

FY 2020

WILLIAMSON COUNTY EMS



STRATEGIC PLAN

Fiscal Years 2020 - 2025

The Strategic Plan Williamson County EMS Fiscal Year 2020

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ACKNOWLEDGMENTS

I would like to thank everyone on the Strategic Planning Committee for all their dedication and assistance with this update of the strategic plan. Karen Horan, Kirsti Elias, and Matt Biasatti have been members for several years. Tara English, Lucia Tannehill, Tom Watson, and Derrick Schnaiter joined the committee in May 2019 after a strategic planning seminar. They jumped in without hesitation both during the seminar and in the months that followed and have become outstanding assets to the committee. It is due to everyone's time, thoughts, research, and hard work that this strategic plan has the quality that it does. Jeff Isbell continues to be an inspiration and problem-solver as well as a good general sounding board. Jessica Toothman has always been willing to bail me out of various tech problems when I hit formatting or software snags.

In 2006 John Sneed, the former director of WCEMS and first Senior Director of Emergency Services in Williamson County, saw that the system needed a vision and written plan in order to successfully grow and meet the many challenges faced by all emergency services organizations. His foresight and willingness to take an uncompromising look at the organization laid the foundation for the plan's continued success. Kenny Schnell, former director of WCEMS, provided much needed support to the committee throughout his tenure. Mike Knipstein, the current director of WCEMS, continues the tradition of allowing the Strategic Planning Committee broad latitude in researching and developing plans to improve the system. He actively works with the committee and his involvement helps ensure the plan represents and presents the system's vision. The strategic plan is more thorough, well-researched, and ultimately stronger for their committed involvement.

Last, but certainly not least, my deepest appreciation to my husband, Kevin, for "...keeping hearth and home, raising the children..." and the dealing with the quotidian of daily life. No thanks are adequate.

Kim Farris
September 2019

Perfer et obdura; dolor hic tibi proderit olim
Ovid

Intra quinquennium mirum non erit
Kim Farris and Jeff Isbell – 2016

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DIRECTOR'S STATEMENT

Any great organization must be willing to look back at past accomplishments and failures to learn from those events. The key is to not get mired down in the past, and that the past does not keep you from moving forward. A foundation of Williamson County EMS is our strategic plan. It is the document that moves us forward, one goal and accomplishment at a time.

Our organization continues to change and grow, and we must remain centered on our mission, to respect, care and serve. We are committed to three goals – to be a pre-eminent pre-hospital clinical provider, to have the most efficient and effective operations possible, and to delivering outstanding customer service. These goals are challenging, and we must work together to meet the anticipated needs of our community and patients. These challenges can be accomplished through planning, focus and teamwork.

Our strategic plan defines that planning and puts these goals into manageable objectives. Williamson County EMS as well as the strategic plan are “works in progress”. Our vision, to be a proactive system continuously striving for excellence in service, points to the fact that we must be a learning organization. We must be open to change and growth.

Our strategic plan provides a clear path for Williamson County EMS' future. The core of the plan shows a way toward excellence by building on the strengths of the organization and identifying the weaknesses to be addressed. It outlines a focused direction for our organization and a means of how we can achieve each action plan for the year. With the dedication and teamwork of the Williamson County EMS staff the system can accomplish great things.

We remain committed to acting on ideas that uphold our vision, mission and core values. The collaborative nature of our department helps achieve these goals, close existing gaps, and work toward being an outstanding clinical provider that makes a difference in people's lives.

In *Good to Great*, Jim Collins states, “Greatness is not a function of circumstances. Greatness, it turns out, is largely a matter of conscious choice, and discipline.” Our strategic plan is the conscious choice to pursue greatness, our caregivers display the discipline to reach that greatness and are to be commended.

Sincerely,

Mike Knipstein

MEDICAL DIRECTOR'S STATEMENT

EMS is the practice of emergency medicine outside of the hospital. Clinical Practice exists to direct and guide this practice at Williamson County EMS. Our practice is based on the overlapping disciplines of applied science, process improvement, and education. The integration of evidence-based medicine with process evaluation drives our continuing education efforts which, in turn, improves our practice. The tools and techniques of process measurement and improvement are very similar to those of clinical science. It shouldn't be a surprise, then, that our department is very involved both in process improvement and research.

One of the key tools of both improvement and research is measurement. The key performance indicators (KPIs) we measure monthly allow us to carefully track defined indicators of our performance from month to month. They also allow us to see the effects of a change. For example, we measure first pass success for intubations. This metric allows us to clearly demonstrate our steady improvement over the past several years as we have implemented a series of changes in how we manage airways.

The primary initiatives of Clinical Practices for the next year or so are aimed at refining our quality improvement process and increasing our involvement with clinical research. We will fine tune our KPIs, as well as improving how we make our performance on these measures available across the system. Additionally, we will continue to publish our improvement efforts with the entire profession when possible. Further, we will continue to participate in more widespread research efforts aimed at improving and expanding the knowledge base on which our profession is built. We will work with other systems to make cross-system benchmarking possible. This will allow us to compare our performance with those of other similar systems. While we can and will share our successes with others, we will also benefit from learning how other systems have improved their care.

Our involvement in benchmarking with other systems will allow us to gain valuable experience and build the necessary relationships and infrastructure to participate in multi-agency prospective research trials. These are needed to test new devices and techniques. Ultimately, this work allows our system to improve the care provided not just to our patients, but to patients across the world.

Finally, it is important to highlight other ways in which our quality improvement, education, and research efforts benefit our system. Our educational videos are shared throughout the profession, as are our research publications and podcasts. This is increasing our visibility in the professions and paying off in our recruiting efforts.

This is an exciting time to be part of the Williamson County EMS team!

Take care,

Jeff

Jeffrey L. Jarvis, MD, MS, EMT-P, FACEP, FAEMS
EMS Medical Director

WILLIAMSON COUNTY EMS STRATEGIC PLAN

Introduction

The nature of EMS is reactive: paramedics wait for the 911 calls and EMS systems focus on fixing unexpected problems. Experience taught Williamson County EMS that reactive philosophies generate more problems than solutions. Deliberate and methodical planning for the future, however, rewarded the system with greater success. With this in mind Williamson County EMS offers the following strategic plan which is intended to promote WCEMS' collective vision for fiscal years 2020-2025. This plan was reviewed with the assistance of Mike Knipstein, the Director of EMS. Since the initial strategic plan was released in 2008 it has been revised annually to reflect changes in the system, in response to both the plan and new strategies and potentials. The plan is extensive and detailed in nature, looks at the past, discusses the state of the system today, and reflects what the system wishes to become.

The impetus for the original plan came from former Director of EMS John Sneed's recognition that the system, and indeed the entire county, was in the midst of great change. He understood that if the system did not develop a detailed plan, it would fail to meet the challenges brought about by that change. In July 2007 Mr. Sneed laid out the reasons for developing a strategic plan and stated his absolute commitment to the process. Mr. Sneed next formed a strategic planning committee comprised of field staff and administrative personnel and tasked it with formulating a strategic plan emphasizing the design versus default decision model.

Fiscal year 2020 marks the beginning of the new five-year plan period. The overarching vision of the strategic plan is the transformation of the department into the national leader in people-centered, pre-hospital care. The plan identifies the system's distinctive core competencies which are not only central to the success of the organization, but also add more public value than alternative providers could contribute. These factors form in part the backbone of Williamson County EMS. The analyses that follow were developed using these as a foundation. The goals and plans arising from the analyses have these factors as their roots. Hence each contributes to the formation of the strategic plan and, therefore, to the overall success of the system. Continuing to meet and even exceed the defined goals ensures that the department not only moves forward, but also transforms itself into a true public health and safety organization.

Williamson County EMS is a third service agency within the auspices of Williamson County. Williamson County EMS (WCEMS) began operations in 1975 and has grown to be the largest EMS service fully funded by county taxes in the state of Texas. The system, along with various personnel, has won several state and national awards within the last twenty years.

WCEMS initially began operating with four paramedic units. Growth was slow through the 1970s and most of the 1980s as the service lost one of the original units due to a regional economic slump and a lack of growth in the area. The system slowly increased in size, adding several units in the early 1990s. The system also utilized two volunteer BLS/ALS units stationed in Liberty Hill and Florence which transitioned to full-time status at more optimal locations in the late 1990s and early 2002, respectively. In 2003 WCEMS began staffing all full-time units with dual paramedic crews amid concerns about quality assurance, quality improvement, and clinical performance.

The last twenty years not only saw phenomenal county wide population growth and, subsequently, increased call volume, but also saw the department acquiring additional roles and responsibilities. These include the introduction of the Community Healthcare Program, positions within the Emergency Operations Center, emergency management, the development and operation of an all hazards response team, and a tactical medic team. Personnel within WCEMS continue to assist with the evolving roles of EMS. Additionally, WCEMS has taken the lead in developing outreach education and public safety programs.

As the number of line personnel increased the system realized that the current organizational structure was no

longer adequately serving its needs. During 2014 WCEMS reorganized the system adding six field commanders and creating a new clinical position which operates in the field. In addition, two new clinical captain positions were approved to assist in the Clinical Practices division. In late FY 2014 two division commander positions were created: one in charge of operations and one in charge of clinical practices. Adding these new positions necessitated altering both the operational and clinical chains of command. Outreach Education became a full-time clinical department in 2016 and expanded again in 2018.

WCEMS implemented a Community Healthcare Paramedicine (CHP) program in early 2014. CHP was initially funded by a Regional Healthcare Partnership grant in conjunction with the Williamson County and Cities Health District and the Mobile Outreach Team (MOT). This new program allowed WCEMS, in collaboration with various healthcare entities, to identify those residents of Williamson County who were medically underserved and improve their regional access to quality healthcare while maintaining cost-effectiveness. Williamson County took over funding in 2018 and three CHP paramedics currently oversee the program which focuses on high 911 utilizers. MOT has also become part of the Emergency Services division. In line with the EMS Agenda 2050, WCEMS recognizes that the nature of emergency medical services is rapidly changing and one of the effects of that change, which will affect reimbursement ratios and funding, is the acknowledgement that EMS services need to change to a more mobile public health and outreach service model.

Due to external factors beginning in October 2015 WCEMS changed its operating model to reflect that the system no longer provided EMS services to the City of Georgetown. As a result of this change WCEMS moved a 24-hour unit to Jarrell and changed two 24-hour units to demand trucks which operate seven days a week from 7 a.m.-7 p.m. These units became fully operational after January 1, 2016 and are stationed in Round Rock and Cedar Park. Another change was the addition of an ALS response vehicle currently stationed in Florence but scheduled to move to Andice in 2020. This resource is staffed by one paramedic and provides ALS first response and coverage to the northwestern portion of the county. The north regional commander moved to Weir and provides limited ALS first response to decrease response times to that area of the county. Another 24-hour unit opened in Cedar Park in 2019; an additional 24-hour unit is due to open in Hutto in 2020. Most of the paramedics work 24-hour shifts with the possibility of working 48 straight hours due to overtime. The administration recognizes the need for variable scheduling and maintains an alternative float schedule for those members needing additional flexibility.

The system has a line staff of approximately 140 paramedics at seventeen stations across the county. It provides emergent and non-emergent medical care to the sick and injured within Williamson County, an area of approximately 1120 square miles with a resident population of 566,719 per the latest U.S. Census Bureau estimates. The service runs close to 32,000 calls a year and transports patients around 69% of the time. In addition, there are nine administrative and logistics personnel and seven people in the Clinical Practices division. The opening of the new north campus building in mid-2018 enabled a closer integration of WCEMS' divisions and functions.

Although the department is recognized as a good system providing quality medical care and excellent customer service, it has significant issues. These include on-going staffing pressures and issues dealing with the integration of current and developing technology into the system. As recently as 2018 two of the fastest growing large cities in the United States were in Williamson County, and the Austin-Round Rock-San Marcos area is still the fastest growing metro area in the United States. To meet this growth the department must determine through input from internal and external resources how identified needs will be met. Two external stakeholder surveys have been deployed over the past three years with additional ones due to be used in the coming years. These customer service surveys have revealed high satisfaction with WCEMS. Input from first responder organizations, local health care facilities, the Commissioner's Court, and the public continue to drive change.

During FY 2019 WCEMS began collaboration with Dr. Mac McGuire and the Quality Texas Foundation (QTF) which assists organizations in using the Malcolm Baldrige Criteria for Performance Excellence to begin and maintain performance improvements. Administrative and field personnel have participated in various QTF seminars throughout the fiscal year, including Leadership Development, Strategic Planning, Pre-Examiner Training, and Internal Coach/Examiner Training. The latter two seminars are devoted to helping attendees learn the Baldrige Excellence Framework and applying it to their organizations. Chief Chris Connealy, Senior Director of Emergency Services in Williamson County, is very interested in moving the emergency services division toward a Baldrige framework.

Evaluation of our clinical data, trending of both operational and clinical metrics, and implementation of evidence based medical findings have contributed to significant changes in WCEMS' patient care. Implementation of measures to shape a culture of quality and performance excellence and to align and improve the work of the organization will be driving forces for the next five years. This strategic plan is intended to help shape and guide those processes with deliberate and methodical planning coupled to a strong vision of the future of WCEMS.

“Strategy without tactics is the slowest route to victory. Tactics without strategy is the noise before defeat.”
Sun Tzu, *The Art of War*

Mission, Vision, Values, Goals, and Motto

Mission Statement

To deliver pre-eminent care enhanced by education and research

Vision Statement

Williamson County EMS will be recognized as the national leader in people-centered, prehospital medicine.

Core Values

There are five values WCEMS believes best exemplifies the department:

Well regarded	We will work to be respected among the community.
Compassionate	We will show concern for others.
Engaged	We will be committed to doing what it takes.
Mission focused	We will remain faithful to the mission.
Service	We will work to meet other's needs.

System Goals

WCEMS has three foundational goals that are the backbone of the system. These goals are the basis for everything the system does.

1. Provide pre-eminent clinical care
2. Deliver efficient and effective operations
3. Provide excellent customer service

Motto

To respect, care, and serve

Projected Trends

One of the initial stages in developing a strategic plan is to imagine what the involved communities will look like and what services will be needed in the defined future. Other external factors also determine how WCEMS provides those services. The following are projected trends the system believes will affect the department and the services that will be provided.

1. Current population estimates for Williamson County project approximately 633,783 people by 2020.¹
 - a. Austin-Round Rock metro area was in the top ten largest gaining metropolitan areas in 2016-2017.²
 - b. Williamson County ranked 4th in the state for growth with more than 562,337 people³
 - i. Growth rate steady between 3.5%-3.8% year on year
2. Call Volume
 - a. EMS – an average of approximately 7% growth in number of calls for service from 2016 to 2018.
 - i. This trend is continuing for 2019.
 - b. 8% increase in charts generated from 2016-2017, excluding cancelled calls and unit assists
 - i. 34,368 charts written in 2017
 - c. 1% increase in charts generated in 2018 over 2017, excluding cancelled calls and unit assists
 - i. 34,659 charts written in 2018
 - d. CHP – had a nearly 52% decrease in calls for service in 2018 from 2017.
 - i. Due to change in mission focus from high utilizer and admission reduction to just high utilizer
 - ii. Numbers increasing in 2019 with more referrals from both EMS and area fire departments
3. Revenue
 - a. 2.5% increase in billing revenue from 2017-2018 to 2018-2019
 - b. The system expects that the annual revenue will increase at a steady rate
 - i. Utilizing an EMS specific data warehouse for improved data collection to support growth
 - ii. Continued gains in efficiencies in logistics
 - c. Revenue increases will depend on continuing CMS payments
 - i. The rules for reimbursement change annually
 - ii. Private insurance industry mirrors Medicare and Medicaid payments
 - iii. If implemented, Emergency Triage, Treat, and Transport (ET3) model of payment may impact revenues
4. Employment remains above national average
 - a. Unemployment increased between 2008 - 2009, but has since been steadily decreasing and was 3.2% (not seasonally adjusted) as of July 2018⁴
 - b. Employment remains above the national average
5. Transportation trends
 - a. Commuter rail from Leander to downtown Austin
 - b. Williamson County plans contain road improvements and projected roads to include additional main roads and arteries
6. Hospital trends
 - a. Each of the main hospitals in Williamson County has a comprehensive growth plan-based population projection

¹ Texas Department of State Health Services. "Texas population, 2020" 2014. <https://dshs.texas.gov/chs/popdat/st2020.shtm>. (accessed 24 September 2018).

² United States Department of Commerce, United States Census Bureau. "New Census Bureau Population Estimates Show Dallas-Fort Worth-Arlington Has Largest Growth in the United States". <https://www.census.gov/newsroom/press-releases/2018/popest-metro-county.html> (accessed 24 September 2018)

³ (Williamson County Economic Development Partnership 2019)

⁴ US Department of Labor, Bureau of Labor Statistics. "Local Area Unemployment Statistics Map". July 2018. <https://data.bls.gov/map/MapToolServlet> (accessed 24 September 2018)

7. Educational trends

- a. Texas A&M opened a medical school in Round Rock to serve the greater Travis County and Williamson County health care facilities
- b. Both Texas State and Austin Community College (ACC) plan to build or enlarge campuses within Williamson County in the next five years.
 - i. New ACC campus in Leander opened in late 2018
 - ii. This will continue to increase the population base and the potential employee base for the department

The strategic plan for fiscal years 2008-2013 was the first truly comprehensive plan the system developed. The plan was updated and revised each year as projects were completed and new projects were begun. In some instances, plans could not advance due to budgetary concerns. The strategic plan for fiscal years 2014-2019 continued where the previous plan ended and expanded its scope. This new plan for fiscal years 2020-2025 further expounds the mission and vision the system has set for itself. It also provides a path for positive growth.

Analysis and Development

One of the primary tools the Strategic Planning Committee used to evaluate the system is a SWOT analysis. For the new plan cycle the committee invited a broad cross section from the system to participate in an updated SWOT analysis. This group included the executive and administrative staff and the clinical and operational commanders as well as the members of the committee itself.

Strengths

Clinical

- Research and the use of evidence-based medicine
- Commitment to non-punitive training and remediation
- Field staff and Clinical Practices staff
- National reputation

Operational

- Employees' integrity
- Number of opportunities for involvement outside the 911 system
- Concern about employees' well-being
- Number of units available for response
- Just Culture

Logistics

- Knowledge, ability, and experience of the staff
- Warehouse
- Supply processes are defined, refined, and improved upon as needed
- Good inter-/intra-department communication
- Up to date equipment and replacement schedule

Administrative/Financial

- Excellent retirement package
- Fiscally responsible
- Strong relationships among key partners, e.g., Commissioner's Court, fire departments
- Leadership training

Outreach Education/Public Relations

- Variety and availability of community outreach classes
- Outreach education program recognized as a regional leader
- Knowledge, ability, and experience of the staff
- Innovative

Weakness

Clinical

- Non-standardized and inconsistent communication of goals and priorities
- Training – limited SMO training, not enough training on new equipment
- Metrics – working on too many
 - Need to focus on the most important, trend over time, and base education and training on those trends

Operational

- Inconsistent communication across all levels
- Maintenance of operational v. clinical silos

- Line of succession planning

Logistics

- Lack of adequate technology support, especially after hours, holidays, and on weekends
- SharePoint navigation is difficult
- Lack of robust tracking software

Administrative/Financial

- Inconsistent communication between staff at all ranks/levels
- Lack of line of succession planning
- Geographic separation from the line staff
- Maintenance of silos
- Lack of ability to easily adjust to population changes

Outreach Education/Public Relations

- Inadequate staffing for number of programs and pay for the staff
- Continued funding
- Lack of branding – can make better use of public relations handouts and educational materials
- Not enough people to consistently staff various programs

Opportunities

Clinical

- Improve and prioritize the key performance indicators
- Provide more consistent and innovative training
- Increase dialogue with the field staff
- Improve a deliberate communication process between all levels

Operational

- Leadership development – command rotations
- Feedback from external partners
- Improve communication, especially consistent messaging across regions and shifts

Logistics

- Better, more intuitive SharePoint navigation
- Researching and utilizing better asset tracking and internal supply chain software
- Communication between all levels, especially about IT issues and how to order regional supplies

Administrative/Financial

- Working toward Baldrige award to improve system
- More deliberate line of succession
- Expansion of external stakeholder surveys

Outreach Education/Public Relations

- Development of online requisition forms for outreach education and public relations hand-outs
- Increased social media presence
- Improved co-branding
- Partnerships with outside organizations

Threats

Clinical

- Financial constraints
- Lack of sustained focus on projects
- Lack of engagement

Operational

- Not implementing the knowledge gained from leadership seminars and classes
- Self-preservation – prioritizing individual goals/ownership over system goals/ownership
- Emphasis of self-promotion over the system’s mission

Logistics

- Inability to easily access and utilize necessary documents on SharePoint
- Funding
- Continued medication and other essential equipment shortages
- Continued reliance on other County departments in mission-critical areas

Administrative/Financial

- Community Health Paramedic program and Mobile Outreach Team not expanding
- Continued support of Commissioner’s Court
- Not willing/able to make the necessary changes for the Baldrige award
- Future billing and insurance changes

Outreach Education/Public Relations

- Lack of consistent staffing could lead to outside agencies filling the void
- Lack of funding for public relations give away items
- Lack of public support and engagement
- Staffing fatigue

Strategic Priorities

With the SWOT analyses completed the strategic planning committee began looking for common themes to identify the system's strategic priorities. These questions raise significant issues either affecting or affected by the department. Using the SWOT analyses as a foundation the committee identified seven strategic priorities facing the department.

- Accountability
 - Across all organizational levels
 - Key performance indicators (clinical and operational) and other metrics
- Communication
- Community Health Program
- Employee engagement
- Leadership training and implementation
- Logistics
 - Document management system and defined processes for document management
 - Supply and asset tracking
- Outreach education

Strategic Objectives

During 2019 as part of the system's participation in various seminars presented by Quality Texas Foundation, Director Knipstein asked the leaders of each division within EMS to develop goals for that division. Clinical Practices was asked to think of four goals; Administration, Operations, and Logistics were each asked to think of two goals. This was the first time individual divisions within EMS developed formal goals to meet in the new fiscal year. These goals are defined as the system's strategic objectives.

CLINICAL GOALS

- Utilize evidence-based protocols to provide care
- Participate in one or more research initiatives to contribute to the professional body of knowledge
- Provide quarterly in-person and as needed distributive education and training to promote clinical best practices
- Measure clinical performance and utilize a performance improvement method to enhance clinical care

OPERATIONAL GOALS

- Achieve a mean employee engagement score ≥ 4
- Maintain response resources available for all emergency calls for service

LOGISTICS GOALS

- Ensure needed supplies and equipment are available and life cycles are managed
- Ensure electronic resources are accounted for, functioning, and life cycles are managed

ADMINISTRATIVE GOALS

- Maintain > 90% good/very good rating of care provided as measured on the patient satisfaction survey during the fiscal year
- Operate within the established budget approved by the WC Commissioner's Court during the fiscal year

Williamson County EMS Distinctive Core Competencies

1. Excellent medical care
2. Customer service

Five Year Review – Plan Cycle 2014-2019

WCEMS made some significant achievements in the fiscal years 2014-2019. We implemented our Community Health Paramedic program. We progressed through the American Heart Association's Mission: Lifeline® EMS Recognition Award levels and in 2019 earned the Gold Plus Award for the second year in a row. We have been participating in the Cardiac Arrest Registry to Enhance Survival since 2016, although we began gathering data in 2014. We achieved our initial CAAS accreditation in 2016, and our first (of many!) reaccreditations in 2019. We were awarded the Texas EMS for Children Voluntary Pediatric EMS Recognition Program's Gold Award for our efforts to improve prehospital pediatric care. In 2019 we completed the new EMS North Campus facility which currently houses the Community Health Paramedic (CHP) program, Mobile Outreach Team, and Haz-Mat as well as EMS.

In 2016 WCEMS began to focus on the management of critical airways and saw the implementation of Delayed Sequence Intubation. An article on video laryngoscopy with the King Vision appeared in Prehospital Emergency Care in 2015, and medical director Jeffrey L. Jarvis MD presented this information at a 2015 NAEMSP annual meeting pre-conference workshop. Using data gathered before and after implementation of DSI, 2018 saw the publication of "Implementation of a Clinical Bundle to Reduce Out-of-Hospital Peri-Intubation Hypoxia", Jeffery L. Jarvis, MD, MS, EMS-P, John Gonzales, BAAS, EMT-P, Danny Johns, BS, EMT-P, et al. in the March 9, 2018 edition of Annals of Emergency Medicine. Since 2017 the clinical practices staff has hosted an airway management class as a pre-conference class at the Texas EMS Conference and has been invited back again for the 2109 conference. Members of the Clinical Practices division took the workshop to Terlingua, Texas and also presented the technique in workshops to other organizations in our own facilities.

WCEMS' participation in NAEMSP has continued to grow. Dr Jarvis presented information on WCEMS' use of DSI at the 2016 NAEMSP. The 2017 NAEMSP saw Commander John Gonzales presenting the poster "Effects of a Clinical Bundle of Care, Including Delayed Sequence Intubation, to Minimize Out-of-Hospital Peri-Intubation Hypoxia." The 2018 NAEMSP was attended by ten members of clinical practices and seven posters were accepted and presented by Dr. Jarvis and three of the SMOs. One of the posters, Pediatric Performance Using a Large National Dataset, won the 2018 Best Poster award. The 2019 NAEMSP was held in Austin for the first time which allowed for even more WCEMS participation. The Texas chapter of NAEMSP was established during this meeting, with Dr. Jarvis serving as the chapter's founding president. Several other WCEMS medics are also members of the organization and are serving as subcommittee members.

In addition to NAEMSP, WCEMS' involvement in national conferences and publications has grown over the past five years. Dr. Jarvis has become increasingly involved with the conference circuit and contributes to several webinars and podcasts. Dr. Jarvis has been a presenter at ESO Wave since 2015. Both Dr. Jarvis and Captain Dan Cohen have written several articles for *EMSWorld* and are leading workshops at ESO Wave 2019. Several members of WCEMS clinical practices attended an EMS Agenda 2050 regional meeting, a collaborative effort to develop a new vision for the future of EMS. Dr. Jarvis is a member of the Technical Expert Panel, which is tasked with drafting the document which will lay out the collective vision of EMS. In addition to his focus on critical airways, Dr. Jarvis' other major area of concentration is utilizing clinical metrics in the prehospital setting. He has been in the forefront of advocating using quality improvement and benchmarks to drive clinical practice and has presented lectures on this topic at Pinnacle, EMS Today, the Texas EMS Alliance, JEMS, and NAEMSP conferences over the past five years.

Internally WCEMS has seen several significant changes. Emergency Services Senior Director John Sneed retired and Senior Director Chris Connealy now directs the six departments that make up the Williamson County Emergency Services division. WCEMS Director Kenny Schnell also retired and Mike Knipstein is the fourth director of WCEMS. In 2015 WCEMS outlined a significant reorganization. With the understanding that Georgetown Fire EMS would become operational in FY 2016, we made organizational awareness a priority and took a hard look at processes, efficiencies, and savings within the system. We took this opportunity to re-examine and refine our operations and to reallocate resources to previously underserved areas of Williamson County. We now have a Division Commander Operations and a Division Commander Clinical and the position of Deputy Director EMS was eliminated. We fully implemented a new speed loading supply inventory system in 2016 with significantly increased financial and

logistical efficiencies. The new system realized over \$30,000 in savings the first year. Over FY 2018-2019 supply processes have become further analyzed and refined and datamining has contributed to continued savings. 2016 also saw the implementation of our external customer service surveys.

FY 2016 saw an increased focus on FRO education and Outreach. MCAT drills and expanded hands-on education, including FRO focused DSI education, were implemented. WCEMS added a full-time Coordinator of Outreach Education in January 2016. This greatly expanded WCEMS' injury prevention and outreach education programs. In 2017 PulsePoint AED was integrated into our 911 Communications to direct lay persons and off-duty professionals to the closest AED in the event of a cardiac emergency. Take 10 CPR, Safe Baby Academy, and Car Seat Safety programs became regularly scheduled bi-monthly events. 2017 also saw the implementation of the Stop the Bleed and Stepping On programs. An Assistant Coordinator of Public Education and Outreach was added in 2018.

The Morale team, Safety committee and Wellness committee were formed in 2016 and have contributed greatly to patient and employee safety. WCEMS implemented a formal fatigue risk management program in December 2017.

As one might expect, WCEMS has experienced significant changes in equipment over the past five years. We moved from EMS Charts to ESO in 2016 and concurrently added Philips cardiac monitors. We finalized a change to new Physio cardiac monitors in October 2019 and another ePCR system to be implemented in FY 2020. The ACR-4 child restraint system was deployed in November 2017. That year also saw deployment of iPhones, new handheld radios, and new Toughbook tablet/laptops. We began to add the Stryker PowerPro XT Stretchers in 2017, with ten currently in service. And the Handtevy iPhone app is beginning to have an impact on improving pediatric care. New desktop computers have been distributed to all stations, with increased consistency of software across the system.

The new EMS facility has allowed us to integrate the daily workings of the department and expand our educational offerings. We have been able to host cadaver labs, a NAEMSE course, multi-disciplinary pediatric conferences, a human trafficking conference, and safety conferences among others. We have been able to provide more innovative shift track offerings and training academy options. The integration of classrooms, simulation labs, meeting spaces, administrative offices and functions, CHP, MOT, warehousing and backup unit storage has streamlined many once cumbersome processes.

We had several station changes in FY 2014-2019. In 2015 we closed stations M31, M32, and M33 in Georgetown. M31 moved to Jarrell. M32 moved to Weir and became M59 as a combination CHP and demand truck. Squad 30 opened in Florence. In 2016 we opened demand trucks M52 and M53. M51 transitioned from a transfer truck to a demand truck. In 2017 M22 moved from Jollyville to Cedar Park station 2 and M52 moved to Round Rock station 9 on Sam Bass Road. M26 opened in mid-2019 in Cedar Park.

We made significant progress towards several key initiatives in FY 2015-2019: priority dispatching has been implemented; SOG revisions have been regularized; evaluation tools were deployed; CAAS accreditation and reaccreditation was granted; KPIs are being utilized to drive clinical, educational, and operational changes; HDE was expanded to the Seton system; FATPOT was extended to A/TCEMS; durable medical equipment tracking is active; FRO education/CE, integration, and credentialing is ongoing; FTO training, development, and resources are in place; there has been significant progress made in developing our data warehouse; and tracking and publishing our KPIs is ongoing. We are still working on organization of EMS' SharePoint site to make it more accessible and user friendly; our comprehensive approach to pediatric care is under expansion.

One of the biggest lessons the system learned, and continues to learn, is that having a strategic plan is not enough to ensure the system meets its objectives and goals. Often, the urgent issues of the day take more precedence than the important goals of the strategic plan. The system has difficulty differentiating between the urgent and the important with the result that over the prior plan cycle several action plans, including some of those identified as a priority, were never completed. Certainly, there were issues that arose which were both important and urgent. However, in order to make real progress on the strategic goals and objectives, the system needs to understand that "what is

important is seldom urgent and what is urgent is seldom important.” (*D. Eisenhower, attributed*) This is an ongoing lesson for the system as it enters the third planning cycle.

The past five years have seen dramatic changes in WCEMS. Evidence-based medicine has become the driving force for change in the profession of EMS. Demographic changes required us to adjust both where and how we provided services. New technology both enhanced and challenged our practice. WCEMS has become a vital player in the national conversation of EMS. That role is one that we relish and will continue to expand. We have met the challenges that have faced us in the past five years, and we welcome those that will come to us in the next five years.

Williamson County EMS will be recognized as the national leader in people-centered, pre-hospital medicine.

Believe it.

Annual Review and Projection

WCEMS had several significant achievements in fiscal year 2019. We earned the American Heart Association Mission: Lifeline® EMS Recognition Gold Plus Award for the second year in a row. This award recognizes systems who not only meet the criteria for achieving the Gold Award, but also met additional optional criteria on aspirin administration, stroke care, and further STEMI metrics. WCEMS submitted and was granted reaccreditation by the Commission on the Accreditation of Ambulance Services (CAAS). Out of 739 EMS providers in the state of Texas we are one of 11 and out of 21,283 EMS systems nationwide we are one of 188 to hold this accreditation!

The National Association of EMS Physicians Annual Meeting 2019 was held in Austin for the first time. The Texas chapter of NAEMSP was established during this meeting with Dr. Jarvis serving as the chapter's founding president. Several other WCEMS medics are also members of the organization and are serving as subcommittee members. Dr. Jarvis and Captain Dan Cohen wrote several articles this year for *EMSWorld* magazine. Captain Cohen published five articles in the past ten months. Both Dr. Jarvis and Captain Cohen will be presenting at the 2019 *EMSWorld* Expo. Dr. Jarvis was again active on the conference circuit this past year and is a regular participant in several national webinars and podcasts. The clinical practices staff hosted our annual airway management class as a pre-conference class at the Texas EMS Conference for the third year.

WCEMS hosted an outstanding human trafficking seminar/conference at the EMS North Campus facility as well as our second multi-disciplinary pediatric conference. The facility also hosted workshops by the Quality Texas Foundation. Over the course of several months more than 30 WCEMS employees from every segment of our department attended workshops designed to assist our department in its journey toward earning the Malcolm Baldrige Award. Our new vision statement, mission statement, and values were developed by a cross section of WCEMS employees during one of these seminar workshops.

WCEMS' injury prevention and public education programs continue to grow. Take 10 CPR and Stop the Bleed classes have been very successful and over 100 classes are already scheduled for the upcoming year. The Safe Baby Academy and Car Seat Safety programs are in ever greater demand as the county's population continues to grow with over 170 families taught and 674 car seats inspected.

We completed several key initiatives established for FY 2019 and made significant progress towards others: CAAS reaccreditation went smoothly and was achieved without any deficiencies found during the site visit; SharePoint continues to undergo a reorganization to make reference documents more accessible; and an FTO page was established with significant insight gained from the FTO Academy held in April 2019. Captain Johns continues to make progress in developing our data warehouse to store WCEMS' data from ESO, CAD, and other data sources. Supply processes were analyzed to improve efficacy and efficiency and changes implemented with great success.

There are many goals for FY 2020. Our priority remains excellent clinical care coupled with outstanding customer service. The comprehensive approach to changing and improving pediatric care is entering its third year and will hopefully involve enhanced research opportunities. RFPs for both cardiac monitors and a new ePCR were presented, and a new cardiac monitor was selected. The ePCR proposals are still being studied with a final decision expected in FY 2020 with implementation in February. Budget decisions on new ventilators, IV pumps, and ultrasound equipment are also forthcoming.

One of the major priorities for this coming plan cycle is the development of a comprehensive document management system and an integrated set of processes for document management. The lack of such a system and processes has been and continues to be one of the system's Achille's heels. To help mitigate this overarching problem which works against us, both collectively and individually, the system has already begun work on potential solutions. Prioritized action plans have played a valuable role in identifying the system's needs and implementing plans to address those needs. They continue to provide a framework for the system's leadership to meet the goals set forth in this plan.

Many of the action plans and longer term three year plans have processes at their core: either the refinement of existing processes or the creation, testing, and deployment of new processes. Due to the ever-changing background against which EMS operates, there is rarely a straight course from the written strategic plan to the realization of those goals. However, despite the sometimes circuitous routes the system is forced to take, we continue to advance those goals which we believe will better the system.

“In healthy organizations process supports people, not the other way around.” – Liz Ryan

Prioritized Action Plans

For the past five years the Strategic Planning Committee has utilized prioritized action plans to highlight the most important or critical plans for a given fiscal year. The committee gradually expanded the number of people who ranked the one year action plans from five in 2014 to 23 in 2019. Director Knipstein and the committee have committed to continuing the practice of ranking the important plans in order to more fully meet the system's goals. Below is the list of one-year plans ranked in order:

1. Logistics Action Plan A – Organization of Reference Documents
2. Clinical Action Plan B – FRO Education Improvements
3. Clinical Action Plan D – Evaluation of the Credentialing Process
4. Ongoing Operational Plan – Effective Staff Deployment
5. Logistics Action Plan B – Data Warehouse
6. Clinical Action Plan A – Publishing Clinical Key Performance Indicators
7. Logistics Action Plan C – SWOT Analyses of Supply Processes
8. Administrative/Financial Action Plan B - 360° Evaluations
9. Outreach Education/Public Relations Action Plan F – Promoting Public Health and Safety
10. Outreach Education/Public Relations Action Plan C – Public Information

Action Plans

Following are the action plans which the system has identified as important to complete within fiscal year 2020. They are one-year goals with specific objectives to be accomplished to advance the strategic plan. Each action plan is comprised of various tasks which are measurable, time bounded, and generally has one person vested with both the responsibility and authority to complete the assignments. The strategic plan is reviewed quarterly and, as plans are completed, new plans are begun. In order to more fully highlight the identified priorities in the plan, the committee continues to designate prioritized action plans with bolded text and include each plan's rank within the body of the plan. A new development for FY 2020 is directly linking each plan to both a system goal and at least one of the applicable division goals. This provides accountability by ensuring that the system focuses on those plans which advance the overall goals.

Clinical Action Plans

Clinical Action Plan A – Publishing Clinical Key Performance Indicators

PRIORITIZED ACTION PLAN #6

SYSTEM GOAL – Provide pre-eminent clinical care

CLINICAL GOAL – Measure clinical performance and utilize a performance improvement method to enhance clinical care

STRATEGIC PRIORITY – ACCOUNTABILITY, COMMUNICATION

ANALYSIS – Clinical Opportunity, Clinical Weakness, Administrative Opportunity

GOAL

Develop a method of collecting, collating and publishing clinical key performance indicators (C-KPIs) internally and externally in a manner that is consistent, visually effective, and repeatable

OBJECTIVES

1. Publish C-KPIs to serve as metrics for evidence of continuous system improvement (Completed)
2. Use the C-KPIs to enhance the relationships with the system's external shareholders
3. Establish a method of publishing performance benchmarks in anticipation for future "pay for performance" reimbursement legislation/policy

TASKS

1. Publish these C-KPIs in as transparent a fashion as possible (internet, intranet, and publicly available web sites)
 - a. Create regular venues for information dissemination
 - b. Report C-KPIs to external stakeholders, including the Williamson County Fire Chiefs Association, on a regular basis
2. Create a central reporting database that can be easily utilized by C-KPI quality assurance reviewers to file monthly C-KPI findings (Completed)

NOTES

DUE DATE – FY 2017, Q2

ACTUAL COMPLETION DATE

PRIMARY RESPONSIBILITY – SMO Farris with the assistance of Commander Isbell

ESTIMATED COST

1. Create the database – None, completed during normal business/duty hours
2. Enter C-KPI information in the database and publish – none, completed during normal business/duty hours

ASSESSMENT/FOLLOW-UP

1. Those C-KPIs which can be automatically calculated are consistently tracked and reported (intubation, ASA in ACS, 12-lead in ACS, etc)
2. Captain Johns created an internal central file for the SMOs to report their KPI data in 2016.
3. FY 2018
 - a. SMOs are still using the internal file created by Capt Johns. EMS is working with IT and waiting on further database development and testing.
 - b. Commander Isbell is working with IT to create an internal database and to publish certain metrics on the external facing web site.
 - c. In the strategic planning third quarterly meeting the decision was taken to defer this plan until the data base was at least in beta-testing and the system decides what/how/when to publish various metrics.
4. FY 2019 – No changes
 - a. The clinical staff participated in a vote to determine which of the KPIs were most important to manually track.

COMMENTS

1. This plan was originally incorporated into Completed Clinical Action Plan #4. However, due to the work involved in developing both the database and the process to publish the C-KPIs, the Strategic Planning Committee decided to write a separate plan.
2. FY 2018 – Commander Isbell is working with WCITS to create an internal database and to publish certain metrics on the external facing web site.
3. First Watch/First Pass may help with this.
4. FY 2020 – The Commissioner’s Court approved monies to purchase a new ePCR which will help automate most of the manual KPIs.

Clinical Action Plan B – FRO Education Improvements

PRIORITIZED ACTION PLAN #2

SYSTEM GOAL – Provide excellent customer service, Provide pre-eminent clinical care

CLINICAL GOAL – Provide quarterly in person and as needed distributive education and training to promote clinical best practices

STRATEGIC PRIORITY – ACCOUNTABILITY

ANALYSIS – Clinical Opportunity, Clinical Weakness, Administrative Opportunity

GOAL

Enhance clinical integration between EMS and First Responder Organizations (FROs)

OBJECTIVES

1. Integrate distributive CE with hands-on training
2. Ensure monthly online content for BLS and ALS level training
3. Provide consistent mobile joint education

TASKS

1. Create a full-time FRO clinical trainer position (Complete)
2. Develop twin tracks of content delivery and a format for individuals to follow for submissions
3. Identify quantifiable areas of perceived FRO clinical weaknesses using ESO, WCEMS, and FRO feedback. Design training to cater to these issues and reevaluate for effect (In progress)
4. Provide consistent coverage for SMOs who will be needed to assist Captain Biasatti with FRO education
5. More frequently assess the need for types of training done by SMOs so we can scale that need more effectively; will allow for a greater variety of training to occur

NOTES

DUE DATE – FY 2015

ACTUAL COMPLETION DATE –

PRIMARY RESPONSIBILITY – Medical Director and Captain Biasatti

ESTIMATED COST – None, completed by staff during normal business hours

ASSESSMENT/FOLLOW-UP

1. Each of the objectives are partially completed
2. Task #3 is a clinical priority in FY18
3. Task #5 happens on an informal basis. We need to develop a more formal way to complete this.

COMMENTS

1. Clinical Action Plan H specifically deals with measuring FRO treatments and tracking/trending them.
2. FY 2019 – Captain Biasatti created “Tailboard Time” which is an opportunity for Dr. Jarvis to meet face to face with first responders. This has been very well received.

Clinical Action Plan C – Measuring KPIs for FRO Treatments Begun PTA EMS

SYSTEM GOAL – Provide pre-eminent clinical care

CLINICAL GOAL – Measure clinical performance and utilize a performance improvement method to enhance clinical care

STRATEGIC PRIORITY - ACCOUNTABILITY

ANALYSIS – Clinical Weakness, Clinical Opportunity, PE/PR Opportunity

GOAL

Improve the performance of FROs by tracking, trending, and analyzing their treatments prior to EMS' arrival

OBJECTIVES

1. Improve patient care and outcomes in Williamson County
2. Increase the FROs' stake in patient care
3. Utilize automation via EHR reporting where possible for collecting and analyzing data

TASKS

1. Define and prioritize the FRO KPIs
2. Accurately capture FRO care delivered during the call in EMS' EHR
3. Evaluate the care rendered by FROs prior to EMS' arrival
4. Identify training opportunities through accurate data analysis
5. Track and trend FRO improvements over time

NOTES

DUE DATE – FY 2019

ACTUAL COMPLETION DATE –

PRIMARY RESPONSIBILITY – Medical Director and Captain Biasatti

ESTIMATED COST – None, all work will be performed during normal work hours

ASSESSMENT/FOLLOW-UP

1. FY 2018 – although some FRO interventions can be captured manually on some of the SMO KPI reviews, the system is hindered in its ability to accurately track and trend FRO treatments with the current software.
2. FY 2019 – No progress due to software limitations

COMMENTS

1. Some of the treatments/interventions performed by FROs prior to EMS' arrival is already being captured via the SMOs' KPI review.
2. FY 2019 – this plan was moved to the Three to Five Year section in recognition that new software is needed to accurately capture this data on a consistent basis.
3. For FY 2020 – Clinical Practices anticipates that the purchase of a new ePCR will allow this plan to be more easily accomplished.

Clinical Action Plan D – Evaluation of the Credentialing Process

PRIORITIZED ACTION PLAN #3

SYSTEM GOAL – Provide pre-eminent clinical care

CLINICAL GOAL – Measure clinical performance and utilize a performance improvement method to enhance clinical care

STRATEGIC PRIORITIES – ACCOUNTABILITY, EMPLOYEE ENGAGEMENT

ANALYSIS – Clinical Opportunity, Clinical Weakness, Administrative Opportunity, Administrative Weakness

GOAL

Develop an evaluation which encompasses the entire process from hiring to credentialing

OBJECTIVES

Provide a tool for newly credentialed paramedics to evaluate the whole credentialing process

TASKS

1. Develop a formal written evaluation (Completed)
 - a. Include both the SMO and FTO evaluations
2. Define when the evaluation would occur (Completed)
3. Develop a method for tracking and trending the evaluations (In progress)
4. Define a plan to improve those aspects of the credentialing process where issues are noted (In progress)

NOTES

DUE DATE – FY 2014

ACTUAL COMPLETION DATE

PRIMARY RESPONSIBILITY – Division Commander King and Commander Gonzales

ESTIMATED COST – None, completed by staff within normal business hours

ASSESSMENT/FOLLOW-UP

1. The formal evaluation of the Academy is completed.
2. The FTO evaluation is completed and in use. The SMO evaluation is in progress.
3. The clinical staff will meet to determine where appropriate changes could be made.
4. The estimated date of completion for the entire credentialing process evaluation is August 2016.
5. Jessica Toothman is working on placing the evaluation tool on SharePoint.
6. FY 2019 – Jessica Toothman decided to utilize the latest version of Formstack for the evaluation until a more stable SharePoint tool could be developed which would better serve Clinical Practices' needs.
 - a. As of September 2019, Jessica had completed developing the forms and they will be finalized and used in the upcoming academy (October 2019).

COMMENTS

1. The method of trending needs to be developed, possibly utilizing the EMS SharePoint site.
2. This plan was made a prioritized action plan for FY 2019.
3. DC King, Commander Gonzales, and the SMOs will work to develop an evaluation tool for the new hires to evaluate the SMOs during FY19.
4. This was prioritized action plan #5 in FY 2019.

Clinical Action Plan E – Tracking Current Pediatric Care

SYSTEM GOAL – Provide pre-eminent clinical care

CLINICAL GOAL – Measure clinical performance and utilize a performance improvement method to enhance clinical care

STRATEGIC PRIORITY – ACCOUNTABILITY

ANALYSIS – Clinical Weakness, Clinical Opportunity

GOAL

Track and trend current pediatric care practices to begin the system’s comprehensive plan to change pediatric care

OBJECTIVES

1. Gather data about current practice of treating pediatrics
2. Track and trend the data to determine strengths and weaknesses
3. Use current and future data from the Handtevy system to track any systemic changes in pediatric care

TASKS

1. Run reports in ESO’s Analytics to track and trend current pediatric care within the system
 - a. IVs, medications, airway, etc
 - b. Historical data going back at least one year
2. Once deployed use the Handtevy system to track and trend any changes in pediatric care
 - a. Create run charts for comparison

NOTES

DUE DATE – September 2018

ACTUAL COMPLETION DATE –

PRIMARY RESPONSIBILITY – SMO Karen Horan

ESTIMATED COST – Minimal: most work to be performed during normal work/duty hours; some OT will be necessary for analyzing the data. Scheduled OT for shift track.

ASSESSMENT/FOLLOW-UP

1. Handtevy system is scheduled to be deployed in late October/early November 2017. (Completed)
2. FY 2018 – gathered a full year’s worth of data
 - a. Will evaluate pre- and post-Handtevy release against other trends for FY19
3. FY 2019 – Continued trending/tracking of pediatric medication errors will be calculated in January 2020.

COMMENTS

1. This is the first in a series of action plans to support Three to Five Year Goal G – Comprehensive Approach to Changing Pediatric Care.
2. The results of this plan will be incorporated into the CAAS re-accreditation application.
 - a. See CAAS Application 201.06.04B for FY 2018 results.

Clinical Action Plan F – Pediatric Emergency Care Applied Research Network

SYSTEM GOAL – Provide pre-eminent clinical care

CLINICAL GOAL – Participate in one or more research initiatives to contribute to the professional body of knowledge

STRATEGIC PRIORITY – ACCOUNTABILITY

ANALYSIS – Clinical Weakness, Clinical Opportunity

GOAL

Become established as part of a Pediatric Emergency Care Applied Research Network (PECARN) node

OBJECTIVES

Work with PECARN to conduct research into prehospital emergency care of pediatrics

TASKS

1. Research what is required to join PECARN
2. Collaborate with Emergency Services for Children (EMSC) on research into pediatric prehospital care

NOTES

DUE DATE – September 2019

ACTUAL COMPLETION DATE –

PRIMARY RESPONSIBILITY – SMO Karen Horan

ESTIMATED COST – Minimal: most work to be performed during normal work/duty hours

ASSESSMENT/FOLLOW-UP

1. FY 2019 – No progress. Dr. Jarvis and SMO Horan plan to meet in FY 2020 to develop this further.

COMMENTS

This is the second in a series of action plans to support Three to Five Year Goal G – Comprehensive Approach to Changing Pediatric Care.

Community Health Paramedic Program

SYSTEM GOAL – Provide pre-eminent clinical care

CLINICAL GOAL – Utilize evidence-based protocols to provide care, measure clinical performance and utilize a performance improvement method to enhance clinical care

STRATEGIC PRIORITY – COMMUNITY HEALTH PROGRAM, OUTREACH EDUCATION

ANALYSIS – Clinical Opportunity, Administrative Threat, Administrative Opportunity

In FY 2019 funding for Williamson County's Community Health Paramedic Program (CHP) was assumed by the County. When this happened the program's mission changed to focus on the high utilizers of the county and various city 911 systems in the county. Below is the summation of the program's goals and aims for the coming fiscal year.

Provide pre-eminent clinical care that is designed to benefit the CHP patient and help reduce repetitive use of emergency services of Williamson County. (EMS, first responder organizations {FROs}, and other Williamson County resources.)

Deliver CHP operations that are efficient and effective in aiding our patients in reducing their need for emergency services. Actively seek new ways to make CHP a valuable resource to, not only Williamson County EMS, but also FROs and other Williamson County departments and/or resources.

Continue to provide excellent customer service to all of our customers (Patients, EMS staff, FROs, and all the internal and external groups we work with).

Continue to utilize, research and design more evidence-based protocols to provide care that will benefit CHP patients and therefore benefit EMS and its FROs. Measure clinical performance and utilize a performance improvement method to enhance clinical care. Develop more ways to measure what CHP does for individual patients in order to see what helps and what does not. We know CHP works but need to develop ways to prove which actions and programs are effective. Develop more QA/QI measurements for CHP.

CHP will participate in research initiatives to contribute to the professional body of knowledge in the new field of community paramedicine.

Provide quarterly in person and as needed distributive education and training to promote clinical best practices that relate to CHP in addition to attending the education and training for the field medics. Because of the nature of CHP this will need to be both clinical and resource related in nature.

Continue to measure the monthly, quarterly, and yearly performance of CHP with the current reports.

Measure clinical performance and utilize a performance improvement method to enhance clinical care by developing quality assurance measures that will ensure standard EMS assessments are being completed when possible on all CHP patients and develop new ways to measure the new evidence-based protocols discussed above.

Operational Action Plans

Operational Action Plan A – Implement a Worksite Wellness Program

SYSTEM GOAL – Provide excellent customer service

OPERATIONAL GOAL – Achieve a mean employee engagement score ≥ 4

STRATEGIC PRIORITY – EMPLOYEE ENGAGEMENT

ANALYSIS – Operational Opportunity, Financial Opportunity

GOAL

Improve the health and overall wellness of WCEMS personnel

OBJECTIVES

Establish a team to establish the staff's health and fitness goals and needs

TASKS

1. Establish a four to six-member team and define meeting frequency (Complete)
2. Develop and distribute an employee assessment to determine the needs/goals of the staff
3. Evaluate data from the assessment to ensure employee needs and goals are considered during the planning phase
4. Establish at least one worksite wellness competition with awards to be determined
5. Work with Williamson County HR and Benefits Committee
 - a. Explore options for procuring fitness equipment for on-duty use
 - b. Search for options to incorporate wellness with current Williamson County Health Benefits

NOTES

DUE DATE – FY 2017

ACTUAL COMPLETION DATE –

PRIMARY RESPONSIBILITY – Lieutenant McDonnell

ESTIMATED COST – Some OT for team meetings at the standard OT rate of \$31/hour

ASSESSMENT/FOLLOW-UP

1. No progress during FY 2017 – plan is continued in FY18 without changes
2. FY 2018 – the first Wellness Team meeting was conducted. The team evaluated and implemented several goals for the next 90-180 days
 - a. 28-Day Wellness Challenge begun
 - b. Monthly updates submitted in the *EMS Update*

COMMENTS

Operational Action Plan B – Operational Key Performance Indicators

SYSTEM GOAL – Deliver efficient and effective operations

OPERATIONAL GOAL – Maintain response resources available for all emergency calls for service

STRATEGIC PRIORITY – ACCOUNTABILITY, COMMUNICATION

ANALYSIS – Operational Opportunity, Operational Weakness, Administrative Opportunity

GOAL

Ensure availability of operational key performance indicators (O-KPIs) to internal and external EMS stakeholders

OBJECTIVES

1. Improved system health monitoring
2. Robust reporting for key performance indicators (O-KPIs)
3. Allow accurate data collection and automation where feasible

TASKS

1. Define and prioritize operational KPIs (Complete)
2. Identify contributory resources (Complete)
 - a. Personnel resource(s): PTSP and ITS Applications
 - b. Data sources: PTSP and possibly ESO
3. Ensure that the relevant data is defined the same regardless of who accesses and uses it
4. Phased implementation of O-KPI reports to all stakeholders
 - a. Internally within the county (Complete)
 - b. Fire departments and FROs
 - c. General public

NOTES

DUE DATE – FY 2016

ACTUAL COMPETION DATE

PRIMARY RESPONSIBILITY – Commander Isbell and Captain Johns

ESTIMATED COST – None, completed during normal business hours

ASSESSMENT/FOLLOW-UP

1. Initial delay in SharePoint 365 rollout led to the delay for this plan
 - a. As of FY16, this is no longer an issue for internal dissemination
2. Data is available, but manual reporting process is subject to variability in certain aggregate data sets
 - a. Several parts have been automated; some is still done manually
3. Task 1: the initial cut was published in February 2016 and redefined in July 2016
4. Task 2: the data sources were reviewed as part of the initial definition of the O-KPIs
5. Task 4: still to be defined as of the July 2016 meeting. Group did decide to publish most metrics quarterly.
 - a. Task 4a: will be published on SharePoint
 - b. Task 4b-c: still being determined; probably will be published on the external site (wilco.org)
6. In FY18, EMS began receiving CAD data: can now access Deccan, LiveMum and by Q4 should have access to reports that include move-up info.
7. Both hospitals and FROs/FDs receive some O-KPI data.
 - a. Hospitals via the monthly meetings
 - b. FDs/FROs on demand (cf Clinical Action Plans B & H)

COMMENTS

1. This plan was altered for FY16 to encompass a broader look at various data sets
2. Items to think about for this project include: where is the data coming from and located; who should get the data; and who builds the reports? These issues require the cooperation of various entities.
3. This was Prioritized Action Plan #5 in FY16.
4. This was Prioritized Action Plan #6 in FY18.

Operational Action Plan C – Infection Control

SYSTEM GOAL – Deliver efficient and effective operations

OPERATIONAL GOAL – Maintain response resources available for all emergency calls for service

STRATEGIC PRIORITY – EMPLOYEE ENGAGEMENT, LOGISTICS

ANALYSIS – Operational Weakness, Administrative Weakness

GOAL

Develop a comprehensive infection control plan that ensures at-risk team members' safety and follow-up to exposures

OBJECTIVES

1. Maintain a confidential medical file on all WCEMS employees
2. Recommend and offer vaccinations to at risk employees
3. Conduct yearly reviews of exposure control plan, including Tb testing recommendations
4. Maintain best practices education and information for exposure control to at risk employees
5. Provide immediate assistance to exposed team members
6. Provide follow-up within 48 hours of exposure
7. Offer appropriate referrals and counseling to exposed team members
8. Maintain a positive relationship with infection control nurses at local WC hospitals
9. Maintain a positive relationship with the WCCHD Infection Control Division
10. Provide guidance to FROs in relation to exposure control plans and potential exposures

TASKS

1. Establish the ability for WCEMS team members to obtain vaccinations and certain testing at WCCHD clinics (Complete)
2. Rewrite WCEM' Exposure Control Plan (Partially completed January 2014)
3. Conduct audit of all employee medical files (In progress)
4. Recommend needed vaccinations and testing to all at risk employees (Ongoing as needed)

NOTES

DUE DATE – FY 2016

ACTUAL COMPLETION DATE

PRIMARY RESPONSIBILITY – FTO Collins

ESTIMATED COST – None, if completed during regular business/duty hours; some OT may be necessary

ASSESSMENT/FOLLOW-UP

1. Task 1 completed prior to FY 2014
2. Task 2 (Blood Born Exposure Plan) completed January 2014; Air Born Exposure Plan in progress
3. Task 3 started at the beginning of FY 2015
4. FY 2017 – No progress on completing the Air Born Exposure Plan

COMMENTS

1. As of FY15, Q3 – the PM module of ESO allows for storage, tracking, and reporting of these metrics
 - a. Commander Isbell confirmed that access to these files was strictly limited
 - i. Limited to WC PM Infection Control Manager rights (Director Knipstein and Commander Travis)
2. In FY18, Commander Travis retired and FTO D. Collins assumed primary responsibility of the team.
3. No update provided for FY 2019 or FY 2020.

Operational Action Plan D – Employee Engagement

SYSTEM GOAL – Provide excellent customer service

OPERATIONAL GOAL – Achieve a mean employee engagement score ≥ 4

STRATEGIC PRIORITIES – ACCOUNTABILITY, EMPLOYEE ENGAGEMENT, LEADERSHIP TRAINING/IMPLEMENTATION
ANALYSIS – Operational Weakness, Operational Opportunity, Administrative Weakness, Administrative Opportunity

GOAL

Williamson County EMS will maintain a gross mean employee engagement score ≥ 4

OBJECTIVES

1. Provide appropriate training to specified personnel
2. Practice the lessons and techniques of employee engagement system wide
3. Annually measure employee engagement and trend over time

TASKS

1. Commanders Watson and Henrichs will attend Quality Texas Foundation’s “Workforce Engagement” training in November 2019
 - a. They will incorporate the lessons into the lieutenants’ professional development.
2. Provide education to field commanders and review elements of engagement monthly during Ops Team meetings.
3. Measure employee engagement annually using an online survey with consistent questions which measure engagement

NOTES

DUE DATE – FY 2020

ACTUAL COMPLETION DATE

PRIMARY RESPONSIBILITY – Director Knipstein, Commanders Watson and Henrichs

ESTIMATED COST – OT at the standard rate of \$31/hour for both the training and the various internal meetings

ASSESSMENT/FOLLOW-UP

COMMENTS

1. This is the first part of an ongoing effort to measure employee engagement and trend the results over time.
 - a. cf Three to Five Year Plan G

Logistics Action Plans

Logistics Action Plan A – Organization of Reference Documents

PRIORITIZED ACTION PLAN #1

SYSTEM GOAL – Deliver efficient and effective operations

LOGISTICS GOAL – Ensure electronic resources are accounted for, functioning, and life cycles are managed

STRATEGIC PRIORITIES – COMMUNICATION, LOGISTICS

ANALYSIS – Administrative Weakness, Clinical Opportunity, Operational Opportunity, Logistics Weakness, Logistics Opportunity

GOAL

Define processes, policies, and procedures for the creation, categorization, organization, and modification of reference documents to ensure ease and efficiency in locating instructional and reference documents and various necessary forms.

OBJECTIVES

1. Improve categorization of documents
2. Provide mechanism for proposal of creation of needed materials and forms
3. Provide mechanism for proposal of changes needed to existing documents and forms
4. Establish inter-department contract review process among EMS and other county departments
 - a. Auditor’s Office, Technology Services, Purchasing Department

TASKS

1. Define contributory resources as the EMS Librarian Group
 - a. Personnel
 - b. Electronic storage repositories (Complete)
 - i. SharePoint
 - ii. Laser Fiche
2. Develop process for categorization and posting to SharePoint
 - a. Flow chart for document categorization and disseminate to necessary staff (Complete)
 - b. Ensure all necessary staff understand new document/for posting procedure.
 - i. Post to the document active directory with a link on the relevant page.
 - ii. Review access rights and provide relevant training (In progress on an as needed basis)
3. Define and assign retention schedule metadata to active and archived documents and forms
 - a. Using Texas State Archives Public Safety Retention Schedules (In progress)
 - b. Associate longest retention schedule with each EMS document/form
4. Define process for review of documents subject to destruction/deletion at the end of defined retention period
5. Define process for review cycle of contract, allowing sufficient time for legal modifications and budgetary considerations, prior to renewal of existing contracts

NOTES

DUE DATE – FY17, Q4

ACTUAL COMPLETION DATE

PRIMARY RESPONSIBILITY – Commander Isbell

ESTIMATED COST – 120 non-primary duty hours at the standard OT rate of \$31/hour

ASSESSMENT/FOLLOW-UP

COMMENTS

1. This plan was Prioritized Action Plan #2 in FY 2017 and FY 2019.
2. Task #2 was added for FY 2019.

Logistics Action Plan B – Data Warehouse

PRIORITIZED ACTION PLAN #5

SYSTEM GOAL – Provide pre-eminent clinical care

LOGISTICS GOAL – Measure clinical performance and utilize a performance improvement method to enhance clinical care

STRATEGIC PRIORITIES – ACCOUNTABILITY, LOGISTICS

ANALYSIS – Operational Weakness, Operational Threat, Administrative Weakness, Administrative Threat, Clinical Weakness

GOAL

Develop a data warehouse to store all data from disparate sources

OBJECTIVES

1. Bring all data sources to a central HIPPA compliant repository
2. Establish queries to run various reports based on defined operational and clinical metrics

TASKS

1. Phase I – Establish server location for data repository (required to be compliant with HIPPA storage of data at rest requirements). Arrange for authenticated secure access to server by EMS data analyst. Engage WC ITS Applications Group for guidance with data storage formats and structure. Ensure that ITS resources involved have any required HIPPA certifications/training. Obtain sample data extract from vendor and populate ePCR database within warehouse. (Complete)
2. Phase II – Construct internal, EMS-use only analytic reports. Run reports & validate results against established Ad Hoc and Analytic reports. Publish to EMS-only SharePoint site within administrative content areas. Publish pertinent data, charts, graphs internally to EMS-only access areas.
3. Phase III – Define and construct metrics reports intended for reference and access by general public via externally facing web site. Internal validation of report contents for at least three reporting periods. Publication of metrics to external web site.

NOTES

DUE DATE – FY 2018

ACTUAL COMPLETION DATE

PRIMARY RESPONSIBILITY – Captain Johns

ESTIMATED COST – None, to be completed during normal business hours

ASSESSMENT/FOLLOW-UP

1. FY 2018 – This plan was rewritten to account for new resources available in WC ITS. Old plan available for reference in last year’s publication.
2. Task 3 will be completed in coordination with Captain Cohen

COMMENTS

1. Needs collaboration between Commander Isbell, Captain Johns, and WC ITS
2. Phase I is 100% complete as of April 2018 but is still evolving.
 - a. EMS began process of decoupling our analytics from the various vendors.
 - b. Removed “Obtain data model structure definitions from ESO (or current ePCR vendor)” from Task 1.
3. Phase II is ~50% complete as of FY18
4. Phase III has not been developed but will be worked on during FY19.
5. This was prioritized action plan #6 in FY 2019.

Logistics Action Plan C – SWOT Analyses of Supply Processes

PRIORITIZED ACTION PLAN #7

SYSTEM GOAL – Deliver efficient and effective operations

LOGISTICS GOAL – Ensure needed supplies and equipment are available and life cycles managed

STRATEGIC PRIORITIES – ACCOUNTABILITY, LOGISTICS

ANALYSIS – Logistical Weakness, Logistical Threat, Administrative Weakness, Financial Threat, Financial Weakness

GOAL

Conduct SWOT analyses for durable medical equipment, non-durable equipment, and pharmaceuticals with attention to potential for loss of accountability in asset tracking and loss attributed to waste (expired medication disposal).

OBJECTIVES

1. Identify exposure in terms of known waste/disposal of pharmaceuticals
2. Identify extent of disparity between assets listed in Oracle and known to be on hand
3. Define process(es) by which to capture and qualify serial numbers of incoming and outgoing equipment, including verification that serial numbers are captured in Oracle upon deployment, and removed from Oracle following asset transfer (involves multiple departments)

TASKS

1. Conduct SWOT analyses of the various current supply processes
2. Evaluate the results to identify any deficiencies, discrepancies, or inefficiencies
3. Develop and implement processes to capture and confirm serial numbers are both entered and removed from Oracle during asset transfers, as appropriate

NOTES

DUE DATE – FY 2019

ACTUAL COMPLETION DATE

PRIMARY RESPONSIBILITY – Commander Isbell

ESTIMATED COST – None, completed during normal business hours

ASSESSMENT/FOLLOW-UP

This is the first step in a three-year plan of implementing a robust supply tracking tool.

COMMENTS

1. This was prioritized action plan #3 in FY 2019.

Administrative/Financial Action Plans

Administrative/Financial Action Plan A – Operational Mission Statement

SYSTEM GOAL – Provide excellent customer service

ADMINISTRATIVE GOAL – Maintain $\geq 90\%$ good/very good rating of care provided as measured on the Patient Satisfaction Survey during the fiscal year

STRATEGIC PRIORITIES – COMMUNICATION, OUTREACH EDUCATION

ANALYSIS – Administrative Opportunity, Financial Threat, OE/PR Weakness, OE/PR Opportunity

GOAL

A clearly defined operational mission statement encompassing all of WCEMS' expected roles

OBJECTIVES

1. Establish and define the roles of WCEMS
2. Define the requirements of those roles and develop specific performance markers
3. Define the methods to be used to meet the established performance markers
4. Develop data metrics that explain and highlight the public value of the roles

TASKS

1. Identify key external stakeholders in WCEMS (Completed August 2011)
 - a. Incorporated communities with any of the following
 - i. Existing in-service medic unit
 - ii. Planned medic unit within the next two years
 - iii. First Responder Organizations
 - b. Williamson County Commissioner's Court
 - c. Local Health Care Organizations
2. Develop an internal stakeholder team
 - a. Two core responsibilities
 - i. Facilitate the return of surveys from the external stakeholders
 - ii. Internal dialogue of future central and ancillary roles
3. Develop a survey for each type of stakeholder (Partially completed)

NOTES

DUE DATE – FY 2017

ACTUAL COMPLETION DATE –

PRIMARY RESPONSIBILITY – Strategic Planning Committee

ESTIMATED COST – None, when worked on via email or discussion boards. Some OT may be necessary at the standard \$31/hour

ASSESSMENT/FOLLOW-UP

1. FY 2009 – Develop appropriate surveys and gather data
2. FY 2010 – Complete data analysis and identify next priority
3. FY 2011 – Task 3 completed for external stakeholders in August
4. FY 2017 – The Strategic Planning Committee completed two PR related documents to hand out at events
5. FY 2018 – The Strategic Planning Committee completed the first of the planned external stakeholder surveys and submitted it to Director Knipstein. This survey is intended for area fire chiefs.
6. FY 2019 – The survey for the WCFCA was distributed this year. The Clinical Practices division worked on a similar survey for ERs.

COMMENTS

1. This will require the cooperation of multiple people across all divisions and teams in EMS.
2. The Strategic Planning Committee identified EMS' critical internal and external stakeholders as part of a separate project in 2010. This information is still available.

Administrative/Financial Action Plan B – 360° Employee Evaluation

PRIORITIZED ACTION PLAN #8

SYSTEM GOAL – Provide excellent customer service

ADMINISTRATIVE GOAL – Maintain $\geq 90\%$ good/very good rating of care provided as measured on the Patient Satisfaction Survey during the fiscal year

STRATEGIC PRIORITIES – ACCOUNTABILITY, COMMUNICATION, EMPLOYEE ENGAGEMENT, LEADERSHIP TRAINING/IMPLEMENTATION

ANALYSIS – Administrative Opportunity, Administrative Weakness

GOAL

Implement the final portion of the employee evaluation which includes multi-rater feedback

OBJECTIVES

1. Establish clear expectation for everyone in the chain of command
2. Identify and define the desired outcomes for each position
3. Determine how to measure the desired outcomes for each position

TASKS

1. Review the previously drafted 360° employee evaluation (Complete)
2. Edit as needed and finalize for presentation (In progress)
3. Present to administrative staff and officers
4. Implement for all staff

NOTES

DUE DATE – April 2015

ACTUAL COMPLETION DATE

PRIMARY RESPONSIBILITY – Commander Stimson

ESTIMATED COST – None, if completed during normal business/duty hours. Some OT may be needed for meetings at the standard OT rate of \$31/hour

ASSESSMENT/FOLLOW-UP

1. FY 2015 – The team is going through revisions to shorten the evaluation and make it more focused for WCEMS' needs.
2. FY 2017 – No progress. Per Commander Travis, the process must be rewritten by Commander Isbell.
3. FY 2018
 - a. Commander Travis retired and Commander Stimson was asked to take over the team
 - b. Revisions completed; awaiting final approval
4. FY 2019 – No updates

COMMENTS

1. This is the final component of the Employee Evaluation plan (Completed Administrative/Financial Plan #5, plan cycle 2014-2019).

Administrative/Financial Action Plan C – Formation of a CAAS Standing Committee

SYSTEM GOAL – Deliver efficient and effective operations

ADMINISTRATIVE GOAL – Maintain $\geq 90\%$ good/very good rating of care provided as measured on the Patient Satisfaction Survey during the fiscal year

STRATEGIC PRIORITIES – ACCOUNTABILITY, LOGISTICS

ANALYSIS – Administrative Opportunity

GOAL

Form a standing committee to ease the application process for CAAS reaccreditation

OBJECTIVE

To ensure that all the necessary data from across various county departments is collected, collated, and analyzed every year prior to CAAS reaccreditation

TASKS

1. Talk with members of the CAAS working group about being a part of the standing committee
2. Identify the standards which require tracking and trending or which require evidence of EMS participation over time
3. Work with various people internal and external to the county to fix any deficiencies and ensure compliance with CAAS standards
 - a. This will be done on an annual basis
4. Set up a dedicated online space for annual results
 - a. Probably dedicated channels within Teams

NOTES

DUE DATE – January 2020

ACTUAL COMPLETION DATE –

PRIMARY RESPONSIBILITY – SMO Farris

ESTIMATED COST – Minimal OT at the standard rate of \$31/hour for setting up and maintaining the committee

ASSESSMENT/FOLLOW-UP

COMMENTS

Outreach Education/Public Relations Action Plans

Outreach Education/Public Relations Action Plan A – Redefine Tasks for Outreach Education

SYSTEM GOAL – Provide excellent customer service

CLINICAL GOAL – Measure clinical performance and utilize a performance improvement method to enhance clinical care

STRATEGIC PRIORITIES – ACCOUNTABILITY, OUTREACH EDUCATION

ANALYSIS – OE/PR Opportunity, Financial Weakness, Financial Threat

GOAL

Redefine tasks for WCEMS Outreach Education (OE) team

OBJECTIVES

1. Identify the outreach education team members and manager
2. Identify and prioritize programs to be included in WCEMS' outreach education delivery
3. Provide for coordinated scheduling of outreach education events that is cost efficient and maximizes delivery of content to the target audiences

TASKS

1. Identify the outreach education team members and manager
 - a. Determine the design of the outreach education team – ideas for team formation
 - i. Small team with minimal number of standing members and workgroups which are responsible for individual programs
 - ii. Large team with program leads and managing staff
 - iii. Other design
 - iv. OE team manager to be determined by the executive team
2. Identify and prioritize programs to be included in WCEMS' outreach education delivery
 - a. Identify initiatives from federal, state, regional, and local agencies that suggest OE programs for public safety departments
 - b. Assess public input and/or feedback for guidance on the development of outreach education programs
 - c. Analyze past and current call data to identify trends that suggest targets education
 - d. Prioritize the programs based on public demand, actual or potential impact to life safety, and cost effectiveness

NOTES

DUE DATE – FY17, Q2

ACTUAL COMPLETION DATE

PRIMARY RESPONSIBILITY – Outreach Education Coordinator Jim Persons

ESTIMATED COST

1. Most of the tasks will be performed during normal business hours
2. OT at the standard rate of \$31/hour when events or meetings are held off-duty

ASSESSMENT/FOLLOW-UP

1. ~FY 2014 – Commanders split Public Education with each commander in charge of a particular aspect approximately three years ago
2. FY 2017 – OEC Persons worked on bringing the various outreach programs under the umbrella of his position. All programs now have a designated program lead who reports to OEC Persons.
3. FY 2018 – OEC Persons met with involved personnel to evaluate current processes' effectiveness and explore alternate designs as needed

4. FY 2020 – Objectives 3 & 4 and Tasks 3 & 4 removed from this plan and incorporated into a new action plan (*cf* Outreach Education/Public Relations Action Plan B)

COMMENTS

1. FY 2016 saw the creation of the position of Outreach Education Coordinator which was filled in April 2016
2. With this position coordination of the various OE activities that are provided by WCEMS became practical.
 - a. This coordination should result in more efficient delivery of the programs as well as a reliable reporting of program metrics
3. This plan was heavily revised by Jim Persons for FY 2017 to more accurately reflect the changing nature of the OE programs
4. FY 2020 – current programs and leads
 - a. Take 10 CPR – Jim Persons
 - b. Stop the Bleed – Jim Persons
 - c. Safe Baby Academy – Jim Persons
 - d. AHA Card Classes/CPR – Stacey Henrichs
 - e. Stepping On – Jim Persons
 - f. Shattered Dreams – Lisa Dalton
 - g. Car Seat Safety – Willis Sefcik

Outreach Education/Public Relations Action Plan B – Redefine Marketing Tasks for Outreach Education

SYSTEM GOAL – Provide excellent customer service

CLINICAL GOAL – Measure clinical performance and utilize a performance improvement method to enhance clinical care

STRATEGIC PRIORITIES – ACCOUNTABILITY, OUTREACH EDUCATION

ANALYSIS – OE/PR Opportunity, Financial Weakness, Financial Threat

GOAL

Redefine marketing tasks for WCEMS Outreach Education (OE) team

OBJECTIVES

1. Working with internal and external partners develop a marketing strategy that is cost efficient and reaches the target audiences
2. Develop a process for requesting outreach education programs that is accessible to the target audiences

TASKS

1. Working with internal and external partners develop a marketing strategy that is cost efficient and reaches the target audiences
 - a. Utilize resources from the department and county PIO and public relations for guidance in selection of marketing media and in the development of marketing tools
 - b. Develop working partnerships with our external partners which result in co-branding programs and cooperative marketing of programs
2. Develop a process for requesting OE programs that is accessible to the target audiences
 - a. Marketing strategy for the OE program should direct target audiences to a menu of pathways for requesting the desired program, to include at least the following:
 - b. Single phone number for all OE programs
 - i. Online request for a particular program
 - ii. Email address for either a particular program or a general request that can then be directed internally

NOTES

DUE DATE – FY 2020

ACTUAL COMPLETION DATE

PRIMARY RESPONSIBILITY – Outreach Education Coordinator Jim Persons

ESTIMATED COST – None, work to be performed during normal business hours

ASSESSMENT/FOLLOW-UP

1. ~FY 2014 – Commanders split Public Education with each commander in charge of a particular aspect approximately three years ago
2. FY 2017 – OEC Persons worked on bringing the various outreach programs under the umbrella of his position. All programs now have a designated program lead who reports to OEC Persons.
3. FY 2018 – OEC Persons will meet with involved personnel to evaluate current processes’ effectiveness and explore alternate designs as needed
4. FY 2020 – This plan was broken off from OE/PR Action Plan A and made its own plan
 - a. Objectives 3 & 4 and Tasks 3 & 4 of OE/PR Action Plan A were made into this plan

COMMENTS

Outreach Education/Public Relations Action Plan C – Public Information

PRIORITIZED ACTION PLAN #10

SYSTEM GOAL – Provide excellent customer service

CLINICAL GOAL – Measure clinical performance and utilize a performance improvement method to enhance clinical care

STRATEGIC PRIORITIES – OUTREACH EDUCATION

ANALYSIS – Administrative Opportunity, Financial Weakness, Financial Threat

GOAL

Enhance the availability, frequency, and diversity of public information proffered by WCEMS

OBJECTIVES

1. Increase the availability of quality images system-wide for distribution (Complete)
2. Increase public knowledge of WCEMS
3. Regularly share data to support the benefits of WCEMS
4. Promote health and safety
5. Expand social media offerings with live broadcasting of education
6. Establish communication hierarchy for public information (Complete)
7. Update EMS' external website with county redesign (Complete)

TASKS

1. Convert photo class to an online module. Offer guidelines for all employees and provide one online repository for initial submissions.
2. Share operational and clinical KPIs on EMS' external website consistently
 - a. Tie these KPIs in with health promotion opportunities
3. Develop a process for staff to share information on social media
4. Meet with WCITS to ensure maximum usage of offered communication tools in the new system (Complete)
 - a. Obtain training for current webmaster and one additional employee as a back-up
5. Train one or two employees to a level of general understanding and proficiency with the role of PIO

NOTES

DUE DATE – FY 2016

ACTUAL COMPLETION DATE

PRIMARY RESPONSIBILITY – Director Knipstein and Captain Cohen

ESTIMATED COST – None, completed by staff during normal business hours

ASSESSMENT/FOLLOW-UP

1. This was made prioritized action plan #10 for FY 2020.

COMMENTS

1. Objectives 1, 6, & 7 are complete
2. Objectives 2, 3, & 4 are ongoing objectives
3. Objective 5 is dependent on WCITS and its schedule

Outreach Education/Public Relations Action Plan D – Take 10 Implementation

SYSTEM GOAL – Provide excellent customer service

CLINICAL GOAL – Measure clinical performance and utilize a performance improvement method to enhance clinical care

STRATEGIC PRIORITIES – OUTREACH EDUCATION

ANALYSIS – Administrative Opportunity, Clinical Opportunity, OE/PR Opportunity

GOAL

Improve cardiac arrest survival within Williamson County by encouraging citizen CPR and AED use

OBJECTIVES

Develop and implement a comprehensive and ongoing public education program which encourages the citizens of Williamson County to utilize bystander CPR and AEDs to help improve survival rates of sudden cardiac arrest

TASKS

1. Implement the Take 10 CPR program throughout the county (Complete)
2. Research and investigate software applications for simultaneous emergency services and bystander notification of a nearby sudden cardiac arrest event (Complete)
3. Include the first responder organizations in the Take 10 CPR implementation (Complete)
4. Begin work to ensure that every Williamson County employee is trained in Take 10 CPR
5. Begin to implement community wide CPR classes (Complete)

NOTES

DUE DATE – FY 2015

ACTUAL COMPLETION DATE

PRIMARY RESPONSIBILITY – Outreach Education Coordinator Persons

ESTIMATED COST – This is mostly completed by staff during normal business hours. Some OT will be necessary at the standard \$31/hour rate for training and Take 10 events

ASSESSMENT/FOLLOW-UP

1. Task 3 – Round Rock FD, Cedar Park FD, and Taylor FD participated in Take 10 training and implementation
2. PulsePoint was deployed in May 2017.

COMMENTS

1. The inaugural Take 10 event occurred on February 24, 2015 in the Williamson County courthouse just prior to Commissioner’s Court.
2. PulsePoint and Heart Safe are examples of software applications which allow WCEC to simultaneously alert the emergency services system (EMS and FROs) and bystanders who are currently trained in CPR and AED use of a sudden cardiac arrest event. These bystanders will have volunteered to receive push notifications on their phones when an SCA event occurs in a public or private place where they may be within walking distance. Williamson County is still investigating the financial issues involved.

Outreach Education/Public Relations Action Plan E – Outreach Education Metrics

SYSTEM GOAL – Provide excellent customer service

CLINICAL GOAL – Measure clinical performance and utilize a performance improvement method to enhance clinical care

STRATEGIC PRIORITIES – ACCOUNTABILITY, LOGISTICS, OUTREACH EDUCATION

ANALYSIS – Administrative Opportunity, Clinical Opportunity, Financial Opportunity

GOAL

Develop reportable program metrics that can be distributed to stakeholders on a regular schedule

OBJECTIVES

1. Each outreach education (OE) program lead will identify the reportable metrics for that program
2. Identify the internal and external stakeholders to whom the metrics will be reported
3. Establish regular schedules for reporting the various OE program metrics

TASKS

1. Each outreach education (OE) program lead will identify the reportable metrics for that program
 - a. Using available resources and with input from program stakeholders each program lead will identify metrics for that program
 - b. Reportable metric selection will be developed in conjunction with:
 - i. Executive and Clinical Practices staff expectations
 - ii. Governing board/agency requirements
 - iii. Any grant-based requirements
 - iv. Stakeholder requests
 - v. Technological resource availability and/or limitations
2. Identify the internal and external stakeholders to whom the metrics will be reported
 - a. Stakeholders will include internal recipients as a minimum expectation
 - b. External stakeholders may include:
 - i. Fire departments and other first responder organizations
 - ii. Wider medical community
 - iii. Other Williamson County recipients
 - iv. Grant administrators
 - c. Reference Administrative/Financial Plan A for further details
3. Establish regular schedules for reporting the various OE program metrics
 - a. It is recognized and accepted that not all metrics can or should be reported equally every reporting period
 - b. Different stakeholders may require differing information or a different schedule of reports

NOTES

DUE DATE – FY 2017

ACTUAL COMPLETION DATE

PRIMARY RESPONSIBILITY – Outreach Education Coordinator Persons

ESTIMATED COST – None, completed during normal business hours

ASSESSMENT/FOLLOW-UP

1. March 2017 – development of a database for collection, storage, reporting for AHA CPR program
2. FY 2017 – a. Migration of reporting system for Safe Baby to Apricot. This program is already used by Child Passenger Safety Techs
 - a. Working with A/TCEMS for development of an Apricot page for Take 10 CPR
 - b. OEC developed a schedule for reporting Take 10 CPR and Safe Baby program metrics

COMMENTS

Outreach Education/Public Relations Action Plan E – Promoting Public Health and Safety

PRIORITIZED ACTION PLAN #9

SYSTEM GOAL – Provide excellent customer service

CLINICAL GOAL – Measure clinical performance and utilize a performance improvement method to enhance clinical care

STRATEGIC PRIORITIES – OUTREACH EDUCATION

ANALYSIS – Clinical Opportunity, Administrative Weakness, Administrative Opportunity

GOAL

Improve public health and safety for the citizens of Williamson County

OBJECTIVES

Utilize the Outreach Education Coordinator (OEC) to promote community health and safety

TASKS

1. Expand Take10 CPR program (Complete)
2. Implement and expand community wide CPR classes (Complete)
3. Implement and expand additional programs in conjunction with other healthcare partners
 - a. Safe Baby Academy
 - b. Stop the Bleed
 - c. Stepping On
 - d. Car Seat Safety
4. Bring all public education outreach programs under the OEC

NOTES

DUE DATE – FY 2016

ACTUAL COMPLETION DATE

PRIMARY RESPONSIBILITY – Outreach Education Coordinator Jim Persons

ESTIMATED COST

1. Most work completed by staff during normal business hours
2. Some OT necessary for individual programs/presentations

ASSESSMENT/FOLLOW-UP

1. Take10 CPR is continually expanding within the county. Jim Persons would like to present the program to all employees of Williamson County.
2. Reference PE/PR Action Plan A for further details
3. This plan was made prioritized action plan #9 for FY 2020.

COMMENTS

1. In FY 2017:
 - a. Task 1 – expanded the program and consolidated administrative details
 - b. Task 2 – improved instructing, marketing, and administrative aspects
 - c. Task 3 – coordinated with other healthcare entities, including hospitals, ATCEMS, WC CHP, and other external content area experts, to present various courses
 - d. Task 4 – added for FY 2018

Outreach Education/Public Relations Plan F – Internal Support of Outreach Education

SYSTEM GOAL – Provide excellent customer service

CLINICAL GOAL – Measure clinical performance and utilize a performance improvement method to enhance clinical care

STRATEGIC PRIORITIES – EMPLOYEE ENGAGEMENT, OUTREACH EDUCATION

ANALYSIS – OE/PR Weakness, OE/PR Threat, OE/PR Opportunity

GOAL

Encourage recruitment of internal WCEMS instructors for the Outreach Education (OE) team

OBJECTIVES

1. Educate internal partners about the extent of growth of the OE mission
2. Educate internal partners about the need to increase the numbers of WCEMS outreach instructors in order to enable that growth to continue while at current OE staffing levels
3. Demonstrate to internal partners that integration and expansion of OE is vital to the continued presence and growth of WCEMS

TASKS

1. Work with Clinical Practices to develop online education video delineating the current growth of OE programs and the expected uptake in OE
 - a. Data driven information to staff
 - i. Data mining of absolute numbers of hours involved over the past 2 years of growth
 - ii. Data mining of numbers of classes and programs
 - iii. Educate staff about current numbers of internal and external instructors
 - b. Information about the increasing requests for service and subsequent reduction in some extant classes to provide instructors
 - c. Outline of new programming
 - i. Department of Defense (DOD) education license for Stop the Bleed class development in conjunction with WCEMS
2. Demonstrate that OE programs are a vital part of the move to community health that will be a necessary component of EMS in the future
 - a. EMS Agenda 2050 focus on community health and safety
 - i. Projected status of OE
 - ii. Requirement to fulfill the projected OE needs

NOTES

DUE DATE – FY20, Q2

ACTUAL COMPLETION DATE

PRIMARY RESPONSIBILITY – OE Coordinator (OEC) Jim Persons

ESTIMATED COST

None – most of the tasks will be completed during normal business hours in video development
OT at the standard rate of \$31/hour when off duty instruction occurs

ASSESSMENT/FOLLOW-UP

1. FY19, Q4 – OEC Persons will meet with involved personnel for accurate data mining of archived information.
 - a. CAAS data can be utilized for added efficiency
2. FY20
 - a. OEC Persons and CHP Leader Jarosek begin discussion of integration of CHP with Stepping On program

- b. OEC Persons and Capt Cohen collaborate on video for staff dissemination
- c. OEC Persons and OE Assistant Henrichs project growth of OE needs based on new Stop the Bleed class and the national interest already displayed

COMMENTS

1. The development of, and both state and national interest in, a new Stop the Bleed class, in conjunction with HB 496 (US House of Representatives) is likely to vastly increase the need of OE instructors.

On-Going Plans

In recognition of the fact that some of the action plans could not be marked as completed due to their nature, the strategic planning committee decided in 2014 to create a new section of the strategic plan. This new section reflects the reality that the system will in one way or another always work on the following plans.

Clinical Plan

- Pursuit of Excellence

Operational/Logistical Plan

- Efficiently Deploy Staff and Resources
- Effective Staff Deployment

Clinical Plan – Pursuit of Excellence

SYSTEM GOAL – Provide pre-eminent clinical care

CLINICAL GOAL – Utilize evidence-based protocols to provide care

STRATEGIC PRIORITY – ACCOUNTABILITY

ANALYSIS – Clinical Opportunity, Clinical Weakness, Clinical Threat

GOAL

Continue to expand the Pursuit of Excellence that has been a cornerstone in the growth of WCEMS

OBJECTIVES

1. Pursue and maintain “State of the Profession” paramedicine in education practice and outlook
2. Actively pursue certifications which allow WCEMS to demonstrate and achieve excellence
3. Maintain leading edge clinical practices
4. Emphasize and utilize research-based applications, procedures, equipment, and practices to achieve efficient and cost-effective progress

TASKS

1. Expand hospital interactions
 - a. Pursue OR rotations – increase our practice of advanced airway procedures and increase hospital appreciation of EMS skills
 - b. Continue and expand internships and hospital rotations in various specialties
 - c. Encourage opportunities and participation in hospital-based education, i.e. Critical Care Paramedic Course in conjunction with Scott & White Hospital
 - d. Position WCEMS to participate in clinical research opportunities with Scott & White hospital as part of the current medical director’s status as a faculty member
2. Maintain and expand our SOCs to continue striving for leading edge “State of the Profession” standards
3. Institute formal QA/QI division to provide both research-based internal feedback and external information and research for continued growth

NOTES

DUE DATE – Ongoing

PRIMARY RESPONSIBILITY – Medical Director and Division Commander King

ESTIMATED COST – None, completed by staff during normal business hours

ASSESSMENT/FOLLOW-UP

1. In FY 2018 WCEMS became one of the first agencies in Texas to be awarded the Gold Level of Readiness by the EMS for Children State Partnership
2. In FY 2019 WCEMS became the first agency in Texas to be granted the CCMP designation from TX DSHS

COMMENTS

1. Task 1, c: Some medics have already participated. Clinical Practices has a goal for all to become certified
2. Task 1, d: Completed Studies
 - a. Effect of computer analysis on EMS recognition of STEMI
 - b. Effect of mode of transport on quality of CPR
 - c. Presentation of Intubation Success Rates at the Texas EMS Conference in November 2013
3. Task 1, d: Active Studies and Presentations
 - a. Dr. Jarvis presented a talk about measuring metrics at the ESO Wave Conference in 2016
 - b. Dr. Jarvis submitted a proposal for a poster presentation on WCEMS’ Intubation statistics

4. Task 2: Revision of SOCs, including aligning with Marble Falls Area EMS SOCs, completed in September 2013
 - a. Revision includes or continues use of video laryngoscopy, addition of new, more effective medications, and a new, expanded restraint protocol
 - b. 2016 Update – Introduction of DSI and modified restraint protocol

Operational Plan – Efficiently Deploy Staff and Resources

SYSTEM GOAL – Deliver efficient and effective operations

OPERATIONAL GOAL – Maintain response resources available for all emergency calls for service

STRATEGIC PRIORITIES – ACCOUNTABILITY, COMMUNICATION, EMPLOYEE ENGAGEMENT

ANALYSIS – Operational Weakness

GOAL

Ensure that WCEMS effectively and efficiently deploys staff and resources in a manner that meets or exceeds the needs of the citizens of Williamson County

OBJECTIVES

1. Maintain adequate staffing levels
2. Seek optimal station/unit placement and utilize system status management to keep ALS response times within nationally accepted standards (including the use of demand trucks and the addition of regional command units)

TASKS

1. Monitor call volume, population migrations, and unit hour utilization
2. Formulate a blueprint for optimal unit placement based on demographics, call volume, and approved funding

NOTES

DUE DATE – Assessed annually

PRIMARY RESPONSIBILITY – Administration

ESTIMATED COST – None, completed by staff during normal business hours

ASSESSMENT/FOLLOW-UP

See JEMS October 2008 issue for various scheduling options

COMMENTS

See appendix for an example of the formula for unit hour utilization

Operational Plan – Effective Staff Deployment

PRIORITIZED ACTION PLAN #4

SYSTEM GOAL – Deliver efficient and effective operations

OPERATIONAL GOAL – Maintain response resources available for all emergency calls for service

STRATEGIC PRIORITY – ACCOUNTABILITY

ANALYSIS – Operational Weakness

GOAL

Ensure that WCEMS effectively and efficiently deploys staff and resources in a manner that meets or exceeds the needs of the citizens of Williamson County

OBJECTIVES

1. Explore the use of alternative staffing models and unit allocation to ensure that WCEMS is using its resources in the most efficient and fiscally responsible manner
2. Research hybrid scheduling models and/or a 48-hour work week to keep crew fatigue and burn out to a minimum and to help eliminate WCEMS employees working longer than 24 consecutive hours (during normal operations)

TASKS

1. Research alternative staffing models, including the system regional management plan
2. Recruit and hire the staff needed to support future growth and/or alternative staffing paradigms

NOTES

DUE DATE – Assessed annually

PRIMARY RESPONSIBILITY – Administration and Commander Schnaiter

ESTIMATED COST

1. Research – None, complete during normal business hours
2. Implementation – Number of personnel is dependent on research and the system's needs

ASSESSMENT/FOLLOW-UP

1. FY 2016 – with the addition of the two peak demand trucks this plan has been partially completed
2. FY 2017 – Began implementing the Fatigue Risk Management System to monitor crew prior sleep-wake cycles to measure the safety of crews working extended hours
3. This plan was made prioritized action plan #4 for FY 2020.

COMMENTS

1. This plan was moved to the On-going Plan section in FY 2018 due to the nature of the plan.

Three Year Goals

Each of the one-year action plans is a marker leading to the three-year objectives. These objectives are the intermediate goals of the department. Achieving these objectives is critical to realizing the overall vision of the department.

1. Research alternative scheduling/staffing (Partially complete)
2. Robust supply and asset tracking
3. Standardize ID and access cards into one card
4. Develop a comprehensive approach to improving the care of pediatric patients
5. Maintain a gross mean employee engagement score ≥ 4

The goals in the three-year range require multi-year implementation to fully realize them. Most of the above plans are the first steps in these goals.

Update for FY 2020

As the three to five year goals are partially or fully completed, they will be updated here.

Three to Five Year Plans

Several specific plans were written with a time frame of three to five years for completion. These plans may be part of a multi-step process with one-year action plans contributing to their success. Or the plans may deal with issues the system believes are important but cannot work on currently either because of budget concerns or because other issues have been identified as more important. The plans provide a framework for working on complex topics and successfully completing them will contribute to accomplishing one or more of the three to five year goals.

Three to Five Year Plan A – EMS Resource Triggers

SYSTEM GOAL – Deliver efficient and effective operations

OPERATIONAL GOAL – Operate within the established budget approved by the Commissioner’s Court during the fiscal year

STRATEGIC PRIORITY – ACCOUNTABILITY

ANALYSIS – Administrative Opportunity, Administrative Weakness, Administrative Threat, Financial Weakness

GOAL

Develop guidelines for deploying various levels of EMS resources in communities

OBJECTIVES

1. Define the various EMS service levels available for deployment
2. Develop the guidelines for each service type

TASKS

1. Identify the types of EMS resource deployment
 - a. Adding an ambulance to an area with a pre-existing ambulance
 - i. Peak demand unit v. 24-hour unit
 - b. Adding a squad unit to an area
 - c. Adding an ambulance to an area with a pre-existing squad
 - i. Peak demand unit v. 24-hour unit
2. Define deployment guidelines for each service level based on the following:
 - a. Call volume
 - b. Geographic coverage
 - c. Response times for high acuity calls
3. Draft a written plan incorporating the above

NOTES

DUE DATE – FY 2024

PRIMARY RESPONSIBILITY – Director Knipstein

ESTIMATED COST – None, completed by staff during normal business hours

ASSESSMENT/FOLLOW-UP

1. FY 2019 – no changes

COMMENTS

1. Important to trend and compare numbers to determine appropriate deployment
 - a. Call volume for an ambulance v. a squad and a peak demand unit v. a 24-hour unit
2. Important to also recognize that this plan represents EMS’ ideal and is subject to Commissioner’s Court approval/funding for the fiscal year in question
3. This plan was Prioritized Action Plan #4 in FY 2017. Due to various circumstances this plan, while important, is not deemed to be critical at this point.

Three to Five Year Plan B – National Benchmarking

SYSTEM GOAL – Provide pre-eminent clinical care

CLINICAL GOAL – Measure clinical performance and utilize a performance improvement method to enhance clinical care

STRATEGIC PRIORITIES – ACCOUNTABILITY, EMPLOYEE ENGAGEMENT, LOGISTICS

ANALYSIS – Clinical Opportunity, Clinical Weakness, Administrative Opportunity

GOAL

Collaborate with other systems in creating reports on similar clinical key performance indicators to facilitate national benchmarking

OBJECTIVES

Utilize reporting programs within ESO to publish WCEMS' data to share with other EMS systems who also use ESO

TASKS

1. Research data available within ESO from other EMS agencies (Complete)
2. Create reports within ESO to acquire data from Williamson County EMS (Complete)
3. Share data with other EMS services to establish performance criteria for national benchmarks (Deferred)
4. Publish the research (Ongoing)

NOTES

DUE DATE – FY 2016

PRIMARY RESPONSIBILITY – Medical Director and Captain Johns

ESTIMATED COST – None, completed by staff during normal business hours

ASSESSMENT/FOLLOW-UP

1. Dr. Jarvis and Captain Johns conducted research with ESO to set the initial benchmarks. Dr. Jarvis presented research at state and local conferences in poster form.
2. Dr. Jarvis presented results of the research at local, regional, state, and national conferences
 - a. FY 2016 – Dr. Jarvis presented the original research at NAEMSP and Texas EMS Conference 2016
 - b. FY 2017 – Dr. Jarvis redid the analysis with new data and new metrics. He presented it at several conferences in lecture form and on webinars.
3. FY 2018 – Task 4: Published several peer-review journal articles on EMS data plus an additional one is in review by the journal *Resuscitation*.
 - a. Jarvis JL, Gonzales J, Johns D, Sager L. Implementation of a Clinical Bundle to Reduce Out-of-Hospital Peri-intubation Hypoxia. *Annals of Emergency Medicine*. 2018.
 - b. Wang HE, Donnelly JP, Barton D, Jarvis JL. Assessing Advanced Airway Management Performance in a National Cohort of Emergency Medical Services Agencies. *Annals of Emergency Medicine*. 2018.
 - c. Along with SMOs Farris, Horan, and Stimson, presented seven research posters at the 2018 NAEMSP national conference.
4. FY 2019 – Updated due date to FY 2024

COMMENTS

1. WCEMS is still working with ESO to refine their research tools.
2. Dr. Jarvis is working with other medical directors, especially those of systems who utilize ESO, to further refine benchmarks.
3. Task 3 – ESO's benchmarking project was deferred due to issues with budgeting and ESO's Analytics program
4. Task 4 – added in FY 2018
5. FY 2019 – moved to the Three to Five Year Goal section because of the intricacies involved in establishing national benchmarks

Three to Five Year Plan C – PSTP and Facility Badge Access

SYSTEM GOAL – Deliver efficient and effective operations

LOGISTICS GOAL – Ensure electronic resources are accounted for, functioning, and life cycles are managed

STRATEGIC PRIORITY – LOGISTICS

ANALYSIS – Operational Opportunity

GOAL

Standardize ID and access cards into one card

OBJECTIVES

1. Reduce the number of ID cards carried by employees
2. Combine PSTP, facility access, and DSHS identification cards into one card

TASKS

1. Develop template of ID cards
 - a. Must include distinct colors for credentialing levels within the department
2. Develop list of facility access needs by position in the organization
3. Review current list of cardholders and acquire enough cards to print for all employees
4. Develop a plan for printing and distributing cards to all staff
 - a. This will require all staff to authenticate cards

NOTES

DUE DATE – FY 2019

ACTUAL COMPLETION DATE

PRIMARY RESPONSIBILITY – Division Commander Tydings and Cmdr Isbell

ESTIMATED COST

1. None – work completed during normal business hours
 - a. Cards are currently supplied by IT – EMS will need to confirm this practice continues

ASSESSMENT/FOLLOW-UP

1. Per Commander Isbell, both IT and Facilities support the forward/future direction of having one ID card for all types of security. However, the infrastructure is not currently in place to allow both departments to use their respective tools for both purposes on one badge. The main current constraint is legacy HID badges and legacy badge readers.
2. This plan was moved to the 3-5 year goal section in FY 2020.

COMMENTS

1. This plan was prioritized action plan #4 in FY 2019.

Three to Five Year Plan D – Assistant Staffing Specialist

SYSTEM GOAL – Deliver efficient and effective operations

ADMINISTRATIVE GOAL – Operate within the established budget approve by the WC Commissioner’s Court during the fiscal year

STRATEGIC PRIORITY – ACCOUNTABILITY

ANALYSIS – Clinical Weakness, Operational Weakness, Administrative Opportunity

GOAL

Improve customer service to the various schools by having a dedicated staffing specialist to schedule student ride-outs

OBJECTIVES

1. Maintain pace with growing staff and need of schools (EMS schools, medical school, etc) to schedule student ride-outs and observational rides
2. Unify scheduling practices
3. Provide options for increased or hybrid hours of coverage by staffing personnel

TASKS

1. Create an assistant staffing specialist position which reports to the senior staffing specialist
2. Move the responsibility for scheduling student riders to the staffing office
 - a. Train the staffing specialists to use Fisdap
3. Move the responsibility for scheduling civilian riders to the staffing office
4. Design system to ensure appropriate placement of third-out riders based on educational, clinical, and operational parameters.

NOTES

DUE DATE – FY 2021

PRIMARY RESPONSIBILITY – Director Knipstein

ESTIMATED COST – Cost of new, non-specialized administrative employee

ASSESSMENT/FOLLOW-UP

COMMENTS

Three to Five Year Plan E – Comprehensive Approach to Changing Pediatric Care

SYSTEM GOAL – Provide pre-eminent clinical care

CLINICAL GOAL – Provide quarterly in person and as needed distributive education and training to promote clinical best practices

STRATEGIC PRIORITIES – ACCOUNTABILITY, EMPLOYEE ENGAGEMENT

ANALYSIS – Clinical Weakness, Clinical Opportunity

GOAL

Develop a comprehensive approach to improving the care of pediatric patients

OBJECTIVES

1. Gather data about current practices of treating pediatrics
2. Survey staff to help determine areas of weakness
3. Implement targeted education and training to improve care

TASKS

1. Track and trend data which reflects current practices using ESO's Analytics program
 - a. Track and trend historical data going back at least one year
 - b. Track and trend future data from the deployment of the Handtevy system
2. Develop a survey to administer to the field staff to ascertain areas of weakness
 - a. Correlate this information with the information from Task #1
3. Develop and implement targeted education and training to improve pediatric care
 - a. Medic CE modules
 - b. Didactic education and hands-on training in shift track, including high impact scenario training
4. Continually gather, analyze, and synthesize data post education and training for improvement

NOTES

DUE DATE – FY 2020

PRIMARY RESPONSIBILITY – SMO Karen Horan

ESTIMATED COST – Minimal, most work to be completed during work/duty hours; some OT will be necessary. Will also have budgeted OT for shift tracks.

ASSESSMENT/FOLLOW-UP

COMMENTS

1. The ongoing data will be incorporated into the CAAS re-accreditation application.

Three to Five Year Plan F – Robust Supply Tracking

SYSTEM GOAL – Deliver efficient and effective operations

LOGISTICS GOAL – Ensure needed supplies and equipment are available and life cycles managed

STRATEGIC PRIORITIES – ACCOUNTABILITY, LOGISTICS

ANALYSIS – Logistics Weakness, Logistics Opportunity, Financial Weakness, Financial Threat

GOAL

Develop a robust supply tracking process for durable medical equipment, non-durable medical equipment, and pharmaceuticals.

OBJECTIVES

1. Identify weaknesses in current supply processes, including waste from expirations and disparity between assets listed in Oracle and those known to be on hand.
2. Develop processes to account for weaknesses and test for efficiency and efficacy
3. Implement the final processes and define reporting periods

TASKS

1. Conduct SWOT analyses of the various supply processes for durable medical equipment, non-durable medical equipment, and pharmaceuticals
2. Develop and refine processes to improve tracking of all supplies
 - a. *cf* Supply Expiration and Waste Tracking Project
 - b. Define periodic time frame for measuring loss over time/through the fiscal year
3. Implementation of final process
 - a. Will involve at least WC ITS to help define whether the scope of the project is too big for current tools (e.g., SharePoint)

NOTES

DUE DATE – FY 2022

PRIMARY RESPONSIBILITY – Commander Isbell

ESTIMATED COST – None, completed by staff during normal business hours

ASSESSMENT/FOLLOW-UP

COMMENTS

Three to Five Year Plan G – Employee Engagement

SYSTEM GOAL – Provide excellent customer service

OPERATIONAL GOAL – Achieve a mean employee engagement score ≥ 4

STRATEGIC PRIORITIES – ACCOUNTABILITY, EMPLOYEE ENGAGEMENT

ANALYSIS – Operational Weakness, Operational Opportunity, Administrative Weakness, Administrative Opportunity

GOAL

Williamson County EMS will maintain a gross mean employee engagement score ≥ 4

OBJECTIVES

1. Provide appropriate training to specified personnel
2. Practice the lessons and techniques of employee engagement system wide
3. Annually measure employee engagement and trend over time

TASKS

1. All executive team members, field commanders, lieutenants, and senior medical officers will complete Quality Texas Foundation's "Workforce Engagement" training over three years
2. Measure employee engagement annually using an online survey with consistent questions which measure engagement
3. Continually evaluate ways to improve employee engagement based on the survey scores

NOTES

DUE DATE – FY 2023

PRIMARY RESPONSIBILITY – Director Knipstein

ESTIMATED COST – OT at the standard rate of \$31/hour for the training

ASSESSMENT/FOLLOW-UP

COMMENTS

Completed Action Plans

In order to keep a record of WCEMS' progress in achieving its stated goals and objectives and to have a library of completed plans for future reference, the strategic planning committee created a dedicated section within the plan itself for completed yearly action plans and three to five year plans. In 2016 the committee utilized EMS' internal website to create an online library of completed yearly action plans and three to five year plans which were completed during the previous strategic planning cycles (FY 2008–FY 2013 and FY 2014–FY 2019). This section will contain those plans completed within the current strategic planning cycle (FY 2020–FY 2025).

Long Range Plans

Due to the fluid nature of the emergency services profession, concrete planning beyond five years is tenuous at best. Long-range plans represent ideas aimed at continual improvement in service quality and provide a means of tracking, trending, and validating that improvement. These ideas are based on projected trends, both within the system and the county, and on the timely completion of the one-year action plans and three-year goals. In no particular order of importance, the long term plans include extending the community paramedic program to reach more citizens, implementing and deploying critical care paramedics within the system, and researching and implementing an alternative shift schedule to reduce crew fatigue. These represent substantive changes to the current organization and practices of Williamson County EMS and will require considerable time, work, and expense to properly implement.

Conclusion

Williamson County EMS has been in operation for over forty years. In that time, the system has witnessed many substantial changes in the county and within the system itself. Even in the midst of great change one constant has been the staff's dedication to the core values of the system and, through them, the key precepts of customer service and quality medical care. Although the system believes it renders efficient, high quality care, provides outstanding customer service, and operates an effective and responsive operational model, it has been continuously hampered by a lack of qualitative and quantitative data. Having this data would substantiate the beliefs in some areas and highlight other areas needing improvement.

This strategic plan recognizes the need for accumulating data in order to formulate growth plans. It outlines a plan for collecting, collating, and analyzing data, testing the results against current departmental practices, and changing those standards and policies found wanting. Even more importantly the plan outlines a way for the department to meet and exceed the department's vision statement. This vision of a being recognized as a national leader in prehospital care underpins the entire strategic plan. Although unforeseen circumstances could force alterations to the plan, the system believes that this strategic plan represents a unique opportunity to improve and enhance the department.

Appendices

Clinical Practices

Unit Hour Utilization

Withdrawn and Archived Plans

Williamson County EMS Clinical Practices Division

Medical Excellence through Training and Education

The Clinical Practices division of Williamson County EMS provides leadership and guidance for the medical operations of the WCEMS System. Dr. Jeff Jarvis is the medical director for the EMS system which is composed of WCEMS and all the integrated first responder organizations (FROs). He also maintains an active clinical practice in emergency medicine with the Baylor Scott & White Hospital System. He is joined in Clinical Practices by Division Commander Terri King, Commander John Gonzales, Captain Dan Cohen, Captain Danny Johns, and Captain Matt Biasatti. Captain Cohen runs the on-line distributed education program (Medic CE) for the entire WCEMS system, including producing original continuing education modules. Captain Johns researches, collates, analyzes, and publishes clinical and operational key performance indicators to guide clinical education and aide in continual performance improvement while maintaining transparency and clinical accountability. Captain Biasatti, who joined the division in late 2015, works with the FROs to coordinate education and training.

Dr. Jonathan Sheinberg was hired by the Commissioner's Court in August 2016 as an associate medical director for tactical medicine in the Williamson County EMS System. Dr. Sheinberg is a practicing cardiologist in Austin and is a commissioned peace officer with the Cedar Park Police Department. He has research interests in early detection and prevention of coronary disease in public safety personnel. While Dr. Sheinberg's primary focus with the system will be the education, training, and medical oversight of our tactical medical program, he will also contribute to the department's wellness initiatives.

The primary functions of this division are providing oversight and guidance for all clinical functions of the system. Perhaps the most obvious of these are the development and dissemination of the *Standards of Care* document which provides the legal authority for all responders in the WCEMS System to engage in Dr. Jarvis' delegated practice of medicine. Just as integral to the success of the organization, however, are the ongoing performance improvement efforts. These are guided by data analysis and implemented through continuing education. The system understands the value of research in refining the EMS body of knowledge and recognizes our responsibility to contribute to it. We are committed to actively engaging in sharing our findings and experience through national lectures, publications, poster presentations, and social media.

Williamson County EMS Clinical Practices Vision

1. Our clinical practice will be evidence-based where such evidence is possible, best-practice based where that evidence is lacking.
 - a. We will be actively involved in helping the industry define both the evidence needed for practice as well as be a benchmark for the best practices.
 - b. We will be actively engaged in conducting clinical research, disseminating the results of this research through presentations and publications, and promoting paramedic involvement in research methodology, presentation, and critical evaluation.
 - c. We will present topics at conferences describing the nature and specifics of our practice.
2. Our clinical practice will be based on an educational foundation in which our paramedics are encouraged to grow and develop their clinical knowledge and skills through an active *practice-based* continuing education program.
 - a. The content of the educational program will be based on the results of our *Continuous Quality Improvement (CQI)* program.
 - b. We will train all medics in basic CQI chart review using specific guidelines to review each of the electronic patient care records generated during the course of our business. There will be a hierarchy of these reviews in which, again using specific criteria, charts are advanced through a series of auditors ultimately leading to direct medical director review.
 - c. The CQI staff will identify specific *quality indicators* for specific attention. These indicators will be tracked and trended on a system, region, station, and, if needed, crew basis. Examples include the percentage of all chest pain patients who either have a 12 lead ECG, aspirin, and nitroglycerin administered or have adequate explanations for this omission clearly documented in the chart.
 - d. We will increasingly use distributed learning (Medic CE) to provide these CQI driven educational topics with a reduced reliance on traditional “shift track” presentation.
 - i. In-person education will increasingly be used for hands-on skills teaching and testing as a means of augmenting distributed learning.
 - ii. We will also support increased joint training with our first responders in a similar fashion utilizing a combination of distributed and in-person approaches.
3. We will eventually develop an active physician field response program in which, ultimately, there is an on-duty EMS physician available at all times for radio communication as well as direct response to designated call types (ex: cardiac arrest, altered mental status, etc) and random calls.
 - a. This program will involve the supervised field practice of EMS fellows (Emergency Medicine physicians who are pursuing specialized training in EMS).
4. With all components of our clinical practice we will always endeavor to promote the involvement and professional growth and development of our field staff.

Unit Hour Utilization

The unit hour utilization ratio is a standard method for determining deployment strategies, response patterns, and scheduling practices. The basic formula is: Utilization (U) divided by Unit Hours (UH), where U can be defined by the administration to include 911 calls, emergent and non-emergent transfers, standbys, maintenance, and/or administrative tasks and UH is the number of hours the unit was on duty.

$$U/UH = \text{Unit Hour Utilization [UHU]}$$

As an example, to calculate the UHU for a single day: assume an ambulance has 15 incidents during a 24 hour shift:

$$15/24 = 0.625$$

This formula can be extended for any time period. When used to determine scheduling models, generally, the larger the ratio, the busier the ambulance and the more fatigued a crew can become. This formula can also be used for calculating various economic efficiencies of an EMS system.

For a more detailed explanation of unit hour utilization, please see:

National Association of EMS Physicians. Edited by Alexander E. Kuehl. Prehospital Systems and Medical Oversight, 3rd ed. Dubuque: Kendall Hunt Publishing Company, 2002. pp 124-130.

Withdrawn and Archived Plans

An integral part of growth and improvement is the constant re-evaluation of the goals and plans we have defined for our system. We must recognize when a goal or plan that was a priority in the past is no longer obtainable in the foreseeable future, maintains stakeholder buy-in, is relevant or pertinent, or falls in line with current priorities and visions of the system.

It is imperative that these goals and plans are identified and removed from the body of the strategic plan to maintain efficient, effective, and focused goals. Although these plans are no longer part of the active strategic plan, they will be archived either within the plan or on the internal website. This will allow for periodic re-evaluation of these plans because in the future they may again become pertinent.

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