

MCLEAN COUNTY AREA EMS SYSTEM STRATEGIC PLAN

MCLEAN COUNTY
AREA EMS SYSTEM

2019

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Introduction

McLean County Area EMS System (MCAEMS) was formed in 1999. The system is managed in collaboration between Advocate BroMenn Medical Center and OSF St. Joseph Medical Center. Currently there are 48 agencies that participate with MCAEMS. The EMS System geographically covers over 1,800 square miles of area in McLean, DeWitt, Putnam, Woodford and Tazewell Counties. There are over 800 providers within the system; those licensures include:

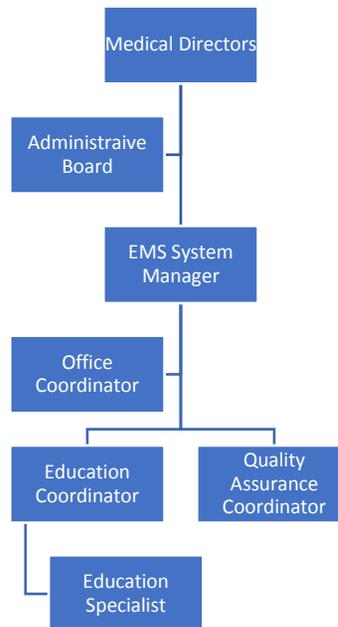
- Emergency Medical Dispatcher (EMD)
- Emergency Communication Registered Nurse (ECRN)
- First Responder/Emergency Medical Responder (EMR)
- Emergency Medical Technician-Basic (EMT-B)
- Emergency Medical Technician-Intermediate (EMT-I)
- Emergency Medical Technician-Paramedic (EMT-P)

The system is served by two Medical Directors, Dr. Joel Nilles from Advocate BroMenn and Dr. Neal Rushforth from OSF St. Joseph. Each year the hospitals alternate as the resource hospital. The collaboration between hospitals for a unified EMS system is unparalleled. This unique approach allows for EMS to be delivered at the highest quality and in a consistent manner. This creates a patient focused EMS system.

The EMS office is currently staffed with four full time employees and two part-time employees. The office consists of:

- EMS System Manager-Travis Wilson
- Quality Assurance Coordinator-Kris Newcomb
- Education Coordinator-Jon Dassow
- Office Manager-Sandy Alsman
- Part Time Educators-Joel Gollnitz and Frank Friend

Organizational Structure



Heartland Partnership

McLean County Area EMS System and Heartland Community College formed a strategic partnership in 2016 to teach EMT-Basic and EMT-Paramedic programs at the college. Currently we are offering two EMT-Basic classes per semester. Those classes are led by Frank Friend.

The EMT-Basic program attracts a large array of students, including those going into the nursing field, and those looking to attend medical school. The program has students from Illinois State University and Illinois Wesleyan University participating. The program also attracts volunteer EMS providers from around the county.

The Paramedic program runs one class per year, beginning in the Fall of 2018; New cohort programs will begin on a yearly basis. The program is currently accredited by the *Committee on Accreditation of Educational Programs for the*

Emergency Medical Services Professions. The accreditation process allows our program to be measured by the highest standards set forth by a unifying body. This allows students to receive the highest quality of education available. The Paramedic Program is led by Joel Gollnitz.

The program continues to grow each year. We are currently working with Heartland Community College in order to form an Associates Degree program that will give students a more well-rounded education. This will allow students to leave school better prepared to enter the workforce and have further career advancement in the future.

Mission, Vision, Values

We began by reflecting on our current Mission, Vision and Values our office had established. We felt it was vital for us to figure out our purpose, why we exist, our vision for the future, and what motivates us. We felt our current statements were complex, lengthy, and out of date. We wanted to focus our statements to be clear and concise, but encompassing of our multifaceted mission.

Mission - *Creating an environment for EMS to thrive.*

The mission of our system is rooted in a singular idea: to create an environment where EMS can thrive. Our goal is not to hinder the capabilities and potential of EMS, but rather to promote its success. We believe EMS is an integral part of not just health care, but the community as a whole. Lives are impacted every single day by the dedicated providers who tirelessly work to better their communities. We are here to support that effort; to provide the tools, resources, and abilities for agencies to fully serve their communities. Without these services, communities would suffer and lives would be impacted negatively.

Vision- *To be the standard for pre-hospital care nationally.*

Our vision is simple: to be the standard for pre-hospital care nationally. We envision being a leading EMS system across not just the state, but the nation. We believe in being exceptional in patient care. We aspire to lead in innovation. We strive to be progressive in our care. We hope to be influencers and not followers. This vision is ambitious and is demanding of our entire resolve, but we are ready to face the challenges that lay ahead to make our vision a reality.

Values - *Patient First. Service Always. Innovation Driven.*

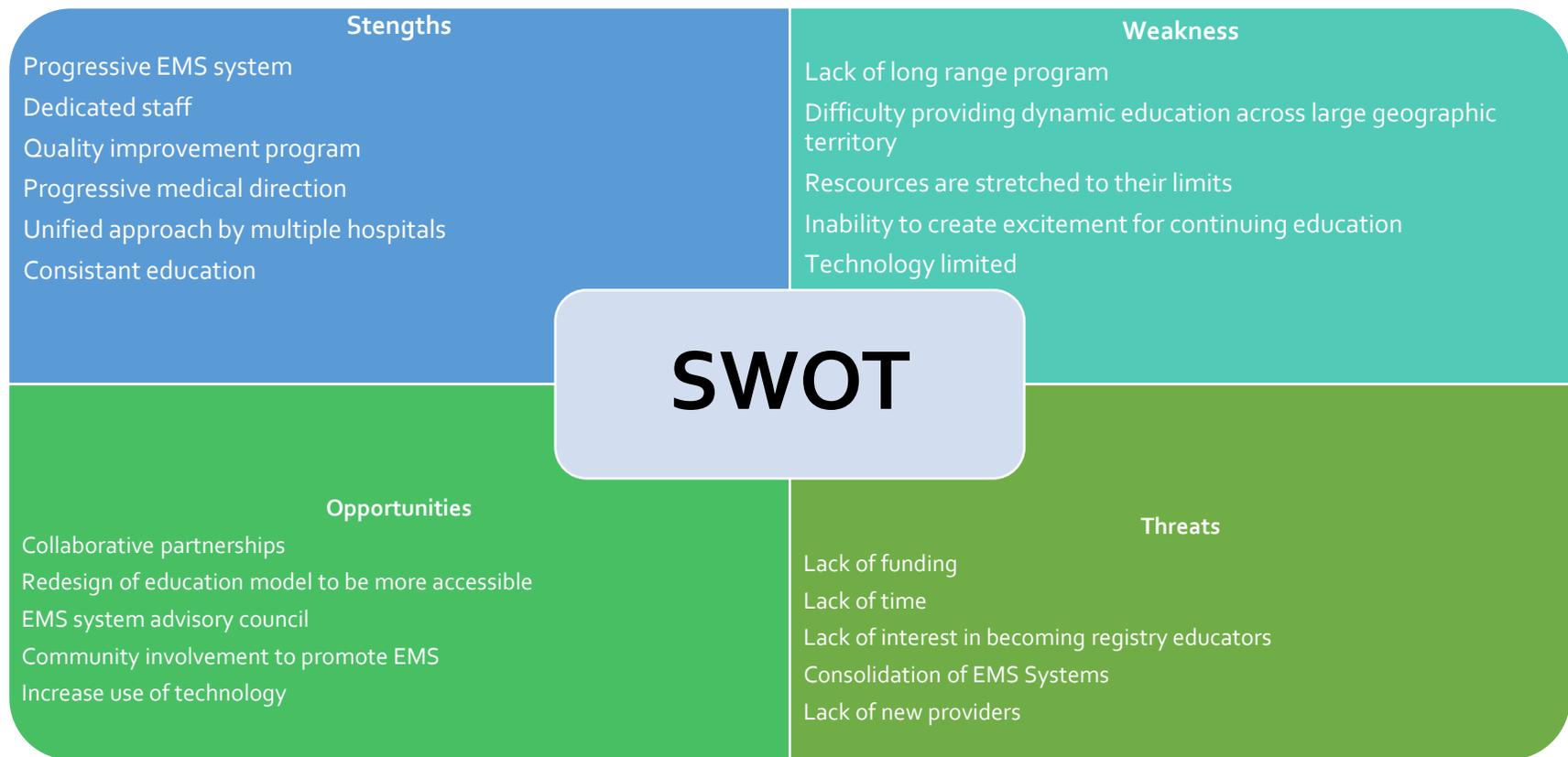
Values are vital to guiding the steps we take to obtain our vision. We must hold these values closely in every decision. Our values must be intertwined into our organization. Without these values, we begin to lose sight of why we do what we do. The cornerstone to what we do will always be patient first. Every decision, every challenge, every answer, should be centered in the idea of the patient being first and foremost. They are why we exist, they are why we serve. Service is not another platitude; rather, it is a concept that roots itself in our history, our story, and our future. We serve because we believe in the duty to aid our neighbors and our communities in their greatest time of need. Innovation is a necessity. We live in a world where we have to be ready to respond to the evolving challenges that arise. If we are unwilling to be innovative in our delivery, our care, and our response, we will struggle to remain relevant and are no longer able to be successful in serving our communities.

Strategic Plan Development

Beginning in 2018, the EMS system began a period of self-assessment to determine the overall health and well being of the system. MCAEMS looked back at the previous strategic plan that was released in 2009. The System realized the plan was out of date and lacked relevance. The goals that were set forth in the 2009 strategic plan were never fully realized. With this in mind, the System saw a need for a plan that provided a direction and relevant goals. The first part that needed to be completed was a SWOT analysis of the entire EMS system. This began in May 2018 with the office personnel doing an internal SWOT analysis of the System.

The SWOT analysis was a holistic look at the entirety of the system. We believed in looking at all areas in order to determine where we currently stand. This included honest self-reflection of the staff, our programs, and current processes. We believe this was necessary in order to form a complete picture of where we currently stand.

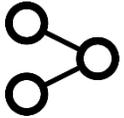




Planning did not stop at our own SWOT analysis. We believe it was essential to involve the stakeholders of our system. Our next move was to invite all those who partner with us and who are impacted by our services. This included not just inviting our EMS agencies, but also dispatch agencies, the hospitals, and our medical directors. We believe collaboration is vital in the success of the system. We wanted to hear the concerns, ideas, and ambitions of all of our stakeholders. The findings from the meeting are displayed below:



68.8% of respondents felt the EMS System was heading in the right direction



93% of respondents felt they shared a similar vision with the EMS System



Lack of inter-agency partnership was ranked as the greatest concern among agencies



Over 47% of respondents rated continuing education as average or below



55.6% of respondents felt that “being progressive” was our Systems greatest strength



Recruitment of new providers was the largest future concern for agencies



Agencies showed a strong desire for incorporating technology into their operations



Providers voice concerned about access to initial education and cost

Provider Feedback and Goal Development

The overall feedback from this meeting was positive. Providers and other stakeholders were able to make their voices heard about the future of our System. Many of the praises and concerns with the EMS system were consistent across the group. The information that was shared was brought back to the office, analyzed, and goals were formulated off the feedback and SWOT analysis that was performed. It was determined that five categories were needed, Patient Focused, Provider Focused, Agency Focused, Education Focused, and Future Focused. These categories were chosen to be straight forward and to address the areas we as an office and the system deemed to be our highest priorities. Creating clear and concise goals are necessary in charting a path forward. We wanted the goals to be easy to read and easily understandable.

Twelve goals were developed within those five categories. These twelve goals were used to be the footprint for the entire system over the next five years. We did not seek to go further out due to concerns of being constrained by a stringent strategic plan. We wanted to allow flexibility and the capability to be dynamic in our response to changing times. We have an understanding that the goals listed below are demanding. We purposely chose challenging goals to propel us to reach our vision statement: *To be the standard for pre-hospital care nationally.*

We believe the combination of these goals will get us one step closer to being that standard, to being an EMS System that people look toward for our innovative care and ability to lead in patient care. All of this will force us to stretch our comfortability, our resources, and our knowledge. We never want to be a system that settles for ordinary, but strives to be extraordinary in all we do.



Strategic Plan Categories

Patient Focused

Goal 1:

Develop and implement a Community Paramedicine Program

Goal 2:

Integrate data and analytics into our quality improvement process



Provider Focused

Goal 1:

Create a system that supports providers physical, and mental well-being

Goal 2:

Promote the development of EMS provider scope of practice



Agency Focused

Goal 1:

Steward financial responsibility in order to effectively use the limited resources of agencies

Goal 2:

Create an EMS office that supports the needs of agencies and providers



Education Focused

Goal 1:

Revolutionize the delivery of initial education through alternative models

Goal 2:

Modify the current paradigm of continuing education to offer effective education

Goal 3:

Create an open-source learning library



Future Focused

Goal 1:

Incorporate effective technology into patient care

Goal 2:

Collaborate with hospital systems to adapt EMS into the continuum of care

Goal 3:

Create recruitment avenues to ensure the future success of agencies



Patient Focused – Create an EMS System that is patient focused

With the barrage of innovation, government bureaucracy, regulations and requirements, it is easy to lose sight of why we exist. We exist to serve patients first. In all that we do, the first question we should ask ourselves is, “Will this benefit the patient?” We want to be a system known for always placing patients first in our care.

Goal 1: Develop and implement a Community Paramedicine Program

Time frame: 3-4 years

Outcomes: Have an established and sustainable Community Paramedicine Program

Objectives:

- Establishment of a Community Paramedicine Committee
- Creation of Community Paramedicine Protocols and a Procedures Manual
- Creation of a Quality Improvement Program for Community Paramedicine Program

Why: The world of EMS is shifting from being a reactive service to being a proactive service. Community paramedicine (also known as Mobile Integrated Health) is the approach of creating a community-based approach of health care. This model's aim is to reduce the use of emergency service and provide alternative treatment modalities to patients having medical issues. The positive outcome from this is it can reduce overall health care cost. The state of Illinois has approved multiple pilot programs in the field of community paramedicine. We believe through collaborative partnerships we can establish a MIH program without our EMS System. We do face a few unique challenges. The first being that individual municipalities have a limited population which makes it difficult to create a cost-effective program. However, the populations combined could be a potential system for MIH to thrive, but with multiple agencies across a large geographic region, we must determine who will serve as host to this program. The second challenge is creating a financially thriving system. Currently, pilot programs are only able to show potential savings by reducing repeat patient encounters at the hospitals. Communicating this idea effectively is key in overcoming the initial barriers of this goal.

Challenges:

- Lack of state administrative code
- No funding mechanism
- Population divided amongst multiple jurisdictions

Goal 2: Integrate data and analytics into our quality improvement process

Time frame: 1-2 years

Outcomes: Implement technology-based data analytics into the quality improvement process

Objectives:

- Restructure current Quality Improvement Plan
- Implement Quality Improvement Tools from ePCR Programs
- Creation of a QA Data Dashboard, allow for System transparency

Why: We currently live in a time in which data driven decision making is vitally important. No longer are decisions based on anecdotal opinions or our experiences, but rather, hard numbers that point out the strengths and weaknesses of an organization. Within EMS quality management, improvements and changes must be made based on data that has been mined through a thorough quality improvement program. Advancements in technology have allowed the process of mining data to become incredibly simple. Our EMS System must capitalize on these improvements and utilize data to drive the direction in which we continue to grow our System.

Challenges:

- Multiple reporting software platforms
- Inconsistency in reporting data

Provider Focused – Supporting providers

Supporting providers is often overlooked. Providers are the cornerstone that keep the system healthy and moving. Without them, calls would go unanswered, lives would be at risk, and communities would suffer. We believe that we need to support those who support their communities. With resources scarce, we can become a central point in which providers are able to access resources needed to support them.

Goal 1: Create a system that supports provider’s physical and mental well-being

Time frame: 6 months – 1 year

Outcomes: Create a central database that addresses provider’s physical and mental well-being

Objectives:

- Mental health library and education for providers
- Repository of contact information for mental health resources within the community
- Partnership with health and wellness group to address physical health of providers

Why: EMS providers are frequently in situations in which the toll of physical and mental stresses are continually placed on them. Overtime these stresses become a burden for providers. One recent survey noted first responders are roughly 10 times more likely to consider suicide versus the national average (Newland, Barber, Rose, & Young , 2015). The same study also noted 6.5% of 4,022 respondents have actually attempted suicide. Another study completed noted EMS workers “experience more health problems than the general working population” (Sterud, Ekeberg, & Hem, 2006). This included higher depression, anxiety, injury, and mortality rates. They also noted higher rates of somatic health problems. Many of the providers in our system are volunteers, donating their times and talents to serve their communities. We believe our EMS System should be holistic and provide assistance in helping providers to deal with and overcome the challenges they face on a daily basis.

Challenges:

- Financial burdens create barriers to access mental and physical health
- Cultural norms create stigmas for providers seeking help
- Lack of understanding or knowledge on where to find appropriate help

Goal 2: Promote the development of EMS provider scope of practice

Time frame: 3-4 years

Outcomes: Expand the scope of practice of providers to allow for higher integration of EMS into the continuum of care

Objectives:

- Participation in IDPH Strategic Planning Groups
- Partnership with local representatives in lobbying for expanded EMS regulations
- Collaborating with both hospitals to create effective processes for patient continuation of care

Why: EMS providers currently have a single direction outcome for patient care, which is the emergency department. Over the last several decades health care has evolved and the sustainability of this current model is limited. As a system and as a state, EMS needs to adapt and evolve into a more effective cog in the eco-system of health care. Providers, especially advance providers, need to be able to work in a manner that allows them to get patients the most appropriate access rather than a single solution, which is currently the emergency department. Working with state legislators and other partners throughout the state will be vitally important to changing the current paradigm of EMS delivery.

Challenges:

- Working with multiple stakeholders throughout the state
- Changing state administrative code to allow for alternative destinations
- Building a consensus model based on data

Agency Focused – Helping agencies succeed in their communities

Agencies are deeply rooted in their communities. They provide a vital service to the public. They also feel the burdens of government regulation, increasing cost, decreasing reimbursement, and much more. Part of our reason for existence is to foster a system that allows agencies to succeed and to be able to respond to emergency calls unhindered.

Goal 1: Steward financial responsibility in order to effectively use the limited resources of agencies

Time frame: 6 months – 1 year

Outcomes: Reduce unnecessary overstock of supplies and create purchasing agreements to limit financial burdens for agencies

Objectives:

- Reform current par levels and inventory sheets to best utilize resources
- Formation of purchasing groups to better use economies of scale
- Partnership with hospitals in purchasing of equipment and medication

Why: Finances for EMS agencies are an ever-growing challenge. Each year budgets become more restricted, reimbursement rates continue to decrease, and taxes provide only a limited relief. As a system, we can create avenues to reduce some of the most expensive parts of running an agency, which is supplies and equipment. The challenge with supplies and equipment is most of these supplies have expiration dates and tend to expire. Agencies tend to also buy limited re-stock, which in turn costs more per item, versus group purchasing which can reduce the overall cost per item with bulk buying discounts. In addition, looking at what equipment the EMS system requires and comparing the data that demonstrates its usage, we can begin to limit unnecessary stocking of supplies. These small steps can provide relief for small volunteer agencies that have a limited budget. We believe we should financially steward the resources we have to benefit our agencies.

Challenges:

- Multi-agency cooperation

- Finding a single vendor who can meet the needs of the EMS system

Goal 2: Create an EMS office that supports the needs of agencies and providers

Time frame: 6 months – 1 year

Outcomes: An EMS office that is designed to meet the various needs of providers in our system

Objectives:

- Utilize technology to create easier access of EMS office information
- Creation of mobile application for providers to utilize
- Formation of EMS System Advisory Committee

Why: Our EMS system has nearly 1000 providers and they serve in a variety of settings across a wide geographic area. It is important that we create an office that is accessible to our providers. Our providers work 24/7 and at times they need information, access to documents, or ways to communicate events or issues in real time. With today's technology, our office needs to take advantage of a variety of channels in order to create a system that is available 24/7 to meet those needs. Whether that is a dynamic website where providers can have instant access to information, changing office hours to grant greater access to staff at various times, or creating ways for providers to receive feedback more quickly, these are all things that benefit our system members.

Challenges:

- Working with a limited staff and budget to meet needs
- Working with limited technology

Education Focused – Building a stronger future through education

Education is an invaluable piece when looking towards the future. Education finds its roots in all areas of what we do as providers. From initial licensure to continuing education, we must look at ways to continually refine our approach to providing education. It is essential we support and enhance education in all areas of our practice.

Goal 1: Revolutionize the delivery of initial education through alternative models

Time frame: 2-3 years

Outcomes: Create platforms and pathways that allow for distant learning courses

Objectives:

- Creation of an EMT-Basic Hybrid Course
- Comprehensive online education platform
- Creation of an EMR Hybrid Course

Why: Some of the challenges that come with building a healthy basis for our EMS system is the access to education. One of the biggest barriers to education is the time commitment that comes with taking initial licensure courses. The scope of practice for first responders to paramedics continues to evolve. As a system, we need to facilitate courses that allow for those interested in the profession of EMS to gain access without being restrained by the time constraints of the class. We can do this by working through our partnership with Heartland Community College to design classes with their expert assistance that is successful and beneficial to those seeking alternative educational opportunities. Not only could this impact education in our geographic area, but could help benefit education across the state.

Challenges:

- Creating an effective education program that meets the demands of the profession
- Very few hybrid courses exist, so creating a program from scratch that is effective will be a challenge

Goal 2: Modify the current paradigm of continuing education to offer effective education

Time frame: 1-2 years

Outcomes: A continuing education program that is effective, adaptive, and dynamic.

Objectives:

- Development of a flexible Continuing Education that allows for providers to access material easily
- Dynamic education that is responsive to system needs
- Development of Registry Instructors in order to create more effective education

Why: Continuing education has been a challenge for many years. For too long, education has been driven through Power Point presentation. Practical information was buried under the weight of lectures. This stagnate approach to continuing education has been ineffective. Providers tend to have little interest in education and information presented can be overwhelming. Along with that, the EMS System has not provided the appropriate resources necessary for registry instructors to be successful at teaching. It is necessary that we take a step back and look at the entire model of how our system provides continuing education. We must look at ways to tie education to our quality assurance. It is absolutely necessary that we do not just provide education, but we tie education with outcomes linked to our quality improvement. Providers need to see the usefulness of education and the importance of education. We must have a clear path and strategies laid out to address these challenges.

Challenges:

- Various agencies with different training needs
- Diverse technology accessibility issues across all agencies
- Various access to training equipment

Goal 3: Create an open source learning library

Time frame: 1-3 years

Outcomes: Host a comprehensive open source learning library for all EMS providers to access for free

Objectives:

- Video/Media Library creation

Why: Resources for agencies and providers to access accessible education are limited. The education is either costly and comprehensive, or free and lacking in depth and quality. We believe we can create a comprehensive library of education using platforms like YouTube for providers and agencies to utilize. This utilizes free technology to allow providers to access system-specific information wherever they are at. We believe this in-depth library will allow for real training. It will also provide quick education reminders for providers to access.

Challenges:

- Time constraint and resources needed to build base
- Initial project startup cost
- Maintaining an up to date library

Future Focused – Preparing for the future right now

The EMS world is an ever-changing environment. Health care is dynamic, and is rarely still. It is important that we are always preparing for what the future holds. It would be a disservice to our patients and our communities if we did not begin looking for what the future holds for EMS. We want to lead EMS into the future rather than be followers.

Goal 1: Incorporate effective technology into patient care

Time frame: 6 months-3 years

Outcomes: Incorporation of current and future technology trends into pre-hospital care

Objectives:

- Utilization of point of care testing

- Utilization of pre-hospital ultrasound
- Utilization of early notification applications

Why: Technology is an important key in our care today. It needs to be utilized effectively in order to benefit our patients. We believe the EMS System needs to look more deeply into emerging technological trends. After evaluating individual technology, the EMS System needs to incorporate those technologies into our protocol and procedures. These technologies range from pre-hospital ultra sound to point of care testing. We think it necessary to be continually evaluating different pieces of technologies. It is also important to understand the cost associated with incorporating new technologies. We believe there needs to be a healthy balance of respecting agencies financial concerns and providing the most up to date technology that will benefit patients.

Challenges:

- Restricted budgets limit ability to incorporate technology
- Technology outdates quickly
- Technology as a distraction

Goal 2: Collaborate with hospital systems to adapt EMS into the continuum of care

Time frame: 1-2 years

Outcomes: Streamlined processes that allow for patient care to transition seamlessly

Objectives

- Partnership with hospitals to create unified processes of patient transition
- Creation of clearer communication processes for transfer of patient care
- Rapid data transfer for patient charts which allows for instantaneous information for providers

Why: Over the years, EMS has evolved into a unique position in the world of healthcare. EMS combines public safety and healthcare into a single role. With that comes the challenges of understanding its place within the world of healthcare.

EMS needs to understand itself as a vital part of the world of healthcare. Many patients enter the healthcare “pipeline” through the use of EMS. Patient care and the continuation of that care needs to be seamlessly integrated in order to create a more effective treatment plan for the patient. This reduces the overall cost of patient care and decreases the over utilization of resources. EMS needs to become a bridge that gaps the public field and the healthcare sector.

Challenges:

- Creating streamlined process involving multiple hospitals and agencies
- Coordinating resources to best address patient care

Goal 3: Create recruitment avenues to ensure the future success of agencies

Time frame: 6 months – 2 year

Outcomes: A comprehensive recruitment plan that supports all agencies

Objectives:

- Utilization of social media tools to reach younger generations
- Participation in local events with Mobile Simulation Unit to create awareness of EMS field
- Creation of EMS documentary to display need for EMS providers

Why: Over the last several decades there has been an increase in staffing shortages for EMS agencies. There are multiple reasons for this. These include increased requirements for initial education, cost of education, time to complete education, licensure, continuing education requirements, and much more. Though our ability to treat patients more effectively has grown, the disadvantage has been that this has become a hindrance to job entry. Agencies have changed much of their staffing models over the years, reducing reliance on volunteers and turning to a paid staffing model. Agencies still have the challenge of even finding personnel for paid positions. We currently live in a community with nearly 28,000 college students. I believe we have a large audience to draw new providers from. With aggressive promotion of the EMS career field within the universities and high schools, I believe we can begin to build a stronger basis of providers.

Challenges:

- Limited staffing and budget reduces ability to maximize effectiveness
- Student population and younger generations are more transient than previous generations

Next Phases

The next phases are essential to creating and accomplishing the goals listed above. This will entail significant energy and focus for the entire EMS office. This will require each focus area of the office to evaluate the goals and design plans for the goals and objectives listed above.

- a. Evaluation of current processes and policies
- b. Realignment of processes and policies to align with new strategic goals and objectives
- c. Stakeholder feedback to hear concerns or opportunities for growth
- d. Re-evaluation of current progress to determine whether changes are needed to correct deficits

Conclusion

This plan will only be as successful as our efforts to collaborate with various partners and stakeholders. We believe this plan will also be strengthened by the depth of those partnerships. This plan is made with the focus of greater patient care in mind, striving to create an EMS system that focuses on the needs of patients. It will challenge us to look at the current paradigm of how we deliver our services and reformulate in order to address the needs of our communities.