

Strategic Planning Results

Kansas Board of Emergency Medical Services

This document contains the work performed on the Kansas Board of Emergency Medical Services' (KBEMS) Strategic Plan on April 5, 2012. It includes both work performed by two groups. The first group is the Board, representatives of the Medical Advisory Committee (MAC), and Staff members. The second group is the stakeholders and constituents who attended the strategic planning session on April 5. A second session, held on April 17, 2012, focused on establishing goals for the Kansas Board of Emergency Medical Services.

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About This Report

On April 5, 2012, four facilitators from the Office of Human Resources in the Kansas Department of Administration worked with the Kansas Board of Emergency Medical Services (KBEMS), including selected staff members and members of the Medical Advisory Committee (MAC), to make any necessary updates to its Strategic Plan. The facilitators also solicited the input from stakeholders and constituents who attended that meeting regarding elements of the Strategic Plan.

Table 1 shows the general flow of the day, and the activities both the Board and the stakeholders undertook. The Timeline activities continue to be captured in a document, but all other activities are represented in this report.

Highlights Represent Groups

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The facilitators desired to provide the work performed by both groups. We believed it would be useful to have the groups' results provided near each other, rather than to divide the report into two sections.

To make clear which work belongs to which group, we highlighted the work. Results reported here and highlighted in yellow are the Board's work. Results reported here and highlighted in green are the work of stakeholders who attended the meeting.

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Table 1: The general flow of Day 1 was:

Topic Area	Board Activity	Stakeholders Activity
History & Context (not included in this version of the report)	Create a timeline of things that KBEMS has done, or that have affected KBEMS, since 2009	Create a timeline of things that KBEMS has done, or that have affected KBEMS, since 2009
Mission	Draft a revision to the Board's Mission Statement	Identify elements stakeholders believe are critical to KBEMS's Mission
Vision	Identify elements of the Board's Vision of how things will be when the Mission is achieved	Identify items critical to the KBEMS's Vision, and how stakeholders can assist in meeting it
Values	Identify the values KBEMS will hold itself to	Identify the values stakeholders believe are most critical for the Board
SWOT Analysis	Identify strengths, weaknesses, opportunities, and threats before KBEMS	Identify strengths, weaknesses, opportunities, and threats before KBEMS

Table 2: The general flow of Day 2 was:

Topic Area	Activity
Future Discussion	In two groups, Board members and observers together interactively discussed what they would like to see the Board accomplish in the future.
Goal Selection	The Board, as a body, identified the goals for them to establish for themselves.

Report Contents

This report contains the final results of Mission, Vision, Values, SWOT Analysis, and Goals. An appendix contains the "raw results" of the Mission, Vision, and Values work from the Board. The information from stakeholders already represents raw data, and is not repeated in the appendix. The facilitators attempted to capture the information collected during the sessions without "cleaning it up" other than editing for spelling, grammar, or to reduce some duplications.

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The Board's Vision and Values work were not fully refined in the session. The facilitators suggested possible language for the Vision, and for the definitions of the Values, that they believe capture the Board's intent for those areas. The Board adopted this language on April 17. Similarly, the facilitators made suggestions for language for the Goals.

Results From the Session

MISSION STATEMENT

Designed by the Board, MAC, and Staff members

We provide a framework for Emergency Medical Services excellence through commitment to a system of quality patient care.

Essential Mission Components identified by stakeholders attending the meeting

Collaboration* (3 groups)	Education* (1 group)	Standards* (2 groups)	High Quality (of out-of-hospital care)* (3 groups)
	Commitment* (2 groups)	Partnership* (2 groups)	
Community (1 group)	Health (2 groups)	Support (1 group)	Safety (1 group)
Patient Care (1 group)	Public (1 group)	Ensure (1 group)	Resources (1 group)

* indicates this stakeholders identified these components as critical for the Board

VISION

*Elements flushed out by the Board, MAC, and Staff members
[Specific language suggested by the facilitators]*

When our Mission is successful, we:

Create productive collaborations with our local, regional, state, and national stakeholders

Adopt state-of-the-art renewable, integrated, and sustainable systems

Develop Statutes and Regulations linking both clinical and operational components of Emergency Medical Systems

Advance the recognition of the professionalism of Emergency Medical Services in Kansas

Ensure the highest level of out-of-hospital care to all Kansas citizens, residents, and visitors

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Vision Elements identified by stakeholders attending the meeting

When the Kansas Board of Emergency Medical Services is meeting its mission:

Vision Element	Means by which stakeholders can support KBEMS
Stakeholders do not feel they <i>have</i> to show up to each meeting	<p>Act collaboratively</p> <p>Change our purpose in attending meetings to one of networking and collaboration</p> <p>Change our mindset from we "have to" to we "want to" be here</p>
Its processes are transparent	<p>Be open and honest with the Board</p> <p>Identify and communicate to the Board what we want for transparency</p> <p>When we find outdated versions of documents on the website, report them to KBEMS professionally, without harsh words</p>
We develop trust with each other	<p>Let go of the past and focus on the future</p> <p>Tell the Board what our concerns are</p> <p>Listen to the Board and give them a chance</p>
We partner with the Board	<p>Recognize the Board is valid [and is a legitimate regulatory body under Kansas Statute]</p> <p>Express our interests to the Board when it is considering an action, but once they have made a decision we need to let go, even if we disagree with it</p> <p>Bring solutions, not just complaints, to the Board [that it can take action on]</p> <p>Work to understand the Board's reasoning behind decisions</p>
Open channels of communication exist between the Board and stakeholders	<p>Create processes through which we can communicate effectively with the Board</p> <p>Recognize that sometimes local- and State-level issues may conflict</p>

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Vision Element	Means by which stakeholders can support KBEMS
Support education for agencies	<ul style="list-style-type: none"> Develop a network with each other Try to understand why the Board makes the decisions it does Offer up articles for the newsletter Define the most important things we need Provide the expertise to help each other Promote the education of others using our knowledge base and understanding of technical information
<ul style="list-style-type: none"> Growth New ideas see forward motion Implementation of advancements in medical care Clearly defined goals/ objectives Improved patient outcomes – agencies get help in measuring, setting standards, etc. 	<ul style="list-style-type: none"> Identify our own priorities for the Board Ask for progress reports from KBEMS Work on communicating with the Board and each other within a forum

CORE VALUES

Elements flushed out by the Board, MAC, and Staff members
[Specific language suggested by the facilitators]

In carrying out our Mission and achieving our Vision, our guiding values are:

Integrity: We recognize our moral and ethical responsibilities to others, and meet them consistently.

Professionalism: We acquire and maintain our knowledge and skills in a way that brings credit to the Emergency Medical Services industry.

Honesty: We communicate openly, accurately, and without bias.

Trust: We do what we say we will, and we expect the same from others.

Leadership: We use our influence responsibly to advance the practice of Emergency Medical Services

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Values Elements identified by stakeholders attending the meeting

KBEMS's stakeholders hold the values in this table, and identified behaviors both from the constituents' perspective and from the Board's perspective, that indicate the presence of these values

Value	Constituents Behaviors	Board Behaviors
Integrity & Honesty	Do what you say you will Be able to say & hear (safely) "I'm sorry...I was wrong"	Be honest about/ with feedback, especially when there is a problem Action & fairness
Patient-Centered	At its core, consideration of "How will this action affect the patient?"	When discussing policies, etc. always ask the same question: "How will this affect the patient?"
Excellence	Needs to be defined (by the right folks)	
Professionalism	Defined in the EMS world	Same as Constituents
Commitment	To continue to be engaged, to work with/ assist the Board, be prepared, and actively participate	Same as Constituents
Teamwork/ Partnership	Looking at how the work is done	Same as Constituents

STRENGTHS, WEAKNESSES, OPPORTUNITIES, AND THREATS ANALYSIS

(identified by the Board)

Forces Working:	For the Board	Against the Board
Internally	STRENGTHS Knowledgeable staff Staff expertise Regionally diverse representation Diverse representation Multiple areas of expertise Commitment to provide quality patient care Passion of staff Passion of Board members Representation of the State KBEMS is an independent agency KBEMS accepts public input MAC (brings expertise) Passionate participants Access to the stakeholders' input—they have a big impact on successful outcomes Regions still being funded and have representation at meetings	WEAKNESSES Lack of participation and attendance by some board members Negative public image Lack of involvement of KBEMS at a national level The large size of the Board Focus on punitive actions Make-up of the Board Perception that the Board doesn't care Processes keep the Board from being able to change things quickly Communication statewide to all agencies, not just those attending meetings A perceived inability to make, and then stand by, decisions Strong personalities Staff conflict Poor communications, both internally and externally Even when everything is getting done, Statutes and Regulations slow processes Preparation and time required for meetings Commitment conflicts keep some Board members from meetings Indecisiveness We tend to overthink things due to trying to get buy-in from all stakeholders Our focus on regulation over the clinical aspects of care

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Forces Working:	For the Board	Against the Board
Externally	<p>OPPORTUNITIES</p> <ul style="list-style-type: none"> Interactions with other health care agencies Expertise of MAC National participation Outside groups like EMS DOK are willing to help Capturing grants Soliciting statewide EMS talent for problem-solving Utilize Board members' individual strengths to enhance the Board Foster better working relationships with other organizations Increased participation, both regionally and nationally Explore the Board's make up and the possibility of term limits For all associations and agencies to collaborate in statewide training Develop/ utilize this new physician involvement Take advantage of statewide and national expertise Access to data (KEMSIS) will soon become a strength Regional meetings and conferences to gather public opinion Outside grant monies that are available "Scope" is changing the care that EMS is going to be able to provide More dialect with attendants, i.e.: regional meeting attendance Encourage civil involvement Make civic presentations 	<p>THREATS</p> <ul style="list-style-type: none"> Apathy Lack of funding Funding is drying up or could become somewhat lower Overall image Potential for legislation Movement within the State to have larger State agencies take over smaller agencies to justify the moneys Presence of individual agendas Lack of understanding of statewide diversity (biases) Worsening economy Ability to address needed changes timely External, self-serving political influences What KBEMS is worth to the public

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STRENGTHS, WEAKNESSES, OPPORTUNITIES, AND THREATS

(Identified by Stakeholders attending the meeting)

Forces	For the Board	Against the Board
Working:		
Internally	STRENGTHS Resource availability Independent agency KBEMS KRAH Years of experience Diversity EIC Making regulations State clout Legislative connections Knowledge The newly created MAC group for agencies without medical directors The Board's willingness to go through this process, including stakeholder input and the Board's willingness to consider input The regional councils are now closer than ever	WEAKNESSES No follow through by staff No staff accountability Lack of term limits for Board members Not enough EMS providers on the Board Lack of attendance by Board members Regulation process There is a disconnect between KBEMS and Kansas EMS services Personal agendas by Board members slow things down Individuals have hidden agendas There is little active listening by Board members The Board seems bent on self-destruction The Board shows a lack of respect to other State agencies The Board shows a lack of respect to EMS providers Board staff members The staff hierarchy is management-heavy and inefficient The Board does not communicate effectively There is a lack of data for decision-making Overregulation Lack of openness and transparency Board members lack knowledge of the regs It is unclear whether the Board runs the staff or the staff runs the Board Board members demonstrate a lack of respect for time by coming to committee meetings and Board meetings without having read the meeting packets There are no air medical representatives on the Board There is difficulty with version control of documents Inability to come to a decision Lack of trust

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Forces	For the Board	Against the Board
Working:		
Externally	<p>OPPORTUNITIES</p> <p>Collaboration with the group of stakeholders (EMS providers) who consistently attend Board meetings</p> <p>Partnership</p> <p>Communication</p> <p>Technology based communications</p> <p>Possible increase in the roles of EMS (community care) agencies and providers</p> <p>Integrating databases</p> <p>Creating a central collection point for information</p> <p>Identify and address issues with staff who do not do their job</p> <p>Work on relationships with other State agencies</p> <p>Resource availability</p> <p>Affect change on the educational process</p> <p>Affect change on EMS safety</p>	<p>THREATS</p> <p>The lack of change in Board membership</p> <p>Board is misrepresentative of EMS practitioners</p> <p>Providers have limited representation on the Board</p> <p>There is a lack of willingness by some Board members to change</p> <p>Time-critical diagnosis routing—where are we on this?</p> <p>Lack of data—largely unable to report to or compare with national data</p> <p>Budget pressures</p> <p>A disconnect exists between KBEMS and Kansas EMS services</p> <p>KBEMS may be rolled into another agency</p> <p>Other agencies have rules or regulations that may interfere with KBEMS authority</p> <p>The perception of KBEMS by the public and/or the EMS community</p> <p>Fear that KBEMS may be going away</p> <p>The vocal nature of the EMS community is threatening to the Board</p> <p>Funding</p>

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GOALS

*Elements flushed out by the Board, MAC, and Staff members
[Specific language suggested by the facilitators]*

Goal #1 Enact a standardized process of regulation review and development.

Strategy #	Description	Completion Target
Strategy 1	Review existing flow charts and revise as needed	April 2013

Goal #2—Increase the effectiveness with which the Board represents the interests of Kansans.

Strategy #	Description	Completion Target
Strategy 1	Create an Attendance Policy for Board Members	April 2013
Strategy 2	Create methods for ensuring effective, meaningful dialogue with constituent groups	Two to Five Years
	Substrategy 2A: Identify those Constituent Groups with active stakes in Board actions and decisions, and: <ul style="list-style-type: none"> • Survey groups from feedback to see if they felt they were heard • RSS list feed • Work within the KOMA laws appropriately 	April 2014
	Substrategy 2B: Hold regional meetings	April 2015
	Substrategy 2C: Using tools such as the RSS list feed, and working within the KOMA, survey constituent groups for feedback to see if they felt they were heard	April 2015
	Substrategy 2D: Use an online Bulletin Board to post articles and legislation that would be of interest to the identified constituents groups.	April 2013

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Goal #3—Utilize emerging technology to improve efficiencies and effectiveness of Board operation.

Strategy #	Description	Completion Target
Strategy 1	Manage data for use in Board and agency decision-making.	April 2017
	Substrategy 1A: Develop and implement a means for obtaining, managing, storing, analyzing, and retrieving data regarding patient care	
	Substrategy 1B: Develop a means for sharing patient care data with Kansas Emergency Medical Care providers and other interested constituent groups	
Strategy 2	Make revisions to the Licensure Renewal Process that finds efficiencies in Board processing and simplifies the process for the customer.	April 2017
Strategy 3	Implement a communications strategy that improves the transparency with which the Board operates	
	Strategy 3A: Publish draft minutes for both Board and Committee meetings to the website in timely fashion	April 2013
	Strategy 3B: Publish policy revisions to the website in timely fashion, including revision dates and/or version number.	April 2013
Strategy 4	Develop means for communication with technicians in the vehicles for the purposes of gathering patient data, etc.	April 2022

Goal #4—Use Education and Awareness approaches to aid the recognition of the professional nature and services provided by Emergency Medical Services providers.

Strategy #	Description	Completion Target
Strategy 1	Create educational opportunities for appropriate stakeholders	
	Substrategy 1A: Coordinate periodic educational events for Commissioners and similar stakeholders to learn about and understand the nature and value of Emergency Medical Services work.	April 2017
	Substrategy 1B: Coordinate periodic educational events for Service Directors to continue to manage their agencies effectively.	April 2017
Strategy 2	Create events that improve the awareness of other groups or the general public to raise general awareness of the functions of and services provided by Emergency Medical Services agencies. These may include: <ul style="list-style-type: none"> • Presentations • CPR training • Brochures • Ambulance tours or demonstrations • Publishing an Annual Report • EMS awareness Month/Week 	April 2013

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Goal #5—Improve the level of out-of-hospital care received from Emergency Medical Services providers in Kansas.

Strategy #	Description	Completion Target
Strategy 1	Signing onto National Registry	April 2017
Strategy 2	Implement a Statewide Model Protocol	April 2017
Strategy 3	Institute a Performance Improvement Plan EMS agencies within Kansas can adopt	April 2017
Strategy 4	Implement a Medical Director Training program for Kansas EMS agencies	April 2017
Strategy 5	Implement a Statewide EMS Plan as required by statute. Among other things, the plan should clarify trauma levels.	April 2022

Appendix

MISSION "RAW DATA"

Board, MAC, and Staff members considered four four-word statements that described the essence of KBEMS's purpose. Those were:

EMS. Quality. Commitment. Excellence.

Support optimal out-of-hospital care.

Framework for EMS excellence.

Optimal emergency care, statewide.

From those, the group created a draft Mission Statement that read:

"Ensuring a framework for EMS excellence through provision of optimal pre-hospital intervention."

They refined that Mission Statement to be:

"Providing a framework for EMS excellence through commitment to quality patient care."

They further refined it to the current Mission Statement.

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VISION "RAW DATA" from the Board

Develop Laws & Systems	Adopt Systems	Be Professionals, and Be Perceived as Such	Communicate and Collaborate to:
Develop statutes and regulations [that] support quality care	Adopt systems that are renewable, sustainable, & integrated	Sustain & develop professionalism	Kansas demonstrates excellence in EMS through collaboration and leadership
Linkage of clinical & operational components of EMS	Adapt to new technologies; be adaptive; electronic records	Greater recognition of EMS providers	Productive partnerships with state, regional, and national stakeholders
Integrated EMS systems with medical communities	Use technology to have Kansas as a model for the nation	Provide excellent source of accurate information	Collaboration; do more with less
	Reliable demographic data enabling evaluation of systems	Be professional	Clear, strong leadership and definition of roles and interaction between Board, Staff, and the EMS community
	Standardize outcomes in an understandable format	Earn the respect of the rest of the medical profession	Seamlessly communicate
	Equalization of care from rural => urban (more like 10 years)		Access resources to achieve mission
	Adaptive system—able to change quickly		

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VALUES "RAW DATA" from the Board

Value	Definitions
Integrity	Recognizing responsibility in meeting it consistent in regard to circumstances
	Honesty in behaviors
	Being professional, reliable, and trustworthy
	High honesty, morals, and ethical principles
	Do what you believe is best for people
Professionalism	Consistency
	Reliable, honest, and predictable
	Encompassing the characteristics of Integrity & Honesty
	The ability to act with respect, integrity, and competence
Honesty	Open, accurate, and unbiased communication
Trust	We do what we say we will, and we expect the same from others
Leadership	Integrates honesty and professionalism

