

# **KANSAS BOARD OF EMERGENCY MEDICAL SERVICES**

*2009 Strategic Plan*

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Kansas Board of Emergency Medical Services

10-Year Strategic Plan

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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.*

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

*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 effectively 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	Free Standing		Integrated	
		Raw	Weighted	Raw	Weighted
<b>CORE VALUE ACTIONS</b>					
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. Active Participation of Board/Staff	8.5	7.4	62.9	5.8	49.3
Responsive to Requests	8.6	7.6	65.4	5.4	46.4
Supports a Proactive Posture	8.6	7.8	67.1	5.2	44.7
Permanent Funding	8.5	8.0	67.6	6.4	54.0
Develop Tech. Asst. Programs	9.8	6.4	62.7	7	68.6
Understandable Policies	7.6	8.1	61.6	6.3	47.9
Sharing Information	8.2	8.3	68.1	6.3	51.7
Supports Leadership Modeling	8.2	8.3	68.1	6.2	50.8
BEMS Representatives Positive	8.5	8.2	69.7	6.9	58.7
Promote Strategic Plan	8.4	8.0	67.2	7.1	59.6
Decisive Action	8.6	8.7	74.8	5.6	48.2
Reliable, High Quality Product	8.1	8.5	68.9	5.4	43.7
<b>GOALS</b>					
Expanded Scope of Practice	9.2	8.0	73.6	5.7	52.4
Cohesiveness of Training	8.1	7.8	63.2	6.5	52.7
Stable Funding	8.9	7.5	66.8	5.3	47.2
Quality Training	9.6	6.3	60.5	6.6	63.4
QI	9	8.5	76.5	5.8	52.2
BEMS Identify	8.5	8.6	73.1	5.2	44.2
Flexibility of Regulations	8.2	9.3	76.3	3.4	27.9
EMS as a Profession	7.4	8.2	60.7	4.5	33.3
<b>Mean Weighted Scores</b>			<b>67.4</b>		<b>50.8</b>

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 listserve.

**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 listserv 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 FICEMS, 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 dissension 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

**TM 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”.

**TM 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.

**TM 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.

**TM 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.

**TM 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.
  - TM Establish a timeline and assign responsibilities for completing the plan.
  - TM Review NASEMSO model EMS planning document.
  - TM Review other recent EMS plans.
  - TM Draft the skeleton of a statewide plan, incorporate key issues such as
    - f Medical direction
    - f Minimum standard protocols
    - f First responder credentialing
    - f Recruitment and retention of personnel
  - TM 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

<sup>TM</sup> **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.

<sup>TM</sup> **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