EMS System Strategic Plan Implementation Reporting Matrix

The following is a synopsis of the goals and objectives from the EMS System Strategic Plan. The purpose of this matrix is to track and report on the implementation progress. The EMS System's Strategic Plan can be viewed at: http://remsa.us/documents/systemevaluation/

Synopsis of Goals and Objectives	Priority Rating	Goal Objective Precedent	Goal Objective Dependent	Time Years	Group	% Done	Notes As of October 2016.
1. CQI Program that Optimizes Patient Outcomes							100% providers have
1.1 Evaluate & modify REMSA's CQI Plan	High			1+	CQILT	100%	approved CQI Plans. Other
1.2 Develop & implement a comprehensive data reporting program	High			4+		60%	objectives in progress or
1.3 Align training programs for optimizing patient outcomes	High			2+		40%	waiting for improved data
1.4 Performance-based training programs optimizing patient outcomes	Med			4+		40%	collection & exchange. TXA
1.5 Stakeholder involvement in using CQI tools & recognizes outliers	Med			1+		100%	trial study 60% (extended for
1.6 Revised REMSA policies to support EMS CQI Plan	High			1+		100%	another year).
1.7 Design & develop credible & publishable research programs	Med	7 & 9	7 & 9	2+		100%	
2. EMS Resource Utilization that Maximize capacity & efficiency			7 & 9				A countywide standard for
2.1 Task Force (TF) for Emergency Med Dispatch (EMD) implementation	High	7.4	2.2	3+	ESRCG	100%	measuring response times
2.2 TF for EMS communication & resource coordination plan	Med	7.4	2.1	3+	ESRCG		has been established. MPDS
2.3 Establish EMS equipment standard program	High		2.4	2+		10%	has been recognized as the countywide standard for
2.4 Update ALS program requirements	High		2.3	2+		65%	
2.5 New ALS first responder agreements by July 1, 2017	High	2.4	2.3	2+			EMD.
2.6 Multiple patient management in coordination with MHCC	High	7.4 & 9.3		4+		25%	
3. EMS Innovations that Improve Patient Outcomes		1 & 7	1 & 7		REMSA		Waiting for direction from
3.1 Targeted contemporary EMS delivery methods	Med			2+		0%	EMSA and further development of dependent goal. OTS grant
3.2 Create an alternative EMS delivery steering group for the above	Med			2+		0%	
3.3 Group to collect data and create business plans for above	Med			4+		0%	
3.4 Test viable models and collect data for the above	Med			4+		0%	
3.5 Develop sustainable funding models for alternative delivery models	Med			2+		0%	
3.6 Submit draft plans and models for EMS stakeholder input	Med			2+			
3.7 Formally integrate alternate delivery models into the EMS system	Med		3.1-3.6	4+			
4. Improved Efficiencies for EMS Services for Mental Health patients		7	7		REMSA		CREST and REACH teams.
4.1 Conduct baseline assessment of mental health needs for EMS pts.	High			1+		100 %	Voluntary psych transport services. Field response
4.2 Prepare a plan for recommended innovations	High			1+	МН		
4.3 Early monitoring & reports on goal 4 initiatives & innovations	Med			2+			teams reduce 5150s &
							enhance voluntary services

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5. Reduce Ambulance Patient Offload Delays (APOD)s		rrecedent	2, 3, 4, 7 &		APOD TF		Regional APOD Policy to go
5.1 Regional TF to address APODs	High		11	2+	711 05 11	50%	into effect November 1, 2016.
5.2 Incorporate Calif Hospital Association's study findings	High			2+		50%	
5.3 REMSA policy to implement & monitor results of above	High			2+		50%	
5.4 Hospital policy to implement & monitor results of above	High			2+		30%	
5.5 TF to publish best results to assist other EMS systems	Low			2+			
6. Improved Interfacility Transport (IFT) & Event Medical Requirements			7				Changed in policies. CAAS,
6.1 Assemble group to advise REMSA goal on 6 recommendations	Medium			1+	AARC	100%	radio & disaster surge
6.2 This group should consider system wide impacts	Medium			1+			requirements. County
6.3 Submit draft requirements for review by REMSA & EMS committees	Medium			2+			Ambulance Ordinance changes.
6.4 Develop protocols for IFTs with stricter medical oversight	Medium			2+		50%	
7. Assure a Financially Stable and Cost Effective EMS System			2, 3, 4, 5, 9,		REMSA		SB 867 Extends MADDY funds until Jan 1, 2027.
7.1 Establish methods/metrics to ID & quantify baseline costs in system	High		10, 11 & 12	2+			
7.2 ID current funding sources for the EMS system's services	High			2+			
7.3 ID & quantify costs /savings of improvements from this plan	High			2+			
7.4 ID mechanism for sustain funding for Strategic Plan improvements	High			2+			
7.5 Quantify expected funding changes from healthcare reform	High			2+			
7.6 ID Opportunities to improve economics from alternate EMS models	High						
8. Evaluate / Redesign EMS Administrative & Advisory Structure					REMSA		See REMSA org chart See committee org. chart Section 8 is completed and will be removed from matrix.
8.1 Adjust REMSA staffing compared to like size counties	Low			1+		100%	
8.2 Conduct baseline assessment of advisory & oversight groups	Low			1+			
8.3 Submit draft of advisory group models for stakeholder input	Low			1+			
8.4 Revise REMSA policies to support new committee structure	Low			1+			
9. Improve online Medical Direction, Leadership & System Coordination			7		REMSA		Regionalized medical direction model
9.1 Create physician advisory group	High			1+		100%	
9.2 Evaluate current base hospital model	Medium			1+			
9.3 Determine a role for a Medical Health Coordination Center (MHCC)	High			1+			
9.4 Develop the MHCC to support medical control & the MHOAC	High	7.4		1+			
10. Emergency Ambulance Agreement Improvements			7		REMSA	100%	Completed Section 10 to be removed
10.1 New ambulance agreement to include recommendations	High			1+		100%	
10.2 Implement new agreement by July 1, 2015	High			1+		100%	from matrix

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11. DOPH, Mental Health & Public Safety Partner on Public Education & prevention efforts			1 & 4		EMCC		All trauma centers provide injury prevention/ outreach
11.1 Assessment of leading causes of EMS transports	Medium	1.2, 4.1	1.2	1+			events annually. EMD has
11.2 Convene a TF to address the goal 11	Low	4.2	4.2	2+			expanded CERT trainings to
11.3 Establish agreements for goal 11	Low	4.1 & 4.2					include Psychological first
11.4 ID resources and funding for goal 11	Low		7.4	2+			aid.
11.5 Implement outreach, education and prevention strategies	Low	7.4	4.3	2+		70%	
12. System-wide Education Program for EMS Personnel					REMSA		Two EMT programs have
12.1 Investigate alternate education techniques	Low	3.1	3.1	2+		25%	begun online EMT refresher
12.2 Update educational programs to address patient needs	High	1.3	1.3 & 11.5	OG	Edu &	30%	programs. The 2016
12.3 EMS education conducted with qualified medical advisors	Medium	9	9	2+	Training	15%	protocol update includes
12.4 Development of core contents for various levels of EMS providers	Low			2+	Comm.	15%	care for Mechanical
12.5 Explore funding sources for educational programs	Low	7	7	OG		15%	Circulatory Support and
12.6 EMS Ed providers establish relationships with academic institutions	Low			2+		20%	Stroke patients.
12.7 Develop innovative solutions for educational barriers	Low			2+		25%	
12.8 Develop bridging / transitioning programs	Low			2+		20%	
12.9 TF for continued ed. initiatives within primary & secondary programs	Low			2+		20%	