D.5
- Goal 2D.6
- Goal 2D.7
- Goal 2D.8

**3. PROGRAM SUPPORT**

Strategy 3E

- Goal 3E.1
- Goal 3E.2
- Goal 3E.3
- Goal 3E.4
- Goal 3E.5

Strategy 3F

- Goal 3F.1
- Goal 3F.2
- Goal 3F.3

- ◆ Patients with non-emergency needs are accessing clinics instead of the 9-1-1 system.

*Strategic Thrusts*

- ◆ Become an Information-Driven Organization
- ◆ Develop into a Demographically-Sensitive Organization
- ◆ Use Technology Appropriately to Achieve Effectiveness

*Impact on Culture*

Increased community awareness and appreciation for the EMS mission will have a very positive impact on the culture.

*Goal*

To create informed public stakeholders working with the Department. Use the marketing to solicit support for the new EMS program and expanded organization. Ensure that policy stakeholders have adequate information about the Department’s new EMS program in order to make informed decisions to benefit the County and/or their local communities. Motivate public stakeholders to increase their appreciation for the Department’s challenges in fulfilling its new EMS mission over the next several years by becoming active partners in the delivery of public education programs.

General Objectives	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
3F.3.1 Identify who will be responsible and map the chain of command for those responsible.	■					
3F.3.2 Identify all public stakeholders by group (cooperators, mutual/auto aid partners, bystanders, clinics, policy stakeholders, and suppliers and vendors).	■					
3F.3.3 Develop and share marketing materials designed to inform public stakeholder groups about the new EMS mission.	■					
3F.3.4 Decide how many personnel will be required to educate these stakeholder groups.	■					
3F.3.5 Train these personnel to educate these stakeholder groups about the new EMS program.	■					



# Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 3F Marketing the EMS Program**

Goal 3F.3 Develop and Maintain an EMS Marketing Program for Other Public Stakeholders

**1. HUMAN RESOURCES**

**DEVELOPMENT**

Strategy 1A

- Goal 1A.1
- Goal 1A.2
- Goal 1A.3

Strategy 1B

- Goal 1B.1
- Goal 1B.2
- Goal 1B.3

**2. EXCELLENCE IN EMS**

Strategy 2C

- Goal 2C.1
- Goal 2C.2
- Goal 2C.3
- Goal 2C.4
- Goal 2C.5
- Goal 2C.6

Strategy 2D

- Goal 2D.1
- Goal 2D.2
- Goal 2D.3
- Goal 2D.4
- Goal 2D.5
- Goal 2D.6
- Goal 2D.7
- Goal 2D.8

**3. PROGRAM SUPPORT**

Strategy 3E

- Goal 3E.1
- Goal 3E.2
- Goal 3E.3
- Goal 3E.4
- Goal 3E.5

Strategy 3F

- Goal 3F.1
- Goal 3F.2
- Goal 3F.3

General Objectives	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
3F.3.6 Implement regular communications with these stakeholder groups.	[Red bar]					
3F.3.7 Designate a Department liaison to meet with these stakeholder groups on a scheduled basis.	[Red bar]					
3F.3.8 Provide regular reporting of EMS data, news, and operational updates through meetings, communications and industry association channels.	[Red bar]					
3F.3.9 Inform stakeholder groups about the Department's EMS performance feedback system.	[Red bar]					
3F.3.10 Invite stakeholder groups to submit regular feedback via the system's components.	[Red bar]					

Objectives for Public Bystanders	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
3F.3.11 Develop a method to identify key bystanders who influence the gathering on scene.	[Red bar]					
3F.3.12 Create an effective way to engage them on scene and educate them.	[Red bar]					
3F.3.13 Decide who will be responsible for interacting with these bystanders on scene.	[Red bar]					
3F.3.14 Educate the public about the bystander role, with an emphasis on the opportunity to assist others by receiving Hands-Only CPR training and downloading the PulsePoint app.	[Red bar]					
3F.3.15 Enable the upload of visual media on Department website by public bystanders.	[Red bar]					



# Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 3F Marketing the EMS Program**

Goal 3F.3 Develop and Maintain an EMS Marketing Program for Other Public Stakeholders

**1. HUMAN RESOURCES**

**DEVELOPMENT**

Strategy 1A

- Goal 1A.1
- Goal 1A.2
- Goal 1A.3

Strategy 1B

- Goal 1B.1
- Goal 1B.2
- Goal 1B.3

**2. EXCELLENCE IN EMS**

Strategy 2C

- Goal 2C.1
- Goal 2C.2
- Goal 2C.3
- Goal 2C.4
- Goal 2C.5
- Goal 2C.6

Strategy 2D

- Goal 2D.1
- Goal 2D.2
- Goal 2D.3
- Goal 2D.4
- Goal 2D.5
- Goal 2D.6
- Goal 2D.7
- Goal 2D.8

**3. PROGRAM SUPPORT**

Strategy 3E

- Goal 3E.1
- Goal 3E.2
- Goal 3E.3
- Goal 3E.4
- Goal 3E.5

Strategy 3F

- Goal 3F.1
- Goal 3F.2
- Goal 3F.3

Objectives for Suppliers and Vendors	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
3F.3.16 Develop marketing materials designed to address the concerns of suppliers and vendors while educating them about our new logistical systems.	[Red bar]					
3F.3.17 Obtain feedback from vendors concerning our supply system.	[Green bar]					
3F.3.18 Strengthen relationships with vendors and suppliers by educating them about EMS logistical needs and challenges.	[Red bar]					
3F.3.19 Implement regular communications with suppliers and vendors regarding the County's Accounts Payable System and any challenges associated.	[Red bar]					
3F.3.20 Share stories about how vendors and suppliers have contributed to the Department's legacy by helping us meet service needs through innovative products.	[Red bar]					

Objectives for Policy Stakeholders	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
3F.3.21 Host initial town hall style meetings within each regional operations bureau to introduce the new EMS Program and seek support.	[Red bar]					
3F.3.22 Host regular meetings to keep local officials informed of program updates and build relationships.	[Red bar]					

Objectives for Clinics	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
3F.3.23 Provide transport and treatment options to help clinic operators select private ambulance companies vs. 911.	[Red bar]					
3F.3.24 Educate the public about what clinics have to offer vs. calling 911 for every medical situation.	[Green bar]					





# Emergency Medical Services Strategic Plan

**YOUR ARE HERE:**

**Strategy 3F Marketing the EMS Program**

Goal 3F.3 Develop and Maintain an EMS Marketing Program for Other Public Stakeholders

**1. HUMAN RESOURCES**

**DEVELOPMENT**

Strategy 1A

- Goal 1A.1
- Goal 1A.2
- Goal 1A.3

Strategy 1B

- Goal 1B.1
- Goal 1B.2
- Goal 1B.3

**2. EXCELLENCE IN EMS**

Strategy 2C

- Goal 2C.1
- Goal 2C.2
- Goal 2C.3
- Goal 2C.4
- Goal 2C.5
- Goal 2C.6

Strategy 2D

- Goal 2D.1
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- Goal 2D.4
- Goal 2D.5
- Goal 2D.6
- Goal 2D.7
- Goal 2D.8

**3. PROGRAM SUPPORT**

Strategy 3E

- Goal 3E.1
- Goal 3E.2
- Goal 3E.3
- Goal 3E.4
- Goal 3E.5

Strategy 3F

- Goal 3F.1
- Goal 3F.2
- Goal 3F.3

Objectives for Clinics	Timeframe					
	IM		MR		LT	
	1	2	3	4	5	6
3F.3.25 Educate clinic operators about our public education programs, including Hands-Only CPR and PulsePoint app, and seek their support.						



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*EMS Bureau*

*Required Organization and  
Staffing*



## Emergency Medical Services Strategic Plan



Appropriate staffing and position holders are needed to effectively manage EMS of all types, for the components of this EMS Strategic Plan to be carried out in their entirety, and for the Department to complete its mission of providing consistent, top-quality pre-hospital medical care.

The budget and resources in FY 2013/2014 dedicated to EMS functions were significantly deficient. They are not, by any reasonable measure, adequate for the future. Organization charts and staff phasing tables developed in the strategic planning process are presented in this section.

### ***PROPOSED ORGANIZATION OF THE EMS BUREAU***

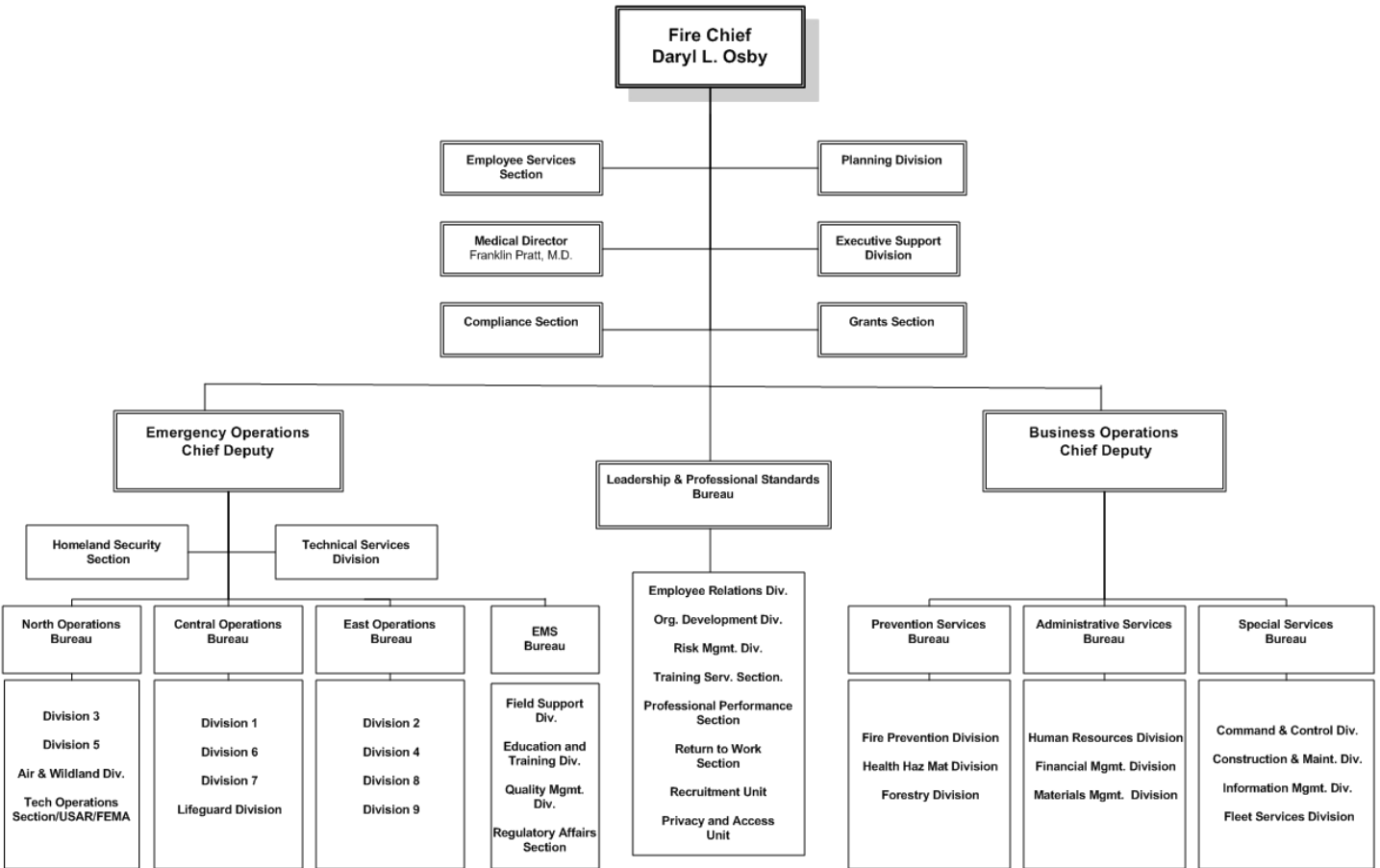
The Strategic Planning Work Group analyzed the duties and net hours per year (after subtracting vacation, holidays, training etc.) that each function in EMS requires to recruit, train, support, and maintain field personnel. The amount of hours required for initial or on-going training and clinical oversight was calculated per employee, by the number of paramedics and EMTs in the various Department assignments. Geography was also accounted for because some training and quality assurance personnel must travel to fire crew locations.

The EMS program should be organized as a Bureau under the Chief Deputy of Emergency Operations due to the scope, size, and importance of EMS functions. EMS will be placed under Emergency Operations since all of its personnel and facilities are part of Emergency Operations. This is illustrated on the following Departmental organizational charts:



Los Angeles County Fire Department  
**Emergency Medical Services Strategic Plan**

**Figure 1—Department Organization**



Within the EMS Bureau are three principle Divisions that parallel the three Major Lines of Service identified in this EMS Strategic Plan. The staffing of the EMS Bureau follows the requirements of the County for span of control, pay separation, personnel rules, and labor agreements.

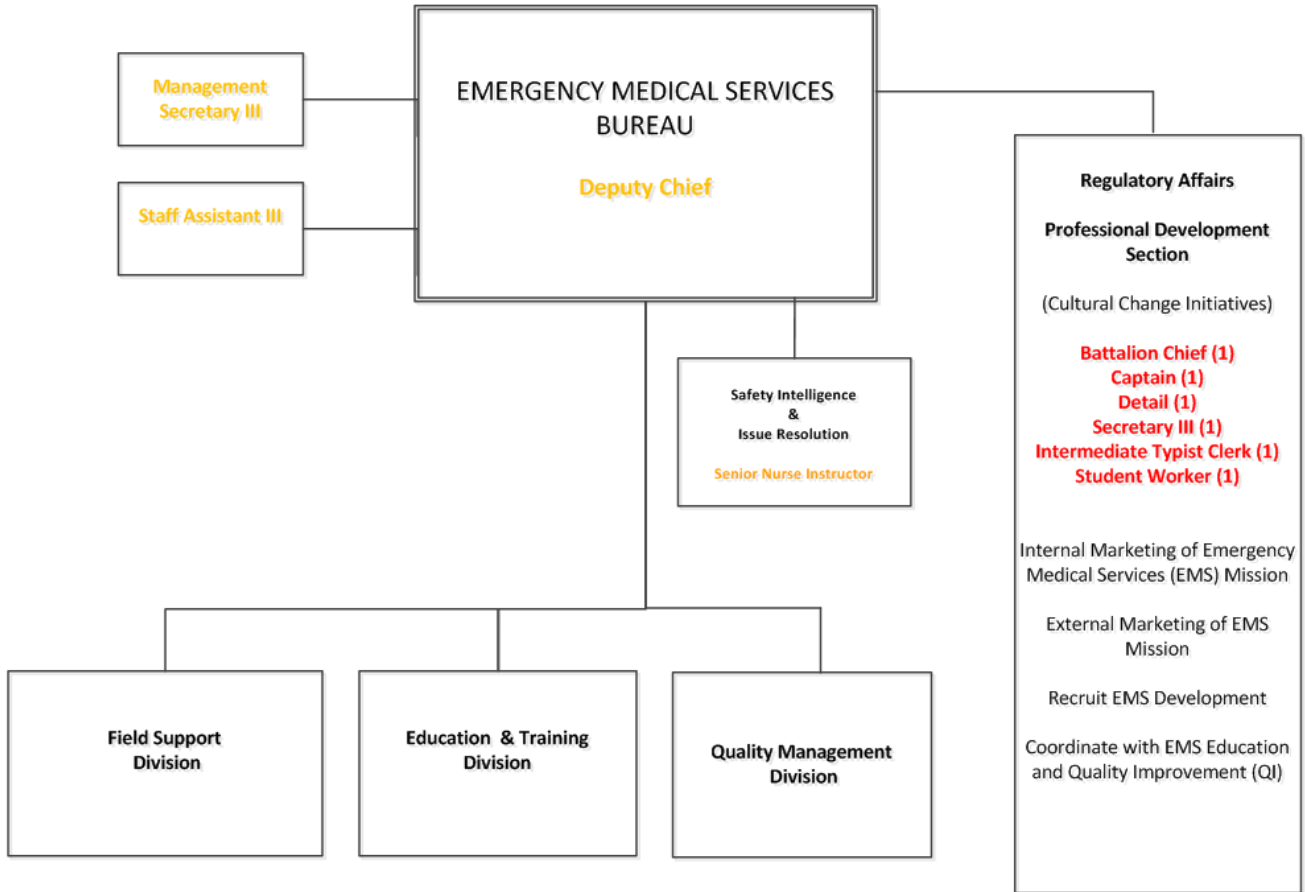
The following charts illustrate the proposed EMS organization.



## Emergency Medical Services Strategic Plan

**Figure 2—EMS Bureau Organization**

EMS BUREAU  
 3 Divisions  
 3 Fields  
 (Changes ONLY in Phase I)



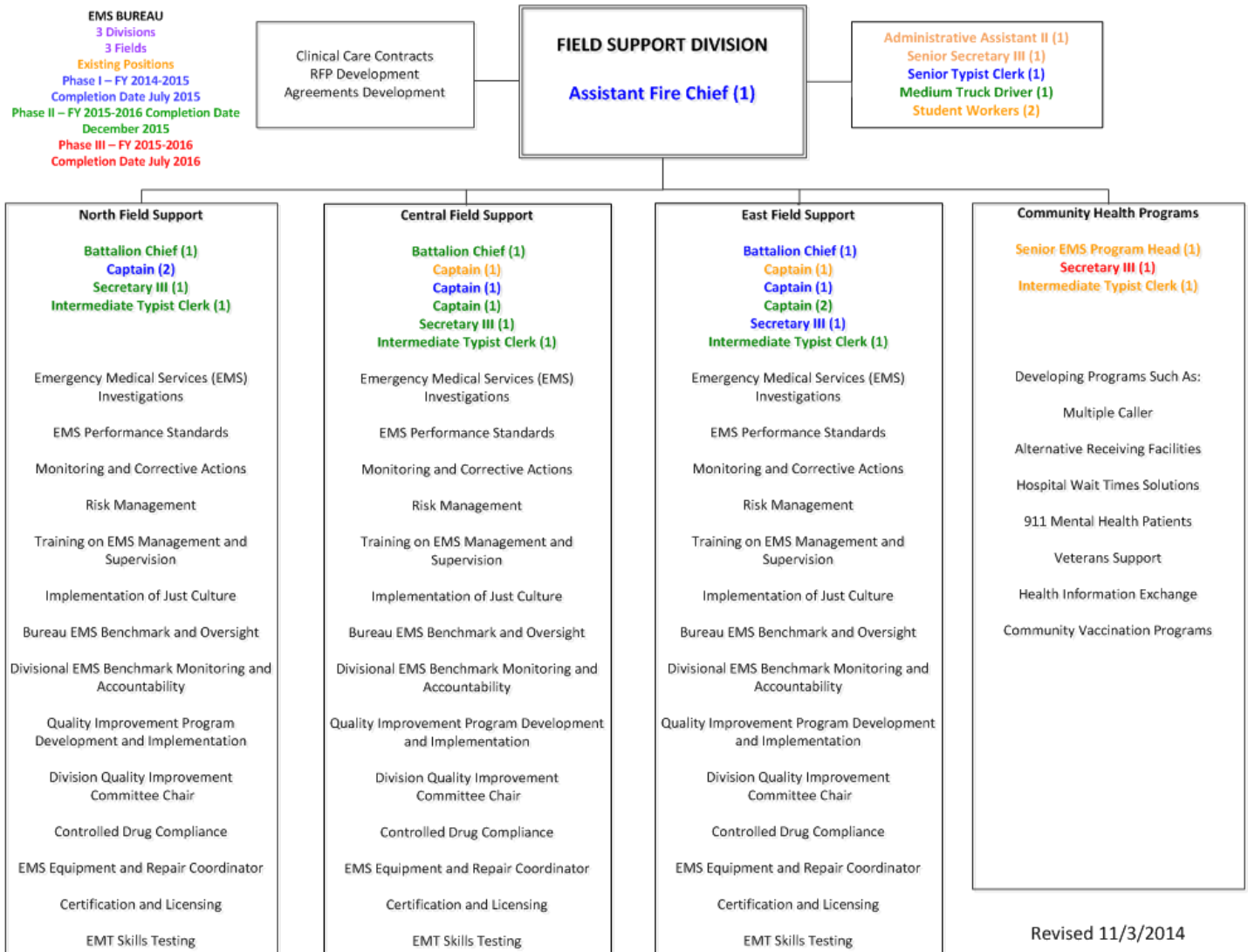
Revised 10/31/2014

As seen in the following figure, the Field Support Division is further subdivided to provide field support on a regional basis. This Division parallels the *Program Support* Major Line of Service in the plan. Personnel are allocated based on the size of each region and the estimated demand for services. Community Health Programs are also included in the Field Support Division. If community-based paramedicine becomes a reality, this section is the logical starting point for that initiative. In each of the subdivisions in the following figure is a general list of the anticipated tasks of each of the Divisions.



Los Angeles County Fire Department  
**Emergency Medical Services Strategic Plan**

**Figure 3—Field Support Division**

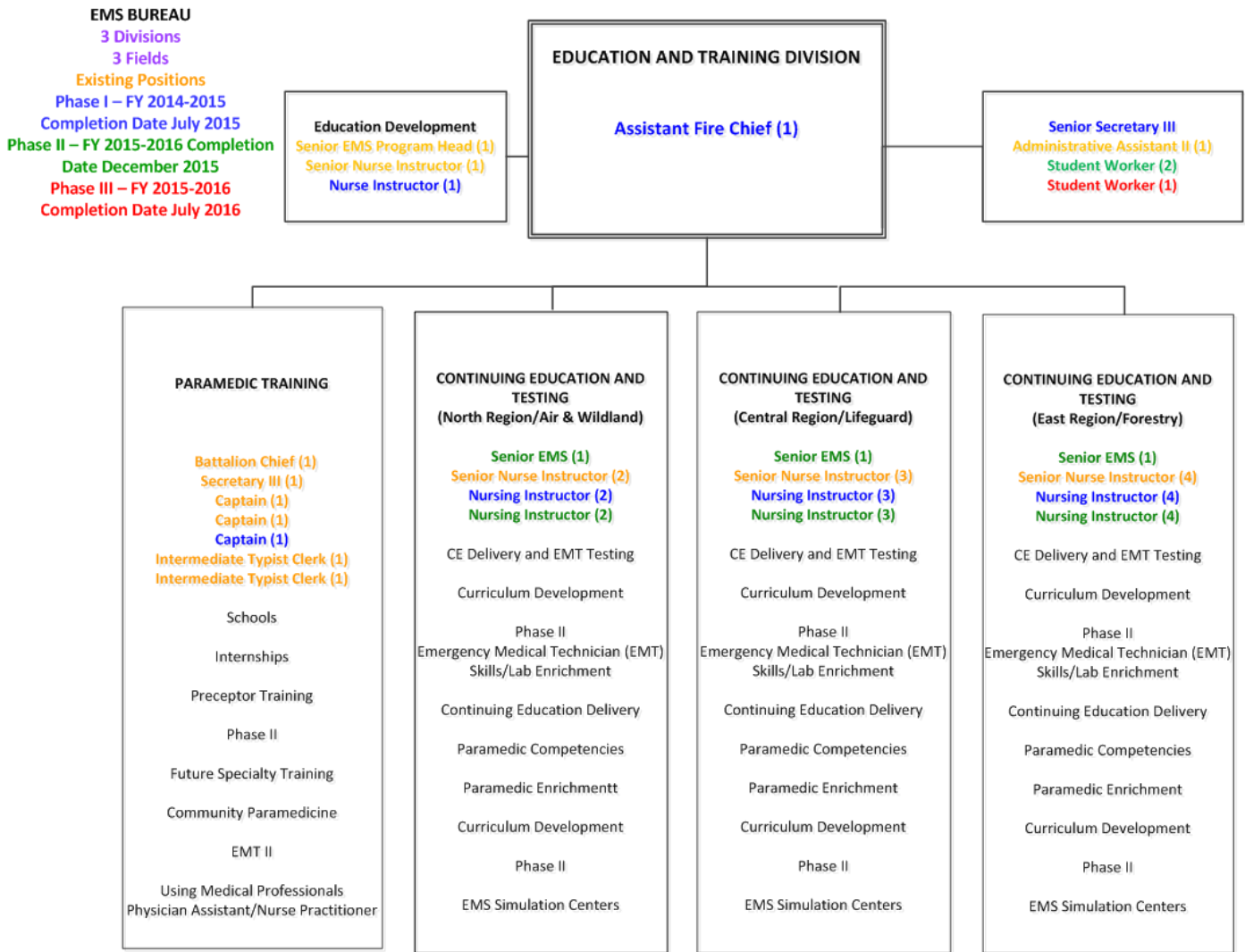




## Emergency Medical Services Strategic Plan

The second Division within the EMS Bureau is the Education and Training Division. The Education and Training Division is also divided into sections that support each of the regions. It also contains a fourth section devoted to paramedic training. This section parallels the *Human Resources Development* Major Line of Service in the plan. As with the Field Support Division, each of the regional sections is staffed to meet the needs of that region.

**Figure 4—Education and Training Division**



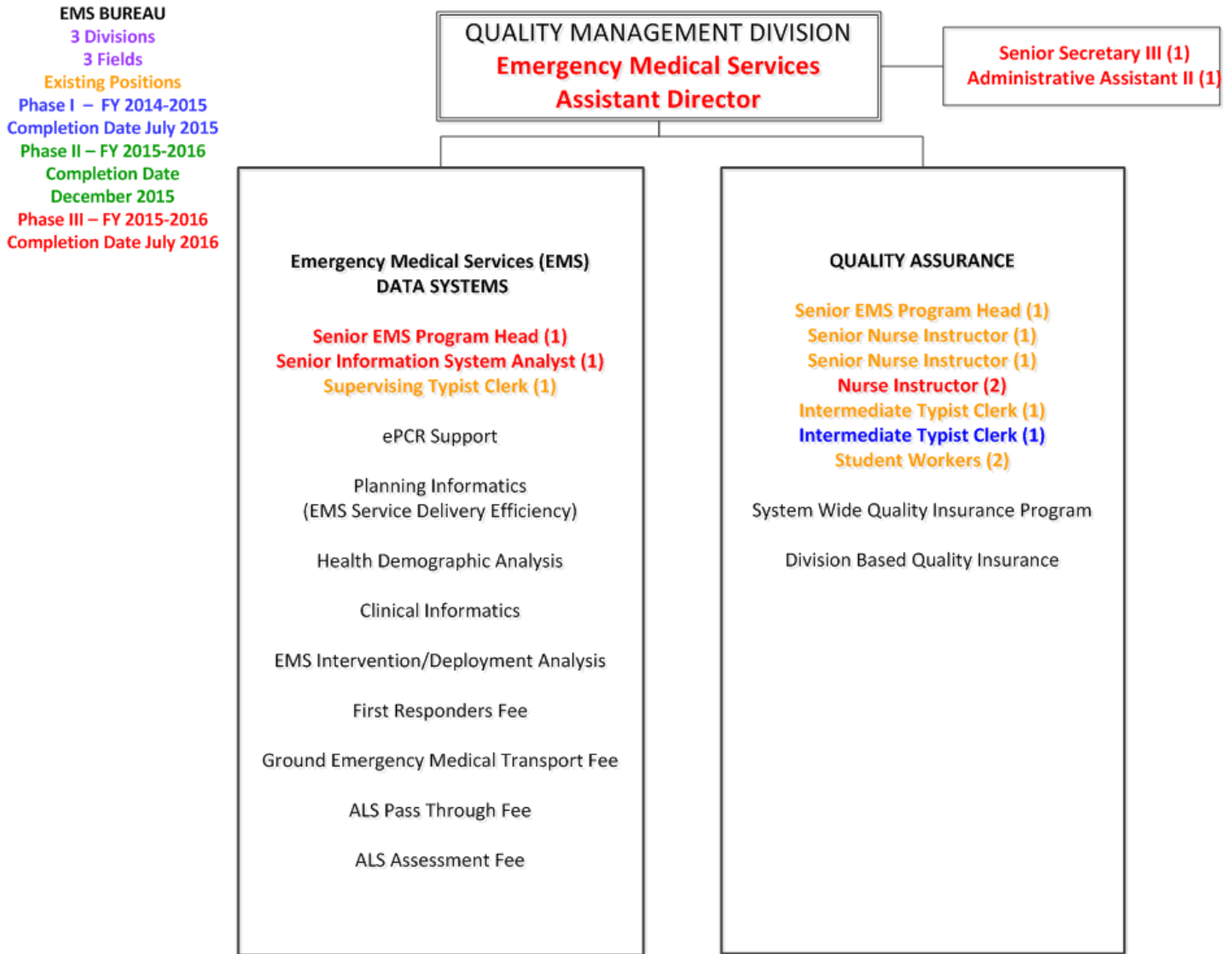
Revised 11/3/2014



## Emergency Medical Services Strategic Plan

The third Division within the EMS Bureau is the Quality Management Division. This Division parallels the *Excellence in EMS* Major Line of Service in the plan.

**Figure 5—Quality Management Organization**



Revised 10/31/2014



## Emergency Medical Services Strategic Plan

### *PHASING-IN THE STAFFING OF THE ORGANIZATION*

This new organization cannot be staffed overnight. The Department will encounter many challenges as it attempts to establish this new Bureau. Finding the right people with the necessary skill set is a daunting task for an organization of this magnitude. Equally challenging will be finding enough nurses with the emergency room experience and the teaching skills to be nurse educators.

The Department has prepared the following tables that illustrate the growth of the Bureau over the next three years. These tables have been developed under the assumption that funding will be available and that people with the appropriate skillset can be hired.

The current staffing is illustrated below. This is the starting point for building the new organization.

**Table 1—Current Staffing**

Current Staffing Position	Item Number	Current Staff
Deputy Chief	0219	1
Management Secretary III	0915	1
Staff Assistant III	0217	1
Administrative Assistant II	0888	1
Battalion Chief	0208	1
Secretary III	2096	1
Supervising Typist Clerk	2219	1
Intermediate Typist Clerk	2214	4
Student Worker	8242	4
Captain	0205	4
Senior EMS Program Head	4597	3
Senior Nursing Instructor	5216	13
<b>Total</b>		<b>35</b>



## Emergency Medical Services Strategic Plan

The following are the EMS Bureau Phase I staffing levels, anticipated for funding FY 2015/2016.

**Table 2—EMS Bureau – Phase I**

Positions	Item Number	Current Staff	New Staff Phase I	Total Staff at the End of Phase I
Deputy Chief	0219	1	0	1
Management Secretary III	0915	1	0	1
Staff Assistant III	0217	1	0	1
Assistant Fire Chief	2102	0	2	2
Emergency Medical Services Assistant Director	4600	0	0	0
Battalion Chief	0208	1	1	2
Senior EMS Program Head	4597	3	0	3
Captain	0205	4	5	9
Senior Nursing Instructor (SNI)	5216	13	0	13
Nurse Instructor (NI)	5214	0	10	10
Senior Information System Analyst (SISA)	2593	0	0	0
Administrative Assistant II	0888	1	1	2
Senior Secretary III	2102	0	2	2
Secretary III	2096	1	1	2
Supervising Typist Clerk	2219	1	0	1
Senior Typist Clerk	2216	0	1	1
Medium Truck Driver	6049	0	0	0
Intermediate Typist Clerk	2214	4	1	5
Student Worker	8242	4	0	4
<b>Total</b>		<b>35</b>	<b>24</b>	<b>59</b>



## Emergency Medical Services Strategic Plan

The following is the EMS Bureau Phase II staffing levels anticipated for funding FY 2016/2017.

**Table 3—EMS Bureau – Phase II**

Positions	Item Number	Current Staff	New Staff Phase II	Total Staff at the End of Phase II
Deputy Chief	0219	1	0	1
Management Secretary III	0915	1	0	1
Staff Assistant III	0217	1	0	1
Assistant Fire Chief	2102	2	0	2
Emergency Medical Services Assistant Director	4600	0	0	0
Battalion Chief	0208	2	2	4
Senior EMS Program Head	4597	3	3	6
Captain	0205	9	3	12
Senior Nursing Instructor (SNI)	5216	13	0	13
Nurse Instructor (NI)	5214	10	9	19
Senior Information System Analyst (SISA)	2593	0	0	0
Administrative Assistant II	0888	2	0	2
Senior Secretary III	2102	2	0	2
Secretary III	2096	2	2	4
Supervising Typist Clerk	2219	1	0	1
Senior Typist Clerk	2216	1	0	1
Medium Truck Driver	6049	0	1	1
Intermediate Typist Clerk	2214	5	3	8
Student Workers	8242	4	2	6
<b>Total</b>		<b>59</b>	<b>25</b>	<b>84</b>



## Emergency Medical Services Strategic Plan

The following is the EMS Bureau Phase III staffing levels anticipated for funding FY 2017/2018.

**Table 4—EMS Bureau – Phase III**

Positions	Item Number	Current Staff	New Staff Phase III	Total Staff at the End of Phase III
Deputy Chief	0219	1	0	1
Management Secretary III	0915	1	0	1
Staff Assistant III	0217	1	0	1
Assistant Fire Chief	2102	2	0	2
Emergency Medical Services Assistant Director	4600	0	1	1
Battalion Chief	0208	4	1	5
Senior EMS Program Head	4597	6	1	7
Captain	0205	12	1	13
Senior Nursing Instructor (SNI)	5216	13	0	13
Nurse Instructor (NI)	5214	19	2	21
Senior Information System Analyst (SISA)	2593	0	1	1
Administrative Assistant II	0888	2	1	3
Senior Secretary III	2102	2	1	3
Secretary III	2096	4	2	6
Supervising Typist Clerk	2219	1	0	1
Senior Typist Clerk	2216	1	0	1
Medium Truck Driver	6049	1	0	1
Intermediate Typist Clerk	2214	8	1	9
Student Worker	8242	6	2	8
<b>Total</b>		<b>84</b>	<b>14</b>	<b>98</b>



# *Appendix*



64

L.A. COUNTY  
FIRE DEPT.

S6

LAMBERT

64

L.A. COUNTY  
FIRE DEPT.

S-112

64  
HeadUp

COLE-SCHAEFER

Three Ave



Los Angeles County Fire Department  
**Emergency Medical Services Strategic Plan**

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**APPENDIX A—LIST OF ACRONYMS**

<b>ALS</b>	Advanced Life Support
<b>ASP</b>	Applied Strategic Model
<b>BC</b>	Battalion Chief
<b>BLS</b>	Basic Life Support
<b>BOS</b>	Board of Supervisors
<b>CE</b>	Continuing Education
<b>CEMSIS</b>	California EMS Information System
<b>CPR</b>	Cardio Pulmonary Resuscitation
<b>CQI</b>	Continuous Quality Improvement
<b>CS</b>	Controlled Substances
<b>DEA</b>	Drug Enforcement Agency
<b>DHS</b>	Department of Health Services
<b>eCAPS</b>	electronic Countywide Accounting and Purchasing System
<b>EMS</b>	Emergency Medical Services
<b>EMSA</b>	Emergency Medical Services Authority
<b>EMT</b>	Emergency Medical Technician
<b>ePCR</b>	Electronic Patient Care Record
<b>FAB</b>	Fire Advisory Board
<b>FBOR</b>	Firefighters Bill of Rights
<b>HR</b>	Human Resource
<b>IMD</b>	Information Management Division
<b>IRP</b>	Issue Resolution Plan
<b>ITC</b>	Intermediate Typist Clerk
<b>KPI</b>	Key Performance Indicator(s)
<b>LEMSA</b>	Local Emergency Medical Services Agency
<b>MCI</b>	Mass Casualty Incident
<b>MDO</b>	Medical Director's Office
<b>NEMSIS</b>	National EMS Information System
<b>NFIRS</b>	National Fire Incident Reporting System
<b>PAU</b>	Paramedic Assessment Unit
<b>PCR</b>	Patient Care Record
<b>PPE</b>	Personal Protective Equipment
<b>QA</b>	Quality Assurance



## Emergency Medical Services Strategic Plan

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<b>QI</b>	Quality Improvement
<b>QIWG</b>	Quality Improvement Work Group
<b>RFID</b>	Radio Frequency Identification
<b>SI</b>	Safety Intelligence
<b>SME</b>	Subject Matter Expert
<b>TD</b>	Tiered Dispatching/Dispatch
<b>TEMSIS</b>	Trauma EMS Information System
<b>TSS</b>	Training Services Section



## Emergency Medical Services Strategic Plan

### APPENDIX B—PLANNING APPROACH AND METHODOLOGY

#### PLANNING APPROACH

Based on the Citygate’s experience with strategic planning, the Department agreed with its recommendation to use an approach called Applied Strategic Planning. “First and fundamental to [this] approach to Applied Strategic Planning is that it is ‘the process by which the guiding members of an organization’ actually work together to create the plan themselves.”<sup>1</sup> Second, the members of the Strategic Planning Work Group learned how to think strategically and become planners. Finally, the emphasis of the process is to develop practical plans that can be applied to the organization and show results.

As such, it is first and foremost a business plan for the Department to guide its future in EMS.

The process consists of eight major steps or building blocks; each one developing the needed approach for the next. This results in a plan that fulfills its intended purpose and provides a practical process through which to build the future of the organization. It also has enough flexibility built in that, as the plan is developed, it is reviewed and revised to take advantage of changing circumstances.

The planning process followed these steps:

**Table 1—Planning Process Steps**

Dates	Activities	Participants
June 25 – 26, 2014	<p><b>Step 1: Planning to Plan Orientation</b> – Training session to train the Work Group on the planning process.</p> <p><b>Step 2: Mission Statement Clarification</b> – Confirm the mission statement and describe the process of keeping it in focus during the planning process.</p> <p><b>Step 3: Values and Culture</b> – Understand the real culture and values and start a process to align them with the corporate values of the agency.</p>	Strategic Planning Work Group with Citygate Associates
June 27 – July 15	<b>Homework</b> – Develop the Lines of Service.	Strategic Planning Work Group
July 15 – 16	<b>Step 4: Strategic Business Modeling</b> – Develop the major Lines of Service, critical success indicators, strategic thrusts or internally-focused changes, organizational culture, and review the mission statement.	Strategic Planning Work Group with Citygate Associates

<sup>1</sup> Nolan, Timothy M. et al. *Applied Strategic Planning: An Introduction*. John Wiley and Sons. San Francisco, 2008.



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Dates	Activities	Participants
July 17 – 29	<b>Homework</b> – Refine the strategic business modeling; develop SWOTs from each major Line of Service. Begin the gap analysis process between the envisioned state in the “strategic” plan and the current state from the performance audit.	Strategic Planning Work Group
July 29 – 30	<b>Steps 5, 6, and 7: Performance Audit, Gap Analysis, and Closure</b> – Team members are paired up to develop a gap analysis and closure strategy of each of the strategies.	Strategic Planning Work Group with Citygate Associates
July 31 – August 13	<b>Homework</b> – Refine the gap analysis and closure for the assigned strategies.	Strategic Planning Work Group
August 14 – 15	<b>Environmental Monitoring</b> – A continuous process to ensure that the plan is on track. <b>Step 8: Integrated Action Plans</b> – Team members develop action plans with goals and objectives for each strategy.	Strategic Planning Work Group with Citygate Associates
August 14 – September 3	<b>Homework</b> – Refine the action plans for inclusion in the draft Strategic Plan; refine the process for estimating personnel requirements to implement the plan.	Strategic Planning Work Group
August 18	<b>EMS Checklist Demonstration</b> – Strategic Planning Work group received a briefing and demonstration of paramedic checklists for use in the field.	Strategic Planning Work Group with Citygate Associates
September 4 – 5	<b>Integrated Action Plans Continued; Draft Strategic Plan Review and Edits</b> – Review the draft plan for technical accuracy with the entire Strategic Planning Work Group.	Strategic Planning Work Group with Citygate Associates
September 6 – 22	<b>Complete Draft Plan for Agency Approval</b> – Refine and edit the draft plan.	Citygate Associates
September 23 – 24	<b>Agency Approval of Plan Workshop</b> – Review, recommendations and approval of the final technical document.	Strategic Planning Work Group with Citygate Associates
September 25 – October 6	<b>Complete Final Plan for Agency</b> – Final plan review and approval by the Department.	Citygate Associates

Between the scheduled workshops, the Strategic Planning Work Group had “homework” assignments to further develop the plan based on the guidance they received from the Citygate Associates consultants at the workshops. Consequently, the plan not only reflects the authentic character of the Department’s EMS current situation and future aspirations, it also developed a group of strategic planners which can continue the work of the plan and update it as needed with little outside consultant assistance. These in-house strategic planners will become the strong supporters of the plan.



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### APPENDIX C—APPLIED STRATEGIC PLAN MODEL AND PROCESSES

This Appendix provides the background material on the process the Strategic Planning Work Group followed to develop the plan and the details of that process.

An Applied Strategic Plan is built around a specific set of steps called the Applied Strategic Planning model. This model has a strong record of success in developing plans that work and generating the results the organization desires. The following elements are included throughout this strategic plan.

#### ENVIRONMENTAL MONITORING

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The Department environment is best described in last year's Department Strategic Plan and is as follows.

*Currently, the Los Angeles County Fire Department provides service to 3,976,298 residents, 58 district cities and all unincorporated areas within the County while covering over 2,305 square miles. In order to accomplish this feat, the Department has over 4,600 employees, 22 battalions, and 171 fire stations. It is divided into 9 geographical divisions as well as the following specialty services:*

- ◆ *Lifeguard Division*
- ◆ *Wildland Division*
- ◆ *Forestry*
- ◆ *Health Hazardous Materials*
- ◆ *Air Operations*
- ◆ *Emergency Operations*

*Over the years, there has been a fundamental shift in Los Angeles County Fire Department's role in emergency services. Although images of firefighters carrying children out of burning building reign supreme, fire protection services account for only a small portion of what the Department provides to its communities.*

*There has been significant movement of our risk profile and the type of chief complaints received via the 911 system. During the genesis of the paramedic program, 70% of patients required some type of paramedic intervention. Today, less than 40% of the 911 calls for medical service actually require paramedic follow-up or intervention. The vast majority of the remainder constitutes those that need medical care but not emergency care. Despite that significant shift, our*



## Emergency Medical Services Strategic Plan

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*delivery mechanism has not changed. We still send the same component of medical care to all who call 911 with no consideration to the patient's needs.*

*This industry-wide phenomenon coupled with national changes to the healthcare system bring into sharp focus a need to elevate EMS within the Department and develop a EMS Strategic Plan with goals that will assist the Department in providing the best services possible to its communities and remain a competitor in the EMS and industry.<sup>2</sup>*

### VALUES AND CULTURE

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Organizational culture is critical to the success of any strategic plan. Strategic plans that do not consider culture will inevitably fail. This plan accounts for culture and seeks to slowly modify it to more fully embrace the changes needed in a fire-based EMS system. The values of the Department are incorporated into the plan and provide guidance for the EMS program and its participants.

#### Guiding Principles

The Strategic Planning Work Group agreed to adhere to the following guiding principles while developing this strategic plan. These guiding principles provide a focus for the discussions during plan development. When the plan is completed and implemented, the guiding principles should be apparent in the actions taken.

- ◆ Well-trained and well-equipped professional employees
- ◆ Recognition that the guiding principles in this plan apply to all functions within the Department
- ◆ Outstanding care and customer service
- ◆ Collaboration and partnerships with the Local Emergency Medical Services Agency (LEMSA), internal and external stakeholders, Department of Health Services, Department of Mental Health, private partners, public entities, and community
- ◆ Accountability through a solid Quality Assurance program
- ◆ Continuous Quality Improvement

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<sup>2</sup> From the Los Angeles County Fire Department Emergency Medical Services Strategic Plan, updated November 11, 2013



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### Values

The Department has published six core values: Integrity, Teamwork, Caring, Courage, Commitment, and Community.

#### *Department EMS Organizational Values*

<b>Integrity</b>	Show the courage to do the right thing
<b>Teamwork</b>	Recognize the value of everybody to make things better
<b>Caring</b>	The ability to exhibit empathy for our internal customers and compassion for our external customers
<b>Courage</b>	Having the strength to do the right thing regardless of the consequences
<b>Commitment</b>	Dedicated to the mission, dedication of self through the good and the bad, personal dedication to internal and external customers without bias or prejudice
<b>Community</b>	Hometown attentiveness; community based organization

Based initially on the Department's organizational values the Strategic Planning Work Group developed organizational values for the EMS program dealing with both community and customers as well as dealing with each other:

*In dealing with our community and customers, we will:*

- ◆ Be nice, compassionate and present
- ◆ Care for patients like a member of our family
- ◆ Do no harm

*In dealing with each other, we will:*

- ◆ Be nice, emphatic and present
- ◆ Be respectful
- ◆ Remember that you are my brother/sister no matter what
- ◆ Treat everyone with dignity and respect



## Emergency Medical Services Strategic Plan

### EMS MISSION STATEMENT

#### The EMS Mission

Central to the development of the strategic plan is the EMS mission statement. The mission statement guided the development of the plan and serves to guide the organization as it carries out its mission. The Department's EMS mission statement draws contextually from both the County and the Department mission statements.

The County mission statement: *“To enrich lives through effective and caring service.”*

The Department mission statement: *“The mission of the Los Angeles County Fire Department is to protect lives, the environment, and property by providing prompt, skillful, and cost effective fire protection and life safety services.”*

The EMS mission statement: *“Los Angeles County Fire Department EMS is committed to providing prompt, clinically skilled, and caring medical service to ensure positive outcomes for everyone every time.”*

#### Culture for Success

Organizational culture is the pattern of basic assumptions a given group has invented, discovered, or developed in learning to adapt to both external and internal environments. It is embedded and transmitted through mechanisms such as the following:

1. Formal statements of organizational philosophy and materials used for recruitment, selection, and socialization of new employees
2. Promotion criteria
3. Stories, legends, and myths about key people and events
4. What leaders pay attention to, measure, and control
5. Implicit and possibly unconscious criteria that leaders use to determine who fits into key slots in the organization<sup>3</sup>

There is a saying in strategic planning, “culture eats strategy for breakfast.” The culture will not only resist changing, but will gather around the new strategic direction, like white blood cells surrounding an infection, to keep it from succeeding.

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<sup>3</sup> Cascio, Wayne F. Managing Human Resources. McGraw-Hill Irwin, Boston. 2006. pp 235 – 236.





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The organization is faced with three choices:

- ◆ Design a future that is in full alignment with the current culture, which is often characterized as not being fully supportive of EMS.
- ◆ Select the best possible future for the organization and adjust the culture as much as possible. Follow the strategic plan and through policy choices, medical direction, training and education, continuous quality improvement, and strong logistical support, change the culture's perception of the EMS program.
- ◆ Establish a separate operating unit.

### **STRATEGIC BUSINESS MODELING**

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This is where the Strategic Planning Work Group developed specific details about the plan and procedures that lead the organization from its present state to its future envisioned state. It specifies what business, or in this case, what major lines of services, the organization will provide; how success will be measured; the critical success indicators; strategic thrusts or internally focused changes necessary for the organization; impact on the organization's culture; and impact on the mission statement.

“Strategic Business Modeling is the Applied Strategic Planning stage in which the planning group creates a detailed picture of the ideal future for the organization.”<sup>4</sup> Strategic business modeling is about developing real outcomes in terms of changed performance of the organization over time, either with greater efficiency, increased productivity, reduction in mistakes, introduction of new services, or any combination of these factors.

The Strategic Planning Work Group used the guiding principles, values, and mission statement, in addition to the strategies in the Los Angeles County Fire Department Strategic Plan, as the beginning point to analyze and develop business models for fire-based EMS. The stakeholders selected 2020 as the target year.

Using this background, the Strategic Planning Work Group developed a detailed picture of the future of fire-based EMS in Los Angeles County that included the following parts:

### **Outcomes Generated by Strategic Business Modeling**

1. **Major Lines of Service** – The major lines of service (LOS) in this plan have been divided for ease of understanding into three separate groups of two strategies each.

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<sup>4</sup> Nolan, Timothy M. et al. Applied Strategic Planning: An Introduction. John Wiley and Sons. San Francisco, 2008.



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2. **Strategies** – The strategies represent what the organization will organize and deliver to the marketplace.
3. **Specific Lines of Service** – During the modeling process specific lines of service were developed. Some of the specific lines of service are internal to the organization and the customers are members of the Fire Department. Other specific lines of service are external and specifically focused on patients and the delivery of medical services.
4. **Critical Success Indicators** – The critical success indicators (CSIs) will be used to track the organization’s progress toward achieving its goals.
5. **Goals and Objectives** – The goals and objectives represented come from the specific lines of service and critical success indicators. This is the concrete action element of the planning process.
6. **Strategic Thrusts** – Strategic thrusts or internally-focused changes are necessary for the organization to accomplish its mission of reaching its ideal future. The strategic thrusts are described later in this plan and are cited for each goal.
7. **Impact on Culture** – A description of how completion of the goal will impact the culture, and how the existing culture may or may not support the goal.
8. **Mission Statement** – Consistency with the mission statement is critical to the success of the plan. All of the specific lines of service are consistent with the mission statement.

### Strategic Plan Strategies

The Strategic Planning Work Group used the results of the business modeling across the Major Lines of Service to develop actionable, specific, and measurable goals and objectives that form the complete Integrated Action Plans.

The strategies in this plan were developed in parallel with many of the goals identified in the Los Angeles County Fire Department Strategic Plan:

*Goal 2: Delivering Exemplary Emergency Services: The Los Angeles County Fire Department will be an exemplary organization acclaimed for our national reputation, our regional strength and our hometown attentiveness as we provide fire protection and life safety services.*

*Goal 3: Innovating New Delivery Systems: The Department will have the foundational strategies it needs to go from where it is today to where it expects to be in the future.*



## Emergency Medical Services Strategic Plan

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- Goal 4: Fostering Workforce Excellence: The Los Angeles County Fire Department will be recognized as a high performing team that fosters a culture of inclusion, capitalizing on each employee's strengths while respecting individual differences, in pursuit of workforce excellence.*
- Goal 6: Developing the Leader in Each Employee: All employees will have the necessary tools, learning opportunities, and leadership support to incorporate and demonstrate our core values in pursuit of exemplary public service delivery.*
- Goal 7: Strengthening our Infrastructure: The Department will realize increased operational efficiencies through the increased usage of technology in conducting everyday business. Information technology projects, resources, and funding are aligned with the Department's strategic efforts, and have full executive support.*
- Goal 8: Automating our Systems: Information technology projects, resources, and funding are aligned with the Department's strategic efforts, and have full executive support.*
- Goal 11: Preparing the People we Serve: Serve the community in new and engaging ways by creating customer service initiatives, life-enriching preparedness programs, and strategic community relations.*
- Goal 12: Communicating our Value: Communities can rely on our services and trust us to keep our word. Our communications will offer a vivid portrait of our strategic directions and outcomes that the organization wants and believes it can accomplish.*

In this EMS Strategic Plan, they are identified as:

*Strategy 1A: Recruitment and Retention*

*Strategy 1B: Training and Education*

*Strategy 2C: Continuous Quality Improvement*

*Strategy 2D: Improved Service Delivery*

*Strategy 3E: Logistical Support*

*Strategy 3F: Marketing*

Thus, the goals of the Los Angeles County Fire Department Strategic Plan become the justification for the strategies for the EMS Strategic Plan and carry out, at a more finite level, the vision of the parent document.



## Emergency Medical Services Strategic Plan

The alignment of EMS strategies with Department goals is shown in the table below:

**Table 2—Alignment of EMS Strategies with Fire Department Goals**

EMS Strategy	Department Goals
Strategy 1A: Recruitment and Retention	Goal 4: Fostering Workforce Excellence
Strategy 1B: Training and Education	Goal 2: Delivering Exemplary Emergency Services Goal 6: Developing the Leader in Each Employee
Strategy 2C: Continuous Quality Improvement	Goal 2: Delivering Exemplary Emergency Services Goal 3: Innovating New Delivery Systems Goal 8: Automating our Systems
Strategy 2D: Improved Service Delivery	Goal 2: Delivering Exemplary Emergency Services Goal 3: Innovating New Delivery Systems Goal 4: Fostering Workforce Excellence Goal 6: Developing the Leader in Each Employee Goal 11: Preparing the People we Serve Goal 12: Communicating our Value
Strategy 3E: Logistical Support	Goal 7: Strengthening our Infrastructure Goal 8: Automating our Systems
Strategy 3F: Marketing	Goal 11: Preparing the People we Serve Goal 12: Communicating our Value

Using the six strategies identified above, the Strategic Planning Work Group developed and analyzed a series of goals consistent with the Departmental goals developed in the Department’s Strategic Plan and that seemed appropriate to meet the mission and vision of the EMS Strategic Plan. Each EMS strategy had to relate to at least one of the planning goals for the Department. There also had to be specific lines of service, critical success indicators, identified strategic thrusts, an examination of the impact of the goal on the organizational structure, and finally an evaluation of the goal’s consistency with the mission statement. This exercise was a necessary step to ensure that the selected goals would be steering the plan and ultimately the Department in the direction intended by the Applied Strategic Planning process and the Department’s Strategic Plan.

Once the strategies were selected and the goals identified, the Strategic Planning Work Group conducted a performance audit with gap analysis and closure analysis to see where the organization was currently and what *needed to be done* for the organization to get to where it wants to be in the future. These elements are provided in this Appendix.

The desired outcomes of each strategy are based on the desired outcomes of the Los Angeles County Fire Department Strategic Plan goals.



## Emergency Medical Services Strategic Plan

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### Major Lines of Service

Early on in the process of developing this plan three major themes became obvious to the planners. Ultimately they were identified as the major lines of service on which the plan focuses:

- ◆ Human Resource Development
- ◆ Excellence in EMS
- ◆ Program Support

In the proposed reorganization of the EMS program these three lines of service are the Divisions of the proposed Bureau: Human Resource Development is the *Education and Training Division*; Excellence in EMS is the *Quality Management Division*; and Program Support is the *Field Support Division*.

Within each major line of service, two strategies exist. The two strategies for Human Resource Development are *Recruitment and Retention* and *Training and Education*. The two strategies for Excellence in EMS are *Continuous Quality Improvement* and *Improved Service Delivery*. The two strategies for Program Support are *Logistical Support* and *Marketing the EMS Program*.

### Strategic Thrusts

The Strategic Planning Work Group discovered that several systematic problems exist that the organization must overcome before it can successfully achieve its desired future state. Solutions to these problems are labeled “strategic thrusts,” which are changes or improvements to the organization’s systems that must be accomplished before the strategic plan can be implemented. They are not Lines of Service, but necessary precursors to the improvement of the Lines of Service.

In order for the Department to successfully accomplish the requirements of the plan, the Department has to make some internal changes in the way it approaches the EMS program. These initiatives are strategic thrusts, and are summarized here:

- ◆ Become an Information-Driven Organization
- ◆ Develop into a Demographically-Sensitive Organization
- ◆ Use Technology Appropriately to Achieve Efficiencies
- ◆ Maintain a High Level of Paramedic Experience for Excellence in Patient Care

One or more of these strategic thrusts is identified, and implicit, in the success of each of the goals of this plan. As the plan is implemented, the organization will have to embrace each of these strategic thrusts for the success of the plan.



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These strategic thrusts are described more fully below:

### *Become an Information-Driven Organization*

The team chose the term *information-driven* to emphasize the comprehensive nature of this strategic thrust. Different circumstances will require that quality decisions be made based on data, verbal or written reports, images, or all three forms of information.

The team extensively discussed this strategic thrust. The lack of data has been pointed out time and again in various reports and studies of the Department's EMS system. In some instances there is a lack of data, while in others cases, the data is not in a useful format that enables making current policy and service delivery decisions. In addition, the manner in which data and other forms of information is collected and utilized (or more likely not utilized) has also been brought to the attention of Department management on numerous occasions.

Effective communication of policies and procedures does not exist due to a lack of formal structures. A large amount of information does exist in the form of daily briefings and other correspondence.

### *Develop Into a Demographically-Sensitive Organization*

The geographic and human diversity of the County has a direct impact on how emergency medical services are provided by the Department and received by the community. Of course people want medically-proficient help in an emergency, but they also need to be respected as patients. Doing otherwise not only fails to deliver on the promise to do what is best for the patient, it will also lead to less-satisfactory patient outcomes.

### *Use Technology Appropriately to Achieve Efficiencies*

Technology continues to play a growing role in business productivity. The Department has been slow to embrace some technological advantages. Many of the procedures conducted by the Department could be supplanted by the greater use of technology-based solutions. Simple approaches, such as using bar code labeling for supplies, or more comprehensive approaches, such as electronic patient care records (ePCR), are very useful. In some cases, these approaches will generate cost savings through automation.

A significant example of this is the lack of an ePCR system long after all other providers in the region either have adopted or are adopting ePCR systems. Not every type of activity is amenable to technology, and the application of technology should be studied thoroughly for all its implications. Nevertheless, there are many technological applications that have proven track records and are immediately applicable, such as the two mentioned above, that should be embraced as part of the ongoing strategic development of the Department.



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It should be noted that the Department's use of modern technology was adversely impacted by the recession, which necessitated making critical, mission-based decisions resulting in the delay of many aspects of the technology master plan.

### *Maintain a High Level of Paramedic Experience for Excellence in Patient Care*

Many paramedics leave paramedic service around the time they are finally developing competencies. This loss of corporate knowledge, skills, and abilities is wasteful and expensive. Yet, the Department appears to almost embrace the notion that there is no value in paramedic skills after promotion to specialist, captain, or battalion chief. Notwithstanding that, some members retain licensure on their own.

For this plan to be successful, the Department must become more supportive of personnel retaining paramedic licensure as they promote in the Department, at least through captain.

It should be noted that the number of paramedics who retain their license after leaving a post paramedic position is small. Second, while the minimum service time as a paramedic is 2 years, based upon the employee survey response data that Citygate collected, the majority of paramedics have more than 5 years of service.

### **PERFORMANCE AUDIT**

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While the Strategic Planning Work Group knew intuitively that the EMS system was not performing at the desired level, the actual performance had not been reviewed in a systematic way that identified the issues and their magnitude. The performance audit provides an opportunity to clearly assess the status of the organization regarding its relationship with customers (the public), the quality and importance of its service, its internal systems, the qualities and depth of the workforce, and the overall sense of its ideal future.

The Strategic Planning Work Group conducted a performance audit that provided a systematic approach to understanding the EMS system performance.

The Strategic Planning Work Group used the SWOT (internal **S**trengths and **W**eaknesses; external **O**pportunities and **T**hreats) method to conduct the performance audit. Not only does the SWOT analysis serve as the methodology for the performance audit, it also serves as a key element for the gap analysis that follows. Unlike data analysis, SWOT analysis is a less precise method of analysis and depends on the consensus of the subject matter experts. However, for the purposes of this plan and moving the Department's EMS forward, SWOT analysis is adequate.

The three *Major Lines of Service* (each with two *Strategies*) form the structure for this performance audit.



## Emergency Medical Services Strategic Plan

Many of the goals throughout the plan have a SWOT analysis. In some cases, because of environmental monitoring, the Strategic Planning Work Group realized after performing the initial SWOT analysis that goals needed to be added to the plan to make it complete. These additional goals were not subjected to the rigor of the SWOT analysis due to time constraints.

### Major Line of Service #1 – Human Resources Development

#### *Strategy 1A – Recruitment and Retention*

Strengths	Weaknesses	Opportunities	Threats
<b>Develop EMS Marketing for New Hires</b>			
<ul style="list-style-type: none"> <li>• Provides ability to recruit qualified candidates</li> <li>• Increases reach to qualified pool</li> <li>• Increases EMS awareness level of the dual-function employee</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of diversity</li> <li>• Increased amount of unqualified candidates</li> </ul>	<ul style="list-style-type: none"> <li>• Improve gender equity</li> <li>• Leverage the QIWG/QI Committee to distribute the message</li> <li>• Collaborate with labor/management</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in firefighting skills and abilities</li> <li>• Department culture</li> </ul>
<b>Modify Recruitment Testing Process</b>			
<ul style="list-style-type: none"> <li>• Provides candidates that value the EMS mission</li> <li>• Decreases initial training time</li> <li>• Decreases cost of initial training</li> </ul>	<ul style="list-style-type: none"> <li>• Inability to validate motivation – soft skills</li> <li>• Inability to adapt to Department way</li> <li>• Potential demographic inequality</li> </ul>	<ul style="list-style-type: none"> <li>• Gain a diversified pool of already-trained candidates</li> <li>• Overall cost savings for EMT/PM initial training</li> </ul>	<ul style="list-style-type: none"> <li>• Potential for limited pool of gender/ethnicity</li> <li>• Potential loss of Fire mission-minded candidates</li> </ul>
<b>Reduce Non-Volunteers for Paramedic Training</b>			
<ul style="list-style-type: none"> <li>• Potentially reduces PM School costs</li> <li>• Accelerates use of talent pool</li> <li>• Saves overall cost to Department by hiring licensed candidate upfront</li> <li>• Increases adoption of EMS culture and mission</li> </ul>	<ul style="list-style-type: none"> <li>• Uncertainty in level of skill of new hire</li> </ul>	<ul style="list-style-type: none"> <li>• Increase level of firefighting skills (experienced FF already)</li> <li>• Increase level of experience prior to moving up in the ranks</li> <li>• Utilize experience of probationary PM sooner</li> <li>• Reduce PM post-position vacancies</li> </ul>	<ul style="list-style-type: none"> <li>• Potential lawsuit for diversity favoritism</li> <li>• Potential higher failure rate in probation due to increased responsibilities</li> <li>• Labor disagreement</li> </ul>





## Emergency Medical Services Strategic Plan

### Strategy 1B – Training and Education

Strengths	Weaknesses	Opportunities	Threats
<b>Improve New-Hire Training</b>			
<ul style="list-style-type: none"> <li>Captures personnel early in their career</li> <li>Encourages positive outlook on EMS</li> <li>Ensures interested personnel are involved</li> <li>Evaluation encourages mission focus on EMS</li> <li>Provides multi-level training</li> <li>Creates responsibilities for all levels of the organization</li> <li>Identifies risk behaviors</li> </ul>	<ul style="list-style-type: none"> <li>No exposure in Department operations</li> <li>Budget constraints exist</li> <li>Difficulties exist in locating instructors</li> <li>Perception of being more of the same training</li> <li>Generational differences exist</li> <li>Poor leadership exists</li> </ul>	<ul style="list-style-type: none"> <li>Emphasize the EMS mission at the beginning of the employee career</li> <li>Identify and focus on weak areas</li> <li>Encourage involvement in new EMS motto</li> <li>Recruit instructors</li> <li>Prevent risk behaviors</li> <li>Re-establish Department as an EMS leader</li> </ul>	<ul style="list-style-type: none"> <li>Liability exposure</li> <li>Generational differences in potential employee pool</li> <li>Lack of participation</li> <li>Perception of recruits coming in to fight fires</li> <li>1/4 of recruit training is on EMS vs. 3/4 on fire</li> </ul>
<b>Develop a More Comprehensive Continuing Education Program</b>			
<ul style="list-style-type: none"> <li>Provides training based on actual incidents</li> <li>Identifies risk management issues</li> <li>Keeps organization on leading edge</li> <li>Nurses/PM Cadre is very experienced</li> <li>The nurses and PMS meet LEMSA mandates</li> <li>Provides ability to choose topics</li> <li>Offers on-line education</li> </ul>	<ul style="list-style-type: none"> <li>Information is based on errors</li> <li>All employees may not have completed all training modules</li> <li>Not being able to take anyone out of service</li> <li>50% of DNE time is used for EMT skills</li> </ul>	<ul style="list-style-type: none"> <li>Constantly refine education</li> <li>Provide employee the ability to receive credit for duplicate modules</li> <li>Develop relationships with hospitals</li> <li>Coordinate with the LEMSA for future topics</li> <li>Provide guest speakers (SMEs)</li> <li>Include attending conferences as an incentive</li> <li>Review incident tapes as case study</li> <li>Have the EMT training conducted by PM Cadre</li> <li>Utilize the “smart classroom”</li> </ul>	<ul style="list-style-type: none"> <li>Litigation</li> <li>Disconnect/loss of relationships with hospitals</li> <li>On-line education may not be a solution</li> </ul>



## Emergency Medical Services Strategic Plan

Strengths	Weaknesses	Opportunities	Threats
<b>Develop Supervisor Education Program</b>			
<ul style="list-style-type: none"> <li>Provides continuity of care</li> <li>Helps identify problems during training</li> <li>Tracks plan achievement</li> <li>Carries message of EMS importance to top echelon employees</li> </ul>	<ul style="list-style-type: none"> <li>There is no current focused EMS supervisor training</li> <li>Buy-in by personnel</li> <li>Perceived as punitive</li> <li>The message is not focused on supervisors</li> <li>Limits career choices</li> </ul>	<ul style="list-style-type: none"> <li>Increase buy-in</li> <li>Focus on Department specific goals</li> <li>Encourage innovation</li> </ul>	<ul style="list-style-type: none"> <li>Micro management</li> <li>Litigation</li> <li>The current culture may not accept supervisor education</li> </ul>



## Emergency Medical Services Strategic Plan

### Major Line of Service #2 – Excellence in EMS

#### *Strategy 2C – Continuous Quality Improvement*

Strengths	Weaknesses	Opportunities	Threats
<b>Recognize Systematic Trends and Deficiencies or Exemplariness</b>			
<ul style="list-style-type: none"> <li>• Delivers current PCR data</li> <li>• Utilizes new technology</li> <li>• Delivers current reports in FMD for QI indicators</li> <li>• Stipulates Standing QI WG/QI Committee</li> <li>• Provides ongoing peer review process</li> <li>• Helps younger age cohort embrace EMS</li> <li>• Promotes leadership involvement</li> <li>• Promotes union involvement</li> </ul>	<ul style="list-style-type: none"> <li>• Inaccurate data</li> <li>• Outdated forms</li> <li>• Minimal number of forms reviewed</li> <li>• NFIRS/FMP data is not consistent</li> <li>• Lost EMS forms</li> <li>• No documentation of training</li> <li>• No consistency in management (new person every two years)</li> <li>• Lack of staff</li> <li>• Poor communication to field</li> <li>• Complacency/no accountability</li> <li>• Paper PCR is not automated</li> <li>• No master database to track/trend all complaints</li> <li>• Deteriorated relationship with base hospitals</li> </ul>	<ul style="list-style-type: none"> <li>• Should have ePCR soon</li> <li>• Training Captains will change the approach</li> <li>• QI documentation day</li> <li>• Interactive documentation module</li> <li>• DHS audit will show improvement</li> <li>• Provide new EMS focus</li> <li>• QI part of MAPP goals</li> <li>• Utilize checklists</li> <li>• Promote implementation of Just Culture</li> <li>• Perform field care audits (tape review)</li> <li>• Involve Risk Management in QI Committee</li> <li>• Tie CQI trends to the long-term training plan and calendar</li> </ul>	<ul style="list-style-type: none"> <li>• Procurement process is very slow in responding</li> <li>• Department culture may not be supportive</li> <li>• Generational differences</li> <li>• Inconsistent data sets (NEMESIS, CEMESIS, TEMIS)</li> <li>• Reactionary response</li> <li>• Base hospitals concerns about (HIPAA)</li> <li>• IMD</li> </ul>



## Emergency Medical Services Strategic Plan

Strengths	Weaknesses	Opportunities	Threats
<b>Implement Preventative and Corrective Action in a Timely Manner</b>			
<ul style="list-style-type: none"> <li>• Delivers current PCR data</li> <li>• Utilizes new technology</li> <li>• Delivers current reports in FMD for QI indicators</li> <li>• Stipulates Standing QIWG/QI Committee</li> <li>• Provides ongoing peer review process</li> <li>• Helps younger age cohort embrace EMS</li> <li>• Promotes leadership involvement</li> </ul>	<ul style="list-style-type: none"> <li>• Inaccurate data</li> <li>• Outdated forms</li> <li>• Minimal number of forms reviewed</li> <li>• NFIRS/FMP data is not consistent</li> <li>• Lost EMS forms</li> <li>• No documentation of training</li> <li>• No consistency in management (new person every two years)</li> <li>• Lack of staff</li> <li>• Poor communication to field</li> <li>• Complacency/no accountability</li> <li>• Paper PCR is not automated</li> <li>• No master database to track/trend all complaints</li> </ul>	<ul style="list-style-type: none"> <li>• Should have ePCR soon</li> <li>• Training Captains will change the approach</li> <li>• QI documentation day</li> <li>• Interactive documentation module</li> <li>• DHS audit will show improvement</li> <li>• QI part of MAPP goals</li> <li>• Utilize checklists</li> <li>• Promote implementation of Just Culture</li> <li>• Perform field care audits</li> <li>• Involve Risk Management in QI Committee</li> </ul>	<ul style="list-style-type: none"> <li>• Procurement process is very slow in responding</li> <li>• Department culture may not be supportive</li> <li>• Generational differences</li> <li>• Inconsistent data sets (NEMESIS, CEMESIS, TEMIS)</li> <li>• Reactionary response</li> </ul>



## Emergency Medical Services Strategic Plan

Strengths	Weaknesses	Opportunities	Threats
<b>Monitor Implemented Actions to Ensure Effectiveness and System Improvement</b>			
<ul style="list-style-type: none"> <li>• Delivers current PCR data</li> <li>• Utilizes new technology</li> <li>• Delivers current reports in FMD for QI indicators</li> <li>• Stipulates Standing QI WG/QI Committee</li> <li>• Provides ongoing peer review process</li> <li>• Helps younger age cohort embrace EMS</li> <li>• Promotes leadership involvement</li> <li>• Provides current QI plan and program director</li> </ul>	<ul style="list-style-type: none"> <li>• Inaccurate data</li> <li>• Outdated forms</li> <li>• Minimal number of forms reviewed</li> <li>• NFIRS/FMP data is not consistent</li> <li>• Lost EMS forms</li> <li>• No documentation of training</li> <li>• No consistency in management (new person every two years)</li> <li>• Lack of staff</li> <li>• Poor communication to field</li> <li>• Complacency/no accountability</li> <li>• Paper PCR is not automated</li> <li>• No master database to track/trend all complaints</li> </ul>	<ul style="list-style-type: none"> <li>• Should have ePCR soon</li> <li>• Training Captains will change the approach</li> <li>• QI documentation day</li> <li>• Interactive documentation module</li> <li>• DHS audit will show improvement</li> <li>• QI part of MAPP goals</li> <li>• Utilize checklists</li> <li>• Promote implementation of Just Culture</li> <li>• Perform field care audits</li> <li>• Involve Risk Management in QI Committee</li> <li>• Review the dispatch portion of a call within the EMS QI to ensure total quality throughout duration of incident</li> <li>• “Crosswalk” dispatch QI with EMS QI</li> </ul>	<ul style="list-style-type: none"> <li>• Procurement process is very slow in responding</li> <li>• Department culture may not be supportive</li> <li>• Generational differences</li> <li>• Inconsistent data sets (NEMSIS, CEMSIS, TEMIS)</li> <li>• Reactionary response</li> </ul>



## Emergency Medical Services Strategic Plan

Strengths	Weaknesses	Opportunities	Threats
<b>Develop and Deliver ePCR Training</b>			
<ul style="list-style-type: none"> <li>• Provides timely data</li> <li>• Increases accuracy of data (possible)</li> <li>• Meets contractual data agreement with LEMSA for data submission</li> <li>• Ensures paper copies of the reports, especially the blue copy will not get lost or shredded</li> <li>• Strengthens technology-savvy workforce</li> </ul>	<ul style="list-style-type: none"> <li>• System integration with NFIRS</li> <li>• Generational differences</li> <li>• Limits of technology</li> <li>• Multiple types of ePCRs in County; no integration</li> <li>• Multiple base hospitals</li> <li>• System failures/reliance</li> <li>• Increase scene time</li> <li>• Limited staffing for training</li> <li>• IMD</li> <li>• Limited staffing for data validation</li> <li>• Resistance to new technology limits effectiveness</li> </ul>	<ul style="list-style-type: none"> <li>• Review system performance</li> <li>• Increase revenue avenues (ALS pass through, GEMT, ALS assessment)</li> <li>• Monitor EMT/PM performance (skills)</li> <li>• Use LEMSA/NEMSIS data sets</li> <li>• Financial opportunity to collaborate with other FD to decrease cost of ePCR</li> <li>• Interoperability</li> <li>• Enhance current QI/QA</li> <li>• Complete and thorough orientation/training when system is implemented</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of staffing</li> <li>• Less detailed documentation (litigation)</li> <li>• Choosing the right ePCR</li> <li>• Technology gets outdated</li> <li>• Financial commitment to support system/staffing</li> <li>• IMD/IT</li> </ul>



## Emergency Medical Services Strategic Plan

### *Strategy 2D – Improved Service Delivery*

Strengths	Weaknesses	Opportunities	Threats
<b>Adopt Just Culture</b>			
<ul style="list-style-type: none"> <li>• Improves labor/management relationship</li> <li>• Will assist with administration of Firefighter Bill of Rights (FBOR)</li> <li>• Defines current standards of behavior</li> <li>• Provides penalty guide</li> <li>• Will be supported by Fire Advisory Board (FAB)</li> <li>• Defines investigative process</li> <li>• Promotes responsibility and accountability</li> <li>• Just Culture algorithm</li> </ul>	<ul style="list-style-type: none"> <li>• Inconsistent way to handle complaints</li> <li>• Unknown impact from the FBOR shield</li> <li>• Labor/management relationship</li> <li>• Lack of discipline guidelines for EMS specific issues</li> <li>• Lack of corrective action guide for EMS</li> <li>• Uncoordinated investigations with LEMSA/EMSA</li> <li>• Personnel not aware of investigative process/expectations</li> <li>• Early reporting/follow ups with communication is not occurring</li> <li>• Lack of personnel for investigations</li> <li>• Timeliness (FBOR)</li> </ul>	<ul style="list-style-type: none"> <li>• Coordinate with LEMSA/EMSA</li> <li>• SME investigators</li> <li>• Standardize behavior/discipline guidelines from the Medical Director's Office (MDO)</li> <li>• Standardize process of handling complaints</li> <li>• FAB</li> <li>• Share lessons learned</li> </ul>	<ul style="list-style-type: none"> <li>• Litigation</li> <li>• BOS confidence may be undermined</li> <li>• LEMSA confidence</li> <li>• Private sector efficiency</li> <li>• Civil service rules (FBOR)</li> </ul>



## Emergency Medical Services Strategic Plan

Strengths	Weaknesses	Opportunities	Threats
<b>Develop an Investigation Process</b>			
<ul style="list-style-type: none"> <li>• Improves labor/management relationship</li> <li>• Will assist with administration of FBOR</li> <li>• Defines current standards of behavior</li> <li>• Provides penalty guide</li> <li>• Will be supported by Fire Advisory Board (FAB)</li> <li>• Defines investigative process</li> </ul>	<ul style="list-style-type: none"> <li>• Inconsistent method for handle complaints</li> <li>• Unknown impact from the FBOR shield</li> <li>• May interfere with labor/management relationship</li> <li>• Lack of discipline guidelines for EMS specific issues</li> <li>• Lack of corrective action guide for EMS</li> <li>• Uncoordinated investigations with LEMSA/ EMSA</li> <li>• Personnel not aware of investigative process/ expectations</li> <li>• Early reporting/follow ups with communication</li> <li>• Lack of personnel for investigations</li> <li>• Lack of skills and knowledge on the part of staff to investigate medical errors</li> <li>• Timeliness requirement for FBOR like “speedy trial”</li> <li>• There is no standard way for the public to file complaints nor is there a procedure in place detailing how complaints are made and routed in the Department</li> </ul>	<ul style="list-style-type: none"> <li>• Coordinate with LEMSA/EMSA</li> <li>• Hire specially trained SME investigators</li> <li>• Standardized behavior/discipline guidelines from the MDO</li> <li>• Standardized process of handling complaints</li> <li>• FAB</li> <li>• Share lessons learned</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Litigation</li> <li>• BOS confidence may be undermined</li> <li>• LEMSA confidence may be undermined</li> <li>• Private sector efficiency may be better than Department</li> <li>• Civil service rules may trump the investigations (FBOR)</li> </ul>





## Emergency Medical Services Strategic Plan

Strengths	Weaknesses	Opportunities	Threats
<b>Utilize a Paramedic Assessment Units</b>			
<ul style="list-style-type: none"> <li>Places PAUs in areas with extended estimated times of arrival</li> <li>Places PAUs in areas with extended hospital wall time</li> <li>Allows arrival of ALS Unit in 4 minutes</li> <li>Assists with public perception of quick response</li> </ul>	<ul style="list-style-type: none"> <li>Requires more trained paramedics</li> <li>Occupies engine companies on medical emergencies</li> </ul>	<ul style="list-style-type: none"> <li>Increase the opportunity for paramedics to utilize ALS skills</li> </ul>	
<b>Conduct a Departmental Delivery Model Review</b>			
<ul style="list-style-type: none"> <li>Provides dual-function role</li> <li>Meets Los Angeles County LEMSA Mandate</li> <li>Provides additional staff on scene of fires or extrication</li> </ul>	<ul style="list-style-type: none"> <li>May not be the best use of resources</li> <li>Alternative models may be more cost-effective and deliver same level of service</li> </ul>	<ul style="list-style-type: none"> <li>Provide chance to explore alternative models</li> <li>May be important for community-based paramedicine</li> <li>Expand the total team approach to medical emergencies resulting in better patient care</li> </ul>	<ul style="list-style-type: none"> <li>May prove the current model is not as good as we thought</li> <li>May result in job losses</li> <li>Contact cities may want to go another direction</li> </ul>
<b>Utilize Electronic Incident and Patient Care Information for System Planning and Performance Monitoring</b>			
<ul style="list-style-type: none"> <li>BCs currently utilize some features of the DASHBOARD</li> <li>Allows system to be easily expanded</li> <li>Features NFIRS data already in electronic format</li> <li>Features dispatch data in electronic format</li> <li>Utilizes NFIRS with dispatch data to provide information for managers</li> </ul>	<ul style="list-style-type: none"> <li>Data inputs from the field may be inaccurate or take shortcuts</li> </ul>	<ul style="list-style-type: none"> <li>Could provide data on numerous EMS situations that managers need</li> <li>Run data on unit hour utilization, turnout time, wall time, dispatch processing time</li> <li>Run data frequent flyers for alternative interventions</li> <li>Run data for different EMS models</li> <li>Prove workload to LEMSA and DHS</li> </ul>	<ul style="list-style-type: none"> <li>May be seen as intrusive or “looking over someone’s shoulder”</li> <li>Possible Local 1014 issue</li> </ul>



## Emergency Medical Services Strategic Plan

### Major Line of Service #3 – Program Support

#### *Strategy 3E – Logistical Support*

Strengths	Weaknesses	Opportunities	Threats
<b>Provide Adequate EMS Staff Support</b>			
<ul style="list-style-type: none"> <li>Allows wet stock orders at USC to be filled in hours</li> <li>Allows proficient utility drivers to occasionally be able to “push an order through” in days rather than weeks</li> </ul>	<ul style="list-style-type: none"> <li>Requires analysis of other regional wet stock ordering systems</li> <li>Requires analysis of how a utility driver can achieve this and what obstacles utility drivers face</li> <li>Back-ordered items result in a killed supply order without notification</li> <li>Lengthy ordering process (generating, approving, transmitting, and following-up)</li> <li>Ineffective utility drivers result in lost, unfulfilled, etc. orders</li> <li>The drug (controlled substance) system is open to abuse and is slow and cumbersome</li> <li>System currently does not meet LEMSA requirements</li> </ul>	<ul style="list-style-type: none"> <li>Can make near-term changes under the current ordering system to reduce fill times</li> <li>Require only on-duty captain's approval (not all 3 shifts)</li> <li>Require e-mail acknowledgment of order receipt at warehouse</li> <li>Require immediate email notice of back-order items and do not kill order</li> <li>Establish maximum allowable fill times or a regimented fill schedule</li> <li>Can study the effective logistic models of other large departments (Orange County Fire Authority and Miami-Dade Fire Rescue)</li> </ul>	<ul style="list-style-type: none"> <li>Continued inventory shortfalls at the station/unit level</li> <li>Inability to be prepared for future unit inventory audits</li> <li>If this cannot be fixed there will be an impact on patient care</li> </ul>



## Emergency Medical Services Strategic Plan

### *Strategy 3F – Marketing the EMS Program*

Strengths	Weaknesses	Opportunities	Threats
<b>Develop and Maintain an EMS Marketing Program for Internal Stakeholders</b>			
<ul style="list-style-type: none"> <li>Emphasizes longevity of service to communities</li> <li>Utilizes Department EMS history</li> <li>Provides social media sites that are established and ranking well</li> <li>Develops skilled workforce capability</li> <li>Enables workforce as community educators</li> <li>Provides access to County marketing resources</li> </ul>	<ul style="list-style-type: none"> <li>Connections are not measurable</li> <li>Younger generations do not recognize Department's legacy</li> <li>Overwhelming to maintain ongoing contact</li> <li>Inconsistently used</li> <li>Generational differences exist regarding customer service</li> <li>Competition exists with regular duties and emergency responses</li> <li>Not always available as needed</li> <li>Lack of established channels exist to draw the public to the Department</li> </ul>	<ul style="list-style-type: none"> <li>Strengthen connections</li> <li>Promote educational programs</li> <li>Tell stories through social media</li> <li>Develop and schedule social media content</li> <li>Improve training</li> <li>Provide public training via CERT volunteers</li> <li>Expand department access to resources</li> <li>Publicize all communication vehicles</li> </ul>	<ul style="list-style-type: none"> <li>Lack of staff at the local level to carry out the work</li> <li>Lack of value of EMS legacy</li> <li>Social media overload</li> <li>Lack of staff to oversee and monitor 24/7</li> <li>EMS role-model paramedics are retiring</li> <li>Lack of coordinators to handle community education programs</li> <li>Lack of budget to carry out a large-scale marketing campaign</li> </ul>



## Emergency Medical Services Strategic Plan

Strengths	Weaknesses	Opportunities	Threats
<b>Develop and maintain an EMS Marketing Program for the Public</b>			
<ul style="list-style-type: none"> <li>• Serves as only source of local government in the neighborhood</li> <li>• Increases daily visibility</li> <li>• Strengthens emergency response resources</li> <li>• Provides local leadership presence</li> <li>• Provides Community Services Liaisons in divisions</li> <li>• Increases security of the Contract City Association membership</li> <li>• Establishes long-term relationship with area cooperators</li> <li>• Provides multiple communication channels at community level</li> <li>• Provides ability to motivate the public</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of perception, sense of responsibility unless called upon to respond</li> <li>• No connection to local personnel or leadership</li> <li>• Big, bureaucratic and slow to change</li> <li>• Multiple cities, challenges</li> <li>• Reaching beyond core duties as Community Relations reps; asked to do many unassociated tasks.</li> <li>• Some cities do not need all of our specialized resources (e.g., wildland vs. urban search and rescue (USAR))</li> <li>• Growing lack of trust in our ability to meet standards</li> </ul>	<ul style="list-style-type: none"> <li>• Increase visibility at the fire station level</li> <li>• Get to know local personnel and local Fire Chiefs</li> <li>• Major incidents and emergency preparedness</li> <li>• Longer-term AC assignments</li> <li>• Redefine scope of work</li> <li>• Sharing resources and value added services</li> <li>• Identify common mission</li> </ul>	<ul style="list-style-type: none"> <li>• Rotating shifts, lack of central responsibility for branding each fire station</li> <li>• Organization can easily be exposed by one mistake</li> <li>• Financial instability of some cities we serve</li> <li>• No personal investment in communities served</li> <li>• Resistance to changing and refocusing on local marketing efforts</li> <li>• Cities facing financial challenges</li> <li>• Marketplace competition threatens established entities and relationships</li> </ul>



## Emergency Medical Services Strategic Plan

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### *GAP ANALYSIS AND CLOSURE*

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Upon completion of the performance audit, the Strategic Planning Work Group determined where the performance gaps existed, and what steps would be needed to address these issues. Closing these gaps is the foundation for developing Action Plans.

A gap analysis was conducted for each of the strategies. This analysis consisted of the following steps:

- ◆ Identifying the potential gap.
- ◆ Describing the gap's impact on the EMS program.
- ◆ Identifying any supporting best practice references, if they exist. If there is no best practice reference the Strategic Planning Work Group was the source of the current best practice based on the consensus of their combined experience as doctors, nurses, and paramedics.
- ◆ Developing a potential means of mitigating the gaps.
- ◆ Identifying other affected strategies.

The gaps found in the performance audit are listed as items in the following tables with their impacts and potential mitigations.



## Emergency Medical Services Strategic Plan

### Major Line of Service #1 – Human Resources Development

#### *Strategy 1A – Recruitment and Retention*

Item	Potential Gap	Gap Impact	Supporting References	Potential Gap Mitigations	Strategies
Marketing	<ul style="list-style-type: none"> <li>Recruitment Unit budget not sufficient to provide adequate advertising</li> </ul>	<ul style="list-style-type: none"> <li>Recruitment Unit requires increase staff</li> <li>Financial impact to Department</li> </ul>	<ul style="list-style-type: none"> <li>NFPA 450 – 5.3</li> <li>Community needs analysis</li> </ul>	<ul style="list-style-type: none"> <li>Hire additional staff to Recruitment Unit and increase budget</li> <li>Requiring EMT-1 at time of hire could mitigate this</li> </ul>	1A, 1B
Entry-level testing process	<ul style="list-style-type: none"> <li>Previous written test is outdated</li> <li>Minimum job qualifications and testing are being updated as of mid-2014</li> <li>Future decision to be made on requiring EMT at time of hire</li> </ul>	<ul style="list-style-type: none"> <li>Unable to select certified/licensed candidates</li> </ul>	<ul style="list-style-type: none"> <li>NFPA 450 – 12.2 Recruitment and 12.2.1 Selection</li> </ul>	<ul style="list-style-type: none"> <li>Update job bulletin to reflect required certs/license and change oral/written test to reflect the mission</li> </ul>	1B
Reduction of non-volunteers	<ul style="list-style-type: none"> <li>Hiring process does not have an option of a paramedic-only class</li> <li>Licensed paramedics have to wait 1 year before reactivation</li> </ul>	<ul style="list-style-type: none"> <li>Local 1014 disagreement with reactivation time</li> </ul>	<ul style="list-style-type: none"> <li>Strategic Planning Work Group</li> </ul>	<ul style="list-style-type: none"> <li>Addition of a paramedic-only recruit class</li> <li>Local 1014 agreement for licensed paramedic to be reactivated in 6 months</li> </ul>	1B



## Emergency Medical Services Strategic Plan

### *Strategy 1B – Training and Education*

Item	Potential Gap	Gap Impact	Supporting References	Potential Gap Mitigations	Strategies
Current testing	<ul style="list-style-type: none"> <li>Minimal data available</li> </ul>	<ul style="list-style-type: none"> <li>No analysis to grade current testing</li> </ul>	<ul style="list-style-type: none"> <li>Strategic Planning Work Group</li> </ul>	<ul style="list-style-type: none"> <li>Increase data collection</li> <li>Poor training (control group)</li> </ul>	2C, 2D
Instructors	<ul style="list-style-type: none"> <li>Lack of staff</li> </ul>	<ul style="list-style-type: none"> <li>Budget</li> </ul>	<ul style="list-style-type: none"> <li>Strategic Planning Work Group</li> </ul>	<ul style="list-style-type: none"> <li>Use on-duty personnel</li> </ul>	2C, 2D, 3E
Field cases for learning	<ul style="list-style-type: none"> <li>Training time spent on subject that has little impact on performance</li> </ul>	<ul style="list-style-type: none"> <li>Liability using actual cases/subjects associated with the incident are kept confidential</li> </ul>	<ul style="list-style-type: none"> <li>Strategic Planning Work Group</li> </ul>	<ul style="list-style-type: none"> <li>Reduces current negative connotation towards CQI</li> </ul>	2C, 2D
Current CE/Training	<ul style="list-style-type: none"> <li>Poor ID or risk management</li> </ul>	<ul style="list-style-type: none"> <li>Threat of Paramedic litigation</li> <li>Budget</li> <li>Squads out of service</li> </ul>	<ul style="list-style-type: none"> <li>Strategic Planning Work Group</li> </ul>	<ul style="list-style-type: none"> <li>Not getting proper CE</li> </ul>	2C, 2D, 3E
Staffing at regional CE training centers	<ul style="list-style-type: none"> <li>No follow-through on training</li> </ul>	<ul style="list-style-type: none"> <li>Potential litigation</li> <li>Loss of license</li> </ul>	<ul style="list-style-type: none"> <li>Mandatory training and updates</li> </ul>	<ul style="list-style-type: none"> <li>Instructional roll-out</li> <li>Captain's Academy</li> </ul>	2C, 3E
CE Training focused to BC level	<ul style="list-style-type: none"> <li>Poor field reception</li> <li>Not taken seriously</li> </ul>	<ul style="list-style-type: none"> <li>Poor field reception</li> <li>Not taken seriously</li> </ul>	<ul style="list-style-type: none"> <li>Use incidents from field to highlight problems and outcomes</li> </ul>	<ul style="list-style-type: none"> <li>Adequate staff for supervisors (mandatory)</li> </ul>	2C, 2D, 3E
Carry training to BC level	<ul style="list-style-type: none"> <li>Time management</li> <li>Buy in</li> </ul>	<ul style="list-style-type: none"> <li>Supervisor is not current with best practices</li> <li>May falsely identify errors</li> </ul>	<ul style="list-style-type: none"> <li>Use incidents from field to highlight problems</li> <li>Redundancy</li> </ul>	<ul style="list-style-type: none"> <li>Make the supervisor's chain of command accountable at all levels</li> <li>Get supervisors working together to identify problems and outcomes</li> </ul>	2C, 2D, 3E



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Item	Potential Gap	Gap Impact	Supporting References	Potential Gap Mitigations	Strategies
Current system of using nurses to test BLS skills	<ul style="list-style-type: none"> <li>Nurses could be teaching more critical skills</li> </ul>	<ul style="list-style-type: none"> <li>Some skills training does not get reimbursed</li> </ul>	<ul style="list-style-type: none"> <li>Strategic Planning Work Group</li> </ul>	<ul style="list-style-type: none"> <li>Hire paramedic captains to conduct these tests</li> </ul>	2C, 2D, 3E

### Major Line of Service #2 – Excellence in EMS

#### *Strategy 2C – Continuous Quality Improvement*

Item	Potential Gap	Gap Impact	Supporting References	Potential Gap Mitigations	Strategies
<b>Commendations and Awards</b>					
Commendation	<ul style="list-style-type: none"> <li>No standardized process</li> <li>Not timely</li> <li>“Soccer awards”</li> <li>No definition of excellence</li> </ul>	<ul style="list-style-type: none"> <li>Decrease morale</li> <li>“Hammer perspective”</li> <li>People will not feel valued</li> <li>Decrease productivity</li> <li>Increase absenteeism</li> <li>Increase in “turnover”</li> </ul>	<ul style="list-style-type: none"> <li>Exemplary Service Award Program V2-C8-S11</li> <li>Ref. No. 620, EMS Quality Improvement Plan</li> <li>Department QI Plan</li> </ul>	<ul style="list-style-type: none"> <li>Revise Exemplary Service Award Program V2-C8-S11</li> <li>Designate EMS specific category</li> </ul>	2C
Letter of appreciation	<ul style="list-style-type: none"> <li>No standardized process</li> <li>Not timely</li> <li>“Soccer awards”</li> <li>No definition of excellence</li> </ul>	<ul style="list-style-type: none"> <li>Decrease morale</li> <li>“Hammer perspective”</li> <li>People will not feel valued</li> <li>Decrease productivity</li> <li>Increase absenteeism</li> <li>Increase in “turnover”</li> </ul>	<ul style="list-style-type: none"> <li>Exemplary Service Award Program V2-C8-S11</li> <li>Ref. No. 620, EMS Quality Improvement Plan</li> <li>Department QI Plan</li> </ul>	<ul style="list-style-type: none"> <li>Always on Department letter- head</li> <li>Send to home</li> <li>Place on website</li> </ul>	2C, 2D





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Item	Potential Gap	Gap Impact	Supporting References	Potential Gap Mitigations	Strategies
Valor awards	<ul style="list-style-type: none"> <li>No standardized process</li> <li>Not timely</li> <li>“Soccer awards”</li> <li>No definition of excellence</li> </ul>	<ul style="list-style-type: none"> <li>Decrease morale</li> <li>“Hammer perspective”</li> <li>People will not feel valued</li> <li>Decrease productivity</li> <li>Increase absenteeism</li> <li>Increase in “turnover”</li> </ul>	<ul style="list-style-type: none"> <li>Exemplary Service Award Program V2-C8-S11</li> <li>Ref. No. 620, EMS Quality Improvement Plan</li> <li>Department QI Plan</li> </ul>	<ul style="list-style-type: none"> <li>Revise Exemplary Service Award Program V2-C8-S11</li> <li>Designate EMS-specific category</li> </ul>	2C, 2D
<b>Adopt Just Culture</b>					
Just Culture	<ul style="list-style-type: none"> <li>No understanding of meaning of Just Culture</li> <li>No implementation strategy</li> <li>Negative attitude toward investigative process</li> <li>lack of training personnel</li> </ul>	<ul style="list-style-type: none"> <li>Delayed implementation of training</li> <li>Financial cost of additional staff</li> <li>Delayed completion of process due to training requirements</li> </ul>	<ul style="list-style-type: none"> <li>DHS implementation of Just Culture</li> </ul>	<ul style="list-style-type: none"> <li>Hire additional staff to provide training and information gathering</li> <li>Provide training to Department on new process</li> <li>Incorporate Local 1014 in earliest discussions</li> </ul>	1A, 1B, 2C, 3F
Develop a standardized method for the complaint/allegation process	<ul style="list-style-type: none"> <li>Uncoordinated investigations with LEMSA/EMSA</li> <li>Inconsistent way to handle complaints</li> </ul>	<ul style="list-style-type: none"> <li>Double and triple jeopardy</li> </ul>	<ul style="list-style-type: none"> <li>Strategic Planning Work Group</li> </ul>	<ul style="list-style-type: none"> <li>Just Culture algorithm</li> </ul>	1A, 1B, 2C
EMS Penalty guide	<ul style="list-style-type: none"> <li>Lack of discipline guidelines for EMS-specific issues</li> </ul>	<ul style="list-style-type: none"> <li>Double and triple jeopardy</li> </ul>	<ul style="list-style-type: none"> <li>EMSA’s Discipline Guidelines</li> </ul>	<ul style="list-style-type: none"> <li>Develop an EMS Penalty guideline like the EMSA</li> </ul>	1A, 1B, 2C



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Item	Potential Gap	Gap Impact	Supporting References	Potential Gap Mitigations	Strategies
Utilize SMEs for investigative process	<ul style="list-style-type: none"> <li>Lengthy process</li> <li>Items not addressed</li> </ul>	<ul style="list-style-type: none"> <li>Punitive actions or no actions</li> </ul>	<ul style="list-style-type: none"> <li>Strategic Planning Work Group</li> </ul>	<ul style="list-style-type: none"> <li>Just Culture algorithm</li> </ul>	1A, 1B, 2C
<b>Develop and Deliver ePCR Training</b>					
Training	<ul style="list-style-type: none"> <li>Lack of staffing</li> <li>Increase on scene times</li> <li>System failure</li> <li>Hardware</li> <li>Flawed data</li> </ul>	<ul style="list-style-type: none"> <li>Bad patient outcomes</li> <li>Cost</li> <li>Litigation</li> <li>Not meet LEMSA/EMSA thresholds</li> <li>Increased staffing</li> </ul>	<ul style="list-style-type: none"> <li>Department experiences</li> <li>EMSA's EMS Core Measures Project: Reporting Capability of EMSA and LEMSA Data Systems and Results from Clinical Measures Report 2012-2013</li> </ul>	<ul style="list-style-type: none"> <li>ePCR vendor supply IT support 24/7</li> <li>10 SMEs for first year</li> </ul>	3D
Data reports/ Dashboards	<ul style="list-style-type: none"> <li>ePCR reporting features focus on billing not clinical care</li> <li>Lack of standardized process metrics</li> <li>Patient outcome data</li> <li>Variability in data collection</li> <li>Training in documentation</li> </ul>	<ul style="list-style-type: none"> <li>Not accurate</li> <li>No merit</li> <li>No true QA/QI</li> <li>Conflicting datasets with LEMSA/EMSA</li> </ul>	<ul style="list-style-type: none"> <li>EMSA's EMS Core Measures Project: Reporting Capability of EMSA and LEMSA Data Systems and Results from Clinical Measures Report 2012-2013</li> </ul>	<ul style="list-style-type: none"> <li>Mandatory training</li> <li>Edit checks of data to meet needs</li> <li>Use NEMSIS data set for basis</li> </ul>	2C, 3D



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Item	Potential Gap	Gap Impact	Supporting References	Potential Gap Mitigations	Strategies
Healthcare system data integration	<ul style="list-style-type: none"> <li>ePCR reporting features focus on billing not clinical care</li> <li>Lack of standardized process metrics</li> <li>Patient outcome data</li> <li>Variability in data collection</li> </ul>	<ul style="list-style-type: none"> <li>Not accurate</li> <li>No merit</li> <li>No true QA/QI</li> <li>Conflicting data with LEMSA/EMSA</li> </ul>	<ul style="list-style-type: none"> <li>EMSA's EMS Core Measures Project: Reporting Capability of EMSA and LEMSA Data Systems and Results from Clinical Measures Report 2012-2013</li> </ul>	<ul style="list-style-type: none"> <li>Standardize process metrics</li> <li>Follow patient outcome data for trends</li> <li>Train in data collection</li> <li>Train in documentation Integration with NFIRS</li> </ul>	2C, 2D
Staffing	<ul style="list-style-type: none"> <li>Data not validated or reports generated</li> <li>Minimal forms reviewed</li> </ul>	<ul style="list-style-type: none"> <li>No CQI/QA program</li> <li>Not meeting LEMSA or EMSA requirements</li> </ul>	<ul style="list-style-type: none"> <li>Title 22, Ch. 12</li> <li>Health &amp; Safety Code Div. 2.5</li> <li>Policy Ref. No 620</li> </ul>	<ul style="list-style-type: none"> <li>Hire 6 QI Nurse Instructors over 2 years</li> </ul>	2D



## Emergency Medical Services Strategic Plan

### Strategy 2D – Improved Service Delivery

Item	Potential Gap	Gap Impact	Supporting References	Potential Gap Mitigations	Strategies
<b>Implement Tiered Dispatching with a CQI Process Tied to the Field Care CQI Process</b>					
Response time	<ul style="list-style-type: none"> <li>Increased process time</li> </ul>	<ul style="list-style-type: none"> <li>Slow response to patient</li> </ul>	<ul style="list-style-type: none"> <li>Strategic Planning Work Group</li> </ul>	<ul style="list-style-type: none"> <li>Training</li> </ul>	2C, 3F
Dispatcher	<ul style="list-style-type: none"> <li>Acceptance</li> <li>Increase in QI</li> </ul>	<ul style="list-style-type: none"> <li>Slow dispatch response until trained</li> </ul>	<ul style="list-style-type: none"> <li>EMD policy</li> <li>Strategic Planning Work Group</li> </ul>	<ul style="list-style-type: none"> <li>Training</li> </ul>	1A, 1B, 2C, 3F
BLS Units	<ul style="list-style-type: none"> <li>Increased EMS responsibilities</li> </ul>	<ul style="list-style-type: none"> <li>Hesitancy to take on patient without paramedics present</li> </ul>	<ul style="list-style-type: none"> <li>Strategic Planning Work Group</li> </ul>	<ul style="list-style-type: none"> <li>Training</li> </ul>	1A, 1B, 2C, 3F
ALS Units	<ul style="list-style-type: none"> <li>Increase response time to mis-classed response</li> </ul>	<ul style="list-style-type: none"> <li>Potential liability issues</li> </ul>	<ul style="list-style-type: none"> <li>Strategic Planning Work Group</li> </ul>	<ul style="list-style-type: none"> <li>Training</li> </ul>	1A, 1B, 2C, 3F
<b>Utilize a Paramedic Assessment Units</b>					
Equipment	<ul style="list-style-type: none"> <li>Necessary equipment not on units</li> </ul>	<ul style="list-style-type: none"> <li>Cost of PAU equipment</li> </ul>	<ul style="list-style-type: none"> <li>Strategic Planning Work Group</li> </ul>	<ul style="list-style-type: none"> <li>Purchase equipment</li> </ul>	1A, 2C, 3F
Staffing	<ul style="list-style-type: none"> <li>Units fielded before training is completed</li> </ul>	<ul style="list-style-type: none"> <li>Local 1014 approval</li> </ul>	<ul style="list-style-type: none"> <li>Strategic Planning Work Group</li> </ul>	<ul style="list-style-type: none"> <li>Reassignment of PAU units approved by DHS</li> </ul>	1A, 2C, 3F



## Emergency Medical Services Strategic Plan

### Major Line of Service #3 – Program Support

#### *Strategy 3E – Logistical Support*

Item	Potential Gap	Gap Impact	Supporting References	Potential Gap Mitigations	Strategies
Unit Inventory	<ul style="list-style-type: none"> <li>Not tracked electronically</li> </ul>	<ul style="list-style-type: none"> <li>Minimum unit inventories not maintained</li> </ul>	<ul style="list-style-type: none"> <li>Audit failures</li> </ul>	<ul style="list-style-type: none"> <li>Use MDC to maintain an electronic version of form 260 and 272</li> </ul>	2C
Station inventory	<ul style="list-style-type: none"> <li>Not standardized</li> </ul>	<ul style="list-style-type: none"> <li>Inability to satisfy required unit inventory</li> </ul>	<ul style="list-style-type: none"> <li>Audit failures</li> </ul>	<ul style="list-style-type: none"> <li>Develop standard minimum and maximum station inventories based on anticipated consumption of supplies</li> </ul>	2C
Accountability for sufficient station inventory	<ul style="list-style-type: none"> <li>Not specified</li> </ul>	<ul style="list-style-type: none"> <li>Station inventories not tracked in an organized manner</li> <li>Leads to inability to satisfy required unit inventory</li> </ul>	<ul style="list-style-type: none"> <li>Frequency of emergency orders</li> </ul>	<ul style="list-style-type: none"> <li>Specify a crew member and a daily responsibility for inventory maintenance</li> </ul>	2C
Warehouse inventory	<ul style="list-style-type: none"> <li>Not standardized</li> </ul>	<ul style="list-style-type: none"> <li>Inability to fulfill station orders</li> <li>Leads to inability to satisfy required unit inventory</li> </ul>	<ul style="list-style-type: none"> <li>Frequency of backordered items</li> </ul>	<ul style="list-style-type: none"> <li>Develop standard minimum and maximum warehouse inventory based on anticipated annual orders</li> </ul>	2C
Station ordering schedule	<ul style="list-style-type: none"> <li>Not standardized</li> </ul>	<ul style="list-style-type: none"> <li>Inconsistent flow of orders into warehouse resulting in difficulty fulfilling orders</li> </ul>	<ul style="list-style-type: none"> <li>Warehouse order log shows no consistency in flow of orders/deliveries</li> </ul>	<ul style="list-style-type: none"> <li>Develop a schedule for stations to follow for placing orders</li> </ul>	2C
Station order fulfillment	<ul style="list-style-type: none"> <li>Time line for fulfillment not specified</li> </ul>	<ul style="list-style-type: none"> <li>Stations can go weeks or months waiting for an ordered to be filled</li> </ul>	<ul style="list-style-type: none"> <li>Frequency of complaints from personnel in the field</li> </ul>	<ul style="list-style-type: none"> <li>Require that orders be filled and delivered within a week</li> </ul>	2C



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Item	Potential Gap	Gap Impact	Supporting References	Potential Gap Mitigations	Strategies
Transmission of station orders to warehouse	<ul style="list-style-type: none"> <li>Hand delivered to warehouse by utility drivers</li> </ul>	<ul style="list-style-type: none"> <li>Orders not delivered to / fulfilled by warehouse in a timely manner</li> </ul>	<ul style="list-style-type: none"> <li>Warehouse order log shows gaps in order date vs. logged date</li> </ul>	<ul style="list-style-type: none"> <li>Transmit orders from station to warehouse by e-mail</li> </ul>	2C
Transmission of station orders for wet/dry stock	<ul style="list-style-type: none"> <li>Hand delivered to hospitals by utility drivers</li> </ul>	<ul style="list-style-type: none"> <li>Orders not delivered to / fulfilled by hospitals in a timely manner</li> </ul>	<ul style="list-style-type: none"> <li>Strategic Planning Work Group</li> </ul>	<ul style="list-style-type: none"> <li>Transmit orders from station to hospitals by e-mail</li> </ul>	2C
Approval of station orders	<ul style="list-style-type: none"> <li>Requires approval of 3 captains and BC</li> </ul>	<ul style="list-style-type: none"> <li>Major delay in approval of orders</li> </ul>	<ul style="list-style-type: none"> <li>Strategic Planning Work Group</li> </ul>	<ul style="list-style-type: none"> <li>Require only one captain's approval, transmit electronically to BC for approval</li> </ul>	2C
Delivery of station orders	<ul style="list-style-type: none"> <li>Done at utility driver's leisure</li> </ul>	<ul style="list-style-type: none"> <li>Filled orders sit waiting for delivery at the warehouse</li> </ul>	<ul style="list-style-type: none"> <li>Strategic Planning Work Group</li> </ul>	<ul style="list-style-type: none"> <li>Develop scheduled pickup and delivery days</li> </ul>	2C
Utility Drivers	<ul style="list-style-type: none"> <li>Major shortage of personnel</li> </ul>	<ul style="list-style-type: none"> <li>Battalions without drivers do not get orders sent / delivered in a timely manner</li> </ul>	<ul style="list-style-type: none"> <li>Several battalions without a driver</li> </ul>	<ul style="list-style-type: none"> <li>Hire delivery drivers assigned to warehouse not battalions</li> <li>Send deliveries to battalions on a schedule</li> </ul>	2C
Warehouse Personnel	<ul style="list-style-type: none"> <li>Shortage of personnel</li> <li>No span of control</li> </ul>	<ul style="list-style-type: none"> <li>Warehouse inventories not tracked</li> <li>Items not replenished until exhausted</li> </ul>	<ul style="list-style-type: none"> <li>Empty shelves at warehouse which should be full</li> <li>Currently 5 boxes of cold packs on hand for all of Department, etc.</li> </ul>	<ul style="list-style-type: none"> <li>Develop a chain of command at warehouse</li> <li>Specify personnel responsible for maintaining inventories with a reasonable span of control</li> </ul>	2C



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Item	Potential Gap	Gap Impact	Supporting References	Potential Gap Mitigations	Strategies
Backordered Items	<ul style="list-style-type: none"> <li>Backorders killed without notice, requires new order</li> </ul>	<ul style="list-style-type: none"> <li>Inability to satisfy required unit inventory</li> </ul>	<ul style="list-style-type: none"> <li>Notice of backorder not given until orders delivered with a hand-written "X"</li> </ul>	<ul style="list-style-type: none"> <li>Require e-mail notification of backorders</li> <li>Place backorders in a pending status</li> <li>Fulfill immediately when able</li> </ul>	2C
Warehouse replenishment	<ul style="list-style-type: none"> <li>Inventories maintained by "eyeball"</li> <li>Orders to replenish require 3 vendor bids</li> </ul>	<ul style="list-style-type: none"> <li>Inability to maintain adequate stock at warehouse</li> <li>Trickle-down effect resulting in units unable to satisfy required unit inventory</li> </ul>	<ul style="list-style-type: none"> <li>Strategic Planning Work Group</li> </ul>	<ul style="list-style-type: none"> <li>Annual scheduled delivery contracts based on anticipated consumption of supplies</li> </ul>	2C

### *Strategy 3F – Marketing the EMS Program*

Item	Potential Gap	Gap Impact	Supporting References	Potential Gap Mitigations	Strategies
Develop and sustain an EMS marketing program for internal stakeholders	<ul style="list-style-type: none"> <li>No system in place to collect feedback from personnel</li> </ul>	<ul style="list-style-type: none"> <li>No opportunity for two-way communication to engage our workforce</li> </ul>	<ul style="list-style-type: none"> <li>Fire Department intranet/EMS page</li> </ul>	<ul style="list-style-type: none"> <li>Implement a system to collect feedback/suggestions regarding EMS on the EMS intranet page</li> </ul>	1A, 1B, 2C
Develop and sustain an EMS marketing program for public stakeholders	<ul style="list-style-type: none"> <li>No marketing system to reach the public</li> </ul>	<ul style="list-style-type: none"> <li>Public unaware of EMS services and programs prior to dialing 911</li> </ul>	<ul style="list-style-type: none"> <li>Current business practices and Department culture of reactive-proactive</li> </ul>	<ul style="list-style-type: none"> <li>Create an ongoing marketing program to inform and educate our customers, including surveys</li> </ul>	1A, 1B, 2C



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Item	Potential Gap	Gap Impact	Supporting References	Potential Gap Mitigations	Strategies
Develop and sustain an EMS marketing program for cooperators	<ul style="list-style-type: none"> <li>No data reporting or compliance with expectations</li> </ul>	<ul style="list-style-type: none"> <li>Limits Department's ability to provide quality service and provide for future service delivery</li> </ul>	<ul style="list-style-type: none"> <li>LEMSA reports citing our shortages</li> </ul>	<ul style="list-style-type: none"> <li>Create regular reporting of EMS data, news, and operational updates</li> </ul>	1A, 1B, 2C
Develop and sustain an EMS marketing program for public stakeholders	<ul style="list-style-type: none"> <li>No marketing system to reach the public</li> </ul>	<ul style="list-style-type: none"> <li>Public unaware of EMS services and programs prior to dialing 911</li> </ul>	<ul style="list-style-type: none"> <li>Current business practices and Department culture of reactive-proactive</li> </ul>	<ul style="list-style-type: none"> <li>Create an ongoing marketing program to inform and educate our customers, including surveys</li> </ul>	1A, 1B, 2C
Develop and sustain an EMS marketing program for cooperators	<ul style="list-style-type: none"> <li>No data reporting or compliance with expectations</li> </ul>	<ul style="list-style-type: none"> <li>Limits Department's ability to provide quality service and provide for future service delivery</li> </ul>	<ul style="list-style-type: none"> <li>LEMSA reports citing our shortages</li> </ul>	<ul style="list-style-type: none"> <li>Create regular reporting of EMS data, news, and operational updates</li> </ul>	1A, 1B, 2C
Develop and sustain an EMS marketing program for public bystanders at emergency operations	<ul style="list-style-type: none"> <li>No awareness of their role at the scene</li> </ul>	<ul style="list-style-type: none"> <li>Potential loss of life from lack of bystander (CPR) involvement</li> <li>Loss of learning opportunities gleaned from photos/videos captured on scene</li> </ul>	<ul style="list-style-type: none"> <li>On scene knowledge</li> <li>Content of photos and videos captured</li> </ul>	<ul style="list-style-type: none"> <li>Educate public about bystander role (including Bystander CPR and PulsePoint app)</li> <li>Offer opportunities for bystanders to upload photos/videos captured on scene</li> </ul>	1A, 1B, 2C
Develop and sustain an EMS marketing program for mutual/auto aid partners	<ul style="list-style-type: none"> <li>Partners unaware of EMS transition and developments</li> </ul>	<ul style="list-style-type: none"> <li>May impact on-scene operations</li> </ul>	<ul style="list-style-type: none"> <li>Mutual aid system and auto aid agreements in place</li> </ul>	<ul style="list-style-type: none"> <li>Implement regular communications with partner agencies to discuss all relevant issues</li> </ul>	1A, 1B, 2C





## Emergency Medical Services Strategic Plan

Item	Potential Gap	Gap Impact	Supporting References	Potential Gap Mitigations	Strategies
Develop and sustain an EMS marketing program for suppliers and vendors	<ul style="list-style-type: none"> <li>Not aware of overall logistical needs and their role in ensuring efficient EMS operations</li> </ul>	<ul style="list-style-type: none"> <li>Strained relationships due to slow pay accounts</li> <li>Ongoing operational impact</li> </ul>	<ul style="list-style-type: none"> <li>Vendor/supplier feedback regarding payment and resulting loss of “team” attitude from them</li> </ul>	<ul style="list-style-type: none"> <li>Strengthen relationships with vendors and suppliers by educating them about EMS logistical needs and also challenges with the County’s Accounts Payable system</li> </ul>	1A, 1B, 2C
Develop and sustain an EMS marketing program for policy stakeholders	<ul style="list-style-type: none"> <li>No regular communications or reports unless requested</li> </ul>	<ul style="list-style-type: none"> <li>Stakeholders find out about the Department at the same time as the public we/they serve</li> </ul>	<ul style="list-style-type: none"> <li>Media coverage and feedback from stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>Ensure early and timely communications prior to public information release</li> </ul>	1A, 1B, 2C
Develop and sustain an EMS marketing program for clinics	<ul style="list-style-type: none"> <li>Clinic staff not aware of patient conditions requiring 911 call vs. ambulance transport or other options</li> </ul>	<ul style="list-style-type: none"> <li>Unnecessary use of the 911 system</li> <li>40% of 911 calls actually require paramedic follow-up or intervention</li> </ul>	<ul style="list-style-type: none"> <li>Department EMS-run data</li> </ul>	<ul style="list-style-type: none"> <li>Educate clinic operators about types of calls requiring 911 and provide transport and treatment options (911 vs. private ambulance company)</li> </ul>	1A, 1B, 2C



Los Angeles County Fire Department  
**Emergency Medical Services Strategic Plan**

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## **APPENDIX D—PLAN MAINTENANCE**

### ***PLAN MAINTENANCE***

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The plan will require updating as conditions change, technology influences progress, and opportunities arise. The Department EMS Bureau will be responsible for maintaining stakeholder collaboration and for maintaining the Strategic Plan, including:

- ◆ Quarterly evaluation of the plan’s progress against the current fiscal year’s resources and objectives.
- ◆ Evaluations of progress toward completing the annual goals, and reporting this progress to the Fire Chief and Department leadership.
- ◆ Annual reviews and amendments to the Strategic Plan by the Strategic Planning Work Group.
- ◆ Convening meetings of the Strategic Planning Work Group.
- ◆ Distribution of the plan and plan amendments within the Department.

### ***PLAN UPDATE***

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This Department EMS Strategic Plan will be updated annually as follows:

- ◆ The Fire Chief and executive leadership of the Department will convene the Strategic Planning Work Group to review and update the plan.
- ◆ Before the annual budgeting process starts, the Fire Chief and executive leadership of the Department will review the progress made in achieving the specific goals and objectives of the plan. From this review, the Fire Chief and executive leadership of the Department ensure that the plan is funded as needed to move it forward.

### ***PERFORMANCE MEASURES***

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Performance measures gauge whether the plan is being followed in its implementation. Success of the plan in the beginning will ensure further success of the plan as time goes on, and strengthen the willingness to participate in the plan. Specific Divisions within the Bureau charged with carrying out specific objectives within the plan have the authority, responsibility, and accountability for fulfilling that part of the plan within the identified fiscal year.



## Emergency Medical Services Strategic Plan

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The following performance measures are to be utilized to manage implementation of the Strategic Plan. They will be used as part of this plan's annual review, and the performance reviews of individuals responsible for its implementation.

1. Has accountability for completing a specific objective been established?
2. Does the funding exist to complete the specific objective?
3. Does a work plan exist for the specific objective that includes benchmarks?
4. Is the work to accomplish the specific objective on time and within budget?



## Emergency Medical Services Strategic Plan

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### APPENDIX E—RELATIONSHIP TO LEMSA, DHS, AND OTHER GUIDELINES

#### *RELATIONSHIP TO THE LOCAL EMERGENCY MEDICAL SERVICES AGENCY*

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The EMS Bureau will develop a relationship with LEMSA and carry out the following tasks as part of that relationship:

- ◆ Measure compliance with regulatory requirements of LEMSA.
- ◆ Quantify participation in governance process (committees, task forces).
- ◆ Quantify collaboration with LEMSA on new/pilot projects (intraosseus infusions, tiered medical dispatch).
- ◆ Define interface with LEMSA regarding investigations.
- ◆ Define interface with LEMSA regarding certificate status.

#### *RELATIONSHIP TO THE STATE EMERGENCY MEDICAL SERVICES AUTHORITY*

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The EMS Bureau will develop a relationship with State EMSA and carry out the following tasks as part of that relationship:

- ◆ Quantify participation with EMSA (meetings, commission, committees).
- ◆ Define the interface regarding investigations and license status.

#### *OTHER GUIDELINES*

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The EMS Bureau will carry out the following tasks:

- ◆ Quantify use of federal standards, guidelines or recommendations in EMS policy, procedures, or practices.



## Emergency Medical Services Strategic Plan

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### APPENDIX F—NOTES FOR NEXT YEAR

Applied Strategic Planning maintains that the plan itself is a “living” document, constantly being updated and revised as conditions change and opportunities occur. With that in mind, the Strategic Planning Work Group could not address some issues during the first round of planning. These items are called “Notes for Next Year” and will be addressed when the Planning Work Group has the time to develop them more thoroughly. As laws, policies, technology, procedures and other factors change over time additional issues will be placed in the Notes for Next Year. This is a sign of a healthy planning process.

#### *REDESIGN THE PROMOTIONAL PROCESS TO SUPPORT THE EMS PROGRAM*

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##### *Specific Line of Service*

Redesign the promotional processes to reflect all of the KSAs of the positions to which the person is being promoted. Promotional exams are a time when personnel wishing to promote apply themselves to prepare for the next step in their careers. Their preparation will reflect what the promotional process demands of them.

##### *Critical Success Indicators*

- ◆ Promotional examination processes for Firefighter Specialist and for Fire Captain includes a component on EMS and EMS teamwork.
- ◆ Persons promoted under this system reflect the knowledge, skills, and abilities (KSAs) that support the EMS program as much as any other program.

##### *Strategic Thrusts*

- ◆ Become an Information-Driven Organization
- ◆ Develop into a Demographically-Sensitive Organization
- ◆ Use Technology Appropriately to Achieve Efficiencies

##### *Impact on Culture*

As the culture begins to feel the impact of this change in the testing process, the culture will shift to meet the new challenge.



## Emergency Medical Services Strategic Plan

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### *DEVELOP LEADERS WHO EMBRACE AND SUPPORT THE EMS PROGRAM*

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#### *Specific Line of Service*

Invest in human capital on a long-term basis to develop the leadership characteristics that, to some extent, everyone possesses.

Los Angeles County's EMS program, since the earliest days of fire-based EMS, has been a leader in the development of EMS programs. That did not happen by accident. Leaders, like Jim Page, stepped up and led in a way that gave the program a chance to thrive. Those same kinds of leaders are needed today for the future of the EMS and fire service program.

#### *Critical Success Indicators*

- ◆ The Department and the County have made a long-term commitment to developing leaders at various levels.
- ◆ There is a clear commitment to training Department management in accepted leadership practices, theory, etc.
- ◆ There is a clear pathway for leadership development.
- ◆ It is a planned, progressive life-long process of education that follows *NFPA 1021—Standard for Fire Officer Professional Qualifications*.
- ◆ Transformational leadership is discernible by the actions of leaders in the Department.
- ◆ Participation is a requirement for promotion to officer levels.
- ◆ The process prepares members for promotion and serves as the cornerstone of succession planning.

#### *Strategic Thrusts*

- ◆ Become an Information-Driven Organization
- ◆ Develop into a Demographically-Sensitive Organization
- ◆ Use Technology Appropriately to Achieve Efficiencies

#### *Impact on Culture*

A leadership development process would have a substantial impact on the long-term change in the culture of the Department.



## Emergency Medical Services Strategic Plan

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### *DEVELOP A PROGRAM OF COMMENDATIONS AND AWARDS*

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#### *Specific Line of Service*

Give commendations and awards for exemplary and heroic acts in the EMS program.

#### *Critical Success Indicators*

- ◆ Valor awards are provided for acts of valor during EMS incidents.
- ◆ Exemplary activity awards are provided for activities that are truly outstanding in the EMS field.
- ◆ Written commendations are provided from within the Department and the BOS consistent with other award policies and procedures.

#### *Strategic Thrusts*

To be developed.

#### *Impact on Culture*

To be developed.

#### *Commendations and Awards SWOT*

During the performance audit, a SWOT analysis was performed for this “Note for Next Year,” which is shown below:



## Emergency Medical Services Strategic Plan

Strengths	Weaknesses	Opportunities	Threats
<ul style="list-style-type: none"> <li>• Provides valor awards</li> <li>• Provides exemplary awards</li> <li>• Utilizes a written commendation process</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of community recognition</li> <li>• Inconsistent nomination process</li> <li>• “Heroes” are not celebrated</li> <li>• Poor awareness of needed recognition</li> <li>• Poor response to people who acknowledge Department members</li> <li>• No definition of “excellence”</li> </ul>	<ul style="list-style-type: none"> <li>• Develop an “award” to accompany letters of commendation</li> <li>• Send commendation letters to home</li> <li>• Utilize size-up</li> <li>• Write commendations on letterhead</li> <li>• Develop a web link to list all commendation recipients</li> <li>• Promote collaboration between parties</li> <li>• Increase awareness to good behavior</li> <li>• Recognition by Fire Chief and executive team</li> <li>• Community recognition events</li> <li>• Electronic communication to share good behavior</li> </ul>	<ul style="list-style-type: none"> <li>• Over utilization which can trivialize award (“soccer awards”)</li> <li>• Taking advantage of system</li> <li>• Someone might cheapen the process by giving awards that are not deserved</li> <li>• Complacency about “good” things or events</li> <li>• Perceived lack of fairness of who receives awards</li> </ul>

### *Commendations and Awards Gap Analysis*

During the performance audit, a gap analysis was performed for this “Note for Next Year,” which is shown below:





## Emergency Medical Services Strategic Plan

Item	Potential Gap	Gap Impact	Supporting References	Potential Gap Mitigations	Strategies
Commendation	<ul style="list-style-type: none"> <li>No standardized process</li> <li>Not timely</li> <li>“Soccer awards”</li> <li>No definition of excellence</li> </ul>	<ul style="list-style-type: none"> <li>Decrease morale</li> <li>“Hammer perspective”</li> <li>People will not feel valued</li> <li>Decrease productivity</li> <li>Increase absenteeism</li> <li>Increase in “turnover”</li> </ul>	<ul style="list-style-type: none"> <li>Exemplary Service Award Program V2-C8-S11</li> <li>Ref. No. 620, EMS Quality Improvement Plan</li> <li>Department QI Plan</li> </ul>	<ul style="list-style-type: none"> <li>Revise Exemplary Service Award Program V2-C8-S11</li> <li>Designate EMS specific category</li> </ul>	2C
Letter of appreciation	<ul style="list-style-type: none"> <li>No standardized process</li> <li>Not timely</li> <li>“Soccer awards”</li> <li>No definition of excellence</li> </ul>	<ul style="list-style-type: none"> <li>Decrease morale</li> <li>“Hammer perspective”</li> <li>People will not feel valued</li> <li>Decrease productivity</li> <li>Increase absenteeism</li> <li>Increase in “turnover”</li> </ul>	<ul style="list-style-type: none"> <li>Exemplary Service Award Program V2-C8-S11</li> <li>Ref. No. 620, EMS Quality Improvement Plan</li> <li>Department QI Plan</li> </ul>	<ul style="list-style-type: none"> <li>Always on Department letter- head</li> <li>Send to home</li> <li>Place on website</li> </ul>	2C, 2D
Valor awards	<ul style="list-style-type: none"> <li>No standardized process</li> <li>Not timely</li> <li>“Soccer awards”</li> <li>No definition of excellence</li> </ul>	<ul style="list-style-type: none"> <li>Decrease morale</li> <li>“Hammer perspective”</li> <li>People will not feel valued</li> <li>Decrease productivity</li> <li>Increase absenteeism</li> <li>Increase in “turnover”</li> </ul>	<ul style="list-style-type: none"> <li>Exemplary Service Award Program V2-C8-S11</li> <li>Ref. No. 620, EMS Quality Improvement Plan</li> <li>Department QI Plan</li> </ul>	<ul style="list-style-type: none"> <li>Revise Exemplary Service Award Program V2-C8-S11</li> <li>Designate EMS-specific category</li> </ul>	2C, 2D

