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Washington State Department of Health
Office of Community Health Systems
Rural Health and Emergency Medical Services Sections

EMS Attributes of Success Workbook

2019

Washington State Department of Health

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Vision Statement

Every EMS service is capable of providing effective, efficient, patient-centric, quality care, all of which is measurable, while putting the patients' needs first and engaging their communities transparently. That is what defines a successful EMS service and demonstrates the characteristics of a high-performing EMS service. Simple steps can help an ambulance service become or remain successful regardless of where that EMS service is on the continuum of success. This workbook serves as a tool to assist ambulance services to attain success and to perform at a high level.

Acknowledgement

Thank you to the Wisconsin Office of Rural Health for its assistance in preparing and creating this workbook. A special thank you to Penny Black, rural health epidemiologist at the Wisconsin Office of Rural Health, who provided professional guidance to the state of Washington throughout the 2019 Rural EMS Service Survey. Additionally, the Washington State Department of Health would like to thank John Eich, director of the Wisconsin Office of Rural Health, for his guidance and hands-on assistance in developing the workbook.

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Introduction

In 2015, a national group of EMS providers and advocates identified 18 attributes of successful EMS services and five levels of performance within each attribute. The Wisconsin Office of Rural Health created this workbook to be a resource guide for EMS services that are interested in improving their performance in any or all of the 18 attributes. This is not intended to be a technical roadmap but rather a means of considering and determining how the EMS service can move to the next level of performance in each attribute.

The workbook is designed for use by EMS services:

- Regardless of service level, roster size, call volume, or geographic location.
- Interested in improving performance in some, many, or all of the attributes.

- Looking to make either large multiple level improvements or small incremental improvements. These level improvements are referred to as steps from this point forward in the workbook.

Keys to Performance Improvement Success

Originally the 2019 Rural EMS Service Survey was completed by a single source in each EMS service. Ideally the best way to identify your true score is to have multiple (ideally, all) members of your EMS service complete the survey and come to a consensus on the current step of performance for your EMS service

Use the workbook's collection of examples, tools, and resources to develop an improvement plan that best fits the needs of your EMS service.

Engage all members in your EMS service in implementing improvement efforts.

A Written Call Schedule

Question 1

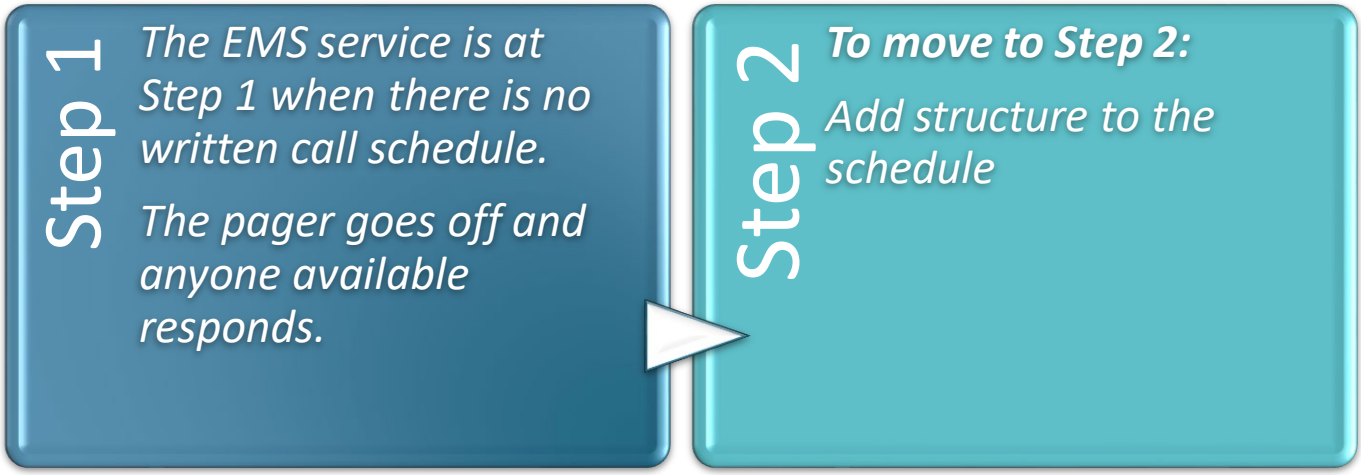
Objective: *The EMS service will have:*

1. A written schedule

2. Distributed two weeks or more in advance of the scheduled date

3. Including open shifts filled prior to a shift beginning.

Improving from Step 1 to Step 2

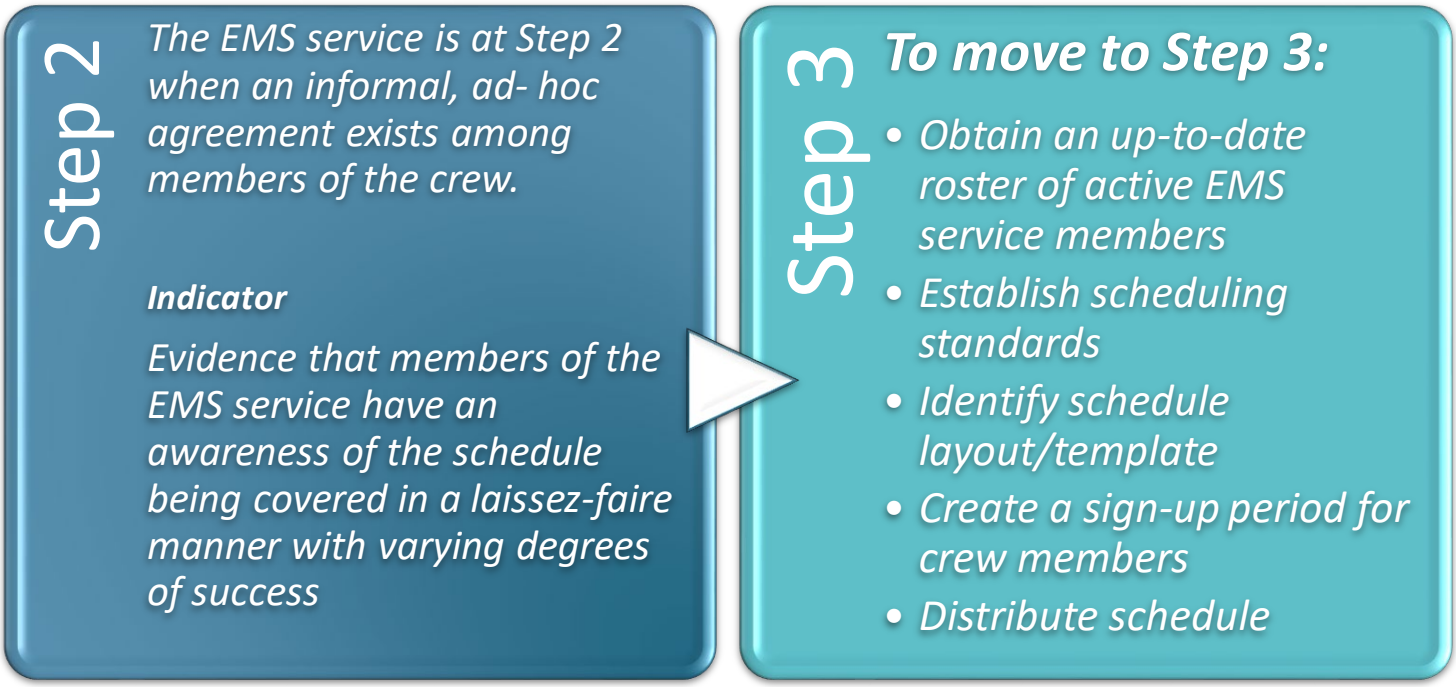


Sometimes the axiom "form follows function" is practically applied when an EMS service is in basic survival mode and whatever can be cobbled together for staffing at any given time is better than nothing. Sometimes calling another member of the EMS service who is known to have flexibility in leaving work or someone who is known to be available "right now" accomplishes the goal of staffing an ambulance for an immediate call. However, "just-in-time" staffing does not aid in creating a stable EMS service and is not an attribute of a successful EMS service.

Providing structure to a call schedule will promote stability and enable the EMS service to measure its staffing needs. Many other parameters of a successful EMS service hinge on staffing – which depends on a well-developed call schedule.

To begin adding structure to a schedule, the members of the EMS service can simply agree, through discussions with each other, who will cover which shifts. When this level of agreement exists, the members will know who is available to cover different periods of time and who is not. A general awareness of which member is available or unavailable will help the group work together to fill in here and there as needed to try to accomplish the goal of covering the schedule.

Improving from Step 2 to Step 3



Creating or updating a list of all members who are recognized as being active EMS service members and who contribute to covering call time and responding on calls starts the process (see Section 7, *"Formal Personnel Standards"*). This will likely require the EMS service to consider and establish standards for issues related to scheduling, such as:

- The minimum requirements for a member to be on the roster;
- The best length of call shift (hours per shift) for the patient, the EMS service, and its members;
- How members will sign up for or be assigned call shifts;
- How open, uncovered shifts will be assigned or covered, and,
- How members are expected to document trades they make with each other.

Determining such standards can be accomplished by decision of the EMS service leader, by vote of the membership, or by consensus of a sub-group given the responsibility of determining the standard. The important piece is to establish the standard so it can be applied in developing and using a call schedule. Elements of the standard can be changed as needed in the future; it is more important to have the standards defined than perfected.

Although several electronic solutions are available to aid in laying out a written call schedule, developing a call schedule can begin by laying out the days of the week for a period of time – for this step of the development process, one week – with each day containing the number of slots to allow for the scheduling of the desired number of staff members for each slot on the schedule.

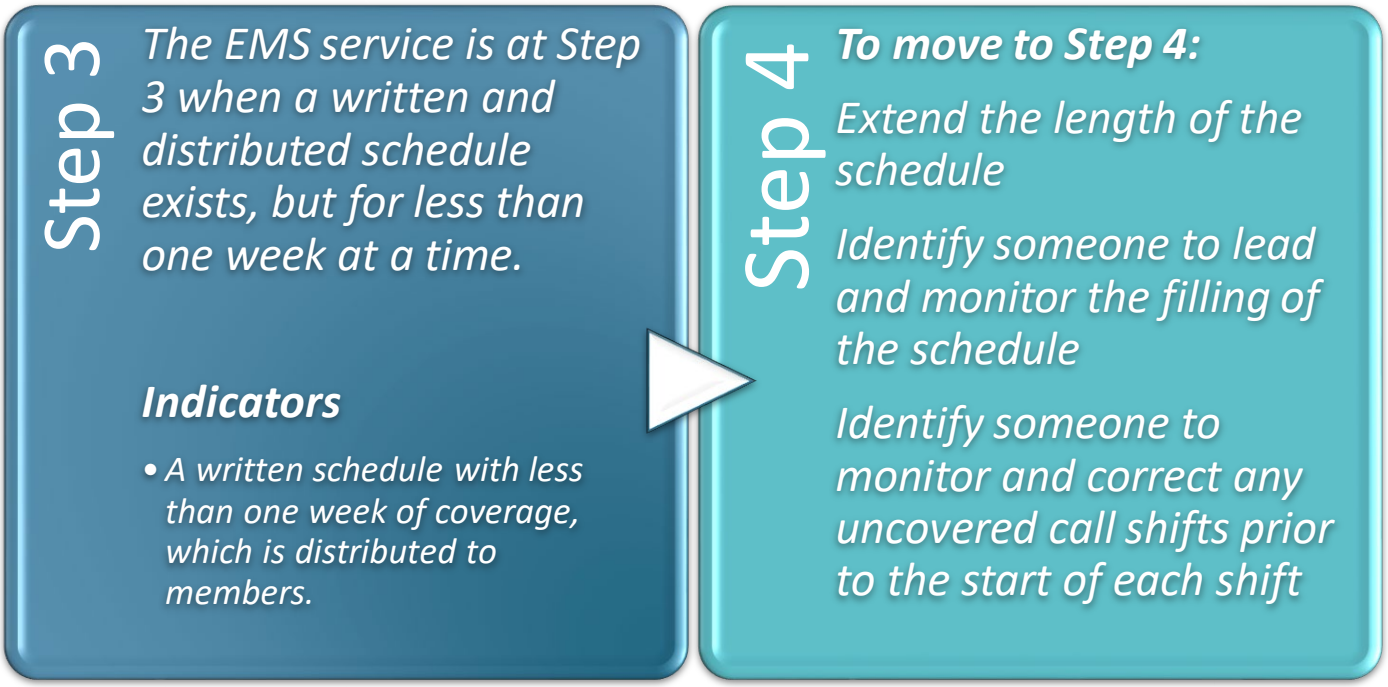
Call Schedule Example:

	Mon Jun 3	Tue Jun 4	Wed Jun 5	Thu Jun 6	Fri Jun 7	Sat Jun 8	Sun Jun 9
0700-1500	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
1500-2300	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.
2300-0700	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.	1. 2. 3.

Filling the schedule is accomplished by creating a sign-up period for EMS service members to choose which call shifts they want to cover or by assigning each EMS service member to the number of call shifts, as determined in the standard created for covering call shifts. If the method to be used is to have the EMS service members select and sign up for the shifts they want to fill, it is necessary to have a pre-determined standard defining the call sign-up period and outlining how shifts left uncovered after the members have made their preferences known will be filled. The written schedule should be filled completely prior to distribution.

Distribution of the written schedule should be made in accordance with the preferences of the EMS service members. A combination of print and electronic copies will meet most members' needs.

Improving from Step 3 to Step 4



With a one-week schedule created in the previous step, the EMS services can now focus on extending the length of the schedule so staffing can be determined one week or longer in advance. The same actions taken in Step 1 will be used to build the schedule beyond the one-week time frame used previously. In asking the members to declare their availability over a longer period of time, or perhaps assigning call times as an alternate option, now may be the time to consider filling one of two specific roles for expediency and helpfulness to the members who will fill the schedule.

The two roles that need to be filled are:

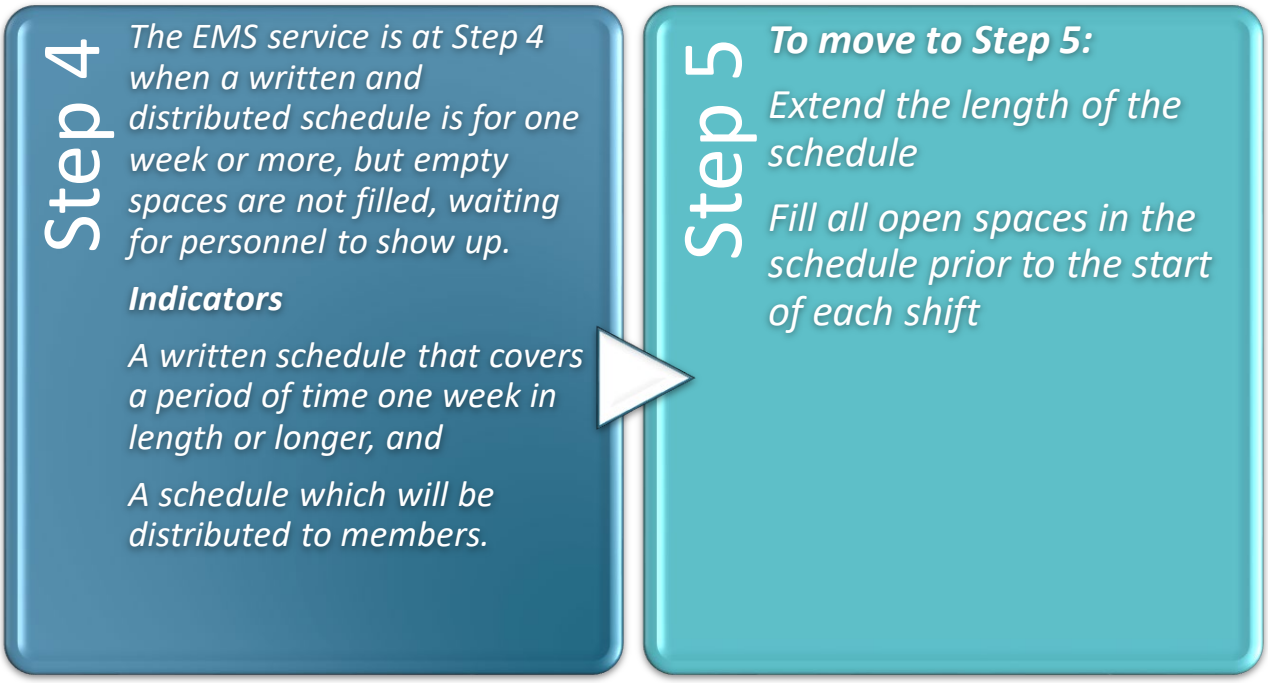
1. Someone to lead and monitor the filling of the schedule on a recurring basis for the period of time in advance of the dates the schedule covers.
2. To monitor and correct any uncovered call shifts prior to the start of each shift. This can be accomplished by making one individual responsible for scheduling functions.

One method to accomplish this is by selecting a scheduling officer. Identifying this officer should not occur until the overall process is defined and is in place. This is to avoid the unintended consequence of having the scheduling officer identified as “the one who did this.” This formalized scheduling effort is owned by the EMS service’s entire membership and not perceived to be owned by an individual.

The EMS service will benefit by having a written job description for this officer. In addition to being responsible for filling open slots according to established standards, the scheduling officer will be in a position to ensure the standards established are followed to provide fair and consistent structure to the scheduling process. This officer will also be in a good position to gather, record and report important information to be reviewed by the EMS service, such as number of shifts covered prior to the start of the shift daily, weekly or monthly (with a goal of 100 percent), number of shifts uncovered at the start of a shift over the same period, number of EMS service members meeting the sign-up standards, number of EMS service members not meeting the same standards, etc.

Again, it is not necessary at this time to fill the role that will be responsible for assuring all schedule slots are filled prior to the start of each shift. That role can be filled later, in the next step, if preferred.

Improving from Step 4 to Step 5



To achieve this level of success the EMS service will need to demonstrate the ability to extend the schedule further out (two weeks or more) and to fill all open spaces (slots) in the schedule prior to the start of each shift. The same steps taken in the previous two steps will be used to build the schedule beyond the one-week time frame used previously. Having the scheduling officer established in Step 4 filled will provide the support the members need to walk through the scheduling process. The longer the period of time the schedule covers – and longer is a good thing – the more likely changes will need to be made as members' lives demand changes. Here is where the value of the scheduling officer is apparent: to help with changes, keep track of changes and ensure that all open spaces in the schedule are filled prior to the start of each shift.

The additional function required in this step is to ensure all spaces on the schedule are filled prior to the start of each shift. The scheduling officer will need to proactively contact members as he or she sees open spaces and as the scheduled time for those open spaces approaches. Gleaning from the measurements mentioned in the previous step, the scheduling officer will be in a good position to offer factual opinions on where the weaknesses and strengths are in the schedule. In the future, the EMS service may need to assess those insights and consider what staffing positions need to be addressed, possibly with periods of paid staff or other means of ensuring coverage.

Identifying as a Step 5

The EMS service is at a Step 5 when a written and distributed schedule is for two weeks or more. Empty spaces are filled prior to shift beginning.

Indicators

- A written schedule that covers a period of two weeks in length or longer, and
- A schedule that will be distributed to members

A successful ambulance service always looks toward improvement in all that it does. With a schedule written and published, and with specific metrics consistently gathered, the EMS service will be ready to make decisions.

If performance declines in a certain area where a standard exists, steps can be taken to validate the standard and – if necessary – to modify the procedure to enhance overall performance. As the EMS service sees changes in call volumes and call types, affecting the staff time necessary to cover all of the requests for service, the EMS service will be better positioned to make decisions informed by current and desired performance.

Continuing Education

Question 2

Objective: *The service (a) will offer (internally or externally) continuing education, (b) which is based on QI/QA findings, (c) with medical director and/or hospital input, and (d) which is taught by a certified educator.*

Improving from Step 1 to Step 2

Step 1

The EMS service is at Step 1 when no continuing education is offered.

Step 2

To move to Step 2:

- *Commit to providing the CE crew members need to maintain licensure*
- *Create list of required CE and corresponding training calendar*
- *If providing CE from external source, identify providers*
- *If providing CE from internal source, identify instructors and class materials*
- *Document all CE provided*

EMS service members have shown they can and do remain licensed even if the EMS service provides no continuing education (CE). The EMS service loses a tremendous opportunity to improve and solidify the care it provides to its patients if and when the EMS service is completely removed from the CE its members receive. A strong medical-legal argument can be made that the EMS service must be involved in its members' CE. Failure to be involved divorces the EMS service from the concepts and practices being taught through CE and will lead to a general erosion of

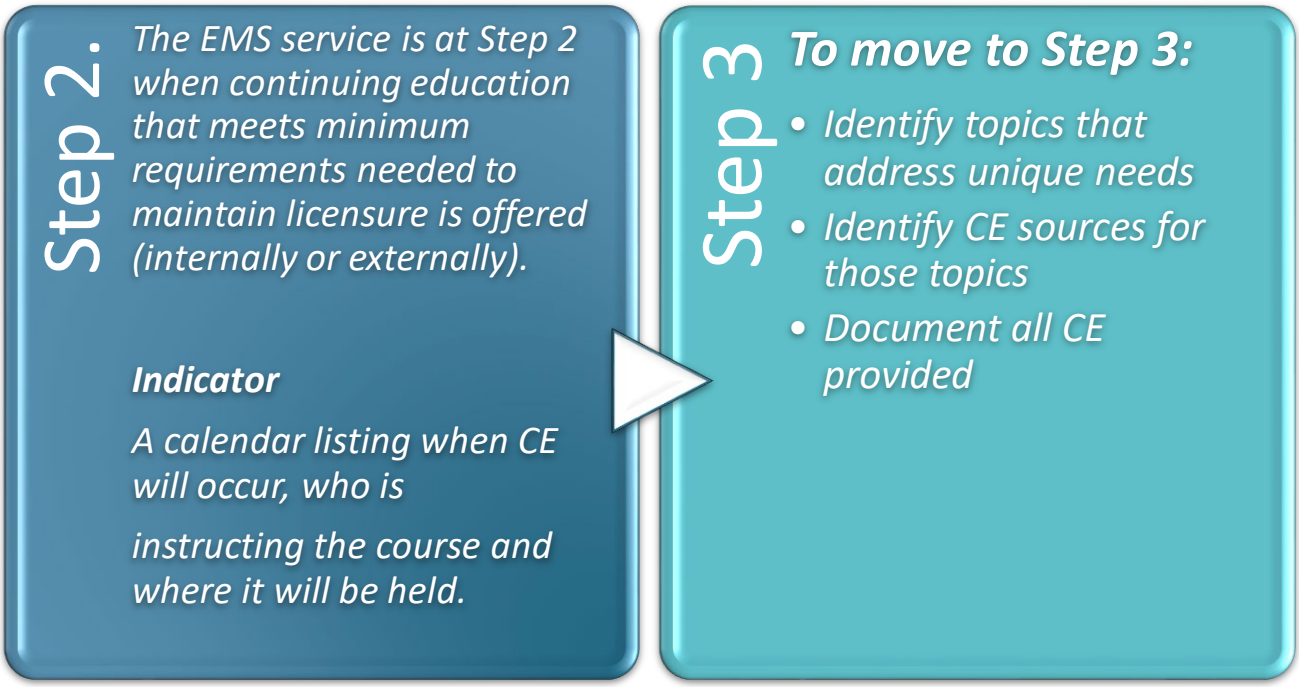
coordinated care by the EMS service. Successful ambulance services invest heavily in the CE of their members.

At a minimum, the EMS service should set as an immediate goal that the EMS service will provide, either internally or externally, the CE its members need to maintain licensure. By doing this, the EMS service will demonstrate that it is well-informed regarding requirements of its members. It will also show that it has intentionally and thoughtfully connected those requirements with sources for CE that meet licensure requirements and the EMS service's expectations.

The EMS service can offer CE either internally or through external educational sources. If the EMS service is only beginning its efforts in education, it may be prudent to have external sources provide the CE. The EMS service can learn valuable lessons in providing CE by observing and understanding what an experienced external source does in providing CE.

In either case, the EMS service will establish itself as the driver of CE for its members and must also ensure that it understands the requirements needed to maintain licensure. A list should be created of the required CE. A corresponding calendar should be created identifying when the training will be done and who will do the training. If an external source is used, the EMS service will select the CE sessions it recognizes as needed and will schedule the sessions for its members. If the EMS service is doing its own CE, lesson objectives, class materials (equipment and supplies), and instructors will need to be created, identified and engaged. Feedback should be obtained from the class members after each class is done to gather information, which can be used for improving the next class.

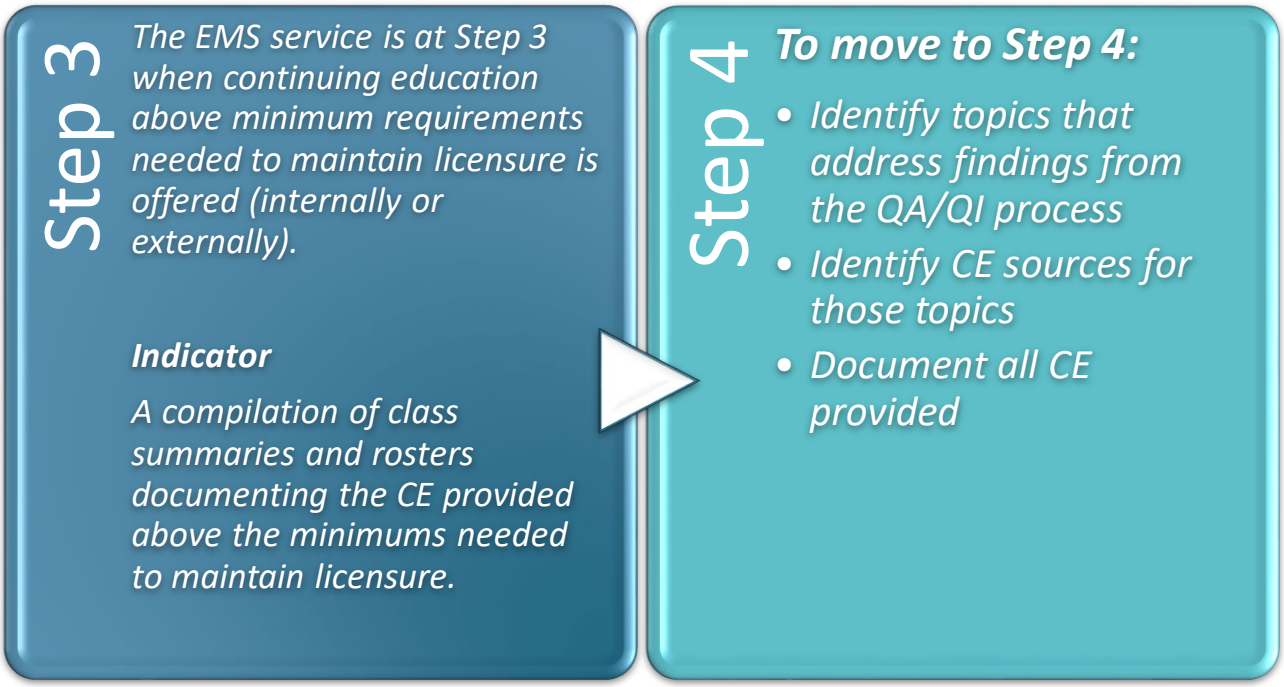
Improving from Step 2 to Step 3



Once the EMS service has established itself as the source for CE for its members, the EMS service can add CE as deemed appropriate. There may be times when specific education is needed due to the EMS service's unique need – for example, perhaps the EMS service is located in a mining area that presents a variety of rescue and operational needs, perhaps there are international borders to contend with, perhaps a sizable population of a different culture lives in the service area. Members of the EMS service will benefit from CE focused specifically on situations the EMS service faces.

EMS service members are often the best source of input when topics for CE are being developed. When the CE will be above that needed for licensure, the members are well qualified to identify topics that are troublesome or worrisome to them. The EMS service can use that input to find external sources that can provide the CE or it can use the feedback to construct classes to be taught internally. Again, each time a class is taught a class summary should be constructed that includes things such as objectives, resources expected to be used in the class, who will teach the class, the teacher's qualifications, and the length and location of the class. The summary and the class roster can be used for documentation of the class.

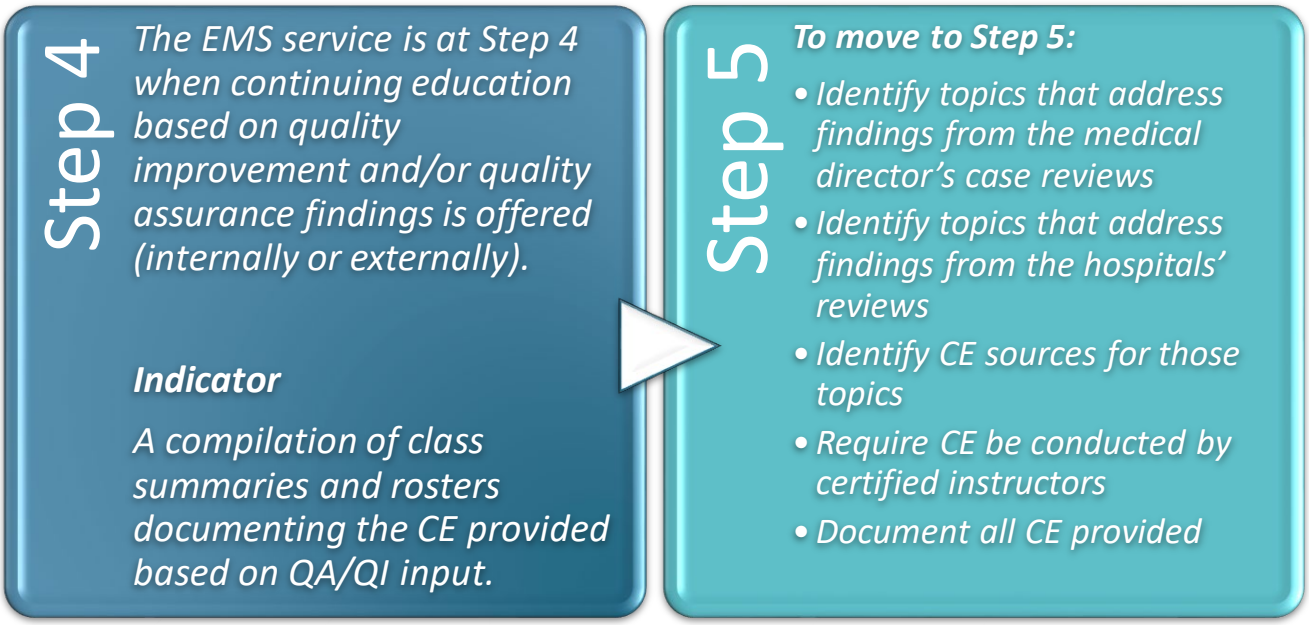
Improving from Step 3 to Step 4



As the QA/QI process (Section 5) develops and matures, that process should provide outputs directing the inclusion of specific topics to be addressed through CE. The outputs from quality will be included in the CE developed for the members of the EMS. For purposes of an example only, perhaps the QA process has been following a specific performance measure, such as the interval of time between arrival on the scene and the first recorded vital signs, and has determined an improvement of 10 percent is desired. Summarized in a simple manner, the EMS service needs to ensure an internal or external source is identified to provide training directed at reducing the interval of time measured by 10 percent.

In this step, as in the previous step, each time a class is taught a class summary should be constructed that will include things such as objectives, resources expected to be used in the class, who will teach the class, the teacher's qualifications, and length and location of the class. The class summary and the class roster can be used for documentation of the class.

Improving from Step 4 to Step 5



In this step, the EMS service will include input from the medical director and/or hospital in CE development and will ensure a certified instructor is used for the CE provided.

The medical director (see Section 3) must have effective input into CE. It is anticipated that case reviews conducted by the medical director will identify specific patient care and EMS operation issues to be addressed. Perhaps the medical director, by virtue of the case reviews done, notes that administration of oxygen is either delayed or missed in a specific group of patients he or she recognizes as a group known to benefit from early administration of supplemental oxygen. In this example, the EMS service is responsible to seek out or create and provide CE to address the issue so patients served receive the care the medical director wants delivered. Similarly, the hospital or hospitals the EMS service works with need to have input into CE training based on reviews the hospital(s) conducts. In both cases, the responsibility is held by the EMS service to ensure the CE is provided to its members to address issues identified.

Certified educators add another dimension of credibility to CE provided to members of the EMS service. If CE is arranged for and provided by an external source, the EMS service can require that the CE be presented by a certified instructor. If the CE is provided through an internal program, the EMS service must determine the path each instructor must pursue

to gain certification, and then provide the necessary financial and other support to the instructor(s) to ensure each educator obtains the certification. Upon completion of the certification process, the EMS service should establish a means of retaining credentialing records for all instructors it uses.

Finally, as in the other steps, for each CE class conducted the EMS service must ensure that proper and complete course documentation is created and retained.

Identifying as a Step 5

The EMS service is at a Step 5 when continuing education based on quality improvement and/or quality assurance findings, with medical director and/or hospital input, and taught by a certified educator is offered (internally or externally).

Indicators

- Documentation of CE course content developed based on input from the medical director or hospital, and
- Official documentation attesting to the certification of the educators who present the training.

A Written Policy and Procedure Manual

Question 3

Objective: *The EMS service (1) will have all policies and procedures documented in a formal manual, (2) members will refer to and use the formal manual systematically, (3) will update the policies on a pre-determined periodic basis, and (4) will have a formal manual written to the level of detail necessary so that anyone from the team could step in and do the job correctly.*

Improving from Step 1 to Step 2

EMS services can function at an acceptable level, even enduring a turnover of members, for years with needed information and details known by long-term members. In this scenario, newer members are placed in a position – which is not all bad – of needing to learn practices, procedures and methods used collectively by the EMS service to deliver care to patients.

There are pitfalls in using this methodology. For example, too much information is often held by too few people, and no formally acknowledged policies or procedures are identified as being normal and routine practices of the EMS service. Crisis can occur when the major information holders are no longer part of the EMS service or when the EMS service

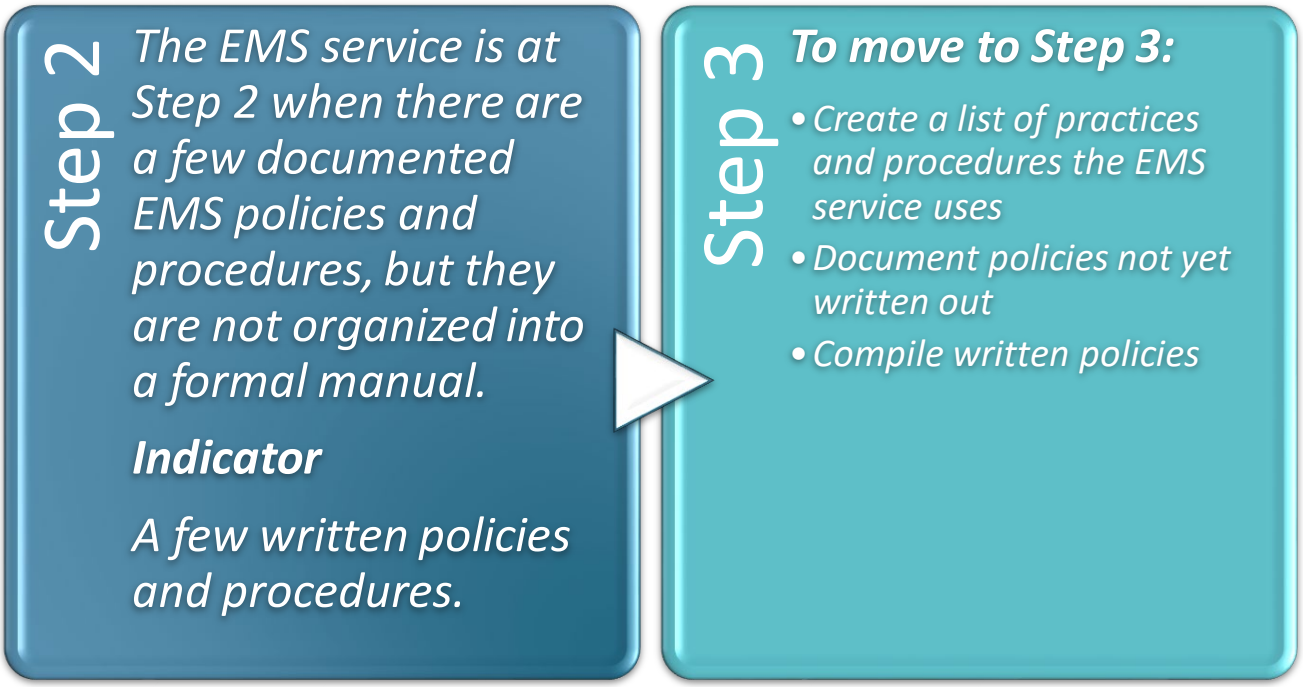
provided is challenged formally. Further, a quality process fails to be effective without established, formal policies and procedures.

The outputs required in this attribute lay a solid foundation for an EMS service focused on long-term stability and quality improvement, both leading to maintaining and improving patient care.

Progressing in this attribute is as straightforward as committing a few policies to writing. How the policies are written can certainly be done in a way that best fits the members of the EMS service. Generally, a written policy will have (1) a title, (2) a section stating the purpose, (3) procedures that provide detail to the level necessary so members can perform the function in a thorough and standard way, and (4) the date the policy was written and updated. Sometimes it is helpful to note which other policies relate to the one being viewed.

Examples of policy formats and templates can be found using electronic resources available. Many organizations are willing to share written policies with other EMS services developing their own.

Improving from Step 2 to Step 3



Creating the Manual

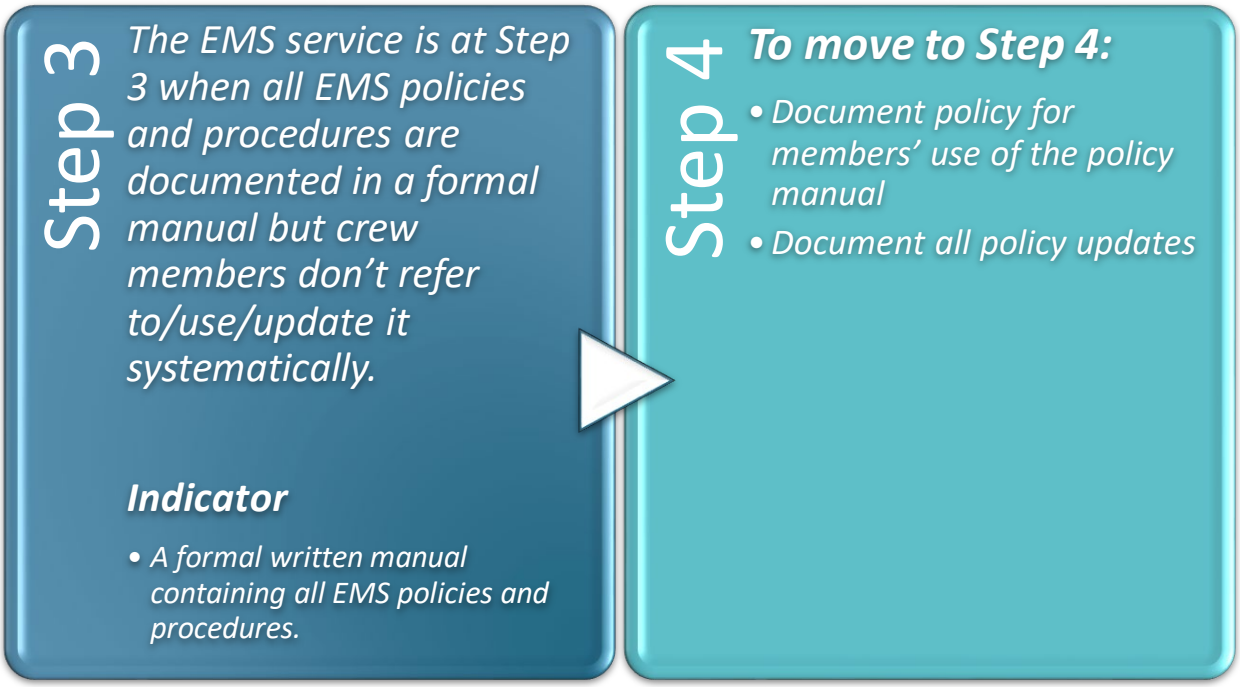
The output generated by the EMS service in Step 2 is replicated in this step to encompass all practices and procedures essential for the EMS service to operate. One may argue that the list of practices and procedures an EMS service might follow at some time in its existence is never-ending, making this effort overwhelming. The EMS service can begin by creating a list of the practices and procedures used frequently by all members. Input for this list can come from all EMS service members in response to a request for them to submit a list of those practices and procedures they use on each call. Using time at a meeting to which all members are invited or expected to attend will harvest a broad range of practices and procedures used on each call. This list can serve as a to-do list to begin committing policies to writing.

Organizing the Manual

As the policies are written, detailing the practices and procedures used by the EMS service, the list will grow. Organizing the policies into sections will increase the manual's usability. A section on ambulance operations may contain policies related to readiness of the vehicle

and equipment. It may include details of the minimum amount of fuel necessary to be in the vehicle's fuel tank. A section on patient care may contain policies on initial patient care, when to give supplemental oxygen, how to use establish an intraosseous infusion, when spinal precautions will be taken, etc. Other sections that may be included could have to do with patient billing practices, purchasing supplies, paying bills, agreeing to provide standby services at charitable or for-profit events, etc.

Improving from Step 3 to Step 4



The manual will need a policy on use of the policy manual by members. Here, the members will be instructed in how the policy manual will help them apply standard responses to similar situations, regardless of who is involved or affected by the situation. This policy is one of the first each member should become familiar with, as it will create a common understanding of what is to be expected in regards to application of all the policies.

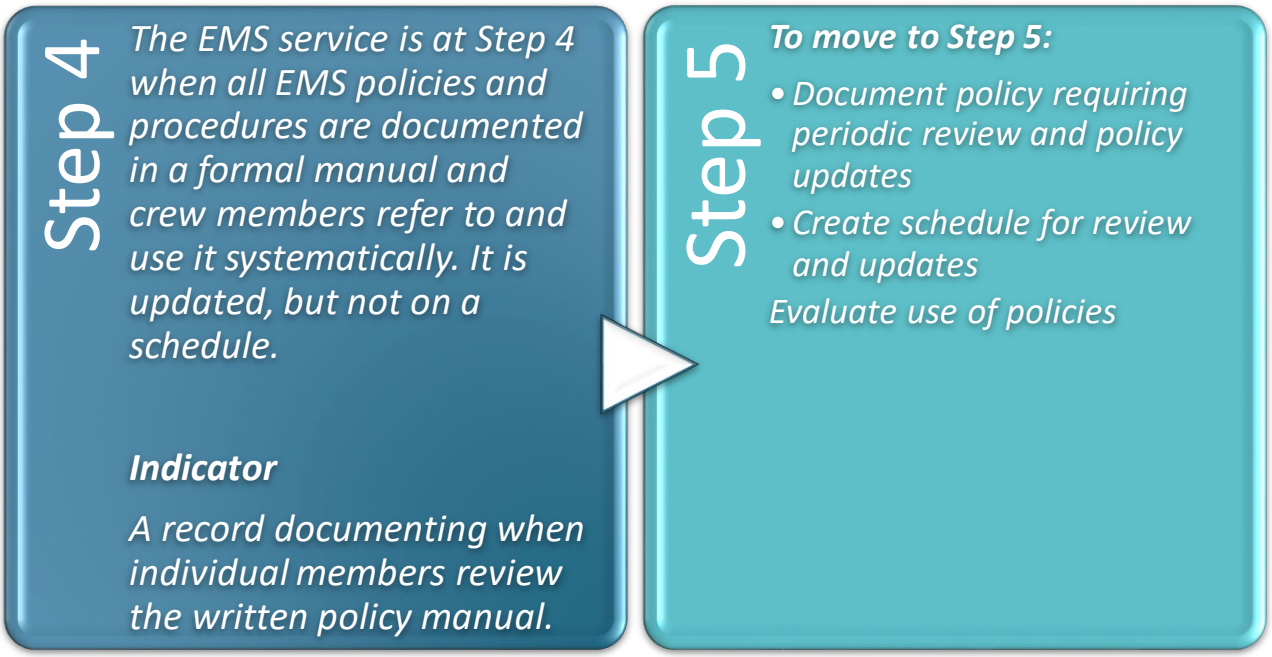
The manual contains a collection of policies, functionally defined by procedures and practices, by which compliance with the policy can be measured. This is a significant value of having written policies.

A policy on members' use of the manual establishes a means by which the individual members' use of and familiarity with the policy manual and individual policies will be

assessed. The members should be asked to provide feedback on the content of the policies, which should be used to update the policies. A requirement that the individual member will refer to and review a specific portion of the policies on a defined basis – monthly or quarterly, for example – must be included. The policy must also require that the review needs to be documented. This can be accomplished by having the member communicate completion by email or by signing a completion form, which then would be included in a summary quantifying how many members have completed their review.

When policies are updated, the date of the update should be included on the written policy.

Improving from Step 4 to Step 5



Updating Manual on a Schedule

A policy requiring periodic review and updating of all policies must also be included in the formal policy manual. The policy will identify who is responsible to ensure the periodic review occurs and the frequency each policy is to be reviewed.

A periodic review of the policies will provide opportunity to ensure the policies are current, relevant and reflective of current practice. Input into the review should be as broad-based as practical, gathering members' input. The review and update of the policies should be timed so they occur prior to the review of the policies by individual members.

Evaluating Usability

Having formal, written policies is important. Knowing they are usable is essential. To determine if a policy is usable, as part of a larger review process, ideally using the education process, members are asked to cite specific policies they would use to solve operational questions, problems, or challenges in a scenario presented. Evidence of the completion and success of the educational exercise will be documented and used for improving how the

policies are written, and for determining what improvements can be made to help the members better understand how to use the policies.

Identifying as a Step 5

The EMS service is at a Step 5 when all EMS policies and procedures are documented in a formal manual (completed in the previous step) and crew members refer to/use/update it systematically. It is written to the level of detail necessary that anyone from the crew could step in and do the job correctly.

Indicator

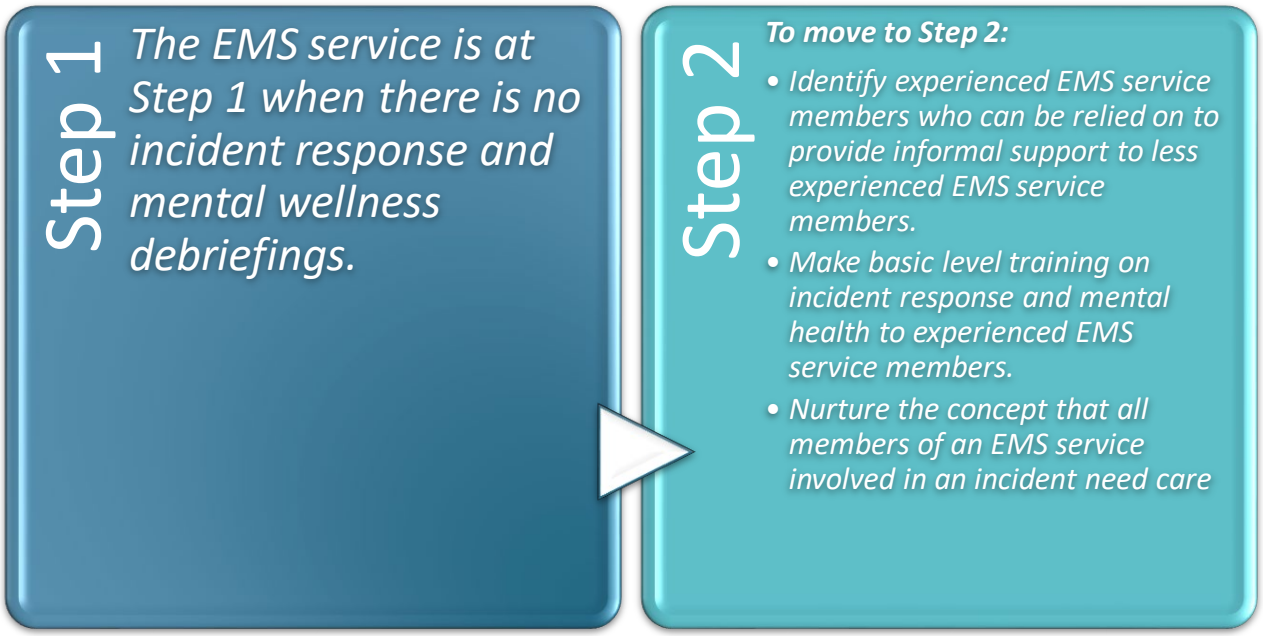
- Verifiable documentation of regular updating of the policies and documentation demonstrating
- The individual members' proficiency in using the policies to appropriately address operational issues.

Incident Response and Mental Wellness

Question 4

Objective: *The EMS service (a) will have informal and positive debriefing and support from more experienced members, (b) will be provided with notification by dispatch at the time of a possible incident, (c) will have leadership trained in incident response, (d) has a policy of debriefing affected members, (e) will have professional counseling offered at reduced or no charge to members, and (f) will have follow-up check-in with affected members as standard procedure.*

Improving from Step 1 to Step 2



EMS providers are recognized for the care and compassion they extend to others in need. Putting patients' needs ahead of their own is demonstrated in multiple portions of their lives. They quickly set aside their personal and family agenda to respond when an alert goes out. They frequently put themselves at risk on calls. They outwardly and inwardly grieve for those who have suffered injury or loss. And they rarely pay attention to their own needs on or off the job. Published reports say that a high percentage of EMS providers experience significant stress, and nearly the same percentage have not sought out or received help in dealing with the stress.

An EMS service can have a significant effect in members' well-being by becoming aware of the effect of incident responses, and by committing to mitigate and address some of that effect in a deliberate and effective manner.

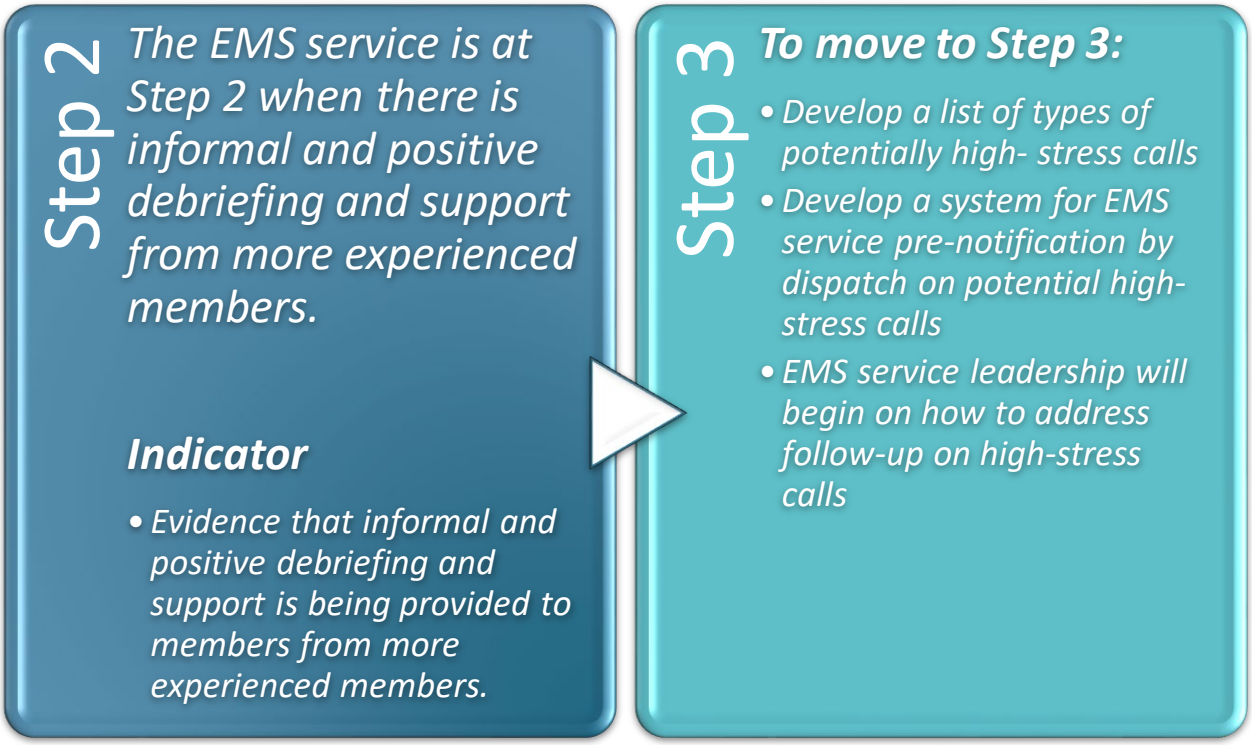
It is the EMS service's responsibility to put plans in place to care for members who so freely and with purpose expose themselves to the threats of physical and emotional damage. Successful ambulance services demonstrate the ability to reduce the effect of incidents on members through specific actions, plans and programs they implement.

Many resources are available on establishing a means to address incident response and mental wellness associated with ambulance calls members of the EMS service go on. One of the most effective is the presence of experienced members who are involved in an incident – those who have experienced responses to high-stress calls and now are serving alongside other EMS service members.

To ensure the more experienced members are prepared to provide co-workers with informal and positive debriefing and support, it is prudent for the EMS service to ensure some common understanding of incident response debriefing is held by all members of the EMS service. Providing basic training on incident response and mental health will help the more experienced members understand the role they can fill. It is a role they are probably already aware of, but perhaps need permission to exercise. Remember, in any incident response stress is reduced when roles are clarified. That is true also for the more experienced members being relied on to provide informal and positive debriefing and support to co-workers.

A tremendously significant caution needs to be made at this point: Do not let the experience of the members of the EMS service obscure the fact that all members of the EMS service involved in an incident need care.

Improving from Step 2 to Step 3



When members of the EMS service have been involved in a high-stress call, it is appropriate to initiate a planned effort to address members' needs as early as possible. The care can begin during the ambulance call and should continue until the entire plan for care has been completed.

A fundamental step that will enable the EMS service to activate a care plan for its members, is early notification by dispatch of a potentially high-stress call. Such a call will serve as an alert that is needed for the EMS service to activate resources. (Additional discussion on a larger plan will be taken up in Step 3.) The EMS service will need to work out a system with dispatch identifying a list of potentially high-stress calls. Examples of call categories that are often considered high stress include those that involve a critical pediatric patient, a fatality, major trauma, suicide, or other horrific circumstance. When calls in the identified categories are received by dispatch, a specific notification to specific members of the EMS service will be made. Dispatch must have a procedure in place to alert the supervisor of the EMS service or some other designated officer of the potentially high- stress call.

Although the goal is to achieve a pre-alert to all potential high stress calls, it is likely the pre-alert will need to be monitored and improved. It is unrealistic to think the initial list and the procedure established will accomplish everything each party expects. It is wise to measure the number of times dispatch notifies the designated EMS service leader in comparison to the number of calls received which fit into the recognized group of high-stress calls. By measuring this, the EMS service and dispatch will be able to accurately review the effort's proficiency, build improvement plans, and retain an objective perspective when a high-stress call is missed.

In addition to establishing the link between dispatch and EMS service leadership, EMS service leadership must address issues related to incident responses and mental health. Ample resources are available to the EMS service to guide development of practices and policies to address this issue. The guidance available includes things to be considered while responding, and on the scene, as well as after the incident.

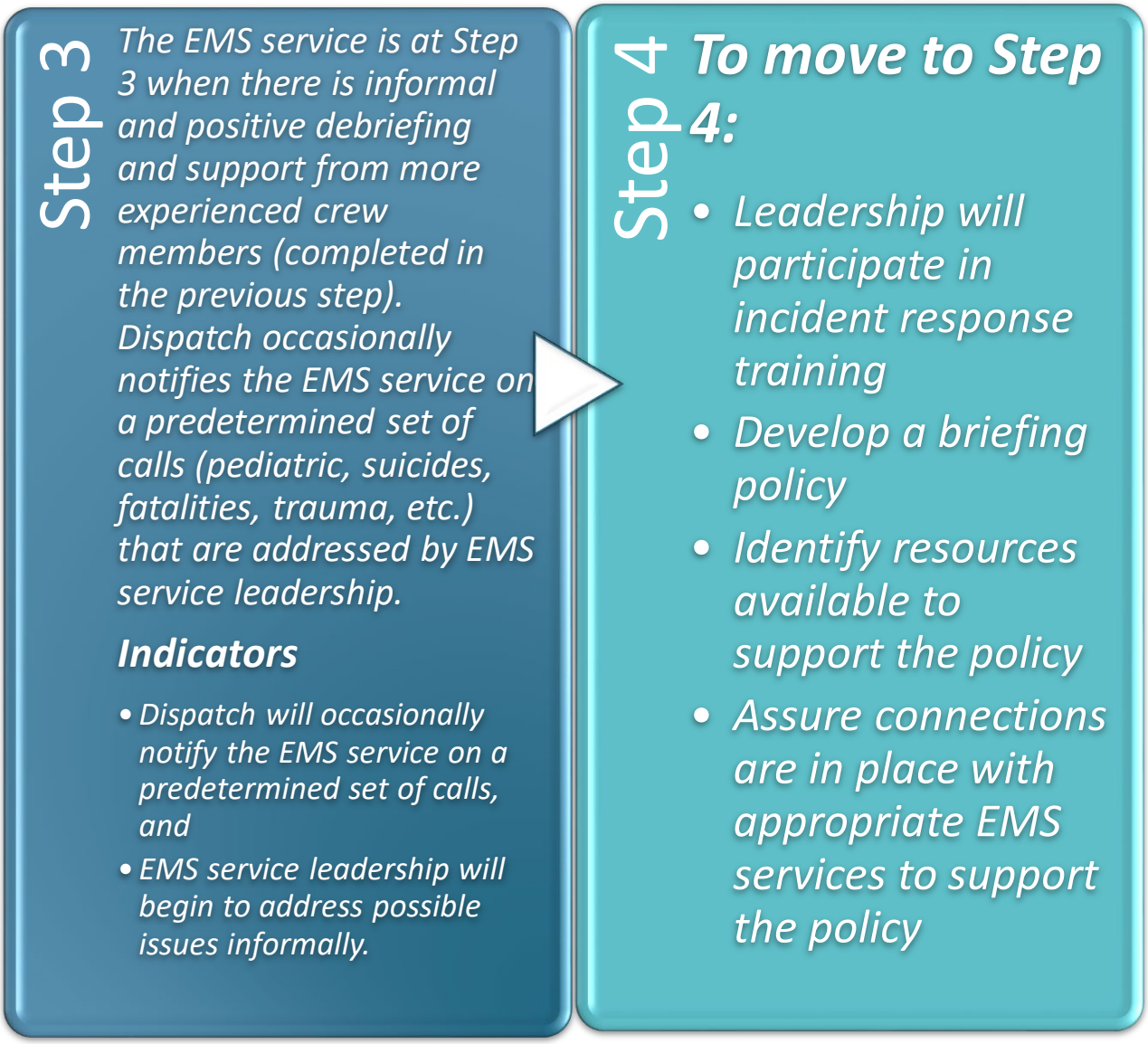
Some information that will guide development of an incident response plan may seem like common sense or general information. Discussions need to occur within the EMS service's leadership and with the entire membership of the EMS service to identify and validate necessary steps to be taken. As an example, resources such as one the Occupational Safety and Health Administration (OSHA) provides can be a discussion starter for conversations.

OSHA Example

Some of the common sense things noted in resources can easily become a starting point for action plans related to, "We could do this," or "Doing two or three of these things right now could make a difference."

When there is no formal plan, intentional discussion and informal responses to identified deficiencies can make an immediate difference in members' well-being.

Improving from Step 3 to Step 4



In this step, leadership of the EMS service will receive training in incident response. This is the first step in a larger effort, creating a plan to address high-stress calls that members encounter. Creating the plan will require considerable effort. EMS service leaders must complete training so a common basis of knowledge regarding incident response and mental wellness is established. Some resources may already exist in the community, perhaps within a hospital or a social service EMS service or a government-funded resource group in

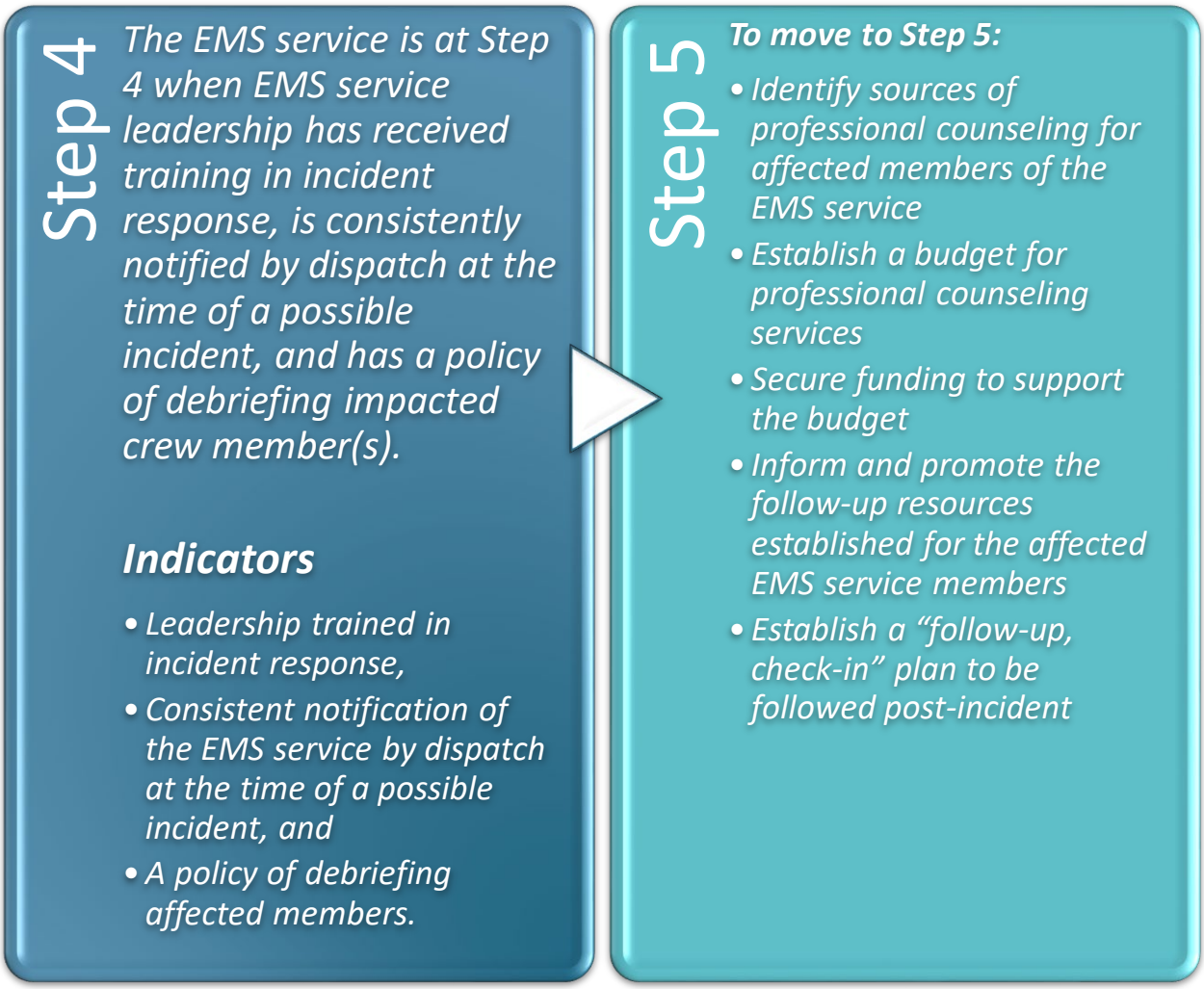
a local or nearby university or rural health group. There is little or no merit in reinventing resources already available on this topic.

Any time the EMS service provides or receives training intended to affect its practices, a policy or other similarly accepted guide (a standard operating practice or SOP) should accompany the training. This policy will serve as a resource and guide to EMS service members.

Establishing and implementing a debriefing policy is a sizable effort. The EMS service will need to collaborate with other organizations and EMS services to successfully accomplish this effort. It is the EMS service's responsibility to know what resources are available to its members. It is the EMS service's responsibility to establish the connections necessary so those resources are available to the EMS service and its members when needed. The International Critical Incident Stress Foundation (www.ICISF.org) and other similar organizations have information that will be helpful to build a new team and to locate existing teams to model the developing team after.

Regardless of where the EMS service obtains assistance, a policy must be developed and put in place outlining steps the EMS service will take to support members involved in high-stress calls.

Improving from Step 4 to Step 5



A well-written policy, the primary point of discussion in Step 3, must include options for professional counseling and follow up check-ins with affected members. The EMS service should be ready to offer to bear the cost of professional counseling a member may wish to obtain. The EMS service will need to establish an agreement with more than one source of professional counseling that can be made available to members. The member(s) should have some input into which professional counselor he or she may desire to work with in the follow-up phase. This needs to be in place before an incident occurs, before counseling is needed. Often, professional counseling may be available through an employee assistance program as mentioned in Section 17, *"A Wellness Program for EMS service Staff."* Based on

best practices, the policy adopted should outline what the EMS service is willing to offer the member in regard to coverage of costs and number of professional counseling sessions available at no cost or at a reduced cost to the member.

Finally, as part of a comprehensive policy (plan), the EMS service must ensure there is an effective follow-up check-in practice in place. The plan needs to include consideration of the period of time between the incident and the formal debriefing when professional follow-up can be initiated. Members may be especially vulnerable after the incident and before formal debriefing. What the follow-up check-in practices should entail is best modeled after existing, thoughtful programs in other systems and EMS services.

Identifying as a Step 5

The EMS service is at a Step 5 when all of Step 4, plus professional counseling sessions are offered at reduced or no charge to crew members affected. Follow-up with affected members is standard procedure.

Indicators

- A mechanism will be in place to provide professional counseling sessions to affected members.
- Follow-up check-ins with affected members will be standard procedure.

A Sustainable Budget

Question 5

Objective: *The EMS service will have (a) a written budget, (b) a budget which is followed, (c) a budget which is used to make financial decisions and upon which actions are based, (d) policies in place defining purchasing procedures, limits and authorizations, (e) procedures for procuring equipment included in the budget or outside the stated budget, and (f) an operating reserve of at least six months in place.*

Improving from Step 1 to Step 2

In most EMS services, stability develops when the EMS service can account for its own financial needs. A written budget is the foundation for that stability. Prior to the development of a written budget, an EMS service will be attempting to provide patients needed care without a means of knowing how critical operational and equipment needs for that EMS service will be met.

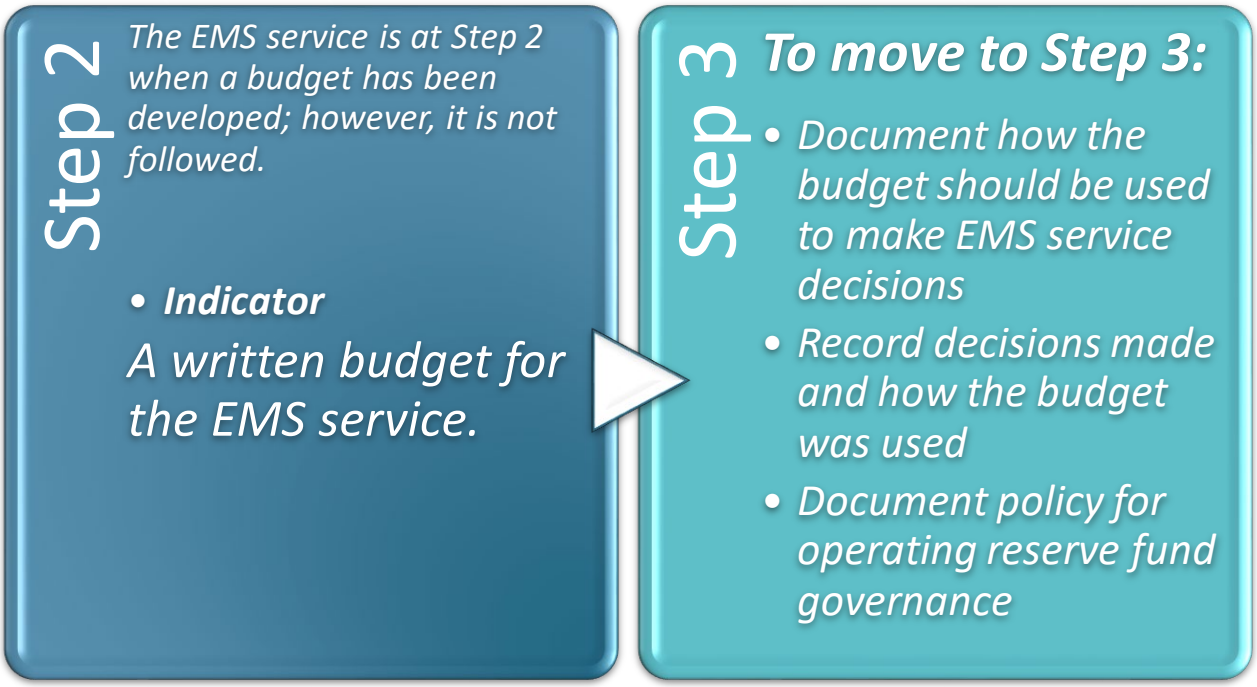
A written budget must be created. The EMS service needs to understand how much revenue it generates and how much it spends in various expense categories. Depending on the EMS service's size and complexity, professional help will likely be needed to create an accurate EMS service budget. This help could come from someone who has a financial or an accounting background or from a firm that provides such services.

Members of the EMS service can begin to understand the revenue and expense sides of a developing budget by identifying major expense categories. Briefly, expense categories will include personnel, vehicle, equipment, facility, supply, etc., with specific dollar amounts assigned to each category. Amounts assigned to each category can be tested for accuracy by retrospectively reviewing what actual expenses have been over time. If receipts have not been retained for expenses, retaining such receipts for a period of time – perhaps two or three months – and projecting the sample period over a 12-month period will provide an initial perspective on annual expenses. This will give a representative picture of the EMS service's expense budget. The budget created must include an amount to be used to establish an operating reserve, which will be held in an account separate from other operating funds for use in specific situations (see Step 3).

Depending on the size and complexity of the EMS service, it is possible for the EMS service to establish a simple expense budget similar to a personal household budget. On the other hand, portions of the budget related to assets held by the EMS service are best handled by a professional.

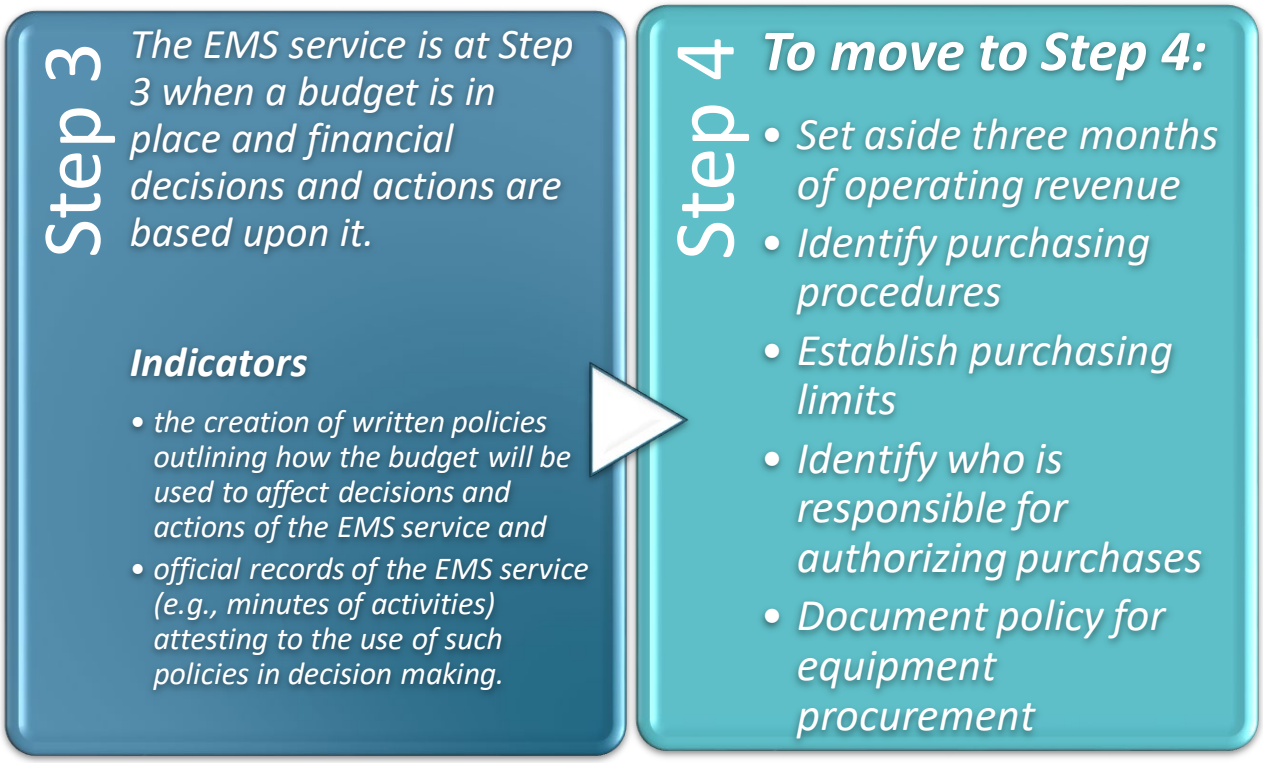
This is a significant task. Generally, it is prudent to enlist the help of a professional in financial services to assist the EMS service in the budget development.

Improving from Step 2 to Step 3



Once a budget is created, relying on coaching provided by a professional, the EMS service will learn to develop and maintain an awareness of funding available, as included in the budget, to fund specific expense items planned for by the EMS service. Written policies need to be established, providing guidance to all EMS service members, so that each member knows what role the budget plays in decisions they make. Those responsible for decisions affecting the EMS service's finances should be tasked with recording decisions made and indicating which policy or policies helped guide the decisions. These recorded decisions can be reviewed for compliance with the written policies. They can be used to identify where additional clarification needs to be made and where additional policies to streamline budget efforts should be constructed. A policy needs to be written to govern how the funds placed in the operating reserve fund can be used and what authorization is needed to use them.

Improving from Step 3 to Step 4



Following provisions in the operating budget to establish an operating reserve, the EMS service will set aside three months of operating revenue through acceptable accounting practices, to be used in strict accordance with the policy established earlier.

As the EMS service continues to develop its expertise in managing and using the budget and policies outlining how the budget will be used, further detail on purchasing procedures, purchasing limits, authorizations and procurement of equipment must be established.

Purchasing Procedures

The EMS service must outline what is expected when an item is purchased. Is there a specific vendor, organization or purchasing group that should be used to achieve best pricing on items? Is there a specific means that the order must be placed – online, during specific times of the month, in minimum quantities, etc.? The procedure for purchasing needs to be explicit enough so that any member who begins the process to purchase, by

design or out of need, will follow all means established to gain best pricing and to create the desired trail of documentation for budgeting purposes.

Purchasing Limits

To avoid potential undesired and unintended consequences, the EMS service should clearly identify how large a purchase that an individual can make on the EMS service's behalf. It is wise to allow members to use discretion, when necessary, to make critical purchases up to a pre-defined dollar amount when the item is needed to allow ongoing effective delivery of service. Sometimes, accounting practices require more than one person to approve a purchase. The level at which additional approval(s) is (are) necessary needs to be clearly defined and individuals approved to authorize such purchases need to be clearly identified. A standard means of recording such purchases must also be established for all to understand and proficiently use. As with all policies, these fiscal policies must be presented to all members of the EMS service and understanding of the policies must be assessed for each EMS service member.

Authorizations

The EMS service must identify who has responsibility for authorizing purchase at various levels. If individual members are to be given authority to make critical purchases, as noted above, the definition of "critical" should be clear and a maximum dollar amount for such purchases must be clearly identified. Similar clear direction needs to be given in written form so everyone knows who is authorized to approve the next level of purchases for the EMS service. It is effective to require multiple signatures on orders exceeding specifically established dollar amounts. Again, those authorized to sign such orders should be clearly written and available for all to access.

Procurement of Equipment

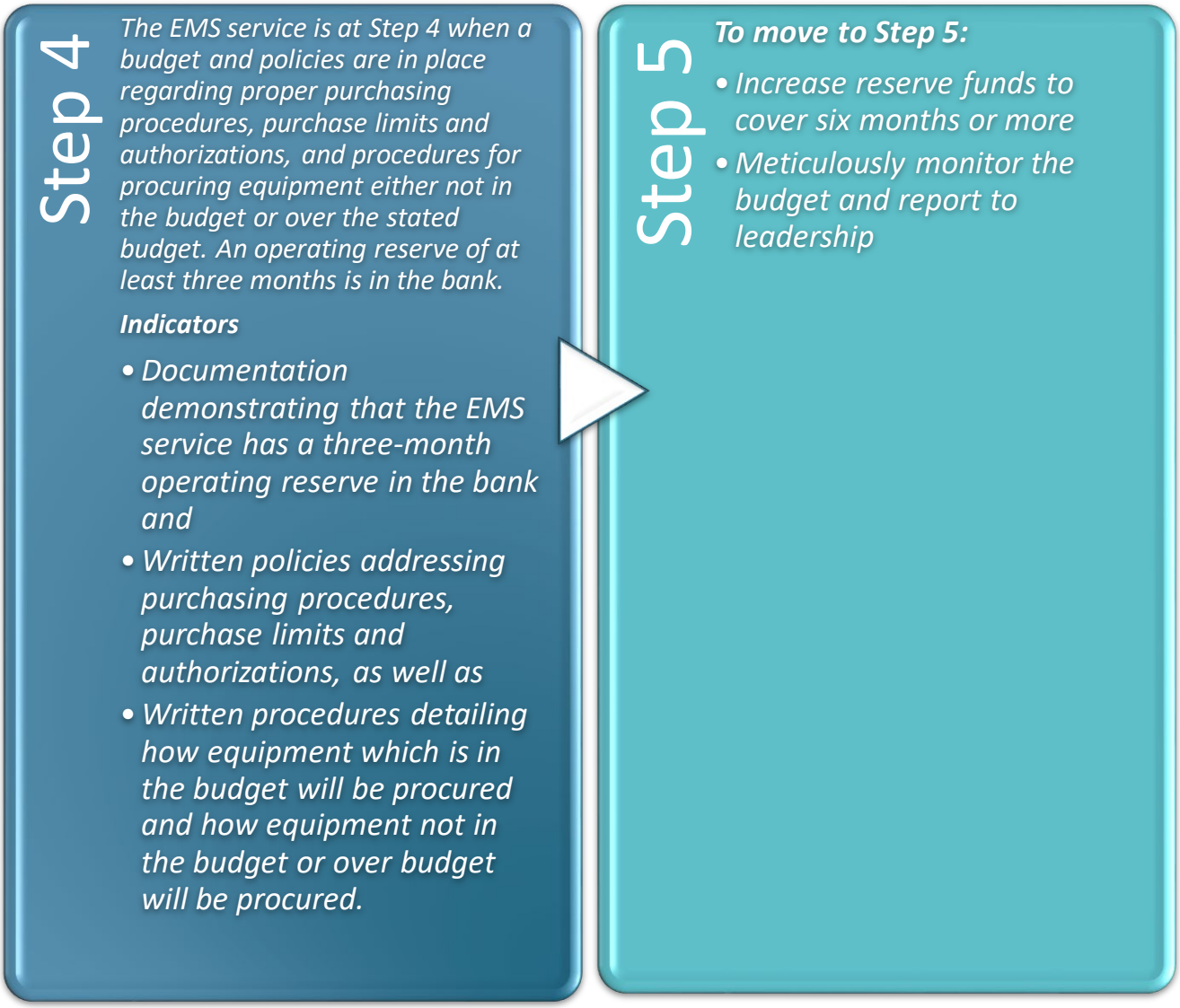
Purchasing equipment is generally a different type of purchase than other consumable supply purchases. Buying equipment should be the result of careful and thoughtful planning, as opposed to smaller, necessary purchases such as fuel or patient-care supplies. Ideally, purchasing equipment will be a function that includes quality reviews, medical director input, and budget planning.

When it is known that a certain piece of equipment needs to be added or purchased for replacement purposes, the expense can be included in the budget for the next budget cycle.

By placing the item in the next budget cycle, the EMS service begins a methodical and deliberate process of determining what equipment is needed and how soon it can be added. When the equipment has been included in the budget, its purchase, similar to purchases noted in the "Authorizations" section above, must follow a pre-established written policy clearly identifying what conditions must be met prior to having the designated member(s) apply signatory approval to the purchase. Conditions to be met might include a summary review of all expenditures to ensure the budget has not been overspent in other areas, or perhaps a review of revenue as compared to projected revenue. Both of these reviews will help determine if the budget is accurate enough to allow the equipment purchase at the current time.

These practices for purchasing equipment will help establish and maintain the budget's integrity and will serve other purposes, such as guiding the EMS service to well-thought-out decisions, minimally affected by knee-jerk reactions to a specific situation or sales pitches resulting in hasty, unplanned purchases. Unplanned, quick purchases almost always cost more and often circumvent systems to purchase what is most needed to care for the patient over the long term.

Improving from Step 4 to Step 5



In the final step within this attribute, using the outputs already created in this attribute, the EMS service will demonstrate stability as the minimum operating reserve increases from three months to six months.

As much effort and monitoring as was required to establish a budget and accumulate a three-month operating revenue reserve, increased effort and diligence is needed so that the additional operating revenue reserve can be established. For most EMS services, it is not a simple matter of increasing revenue. Therefore, the focus of efforts will need to be on careful and intentional fiscal restraint in all areas of expense to build the reserve. As the reserve increases, it is not uncommon to experience increasing difficultly to avoid using

some of the revenue generated for other non-budgeted but worthwhile expenditures. To counteract this pressure, even more rigorous application of the steps committed to and taken previously by the EMS service must be taken. Unrelenting application of all budget-related policies, including the policy governing how the operating revenue reserve will be used, must occur. Continual engagement of all members who directly affect the expenses of the organization should be sustained. Updates on financial progress and success in following the budget should be provided. Meticulous monitoring of budgets should double-down and immediate steps should be taken if the metrics being monitored indicate a deviation from the budget. Regular reporting to leadership and membership, as appropriate, will help maintain awareness, which will help reach this final objective.

Identifying as a Step 5

The EMS service is at a Step 5 when a budget and policies are in place regarding proper purchasing procedures, purchase limits and authorizations, and procedures for procuring equipment either not in the budget or over the stated budget. An operating reserve of at least six months is in the bank and the reserve has been in place for at least one year.

Indicator

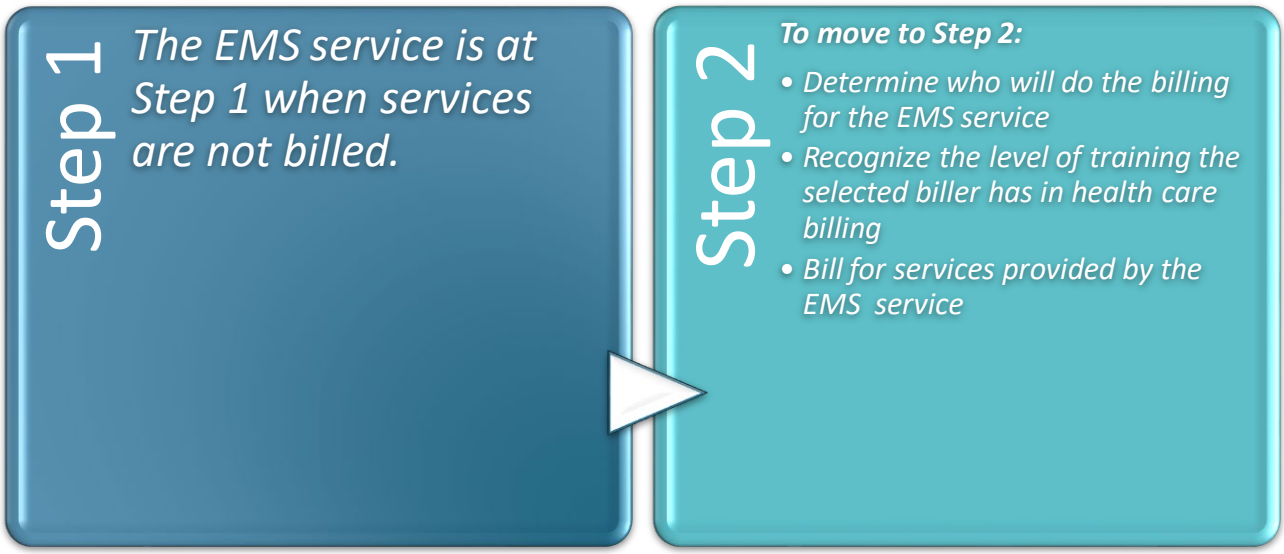
- Documentation demonstrating that the EMS service has a six-month operating reserve in the ban
- Has had it there for at least one year.

A Professional Billing Process

Question 6

Objective: *The EMS service (a) will bill for services, (b) will have claims submitted by a certified biller or billing service, (c) will submit claims in less than 30 days, (d) will have HIPAA- compliant billing policies, and (e) will have policies to handle claims that have been denied or have a balance due..*

Improving from Step 1 to Step 2



Some would say, "It's all about money." Maybe there is more truth to that phrase than those who want to focus only on the needs of the patient and the community served are willing to admit. Budgets support patient care. Generating revenue fuels budgets so the EMS service can prudently direct the revenue to specific expense items. Sources of revenue are limited and are generally becoming fewer. Additionally, the nationwide trend toward decreasing volunteerism threatens the too-often unrecognized and unaccounted for resource provided by EMS service volunteers.

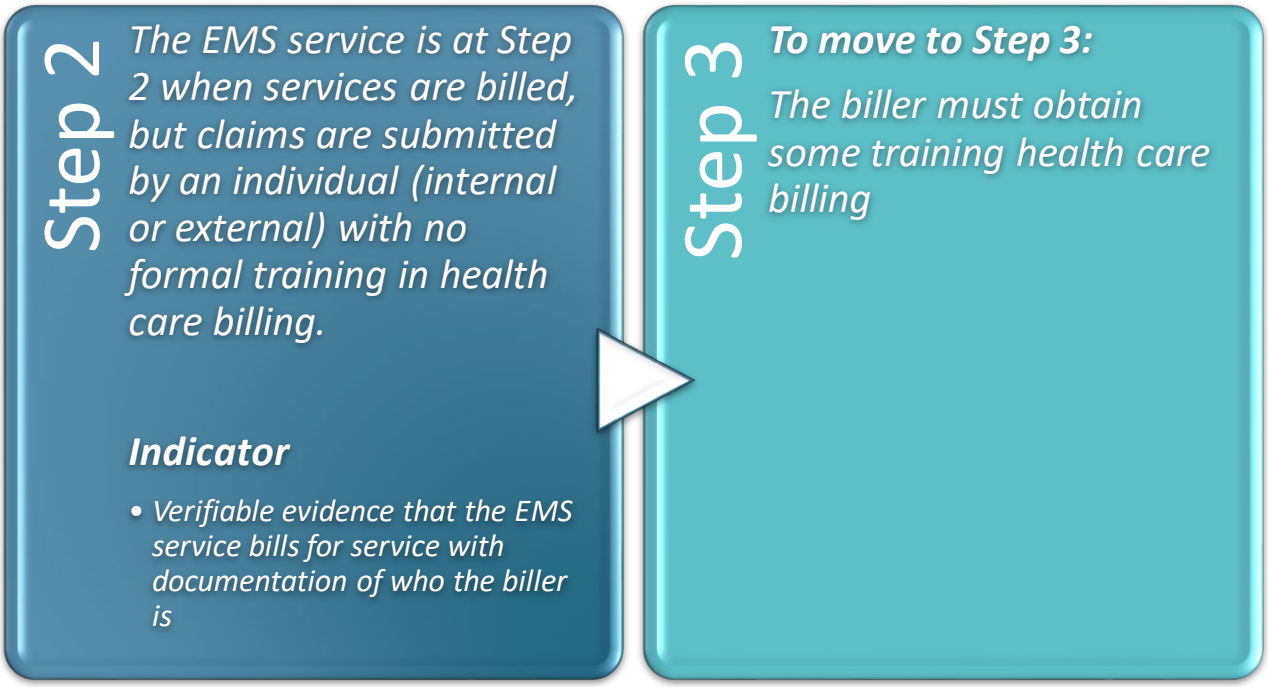
Rarely can an EMS service leap from a score of "1" for an attribute to a score of "5" in a single step. Establishing a professional billing service may be an example of an attribute

where that can occur. Most EMS services have it within their reach to seek out and find a well-qualified and respected commercial billing service that can provide a full billing service at a specific, agreed-upon fee. Each EMS service should, at a minimum, consider this option. Reasons for such consideration will become evident as Steps 1 through 4 are outlined below.

To achieve a score of "2" the EMS service must bill for its services. This alone may be a significant change in practice for some EMS services, likely more so for services that have relied for years on the support of the community to help fund the EMS service by means of charitable events and donations. Billing for services provided contributes to the foundation needed for the EMS service to establish and maintain stability and is intertwined with several other discussions on attributes, including budgets (Section 9), equipment (Section 12), staffing (Section 7), and others.

For the EMS service to bill for services, it needs to identify who will do the EMS service's billing. Some EMS services choose to have a willing member of the EMS service fill this role. Others choose to have a volunteer who does billing for some other business do this for the EMS service. To bill, the person will need to create a bill for each service provided by the EMS service. The bill could be individually produced or it could be generated from some sort of software option – of which there are many – that will generate a bill for a service provided once the person has entered certain data. Many of these software options are generic and may not address ambulance-specific issues related to billing.

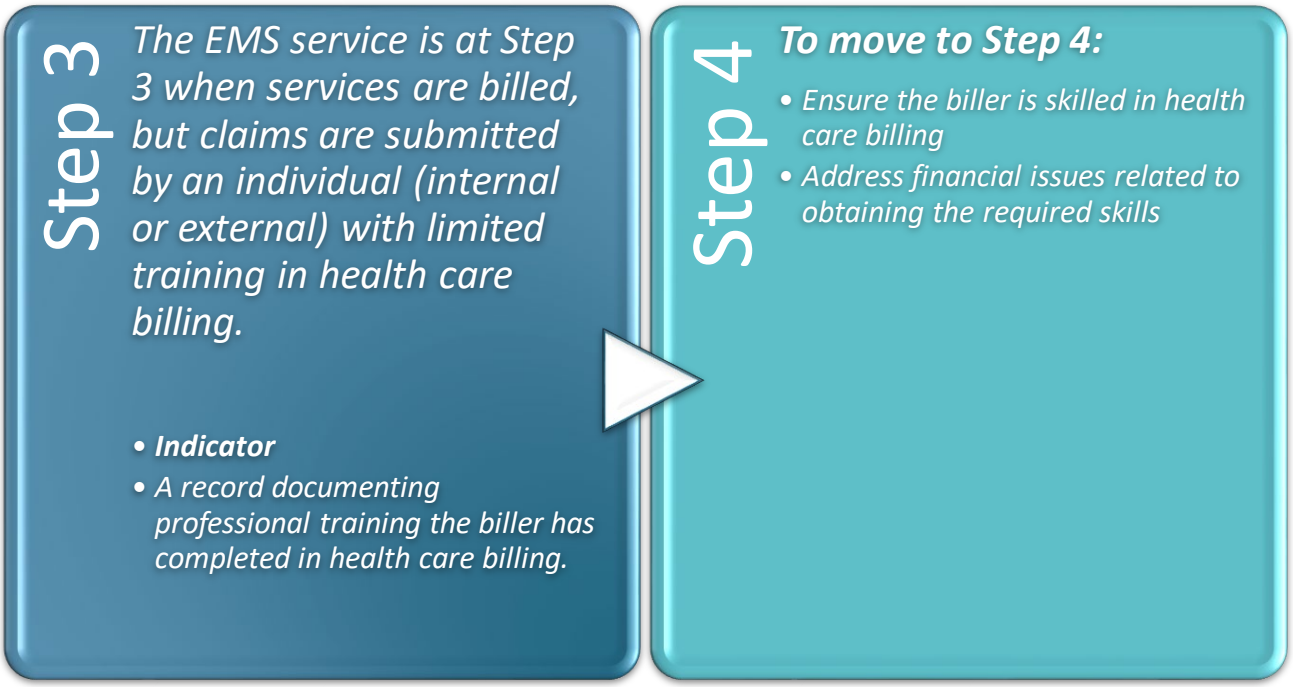
Improving from Step 2 to Step 3



Billing for ambulance services is best served by a biller with some training in health care billing. Requirements and restrictions placed on health care EMS services are many and often complex. To avoid unintentional violations of standards that govern ambulance-service billing, the biller needs to have formal training in such practices. Unintended consequences related to billing inappropriately may include violation of regulations placed on health care EMS services by the government and specific requirements of third-party payers, such as insurance companies and loss of revenue that may have been recovered if billing specific practices were met. Training for ambulance-service billers should be elements of the certified ambulance coder credential from the National Academy of Ambulance Coding. Additional information related to this can be found through electronic sources related to ambulance billing training.

To achieve this level of performance, the EMS service may look at other health care systems that employ billers specifically to bill for health care services and seek out a biller from within that system who may be willing to do the EMS service's billing. Short of finding a biller who brings some training in health care billing with them to the EMS service, the EMS service will need to find training opportunities as noted in the previous paragraph for its biller to attend so that biller can begin to create a formal dossier of professional training received in health care billing.

Improving from Step 3 to Step 4

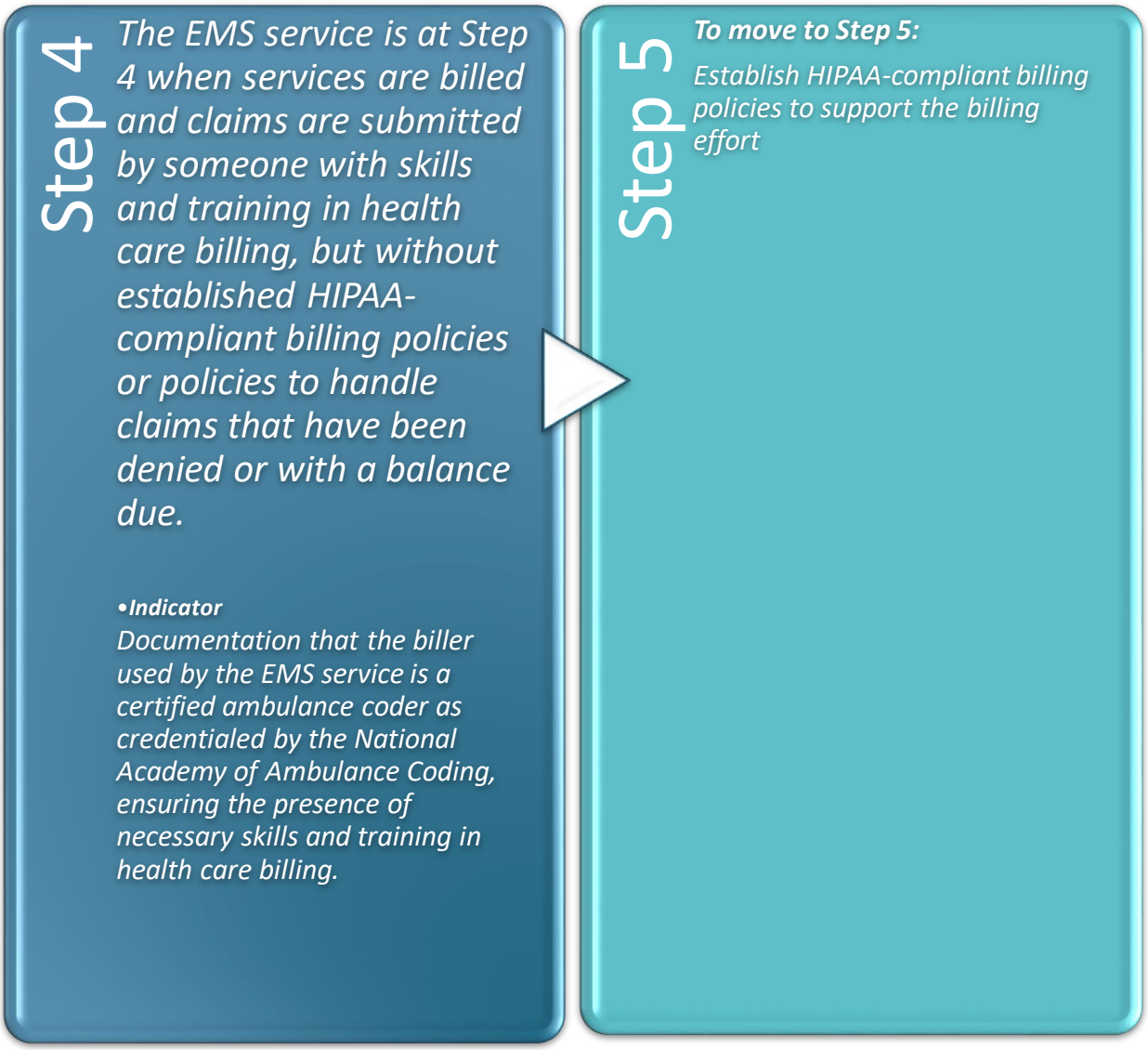


The EMS service will meet this level of performance if the biller doing the billing for the EMS service is a certified ambulance coder as credentialed by the National Academy of Ambulance Coding. The EMS service may choose to attempt to recruit an individual with this credential from inside or outside of the EMS service. Alternately, the EMS service may choose to embark on supporting the EMS service's biller in the education and training needed to obtain credentialing. In either case, the EMS service must recognize, plan and fund the training either directly (paying for the courses) or indirectly (e.g., through increased fees for doing the billing or an increased hourly wage if the EMS service is paying to have the billing done).

In some settings, there may be an opportunity to have the local hospital or other health care business do the EMS service's billing. Sometimes the local hospital is reluctant to take this on because of various nuances specific to ambulance billing. If the hospital is willing to provide this service, a billing contract should exist between the EMS service and the hospital specifying the level of credentialing the EMS service requires, the specifics of how and when the billing will be done, and a fair-market fee to be paid to the hospital for the billing service. This will achieve the move toward professional billing for services as the EMS

service desires and will help to avoid “safe harbor” violations, which could incur penalties for both parties.

Improving from Step 4 to Step 5



Regardless of who does the billing, the EMS service must have the assurance that policies and practices are in place to ensure the process is HIPAA-compliant. The EMS service can rightfully ask to see such policies if there is a separate EMS service or agent doing the billing for the EMS service. If the EMS service retains responsibility for all aspects of billing for services, then the EMS service must create and implement the policies and ensure they are being followed.

Similarly, the EMS service must decide how aggressively unpaid bills will be pursued, up to and including if and when a collection service will be used as opposed to when a bill will be written off.

Identifying as a Step 5

The EMS service is at a Step 5 when services are billed and claims are submitted by a certified biller (internal or external) or billing service, in a timely manner (fewer than 30 days), with established HIPAA-compliant billing policies and policies to handle claims that have been denied or with a balance due.

Indicators

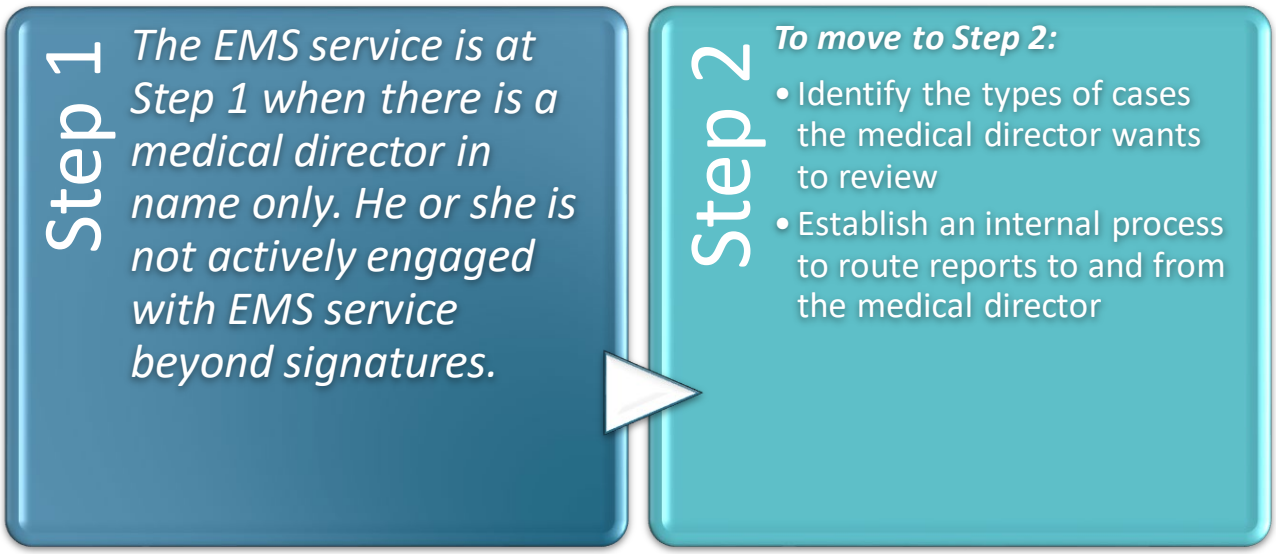
- Documentation demonstrating that HIPAA-compliant billing policies are in place,
- Policies establishing how claims which have been denied or with a balance due will be handled.

Medical Director Involvement

Question 7

Objective: *The EMS service will have a medical director who (a) is an integral part of EMS within the EMS service, (b) proactively engages the EMS service to review cases within 30 days, (c) provides regular feedback to the EMS service, (d) is involved in planning and delivering education to the EMS service, (e) is an advocate for the EMS service, especially to the hospital ED/ER contacts.*

Improving from Step 1 to Step 2



Most EMS services are required to have a medical director, a critical element to build on as the EMS service pursues excellence. It is common to find medical director involvement that ranges from "in name only" for some EMS services to having a fully engaged medical director serving as the EMS service's best advocate in multiple arenas while reviewing, understanding, formulating and recommending patient care improvements and educational standards and requirements for the EMS service members. Although not addressed as an outcome in this section, establishing a written agreement with a medical director will help establish formal recognition of the EMS service's needs, and the services and time the medical director is willing and capable to invest in the EMS operations of the EMS service.

The steps that follow will move the EMS service progressively to the fully engaged level of participation. These steps will be accomplished through thoughtful and deliberate interaction with the EMS service's medical director.

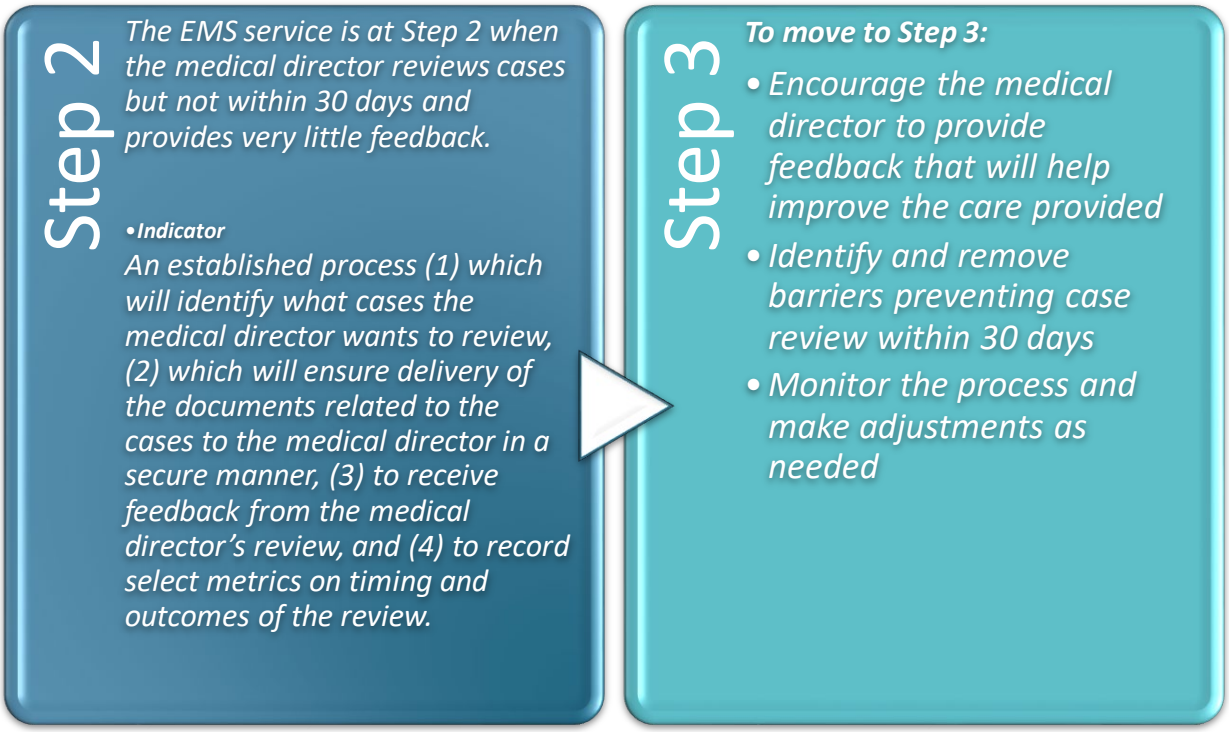
The primary objective for Step 2 is to develop a system and provide what is needed to enable the medical director to receive and review cases for the EMS service. Understanding that the medical director may want to change the system as time goes on, the EMS service can take the initiative to identify cases the medical director wants to review. Simply asking the medical director what type of case should be presented for review launches the effort. Once the medical director indicates which type of cases he or she wants to review, the EMS service will establish an internal process to route the patient care reports, and other documentation from those calls to the medical director. Someone within the EMS service will need to be identified as the individual with responsibility to find and forward the specific calls requested for review. Metrics should be expected from this person indicating how many cases are referred to the medical director, the length of time from the date of the case/ambulance call to the date the review is completed by the medical director and what level of feedback was provided (e.g., written, verbal to the individual responsible to get cases to the medical director, direct face-to-face review with those involved in the case, etc.).

If the EMS service uses an electronic medical record, the medical director will need to be given access to the system and an in-box to receive the reports routed to him or her. Notes on the review done by the medical director may be hand-written or added to a notes section of the electronic record. The EMS service will need to have an individual responsible to track the review and to receive the notes created by the medical director.

Should the EMS service use a paper medical record, after identifying the cases for the medical director, copies of the reports to be sent to the medical director should be created, identified as copies with a note indicating the original is with the medical director for review, and retained with the other original medical records. Developing a process to ensure the reports are secure while passing them to and from the medical director must be a priority. Any misstep needs to be fully documented and disclosed as an unauthorized release of medical information to meet HIPAA requirements.

In all reviews, the medical director needs to be assured he or she has full authority to ask for and receive a face-to-face review with the members of the EMS service involved in the case.

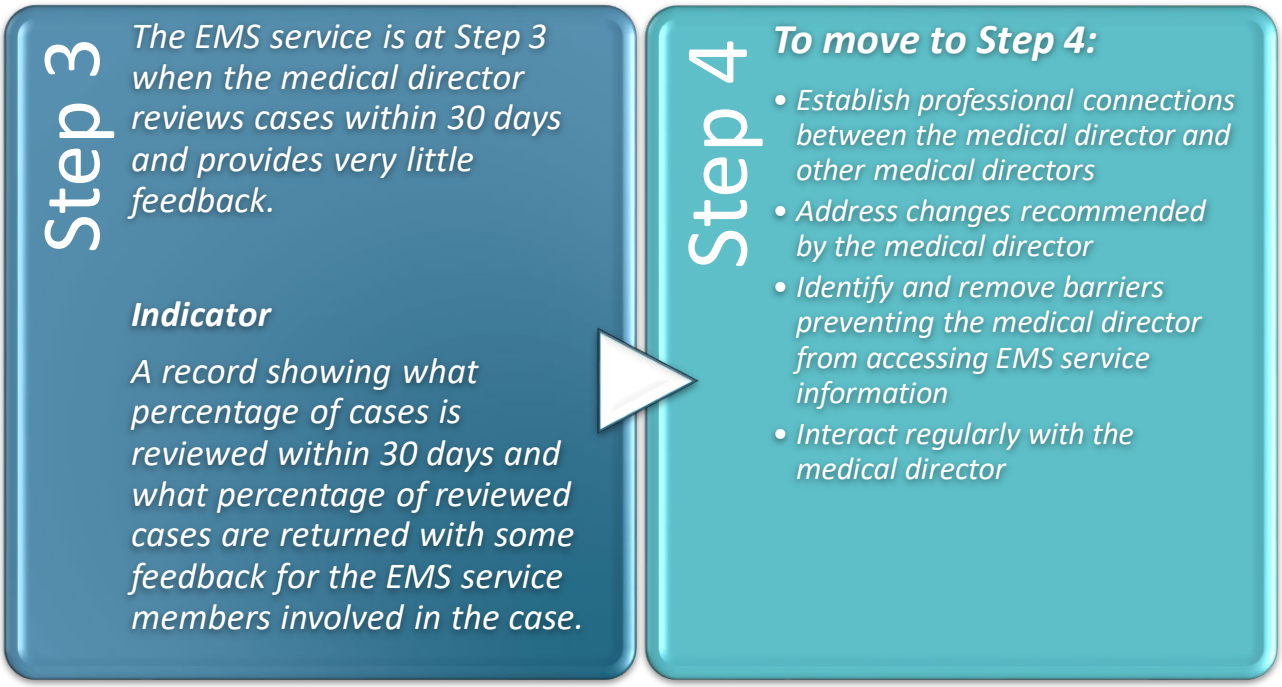
Improving from Step 2 to Step 3



In this step, the EMS service will encourage the medical director to provide feedback to the EMS service to improve the overall care to patients. Using the system created in Step 2, the effort now turns to the timeliness in which the cases are reviewed by the medical director and returned with feedback to the EMS service. Using the data collected by the system established in Step 2, the EMS service will work with the medical director to identify and remove barriers that impede accomplishing the review within 30 days. The EMS service needs to bear the brunt of responsibility to meet whatever requirements the medical director conveys to ensure the reviews are done within 30 days. Open, frank, two-way communication between the EMS service and the medical director is essential for the timeline to be sped up.

As in the previous step, the EMS service will use the metrics established to measure progress in moving toward the goal of returning the reviews within 30 days. Month-by-month and quarter-by-quarter comparisons of this data will demonstrate if the modifications implemented are improving the flow of this process or if other interventions in the process are needed.

Improving from Step 3 to Step 4

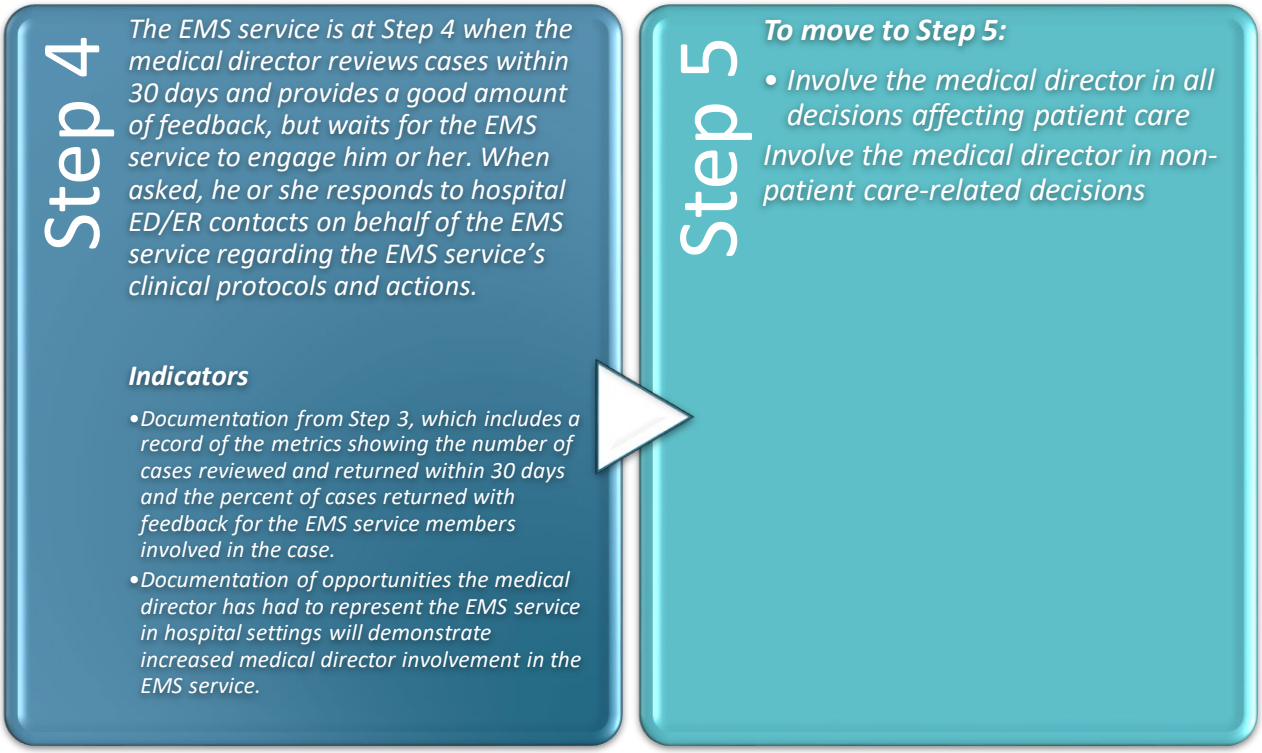


In this improvement step, the frequency and quality of feedback from the medical director to the EMS service increases. This occurs as the medical director becomes increasingly aware of the importance of both. The EMS service should help establish professional connections for the medical director with other medical directors who are doing similar reviews, to increase the level of understanding of the value of quick turnaround on cases being reviewed. Positive feedback from the EMS service members who benefit from the reviews should be conveyed to the medical director. Changes recommended by the medical director based on the reviews should be addressed as quickly as practical by the EMS service with closed-loop communication so the medical director sees the impact of the reviews.

As the medical director increases timeliness of interaction, it is likely that engagement as the medical advocate for the service and its patients will follow. The medical director should be encouraged to respond to inquiries from within hospital settings. Any needs that the medical director has to access EMS service information should be met. Understanding the EMS service's actions will help the medical director develop expertise required to prepare him or her to serve as the contact for the EMS service in the hospital setting. Regular interactions with the medical director should provide insight into the frequency

and types of interactions the medical director has regarding the EMS service. Documenting these interactions will provide a meaningful record and provide source material for improvement processes.

Improving from Step 4 to Step 5



In this step, the medical director is recognized as a leader within the EMS service who is fully knowledgeable about EMS operations, and one who pro-actively inserts himself or herself in situations and opportunities appropriately representing the EMS service and its patients. To achieve progress in this step the EMS service must invest itself in helping the medical director become increasingly involved in the EMS service's EMS operations. The medical director's involvement may be seen as an increasing ownership of the critical elements of the EMS service's EMS operations related to patient care and the EMS service members who deliver that care. The EMS service can encourage the medical director's increasing involvement in the EMS operations in a variety of ways. Ensuring the medical director is advised of and involved in all deliberations and decisions affecting patient care is one example. Involving the medical director in issues, such as, but certainly not limited to, consideration of adding specific patient-care equipment, providing information on why certain vehicles are preferred over others, involvement in discussions on shift-length and related safety discussions, etc., will equip the medical director to be an integral part of EMS services and will yield valuable insights for the EMS service from the medical director.

A medical director who is an integral part of an EMS service frequently has the ability to observe the providers who are EMS service members. This can occur as the medical director serves in a role in the receiving facility where the medical director can observe firsthand the results of the care provided by EMS service members. An even more direct manner of observation is afforded the medical director if he or she has the ability to respond to and be part of the care team at the scene of the ambulance call, observing the caregivers as they provide care to the patients. These opportunities, as well as other innovative methods, are desirable and should be encouraged by the EMS service.

There is a direct correlation between the EMS service's willingness to involve, educate and rely on the medical director and the medical director effectively filling integral roles within the EMS service's EMS operations. As the medical director fills integral roles, he or she will be in an ideal position to help meet additional needs of the EMS service, such as quality improvement and continuing education.

The EMS service must be ready and willing and act proactively to assist the medical director in any way practically feasible. The list of what assistance this may include is long and could include a variety of things ranging from providing tools needed – such as radio, vehicle, and computer access – to assistance from members of the EMS service in helping with tasks that make the review process more efficient for the medical director. Efforts by the EMS service that will help preserve the medical director's time for actual review rather than chasing down reports, consuming time trying to set up times to meet with EMS service members, etc., will bear generous dividends. Any investment the EMS service makes in helping the medical director do his or her job will enable the medical director to spend a greater portion of his or her time on clinically important efforts.

Finally, having a written contract between the EMS service and the medical director delineating the responsibilities of the medical director and the EMS service will formalize this relationship and clarify the expectations of both parties. Examples of such contracts can be accessed by an Internet search for "EMS Medical Director Contracts."

Identifying as a Step 5

The EMS service is at a Step 5 when the medical director is an integral part of EMS, proactively engaging the EMS service to review cases, providing a good amount of feedback; delivering education to the EMS service; and advocating for the EMS service to hospital ED/ER contacts

Indicators

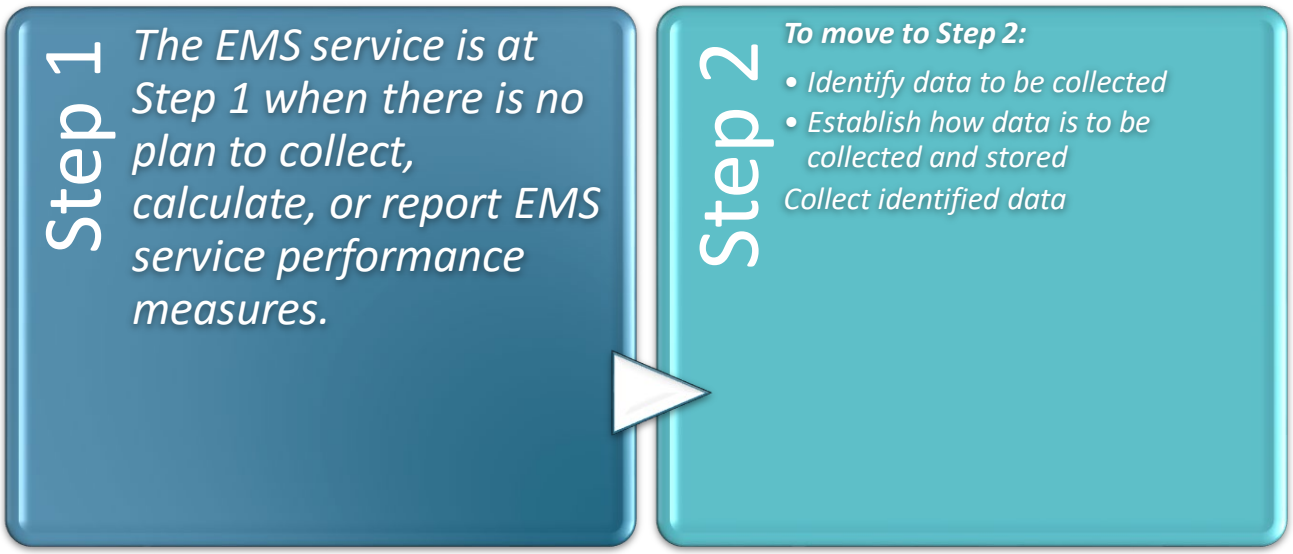
- Continued effective review of cases within 30 days with regular feedback to the EMS service members involved in the case,
- Evidence – from meetings or other EMS service interactions – demonstrating the medical director's increasing involvement in the EMS service's EMS operations and education, and
- Demonstrated advocacy efforts by the medical director within the hospital ED/ER

A Quality Assurance/Improvement Process

Question 8

Objective: *Feedback from performance measures is used to drive internal change to: (a) improve the patient experience of care (including quality and satisfaction), (b) improve the health of the community (e.g., success of screenings, education); and (c) reduce the cost of health care services (e.g., reducing EMS costs, and/or using EMS to reduce overall health care cost)..*

Improving from Step 1 to Step 2



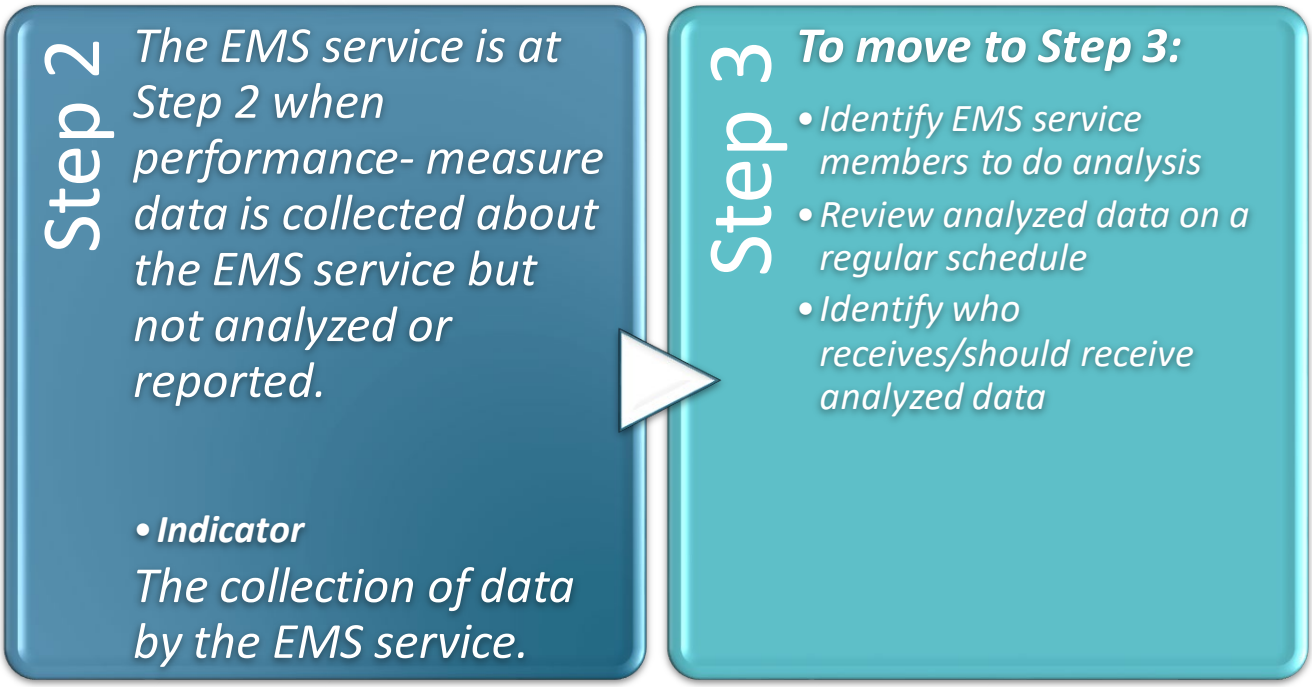
Successful ambulance services recognize the potential value operational and patient-care information has to the EMS service. Recognizing the value of data and collecting data generated by the EMS service establishes a basis of viewing service provided in a factual manner lays the groundwork for improvement.

As noted elsewhere (Section 16, *"The EMS service Reports Data"*) nearly every ambulance service is required to collect certain data points. In addition to data required of the EMS service, the EMS service should recognize that collection of data is necessary for things such as billing, perhaps inventory control and perhaps things such as recording which EMS service members were on each ambulance call. The EMS service must have a means to record this base-level data and should take steps to ensure data collection specific to

patient care, which includes response, on-scene and transport phases of the service provided.

Although the form and format of data collected may vary, the EMS service can begin the effort of establishing data collection points that are similar to data being collected by other EMS providers and those known to be used as national standards. Most importantly for this step, the EMS service needs to determine how the data will be collected. It may be collected manually, with a member of the EMS service going through patient care reports generated by the EMS service and meticulously recording specific data points. A better means is for the EMS service to avail itself of one of the many electronic means available to record data related to the ambulance calls responded to by the EMS service.

Improving from Step 2 to Step 3



To establish real value from performance measures, the measures need to be calculated so the information can be used for a variety of purposes. As noted in the previous step, it is of value to have an electronic means to collect the data as most electronic repositories can also provide specific reports requested. Initiating the flow of information built on the data collected will allow the EMS service to see the specific workings and performance level of the service it delivers.

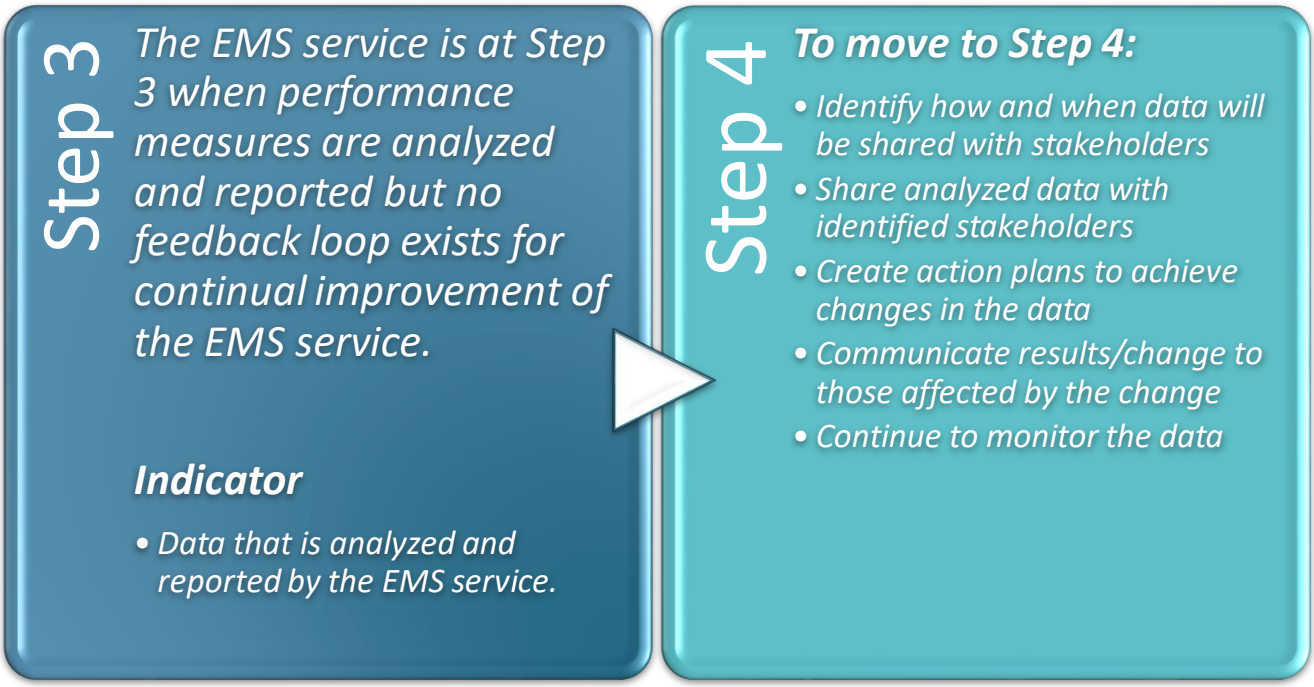
Leadership can review performance measures so the EMS service knows the average length of each response the EMS service goes on. For example, it can show the average length of time spent on the scene and can be parsed to show that time on traffic accidents as compared to medical calls. Further, data can show how long it takes for an ambulance to respond at different times of the day or night. A member within the EMS service with analytical abilities can accomplish a task such as this reliably, with a high degree of accuracy and in a short period of time if the data for each individual call has been collected as in Step 2.

The importance of finding the right EMS service member or members to help with this should not be minimized. Calculating performance measures may generate some interesting and valuable considerations within the EMS service. Perhaps an EMS service

member with an inquiring mind may spur ideas, which can be used in the next two steps of progress within this attribute. For example, a member of the EMS service may develop questions that can be answered by looking at the performance measures that are generated. Encourage this; it demonstrates outputs of a successful ambulance service. Encourage simple, straightforward efforts, as opposed to efforts that involve several difficult-to-measure parameters. For example, measuring "how many patients with chest pain were administered supplemental oxygen" is pretty straightforward. "How many chest pain patients who were more than five miles from the hospital and had a previous history of cardiac problems were administered supplemental oxygen," gets quite cumbersome.

In this step, the EMS service needs to identify where the performance measures are reported. In addition to making the information available to the members of the EMS service and the oversight board, other groups or individuals may benefit from receiving the reports.

Improving from Step 3 to Step 4



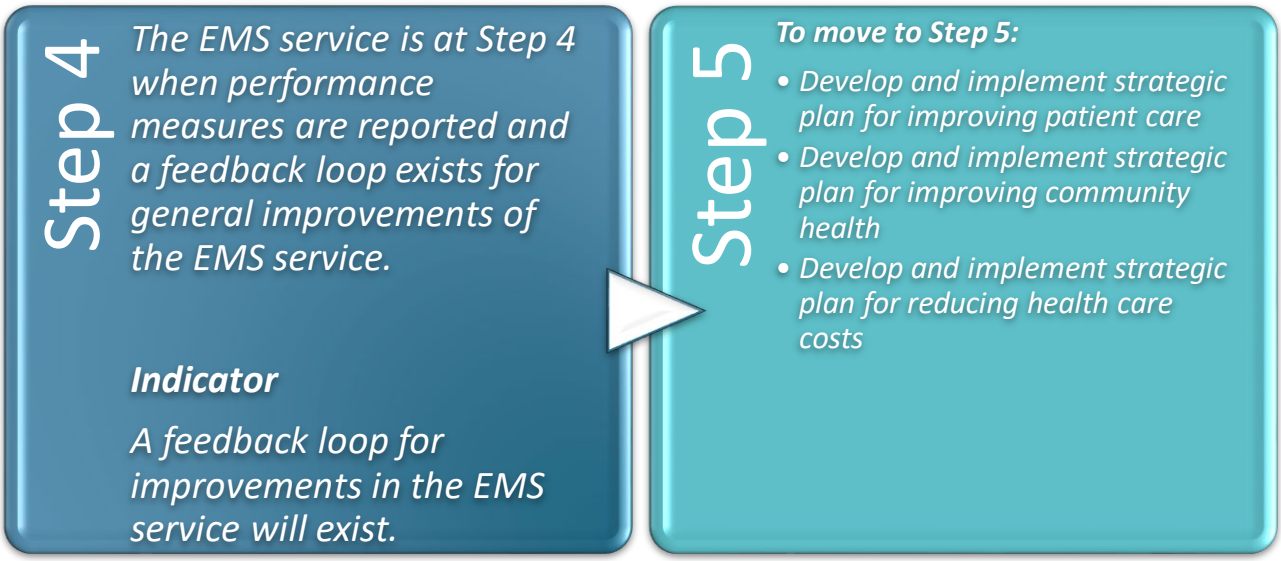
Development of a feedback loop necessary to drive improvement of the EMS service is a critical step for successful ambulance services. A specific and direct connection needs to be established to ensure the right people see the right performance measures so their interests in improvement can be addressed. Some people or areas of function within the EMS service that should critically review performance measures are the medical director, the operational leaders, those involved in developing continuing education for the EMS service, the hospitals served by the EMS service, and others. Sharing of the performance measures is not the end result. As the performance measures are reviewed, each individual doing the review must be thinking, "What can we change to positively impact this measurement?" Then, action plans need to be created to support achieving those improvements. Perhaps, when response time measures are reported and reviewed, as an example, operations will determine it is better to have a specific vehicle stored in a particular stall in the garage to minimize movement of vehicles when a request for service is received, thereby potentially reducing "out of chute" time (time of call to time en route to the scene.) An action plan in this simplistic example would detail who will ensure the change is made and how the change will be comprehensively communicated to EMS service members affected by the change.

When recommendations for changes that will drive general improvements are made, the EMS service needs to ensure the changes are implemented, as demonstrated in the example above. Subsequent review of future measurements may provide feedback on the effect the changes had on the performance being measured.

Resource

Numerous sources are available electronically to guide the specific steps of improvement, including the feedback loop. Looking for information electronically, related to "continuous improvement," "The Deming Cycle," "QI Cycle," etc., will provide an abundance of guiding examples for developing a feedback loop.

Improving from Step 4 to Step 5



To achieve the highest score for this attribute, the EMS service will need to effectively work to effect internal change, which will improve the EMS service's patient care. In addition, the EMS service will need to invest itself to become a contributing force in improving every aspect related to improving the health of the community.

Improving the Patient Experience of Care

The EMS service can directly improve the patient experience of care by effectively using every avenue of feedback available. The EMS service must continually seek out, listen and work tirelessly on improving the care it provides. The feedback loop developed in Step 4 will provide data the EMS service can use to measure and monitor performance in areas directly affecting the patient care experience. There are a variety of examples that can be considered to help guide the EMS service in pursuing improvement.

Example

Perhaps on review of medical charts, the medical director notes that there are times when patients with chest pain are not receiving supplemental oxygen, as the medical guidelines indicate. In this example, the medical director could ask to see a report showing all patients whose chief complaint was chest pain and indicating whether supplemental oxygen was administered, the time of the request for service and the crew member(s) on the call. With this data, the medical director can critically but objectively consider the magnitude of the issue; is it as big as he or she thought? Do the lapses in applying this medical guideline vary

by time of day or crew member? The medical director will then be equipped to initiate follow-up, some focused on one-on-one work with crew members, a second with continuing education to ensure the medical guideline is familiar to and understood by all, a third perhaps with operational leadership if shift length or time of day is a factor. At each step of follow-up, some form of post-training quiz or a return skills demonstration by each member should be used. Each involved crew member will be asked to demonstrate their ability to execute what has been presented in acceptable fashion. This measurable follow-up will validate the effectiveness of the training and point to favorable outcomes. Once the follow-up has been completed, the medical director will be able to look at data generated in future data cycles to determine whether the incidence of administering supplemental oxygen to patients with chest pain has improved. Data will provide clarity on issues such as this both prior to and after improvement initiatives have been executed.

Example

Response times to patients can also be similarly reviewed and, if necessary, improved. The operations chief, after receiving a response-time report on a regular, recurring basis, can objectively review response time achieved at varying times of the day and night. Based on the data received, the chief, working with an operations group, can identify where the "soft spots" are in the practices being used. Once areas of improvement are identified, as in the previous example, individual follow-up can occur, modification of guidelines can occur as needed, and education can be developed and delivered through the continuing education process. Again, results can be measured as future recurring cycles of response data are produced.

Focusing on the needs of the patient, the two examples, although very basic, can be applied to a variety of situations – types of splints used or not used; frequency of transporting patients in emergency mode (red lights and siren); proper or improper use of glucagon; proper completion of patient care reports; and so on. The cycle to be followed; data generated, to data reported, to data reviewed, to deficits noted, to improvements needed, to follow-up provided, to post-cycle improvements measured, and all steps between and on either side of those can be documented in a rather simple process flow chart. The value of the documented process flow chart is the ability to use the flow for many other feedback and improvement efforts.

Improving Community Health

Investing itself in efforts to improve community health is another hallmark of a successful service. The effort exerted here parallels and compliments the efforts, which are outlined and will be undertaken as described in Section 15, *Involvement in the Community*. Identifying community health and public safety EMS services the EMS service can partner with will help provide structure to this effort.

Participating in health fairs, public health screenings and other events has the potential of increasing public awareness of specific health threats. General events such as blood pressure screenings serve useful purposes. Specific events, likely identified by public health EMS services, such as screening of blood sugar levels and other more specific procedures, often accompany communitywide efforts targeted to address issues based on public health data.

Demonstrating a vision for a healthy community, coupled with a commitment to improvement through data-driven change, will lead to improvement in community health and a reduction in overall health care costs. In doing so, it is likely the community will increasingly understand the value the EMS service brings to the community. Investing in community health and improving care for patients served by the EMS service is always a good decision.

Reducing Cost of Health Care Services

While participation in outreach efforts is necessary and effective, the EMS service may be in a position to offer emerging services that will measurably decrease the cost of health care services. Often EMS services have patient encounters that other hospitals, clinics and other health care provider services do not have. In addition, EMS service providers possess a skill set given the environment they work in, the independence they must be proficient in demonstrating while at the same time being proficient at following specific protocols for specific medical conditions they encounter.

These skills can be developed further and used to meet the needs of the patient in a more comprehensive manner through efforts in the arena served by community paramedics. Through analysis of data, understanding of local issues and further developing the skills of paramedics while working closely with the local health care system, innovative options can be developed and provided to patients. Some patients who require frequent hospitalization as well as those who have a high probability of readmission are common focus of emphasis

for such developing programs. Nationally developed and accepted curriculum, as well as national credentialing, is available to add credibility to programs.

Other efforts, based on data available, can be focused to change the practice of the EMS service to reduce costs associated with the delivery of service by the EMS service.

- Knowing when to staff at specific levels (see Section 1, "*Written Call Schedule*") has the potential to reduce personnel costs.
- Knowing how to manage supplies and equipment effectively (see Section 9, "*A Sustainable Budget*," and Section 12, "*Contemporary Equipment and Technology*") will positively affect expense budgets as equipment is purchased with purpose and maintained for maximum usability.
- Knowing how to manage requests for service to maximize use of vehicles and equipment will result in savings as less equipment can be used.

Efforts such as this will affect operational budgets immediately, maximizing efficiency and ensuring patient needs are met. Every effort such as this begins by collecting, reporting and using the EMS service's data within a feedback loop for improvement.

Identifying as a Step 5

The EMS service is at a Step 5 when feedback from performance measures is used to drive internal change to: (1) improve the patient experience of care (including quality and satisfaction), (2) improve the health of the community (e.g., success of screenings, education); and (3) reduce the cost of health care services (e.g., reducing EMS costs, and/or using EMS to reduce overall health care costs).

Indicators

- An improved patient experience of care,
- Improved health of the community, and
- A reduction of the cost of health care services due to internal changes in the EMS system of which the EMS service is a part

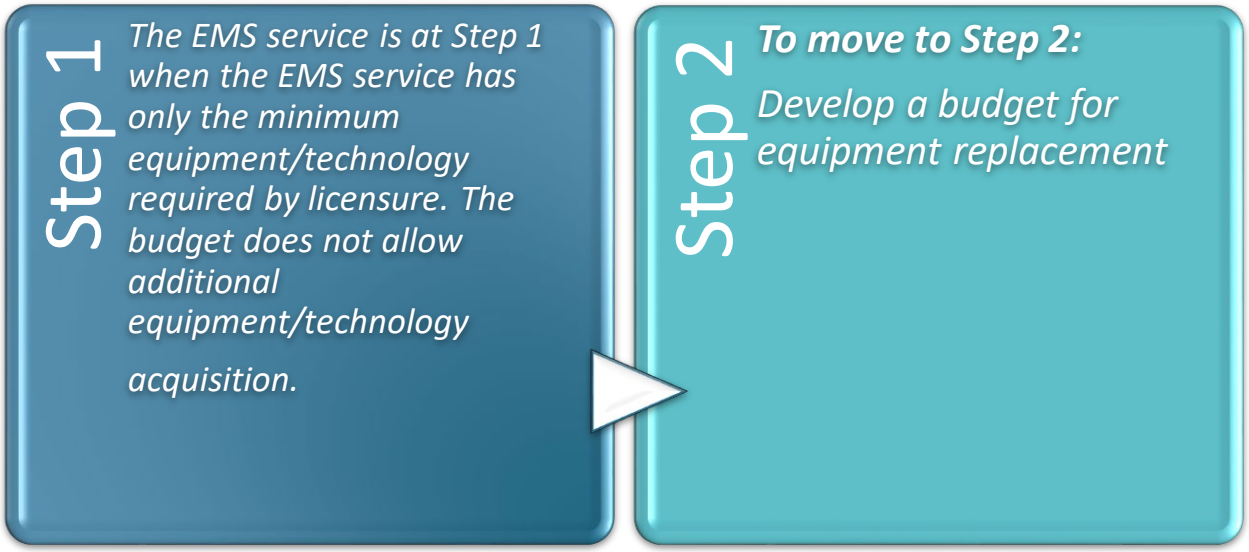
Contemporary Equipment and Technology

Question 9

Objective: *The EMS service (a) will have all of the minimum equipment required by licensure,*

(b) will have advanced equipment/technology, (c) will have an adequate budget for new equipment/technology acquisition, (d) will have a formal replacement plan for equipment, and (e) will have a formal maintenance plan provided by trained/certified

Improving from Step 1 to Step 2



Successful ambulance services demonstrate the characteristic of continually recognizing what the patients need from them. The most basic place to start is to ensure all equipment/technology required by licensure is in place. Meeting this basic requirement will be demonstrated to by verification that the EMS service is licensed as required.

The physical needs of many patients, experiencing a variety of medical or traumatic conditions, are met or at the minimum mitigated to a degree through the appropriate use of equipment and technology available to EMS services. A successful ambulance service regularly plans for, acquires, maintains and – when necessary – replaces equipment.

This step will put the EMS service in position to intelligently establish a minimal, yet realistic, budget based on knowledge of anticipated future costs for the purchase of equipment/technology above and beyond the minimum equipment/technology required by licensure. To do this, the EMS service needs to be fiscally responsible by projecting future expenses accurately. It must also be responsive to patient needs, which can be met through new equipment/technology.

Minimally budgeted amounts are not intended to cover all expenses. To project any anticipated expenses that need funding, the EMS service has two tasks. First, it must identify what needs to be purchased. Second, it must determine the estimated cost of those purchases. With that information, the EMS service can assign priorities and create a realistic, yet minimalistic, budget to move the entire effort forward.

Identify Equipment/Technology

To identify what equipment/technology should be purchased, the EMS service must develop an informed awareness of trends in patient care and equipment/technology. Fostering an inquiring and forward-looking culture within the EMS service and under the guidance of the medical director is a good starting point. Encouraging members to stay current on industry trends and practices through the review of journals, online EMS forums and while at conferences and seminars, will provide the members with insight into emerging trends in patient care and equipment designed to help provide care. The EMS service's quality process (Section 5, *A Quality Process*) will also be in a position to provide outputs that will support or redirect considerations related to equipment/technology needed by the EMS service. The engaged medical director (Section 3, *Medical Director Involvement*) will also connect with sources to validate his or her observations and considerations for the EMS service, which will assist in establishing direction for the EMS service.

Finally, to tie these inputs together, the EMS service will need to establish a formal process for members to use to bring forward ideas for improved care. A team specifically charged with collecting, reviewing and making recommendations on equipment/technology, and made up of EMS service members and the medical director, will enable the collective wisdom of the EMS service to be harvested and put to good use. This formal route for input of ideas and suggestions will add credibility to the review. Thoughtful feedback given directly to those who brought the thought(s) forward will close the loop on communication.

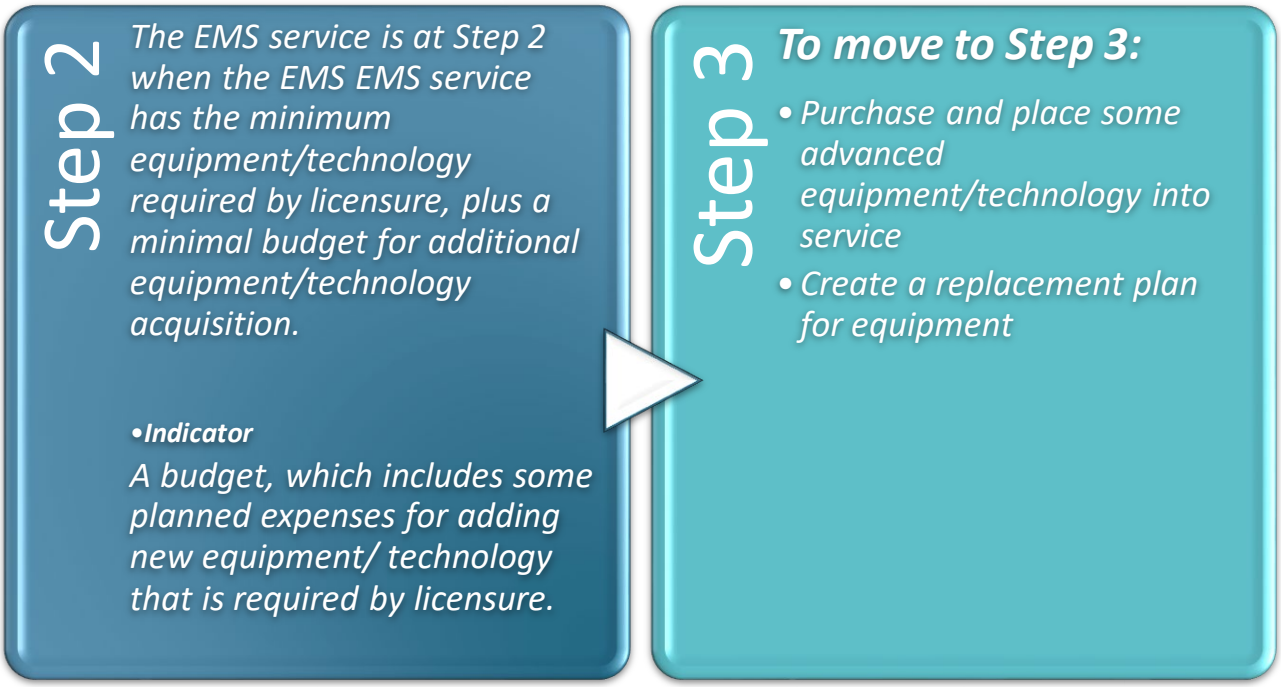
Basing decisions about future equipment/technology purchases on input using this process will allow the EMS service to develop a thoughtful, purposeful purchase list. Having a well-thought-out purchase list will minimize the tendency to make a purchase based solely on personal preferences of an individual, and will help eliminate the practice of making a purchase of a gadget on the market that is touted to be essential but may not have value to patients. A purchase list created in this manner is the source on which to build an expense budget for equipment/technology.

Determine Costs

Several sources exist for gathering information related to costs of specific pieces of equipment and technology. As costs are considered, the EMS service again should evaluate the value of becoming a member in a purchasing co-op or group to better leverage the dollars it will spend. Long-established relationships with a specific vendor, as well as working with a vendor's representative who has demonstrated a record of pursuing and delivering best pricing for the EMS service, should be acknowledged and taken advantage of. An EMS service should never purchase a piece of needed or desired equipment or technology after receiving estimates of the cost (a bid) from only one vendor. In addition to the base cost of the equipment and technology being quoted, the EMS service should explore savings the vendor may be willing to provide in relation to such things as extended warranties, loaner equipment if needed, trade-in guarantees, etc.

Although a list of desired equipment and a realistic estimate of the equipment's cost is not necessary to achieve the score of "2" for this attribute, knowing both helps develop a realistic budget and frames in what can be done immediately by the EMS service. It is likely the resulting list of needed equipment and technology, and the dollars needed to complete the purchases, will be far too large for immediate resolution. At the very minimum, the EMS service must include an equipment/technology line item in the EMS service's budget and fund it, if even at a minimal level. Once the EMS service knows what equipment is needed and what the projected costs will be, the EMS service will be in a position to establish a realistic timeline with sensitivities to how much of the total cost can be included in each year's budget. What is desired right now in reality may require a few years to purchase. Therefore, priority must be assigned to each purchase planned with the purchase most critical to meeting the needs of the patient receiving the highest priority.

Improving from Step 2 to Step 3

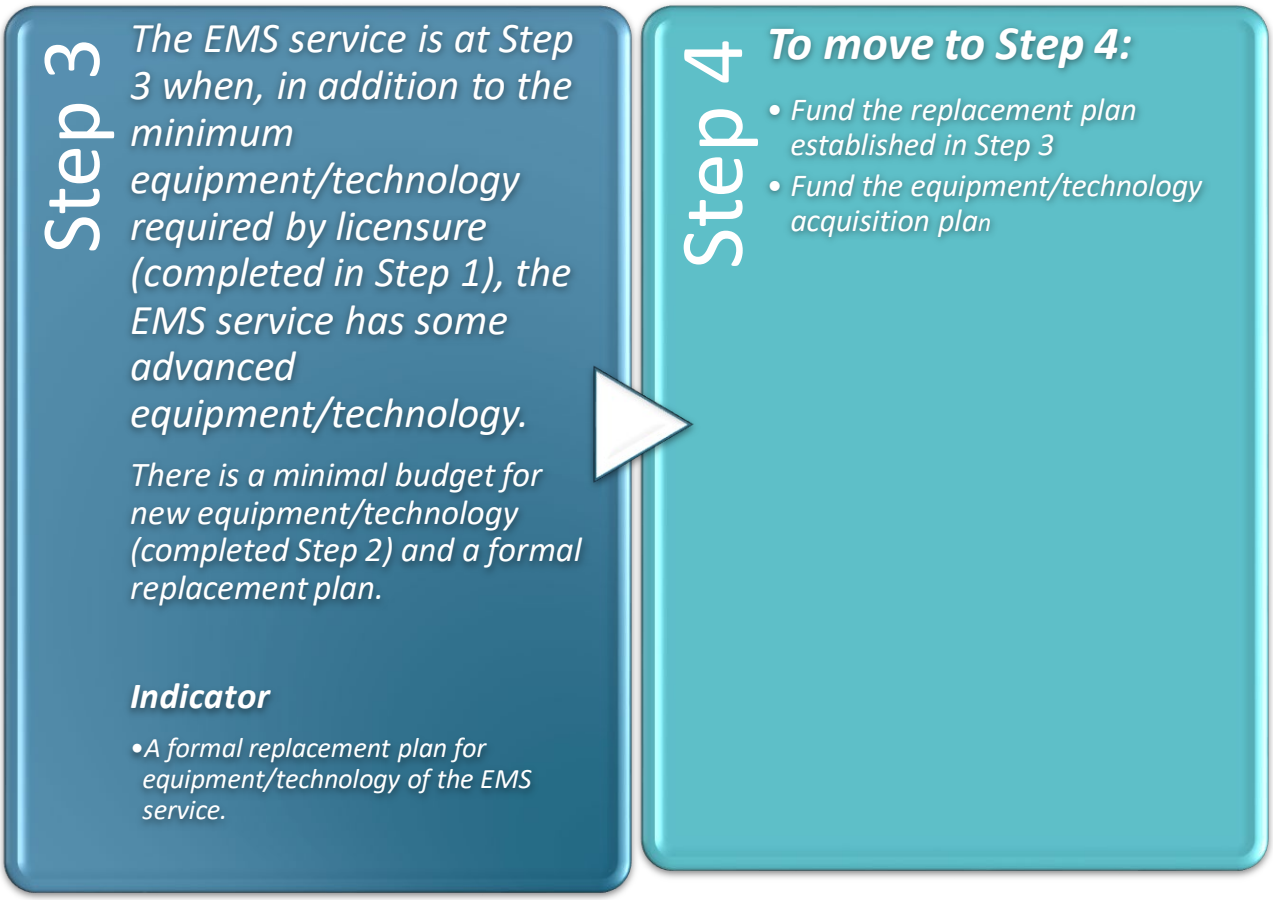


Replacement plans for much of the minimum equipment required by licensure can be hinged on regular and routine equipment inspection. For example, a rigid splint and a long backboard can remain serviceable and reliable for many years. However, in the replacement plan it must be clear that visual inspections must be made to ensure the equipment is 100 percent serviceable and ready for use on the next patient, if necessary.

If the equipment has electronic components or mechanical components – as opposed to the non-moving parts on things such as rigid splints – the electronic and mechanical components must be placed on the replacement schedule based on the manufacturer's recommendations of life of service for the equipment. This means that a specific piece of equipment, based on the manufacturer's recommendation, must be scheduled for replacement, for example, in 10 years.

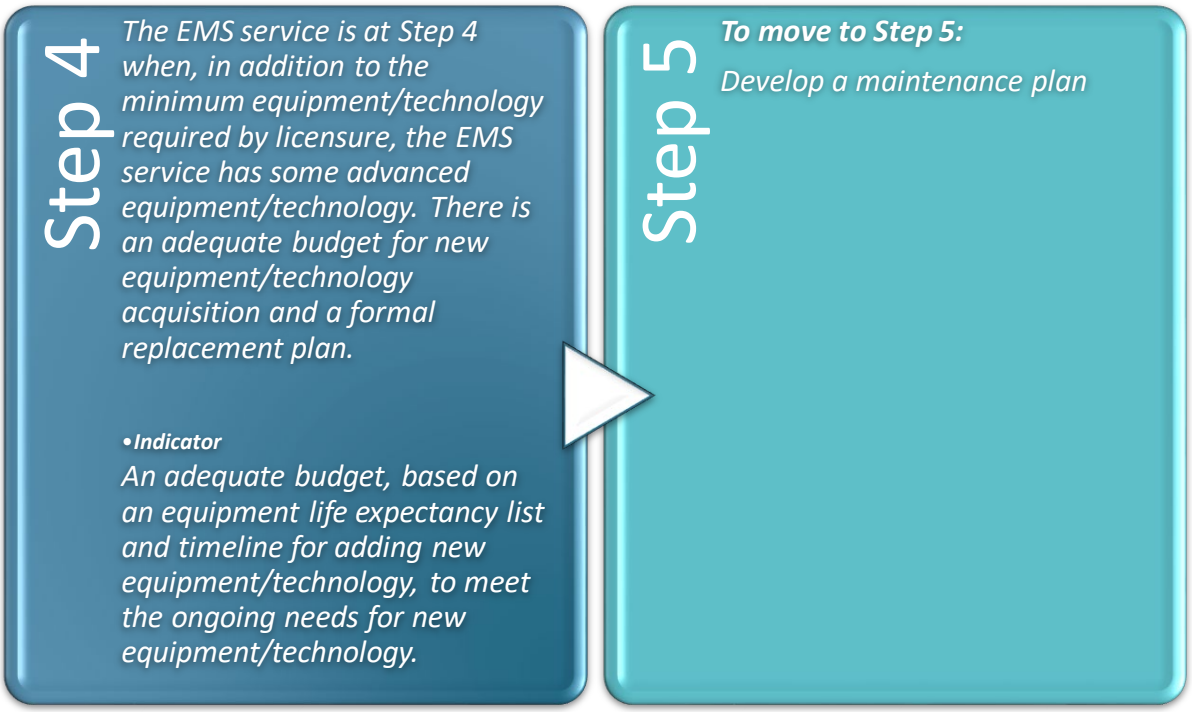
To achieve improvement in this attribute, the EMS service will need to have a complete inventory of equipment/technology that includes sufficient detail to allow the age of the equipment, the equipment's manufacturer. and the equipment's life expectancy. Knowing the life expectancy of each piece of equipment enables the EMS service to place the equipment in a specific future year for replacement.

Improving from Step 3 to Step 4



Using the life expectancy list created in the previous step, the EMS service can now add in the projected costs associated with replacement at specific points in time. A multi-year replacement plan, entered in a spreadsheet, can include a column for each upcoming year – perhaps going out 10 years – with the replacement cost of each specific piece of equipment placed in the appropriate future year, corresponding to the life expectancy list. Adding equipment/technology identified as necessary expansion items, a comprehensive list showing replacement and expansion will be finalized. Once the projected costs of replacement and expansion equipment have been entered for all items, the EMS service will have a projected equipment/technology budget. Budget considerations (Section 9, *A Sustainable Budget*) will need to be satisfied by adjusting the timeline for replacement, by adding items, or by increasing the dollar amount allotted to the equipment/technology expense budget.

Improving from Step 4 to Step 5



A maintenance plan must include each piece of equipment used by the EMS service, clear details on who is responsible for maintenance, and where the maintenance will occur. Some equipment, identified previously as equipment with non-moving parts, will have a rather concise maintenance plan, focusing on visual inspections for wear and tear, and cleanliness. Other, more sophisticated equipment will have a correspondingly complex maintenance plan.

For all equipment, manufacturer guidelines must be the minimum maintenance provided. The manufacturer may recommend who should do the maintenance. Great significance needs to be placed on that recommendation. A well-developed biomed department, perhaps within a health care system, that can meet or exceed the manufacturer's recommendations is an option worth considering. Other options, such as contracting with a private company specializing in providing maintenance to equipment used by EMS operations, may be feasible. Although having one company or one department provide maintenance to all of the EMS service's equipment may be possible, it may be necessary to use several sources for maintenance (one for stretchers, one for patient monitors, another for suction units and oxygen regulators, etc.). Each vendor

used by the EMS service must provide proof of training and certifications their technicians have and hold in relation to the equipment they will maintain for the EMS service.

By bringing all of the pieces related to maintaining equipment/technology together in one place, the EMS service can construct a formal maintenance plan for all of its equipment/technology. Having a single, professional document containing all the information is desirable; however, the conditions and requirements of this section can be met by assembling several documents together in an organized fashion so it can be followed explicitly and reviewed comprehensively

Identifying as a Step 5

The EMS service is at a Step 5 when, in addition to the minimum equipment/technology required by licensure, the EMS service has some advanced equipment/technology. There is an adequate budget for new equipment/technology acquisition and a formal replacement plan. There is a formal maintenance plan provided by trained/certified technicians.

Indicator

- A formal maintenance plan with maintenance provided by trained/certified technicians or engineers.

The EMS Service Reports Data

Question 10

Objective: *The EMS service (a) will submit data to WEMSIS/NEMSIS within designated timelines, (b) will identify areas for improvement using an established QA/QI process, (c) will use goals and benchmarks to improve performance, and (d) will share summary reports regularly with the community.*

Improving from Step 1 to Step 2

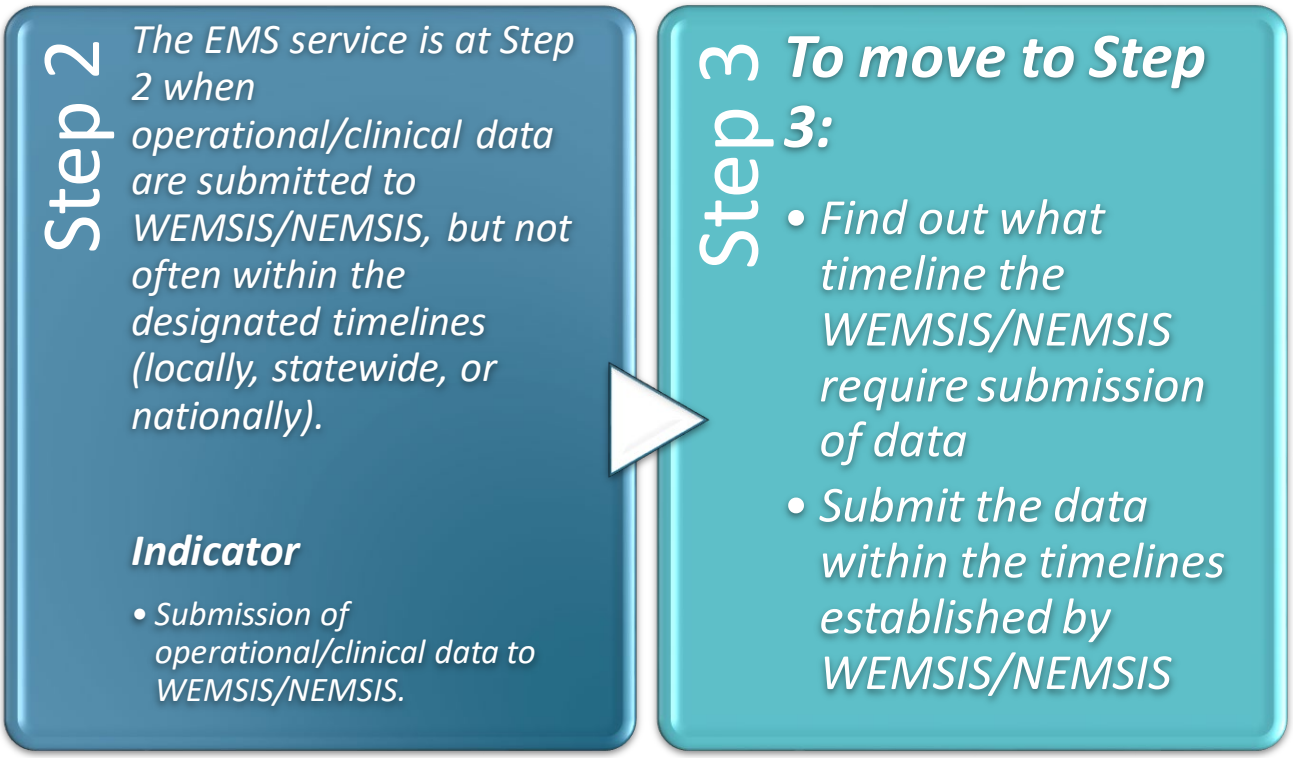
It is uncommon that an EMS service does not have a regulator to whom data of some sort must be submitted on a pre-determined interval. The EMS service is responsible to know what data is required to be submitted and when it is to be submitted to WEMSIS/NEMSIS.

The EMS service needs to collect and report data. Data should be collected electronically to make its management most efficient. Data can be inputted into any number of electronic tools and then transferred to WEMSIS/NEMSIS in a manner useful to WEMSIS/NEMSIS. If the EMS service does not have, or cannot find, the resources (grants, supportive benefactors in the community, etc.) to purchase the technology and tools needed to deploy an electronic patient care report (electronic medical record), the EMS service can still enter data into the regulator's receiving terminal using common computers and connections.

It is expected that WEMSIS/NEMSIS would require the data to meet specific criteria for submission. The EMS service will need to ensure those standards are met and future data

collected fits well with data being generated within EMS so the data becomes increasingly relevant to advancing patient care through analysis of the larger body of data being assembled.

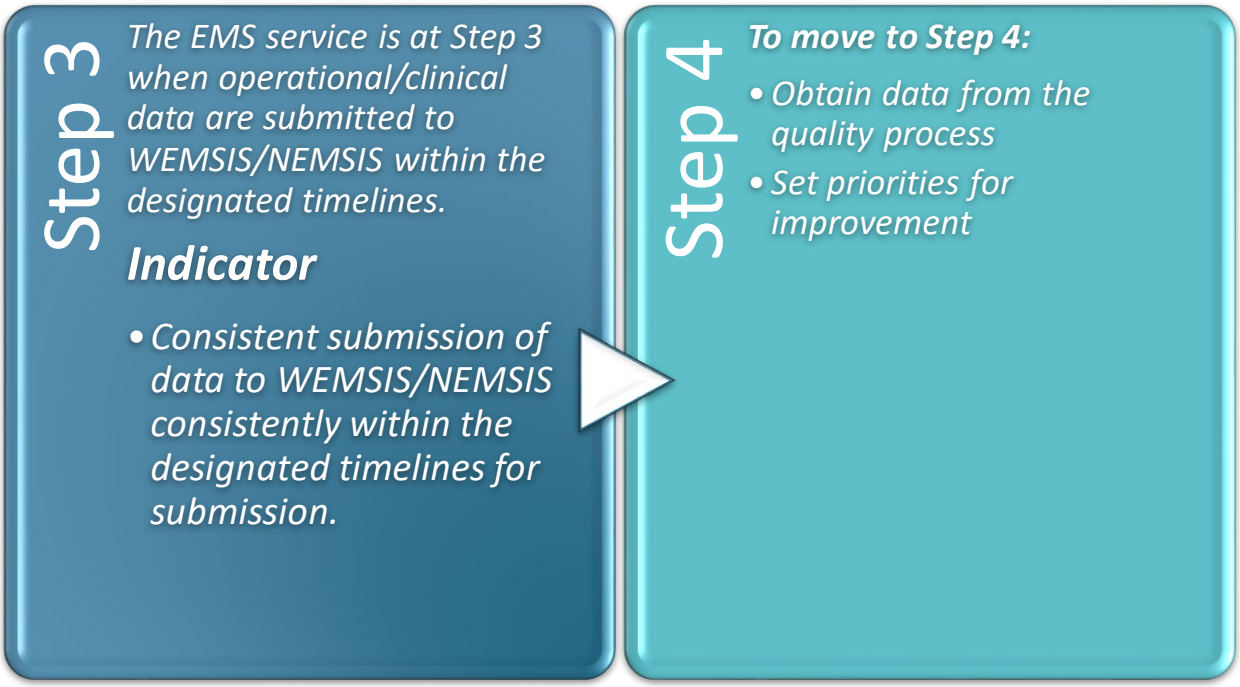
Improving from Step 2 to Step 3



The specific timeline within which specific WEMSIS/NEMSIS require data submission can be identified by searching out and reading their standards for submission. Once the required timelines are known, the EMS service will establish a recurring process so the data can be provided to WEMSIS/NEMSIS to meet deadlines.

Someone within the EMS service will need to construct a project plan outlining the flow of the data from generation to submission with clearly identified timelines and responsibilities defined for each step. Overall performance of the data submission project can be monitored so the EMS service knows what level of success is being achieved as well as identification of steps in the project that are repeatedly missing timelines necessary to meet the overall goal. With this information, the EMS service will know how the project is performing and will also be able to identify steps within the project plan to focus on for improvement. The goal is to have a project recurring in an efficient and effective manner meeting the data submission timelines 100 percent of the time.

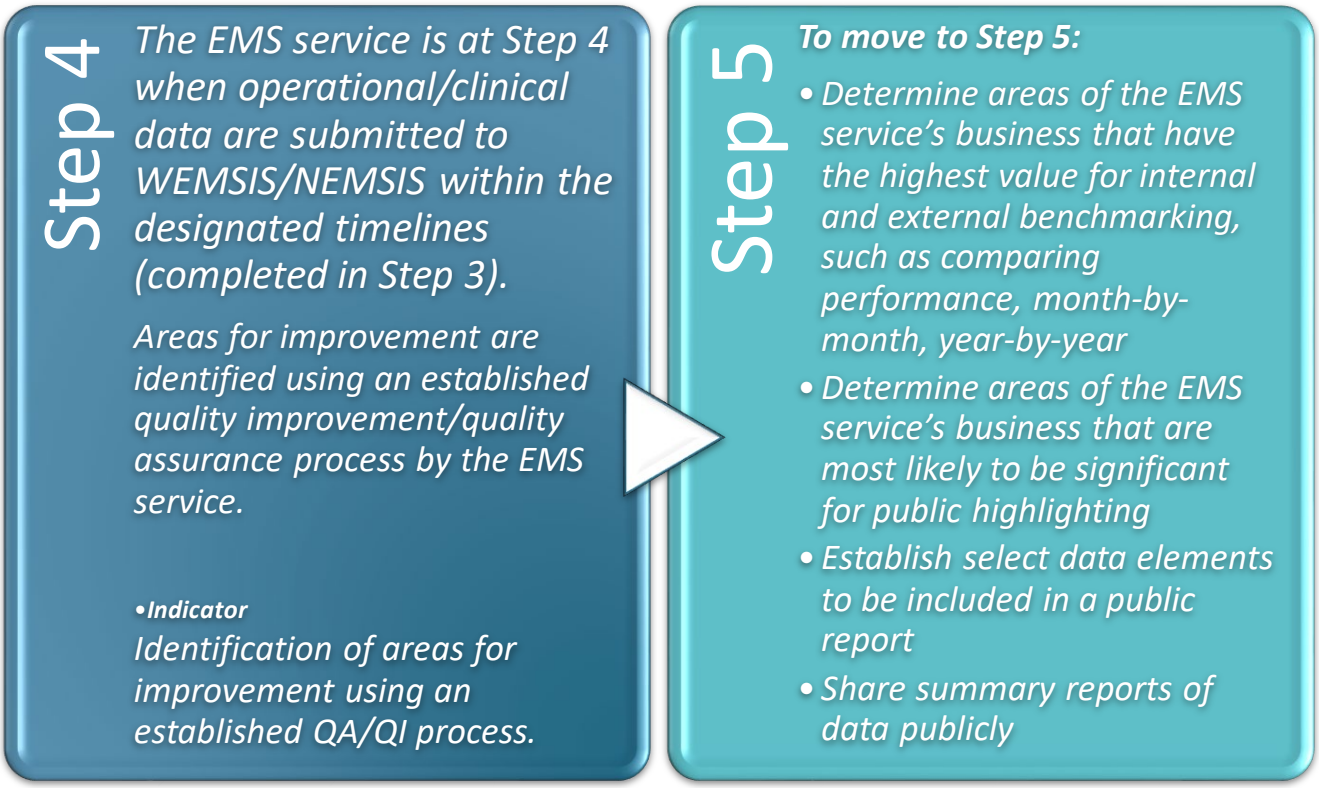
Improving from Step 3 to Step 4



In Section 5, "*A Quality Process,*" an EMS service's plan to collect, calculate and report EMS service performance measures is taken from concept to reality. Data generated and reported to WEMSIS/NEMSIS is a powerful source of information for that quality process. Using the aggregate data submitted by EMS services to the regulator(s) may provide the quality process with access to a repository of data greater than that which the EMS service produces. As in Section 5, the EMS service will review the data collected, work with the medical director (see Section 3, "*Medical Director Involvement*"), and set priorities for improvement based on the noted areas of deficit.

Although the processing of data is within the area of responsibility and under the purview of the quality process, suffice it for this section to note that variances noted in data generated will serve as the targets for further evaluation and possible improvement initiatives.

Improving from Step 4 to Step 5



In Section 6, "*A Recruitment and Retention Plan*" and Section 14, "*Public Information, Education and Relations,*" examples of strategies and tactics were used to demonstrate a means for implementing a plan. Those examples are used successfully because they are (1) agreed upon, (2) written, and (3) capable of being measured to determine if they were, in fact, achieved. Those same characteristics help establish goals that are meaningful – in fact, the strategies and tactics are established goals.

Again, with deference to Section 5, "*A Quality Process*," to achieve a score of "5" for this attribute, the EMS service will use data collected and submitted in this section to create goals to improve performance.

For an EMS service to benchmark, a source of data to compare itself against is needed. The EMS service can choose to participate in various industry initiatives that will allow it access to summary data. The submission of data to the initiatives can be anonymous, or non-anonymous but protected under federal laws and standards. Submission of data on "near-

miss" incidents will help establish standards related to safety and operational practices that support the safety effort. From this, types of incidents can be extrapolated and a general increase in understanding of the effect of various incidents, illnesses and injuries will occur as the collective body of knowledge increases. Once this data is obtained by the EMS service and compared to its own experience, and benchmarked, the EMS service can then choose high-value targets for improvements in its practices.

Reporting findings, in addition to reporting some raw data, will be impressive input for the plan established in Section 6, "*Public Information, Education and Relations*." Strategically deciding how, when and where this information is reported can further the efforts of the EMS service in its pursuit of improvement in several different attributes of success. The community-based and representative board discussed in Section 2 will be well-positioned to decide what data, and in what form, will be useful to the community.

Identifying as a Step 5

The EMS service is at a Step 5 when operational/clinical data are submitted to WEMSIS/NEMSIS within the designated timelines (completed in Step 3). Areas for improvement are identified using an established quality improvement/quality assurance process by the EMS service (completed in Step 4). Summary reports are regularly shared publicly with the community.

Indicators

- The use of goals and benchmarks by the EMS service to improve performance and
- Regularly shared summary reports of performance with the community.

A Community-Based and Representative Board

Question 11

Objective: *The EMS service will have a community-based and representative board made up of voting members comprising (a) elected officials, (b) hospital leadership staff, (c) governmental administrator(s), (d) a business, financial member, and (e) at least one engaged patient representative.*

Improving from Step 1 to Step 2

Without a formal oversight board, the EMS service will likely mature and develop only in areas that are apparent to EMS service members. Without the advantage of a community-based and representative board, accountability to the patients and communities served will lack transparency and credibility with those groups, and miss the opportunity to engage those groups in maintaining, improving, and sustaining the EMS service.

Establishing a Charter

Moving from a position of no formal board oversight to some form of board oversight is a monumental step. The first actions an EMS service needs to take to establish an oversight

board include (1) establishing a charter for the oversight board, and then (2) identifying who may be asked to be board members.

Among the most significant purposes for an oversight board are to enable key stakeholders in the community to understand, review, provide insights and effectively make recommendations to improve the care the EMS service provides. All involved must understand the purpose and vision of the board so that the board functions effectively. Having the purpose of the oversight board clearly documented will provide the direction needed for an effective board.

Initially, key stakeholders of the EMS service should collaborate to establish the purpose of the oversight board. The initial goal is to establish boundaries for the board that will be meaningful but will not overwhelm the oversight board or leave it functionally useless. Such meaningful topics, issues and situations must be carefully and thoughtfully included in the board's span of oversight after careful deliberation. It may be reasonable to begin the oversight effort by encouraging the focus of the oversight board to be on specific operational parameters of the EMS service such as "out of chute" times, length of on-call shifts, public perception of the EMS service or other topics that impact patient care. With time, board will mature to have full oversight responsibility for the EMS service, including the EMS service's most complex aspects.

The length of the term for each board member should be clearly stated (one year, two years, three years, etc.). When possible, oversight board member terms should be staggered so all board members do not have their terms expire in the same year. This may necessitate establishing initial terms of different lengths as well as having the EMS service members leave the board at tiered times rather than all at once.

It may be helpful to have an outsider, someone who is an even-handed third party with experience related to working with oversight boards, to help the key stakeholders of the EMS service as they establish a board charter. This may help the key stakeholders think beyond their personal comfort zone when establishing boundaries for the board. Much information can be found through Internet searches on topics such as "EMS Oversight Boards." An example is here: EMS Oversight Board Example

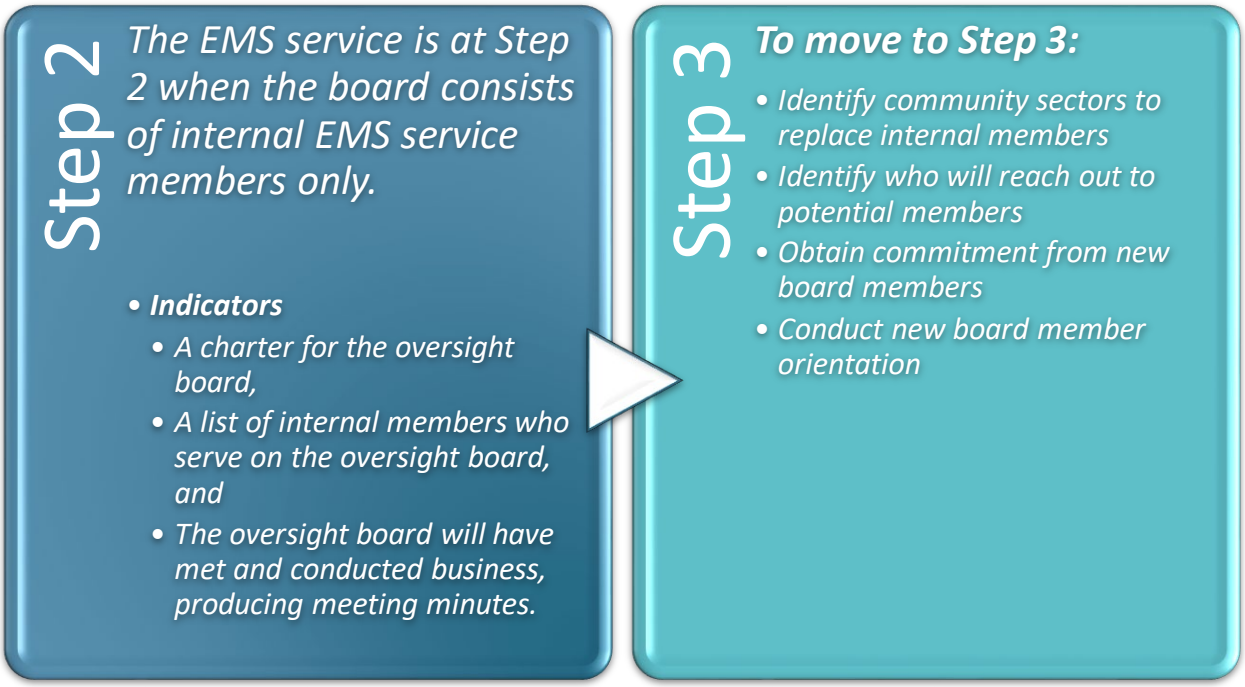
Identifying Members

Initially, members of the EMS service can make up the oversight board, recognizing they are familiar with the EMS service and its work. In time, the composition of the oversight board will change to capitalize on insights and expertise from people outside the EMS service.

Selection of internal members should result in having a group of five to seven members, representative of the EMS service's entire membership (age, time with the EMS service, gender, certification level, etc.). How the EMS service determines who will be asked to serve will vary from EMS service to EMS service. Perhaps the officers of the EMS service will ask the membership to provide a list of several names from which the officers will make selections. Perhaps an invitation will be made to all members to express their interest and why they are interested, and officers will select members. Another option is to have the membership elect a steering group from within the membership to identify and select the initial group.

Once selected, the newly formed oversight board will be convened. Two things of importance to ensure effective function of the board need to be addressed at the first meeting. The oversight board needs to select a chair and a secretary to create structure for administration of the meetings. Second, someone who was deeply involved in establishing the charter for the oversight board must present the charter to the board and answer questions as the board learns its roles and responsibilities.

Improving from Step 2 to Step 3



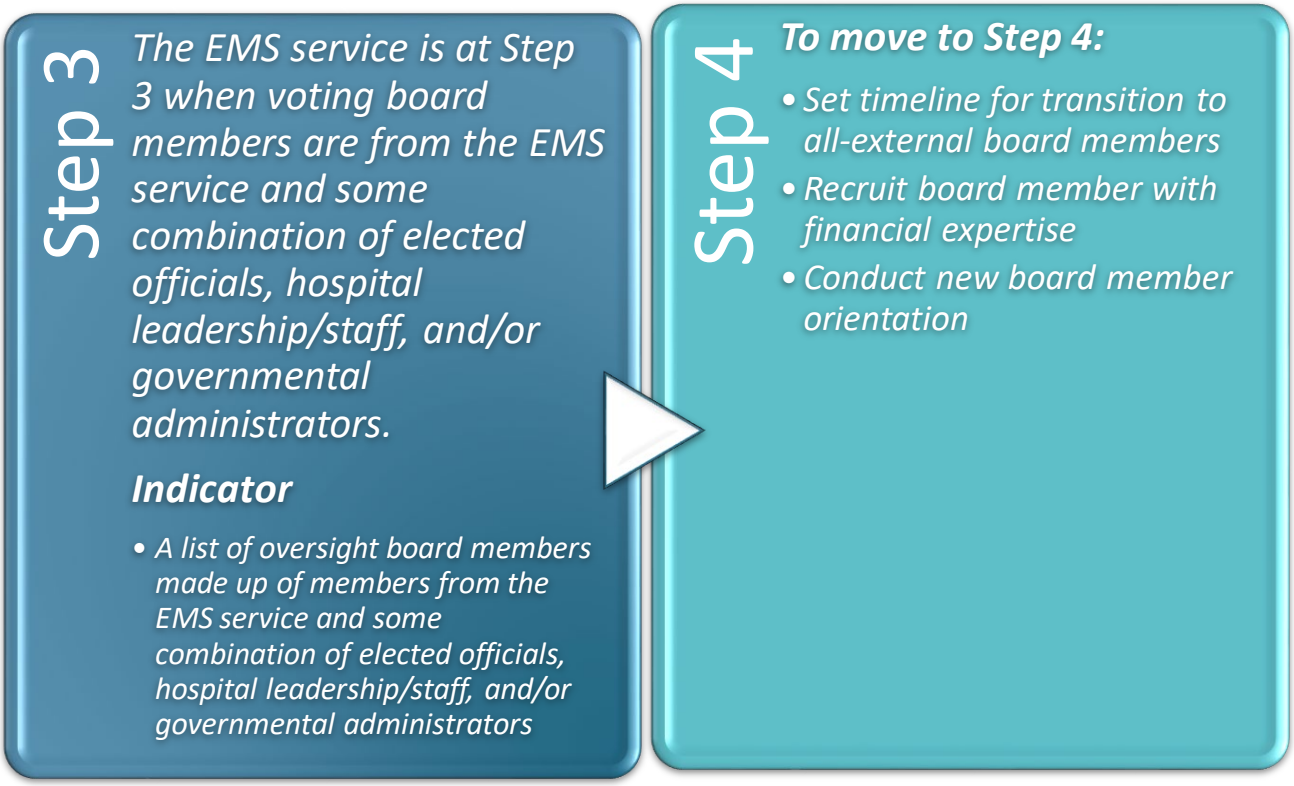
Having accomplished the significant, foundational stage of establishing an oversight board in the previous step, attention should now be turned to expanding and/or replacing internal members of the oversight board with other members. The oversight board should consider what sectors of the community would provide high value to the oversight board. It is never a poor decision to again engage frontline team members for recommendations on who might serve well on the oversight board. Sources of such value have been shown to be elected officials (city council member, county board member, public safety commission member, not-for-profit corporate board, etc.), leadership and/or staff from within a hospital served (manager responsible for emergency services, staff RN from the emergency department, the hospital administrator or someone from the hospital administrator's office), or an administrator from a specific governmental unit (e.g., city or county administrator, public safety director) . It remains the oversight board's responsibility to expand the board.

The board should determine which potential external members of the oversight board will be contacted, who will contact them, and what the standard message or presentation to the potential members will be. All potential members must receive the same background information and vision detail so they begin at about the same level of understanding. It is

not advisable that it becomes the job of one person to take this responsibility or recruiting on single-handedly. All members of the members-only oversight board should have equal ownership in finding the new members.

Once the potential board members have been contacted, informed of their duties and have committed to serving, a new board member orientation session should be held.

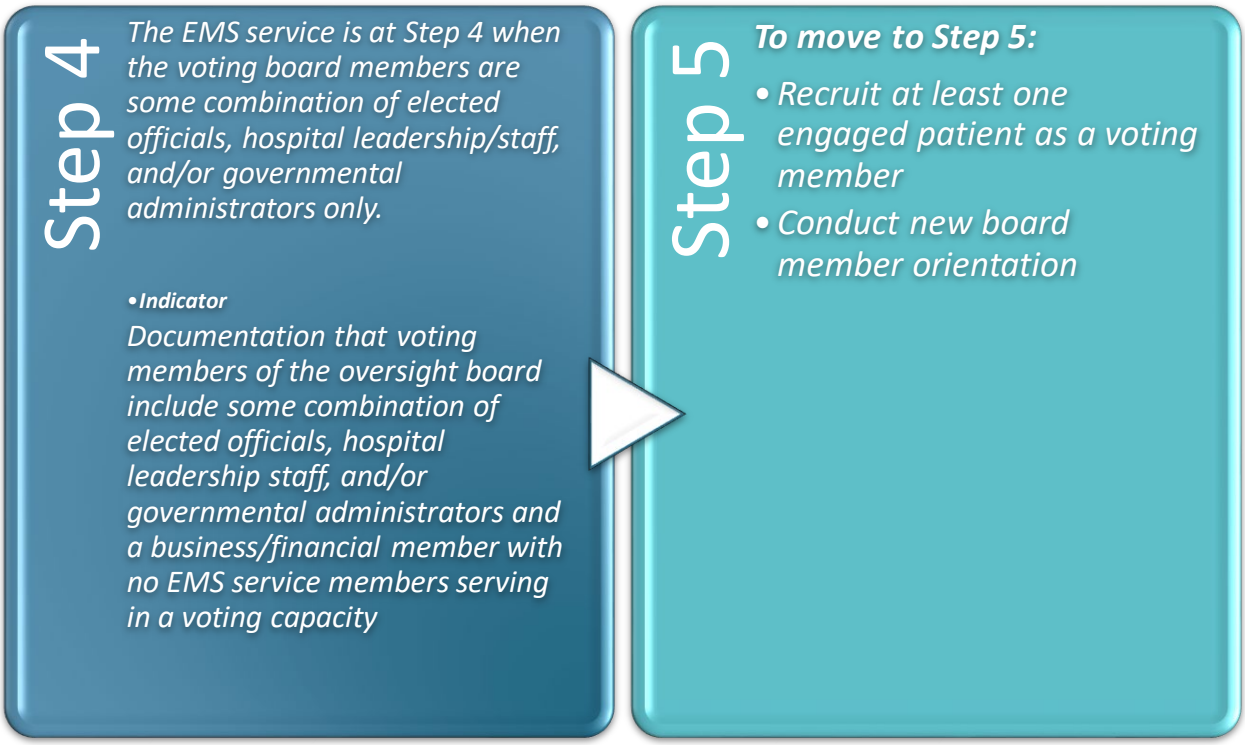
Improving from Step 3 to Step 4



At some point external oversight board members will completely replace EMS service members on the board. As noted, this may be accomplished by transitioning in external members while releasing the EMS service members from their responsibilities on the oversight board over a period of time intentionally set and carefully followed. The entire oversight board is responsible for determining the pace with which this transition should occur, but it should not be unnecessarily delayed. Remember that the oversight board, once it comprises only external voting members, still has the option of asking for specific operational input and insights from EMS service members and others.

When the board has transitioned to an all-external member configuration, it will be to the board's advantage to add a member with expertise in financial matters. A board member with financial acumen may be found within the business community, perhaps within a financial institution (bank, credit union, accounting firm) or by referral from a stakeholder who has observed the potential member's skills and interactions in similar settings. For each new oversight board member who joins the board, the new board member orientation needs to be presented as noted in Step 2.

Improving from Step 4 to Step 5



The final step in establishing an oversight board is to add at least one engaged patient as a voting board member. Finding this member will follow the basic format used for identifying other board members; however, in addition to being a patient who has used services provided by the EMS service, perhaps this member will stand out due to involvement he or she has had in other similar community efforts. Be careful in this effort to avoid any real or perceived HIPAA violations associated with seeking this potential member.

To make this a fully volunteer engagement, the EMS service could publicize in a manner that is effective in the community. For example, a news story in the local newspaper or other local media might focus on how the community, EMS service and patients would benefit from having an engaged patient on the board. This could generate multiple names of interested parties who would allow the board to compare and contrast them, and determine which would best serve on the board.

Again, a full new board member orientation needs to be provided to all new board members.

Identifying as a Step 5

The EMS service is at a Step 5 when voting board members include all of No. 4 and at least one engaged patient representative.

Indicator

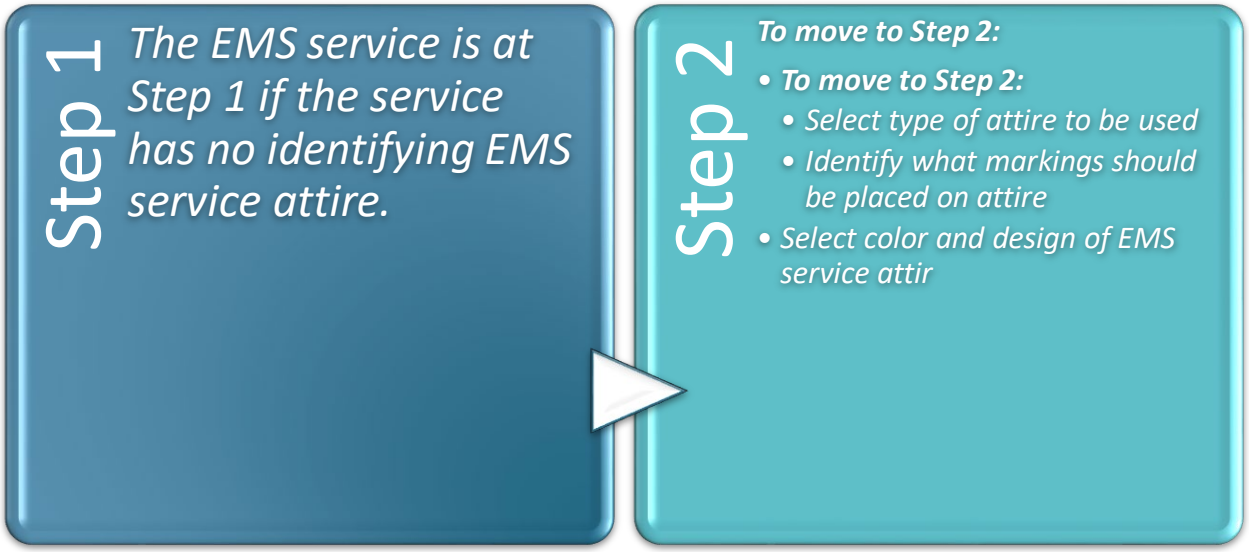
- Documentation that at least one engaged patient is serving as a voting member on the advisory board.

EMS Service Attire

Question 12

Objective: *The service will have (a) identifying EMS service attire, (b) which is adequately protective, (c) purchased by the service, and (d) a written policy which identifies what attire is required and how it is provided, cleaned, maintained and replaced.*

Improving from Step 1 to Step 2



Creating a professional image is established partly by how the members appear when conducting EMS service business. There are many reasons to have identifying service attire for the sake of the patient, as well as the members of the service.

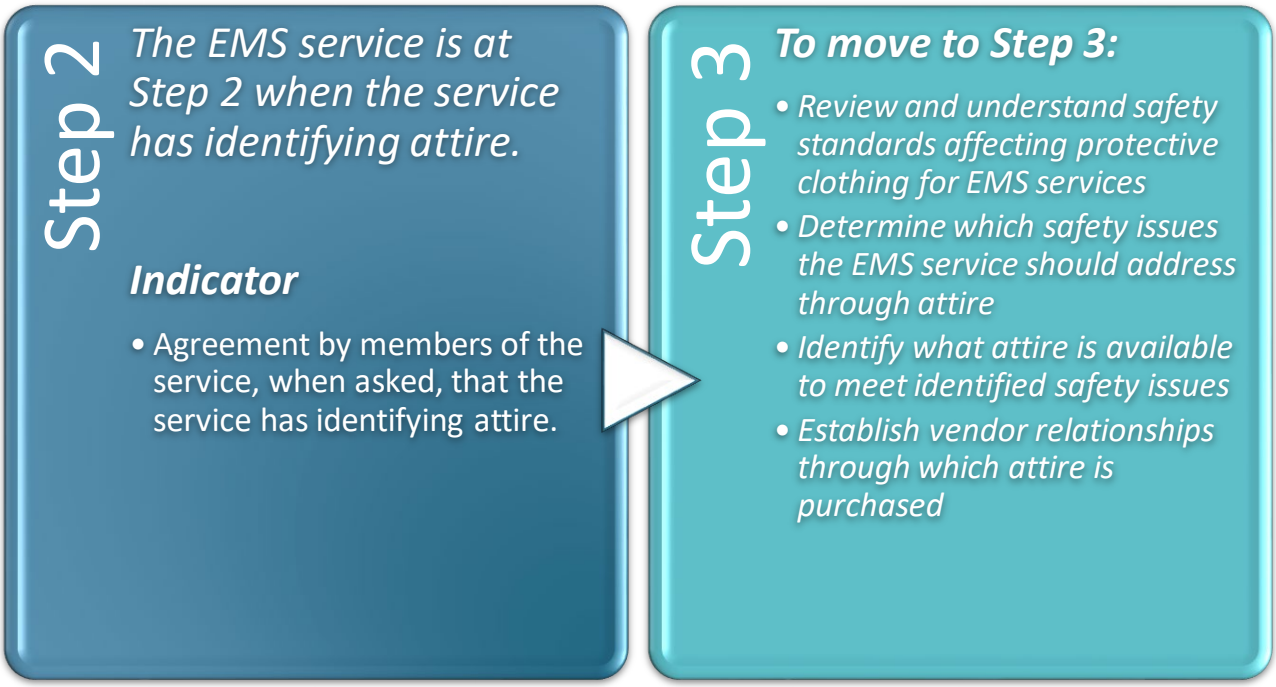
Decisions in selecting the starting point for adding identifying attire must include the needs of the members and the service. Ease of use and versatility for the member should be considered, as well as the image projected by the attire. Perhaps a uniform jacket or some form of coverall is a desirable option for members who are called in unexpectedly from other commitments. The color of the attire is important. It is advisable to avoid colors that may cause the patients to confuse the members with personnel of other EMS services while

at the same time portraying a professional tone and providing high visibility for the members of the EMS service who will use the attire.

In addition to the type and color of the attire, a decision is required to determine what markings should be included on the attire. At some point, a professional-appearing logo will be beneficial; however, that will require time and expense and does not need to be addressed immediately. To begin marking the attire with the service name or some other generally identified EMS marking will suffice.

Attire can be purchased from a variety of vendors, ranging from local shops to international EMS supply companies. Becoming a member of an EMS purchasing co-op may be a value to the service. Having the attire available for members in a pre-determined location for use while conducting service business will enable the members to quickly locate and put on the attire in a timely fashion.

Improving from Step 2 to Step 3



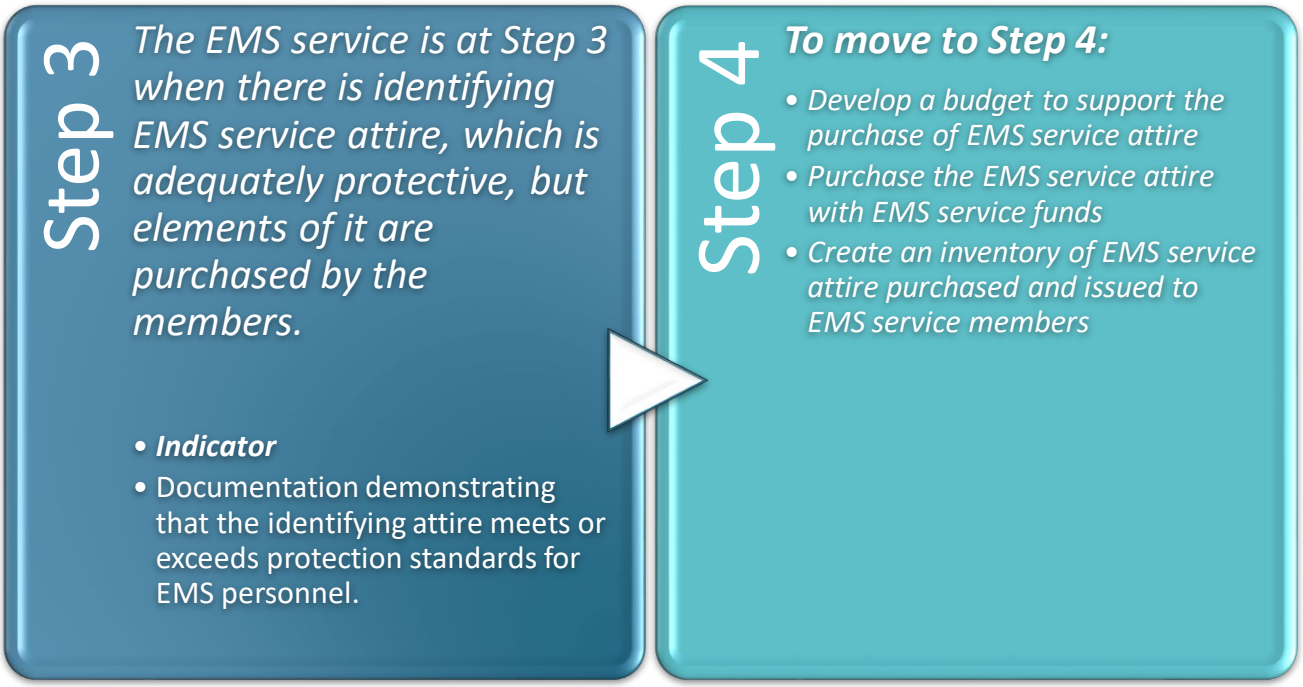
Many common-sense considerations should be addressed in regard to safety. Many ideas regarding safety items to be included will be championed by various members of the EMS service. Individual recommendations and desires need to be verified and balanced by known standards and quality of attire and equipment under consideration. Specific guidelines related to safety – that are written and accepted by the industry – are a wise place to begin establishing safety requirements for the EMS service attire. Published and industry standards provide an objective standard that has been vetted by the EMS industry.

The National Fire Protection Association (NFPA) and the National Institute for Occupational Safety and Health (NIOSH) are well known sources of information related to specific types of attire – garments, gloves, footwear, face protection, helmets, etc. In addition, most reputable EMS supply companies will know which of their products meet such guidelines and will be helpful in making final selections.

In some EMS services, for a variety of reasons, the individual members of the EMS service are quick to purchase the attire and equipment they think meet their needs individually. The EMS service has a professional obligation to ensure the attire and equipment used meets appropriate safety and serviceability standards used within the industry. Failure to

do so may create unwanted and perhaps unrecognized liabilities for the service. After identifying the appropriate standard for the attire and equipment to use, the EMS service needs to plan for purchasing the equipment so that all members are equally protected to the established standards.

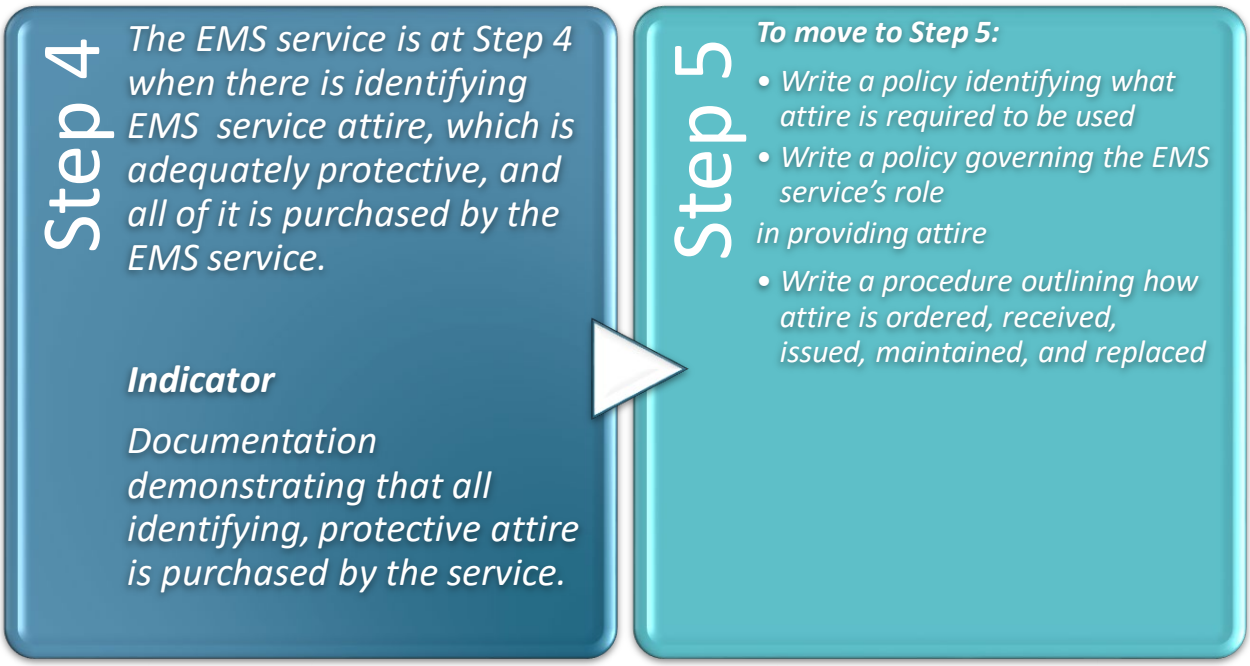
Improving from Step 3 to Step 4



Having established that the identifying attire meets or exceeds protection standards for EMS personnel in Step 3, the service now needs to be responsible for purchasing the attire for the members. As outlined in Section 9, "*A Sustainable Budget,*" as well as in Section 12, "*Contemporary Equipment and Technology,*" the EMS service must plan for what attire is needed, how soon each piece needs to be added for the entire membership, and how budgeting can support that. Once those pieces are in place, the EMS service can use the process established in Section 9 to initiate the purchases.

As the attire is distributed to the membership, an inventory should be maintained identifying who has been issued what attire and an accompanying document estimating when pieces will need to be replaced, for operational and budgetary purposes.

Improving from Step 4 to Step 5



Moving through Steps 2-4 has accomplished the goal of establishing and maintaining standard attire for its members' use. Now the work of documenting the specific attire that will be used, as well as how that attire will be provided, cleaned, maintained and replaced, must be completed.

EMS service members should have input into what they deem as an adequate number of each piece of attire is for each member. Restraint should be exercised, both in the requests made and the decisions to limit how many/how much is issued. Clear guidelines need to be created indicating specifically what will be issued to each member.

It is reasonable that the members will provide general care and cleaning for the attire issued to them. When the attire is soiled with blood, body fluids or other substances that are hazardous or dangerous, the EMS service needs to have a means in place to allow for the care and cleaning of the attire when it is in need of cleaning beyond general cleaning. The individual members should not be expected to provide cleaning in their home appliances. Special cleaning should be done by a commercial service equipped to handle contaminated attire.

EMS service attire should be replaced when it becomes worn or damaged. Attire that is worn or damaged will not protect the member as intended and will project a poor image

of the EMS service to the patient and the public served. Often, the replacement standards, although written to reflect intent, must rely on good judgment and common sense. If a member of the EMS service is dissatisfied with the condition of their attire, there are many good reasons to seriously consider replacing it, not the least of which is the members' pride in the organization and service provided.

Identifying as a Step 5

The EMS service is at a Step 5 when there is identifying EMS service attire, which is adequately protective and purchased by the EMS service, and a written policy identifies what attire is required and how it is to be provided, cleaned, maintained and replaced.

Public Information, Education and Relations

Question 13

Objective: *The EMS service (a) will develop a public information, education, and relations (PIER) plan, (b) will establish funding dedicated to the implementation of the PIER, (c) will identified an individual responsible for the PIER, and (d) will develop a recurring method to evaluate the success of the PIER.*

Improving from Step 1 to Step 2

Step 1

The EMS service is at Step 1 when there is no plan for addressing PIER.

Step 2

To move to Step 2:

- *Begin discussion within the EMS service related to the need for engaging in public information, education and relations*
- *Begin discussion on possible target audiences to receive meaningful information or education from the EMS service*

Wherever EMS is provided, it is common to find a community that expects the EMS service to be ready whenever someone needs care. Often, though, that community has little knowledge of the EMS service or the care provided by the members of the service. This can create false perceptions and give credence to poor decisions that could negatively affect the EMS service, specifically EMS operations. Spontaneous, non-strategic and knee-jerk involvement in public information, education and relations efforts can occur. While they can be effective, employing a thoughtful, planned effort moves the EMS service from being reactive to proactive. Developing a PIER can help proactively address topics and reduce inaccurate perceptions and understandings of the EMS service.

This step is intended to engage the EMS service in thinking about the need for a PIER and who the primary audiences are for stepped-up interaction and exchange of information. The "why" of this will be more effective in building a plan than the "who." Why the EMS service wants to engage a particular group will help build the sequence for an effective PIER.

Assessing the "Why"

To help get started, think through and record what are the pressing, important issues for the EMS service. Why do we want to do this? The simple answer may be to heighten the EMS service's community profile. But why? Perhaps funding is tight, perhaps ongoing difficulty exists maintaining critical legislation related to EMS. There may be difficulty getting local businesses to allow employees to leave when needed for an ambulance call. New equipment or a replacement base of operations might be needed. Maybe it is as basic as needing more members. The list could go on. It may include needs related to building awareness of specific medical conditions that show a much better outcome if the EMS service is called. As the survey progresses, it is advisable that the EMS service engage with regional and state EMS organizations to consider initiatives those organizations may recognize as critical and which the EMS service may have missed. Through this initial review of issues, none should be immediately written off as unimportant.

Identifying the "Who"

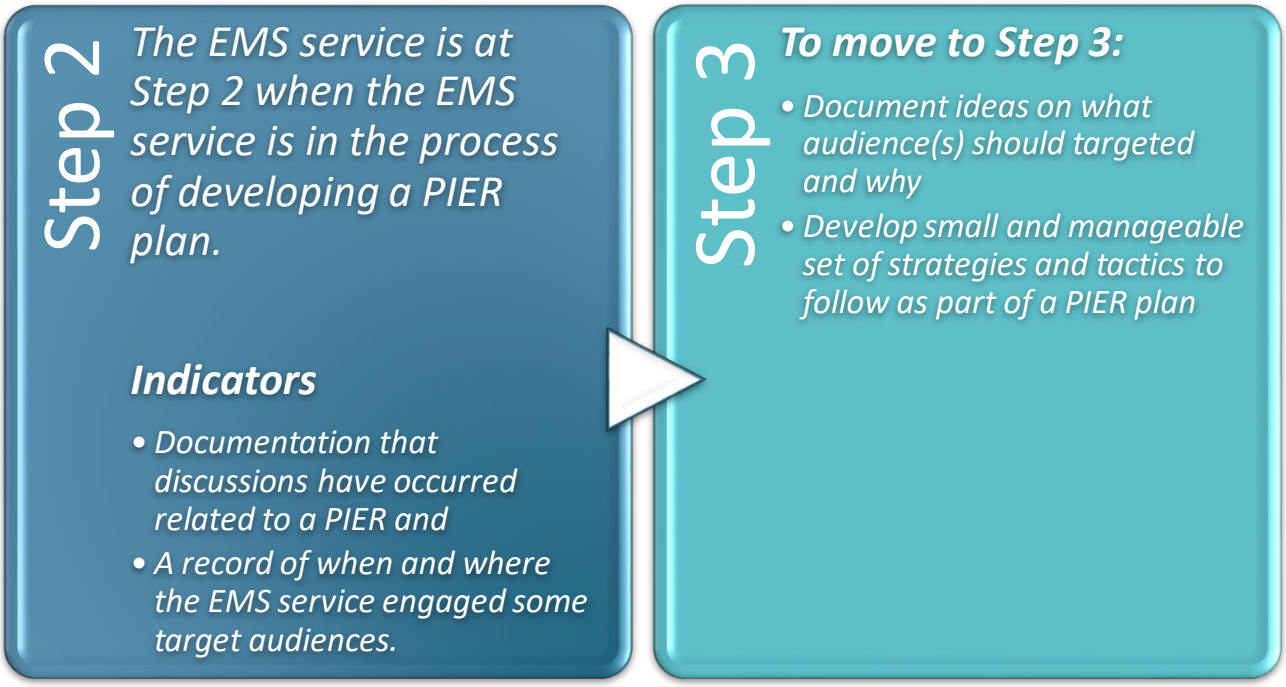
Once the "why" is fleshed out, then the question can become, "Who can effect positive responses to the issue we need to address?" That group becomes the "who" and tactics will need to be developed to guide portions of the PIER to connect with that group. The tactics become the "how."

For example, if the issue is related to STEMI patients not using an ambulance to get to a hospital that can provide the appropriate care, the PIER plan could include a segment to reach what generally would be considered a relatively healthy population who may fit the profile of those in the community who experience STEMIs. Or, if the issue is a threat of region-wide or statewide laws being changed that will negatively affect the EMS service and other EMS providers, then the PIER plan will need to address the group of elected and non-elected officials who can speak in the decision-making process and provide them with information related to how the change may affect the EMS service. In both cases, the audiences need to know the value of the service provided and the negative effects of not

using the service, or changing regulations or laws that will negatively impact the operation of the ambulance service.

During the EMS service review, simple, initial steps can be taken to begin awareness in some of the high-priority groups identified. Maybe it is as simple as making sure a uniformed member is at the local chamber of commerce meeting when elected officials and regulators are present. Maybe it is having a member available at a community gathering to offer blood pressure checks to the public. In both of those examples, simple publicity pieces could be offered to the audiences. These pieces may be created or obtained from a national association, such as the American Heart Association or the American Red Cross, or other similar associations. Using publicity pieces will enable people in the targeted groups to leave with information about the complexity of operating an ambulance service, for the first group, and perhaps a handout on recognizing signs and symptoms of a heart attack with specific instructions of what to do, for the second group, in the examples suggested. Establishing and using a presence on social media is an economical and effective way to engage the community.

Improving from Step 2 to Step 3



While a PIER plan must include documentation of the survey mentioned in Step 2, which identifies the most needed areas of impact, an effective PIER must also have clearly

written strategies with accompanying tactics to effectively execute the plan. Strategies can be constructed in the same manner recommended in Section 6 "*Recruitment and Retention"* with the focus in this section obviously placed on the groups to be engaged.

Example

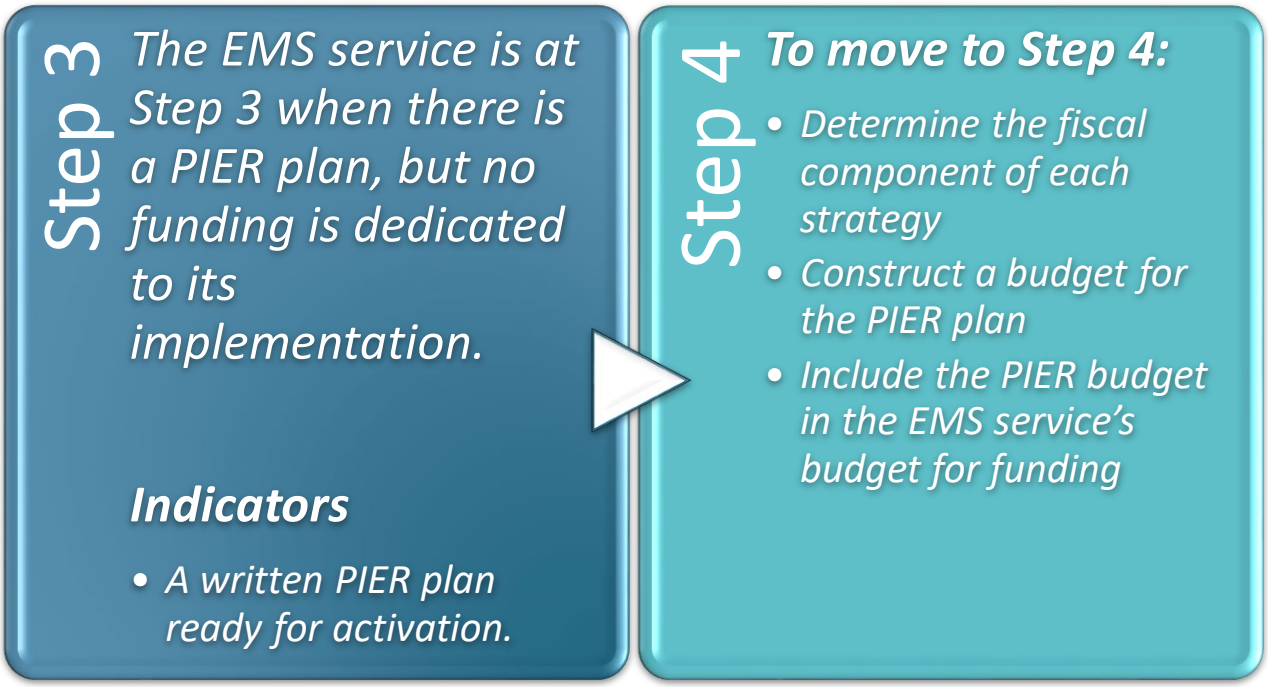
Using the hypothetical example presented in Step 2 on STEMIs and assuming information on the demographics of the target audience is known, a strategy and supporting tactics could look like this:

Strategy: By (date) we will have engaged 1,000 people between the age of 30-65, offering blood pressure checks and providing written information on recognizing signs and symptoms of a heart attack and the initial steps needed to improve their chances of survival.

- Tactic 1: By (date) Joe will develop and execute a plan to provide blood pressure screening and American Heart Association cards on heart attacks to members of the PTA and Kiwanis Club.
- Tactic 2: By (date) Brenda and Jill will work with our local hospital to provide blood pressure screening and American Heart Association cards on heart attacks at the quarterly meeting of state and county employees in our town.
- Tactic 3: By (date) Judy and Robert will provide blood pressure screening and American Heart Association cards on heart attacks at the quarterly chamber of commerce meeting.
- Tactic 4: By (date) Jill and Judy will provide blood pressure screening and American Heart Association cards on heart attacks to the parents and coaches of our youth sports association in our community.

Once the documentation of the survey is completed and tactics are built to accompany strategies agreed upon to address the audiences selected, the EMS service will have a PIER plan in place. Remember, the strategies and tactics created need to address the agreed-upon targets, which are based on the survey completed, for the plan – which include distributing information, providing education and meeting needs to have a spokesperson available when one is needed. This can become a very consuming step as the plan is created. Public information, public education, and public relations can each become and entity unto its own, but the three must be closely and seamlessly integrated. It is best to begin small, perhaps focusing on one portion (e.g., public education) and then expanding to public information and public relations as the plan matures.

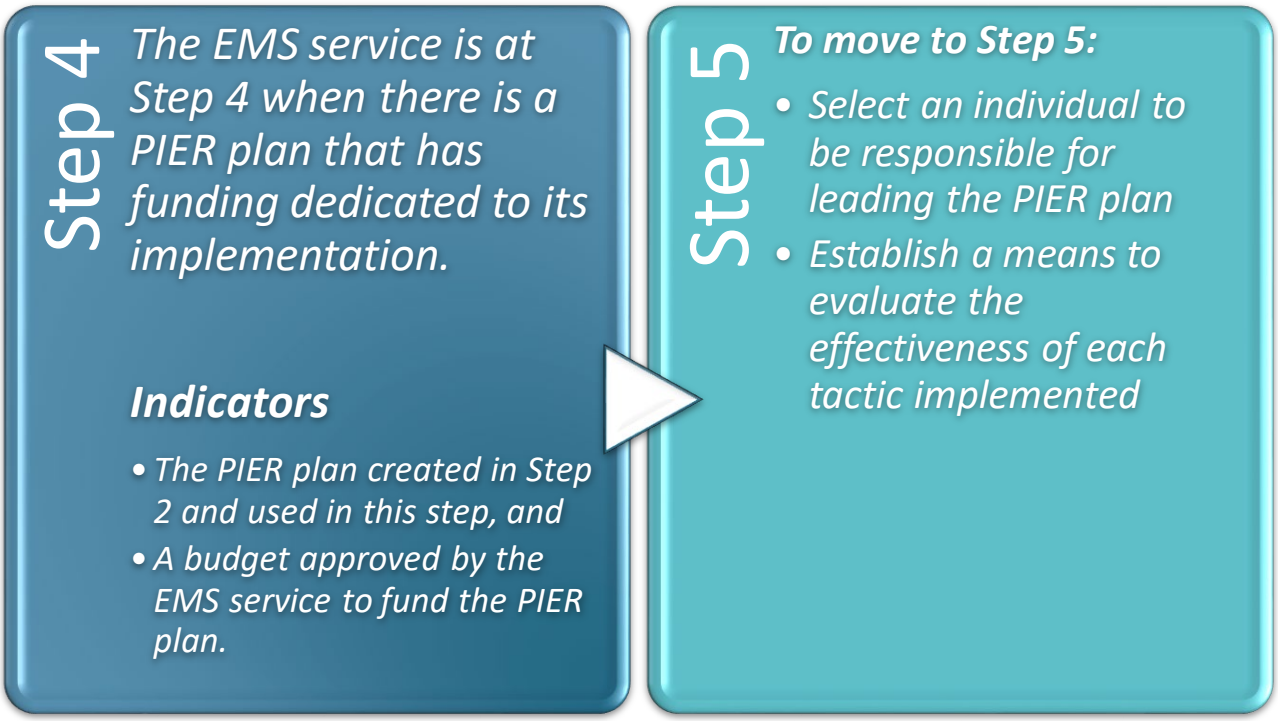
Improving from Step 3 to Step 4



The examples used in the previous two steps can likely be executed with minimal cost. Having said that, even with the basic examples provided, there may be costs to purchase the information cards and there may be costs associated with the time the members spend at events. The EMS service needs to include the expenses anticipated for the PIER plan in its operating budget.

Once the PIER plan is in place, as established in Step 3, the costs of executing each tactic can be determined with a fair amount of accuracy. Knowing how many crew-member hours are needed to execute the tactic, knowing what supplies and incidentals will cost, and knowing of any expenses associated with sponsorship fees – if applicable, etc. – will help in building a budget for each tactic. Once this is completed for each tactic, the total projected cost of operating the PIER plan for a defined period of time will be known. Including those expenses in the EMS service's budget will help ensure the plan can be executed as intended.

Improving from Step 4 to Step 5



The final pieces to put in place for complete and full implementation of this attribute are identifying an individual who will be responsible for the PIER plan and putting in place a recurring method of evaluating success of the plan.

Selecting a Leader

One person should be identified to be responsible for the PIER plan. Often, this position is identified as the public information officer (PIO). A job description will need to be constructed to provide clarity to both the EMS service and the individual on expectations and requirements of that role. It will be helpful if there is an identified work group to help with the various aspects of the plan, from assessment through resource and ongoing evaluation of the plan. However, effectiveness will increase when one person is identified as the owner of this plan. This establishes clear reporting responsibilities and allows the leader to have the ability to move quickly when needed, without getting bogged down in debate and perhaps voting on approval by the entire membership on opportunities needing immediate attention.

Whenever feasible, it is good to have an EMS service member fill roles such as this. However, it is necessary to recognize specific skills and abilities that are needed for this, as well as other positions. If necessary, rely on expertise from outside the EMS service if that is best for the plan's execution. A written job description identifying the skills and abilities needed for this position, as well as experience deemed advantageous, should be included in the job description. Experience in planning projects, managing the execution of projects, and collaborating with various size groups to gather input and perspective are a few of the necessary skills that need to be possessed by the individual chosen for this position. Clearly defining how much authority the position is given for expending budget funds, and making commitments to events and public gatherings, needs to be expressed.

Recurring Evaluation

Using the tactics developed to achieve each strategy will serve well for determining the PIER's success. Using data compiled as each tactic is executed will allow metrics to be used. If the strategy is to engage 1,000 people as in the example in Step 2, then a review needs to be done to determine if that number was reached. If it was not reached it must be determined why and corrections made in the renewed tactics that will be used for the next cycle. Anecdotal information can also be helpful, especially as it relates to the materials created or purchased and used by the EMS service as handouts.

Identifying as a Step 5

The EMS service is at a Step 5 when there is a PIER plan that has funding dedicated to its implementation, someone identified as responsible for the PIER, and a recurring evaluation of its success.

Indicators

- Leader responsible for the PIER plan is identified, and
- A recurring evaluation is in place to evaluate and provide a basis for improvement.

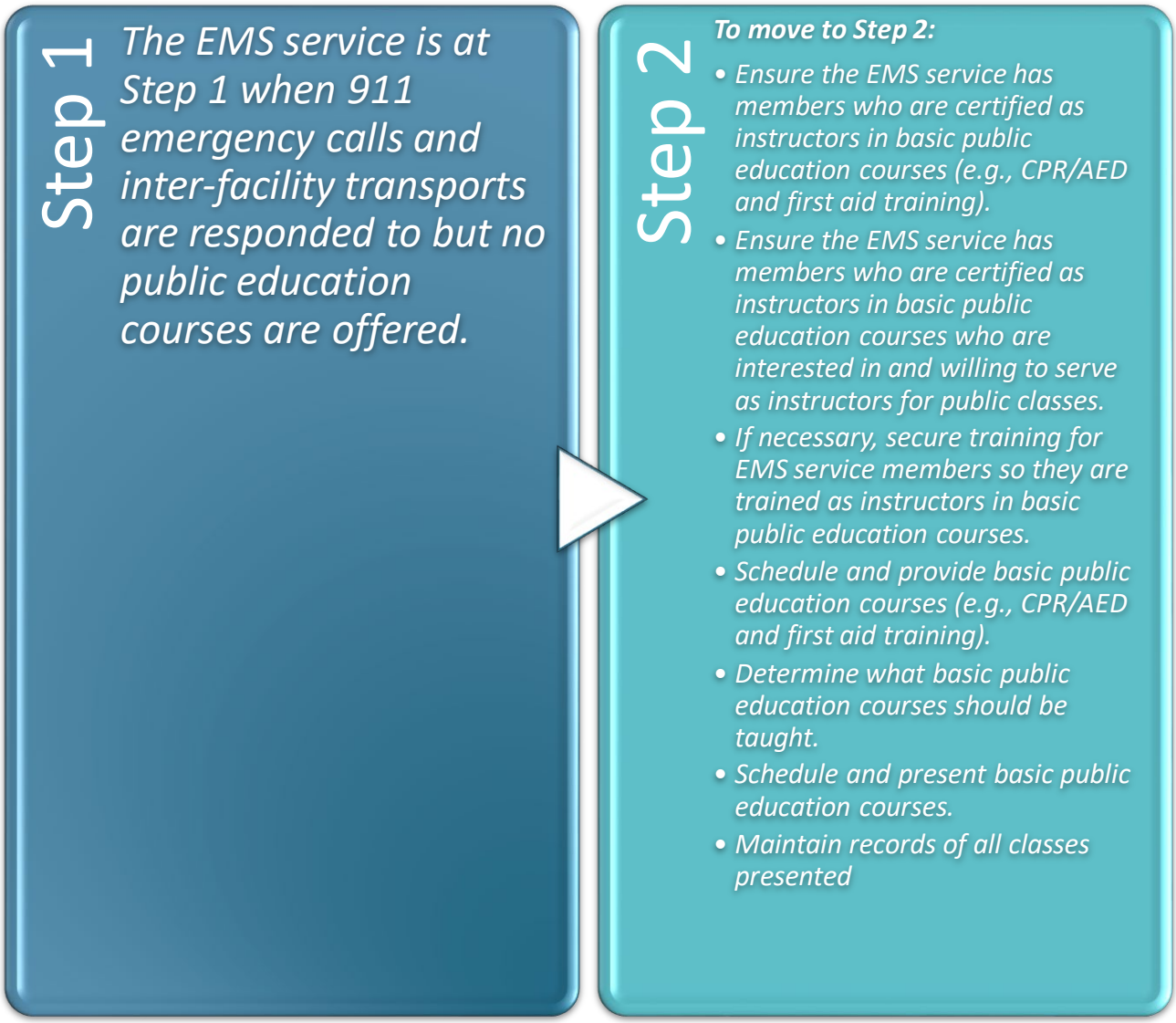
Involvement in the Community

Question 14

Objective: *The EMS service (a) will offer a robust array of public education courses and other training, (b) will assist in planning health fairs, (c) is a champion for a healthy community,*

(d) is an active partner with other public safety organizations, and (e) is seen as a leader for community health and well-being.

Improving from Step 1 to Step 2



Scoring a "1" for this attribute reflects a historical role EMS services have filled. It is increasingly necessary to engage in more non-traditional ways to promote the well-being of the community while further establishing the value and credibility of the EMS service within the community.

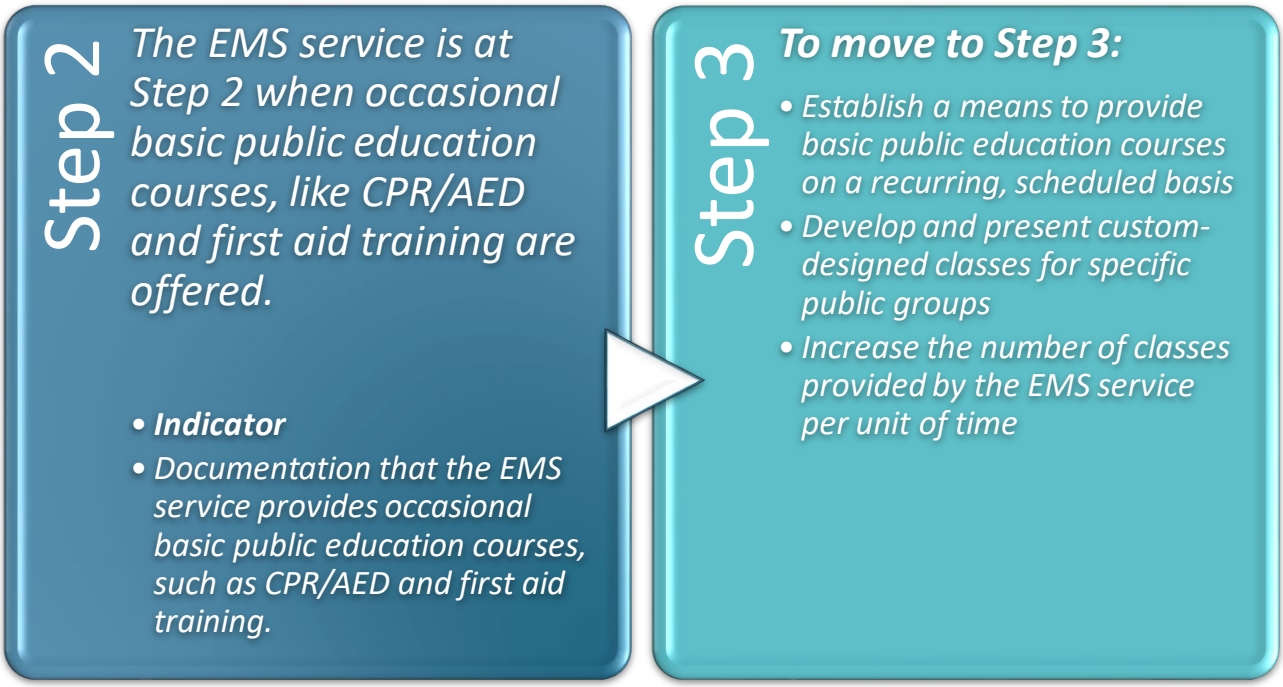
Entering the arena of providing public education is the focus of this first step. The EMS service can readily provide education to the public with certified instructors on its staff, materials and equipment to do the training, and a classroom.

If the EMS service has no members who are certified as CPR/AED and/or first aid instructors, it should provide opportunities for members who are interested in receiving

such training. The EMS service can then use the member's skills to train the public who attend certification training. The EMS service should fund the training for its members. Once certified, the instructors will have access to necessary class materials and equipment through the certifying institution. It is possible that the EMS service has such support materials in its inventory or will plan for its future addition. A location to conduct the course can be a classroom or some other similar room at the EMS service's facility, a community center, church, school, business or other suitable location.

With proper, effective and inexpensive publicity – possibly in the form of public service announcements in the local newspaper or electronic media – the EMS service can begin the effort of providing public education courses. For certified courses, upon completion of each class, the instructor will need to submit a roster of class members to the certifying EMS service. These rosters can also serve as documentation demonstrating the EMS service's efforts.

Improving from Step 2 to Step 3



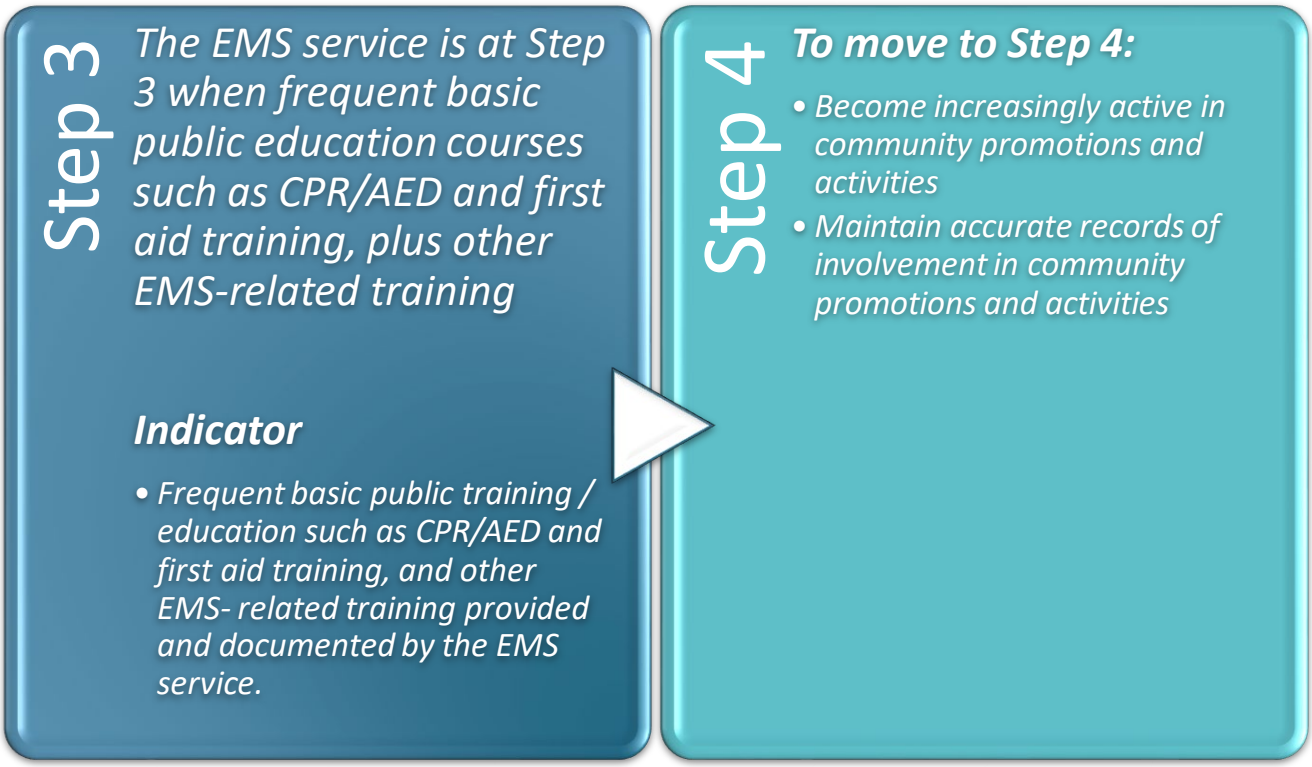
The EMS service can increase its score for this attribute by moving from providing occasional basic public education classes to frequent classes of the same type and by adding other EMS-related training.

To increase from occasional to frequent the EMS service will begin to conduct basic courses for the public, such as CPR/AED, on a regular, ongoing scheduled basis. This could happen, for example, by becoming involved in local adult education efforts through a community education program. The EMS service may be able to arrange to have the courses included as part of a schedule, which is made available to adults in the community. This would result in the classes being repeated each quarter. Alternately, the EMS service could set its own recurring schedule and maintain full responsibility for the administrative detail of publicizing for the course and handling class registrations. Either way, the EMS service needs to have a public calendar showing the frequent, recurring classes being offered that is readily available in print and electronically to those who are interested.

The second part of this step requires the EMS service to expand the type of classes offered to the public. Perhaps an EMS service class on what to do in the minutes between calling

911 and the arrival of the ambulance would be a good class to start with. This would provide the EMS service opportunity to introduce the public to the skills, abilities and equipment the EMS service brings to the patient's side while at the same time providing critical information on how the public can maintain an open airway or control bleeding without the rigors of a full certified course. These classes can be custom-designed to meet time constraints of businesses, social groups, neighborhood groups, etc. To document these classes, the EMS service can develop a schedule with the class particulars and the name of the member who taught the class.

Improving from Step 3 to Step 4



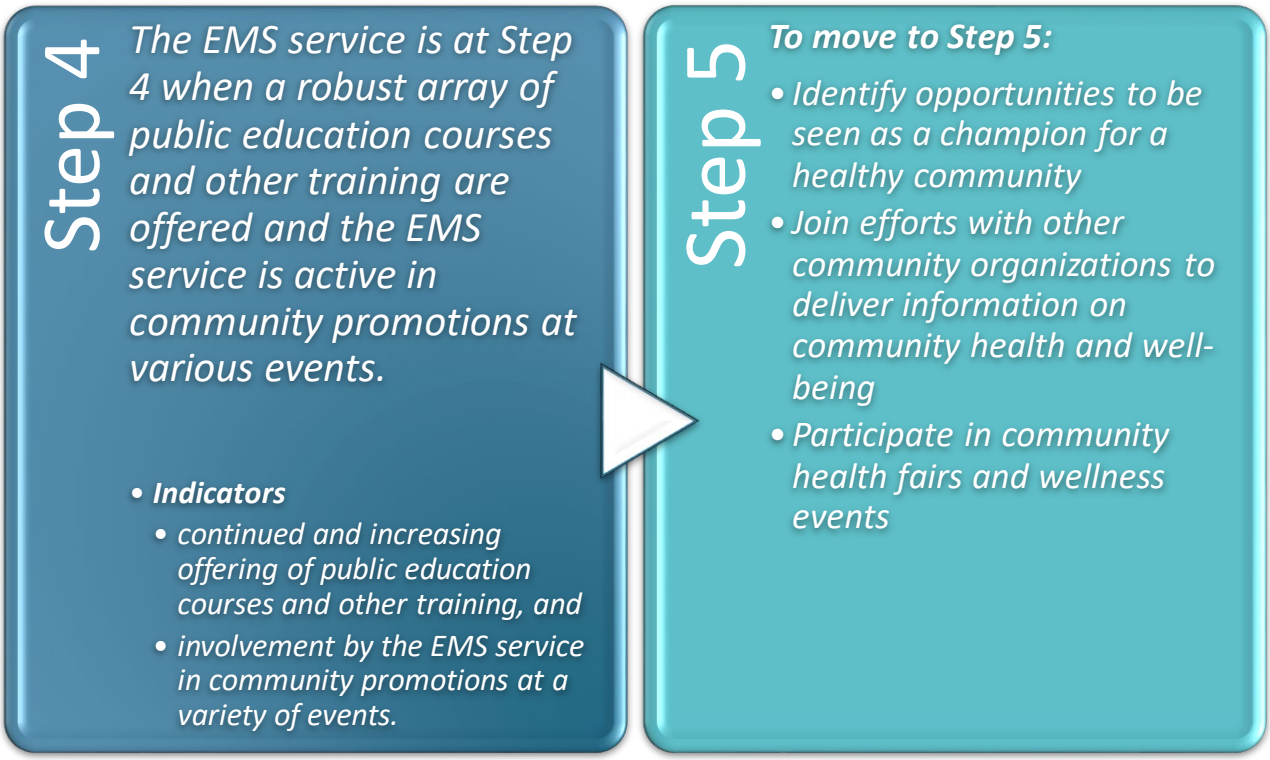
At this point, the EMS service will continue the public education it has developed in the previous steps, and will build its value in the community by becoming increasingly active in community promotions at events. The EMS service fulfills this by promoting itself as an integral part of the community while at the same time promoting community functions.

Promoting itself will require that the EMS service have a defined plan to communicate the value of the EMS service to the community. This effort compliments, builds on, and in many ways overlaps with the work done in Section 14, *"Public Information, Education, and Relations."*

Similarly, the EMS service will invest effort in supporting community efforts as a strong member of the business community. Opportunities to do this, using the strengths of the EMS service, may include providing EMS standby at events involving the community such as outings for elderly from assisted living homes, chamber of commerce events, public charity events, and a variety of other such events. The cost to the EMS service will be the small incremental costs associated with vehicles and equipment, and the direct costs of

members paid to staff the events. The value to the EMS service will be an increased dependency on and appreciation for the EMS service by the broader community. Event records showing the details of the event, what EMS service equipment and members were at the event and roles filled at the event will serve as documentation of the EMS service's involvement in the events.

Improving from Step 4 to Step 5



While maintaining and expanding efforts established in previous steps, the EMS service will now invest in building its reputation as a champion for a healthy community. This will establish the EMS service as an active partner with other safety organizations, so the EMS service will be recognized as a leader for community health and well-being. This means the EMS service will invest heavily in efforts within reach but perhaps at the outer reach of the things the EMS service has done historically.

The EMS service should be continually looking for custom-built classes related to EMS and community health and well-being it might organize to meet the needs of groups within the community, even those small niche groups that have specific needs. Generally, these classes are not laborious to design. Often, the expertise exists within the EMS service's membership. Delivery of the classes can be accomplished in one class period that can be of a length designed to meet the group's time constraints. Once a few classes such as this are conducted, the EMS service will begin building a resource library of classes that can be used

in the future with minor modifications for other groups. While presenting these classes, the EMS service members will have an opportunity to identify other needs that may be addressed in the future. These perspectives can generate significant insights into community health and emergency preparedness needs.

Recognizing needs in the community opens opportunities to partner with other community health and public safety organizations to conduct events (health fairs, etc.) to address the needs. By identifying the needs discovered within the community, the EMS service can be involved in developing solutions and public events to address those needs. This will prompt others to see the EMS service as a leader in recognizing and addressing issues to improve the overall community health. As recommended in Section 14, *"Public Information, Education and Relations,"* using social media to bring developing ideas to the public will assist in putting the EMS service in the public eye as a champion for a healthy community. This type of collaboration will demonstrate the powerful commitment the EMS service has to being part of the community. It will also result in the community being healthier and recognizing the value of the EMS service.

Identifying as a Step 5

The EMS service is at a Step 5 when the EMS service offers a robust array of public education courses and other training, organizes or assists in planning health fairs, is a champion for a healthy community, is an active partner with other public safety organizations, and is seen as a leader for community health and well-being.

Indicators

Documentation demonstrating:

- How the EMS service has functioned as a champion for a healthy community
- How the EMS service organizes or assists in planning health fairs
- How the EMS service is an active partner with other public safety organizations
- How the EMS service is seen as a leader for community health and well-being.

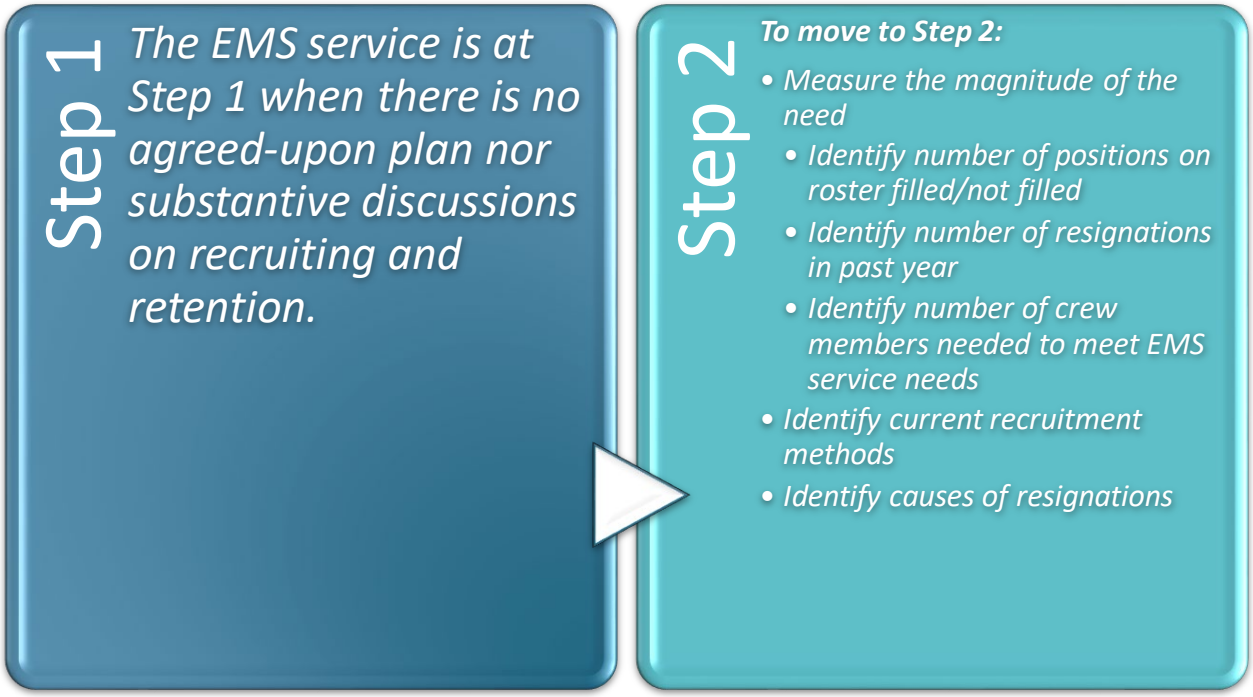
A Recruitment and Retention Plan

Question 15

Objective: *The EMS service will (a) develop a formal written recruitment and retention plan,*

(b) develop recruitment and retention strategies, (c) have a team identified to deploy recruitment and retention strategies, and (d) have a full roster (e) with a waiting list for membership.

Improving from Step 1 to Step 2



In every area of measured performance, a standard must be established to serve as the goal to be measured against. Having a formal written plan produces a standard by establishing what will be done to achieve the desired results. Once results are achieved and measured, the established formal plan can be reviewed and improved as part of an ongoing effort to improve. The area of recruitment and retention is no different. This section will provide direction for the EMS service to achieve the objectives in four steps.

An EMS service may find itself in the position of simply maintaining service provided as best possible with the members available. When this situation exists, it is likely other areas of attributes of successful rural ambulance services will score low because too few members carry a workload too large for the undersized group. Improvement in this area can produce remarkable results in a variety of attributes. Some members will have some fun working on this area of improvement.

Substantive discussions will generate insights and understanding needed to build a recruitment and retention plan. Depth of understanding will multiply when factual information accompanies the insights of EMS service members.

Understanding the Magnitude of the Need

Somewhere within the EMS service, information exists that will provide data for two foundational points needed to create improvement. The information needed can be encapsulated by filling in two statements: "We have XX positions on our roster and currently YY of those positions are filled by members" as well as, "In the past year we have had AA members resign from membership." That information is needed to build a recruitment and retention plan that can be measured. With those three numbers, the EMS service can calculate the percentage of positions filled and the turnover rate for the EMS service, which will become important improvement metrics.

When evaluating the magnitude of the need, it is recommended that the EMS service revisit the standard practice for staffing used by the EMS service. Does the EMS service staff with two or three (or more) crew members for each ambulance call? Why? Should adjustments be made based on outputs from the quality process (Related to Attribute 5)?

These metrics and outputs all help demonstrate how many members are needed to accomplish the coverage needed by the EMS service – if you routinely have three crew members respond on each ambulance call, more members will be required on the schedule than if you routinely use two, and subsequently what the total need is for the roster.

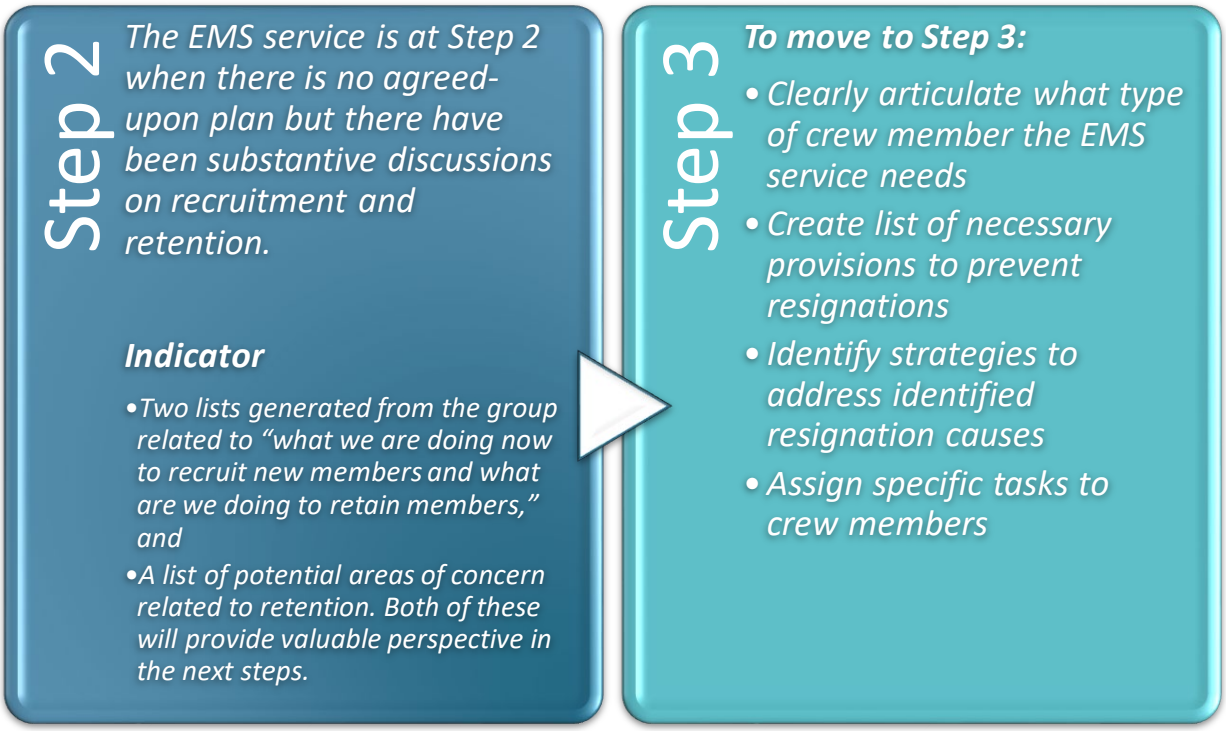
Gaining Insights from Members

A second foundational area of assessment is identifying what is being done currently to recruit new members and to identify causes for member resignations. A way to begin this effort is to simply jot down the things your EMS service is doing to (List 1) recruit new members, and then a separate second list to identify what is being done to (List 2) retain

members. This is a good opportunity to get participation from all members. Using time during a meeting to which all members are invited or are expected to attend will harvest a broad range of perspectives and ideas if each member is asked to generate as many answers as possible to each of the questions
(1) “What are we doing to recruit new members?” and (2) “What are we doing to retain members?” Often, having the members join in a group and verbally announce their one-word or short answer will generate additional important thoughts. As the ideas flow and the reasons are presented, encourage the group to leave discussion on the merits of each item for another time. Consideration should be given so that the group is not too large. If there are more than 10 to 14 members in the group, it may be wise to split into separate groups of five to seven members and generate similar lists for all groups followed by combining the lists.

Creating these two lists is the first step. The next step is to critically assess the effectiveness of each. Why did the last five members to leave do so? Did more than one departing member leave for the same reason or reasons? Are there common reasons that seem to point to why members have left?

Improving from Step 2 to Step 3



In this step, an informal plan is agreed upon, and individuals are tasked with addressing specific issues related to recruitment and retention. Who are we looking for and why? Addressing issues begins.

What the EMS service is looking for

Indicators to consider when deliberating about what type of candidate the EMS service is seeking may include availability of the candidate for call, motivation(s) causing the candidate to seek membership, physical ability of the candidate, the candidate's ability to use the equipment patients require, etc. It is acceptable to recognize that, in some circumstances, the EMS service simply needs more members. But if your nighttime hours of call are generally covered, the EMS service may need to find ways to attract new members who can cover call during the daytime hours. One additional consideration – membership candidates who display an intrinsic motivation to serve others and help others work through difficult times will nearly always endure the long-term rigors of being part of

the EMS service better than those who are drawn to serve for personal recognition or a desire to engage in something they see as exciting.

Retaining Current Members

Using the insights obtained in the first portion of this section, members should, by consensus, create a list of those things determined to be necessary to provide for members and those things that need to be eliminated so as not to cause members to leave. Strategies should be created and tactics devised to ensure full follow-through on the matters identified. Even in the case of rather lofty goals, goals that seem a long way off, it is acceptable and good for the EMS service to identify them and to lay out strategies and tactics to move toward them, understanding some may take much longer to achieve than many others. Using strategies and tactics, progress can be made and measured even over a period of years.

As strategies are employed and tactics are accomplished, the EMS service should measure changes in member turnover rates, making note of the specific strategies and tactics that seem to be making a difference and those that may not be making a difference. That information will be useful as the strategies and tactics are re-set at a predetermined time.

Individual Tasks

Initial individual tasks must accompany the informal plan that is agreed upon.

Improving from Step 3 to Step 4

The Written Plan

A formal written plan for recruitment and retention can be constructed using a basic format, which includes specific sections and brief summaries for each of the following:

1. Current status – A section of the plan that presents the information found in the assessment of what is currently being done and what is determined on adequacy of current staffing levels and patterns.
2. What the EMS service needs (is looking for) – Here, the greatest needs are clearly articulated. If the biggest need is to find four volunteers who are highly likely to be available for call during specific hours of the day or night, that should be listed in the plan.
3. Finding new members – In this section, the EMS service lays out what strategies will be employed to reach potential members and what tactics will support each strategy. Having a written plan that can be reviewed and revised periodically to allow

for the changes an EMS service will experience lays the groundwork for long-term success.

4. Retaining members – Here, the EMS service will devise strategies that will be employed to address the negative issues that may have caused former members to leave, as well as to address the empowering and engaging ideas generated by the membership to encourage members to remain with the EMS service.
5. Measurements – This section contains a brief statement on what measures will be monitored over time to observe the course of improvement. Metrics as discussed in Step 1 can be included here.
6. A bold statement of success – In this section, the measure of success for the plan will be clearly laid out: "The overall plan of recruitment and retention will be demonstrated by a full roster for the EMS service and a list of individuals who desire to be members of the EMS service." This lofty-sounding goal is absolutely attainable by a well-organized, successful EMS service.

Strategically Finding New Members

A second part of building improvement in this attribute is demonstrating active recruitment, following constructed strategies.

Once the EMS service has a shared understanding of what it is looking for in new members (as found in step 2), matching what the EMS service is looking for with where to look for those members is important to finding the new members the EMS service needs. Knowing what the EMS service is looking for will help direct the EMS service to where it should be looking. If, for example, the EMS service needs coverage during daytime hours, perhaps employers in the community who may welcome the opportunity to demonstrate their support of the community by releasing an employee from work when needed for an ambulance call should be the primary target. Maybe individuals who work from home a day or two a week and may be able to leave for periods of time during those days would be the primary target of the EMS service's recruiting efforts.

Engaging existing members to fulfill specific roles in recruitment maximizes involvement and often increases members' ownership in an effort. Clearly identifying what will be done (the strategy), and who will do it and the date by which it will be done (the tactic) is critical. Tactics that are clearly written and agreed to by the membership will mobilize the plans the EMS service decides to advance and will drastically improve the success of the effort. In addition, clearly written strategies and tactics will enable

the EMS service to retrospectively measure the effectiveness of their efforts. Strategies should be re-set annually, tactics quarterly or more frequently as deemed best by the membership. Ideally, all members should have opportunity to participate in setting and re- setting strategies and tactics as well as the execution of the tactics.

Example

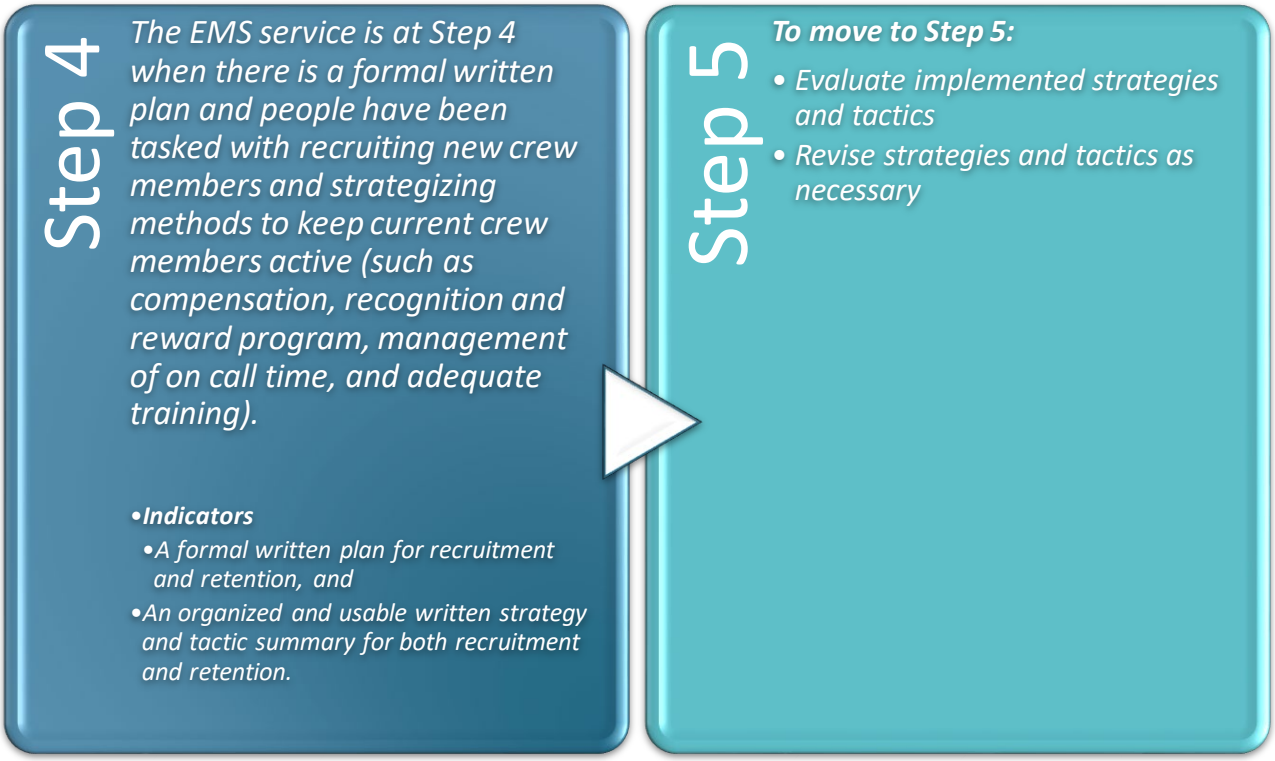
An example of a strategy with tactics:
Strategy: We will make recruiting presentations at four public events each quarter.

- Tactic No. 1: By (date) Joe and Karen will present our need for two additional members who can cover call times on Tuesday and Friday from 6 p.m. to 11 p.m. to the PTA and Kiwanis Club.
- Tactic No. 2: By (date) Brenda and Jill will present our need for four new members at the quarterly meeting of state and county employees in our town.
- Tactic No. 3: By (date) Judy and Robert will present our need for four new members to the quarterly chamber of commerce meeting in town.
- Tactic No. 4: By (date) Jill and Judy will present out need for four new members to the parents and coaches of the softball and soccer associations in our community.

Other strategies could include seeking publicity in a local newspaper, or by participating in an interview on a local radio station or in other public forums. Maybe the additional strategies would hinge on an open house, or participation in high-visibility community events allowing the EMS service to hand out fliers or brochures telling about the value of being a member. The strategies built would reflect the make-up of the EMS service and be as unique as the EMS service is.

A similar strategy/tactic framework can be constructed to address the issues affecting retention, as recorded in Step 2. It is advisable to construct strategies and tactics that are achievable by the group working on them. A tactic to “explore increasing on-call pay to $5 per hour” is doable; a tactic to “increase on-call pay to $5 per hour” may not be and is likely a decision, which is arguably very important, which may lie outside the scope of EMS service members.

Improving from Step 4 to Step 5



The next level of success related to this attribute is the product of the previous steps. This implies that the previous efforts undertaken will need to be kept in motion, continually monitored, improved as necessary and refreshed to maintain effectiveness. Teamwork is critical; pitching in to ensure success is at least as important here as in any other step of any attribute. Getting the job done effectively and garnering results is absolutely more important than any individual effort exerted in this area. Each team member needs to be a prime ambassador for the EMS service and to ensure all the necessary details of each step of this attribute are tended to, as necessary.

Having a full roster and a waiting list for membership: Unrealistic? Not doable? Way out of grasp for an EMS service? It is achievable. Using the plan established, monitoring the measurements generated, and reviewing and updating the strategies and tactics periodically will put the EMS service on a path for continuous improvement in the area of recruitment and retention.

Identifying as a Step 5

The EMS service is at a Step 5 when there is a formal written plan, and people have been tasked with recruiting new members and retaining existing crew members. There is a full roster with a waiting list for membership.

Indicators

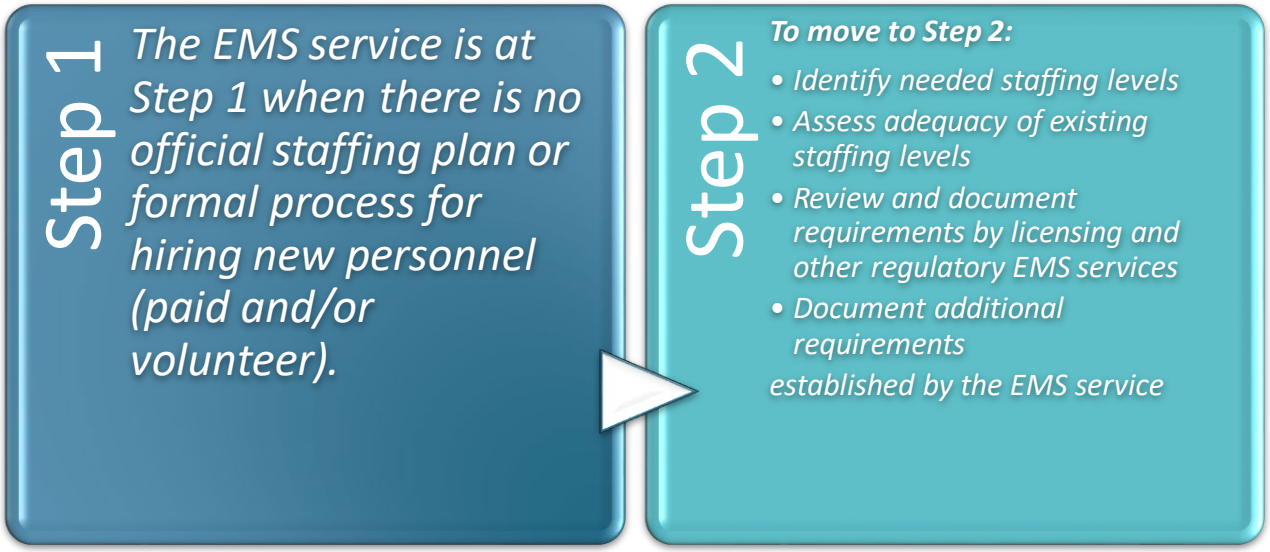
- A copy of the roster with the maximum allowable number of members on the roster and
- An official list with the names of candidates desiring to join the EMS service.

Formal Personnel Standards

Question 16

Objective: *The EMS service will have (a) a staffing plan, (b) documented standards for new hires, (c) an official new-hires orientation, (d) systematic job performance reviews, and (e) a process to resolve personnel issues.*

Improving from Step 1 to Step 2



When there is no staffing plan or formal process for hiring new personnel, stability within the EMS service will suffer. Uncertainty related to what staffing is needed and who will provide that staffing at any given hour of the day quickly translates into service failures that will be experienced by the EMS service's patients.

Staffing Plan

One starting point in building a staffing plan is to review data to enable the EMS service to clearly understand what staffing levels are needed and whether existing staffing levels are

adequate. Ambulance call volumes in the service area need to be reviewed. This can be accomplished electronically or manually.

If the EMS service uses electronic reports and if those reports include call times, a report can be generated showing calls by time of day and the day of the week. Similarly, if electronic reports are unavailable, the EMS service can manually review hard copies of either dispatch reports or ambulance runs, and record calls by time of day and the day of the week. This will allow the EMS service to clearly identify when calls occur and those reviewing the call history can determine how many crews the EMS service needs at any given time.

Questions that can be answered through this effort include: (1) Is one active crew (either on call or on duty) adequate to handle anticipated call volumes in the service area? (2) How often and how long do callers need to wait for an ambulance to be on its way to the location requested? (3)When an ambulance crew goes on an inter-facility transfer and is gone for several hours, is there a need to back-fill that coverage? (4) Are there specific times of the day or night when staffing is more difficult to fill? Some of this is addressed in Section 1, "*Written Call Schedule*."

Using the information collected, the EMS service can lay out a simple plan showing how many crews are needed by the day of the week and time of day. This will provide the data needed for creating the EMS service's staffing plan.

Minimum Standards

The second portion of this attribute requires that minimum standards be established for new EMS service members. To accomplish this, the EMS service will need to include all mandated requirements by licensing or other regulatory authorities and create additional requirements that are established by the EMS service.

State, county, and local requirements need to be examined from the source of those requirements. Perhaps a review of information available on a state or county website will provide the input needed. Often, ambulance service members are required to have current state EMT or paramedic certifications. Sometimes having current status as a nationally registered paramedic or nationally registered EMT is required. Other certifications, such as but not necessarily limited to CPR, BTLS, ACLS, PALS, etc. may be required, as well as a valid driver's license.

If certain certifications, perhaps some of those listed in the previous section, are not required by the governmental regulatory units, the EMS service may establish requirements it deems important. In addition to clinical certifications, the EMS service may include requirements such as availability for call requirements, location of residence, pre-work medical screening, etc. A critical element of pre-employment requirements is a satisfactory background check. In most states, the Department of Public Safety, or its equivalent, can provide these if the forms required by the department are used as it instructs – which generally includes the candidate's signed authorization.

Improving from Step 2 to Step 3

Knowing what staffing is needed by the EMS service and knowing what the minimum standards new hires need to meet, as established in Step 2, the focus now shifts to preparing those new hires to provide service to the patients.

How new members will contribute to the EMS service and perform their duties are directly related to how well they are integrated into the EMS service. Integration into the EMS service is begun by means of a well-defined orientation process for the new member. The EMS service is responsible to establish and provide the new member with such an orientation.

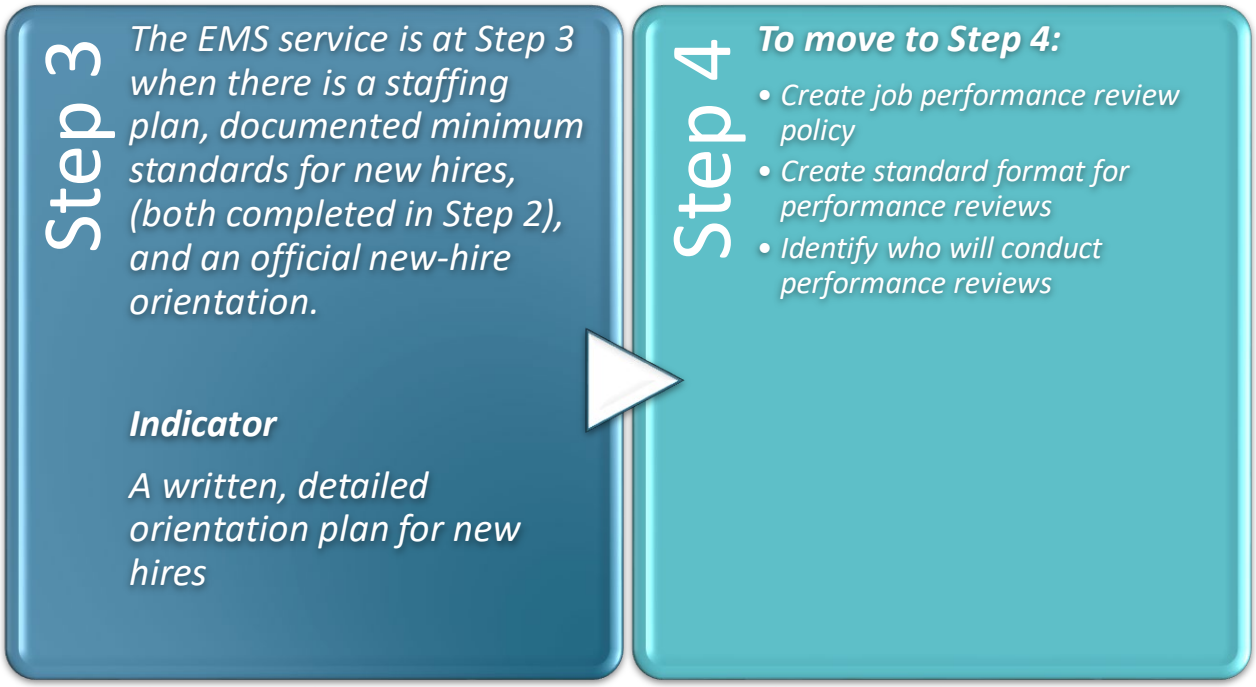
Relying on written or known policies and practices members of the EMS service follow and apply in operation of the EMS service, an exhaustive orientation list of all such policies and practices needs to be created. Using that list, it is the EMS service's responsibility to ensure that the new members are introduced to and provided training about the policies and practices so the new members are able to follow and apply them.

Assigning one or two existing members to serve as mentors for the new member is an effective means of accomplishing this and can produce valuable long-lasting benefits. If one or two members cannot be given this assignment, at a minimum the new members need to know who to work with to move through their time of orientation to the EMS service, following the orientation list.

If a mentor is not used, at a minimum the EMS service must formally identify whom the new member is to rely on for guidance day-to-day as the new member moves through the orientation list. Perhaps the EMS service will establish a singular orientation officer to work with the new member.

Ideally, the EMS service will prepare a packet to be given to the new member. In addition to day-to-day operational information, the packet can include other helpful items such as a history of the EMS service, a copy of the standards, protocols and procedures that are followed by the EMS service, a roster listing other members, a clear description of lines of reporting and authority within the EMS service, a list of locations frequently visited by the EMS service (hospitals, clinics, schools, etc.), traffic routes used locally and in other areas travelled into, etc. A clear and concise statement from the EMS service encouraging open communication among the new member and other EMS service members should be highlighted in the packet. This will help the EMS service and the new member identify areas in which the new member is unprepared or uncertain of expectations, and create an opportunity to provide individual support to the new member.

Improving from Step 3 to Step 4

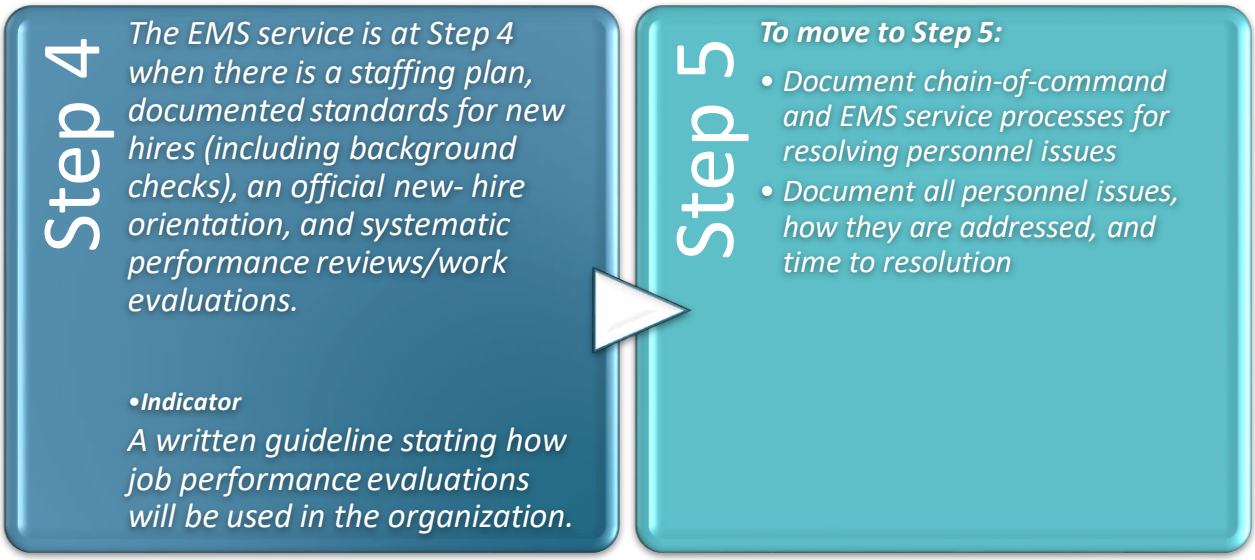


The work to be done in this step centers around building a mechanism for providing feedback on the job performance of EMS service members. Providing objective feedback to individual members on their job performance will, in most cases, improve the individual's job performance as well as the EMS service's collective performance, to the benefit of the patient. Doing so will also provide increased job-related satisfaction to the individual member. The EMS service will create a policy outlining why, how, and how often job performance reviews will be done. In relation to new members who are moving through orientation, the frequency established for job performance reviews should be provided at shorter intervals, such as 30 days, 60 days, 180 days, and one year. A standard format should be followed for all members of the EMS service. Examples of various formats can be readily found using electronic resources. Typically, the format will include areas in which the member meets or exceeds expectations, areas the member should focus on for improvement, and an area for specific, measurable goals to be identified to aid in the individual's development. The EMS service is responsible for gleaning significant information from the reviews and using that information to improve the EMS service.

Finally, information for an individual member's review and meeting with the individual member to review the information. Generally, someone who is in a position of authority

within the EMS service will assume this responsibility. In some examples, a personnel officer is identified for this purpose. Clearly describing who will do the review and what is expected of those who conduct the review needs to be included in the written policy.

Improving from Step 4 to Step 5



Clearly laying out a formal process outlining how the EMS service and individual members will work to resolve personnel issues will add to the EMS service's credibility and stability. A written document formally describing the established and practiced chain of command within the EMS service needs to be provided to all EMS service members. The process being developed should separate and address issues that are not interpersonal (e.g., "the gloves we use don't fit my hand," or, "a specific vehicle seems to be unsafe") from interpersonal issues (e.g., "I can't get Mike to listen to my suggestions when we are on an ambulance call together.").

When an issue is not interpersonal, the affected member should be directed to send an email, or other reliable communication, to the individual within the EMS service who has been given authority in the involved areas of the operation (e.g., equipment, vehicles, supplies) with a commitment that a response will be provided within a specified length of time.

For interpersonal issues, encouraging attempts to resolve the issue by and among only those involved prior to engaging a supervisor should be encouraged. If that is not successful, the policy should clearly indicate which supervisor or leader the member should bring the issue to. Direct, effective and timely intervention and resolution should be outlined and provided.

In all cases, the members need to know an identified member of the EMS service who has authority and responsibility to help resolve the issue will be attentive to their issues. Including tracking of performance in addressing these issues in a basic manner will help the EMS service identify where performance in resolving personnel issues is doing well and where improvement is needed.

Identifying as a Step 5

The EMS service is at Step 5 when all of Step 4 is in place and there is a formal process to resolve personnel issues.

Indicator

- *A written guideline describing how personnel issues will be addressed and resolved.*

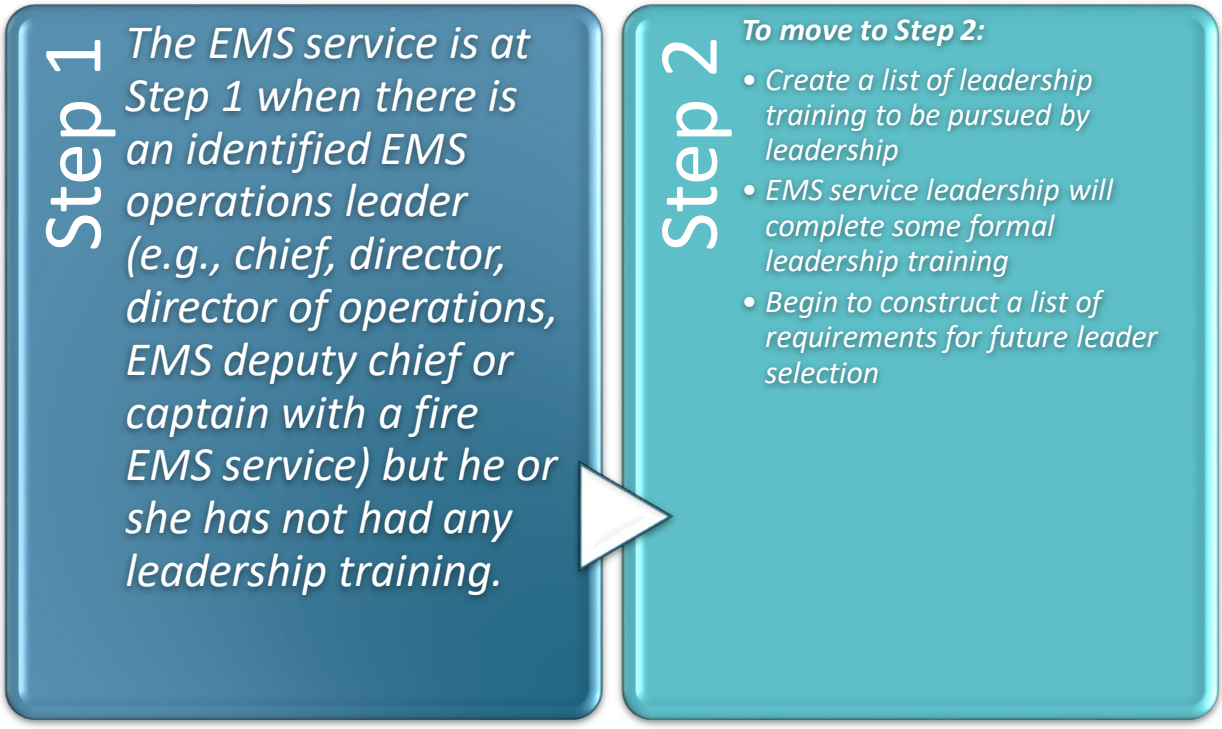
An Identified Ems Operations Leader with a Succession Plan

Question 17

Objective: *The EMS service will have (a) an identified EMS operations leader, (b) who has comprehensive leadership training, (c) selected through a defined a recruitment process,*

(d) with major obstacles to full functioning removed and (e) a succession plan in place.

Improving from Step 1 to Step 2

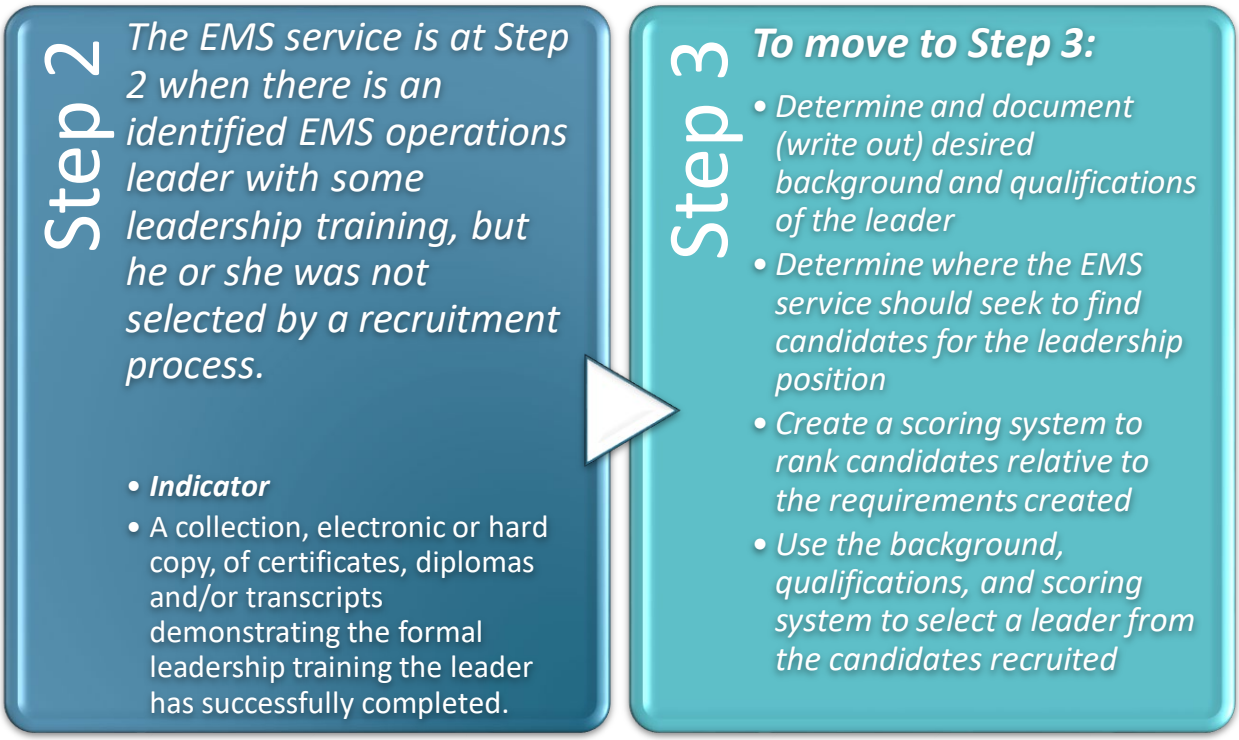


It is rare to find any organization without established leadership. This attribute leads the EMS service to engage in an effort to improve the scope and quality of leadership the EMS service's leader can provide.

In this level of EMS service maturity, the leader will need to have completed some formal leadership training. Sources of leadership training are varied and may include online leadership courses through professional organizations, regional EMS conferences and seminars, local community colleges, and various hospital education departments, among others. Pursuing leadership training is something that should be part of an individual member's personal professional development efforts. Some members may construct a well-documented list of topics they need and want training in. Others may informally and more-or-less randomly see a class they are interested in and take it. Either way, it is necessary that leadership training obtained by the leader and others be well documented. Certificates of attendance, diplomas from courses, and transcripts can be used for documenting formal leadership training.

Perhaps the leader was appointed to the position or elected by the membership of the EMS service, selected due to years of service or anticipated years left of service, or by some similar process. It may be that the leader is exactly the person who should be in the position of leadership. But having standards for the position and a means of recruiting candidates to the position will allow the EMS service to measure how individuals meet the standards. Knowing who best meets the standards established will increase the probability of placing an effective leader in the position.

Improving from Step 2 to Step 3



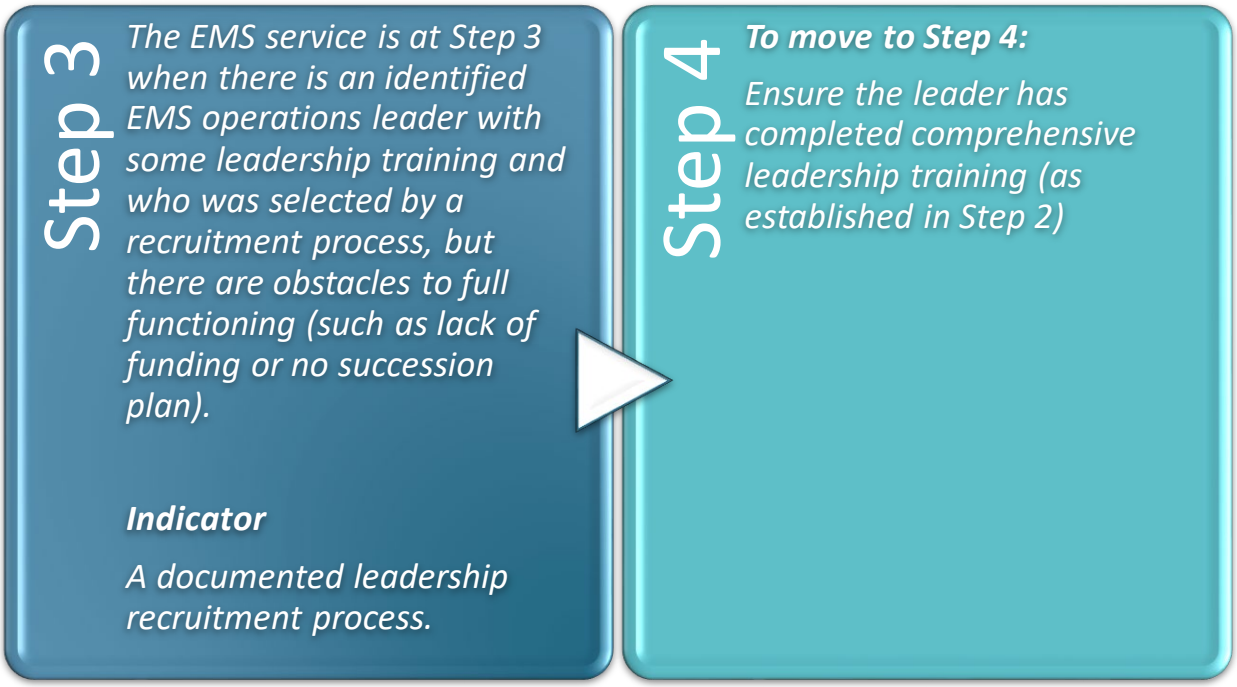
A recruitment process must be created and in place. Much of what is included in Section 6, "*Recruitment and Retention Plan*" can be used here; however a clear focus must be established on the special characteristics and attributes desired in a leader. As noted in Section 6, a group needs to be assembled to work through the development of this process. Using a broad-based, highly objective means, consideration should be given to what the leader needs to be prepared for operationally and professionally. One source to use for guidance may be a trade organization in the state or region the EMS service operates in, or individual members of that trade organization. Other national trade organizations and professional associations will serve as useful sources for such background information.

Once there is a collective and documented understanding of what qualifications and characteristics are desired in the EMS leader, consideration needs to be given to where the EMS service will actively look for the EMS leader. Qualified internal candidates should always be encouraged to apply. However, it will be to the benefit of the EMS service if candidates from outside the EMS service are also encouraged to enter the

process. Notifications of the position opening should be posted in places recognized and used by the industry. For example, a posting could be made on EMS websites. If a specific skill set is desired, it may be necessary to target a school or a business group where one would reasonably expect to find those unique skills.

As part of the written plan for recruiting, it may be appropriate to use an empirical scoring system to give a certain number of points to an internal candidate that external candidates will not receive, given the intrinsic value of having someone who is familiar with the EMS service to lead the EMS service.

Improving from Step 3 to Step 4



Comprehensive leadership training for the EMS operations leader is the focus of this step. Several colleges and universities offer two- and four-year degrees, as well as post-graduate degrees, in EMS management. These programs may be called by various names. All of these include general courses, which ultimately ensure the student has the acumen to communicate well in a variety of forms, to effectively engage in various problem-solving efforts, and to gain understanding of topics and issues specifically related to leading people. In addition, they often provide curriculum related to interactions with oversight boards or entities, supply-chain management, finance management, government and public relations, quality improvement, and topics related to compliance, licensing and similar areas of significance.

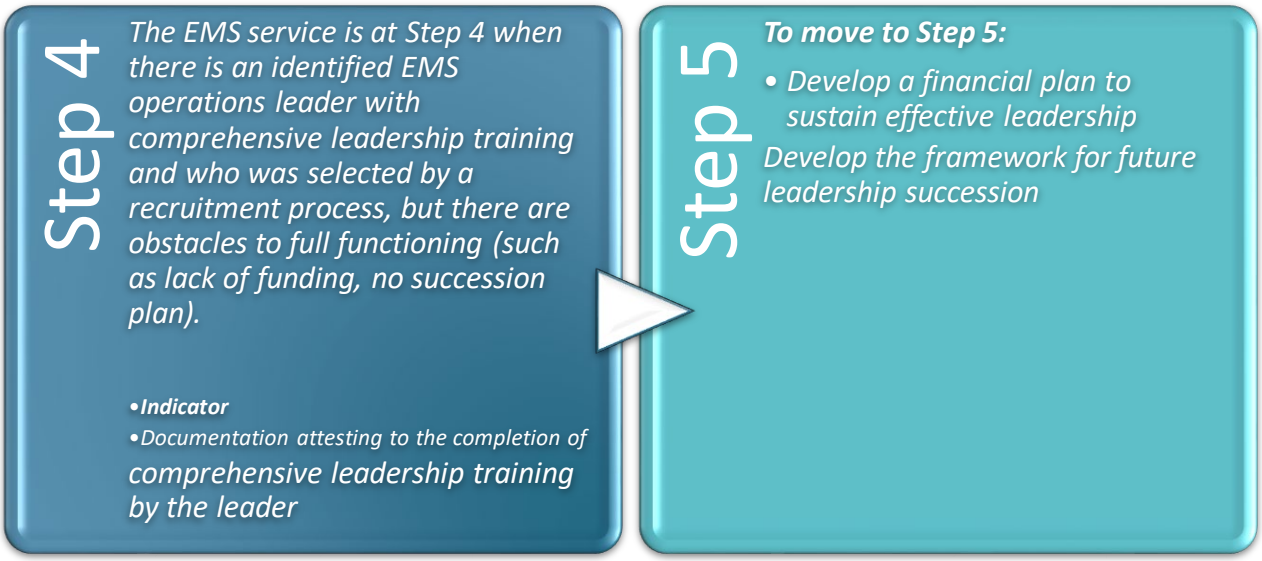
Ideally, the candidate will hold a degree or certificate from an accredited school attesting to successful completion of curriculum focused on EMS leadership functions. Short of that, the EMS service can achieve the level of scoring for this step of the attribute as the EMS leader successfully completes education components in the areas noted above and provides accepted documentation demonstrating successful completion.

Education should be viewed as a lifelong process and the EMS leader should have and continually progress on a personal professional development plan, never ending the process of becoming increasingly prepared and qualified for the EMS leadership role.

Short of a degree or certificate from an accredited school, the group developing the recruitment process for the EMS leader position will need to identify the extent of the minimum training that will be accepted for the position. Using a nationally established standard is always preferable; following or accepting education that meets or exceeds that of an accredited school as noted above is the gold standard that should be emulated. The National EMS Management Association (NEMSMA) has established "Seven Pillars of EMS Officer Competencies" (https://www.nemsma.org/index.php/competencies/the-seven-pillars-of-national-ems-officer- competencies), which can serve as the foundation for EMS leader training.

Even with a leader who has completed comprehensive leadership training and has been selected through an established formal recruitment process, barriers may exist that would deter the efforts of the most effective leaders. Those barriers may be things such as a lack of funding or having no leadership succession plan in place.

Improving from Step 4 to Step 5



When planning for any aspect of future operations, consideration must be given in regard to barriers that an effective leader faces. If fiscal barriers prevent execution of the leadership roles desired, those fiscal barriers must be addressed to prevent the EMS service from deteriorating. Addressing fiscal needs through a mature budget process (as in Section 9, "*A Sustainable Budget*") is a key component to sustaining solid leadership.

The EMS leader will work with others who objectively understand and are capable of assessing the needs of the EMS service to establish reasonable and justifiable expenses related to sustaining EMS service leadership. These expenses may include purchase of tools to help the leader better plan and execute operational efforts – maybe a specific type of software or dollars to expend to obtain expert help on an initiative critical to the survival of the EMS service. Perhaps it is a request for money to erase a knowledge deficit for one or two members of the EMS service who fit into the leadership succession plan in critical areas. Perhaps it is assuring that funding is available to support necessary components to enable the quality process to assess data related to improvements necessary to address care needed by specific groups of patients. This discussion may seem overwhelming. It is intended to encourage the leader to use the training already obtained to and establish and maintain a panoramic view of the needs of the EMS service, including potential barriers to the maturation of the EMS service.

Succession Planning

Planning for the sustained success of an EMS service can be a major, time-consuming, multi-faceted effort. For the purposes of this specific attribute, the effort will be

constrained to identifying key leadership positions and, with confidence, expressing who is ready to fill that particular position.

Within any team, members bring interests and capabilities with them to the EMS service, which can be identified and built upon, leading to a succession plan. An accomplished leader will know the people who make up the EMS service, including areas of interest that the individual members lean toward. This insight is the result of watching where members naturally excel, and noticing which areas of the EMS service those members enjoy working in and are effective in. A practice that brings value to day-to-day operations and that will also help with the development of a succession plan is knowing with a significant degree of confidence who can step into any functional area that the leader is responsible for. Said another way, knowing the "bench strength" of the team members the leader works with is important, and can be documented in a basic and practical way. An example of what that might look like is provided below.

Example

Legend 1: Ready Now 2: Capable, Interested 3: Interested, Needs Considerable Training 4: Not ready	EMS Leader	Public Info	Scheduling	Education	Quality	Safety	Licensing
Joanne	1	1	3	2	2	2	**3**
Lisa	4	1	1	1	2	3	**3**
Dave	4	3	4	3	4	2	**4**
Tom	3	4	2	2	3	1	**2**
Micah	**2**	**3**	**1**	**2**	**2**	**1**	**2**

Using a simplistic cross-tab chart such as this one can serve as the backbone for leadership development plans for each EMS service member aspiring to fill a future leadership position. For example, knowing that Joanne is ready to fill the EMS leader's role now is good, but knowing what will help her prepare to be an even stronger candidate for that role is powerful. If Joanne does not have the extensive leadership training desired in the EMS chief role, a plan should be written, listing the specific courses she should pursue to address her individual professional shortcomings. Examples of various formats of individual development plans (professional development plans) can be found readily through electronic sources. The format that works best for the EMS service can be selected and used. Once each of those who have a desire to prepare to serve as a leader have established an individual development plan, progress can be marked and the basic chart above can be updated. At any time, the EMS operations leader, perhaps the oversight advisory board

(see Section 2, "*Community-Based and Representative Board*"), or other entity can readily see the succession plan and strength of the EMS service.

Identifying as a Step 5

The EMS service is at Step 5 when there is an identified EMS operations leader with comprehensive leadership training, who was selected by a recruitment process, and who is fully capable and prepared to effectively lead the service. There is also a succession plan in place to appropriately handle the transition of the leadership role.

Indicator

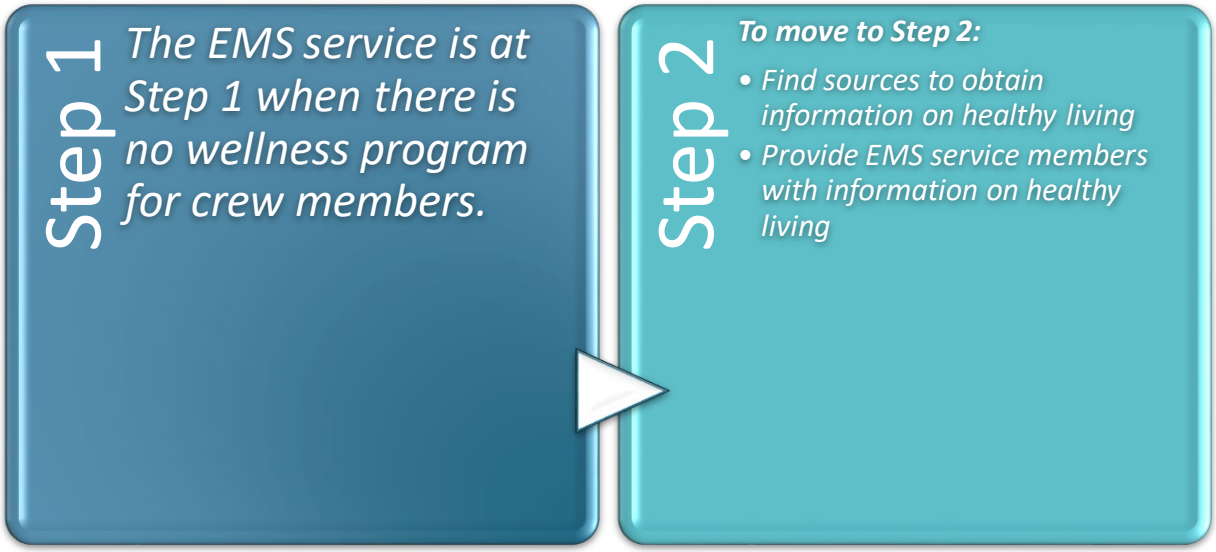
- Documentation showing that present and future leadership related needs are being met through a sustainable budget and a leadership succession plan is in place.

A Wellness Program for EMS Service Staff

Question 18

Objective: *The EMS service will (a) have a structured wellness program following national recommendations, (b) actively encourage members with fitness choices and food choices at the EMS service headquarters, and (c) EMS service-funded participation in disease prevention programs.*

Improving from Step 1 to Step 2



For more than a decade, concentrated efforts have been focused on improving the health and wellness of EMS staff members. Various published reports convey information that EMS workers are failing to do a good job of taking care of themselves. Physical and mental health often suffers as EMS workers engage in a lifestyle that presents barriers to regular sleep patterns, healthy diets, and regular exercise opportunities and patterns. The successful ambulance service will take responsibility to ensure its members are provided with information and opportunities to improve and maintain their health.

Written information is readily available and plentiful from a variety of sources. Simple searches of electronic media will quickly point to sources for recommendations on

physical activity and fitness standards. The National Association of EMTs provides fitness and wellness suggestions at its website (www.naemt.org). Healthy eating tips are at sources including the American Heart Association (www.heart.org) and the federal government (www.fitness.gov). Tobacco cessation recommendations and tips can be found as sites such as the Centers for Disease Control and Prevention, and other government sources. These sources have materials that can be printed and used for posting at the various work locations of the EMS service and distribution to EMS service members. The sites and topics listed here are intended as examples only and are representative of what an electronic search can produce.

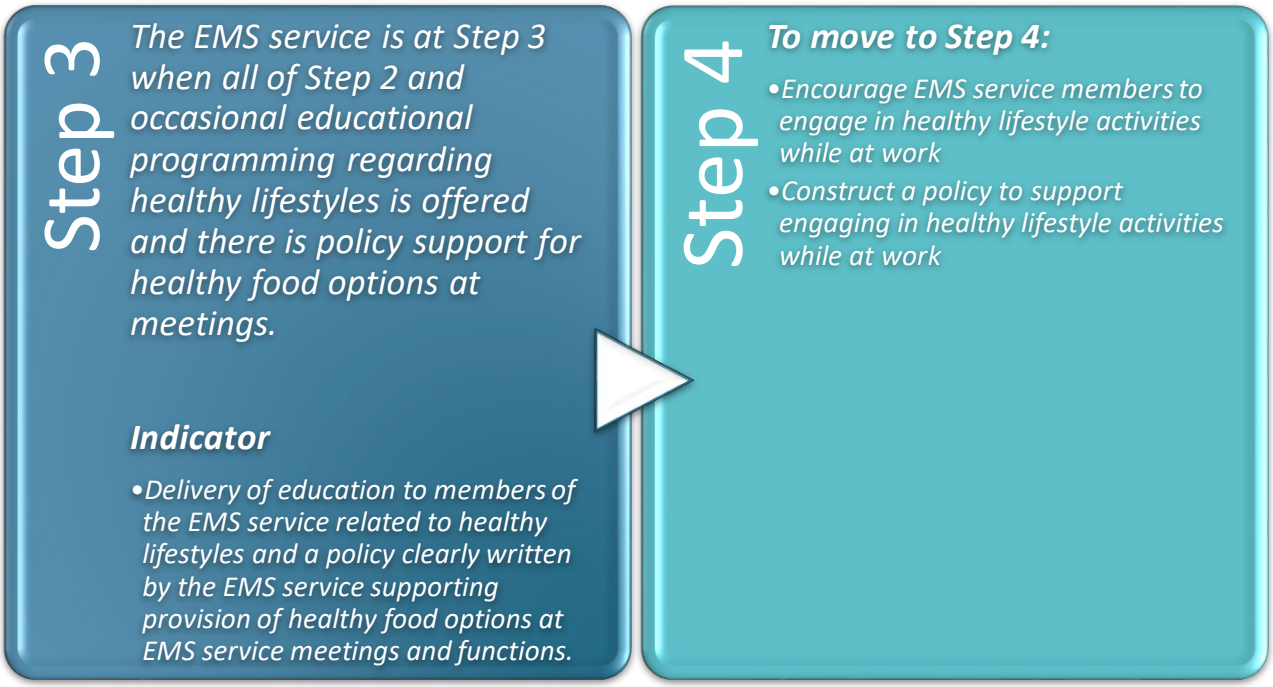
Improving from Step 2 to Step 3

To score a "3" for this attribute, in addition to having printed resources available to members of the EMS service, the EMS service must provide education to its members related to healthy lifestyles. The EMS service can develop its own educational program for members regarding healthy lifestyles or it can turn to other sources for help. Webinars, free health and wellness advocate workshops available regionally and nationally, and free online Health and Wellness Guides for Voluntary Emergency Services (published by FEMA and other groups) are available for use. Another source of

help is the EMS service's employee assistance provider (EAP). This last option is based on the premise the EMS service has an agreement with an EAP provider to support the EMS service. If the EMS service is not aligned with an EAP, consideration should be given to pursue an EAP partner. An EAP can serve a significant role in this attribute as well as others, such as Section 18, "*Incident Response and Mental Wellness*."

In addition to providing education to its members, the EMS service must develop a clearly written policy supporting healthy food options at EMS service meetings and functions. This can be a simple but effective policy directing those planning EMS service functions to include healthy food options if the EMS service will have food at its functions. Involving those who plan EMS service functions in developing the written policy will ensure a common understanding. Those arranging each function may determine the array of healthy options served. There is little need to restrict or limit the list of healthy options that can be provided.

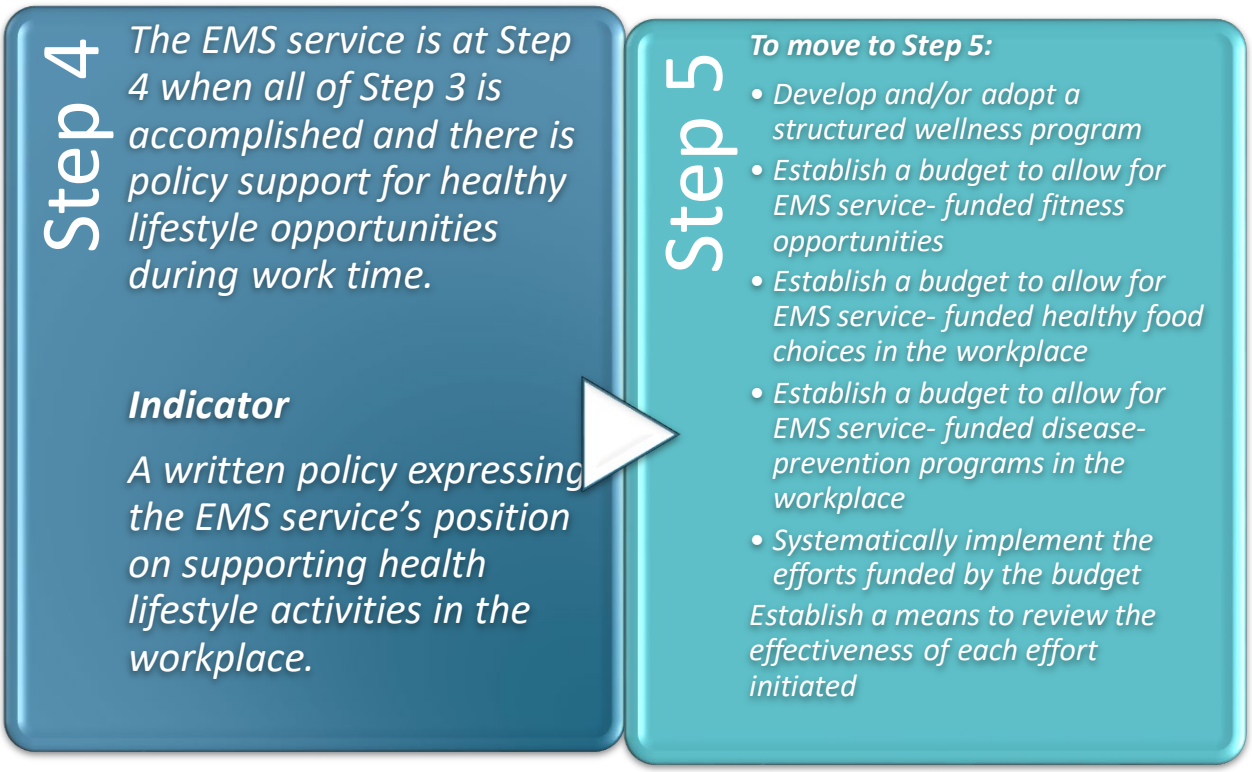
Improving from Step 3 to Step 4



Becoming increasingly aware of healthy lifestyles can be reinforced by the EMS service as it develops a policy encouraging members to engage in healthy lifestyle activities, including activities while at work. The policy to be developed must consider what the workplace tolerance is for use of various equipment or practices in relation to the state of readiness members must maintain. There is a wide variety of activities a member can be involved in while in a work setting that can be identified as activities to support a healthy lifestyle. Trying to list or identify all of them is impractical. A policy should point to types of activities encouraged, as well as discouraged, and leave room for good judgment and variations on each type of activity. As always, while supporting members' need to engage in healthy lifestyle activities, the needs of the patient must be considered. Members need to remain ready to respond and care for the patient that may make some healthy lifestyle activities more appropriate than others. The EMS service will need to decide if gym-like equipment is conducive to the readiness required or if some lower-impact activity is best during work hours.

The policy developed will need to address what personal equipment and activity support items members can bring to and use at work, and what the EMS service will provide for members' use.

Improving from Step 4 to Step 5



This step requires a significant amount of EMS service commitment and time to successfully implement. The EMS service will need to seek out guidance as it constructs or endorses a well-established wellness program that follows national recommendations. If the EMS service is aligned with an EAP, this may be another area where that program may serve the EMS service well.

Should the EMS service need to establish its own wellness program, as advocated in other sections, there is no need to reinvent a program. Considerable resources are available electronically connected with "wellness programs" and specifically "EMS wellness programs" catalogued under reputable, national EMS organizations. Creating a team of interested EMS service members to research and compile ideas on a wellness program will serve the members and EMS service well, as important issues related to the EMS service and members are incorporated into a developing plan.

An integral piece of such a wellness program is to have full, demonstrated support of the program by the EMS service made well known to all members. Full support will be

demonstrated by provision of funding when necessary, development of supporting policies when necessary, providing of direction on availability of healthy food choices at the EMS service headquarters (e.g., change of vending machine contents, etc.) and EMS service-funded disease prevention programs for members.

Successful ambulance services will review the effectiveness of the program established by measuring the impact of the program on individual members and identifying program changes that will remove barriers and make the program more effective.

Identifying as a Step 5

The EMS service is at Step 5 when there is a structured wellness program, following national recommendations. Crew members are actively encouraged with EMS service-funded fitness opportunities, healthy food choices, and disease-prevention programs such as tobacco cessation.

Indicators

- A structured wellness program is identified and in place at the EMS service, and
- EMS service-funded fitness opportunities, healthy food options at the EMS service headquarters, and disease prevention programs are available to the members.

Appendices

2019 Rural EMS Service Survey

Thank you for taking the time to complete the 2019 Washington State Ambulance Service Assessment. The information collected will be used to:

- Help inform where best to allocate any available funding
- Educate policy makers on challenges facing rural, suburban, and urban communities,
- Inform strategic planning efforts at state, regional and local levels, and
- Provide agencies with a roadmap for improvement.

If you have questions about this assessment how the information will be used, please contact Christy Cammarata at christy.cammarata@doh.wa.gov or (360) 236-2808

A national group of EMS providers and advocates have identified 18 attributes of a successful EMS Service. For the purpose of this assessment, each of those attributes has been described in 5 ways. Please read each description and then select the one that most closely matches your EMS Service.

ACKNOWLEDGEMENTS

The Washington State Office of Rural Health (SORH) in collaboration with the Department of Health's Office of Community Health System's would like to thank the Wisconsin Office of Rural Health for the opportunity to use the 18 Attributes of a Successful Ambulance Service Survey. Additionally, the Department would like to thank all of the licensed EMS agencies who complete a survey and contribute to the assessment.

Operations Attributes

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1. A Written Call Schedule

☐ 1. Non-existent. Pager goes off and anyone available responds.

☐ 2. Informal, ad-hoc agreement exists between the crew.

☐ 3. Written and distributed schedule exists, but for less than one week at a time.

☐ 4. Written and distributed schedule is for one week or more, but empty spaces are not filled, waiting for personnel to show up.

☐ 5. Written and distributed schedule is for two weeks or more. Empty spaces are filled prior to shift beginning.

2. Continuing Education

- ☐ 1. No continuing education is offered.
- ☐ 2. Continuing education that meets minimum requirements needed to maintain licensure is offered (internally or externally).
- ☐ 3. Continuing education above minimum requirements needed to maintain licensure is offered.
- ☐ 4. Continuing education based on quality improvement and/or quality assurance findings is offered.
- ☐ 5. Continuing education based on quality improvement and/or quality assurance findings, with Medical Director and/or hospital input, and taught by a certified educator is offered.

3. A Written Policy and Procedure Manual

- ☐ 1. There are no documented EMS policies and procedures.
- ☐ 2. There are a few documented EMS policies and procedures, but they are not organized into a formal manual.
- ☐ 3. All EMS policies and procedures are documented in a formal manual but crew members don't refer to/use/update it systematically.
- ☐ 4. All EMS policies and procedures are documented in a formal manual and crew members refer to and use it systematically. It is updated, but not on a schedule.
- ☐ 5. All EMS policies and procedures are documented in a formal manual and crew members refer to/use/update it systematically. It is written to the level of detail necessary that anyone from the crew could step in and do the job correctly.

4. Incident Response and Mental Wellness

- ☐ 1. There is no incident response and mental wellness debriefing.
- ☐ 2. There is informal and positive debriefing and support from more experienced crew members.
- ☐ 3. There is informal and positive debriefing and support from more experienced crew members. Dispatch occasionally notifies the EMS Service on a predetermined set of calls (pediatric, suicides, fatalities, trauma, etc.), which are addressed informally by EMS Service leadership.
- ☐ 4. EMS Service leadership has training in Incident Response, is consistently notified by Dispatch at the time of possible incident, and has a policy of debriefing impacted crew member(s).
- ☐ 5. All of No. 4, plus professional counseling sessions are offered at reduced or no charge to crew members impacted. Follow-up with impacted crew members is standard procedure.

Finance Attributes

5. A Sustainable Budget

☐ 1. There is no written budget.

☐ 2. A budget has been developed; however, it is not followed.

☐ 3. A budget is in place and financial decisions and actions are based upon it.

☐ 4. A budget and policies are in place regarding proper purchasing procedures, purchase limits and authorizations, and procedures for procuring equipment either not in the budget or over the stated budget. An operating reserve of at least three months is in the bank.

☐ 5. A budget and polices are in place regarding proper purchasing procedures, purchase limits and authorizations, and procedures for procuring equipment either not in the budget or over the stated budget. An operating reserve of at least six months is in the bank and the reserve has been in place for at least one year.

6. A Professional Billing Process

☐ 1. Services are not billed.

☐ 2. Services are billed, but claims are submitted by an individual (internal or external) with no formal training in healthcare billing.

☐ 3. Services are billed, but claims are submitted by an individual (internal or external) with limited training in healthcare billing.

☐ 4. Services are billed and claims are submitted by someone with skills and training in healthcare billing, but without established HIPAA-compliant billing policies or policies to handle claims that have been denied or with a balance due.

☐ 5. Services are billed and claims are submitted by a certified biller (internal or external) or billing service, in a timely manner (fewer than 30 days), with established HIPAA-compliant billing policies and policies to handle claims that have been denied or with a balance due.

Quality Attributes

7. County Medical Program Director Involvement

Please select County Medical Program Director: Choose an item.

☐ 1. There is a medical director in name only. He/she is not actively engaged with the EMS Service beyond signatures.

☐ 2. The medical director reviews cases but not within 30 days and provides very little feedback.

☐ 3. The medical director reviews cases within 30 days and provides very little feedback.

☐ 4. The medical director reviews cases within 30 days and provides a good amount of feedback, but waits for the EMS Service to engage him/her. When asked, he/she responds to hospital ED/ER contacts on behalf of the EMS Service regarding the EMS Service's clinical protocols and actions.

☐ 5. The medical director is an integral part of EMS, pro-actively engaging the EMS Service to review cases, providing a good amount of feedback; delivering education to the EMS Service; and advocating for the EMS Service to hospital ED/ER contacts.

8. A Quality Improvement/Assurance Process

☐ 1. There is no plan to collect, analyze, or report EMS Service performance measures.

☐ 2. Performance measure data is collected about the EMS Service but not analyzed or reported.

☐ 3. Performance measures are analyzed and reported but no feedback loop exists for continual improvement of the EMS Service.

☐ 4. Performance measures are reported and a feedback loop exists for general improvements.

☐ 5. Feedback from performance measures is used to drive internal change to:
(1) improve the patient experience of care (including quality and satisfaction),
(2) improve the health of the community (e.g., success of screenings, education);
(3) reduce the cost of health care services (e.g., reducing EMS costs, and/or utilizing EMS to reduce overall healthcare costs).

9. Contemporary Equipment and Technology for Patient Care Reporting Activities

*In accordance with WAC 246-976

☐ 1. The EMS Service has only the minimum equipment/technology. The budget does not allow additional equipment/technology acquisition.

☐ 2. The EMS Service has the minimum equipment/technology, plus a minimal budget for additional equipment/technology acquisition.

☐ 3. In addition to the minimum equipment/technology, the EMS Service has some advanced equipment/technology. There is a minimal budget for new equipment/technology acquisition and a formal replacement plan.

☐ 4. In addition to the minimum equipment/technology, the EMS Service has some advanced equipment/technology. There is an adequate budget for new equipment/technology acquisition and a formal replacement plan.

☐ 5. In addition to the minimum equipment/technology, the EMS Service has some advanced equipment/technology. There is an adequate budget for new equipment/technology

acquisition and a formal replacement plan. There is a formal maintenance plan provided by trained/certified technicians or engineers.

10. The EMS Service Reports Data

*In accordance with WAC 246-976-430

☐ 1. No operational/clinical data are submitted to WEMSIS/NEMSIS.

☐ 2. Operational/clinical data are submitted to WEMSIS/NEMSIS, but not often within the designated timelines (locally, statewide, or nationally).

☐ 3. Operational/clinical data are submitted to WEMSIS/NEMSIS within the designated timelines.

☐ 4. Operational/clinical data are submitted to WEMSIS/NEMSIS within the designated timelines. Areas for improvement are identified using an established quality improvement/quality assurance process by the EMS Service.

☐ 5. Operational/clinical data are submitted to WEMSIS/NEMSIS within the designated timelines. Areas for improvement are identified using an established quality improvement/quality assurance process, and goals and benchmarks are used to improve performance. Summary reports are regularly shared publicly with the community.

Public Relations Attributes

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11. A Community-Based and Representative Board

☐ 1. There is no formal board oversight.

☐ 2. The board consists of internal EMS Service members only.

☐ 3. Voting board members are from the EMS Service AND some combination of elected officials, hospital leadership/staff, and/or governmental administrators.

☐ 4. Voting board members are ONLY some combination of elected officials, hospital leadership/staff, and/or governmental administrators.

☐ 5. Voting board members include all of No. 4 AND at least one engaged patient representative.

12. EMS Service Attire

☐ 1. There is no identifying EMS Service attire.

☐ 2. There is identifying EMS Service attire, but it is not adequately protective.

☐ 3. There is identifying EMS Service attire, which is adequately protective, but elements of it are purchased by the members.

☐ 4. There is identifying EMS Service attire, which is adequately protective, and all of it is purchased by the EMS Service.

☐ 5. There is identifying EMS Service attire, which is adequately protective and purchased by the EMS Service. A written policy identifies what attire is required and how it is to be provided, cleaned, maintained, and replaced.

13. Public Information, Education, and Relations (PIER)

☐ 1. There is no plan for addressing PIER.

☐ 2. The EMS Service is in the process of developing a PIER plan.

☐ 3. There is a PIER plan, but no funding dedicated to its implementation.

☐ 4. There is a PIER plan that has funding dedicated to its implementation.

☐ 5. There is a PIER plan that has funding dedicated to its implementation, someone identified as responsible for PIER, and a recurring evaluation of its success.

14. Involvement in the Community

☐ 1. No public education courses are offered.

☐ 2. Occasional basic public education courses, like CPR/AED and First Aid training, are offered.

☐ 3. Frequent basic public education courses, like CPR/AED and First Aid training, plus other EMS-related training are offered.

☐ 4. A robust array of public education courses and other training are offered and the EMS Service is active in community promotions at various events.

☐ 5. The EMS Service offers a robust array of public education courses and other training, organizes or assists in planning health fairs, is a champion for a healthy community, is an active partner with other public safety organizations, and is seen as a leader for community health and well-being.

Human Resources Attributes

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15. A Recruitment and Retention Plan

☐ 1. There is no agreed-upon plan nor substantive discussion on recruitment and retention.

☐ 2. There is no agreed-upon plan but there have been substantive discussions on recruitment and retention.

☐ 3. There is an informal, agreed-upon plan and people have been tasked with addressing the issues of recruiting new crew members and retaining existing crew members.

☐ 4. There is a formal written plan and people have been tasked with recruiting new crew members and strategizing methods to keep current crew members active (such as compensation, recognition and reward program, management of on call time, adequate training).

☐ 5. There is a formal written plan and people have been tasked with recruiting new members and retaining existing crew members. There is a full roster with a waiting list for membership.

16. Formal Personnel Standards

☐ 1. There is no official staffing plan or formal process for hiring new personnel (paid and/or volunteer).

☐ 2. There is a staffing plan and documented minimum standards for new hires.

☐ 3. There is a staffing plan, documented minimum standards for new hires, and an official new-hire orientation.

☐ 4. There is a staffing plan, documented minimum standards for new hires (including background checks), an official new-hire orientation, and systematic performance reviews/work evaluations.

☐ 5. All of No. 4 plus there is a process to resolve personnel issues.

17. An Identified EMS Operations Leader with a Succession Plan

☐ 1. There is an identified EMS Operations Leader (e.g., Chief, Director, Director of Operations, EMS deputy chief or captain within a fire EMS Service), but he/she has not had any leadership training.

☐ 2. There is an identified EMS Operations Leader with some leadership training, but he/she was not selected by a recruitment process.

☐ 3. There is an identified EMS Operations Leader with some leadership training and who was selected by a recruitment process, but there are obstacles to full functioning (such as lack of funding or no succession plan).

☐ 4. There is an identified EMS Operations Leader with comprehensive leadership training and who was selected by a recruitment process, but there are obstacles to full functioning (such as lack of funding, no succession plan).

☐ 5. There is an identified EMS Operations Leader with comprehensive leadership training, who was selected by a recruitment process, and who is fully capable and prepared to effectively lead the service. There is also a succession plan in place to appropriately handle the transition of the leadership role.

18. A Wellness Program for EMS Service Staff

☐ 1. There is no wellness program for crew members.

☐ 2. Written information is available for crew members regarding physical activity, healthy food options, and tobacco cessation.

☐ 3. All of No. 2 AND occasional educational programming regarding healthy lifestyles is offered, and there is policy support for healthy food options at meetings.

☐ 4. All of No. 3 AND there is policy support for healthy lifestyle opportunities during work time.

☐ 5. There is a structured wellness program following national recommendations. Crew members are actively encouraged with EMS Service-funded fitness opportunities, healthy food choices, and disease- prevention programs like tobacco cessation.


Washington State Department of
Health