

Monterey County Emergency Medical Services System Strategic Plan

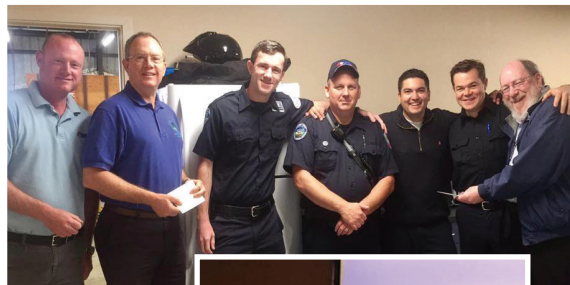
2018-2020



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Message from the EMS Director



On behalf of the Monterey County Department of Health, the Emergency Medical Services Agency, and our emergency medical services partners, I am pleased to present to you the Monterey County EMS System Strategic Plan. Developed through a series of exercises, review of the system assessment recommendations, and consensus-building small group discussions, the eleven goals and supporting objectives were collaboratively identified at stakeholder meetings held over several days in mid-February 2018.

Monterey County is a complex service area for emergency medical services providers; primarily due to the county's geography and disparate population densities. The land is densely populated in the northern Salinas Valley and northern coastal peninsula areas, while the southern coastal, valley, and inland mountain regions are sparsely populated. During fair weather months, the county's population swells as tourists visit its Big Sur coastline, 17 Mile Drive on the Monterey Peninsula, Laguna Seca Raceway, The Monterey Bay Aquarium, numerous wineries, and bucolic communities featuring tree lined streets and boutiques.

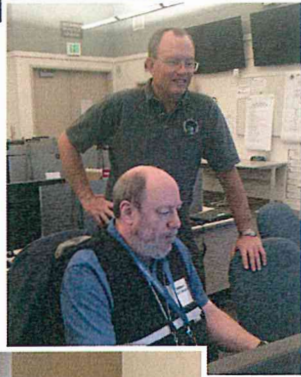
Sixteen public safety departments and districts provide first response service. Most first response organizations provide care at the Emergency Medical Technician (EMT) level, but some provide paramedic-level care. In some rural or remote areas of the county, first responders provide care at the Emergency Medical Responder level.

Ambulance services are provided county-wide by four provider organizations. The majority of the county is served by American Medical Response (AMR), contracted to serve the Monterey County Exclusive Operating Area (EOA). Monterey County Regional Fire District provides ambulance service to the Carmel Valley area. Carmel Fire Department provides ambulance service to the City of Carmel-by-the-Sea. The federal Fort Hunter Liggett Fire Department serves Fort Hunter Liggett. These ambulance providers are assisted by three air ambulance providers, REACH, CALSTAR, and Mercy Air.

Hospital services are clustered in the City of Salinas and on the Monterey Peninsula, where three hospitals, Community Hospital of the Monterey Peninsula (CHOMP), Natividad, and Salinas Valley Memorial Hospital (SVMH) provide comprehensive medical care. Two of these hospitals are stroke and specialty cardiac centers, while the third hospital is a Level II Trauma Center. A fourth community hospital, Mee Memorial, located in King City, provides basic emergency services. The EMS Agency and its staff provide support and oversight for the system. The EMS Agency reports through the County Health Department to the Monterey County Board of Supervisors and directly to the State EMS Authority.

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Message from the EMS Director cont.

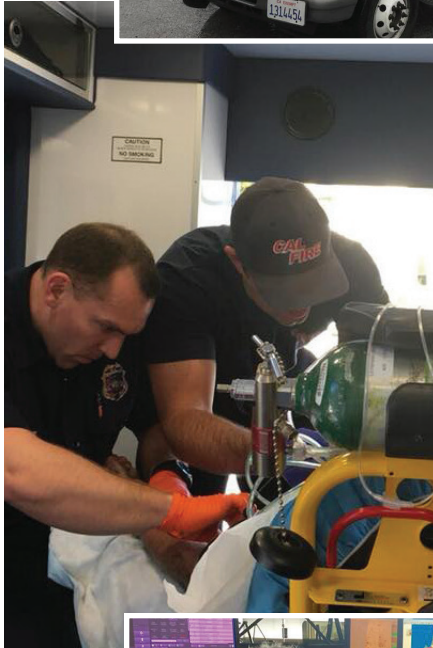


We all play a key role in the EMS system. Continuing to grow and expand our community partnerships and collaborative efforts strengthens the success of the plan and the services provided to the people of Monterey County. I recognize and thank all those involved in the development and implementation of this plan. Their continued drive to link the continuum of care through the EMS strategic planning efforts is to be commended.

Sincerely,

A handwritten signature in blue ink, which appears to read "Michael Petrie".

Michael Petrie, EMT-P, MBA, MA
EMS Bureau Chief/EMS Director
Monterey County EMS Agency



Why strategic planning?

Strategic planning is a process that supports the joint efforts among the Emergency Medical Care Committee (EMCC), the EMS community, and the EMS Agency. No single force or organization working alone can accomplish everything needed to improve prehospital care in Monterey County.

This plan is designed to be a framework to strengthen the Monterey County EMS System to achieve a single vision. That vision is: "Collaboratively, we seek to provide an accountable, patient-centered EMS System that improves health status, is cost-effective and sustainable, and seamlessly integrates our services into the larger healthcare system."

Strategic planning is a tool and a process that provides a pathway for an organization or system to fulfill its vision.





Strategic Planning Phases

The four-phase strategic planning process includes Plan, Develop, Implement and Review. The Monterey County Emergency Medical Services System Strategic Plan is the result of these processes and is broadly outlined in this summary document.

1. Planning

The Plan phase includes a foundational review of existing goals, objectives, and strategies; identification, analysis, and prioritization of key organizational factors.

2. Development

The Develop phase includes identification of strategic goals; development of strategic objectives and strategies; and determination of leads and measures.

3. Implementation

The Implement phase includes communication of strategies to staff and stakeholders and development of detailed action plans.

4. Review

Reviews of measures, outputs, outcomes, action plans, and an annual review at the first Emergency Medical Care Committee of each fiscal year ensures strategies and actions stay current with patient, public, organizational, and stakeholder needs and changing requirements.

Mission, Vision, Values



MISSION

Provide high quality, patient-centered emergency medical services for the people of Monterey County.

VISION

Collaboratively we seek to provide an accountable, patient-centered EMS System that improves health status, is cost-effective and sustainable, and seamlessly integrates our services into the larger healthcare system.

VALUES

- *Integrity*
We are accountable for our actions, decisions and policies and hold ourselves to high levels of personal integrity.
- *Collaboration*
We value relationships with our customers, colleagues and partner organizations to achieve positive outcomes.
- *Equity*
We provide a supportive environment that ensures compassionate and culturally-sensitive services with mutual respect and dignity for all.
- *Dedication and Expertise*
We value passion for what we do and a commitment to high quality service by every participant in the EMS system.
- *Effectiveness and Efficiency*
We value evidence-based medicine provided in an innovative, cost-effective, and sustainable manner.

Goals



2018 -2020 Goals

- | | |
|---------|--|
| GOAL 1 | Implement Medical Priority Dispatch System (MPDS) Call Prioritization, Resource Management, and Referral Options |
| GOAL 2 | Implement and maintain a countywide EMS Data System |
| GOAL 3 | Continue to develop comprehensive quality improvement programs that are stakeholder-based/engaged and meet the systemic needs of the EMS System |
| GOAL 4 | Identify and implement new treatment, transport, and destination options |
| GOAL 5 | Optimize methods of medical control and medical consultation |
| GOAL 6 | Develop infrastructure, structures, and processes for Multiple Casualty Incident (MCI) and medical disaster management |
| GOAL 7 | Support population health and health equity initiatives |
| GOAL 8 | Create positive work environments for EMS professionals |
| GOAL 9 | Ensure system and community needs are met through appropriate provider agency contracts with measurable outcomes and transparent reporting processes |
| GOAL 10 | Expand collaborative opportunities to further develop the EMS System |
| GOAL 11 | Ensure sustainable/adaptable funding mechanisms for the Monterey County EMS System |

GOAL 01

Implement Medical Priority Dispatch System (MPDS) Call Prioritization, Resource Management, and Referral Options

	Objective	Measure(s)	Strategies	Lead	Resource	Timeline
1.1	Ensure full Emergency Medical Dispatch (EMD) of every medical call	<p>Measure and report on scorecard percent of calls receiving EMD monthly.</p> <p>Dispatch/Communication Key Performance Indicators presented to Quality Improvement (QI) Technical Advisory Committee</p>	<p>Educate agency leaders on clinical importance of EMD</p> <p>Determine technical barriers that must be overcome with other Public Safety Answering Points</p> <p>Implement MPDS program within Communications centers</p> <p>Require full use of MPDS in next Request for Proposal</p>	<p>EMS Agency</p> <p>Public Safety Answering Points/ Communication Centers</p> <p>EMS Communications Center</p>	<p>International Academies of Emergency Dispatch</p> <p>EMS Medical Director</p> <p>Public Safety Answering Points/ Communication Centers</p>	7/30/2019
1.2	Identify policies and procedures for alternate pathways and referral of medical calls	<p>Develop policies for review by internal dispatch committees</p> <p>Develop policies for review by Medical Advisory Subcommittee and Operations Subcommittee using Policy Development Process</p> <p>Policies implemented</p> <p>Percent and number of patients served using alternate pathways and referral programs</p>	<p>Research Best Practice policies and successful implementations</p> <p>Inventory alternate pathway avenues/options within Monterey County</p> <p>Develop educational programming for physicians</p> <p>Develop standard operating procedures that involve EMS</p>	<p>EMS Agency</p> <p>EMS Communications Center</p>	<p>EMS Medical Director</p> <p>Medical Advisory Subcommittee</p> <p>EMS Providers</p> <p>Other healthcare organizations</p> <p>Public Safety Answering Points/ Communication Centers</p>	2/01/2020

2018-2020 GOALS

	Objective	Measure(s)	Strategies	Lead	Resource	Timeline
1.3	Develop clinically-driven response plans based on population density	Response criteria considers population density, resource availability, and response code in urban and rural areas	Responses to medical emergencies based on clinically-based criteria and MPDS criteria	EMS Agency	EMS First Responders Ambulance Providers Public Safety Answering Points/ Communications Centers EMS Medical Director	2/01/2020
1.4	Quality Improvement Process identified and resourced to accomplish function	Percent of calls correctly categorized monthly Percent of pre-arrival instructions provided in accordance to Medical Priority Dispatch System Protocols Feedback provided to communications personnel	EMS Agency and Provider confirm initial approach and interim accountabilities Develop provider-based comprehensive integrated quality improvement program Establish Medical Priority Dispatch Standards as part of next Request for Proposal (RFP) process	EMS Communications Center EMS Agency	EMS First Responders Ambulance Providers Public Safety Answering Points/ Communications Center	12/31/2018
1.5	Achieve Accredited Center of Excellence (ACE) by the International Academies of Emergency Dispatch	Submission of ACE application to International Academies of Emergency Dispatch Successful site visit ACE Accreditation received	Required as part of future RFP Specifications	EMS Communications Center	EMS Agency EMS Medical Director	1/31/2021

2018-2020 GOALS

	Objective	Measure(s)	Strategies	Lead	Resource	Timeline
1.6	Develop more robust use of MPDS data and integrate lessons learned into future system enhancements	<p>MPDS compliance reported on EMS System's monthly scorecard</p> <p>MPDS data linked to medic's initial findings</p> <p>Reported to Dispatch internal committees and QI Technical Advisory Committee</p>	<p>Include MPDS compliance on Communications Center monthly scorecard</p> <p>RFP standards outlined</p> <p>MPDS outputs and outcomes used to support Provider, EMS Agency, Health Department, and other initiatives to control/reduce cost, improve clinical care, and improve patient satisfaction</p>	<p>EMS Communications Center</p> <p>Public Safety Answering Point/ Communications Centers</p> <p>EMS Agency</p>	<p>EMS First Responders</p> <p>Ambulance Providers</p> <p>Hospitals</p> <p>Health Department</p>	12/31/2019

GOAL 02

Implement and maintain a countywide EMS data system

	Objective	Measure(s)	Strategies	Lead	Resource	Timeline
2.1	Complete appropriate data sharing agreements	85% participation of committee members attending meetings (including face-to-face meetings, calls) Completed agreements	Continue to foster positive relationships to share data between agencies Refine parameters required for agreements Execute agreements among all EMS System participants	EMS Agency Electronic Patient Care Record (ePCR)/ Data Workgroup	ESO Solutions ePCR/ Data Workgroup	8/31/2018
2.2	Provide access to data system to all providers	100% software distribution and participation with data system	Provide access to data system to all EMS System participants Consider expanded use of First Watch and First Pass-type systems	EMS Agency ePCR/Data Workgroup	ESO Solutions ePCR/ Data Workgroup	8/31/2018
2.3	Provide training for data system and analytics end users	Development of online training program 100% provider participation in data system training	Engage multiple provider organizations in program development through EMS Data Subcommittee Train all managers and quality improvement personnel Train all end users	ePCR/Data Workgroup ESO Solutions	EMS Agency EMS First Responders Ambulance Providers EMS Communications Center	8/31/2018

2018-2020 GOALS

	Objective	Measure(s)	Strategies	Lead	Resource	Timeline
2.4	Integrate companion systems Computer Aided Dispatch (CAD) and hospital data	100% participation by major receiving facilities	CAD integration Hospitals integrated Determine types of data systems used by primary Monterey County receiving facilities Leverage bi-lateral information flow for continuity of patient care	ESO Solutions ePCR/Data Workgroup Hospitals EMS Communications Center	EMS Agency	12/31/2020
2.5	Integrate other healthcare data systems, such as Health Information Exchanges (HIE)	100% participation by major receiving facilities	Assure integration benefits EMS System Maintain a defined and adopted data dictionary Comply fully with national and state mandatory data collection requirements Comply fully with data security and privacy requirements	ePCR/Data Workgroup EMS Agency	Hospitals	12/31/2020
2.6	Use the data gained to drive system improvements	Percent increase in number of relevant reports available to QI Committees, Medical Advisory Subcommittee, and Emergency Medical Care Committee for evaluating and benchmarking	Collaborate with QI Committees and Medical Advisory Subcommittee on report definition and specifications and Key Performance Indicators evaluation and benchmarking Consider First Pass in future RFP specifications	QI Committees Medical Advisory Subcommittee EMS Medical Director	EMS Agency EMS System Stakeholders	Ongoing

2018-2020 GOALS

	Objective	Measure(s)	Strategies	Lead	Resource	Timeline
2.7	Ensure financial sustainability of ePCR system	Long term stable funding solution is identified and maintained	<p>Continue to seek grant funding to maintain warehouse/data.</p> <p>Consider as part of franchise fee in specifications for future RFPs and agreements</p>	<p>EMS Agency</p> <p>EMS System Stakeholders</p>	Emergency Medical Care Committee	2/01/2020

GOAL 03

Continue to develop comprehensive quality improvement programs that are stakeholder-based/engaged and meet the systemic need of the EMS System

Objective	Measure(s)	Strategies	Lead	Resource	Timeline
3.1 Implement a Learning Management System (LMS) platform within the EMS System	90% participation in survey Provide ten hours minimum live QI case reviews annually Percent satisfaction with new LMS	Survey providers to ascertain specific needs for LMS Review competitive systems, including advantages and disadvantages Develop LMS parameters for programing and rapid dissemination of critical information Collaboratively develop and/or purchase other content Require participation in LMS as a requirement for local medical control Survey provider satisfaction with LMS Consider grant funding for requirement for next RFP	EMS Agency QI Committees EMS Medical Director ePCR/Data Workgroup	EMS Medical Director EMS Agency EMS First Responders Ambulance Providers Base Hospitals EMS Communication Center	7/01/2020

2018-2020 GOALS

	Objective	Measure(s)	Strategies	Lead	Resource	Timeline
3.2	Continue to identify and measure key opportunities for improvement/ effectiveness of onsite EMS treatment in the following areas: cardiac (including ST-elevation myocardial infarction (STEMI) and cardiac arrest), stroke, trauma, pediatric/neonatal care and other as identified	Percent dispatch compliance to MPDS protocol for Stroke, STEMI, Cardiac Arrest, and Trauma Percent Basic Life Support (BLS) and Advanced Life Support (ALS) compliance to Treatment Protocols and Policies and Procedures for Stroke, STEMI, Cardiac Arrest, and Trauma	Review data to identify opportunities for improvement Influence systematized care of STEMI/stroke/trauma patients Determine mortality rates Implement fully, Utstein template reporting style Establish uniform definitions of STEMI alert and cardiac alert	EMS Agency QI Committees EMS Medical Director	QI Committees Medical Advisory Subcommittee	Ongoing
3.3	Integrate output and outcome reports and reports on performance indicators to modify policies and procedures for clinical care and operations	Data report as part of monthly scorecard to QI committees, Medical Advisory Subcommittee, and Emergency Medical Care Committee EMS provider and system performance annually benchmarked to other systems	Review other system scorecards and adopt Monterey EMS System scorecard criteria	EMS Agency QI Committees EMS Medical Director	Quality Improvement Committees Medical Advisory Subcommittee Operations Subcommittee Emergency Medical Care Committee	Ongoing
3.4	Close communications loop by presenting reports on indicators to constituent groups	Percent increase in number of relevant reports available to EMS providers and committee evaluation	Determine review criteria and mechanism to manage cases that fall outside parameters Engage multiple provider organizations in program development Provide education programming for caregivers	EMS Agency EMS Medical Director	Quality Improvement Committees Medical Advisory Subcommittee Operations Subcommittee Emergency Medical Care Committee	Ongoing

2018-2020 GOALS

	Objective	Measure(s)	Strategies	Lead	Resource	Timeline
3.5	Develop and maintain an EMS System precepting program	Number of paramedic-providers participating Results of performance indicator evaluations	Program implements common standards, training and evaluation methods, and paramedic accreditation approval standards Common training provided to EMS Agency-approved preceptors	EMS Agency QI Committees EMS Medical Director	EMS First Responders Ambulance Providers Quality Improvement Committees Medical Advisory Subcommittee	7/01/2019

GOAL 04

Identify and implement new treatment, transport, and destination options

	Objective	Measure(s)	Strategies	Lead	Resource	Timeline
4.1	Assess options and constraints for potential treatment, transport, and destination modifications	Five options identified	<p>Dialogue with California EMS Authority to determine regulation, policies, and doctrine regarding alternate destinations</p> <p>Support appropriate legislative changes to facilitate ambulance transport to alternate destinations</p>	EMS Agency	<p>EMS Medical Director</p> <p>EMS First Responders</p> <p>Ambulance Providers</p> <p>Hospitals</p> <p>Monterey County Health Department</p> <p>Monterey County Behavioral Health</p> <p>Emergency Medical Care Committee</p>	6/30/2019
4.2	Develop transport options for low acuity transport and inter-facility clinical and operations	<p>Percent transported by EMS compared to percent transported by alternate mechanisms</p> <p>Annually benchmark to other systems</p> <p>Bi-annually benchmark satisfaction from facilities</p>	<p>Collaborate with hospitals, providers, and other stakeholders to develop destinations options</p> <p>If necessary, support legislation to allow alternate destinations for lower acuity patients</p> <p>Consider incorporating alternate transport capabilities in new RFP</p>	EMS Agency	<p>EMS Medical Director</p> <p>EMS First Responders</p> <p>Ambulance Providers</p> <p>Hospitals</p> <p>Monterey County Health Department</p> <p>Monterey County Behavioral Health</p> <p>Emergency Medical Care Committee</p>	6/30/2019

2018-2020 GOALS

	Objective	Measure(s)	Strategies	Lead	Resource	Timeline
4.3	Evaluate safety and efficacy of assessment and/or treatment without transportation	Percent increase in number treated without transport	Analyze risk and evaluate evidence of revising policies and protocols to facilitate treatment without transport options	EMS Medical Director EMS Agency	EMS First Responders Ambulance Providers Hospitals Medical Advisory Subcommittee California EMS Authority	6/30/2019
4.4	Implement alternate transport method of 5150 patients	Percent transported by EMS compared to percent transported by alternate method	Collaborate with Monterey County Behavioral Health and other stakeholders to conduct behavioral health and 5150 care summit	Monterey County Behavioral Health	EMS Agency Law Enforcement Hospitals Ambulance Providers	6/30/2018
4.5	Determine feasibility of implementing Community Paramedicine Program	Percent of agencies interested in participating in Community Paramedicine (CP)/ Mobile Integrated Health Programs (MIH) Feasibility study completed	Evaluate in-scope of practice projects that pave the way for CP/ MIH Program Advocate and out reach to support expanding CP/MIH Programs Determine local advantages/risks of developing CP/MIH Programs, including clinical, operational, and financial implications	EMS Agency	California EMS Authority First Responders Ambulance Providers Hospitals	6/30/2019

GOAL 05

Optimize methods of medical control and medical consultation

	Objective	Measure(s)	Strategies	Lead	Resource	Timeline
5.1	Implement standardized training/competencies for all base hospitals and base hospital physicians	Percent of hospitals demonstrating base hospital competencies Percent of physicians demonstrating base hospital competencies Percent of providers demonstrating clinical competencies annually	Define base hospital competencies in EMS System Policies and Procedures and training collateral Provide training to base hospital physicians and base hospitals on base hospital competencies Develop skills rodeo or other positive mechanism to annually validate clinical competencies	EMS Medical Director EMS Agency	Base Hospital Base Hospital Physicians Medical Advisory Committee	7/01/2019
5.2	Explore emerging communications technologies, such as video conferencing, and hospital services/status software	Document current percent of incidents with alternative communications Percent of time hospital status is reported	Determine value to patients and EMS System of each emerging communications technology Identify mechanisms for alternate communications Determine feasibility of hospital changes to hospital status changes	EMS Agency	Monterey County Office of Public Health Preparedness Hospitals EMS First Responders Ambulance Providers	12/31/2021
5.3	Evaluate alternate methods of on-line medical control	Number and percent of incidents requiring on-line medical control Three or more options for alternate on-line medical control identified Feasibility study completed	Operational issues and financial impact and feasibility of alternate plans should be evaluated	EMS Agency Base Hospitals	Medical Advisory Committee	1/31/2021

2018-2020 GOALS

	Objective	Measure(s)	Strategies	Lead	Resource	Timeline
5.4	Develop and implement a simplified training/ orientation program and update program for base hospital physicians	Percent of base hospital physicians successfully completing orientation Percent of base hospital physicians successfully completing update training	Develop on-line course via LMS to ensure ease of physician orientation Use LMS to routinely distribute updates	EMS Medical Director EMS Agency	Base Hospitals Medical Advisory Subcommittee	2/01/2020
5.5	Increase joint training among all components of system	Percent of agencies participating in joint training Percent of providers participating in joint training	Consider increased requirements for joint training to be sponsored by Contractor in new RFP Encourage collaboration among agencies in developing exercises and providing instructors	EMS Medical Director EMS Agency	Base Hospitals Medical Advisory Subcommittee	2/01/2020

GOAL 06

Develop infrastructure, structures, and processes for Multiple Casualty Incident (MCI) Plans and medical disaster management

	Objective	Measure(s)	Strategies	Lead	Resource	Timeline
6.1	Comprehensively revise the Multiple Casualty Incident (MCI) Plan	<p>Percent of agencies participating in plan development</p> <p>Plan closes or mitigates identified gaps in system</p> <p>Completed plan promulgated through Policy Development Process</p>	<p>Utilize "concept of operations" based planning concepts</p> <p>Encourage participation of all agencies</p>	EMS Agency	<p>Communications Centers</p> <p>EMS First Responders</p> <p>Ambulance Providers</p> <p>Hospitals</p> <p>Emergency Medical Care Committee</p>	3/31/2019
6.2	Assure all EMS stakeholders can implement the Monterey County MCI and Medical Disaster Plan	<p>MCI and Medical Disaster Plan training program developed for hospital, field, Operational Area Patient Distribution Center, and Medical Health Operational Area Coordinator (MHOAC)</p> <p>Percent of personnel completing initial training</p> <p>Percent of personnel completing refresher training</p>	<p>Assure that all EMS personnel have requisite Incident Command Center (ICS) and Independent Study training, consistent with federal doctrine</p> <p>Following comprehensive revision of MCI Plan, develop and provide position-appropriate MCI Plan training and SALT (Sort Assess, Life-Saving Interventions, and Treatment/Transportation) Triage training to all EMS personnel</p> <p>Provide annual MCI and Medical Disaster Preparedness refresher training to all EMS personnel</p>	EMS Agency	<p>Communications Centers</p> <p>EMS First Responders</p> <p>Ambulance Providers</p> <p>Hospitals</p> <p>Emergency Medical Care Committee</p>	7/01/2019

2018-2020 GOALS

	Objective	Measure(s)	Strategies	Lead	Resource	Timeline
6.3	Implement recurring MCI and preparedness exercises including after action reports and improvement plans	<p>Percent of EMS organizations that train their staff annually on MCI plan and local medical disaster plans</p> <p>Percent of organizations that include the local, regional, and state disaster response in orientation</p> <p>Percent of agencies participating in after action reports/improvement planning</p> <p>Percent of Improvement Plan objectives close within one year</p>	<p>Use all types of Homeland Security Exercise and Evaluation Program exercises</p> <p>Collaboratively determine content and scheduling of annual drills</p> <p>Type, content, and schedule of exercises integrated with Monterey County Office of Emergency Services' master exercise schedule</p> <p>Each exercise results in an After-Action Report and Improvement Plan, which is tracked to completion</p>	EMS Agency	<p>Communications Centers</p> <p>EMS First Responders</p> <p>Ambulance Providers</p> <p>Hospitals</p> <p>Emergency Medical Care Committee</p> <p>Monterey County Office of Emergency Services</p> <p>Monterey County Office of Public Health Preparedness</p>	7/01/2020
6.4	Develop and train personnel in related disaster plans and disaster topics	<p>Percent of agencies that participate</p> <p>Number of personnel receiving training</p>	<p>Create role-specific training standards in policy</p> <p>EMS personnel receive training specific to their roles and responsibilities. Training may include:</p> <ul style="list-style-type: none"> -California Public Health & Medical Emergency Operations Manual -EMS MCI & Medical Disaster Preparedness Plan -Emergency Operations Center (EOC)/ Disaster Operations Center (DOC) training -Advanced Incident Command System (ICS) training -Hazardous Materials (HAZMAT) training 	EMS Agency	<p>Communications Centers</p> <p>EMS First Responders</p> <p>Ambulance Providers</p> <p>Hospitals</p> <p>Emergency Medical Care Committee</p> <p>Monterey County Office of Emergency Services</p> <p>Monterey County Office of Public Health Preparedness</p>	7/01/2020

2018-2020 GOALS

	Objective	Measure(s)	Strategies	Lead	Resource	Timeline
6.5	Conduct realistic risk assessments and system preparedness assessments with timely remedies for identified gaps (target hazards)	Percent of identified risks/gaps that have mitigation strategies completed	Use risk assessment as a method of collaboration in plan development Compare identified risks with known risks Benchmark to similar systems/ counties	EMS Agency	Communications Centers EMS First Responders Ambulance Providers Hospitals Emergency Medical Care Committee Monterey County Office of Emergency Services Monterey County Office of Public Health Preparedness	7/01/2020
6.6	Continue to integrate various preparedness efforts	Number of EMS constituency groups and other preparedness organizations participating in efforts EMS stakeholders participating Number of action plan updates submitted to the Emergency Medical Care Committee	Benchmark integration of plans to other similar systems every 3 years	EMS Agency	Communications Centers EMS First Responders Ambulance Providers Hospitals Emergency Medical Care Committee Monterey County Office of Emergency Services Monterey County Office of Public Health Preparedness	Ongoing

GOAL 07

Support population health and health equity initiatives

	Objective	Measure(s)	Strategies	Lead	Resource	Timeline
7.1	Continue EMS integration with Monterey County Health Department's Whole Person Care Program and/or population health initiatives	Percent of agencies participating Number of cost-saving or care-improving initiatives identified Number of cost-saving or care-improving initiatives implemented	These efforts should include exploring opportunities for case management, alternate care and transport of mental health patients, and prevention activities EMS coordinates and authorizes prehospitalize activities Encourage participation of all agencies	EMS Agency Monterey County Health Department Whole Person Care	Behavioral Health Bureau Communications Centers EMS First Responders Ambulance Providers Hospitals	7/01/2019
7.2	Develop specific community education materials for use by provider agencies	Percent of shared tools made available by agency and other organizations	Educate leaders on benefits of coordinated public education plans to encourage prevention and recruitment efforts and reduce aggregate costs Content collaboratively determined Integrate Health Department PIO into program development	EMS Agency	Monterey County Health Department of Public Information Officer (PIO) EMS Communication Centers EMS First Responders Ambulance Providers Hospitals	7/01/2020
7.3	Encourage participation in prevention activities by provider agencies	Percent of agencies that participate Number of hours tracked annually by all agencies	Multiple related efforts exist – identify prevention mechanisms/ programs Coordinate efforts of individual agencies to develop community education materials to be shared and used by other agencies	EMS Agency	Monterey County Health Department PIO Communications Centers EMS First Responders Ambulance Providers Hospitals	12/31/2020

2018-2020 GOALS

	Objective	Measure(s)	Strategies	Lead	Resource	Timeline
7.4	Develop Community Education programs about the EMS System (e.g. appropriate use of 911, differences between 211/911)	<p>EMS System educational materials developed</p> <p>Percent of agencies participating/using materials</p>	<p>Identify specific opportunities for presentations</p> <p>Establish a Countywide EMS "speakers bureau" to provide system education</p>	EMS Agency	<p>Monterey County Health Department PIO</p> <p>Communications Centers</p> <p>EMS First Responders</p> <p>Ambulance Providers</p> <p>Hospitals</p>	12/31/2020
7.5	Develop EMS-specific health equity initiatives	<p>Number of health equity initiatives submitted to the Emergency Medical Care Committee</p> <p>Degree of integration with Monterey County Public Health's Health Equity Program</p>	<p>Conduct Gap Analysis in conjunction with Monterey County Public Health Department</p> <p>Determine areas of shared interest with Monterey County Health Department</p> <p>Identify top three issues affecting access to care and develop measurement tool to establish baseline for improvement</p> <p>Mitigation plan developed for high priorities</p> <p>Explore grant funding options</p> <p>Benchmark to similar systems/ counties</p>	<p>Monterey County Health Department</p> <p>EMS Agency</p>	<p>Monterey County Health Department PIO</p> <p>EMS Communication Centers</p> <p>EMS First Responders</p> <p>Ambulance Providers</p> <p>Hospitals</p>	7/01/2022

GOAL 08

Create positive work environment for EMS professionals

	Objective	Measure(s)	Strategies	Lead	Resource	Timeline
8.1	Encourage recognition activities at the provider, systems, state and professional level	Percent of providers recognized by organizations Percent of providers recognized by EMS Agency Number of state or professional rewards submitted Number of state or professional awards received	Encourage participation of all agencies Continue Countywide recognition program Measure and identify opportunities to improve Paramedic/EMT satisfaction	EMS Communications Center EMS First Responders Ambulance Providers Hospitals	EMS Agency	Ongoing
8.2	Remove barriers to career entry and development (e.g. ladders and education)	Number of entry level EMTs/ paramedics (increase or decrease from previous years)	Complete list of identified barriers and develop mitigation strategies including apprenticeship and creative training program support Measure and identify opportunities to improve paramedic/EMT satisfaction	EMS Communications Center EMS First Responders Ambulance Providers	EMS Agency Emergency Medical Care Committee	2/01/2021
8.3	Consistently promote safety best-practices and adherence to current safety practices (including vehicle collisions, violence against caregivers, medication error, injuries and infectious disease, and fatigue management)	Reduce vehicle collisions by 5% Track and trend systemwide number of incidents by category Number of Fatigue Management Programs	Multiple related efforts exist – identify prevention mechanisms/ programs Measure and report safety indicators as component of comprehensive quality improvement system Coordinated sharing of organization-specific and EMS System-wide safety education materials	EMS Communications Center EMS First Responders Ambulance Providers	EMS Agency Emergency Medical Care Committee	7/01/2020

GOAL 09

Ensure system and community needs are met through appropriate provider agency contracts with measurable outcomes and transparent reporting process

	Objective	Measure(s)	Strategies	Lead	Resource	Timeline
9.1	Develop contracts and agreements that are reasonable, flexible, and provide accountability	Provider contracts revised to be consistent by service type Number of revised contracts based on best-practices	Use national best practice performance contracting strategies, incorporating hallmarks of service excellence Contracts and agreements align incentives and desired performance and provide transparency Contracts and agreements provide flexibility for system adaptation as role of EMS System changes	EMS Agency	EMS First Responders Ambulance Providers Hospitals	2/01/2020
9.2	Develop reporting mechanisms that are meaningful, understandable and accessible	Number of Key Performance Indicators met by each EMS Provider Number of strategic planning milestones met	Use standard definitions, regular reporting intervals and web-enabled information Make system-wide reports available on LMS and require regular review	EMS Agency	EMS First Responders Ambulance Providers Hospitals Emergency Medical Care Committee	7/01/2019
9.3	Create "real-time" mechanisms for sharing reports and system status, such as dashboard portal for entire EMS System	Number of Key Performance Indicators met by each EMS provider	Potentially addressed with access to First Watch reports for agency leaders Make other system-wide reports available on LMS and require regular review	EMS Agency	EMS First Responders Ambulance Providers Hospitals Emergency Medical Care Committee Medical Advisory Committee	12/31/2020

2018-2020 GOALS

	Objective	Measure(s)	Strategies	Lead	Resource	Timeline
9.4	Report key system performance metrics to stakeholders, community leaders, and public	Reports include clinical, operational, and financial metrics that are most relevant to each audience	<p>Structured reporting to Monterey County Board of Supervisors, Cities and districts, hospital leadership, stakeholders, and public</p> <p>Public reporting is transparent and includes web-based information</p>	EMS Agency	<p>EMS First Responders</p> <p>Ambulance Providers</p> <p>Hospitals</p> <p>Emergency Medical Care Committee</p> <p>Medical Advisory Committee</p>	Ongoing

GOAL 10

Expand collaborative opportunities to further develop the EMS System

	Objective	Measure(s)	Strategies	Lead	Resource	Timeline
10.1	Develop and support a pathway to encourage EMS System innovation	<p>Number of action plan revisions to EMS System Strategic Plan</p> <p>Publicize or post best practices, strategic planning updates, and other innovation resources to encourage innovation on LMS.</p>	<p>Measure dissemination of EMS System Strategic Plan and Strategic Planning Initiatives</p> <p>Consider annual dedicated innovation discussion at Emergency Medical Care Committee</p> <p>Require annual review of EMS System Strategic Plan and Report to Emergency Medical Care Committee</p>	EMS Agency	<p>EMS Communication Centers</p> <p>EMS First Responders</p> <p>Ambulance Providers</p> <p>Hospitals</p> <p>Emergency Medical Care Committee</p> <p>Medical Advisory Subcommittee</p> <p>Operations Subcommittee</p>	7/01/2020
10.2	Explore increased communication pathways among EMS System stakeholders	<p>Number of Monthly Reports from Medical Director</p> <p>Number of "From the Director's Desk" style reports per year</p> <p>Number of other "guest" contributions to system-wide communications</p>	<p>Consider a LMS, with login accountability, as a primary vehicle to distribute information and to document that information was reviewed and understood</p> <p>Survey caregivers and other stakeholders about frequency and content of information desired</p>	EMS Agency	<p>EMS Communications Center</p> <p>EMS First Responders</p> <p>Ambulance Providers</p> <p>Hospitals</p> <p>Emergency Medical Care Committee</p> <p>Medical Advisory Subcommittee</p> <p>Operations Committee</p>	7/01/2020

2018-2020 GOALS

	Objective	Measure(s)	Strategies	Lead	Resource	Timeline
10.3	Review committee structure and processes with stakeholders (frequency, membership, goals, utility)	<p>Percent of members regularly participating in committees</p> <p>Number of constituency group meetings covered by EMS Agency staff</p>	<p>Compare committee structure and participation to best practices</p> <p>Conduct annual accomplishments review</p> <p>Modify committee structure to meet changing EMS System needs</p>	EMS Agency	<p>Quality Improvement Committees</p> <p>Medical Advisory Subcommittee</p> <p>Operations Committee</p> <p>Emergency Medical Care Committee</p>	12/31/2020
10.4	Create the Monterey County EMS Lessons Learned Center (web-based center)	<p>Number of lessons learned integrated into Lessons Learned Center</p> <p>Number of agencies participating in Lessons Learned Center</p>	Use stakeholder-based lessons learned to share best practices and solutions across EMS system	EMS Agency	<p>EMS Communications Center</p> <p>EMS First Responders</p> <p>Ambulance Providers</p> <p>Hospitals</p> <p>Emergency Medical Care Committee</p> <p>Medical Advisory Subcommittee</p> <p>Operations Committee</p>	12/31/2020

GOAL 11

Ensure sustainable/adaptable funding mechanisms for the Monterey County EMS System

	Objective	Measure(s)	Strategies	Lead	Resource	Timeline
11.1	Evaluate longer term value of CSA-74 funding	CSA-74 report developed Evaluation of CSA-74 value report presented to Emergency Medical Care Committee	Educate EMS System leaders about changing value of CSA-74 funding Review internal use of CSA-74 funds Evaluate best use of CSA-74 funds	EMS Agency	Emergency Medical Care Committee EMS First Responders Ambulance Providers	7/01/2019
11.2	Focus EMS System revenue to outcome and evidence-based functions and services and emerging cost-efficient strategies	Review of EMS System services and functions based on current medical literature and evidence Strategy presented to Emergency Medical Care Committee	Seat committee of clinical and research leaders to identify value-add services Determine feasibility of ideas to reduce system cost Present findings to Emergency Medical Care Committee Implement findings in EMS System	EMS Agency	Emergency Medical Care Committee EMS First Responders Ambulance Providers Hospitals	7/01/2019
11.3	Explore additional funding sources outside of tax support (e.g. insurance negotiations, community paramedic opportunities)	Alternate funders identified Number of meetings with alternative funders Potential new revenue sources identified	Determine method to provide value-justified funding to EMS System participants Coordinated efforts consider professional advocacy groups, such as EMS Administrators' Association of California, Cal Chiefs, California Ambulance Association	EMS Agency	Emergency Medical Care Committee EMS First Responders Ambulance Providers Hospitals	7/01/2020

2018-2020 GOALS

	Objective	Measure(s)	Strategies	Lead	Resource	Timeline
11.4	Proactively educate EMS System stakeholders about funding and future funding implications	EMS System financing plan developed for Emergency Medical Care Committee Number of Emergency Medical Care Committee members participation in education sessions Number of local leadership briefings conducted Implementable courses of action identified	Develop a coordinated strategy for EMS system-wide execution with local officials related to system needs and implications of funding changes	EMS Agency	Emergency Medical Care Committee	7/01/2019

Stakeholders and Partners

HOSPITALS

- Community Hospital of the Monterey Peninsula
- Mee Memorial Hospital
- Natividad
- Salinas Valley Memorial Hospital

AMBULANCE PROVIDERS

- American Medical Response
- City of Carmel Fire Department Ambulance
- For Hunter Liggett Fire Department
- Monterey County Regional Fire Protection District

FIRST RESPONDER AGENCIES

- Big Sur Volunteer Fire Brigade
- Cachagua Fire Protections District
- CAL FIRE
- Gonzales Rural Fire Protection District
- Greenfield Fire Protection District
- King City Fire Department
- Marina Fire Department
- Mid Coast Fire Brigade
- Monterey City Fire Department
- Monterey County Parks Department
- North County Fire Protection District
- Presidio of Monterey Fire Department
- Salinas Fire Department
- Seaside Fire Department
- South Monterey County Fire Protection District

AIR AMBULANCE

- CAL STAR
- California Highway Patrol
- Mercy Air
- REACH

COMMUNICATIONS CENTERS

- Monterey County Emergency Communications Center
- CAL FIRE Communications
- EMS Communications Center

OTHER PARTNER AGENCIES

- Monterey County Health Department
- Monterey County Office of Emergency Services

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