

2008-09 STRATEGIC PLAN REVISION  
SHORT, MEDIUM AND LONG RANGE GOAL REVISIONS

**NEVER ADOPTED**

BASED ON INPUT FROM THE KBEMS RETREAT

ROLLING HILLS ZOO

AUGUST 27, 2008

DENNIS ALLIN, MD, CHAIR

ROBERT WALLER, CHIEF ADMINISTRATOR

NELS D. SANDDAL, FACILITATOR



## INTRODUCTION:

The Kansas Board of Emergency Medical Services (KBEMS), along with select staff and regional representatives, met at the Rolling Hills Zoo in Salina Kansas on August 27, 2008, to begin the process of updating the KBEMS Strategic Plan. The need for the update was necessary because of a) the age of the previous plan, b) the review of the National Highway Traffic Safety Administration's Technical Assistance Team (NHTSA TAT), and c) changes in staff leadership and direction at the KBEMS.

The participants determined that they wanted to begin the process by focusing on the short, intermediate and long-range goals. The group began by reviewing the NHTSA TAT to ensure that all findings and recommendations included in that report were appropriately addressed in the goal, objective and tactical revision. The group developed four new goals that address most of the suggestions contained in the NHTSA TAT.

The KBEMS members then turned their attention to the existing goals contained in the current Strategic Plan. Many of those goals were updated with several of the items having been achieved and others being no longer pertinent. The goals and objectives that remained were fine tuned. The new and old goals and objectives are, in this document, melded together so that the Board members can review them side by side and begin to prioritize the remaining goals.

The KBEMS members have agreed to review, prioritize and be prepared to come to the final meeting with a maximum of six priority activities across the three time strata of short, intermediate and long range. Additionally, the Board agreed to have reviewed the front matter of the existing strategic plan to include the mission, vision, and core values to determine if any revisions are necessary and, if so, to bring those to the session in writing.

Completed activities, or those deemed no longer applicable are noted by the group are indicated by strikeout, newly developed goals or activities appear underscored. Those with additional notes are highlighted in yellow.



NEW GOALS – IN RESPONSE TO NHTSA TAT AND OTHER ENVIRONMENTAL CONDITIONS.

SHORT RANGE GOALS (1 – 3 YEARS)

- ❖ The Kansas Board of EMS will retain a state EMS medical director to advise the board and staff.
  - The state EMS medical director will assist staff in the development of a virtual EMS medical director resource center.
    - The resource center will include training materials and processes to orient local medical directors to their duties and responsibilities, resources pertaining to support local medical directors and standardized minimum protocols for all levels of personnel.
  - The state EMS medical director will oversee the development of a consensus-based process to develop a set of statewide protocols for each level of personnel certification.
    - Protocols shall be consistent with the formal Kansas interpretation of the National Scope of Practice and shall represent the minimum acceptable treatment of patients consistent with the level of certification of the personnel.
    - Additional protocols reflective of enrichment modules, as appropriate for each level of certification will also be developed.
    - A formal BEMS approval process for local medical director adaptation of protocols above the baseline, but still within the scope of practice, will be established, enforced and monitored.
  - The state EMS medical director will work with select local medical directors, APCO, law enforcement agencies, Kansas Association of Counties, the League of Kansas Municipalities and other key stakeholders to establish suggested minimum standards for emergency medical dispatch training.
    - Establish a framework for local EMS medical directors to oversee the medical aspects of local dispatch agencies, e.g. pre-arrival dispatch instructions
    - Include dispatch personnel and data in local performance improvement activities.
  - The state EMS medical director will work with select local medical directors and EMS agency managers to develop guidelines and training programs for quality/performance improvement processes at the local, regional and state level.

- In collaboration with fire fighting organizations, law enforcement, private industry and other broad categories of non-transporting first response agencies, develop regulations (to be phased in) pertaining to the oversight of non-transporting first response agencies.
  - All agencies providing non-transporting first response must be affiliated with a sponsoring licensed, transporting EMS agency.
  - All non-transporting first response units must meet minimum equipment and operational standards set by the BEMS consistent with the level of certification of their personnel.
  - All licensed, transporting EMS agencies that have affiliated first response agencies operating under their aegis must provide medical oversight to those agencies.
  - All non-transporting first response agencies will engage in performance improvement activities with their sponsoring agency.
  - All personnel providing patient care as part of their responsibilities with a non-transporting first response agency must be recommended for continued practice with each certification renewal.
- ❖ Continue with the implementation of a statewide electronic patient care reporting system (KEMIS).
  - 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.(Moved from 2005 Plan)
  - The Kansas Board of Emergency Medical Services 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 is not limited to the trauma registry, vital statistics, and hospital discharge data.(Moved from 2005 Plan)
- ❖ The KSBEMS will facilitate and oversee the development of a statewide EMS plan for Kansas.
  - Identify a key planning group comprised of BEMS, 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
    - 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.
- ❖ Review and revise existing continuing education requirements and criteria to encourage Kansas EMS providers to maintain National Registration beyond the initial certification cycle.

## REVISED GOALS FROM 2005 STRATEGIC PLAN.

### SHORT RANGE GOALS (1 – 3 YEARS)

- ❖ *Determine how the KSBEMS will ensure the public well-being by assuring adequate measures of knowledge, skill and performance competencies from EMS training programs.*
  - ~~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. (Completed, 2001)~~
  - ~~Evaluate the financial impact of any/all decisions concerning the practical skills and/or performance scenarios. (Completed 2001)~~
  - *Provide resources for extraordinary expenses that may be associated with the knowledge, skill and performance assurance processes (if any). (Draft Completed)*
- ❖ *PSAP funds for data collection education/training and equipment*
  - *Have Bob explore opportunities under the PSAP funds to determine the types of funding opportunities that might be available.*
  - *Prioritize allowable activities-KSBEMS, executive committee and staff.*
  - *Notify individual agencies and regions about available funds.*
  - *Support and assist local agencies and regions in the application processes.*
- ❖ *Monitor reasons for non-renewal and/or non-affiliation (EMS/fire/other public safety) of attendants with an eye toward developing programs and incentives to reduce the turnover of those personnel.*
  - *KSBEMS staff will develop a series of questions that will be mailed to non-renewing personnel.*
  - *KSBEMS staff will review questions contained on the renewal application to clarify issues of "affiliation" to further determine the activity level of certified attendants.*
  - *KSBEMS staff will review and modify questions on the initial student application form to help establish "why" they want to be an EMS provider.*
  - *Reports on the findings will be provided to the KSBEMS, EMS agencies, training programs, regions, fire-based services.*
  - *If there are significant findings, a manuscript will be developed for submission to a peer reviewed EMS or rural health journal. (Target 2010)*

- ❖ ~~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 Kansas Prehospital 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.~~
  - ~~KSBEMS staff will procure and/or develop and field test the Kansas EMS Incident Tracking System software.~~
  - ~~KSBEMS staff will provide training at central locations and begin the statewide, voluntary deployment of the Kansas EMS Incident Tracking System to Kansas EMS agencies~~
  - ~~With appropriate input from regional and local EMS agencies, the Executive Committee will identify data elements (regardless of data collection software or system) that must be reported to KSBEMS by Kansas EMS agencies for aggregate surveillance, analysis and reporting.~~
  - *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. Moved to new goals above*
  - *The Kansas Board of Emergency Medical Services 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 is not limited to the trauma registry, vital statistics, and hospital discharge data. Moved to new goals above.*
- ❖ **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, KSBEMS staff will develop a series of PowerPoint slide presentations on the strategic plan, targeted at a variety of audiences, including EMS personnel, medical advisers, government officials, and the general public (EMS personnel slideshow by July 1, 2001, and one additional slideshow monthly until completed).*
  - *Upon securing the fiscal and staff resources necessary for printing, distribution, and web-based posting, KSBEMS staff will develop a series of informational brochures for our identified "customers" that summarize and describe KSBEMS's role and programs, regional activities and local EMS (EMS personnel by September 1, 2001, and one additional brochure quarterly until completed).*
  - *Based on a format approved by the KSBEMS, 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 KSBEMS December 2001 meeting and annually thereafter).*



- ~~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).~~
- Develop a semi-annual electronic newsletter that will be distributed to EMS agency managers and medical directors that highlights BEMS accomplishments, changes and activities.
- 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).
- 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).
- ❖ Create maximum flexibility in statutes and regulations to support the variations that are necessary to provide the highest attainable and appropriate levels of emergency medical care for the citizens of Kansas regardless of where they live.
  - The KSBEMS Executive Committee 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* (by October 2001).
  - KSBEMS and legal counsel will *introduce and support a legislative package based upon the findings and recommendations of the Executive Committee* (by the 2002 filing deadline)
  - The Planning and Coordination Committee will *make recommendations to the Executive Committee concerning regulatory action that will be necessary to more effectively and efficiently accommodate changing scopes of practice for EMS providers* (by the end of FY 2002).



## INTERMEDIATE RANGE GOALS (3 – 5 YEARS)

- ❖ ~~Identify and secure a stable source~~ 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 Coordination Committee will develop a funding plan that outlines the fiscal resources necessary to support the core functions of the KSBEMS and the EMS regions specified in this strategic plan, and also includes grant funds to be competitively distributed, based on need, to local EMS agencies (beginning in FY 2002 -- completion not later than FY 2004).~~
  - ~~○ In collaboration with legislative staff, the Planning and Coordination Committee will evaluate legislative options for obtaining the fiscal support levels outlined in the funding plan and present a strategy for obtaining such legislative support to the KSBEMS (beginning in FY 2003 -- completion not later than FY 2004).~~
  - ~~○ Contingent upon a favorable legislative climate, the Executive Committee will be prepared to approach the Legislature (by FY 2004) and will make an initial request for legislative support of the funding plan (by FY 2006).~~
  - The Planning and Coordination 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 KSBEMS for approval (concurrent with legislative funding plan development and implementation).
  - 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 Coordination Committee will *develop relationships with agencies and organizations to help KSBEMS and these entities coalesce for the overall improvement of health care in Kansas* (beginning with the publication of the KSBEMS' strategic plan and continuing throughout the funding plan development and request to the legislature).
- ❖ 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.
  - Under the guidance of the Education and Examination Committee, KSBEMS 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 (beginning in FY 2002 -- completed by FY 2003).
  - Based on the findings of the needs assessments and under the guidance of the Education and Examination Committee, KSBEMS staff will *examine and list options for meeting the identified training needs through both traditional and non-traditional delivery structures* (beginning in FY 2002 -- completed by FY 2003).

- Based on the needs assessment findings, and under the guidance of the Education and Examination Committee, KSBEMS staff will *review and revise, develop and/or deliver curricula to meet the identified needs for initial and ongoing training* (beginning in FY 2003 -- continuously thereafter).
- Under the supervision of the Education and Examination Committee, KSBEMS 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* (beginning in FY 2003 -- ongoing thereafter).
- ❖ **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 Coordination Committee, KSBEMS 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* (beginning in 2002 -- completed by 2004).
  - Under the direction of the Planning and Coordination Committee, KSBEMS staff will *identify impediments to expanding the scope of practice for EMS personnel* (by the end of FY 2003).
  - The Planning and Coordination Committee will *make recommendations to the Executive Committee concerning legislative action to more efficiently accommodate changing scopes of practice for EMS providers* (by the end of FY 2004).
  - The KSBEMS will develop and implement the training and recognition requirements necessary for EMS personnel to participate in expanded scopes of practice (beginning after legislative action and appropriate rule making efforts are completed -- ongoing thereafter).
- ❖ **Examine the composition of the Kansas Board of Emergency Medical Services in light of changing demands and directions of Emergency Medical Services in Kansas.**
  - The various committees and subcommittees of the Kansas Board of EMS will *examine their membership to identify opportunities for broader representation* (beginning immediately).
  - In a process involving the regions, representative EMS agencies, medical directors and other related parties, the Planning and Coordination Committee will *evaluate the existing representation on the KSBEMS and make written recommendations concerning the expansion of the KSBEMS with the purpose of creating a more representative body* (beginning in 2002 -- completed in time for submission to the legislative session in 2004, assuming the findings warrant statutory revision).
- ❖ **Support and integrate all Emergency Medical Services agencies providing care in Kansas into the statewide Emergency Medical Services system.**
  - The Executive Committee 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 of current statutes).

- The Executive Committee and legal counsel will *develop language to include all first response agencies in the statutory revision package* (concurrent with other statutory development).
- ❖ Periodically review issues related to the examination and certification of Emergency Medical Service professionals including, but not limited to: 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.
  - The Education and Examination Committee will *conduct a formal review of the examination and certification processes at all personnel levels for appropriateness and relevance* (annually or concurrent with the introduction of new curriculum or changes in scope of practice).
  - The Education and Examination Committee will *explore other options for assuring initial and continued competence of EMS personnel that may be more valid, reliable and cost effective* (annually or as evidence of the effectiveness of alternative methods emerges).
- ❖ Support the development of a more effective and efficient secondary transport system that includes the appropriate dispatch and response of rotor and fixed-wing aircraft and ground transportation.
  - The Planning and Coordination Committee will *coordinate with the Trauma Advisory Committee to establish uniform guidelines for the access and utilization of existing aeromedical and other secondary transport resources*. (Beginning in 2001 and ongoing thereafter.)
- ❖ Encourage an increased presence of Emergency Medical Services agencies in disaster planning and preparation at all levels of service in Kansas.
  - The Planning and Coordination Committee will identify an ad hoc sub-committee to work, in conjunction with the 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* (Beginning in 2001 and ongoing thereafter).
  - The Disaster sub-committee of the Planning and Coordination 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* (Beginning in 2002 and ongoing thereafter).
  - 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* (Beginning in 2002 and bi-annually or as indicated thereafter).
- ❖ Increase the role of Emergency Medical Services providers and agencies in activities of health promotion and disease and injury prevention.

- The Planning and Coordination Committee *will identify a subcommittee to include public health, health care, industrial, business and agricultural programs and facilities and empower the Public Health subcommittee to promote the integration of EMS into prevention activities through local, regional, private, Kansas Board of Emergency Medical Services and other activities* (Beginning in 2002 and ongoing thereafter).
- Individuals and agencies responsible for the design and delivery of continuing education programs for EMS personnel *will identify opportunities and resources for the involvement of health promotion and disease/injury prevention educators and advocates in continuing education programs* (Beginning immediately and ongoing thereafter).
- ❖ Promote persistent and effective public information and education programs to heighten awareness of and support for Emergency Medical Services activities in Kansas.
  - Under the guidance of the Executive Committee, all members of the Kansas Board of Emergency Medical Services, Staff, Board, Committees and Subcommittees *will seek opportunities to continually distribute brochures and other materials targeted for development as a short range objective in this plan* (Beginning concurrent with the completion of the first brochure and ongoing thereafter).
  - Kansas Board of Emergency Medical Services staff and 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* (Beginning with the completion of the first brochure and ongoing thereafter).
  - The Kansas Board of Emergency Medical Services Staff, working in conjunction with the Kansas Department of Transportation *will provide opportunities to participate in the Public Information and Education Resources training program developed and sponsored by the U.S. DOT/National Highway Traffic Safety Administration* (Beginning in 2001 and at least annually thereafter).
- ❖ Develop, deploy and support programs and processes to increase the recruitment and retention of quality individuals into the Emergency Medical Services profession in frontier, rural, suburban and urban settings.
  - The Kansas Board of Emergency Medical Services' staff, board and subcommittees; EMS Region's Staff and Boards; and local Emergency Medical Services agencies *will seek opportunities to continually distribute brochures and other materials developed in the short range objectives of this plan* (Beginning with the completion of the first brochures and slide shows and continually thereafter).
  - The Planning and Coordination Committee, working with the Executive Committee and staff *will explore opportunities to engage (pro bono or paid) an advertising agency to promote the need for and benefits of participating in Emergency Medical Services in Kansas* (Beginning in 2002 and ongoing thereafter)
  - The Planning and Coordination Committee, working with the Executive Committee, staff and an advertising agency (if available) *will identify and recruit high profile spokespersons for EMS in Kansas* (Beginning in 2002 and ongoing thereafter).

- The Planning and Coordination Committee will make recommendations to the Executive Committee concerning the development and support for a legislation creating a “benefits package” for volunteer EMS providers (beginning in FY 2003 – completion not later than 2004).
- The Kansas Board of Emergency Medical Services and legal counsel *will introduce and support a legislative Emergency Medical Services Benefits Package* (by the 2002 filing deadline).
- The Kansas Board of Emergency Medical Services’ staff *will develop and conduct a survey for non-recertifying Emergency Medical Services personnel to determine why they did not recertify* (beginning in 2003 and annually thereafter).
- The Kansas Board of Emergency Medical Services’ staff *will report the findings of the non-recertifying survey to the Planning and Coordination Committee* (beginning in 2003 and annually thereafter).
- The Kansas Board of Emergency Medical Services’ staff *will develop a mentoring program that encourages and trains “experienced/veteran” Emergency Medical Services providers in recruiting and promoting the next generation of prehospital care providers* (beginning in 2004 and ongoing thereafter).
- The Planning and Coordination Committee *will develop a standard packet of information that can be customized with local information and data and used to educate county commissioners regarding the roles, responsibilities, cost benefits and outcomes of the local Emergency Medical Services agency* (Beginning 1 year after the full deployment of the Kansas Emergency Medical Services Incident Tracking System software and continuing thereafter). The Education and Examination Committee with the assistance of Kansas Board of Emergency Medical Services’ staff *will develop a module to be used during the initial training of Emergency Medical Service providers that identifies “stressors and rewards” of an EMS career* (beginning in 2003 and continuing thereafter).
- The Education and Examination Committee with the assistance of Kansas Board of Emergency Medical Services’ staff *will develop an instructional package on “how to” get involved in Emergency Medical Services and stay healthy in that career to be used career fairs and other, similar, opportunities* (beginning in 2004 and continuing thereafter).
- The Education and Examination Committee with the assistance of Kansas Board of Emergency Medical Services’ staff *will develop a leadership training program that will prepare out of hospital care providers to fill administrative, training, management and leadership positions at local, regional, state and national levels* (beginning in 2005 and continuing thereafter).
- The Planning and Coordination Committee with the assistance of Kansas Board of Emergency Medical Services’ staff *will encourage the development of a voluntary academic track that results in a degree in Emergency Medical Services management and service administration* (beginning in 2005 and continuing thereafter).

- ❖ 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 Coordination Committee with the assistance of Kansas Board of Emergency Medical Services' staff will *identify and convene an ad hoc Communications subcommittee for the development of a statewide Emergency Medical Services Communications Plan that ensures the ability of all out-of-hospital and hospital agencies to communicate with each other* (beginning in 2002 and continuing until task is completed)
  - The Communications subcommittee will *identify the fiscal resources needed to complete the EMS communications system in accordance with the findings of the plan* (beginning in 2002 and continuing until task is completed).
  - The Communications subcommittee, as part of their charge, will *evaluate the 900 MHz system currently under construction for its appropriateness and effectiveness as the EMS communications system* (beginning in 2002 and continuing until task is completed).



## LONG RANGE GOAL (5 – 10 YEARS)

- ❖ **Create a cohesive atmosphere of cooperation and collaboration among Emergency Medical Services and related agencies at all levels. This includes the Kansas Board of Emergency Medical Services 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.**
  - Under the auspices of the Kansas Board of Emergency Medical Services' Planning and Coordination Committee, an ad hoc working group representing the Kansas Board of EMS, Kansas EMT Association, Kansas EMS Association, Kansas Association of Fire Fighters, Kansas Association of Fire Chiefs, and the EMS regions will *convene to develop an organizational agenda for a Kansas EMS alliance* (beginning in FY 2002 and continuing until the alliance becomes free-standing).
  - Once the alliance agenda is determined, the ad hoc working group will *invite and convene representatives from appropriate organizations and institutions -- see attached list -- to discuss the need for, purpose of, and related agenda for an EMS alliance* (first meeting within 12 months of the distribution of the KSBEMS strategic plan).
  - Under the continued auspices of the KSBEMS Planning and Coordination Committee, the ad hoc working group will *continue to promote and support the development of an EMS alliance until it becomes firmly established and creates its own infrastructure and agenda. The group will work to promote the recognition of the Emergency Medical Services 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-sufficiency is achieved).







# GOALS - 2008 (Never adopted)

## NEW GOALS - In response to NHTSA TAT & other Environmental Conditions.

### S-1 KBEMS will retain a State EMS medical director to advise the Board and Staff.

Obj.	TASKS	Start Date	End Date	POC	Stat	Comments
<b>SRO 1.1</b>	<p>The state EMS medical director will assist staff in the development of a virtual EMS medical director resource center.</p> <p>The resource center will include training materials and processes to orient local medical directors to their duties and responsibilities, resources pertaining to support local medical directors and standardized minimum protocols for all levels of personnel.</p>					
<b>SRO 1.2</b>	<p>The state EMS medical director will oversee the development of a consensus-based process to develop a set of statewide protocols for each level of personnel</p> <p>Protocols shall be consistent with the formal Kansas interpretation of the National Scope of Practice and shall represent the minimum acceptable treatment of patients consistent with the level of certification of the personnel.</p> <p>Additional protocols reflective of enrichment modules, as appropriate for each level of certification will also be developed.</p> <p>A formal BEMS approval process for local medical director adaptation of protocols above the baseline, but still within the scope of practice, will be established, enforced and monitored.</p>					
<b>SRO 1.3</b>	<p>The state EMS medical director will work with select local medical directors, AFPO, law enforcement agencies, Kansas Association of Counties, the League of Kansas Municipalities and other key stakeholders to establish suggested minimum standards for emergency medical dispatch training.</p> <p>Establish a framework for local EMS medical directors to oversee the medical aspects of local dispatch agencies, e.g. pre-arrival dispatch instructions</p> <p>Include dispatch personnel and data in local performance improvement activities.</p>					
<b>SRO 1.4</b>	<p>The state EMS medical director will work with select local medical directors and EMS agency managers to develop guidelines and training programs for quality/performance improvement processes at the local, regional and state level.</p> <p>In collaboration with fire fighting organizations, law enforcement, private industry and other broad categories of non-transporting first response agencies, develop regulations (to be phased in) pertaining to the oversight of non-transporting first response agencies.</p>					
<b>SRO 1.5</b>	<p>All agencies providing non-transporting first response must be affiliated with a</p>					

Obj.	TASKS	Start Date	End Date	POC	Stat	Comments
	<p>sponsoring licensed, transporting EMS agency. All non-transporting first response units must meet minimum equipment and operational standards set by the BEMS consistent with the level of certification of their personnel.</p> <p>All licensed, transporting EMS agencies that have affiliated first response agencies operating under their aegis must provide medical oversight to those agencies.</p> <p>All non-transporting first response agencies will engage in performance improvement activities with their sponsoring agency.</p> <p>All personnel providing patient care as part of their responsibilities with a non-transporting first response agency must be recommended for continued practice with each certification renewal.</p>					
<b>S-2 Continue with the implementation of a statewide electronic patient care reporting system (KEMIS).</b>						
SRO 2.1	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.(Moved from 2005 Plan)					
SRO 2.2	The Kansas Board of Emergency Medical Services 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 is not limited to the trauma registry, vital statistics, and hospital discharge data.(Moved from 2005 Plan)					
<b>S-3 The KSBEMS will facilitate and oversee the development of a statewide EMS plan for Kansas.</b>						
SRO 3.1	<p>Identify a key planning group comprised of BEMS, regional, professional association and select agency representatives.</p> <ul style="list-style-type: none"> <li>Establish a timeline and assign responsibilities for completing the plan.</li> <li>Review NASEMSO model EMS planning document.</li> <li>Review other recent EMS plans.</li> <li>Draft the skeleton of a statewide plan</li> <li>Widely circulate the draft plan.</li> </ul> <p>Convene a larger group of stakeholders to achieve additional input and consensus.</p> <p>Key planning group to revise plan based on stakeholder input.</p>					
SRO 3.2	Approve and adopt statewide EMS plan as a guiding document for the evolution of the Kansas EMS system.					

Obj.	TASKS	Start Date	End Date	POC	Stat	Comments
S-4	Review and revise existing continuing education requirements and criteria to encourage Kansas EMS providers to maintain National Registration beyond the initial certification cycle.					
REVISED GOALS from 2005 Strategic Plan						
S-5	Determine how the KSBEMS will ensure the public well-being by assuring adequate measures of knowledge, skill and performance competencies from EMS training programs.					
SRO	Provide resources for extraordinary expenses that may be associated with the					
5.1	knowledge, skill and performance assurance processes (if any). (Draft Completed)					
S-6	PSAP funds for data collection education/training and equipment					
SRO	Have Bob explore opportunities under the PSAP funds to determine the types of					
6.1	funding opportunities that might be available.					
SRO	Prioritize allowable activities-KSBEMS, executive committee and staff.					
6.2						
SRO	Notify individual agencies and regions about available funds.					
6.3						
SRO	Support and assist local agencies and regions in the application processes.					
6.4						
S-7	Monitor reasons for non-renewal and/or non-affiliation (EMS/fire/other public safety) of attendants with an eye toward developing programs and incentives to reduce the turnover of those personnel.					
SRO	KSBEMS staff will develop a series of questions that will be mailed to non-renewing					
7.1	personnel.					
SRO	KSBEMS staff will review questions contained on the renewal application to clarify					
7.2	issues of "affiliation" to further determine the activity level of certified attendants.					
SRO	KSBEMS staff will review and modify questions on the initial student application					
7.3	form to help establish "why" they want to be an EMS provider.					
SRO	Reports on the findings will be provided to the KSBEMS, EMS agencies, training					
7.4	programs, regions, fire-based services.					
SRO	If there are significant findings, a manuscript will be developed for submission to a					
7.5	peer reviewed EMS or rural health journal. (Target 2010)					
S-8	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.					
SRO	Concurrent with the completion of the strategic plan, KSBEMS staff will develop a					
8.1	series of PowerPoint slide presentations on the strategic plan, targeted at a variety of audiences, including EMS personnel, medical advisers, government officials, and the general public (EMS personnel slideshow by July 1, 2001, and one additional slideshow monthly until completed)					

Obj.	TASKS	Start Date	End Date	POC	Stat	Comments
SRO 8.2	Upon securing the fiscal and staff resources necessary for printing, distribution, and web-based posting, KSBEMS staff will develop a series of informational brochures for our identified "customers" that summarize and describe KSBEMS's role and programs, regional activities and local EMS (EMS personnel by September 1, 2001, and one additional brochure quarterly until completed).					
SRO 8.3	Based on a format approved by the KSBEMS, 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 KSBEMS December 2001 meeting and annually thereafter).					
SRO 8.4	Develop a semi-annual electronic newsletter that will be distributed to EMS agency managers and medical directors that highlights BEMS accomplishments, changes and activities.					
SRO 8.5	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).					
SRO 8.6	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).					
S-9	<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 medical care for the citizens of Kansas regardless of where they live.</i>					
SRO 9.1	The KSBEMS Executive Committee 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 (by October 2001).					
SRO 9.2	KSBEMS and legal counsel will introduce and support a legislative package based upon the findings and recommendations of the Executive Committee (by the 2002 filing deadline).					
SRO 9.3	The Planning and Coordination Committee will make recommendations to the Executive Committee concerning regulatory action that will be necessary to more effectively and efficiently accommodate changing scopes of practice for EMS providers (by the end of FY 2002).					



Obj.	TASKS	Start Date	End Date	POC	Stat	Comments
<b>Intermediate Range Goals (3 – 5 Years)</b>						
I-1	<i>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.</i>					
IRO 1.1	The Planning and Coordination 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 KSBEMS for approval (concurrent with legislative funding plan development and implementation)					
IRO 1.2	to document the interagency and organizational support of the plan, the Planning and Coordination Committee will develop relationships with agencies and organizations to help KSBEMS and these entities coalesce for the overall improvement of health care in Kansas (beginning with the publication of the KSBEMS' strategic plan and continuing throughout the funding plan development and request to the legislature)					
I-2	<i>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.</i>					
IRO 2.1	Under the guidance of the Education and Examination Committee, KSBEMS 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 (beginning in FY 2002 -- completed by FY 2003)					
IRO 2.2	Based on the findings of the needs assessments and under the guidance of the Education and Examination Committee, KSBEMS staff will examine and list options for meeting the identified training needs through both traditional and non-traditional delivery structures (beginning in FY 2002 -- completed by FY 2003)					
IRO 2.3	Based on the needs assessment findings, and under the guidance of the Education and Examination Committee, KSBEMS staff will review and revise, develop and/or deliver curricula to meet the identified needs for initial and ongoing training (beginning in FY 2003 -- continuously thereafter)					
IRO 2.4	Under the supervision of the Education and Examination Committee, KSBEMS 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 (beginning in FY 2003 -- ongoing thereafter)					

Obj.	TASKS	Start Date	End Date	POC	Stat	Comments
I-3	<i>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.</i>					
IRO 3-1	Under the direction of the Planning and Coordination Committee, KSBEMS 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 (beginning in 2002 -- completed by 2004).					
IRO 3-2	Under the direction of the Planning and Coordination Committee, KSBEMS staff will identify impediments to expanding the scope of practice for EMS personnel (by the end of FY 2003).					
IRO 3-3	The Planning and Coordination Committee will make recommendations to the Executive Committee concerning legislative action to more efficiently accommodate changing scopes of practice for EMS providers (by the end of FY 2004).					
IRO 3-4	The KSBEMS will develop and implement the training and recognition requirements necessary for EMS personnel to participate in expanded scopes of practice (beginning after legislative action and appropriate rule making efforts are completed -- ongoing thereafter).					
I-4	<i>Examine the composition of the Kansas Board of Emergency Medical Services in light of changing demands and directions of Emergency Medical Services in Kansas.</i>					
IRO 4.1	The various committees and subcommittees of the Kansas Board of EMS will examine their membership to identify opportunities for broader representation (beginning immediately).					
IRO 4.2	In a process involving the regions, representative EMS agencies, medical directors and other related parties, the Planning and Coordination Committee will evaluate the existing representation on the KSBEMS and make written recommendations concerning the expansion of the KSBEMS with the purpose of creating a more representative body (beginning in 2002 -- completed in time for submission to the legislative session in 2004 -- assuming the findings warrant statutory revision).					
I-5	<i>Support and integrate all Emergency Medical Services agencies providing care in Kansas into the statewide Emergency Medical Services system.</i>					
IRO 5.1	The Executive Committee 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 of current statutes).					
IRO 5.2	The Executive Committee and legal counsel will develop language to include all first response agencies in the statutory revision package (concurrent with other statutory development).					

Obj.	TASKS	Start Date	End Date	POC	Stat	Comments
I-6	Periodically review issues related to the examination and certification of Emergency Medical Service professionals including, but not limited to: 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.					
IRO 6.1	The Education and Examination Committee will conduct a formal review of the examination and certification processes at all personnel levels for appropriateness and relevance (annually or concurrent with the introduction of new curriculum or changes in scope of practice)					
IRO 6.2	The Education and Examination Committee will explore other options for assuring initial and continued competence of EMS personnel that may be more valid, reliable and cost effective (annually or as evidence of the effectiveness of alternative methods emerges).					
I-7	Support the development of a more effective and efficient secondary transport system that includes the appropriate dispatch and response of rotor and fixed-wing aircraft and ground transportation.					
IRO 7.1	The Planning and Coordination Committee will coordinate with the Trauma Advisory Committee to establish uniform guidelines for the access and utilization of existing aeromedical and other secondary transport resources. (Beginning in 2001 and ongoing thereafter.)					
I-8	Encourage an increased presence of Emergency Medical Services agencies in disaster planning and preparation at all levels of service in Kansas.					
IRO 8.1	The Planning and Coordination Committee will identify an ad hoc sub-committee to work, in conjunction with the 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 (Beginning in 2001 and ongoing thereafter).					
IRO 8.2	The Disaster sub-committee of the Planning and Coordination 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 (Beginning in 2002 and ongoing thereafter).					

TASKS						
Obj.	Start Date	End Date	POC	Stat	Comments	
<b>IRO 8.3</b>					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 (Beginning in 2002 and bi-annually or as indicated thereafter).	
<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 9.1</b>					The Planning and Coordination Committee will identify a subcommittee to include public health, health care, industrial, business and agricultural programs and facilities and empower the Public Health subcommittee to promote the integration of EMS into prevention activities through local, regional, private, Kansas Board of Emergency Medical Services and other activities (Beginning in 2002 and ongoing thereafter).	
<b>IRO 9.2</b>					Individuals and agencies responsible for the design and delivery of continuing education programs for EMS personnel will identify opportunities and resources for the involvement of health promotion and disease/injury prevention educators and advocates in continuing education programs (Beginning immediately and ongoing thereafter)	
<b><i>Promote persistent and effective public information and education programs to heighten awareness of and support for Emergency Medical Services activities in Kansas.</i></b>						
<b>IRO 10.1</b>					Under the guidance of the Executive Committee, all members of the Kansas Board of Emergency Medical Services, Staff, Board, Committees and Subcommittees will seek opportunities to continually distribute brochures and other materials targeted for development as a short range objective in this plan (Beginning concurrent with the completion of the first brochure and ongoing thereafter)	
<b>IRO 10.2</b>					Under the guidance of the Executive Committee, all members of the Kansas Board of Emergency Medical Services, Staff, Board, Committees and Subcommittees will seek opportunities to continually distribute brochures and other materials targeted for development as a short range objective in this plan (Beginning concurrent with the completion of the first brochure and ongoing thereafter)	
<b>IRO 10.3</b>					Kansas Board of Emergency Medical Services staff and 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 (Beginning with the completion of the first brochure and ongoing thereafter)	

Obj.	TASKS	Start Date	End Date	POC	Stat	Comments
IRO 10.4	The Kansas Board of Emergency Medical Services Staff, working in conjunction with the Kansas Department of Transportation will provide opportunities to participate in the Public Information and Education Resources training program developed and sponsored by the U.S. DOT/National Highway Traffic Safety Administration (Beginning in 2001 and at least annually thereafter)					
1-11	<i>Develop, deploy and support programs and processes to increase the recruitment and retention of quality individuals into the Emergency Medical Services profession in frontier, rural, suburban and urban settings.</i>					
IRO 11.1	The Kansas Board of Emergency Medical Services' staff, board and subcommittees; EMS Region's Staff and Boards; and local Emergency Medical Services agencies will seek opportunities to continually distribute brochures and other materials developed in the short range objectives of this plan (Beginning with the completion of the first brochures and slide shows and continually thereafter)					
IRO 11.2	The Planning and Coordination Committee, working with the Executive Committee and staff will explore opportunities to engage (pro bono or paid) an advertising agency to promote the need for and benefits of participating in Emergency Medical Services in Kansas (Beginning in 2002 and ongoing thereafter)					
IRO 11.3	The Planning and Coordination Committee, working with the Executive Committee, staff and an advertising agency (if available) will identify and recruit high profile spokespersons for EMS in Kansas (Beginning in 2002 and ongoing thereafter). The Planning and Coordination Committee will make recommendations to the Executive Committee concerning the development and support for a legislation creating a "benefits package" for volunteer EMS providers (beginning in FY 2003 – completion not later than 2004).					
IRO 11.4						
IRO 11.5	The Kansas Board of Emergency Medical Services and legal counsel will introduce and support a legislative Emergency Medical Services Benefits Package (by the 2002 filing deadline).					
IRO 11.6	The Kansas Board of Emergency Medical Services' staff will develop and conduct a survey for non-recertifying Emergency Medical Services personnel to determine why they did not recertify (beginning in 2003 and annually thereafter).					
IRO 11.7	The Kansas Board of Emergency Medical Services' staff will report the findings of the non-recertifying survey to the Planning and Coordination Committee (beginning in					



Obj.	TASKS	Start Date	End Date	POC	Stat	Comments
IRO 11.8	The Kansas Board of Emergency Medical Services' staff will develop a mentoring program that encourages and trains "experienced/veteran" Emergency Medical Services providers in recruiting and promoting the next generation of prehospital care providers (beginning in 2004 and ongoing thereafter). The Planning and Coordination Committee will develop a standard packet of information that can be customized with local information and data and used to educate county commissioners regarding the roles, responsibilities, cost benefits and outcomes of the local Emergency Medical Services agency (Beginning 1 year after the full deployment of the Kansas Emergency Medical Services Incident Tracking System software and continuing thereafter).					
IRO 11.9	The Kansas Board of Emergency Medical Service' staff will develop a survey for Emergency Medical Services providers that indicate that they are not involved with a response agency to determine the barriers to active participation and report these findings in written form to the Planning and Coordination Committee (beginning in 2003 and continuing thereafter).					
IRO 11.10	The Education and Examination Committee with the assistance of Kansas Board of Emergency Medical Services' staff will develop a module to be used during the initial training of Emergency Medical Service providers that identifies "stressors and rewards" of an EMS career (beginning in 2003 and continuing thereafter).					
IRO 11.11	The Education and Examination Committee with the assistance of Kansas Board of Emergency Medical Services' staff will develop an instructional package on "how to" get involved in Emergency Medical Services and stay healthy in that career to be used career fairs and other, similar, opportunities (beginning in 2004 and continuing thereafter).					
IRO 11.12	The Education and Examination Committee with the assistance of Kansas Board of Emergency Medical Services' staff will develop a leadership training program that will prepare out of hospital care providers to fill administrative, training, management and leadership positions at local, regional, state and national levels (beginning in 2005 and continuing thereafter).					
IRO 11.13	The Planning and Coordination Committee with the assistance of Kansas Board of Emergency Medical Services' staff will encourage the development of a voluntary academic track that results in a degree in Emergency Medical Services management and service administration (beginning in 2005 and continuing thereafter).					
IRO 11.14						

Obj.	TASKS	Start	End	POC	Stat	Comments
		Date	Date			
I-12	<i>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.</i>					
IRO 12.1	The Planning and Coordination Committee with the assistance of Kansas Board of Emergency Medical Services' staff will identify and convene an ad hoc Communications subcommittee for the development of a statewide Emergency Medical Services Communications Plan that ensures the ability of all out-of-hospital and hospital agencies to communicate with each other (beginning in 2002 and continuing until task is completed)					
IRO 12.2	The Communications subcommittee will identify the fiscal resources needed to complete the EMS communications system in accordance with the findings of the plan (beginning in 2002 and continuing until task is completed).					
IRO 12.3	The Communications subcommittee, as part of their charge, will evaluate the 900 MHz system currently under construction for its appropriateness and effectiveness as the EMS communications system (beginning in 2002 and continuing until task is completed).					

# TASKS

Obj.	Start Date	End Date	POC	Stat	Comments
<b>Long Range Goal (5 – 10 YEARS)</b>					
<i>Create a cohesive atmosphere of cooperation and collaboration among Emergency Medical Services and related agencies at all levels. This includes the Kansas Board of Emergency Medical Services 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.</i>					
<b>LRO</b> Under the auspices of the Kansas Board of Emergency Medical Services' Planning and Coordination Committee, an ad hoc working group representing the Kansas Board of EMS, Kansas EMT Association, Kansas EMS Association, Kansas Association of Fire Fighters, Kansas Association of Fire Chiefs, and the EMS regions will convene to develop an organizational agenda for a Kansas EMS alliance (beginning in FY 2002 and continuing until the alliance becomes free-standing).					
<b>LRO</b> Once the alliance agenda is determined, the ad hoc working group will invite and convene representatives from appropriate organizations and institutions -- see attached list -- to discuss the need for, purpose of, and related agenda for an EMS alliance (first meeting within 12 months of the distribution of the KSBEMS strategic plan).					
<b>LRO 1.</b> Under the continued auspices of the KSBEMS Planning and Coordination Committee, the ad hoc working group will continue to promote and support the development of an EMS alliance until it becomes firmly established and creates its own infrastructure and agenda. The group will work to promote the recognition of the Emergency Medical Services 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-sufficiency is achieved)					