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

EMS Attributes of Success

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Vision Statement

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

Acknowledgement

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program, administered by the Federal Office of Rural Health Policy, in the Health Resour
and Services Administration.

Introduction

In 2015, a national group of EMS providers and advocates identified 18 attributes
successful EMS services and five levels of performance within each attribute. The Wisco
Office of Rural Health created this workbook to be a resource guide for EMS services t
are interested in improving their performance in any or all of the 18 attributes. This is
intended to be a technical roadmap but rather a means of considering and determin
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.

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

Keys to Performance Improvement Success

Originally the 2019 Rural EMS Service Survey was completed by a single source in ea EMS service. Ideally the best way to identify your true score is to have multiple (id all) members of your EMS service complete the survey and come to a consensus o 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.

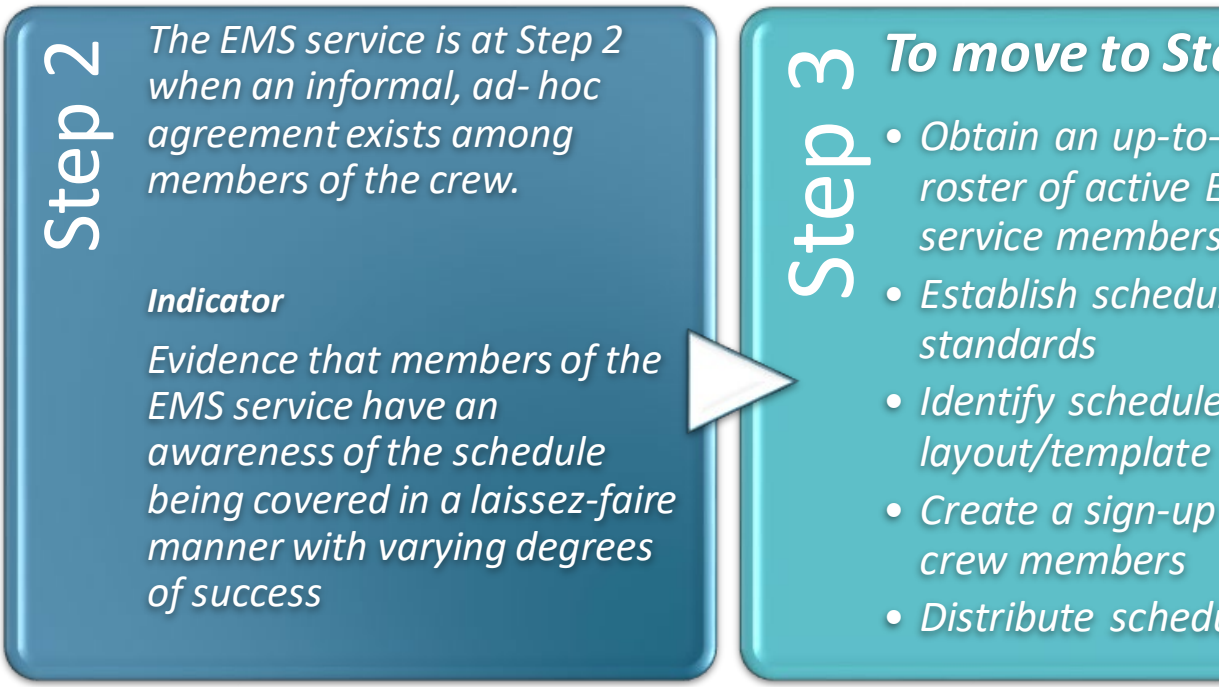
Improving from Step 1 to Step 2

Sometimes the axiom "form follows function" is practically applied when an EMS servic in basic survival mode and whatever can be cobbled together for staffing at any given ti is better than nothing. Sometimes calling another member of the EMS service who is kno to have flexibility in leaving work or someone who is known to be available "right no accomplishes the goal of staffing an ambulance for an immediate call. However, "just time" staffing does not aid in creating a stable EMS service and is not an attribute o successful EMS service.

Providing structure to a call schedule will promote stability and enable the EMS service

To begin adding structure to a schedule, the members of the EMS service can simply agr through discussions with each other, who will cover which shifts. When this level agreement exists, the members will know who is available to cover different periods time and who is not. A general awareness of which member is available or unavailable help the group work together to fill in here and there as needed to try to accomplish 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 se members and who contribute to covering call time and responding on calls starts the pr (see Section 7, *"Formal Personnel Standards"*). This will likely require the EMS servi 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 members;
- How members will sign up for or be assigned call shifts;
- How open, uncovered shifts will be assigned or covered, and

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

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

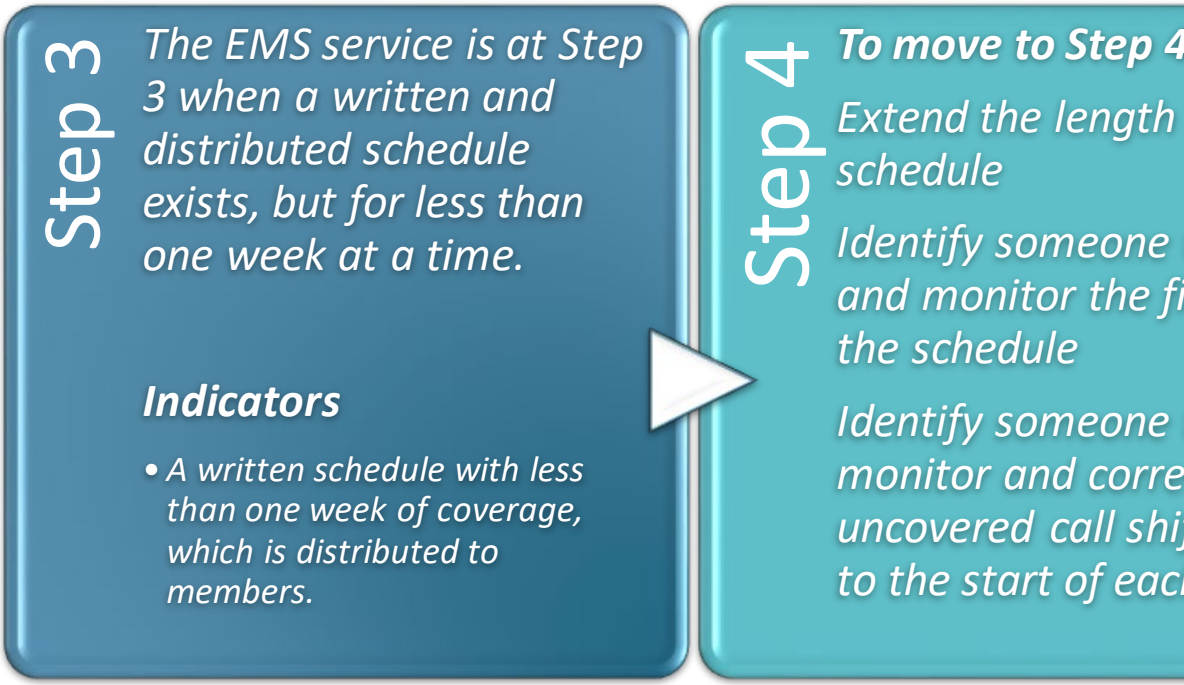
Call Schedule Example:

	Mon Jun 3	Tue Jun 4	Wed Jun 5	Thu Jun 6	Fri Jun 7	Sat Jun 8	
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 memb to choose which call shifts they want to cover or by assigning each EMS service membe the number of call shifts, as determined in the standard created for covering call shift the method to be used is to have the EMS service members select and sign up for the sh they want to fill, it is necessary to have a pre-determined standard defining the call si up period and outlining how shifts left uncovered after the members have made th preferences known will be filled. The written schedule should be filled completely prio distribution.

Distribution of the written schedule should be made in accordance with the preference

Improving from Step 3 to Step 4



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

The two roles that need to be filled are:

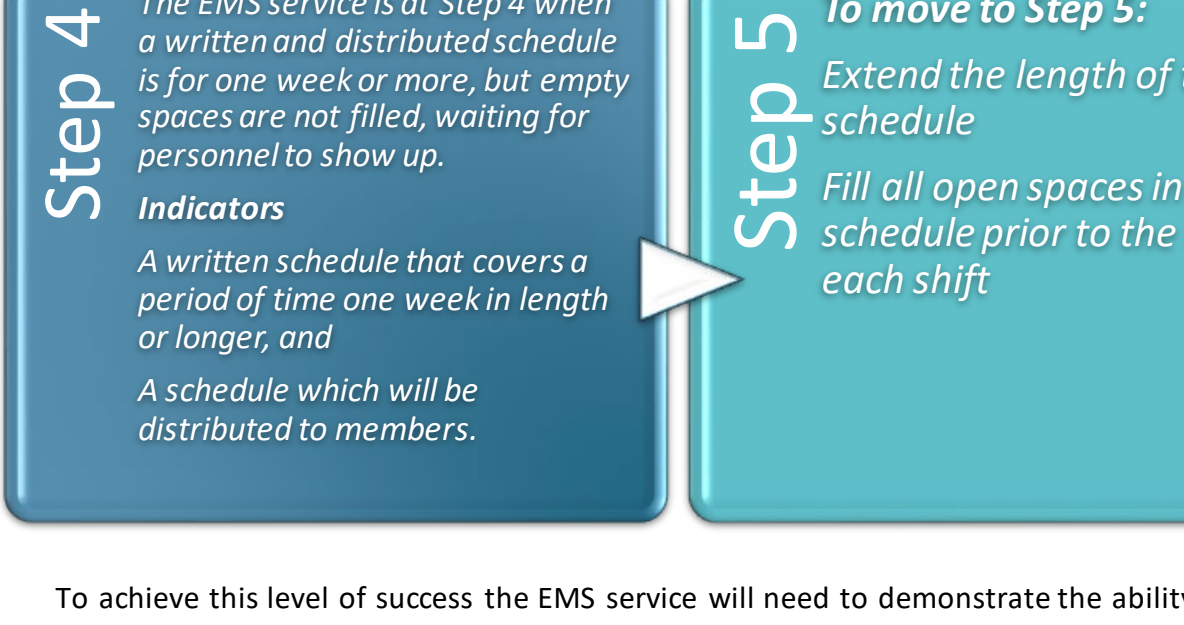
1. Someone to lead and monitor the filling of the schedule on a recurring basis for period of time in advance of the dates the schedule covers.
2. To monitor and correct any uncovered call shifts prior to the start of each shift. T can be accomplished by making one individual responsible for scheduling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

One method to accomplish this is by selecting a scheduling officer. Identifying this off should not occur until the overall process is defined and is in place. This is to avoid

The EMS service will benefit by having a written job description for this officer. In addi
to being responsible for filling open slots according to established standards, the schedu
officer will be in a position to ensure the standards established are followed to provide
and consistent structure to the scheduling process. This officer will also be in a go
position to gather, record and report important information to be reviewed by the E
service, such as number of shifts covered prior to the start of the shift daily, weekly
monthly (with a goal of 100 percent), number of shifts uncovered at the start of a shift o
the same period, number of EMS service members meeting the sign-up standards, num
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
schedule slots are filled prior to the start of each shift. That role can be filled later, in
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 abilit
extend the schedule further out (two weeks or more) and to fill all open spaces (slots
the schedule prior to the start of each shift. The same steps taken in the previous two st
will be used to build the schedule beyond the one-week time frame used previously. Hav
the scheduling officer established in Step 4 filled will provide the support the memb
need to walk through the scheduling process. The longer the period of time the sched
covers – and longer is a good thing – the more likely changes will need to be made
members' lives demand changes. Here is where the value of the scheduling office
apparent: to help with changes, keep track of changes and ensure that all open space
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 fi
prior to the start of each shift. The scheduling officer will need to proactively cont
members as he or she sees open spaces and as the scheduled time for those open spa
approaches. Gleaning from the measurements mentioned in the previous step,
scheduling officer will be in a good position to offer factual opinions on where
weaknesses and strengths are in the schedule. In the future, the EMS service may need
assess those insights and consider what staffing positions need to be addressed, poss

Identifying as a Step 5

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

Indicators

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

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

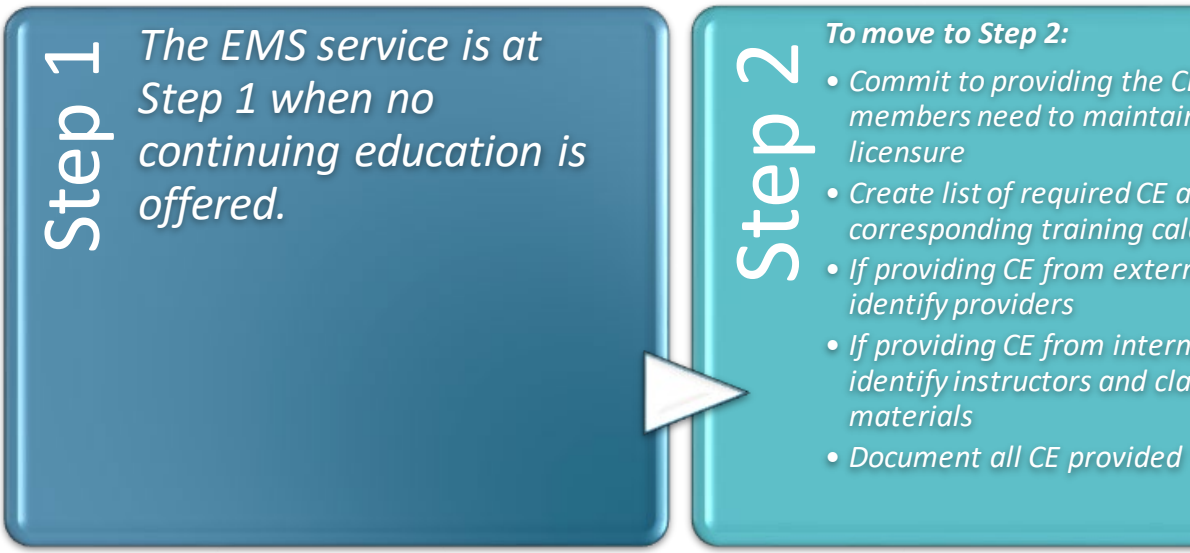
If performance declines in a certain area where a standard exists, steps can be taker
validate the standard and – if necessary – to modify the procedure to enhance ove
performance. As the EMS service sees changes in call volumes and call types, affecting
staff time necessary to cover all of the requests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

Continuing Education

Question 2

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

Improving from Step 1 to Step 2



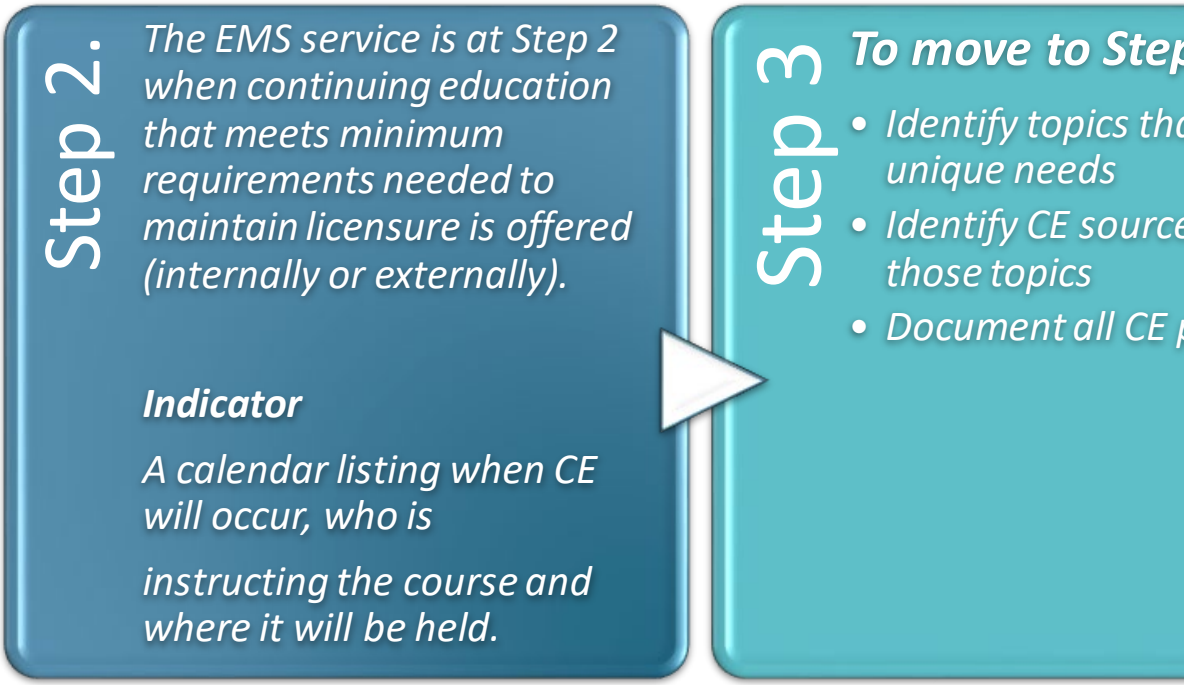
EMS service members have shown they can and do remain licensed even if the EMS service provides no continuing education (CE). The EMS service loses a tremendous opportunity to improve and solidify the care it provides to its patients if and when the EMS service is completely removed from the CE its members 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

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

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

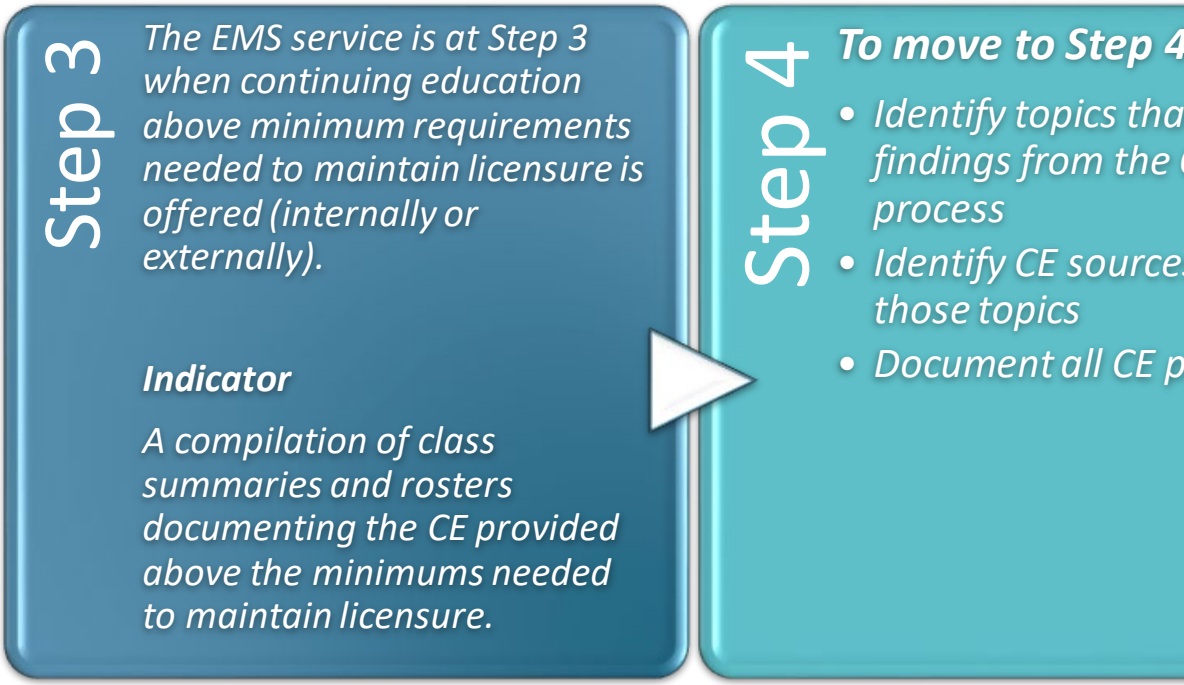
Improving from Step 2 to Step 3



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

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

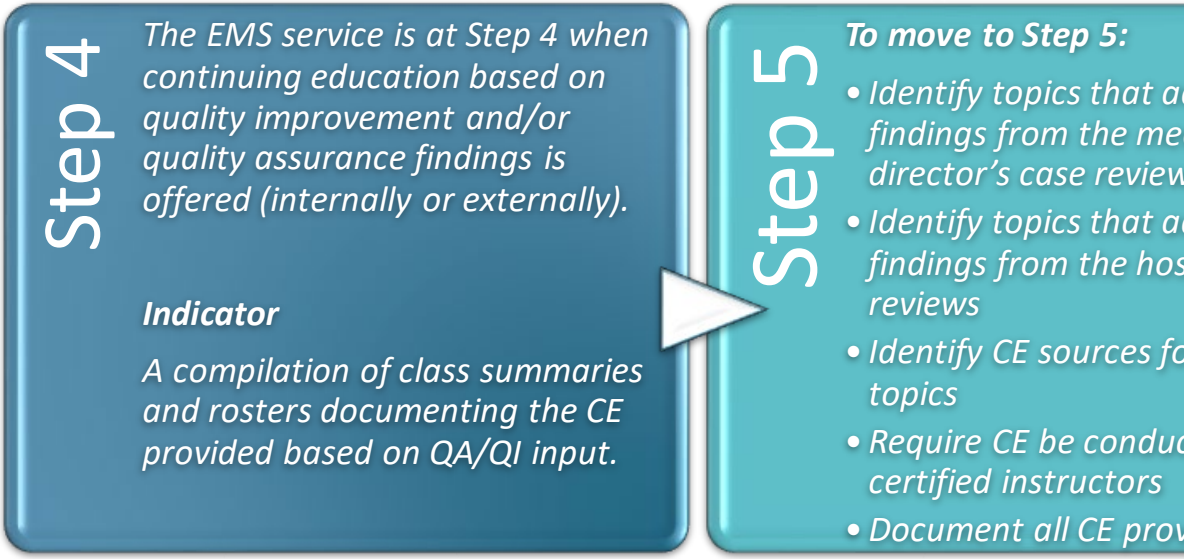
Improving from Step 3 to Step 4



As the QA/QI process (Section 5) develops and matures, that process should prov
outputs directing the inclusion of specific topics to be addressed through CE. The outp
from quality will be included in the CE developed for the members of the EMS. For purpo
of an example only, perhaps the QA process has been following a specific performa
measure, such as the interval of time between arrival on the scene and the first recor
vital signs, and has determined an improvement of 10 percent is desired. Summarized
simple manner, the EMS service needs to ensure an internal or external source is identi
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
constructed that will include things such as objectives, resources expected to be use
the class, who will teach the class, the teacher's qualifications, and length and locatio
the class. The class summary and the class roster can be used for documentation of
class.

Improving from Step 4 to Step 5



In this step, the EMS service will include input from the medical director and/or hospita 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 t case reviews conducted by the medical director will identify specific patient care and E operation issues to be addressed. Perhaps the medical director, by virtue of the c reviews done, notes that administration of oxygen is either delayed or missed in a spec group of patients he or she recognizes as a group known to benefit from ea administration of supplemental oxygen. In this example, the EMS service is responsibl seek out or create and provide CE to address the issue so patients served receive the c the medical director wants delivered. Similarly, the hospital or hospitals the EMS serv works with need to have input into CE training based on reviews the hospital(s) condu In both cases, the responsibility is held by the EMS service to ensure the CE is provide its members to address issues identified.

Certified educators add another dimension of credibility to CE provided to members of EMS service. If CE is arranged for and provided by an external source, the EMS service

instructor(s) to ensure each educator obtains the certification. Upon completion of certification process, the EMS service should establish a means of retaining credentia records for all instructors it uses.

Finally, as in the other steps, for each CE class conducted the EMS service must ensu 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 improvem and/or quality assurance findings, with medical director and/or hospital input, and tau certified educator is offered (internally or externally).

Indicators

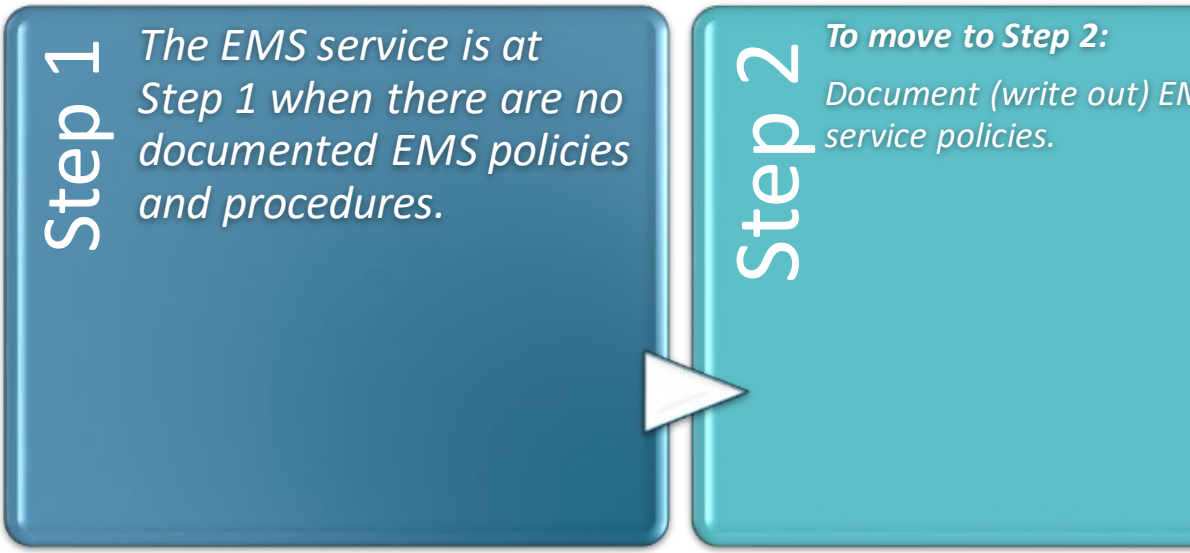
- Documentation of CE course content developed based on input from the m director or hospital, and
- Official documentation attesting to the certification of the educators who p the training.

A Written Policy and Procedure Manual

Question 3

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

Improving from Step 1 to Step 2



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

There are pitfalls in using this methodology. For example, too much information is of

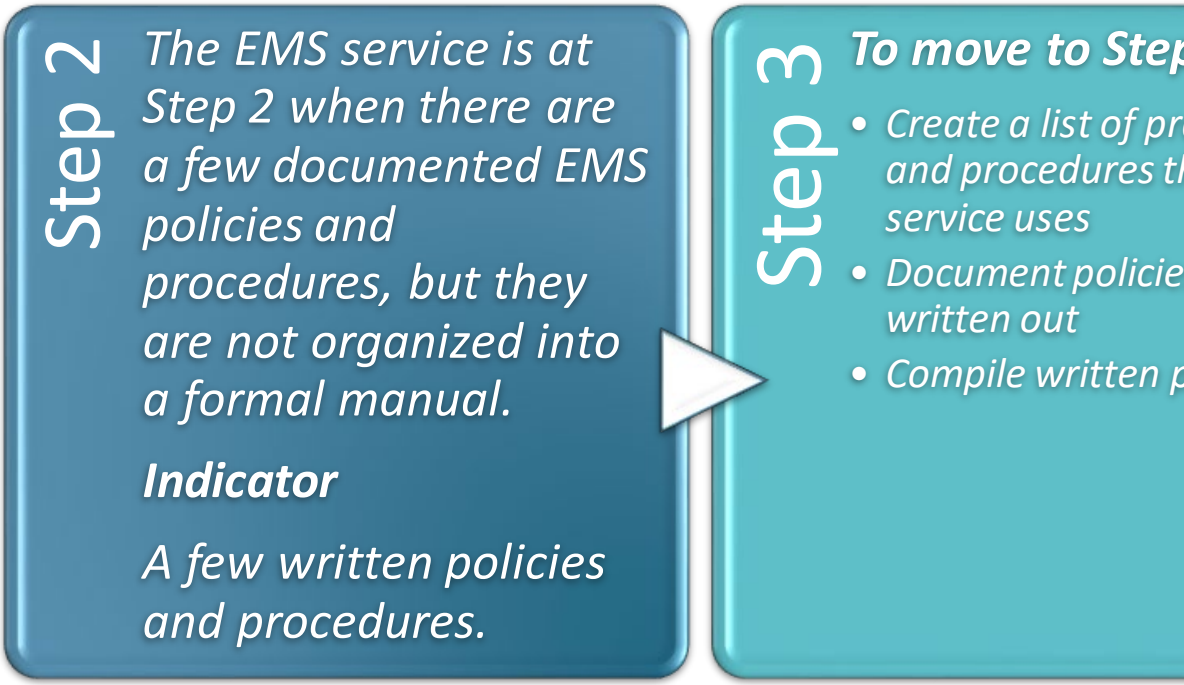
provided is challenged formally. Further, a quality process fails to be effective with established, formal policies and procedures.

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

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

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

Improving from Step 2 to Step 3



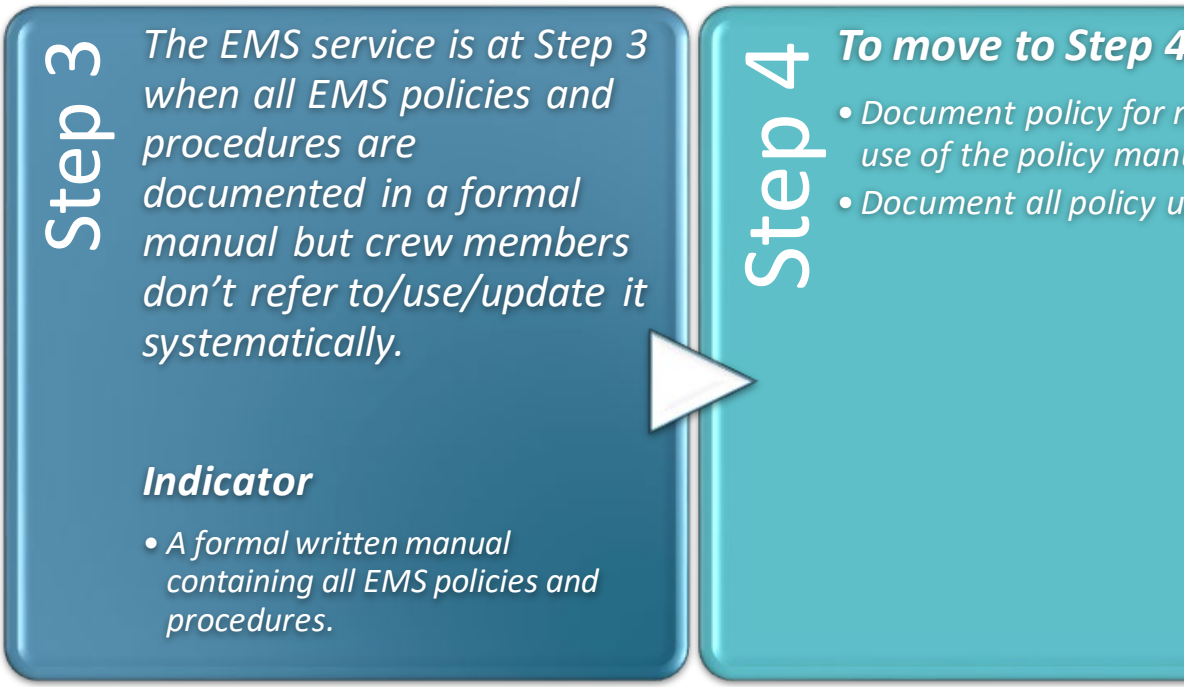
Creating the Manual

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

Organizing the Manual

and equipment. It may include details of the minimum amount of fuel necessary to b the vehicle's fuel tank. A section on patient care may contain policies on initial patient c when to give supplemental oxygen, how to use establish an intraosseous infusion, w spinal precautions will be taken, etc. Other sections that may be included could have t with patient billing practices, purchasing supplies, paying bills, agreeing to provide stan services at charitable or for-profit events, etc.

Improving from Step 3 to Step 4



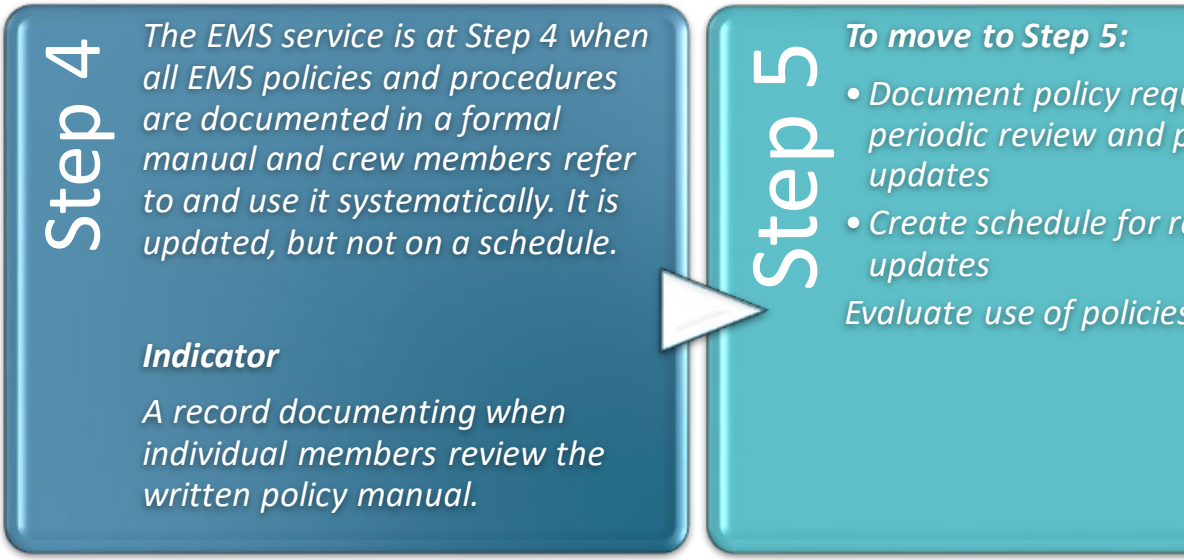
The manual will need a policy on use of the policy manual by members. Here, the memb will be instructed in how the policy manual will help them apply standard response similar situations, regardless of who is involved or affected by the situation. This poli one of the first each member should become familiar with, as it will create a comm 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 practices, by which compliance with the policy can be measured. This is a significant va

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

When policies are updated, the date of the update should be included on the writte

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
formal policy manual. The policy will identify who is responsible to ensure the perio
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 curre
relevant and reflective of current practice. Input into the review should be as broad-ba
as practical, gathering members' input. The review and update of the policies should
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.
determine if a policy is usable, as part of a larger review process, ideally using the educat
process, members are asked to cite specific policies they would use to solve operatio
questions, problems, or challenges in a scenario presented. Evidence of the completion
success of the educational exercise will be documented and used for improving how

Identifying as a Step 5

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

Indicator

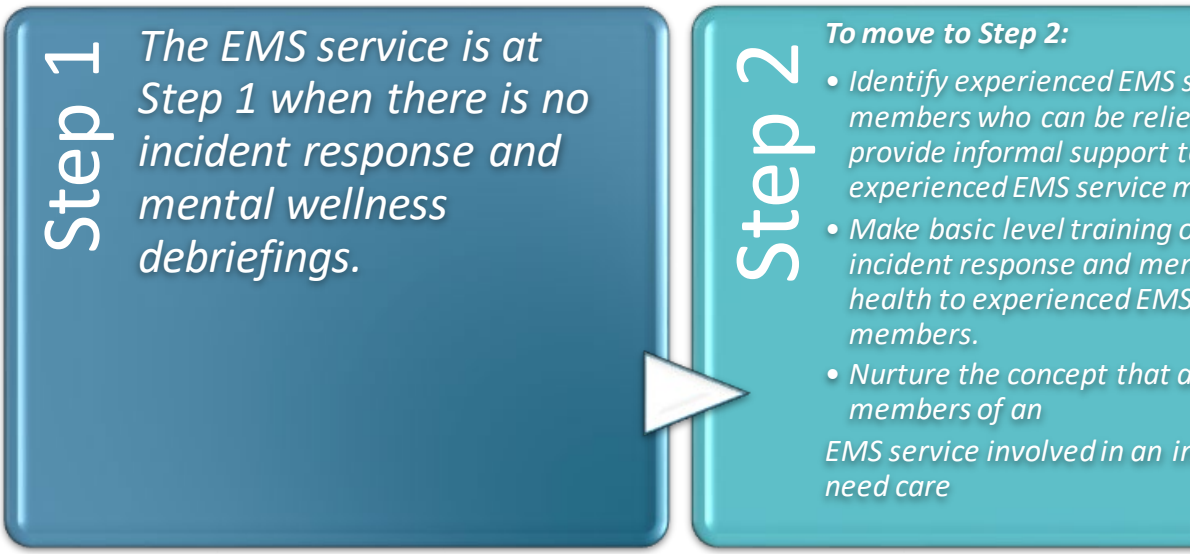
- Verifiable documentation of regular updating of the policies and documentatio
  demonstrating
- The individual members' proficiency in using the policies to appropriately addr
  operational issues.

Incident Response and Mental Wellness

Question 4

Objective: *The EMS service (a) will have informal and positive debriefing and from more experienced members, (b) will be provided with notification by dis time of a possible incident, (c) will have leadership trained in incident respons policy of debriefing affected members, (e) will have professional counseling o reduced or no charge to members, and (f) will have follow-up check-in with a 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 ne Putting patients' needs ahead of their own is demonstrated in multiple portions of th lives. They quickly set aside their personal and family agenda to respond when an alert g out. They frequently put themselves at risk on calls. They outwardly and inwardly grieve those who have suffered injury or loss. And they rarely pay attention to their own needs or off the job. Published reports say that a high percentage of EMS providers experie significant stress, and nearly the same percentage have not sought out or received help

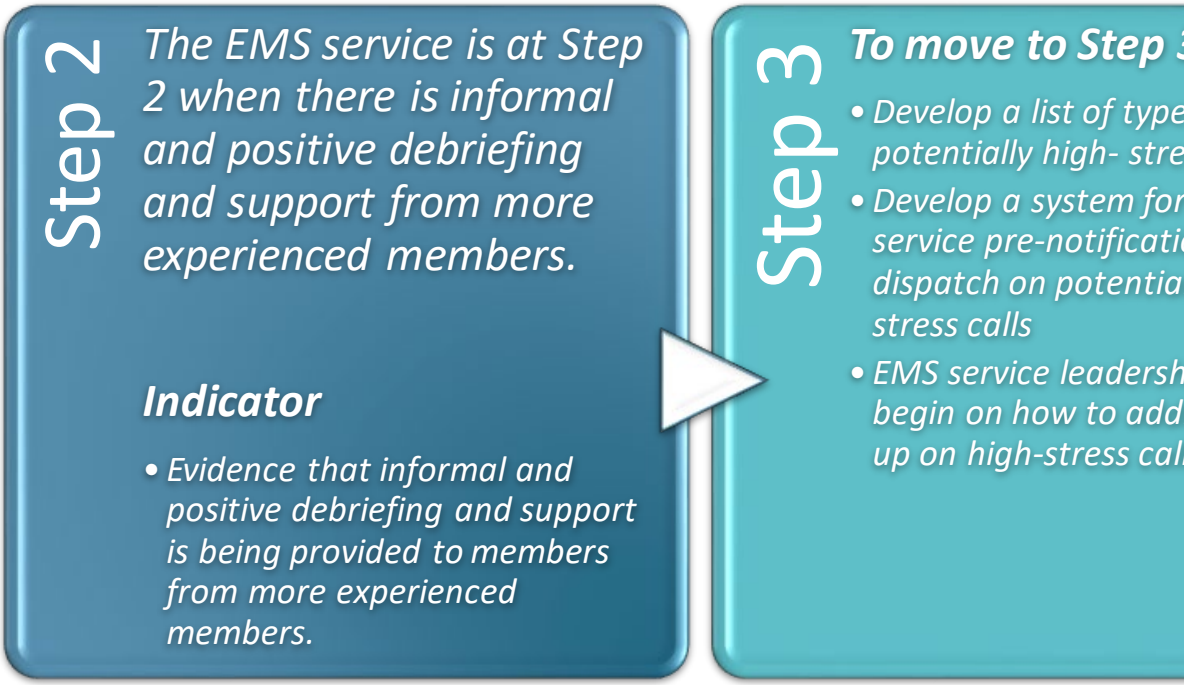
An EMS service can have a significant effect in members' well-being by becoming aware the effect of incident responses, and by committing to mitigate and address some of t effect in a deliberate and effective manner.

It is the EMS service's responsibility to put plans in place to care for members who so fre and with purpose expose themselves to the threats of physical and emotional dama Successful ambulance services demonstrate the ability to reduce the effect of incidents members through specific actions, plans and programs they implement.
Many resources are available on establishing a means to address incident response a mental wellness associated with ambulance calls members of the EMS service go on. C of the most effective is the presence of experienced members who are involved in incident – those who have experienced responses to high-stress calls and now are serv alongside other EMS service members.

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

A tremendously significant caution needs to be made at this point: Do not let experience of the members of the EMS service obscure the fact that all members of 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 appropr to initiate a planned effort to address members' needs as early as possible. The care begin during the ambulance call and should continue until the entire plan for care has b completed.

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

measure the number of times dispatch notifies the designated EMS service leade comparison to the number of calls received which fit into the recognized group of hi stress calls. By measuring this, the EMS service and dispatch will be able to accurat review the effort's proficiency, build improvement plans, and retain an objec perspective when a high-stress call is missed.

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

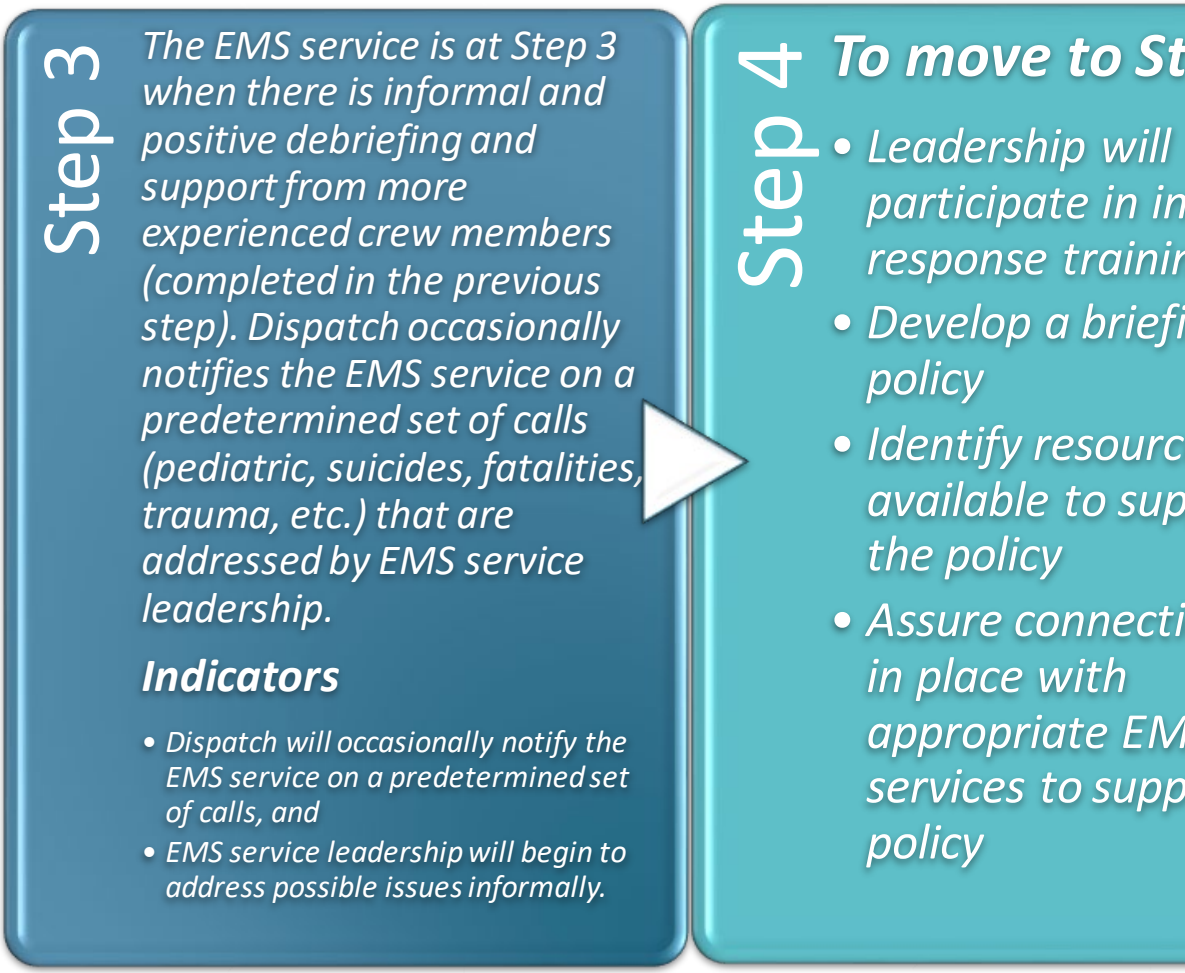
Some information that will guide development of an incident response plan may seem common sense or general information. Discussions need to occur within the EMS servic leadership and with the entire membership of the EMS service to identify and valid necessary steps to be taken. As an example, resources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

OSHA Example

Some of the common sense things noted in resources can easily become a starting poi 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 identifi deficiencies can make an immediate difference in members' well-being.

Improving from Step 3 to Step 4



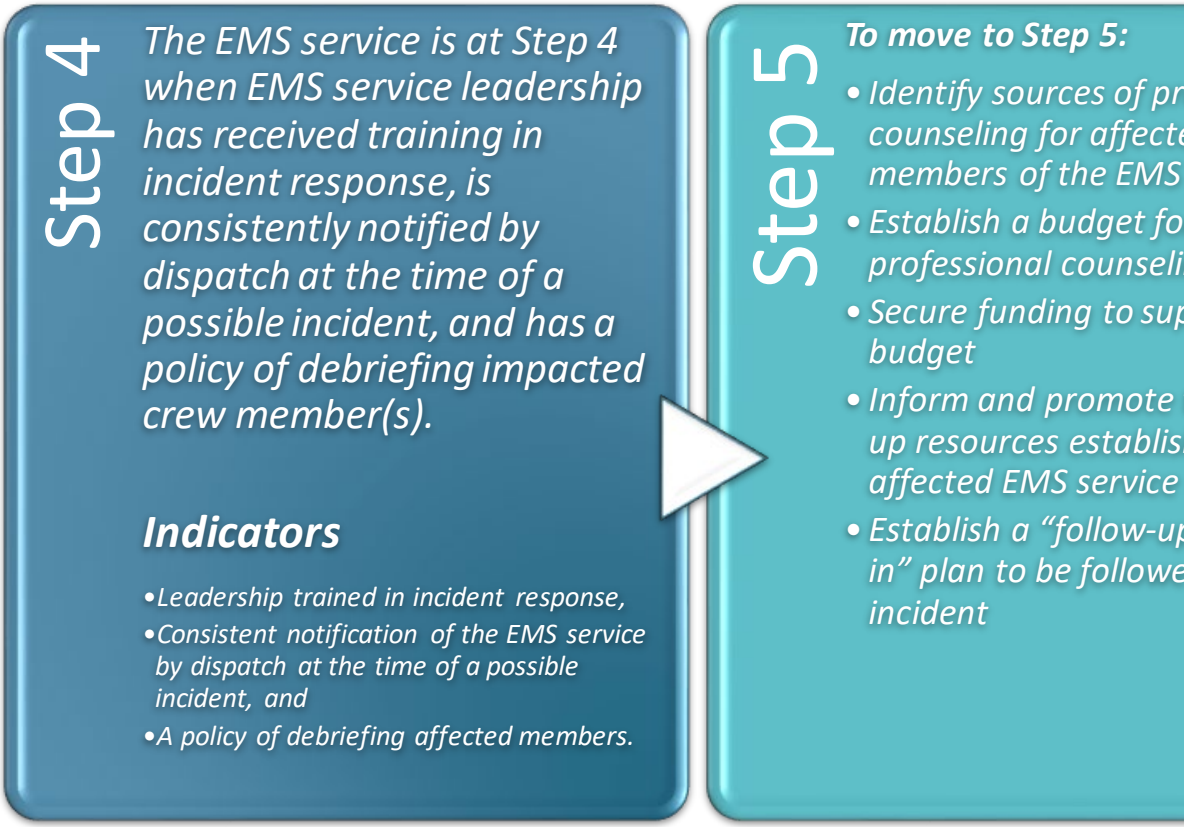
In this step, leadership of the EMS service will receive training in incident response. Th the first step in a larger effort, creating a plan to address high-stress calls that memb encounter. Creating the plan will require considerable effort. EMS service leaders m complete training so a common basis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

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

Establishing and implementing a debriefing policy is a sizable effort. The EMS service need to collaborate with other organizations and EMS services to successfully accomp this effort. It is the EMS service's responsibility to know what resources are available to members. It is the EMS service's responsibility to establish the connections necessary those resources are available to the EMS service and its members when needed. T International Critical Incident Stress Foundation (www.ICISF.org) and other sim organizations have information that will be helpful to build a new team and to loo existing teams to model the developing team after.

Regardless of where the EMS service obtains assistance, a policy must be developed an 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 professional counseling and follow up check-ins with affected members. The EMS serv should be ready to offer to bear the cost of professional counseling a member may wish obtain. The EMS service will need to establish an agreement with more than one source professional counseling that can be made available to members. The member(s) sho have some input into which professional counselor he or she may desire to work with the follow-up phase. This needs to be in place before an incident occurs, before counse is needed. Often, professional counseling may be available through an employee assista program as mentioned in Section 17, *"A Wellness Program for EMS service Staff."* Based best practices, the policy adopted should outline what the EMS service is willing to o the member in regard to coverage of costs and number of professional counseling sessi

the period of time between the incident and the formal debriefing when professio follow-up can be initiated. Members may be especially vulnerable after the incident a before formal debriefing. What the follow-up check-in practices should entail is b 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 offered at reduced or no charge to crew members affected. Follow-up with affected m is standard procedure.

Indicators

- A mechanism will be in place to provide professional counseling sessions to 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 a budget which is used to make financial decisions and upon which actions ar policies in place defining purchasing procedures, limits and authorizations, (e) for procuring equipment included in the budget or outside the stated budget, operating reserve of at least six months in place.*

Improving from Step 1 to Step 2

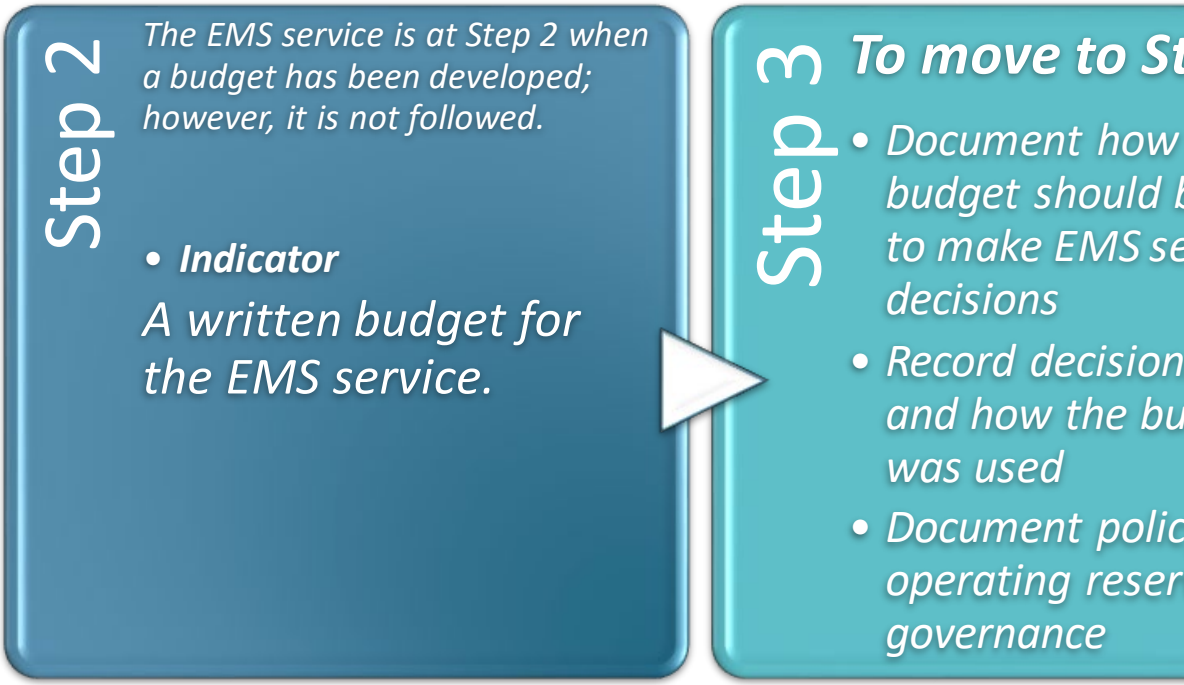
In most EMS services, stability develops when the EMS service can account for its o financial needs. A written budget is the foundation for that stability. Prior to development of a written budget, an EMS service will be attempting to provide patie needed care without a means of knowing how critical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

A written budget must be created. The EMS service needs to understand how mu

Members of the EMS service can begin to understand the revenue and expense sides
developing budget by identifying major expense categories. Briefly, expense categories
include personnel, vehicle, equipment, facility, supply, etc., with specific dollar amou
assigned to each category. Amounts assigned to each category can be tested for accur
by retrospectively reviewing what actual expenses have been over time. If receipts h
not been retained for expenses, retaining such receipts for a period of time – perhaps t
or three months – and projecting the sample period over a 12-month period will prov
an initial perspective on annual expenses. This will give a representative picture of the E
service's expense budget. The budget created must include an amount to be used
establish an operating reserve, which will be held in an account separate from ot
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 serv
to establish a simple expense budget similar to a personal household budget. On the ot
hand, portions of the budget related to assets held by the EMS service are best handled
a professional.

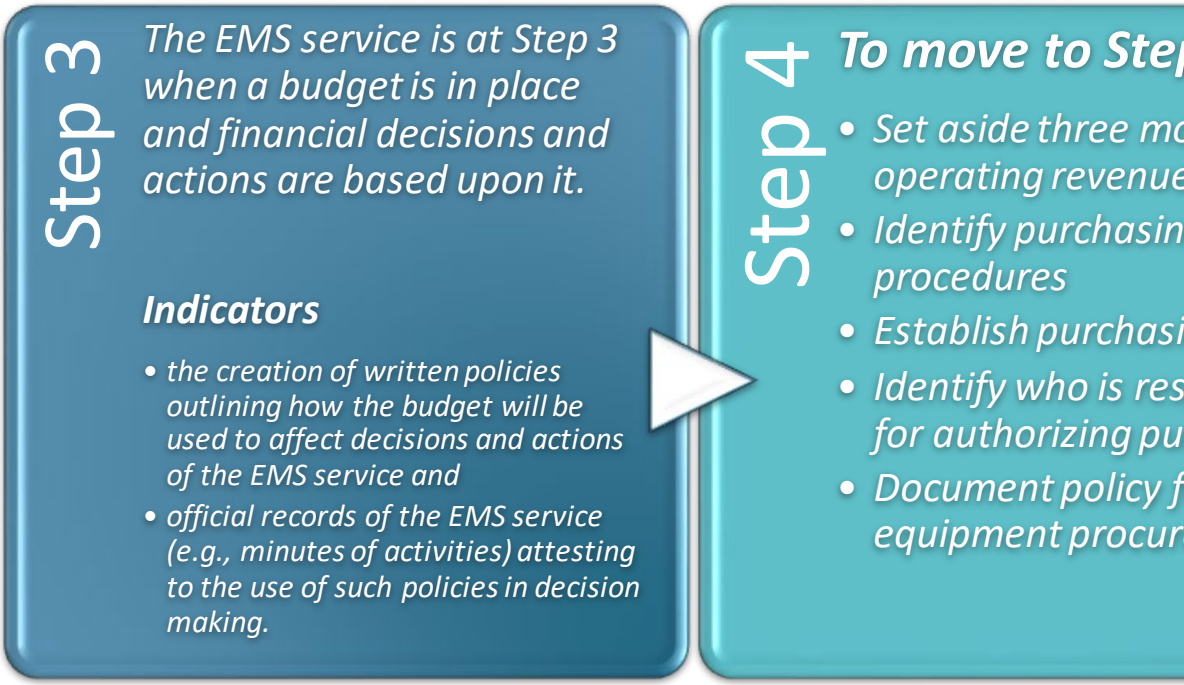
This is a significant task. Generally, it is prudent to enlist the help of a professional in
financial services to assist the EMS service in the budget development.

Improving from Step 2 to Step 3



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

Improving from Step 3 to Step 4



Following provisions in the operating budget to establish an operating reserve, the E service will set aside three months of operating revenue through acceptable account 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 bud and policies outlining how the budget will be used, further detail on purchasing procedu purchasing limits, authorizations and procurement of equipment must be establishe

Purchasing Procedures

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

Purchasing Limits

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

Authorizations

The EMS service must identify who has responsibility for authorizing purchase at vari levels. If individual members are to be given authority to make critical purchases, as no above, the definition of "critical" should be clear and a maximum dollar amount for su purchases must be clearly identified. Similar clear direction needs to be given in writ form so everyone knows who is authorized to approve the next level of purchases for EMS service. It is effective to require multiple signatures on orders exceeding specific established dollar amounts. Again, those authorized to sign such orders should be clea written and available for all to access.

Procurement of Equipment

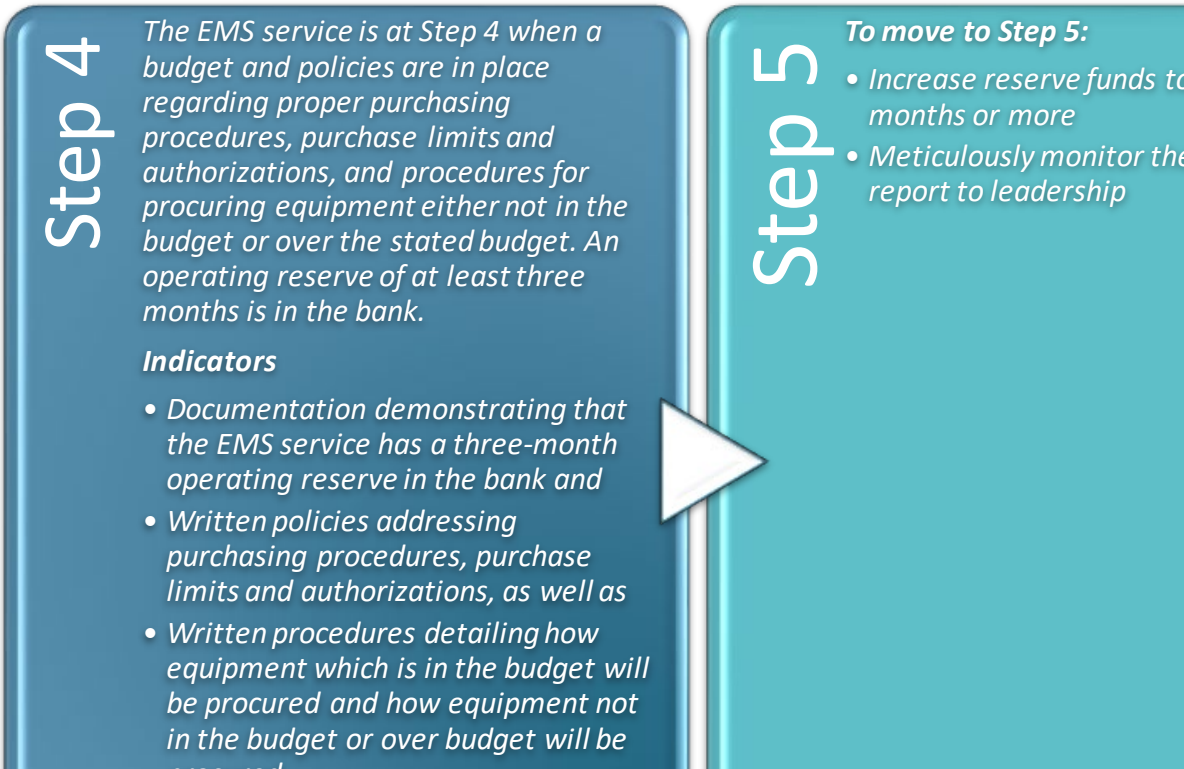
Purchasing equipment is generally a different type of purchase than other consuma supply purchases. Buying equipment should be the result of careful and though planning, as opposed to smaller, necessary purchases such as fuel or patient-care suppl Ideally, purchasing equipment will be a function that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

When it is known that a certain piece of equipment needs to be added or purchased replacement purposes, the expense can be included in the budget for the next budget cy By placing the item in the next budget cycle, the EMS service begins a methodical

written policy clearly identifying what conditions must be met prior to having designated member(s) apply signatory approval to the purchase. Conditions to be might include a summary review of all expenditures to ensure the budget has not b overspent in other areas, or perhaps a review of revenue as compared to projec revenue. Both of these reviews will help determine if the budget is accurate enough allow the equipment purchase at the current time.

These practices for purchasing equipment will help establish and maintain the budg integrity and will serve other purposes, such as guiding the EMS service to well-thoug out decisions, minimally affected by knee-jerk reactions to a specific situation or sa pitches resulting in hasty, unplanned purchases. Unplanned, quick purchases almost alw cost more and often circumvent systems to purchase what is most needed to care for 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, EMS service will demonstrate stability as the minimum operating reserve increases fr three months to six months.

As much effort and monitoring as was required to establish a budget and accumulat three-month operating revenue reserve, increased effort and diligence is needed so t the additional operating revenue reserve can be established. For most EMS services, i not a simple matter of increasing revenue. Therefore, the focus of efforts will need to on careful and intentional fiscal restraint in all areas of expense to build the reserve. As reserve increases, it is not uncommon to experience increasing difficultly to avoid us some of the revenue generated for other non-budgeted but worthwhile expenditures counteract this pressure, even more rigorous application of the steps committed to a taken previously by the EMS service must be taken. Unrelenting application of all budg related policies, including the policy governing how the operating revenue reserve wil used, must occur. Continual engagement of all members who directly affect the exper of the organization should be sustained. Updates on financial progress and success following the budget should be provided. Meticulous monitoring of budgets should dou down and immediate steps should be taken if the metrics being monitored indicat deviation from the budget. Regular reporting to leadership and membership, 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 prope purchasing procedures, purchase limits and authorizations, and procedures for procur equipment either not in the budget or over the stated budget. An operating reserve o 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 opera 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 submit certified biller or billing service, (c) will submit claims in less than 30 days, (d) HIPAA- compliant billing policies, and (e) will have policies to handle claims th denied or have a balance due..*

Improving from Step 1 to Step 2

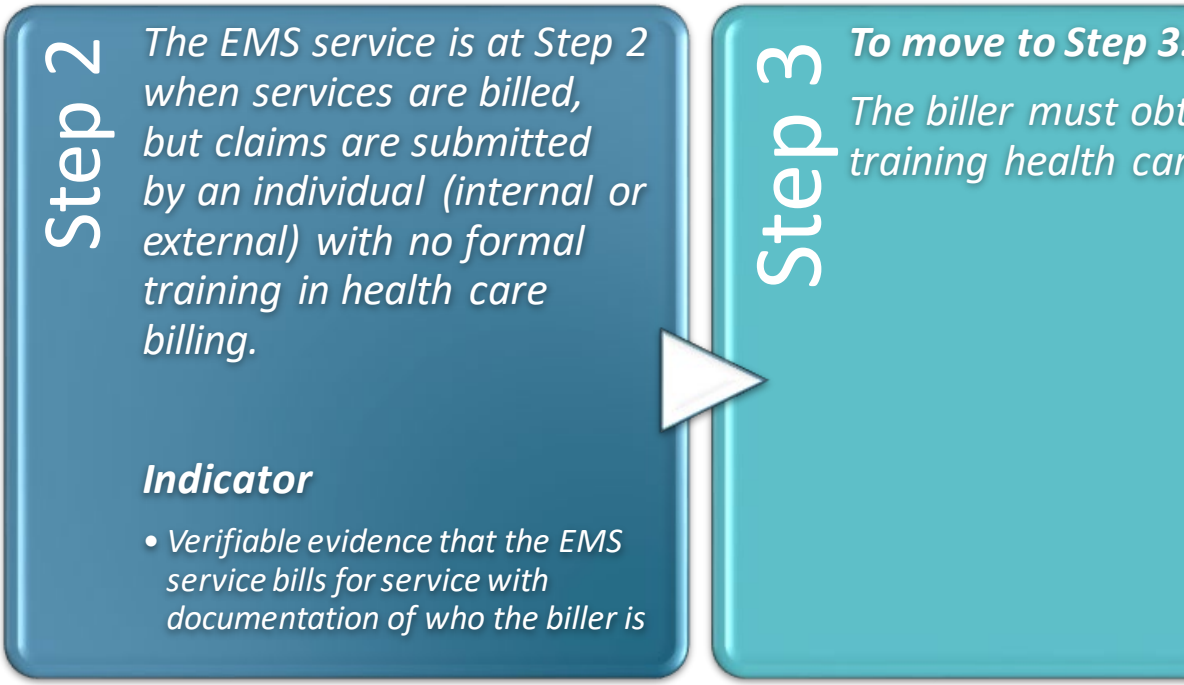
Some would say, "It's all about money." Maybe there is more truth to that phrase th those who want to focus only on the needs of the patient and the community served willing to admit. Budgets support patient care. Generating revenue fuels budgets so EMS service can prudently direct the revenue to specific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

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

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

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

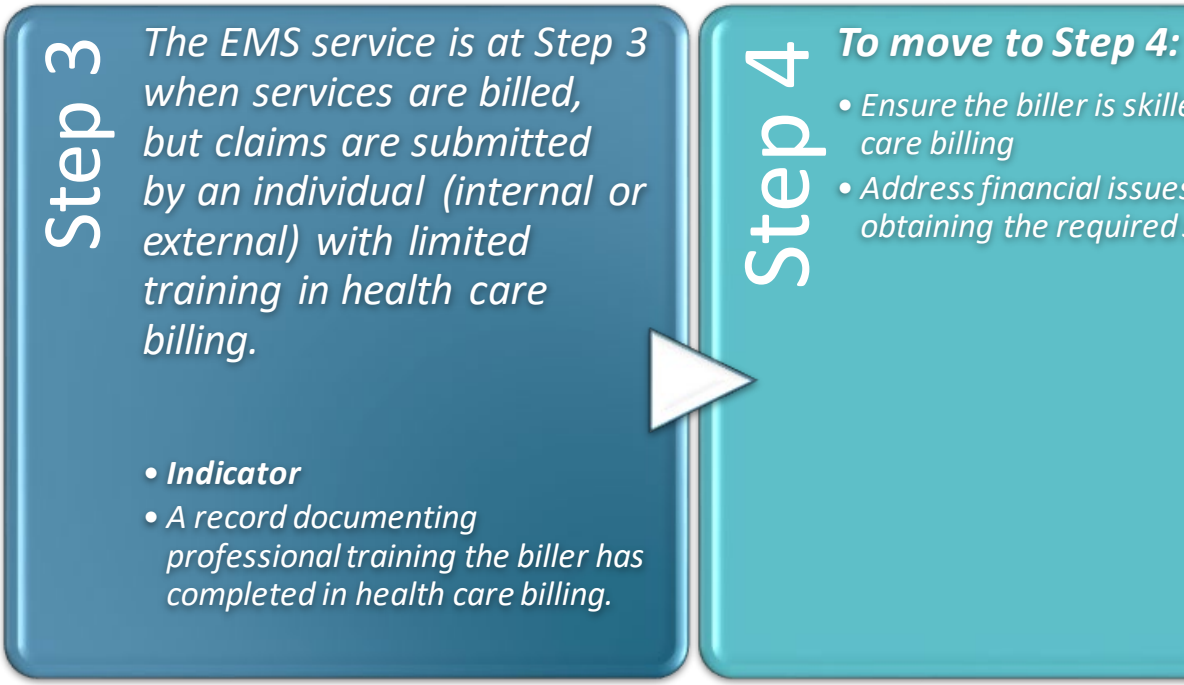
Improving from Step 2 to Step 3



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

To achieve this level of performance, the EMS service may look at other health care syste
that employ billers specifically to bill for health care services and seek out a biller fr
within that system who may be willing to do the EMS service's billing. Short of findin
biller who brings some training in health care billing with them to the EMS service, the E
service will need to find training opportunities as noted in the previous paragraph fo

Improving from Step 3 to Step 4

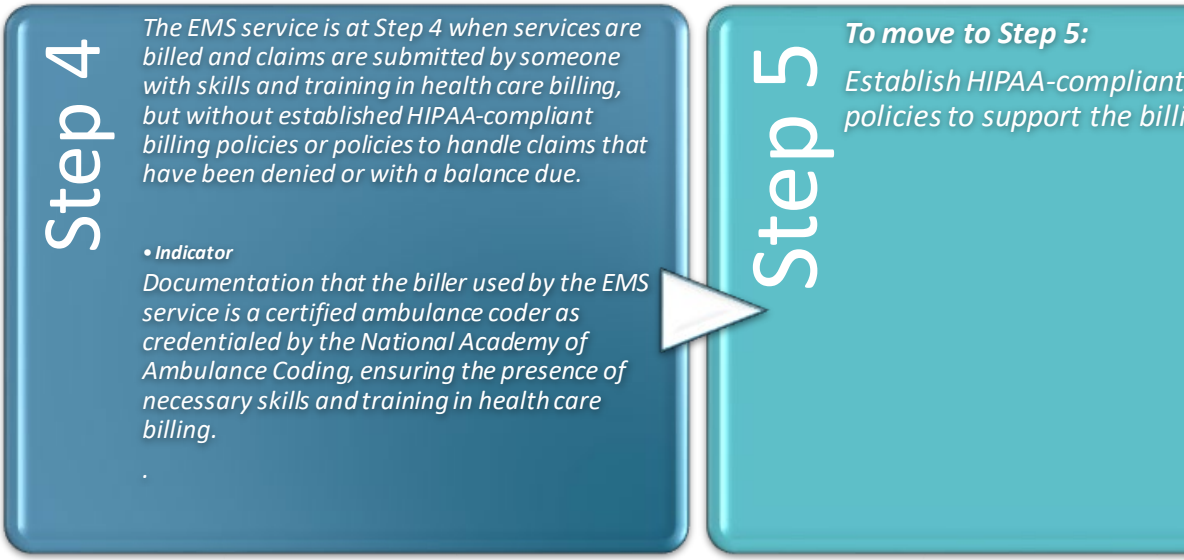


The EMS service will meet this level of performance if the biller doing the billing for EMS service is a certified ambulance coder as credentialed by the National Academy Ambulance Coding. The EMS service may choose to attempt to recruit an individual v this credential from inside or outside of the EMS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

In some settings, there may be an opportunity to have the local hospital or other hea care business do the EMS service's billing. Sometimes the local hospital is reluctant to t this on because of various nuances specific to ambulance billing. If the hospital is willin provide this service, a billing contract should exist between the EMS service and

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

Improving from Step 4 to Step 5



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

Similarly, the EMS service must decide how aggressively unpaid bills will be pursued, up and including if and when a collection service will be used as opposed to when a bill w 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 c biller (internal or external) or billing service, in a timely manner (fewer than 30 days), established HIPAA-compliant billing policies and policies to handle claims that have be denied or with a balance due.

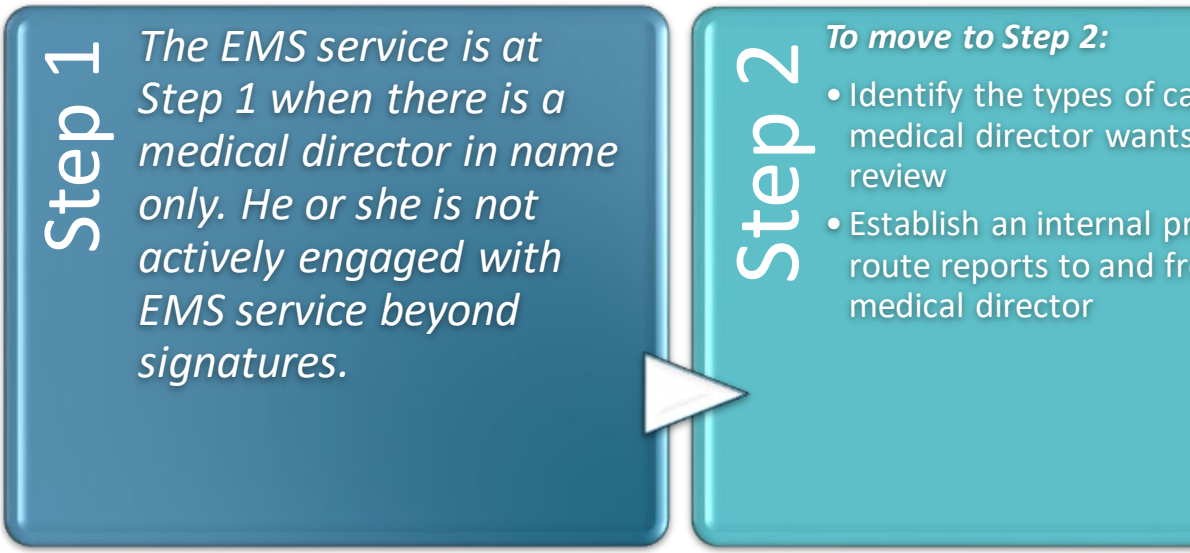
Indicators

Medical Director Involvement

Question 7

Objective: *The EMS service will have a medical director who (a) is an integral within the EMS service, (b) proactively engages the EMS service to review cas days, (c) provides regular feedback to the EMS service, (d) is involved in plann delivering education to the EMS service, (e) is an advocate for the EMS service 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 the EMS service pursues excellence. It is common to find medical director involvement t ranges from "in name only" for some EMS services to having a fully engaged med director serving as the EMS service's best advocate in multiple arenas while review understanding, formulating and recommending patient care improvements a educational standards and requirements for the EMS service members. Although addressed as an outcome in this section, establishing a written agreement with a med

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

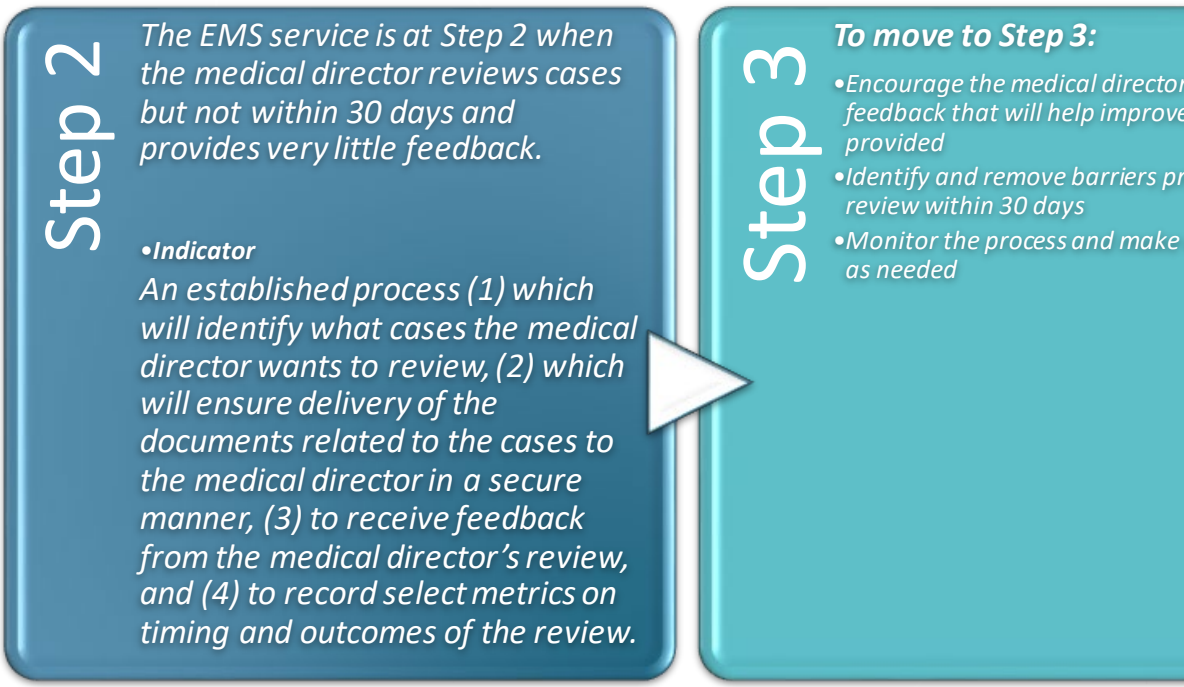
The primary objective for Step 2 is to develop a system and provide what is needed enable the medical director to receive and review cases for the EMS service. Understand that the medical director may want to change the system as time goes on, the EMS serv can take the initiative to identify cases the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

If the EMS service uses an electronic medical record, the medical director will need to given access to the system and an in-box to receive the reports routed to him or her. No on the review done by the medical director may be hand-written or added to a no section of the electronic record. The EMS service will need to have an individual respons 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 medical director, copies of the reports to be sent to the medical director should be creat identified as copies with a note indicating the original is with the medical director review, and retained with the other original medical records. Developing a process ensure the reports are secure while passing them to and from the medical director m be a priority. Any misstep needs to be fully documented and disclosed as an unauthori 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 a
for and receive a face-to-face review with the members of the EMS service involved in
case.

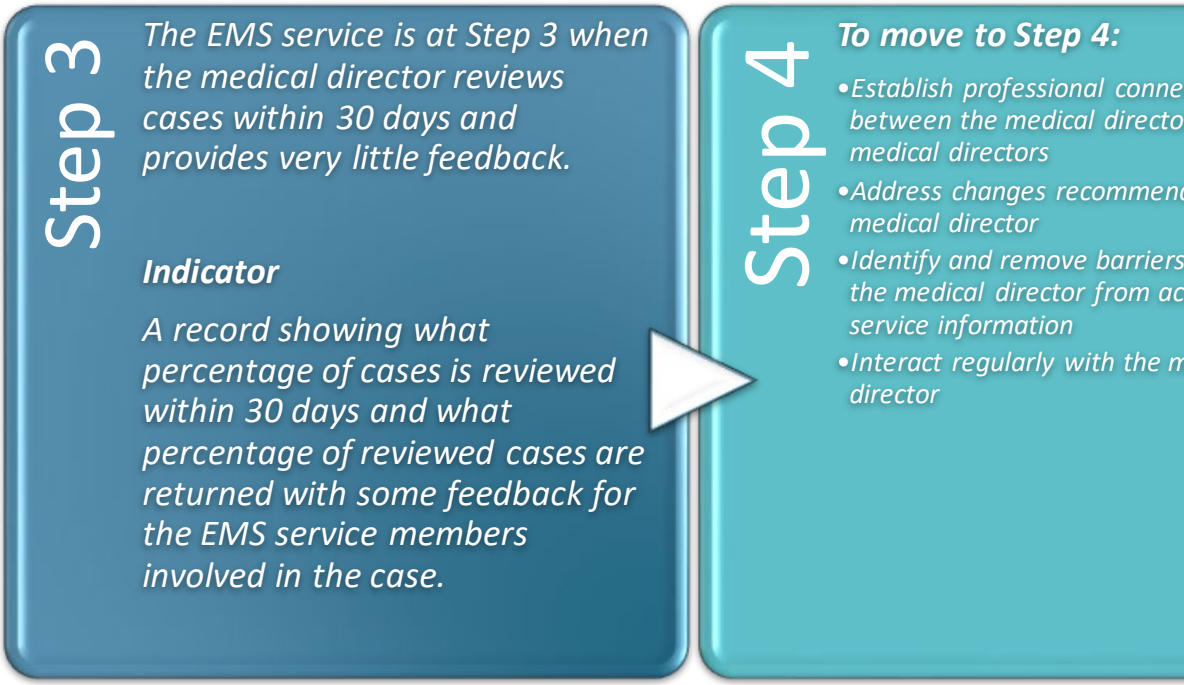
Improving from Step 2 to Step 3



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

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

Improving from Step 3 to Step 4

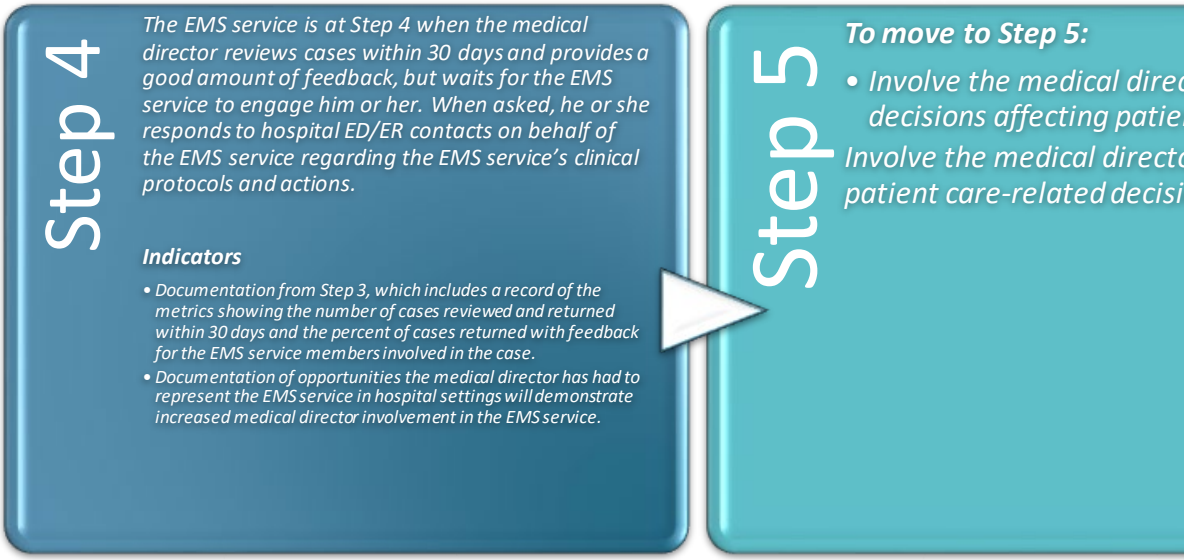


In this improvement step, the frequency and quality of feedback from the medical direc to the EMS service increases. This occurs as the medical director becomes increasi aware of the importance of both. The EMS service should help establish professio connections for the medical director with other medical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

As the medical director increases timeliness of interaction, it is likely that engagemen the medical advocate for the service and its patients will follow. The medical direc should be encouraged to respond to inquiries from within hospital settings. Any needs t the medical director has to access EMS service information should be met. Understand

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

Improving from Step 4 to Step 5



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

observation is afforded the medical director if he or she has the ability to respond to a
be part of the care team at the scene of the ambulance call, observing the caregivers
they provide care to the patients. These opportunities, as well as other innovative metho
are desirable and should be encouraged by the EMS service.

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

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

Finally, having a written contract between the EMS service and the medical direc
delineating the responsibilities of the medical director and the EMS service will forma
this relationship and clarify the expectations of both parties. Examples of such contra
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, pro
engaging the EMS service to review cases, providing a good amount of feedback; deliv
education to the EMS service; and advocating for the EMS service to hospital ED/ER co

Indicators

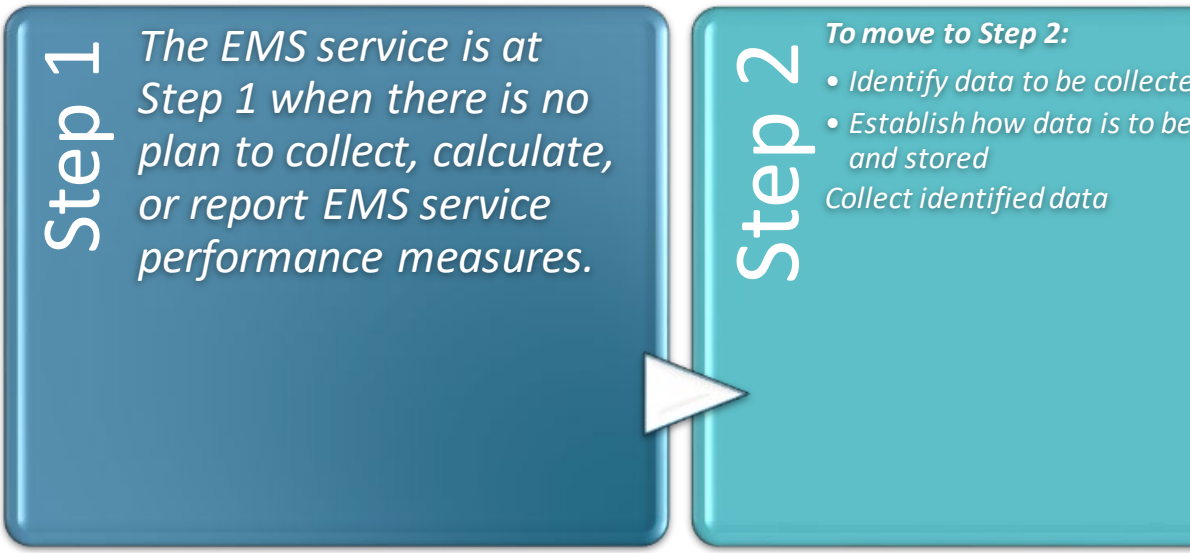
- Evidence – from meetings or other EMS service interactions – demonst
  medical director's increasing involvement in the EMS service's EMS ope
  and education, and
- Demonstrated advocacy efforts by the medical director within the hosp
  ED/ER

A Quality Assurance/Improvement Process

Question 8

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

Improving from Step 1 to Step 2



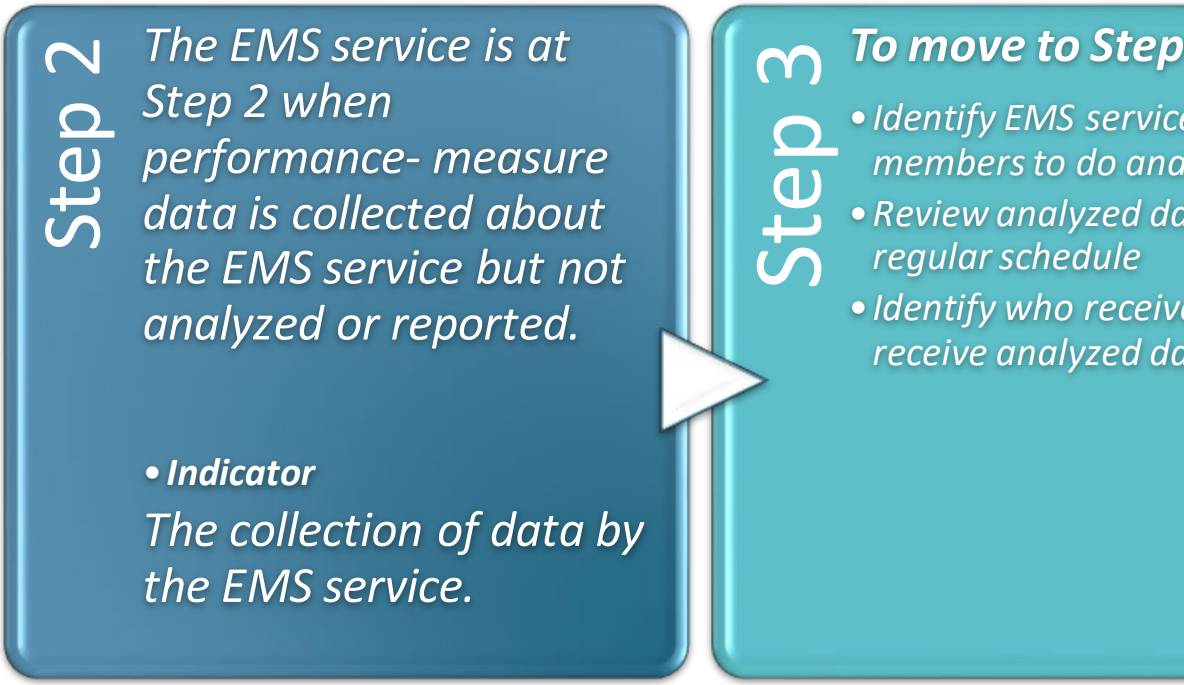
Successful ambulance services recognize the potential value operational and patient-c information has to the EMS service. Recognizing the value of data and collecting d generated by the EMS service establishes a basis of viewing service provided in a fact manner lays the groundwork for improvement.

As noted elsewhere (Section 16, *"The EMS service Reports Data"*) nearly every ambula service is required to collect certain data points. In addition to data required of the E

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

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

Improving from Step 2 to Step 3



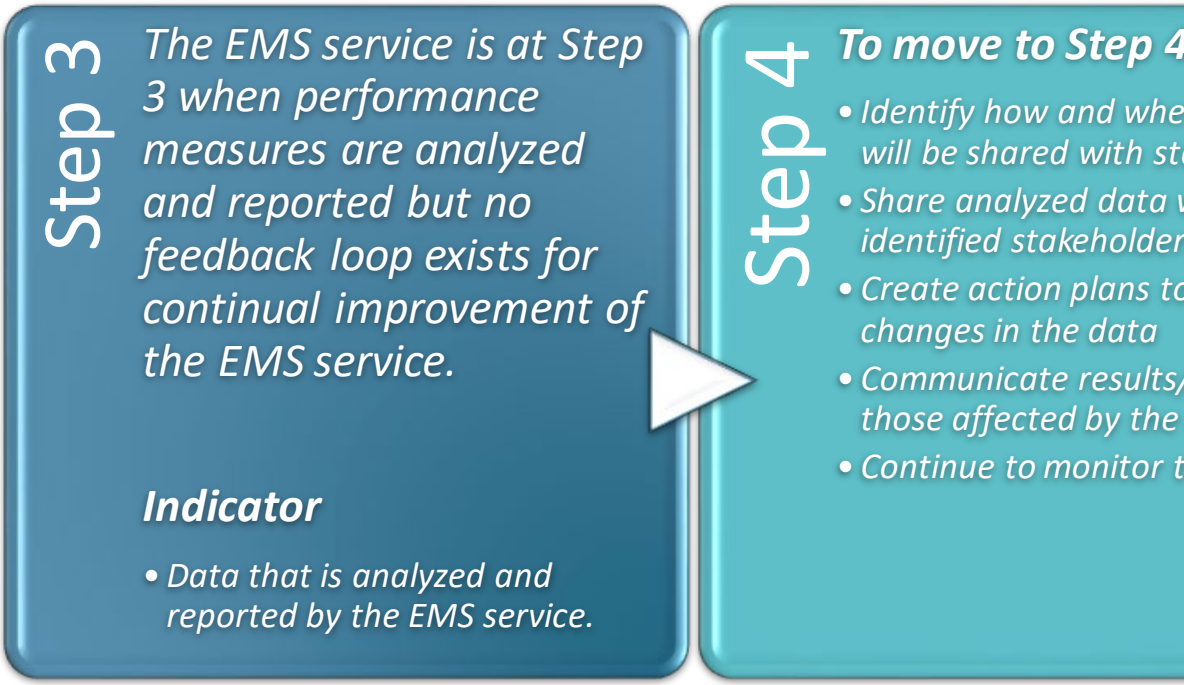
To establish real value from performance measures, the measures need to be calculated the information can be used for a variety of purposes. As noted in the previous step, it i value to have an electronic means to collect the data as most electronic repositories also provide specific reports requested.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

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

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

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

Improving from Step 3 to Step 4



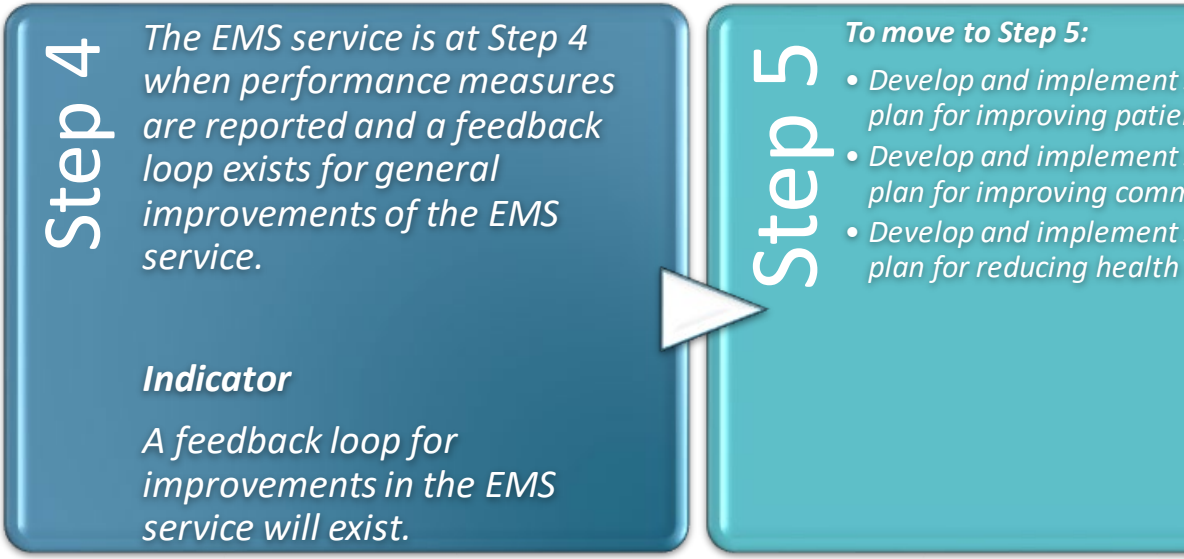
Development of a feedback loop necessary to drive improvement of the EMS service critical step for successful ambulance services. A specific and direct connection needs be established to ensure the right people see the right performance measures so th interests in improvement can be addressed. Some people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

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

Resource

Numerous sources are available electronically to guide the specific steps of improveme including the feedback loop. Looking for information electronically, related to "continu improvement," "The Deming Cycle," "QI Cycle," etc., will provide an abundance of guid 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 w to effect internal change, which will improve the EMS service's patient care. In addit the EMS service will need to invest itself to become a contributing force in improving ev 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 us every avenue of feedback available. The EMS service must continually seek out, listen a work tirelessly on improving the care it provides. The feedback loop developed in Ste will provide data the EMS service can use to measure and monitor performance in ar directly affecting the patient care experience. There are a variety of examples that can 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 wh patients with chest pain are not receiving supplemental oxygen, as the medical guideli indicate. In this example, the medical director could ask to see a report showing all patie whose chief complaint was chest pain and indicating whether supplemental oxygen w

by time of day or crew member? The medical director will then be equipped to init follow-up, some focused on one-on-one work with crew members, a second w continuing education to ensure the medical guideline is familiar to and understood by a third perhaps with operational leadership if shift length or time of day is a factor. At e step of follow-up, some form of post-training quiz or a return skills demonstration by e member should be used. Each involved crew member will be asked to demonstrate t ability to execute what has been presented in acceptable fashion. This measurable foll up will validate the effectiveness of the training and point to favorable outcomes. Once follow-up has been completed, the medical director will be able to look at data genera in future data cycles to determine whether the incidence of administering suppleme oxygen to patients with chest pain has improved. Data will provide clarity on issues suc 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. operations chief, after receiving a response-time report on a regular, recurring basis, objectively review response time achieved at varying times of the day and night. Based the data received, the chief, working with an operations group, can identify where the " spots" are in the practices being used. Once areas of improvement are identified, as in previous example, individual follow-up can occur, modification of guidelines can occu needed, and education can be developed and delivered through the continuing educat process. Again, results can be measured as future recurring cycles of response data produced.

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

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

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

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

Reducing Cost of Health Care Services

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

These skills can be developed further and used to meet the needs of the patient in a m comprehensive manner through efforts in the arena served by community paramed Through analysis of data, understanding of local issues and further developing the skill

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

Other efforts, based on data available, can be focused to change the practice of the E
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*")
  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 a
  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 a
ensuring patient needs are met. Every effort such as this begins by collecting, reporting a
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 c
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, edu
and (3) reduce the cost of health care services (e.g., reducing EMS costs, and/or using
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 th
  system of which the EMS service is a part

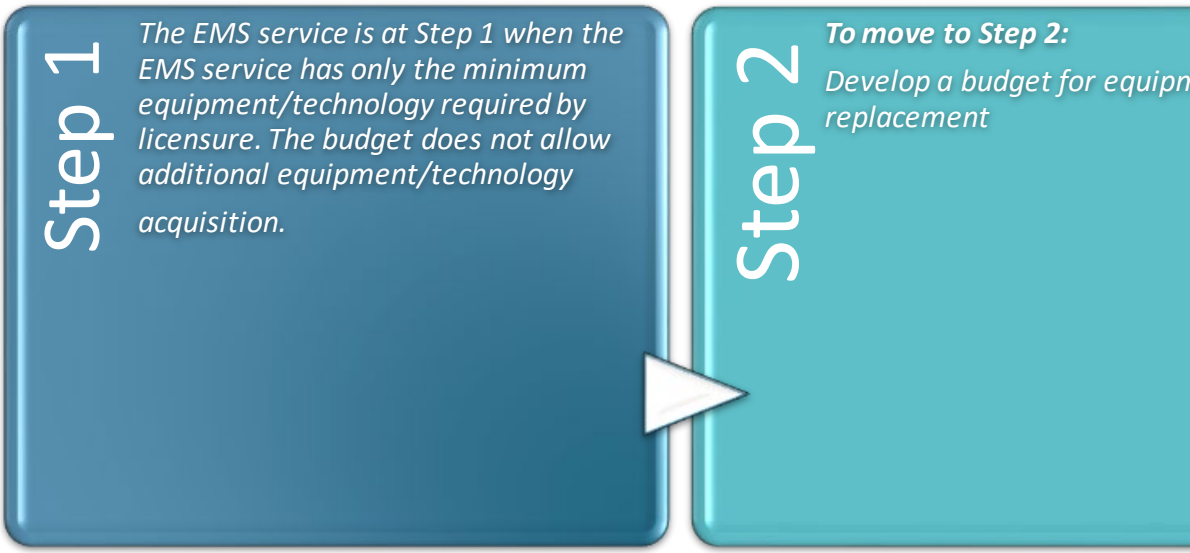
Contemporary Equipment and Technology

Question 9

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

(b) will have advanced equipment/technology, (c) will have an adequate budg equipment/technology acquisition, (d) will have a formal replacement plan fo 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 recogniz what the patients need from them. The most basic place to start is to ensure equipment/technology required by licensure is in place. Meeting this basic requirem 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 traum conditions, are met or at the minimum mitigated to a degree through the appropriate

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

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

Identify Equipment/Technology

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

Finally, to tie these inputs together, the EMS service will need to establish a formal proc for members to use to bring forward ideas for improved care. A team specifically charg with collecting, reviewing and making recommendations on equipment/technology, a made up of EMS service members and the medical director, will enable the collect

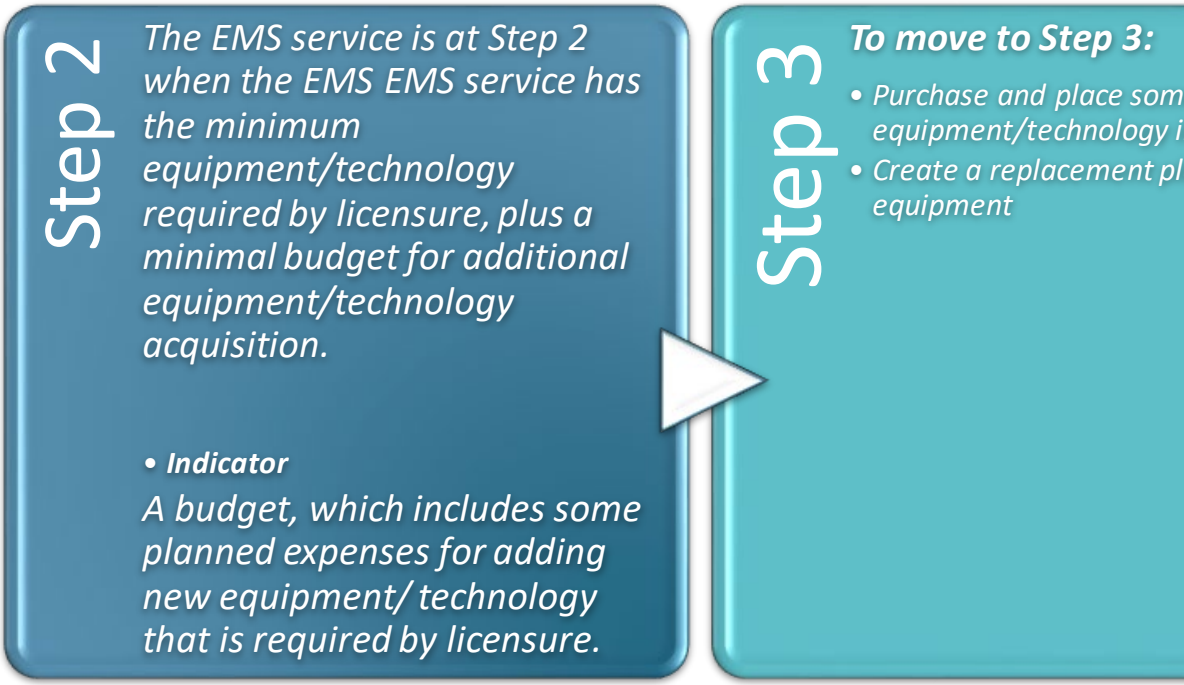
Basing decisions about future equipment/technology purchases on input using this proc will allow the EMS service to develop a thoughtful, purposeful purchase list. Having a w thought-out purchase list will minimize the tendency to make a purchase based solely personal preferences of an individual, and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

Determine Costs

Several sources exist for gathering information related to costs of specific pieces equipment and technology. As costs are considered, the EMS service again should evalu the value of becoming a member in a purchasing co-op or group to better leverage dollars it will spend. Long-established relationships with a specific vendor, as well working with a vendor's representative who has demonstrated a record of pursuing a delivering best pricing for the EMS service, should be acknowledged and taken advant of. An EMS service should never purchase a piece of needed or desired equipment technology after receiving estimates of the cost (a bid) from only one vendor. In addit to the base cost of the equipment and technology being quoted, the EMS service sho explore savings the vendor may be willing to provide in relation to such things as extend 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 necessary to achieve the score of "2" for this attribute, knowing both helps develo realistic budget and frames in what can be done immediately by the EMS service. It is lik the resulting list of needed equipment and technology, and the dollars needed to comp the purchases, will be far too large for immediate resolution. At the very minimum, EMS service must include an equipment/technology line item in the EMS service's bud and fund it, if even at a minimal level. Once the EMS service knows what equipmen needed and what the projected costs will be, the EMS service will be in a position establish a realistic timeline with sensitivities to how much of the total cost can be inclu in each year's budget. What is desired right now in reality may require a few years

Improving from Step 2 to Step 3

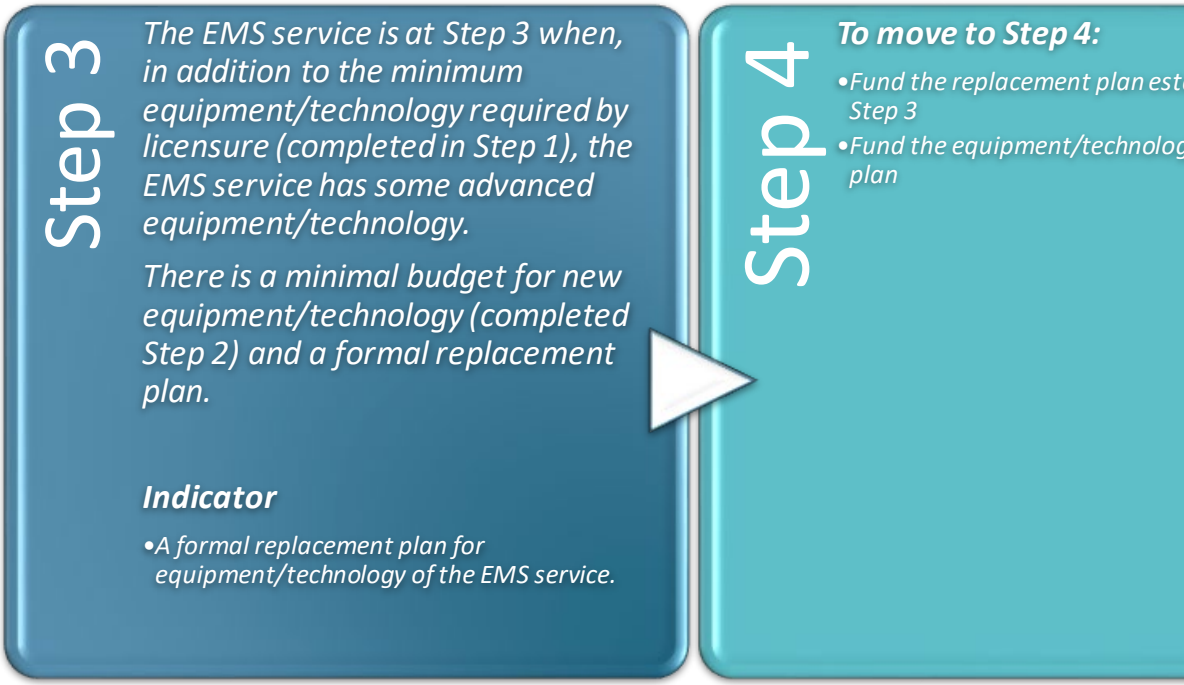


Replacement plans for much of the minimum equipment required by licensure can be regular and routine equipment inspection. For example, a rigid splint and a long backb remain serviceable and reliable for many years. However, in the replacement plan it mu that visual inspections must be made to ensure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

If the equipment has electronic components or mechanical components – as opposed t moving parts on things such as rigid splints – the electronic and mechanical component placed on the replacement schedule based on the manufacturer's recommendations service for the equipment. This means that a specific piece of equipment, base manufacturer's recommendation, must be scheduled for replacement, for example, in

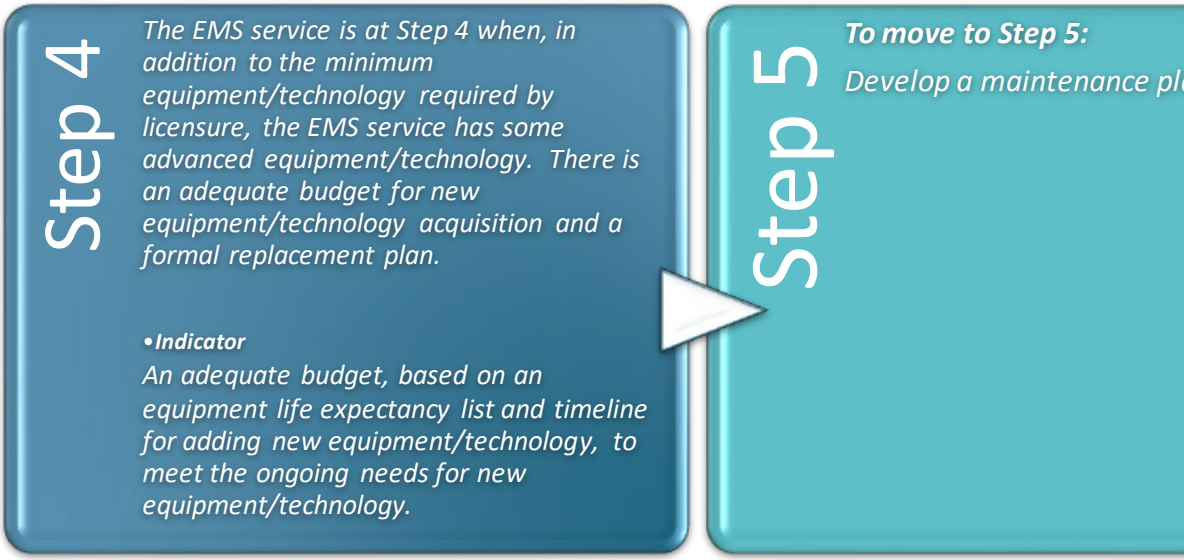
To achieve improvement in this attribute, the EMS service will need to have a complete of equipment/technology that includes sufficient detail to allow the age of the equip

Improving from Step 3 to Step 4



Using the life expectancy list created in the previous step, the EMS service can now a projected costs associated with replacement at specific points in time. A multi-year rep plan, entered in a spreadsheet, can include a column for each upcoming year – perhaps 10 years – with the replacement cost of each specific piece of equipment placed in the ap future year, corresponding to the life expectancy list. Adding equipment/technology ide necessary expansion items, a comprehensive list showing replacement and expansi finalized. Once the projected costs of replacement and expansion equipment have bee for all items, the EMS service will have a projected equipment/technology budge considerations (Section 9, *A Sustainable Budget*) will need to be satisfied by adjusting th for replacement, by adding items, or by increasing the dollar amount allotte 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, clea details on who is responsible for maintenance, and where the maintenance will occu Some equipment, identified previously as equipment with non-moving parts, will have rather concise maintenance plan, focusing on visual inspections for wear and tear, an cleanliness. Other, more sophisticated equipment will have a correspondingly comple maintenance plan.

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

equipment/technology. Having a single, professional document containing all th information is desirable; however, the conditions and requirements of this section ca be met by assembling several documents together in an organized fashion so it can b 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/technolo required by licensure, the EMS service has some advanced equipment/technology. Th adequate budget for new equipment/technology acquisition and a formal replacemer There is a formal maintenance plan provided by trained/certified technicians.

Indicator

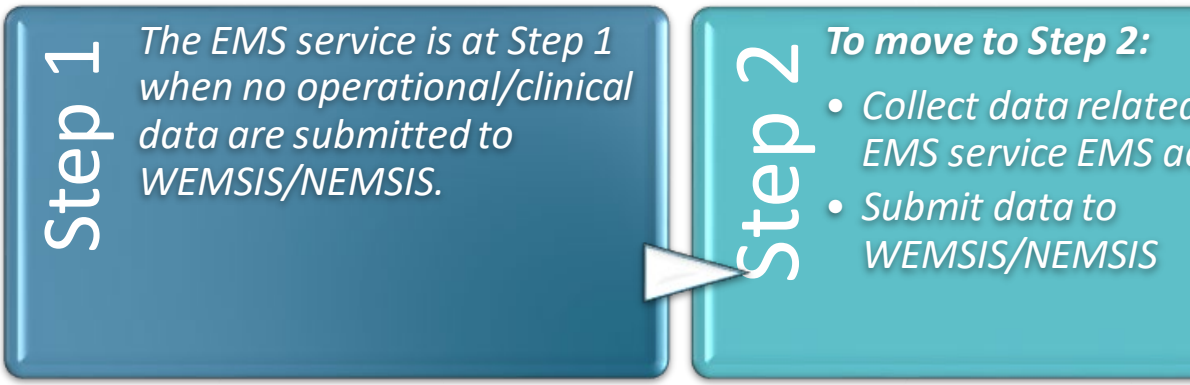
- A formal maintenance plan with maintenance provided by trained/certifie technicians or engineers.

The EMS Service Reports Data

Question 10

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

Improving from Step 1 to Step 2

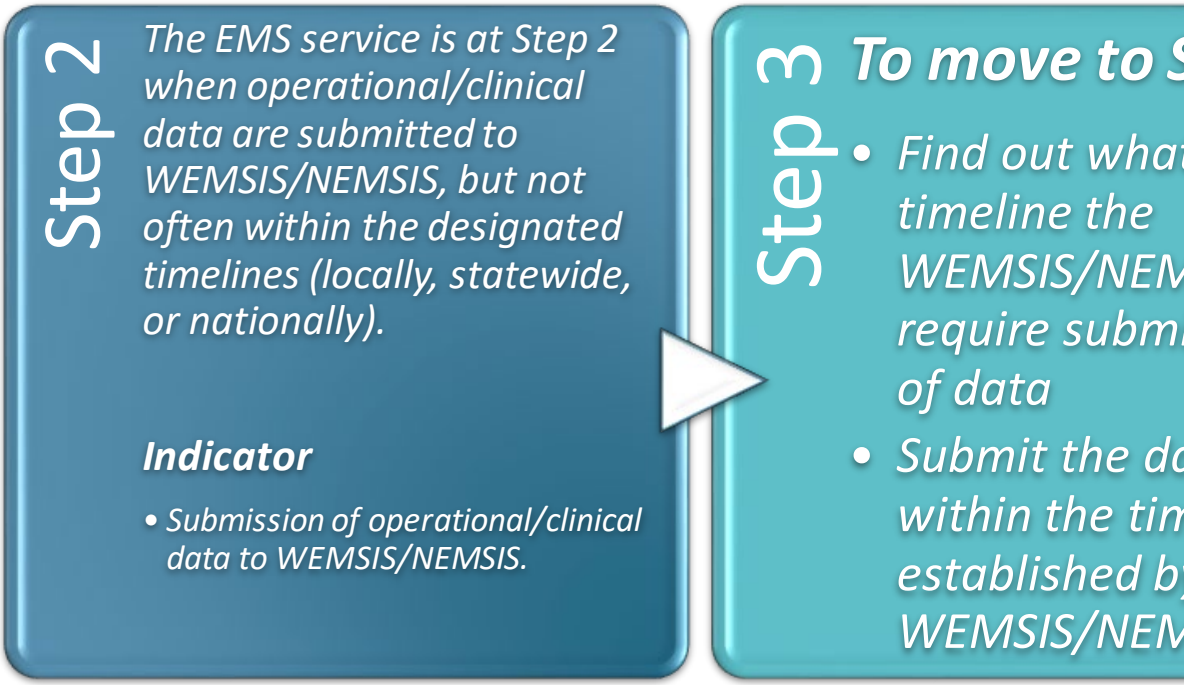


It is uncommon that an EMS service does not have a regulator to whom data of some so must be submitted on a pre-determined interval. The EMS service is responsible to kno what data is required to be submitted and when it is to be submitted to WEMSIS/NEMSI

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

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

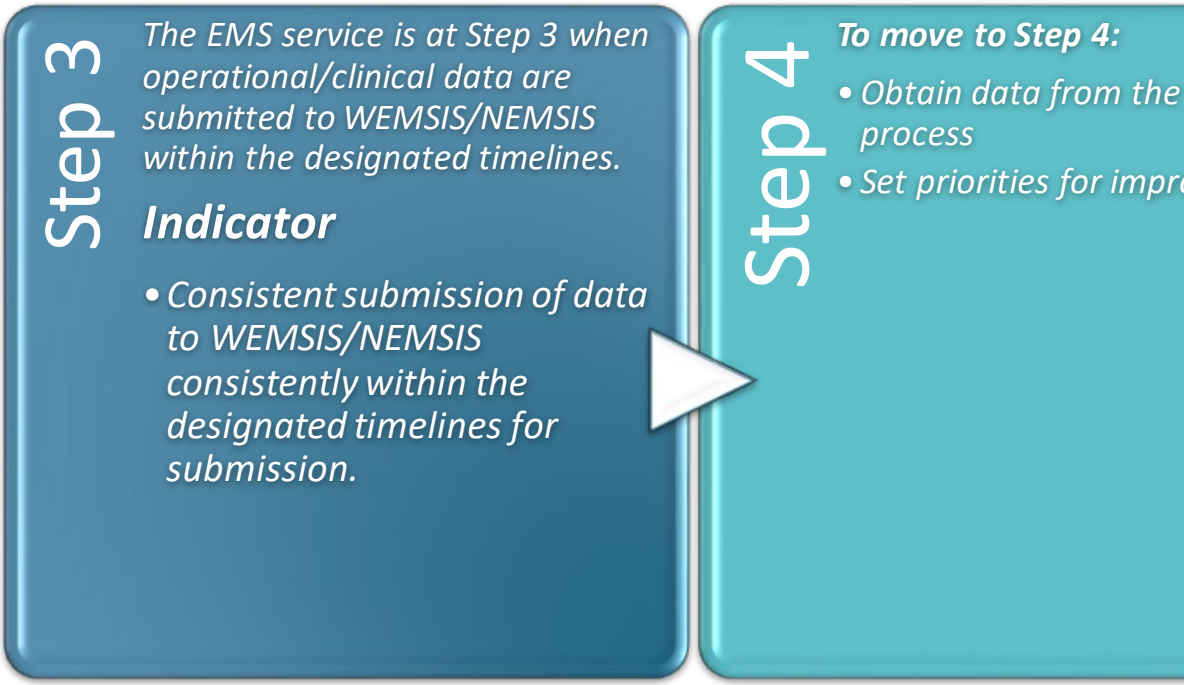
Improving from Step 2 to Step 3



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

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

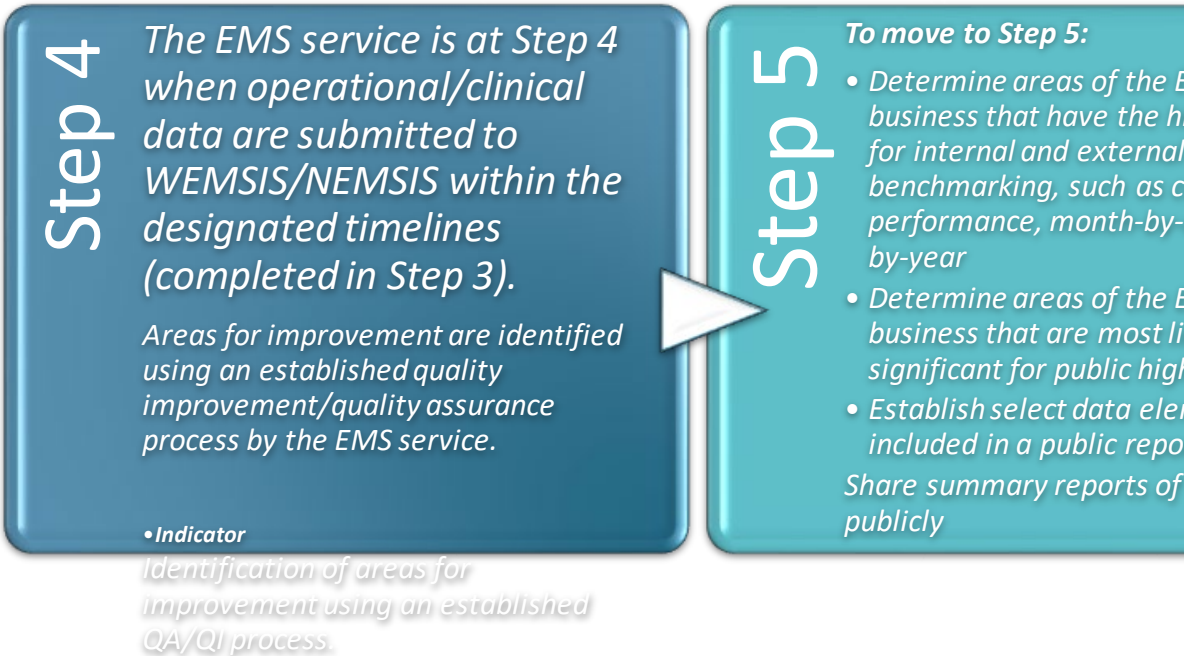
Improving from Step 3 to Step 4



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

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

Improving from Step 4 to Step 5



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

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

For an EMS service to benchmark, a source of data to compare itself against is needed. EMS service can choose to participate in various industry initiatives that will allow it acc to summary data. The submission of data to the initiatives can be anonymous, or n anonymous but protected under federal laws and standards. Submission of data on "ne miss" incidents will help establish standards related to safety and operational practices

and compared to its own experience, and benchmarked, the EMS service can then cho
high-value targets for improvements in its practices.

Reporting findings, in addition to reporting some raw data, will be impressive input for
plan established in Section 6, "*Public Information, Education and Relations*." Strategic
deciding how, when and where this information is reported can further the efforts of
EMS service in its pursuit of improvement in several different attributes of success.
community-based and representative board discussed in Section 2 will be well-positio
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 WEMSI
within the designated timelines (completed in Step 3). Areas for improvement are ide
using an established quality improvement/quality assurance process by the EMS servi
(completed in Step 4). Summary reports are regularly shared publicly with the commu

Indicators

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

A Community-Based and Representative Board

Question 11

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

Improving from Step 1 to Step 2

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

Establishing a Charter

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

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

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

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

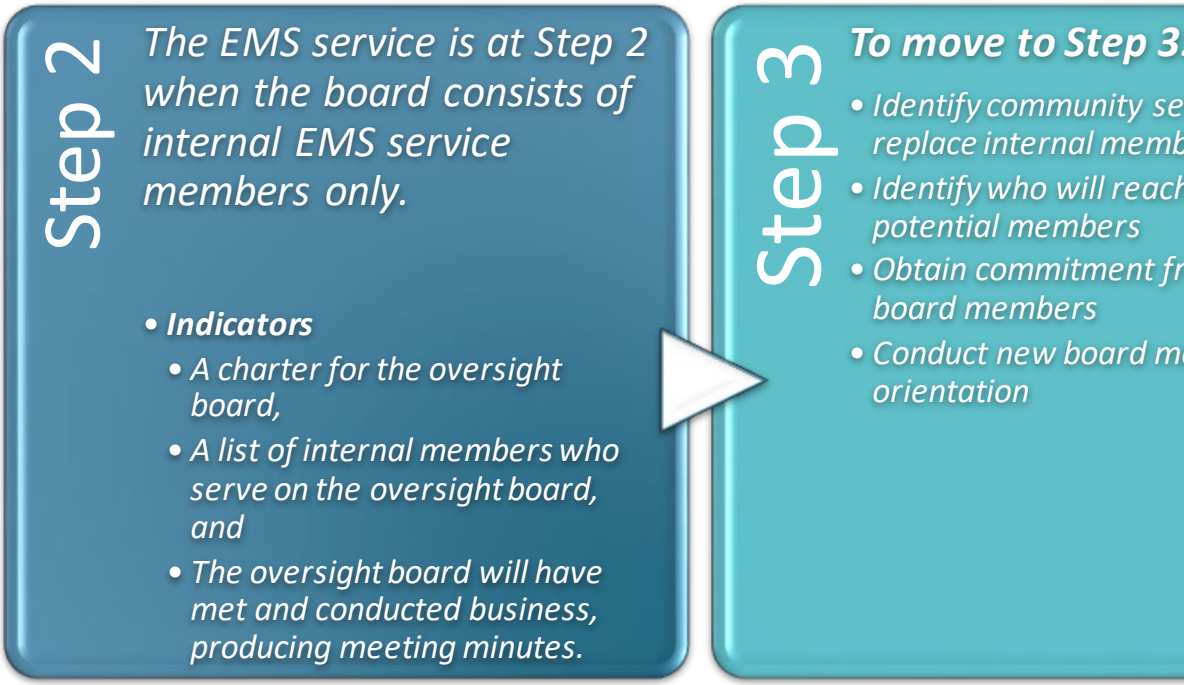
It may be helpful to have an outsider, someone who is an even-handed third party w experience related to working with oversight boards, to help the key stakeholders of EMS service as they establish a board charter. This may help the key stakeholders th beyond their personal comfort zone when establishing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

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

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

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

Improving from Step 2 to Step 3



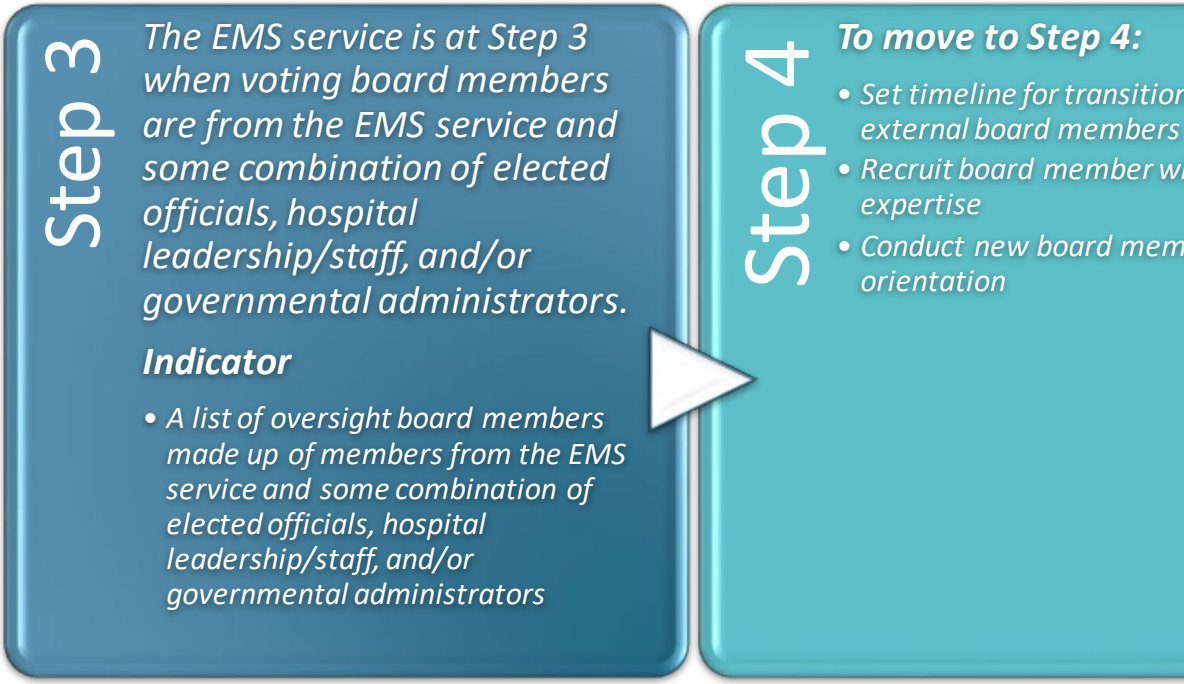
Having accomplished the significant, foundational stage of establishing an oversight bo
in the previous step, attention should now be turned to expanding and/or replacing inte
members of the oversight board with other members. The oversight board should consi
what sectors of the community would provide high value to the oversight board. It is ne
a poor decision to again engage frontline team members for recommendations on w
might serve well on the oversight board. Sources of such value have been shown to
elected officials (city council member, county board member, public safety commiss
member, not-for-profit corporate board, etc.), leadership and/or staff from withi
hospital served (manager responsible for emergency services, staff RN from the emerge
department, the hospital administrator or someone from the hospital administrat
office), or an administrator from a specific governmental unit (e.g., city or cou
administrator, public safety director) . It remains the oversight board's responsibilit
expand the board.

The board should determine which potential external members of the oversight board

not advisable that it becomes the job of one person to take this responsibility or recruit on single-handedly. All members of the members-only oversight board should have eq 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.

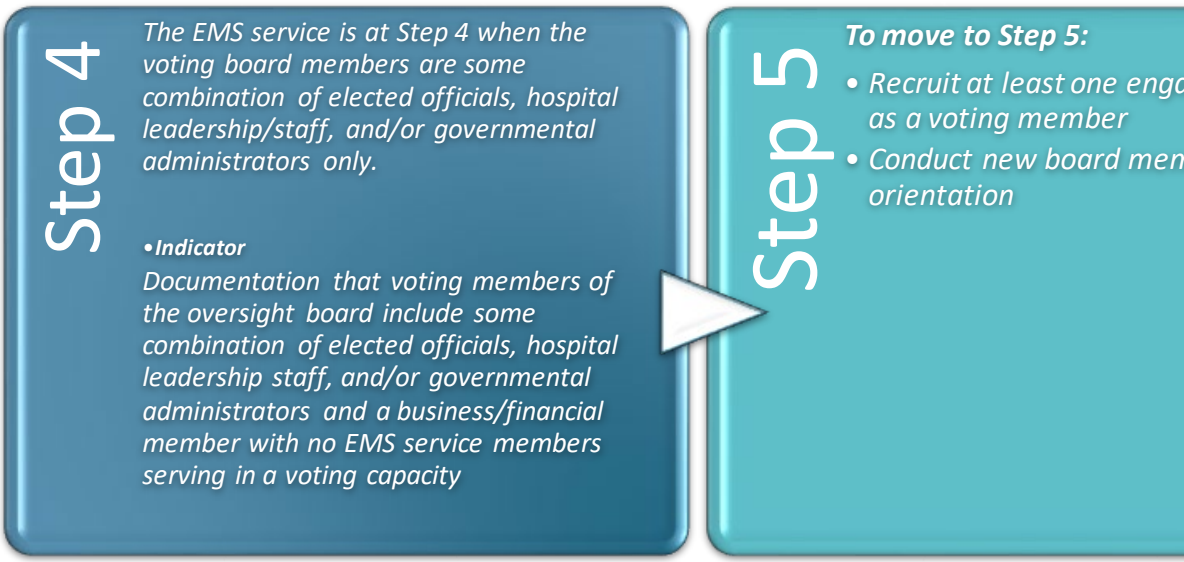
Improving from Step 3 to Step 4



At some point external oversight board members will completely replace EMS serv members on the board. As noted, this may be accomplished by transitioning in exter members while releasing the EMS service members from their responsibilities on oversight board over a period of time intentionally set and carefully followed. The en oversight board is responsible for determining the pace with which this transition sho occur, but it should not be unnecessarily delayed. Remember that the oversight boa once it comprises only external voting members, still has the option of asking for spec 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 board's advantage to add a member with expertise in financial matters. A board mem with financial acumen may be found within the business community, perhaps withi financial institution (bank, credit union, accounting firm) or by referral from a stakehol who has observed the potential member's skills and interactions in similar settings. each new oversight board member who joins the board, the new board mem

Improving from Step 4 to Step 5



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

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

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

Identifying as a Step 5

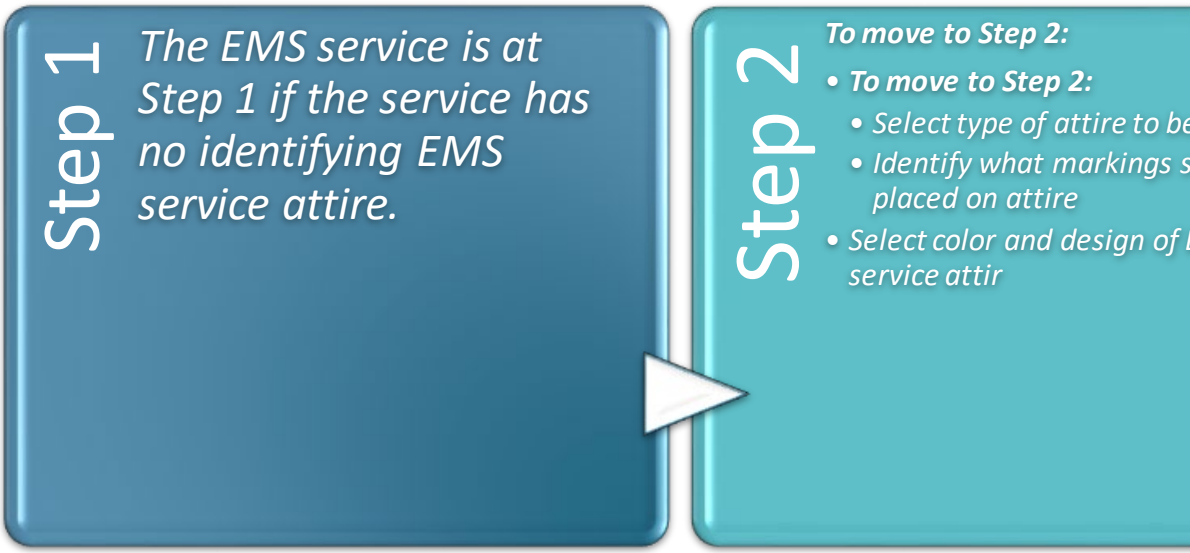
- Documentation that at least one engaged patient is serving as a voting mem
  the advisory board.

EMS Service Attire

Question 12

Objective: *The service will have (a) identifying EMS service attire, (b) which is protective, (c) purchased by the service, and (d) a written policy which identifi 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 wh conducting EMS service business. There are many reasons to have identifying service at for the sake of the patient, as well as the members of the service.

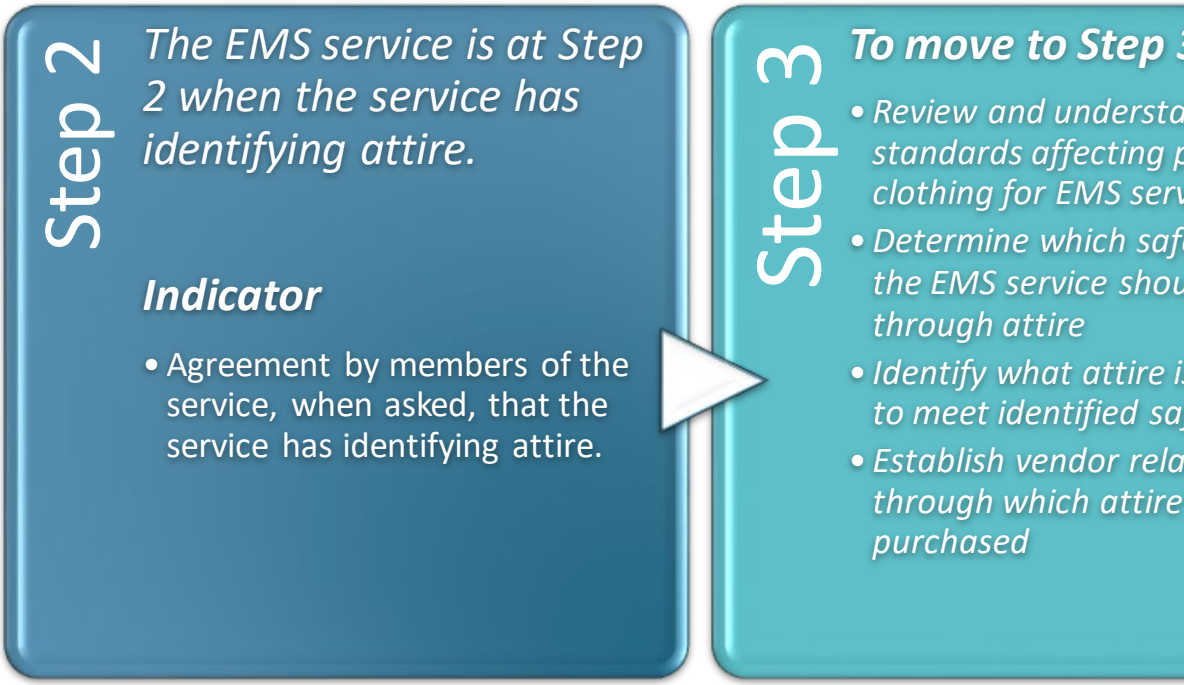
Decisions in selecting the starting point for adding identifying attire must include the ne of the members and the service. Ease of use and versatility for the member should considered, as well as the image projected by the attire. Perhaps a uniform jacket or so

at the same time portraying a professional tone and providing high visibility for 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 w markings should be included on the attire. At some point, a professional-appearing lo will be beneficial; however, that will require time and expense and does not need to addressed immediately. To begin marking the attire with the service name or some ot generally identified EMS marking will suffice.

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

Improving from Step 2 to Step 3



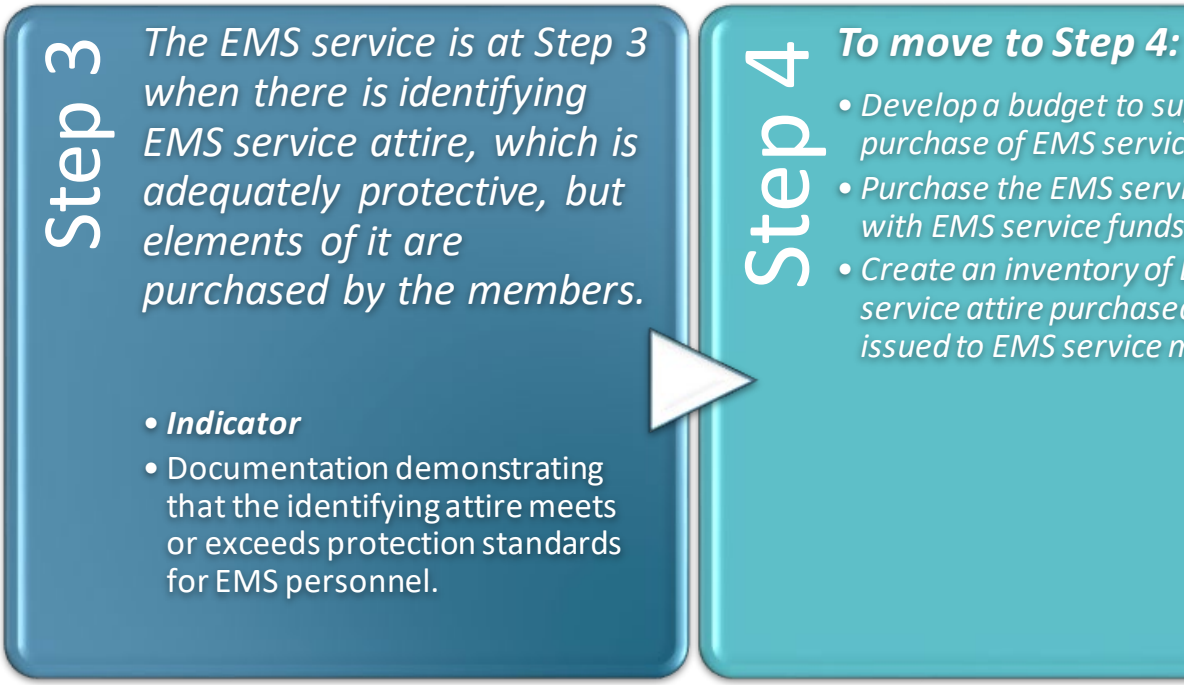
Many common-sense considerations should be addressed in regard to safety. Many id regarding safety items to be included will be championed by various members of the E service. Individual recommendations and desires need to be verified and balanced known standards and quality of attire and equipment under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

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

In some EMS services, for a variety of reasons, the individual members of the EMS serv

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

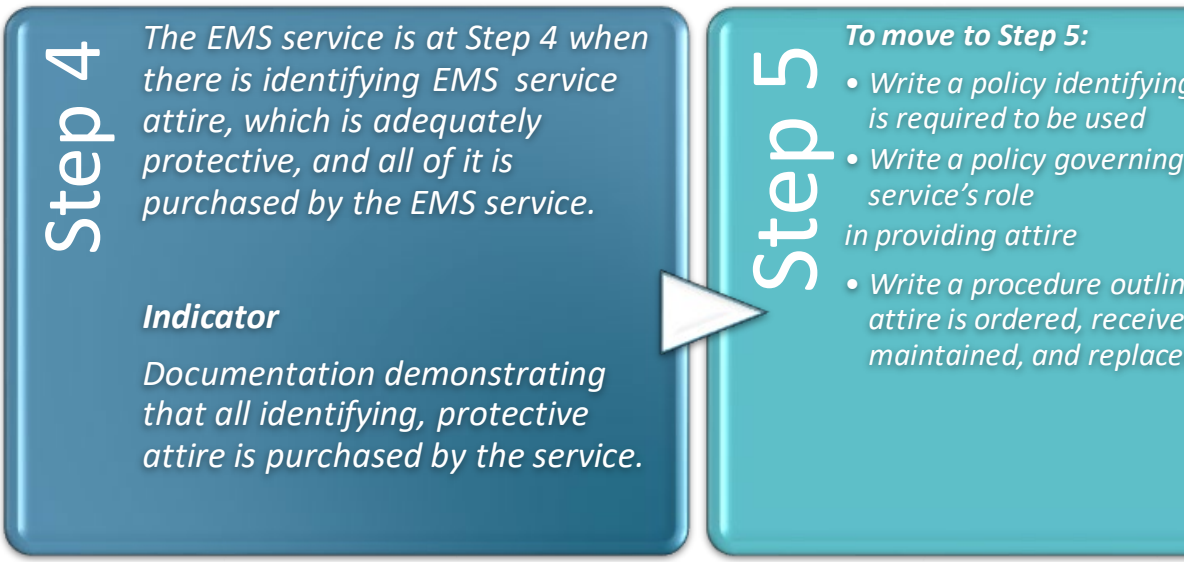
Improving from Step 3 to Step 4



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

As the attire is distributed to the membership, an inventory should be maintai identifying who has been issued what attire and an accompanying document estimat 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 stand for its members' use. Now the work of documenting the specific attire that will be used, a 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 numbe each piece of attire is for each member. Restraint should be exercised, both in the requ made and the decisions to limit how many/how much is issued. Clear guidelines need to created indicating specifically what will be issued to each member.

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

EMS service attire should be replaced when it becomes worn or damaged. Attire tha

good reasons to seriously consider replacing it, not the least of which is the members' pr
in the organization and service provided.

Identifying as a Step 5

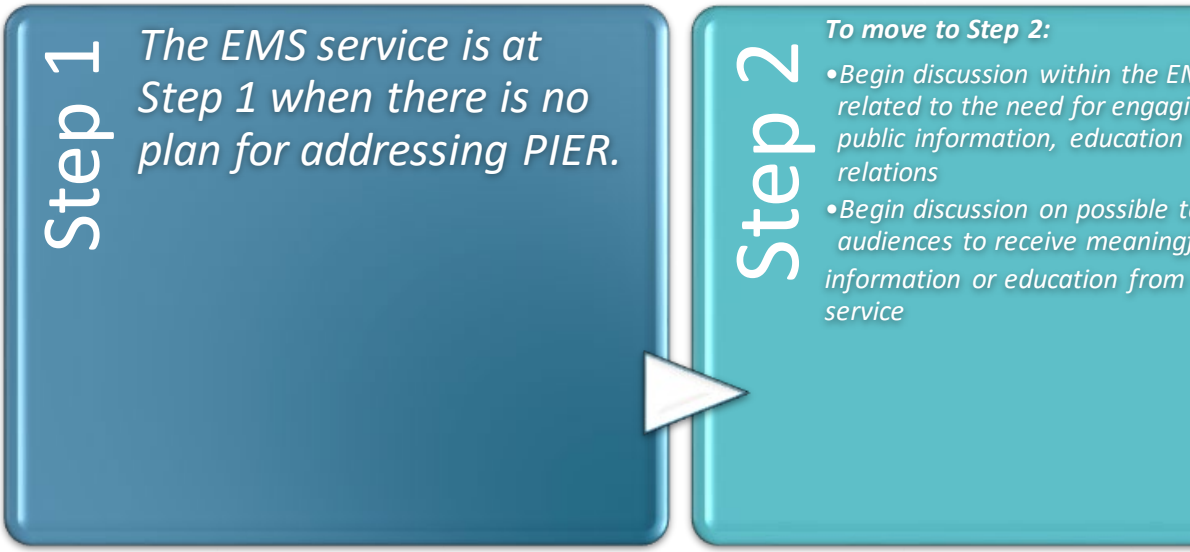
The EMS service is at a Step 5 when there is identifying EMS service attire, which is ad
protective and purchased by the EMS service, and a written policy identifies what atti
required and how it is to be provided, cleaned, maintained and replaced.

Public Information, Education and Relations

Question 13

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

Improving from Step 1 to Step 2



Wherever EMS is provided, it is common to find a community that expects the EMS serv to be ready whenever someone needs care. Often, though, that community has li knowledge of the EMS service or the care provided by the members of the service. This create false perceptions and give credence to poor decisions that could negatively aff the EMS service, specifically EMS operations. Spontaneous, non-strategic and knee-j involvement in public information, education and relations efforts can occur. While th can be effective, employing a thoughtful, planned effort moves the EMS service from be

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

Assessing the "Why"

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

Identifying the "Who"

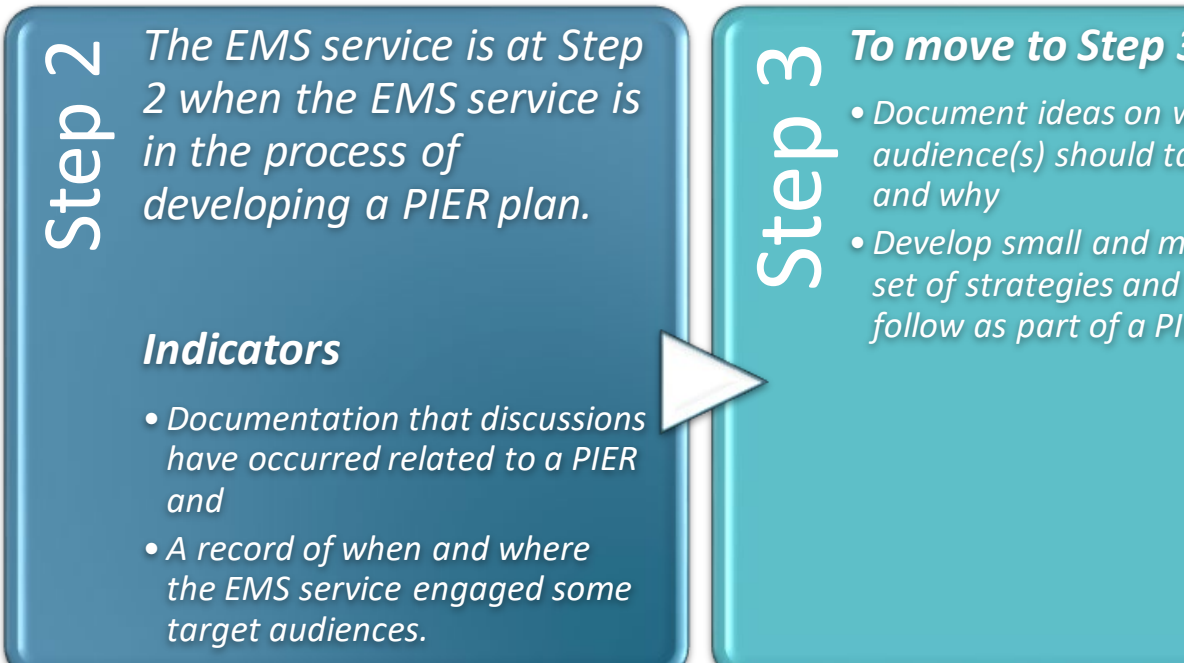
Once the "why" is fleshed out, then the question can become, "Who can effect posi responses to the issue we need to address?" That group becomes the "who" and tac will need to be developed to guide portions of the PIER to connect with that group. T tactics become the "how."

For example, if the issue is related to STEMI patients not using an ambulance to get t hospital that can provide the appropriate care, the PIER plan could include a segment reach what generally would be considered a relatively healthy population who may fit profile of those in the community who experience STEMIs. Or, if the issue is a threa region-wide or statewide laws being changed that will negatively affect the EMS serv

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

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

Improving from Step 2 to Step 3



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

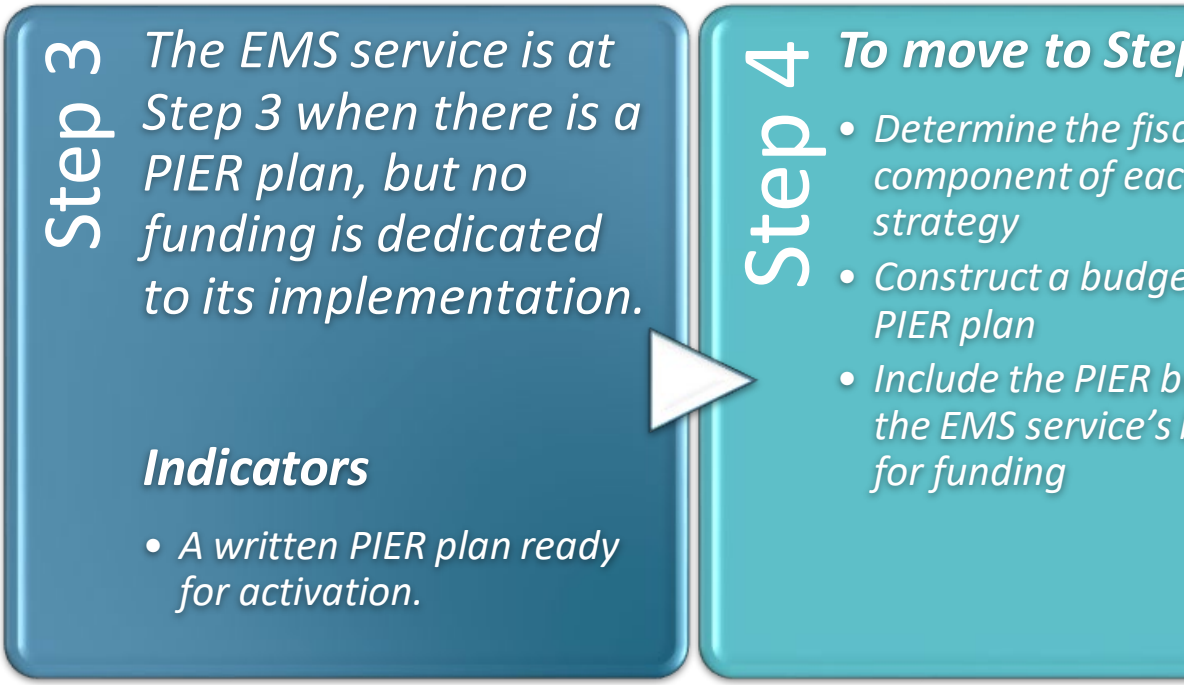
Using the hypothetical example presented in Step 2 on STEMIs and assuming informati on the demographics of the target audience is known, a strategy and supporting tactics could look like this:

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 o 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 bloo pressure screening and American Heart Association cards on heart attacks at th 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 accomp strategies agreed upon to address the audiences selected, the EMS service will have a P plan in place. Remember, the strategies and tactics created need to address the agre upon targets, which are based on the survey completed, for the plan – which inclu distributing information, providing education and meeting needs to have a spokesper available when one is needed. This can become a very consuming step as the pla created. Public information, public education, and public relations can each become a entity unto its own, but the three must be closely and seamlessly integrated. It is best begin small, perhaps focusing on one portion (e.g., public education) and then expand

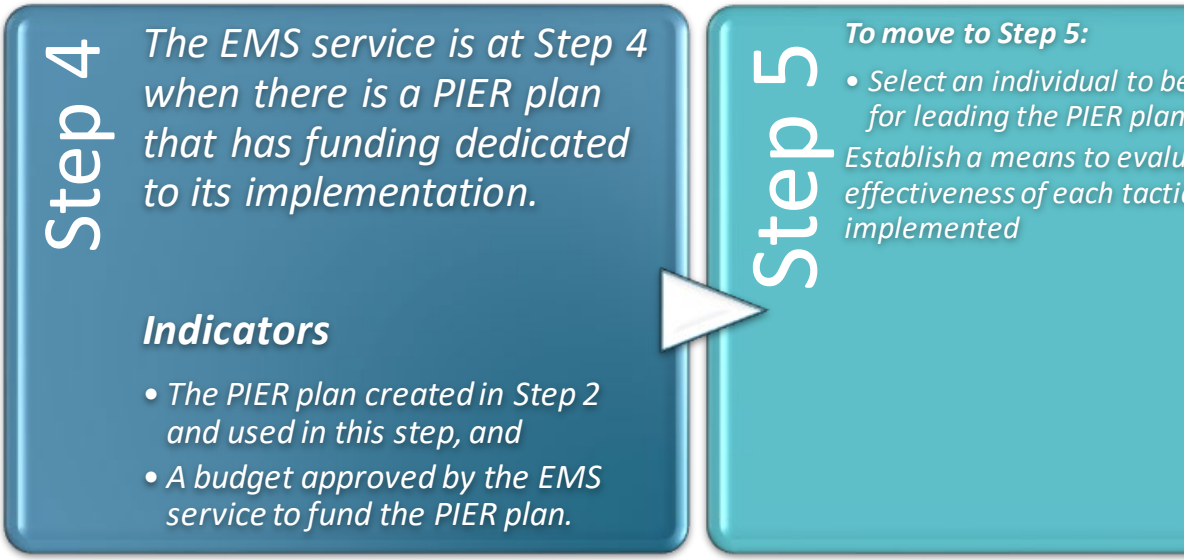
Improving from Step 3 to Step 4



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

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

Improving from Step 4 to Step 5



The final pieces to put in place for complete and full implementation of this attribute identifying an individual who will be responsible for the PIER plan and putting in plac 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 positio identified as the public information officer (PIO). A job description will need to constructed to provide clarity to both the EMS service and the individual on expectati and requirements of that role. It will be helpful if there is an identified work group to h with the various aspects of the plan, from assessment through resource and ongo evaluation of the plan. However, effectiveness will increase when one person is identi as the owner of this plan. This establishes clear reporting responsibilities and allows leader to have the ability to move quickly when needed, without getting bogged dow debate and perhaps voting on approval by the entire membership on opportunities nee immediate attention.

Whenever feasible, it is good to have an EMS service member fill roles such as t

needed for this position, as well as experience deemed advantageous, should be inclu in the job description. Experience in planning projects, managing the execution of proje and collaborating with various size groups to gather input and perspective are a few of necessary skills that need to be possessed by the individual chosen for this position. Cle defining how much authority the position is given for expending budget funds, and mak 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 success. Using data compiled as each tactic is executed will allow metrics to be used. If th is to engage 1,000 people as in the example in Step 2, then a review needs to be done to if that number was reached. If it was not reached it must be determined why and c made in the renewed tactics that will be used for the next cycle. Anecdotal informatio be helpful, especially as it relates to the materials created or purchased and used by 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 implementation, someone identified as responsible for the PIER, and a recurring evalu 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 improv

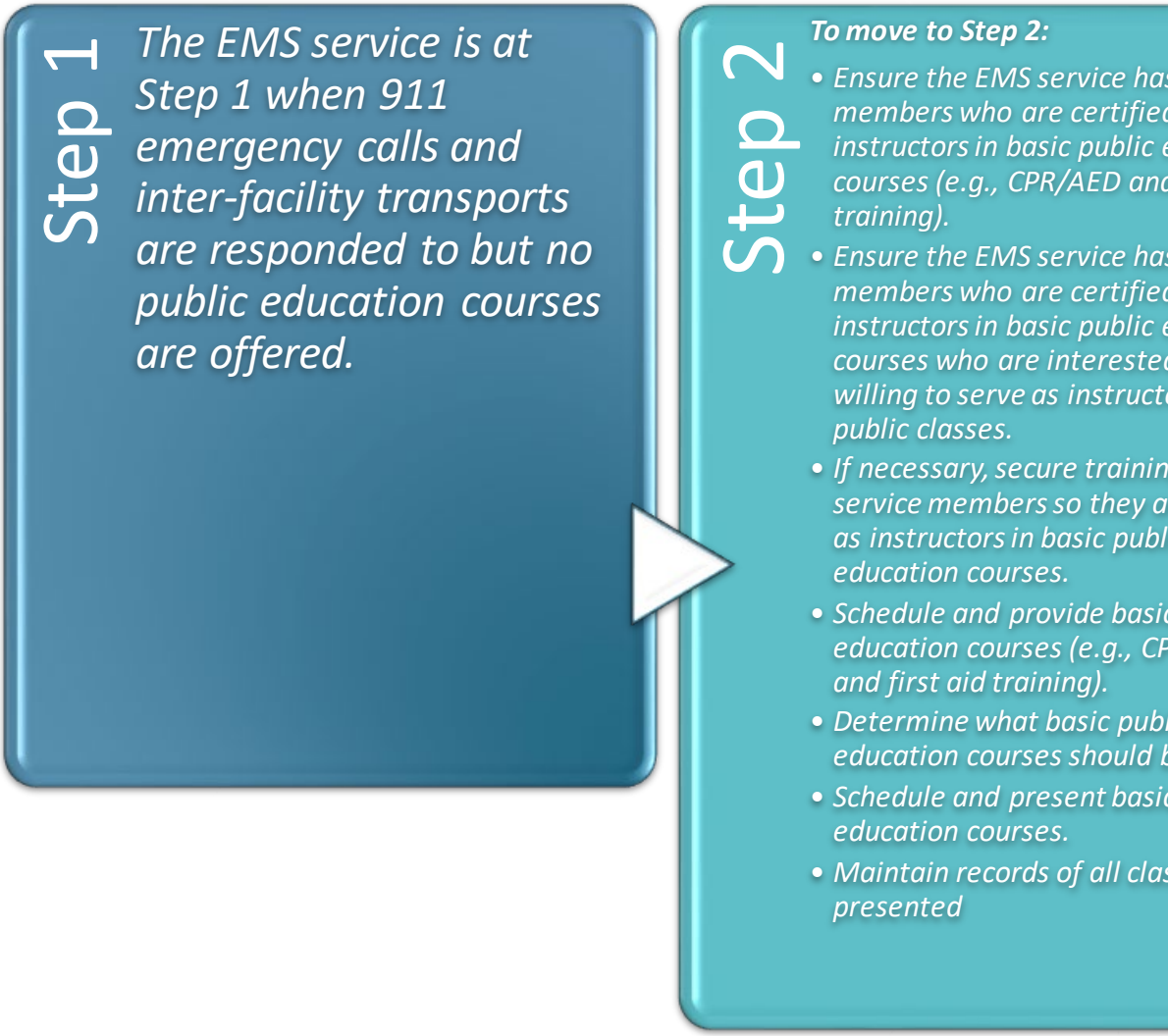
Involvement in the Community

Question 14

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

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

Improving from Step 1 to Step 2



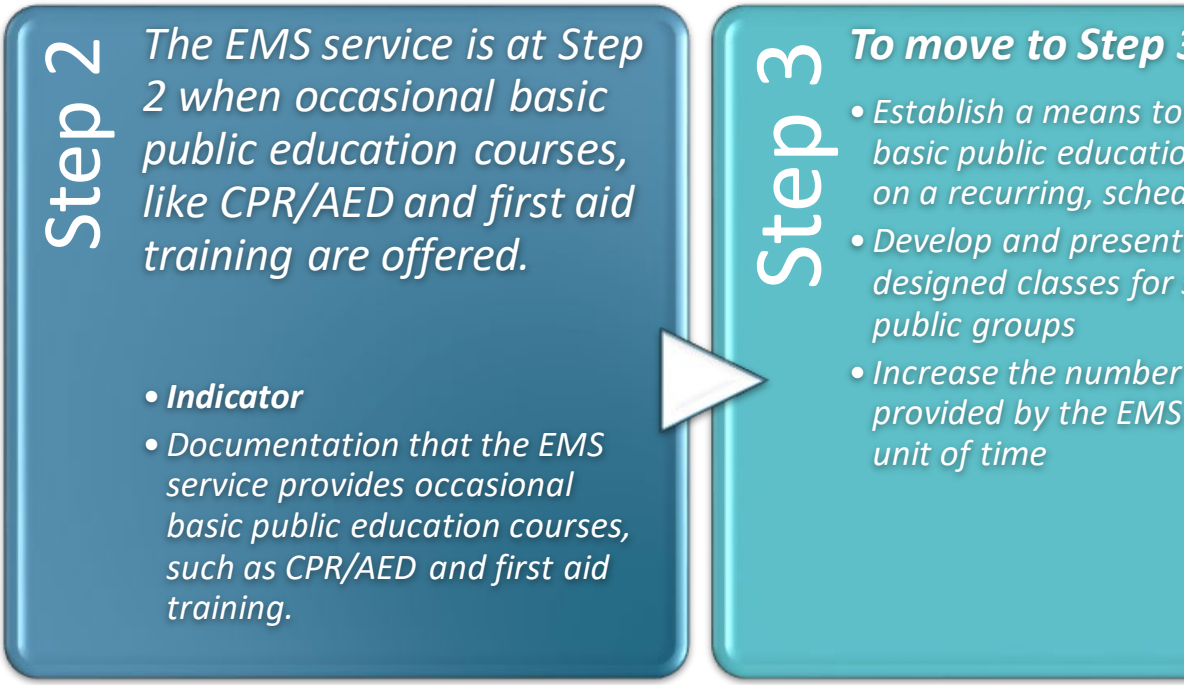
Scoring a "1" for this attribute reflects a historical role EMS services have filled. I increasingly necessary to engage in more non-traditional ways to promote the well-be of the community while further establishing the value and credibility of the EMS serv within the community.

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

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

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

Improving from Step 2 to Step 3

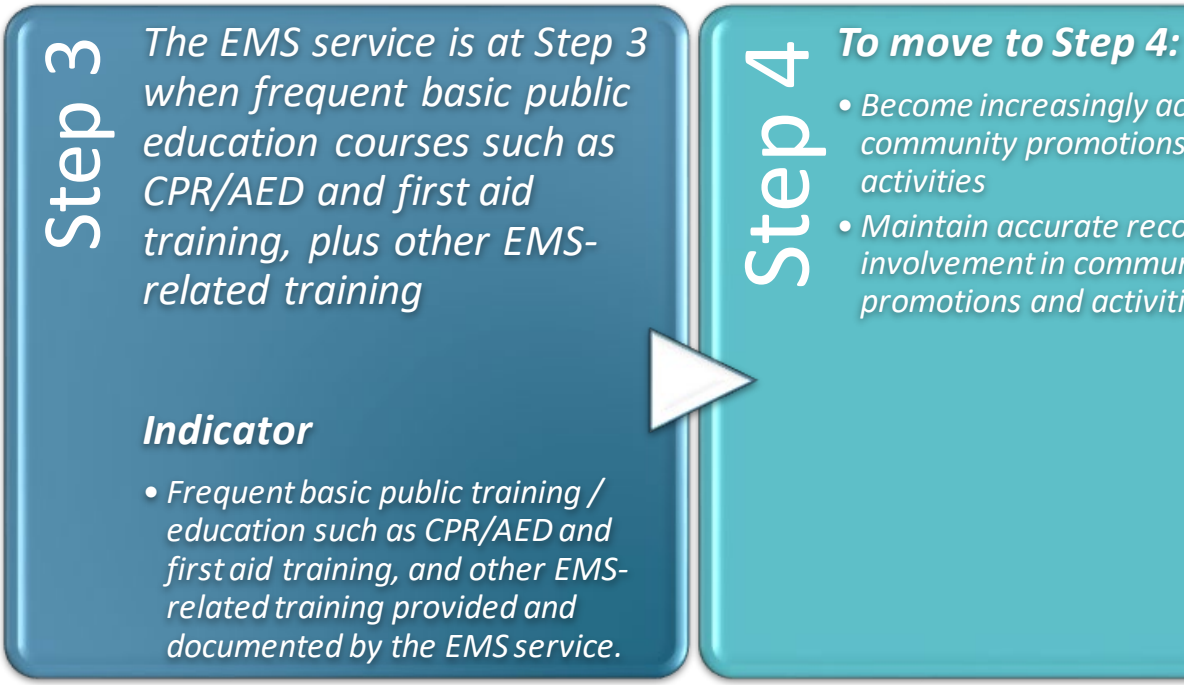


The EMS service can increase its score for this attribute by moving from provid occasional basic public education classes to frequent classes of the same type and adding other EMS-related training.

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

911 and the arrival of the ambulance would be a good class to start with. This would prov
the EMS service opportunity to introduce the public to the skills, abilities and equipm
the EMS service brings to the patient's side while at the same time providing crit
information on how the public can maintain an open airway or control bleeding with
the rigors of a full certified course. These classes can be custom-designed to meet ti
constraints of businesses, social groups, neighborhood groups, etc. To document th
classes, the EMS service can develop a schedule with the class particulars and the nam
the member who taught the class.

Improving from Step 3 to Step 4



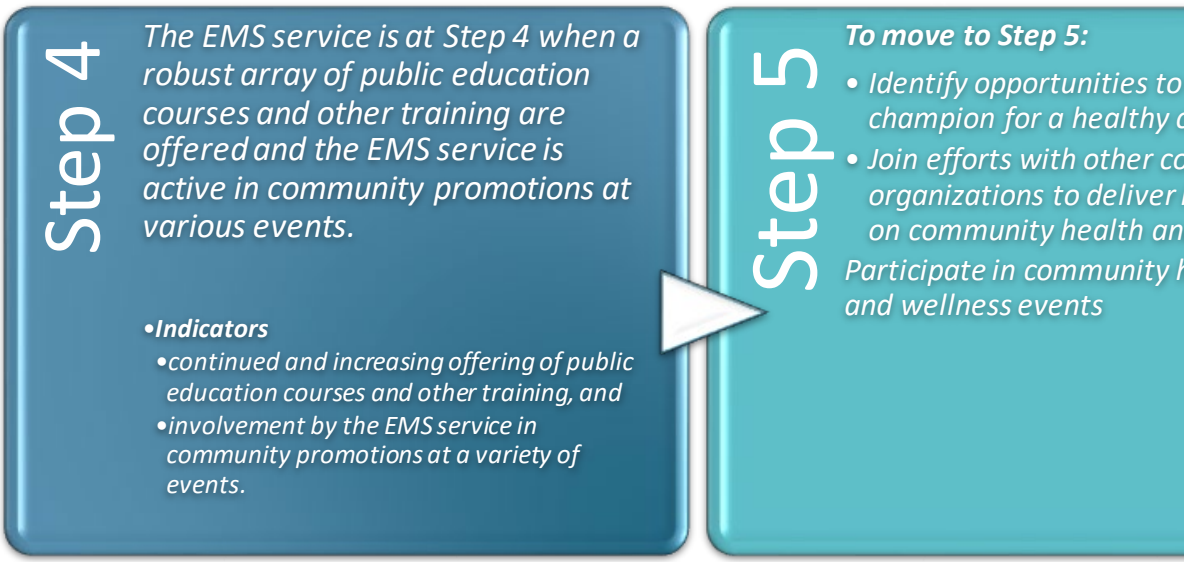
At this point, the EMS service will continue the public education it has developed in previous steps, and will build its value in the community by becoming increasingly activ community promotions at events. The EMS service fulfills this by promoting itself as integral part of the community while at the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

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

Similarly, the EMS service will invest effort in supporting community efforts as a str member of the business community. Opportunities to do this, using the strengths of EMS service, may include providing EMS standby at events involving the community s as outings for elderly from assisted living homes, chamber of commerce events, pu charity events, and a variety of other such events. The cost to the EMS service will be

records showing the details of the event, what EMS service equipment and members w
at the event and roles filled at the event will serve as documentation of the EMS servic
involvement in the events.

Improving from Step 4 to Step 5



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

The EMS service should be continually looking for custom-built classes related to EMS community health and well-being it might organize to meet the needs of groups within community, even those small niche groups that have specific needs. Generally, th classes are not laborious to design. Often, the expertise exists within the EMS servic membership. Delivery of the classes can be accomplished in one class period that can b a length designed to meet the group's time constraints. Once a few classes such as this conducted, the EMS service will begin building a resource library of classes that can be u in the future with minor modifications for other groups. While presenting these classes, EMS service members will have an opportunity to identify other needs that may addressed in the future. These perspectives can generate significant insights i community health and emergency preparedness needs.

needs. By identifying the needs discovered within the community, the EMS service can involved in developing solutions and public events to address those needs. This will pro others to see the EMS service as a leader in recognizing and addressing issues to impr the overall community health. As recommended in Section 14, *"Public Informati Education and Relations,"* using social media to bring developing ideas to the public assist in putting the EMS service in the public eye as a champion for a healthy commun This type of collaboration will demonstrate the powerful commitment the EMS service to being part of the community. It will also result in the community being healthier a 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 edu courses and other training, organizes or assists in planning health fairs, is a champion healthy community, is an active partner with other public safety organizations, and is leader for community health and well-being.

Indicators

Documentation demonstrating:

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

A Recruitment and Retention Plan

Question 15

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

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

Improving from Step 1 to Step 2

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

carry a workload too large for the undersized group. Improvement in this area can prod remarkable results in a variety of attributes. Some members will have some fun working this area of improvement.

Substantive discussions will generate insights and understanding needed to build recruitment and retention plan. Depth of understanding will multiply when fact 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 t foundational points needed to create improvement. The information needed can encapsulated by filling in two statements: "We have XX positions on our roster a currently YY of those positions are filled by members" as well as, "In the past year we h had AA members resign from membership." That information is needed to build recruitment and retention plan that can be measured. With those three numbers, the E service can calculate the percentage of positions filled and the turnover rate for the E service, which will become important improvement metrics.

When evaluating the magnitude of the need, it is recommended that the EMS service rev the standard practice for staffing used by the EMS service. Does the EMS service staff w two or three (or more) crew members for each ambulance call? Why? Should adjustme 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 accomplish the coverage needed by the EMS service – if you routinely have three cr members respond on each ambulance call, more members will be required on the sched than if you routinely use two, and subsequently what the total need is for the roster

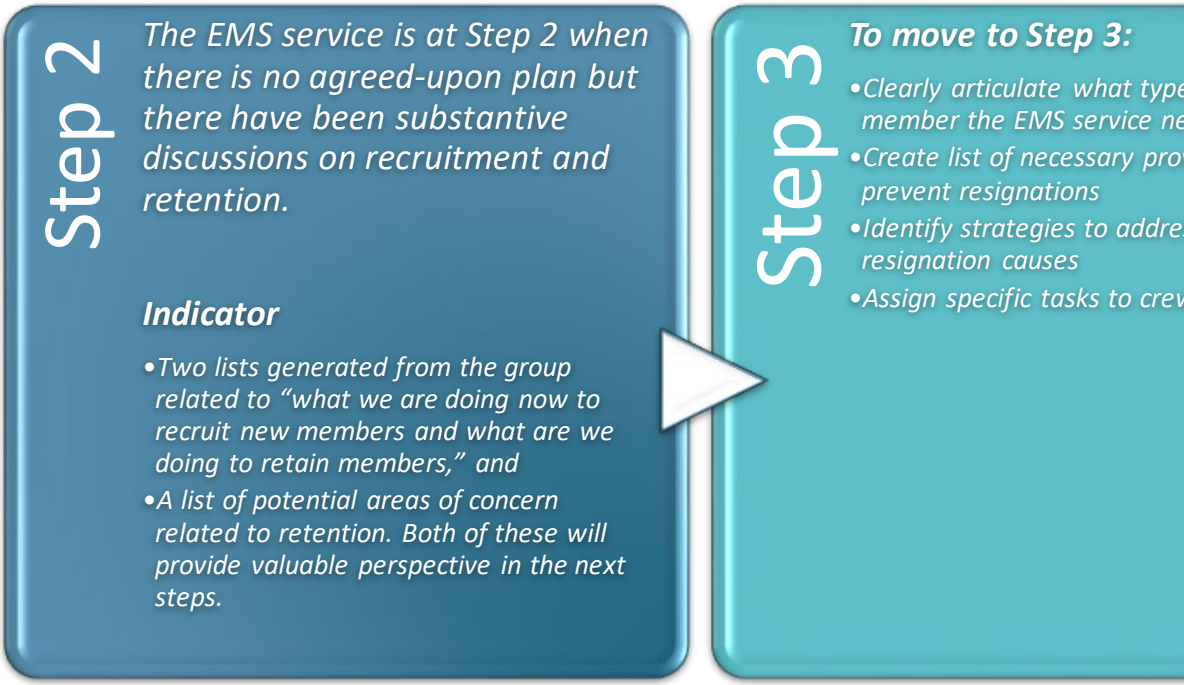
Gaining Insights from Members

A second foundational area of assessment is identifying what is being done currently recruit new members and to identify causes for member resignations. A way to begin t effort is to simply jot down the things your EMS service is doing to (List 1) recruit n

broad range of perspectives and ideas if each member is asked to generate as m
answers as possible to each of the questions
(1) “What are we doing to recruit new members?” and (2) “What are we doing to re
members?” Often, having the members join in a group and verbally announce their o
word or short answer will generate additional important thoughts. As the ideas flow
the reasons are presented, encourage the group to leave discussion on the merits of e
item for another time. Consideration should be given so that the group is not too larg
there are more than 10 to 14 members in the group, it may be wise to split into sepa
groups of five to seven members and generate similar lists for all groups followed
combining the lists.

Creating these two lists is the first step. The next step is to critically assess the effectiver
of each. Why did the last five members to leave do so? Did more than one depar
member leave for the same reason or reasons? Are there common reasons that seem
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 address specific issues related to recruitment and retention. Who are we looking for and wh Addressing issues begins.

What the EMS service is looking for

Indicators to consider when deliberating about what type of candidate the EMS servic seeking may include availability of the candidate for call, motivation(s) causing candidate to seek membership, physical ability of the candidate, the candidate's abilit use the equipment patients require, etc. It is acceptable to recognize that, in so circumstances, the EMS service simply needs more members. But if your nighttime ho of call are generally covered, the EMS service may need to find ways to attract m members who can cover call during the daytime hours. One additional considerati membership candidates who display an intrinsic motivation to serve others and help oth

Retaining Current Members

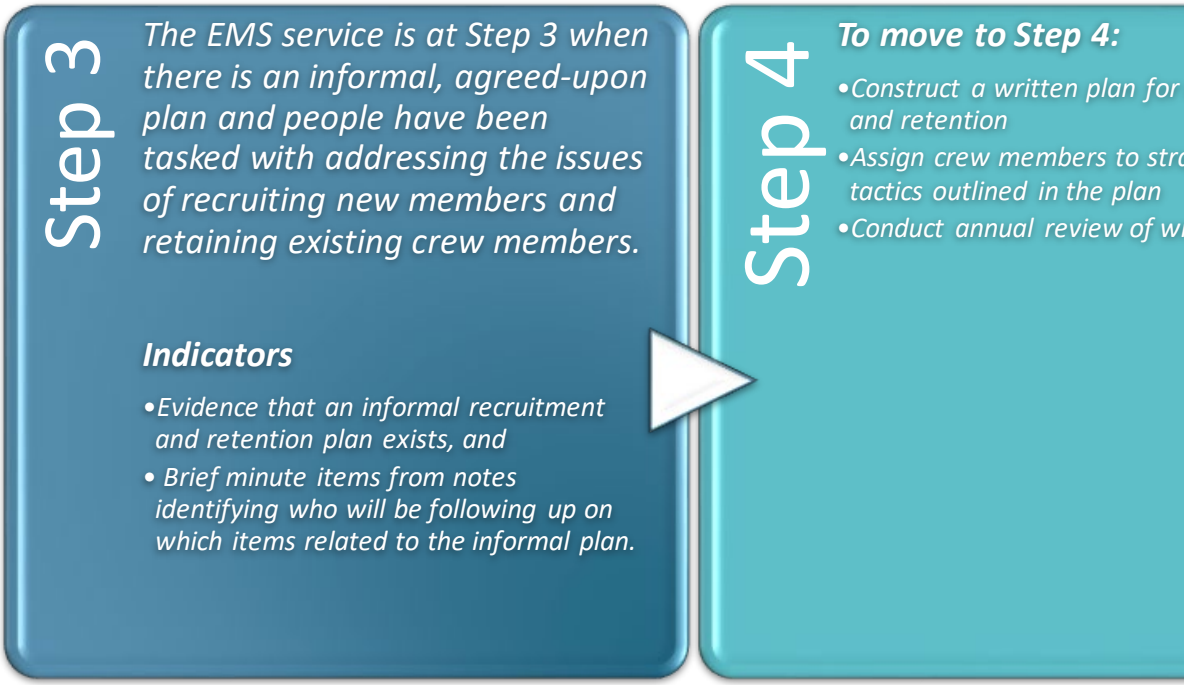
Using the insights obtained in the first portion of this section, members should, consensus, create a list of those things determined to be necessary to provide for memb and those things that need to be eliminated so as not to cause members to leave. Strate should be created and tactics devised to ensure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

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

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 wil 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 allo

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

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 participatin an interview on a local radio station or in other public forums. Maybe the additio strategies would hinge on an open house, or participation in high-visibility commu events allowing the EMS service to hand out fliers or brochures telling about the valu being a member. The strategies built would reflect the make-up of the EMS service and as unique as the EMS service is.

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

Improving from Step 4 to Step 5

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

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

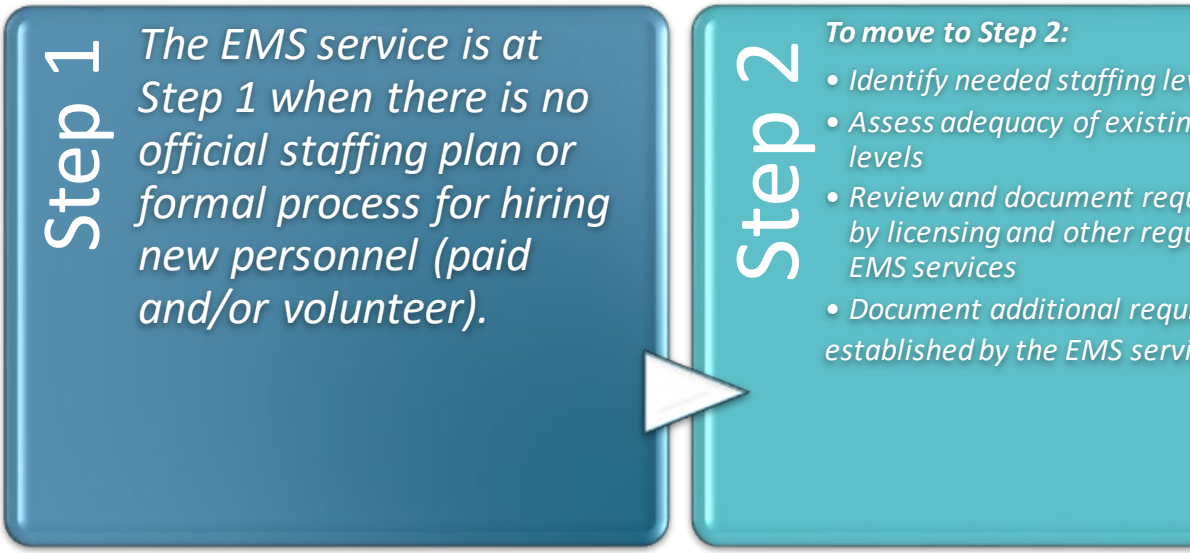
- A copy of the roster with the maximum allowable number of members on t
  and
- An official list with the names of candidates desiring to join the EMS service

Formal Personnel Standards

Question 16

Objective: *The EMS service will have (a) a staffing plan, (b) documented stan hires, (c) an official new-hires orientation, (d) systematic job performance rev 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 wit the EMS service will suffer. Uncertainty related to what staffing is needed and who provide that staffing at any given hour of the day quickly translates into service failures t will be experienced by the EMS service's patients.

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

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

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

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

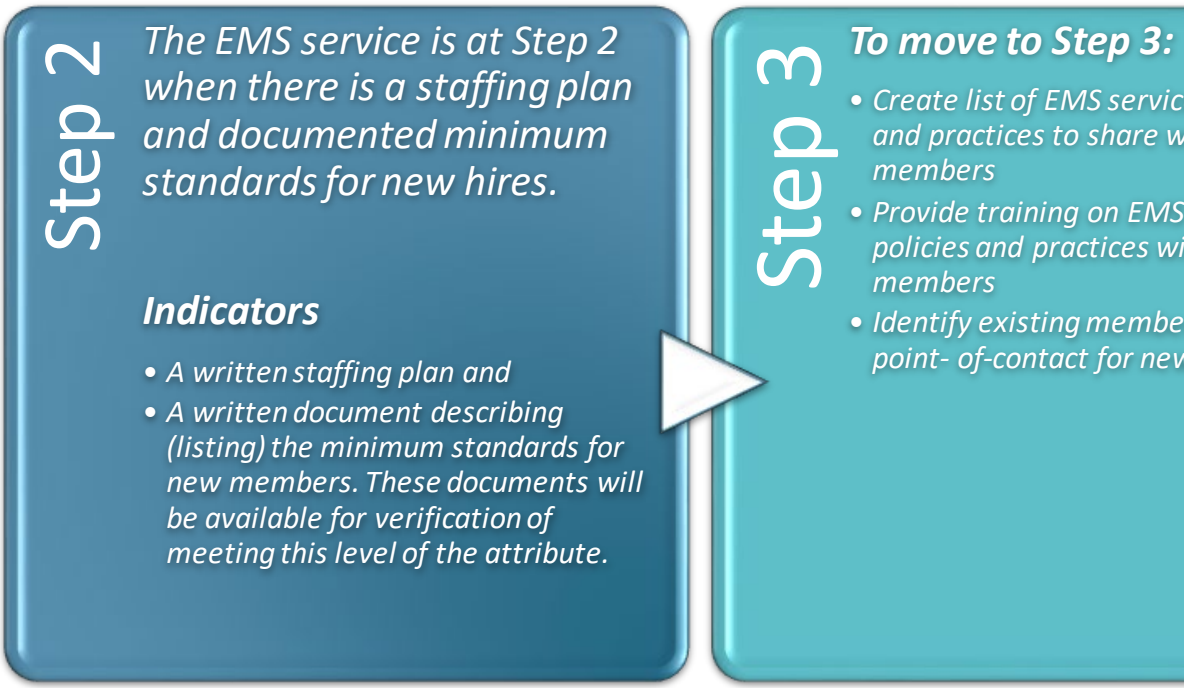
Minimum Standards

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

State, county, and local requirements need to be examined from the source of th requirements. Perhaps a review of information available on a state or county website provide the input needed. Often, ambulance service members are required to have curr

If certain certifications, perhaps some of those listed in the previous section, are required by the governmental regulatory units, the EMS service may estab requirements it deems important. In addition to clinical certifications, the EMS service n include requirements such as availability for call requirements, location of residence, p work medical screening, etc. A critical element of pre-employment requirements i satisfactory background check. In most states, the Department of Public Safety, or equivalent, can provide these if the forms required by the department are used a 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 minim standards new hires need to meet, as established in Step 2, the focus now shifts preparing those new hires to provide service to the patients.

How new members will contribute to the EMS service and perform their duties are dire related to how well they are integrated into the EMS service. Integration into the E

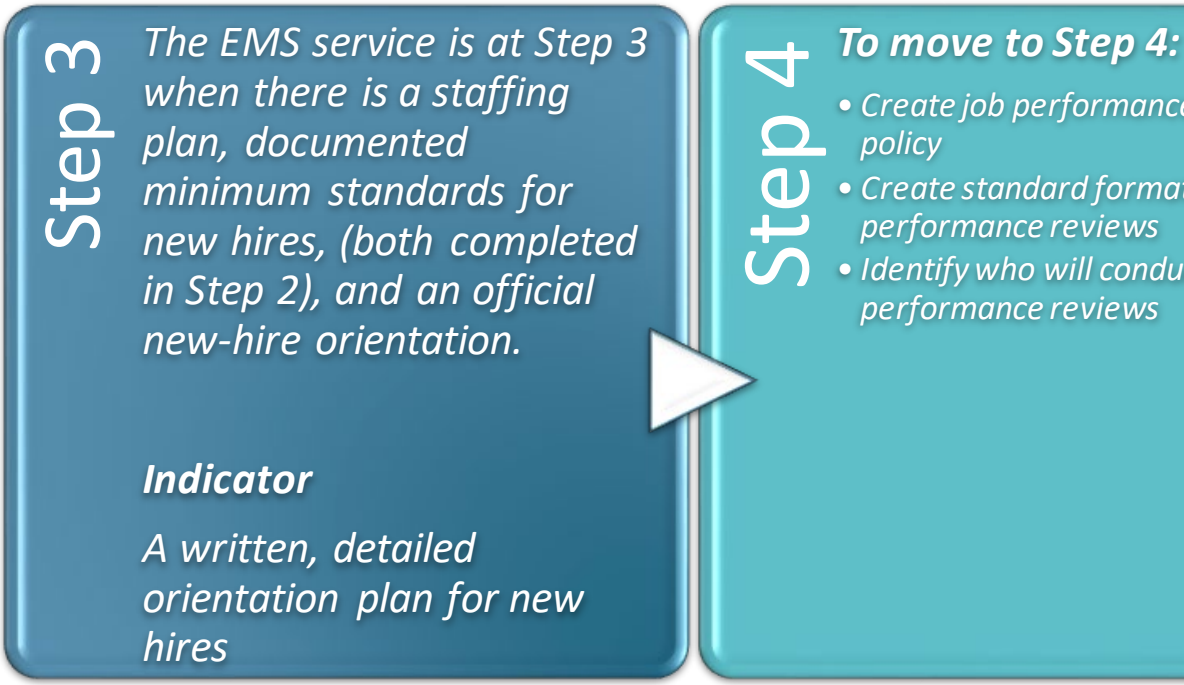
Relying on written or known policies and practices members of the EMS service follow a
apply in operation of the EMS service, an exhaustive orientation list of all such policies a
practices needs to be created. Using that list, it is the EMS service's responsibility to ens
that the new members are introduced to and provided training about the policies a
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
effective means of accomplishing this and can produce valuable long-lasting benefits. If
or two members cannot be given this assignment, at a minimum the new members n
to know who to work with to move through their time of orientation to the EMS serv
following the orientation list.

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

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

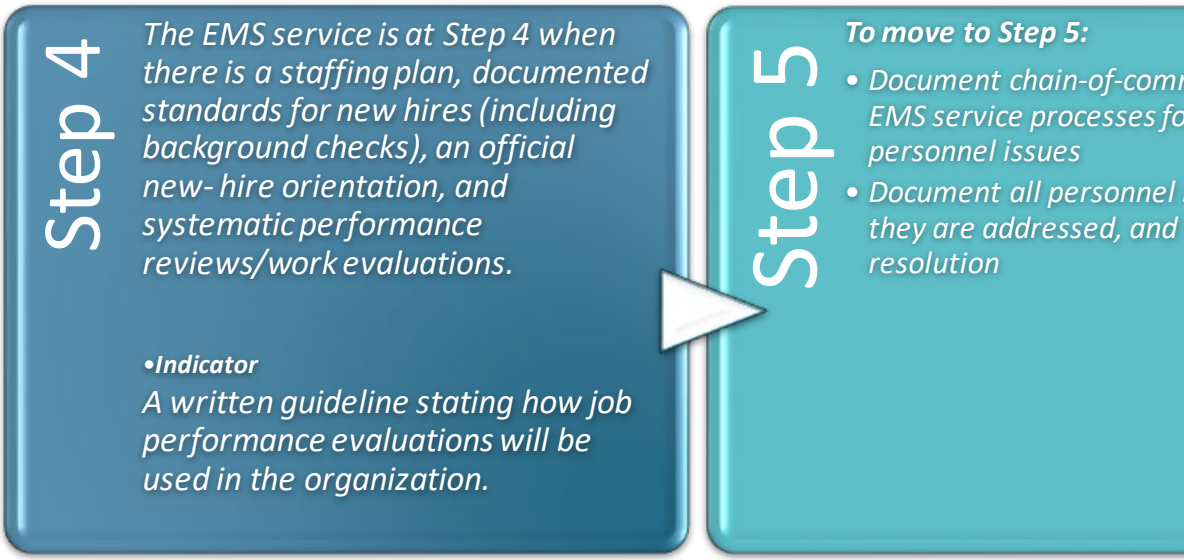
Improving from Step 3 to Step 4



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

within the EMS service will assume this responsibility. In some examples, a person officer is identified for this purpose. Clearly describing who will do the review and wha 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 memb will work to resolve personnel issues will add to the EMS service's credibility and stabi A written document formally describing the established and practiced chain of comma within the EMS service needs to be provided to all EMS service members. The process be developed should separate and address issues that are not interpersonal (e.g., "the glo we use don't fit my hand," or, "a specific vehicle seems to be unsafe") from interperso issues (e.g., "I can't get Mike to listen to my suggestions when we are on an ambulance together.").

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

For interpersonal issues, encouraging attempts to resolve the issue by and among c
those involved prior to engaging a supervisor should be encouraged. If that is
successful, the policy should clearly indicate which supervisor or leader the member sho
bring the issue to. Direct, effective and timely intervention and resolution should
outlined and provided.

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

Indicator

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

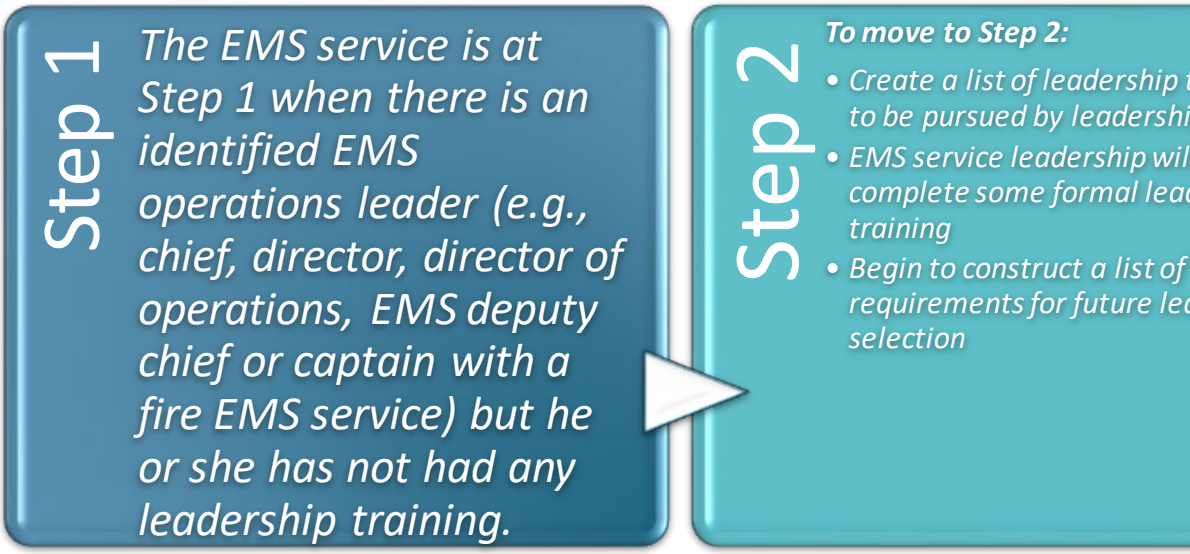
An Identified Ems Operations Leader with a Successi Plan

Question 17

Objective: *The EMS service will have (a) an identified EMS operations leader, comprehensive leadership training, (c) selected through a defined a recruitme*

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

Improving from Step 1 to Step 2



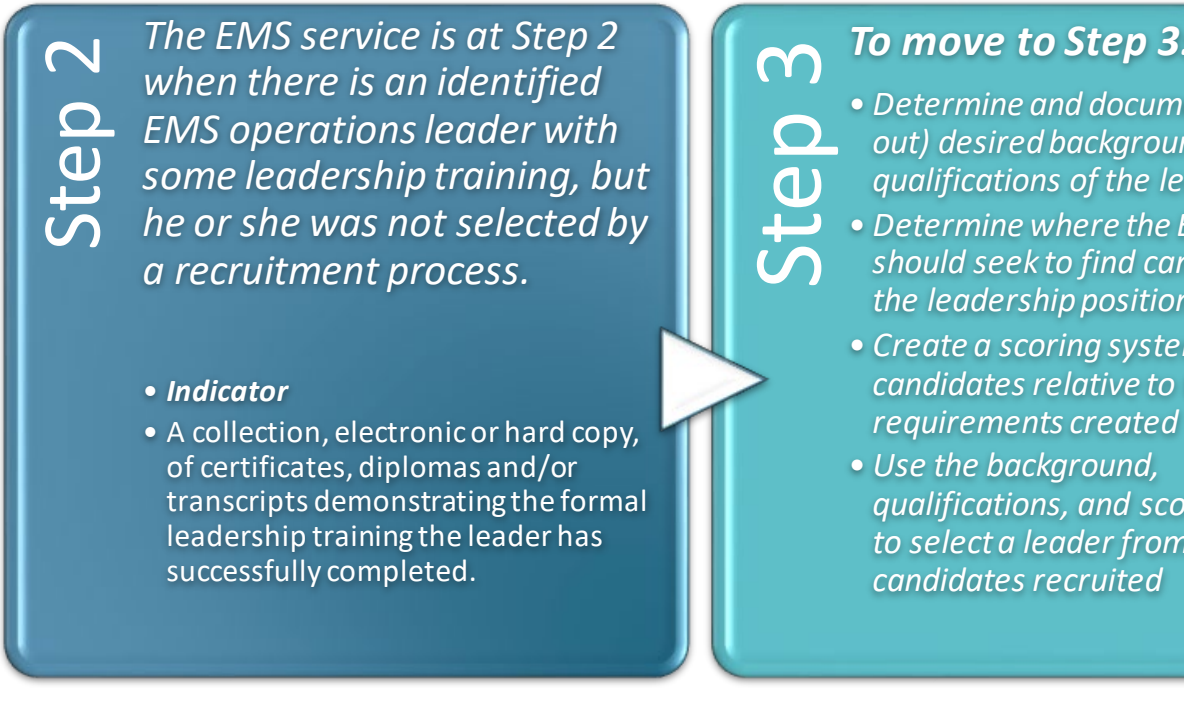
It is rare to find any organization without established leadership. This attribute leads EMS service to engage in an effort to improve the scope and quality of leadership the E service's leader can provide.

In this level of EMS service maturity, the leader will need to have completed some for

member's personal professional development efforts. Some members may construc
well-documented list of topics they need and want training in. Others may informally a
more-or-less randomly see a class they are interested in and take it. Either way, i
necessary that leadership training obtained by the leader and others be well document
Certificates of attendance, diplomas from courses, and transcripts can be used
documenting formal leadership training.

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

Improving from Step 2 to Step 3



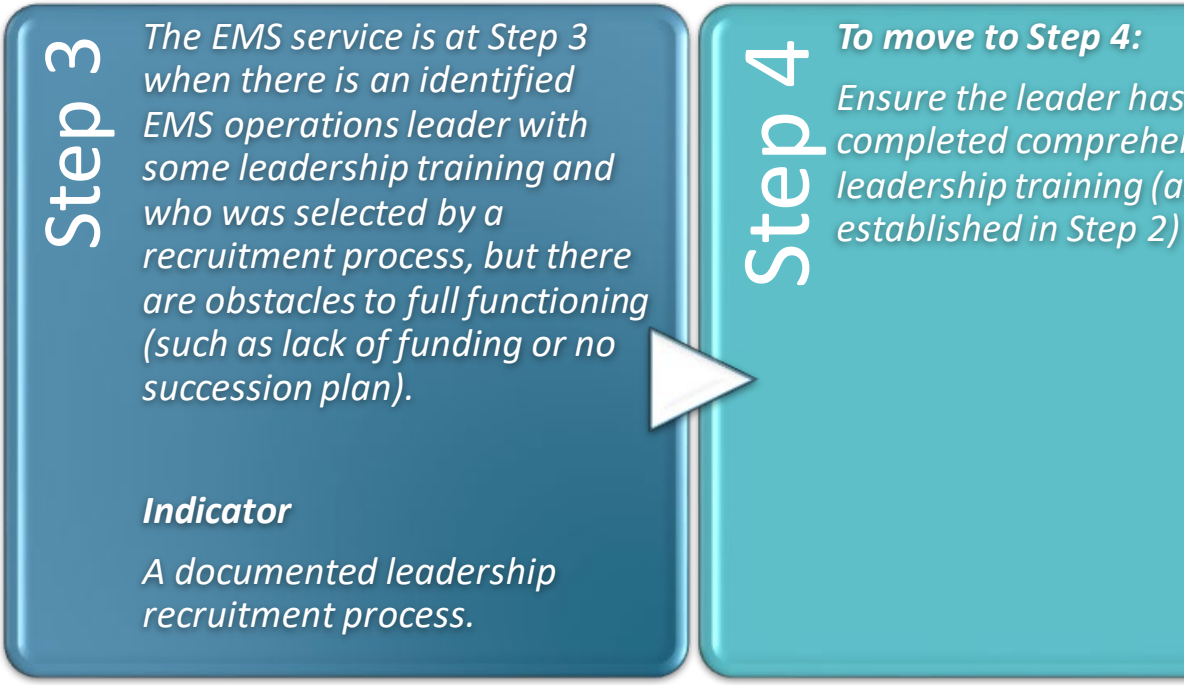
A recruitment process must be created and in place. Much of what is included in Section 6, "*Recruitment and Retention Plan*" can be used here; however a clear focus must be established on the special characteristics and attributes desired in a leader. As noted in Section 6, a group needs to be assembled 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

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 st
Several colleges and universities offer two- and four-year degrees, as well as post-gradu
degrees, in EMS management. These programs may be called by various names. All of th
include general courses, which ultimately ensure the student has the acumen
communicate well in a variety of forms, to effectively engage in various problem-solv
efforts, and to gain understanding of topics and issues specifically related to leading peo
In addition, they often provide curriculum related to interactions with oversight board
entities, supply-chain management, finance management, government and pu
relations, quality improvement, and topics related to compliance, licensing and sim
areas of significance.

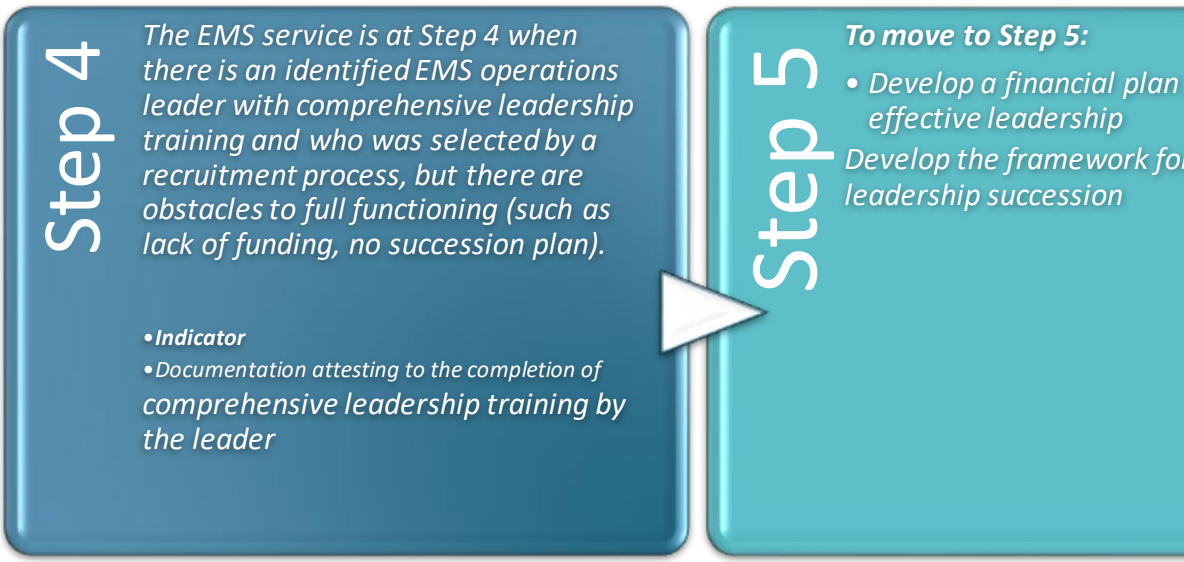
Ideally, the candidate will hold a degree or certificate from an accredited school attest
to successful completion of curriculum focused on EMS leadership functions. Short of th
the EMS service can achieve the level of scoring for this step of the attribute as the E
leader successfully completes education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

Education should be viewed as a lifelong process and the EMS leader should have a continually progress on a personal professional development plan, never ending 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 emulat The National EMS Management Association (NEMSMA) has established "Seven Pill of EMS Officer Competencies" (https://www.nemsma.org/index.php/competencies/th seven-pillars-of-national-ems-officer- competencies), which can serve as the foundatio for EMS leader training.

Even with a leader who has completed comprehensive leadership training and has be selected through an established formal recruitment process, barriers may exist that wo deter the efforts of the most effective leaders. Those barriers may be things such as a l 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 that an effective leader faces. If fiscal barriers prevent execution of the leadership roles desir fiscal barriers must be addressed to prevent the EMS service from deteriorating. Address needs through a mature budget process (as in Section 9, "*A Sustainable Budget*") is a key co to sustaining solid leadership.

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

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

Within any team, members bring interests and capabilities with them to the EMS serv
which can be identified and built upon, leading to a succession plan. An accomplish
leader will know the people who make up the EMS service, including areas of interest t
the individual members lean toward. This insight is the result of watching where memb
naturally excel, and noticing which areas of the EMS service those members enjoy work
in and are effective in. A practice that brings value to day-to-day operations and that
also help with the development of a succession plan is knowing with a significant degre
confidence who can step into any functional area that the leader is responsible for. S
another way, knowing the "bench strength" of the team members the leader works wit
important, and can be documented in a basic and practical way. An example of what t
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
Joanne	1	1	3	2	2	2
Lisa	4	1	1	1	2	3
Dave	4	3	4	3	4	2
Tom	3	4	2	2	3	1
Micah	**2**	**3**	**1**	**2**	**2**	**1**

Using a simplistic cross-tab chart such as this one can serve as the backbone for leaders
development plans for each EMS service member aspiring to fill a future leaders
position. For example, knowing that Joanne is ready to fill the EMS leader's role nov
good, but knowing what will help her prepare to be an even stronger candidate for t
role is powerful. If Joanne does not have the extensive leadership training desired in
EMS chief role, a plan should be written, listing the specific courses she should pursue
address her individual professional shortcomings. Examples of various formats of indivi
development plans (professional development plans) can be found readily thro
electronic sources. The format that works best for the EMS service can be selected a

(see Section 2, "*Community-Based and Representative Board*"), or other entity can rea
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 comp
leadership training, who was selected by a recruitment process, and who is fully capable a
prepared to effectively lead the service. There is also a succession plan in place to approp
handle the transition of the leadership role.

Indicator

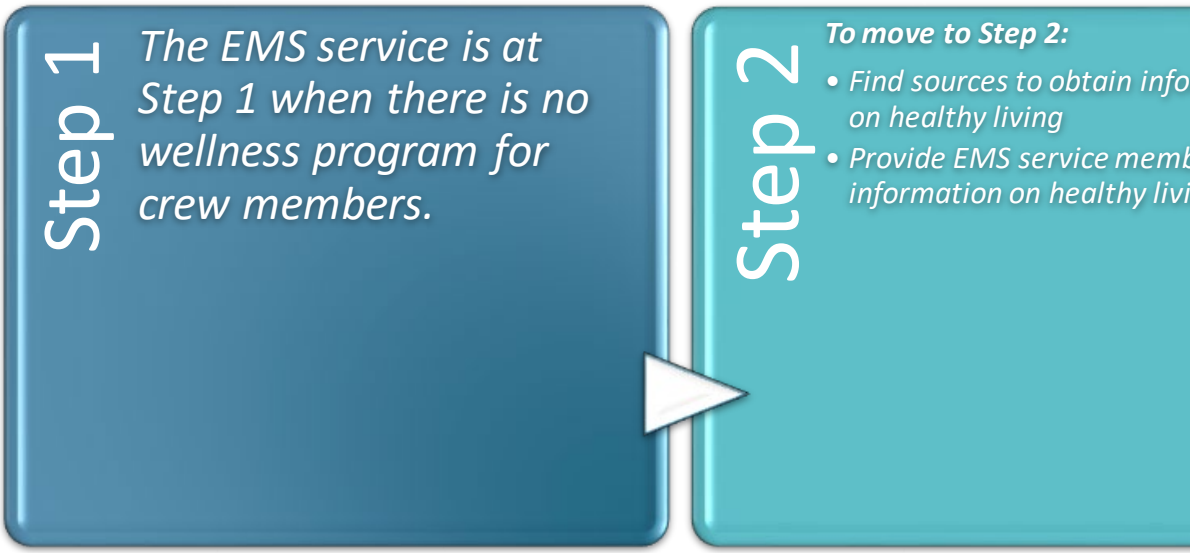
- Documentation showing that present and future leadership related needs are
through a sustainable budget and a leadership succession plan is in place.

A Wellness Program for EMS Service Staff

Question 18

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

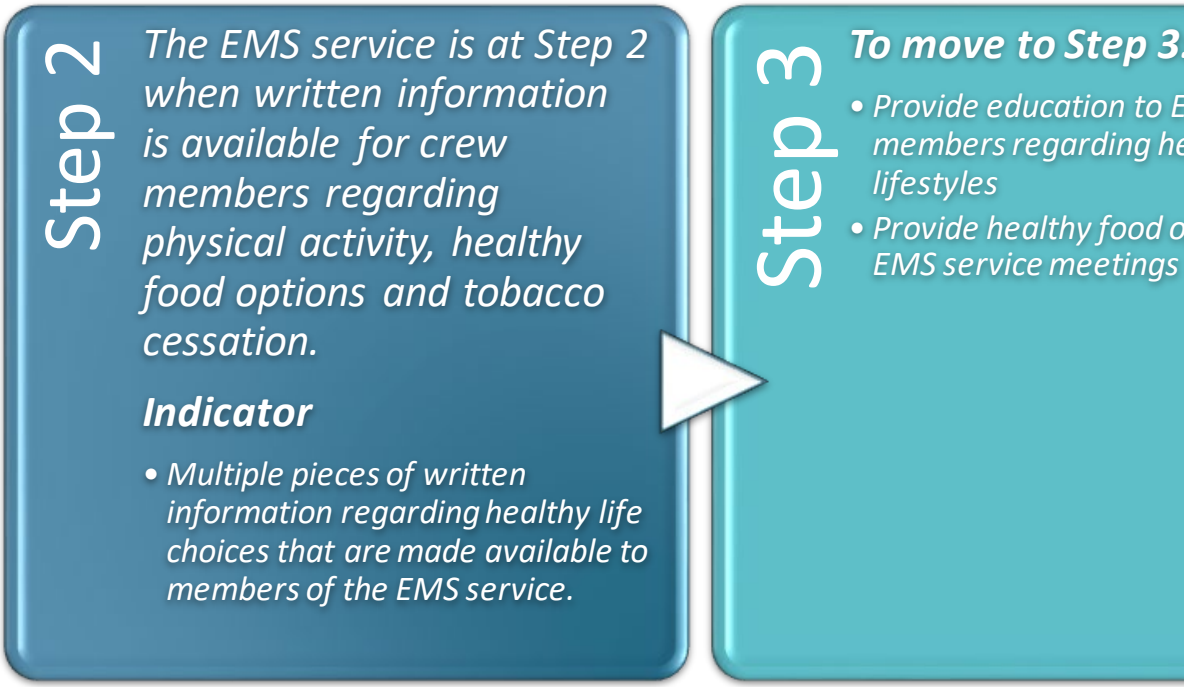
Improving from Step 1 to Step 2



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

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

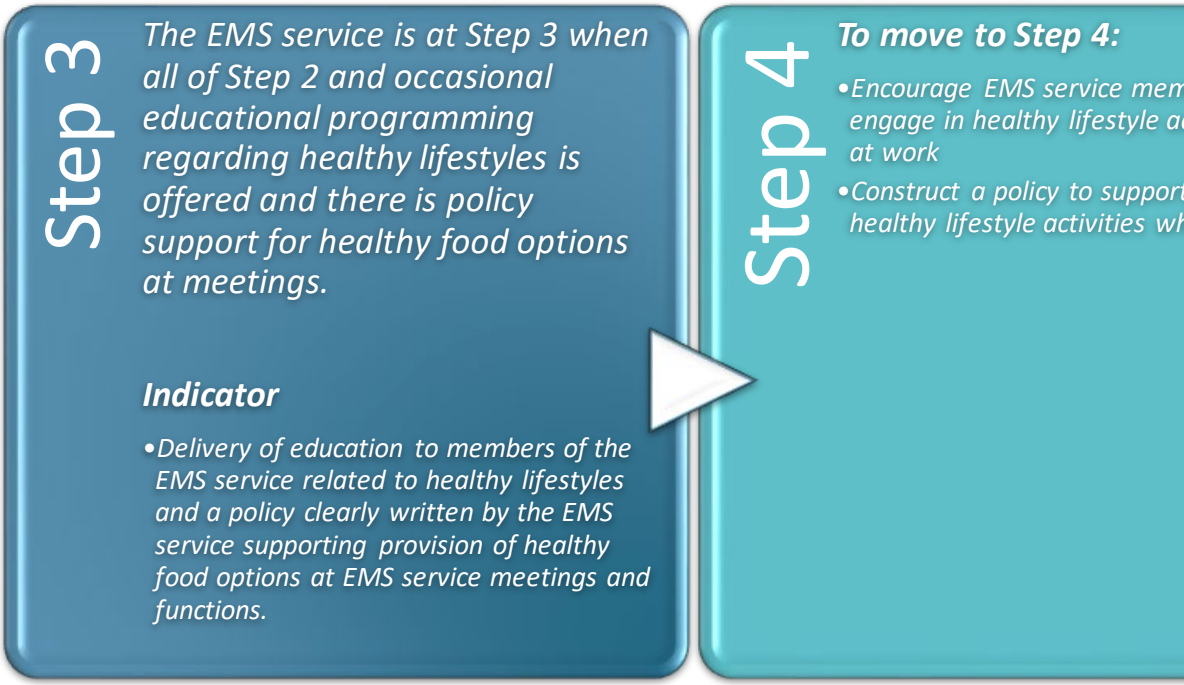


To score a "3" for this attribute, in addition to having printed resources available t members of the EMS service, the EMS service must provide education to its member related to healthy lifestyles. The EMS service can develop its own educational progra for members regarding healthy lifestyles or it can turn to other sources for help

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

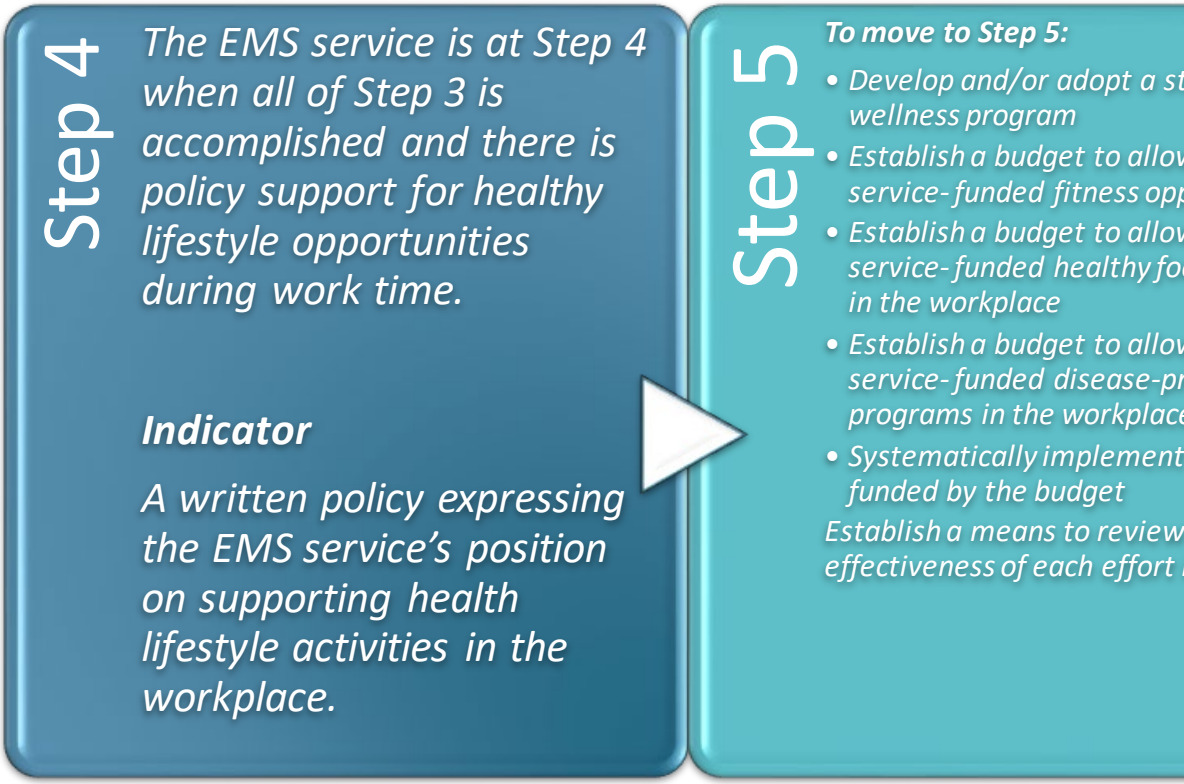
In addition to providing education to its members, the EMS service must develop clearly written policy supporting healthy food options at EMS service meetings an functions. This can be a simple but effective policy directing those planning EMS servic functions to include healthy food options if the EMS service will have food at it functions. Involving those who plan EMS service functions in developing the writte policy will ensure a common understanding. Those arranging each function ma determine the array of healthy options served. There is little need to restrict or limit th 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 it develops a policy encouraging members to engage in healthy lifestyle activities, includ activities while at work. The policy to be developed must consider what the workpl tolerance is for use of various equipment or practices in relation to the state of readin members must maintain. There is a wide variety of activities a member can be involve while in a work setting that can be identified as activities to support a healthy lifest Trying to list or identify all of them is impractical. A policy should point to types of activi encouraged, as well as discouraged, and leave room for good judgment and variations each type of activity. As always, while supporting members' need to engage in heal lifestyle activities, the needs of the patient must be considered. Members need to rem ready to respond and care for the patient that may make some healthy lifestyle activi more appropriate than others. The EMS service will need to decide if gym-like equipm is conducive to the readiness required or if some lower-impact activity is best during w hours.

Improving from Step 4 to Step 5



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

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

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

Successful ambulance services will review the effectiveness of the program established
measuring the impact of the program on individual members and identifying progr
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 na
recommendations. Crew members are actively encouraged with EMS service-funded f
opportunities, healthy food choices, and disease-prevention programs such as tobacc
cessation.

Indicators

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

Appendices

2019 Rural EMS Service Survey

Thank you for taking the time to complete the 2019 Washington State Ambulance S 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 comm
- 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 E Service. For the purpose of this assessment, each of those attributes has been described in 5 w Please read each description and then select the one that most closely matches your EMS Serv

ACKNOWLEDGEMENTS

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

2. Continuing Education

- ☐ 1. No continuing education is offered.
- ☐ 2. Continuing education that meets minimum requirements needed to maintain licens offered (internally or externally).
- ☐ 3. Continuing education above minimum requirements needed to maintain licensure i offered.
- ☐ 4. Continuing education based on quality improvement and/or quality assurance findir offered.
- ☐ 5. Continuing education based on quality improvement and/or quality assurance findir 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 ir formal manual.
- ☐ 3. All EMS policies and procedures are documented in a formal manual but crew members refer to/use/update it systematically.
- ☐ 4. All EMS policies and procedures are documented in a formal manual and crew members 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 to/use/update it systematically. It is written to the level of detail necessary that anyone 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 (pediatric, suicides, fatalities, trauma, etc.), which are addressed informally by EMS leadership.
- ☐ 4. EMS Service leadership has training in Incident Response, is consistently notified by at the time of possible incident, and has a policy of debriefing impacted crew memb

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 lim authorizations, and procedures for procuring equipment either not in the budget or ove 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 lim authorizations, and procedures for procuring equipment either not in the budget or ove stated budget. An operating reserve of at least six months is in the bank and the reserve 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 n training in healthcare billing.

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

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

☐ 5. Services are billed and claims are submitted by a certified biller (internal or external) service, in a timely manner (fewer than 30 days), with established HIPAA-compliant billin 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.

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

☐ 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 feedba waits for the EMS Service to engage him/her. When asked, he/she responds to hospital contacts on behalf of the EMS Service regarding the EMS Service's clinical protocols and

☐ 5. The medical director is an integral part of EMS, pro-actively engaging the EMS Service cases, providing a good amount of feedback; delivering education to the EMS Ser 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 repor

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

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

☐ 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 EM 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 allo additional equipment/technology acquisition.

☐ 2. The EMS Service has the minimum equipment/technology, plus a minimal budget for ad 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 acquis 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 acq

and a formal replacement plan. There is a formal maintenance plan provided by trained/ 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 de timelines (locally, statewide, or nationally).

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

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

Public Relations Attributes

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 offic hospital leadership/staff, and/or governmental administrators.

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

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

12. EMS Service Attire

☐ 1. There is no identifying EMS Service attire.

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

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

☐ 5. There is identifying EMS Service attire, which is adequately protective and purch
the EMS Service. A written policy identifies what attire is required and how it
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 identifie
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 offere

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

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

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

Human Resources Attributes

15. A Recruitment and Retention Plan

☐ 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 addres 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 n members and strategizing methods to keep current crew members active compensation, recognition and reward program, management of on call time, a training).

☐ 5. There is a formal written plan and people have been tasked with recruiting new m 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 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 o new-hire orientation.

☐ 4. There is a staffing plan, documented minimum standards for new hires (includin background checks), an official new-hire orientation, and systematic performanc 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 h had any leadership training.

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

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

☐ 4. There is an identified EMS Operations Leader with comprehensive leadership tr

☐ 5. There is an identified EMS Operations Leader with comprehensive leadership tr who was selected by a recruitment process, and who is fully capable and prepar effectively lead the service. There is also a succession plan in place to appropriat 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 fo options, and tobacco cessation.

☐ 3. All of No. 2 AND occasional educational programming regarding healthy lifestyles is offer 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 ti

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

Washington State Department of
Health