



Santa Clara County EMS System Strategic Plan Implementation Plan

June 2013

A Collaborative
Effort of the Santa
Clara County EMS
System

**SANTA CLARA COUNTY EMS SYSTEM STRATEGIC PLAN
IMPLEMENTATION PLAN**

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The Santa Clara County EMS System Strategic Plan

The Santa Clara County EMS System Strategic Plan was created between July 2012 and June 2013 to guide the future direction of the Santa Clara County EMS System. The assessment process evaluated the opportunities and threats facing the EMS System from national, regional and local influences and set goals to optimize the structure, processes, and outcomes of the EMS System. The assessment considered threats and opportunities in the context of the strengths and weakness of the EMS System, and emphasized a 3 to 7 year planning horizon, focusing on: 1) maintaining or improving clinical care; 2) improving patient satisfaction; and 3) improving operational efficiency, and assuring the cost effectiveness and financial solvency of the EMS System.

The planning process was supported by, and involved, all EMS System stakeholders, including County and Health and Hospital System leadership, fire service leadership and labor, law enforcement leadership, communication center leadership, ambulance provider leadership and labor, hospital leadership, emergency room physicians and nurses, EMS Agency personnel, the EMS Medical Director, Trauma Centers, STEMI Centers, Stroke Centers, and others. The strategic planning process was collaborative and included consensus building processes, town hall meetings, a public comment period, and other significant opportunities for input. The results of this process were the EMS System's Mission, Vision, Values, Goals and Objectives. The EMS System Strategic Plan was endorsed by the Santa Clara County Board of Supervisor's Health and Hospital Committee on June 12, 2013 and accepted by the Santa Clara County Board of Supervisors on June 25, 2013.

The ten goals within the Santa Clara County EMS System Strategic Plan are most relevant to the EMS System's ability to adapt to the changing healthcare environment. The first six goals in this draft strategic plan are necessary to assure clinical and operational quality, cost effectiveness, and patient and stakeholder satisfaction, even if the EMS System does not restructure to better meet the anticipated changes in the healthcare environment -- these changes are necessary to simply keep pace with improving standards of EMS care. The remaining four goals in the draft strategic plan position the Santa Clara EMS System to proactively prepare to meet anticipated changes in the healthcare environment, driven by the Patient Protection and Affordable Care Act, and other statutory, regulatory, and economic changes.

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EMS System Strategic Plan Mission, Vision, and Value Statements

The following statements were collaboratively developed by the stakeholders of the Santa Clara County EMS System:

Strategic Mission Statement

The mission of the Santa Clara EMS System is to evolve a cost-effective, collaborative, and outcome-based EMS delivery system that produces clinically superior and culturally competent care, while achieving high levels of patient satisfaction from the people of Santa Clara County.

Strategic Plan Vision

We envision a comprehensive, accessible, and sustainable EMS delivery system, realized through collaboration, which provides clinically superior, efficient, and innovative care.

Strategic Value Statements

Dignity and Respect: We treat all people with dignity, honesty, and respect.

Progressive: We are dedicated to the continuous improvement of our processes and systems based on evidence-based data, as well as best and promising practices.

Professional and Objective: We treat all individuals and organizations professionally, objectively, and without prejudice or bias.

Leadership: Leadership is provided through collaboration and facilitation to ensure accountability and high quality clinical care while ensuring fiscal and operational stability.

Participation: We welcome the contributions of the public, other agencies and organizations, and individuals in the development, implementation, evaluation, and improvement of the EMS system.

EMS System Motto

The EMS system motto describes our goal of adaptation in an ever-changing world:

Innovative EMS in the World's Capital of Innovation

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Prioritization and Sequencing of Goals in the Santa Clara EMS System Strategic Plan

The Santa Clara EMS System Strategic Plan Implementation Plan provides guidance to implement the 10 goals in the Santa Clara County EMS System Strategic Plan. This Strategic Plan Implementation Plan prioritizes and sequences the 10 goals, based on the concept of reinforcing and improving medical control, improving quality improvement and clinical oversight, and establishing a firm foundation for EMS System activities, before more aggressive initiatives are considered. For each of the 10 goals, this document details the tasks, recommended stakeholders, and the suggested timeline.

The table below identifies, for each goal, the other goals that are precedent—those goals that must be completed first or dependent—those goals that can only be completed after the listed goal is accomplished. Some goals are independent, meaning they can be completed at any time, without specific regard to the status of another goal. Those goals do not have precedents or dependents.

| Goal | Precedents | Dependents |
|--|--|--------------------------------|
| Goal 1: Enhance Medical Direction Model | | Goal 2, Goal 3, Goal 4, Goal 7 |
| Goal 2: Redesign EMS System Committee Structure | Goal 1, Goal 3 | Goal 7 |
| Goal 3: Continuous Quality Improvement Program | Goal 1 | Goal 2 |
| Goal 4: Standardize EMS Communication | Goal 1, Goal 3 | Goal 2 |
| Goal 5: Enhance EMS as an Equal Partner | | |
| Goal 6: Assure Fiscal Solvency of EMS System | Goal 7 | |
| Goal 7: Contemporary EMS Delivery Models | Goal 2, Goal 2, Goal 3, Goal 4, Goal 7 | Goal 6 |
| Goal 8: Public Education and Injury Prevention | | |
| Goal 9: Reduce ED Diversion and Wall Times | | |
| Goal 10: Develop a Legislative Platform | | |

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Categorization of Goals by Function

The ten goals listed in the Strategic Plan can also be categorized, based on their purpose, such as structural goals, action goals, and support goals. The relationships of these categories of goals are graphically displayed:



Structural Goals

Three of the goals in the Santa Clara County EMS System Strategic Plan provide the structural framework for the EMS System. These goals should be accomplished early in the implementation process, because the objectives in each of these goals are necessary for the safe and effective operation of the EMS System regardless of whether new initiatives are considered and because other goals depend upon the completion of these goals.

Goal 1: Research and design an enhanced contemporary EMS medical direction model

Goal 2: Evaluate and redesign the EMS System Stakeholder committee structure for effectiveness and focus

Goal 3: Develop an Effective Continuous Quality Improvement (CQI) Program

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Action Goals

There are five goals in the Santa Clara County EMS System Strategic Plan that require evaluation, and decision making before action can be taken. Many of these goals are dependent upon completion of the Structural Goals, defined above. The Action Goals are goals which significantly develop and enhance the capabilities of the EMS System in the medium and long term.

Goal 4: Standardize EMS Communications and Align the EMS Communication System

Goal 5: Create enhanced collaborative models with other public safety, health and medical stakeholder organizations in which EMS is an equal partner

Goal 7: Research, Design, and Implement Contemporary EMS Delivery Methods and Service Delivery Options

Goal 8: Partner with Public Health and Public Safety Organizations to Align and Enhance Public Education and Prevention Efforts

Goal 9: Develop a Collaborative Model to Prevent and Respond to ED/ Hospital Capacity Issues and Resulting EMS System Delays

Support Goals

There are two support goals in the Santa Clara County EMS System Strategic Plan. These goals do not directly improve the capabilities of the EMS System, but provide the external environment that allows the successful implantation of the Action Goals.

Goal 6: Assure the Long Term Financial Solvency and Stability of the Santa Clara County EMS System

Goal 10: Develop a common legislative action plan to support the Implementation of this EMS Strategic Plan

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Goal 1: Research and design an enhanced contemporary EMS medical direction model

| Santa Clara County Strategic Planning Goals and Objectives | | | | |
|--|---|--|---|--|
| Goal | Task | Objective | Steps | Notes/ Timeframe |
| 1. Research and design an enhanced contemporary EMS medical direction model | The Santa Clara County EMS system’s medical direction structures and processes should be redesigned to drive clinical excellence in all aspects of medical service delivery, including the new delivery models proposed with implementation of this strategic plan. | <ul style="list-style-type: none"> • Objective 1.1. Create a task force of EMS Agency, EMS provider, ED medical directors, specialty service medical directors, and other clinical and operational leaders to study and recommend a redesign of the Santa Clara County EMS system’s medical direction model. The redesign should incorporate: <ul style="list-style-type: none"> ○ Increased EMS medical director and quality improvement capability commensurate with EMS system scope and complexity ○ Provisions for online medical direction of emergency and alternate delivery services ○ Assurances that the EMS medical director’s oversight is communicated among EMS medical advisors ○ Assurances that medical direction encompasses all components of EMS system, including EMS field operations and EMS communications ○ Consistency with the revised EMS Quality Improvement Plan ○ Promotion of county and stakeholder-based research efforts ○ Education and training to ensure | <ol style="list-style-type: none"> (1) Create a task force that includes: <ol style="list-style-type: none"> a. EMS Agency b. EMS Medical Director c. Fire Agency d. County Ambulance e. Non-emergency ambulance f. County communications g. ED medical director h. Trauma medical director i. Stroke medical director j. STEMI medical director k. Helicopter medical advisor (2) Create a task force charter with mission, measures and timeframes (3) Define EMS agency staff resources to be assigned (4) Initiate task force for monthly meetings (6 recommended) (5) Support this work group | <p>Note 1: Change in medical direction model will drive changes in the EMS System Stakeholder committee structure and EMS CQI Program, which are considered in Goals 2 and 3, respectively. Thus, the outputs of this committee drive work in Goal 2 and Goal 3.</p> <p>Note 2: This committee may benefit from an independent facilitator.</p> <p>Timeframe: completed by March 2014.</p> |

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| Santa Clara County Strategic Planning Goals and Objectives | | | | |
|--|------|--|---|------------------|
| Goal | Task | Objective | Steps | Notes/ Timeframe |
| | | <p>the EMS medical director remains current on emerging practices, including specialty programs and quality improvement</p> <ul style="list-style-type: none"> ○ Medical direction for new EMS delivery options ● Objective 1.2. Submit draft revised medical direction plan to EMS stakeholders and the EMS Agency for input and direction ● Objective 1.3. Revise EMS system policies and procedures to support the new medical direction model of the Santa Clara EMS System ● Objective 1.4. Implement the new EMS System Medical Direction model ● Objective 1.5. Develop EMS medical director “bench strength” by ensuring that future EMS medical directors are developed and mentored | <p>as required based on the objectives identified</p> | |

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Goal 2: Evaluate and redesign the EMS System Stakeholder committee structure for effectiveness and focus

| Goal | Task | Objective | Steps | Notes/ Timeframe |
|--|---|---|--|--|
| 2. Evaluate and redesign the EMS System Stakeholder Committee structure for effectiveness and focus | The Santa Clara County EMS system should assess and redesign the EMS advisory committee structure to improve collaboration, stakeholder input, EMS Agency oversight, and emphasize continuous quality improvement while reducing oversight gaps, redundancies, and meetings EMS Agency and EMS stakeholders' staffing requirements. | <ul style="list-style-type: none"> • Objective 2.1. The EMS Agency and EMS system stakeholders should conduct a baseline assessment of advisory and oversight committees using “zero-based” assumptions. The optimal committee structure should: <ul style="list-style-type: none"> ○ Provide for comprehensive coordination of EMS system planning, regulation, and quality improvement ○ Facilitate policy development and quality improvement functions for all components of the EMS system ○ Minimize redundancies in committee responsibilities and authorities ○ Efficiently utilize EMS Agency and EMS system stakeholders' staff, resources, and time ○ Provide maximum stakeholder and public transparency in areas other than those protected through quality improvement processes ○ Provide neutral EMS Agency-sponsored meeting forums for EMS system-related issues • Objective 2.2. Submit draft EMS advisory group models for EMS | <ol style="list-style-type: none"> (1) Form a workgroup representative of each discipline within the EMS System, including: <ol style="list-style-type: none"> a. EMS Agency b. EMS Medical Director c. County Communications d. Other EMS Communication Center e. Fire f. County Ambulance g. Other ambulance h. Helicopter i. Hospital ED j. Trauma k. Stroke l. STEMI (2) Assess advisory and oversight committees' purposes, scope of responsibility, and outputs by reviewing meeting minutes. (3) Determine what committee structure | <p>Note 1: The medical direction structure created by the Goal 1 committee will affect the EMS System Stakeholder Committee Structure. The medical direction structure should be identified before the Goal 2 committee's work is finalized.</p> <p>Note 2: The EMS System Continuous Quality Improvement (CQI) program identified in Goal 3 will also affect the EMS System Stakeholder Committee Structure. The medical direction CQI program should be identified before the Goal 2 committee's work is finalized.</p> <p>Timeframe: completed by March 2014.</p> |

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| Goal | Task | Objective | Steps | Notes/ Timeframe |
|------|------|--|---|------------------|
| | | stakeholders input <ul style="list-style-type: none"> • Objective 2.3. Revise EMS system policies and procedures to support the new EMS System Stakeholder Committee structure • Objective 2.4. Implement the new EMS System Committee structure | provides seamless oversight of all components of EMS System, provides clear reporting, and reduces time spent in meetings. <ol style="list-style-type: none"> (4) Submit draft of EMS advisory group models to stakeholders and key policy entities (5) Revise EMS system policies and procedures (6) The single committee policy should identify the purpose, scope, leadership, confidentiality of each committee. (7) Implement new EMS System Committee structure | |

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Goal 3: Develop an Effective Continuous Quality Improvement (CQI) Program

| Goal | Task | Objective | Steps | Notes/ Timeframe |
|---|---|--|---|---|
| 3. Develop an Effective Continuous Quality Improvement (CQI) Program | The Santa Clara County EMS System should build on the current quality improvement program and create a coordinated and functional CQI program that provides quality outcomes, guidance for current and future EMS delivery policies and practices, and direction and resources for a robust EMS research program. | <ul style="list-style-type: none"> • Objective 3.1. Create a team of EMS Agency, hospital, pre-hospital, and clinical leaders to revise the EMS Agency's EMS Quality Improvement Plan (EQIP). The plan should: <ul style="list-style-type: none"> ○ Incorporate the new EMS System medical direction model and new EMS System committee structure ○ Integrate best practices from other EMS systems and specialty service credentialing organizations ○ Emphasize a coordinated, functioning, and outcome-based continuous quality improvement (CQI) program ○ Assure complete "loop closure" on all studied elements, including findings of after action reports and plans of correction ○ Integrate all EMS system participants, all clinical initiatives, and essential operational measures within the EMS system ○ Provide access to reliable EMS system data to stakeholders and public, as allowed by law ○ Foster research and publication of quality improvement results to advance the science of EMS ○ Integrate the philosophy and | <ol style="list-style-type: none"> (1) Hire a consultant to revise the EMS Agency's EMS Quality Improvement (EQUIP) Plan and to create an EQUIP Plan Template for fire and ambulance providers. (2) Create a group of clinical leaders to support the EQUIP consultant: <ol style="list-style-type: none"> a. EMS Medical Director b. EMS Agency QI Coordinator c. ED medical director (2) d. ED nurse managers (2) e. Trauma Center nurse /physician f. Stroke Center nurse/physician g. STEMI Center nurse/physician h. County Ambulance medical advisor/paramedic i. Fire first response medical | <p>Note 1: The work of Goal 1: Medical Direction Structure Committee will affect the work of Goal 3: EMS System Continuous Quality Improvement Program Committee. The medical direction structure should be identified before the Goal 3 committee's work is finalized.</p> <p>Note 2: The work of Goal 3: EMS System Continuous Quality Improvement (CQI) Program Committee will also affect Goal 2: EMS System Stakeholder Committee Structure. The CQI Program should be identified before Goals 2 committee work is finalized.</p> <p>Timeframe: completed by March 2014.</p> |

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| | | <p>components of a “Just Culture” program</p> <ul style="list-style-type: none"> ○ Incorporate the concepts and practices of Lean Six Sigma ● Objective 3.2. The EMS Agency and the EMS Quality Improvement Plan Committee submits the draft CQI plan for EMS stakeholder input ● Objective 3.3. Conduct educational and workshop sessions to roll out the CQI plan and the Just Culture model ● Objective 3.4. Continue to conduct Lean Six Sigma training to orient EMS system stakeholders to Lean Six Sigma methods and processes ● Objective 3.5. Revise EMS system policies and procedures to support the new EMS System Quality Improvement Plan ● Objective 3.6. Implement the new EMS Quality Improvement Plan ● Objective 3.7. Continue to develop the Comprehensive EMS Data System, which incorporates data from EMS communication centers, first responders, emergency and non-emergency ambulance providers, specialty centers, and hospitals ● Objective 3.8. Design and develop research programs that are publishable in credible medical and social sciences journals, based on the | <p>advisor/paramedic</p> <ul style="list-style-type: none"> (3) EMS Quality Improvement Plan Committee submits draft of CQI plan for stakeholder input (4) Revise EMS System policies and procedures for consistency with new CQI Program (5) Conduct educational workshops to rollout plan (6) Revise and implement EMS System Quality Improvement Plan (7) Develop training program for Just Culture, Lean Six Sigma, and other appropriate CQI training. (8) Provide training as identified in objectives. | |

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| Goal | Task | Objective | Steps | Notes/ Timeframe |
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| | | experiences and successes of the Santa Clara County EMS System | | |

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Goal 4. Standardize EMS Communications and Align the EMS Communication System

| Goal | Task | Objective | Steps | Notes/ Timeframe |
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| 4. Standardize EMS Communications and Align the EMS Communication System | The Santa Clara County EMS System should establish a single modern integrated EMS communication and resource deployment system that improves functionalities, efficiencies, interfaces, and reduces duplication. | <ul style="list-style-type: none"> • Objective 4.1. Create a multidisciplinary EMS Communications Task Force comprised of EMS, public safety, and communication center leaders to develop a comprehensive EMS Communication and Resource Deployment System Plan. The task force should have as its objectives: <ul style="list-style-type: none"> ○ Developing a coordinated, consolidated, and integrated EMS communication and resource deployment system ○ Developing baseline capabilities, accreditation, and performance criteria of the EMS communication and resource deployment system ○ Identifying and establishing essential (i.e., CAD-to-CAD interfaces, MARVLIS, latitude/longitude determinants, etc.) and desirable technological interfaces for the EMS communication and resource deployment system ○ Defining monitoring roles and tools for performance ○ Defining characteristics of interfaces necessary for alternate EMS deployment and disposition | <ol style="list-style-type: none"> (1) Create an EMS Communications Task Force composed of: <ol style="list-style-type: none"> a. EMS Agency b. EMS Medical Director c. Fire Departments (2) d. Police Departments(2) e. County Communications Center f. Other Communications Center g. County Ambulance Supervisor/AMPDS QI Supervisor h. EMS Dispatch (2) Develop EMS Communication and Resource Deployment System , Alignment, and EMS Communication Center Quality Improvement Plans (3) Publish recommendations and timeframe | <p>Note 1: The initial output of this committee is to recommend a process to implement uniform EMS call reception, caller interrogation, pre-arrival instructions, dispatch standards, reporting and QI standards throughout all EMS Communication Centers throughout the EMS System.</p> <p>Note 2: A desirable output of this committee is to recommend consolidation of dispatch centers, if that consolidation can demonstratively improve operational and clinical performance. This output is distinct from the output discussed in Note 1.</p> <p>Note 3: Standardization of EMS call reception, caller interrogation, pre-</p> |

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| Goal | Task | Objective | Steps | Notes/ Timeframe |
|------|------|--|-------|--|
| | | <p>models including community paramedics and caller referral</p> <ul style="list-style-type: none"> ○ Developing viable and sustainable funding models for the communication and resource deployment system ● Objective 4.2. The EMS Communications Task Force should submit a draft Alignment Plan for EMS stakeholder, public-safety, county and municipal executive input ● Objective 4.3. The EMS Communications Task Force should develop a draft Alignment Plan for county and municipal executive and elected official approval ● Objective 4.4. The EMS Agency should develop an EMS Communication Center Quality Improvement Plan, which may be an annex to the EMS System Quality Improvement Plan ● Objective 4.5. The EMS Agency should develop EMS System Communication Center Policies and Procedures | | <p>arrival instructions, dispatch standards, reporting and QI standards throughout all EMS Communication Centers throughout the EMS System is a prerequisite to the dispatch-based alternate delivery models identified in Goal 7: Contemporary EMS Delivery Methods and Service Delivery Options.</p> <p>Timeframe: standardization of EMS Communication completed by December 2014</p> <p>Timeframe: communication Center consolidation progresses based on funding, political interest, and demonstrated benefit.</p> |

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Goal 5: Create enhanced collaborative models with other public safety, health and medical stakeholder organizations in which EMS is an equal partner

| Goal | Task | Objective | Steps | Notes/ Timeframe |
|---|--|---|--|---|
| <p>5. Create enhanced collaborative models with other public safety, health and medical stakeholder organizations in which EMS is an equal partner</p> | <p>The collaboration called for in this plan should include an increased presence of the Santa Clara County EMS Agency reaching out to system stakeholders including public-safety, health, medical leadership and policy makers to increase collaboration and develop partnership models that advance EMS system initiatives.</p> | <ul style="list-style-type: none"> • Objective 5.1. Create a task force of EMS Agency, EMS providers, fire service, other public safety, and public health leaders to identify methods to increase interdisciplinary collaboration and to improve the stature of EMS as an equal discipline. The model could consider: <ul style="list-style-type: none"> ○ Identifying shared missions, goals, and objectives, which may be enhanced by collaboration ○ Creating interfaces for interaction and shared vision among the EMS Agency and public safety and public health partners ○ Providing options for data and information sharing within Santa Clara County’s hospitals, fire services, EMS, ambulance providers, public health department, mental health department, law enforcement agencies, social service providers and other EMS stakeholder organizations • Objective 5.2. Design a collaborative model that allows multidisciplinary input to the Exclusive Operating Area (EOA) ambulance provider’s | <ol style="list-style-type: none"> (1) Create a task force of: <ol style="list-style-type: none"> a. EMS Agency b. County Ambulance c. County Communications d. EMS Labor e. Other ambulance provider f. Fire service g. Police Department h. Public health leaders (2) Design an enhanced public safety collaborative model (3) Identify potential for mutually beneficial initiatives (4) Revise and submit EMS collaborative models to stakeholders (5) Identify potential career paths for EMS professionals, based on formal education, training, and experience. (6) Develop career path programs for field EMS care (community | <p>Timeframe: completed by December 2014.</p> |

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|------|------|---|---|------------------|
| | | <p>monitoring and performance process, contract changes, and renewals or rebids</p> <ul style="list-style-type: none"> • Objective 5.3. The EMS Agency and the County’s public safety agencies should design an enhanced public safety collaborative model. The model may include: <ul style="list-style-type: none"> ○ An Exclusive Operating Area (EOA) performance monitoring committee ○ An Exclusive Operating Area (EOA) performance reporting and input process ○ Developing additional policy and operational public-safety interfaces ○ Periodic orientation and educational sessions for public policy makers • Objective 5.4. Submit draft revised EMS collaborative models for EMS stakeholders input • Objective 5.5 Submit revised EMS collaborative models for approval by appropriate EMS stakeholder organizations’ leadership • Objective 5.6. Develop a culture within the Santa Clara County EMS System that drives services and individuals to present themselves professionally in their demeanor, | <p>paramedic and advanced care paramedic), quality improvement, management, and system oversight.</p> <p>(7) Recruit EMS professionals into career path programs.</p> <p>(8) Formalize role of Duty Chief into EMS System concept of operations, policies, procedures, and contracts.</p> | |

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|------|------|--|-------|------------------|
| | | <p>actions and appearance at all times</p> <ul style="list-style-type: none"> • Objective 5.7. Provide ongoing and structured opportunities for EMS workforce education, development, and mentorship to develop EMS system “bench strength” • Objective 5.8. Define, train, and inform EMS Stakeholders on the relationship of the EMS Agency and County Ambulance, including the roles and responsibilities of the EMS Duty Chiefs and County Ambulance Supervisors | | |

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Goal 6: Assure the Long Term Financial Solvency and Stability of the Santa Clara County EMS System

| Goal | Task | Objective | Steps | Notes/ Timeframe |
|--|--|---|---|---|
| 6. Assure the Long Term Financial Solvency and Stability of the Santa Clara County EMS System | The Santa Clara County EMS System should evaluate the current funding model, and consider and implement other funding models as necessary to assure the stability and sustainability of current and future EMS system delivery programs. | <ul style="list-style-type: none"> Objective 6.1. Create a multidisciplinary task force consisting of EMS, public safety, hospitals, ambulance providers, and payers to develop comprehensive EMS funding strategies Objective 6.2. Identify and map current funding sources Objective 6.3. Define and quantify the anticipated and probable funding changes driven by health reform for traditional EMS delivery models Objective 6.4. Identify and quantify the potential costs and funding sources for the alternate delivery models contemplated in this strategic plan Objective 6.5. Establish first responder and public safety funding resource inventories (i.e., first responder, new statutory improved reimbursement for government ambulance providers, etc.) and other system delivery providers as needed Objective 6.6. Identify and quantify the difference between current and future funding based upon a traditional EMS delivery model and alternate EMS delivery models to determine the need and the value of incorporating alternate EMS delivery | <ol style="list-style-type: none"> Create a task force to develop comprehensive EMS funding strategies. Task force should consist of: <ol style="list-style-type: none"> EMS Agency Fire Department Hospitals (2) County Ambulance EMS Labor Payers (2) Identify and map current funding sources and strategies and potential costs Develop funding models Submit draft funding plan for input to stakeholders and system leaders. | <p>Note 1: This goal links with Goal 7: Contemporary EMS Delivery Methods and Service Delivery Options because delivery methods identified in Goal 7 should contribute directly or indirectly to the long term financial solvency and stability of the Santa Clara County EMS System.</p> <p>Note 2: The primary consideration of the committee formed under this Goal is to look at longer term trends and strategies to capitalize on changing reimbursement models and new revenue sources.</p> <p>Timeframe: completed by June 2015</p> |

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| | | <p>models</p> <ul style="list-style-type: none"> • Objective 6.7. Develop funding models that implement and sustain the goals articulated in this strategic plan • Objective 6.8. Submit draft funding plan for EMS, public safety, hospital, payer, municipal, County and public policy leadership input | | |

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Goal 7: Research, Design, and Implement Contemporary EMS Delivery Methods and Service Delivery Options

| Goal | Task | Objective | Steps | Notes/ Timeframe |
|--|---|--|--|---|
| 7. Research, Design, and Implement Contemporary EMS Delivery Methods and Service Delivery Options | The Santa Clara County EMS system should evaluate and adopt appropriate contemporary EMS delivery methods to create cost-effective value for the EMS system, patients, and payers, and to assure the services provided are anchored in evidence-based best practices. | <ul style="list-style-type: none"> • Objective 7.1. Continue to implement contemporary EMS delivery methods already under development. These delivery methods include: <ul style="list-style-type: none"> ○ The pre-hospital component of Sobering System ○ The Resource Allocation Program (high user identification and management system) • Objective 7.2. Create one or more alternative delivery steering groups consisting of EMS, public safety, hospital, clinical, payer leaders, and other interested stakeholders to begin to identify and credential contemporary EMS delivery and service options. These options may include: <ul style="list-style-type: none"> ○ EMS-based mental health services ○ Community paramedic – assess, treat and release ○ Community paramedic – alternate destinations ○ Community paramedic – frequent user case management, including non-compliant user case management ○ Community paramedic – chronic disease patient care, if system and | <ol style="list-style-type: none"> (1) Create one or more alternative delivery steering groups consisting of: <ol style="list-style-type: none"> a. EMS Agency b. Fire Department c. Police Department d. County Ambulance e. EMS Labor f. Hospitals g. Clinical h. Payor leaders i. Mental Health j. Drug and Alcohol Services k. Homeless Services l. Interested stakeholders (2) Select service delivery options for evaluation, based on the significance of the problem in the EMS and potential for solution to solve problem. (3) Alternative steering groups should develop a formal business plan for each alternative delivery model | <p>Note 1: Each initiative identified in Objective 7.2 may require a distinct task force, based upon the agencies that will be affected by the decisions of the committee.</p> <p>Note 2: Most of the initiatives identified in Objective 7.2 cannot be considered until other objectives in Goals have been completed or are in progress.</p> <p>Initiatives in Objective 7.2 that contemplate an expanded medical scope of practice are contingent upon Goal 1: Enhanced Contemporary Medical Direction Model, and Goal 3: Effective CQI Program.</p> <p>Initiatives in Objective 7.2 that contemplate call screening and</p> |

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| | | <p>scope is feasible</p> <ul style="list-style-type: none"> ○ Community paramedic – post hospital discharge patient care, if system and scope is feasible ○ Community paramedic – community health services (e.g. immunizations) , if system and scope is feasible ○ Tiered pre-hospital response based on enhanced medical triage (e.g. Omega© model) ○ Integration of mid-level practitioners (nurse practitioners and physician’s assistants) into the EMS system ○ Integration of law enforcement as a provider of reimbursed services ○ Registered Nurse call referral at communications center models (e.g. Low Code© model) ○ Use of EMS for “Wrap” services (i.e., social services, case management, housing, etc.) for identified key patients ○ Integration into comprehensive medical and health data sharing infrastructure, which allows access to a patient’s electronic medical record to any EMS, ED or other organization evaluating or treating an EMS patient (similar to the San Diego Beacon model) | <p>(4) Field test potentially viable models through limited term pilot studies</p> <p>(5) Submit draft plans and models for EMS stakeholder input</p> <p>(6) Implement plans and models into Santa Clara County EMS Policies and Procedures</p> | <p>referral from a communication center, dispatch of non-traditional resources or change in the response code of traditional resources are contingent upon Goal 1: Enhanced Contemporary Medical Direction Model, Goal 3: Effective CQI Program, and Goal 4: EMS Communication.</p> <p>Timeframe will be agreed to in each steering groups’ charter.</p> |

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| | | <ul style="list-style-type: none"> ○ Other options deemed valuable by EMS system stakeholders ● Objective 7.3. The alternate delivery steering groups should develop a formal business plan for each alternative delivery model it wishes to consider for limited term pilot studies ● Objective 7.4. The EMS system should field test potentially viable models through limited term pilot studies ● Objective 7.5. Develop viable and sustainable long-term funding models for the accepted alternate delivery models ● Objective 7.6. Submit draft plans and models for EMS stakeholder input ● Objective 7.7. Formally integrate desired alternative delivery models into the Santa Clara County EMS system | | |

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Goal 8: Partner with Public Health and Public Safety Organizations to Align and Enhance Public Education and Prevention Efforts

| Goal | Task | Objective | Steps | Notes/ Timeframe |
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| <p>8. Partner with Public Health and Public Safety Organizations to Align and Enhance Public Education and Prevention Efforts</p> | <p>The Santa Clara County EMS system should enhance its own public education and prevention program while integrating with existing and emerging public education and prevention programs to establish common topics, messages and channels, ensuring that EMS-relevant public education and prevention messages are emphasized.</p> | <ul style="list-style-type: none"> • Objective 8.1. In partnership with the Public Health Department’s Injury Prevention Program and Data Management Unit, conduct an assessment of leading causes of EMS system transports • Objective 8.2. Convene a multidisciplinary task force consisting of EMS, the Public Health Department’s Injury Prevention Program, public safety, hospitals, ambulance providers, and other interested stakeholders to continue to develop the EMS system’s injury prevention and public education program <ul style="list-style-type: none"> ○ Conduct best practice reviews of effective EMS-based public education and prevention programs and effective outreach and education prevention strategies, including an inventory of other county programs, national and state campaigns, and existing programs in Santa Clara County ○ Prioritize the outreach and education prevention strategies to be implemented through the | <ol style="list-style-type: none"> (1) Create EMS Public Education and Prevention Committee or join existing committee with same function in Public Health Department (2) EMS representation should include: <ol style="list-style-type: none"> a. EMS Agency b. Fire Department c. County Ambulance d. Hospital e. Public Health (3) Assess leading causes of EMS system transports (4) Develop EMS system’s injury prevention and public education program (5) Establish and implement the outreach and education prevention strategies designed to blanket community with common message. | <p>Note 1: Results of illness and injury assessment should drive public education and prevention campaign.</p> <p>Timeframe: completed by December 2015.</p> |

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| Goal | Task | Objective | Steps | Notes/ Timeframe |
|------|------|--|-------|------------------|
| | | <p>EMS system, including identification of resources and development of an implementation plan</p> <ul style="list-style-type: none"> • Objective 8.3. Establish cooperative agreements across the EMS system and implement the priority outreach and education prevention strategies • Objective 8.4. Identify resources and funding components to implement these prevention/education programs • Objective 8.5. Implement the outreach and education prevention strategies outlined in the implementation plan and in coordination with public health, county-wide injury prevention campaigns | | |

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Goal 9: Develop a Collaborative Model to Prevent and Respond to ED/ Hospital Capacity Issues and Resulting EMS System Delays

| Goal | Task | Objective | Steps | Notes/ Timeframe |
|---|--|--|---|---|
| <p>9. Develop a Collaborative Model to Prevent and Respond to ED/ Hospital Capacity Issues and Resulting EMS System Delays</p> | <p>Santa Clara County EMS system stakeholders should adopt a collaborative model to study, design, and implement long-term solutions to address ED/Hospital capacity problems and to reduce resulting EMS system delays.</p> | <ul style="list-style-type: none"> • Objective 9.1. The EMS Agency should work with the Hospital Council of Northern and Central California and all hospitals within Santa Clara County to collaboratively study and respond to capacity problems as identified in the EMS Assessment Report. These capacity issues are typified by frequent ambulance diversion, delayed patient “off-loads,” and other delays at some hospital EDs. This collaborative should consider the following tenets: <ul style="list-style-type: none"> ○ The collaborative should be endorsed and monitored by the senior leadership of all participating entities ○ The desired end result and measurements of success should be defined before initiation ○ The topics of the collaborative should include pre-hospital, hospital, and population strategies ○ The collaborative should consider best and promising practices identified in other EMS systems ○ The collaborative should be briefed on other related initiatives | <ol style="list-style-type: none"> (1) Engage consultant to conduct evaluation of ED/Hospital capacity issues, wait times, and diversion rates. (2) Seat work group to represent stakeholders throughout process. Stakeholders should include: <ol style="list-style-type: none"> a. EMS Agency b. Each hospital ED c. County Ambulance d. Non-emergency ambulance provider e. Fire Department f. County Communications (3) Establish policies and procedures to implement the successful results of the collaborative (4) Publish results of process. | <p>Timeframe: completed by June 2014.</p> |

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| | | <p>driven by this strategic plan, including alternate EMS delivery models</p> <ul style="list-style-type: none"> ○ The collaborative should develop actionable and measurable short and medium-term objectives, which can be used to demonstrate progress toward meeting the end goal • Objective 9.2. The EMS Agency should develop EMS system policies and procedures to implement the successful results of the collaborative • Objective 9.3. Hospitals’ leadership should develop hospital policies to implement the successful results of the collaborative • Objective 9.4. The collaborative should publish its successful results to assist other EMS systems to prevent and respond to ED/hospital capacity issues and resulting EMS system delays | | |

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Goal 10: Develop a common legislative action plan to support the Implementation of this EMS Strategic Plan

| Goal | Task | Objective | Steps | Notes/ Timeframe |
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| 10. Develop a common legislative action plan to support the Implementation of this EMS Strategic Plan | The Santa Clara County EMS system stakeholders should develop a common legislative action plan to support the implementation of future system capabilities and outcomes. | <ul style="list-style-type: none"> Objective 10.1. Create a legislative task force to identify legal empowerment gaps between goals and the current legal system (i.e., statutes, regulations, ordinances, contracts, policies, etc.) Objective 10.2. Develop an inventory of assist with resolving these gaps Objective 10.3. Develop a plan to implement the desired legislative model and to close the gaps Objective 10.4. Submit a draft plan for input from EMS, public safety, public health, county, and governmental leaders | <ol style="list-style-type: none"> (1) Create work group to identify legal empowerment gaps between goals and current legal system (2) Establish inventory of legislative advocates to help resolve gaps (3) Develop a plan to implement legislative model (4) Submit draft plan for input to County, municipal, and health care leadership. | Timeframe: completed by June 2015 |