

# KANSAS BOARD OF EMERGENCY MEDICAL SERVICES

*2009 Strategic Plan*

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Summary Document Containing

Mission

Vision

Core Values

Short and Intermediate Range Goals

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Robert Waller, Executive Director

January, 2009



## Mission

As the lead agency for Emergency Medical Services, the Kansas Board of Emergency Medical Services (KBEMS) exists, primarily, to ensure that quality out-of-hospital care is available throughout Kansas. This care is based on the optimal utilization of community resources that are consistent with the patient's needs. The delivery of optimal care is supported through the adoption of standards; definition of scopes of practice; and provision of health, safety, and prevention education and information to the public, and is achieved in collaboration with Emergency Medical Services services/agencies, Emergency Medical Services providers/instructors, related health care professionals, and other public service, health care and political entities.

## Vision

The Kansas Board of Emergency Medical Services will provide leadership to the Kansas EMS community to ensure that optimal care is available to all citizens of, and visitors to, Kansas, by:

- Promoting the need for, and access to, personnel, equipment, agency and system resources to support quality care in each community as well as on a regional and statewide basis; and by
- Integrating the entire spectrum of emergency medical services into the broader health care system so as to reduce duplication of services and to support the survival, maintenance and improvement of care across Kansas.

## Core Values

These values apply specifically to the Kansas Board of Emergency Medical Services but are equally applicable to Emergency Medical Services agencies and individual providers at all levels of service. The five core values of Kansas EMS are:

- Integrity/honesty
- Excellence
- Professionalism
- Proactive posture
- Leadership model



## Goals and Objectives

The goals and objectives are broken into two categories, short-term (1-3 years) and long-term (3-5 years). They are further ranked by perceived importance within those two categories. It should be clearly noted that even though the goals may not be fully attained for several years it is expected that activities on each goal would begin immediately. Many goals will require on-going attention beyond their original attainment.

### Short Range Goals – 1-3 Years

**Create a clear identity for the Kansas Board of Emergency Medical Services that is consistent and supportive of the integration of Emergency Medical Services into a public health model at local, regional and state levels.**

- Concurrent with the completion of the strategic plan, KBEMS staff will develop a series of presentations on the KBEMS priority activities, targeted at a variety of audiences, including EMS personnel, medical advisers, government officials, and the general public.
- Upon securing the fiscal and staff resources necessary for printing, distribution, and web-based posting, KBEMS staff will develop a series of informational brochures/newsletters for our identified “customers” that summarize and describe KBEMS’s role and programs, regional activities and local EMS.
- Based on a format approved by the KBEMS, at the close of each fiscal year, the Executive Director and section coordinators of the KBEMS will develop an annual report that describes activities and programs of the KBEMS
- Develop a semi-annual electronic newsletter that will be distributed to EMS service directors and medical directors that highlights KBEMS accomplishments, changes and activities.
- Using a format approved by the EMS medical directors and service directors, KBEMS staff will develop reports that share data, information and resources with local medical directors and service directors from the Kansas EMS Incident Tracking System.
- KBEMS staff will develop and disseminate a press kit to all daily and weekly newspapers, and radio and television stations that will support the improvement of the KBEMS “image”.



**Maintain current sources of funding to support the Kansas Board of Emergency Medical Services, specifically, and Emergency Medical Service providers, generally, in the State of Kansas.**

- The Planning and Operations Committee will identify and analyze, in written form, other funding alternatives including a fee-based structure, private foundation grants, corporate donations and federal grant programs; and present findings from this effort to KBEMS for approval.
- In order to provide legislators with information about EMS and the funding plan and to document the interagency and organizational support of the plan, the Planning and Operations Committee will develop relationships with agencies and organizations to help KBEMS and these entities coalesce for the overall improvement of health care in Kansas.

**Examine the need for, and provide efficient provisions for, expanded scopes of practice for Emergency Medical Services providers that are consistent with the needs of the patients and the local community.**

- Under the direction of the Planning and Operations Committee, KBEMS staff will conduct needs assessments of EMS and other health care agencies and organizations to determine what additional roles EMS providers might play -- based on a staffing enhancement not a staffing replacement model -- that will benefit all parties, including patients.
- Under the direction of the Education, Examination, Training and Certification Committee, KBEMS staff will identify impediments to expanding the scope of practice for EMS personnel.
- The Planning and Operations Committee will make recommendations to the Executive Committee concerning legislative action to more efficiently accommodate changing scopes of practice for EMS providers.
- The KBEMS will develop and implement the training and recognition requirements necessary for EMS personnel to participate in expanded scopes of practice.





**Encourage an increased presence of Emergency Medical Services agencies in disaster planning and preparation at all levels of service in Kansas.**

- The Planning and Operations Committee will identify an ad hoc sub-committee to work, in conjunction with the Kansas Commission on Emergency Planning and Response, EMS Regions, Kansas Department of Health and Environment; Fire Services, County Disaster and Emergency Services, Bioterrorism, Kansas Hospital Association and the Kansas Division of Emergency Management and other pertinent organizations to develop standards of integration of EMS providers into disaster responses and incident management, common decision-making models to categorize incidents, and funding for pre-disaster training and preparation.
- The Planning and Operations Committee will support the identification and development of training programs, resources and opportunities to more fully prepare EMS providers to respond to disaster situations of all types and magnitudes.
- The EMS Regions will periodically assess the need for updating a regional disaster response plan that maximizes the effectiveness of emergency medical response to disasters of various scopes and magnitude both within and outside the region.

**The KBEMS will facilitate and oversee the development of a statewide EMS plan for Kansas.**

- Identify a key planning group comprised of KBEMS, regional, professional association and select agency representatives.
  - Establish a timeline and assign responsibilities for completing the plan.
  - Review NASEMSO model EMS planning document.
  - Review other recent EMS plans.
  - Draft the skeleton of a statewide plan, incorporate key issues such as
    - Medical direction
    - Minimum standard protocols
    - First responder credentialing
    - Recruitment and retention of personnel
  - Widely circulate the draft plan.
- Convene a larger group of stakeholders to achieve additional input and consensus.
- Key planning group to revise plan based on stakeholder input.
- Approve and adopt statewide EMS plan as a guiding document for the evolution of the Kansas EMS system.



## Intermediate Range Goals – 3-5 Years

**Establish a method by which the KBEMS will ensure the public's well-being by applying adequate measures of knowledge, skill and performance competencies from EMS training programs.**

- Provide resources for extraordinary expenses that may be associated with the knowledge, skill and performance assurance processes (if any).
- Develop, promote, deliver and evaluate quality training programs specifically for Emergency Medical Service providers, medical directors and service directors.
  - This includes both programs of initial instruction and continuing education and also encompasses issues such as curriculum review and revision.
- Under the guidance of the Education, Examination, Training and Certification Committee, KBEMS staff will conduct assessments of the real and perceived training needs of EMS providers, medical directors and administrators/service directors, encompassing possible variations due to geographic location and service delivery affiliation.
- Based on the findings of the needs assessments and under the guidance of the Education and Examination Committee, KBEMS staff will examine and list options for meeting the identified training needs through both traditional and non-traditional delivery structures.
- Based on the needs assessment findings, and under the guidance of the Education, Examination, Training and Certification Committee, KBEMS staff will review and revise, develop and/or deliver curricula to meet the identified needs for initial and ongoing training.
- Under the supervision of the Education, Examination, Training and Certification Committee, KBEMS staff will evaluate satisfaction, process and outcome data to determine the effectiveness of EMS training programs and their delivery methods to be used in the continual revision and refinement of training programs and curricula.

**Continue to participate in the development and refinement of a statewide communications system that will allow for effective communication between Emergency Medical Service providers and their medical control authorities, and between and among public safety agencies responding to the scene of a medical emergency or injury.**

- The Planning and Operations Committee with the assistance of KBEMS staff will identify liaison representatives to serve on the Statewide Interoperability Executive Committee to ensure the ability of all out-of-hospital and hospital agencies to communicate with each other during normal operations and during large scale events.
- The Planning and Operations Committee will continue to ensure the viability of existing communications infrastructure until such time as all EMS agencies and hospitals are fully connected to, and operational within, the Kansas statewide 800 MHz trunked system.







# KANSAS BOARD OF EMERGENCY MEDICAL SERVICES

*2009 Strategic Plan*

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Dennis Allin, M.D., Chair, Kansas Board of Emergency Medical Services  
Robert Waller, Executive Director

January 1, 2009  
Version 3.0 – Mid Course Correction

# Kansas Board of Emergency Medical Services

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## PREFACE TO THE MID-COURSE REVIEW AND CORRECTIONS OF 2009

The review and revision of the Kansas Board of EMS' Strategic Plan was predicated on several factors. Among these was a change in staff leadership, a change in focus by the KBEMS and as a response to the EMS Technical Assessment completed by the National Highway Traffic Safety Administration (NHTSA) in 2007.

Mr. Robert Waller was hired to assume the staff leadership of the KBEMS in 2005. Part of his initial charge from the KBEMS was to review all statutes, rules and regulations pertaining to EMS in Kansas, generally, and those pertaining to the duties of the KBEMS, specifically. That review found several areas where policies and procedures needed to be tightened to ensure that KBEMS was meeting both the intent and the letter of the statute.

Not unlike the findings in most states, the NHTSA Technical Assistance Team (TAT) found numerous opportunities to strengthen the EMS system in Kansas and made a number of specific recommendations. The KBEMS reviewed and responded to those recommendations during a retreat in 2007. The NHTSA TAT' report and the KBEMS' responses served as the "jumping off" point for the revision of this strategic plan.

Unlike the previous committees of the KBEMS that drafted the original plan in 2001 and its first revision in 2005, the KBEMS, as a whole, was tasked with the 2009 revision. This methodological shift was to ensure that the entire KBEMS had an opportunity to provide input, discussion and achieve consensus on the plan. The group participated in this process with the understanding that the Strategic Plan represents an internal document to guide the activities and processes of the KBEMS and its staff. The KBEMS met in two full day meetings to review and update this strategic plan. Select staff and regional representatives were in attendance. However, their input was limited to clarification of information that the KBEMS' members needed to draw its final conclusions.

The essential front matter of the Strategic Plan remained unchanged although there were discussions that the Mission Statement needed to be re-visited at some point in the future to make it more inspiring and engaging. The bulk of the planning effort is found in the description of the short and intermediate range goals and objectives. The KBEMS felt compelled to align the goals with the NHTSA TAT's recommendations and to limit the total number of goals and objectives to something achievable within the budget and staff resources of the KBEMS. The previous 19 goals along with several new ones were drafted, redrafted, consolidated and prioritized into seven (7) goals. Consensus was achieved through a modified Delphi process. The objectives and tactical steps necessary to achieve the goals were substantially streamlined. These goals and objectives represent the current direction of the KBEMS.

All changes to the plan during this second mid-course correction will be in this font type. (Arial).

As with the 2001 and 2005 versions of the KBEMS Strategic Plan, this 2009 revision was facilitated by Nels D. Sanddal, REMT-B, PhD(c), MS of the Critical Illness and Trauma Foundation of Bozeman, Montana.

## PREFACE TO THE MID-COURSE REVIEW AND CORRECTIONS OF 2005

*In 2001 the Kansas Board of Emergency Medical Services (KSBEMS) completed its first long-range strategic plan. That plan has served as a guiding document for KSBEMS activities since its adoption. One of the strategies outlined in the original plan was to complete an informal review of the strategic plan on an annual basis and a formal review and update at mid-passage of the original ten year plan. This document serves as that formal update.*

*A group of fourteen individuals representing the KSBEMS, the six emergency medical services regions, various professional organizations, other state agencies and KSBEMS staff convened in Topeka KS on May 1-2, 2005 to review the original document and make appropriate revisions. A consensus rule process was, once again, employed in the development of the initial mid-course draft. That draft was presented to the KSBEMS members and final corrections and additions were completed.*

*During the general orientation to the revision meeting it was noted that the original document had served the agency and the broader EMS constituency well. However, it was also noted that there were a number of "missed opportunities" to more formally use the document, such as in the orientation of staff and Board members.*

*There were three primary areas requiring changes in this mid-course document, those being in the areas of environmental trends, the KSBEMS in context and in several of the short and medium range goals that had been identified in the original strategic planning process. Substantive additions or changes in the original document are noted in italics, the original text is maintained as historical background where it has been replaced. Minor corrections or incidental "wordsmithing" were incorporated without note during this revision to preserve the readability and continuity of the document.*

*The members of the revision committee included:*

*KSBEMS Board Members Jim McClain, Comm. Bob Boaldin*

*KSBEMS Staff David Lake, Steve Sutton, Christine Hannon, Joe Moreland, Jean Claude Kandagaye, Mary E. Mulryan, Jerry Cunningham, Dave Cromwell*

*Regional Representatives Con Olson—Region V, Randy Cardonell—Region II, Christopher Way—Region VI, Jon Frieson—Region III, Gary Winter—Region I*

*Professional Association and Agency Representatives Terry David—KEMSA, Kevin Flory—KSFFA, Chris Tilden—KDHE, Bob Parker—Johnson County Community College*

### *Facilitator*

*Nels D. Sanddal, Critical Illness & Trauma Foundation, Inc., Bozeman MT*

## PREFACE TO THE FIRST EDITION – 2001

### STRATEGIC PLANNING COMMITTEE

The need for the board and staff members of the Kansas Board of Emergency Medical Services (KSBEMS) to have a document that could provide short and long-term guidance and direction for the organization led to implementation of a strategic planning initiative. This effort was promulgated and overseen by the KSBEMS Planning and Coordination Committee, chaired by J.R. Behan. Membership on the committee was purposefully broad and representative.

The purpose of this plan is to assess the Kansas Board of Emergency Medical Services' current situation and to lay the groundwork for future planning. This document should help guide decision-making at all levels from this point forward. In addition to providing guidelines for future directions, specific actions items are defined. These actions will allow the board and staff to concentrate on specific areas during the coming years.

The Planning and Coordination Committee met periodically in person from February to June 2001. The Kansas Board of Emergency Medical Services' Planning and Coordination Committee, comprises board members, regional representatives, professional organization representatives and staff, including:

#### **Board Members:**

J.R. Behan, Chair  
Jim Keating  
Jim McClain  
Senator Dwayne Umbarger

Rob Kort  
Duane Mathes  
Representative Margaret Long

#### **Staff**

David Lake, Administrator

#### **Regional Representatives**

Gary Winter, Region I  
Bob Prewitt, Region II  
Terry David, Region III  
Mike Beffa, Region IV

#### **Professional Association Representatives**

Bob Orth, Kansas EMT Association  
Jon Friesen, Kansas EMS Association  
Marvin VanBlaricon, Kansas Association of Fire Chiefs  
Joe Taylor, Kansas Fire Fighters' Association

#### **Facilitator**

Nels D. Sanddal, Critical Illness & Trauma Foundation, Inc., Bozeman, MT

Additional feedback was received from Board members, staff, local EMS agency personnel, and representatives from other Kansas governmental agencies during various stages of the plan's development. This input was highly valued and very helpful. To the extent possible, and using a consensus rule process, suggestions were incorporated into the final product.

The Planning and Coordination Committee has accomplished the following goals during the creation of this document:

- Revising the Mission of the Kansas Board of Emergency Medical Services
- Defining a Vision for the Kansas Board of Emergency Medical Services
- Identifying the Kansas Board of Emergency Medical Services Core Values
- Defining Environmental Trends and Placing the Kansas Board of Emergency Medical Services in Context
- Conducting a SWOT Analysis
- Setting Goals
- Defining Core Strategies
- Mapping Strategic Actions

The Planning and Coordination Committee developed a new mission statement for the organization. Likewise, they drafted the organization's first vision statement. These two statements will provide guidance for all decisions made by Kansas Board of Emergency Medical Services.

## THE KANSAS BOARD OF EMERGENCY MEDICAL SERVICES MISSION

*The original mission statement generated a good deal of discussion during the mid-course revision. That discussion centered around two specific details, the concept of "optimal care" and the lack of specifically stated collaboration. Optimal care was a concern since the KSBEMS does not have control of all of the factors that might influence the provision of care at local level. There was also a clear recognition that what might be "optimal" in one community of Kansas might be suboptimal in another and literally unachievable in still others. After lengthy discussion no better terminology than "optimal care" achieved consensus. Relative to the issue of noted collaboration, a minor change in wording was achieved through the consensus process and is reflected below.*

As the lead agency for Emergency Medical Services, the Kansas Board of Emergency Medical Services exists, primarily, to ensure that quality out-of-hospital care is available throughout Kansas. This care is based on the optimal utilization of community resources that are consistent with the patient's needs. The delivery of optimal care is supported through the adoption of standards; definition of scopes of practice; and provision of health, safety, and prevention education and information to the public, *and is achieved in collaboration with* Emergency Medical Services services/agencies, Emergency Medical Services providers/instructors, related health care professionals, and other public service, *health care* and political entities.

## THE KANSAS BOARD OF EMERGENCY MEDICAL SERVICES VISION

*The vision statement was strongly supported by the mid-course revision committee and remained in-tact as originally written.*

The Kansas Board of Emergency Medical Services is committed to ensuring that optimal care is available to all citizens of, and visitors to, Kansas, by:

- Promoting the need for, and access to, personnel, equipment, agency and system resources to support quality care in each community as well as on a regional and statewide basis; and by
- Integrating the entire spectrum of emergency medical services into the broader health care system so as to reduce duplication of services and to support the survival, maintenance and improvement of care across Kansas.

## ENVIRONMENTAL TRENDS

*The environment in which EMS in general and the KSBEMS operate in has changed a great deal since the development of the initial strategic plan. The most striking of those changes pertains to changes in the broader emergency response infrastructure, not only in Kansas but across the entire United States. The initial strategic plan was formally adopted in the late summer of 2001 only a few days before the impact of flying incendiary bombs into the twin towers of the World Trade Center. From the moment of initial impact, the world of EMS changed forever. Now, in addition to its primary role of responding to motor vehicle crashes, heart attacks and natural disasters, the EMS system must be prepared to respond to a variety of purposefully inflicted chemical, biological, radiological, and nuclear threats.*

*This environmental change has placed increased demands on EMS agencies and individuals in terms of both training and equipment. In many instances, resources have not specifically been allocated to meet these demands. Nearly four years after the initial funds became available for homeland security preparedness, a realization is emerging that the best way to mount a medical response to a terrorist event is to make sure that the EMS and trauma care system operate at peak efficiency on a daily basis and are tested in their response to naturally occurring large scale events such as tornados and multiple vehicle crashes.*

*Some of the environmental trends identified in the original document have changed as well. For instance the scope of practice discussed below has been further described in the Rural and Frontier EMS Agenda for the Future, in which the public health role of rural EMS providers is framed. Kansas' trauma care system is more mature and functional. As predicted EMS has played an important role within that development and because of its existence triage and treatment patterns have changed.*

*A major trend that has changed in the ensuing five years since the original document was drafted is that the funding of EMS in Kansas has become much more stable with a dedicated funding source. The discussants around the table were universally thankful to the legislature for that stable revenue and felt more confident about the ability of the KSBEMS to fully implement this strategic plan and other programmatic responsibilities.*

*Much of the remaining initial text still describes the environment that EMS operates in. Some minor suggestions were made on various paragraphs by one or two individual participants which have been incorporated.*

There are a variety of environmental trends that impact current and future delivery of emergency services in Kansas. The most important of these is a change in the broader health care delivery system. Services are being reduced in small, rural health care facilities. These facilities are losing staff, both for financial reasons and because qualified personnel are not available, particularly in rural areas. Unfortunately, there are impediments to using Emergency Medical Services personnel in other health care areas, which could offset local shortages while providing a venue for the attainment, maintenance and improvement of Emergency Medical Services provider skill levels. Opportunities exist to create Emergency Medical Services and facility relationships that are not only symbiotic but also synergistic.

The scopes of practice for Emergency Medical Services providers are changing in other regards also. Many providers are assuming public health and prevention responsibilities. This expanding scope of practice, if properly harnessed, has the potential to positively impact rural health care delivery.

Kansas has largely avoided the managed care saturation that has occurred in more urban settings. This avoidance of managed care is seen as a positive attribute by the committee and should be capitalized upon. Functionally, this should translate to better access to emergency services and a more effective reimbursement process with fewer denials from third party payers. However, billing and reimbursement remain a key issue to the ongoing survival of many Emergency Medical Services agencies. New billing rules and regulations promulgated by HCFA and other agencies are often resulting in lower reimbursement rates for services rendered and high rates of outright denial of claims. These challenges may have catastrophic consequences for many rural, and largely volunteer, agencies.

Clearly the public, as both consumers and taxpayers, does not understand the complexity of Emergency Medical Services. People expect well-trained and equipped Mobile Intensive Care Technicians (Paramedics) to arrive at the scene of a crisis on a moment's notice, sporting all of the gadgetry available on popular television portrayals. It is difficult for many persons who are treated and transported to understand why they receive a bill when their perception is that Emergency Medical Services care should be supported fully through taxes. Much needs to be done at all levels of Emergency Medical Services to increase the public's knowledge of, and support for, Emergency Medical Services. Without broad public support, it is unlikely that governmental support will expand to meet the future needs of Emergency Medical Services in Kansas.

Demographics in Kansas are changing. The population as a whole is aging with rural areas aging more dramatically as young employable workers migrate to more dynamic education and job markets in urban areas. This aging creates two distinct but related problems. First, as the population ages, the utilization rate and response type for Emergency Medical Services agencies change. The nature of response shifts from high-impact trauma to low-impact injury and chronic illness. Along with this shift in the nature of the response, comes a change in the type of care provided from "life saving" to "palliative." Second, as Kansans age, the potential pool of future Emergency Medical Services providers, both volunteer and paid, shrinks. This recruitment challenge is further exacerbated by a perceived change in the work ethic dynamic of youth in the United States. Reinforced by a strong economy over the past decade, many young adults have been lured into portfolio building and away from public service, again creating a smaller pool of qualified and interested people. Young employees also seem more likely to change jobs more often, making retention of Emergency Medical Services personnel difficult from both a "mindset" perspective and because of the relocation that comes with upward mobility.

The other major demographic shift is broader cultural diversification. With this cultural diversity come challenges associated with language and customs. Some of the customs result in changing patterns of response, e.g. increased "family violence," that are as much a result of different social norms than intent to harm.

One of the challenges for Emergency Medical Services in Kansas is the paucity of response data. Although certain variables can be gleaned at local levels, the lack of statewide data collection makes answering even the most fundamental questions posed by the public and decision makers difficult, if not impossible. Many of the current challenges that the Kansas Board of Emergency Medical Services faces could be more easily resolved with accurate and timely Emergency Medical Services response data. These data will become even more important as the quality improvement effort associated with the burgeoning trauma care system comes begins.

The establishment and evolution of a trauma care system in Kansas will have a profound impact on Emergency Medical Services providers. There will be increased expectations of trauma treatment capabilities at all levels of care. There will also be a change in the patterns of response with some trauma transport bypassing local facilities for hospitals that are better suited to meet the specific need of a particular trauma patient, e.g. neurosurgical care. Because this system is just beginning to evolve, and since the Kansas Board of Emergency Medical Services is a partner with the Kansas Department of Health on this important venture, it should be viewed as an opportunity to effect positive change in Emergency Medical Services across the state. Clearly there will be opportunities for EMS provider participation within the regional trauma council structure.

Technological changes have brought about both positive and negative changes in the system. On a positive side, diagnostic and monitoring tools now allow for more precise monitoring of acute and chronic patients. On the downside, there has been a further separation of provider and patient with a greater reliance on what the electronic readouts are saying, rather than what the patient is saying. This is not to suggest that technology is inherently evil but rather that, as new technologies are introduced, training and quality improvement demands change.

Two areas of technological concern are the current communications system and distance learning delivery. Relative to communications, the committee is not sure that the current 400 MHz systems can be held together much longer due to a decrease in the availability of new equipment and maintenance parts. Likewise, it is unclear whether a proposed 800 MHz system will meet the needs of Emergency Medical Services agencies and health care facilities across the state. Emerging technologies, such as digital cell phones, may be part of the solution in this rapidly evolving field.

As part of an ongoing commitment to quality education and training for Emergency Medical Services personnel, and to address a portion of the recruitment and retention puzzle, the Kansas Board of Emergency Medical Services is aware and supportive of efforts to deliver quality educational programs using distance learning.

The biggest impediment to change in Kansas Emergency Medical Services, and thereby optimal patient care, is the lack of a common focus among Emergency Medical Services providers, agencies and organizations across the state. Strong and persistent leadership and a renewed sense of commitment to providing the best possible care are the keys to overcoming organizational, institutional and individual differences that undermine Emergency Medical Services in Kansas.



## KANSAS BOARD OF EMERGENCY MEDICAL SERVICES IN CONTEXT

*The most significant changes in the contextual framework of the Kansas Board of EMS revolved around the progress that had been made toward a "friendlier" atmosphere of support and assistance rather than punishment and regulatory enforcement. This paradigm shift in the service delivery model had been described in the first paragraph of the original text for this section (below). However, the degree to which the shift had been accomplished has proven remarkable.*

One of the most significant changes to have occurred during the past few years is a change in direction and philosophy by the Kansas Board of Emergency Medical Services itself. In 1994, the agency director, speaking on behalf of the Board of Emergency Medical Services, stated that its function was, primarily, regulatory. Changes in Board of Emergency Medical Services leadership at both the board and staff level have forged an emerging philosophy that is less regulatory and more nurturing and supportive. This shift from a "stick" to a "carrot" is viewed with a suspicious eye by many Emergency Medical Services agencies and providers. It will take persistent leadership and positive demonstration of the new Mission, Vision and Core Values contained in this plan to convince them that we are sincere about this paradigm shift. Clearly, the Kansas Board of Emergency Medical Services cannot successfully fulfill the activities outlined in this plan without the full faith, cooperation and support of the myriad of Emergency Medical Services agencies and providers across the state.

Likewise, in a changing health care marketplace, the Board of Emergency Medical Services must be an integrated part and parcel of the broader health care delivery system. As noted in the environmental trends section, health care is changing in Kansas. The Board of Emergency Medical Services must be flexible and fluid enough to flow with those changes rather than swimming upstream against them, as long as quality emergency care is inherent in the new health care landscape. To achieve this integration, the Board of Emergency Medical Services must reach out more broadly to, and participate more fully in, a variety of health care planning, promotion, delivery and evaluation activities at state, regional and local levels.

Currently the Board of Emergency Medical Services is responsible for the approval of all initial training and continuing education programs for instructors and ambulance attendants, examination of students post training, and initial and ongoing certification of attendants. Additionally, Board and staff are responsible for regulating more than 175 ambulance services which includes licensing more than 600 ambulance vehicles, managing a UHF radio system that provides EMS communications with 51 counties, and supporting and working with six regional EMS councils.

The Kansas Board of EMS' office and staff activities currently comprises eight areas:

1. Regulation, inspection, licensure, and re-licensure of ambulance services.
2. Training, examination and certification of instructor/coordinators and training officers.
3. Approval of initial training programs and continuing education programs.
4. Examination, certification, and renewal of ambulance attendants.
5. Coordination and maintenance of the EMS communications system.
6. Monitoring of EMS Regional Councils.
7. Staff support for the Kansas Board of Emergency Medical Services.
8. Administration of the EMS for Children Grant.

Given its current mandates and activities, the Kansas Board of Emergency Medical Services cannot implement all of the activities outlined in this plan immediately. The shift in posture, responsibilities and priorities will not happen as simply as flipping a switch. Certain activities and priorities outlined in the succeeding pages cannot be accomplished without changes in legislation and additional resources. The transition will be gradual and incremental although very purposeful and persistent.

## CORE VALUES

*There was unanimity that the five core values that were outlined in the original document held true at the mid-point. The attributes that would help gauge the degree to which those core values were upheld also withstood the test of time. In a rescoring process, the results showed substantial improvements in the KSBEMS attainment of and adherence to each of the core values.*

*The scores for each of the core values increased from their previous levels. While none of them have yet reached the target levels set in the original document all have closed the gap. In some instances the variation in individual scores has widened. The isolated nature of the lower scores suggests that some activities are not being well communicated across the broad constituency or that some the needs of some segments of that constituency are not being met. In addition to a continued improvement in the overall marks for each core value, an emphasis should also be placed on decreasing the range of variance on the individual measures.*

Core Value	Score Now	Target Score	Difference
Integrity/honesty	7.8 (Range 4-10)	9.9 (Range 9-10)	2.1 (27% below target)
Excellence	7.5 (Range 4-10)	8.8 (Range 7-10)	1.3 (17% below target)
Professionalism	7.8 (Range 5-10)	8.7 (Range 8-10)	0.9 (12% below target)
Proactive posture	7.6 (Range 3-10)	8.5 (Range 7-10)	0.9 (12% below target)
Leadership model	7.4 (Range 2-10)	8.5 (Range 7-10)	1.1 (15% below target)

Table 1. Current Core Value Scores

*To understand the magnitude of the improvement in scores, the reader should contrast these scores to the initial scores found in table 2 on the succeeding page.*

In a dynamic environment the committee identified five values that should not change. These values apply specifically to the Kansas Board of Emergency Medical Services but are equally applicable to Emergency Medical Services agencies at all levels of service. The five core values in rank order of importance are:

- Integrity/honesty
- Excellence
- Professionalism
- Proactive posture
- Leadership model

Further examination of these five core values identified a disparity between the perception of where the Kansas Board of Emergency Medical Services is now and where the committee thinks it should be. The following table identifies the committee members' ranking of where the Board of Emergency Medical Services is now and what they think is a reasonable performance target for each Core Value.

Core Value	Initial Score	Target Score	Difference
Integrity/honesty	6.4 (Range 4-8)	9.9 (Range 9-10)	3.5 (55% below target)
Excellence	5.0 (Range 4-7)	8.8 (Range 7-10)	3.8 (76% below target)
Professionalism	5.3 (Range 4-7)	8.7 (Range 8-10)	3.4 (64% below target)
Proactive posture	4.6 (Range 2-7)	8.5 (Range 7-10)	3.9 (85% below target)
Leadership model	5.0 (Range 3-7)	8.5 (Range 7-10)	3.5 (70% below target)

Table 2: Initial Core Value Scores

Although the current and target rankings are clearly subjective, they are quantifiable data that identify targets for significant, but attainable, improvement. Kansas Board of Emergency Medical Services members and staff need to be cognizant of these perceptions about current values and strive to meet higher expectations. The following section identifies specific activities that can help improve these rankings in subsequent formal and informal surveys.

#### ACTIONS SUPPORTING CORE VALUE 1: INTEGRITY/HONESTY

- Placing patient care above politics in all public and private forums
- Applying regulations promptly, consistently and fairly
- Applying and upholding ethical standards
- Maintaining appropriate confidentiality
- Encouraging appropriate representation on the Board of Emergency Medical Services
- Being respectful of other's ideas, opinions and points of view
- Maintaining an "active listening" posture
- Making policies and procedures understandable and attainable
- Sharing (not guarding or withholding) information

## ACTIONS SUPPORTING CORE VALUE 2: EXCELLENCE

- Oriented toward “customer” service
- Willingness to solicit feedback from “customers”
- Encouraging varying viewpoints
- Developing measurable goals and objectives
- Promoting system-wide professional development activities
- Fully integrating QI principles in Board of Emergency Medical Services activities

## ACTIONS SUPPORTING CORE VALUE 3: PROFESSIONALISM

- Being courteous and respectful to customers
- Promoting staff and board development
- Active participation and commitment by board and staff
- Being responsive to requests for information
- Providing appropriate compensation to Board of Emergency Medical Services staff, commensurate with professional responsibilities and expectations
- Maintaining Emergency Medical Services certification for all professional staff
- Supporting staff-initiated efforts to publish and present information at national, state and regional forums and in national trade and refereed journals
- Providing the resources, tools and setting necessary to support professional behavior
- Promoting a professional atmosphere statewide
- Promoting professional recognition for Emergency Medical Services providers statewide
- Promote respect, cooperation and recognition between and among all certification levels of prehospital care providers

## ACTIONS SUPPORTING CORE VALUE 4: PROACTIVE POSTURE

- Identifying a permanent and sufficient source of funding necessary to achieve the ongoing goals and objectives of the Board of Emergency Medical Services and Emergency Medical Services in Kansas
- Developing technical assistance programs and policies to help avoid regulatory infractions
- Making policies and procedures understandable and attainable
- Sharing (not guarding or withholding) information
- Oriented toward “customer” service
- Willingness to solicit feedback from “customers”
- Developing measurable goals and objectives
- Considering and exploring changing technologies and research findings as they relate to scopes of practice
- Promoting legislative changes that would allow the Board of Emergency Medical Services to be more responsive in integrating changing technologies and research into scopes of practice

## ACTIONS SUPPORTING CORE VALUE 5: LEADERSHIP MODELING

- Placing patient care above politics in all public and private forums
- Board of Emergency Medical Services staff and members presenting themselves in a positive, responsive fashion
- Presenting and promoting the strategic plan of the agency in a positive fashion
- Taking decisive action based on knowledge, experience and competence
- Providing a reliable, high-quality product, and promoting products and services
- Being visionary, but with a sense of history and tradition
- Encouraging and promoting the presentation of individual and varying opinions in an open, non-punitive, and respectful atmosphere

### Kansas Board of Emergency Medical Services' Organizational Status

*With the attainment of a permanent funding stream there was little concern or discussion about the "home" of the KSBEMS. While considerations have been given to the potential need for incorporating the KSBEMS into a larger government entity to preserve its existence during the initial strategic plan development, the mid-course revision group felt comfortable with the flexibility provided to the agency as a free standing Board.*

Throughout the early discussions of the Planning and Coordination Committee, there was an underlying question about whether the Board of Emergency Medical Services was correctly positioned within the Kansas government infrastructure. The question boiled down to whether the agency should remain an independent board or whether it might be more effective incorporated into another agency, such as the Department of Health and Environment. Since this underlying consideration was affecting every discussion, the facilitator led committee members through a structured decision-making exercise to achieve a formal consensus.

The decision-making heuristic was a two-step process. The first was to assign a value to each of the core value action items and priority goals without regard to the agency structure that would support those values and goals. These values were assigned on a semantic differential rating scale with one representing a low priority and ten representing the highest priority. Then, the group was asked to estimate the ability of the current freestanding agency to meet those values and goals, again using a semantic differential scale of 1-10. The committee was then asked to rate the ability of an "integrated" agency (without regard to what department that might be) on the same differential scale. Scores were determined by multiplying the weighted importance ranking against the ability scores for both agency options. The table on the following page summarizes those findings.

Attribute	Assigned Weight	<u>Free Standing</u>		<u>Integrated</u>	
		Raw	Weighted	Raw	Weighted
CORE VALUE ACTIONS					
Supports Honesty/Integrity	9.9	9.0	88.9	8.0	79.0
Patient Care Above Politics	9.6	8.4	80.6	6.4	61.4
Apply Regs. Fairly/Promptly	8.6	8.1	69.7	6.5	55.9
Uphold Ethical Standards	9.1	8.6	78.3	6.9	62.8
Maintain Confidentiality	8.8	8.2	72.2	6.8	59.8
Supports Excellence	8.8	9.1	79.7	6.5	56.8
Customer Service Orientation	7.9	8.7	68.7	6.1	48.2
Solicit Customer Feedback	7.6	7.5	57.0	6.8	51.7
Encourage Varying Viewpoints	8.4	6.8	57.1	5.1	42.8
Develop Measurable Goals/Obj	8.9	8.0	71.2	6.1	54.3
Supports Professionalism	8.7	8.8	76.9	6.9	60.4
Courteous and Respectful	9.1	7.8	71.0	7.0	63.7
Promote Staff/Board Develop.	8.5	7.4	62.9	5.8	49.3
Active Participation of Board/Staff	8.6	7.6	65.4	5.4	46.4
Responsive to Requests	8.6	7.8	67.1	5.2	44.7
Supports a Proactive Posture	8.5	8.0	67.6	6.4	54.0
Permanent Funding	9.8	6.4	62.7	7	68.6
Develop Tech. Asst. Programs	7.6	8.1	61.6	6.3	47.9
Understandable Policies	8.2	8.3	68.1	6.3	51.7
Sharing Information	8.2	8.3	68.1	6.2	50.8
Supports Leadership Modeling	8.5	8.2	69.7	6.9	58.7
BEMS Representatives Positive	8.4	8.0	67.2	7.1	59.6
Promote Strategic Plan	8.6	8.7	74.8	5.6	48.2
Decisive Action	8.1	8.5	68.9	5.4	43.7
Reliable, High Quality Product	9.2	8.0	73.6	5.7	52.4
GOALS					
Expanded Scope of Practice	8.1	7.8	63.2	6.5	52.7
Cohesiveness of Training	8.9	7.5	66.8	5.3	47.2
Stable Funding	9.6	6.3	60.5	6.6	63.4
Quality Training	9	8.5	76.5	5.8	52.2
QI	8.5	8.6	73.1	5.2	44.2
BEMS Identify	8.2	9.3	76.3	3.4	27.9
Flexibility of Regulations	7.4	8.2	60.7	4.5	33.3
EMS as a Profession	7.9	8.2	64.8	4.4	34.8
Mean Weighted Scores			67.4		50.8

TABLE 3. INITIAL ORGANIZATIONAL STATUS HEURISTIC

The results confirmed that a clear consensus exists concerning the advantages of remaining a free-standing board. It is interesting to note, however, that in the area of permanent funding, which is both a core value activity and a goal, the committee felt that the agency would be more secure if integrated into a larger agency. However, that advantage was far outweighed by the responses to other core value actions and goals.

## SWOT ANALYSIS

The Planning and Coordination Committee assessed the current state of the Kansas Board of Emergency Medical Services, using a SWOT Analysis tool. The group broke into two groups, each independently evaluating the Kansas Board of Emergency Medical Services' internal **S**trengths and **W**eaknesses and external **O**pportunities and **T**hreats. The two lists were compared and combined through a nominal group process activity to establish this final list. For each internal strength and external opportunity, action items were identified to capitalize on those positive attributes. For each internal weakness and external threat, action items were developed to correct, overcome or lessen the effect of those negative attributes.

### INTERNAL STRENGTHS

*The mid-course revision committee felt that the strengths identified by the initial group still held true some five years later. Participants were asked to score whether the issue had improved by marking with a (+) or worsened by marking with a (-). These are noted immediately following each item as a (+) or (-), which represents the majority opinion of the respondents about whether the situation noted has improved or worsened. Additionally, they also felt that there were some strengths that needed to be noted, those included:*

**Strategic Plan.** *The committee felt that having a guiding document helped in the implementation of policy and technical assistance within a consistent framework.*

**Dedicated Funding:** *The relative certainty of funding was considered a strength in that it allowed for the longer range allocation of resources to the completion of the short, intermediate and long-range goals and activities outlined in the strategic plan.*

**Community Assessment Process:** *It was felt that the level and type of support that is provided during the community planning and assessment process is vital to the health and well-being of many local EMS agencies.*

**EMS Representation:** *The KSBEMS has established important liaison relationships with a number of key agencies and policy groups, including: the Office of Rural Health, the advisory committee on trauma, the Bioterrorism council and with other homeland security initiatives.*

**RN/MICT Bridge:** *The group felt that the development of a bridge course between these health care personnel categories provided numerous opportunities for collaboration and professional development.*

**Good Leadership.** The committee was pleased with the leadership demonstrated by the administrator and the chairman of the board and saw this as a very positive attribute. (+)

**Actions**

- Encourage a continued proactive philosophy
- Ensure continuity of leadership
- Increase leadership depth
- Mentor new leadership within the agency and board
- Continue to provide, develop and distribute written policies and procedures, e.g. investigation and inspection policies
- Support the leaders and their decisions (when not in conflict with individual core values)

**Increasing input from across the state.** The committee applauded the effort of the administrator and other staff to spend more time “in the field” with local Emergency Medical Service providers, administrators and other key individuals. (+)

**Actions**

- Encourage communication
- Continue to make Board of Emergency Medical Services meetings more accessible by rotating locations
- Continue the use of teleconferences to disseminate information to regions and other organizations
- Continue to encourage/allow staff travel
- Explore greater use of technological resources, e.g. televideo

**Increasing cooperation of other agencies.** The committee acknowledged that there has been an increased effort to create collaborative and supportive relationships between the Board of Emergency Medical Services and other agencies across the state. (+)

**Actions**

- Continue to provide and strengthen a more user-friendly forum for participation, e.g. encourage dialogue between various agencies, such as the Board of Nursing
- Expand membership on Planning and Coordination Committee to include other organizational representation
- Share membership data, link the Kansas Board of Emergency Medical Services’ Web page to other sites, create a shared electronic calendar, create a listserv.

**Freestanding agency status.** As an additional validation of the separate decision-making process evaluated the Kansas Board of Emergency Medical Services’ position as a freestanding and autonomous body, the committee felt that its current status was a strength. (+)

**Actions**

- Remain small enough to facilitate change
- Maintain freestanding status by building a supportive structure outside of the agency
- Encourage the continuation of the small group atmosphere of board’s committee structure in which all voices count equally
- Continue to provide a mechanism for easy access
- Continue to increase customer service, e.g. checks, faxes, credit cards



**Web site.** The committee saw the establishment and maintenance of the agency's Web site as a positive step that improves communication. (+)

**Actions**

- Keep the content updated and the appearance "fresh"
- Commit sufficient staff and resources
- Expand services offered through the Web, i.e. forms and electronic filing; link Kansas to other agencies, electronic bulletin boards and listserves

**Sound historical base.** Kansas has a rich and varied history in Emergency Medical Services. The committee felt that this heritage provided a strong foundation for growth and evolution. (+)

**Actions**

- Continue to build on previous experience
- Avoid repeating errors

**Public perception is improving.** The "public" was used in a very broad sense here, including: Emergency Medical Services providers, legislators and the general public. (+)

**Actions**

- Continue to present a cooperative image to the Legislature
- Continue to support increased visibility of Emergency Medical Services to the public, e.g. public defibrillators
- Continue to promote thinking "outside the box"
- Market the positive attributes and accomplishments of the Kansas Board of Emergency Medical Services to Emergency Medical Services providers and the public at large
- Continue to acknowledge deficiencies and present plans for correcting or overcoming them

**In it for the right reasons – patient focus.** The committee felt that, by and large, Emergency Medical Services providers, from the board down were in the profession to provide high quality patient care and to improve the system over time. (+)

**Actions**

- Continue data collection and ongoing evaluation of how policies and procedures impact patient outcomes and processes of care
- Uphold the vision statement in all actions taken by the Board of Emergency Medical Services

**Regional structure.** The existing regional structure was seen as a positive and under-used attribute. (+)

**Actions**

- Continue to foster a productive relationship between the regions and the Board of Emergency Medical Services
- Provide feedback to Board of Emergency Medical Services regarding its activities
- Support local community and service involvement in regional activities
- Maintain regional status by building a supportive structure
- Continue to be proactive, e.g. providing programs to their constituents
- Promote cooperation between Emergency Medical Services and trauma care regions

**Increased medical input.** The committee felt that the increased involvement of physicians on the Emergency Medical Services for Children grant was a positive occurrence. (-)

**Actions**

- Continue to seek or retain proactive physicians to serve on the Board of Emergency Medical Services
- Foster relationships between service medical directors and the Board of Emergency Medical Services
- Create a discussion forum on the Web page or bulletin board for medical directors
- Continue to provide training for medical directors
- Expand relationship with various physician groups, i.e. ACEP, AAP, AFP, ACS, etc.
- Strengthen the dialogue with Kansas Hospital Association

## INTERNAL WEAKNESSES

*While the dedicated funding stream was seen as fragile, the perception is that the lack of funding is no longer an internal weakness. While there was some discussion about the adequacy of the level of support, everyone clearly agreed that this issue had been, at least partially resolved.*

*All other weaknesses that had been noted in the original document were seen as improving, or less of a threat.*

**Lack of funding.** The committee felt that single biggest weakness was the lack of a dedicated and secure source of funding, realizing that the independent agency status of the board makes it vulnerable to budget cuts during periods of tight fiscal constraints. (+)

**Actions**

- Identify a secure funding source that is not solely dependent on fees collected from providers/agencies
- Identify and secure grant resources (federal, private, etc.) to enhance agency/system core functions
- Develop a mechanism for using fees collected for furtherance of Emergency Medical Services (not reabsorbed in the general fund)

**Poor public perception – Emergency Medical Service providers and John Q. Public.**  
Although the committee members acknowledged that this perception is changing and, in fact, listed it as a strength, they still see it as an area needing improvement. (+)

**Actions**

- Increase information dissemination from Kansas Board of Emergency Medical Services to agencies/providers and to the public
- Increase number of PSA's distributed and aired
- Participate in school programs
- Continue to be more proactive
- Continue education about Emergency Medical Services to the public, e.g. Emergency Medical Services Week
- Increase formal marketing campaigns

**Lack of a singular voice.** The lack of a unified and consistent voice for Emergency Medical Services in Kansas was seen as significant deficit. It contributes to confusion among legislators and other key decision makers. This deficit is also acknowledged in the "Goals" section as a long-term goal. (-)

**Actions**

- Explore a joint conference
- Work toward a formal agreement between organizations to create an Emergency Medical Services alliance
- Facilitate discussions between all state Emergency Medical Services organizations to identify common goals, issues and solutions
- Hold a statewide annual service directors' conference
- Strengthen strategic planning committee, which is already inherently representative

**Lack of staff and depth of staff in various positions.** The committee feels that the Board of Emergency Medical Services is understaffed overall. It also feels that there is insufficient depth or "back-up" in certain key positions, meaning that if an individual is in the field, on travel, ill or decides to pursue other professional options, the agency could be left in an information void, thereby making it less responsive. (+)

**Actions**

- Seek funding to hire more staff
- Provide professional development/cross training
- Ensure best match between staff background and interests and related assignments/duties

**Diversity of needs of Emergency Medical Service providers.** The variety of geographic, demographic, service delivery model, and resource considerations that are present across the State of Kansas creates a unique challenge to the board and to the delivery of care at a local agency level. (-)

**Actions**

- Provide technical assistance to services that may have difficulty attaining standards to help them overcome deficiencies (TA may or may not be provided by Kansas Board of Emergency Medical Services, rather the board may identify external expertise)
- Use data to identify different needs and possible solutions

**Lack of Emergency Medical Service provider's political involvement.** It was determined that, for a variety of reasons, Emergency Medical Services has not been able to present its needs convincingly to the state Legislature and other political bodies. This is partially due to the lack of singular voice, identified as a deficiency earlier. It is also due to the fact that many Emergency Medical Service providers are unfamiliar with the political process. (-)

**Actions**

- Educate legislators, county commissioners, and other elected officials about the needs of KANSAS Emergency Medical Services
- Educate agencies, organizations and individuals about the legislative/political process
- Encourage cooperative political involvement and agendas between agencies, organizations and individuals
- Explore the need and mechanism for securing a paid lobbyist
- Use Web site and listserve for legislative updates

**Underuse of electronic resources.** Although the committee acknowledges that the deployment of the Web site has been very positive, it feels that there are opportunities to increase the effectiveness of the emerging electronic environment. (+)

**Actions**

- Increase/automate data collection
- Improve/update/monitor Web site
- Use e-mail and listserves for information dissemination
- Expand electronic activities and filing
- Increase distance learning

**Political make-up of the board and the absence of involvement of some individual members.** The committee feels that the board could be more representative and dynamic. (-)

**Actions**

- Examine the potential for expansion and increasing organizational representation

**Lack of participation by agencies and organizations.** The committee determined that there is insufficient participation and inclusion of a broad range of outside agencies and organizations in the planning, delivery and evaluation of Emergency Medical Services. (+)

**Actions**

- Encourage organizations to expand the depth of their participating membership
- Mentor new leaders, promote the involvement of new individuals, include discussion of extracurricular involvement in new training programs
- Reach out to other agencies and organizations that have not been involved to date

**Past history (regulatory).** Although leaders in Kansas Emergency Medical Service activities have noted a difference in philosophy and leadership style, the “masses” of providers are not fully aware of the change in direction. (+)

**Action**

- Continue to be proactive rather than reactive
- Increase dissemination of information
- Distribute, and work on, this strategic plan

**Communication challenges between organizations and providers.** As with any complex system, the efficiency of the communication flow depends on relay signals at various points along the continuum. In some instances, the communication flow has not been as smooth as possible. Although some responsibility rests with the Kansas Board of Emergency Medical Services, other agencies and individuals bear a portion of the culpability. (+)

**Action**

- Improve dissemination of information between and among organizations
- Improve mechanisms for soliciting feedback from the broader membership
- Encourage administrators to share information with their individual crew members
- Promote accountability of organizational representatives to their constituency

**Same people/staff in public eye.** Many of the leaders within the Kansas Emergency Medical Services System have been in their respective roles for an extended period of time. The same group shows up for meetings and leadership activities, partially because they are the most knowledgeable and dependable, but also because others have abdicated their individual responsibilities for participation. (+)

**Actions**

- Encourage broader participation
- Mentor new interest, expertise, leadership and competencies
- Embrace and encourage dissenting or diverse viewpoints to challenge the system to grow.

## EXTERNAL OPPORTUNITIES

*Several new opportunities emerged during the course of the conversation. Many of them involved potential linkages to resources for homeland security efforts that, if properly used could help improve the basic EMS response infrastructure at local, regional, state and multi-state levels.*

***Increased awareness of EMS within the BioTerrorism, Weapons of Mass Destruction and CBRN response preparations.*** It was noted that the KSBEMS holds positions on many of the committees dealing with these issues. This was also echoed in the acknowledgement that KSBEMS staff are participating more fully in national activities pertaining to EMS, including national initiatives and professional organizational involvement.

***Federal activities.*** A number of federal initiatives and activities were seen as potential opportunities. These include the potential formalization of FICEEMS, the completion of the Rural and Frontier EMS Agenda for the Future, the IOM Report on Quality Through Collaboration and the pending IOM report on the future of emergency care.

***State activities.*** Some opportunities were noted to be occurring because of state activities and included the re-alignment of the EMS regions to correspond with trauma and bioterrorism regions, the 800 MHz expansion supported by KDOT, and a new level of active participation in KSBEMS Board meetings.

***Improving relationships.*** A general wane in animosity, territoriality and a competitiveness that had been present during the more contentious, regulatory days of the KSBEMS was noted. It is hoped that these improving relationships can be leveraged into a unified approach to the development and improvement of EMS in Kansas.

**Requests from the Legislature for information and testimony.** In something of a departure from the past, requests from individual legislators and other agency heads are increasing. This is seen as an acknowledgment of a more cooperative and less contentious atmosphere at the Kansas Board of Emergency Medical Services. (+)

### **Actions**

- Continue to be available to legislators
- Speak with a unified voice
- Participate in Capitol Day
- Work to identify and procure a lobbyist

**Increasing cooperation with other agencies.** Opportunities to participate with parallel or collaborative projects with other agencies are increasing. (+)

### **Actions**

- Continue to participate in interagency dialogue, collaboration and formal agreements, i.e. bridge program, trauma plan.
- Continue to explore common ground, e.g. Fire Service Training Project
- Promote Emergency Medical Services among other agencies and their constituencies, e.g. rural health options network

**Funding climate of the Legislature.** There appear to be subtle signs that the Legislature may be more willing to appropriate reasonable levels of funding from a dedicated source. Although it is clearly recognized that Kansas faces difficult fiscal times, there is some hope that Emergency Medical Services may receive the support necessary to ensure the best possible emergency care for Kansans. (+)

**Actions**

- Encourage legislators to look at alternative, yet secure, sources of funding, e.g. license plate fees
- Cultivate support from the broad Emergency Medical Services constituency to support alternative, yet secure, sources of funding

**Opportunity to improve public perception by increasing customer service.** Through the media and other sources, Emergency Medical Services has achieved high visibility similar to previous eras of rescue-related television programming, such as Emergency 9-1-1. Historically, that period was one of increased public support for the expansion of Emergency Medical Services systems nationwide. By increasing a customer service oriented approach to care, Emergency Medical Services systems at all levels can leverage this increased awareness and interest into public support. (+)

**Actions**

- Promote customer service orientation through training programs
- Promote customer service across the system through example... model good behavior

**Developing interest in Emergency Medical Services profession through career education.** Again, the high media visibility for Emergency Medical Services can be leveraged to promote active recruitment of young Kansans into the field. (-)

**Actions**

- Promote Emergency Medical Services involvement in career days, explorer programs, etc.
- Develop materials to promote Emergency Medical Services as a career choice

**DOT curriculum development and rollout.** The presence of new training programs and levels of certification offers opportunities to examine current training programs. (+)

**Action**

- Seize the opportunity to improve training with the adoption of new curricula
- Encourage agencies to seek levels of training commensurate with the patient and community needs

**Emergency Medical Services for Children grant funds.** The Emergency Medical Services for Children project in Kansas is seen as positive. *This program has provided the opportunity to work more closely with KDHE (+).*

**Action**

- Continue to support the solicitation of funding through this program
- Continue to provide pediatric focused programs and services
- Look for opportunities for interagency collaboration
- Improve communications concerning activities

**An increasingly positive image for the Kansas Board of Emergency Medical Services.** This is seen as one of the greatest opportunities on the horizon and has the potential to impact the system in a number of positive ways. (+)

**Actions**

- Leverage image for funding request
- Promote and uphold core values
- Promote Emergency Medical Services in other venues

**Data collection development.** This activity is seen as key to the long-term viability of Emergency Medical Services in Kansas. *(Change in support mechanism for this task noted).* (+)

**Actions**

- Capitalize on opportunity to collect, analyze and report prehospital care data to support and improve patient care at local, regional and state levels
- Promote the need for, and utilization of, the data collection system and describe the benefits to services not currently collecting electronic patient records
- Create an easy pathway to upload data from existing electronic databases
- Create a pathway for the retrieval and analysis of data at regional and local levels

**High visibility Kansans.** Kansas has produced many great leaders and high profile personalities. Garnering one or more of these persons to act as a spokesperson for the Kansas Emergency Medical Services System could help accomplish several of the goals and objectives contained in this strategic plan. (-)

**Actions**

- Seek opportunities to involve high visibility persons, e.g. the Doles, in the promotion of Emergency Medical Services



## EXTERNAL THREATS

*Several new threats were noted during the discussions. These included threats resulting from changes with the rural health care system in Kansas. They also included economic considerations.*

***Changing dynamics within local EMS agencies.** This threat includes a variety of issues including what is seen as an increase in local autonomy which fragments overall system efforts. There is also a perceived change in participation of local providers in educational and training opportunities, even when they are presented at a local level.*

***Changing dynamics within the local health care system.** Downsizing of hospitals has resulted in fewer procedures being done at the local level, which, in turn, increases the number of transfers. This places an additional burden on local volunteer providers who are asked to be away from jobs and homes more often and for longer periods of time.*

***Waning local economic support.** There is less support from the state to local governments which translates to less support for local EMS systems. Additional pressures include unfunded mandates such as HIPPA implementation.*

**Unstable funding, decreased budget, competition for scarce resources.** In spite of an improving image and some potential opportunities for identifying a permanent funding source, funding remains the single biggest external threat to the Emergency Medical Services System in Kansas. (+)

### **Actions**

- Secure a permanent funding source outside of the general fund
- Examine cost-sharing opportunities
- Show funders what they are getting for their “buck”
- Increase opportunities for cross utilization of resources and personnel
- Better utilization of equipment resources for training and service delivery

**Decreased reimbursement for charges (HCFA and other).** Increasing complexity in billing procedures and capitation of fees for services threaten the fiscal viability of many Emergency Medical Service agencies across Kansas. (-)

### **Actions**

- Capitalize on the increasingly unified voice
- Train services in billing procedures to increase reimbursement and collection
- Provide technical assistance to services regarding billing, or the opportunity to purchase billing services at a reasonable rate
- Ensure the appropriate match between the community’s “emergency need” and the level of response/care/transportation
- Educate local government concerning the need to fill the gap between reimbursement and cost

**Small agency vulnerability, under-funding and the potential for the loss of autonomy and identity.** Although the committee identified the independent status of the Kansas Board of Emergency Medical Services as a positive attribute, it also recognized that it make the agency vulnerable to reductions or dissolution in the face of potential legislative action at some unknown point in the future. (-)

**Actions**

- Secure a stable source of funding
- Encourage and foster external support of the agency
- Increase public education and awareness
- Clearly define and disseminate the goals, objectives, activities and outcomes of the agency

**An increasingly litigious environment.** Almost unheard of 10 years ago, legal action against individual Emergency Medical Service providers, instructors and agencies is increasing. This acts as a deterrent to recruitment and retention of individual providers and threatens the essence of the “good Samaritan values” that served as a philosophic orientation for many rural volunteer providers. (-)

**Actions**

- Increase medical oversight throughout the system
- Incorporate medical oversight into the training system
- Develop and promote strong quality improvement activities at state, regional and local levels
- Increase customer service orientation
- Ensure clear definitions of scope of practice, model protocols and training levels
- Improve data collection and patient care documentation
- Solicit and encourage customer feedback

**Aging population, population shift, recruitment, retention, attrition.** The demography of Kansas is changing. These changes affect Emergency Medical Services in many different ways. (-)

**Actions**

- Re-evaluate service staffing options, e.g. paid or volunteer
- Examine the changing needs of the community
- Develop incentives that will attract “qualified” personnel to the profession (qualified means a desire to provide quality patient care)
- Search for applicable recruitment and retention models from other aspects of industry along with activities in other Emergency Medical Services systems

**Increasing costs of technology, training, operations, etc.** The pace of technological development is increasing at a rate that outstrips the local funding base in many communities.

(-)

**Actions**

- Develop purchasing groups
- Balance equipment/training/operations costs with the needs of the patient and community
- Solicit community decision making on the level of care they are willing to support
- Examine alternative alliances and delivery mechanisms, e.g. with community access hospitals

**Increasing complexity in the provision of care and in compliance with regulations.** The roles, responsibilities and expectations of Emergency Medical Service providers are changing.

(+)

**Actions**

- Promote and provide ongoing training
- Work to streamline procedures to the extent possible

**Little consistency of "profession" nationwide.** In spite of years of effort by groups such as the National Association of State Emergency Medical Services Directors, National Council of State Emergency Medical Services Training Coordinators and numerous other organizations, there is little consistency and continuity in the Emergency Medical Services system across the nation.

(-)

**Actions**

- Encourage the participation of Kansas Board of Emergency Medical Services staff and board in national organizations and activities
- Encourage other Emergency Medical Services providers from Kansas to be involved in national organizations and activities

**Unfounded complaints to legislators.** The lack of a unified voice and credible point of contact carries the danger of creating legislative unrest because of isolated complaints. (-)

**Actions**

- Increase a unified presence to counteract unfounded dissention and criticism
- Continue to disseminate clearly written policies and procedures concerning rules and regulations

**Public perception versus reality.** The same media exposure that has created the potential for positive change in Emergency Medical Services also poses a threat in that it creates unrealistic expectations. There is not a Mobile Intensive Care Technician standing by at every highway junction or city block in Kansas. (-)

**Action**

- Increase public education
- Involve public in decision-making concerning Emergency Medical Services planning
- Involve the media in the portrayal and promotion of an accurate picture of Emergency Medical Services in local communities.

## KANSAS BOARD OF EMERGENCY MEDICAL SERVICES

### GOALS AND OBJECTIVES

The goals and objectives are broken into two categories, short-term (1-3 years) and long-term (3-5 years). They are further ranked by perceived importance within those two categories. It should be clearly noted that even though the goals may not be fully attained for several years it is expected that activities on each goal would begin immediately. Many goals will require on-going attention beyond their original attainment.

#### Short Range Goals – 1-3 Years

**Create a clear identity for the Kansas Board of Emergency Medical Services that is consistent and supportive of the integration of Emergency Medical Services into a public health model at local, regional and state levels.**

- Concurrent with the completion of the strategic plan, KBEMS staff will develop a series presentations on the KBEMS priority activities, targeted at a variety of audiences, including EMS personnel, medical advisers, government officials, and the general public.
- Upon securing the fiscal and staff resources necessary for printing, distribution, and web-based posting, KBEMS staff will develop a series of informational brochures/newsletters for our identified “customers” that summarize and describe KBEMS’s role and programs, regional activities and local EMS.
- Based on a format approved by the KBEMS, at the close of each fiscal year, the Executive Director and section coordinators of the KBEMS will develop an annual report that describes activities and programs of the KBEMS
- Develop a semi-annual electronic newsletter that will be distributed to EMS service directors and medical directors that highlights BEMS accomplishments, changes and activities.
- Using a format approved by the EMS medical directors and service directors, KBEMS staff will develop reports that share data, information and resources with local medical directors and service directors from the Kansas EMS Incident Tracking System.
- KBEMS staff will develop and disseminate a press kit to all daily and weekly newspapers, and radio and television stations that will support the improvement of the KBEMS “image”.

**Maintain current sources of funding to support the Kansas Board of Emergency Medical Services, specifically, and Emergency Medical Service providers, generally, in the State of Kansas.**

- The Planning and Operations Committee will identify and analyze, in written form, other funding alternatives including a fee-based structure, private foundation grants, corporate donations and federal grant programs; and present findings from this effort to KBEMS for approval.
- In order to provide legislators with information about EMS and the funding plan and to document the interagency and organizational support of the plan, the Planning and Operations Committee will develop relationships with agencies and organizations to help KBEMS and these entities coalesce for the overall improvement of health care in Kansas.

**Examine the need for, and provide efficient provisions for, expanded scopes of practice for Emergency Medical Services providers that are consistent with the needs of the patients and the local community.**

- Under the direction of the Planning and Operations Committee, KBEMS staff will conduct needs assessments of EMS and other health care agencies and organizations to determine what additional roles EMS providers might play -- based on a staffing enhancement not a staffing replacement model -- that will benefit all parties, including patients.
- Under the direction of the Education, Examination, Training and Certification Committee, KBEMS staff will identify impediments to expanding the scope of practice for EMS personnel.
- The Planning and Operations Committee will make recommendations to the Executive Committee concerning legislative action to more efficiently accommodate changing scopes of practice for EMS providers.
- The KBEMS will develop and implement the training and recognition requirements necessary for EMS personnel to participate in expanded scopes of practice.

**Encourage an increased presence of Emergency Medical Services agencies in disaster planning and preparation at all levels of service in Kansas.**

- The Planning and Operations Committee will identify an ad hoc sub-committee to work, in conjunction with the Kansas Commission on Emergency Planning and Response, EMS Regions, Kansas Department of Health and Environment; Fire Services, County Disaster and Emergency Services, Bioterrorism, Kansas Hospital Association and the Kansas Division of Emergency Management and other pertinent organizations to develop standards of integration of EMS providers into disaster responses and incident management, common decision-making models to categorize incidents, and funding for pre-disaster training and preparation.
- The Planning and Operations Committee will support the identification and development of training programs, resources and opportunities to more fully prepare EMS providers to respond to disaster situations of all types and magnitudes.
- The EMS Regions will periodically assess the need for updating a regional disaster response plan that maximizes the effectiveness of emergency medical response to disasters of various scopes and magnitude both within and outside the region.

**The KBEMS will facilitate and oversee the development of a statewide EMS plan for Kansas.**

- Identify a key planning group comprised of KBEMS, regional, professional association and select agency representatives.
  - Establish a timeline and assign responsibilities for completing the plan.
  - Review NASEMSO model EMS planning document.
  - Review other recent EMS plans.
  - Draft the skeleton of a statewide plan, incorporate key issues such as
    - Medical direction
    - Minimum standard protocols
    - First responder credentialing
    - Recruitment and retention of personnel
  - Widely circulate the draft plan.
- Convene a larger group of stakeholders to achieve additional input and consensus.
- Key planning group to revise plan based on stakeholder input.
- Approve and adopt statewide EMS plan as a guiding document for the evolution of the Kansas EMS system.

## Intermediate Range Goals – 3-5 Years

**Establish a method by which the KBEMS will ensure the public's well-being by applying adequate measures of knowledge, skill and performance competencies from EMS training programs.**

- Provide resources for extraordinary expenses that may be associated with the knowledge, skill and performance assurance processes (if any).
- Develop, promote, deliver and evaluate quality training programs specifically for Emergency Medical Service providers, medical directors and service directors.
  - This includes both programs of initial instruction and continuing education and also encompasses issues such as curriculum review and revision.
- Under the guidance of the Education, Examination, Training and Certification Committee, KBEMS staff will conduct assessments of the real and perceived training needs of EMS providers, medical directors and administrators/service directors, encompassing possible variations due to geographic location and service delivery affiliation.
- Based on the findings of the needs assessments and under the guidance of the Education and Examination Committee, KBEMS staff will examine and list options for meeting the identified training needs through both traditional and non-traditional delivery structures.
- Based on the needs assessment findings, and under the guidance of the Education, Examination, Training and Certification Committee, KBEMS staff will review and revise, develop and/or deliver curricula to meet the identified needs for initial and ongoing training.
- Under the supervision of the Education, Examination, Training and Certification Committee, KBEMS staff will evaluate satisfaction, process and outcome data to determine the effectiveness of EMS training programs and their delivery methods to be used in the continual revision and refinement of training programs and curricula.

**Continue to participate in the development and refinement of a statewide communications system that will allow for effective communication between Emergency Medical Service providers and their medical control authorities, and between and among public safety agencies responding to the scene of a medical emergency or injury.**

- The Planning and Operations Committee with the assistance of KBEMS staff will identify liaison representatives to serve on the Statewide Interoperability Executive Committee to ensure the ability of all out-of-hospital and hospital agencies to communicate with each other during normal operations and during large scale events.
- The Planning and Operations Committee will continue to ensure the viability of existing communications infrastructure until such time as all EMS agencies and hospitals are fully connected to, and operational within, the Kansas statewide 800 MHz trunked system.



## PROCESS MEASURES

The Kansas Board of Emergency Services' Executive Committee will monitor the impact of this plan over time. In doing so they will evaluate the adherence to the processes and timelines outlined in the plan. Specifically the Executive Committee will develop processes and procedures, such as a 360 degree evaluation, to monitor the KSBEMS' activities to ensure that the core values and action items pertaining to the SWOT analysis are being addressed in all aspects of KSBEMS business.

The Executive Committee will ask for progress reports from various committees, ad hoc subcommittees (task groups) and individuals identified in this plan as being responsible for the completion of various objectives or tasks. These progress reports will mark progress toward the completion of the objectives or tasks, impediments encountered, strategies for overcoming those impediments, resources needed from other agencies, groups or individuals and the completion dates of various objectives and tasks. If necessitated by changing priorities or other demands, committee, subcommittees (task groups) or individuals responsible for the completion of various objectives and tasks will propose modifications in timelines or the tasks themselves to the Executive Committee who shall review and approve the proposed modifications.

The Executive Committee will provide information concerning activities surrounding the completion of this plan as prepared and presented in the progress reports to the administrator and section coordinators for inclusion in the annual reports.

## OUTCOME MEASURES

The Kansas Board of Emergency Medical Services' Executive Committee, with the assistance of staff and other committees will monitor changes in performance that support the mission, vision, core values, goals and objectives outlined in this plan. Among others, they will monitor and report on changes in collaboration and cooperation by surveying collaborating organizations at the time this plan is accepted and then on an annual basis to determine any perceived any changes in KSBEMS attitudes toward collaboration and cooperation. The number of jointly sponsored activities will also be tracked over time.

Related to training outcomes, the Education and Examination Committee will continue to monitor pass rates and scores, changes in class size and the number of courses and the educational preparation of faculty. The purpose of this report will be to monitor the impact of those objectives and tasks related to improving out-of-hospital provider education and training over time. These findings will be reported to the Executive Committee on an annual basis.

The Planning and Coordination Committee will monitor and report changes in the number of out-of-hospital providers actively affiliated with an agency with particular attention to the geographic distribution of those providers. The purpose of this process will be monitor the impact of recruitment and retention activities. This report will be compiled on an annual basis.

After the Kansas EMS Incident Tracking Software has been in place for a one complete year the Planning and Coordination Committee will review the data and identify 1-3 quality improvement indicators that can be tracked by the data being provided by the system. Using those indicators they will institute a quality improvement training program at local service levels and will monitor the indicators over time to determine the impact of such Q.I. activities.

After the Kansas EMS Incident Tracking Software has been in place for one complete year the physician member of the Kansas Board of EMS will invite representative medical directors to convene and review the data to identify patient outcome measures that are applicable system-wide. Training and information will be provided to medical directors as a result of this group process and the patient outcome measures will be monitored for changes over time.

## CONCLUSION

During the development of this document the Planning and Coordination Committee of the Kansas Board of EMS continually reviewed and revised the various drafts. After the completion of the third draft in which all sections had been drafted except for xx of the xx objectives, the process and outcome measures and this conclusion, the draft plan was widely circulated to affiliated health care agencies and organizations for their input and comments. Likewise, Emergency Medical Services agencies were invited to attend meetings throughout the state to provide their input and commentary. The Planning and Coordination Committee is very grateful for the suggestions and input provided by these groups and individuals. To the extent possible, those suggestions and have been incorporated into subsequent revisions.

The final draft was presented to the Planning and Coordination Committee and the full Kansas Board of EMS for review and approval on August 2, 2001. After the inclusion of their comments and suggestions the final version was printed. It is the intent that it be presented to the EMS regions and affiliated groups within a few months of its final publication. We hope that it receives widespread distribution throughout Kansas and across the nation. We know that, even prior to its formal printing and distribution, other states have expressed an interest in undergoing similar strategic planning processes. We hope that this document will serve as a useful reference to those other states and agencies.

The Planning and Coordination Committee will review the Strategic Plan annually and suggest mid-course adjustments in the plan as the need arises. The Strategic Plan is scheduled for a thorough review and revision in 2010 as the short-term goals should be accomplished and as we transition into the longer-range activities. It is clearly recognized that this Strategic Plan in a living document and will evolve and change over time.

The Planning and Coordination Committee is grateful to the following agencies who provided input into the plan as it evolved: the Kansas Board of Nursing, Kansas Nursing Association, Kansas Council of Emergency Nurses, various local EMS medical advisors, administrators and hospital administrators. We thank each of you for your valued input.

## APPENDICES

## MISSION STATEMENT, OTHER KEY ACTIVITIES

In addition to the three key activities (appropriate patient care, education, and standard setting) that are woven into our current mission statement, the Committee identified a number of other activities that are also part of the mission of the Kansas Board of Emergency Medical Services. However, during the prioritization process, these activities, customers and services were identified as less critical to the current and future mission of the organization.

### Roles (Why do we exist?)

- Regulation of services, permits and certification
- Examination of Emergency Medical Services personnel
- Data collection, analysis and reporting
- Customer services
- Quality improvement
- Prevention
- Technical assistance
- Certification and renewal

### Customers (Who do we serve?)

- Media
- Provider and patient's families
- Legislature
- Educational institutions
- Health care facilities
- Dispatch/communications
- Affiliated organizations
- First response agencies

### Services (What goods or services do we provide?)

- Coordination/referral
- Planning, disaster, multiple patient incident response
- Consultation and support for billing and reimbursement issues

## VISION STATEMENT, OTHER DREAMS

When asked to place the Kansas Board of Emergency Medical Services in an ideal context, a number of additional rays of the vision were mentioned. Once again, during the prioritization process, these fragments were not interwoven into the final vision for the future.

- Funding support
- Quality improvement (integrated across the health care spectrum)
- Prevention activities
- Data driven activities
- Timely care
- Quality education and training
- Health care and public safety system unity and integration
- Research activities
- Medical direction

## OTHER ENVIRONMENTAL TRENDS

The audience in the form of fragmented bullets captured a host of environmental factors and concerns. To the extent possible most of these have been incorporated into the environmental trends section. They are listed below to give the reader an idea of the breadth of the discussion.

- Decreasing availability of hospital staff
- Kansas Board of Emergency Medical Services in a period of growth and transition
- Need to network with other agencies and providers
- Need for public education
- Technological changes
- Cost of Emergency Medical Services delivery
- Statewide communications 400-800 -- MHz
- High degree of variability in training and education
- Expanding scopes of practice for Emergency Medical Services providers
- Recruitment and retention of personnel
- Population demographic changes
- Reduced fees for services, increased billing difficulties
- Emergency Medical Services personnel prohibited from practicing in a hospital environment
- Impact of trauma system development
- Curricula do not support development of competent providers
- Changes in language and customs
- Socio-economic issues
- Turf wars
- Distance learning agendas/models
- Increases in violence
- Funding not stable
- Changing work force dynamics
- Lack of time for public education due to Emergency Medical Services response demands
- Difficulties in training due to Emergency Medical Services response demands

## OTHER CORE VALUES

Several other values and admirable qualities were mentioned during the discussion of this section. Although they did not make the top five Core Values, they are, nonetheless important considerations for future behavior and actions by the Board of Emergency Medical Services. They are:

- Equality
- Honorable
- Compassionate
- Responsive
- Goal driven
- Be nice
- Ethics

## Agencies and Organizations That Impact Kansas Emergency Medical Services

- Kansas Health Foundation
- Kansas Chapter of the Emergency Nurses Association
- Kansas Board of Emergency Medical Services
- Kansas Emergency Medical Technician Association
- Kansas Emergency Medical Services Association
- Kansas Association of Fire Fighters
- Kansas Association of Fire Chiefs
- Kansas Board of Nursing
- Kansas Nursing Association
- Kansas Medical Society
- Kansas Hospital Association
- Federal Emergency Management Association
- National Highway Traffic Safety Administration
- National Registry of Emergency Medical Technicians
- National Association of State EMS Directors
- National Council of State EMS Training Coordinators
- Department of Health and Human Services – EMS for Children
- Kansas Emergency Management Association
- Kansas Association of Police Chiefs
- Kansas Highway Patrol
- Kansas Sheriff's Association
- Kansas Physician's Assistant Association
- Kansas Nurse Practitioners Association
- Kansas EMS Regions
- Kansas Department of Health and Environment
- Kansas Trauma Care Committee
- Kansas Department of Transportation
- Kansas Chapter of the American College of Emergency Physicians
- Kansas Chapter of the National Association of EMS Physicians
- Kansas Chapter of the American College of Surgeons
- Kansas Association of Counties
- Kansas Health Foundation
- Kansas League of Municipalities
- Kansas Fire Council
- County Health Departments
- Bioterrorism
- Infection Control
- Kansas Board of Healing Arts







## GOALS

<i>Determine how the KBEMS will ensure the public well-being by assuring adequate measures of knowledge, skill and performance competencies from EMS training programs (NEW)</i>						
S-1	Obj.	TASKS	Start Date	End Date	POC	Stat Comments
SRO 1.1	The Education and Examination Committee will evaluate any and all proposals pertaining to changes in current policies and procedures pertaining to the measurement of knowledge, skills and performance by EMS students			7/1/01	E&E Cmte	NREMT - Written
						TBD - Practical
						Based on Format - TBD
SRO 1.2	Evaluate the financial impact of any/all decisions concerning the practical skills and/or performance scenarios.			8/1/01	Staff	
SRO 1.3	Provide resources for extraordinary expenses that may be associated with the knowledge, skill and performance assurance processes (if any).					Exam Contracted - Rote skills (Currently)
<i>PSAP funds for data collection education/training and equipment (NEW)</i>						
SRO 2.1	Have Bob (Boaldin) explore opportunities under the PSAP funds to determine types of funding opportunities that might be available					
SRO 2.2	Prioritize allowable activities.				Exec Cmte/	
SRO 2.3	Notify individual agencies and regions about available funds.			On-going		KRAF/EIG/HLS - KDHE
SRO 2.4	Support and assist local agencies and regions in the application processes.					On-line application process - KRAF
<i>Monitor reasons for non-renewal and/or affiliation (EMS/fire/other public safety) of attendants with an eye toward developing programs and incentives to reduce the turnover of those personnel</i>						
SRO 3.1	KBEMS staff will develop a series of questions that will be mailed to non-renewing personnel.		5/1/08			2 yr survey (2005/2006 cycle)
SRO 3.2	KBEMS staff will review questions contained on the renewal application to clarify issues of "affiliation" to further determine the activity level of certified attendants.					
SRO 3.3	KBEMS Staff will review and modify questions on the initial student application form to help establish "why" they want to be an EMS provider			4/1/12	Attndnt	
SRO 3.4	Reports on the findings will be provided to the KSBEMS, EMS Agencies, training programs, regions, fire-based services.					

Strategic Plan Objectives & Schedule-2009

Obj.	TASKS	Start Date	End Date	POC	Stat	Comments
<b>SRO 3.3.5</b>	If there are significant findings, a manuscript will be developed for submission to a peer reviewed EMS or rural health journal.		3/31/10			
<b>S-4</b>	<b>Promote a data-driven, quality improvement process that supports appropriate decision making at all levels of Emergency Medical Services in Kansas. This process includes the development and deployment of the Pre-hospital Data Collection System, the collection and analysis of data retrieved as a result of that system and the provision of timely, localized reports and analysis of those data.</b>					
<b>SRO 4.1</b>	KSEMS Staff will procure and/or develop and field-test the Kansas Incident Tracking System Software					KEMESIS
<b>SRO 4.2</b>	KBEMS staff will provide training at central locations and begin the statewide, voluntary deployment of the Kansas EMS Incident Tracking System to Kansas EMS agencies.					KEMESIS
<b>SRO 4.3</b>	With appropriate input from regional and local agencies, the Executive Committee will identify data elements (regardless of data collection software or systems) that must be reported to KBEMS by Kansas EMS Agencies for aggregate surveillance, analysis and reporting.		1/1/08			Initial regional and subsequent trng conducted KEMESIS - taskforce NEMESIS
<b>SRO 4.4</b>	With appropriate input from Regional and local EMS Agencies, the Executive Committee will collect, analyze and provide aggregate reports, based on the required data elements submitted to KSBEMS.		On-going			KEMESIS Individuals may write/run their own reports
<b>SRO 4.5</b>	KBEMS will work collaboratively with other agencies and organizations with similar missions of improving the public's health and the health care system of Kansas to integrate and link data from the Kansas EMS Incident Tracking System, this includes, but its not limited to the trauma registry, vital statistics and hospital discharge data.		On-going			KEMESIS KDHE - Trauma KDOT - Safety NEMESIS
<b>S-5</b>	<b>Create a clear identity for the Kansas Board of Emergency Medical Services that is consistent and supportive of the integration of Emergency Medical Services into a public health model at local, regional and state levels. (OLD S-1)</b>					
<b>SRO 5.1</b>	BEMS will develop a series of PowerPoint presentations on the Strategic Plan, targeted at a variety of audiences including: (OLD SRO 1.1)	FY 2002FY 2004		Staff		
	EMS Personnel		7/1/01			
	Medical Advisors		8/1/01			
	Government officials		9/1/01			
	General Public		10/1/01			
	Others		11/1/01			

Strategic Plan Objectives & Schedule-2009

Obj.	TASKS	Start Date	End Date	POC	Stat	Comments
SRO 5.2	<i>Upon securing the fiscal and staff resources necessary for printing, distribution and web-based posting, KBEMS Staff will develop a series of informational brochures for identified customers that summarize and describe KSBEMS' role and programs, regional activities and local EMS : (OLD SRO 2.2)</i>			Staff		
	EMS Personnel (FR, EMT, EMT-I, EMT-D, MICT)					
	First Responder (Job Description) (EMR)				Draft	
	EMT (Job Description)					
	EMT I & D (Job Description)					
	MICT (Job Description)					
	First Responder (Exam Information)					
	EMT (Exam Information)					
	EMT-I (Exam Information)		4/4/02		Done	
	EMT-D (Exam Information)		4/4/02		Done	
	MICT (Exam Information)					
	FR/EMT Retest Information					
	EMT-I & D Retest Information					
	MICT Retest Information					
	Regional Information		10/1/01		Done	
	BEMS Roles & Responsibilities		10/1/01		Done	
	Local EMS					
	KS EMS Statistics				Draft	
	EMS				Draft	
	Star of Life				Draft	
SRO 5.3	<i>Based on a format approved by the KBEMS, at the close of each fiscal year, the administrator and section coordinators of the KSBEMS will develop an annual report that describes activities and programs of the KSBEMS (FY 2001 report by KBEMS December 2001 meeting and annually thereafter).</i>					
SRO 5.4	<i>Working with members of the "EMS Chronicle" and other existing EMS publications, a public information subcommittee of the Planning and Coordination Committee will promote KSBEMS activities (starting not later than September 1, 2001).</i>					
						Committee was formed, met twice w/o results

Strategic Plan Objectives & Schedule-2009

Obj.	TASKS	Start Date	End Date	POC	Stat	Comments
SRO 5.5	Using a format approved by the EMS medical directors and administrators, KSBEMS staff will develop reports that share data, information and resources with local medical directors and administrators (beginning one full year following deployment of the Kansas EMS Incident Tracking data collection system and semi-annually thereafter).					Not Done
SRO 5.6	KSBEMS staff will develop and disseminate a press kit to all daily and weekly newspapers, and radio and television stations that will support the improvement of the KSBEMS "image" (concurrent with the final printing of the KSBEMS strategic plan).					Not Done
S-6	<i>Create maximum flexibility in statutes and regulations to support the variations that are necessary to provide the highest attainable and appropriate levels of emergency care for the citizens of Kansas regardless of where they live. (OLD S-2)</i>					
SRO 6.1	The KSBEMS Exec Cmte will review all existing EMS Statutes to determine how they can be made less restrictive and static so as to promote increased flexibility and the opportunity to make changes through the rules and administrative process	10/1/01	On-going	Exec		
SRO 6.2	KBEMS and legal counsel will introduce & support a legislative package based upon the finding and recommendations of the Exec Cmte [for SRO 2.1] (OLD S-2.2)	6/30/02	On-going			
SRO 6.3	The P&C Cmte will make recommendations to Exec Cmte concerning regulatory action that will be necessary to more effectively and efficiently accommodate changing scopes of practice for EMS providers (OLD S-2.3)	6/30/02	On-going	P&C/ Exec		

## GOALS

<i>Identify and secure a stable source of funding to support the Kansas Board of Emergency Medical Services, specifically, and Emergency Medical Service providers, generally, in the State of Kansas.</i>						
Obj.	TASKS	Start Date	End Date	Cmte	Status	Comments
<b>IRO 1.1</b>	<b><i>P&amp;C Cmte develop funding plan outlines resources required to:</i></b>	FY 2002	FY 2004			
	Support core functions of BEMS					
	Support the EMS Regions specified in strategic plan			P&C		
	Includes grant funds to be distributed, based on need, to local EMS agencies					KRAF, EIG, HLS-KDHE, KDOT
<b>IRO 1.2</b>	<b><i>In collaboration with legislative staff P&amp;C Cmte will evaluate legislative options</i></b>	FY 2003	FY 2004	P&C		On-going
	For obtaining the fiscal support levels outlined in funding plan					
	Present a strategy for obtaining such legislative support					
<b>IRO 1.3</b>	<b><i>Contingent upon a favorable legislative climate, the Exec Cmte will:</i></b>			Exec		
	Be prepared to approach Legislature		FY 2004			On-going
	Make an initial request for legislative support of the funding plan		FY 2006			
<b>IRO 1.4</b>	<b><i>P&amp;C Cmte will identify &amp; analyze, in written form, other funding alternatives including</i></b>					
	A fee-based structure	concurrent w/				Partial Fee funding
	Private foundation grants	IRO 1.1		P&C		
	Corporate donations	thru 1.3				
	Federal grant programs					HLS-KDHE, KDOT-KEMIS
	Then present findings to BEMS for approval (concurrent w/ legislative funding plan development & implementation)					
<b>IRO 1.5</b>	<b><i>In order to provide legislators w/ information about EMS and the funding plan and to document the interagency and organizational support of the plan the P&amp;C Cmte will evaluate legislative options</i></b>					
	Develop relationships with agencies & organizations to help BEMS					On-going
	Coalesce with these entities for improvement of Kansas Health Care	>FY 2001		P&C		On-going

Strategic Plan Objectives & Schedule-2009

Obj.	TASKS	Start Date	End Date	Cmte Status	Comments
<b>I-2</b>	<b>Develop, promote, promulgate, deliver and evaluate quality training programs specifically for Emergency Medical Service Providers, medical directors and administrators. This includes both programs of initial instruction and continuing education and also encompasses issues such as curriculum review and revision.</b>				
<b>IRO 2.1</b>	Under guidance of E&E Cmte, BEMS staff will assess real/perceived training needs of EMS providers Medical Advisors Administrators/Service Directors	FY 2002	FY 2003	E&E	Scope of Practice, Transition MAC/KMS Regions, KEMSA, KEMTA, KanAMMS Transition/Scope
<b>IRO 2.2</b>	BEMS Staff will examine & list options for meeting the identified training needs	FY 2002	FY 2003	Staff	Transition/Scope
<b>IRO 2.3</b>	BEMS Staff will review/revise, develop/deliver curricula to meet identified needs	FY 2003	continuous	Staff	Transition/Scope
<b>IRO 2.4</b>	BEMS Staff will evaluate satisfaction, process & outcome data to determine effectiveness of EMS training programs and their delivery methods to be used in the continual revision and refinement of training programs and curricula	FY 2003	continuous	Staff	On-site CE Inspections - Transitions
<b>I-3</b>	<b>Examine the need for, and provide efficient provisions for expanded scopes of practice for Emergency Medical Services providers that are consistent with the needs of the patients and the local community.</b>				
<b>IRO 4.1</b>	Under the direction of P&C Cmte, BEMS staff will conduct a needs assessment of EMS and other health care agencies and organizations to determine what additional roles EMS Providers might play (based on a staffing enhancement and not a staffing replacement model), that will benefit all parties, including patients.	CY 2002	CY 2004	P&C/ Staff	Scope of Practice, Transition, First Response Group Protocols Regionalization, Community Paramedics
<b>IRO 4.2</b>	Under the direction of P&C Cmte, BEMS staff will identify impediments to expanding the scope of practice for EMS personnel	End of FY 2003		&C/Staff	KS - Scope of Practice Community Paramedicine
<b>IRO 4.3</b>	The P&C Cmte will make recommendations to the Exec Cmte concerning legislative action to more efficiently accommodate changing scopes of practice for EMS providers	End of FY 2004		&C/Exec	On-going - (MAC/KBEMS)



Strategic Plan Objectives & Schedule-2009

Obj.	TASKS	Start Date	End Date	Cmte Status	Comments
<b>I-5</b>	<b>Examine the composition of the Kansas Board of Emergency Medical Services in light of changing demands and directions of Emergency Medical Services in Kansas.</b>				
<b>IRO 5.1</b>	BEMS committees and subcommittees will examine their membership to identify opportunities for broader representation	begin stat			Review - Strategic Plan Rvw - 2012
<b>IRO 5.2</b>	In a process involving the regions, representative EMS Agencies, medical directors and other related parties, the P&C Cmte will evaluate the existing representation on the BEMS and make written recommendations concerning the expansion of BEMS with the purpose of creating a more representative body	CY 2002	leg ssn 2004	P&C	Review - Strategic Plan Rvw - 2012
<b>I-6</b>	<b>Support and integrate all Emergency Medical Services agencies providing care in Kansas into the statewide Emergency Medical Services system.</b>				
<b>IRO 6.1</b>	The Exec Cmte will seek opportunities to revise the statutes to encompass all agencies that provide out-of-hospital emergency medical response into the Emergency Medical Services system	during scheduled review		Exec	Scope of Practice First Response Groups
<b>IRO 6.2</b>	The Exec Cmte and legal counsel will develop language to include all first response agencies in the statutory revisions package.				concurrent w/ other statutory development
<b>I-7</b>	<b>Periodically review issues related to the examination and certification of Emergency Medical Services professional including, but not limited: required periodic examination, national versus state or local testing, skill and performance examination and the relationship between the examination/certification process and variances in patient outcomes.</b>				
<b>IRO 7.1</b>	The E&E Cmte will conduct a formal review of the examination and certification processes at all personnel levels for appropriateness and relevance	annually or concurrent w/		Exec	Practical Exam Process Review
<b>IRO 7.2</b>	The E&E Cmte will explore other options for assuring initial and continuing competence of EMS personnel that may be more valid, reliable and cost effective.	annually or pm		E&E	Credentialing ??

## Strategic Plan Objectives & Schedule-2009

[illegible]

Strategic Plan Objectives & Schedule-2009

Obj.	TASKS	Start Date	End Date	Cmte Status	Comments
<b>I-10</b>	<b><i>Increase the role of Emergency Medical Services providers and agencies in activities of health promotion and disease and injury prevention.</i></b>				
<b>IRO 10.1</b>	<i>The P&amp;C Cmte will identify a subcmte to include public health, health care, industrial, business &amp; agricultural programs &amp; facilities &amp; empower the Public Health subcmte to promote the integration of EMS into prevention activities thru local, regional, private, BEEMS and other activities.</i>	CY 2002	ongoing	P&C	
<b>IRO 10.2</b>	<i>Individuals and agencies responsible for the design and delivery of continuing education programs for EMS personnel will identify opportunities and resources for involvement of health promotion and disease/injury prevention educators and advocates in continuing education programs.</i>	stat	ongoing		
<b>I-11</b>	<b><i>Promote persistent and effective public information and education programs to heighten awareness of and support from Emergency Medical Services activities in Kansas.</i></b>				
<b>IRO 11.1</b>	<i>All members of the Kansas Board of EMS, Staff, Board, Committees &amp; subcommittees will seek opportunities to continually distribute brochures and other materials targeted for the development as a short range objective in this plan.</i>			All	
<b>IRO 11.2</b>	<i>KBEMS staff &amp; Board members will encourage state, regional and local EMS agencies to become involved in public information activities during Emergency Medical Services Week and to create other public information and education opportunities.</i>			oard/Sta	
<b>IRO 11.3</b>	<i>KBEMS Staff, working in conjunction with KDOT will provide opportunities to participate in the Public Information &amp; Education Resources training program developed and sponsored by the USDOT/NHTSA.</i>	CY 2001	annually	Staff	

Strategic Plan Objectives & Schedule-2009

Obj.	TASKS	Start Date	End Date	Cmte Status	Comments
12	<i>Develop, deploy, and support programs and processes to increase recruitment and retention of quality individuals into the Emergency Medical Services profession in frontier, rural, suburban and urban settings.</i>				
IRO 12.1	KBEMS' staff, board & Sub-cmte; EMS Region's Staff & Board; and local EMS agencies will seek opportunities to continually distribute brochures and other materials developed in the short range objectives of this plan.				
IRO 12.2	The P&C Cmte, working w/ the Exec Cmte and staff, will explore opportunities to engage (pro bono or paid) an advertising agency to promote the need for and benefits of participating in EMS in Kansas.	CY 2002	ongoing	&O, Exec	
IRO 12.3	The P&C Cmte, working w/ the Exec Cmte, staff and an advertising agency (if available) will identify and recruit high profile spokespersons for EMS in Kansas.	CY 2002	ongoing	&O, Exec	
IRO 12.4	The P&C Cmte will make recommendations to the Exec Cmte concerning the development and support for a legislation creating a "benefits package" for volunteer EMS providers.	FY 2003	LT FY '00&O, Exec		
IRO 12.5	BEMS & legal counsel will introduce & support a legislative EMS Benefits Package.	by '02 filing			
IRO 12.6	BEMS Staff will develop and conduct a survey for non-recertifying EMS personnel to determine why they did not recertify	CY 2003	annually	Staff	
IRO 12.7	BEMS's Staff will report the findings of the non-recertifying survey to the P&C Coord Cmte	CY 2003	annually	Staff	
IRO 12.8	BEMS's Staff will develop a mentoring program that encourages & trains "experienced/veteran" EMS providers in recruiting & promoting the next generation of prehospital care providers.	CY 2004	ongoing	Staff	
IRO 12.9	The P&C Cmte will develop a standard packet of information that can be customized with local information & data and used to educate county commissioners regarding the roles, responsibilities, cost benefits & outcomes of the local EMS agency.	1 yr post software system implem		P&C	Don't Guess, Call EMS
IRO 12.10	The E & E Cmte, w/ assistance of BEMS' Staff, will develop a module to be used during the initial training of EMS providers that identifies "stressors and rewards" of an EMS career.	CY 2003	ongoing	&E, staff	

Strategic Plan Objectives & Schedule-2009

Obj.	TASKS	Start Date	End Date	Cmte Status	Comments
RO 2.11	The E & E Cmte, w/ assistance of BEMS Staff, will develop an instructional package on "how to" get involved in EMS & stay healthy in that career to be used at career fairs & other similar opportunities.	CY 2004	ongoing	&E, sta	
IRO 2.12	The P&C Cmte, w/ assistance of BEMS Staff will develop a leadership training program that will prepare out-of-hospital care providers to fill administrative, training, management & leadership positions at local, regional, state and national levels.	CY 2005	ongoing	&O, sta	
IRO 12.13	The P&C Cmte, w/ assistance of BEMS Staff will encourage the development of a voluntary academic track that results in an degree in EMS management & service administration.	CY 2005	ongoing	&O, sta	
I-13	Continue to participate in the development and refinement of a statewide communications system that will allow for effective communication between Emergency Medical Service providers and their medical control authorities, and between and among public safety agencies responding to the scene of a medical emergency or injury.				
IRO 13.1	The P&C Cmte w/ assistance of BEMS Staff will identify & convene an ad hoc Communications subcmte for the development of a statewide EMS Communications Plan that ensures the ability of all out-of-hospital and hospital agencies to communicate	CY 2002	until completed	&O, sta	
IRO 13.2	The Communications subcmte will identify the fiscal resources needed to complete the EMS Communications system in accordance with the findings of the plan.	CY 2002	until completed	P&C	State-wide System - Emer Mngmnt
IRO 13.3	The Communications subcmte, as part of their charge, will evaluate the 700, 800 MHz system currently under construction or other technology for its appropriateness & effectiveness as the EMS communications system.	CY 2002	until completed	P&C	State-wide System - Emer Mngmnt





# GOALS

*Create a cohesive atmosphere of cooperation and collaboration among Emergency Medical Services and its agencies at all levels. This includes the Kansas Board of EMS and its agency counterparts in health, public safety, professional licensing, disaster services and all other appropriately related organizations. It also includes a patient-centered cohesiveness between and among Emergency Medical Service agencies and providers who deliver care in the State of Kansas.*

Obj	TASKS	Start Date	End Date	Cmte	Stat
<i>LRO 1.1</i>	Under the auspices of KBEMS P&O Cmte, an ad hoc working group representing KBEMS, KS EMT Association, KS EMS Association, KS Fire Fighters, KS Association of Fire Chiefs, and the EMS Regions will convene to develop an organizational agenda for a Kansas EMS Alliance.	FY 2002	until alliance is freestanding	P&C	Recently formed Regions/Professional organizations, partners for Medical Protocol Development
<i>LRO 2.1</i>	Once the alliance agenda is determined, the ad hoc working group will invite & convene representatives from appropriate organizations & institutions to discuss the need for, purpose of, and related agenda for an EMS alliance.	w/12 mos of Strat plan distributed		P&C	
<i>LRO 3.1</i>	Under the continued auspices of KBEMS P&O Cmte, the ad hoc working group will continue to promote & support the development of an EMS alliance until it becomes firmly established & creates its own infrastructure & agenda. The group will work to promote the recognition of the EMS provider as a health-care professional with unique training, competencies and skills, who contributes to an individual's health in times of acute or chronic crisis, as well as to the general health and well-being of the community that they serve.		until self-sufficient	P&C	









Rural and Frontier EMS:  
Needs Assessment,  
Analysis and  
Recommendations

Presented to:

Kansas Board of EMS  
Dennis Allin, M.D., Chair  
Robert Waller, Executive Director

Prepared by:

Critical Illness and Trauma Foundation

February 1, 2009

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## Executive Summary

This report documents the processes, findings and recommendations associated with a two-step assessment of rural Emergency Medical Services (EMS) needs in Kansas. The first of these processes was an on-line survey which was followed by a series of facilitated regional town hall meetings.

The Kansas Board of Emergency Medical Services, along with its staff, is to be complemented on their willingness to solicit input from rural EMS service managers and providers. There was a general appreciation for the effort as witnessed by the response rate on the electronic survey and the participation level at the town hall meetings. Clearly, some of the respondents were driven to the process out of a sense of frustration with current activities and policies of the KBEMS. However, most participated out of a sense of wanting to make a difference for rural citizens of Kansas.

There are extraordinary challenges facing rural EMS providers in Kansas. Foremost among these are recruitment and retention of personnel and financial viability. For many services the day-to-day challenges are as basic as "putting gas in the truck and a crew in the back". If Kansas is to do business in the same manner that it has always done business, some rural EMS agencies will fail, leaving residents without an important strand in the rural health care safety net. Unfortunately, once that strand is broken the entire safety net is in jeopardy of unraveling.

The participants have provided the KBEMS and other leaders of EMS within the state of Kansas with an extraordinary opportunity to acknowledge these challenges and respond with bold and decisive action to help identify and deploy effective solutions. The leadership along with the EMS providers themselves, must be willing to step outside the box and implement strategies that have an opportunity to make a lasting effect.

Several recommendations are provided in the final section of this report. These recommendations are distilled from the comments, ideas and challenges presented by the survey and town hall participants. Of these recommendations the following were considered to be the most important.

## Key Recommendations

- Identify methods by which additional field-based representation can be achieved on the Kansas Board of EMS such as seating one (1) active provider elected from each region as full voting members with at least three of those meeting rural criteria.
- Identify and support through grant funding one or more localities that focuses on development, or application of, strategies for recruitment and retention, with a strong emphasis on evaluation and the dissemination of findings.
  - Replicate successful strategies.
- Identify and support through grant funding one or more multiple EMS agency consortia that can develop and apply policies and procedures relative to a broader “regional” approach to EMS, with a strong emphasis on evaluation and the dissemination of findings.
  - Replicate successful strategies.
- Develop a formal EMS plan for the State of Kansas (in concordance with the NHTSA TAT and KBEMS Strategic Plan) using a consensus-based process accessible to all EMS providers in the state to serve as a guiding document for the development, growth, sustainment, and evaluation of EMS in Kansas.
- Make all future grant application processes transparent, consistently applied, and equitable by including active field-based providers in grant application review and award processes.

Additional recommendations are found on page 35 of this report.

## Introduction

The Kansas Board of EMS (KBEMS) has a longstanding awareness of challenges facing EMS agencies and providers serving rural and frontier communities in Kansas. In the 2001 Strategic Plan KBEMS noted some of those challenges in the following paragraph taken from the environmental trends section of that plan.

The population as a whole is aging with rural areas aging more dramatically as young employable workers migrate to more dynamic education and job markets in urban areas. This aging creates two distinct but related problems. First, as the population ages, the utilization rate and response type for Emergency Medical Services agencies change. The nature of response shifts from high-impact trauma to low-impact injury and chronic illness. Along with this shift in the nature of the response, comes a change in the type of care provided from "life saving" to "palliative." Second, as Kansans age, the potential pool of future Emergency Medical Services providers, both volunteer and paid, shrinks. This recruitment challenge is further exacerbated by a perceived change in the work ethic dynamic of youth in the United States. Reinforced by a strong economy over the past decade, many young adults have been lured into portfolio building and away from public service, again creating a smaller pool of qualified and interested people. Young employees also seem more likely to change jobs more often, making retention of Emergency Medical Services personnel difficult from both a "mindset" perspective and because of the relocation that comes with upward mobility. (p. 8)

In 2002, KBEMS partnered with the Kansas Department of Health and Environment, Kansas Hospital Association, and Kansas Medical Society to sponsor a Rural EMS Summit. That meeting had an excellent combination of in and out of state speakers. The purpose of this conference is to inform attendees about the many new federal and state initiatives targeting EMS, and to formulate action steps that will support the development of a statewide policy agenda to support EMS in Kansas. So compelling was the content and input from that gathering that it led to the establishment the Rural EMS and Trauma Technical Assistance Center by the Office of Rural Health Policy.

In 2002-2003, the Kansas Board of EMS with funding support from the Kansas Office of Local and Rural Health worked with the Critical Illness and Trauma Foundation to conduct a series of EMS Community Assessments. Assessments were conducted with Thomas County EMS, Norton County EMS, Finney County EMS, Ness County EMS, Coffeyville Regional Medical Center, Stafford County EMS, Linn City Ambulance, City of Emporia Ambulance. Additional assessment processes were conducted in NE Kansas the following year. These assessments identified a number of common challenges persistent in rural Kansas but also pointed out the heterogeneity of individual communities.

In September of 2007 another EMS Summit, sponsored by KBEMS and the Kansas Office of Local and Rural Health was held that had several tracks that focused on rural EMS issues. This workshop introduced participants to, among other things, a changing reality for rural emergency medical services as outlined in the Institute of Medicine's Report on the Future of Emergency Care in the US Health Care System.

In spite of these multiple efforts there had never been a formal needs assessment and gap analysis of rural EMS in Kansas that could be utilized as the basis for formal policy development. The access to funds, specifically identified to support rural EMS agencies in Kansas, underscored the need to be able to allocate those funds in areas of highest need and, potentially, the greatest impact. It is the KBEMS stated desire to distribute those funds in a manner which reflects a high degree of transparency and accountability.

The current assessment process was twofold in nature. The first component of the process involved the development, validation, posting, data capture and analysis of a web-based electronic survey. Once completed, the results of this survey served as the basis for a town hall meeting in each of Kansas' six EMS regions. This report documents the findings of those two activities.

To accomplish the aforementioned survey and town hall meetings, the KBEMS contracted with the Critical Illness and Trauma Foundation (CIT) of Bozeman, Montana to complete those tasks. CIT is nationally renowned for its work in rural and frontier emergency health care and also has a strong historical perspective on issues facing Kansas based on work with KBEMS spanning more than a decade.

## Methods

### On-Line Survey

The purpose of the on-line survey was to gather information across the entire spectrum of rural and frontier EMS agencies on issues of importance to their local and regional operations. The results of the survey were to be used as a basis for additional face-to-face discussions at the town hall meetings and, ultimately, to guide the actions of the KBEMS relative to the distribution of rural EMS funds.

Based on research conducted by CIT relative to general national concerns affecting rural and frontier EMS and those gathered from previous work in Kansas a 20 question survey was developed for on-line posting using Survey Monkey <sup>TM</sup>. The survey was subjected a check of face validity by exposing it to a select group of rural and frontier EMS managers in the State of Montana. Face and construct validity was tested by a panel of nationally renowned EMS



researchers during the *Big National Conference for Leaders of Little and Medium EMS Agencies* held in Omaha, Nebraska. Content validity was further established by rural and frontier EMS agency managers, representing several states, at that conference. Refinements in the survey instrument were made following each validity check. A final approval of the survey instrument was given by the KBEMS staff.

The survey was posted on November 19, 2008 and was "live" until January 5, 2009. The responsibility for agency notification of the availability of the survey was assigned to regional EMS staff. Randomly drawn incentives were provided at the regional level to encourage completion. Likewise, a grand prize incentive was drawn from the entire pool.

#### Town Hall Meetings

CIT staff and each of the six Kansas EMS Regions worked to define mutually convenient times to conduct a town hall meeting in each region. The purpose of the meetings was to further validate the findings of the electronic survey and to identify other issues or challenges that might not have been captured by the survey process. Additionally, it was hoped that best practice solutions or strategies might be identified by talking with dedicated EMS professionals that wrestle with the challenges on a daily basis. The town hall meetings were conducted during the week of January 12-16, 2009.

The results of the electronic survey were captured and integrated into a PowerPoint™ presentation in, statewide, aggregate form. Additional stratification was conducted by regional to help identify any regional differences. This presentation served as the primary "jumping off" point for discussions at each of the meetings. An agenda was developed and initially included some discussion of the rural grant process. However, after the first of the town hall meetings that discussion point was dropped to help keep the discussion focused on priority issues and suggested solutions. Formal feedback on the process and outcome of the town hall events was solicited and analyzed.

# Results

## On-Line Survey

### Quantitative Analysis

One hundred twenty (120) individuals completed all, or portions of, the on-line survey. The respondents most frequently (27.7%) identified themselves as being affiliated with a "third service" model of EMS delivery followed closely by volunteer (25.2%). (Figure 1) The majority (66.7%) of the respondents indicated that their agency was licensed at a BLS level. (Figure 2) Sixty two percent (61.7%) indicated that their agencies did fewer than 500 transports per year, excluding transfers. (Figure 3) These demographic characteristics suggest that the preponderance of the respondents represented EMS agencies in rural and frontier locales.

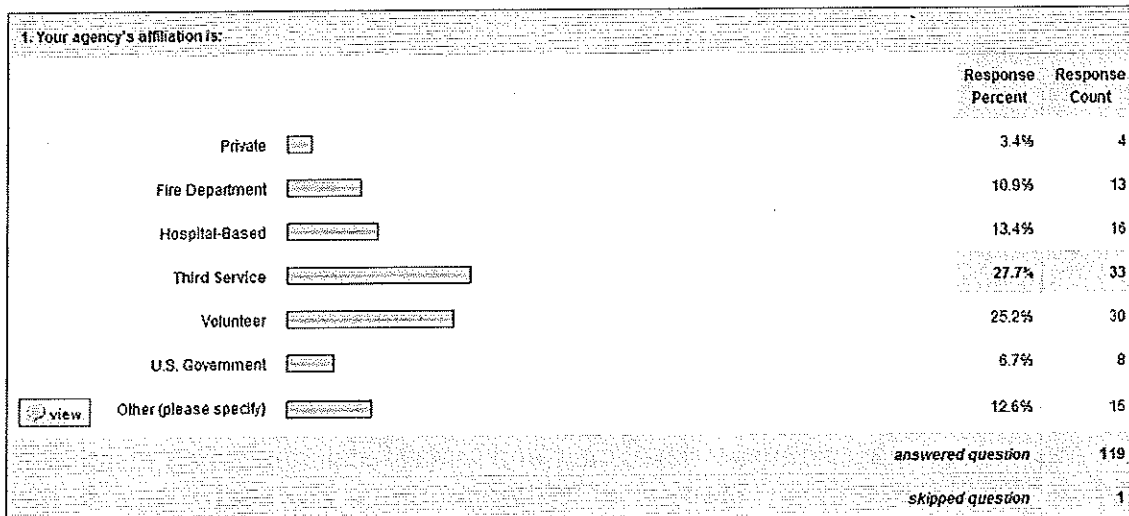


Figure 1

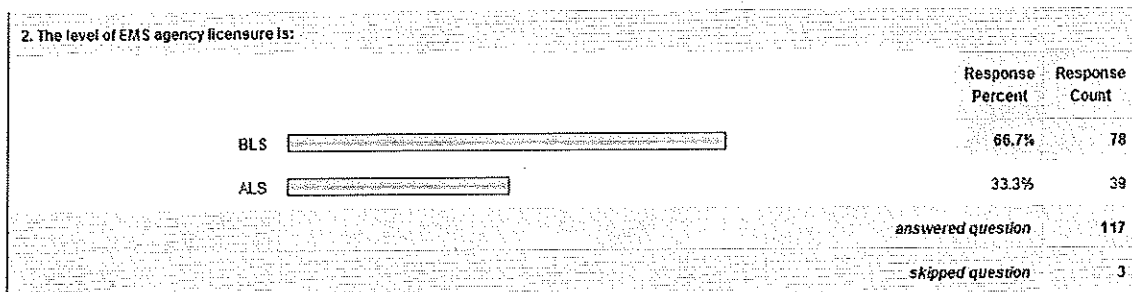


Figure 2

6. In 2007, what was the total number of transports for your agency (not including transfers)?

	Response Percent	Response Count
<25 transports	1.1%	1
25 to 50 transports	3.2%	3
51 to 100 transports	4.3%	4
101 to 250 transports	33.0%	31
251 to 500 transports	20.2%	19
501 to 1000 transports	12.8%	12
>1000 transports	25.5%	24
	answered question	94
	skipped question	26

Figure 3

When asked to rank the greatest challenges facing their agency the greatest challenge was noted to be 1. recruitment of personnel, followed by 2. agency funding/financial viability, 3. retention of personnel, 4. aging building/equipment and 5. billing/accounts receivable. Following into the bottom half of the top ten was 6. initial/continuing education, 7. medical director involvement, 8. support from the state, 9. support from the region and, 10. administrative support. (Table 1).

8. Please RANK the following ten issues from the most challenging to the least challenging issues facing your agency: 1=most challenging / 10=least challenging											Rating Average	Response Count
	1 (most challenging)	2	3	4	5	6	7	8	9	10 (least challenging)		
Agency funding/financial viability?	27.4% (20)	11.0% (8)	15.1% (11)	12.3% (9)	9.6% (7)	1.4% (1)	5.5% (4)	5.5% (4)	8.2% (6)	4.1% (3)	0.00	73
Aging building/equipment?	5.5% (4)	20.5% (15)	15.1% (11)	15.1% (11)	5.5% (4)	6.8% (5)	5.5% (4)	11.0% (8)	1.4% (1)	13.7% (10)	0.00	73
Recruitment of new personnel?	41.1% (30)	19.2% (14)	12.3% (9)	11.0% (8)	6.8% (5)	0.0% (0)	2.7% (2)	2.7% (2)	1.4% (1)	2.7% (2)	0.00	73
Retention of personnel?	8.2% (6)	27.4% (20)	17.8% (13)	8.2% (6)	12.3% (9)	8.2% (6)	2.7% (2)	6.8% (5)	4.1% (3)	4.1% (3)	0.00	73
Medical director involvement?	0.0% (0)	6.8% (5)	6.8% (5)	2.7% (2)	13.7% (10)	16.4% (12)	13.7% (10)	11.0% (8)	16.4% (12)	12.3% (9)	0.00	73
Billing/accounts receivable?	4.1% (3)	5.5% (4)	9.6% (7)	9.6% (7)	17.8% (13)	11.0% (8)	12.3% (9)	11.0% (8)	8.2% (6)	11.0% (8)	0.00	73
Initial/continuing education?	1.4% (1)	2.7% (2)	6.8% (5)	6.8% (5)	12.3% (9)	20.5% (15)	16.4% (12)	12.3% (9)	12.3% (9)	8.2% (6)	0.00	73
Support from the State?	5.5% (4)	1.4% (1)	5.5% (4)	16.4% (12)	8.2% (6)	16.4% (12)	17.8% (13)	15.1% (11)	8.2% (6)	5.5% (4)	0.00	73
Support from the Region?	2.7% (2)	1.4% (1)	5.5% (4)	6.8% (5)	5.5% (4)	9.6% (7)	13.7% (10)	15.1% (11)	21.9% (16)	17.8% (13)	0.00	73
Administrative support?	4.1% (3)	4.1% (3)	5.5% (4)	11.0% (8)	8.2% (6)	9.6% (7)	9.6% (7)	9.6% (7)	17.8% (13)	20.5% (15)	0.00	73
											answered question	73

Table 1.

Nearly one half (47.1%) of the respondents noted that in the past three years difficulties in recruiting personnel have worsened with only 11.4% of respondents indicating that they have improved. (Figure 4). When asked what recruitment methods are employed the respondents indicated that they rely primarily (71%) on media announcements on the radio and/or newspapers. Many provider recruit at community events (47.8%), high schools (36.2%), and at colleges (33.3%). Many offer training incentives (47.8%) and others offer financial incentives (24.6%). (Figure 5.)

9. How would you complete the following statement? In the past 3 years, recruitment of EMS providers has		
	Response Percent	Response Count
Improved. <input type="text"/>	11.3%	8
Stayed the same. <input type="text"/>	40.8%	29
Worsened. <input type="text"/>	47.9%	34
answered question		71
skipped question		50

Figure 4.

10. What methods does your agency employ to recruit new EMS providers?		
	Response Percent	Response Count
Recruit at the high school/technical school <input type="text"/>	37.1%	26
Recruit at the local college <input type="text"/>	34.3%	24
Recruit by public announcement using radio, newspaper <input type="text"/>	71.4%	50
Recruit at community events <input type="text"/>	47.1%	33
Financial Incentives <input type="text"/>	24.3%	17
Training Incentives <input type="text"/>	47.1%	33
<input type="button" value="view"/> Other (please describe) <input type="text"/>	20.0%	14
answered question		70
skipped question		51

Figure 5.

The retention of personnel was reported to have, largely (56.3%), remained constant over the past three years. However, 33.8% note that it has worsened while only 9.9% report an improvement. (Figure 6) Strategies for retaining personnel include increased educational opportunities (61.4%), financial incentives (58.6%), and increased benefits (31.4%). (Figure 7)

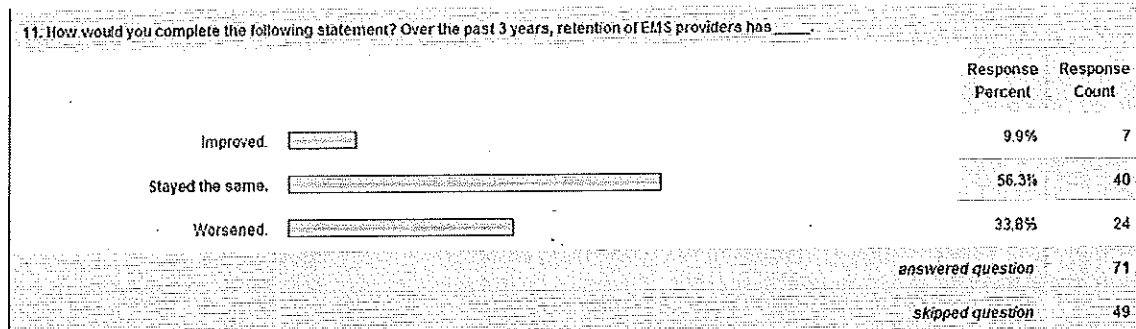


Figure 6

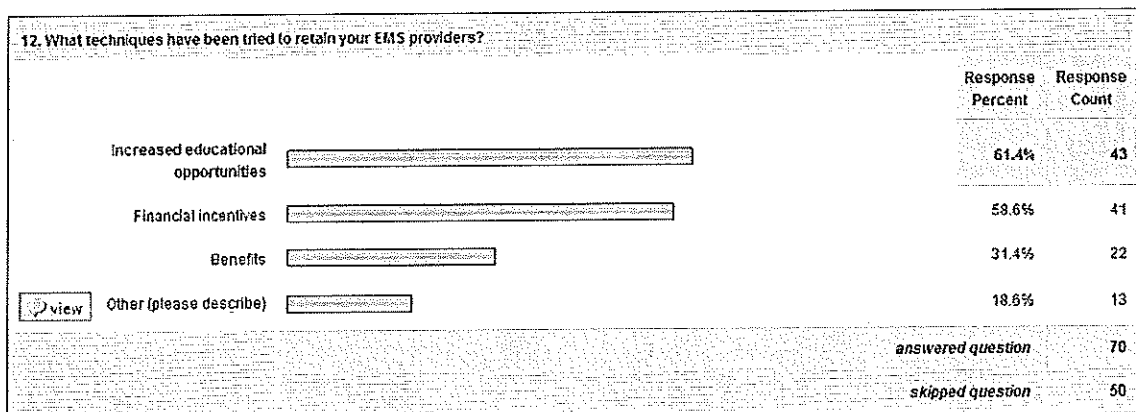


Figure 7

As a result of both recruitment and retention challenges, forty five (45.1%) percent of the respondents indicate fewer personnel on their roster than three years ago. Only 22.5% indicate an increase in personnel. (Figure 8) Additional stress is added to many agencies by the fact that, in many cases (46.5%), individual providers are taking fewer calls than three years ago. (Figure 9)

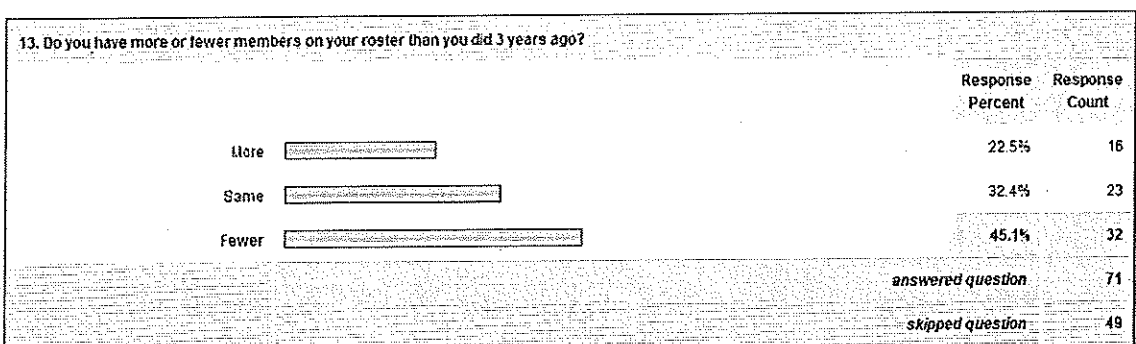


Figure 8

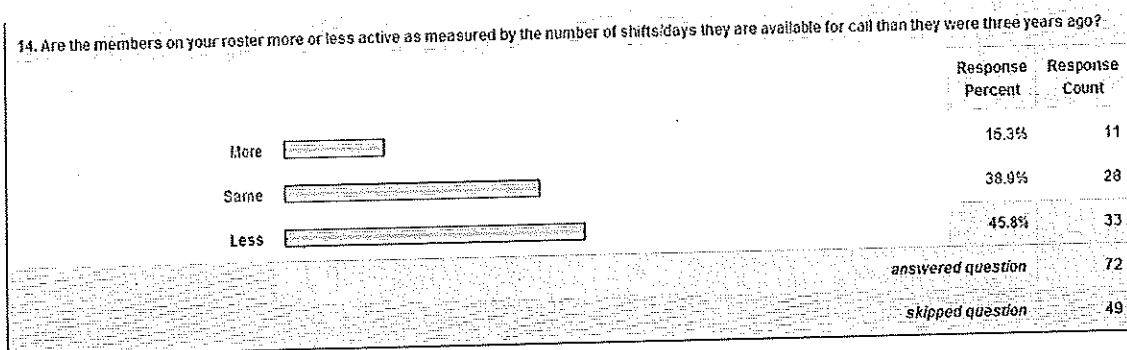


Figure 9

Changes within the community environment are placing additional stress on local EMS agencies. Among these changes in access to health care in local communities is noted as the largest concern. Changing population characteristics, assumedly and aging phenomena in rural areas, ranks second with increased expectations of EMS also noted. (Table 2).

18. Your community needs for EMS have been affected by: Please rank -1 = most challenging/3 = least challenging

	1	2	3	Rating Average	Response Count
Changes in emergency care delivery (lack of primary care physicians, lack of health care insurance, etc.)	41.7% (30)	30.6% (22)	27.8% (20)	0.00	72
Changing population demographics	40.3% (29)	27.8% (20)	31.9% (23)	0.00	72
Changing perceptions/expectations of EMS	18.1% (13)	41.7% (30)	40.3% (29)	0.00	72
<b>answered question</b>					<b>72</b>
<b>skipped question</b>					<b>48</b>

Table 2

Not surprisingly, funding for individual agencies comes from two sources, tax subsidy and patient charges/collections. Fundraisers/donations and subscription services account for only a small fraction of total budgets. (Table 3)

17. What PERCENTAGE of your agency's funding comes from each of the following funding streams? (Total must equal 100%)

	Response Average	Response Total	Response Count
Fundraisers/donations	3.48	146	42
Patient charges/collections	60.85	3,153	62
Subscription services	0.03	1	37
Tax subsidy	54.41	3,700	68
<b>answered question</b>			<b>70</b>
<b>skipped question</b>			<b>50</b>

Table 3

When asked what they would apply an unexpected windfall of \$25,000 towards the highest ranked response was 1. a specific item of clinical equipment. This was followed by 2. retention programs/incentives, 3. new training equipment, 4. a specific item of operational equipment, 5. additional training opportunities, 6. recruitment programs/incentives, and 7. toward a new ambulance. (Table 4)

19. If your agency were to receive a donation of \$25,000 tomorrow, what would be your spending priority? Please rank - 1 = highest priority/7 = lowest priority									
	1	2	3	4	5	6	7	Rating Average	Response Count
Toward a new ambulance	16.7% (12)	8.3% (6)	9.7% (7)	1.4% (1)	13.9% (10)	6.9% (5)	43.1% (31)	0.00	72
Specific item of clinical equipment (e.g. EKG)	29.2% (21)	20.8% (15)	5.6% (4)	11.1% (8)	8.3% (6)	15.3% (11)	9.7% (7)	0.00	72
Specific item of operational equipment (e.g. radio)	8.3% (6)	12.5% (9)	23.6% (17)	15.3% (11)	18.1% (13)	13.9% (10)	8.3% (6)	0.00	72
Additional training opportunities (e.g. crew to conferences)	4.2% (3)	11.1% (8)	13.9% (10)	37.5% (27)	19.4% (14)	8.3% (6)	5.6% (4)	0.00	72
New training equipment (e.g. high tech manikin)	9.7% (7)	16.7% (12)	26.4% (19)	12.5% (9)	11.1% (8)	11.1% (8)	12.5% (9)	0.00	72
Recruitment programs/incentives	22.2% (16)	8.3% (6)	12.5% (9)	13.9% (10)	11.1% (8)	25.0% (18)	6.9% (5)	0.00	72
Retention programs/incentives	9.7% (7)	22.2% (16)	8.3% (6)	8.3% (6)	18.1% (13)	19.4% (14)	13.9% (10)	0.00	72
answered question									72
skipped question									48

Table 4

### Open-Ended Responses

Sixty-three of the respondents provide one or more additional comments to the final open-ended question on the survey. The wording of the question was: What do you think are the major issues affecting EMS in Kansas (please describe)? A qualitative keyword matching process was used to fit each comment into an appropriate category. The following pages reflect the frequency and types of comments received. Note: Many of the comments are taken directly from the survey and are, therefore, presented in the respondents own words without regard to grammatical correctness. In other instances multiple responses of a similar theme have been synthesized into a single comment.

## *Qualitative Analysis*

### *Recruitment/Retention/Staffing*

Twenty-two respondents noted that recruitment and/or retention of personnel is their primary challenge, regardless of whether the system is volunteer, paid or a combination of the two. Twelve individuals specifically noted that volunteer systems are in jeopardy of becoming unsustainable. The issue of declining volunteerism is attributed to a decreasing population, an aging population, challenging economic conditions, and changes in attitudes concerning volunteering. The following excerpt from one respondent summarizes the issue.

- Frontier areas are losing population and with that goes technicians. We are treating an older population needing more attention with fewer volunteers, smaller tax base which reduces the chances for a full time service, yet recruitment is getting tougher as there are fewer people to draw from. A vicious circle that we need to attempt to stop.

Additional comments further underscore the challenges.

- Rural services have traditionally staffed utilizing volunteers, volunteerism is a dying component of today's society. Making the transition to career EMS from volunteer is a difficult task.
- Everyone is working harder, longer to stay afloat that the available time to volunteer is getting less and less
- Finding people willing to give their time to become certified and then taking the time to be on call.
- Having a volunteer service, and employers being able to let there employees off to make ambulance calls.
- In rural communities: decrease in employers willing to allow employees to be on call for EMS, EMS staff is more limited on time available to cover call due to outside activities or need for full time job pay.
- There is a lack of volunteers during the "normal" working hours of the day. Volunteers are also busy with work and family and have less time to give.
- Individuals not wanting to be an EMS person because of volunteer time and commitment, plus it takes away from family time.

Even in areas where EMS providers are paid, issues of parity in compensation with other health professions are noted to be stressing the system.



- I would have to say that in today's world people do not care about benefits they care about making more money. We in EMS are fighting with the nursing profession for people due to hospitals paying more then EMS can afford to pay.
- Workers salaries are considered low for the training they have received.

The magnitude of the staffing challenge is summarized in the following statement.

- In my opinion staffing is and will continue to be the most significant issue facing Kansas EMS.

### *Stable Funding*

Twenty individuals noted that funding is an issue. The range of concerns included insufficient funding for the KBEMS, instability of grant programs, changes in 3<sup>rd</sup> party payment schedules, and lack of local governmental support. The issues are summarized below.

- I believe that the state needs to set programs that they can stick to. I feel that they start a good program then lose funding. Set grant programs that services can depend on. I understand that state funding varies but set reasonable grants are needed. Education incentive grant was great but ensure the students you give it to complete the requirements. The region grants are great but ensure that you disperse them evenly. I think that the number one problem is EMS is not a well know but major service that the citizens of the state depend on. I believe we need to have a push to promote EMS as a public service and ensure the same benefits as Fire and Police. The majority of services in the state are county funded and not associated with Fire so let's work to get the same funding and benefits as fire.
- Major issues are going to be funding and being able to maintain services with decreasing or delayed reimbursement, self-pay, and non-medically necessary transports because of lack of physicians. This with continued increase in operations cost will force some to make some very tough decisions in the near future.
- Lack of county funds due to population decrease
- Reduction of reimbursement from Medicare
- Lack of affordable training, lack of funding to assist in education of new and current personnel.
- Keeping the small rural services from going under

- Pay for Service Directors, I currently make \$750.00 per month & no benefits, Need funding from somewhere to correct this
- Most EMS agencies in attendance rely more heavily on tax subsidy than patient generated revenue.

### *Education/Training*

Thirteen respondents noted challenges pertaining to education and training:

- As training becomes more intense, fewer people are capable of filling the needs of a frontier area. Leaving those who are dedicated to their service becoming burnt out because of a lack of help for their service.
- Paramedic shortage due to lack of training schools and the difficulty out of state medics have with obtaining reciprocity.
- The frustration of trying to run educational programs and having to deal with the frustration of going back and forth with the state for approval.
- We are a hospital based EMS system. With the RN bridging program it is proving difficult to keep pace with RN wages. I have 4 RNs on staff currently, and 7 who will be entering the program in the next 2 years. Of those 7, I anticipate losing 4 to nursing.
- Lack of available bodies to take the EMS training in the frontier areas.

The following statements which, at least appear on the surface, represent dichotomous views on the National Registry certification process exemplify some of the challenges facing the KBEMS as they sort through the pros and cons of training issues.

- Adopting National Standards such as the National Registry for all levels and not trying to be so different from other states.

The decision of either becoming a National Registered state or maintaining our own state certification. Kansas needs to identify what is best for Kansas. Are we going to dummy down to be recognized nationally? Our educational standards vary from instructor to instructor, regarding who can intubate or who can not.

### *State Leadership*

Eleven respondents expressed a perception that the Kansas Board of EMS could do a better job in the areas of leadership and communication. There is a perception that the KBEMS is out of touch with local and rural issues. Those concerns are summarized in the following excerpts.

- Lack of strong leadership from the Kansas Board of EMS that has to true understanding of the needs of EMS services in Kansas. Not knowing the issues and the effects of the changes they implement. Not having administrative leadership that has a firm background in Kansas EMS and its challenges.
- We lack state level leadership which is causing a divide in Kansas EMS. The Board needs to worry about the big picture and leave the stuff local people are good at, responding to calls and operations, to the local folks!
- I truly think the board could do more to promote EMS as a profession, they could do more to treat the service's better, KBEMS does not do a very good job of communication with many services.
- Lack of coordination/teamwork among the board staff.

### *Regulations*

Seven respondents noted having issues with over regulation and/or changes in regulations. Among these concerns are.

- Opening of statutes this year
- Too many regulations
- Having a reciprocity process that is not burdensome.
- Our Neo Nate Teams fear to much State control.

In at least one instance an example of under regulation was noted.

- Utilization of Air Transportation-They are certain services close to metro areas that use them way to much. The time it takes to summon the air unit, arrive on scene, land, shut-down, assess the patient, load the patient, and transport a ground ambulance could already have the patient at a hospital assessed and stabilized and then decide if the patient needs to be transferred to a more qualified Hospital.

### *Turf Issues*

Six individuals noted that there is a lack of cooperation and coordination between and among various organizations and special interest factions in many areas. These challenges are noted to occur at the state, regional and local levels. Interestingly several respondents noted a friction between urban and rural providers. The following summarize those concerns.

- I also believe having a single voice in a state association is important, instead of a divided voice (KEMSA vs. KEMTA).
- The lack of organizations that want to work together such as regionalization between counties.
- There is still too much in-fighting that takes place between EMS departments and EMS personnel. There is not the same "professional" attitude that is needed to drive EMS workers to the next level of professional respect. EMS still appears to be "good old boy volunteers"; that do "OK". EMS workers must understand and respect the profession if they want to receive respect in return as a legitimate healthcare provider. Pay and benefits come as a direct result of these factors.
- Remembering the Rural Areas that do not have everything like the bigger places

### *Clinical Issues*

Five respondents felt that there are challenges related to clinical care.

- Limitations of glucagon™ administration by ALS only.
- Changes in Clinical Care
- Good hospitals are farther away.
- Many small community medical directors not getting out of the 70's and, not allowing EMS to improve in their communities.
- Think thoroughly before making changes (like the scope of practice)

### *Public Support*

Three individuals directly noted that lack of public awareness is an issue.

- Public relations program for EMS exposure to public
- Promoting prehospital as a profession
- I also believe that staff, in general, don't feel very welcome by the public, they are not looked at as a profession nor are they looked at as being professional.

### *Aging Local Leadership*

The challenges of an aging rural population are noted, once again, to be having an impact in the area of leadership.

- Lack of new blood in the profession
- The age and Lack of Youth in the group

### *Disaster Preparedness*

Two individuals noted issues around disaster preparedness.

- Interoperability for disasters is still a ways off for statewide preparation.
- Ready for a pandemic outbreak or any type of biological warfare involving numerous patients.

### *Analysis Rather Than Action*

Finally, one respondent noted that the time for assessment and planning has expired and it is time to begin applying solutions to the issues.

- All the reasons that have already been identified in the zillion dollars worth of surveys and assessments in the past 30 years. We've identified the problem 100 times. I'll only get excited about these kinds of surveys and projects when we start working on solutions!

### Town Hall Meetings

A town hall meeting was held in each of the six EMS regions between January 13 and 16, 2009. The meetings times/locations were set by the regional director in collaboration with CIT staff. CIT provided 2-3 staff to serve as facilitators and recorders of each meeting. Participation in each meeting ranged from 2-9 with an average of 6 persons. The small group nature allowed for significant discussion between the participants and the facilitators and among the participants, themselves. The discussion in each region started with an overview of the aggregate on-line survey findings and a comparison/contrast with regionally stratified results. The following summary indicates an aggregate discussion of each survey question.

### *Survey Discussion*

Question 1: Your agency's affiliation is:

- There was some concern about the numbers of agencies responding. In some cases there were more responses than licensed EMS agencies. It was noted that there was no method for limiting responses to one person per agency.
- There was also concern expressed about the difficulty in selecting an "agency affiliation type" since the definition of volunteer is somewhat fluid. Many folks thought that several of the respondents who indicated that their affiliation was a "third service" were probably staffed, largely or entirely, with volunteer personnel. It was noted that the affiliation descriptors were taken from the LEADS surveys previously conducted by the National Registry of Emergency Medical Technicians to add some consistency across surveys for comparative purposes.
- Additional discussion suggested that the agency picture becomes clearer when subsequent questions concerning licensure level and staffing patterns are taken into account.

Question 2: The level of EMS agency licensure is:

- The major concern with this question revolved around the fact that some licensed BLS services can provide limited ALS services.

Question 3: Your agency is located in Region:

- No concerns were noted with this question.

Question 4: What is your agency's staffing/compensation pattern:

- Since paid providers outnumbered volunteer staffing patterns some participants suggested that it was, perhaps, because smaller volunteer agencies did not respond.

Question 5: Your agency's total geographic service area is:

- Again, it was noted that multiple responses from the same agency may have skewed this response.

Question 6: In 2007, what was the total number of transports for your agency (not including transfers)?

- It was noted that these answers are, in many cases, estimates. Agencies probably know the total run volume, including transfers. However, many do not have the ability to electronically sort primary transports from transfers.
- Some participants felt that the 25% of respondents noting more than 1,000 primary transports was, in all likelihood, too high.
- Some frustration was noted around the absence of an electronic data collection system and high hopes were expressed for the current effort to install ImageTrend™ in all agencies.

Question 7: In the last year, what PERCENTAGE of calls are for the following ages? (Total must equal 100%)

- Again, it was noted that due to the lack of an electronic patient care reporting system that these responses are, in most cases, estimates.

Question 8: Please RANK the following ten issues from the most challenging to the least challenging issues facing your agency.

- Although ranking third in the aggregate survey results, retention of personnel was noted to be the highest priority for many participants. It was noted that some rural areas become "pipeline training programs" for larger, higher volume services with personnel leaving once trained. In more rural areas, the repeated stress of responding to family and friends was noted to be a factor in retention.
- Agencies which were not having a challenge retaining personnel had, largely, already migrated to a fully-paid ALS system. Some of them noted that the salary burden left few resources for other activities such as capital improvements.

- Some participants felt that agency funding/financial stability should be the number 1, rather than the number 2 priority. It was noted that most agencies have sufficient funds to maintain at current distressed levels of operation but that any additional reduction in resources will be catastrophic.
- Educational issues tended to be of higher concern in the more rural areas. A need to more fully explore the benefits of on-line education and to not, automatically, favor continuing education that is traditionally delivered.
- There was variability noted between the regions relative to support from the state. It was felt that those areas closer to Topeka are more often represented at KBEMS meetings and other policy events and, therefore, make their needs known. In contrast, in the most remote locales, there is limited interface between the KBEMS and EMS agency staff.

Question 9: How would you complete the following statement? In the past 3 years, recruitment of EMS providers has \_\_\_\_.

- This question generated limited additional discussion.

Question 10. What methods does your agency employ to recruit new EMS providers?

- This question generated limited additional discussion.

Question 11. How would you complete the following statement? Over the past 3 years, retention of EMS providers has \_\_\_\_.

- Some participants felt that mandatory "on-site" participation in transition courses would create additional stresses on retention. Some favored on-line options.
- It was noted that retention is not only a volunteer issue but that some paid services also have challenges because of transition to more attractive locations, e.g. higher quality of life, increased volume and better pay. Also noted that local expectations such as a strict response time to the ambulance headquarters created retention challenges.
- When talk about ret of volunteers, have no problem w/that, keeping them. Problem w/ret of full time ppl b/c of residency requirement. Our dept has residence requirement, have to be w/in 6 minutes of shed. Have only had full time for 4 years.
- Board going to take away card if EMTs don't go to mandatory transition courses. Mandatory CE hours have to be met, online doesn't count.



- It was noted that those agencies that “grew their own” personnel fared better in terms of retention.

Question 12. What techniques have been tried to retain your EMS providers?

Several examples of successful retention campaigns include:

- Increased financial incentives
- Tuition payback program with agencies paying for paramedic training in exchange for a set service longevity commitment.
- Using all members in a teaching/training capacity.

Question 13. Do you have more or fewer members on your roster than you did 3 years ago?

- It was noted that while not all rosters are dwindling, what is happening in many locales is that the number of persons available and willing to take call has diminished, often to three to five core people taking the vast majority of calls.
- Some agencies suggested that they are in “dire straights”.

Question 14. Are the members on your roster more or less active as measured by the number of shifts/days they are available for call than they were three years ago?

- It was noted that there was substantial regional variation in response to this question. There was some anxiety noted in that as the economy has worsened, fewer business owners are willing to allow their personnel to respond.

Question 15. Retention of skills for your agency's providers is:

- It was suspected that there is high agency and individual variation in skill levels despite the relative confidence the survey respondents.

Question 16. How often is education and training available for your EMS providers?

The participants shared some unique approaches and successes to training along with some ongoing challenges.

- Run reviews/performance improvement used a source of education.
- Biannual competency fair is rated highly by crew members.
- Some challenges were noted in terms of getting personnel to participate, regardless of frequency and convenience. Paid personnel will sometimes only participate during normal shifts. Volunteer personnel tend to wait until close to recertification time.
- Outsourcing can create additional interest.

Question 17. What PERCENTAGE of your agency's funding comes from each of the following funding streams? (Total must equal 100%)

- It was noted that in some instances as patient collections increase there is a commensurate reduction in county subsidy.
- Cost of readiness is the key issue in rural Kansas.

Question 18. Your community needs for EMS have been affected by: Please rank

- Aging and diminishing population.
- Migrant influx creates needs for Spanish speaking personnel. Also migration from hurricane Katrina. Mostly uninsured or underinsured.
- Lack of access to a trauma center in the region.
- Critical Access Hospitals are seen as a benefit to rural EMS.
- Rural physicians are unwilling to clear certain conditions, e.g. suspected C-spine injury, resulting in long, unnecessary transfers. Transfers increasing substantially, placing more stress on existing personnel.
- EMS does not have ability to deny service, and need to be able to do that if not an emergency issue. But everyone knows system & can't refuse, know that won't have to wait to be seen at ER if busy because if come in on ambulance will be seen right away.

- Challenges to rural always same: aging population, special needs homes. Real change has been general practitioner not wanting to clear. Not serviced by specialty hosp.
- Calls for issues that could be handled by home health or public safety agencies, such as help getting out of tub.

Question 19. If your agency were to receive a donation of \$25,000 tomorrow, what would be your spending priority? Please rank.

- It was noted that responses to this question likely varied by agency size and type. If you are a high volume service with hundreds of employs and a limited number of ambulances, then the loss of an ambulance affects delivery. If you are a small agency with 10 staff and 3-4 ambulances then the loss of a single person affects delivery.
- People are our most important asset but a single lump sum payment doesn't fix the problem.
- \$25000 not even worth the effort – w/the amount of problems I have, money would be nice to have, but not enough to help me
- Some agencies/regions noted that ambulance replacement is a high priority.
- It was noted that some agencies don't invest in essential equipment like power cots until there has been an incident, e.g. back injury.
- It was felt that recruitment and retention wasn't at the top of the list because there aren't "off the shelf" solutions that people can buy. It was also noted that with the current burn out of an aging leadership at the local level there isn't the enthusiasm necessary to launch and sustain such campaigns. It was felt that the state hurt self in retention area. Bridge program from paramedic to RN was intended to be a 2 way street. However, what is happening is that people are transitioning from EMS to RN since RN has standard hours, pay better, etc.

Question 20. What do you think are the major issues affecting EMS in Kansas?

This question evoked a number of responses across a variety of topics. The following categories were derived from a qualitative keyword matching process. Note: Many of the comments are taken directly from the meeting transcript and are, therefore, presented in the discussant's own words without regard to grammatical correctness. In other instances multiple responses of a similar theme have been synthesized into a single comment.

### *Major Issues*

#### *Recruitment and Retention*

The challenges of recruitment and retention were, collectively, foremost in the participant's minds. The following comments help clarify the problem and offer some solutions, or at least, strategies.

- In rural areas programs to "grow your own" are very important. Several examples of efforts to recruit from out-of-state, or even out of the area, were noted to have been, largely, unsuccessful.
- Local agencies tend to rely on traditional methods of "getting the word out", including local radio and newspapers. It was noted that direct contact and persistent invitation by current crew members directed at a targeted age range is often the best strategy.
- Local agencies do not have the budget, time or expertise to develop more sophisticated marketing campaigns. It was felt that this could be an area where state leadership might be helpful.
- Getting local residents into the healthcare pipeline by conducting First Responder and EMT-B classes in high school has met with variable success.
- The centralization of educational programs is seen as a real or potential threat to future recruitment since it will involve additional travel commitments for students.
- It was felt that recognition of employers to allow personnel to respond from work should be recognized on some formal, statewide, level.
- A retirement plan and access to other benefits for volunteer EMS providers were seen as a potentially powerful retention tools.

- There is variable commitment by county commissioners, ranging from full support within the limitations of the budget, to a general apathy, or a complete lack of awareness of the dire challenges facing EMS in their county.
- Transfer to paid staff presents numerous challenges beyond the fiscal impact including a changing relationship and uncertain role for the remaining volunteers.

"If your not from here, your not going to stay here. Everyone working for me now has been raised in western KS". Town Hall participant.

### *Financial Stability/Sustainability*

Many rural EMS agencies reported that they are just "hanging on". Their continued operation depends on the continued good will of less than a handful of dedicated volunteers. Some of the challenges that they face, along with a few ideas about how to make it better, are included below.

- In many communities a combination of tax support and patient fee collection are insufficient for anything more than keeping gas in the truck. No funds for capital improvements or transition to paid personnel.
- There is a fear that EMS agencies will have to fail in some substantial number to get the attention of the county commissioners.
- There is a lack of public awareness and support, employers won't allow EMS providers to respond but if the fire whistle blows the whole town responds.
- There is a need to orient/train/inform county commissioners about EMS needs before the budgeting process.
- Grant funds are a way to purchase items or services that we, otherwise, would have to do without.
- In rural areas, neither the community nor the commissioners understand the "cost of readiness" which translates into a huge cost per run.
- Medicare needs to be fixed to allow for billing when we do not transport, change back to a cost-based system, and support a cost of readiness charge.
- State level compensation for unfunded care rendered is needed.

### *Training/Education*

There were many opinions expressed about current and future training and education activities. There was a clear consensus on some items but less so on other issues.

- Offering continuing education opportunities are not, largely, seen as a method of retention of personnel.
- Approval mechanism for continuing education is seen as cumbersome, at best.
- Associate's degree requirement for EMT-P thwarts inter-state reciprocity as individuals have to demonstrate curriculum equivalency, even if they are Nationally Registered.
- Opportunities exist for KBEMS to make training more accessible in rural areas, while still maintaining quality by streamlining free-standing instructor process and, at the same time, implementing a performance improvement process.
- Requirements that will involve excessive travel for participants to centralized facilities will hurt recruitment efforts in rural locales.
- It is perceived that there has not been a forum for rural educators/trainers to sit down together to work on solutions to challenges facing rural Kansas.
- Concern was expressed that, historically, in challenging financial times, training is one of the first line items to suffer.
- Tuition support from the KBEMS is good, however, the KBEMS needs to follow-up with those who renege on their contract.
- There were varying opinions about whether National Registration is good, or bad, for rural EMS in Kansas.
- Some people felt that the decision to require an associate's degree at the EMT-P level to increase professionalism was a good one, but without a commensurate increase in remuneration, might backfire making it even more difficult to recruit EMT-P or to "grow their own" in rural Kansas.

### *Support and Leadership from State*

When asked how the KBEMS and/or other state agencies could help achieve solutions to rural EMS issues, a great deal of frustration was expressed in each region. The frustrations and concerns involved both the KBEMS and its staff. The following statements summarize those concerns.

- There is a perceived lack of representation from all areas of the state on the KBEMS. It was felt that, instead of its current composition, which is viewed as largely political, there should be representation from each of the regions with a formal seat on the KBEMS, elected by the regions.
- There is a great deal of skepticism about what will happen with the results of this survey and town hall process. Many individuals don't think that the input will be heeded, nor will any substantive action result from the effort.
- A few people questioned the wisdom of spending money on a contractor (CIT) to conduct another survey when nothing will become of it.
- Participants feel like there is a lack of consistency in the policies and programs of the KBEMS, "we go down one track for a little ways, then switch gears".
- There is perceived lack of respect coming from the KBEMS staff towards the regions and individual EMS agencies.
- Concern was expressed by several participants about the current legislative effort.
- Perception exist that previous grant awards were not evaluated and awarded in a fair and impartial manner.

Several people made positive suggestions about how the KBEMS and staff could be more helpful in their local struggles.

- Effective state leadership is one of the keys to overcoming current issues and challenges.
- Create a partnership between KBEMS and local providers to address issues in a thoughtful and mature manner.
- Listen more closely to constituents needs and work to address those needs in a timely manner.
- Ensure that KBEMS staff are respectful of providers and their issues.
- Distribute future grant funds in a transparent and equitable manner.

### *Support and Leadership from Regions*

There was both optimism and frustration expressed by participants around the current regional structure. People are optimistic about using a regional approach to helping solve problems facing the local agencies. They are a bit less optimistic about whether the suggestions or solutions that they might develop will have any credence with KBEMS. Comments included:

- Many participants are in favor of exploring a more regionalized approach to the delivery of EMS, fully understanding that there will be significant political and "turf" issues. The existing regions are seen as a logical forum to begin to address some of those barriers.
- Several people noted that if there was formal representation from the regions to the KBEMS that there would be greater participation in regional meeting and processes.
- In their current form, the regions are not, necessarily, a cohesive voice for agencies within their region or as a multi regional voice.

### *Medical Director Involvement*

With a variety of other pressing issues, the challenges of medical direction did not receive much discussion. However, the following comments were noted.

- The new on-line medical directors training option is a good program for rural physicians.
- It is a challenge to get local physicians involved or engaged.
- A system of regionalized medical control may be a solution in some areas.

### *Lack of Management Training/Support*

It was noted that there is limited training and support for new (or experienced) EMS service managers.

- KEMSA was noted to have a 3 day service director training program. However, many volunteer director/managers are challenged to be away from their services for that amount of time and distance is also an issue. KEMSA was noted to be very supportive in helping to find funding to offset cost of participation.
- While it was felt that the KBEMS could help organize such training, the instructors should be current and active EMS managers.



### *Regionalization*

This discussion, in some forums became part of the regional support discussion. However, some participants wanted to discuss the two separately. The following captures key comments.

- Agree with the IOM report that regionalization is the way of the future, particularly in rural areas.
- Can't continue to afford/maintain duplication of services, competing for the same group of volunteers just a few miles apart.
- All services can not attain EMT-P staffing.
- Impediments are tradition and "turf" issues. Will, ultimately be driven by economics but must have a patient focus also.
- Need to be proactive to overcome barriers and resistance to the concept.

"...need to take a step back and look at the delivery of prehospital care as a whole and reevaluate it. In our region we could get by, probably more efficiently and with a consistently higher level of care by substantially reducing the number of EMS agencies through some well planned mapping and consolidation process". – Town Hall participant

## Town Hall Evaluations

### *Quantitative*

Each participant in the town hall meetings completed a feedback form. The structured questions were based on a modified Likert scale (semantic differential) with 1 being low and 5 being high. The results of that form and additional comments are provided in the following summary table (Table 5.) and comment section.

Question	Mean	Range	Median	Mode
I found the Town Hall meeting to be	3.7	2-5	4	4
The facilitators helped lead the discussion	4.1	3-5	4	4
The input will have an influence on rural EMS issues	2.1	1-5	3	3
The survey and the discussions helped identify the key issues in rural EMS in KS	3.4	1-5	4	4
From a rural EMS perspective meetings like this are	2.3	1-5	3	3

Table 5

### *Qualitative*

Participants were given a chance to provide additional comments through an open-ended response. The following summary provides all comments obtained, sorted by logical categories that are presented in alphabetical order by category. Note: Many of the comments are taken directly from the evaluation forms and are, therefore, presented in the respondent's own words without regard to grammatical correctness. In other instances multiple responses of a similar theme have been synthesized into a single comment.

#### *Anger*

- We have had the same discussion with 100s of people. Why is KS blowing \$75,000 to identify what we have already told KBEMS – why are they thinking you can help?

#### *Appreciation*

- Only attended about 45 minutes. What I heard was really good.
- Thanks for your time and leadership. This type of meeting is critical. Small group's with other involved in local community health.
- We appreciate the opportunity to provide input, nice job.
- I think these types of meetings are very good discussion and may help EMS in rural areas but we need more participation.
- Good program.
- It was good for region (region number removed to ensure anonymity) to have an evening to gather again. I don't have high hopes for the outcome of this latest survey. Thanks Teri and Amy for your time. We appreciate you.

### *Frustration with KBEMS*

- Change makeup of the Board of EMS
- Structure of BEMS should be changed to have one representative from each region!
- Good discussion on difficult issue. All regions need Board representation (6). There is a Board and service disconnect.

### *Need for Follow-up*

- Direction and follow-up on report. Outcome assessment.
- After specific issues identified, specific meetings to discuss resolution to the problems – follow-up with the information to the participants.

### *Optimism*

- Can always hope this discussion will make a difference.
- I hope these issues finally reach some resolution.
- If the Board takes the comments to heart then this is an excellent meeting.

### *Skepticism*

- Sorry to be negative sounding – but over and over we try to “assess the rural/frontier” problems. When we start really working on solutions – I’ll buy a ticket.
- We had great discussion on main concerns. However, the Board needs to listen to what CIT presents.
- Most important to relay truthful comments to the Board of EMS -vs- compiled statistics.

## Discussion

The two step process has yielded a good bit of information concerning the state of rural EMS in Kansas. Clearly, there are environmental stressors impacting the overall state of rural EMS including demographic changes in rural Kansas, challenges in recruitment and retention and questions about the long-term financial viability of many rural EMS agencies. These challenges are not unique to Kansas and, in fact, are common in most of rural America.

One thing that is, largely, unique to the State of Kansas is the degree of unrest concerning the lead agency. In most states the lead agency is viewed as either helpful, or at least perceived as neutral, in their attempts to assist rural EMS agencies and individuals. Several of the survey and town hall participants see the KBEMS and its staff as being neither helpful nor supportive. This lack of trust and belief clouds the discussion substantially. Rather than collaboratively searching for solutions, much of the provider community is focused on trying to "fix" the KBEMS or at least blame it for their current lot. The nature, composition and charge of the KBEMS makes it difficult to transcend the regulatory component of its duties and to also assume a nurturing and supportive posture. However, ways of bridging the regulatory and technical support chasm must be identified and implemented.

This report, coupled with the NHTSA Technical Assistance Team and KBEMS Strategic Plan, provide sufficient direction to move the EMS system in the State of Kansas forward. However, it will not be until a significant level of trust and respect can be cultivated between the KBEMS and the EMS providers that substantive improvements can be made. This trust and respect must flow in both directions.

There are two immediate opportunities for the KBEMS to begin to gain the trust and respect of one of its primary constituent groups. The first is how it chooses to respond to and distribute this report. CIT, as an agent of KBEMS, assured respondents and participants that their input would be shared truthfully and openly. The respondents have a vested interest in viewing the report and seeing that their message was, indeed, delivered. The second immediate opportunity is how the rural EMS grant program is established and conducted. It is crucial that it be done with transparency and equity.

These two actions alone will not overcome a distrust that has been building over time. However, it will mark a new beginning in the relationship between the [REDACTED] and the EMS community in Kansas. The following recommendations, if implemented, will further engrain the trust and respect.

There are also many opportunities for improvement for other institutions, organizations, agencies and individuals. EMS Regions could be more supportive of agencies within their region and vice versa. Regions could collaborate more with each other, sharing common issues and solutions. KEMSA and KEMTA are positioned to provide proactive leadership and to also provide support to KBEMS initiatives. They can only achieve such successes by working collaboratively with each other and with other key elements of Kansas EMS. EMS agencies within any of the regions could, and should, shed their turf issues and begin to look at opportunities for the efficiencies gained by regionalization of emergency and specialty response. The decades of replicating high cost services in every small town and hamlet have, long since, past. It is time to explore and implement new models that not only achieve economies of scale but efficiencies in patient care. In short, every entity needs to become part of the solution, rather than contributing to the problem by persistent inaction and blamesmanship. Solutions will only come in a collaborative and supportive environment.

## Recommendations

- **Identify methods by which additional field-based representation can be achieved on the Kansas Board of EMS such as seating one (1) active provider elected from each region as full voting members with at least three of those meeting rural criteria.**
- **Identify and support through grant funding one or more localities that focuses on development, or application of, strategies for recruitment and retention, with a strong emphasis on evaluation and the dissemination of findings.**
  - **Replicate successful strategies.**
- **Identify and support through grant funding one or more multiple EMS agency consortia that can develop and apply policies and procedures relative to a broader “regional” approach to EMS, with a strong emphasis on evaluation and the dissemination of findings.**
  - **Replicate successful strategies.**
- **Develop a formal EMS plan for the State of Kansas (in concordance with the NHTSA TAT and KBEMS Strategic Plan) using a consensus-based process accessible to all EMS providers in the state to serve as a guiding document for the development, growth, sustainment, and evaluation of EMS in Kansas.**
- **Make all future grant application processes transparent, consistently applied, and equitable by including active field-based providers in grant application review and award processes.**

- Increase technical assistance from the KBEMS staff to field-based providers in areas in which KBEMS has sufficient technical expertise to provide helpful and consistent messages. In areas where KBEMS staff does not have sufficient expertise identify in-state resources, where possible, to act as consultants on various topics.
- Mitigate field-based perceptions that the KBEMS staff is unresponsive and disrespectful by ensuring that all staff adhere to the core values outlined in the KBEMS strategic plan. Implement 360 degree evaluations as suggested in the strategic plan (process measure section).
- Convene an educational task force comprised of KBEMS members and staff, academically-based instructors, free-standing instructors and local EMS service managers (including rural representatives) to develop a *Kansas EMS Education Agenda for the Future* that will move EMS providers toward professional recognition while simultaneously accommodating rural recruitment and staffing needs.
- Partner with the Office of Local and Rural Health to help identify a process by which active field-based providers can provide structured input into the Rural Hospital Flexibility Grant program at the state level.

