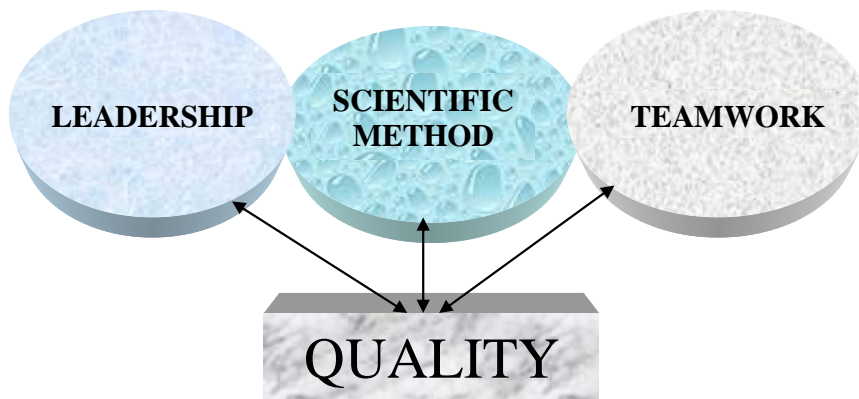


Iowa EMS Strategic Planning Resource Guide

“Local planning, collaboration, and service sharing to sustain rural Emergency Medical Services.”



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EMS Strategic Planning Guide/Course

Overview:

The Iowa Department of Public Health Bureau of Emergency and Trauma Services recognizes the unique challenges associated with the delivery of volunteer EMS. The average volunteer remains active less than 5 years. Although most volunteers have a caring attitude and a deep commitment to community service, they are often unprepared for the stresses they will encounter. They may frequently be asked to make patient care decisions that the training and their experience may not prepare them for. Limited supervision and inadequate medical direction contribute to the high turnover rate. A 1990 National Rural Health Association study of rural EMS identified the following common characteristics among successful EMS systems:

- Integration of sound business practices into the volunteer organization
- Commitment to strategic planning
- Admission criteria for volunteer members
- Participation and commitment of community leaders
- High visibility of service
- A formal organizational structure
- Cohesive community environment
- Strong physician involvement
- Good interagency relationships

Purpose:

The Iowa EMS Strategic Planning Guide and Course were developed in 2004 to inspire local planning, collaboration and service sharing to build strong EMS systems.

This guide is to be used in conjunction with the Iowa EMS Strategic Planning Course and the Iowa EMS Continuous Quality Improvement Course offered by Bureau of Emergency and Trauma Services staff. The State EMS Physician Medical Director is also available for consultation with local physicians.

Mission:

The Iowa EMS Strategic Planning Guide/Course is designed to share basic strategic planning information with communities wishing to build healthy and sustainable EMS systems that are fully integrated into the overall health care system.

Vision:

Iowa EMS providers will work with all stakeholders to consistently utilize basic strategic planning principles to build and sustain effective EMS systems.

The Iowa EMS Strategic Planning Guide and Course will continue to be monitored for effectiveness. As additional system needs become apparent, these tools will be enhanced and modified to meet the challenges of building sustainable EMS systems in Iowa.

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Iowa EMS Strategic Planning Guide

PART I: OVERVIEW AND ORGANIZATIONAL ASPECTS



The Challenge for Iowa EMS

Through intensive study of rural fire and EMS in 1996, the Iowa Fire Institute identified the following universal problems that seem to effect most rural EMS services in Iowa.

- Decreasing volunteer pool.
- Difficult recruitment and retention of certified personnel.
- Lack of weekday coverage.
- Escalating vehicle, equipment, and training costs.
- Increasing administrative demands.
- Stagnant or decreasing budgets require more volunteer fund raising activities.
- Escalating demands on personal time.
- Increasing government regulations and un-funded mandates.
- Hazardous materials response regulations.
- Difficult reimbursement from Medicare, Medicaid, and insurance companies.
- Personal liability and safety issues.
- Hospital staff RN's utilized for facility-to-facility transfers.
- Increasing non-emergency transportation requests.

Delivery of health care services is in a rapid state of change, and delivery of care in the out-of-hospital setting by EMS providers is no exception. Volunteerism is no longer able to sustain a full-time transporting ambulance service in every community, and advancing technology and increasing national standards for training and certification is increasing the standard of patient care. Systems of care need to be built on collaborative partnerships among existing EMS service programs and are essential for the survival of EMS, especially in rural areas of Iowa. Several models of excellence already exist in Iowa and typically involve maintaining advanced care at the community level via a non-transport service program then tiering with a county or regional transport system. It is medically sound and fiscally prudent to design and implement a tiered response system using a non-transport level of care locally with simultaneous dispatch of an ambulance. Using this system design, local communities are able to provide essential life-saving interventions (defibrillation for cardiac arrest and advanced airway management) in addition to routine basic care provided for all injury and/or illness events. This is achieved at a much lower cost and with lessened requirements for personnel and service program certification. Change, as such, is often difficult to accept and implement on a local level and therefore requires collaborative strategic planning initiatives.

The net gain of EMS systems development for Iowans is improved access to more efficient and effective emergency medical services when needed. Such endeavors have a great potential to reduce suffering, disability, death, and costs associated with injury and illness.

Each EMS system development project must focus on:

- injury and illness prevention,
- timely access for all Iowans for care of life threatening illness and injury, and
- cost effective EMS system development and maintenance.

The challenge for today's EMS is to create collaborative partnerships of all stakeholders to engage in vigorous strategic planning to build tomorrow's EMS. Together we can build a sustainable public safety net that is integrated into the existing health care system.

EMS System Design

This basic system design provides consistent, on-going oversight. The most successful EMS systems conserve human resources by having one physician provide system medical oversight for all service programs. The EMS System Coordinator works to reduce the administrative burden on the volunteer EMS provider.

EMS Physician Responsibilities:

By law, the EMS system physician medical director shall be responsible for providing appropriate medical direction and overall supervision of the medical aspects of the EMS system. As minimum, physician duties include liaison to the medical community, protocol development, medical auditing, and skill maintenance. Iowa Administrative Code allows the physician to appoint assistants to accomplish tasks.

EMS System Coordinator Responsibilities:

The EMS Coordinator manages the daily activities and implements the physician orders and EMS Task Force desires throughout the system. The coordinator acts as the link between the EMS providers and the system physician medical director.

Central Administration:

The EMS System Coordinator assists the physician, providers, and consumers by developing and implementing system policies and procedures in the following areas:

Credentialing	Personnel rosters and files
Skill maintenance (competency)	Education files
Common protocols	Equipment maintenance
Pharmacy	Initial and CEH education plan
Medical auditing	Liaison to local government bodies
Billing and collections	Regulatory liaison
Data collection	Fundraising
Bulk purchasing	Health promotion
	Public Information and Education

Individual Service Programs Implement:

Credentialing procedure	Periodic vehicle/equipment checklists
Skill maintenance procedure	Local policies and procedures
Appropriate staffing schedules	Equipment maintenance (defib, suction, etc.)

EMS System Task Force:

Strategic planning	Health promotion activities
Public Information and Education	

TIERED RESPONSE SYSTEM:

Tiered response is the centrally located career ambulance service integrated with volunteer non-transport teams and simultaneous dispatching. The design is intended to reduce the burden on the volunteer EMS provider, produce consistent medical oversight, and decrease the fiscal load. System emphasis is on reduction of duplication of services and equipment.

The definition of insanity is continuing to do the same things and expecting different results. Think smarter, not harder." Gerald Nadler

Strategic Planning Process

1. Select Task Force Members.
 - a. Select group leader
 - b. Select recorder
2. Create Mission, Vision, Values, and Guiding Principals.
3. Develop by-laws and rules of order.
4. Acquire a full system assessment and report. www.citmt.org or pages
“Make decisions based on facts and data rather than emotion and perceptions.”
 - a. Decide what do you want to know
 - b. Collect information
 - c. Compile report

PLAN:

Develop a System Strategic Plan.

- a. System physician and medical community establish minimum medical performance standards (see pages 14 and 15)
- b. Establish system indicators to measure operations
- c. Establish system indicators to measure administration

Set system goals and timeline.

- a. Prioritize short and long term goals (see pages 17-19)
- b. Establish timeline for goal implementation

Individual EMS Service Programs may wish to establish local Strategic Quality Planning Goals (see pages 20-21)

DO:

Implement improvement actions.

- a. Document current performance
- b. Measure extent of the problem
- c. Measure causes and frequency of the problem
- d. Establish clinical indicators to measure system medical performance.
- e. Routinely compile data

CHECK:

Measure benefits of improvement actions.

- a. Analyze data

ACT:

Make decisions and implement changes, if needed, based on relevant information.

- a. If expected benefits were achieved, standardize the changes.
- b. If expected benefits were not achieved, revisit the process analysis stage.

Use the **PLAN-DO-CHECK-ACT** model for all challenges. This is an ongoing process that continually monitors the system structure, process, and outcomes.

“HOW we do things is as important, or possibly even more important than WHAT we do.” George Whetsell

EMS System Coordinator Duties

The Coordinator is the backbone of EMS system. The coordinator functions to implement the wishes of EMS Advisory Council and EMS Physician Medical Director. Management of EMS system day-to-day operations reduces the burden on the volunteer EMS provider and strengthens the system.

Liaison to:

- EMS physician medical director
- Government agencies
- Hospital
- Iowa EMS Association
- Dispatch center
- EMS training program
- Media

Leads EMS Task Force

- Implements the wishes of the Task Force

System policy and procedure development and implementation

System CQI

- Medical record audits
- Monitors clinical indicators

Training/CEH/skill maintenance

- Credentialing
- Education plan and files

Vehicle and equipment maintenance

Equipment placement and replacement

Billing and collections

Data collection and reporting

Personnel utilization, recruitment, and retention

Health promotion activities (primary and secondary)

- Chain of Survival-cardiac/stroke
 - Prevention, emergency recognition, EMS system access
 - CPR and early defibrillation programs (PAD)
- Child Passenger Safety Seat Inspections
- Bicycle Rodeo
- Water safety
- EMS Week activities
- Priorities based on local data

The definition of insanity is continuing to do the same things and expecting different results. Think smarter, not harder.” Gerald Nadler

EMS Advisory Council Membership

EMS Advisory Council membership is based on equal representation of stakeholders. The suggested number of representatives is variable based on local needs and resources. It is important to limit the number of representatives for each category to allow the committee to work efficiently. Each representative is responsible to the organization they represent for education and consensus building. It is quite possible that some delegates may represent more than one agency. For example, the Sheriff often represents the 911 board and dispatch center.

All stakeholders must understand and commit to the ongoing strategic planning process that will maintain the system, assure quality, measure effectiveness, and efficiency. In the beginning, committee work can be quite time consuming. Once the foundation is built and processes are in place, the EMS Advisory Council will probably meet only once or twice a year. Emerging issues are often dealt with in empowered subcommittees.

The Advisory Council can rely on the Iowa Department of Public Health and Iowa Department of Economic Development as well as local Councils of Government for technical assistance.

These representatives must strongly support and champion the vision, mission, and goals the EMS Advisory Council creates.

SUGGESTED EMS ADVISORY COUNCIL MEMBERSHIP

Physician Medical Director	Law Enforcement Agencies
County EMS Association Chair	Dispatch Agency
County Emergency Management	County Board of Supervisors
EMS Providers	County Public Health
Hospital Administration	City Government
Emergency Room Department Head	Township Trustees
Emergency Room Staff RN	EMS Training Program Manager
Fire Agencies	Local EMS Instructor

The suggested EMS Advisory Council Membership list represents key stakeholders and may need to be expanded bases upon the dynamics of local constituency.

“The best idea is the sum of components of many ideas expressed in the group.”

EMS Advisory Council Function and General Activities

Function

- Ensure access and quality by evaluating the structure, process, and outcome of EMS events.
- Fiscally Responsible
- Appropriate resource utilization
- Reduce the burden on the volunteer EMS provider
- Integrate EMS into the existing healthcare system
- On-going system strategic planning, implementation, and monitoring.

General Activities

- Gather and analyze EMS system information and data
- Make decisions based on facts
- Acquire an EMS system coordinator
- Set and implement goals
- Continually monitor system structure, process, and outcomes.

Often sub-committees are formed for detailed work to study emerging issues and bring suggestions for implementation back to the entire task force. Sub-committees cannot act independently as there is often overlap in tasks. For example, the medical performance committee is charged with setting minimum response time and level, but the fiscal committee will determine if the system can support the suggestions.

Medical Performance Standards:

- On and off-line medical direction
- Minimum response
- Protocols
- System CQI
- Credentialing/competency
- Documentation/Data Input
- Risk management

Human Resources

- Leadership
- Education and training
- Recruitment and retention
- Tiered response
- Non-transport or ambulance

Fiscal Management

- Accountability
- Based on performance standards
- Grant opportunities
- Equitable cost sharing
- Eliminate duplication and waste
- Allows for system growth

Health Promotion (primary and secondary)

- Injury and illness prevention
- Public information and education

“Flexible, creative thinking leads to better solutions which leads to quality.”

Group Dynamics

GROUND RULES:

- Listen
- Be honest
- Be on time
- Be prepared
- Keep to the issue
- Respect others
- It's okay to disagree
- Everyone participates
- Critique ideas not people
- Team decisions by consensus
- All ideas are respected and valued
- Keep others you represent informed
- Share concerns, feedback, and feelings

AVOID THESE NEGATIVE BEHAVIORS:

- Not allowing sufficient time for closure
- Competing directly with another person
- Maintaining a self-limiting perspective
- Failing to get closure on an idea
- Censoring one's own ideas
- Telling lengthy war stories
- Ignoring ideas altogether
- Pushing a hidden agenda
- Covertly rejecting ideas
- Overtly rejecting ideas
- No side conversations
- Going off on tangents
- Repeating
- Arguing

Recommended Publications and Websites

IDPH Bureau of Emergency and Trauma Services

800-728-3367

http://www.idph.state.ia.us/ems/ems_system_standards.asp

Iowa EMS System Systems Standards documents, meeting agendas and outcomes, success stories and sample documents are on the Bureau website.

National Highway Traffic Safety Administration - Advancing EMS Systems

<http://www.ems.gov/AdvancingEMS.htm>

EMS Agenda for the Future

A Leadership Guide to Quality Improvement for EMS

Iowa EMS Strategic Planning Guide

PART II: PLANNING



Sample EMS Advisory Council Mission, Vision, Values, and Guiding Principles

The mission, vision, values, and guiding principles are the foundation of the system. EMS Advisory Council participants must believe and champion these fundamental statements. Leadership will often refer to the vision, mission, and guiding principals when the group process stalls, becomes emotional, or individual views interfere with the consensus process.

EMS Advisory Council Mission

(fundamental reason for EMS existence)

_____ County EMS Advisory Council exists to help local EMS services build a system to reduce suffering, disability, and death from injury and illness while ensuring access, quality, and affordable out-of-hospital EMS for all citizens.

EMS Advisory Council Vision

(where you want to be)

_____ County EMS Advisory Council will build an EMS system that strives to assure prompt and effective out-of-hospital emergency medical care is available at-all-times, to all-people, though collaborative efforts including continuous strategic planning and service sharing.

EMS Advisory Council Values Statement

(basic principles of how people on the EMS Advisory Council will work together)

As a team of out-of-hospital and hospital emergency care providers, the medical community is committed to work together with regional resources to provide the most efficient and effective patient care. A collaborative approach among counties, townships, health care facilities, ambulance and non-transport service programs, and the public within _____ county is essential to develop and maintain an EMS system meeting the unique needs of _____ County, Iowa.

EMS Advisory Council Guiding Principals

(how individual task force members pledge to regard the process and customers)

Integrity	Honesty	Respect
Humanity	Cooperation	Fiscally Responsible
Fairness	Collaboration	Value Consensus

Sample EMS Physician Medical Director Recommendations for the EMS System

Based upon discussion and input provided from current medical community, the following recommendations serve as a foundation to assure patient care needs are matched to the necessary resources.

A. Performance standards for the EMS system

1. **Training and skills maintenance:** All service programs must meet or exceed the state requirements and minimum standards as established by the most current version of the Iowa EMS System Standards.
2. **Level of care:** Given there is a simultaneously dispatched paramedic service readily available through a strategically designed tiered response system, then an Emergency Medical Responder non-transport service would be acceptable as a minimum standard.
3. **Protocols:** All service programs need to use the state protocols as a minimum standard.
4. **Continuous Quality Improvement (CQI):** Individual squads must meet minimum state standards, and the EMS system CQI process needs to be established to monitor performance of system components and to assure tiered response issues are addressed.
5. **Documentation/Data Collection:** All service programs must comply with state requirements for minimum data submission.

B. Acceptable response times for life-threatening injury and illness

1. **BLS intervention**
 - Bystander CPR and basic first aid immediately at scene
 - Defibrillation < ? min of arrest, and within one minute of defibrillator arrival at patients' side
 - Combitube < ? min from arrival on scene
2. **ALS intervention**
 - ET tube < ? min from dispatch
 - Drugs < ? min from dispatch
3. **Dispatch to vehicle departs station enroute to scene time: ?**
4. **Scene time < ? min**
5. **Does the system structure (assigned geographic service area) ensure that the closest certified EMS provider is dispatched first?**
6. **Do dispatch protocols allow for simultaneous dispatch and tiered response when appropriate?**

C. Opportunities to use resources more efficiently

1. **Medical direction**
 - on-line - all hospitals have 24 hour trained physician designees available

Comment [IDPH1]: delete o

Sample EMS Physician Medical Director Recommendations for the EMS System (continued)

- off-line - medical directors to discuss needs and ideas:
 - sharing audit functions
 - more consistent oversight and possibly using one MD
 - 2. **Joint training:** Career personnel from centralized paramedic services could be made available to local squads and hospitals could facilitate skills maintenance through enabling clinical time, employment, and/or simulated skills competency sessions.
 - 3. **EMS providers in the field:** Explore options to maximize coverage across service program boundaries through membership reciprocity.
 - 4. **RN/PA exception:** Recruit and credential local RN/PA's to provide staffing for service programs.
 - 5. **Administrative operations** (management, billing, CQI, data collection):
Keep patient care issues a priority as management issues are addressed.
Administrative expenses can be reduced with improved efficiency, and additional revenue should be available from billing consistency.
- D. Emergency Medical Dispatch (EMD):** Develop a medical priority based dispatch system to assure appropriate tiered response.
- E. Other:** The medical literature has shown that early defibrillation and airway management effectively saves lives and improves outcomes. Also, system development assures resources are readily available to all citizens in a region on a timely basis that maximizes the potential for reduced disability and death.

Comment [IDPH2]: insert :

Comment [IDPH3]: insert a regional MD(s).

Sample Short Term Goals

In the interest of developing and enhancing the _____ EMS system, the following short-term goals are recommended.

System Short Term Goals (need to be achieved in 1-2 years)

Goal	Priority			Key Stakeholders	Action Plan
	High	Mod	Low		
#1 Obtain a local EMS system assessment and report				EMS Task Force	EMS Task Force to explore options, develop, and implement plan
#2 Hire a FT EMS System Coordinator to share/centralize administrative functions				Physician Medical Directors, Service Directors, Hospitals, local government officials	EMS Task Force to explore options, develop, and implement plan
#3 Establish regional minimum standards of care: protocols, response times, level of care				Physician Medical Directors, Service Directors, and Hospitals	On-going communication through EMS Coordinator and Physician leadership
#4 Develop and implement a consistent CQI process with loop closure to examine the structure, process, and outcome of EMS events				Physician Medical Directors, EMS Coordinator, Service Directors	Physician Forum and EMS Task Force to discuss-EMS Coordinator to implement
#5 Establish a Regional Medical Director's Forum				All Physician Medical Directors in the system	Meet as needed to discuss issues-EMS Coordinator to facilitate
#6 Maximize utilization of existing human resources 1) Membership reciprocity 2) RN/PA exception				Physicians Medical Directors, Service Directors, RN's and PA's	1) Physician Forum to discuss and develop letter of agreement for reciprocity 2) EMS Coordinator credentials RN's/PA's to physician standards

Sample Long Term Goals

In the interest of developing and enhancing the _____ EMS system, the following long-term goals are recommended.

Long Term Goals (need to be achieved in next 5 years)

Goal	Priority			Key Stakeholders	Action Plan
	High	Mod	Low		
#1 Develop a regional BLS/ALS tiered response system				Physician medical directors, service directors, hospitals, dispatch, local and regional government officials, EMS providers, citizens	EMS Task Force to discuss and develop
#2 Develop a comprehensive Health Promotion plan based on local data				Physician medical directors, service directors, EMS coordinator, EMS providers	EMS Task Force to discuss and develop
#3 Develop regional medical priority EMD				Service directors, medical directors, local government and communication centers	EMS Task Force to discuss and develop

Sample Goal Worksheet

Goal	Priority			Key Stakeholders	Action Plan
	High	Mod	Low		

Strategic Quality Planning Concepts for Individual EMS Service Programs

Service Program Name

MISSION STATEMENT (fundamental reason for existence)

The _____ (EMS service program) serves the community to reduce suffering, disability, and death from injury and illness through commitment to excellence in out-of-hospital emergency medicine services (EMS).

VISION STATEMENT (where we want to be)

The _____ (EMS service program) strives to be a regional leader for efficiency and effectiveness in out-of-hospital EMS.

VALUES STATEMENT (basic principles of how people work together)

As a team of out-of-hospital providers, members are committed to work together with community and regional resources to provide the best possible patient care.

_____ GOALS (specific EMS areas for development / improvement) (year)

I. Program Operations

- a. level of care
- b. staffing
- c. equipment needs
- d. training needs
- e. protocol needs
- f. data needs

II. Outcome Evaluation

- a. timely patient care
 - 1) _____ % of responses will have an EMS provider at the scene within _____ minutes of the call
 - 2) _____ % of responses will have a paramedic at the scene within _____ minutes of the call
 - 3) other:
- b. the following criteria are goals for cardiac arrest patients
 - 1) _____ % of the time there is bystander CPR being done at scene upon arrival
 - 2) _____ % of the time the defibrillator is present <6 minutes from time of

arrest

3) _____% of the time full ALS is present <8 minutes from time of arrest

4) _____of patients in V-fibrillation (not due to trauma) will have return of spontaneous circulation in the field

c. trauma system protocols will be followed for all critically injured trauma patients

II. **Current strengths and weaknesses** of this service program as related to the above goals are as follows.

Strengths:

Weaknesses:

III. **The plan of action** to work weaknesses and to achieve 2001 goals is as follows:

Step 1.

Step 2.

Step 3.

IV. **The Goals were discussed with service program members:** YES / NO

VI. **Date to begin implementation** ___/___/___ **Date for progress report** ___/___/___

VII. **This strategic quality plan has been reviewed and is endorsed** by the following service program and/or community leaders (service program director, medical director, fire chief, city manager, mayor, etc.)

_____/_____/_____
Service Program Director/Chief date _____/_____/_____
Service Program Medical Director date

_____/_____/_____
Other, title: date _____/_____/_____
Other, title: date

Iowa Bureau of Emergency and Trauma Services System Evaluation Tool

Worksheet A: *determining average fiscal costs*

- all costs are figured for a 12-month period unless otherwise stated
- list as much detail as possible (i.e. supplies, \$/hour on-call, insurance carrier/coverage, liability limits, etc)
- initial training may be averaged over a 5 year period (list # of each level)

Report completed by: _____ Phone: _____

Email: _____

EMS Service Name: _____ Location: _____ Date: _____

PERSONNEL	(\$ DOLLARS)
Wages	
Benefits	
Stipend	
on-call	
Uniforms, jackets, boots, etc	
safety issues (vaccinations, hepa-masks, TB testing, etc.)	
Insurance (health, disability, death, professional liability, workman's comp)	
EDUCATION	
initial	
continuing education	
INSURANCE	
Vehicles	
Equipment	
Building	
DEPRECIATION	
cost of vehicle purchase or value of vehicle divided by ____ years	
vehicle # 1- year, make, model	
vehicle # 2- year, make, model	
cost of capitol equipment (>\$500) divided by 10 years	
CAPITOL EQUIPMENT (purchases > \$ 500)	
EQUIPMENT MAINTENANCE	
Defibrillator, bio-med and repair	
Miscellaneous	
SUPPLIES	
HOUSING	
building rent/mortgage	
Utilities: heat, water, sewer	
Maintenance	

TOTAL

Iowa Bureau of Emergency and Trauma Services System Evaluation Tool

Worksheet B: *determining annual income*

- all costs are for a 12-month period unless otherwise stated
- list as much detail as possible

Report completed by: _____ Phone: _____

Email: _____

EMS Service Name: _____ Location: _____ Date: _____

We bill for our services: yes no Medicare/Medicaid: yes no Insurance companies: yes no

Fee Structure: base rate: \$ _____ per mile: \$ _____

We bill separately for supplies: yes no

We collect approximately _____ % of what we bill. Roughly, _____ hours/annually are expended on billing.

List who does the billing (i.e. Chief, Treasurer, City Clerk, paid billing service, etc.)

GOVERNMENT INCOME	(\$)	DOLLARS
City		
Townships (list individually)		
County		
State and Federal dollars		
BILLING INCOME		
Medicare		
Medicaid		
Insurance Companies		
Private Pay		
DONATIONS		
Unsolicited		
After response		
Other (list):		
EARNED INCOME		
Examples of "Projects" are pancake breakfasts, dances, car washes, etc		
Project A:	# of volunteers:	total # of hours donated:
Project B:	# of volunteers:	total # of hours donated:
Project C:	# of volunteers:	total # of hours donated:
Project D:	# of volunteers:	total # of hours donated:

savings (annual interest)	
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**Iowa Bureau of Emergency and Trauma Services System Evaluation
Tool**
Worksheet C: organizational structure, personnel, and training

Report completed by: _____ Phone: _____

Email: _____

EMS Service Name: _____ Location: _____ Date: _____

Official Authorization (pick one): Ambulance: Ambulance with transport agreement:
Non-transport:

Staffing Authorization (pick one): 24/7: Transport Agreement:

Level of care (pick one): FR: EMT-B: EMT-I: EMT-P:

How many times, per year, is your service program dispatched for emergencies? _____
How many times, per year, is your service program dispatched for non-emergencies including nursing home and hospital-to-hospital transfers? _____

List number of staff on your roster:

Not-certified staff	First Responders	EMT-B	EMT-I	EMT-P	PS

How many people (minimum) do you **schedule** for each shift? _____

Mass response only: yes: no:

Do the other staff members that are not scheduled mass respond? yes: no:

Rate the following statements on a 1(never) to 5(always) scale. Checkmark (3) the box in the column that most closely reflects day-to-day operations for your service.	1	2	3	4	5
We are enroute following the first page					
We are enroute following the second page					
We are enroute following the third page					
We are enroute within 5 minutes					
We are enroute within 10 minutes					
We have plenty of certified staff available					
Weekday certified staffing is adequate					
Weeknight certified staffing is adequate					
Weekend certified staffing is adequate					

During a 12-month period, how often does your department meet? 4x: 6x: 12x: 24x: 50:

What is the meeting format? business only: training only: both business and training:

Does the staff receive CEH for in-house training? yes: no:

How often do you train with other departments? _____

Does someone from your department regularly attend county EMS meetings? yes: no:
Does someone from your department regularly attend regional EMS meetings? yes: no:
Does someone from your department regularly attend state EMS meetings? yes: no:

Iowa EMS Strategic Planning Guide

PART III: SAMPLE DOCUMENTS



One month prior to the meeting send letters (including: *Advisory Council Function and General Activities*) to each stakeholder group asking for one official appointment and an alternate before the meeting. An alternative method is to ask the physician to appoint temporary stakeholders for the first year.

County EMS Advisory Council

Sample Agenda for the first organizational meeting

1. Call to order. Welcome. Introductions. Members and guests sign-in.
2. Organizational tasks
 - a. Define organizations that will be asked to assign members to serve on this advisory council.
 - i. EMS physician medical director
 - ii. Chiefs group:
 1. Ambulance service programs
 2. Non-transport service programs
 3. Volunteer EMS providers
 4. Paid EMS providers
 - iii. County Firefighters
 - iv. Law Enforcement/Telecommunications (appointed by County Sheriff)
 - v. County Board of Supervisors:
 1. Board Member
 2. County Board of Health
 3. Emergency Management
 - vi. Hospital Administration
 - vii. Hospital Ambulance Manager
 - viii. Lay person consumer
 - ix. Additional:
 - b. Discuss, edit and/or approve EMS Advisory Council Function and General Activities
 - c. Discuss Terms: Initially, ½ the membership (selected by random) will serve 2-years and the other ½ will serve 3- years to stagger membership. Thereafter, 2-year terms will suffice unless otherwise stated in the by-laws.
 - d. Create Mission Statement (fundamental reason for existence)
 - i. Current: **EMS-Fire-Law Enforcement-Emergency Management: “United to save lives.”**
 - ii. Sample: **EMS Advisory Council exists to help local EMS services build a system to reduce suffering, disability, and death from injury and illness while ensuring access, quality, and affordable out-of-hospital EMS for all citizens.**
 - e. Create Vision Statement (where we want to be)
 - i. Sample: **County EMS Advisory Council will build an EMS system that strives to assure prompt, efficient and effective out-of-hospital EMS.**
 - f. Discuss rules of order.
 - g. Discuss draft bylaws.
 - h. Seek committee to advise council on official organization.
3. Financial Report
4. Grant Progress Report
5. **Future meetings: 6:30 p.m. on the last Tuesday (bi-monthly for 6 months, then quarterly)**
6. Adjourn

Sample County EMS Advisory Council Membership

County EMS Advisory Council membership is based on equal representation of stakeholders. **Each representative is responsible to the organization they represent for education and consensus building.** All stakeholders must understand and commit to the ongoing strategic planning process that will maintain the system, assure quality, measure effectiveness, and efficiency. In the beginning, committee work can be quite time consuming. Once the foundation is built and processes are in place, the EMS Advisory Council will probably meet only quarterly. Emerging issues are often dealt with in empowered subcommittees. The County EMS Advisory Council can rely on the Iowa Department of Public Health, Iowa Department of Economic Development, and Iowa EMS Association for technical assistance. These representatives must strongly support and champion the vision, mission, and goals the EMS Advisory Council creates.

TENATIVE TERMS

Member:	Representing:	Term Expires when new appointment is made during the January meeting in:
	Medical Director	2006
	Chiefs	2005
	Ambulance Services	2006
	Nontransport Services	2005
	Volunteer EMS providers	2006
	Paid EMS providers	2005
	Firefighters	2006
	Law Enforcement	2005
	Communications Center	2005
	Board of Supervisors	2006
	Board of Health	2005
	Emergency Management/911 Board	2005
	Hospital Administration	2005
	Hospital EMS Coordinator	2006
	Lay Person Consumer	2006
	EMS Educator	2006

“The best idea is the sum of components of many ideas expressed in the group.”

Sample County EMS Advisory Council Function and General Activities

Function

- Ensure access and quality by evaluating the structure, process, and outcome of EMS events.
- Fiscally responsible
- Appropriate resource utilization
- Reduce the burden on the volunteer EMS provider
- Integrate EMS into the existing healthcare system
- On-going system strategic planning, implementation, and monitoring.

General Activities

- Gather and analyze EMS system information and data
- Make decisions based on facts
- Support and manage the EMS system coordinator
- Set and implement goals
- Continually monitor system structure, process, and outcomes.

Often, sub-committees are formed for detailed work to study emerging issues and bring suggestions for implementation back to the entire task force. Sub-committees cannot act independently as there is often overlap in tasks. For example, the medical performance committee is charged with setting minimum response time and level, but the fiscal committee will determine if the system can support the suggestions. The Advisory Council chair may appoint ad-hoc committees and workgroups at will.

Medical Performance Standards:

- On and off-line medical direction
- Minimum response
- Protocols
- System CQI
- Credentialling/competency
- Documentation/Data Input
- Risk management
- Based on performance standards
- Grant opportunities
- Equitable cost sharing
- Eliminate duplication and waste
- Allows for system growth

Health Promotion (primary and secondary)

- Injury and illness prevention
- Public information and education

Human Resources

- Leadership
- Education and training
- Recruitment and retention
- Tiered response
- Non-transport or ambulance

Fiscal Management

- Accountability

“Flexible, creative thinking leads to better solutions which leads to quality.”

Sample County EMS Advisory Council Sample Meeting Agenda

1. Call to order. Welcome. Introductions. Members and guests sign-in.
2. Previous Minutes
3. Organizational items.
4. Coordinator Report
 - a. Financial Report
 - b. Grant Progress Report
 - c. System Performance Data Report
 - d. State and National Issues
5. Committee Reports (if active):
 - a. CQI, Standards, Protocols and Procedures
 - b. EMS System Sustainance
 - c. Education, Recruitment and Retention
 - d. County EMS and Fire Chiefs
 - i. Special Events
 - e. Ad Hoc committee reports
6. Old Business
7. New Business
8. Adjourn

You may wish to use this space to honor someone who has made significant contributions to local EMS or the biography of a committee member or service; or to advertise a noteworthy milestone the group has achieved.

Sample County EMS Advisory Council

Quarterly Meeting Minutes July 15, 2002

Staff Present:

Name

Mary Bell, Executive Director

Representing

Sample County EMS

Members Present:

Name

Elsie Crust

Dick Humm

James James

June Bug

Dr. Monte Hall

Edna Love

April Showers

Ed Disaster

Representing

Volunteer EMS Providers

Career EMS Providers

Transport EMS Services

Non-transport EMS Services

Physician Medical Director

Community Hospital Administration

County Public Health

County Emergency Management

Members Absent:

Name

Mike Badge

Fred Apple

Gary Nurse

Representing

Sample County Sheriff/E-911 Board

Community-consumer

Community Hospital ER

Guests:

Name

Dr. Tim Peterson

Mike Star

Elizabeth Hurley

Representing

Bureau of Emergency and Trauma Services

Battle Stream EMS

County Attorney

Council Chair Dick Humm called the meeting to order @ 1802.

Previous minutes approved.

Financial Report: (Mary Bell)

Grant Progress Report: (Mary Bell)

System Performance Data Report: (Mary Bell)

State and National Issues: (Mary Bell)

Committee Reports:

CQI, Standards, Protocols and Procedures: (Committee Chair)

- a. Adopting new protocols. Three copies per service. Tony had scheduled 3-formal one-hour CEH prior to implementation date of October 15, 2000. All EMS providers must attend one of updates. August 17 at Jersey, September 22 at Battle Stream and October 7 at Sohm Grove.
- b. Distributed draft 1 of the County Credentialing Procedure to all service chiefs and the medical directors. Written comments back to Tony by September 10.

EMS System Sustenance: (Committee Chair)

- a. Continuing to gather data to realize full cost/revenues of providing service.
- b. Meeting with George Oster on September 19 to develop a formula for equitable system cost sharing.
- c. Working with IEMSA to legislatively increase state fiscal support for county EMS systems.

Education, Recruitment and Retention: (Committee Chair)

- a. An EMT-B course will be held in Jersey on Mon and Thur evenings from 7-10 pm. Call Tony to sign up.
- b. System Education Report (lists how many providers attended each training opportunity and how many CEH were provided at what cost)
- c. See the quarterly newsletter for CEH opportunities.
- d. Disaster preparedness training.....

County Fire and EMS Chiefs: (Committee Chair)

- a. Current equipment and vehicle inventory in complete and ready for distribution.
- b. Working on developing a local Hot Zone team.

Old Business:

The 5th Annual County EMS Family Picnic will be held on August 6 at the city park in Battle Stream beginning at noon. Bring meat to grill, a dish to pass, baseball gloves and ibuprofen!

New Business:

Cindy Cholty requests \$860 to attend a national EMS convention in Minneapolis, Mn next January. Education committee will develop a policy for long distance (greater than 500 miles round trip) CEH. Elizabeth Hurley reported that Jersey EMS was contacted by a lawyer requesting a patient care report for the 10-50 with the 2 fatalities at the corner of Sweet and Sour in June of 1998. The county attorney and Mary Bell will draft a system policy for confidentiality. They will also work on a CEH regarding legal issues.

Adjourned at 2015.

Respectfully submitted;
signature
 Mary Bell
 County EMS Coordinator
 July 25, 2002

Action Plan	Who	When
Draft county confidentiality policy	Hurley/Bell	Distribute to council prior to Oct meeting
Obtain or develop curriculum for EMS Legal Issues	Mary Bell will find or develop a curriculum and work with Elizabeth for approval	Prior to January meeting
Draft long distance education policy	Education Committee	As above
Red pen draft of county credentialing procedure	EMS Chiefs, MD, and CQI, Standards, Protocols and Procedures Committee	To Mary Bell by Sept 10
Second draft of credentialing procedure	Tony	Distribute to workgroup prior to Oct meeting

SAMPLE COUNTY EMERGENCY MEDICAL SERVICES ASSOCIATION BY-LAWS

**ARTICLE I
NAME AND GEOGRAPHICAL AREA**

Section 1. The name of this agency, incorporated under the laws of the state of Iowa, shall be the Sample County Emergency Medical Services Association, hereafter referred to as SCEMSA

Section 2. This corporation shall serve an area, consisting of the county of Sample, within the state of Iowa, hereafter referred to as the SCEMSA region.

**ARTICLE II
PURPOSE AND OBJECTIVES**

SCEMSA exists to help local EMS services build a system to reduce suffering, disability, and death from injury and illness while ensuring access, quality, and affordable out-of-hospital EMS for all citizens. Emergency medical services shall unite with local law enforcement, firefighters, and emergency management to save lives. The council shall ensure:

1. Access to quality EMS by evaluating the structure, process, and outcome of EMS events.
2. Fiscal responsibility.
3. Appropriate resource utilization.
4. Reduction of the burden on the volunteer EMS provider.
5. Integration of EMS into the existing healthcare system.

ARTICLE III

Section 1. Authority and functions

SCEMSA shall act on behalf of, and as the official advisor to, the County Board of Supervisors regarding the planning, implementation, enhancement and evaluation of all EMS activities that serve the consumers of emergency medical services within -County, Iowa.

The authority to govern SCEMSA and establish the policies shall be vested in the Advisory Council, hereafter referred to as the council.

General functions of the council:

1. On-going EMS system strategic planning, implementation and monitoring.
2. Annually define and adopt the budget based on approved strategic planning goals.
3. Hire, support and manage the EMS system employees.
4. Council members shall ensure the organizations they represent are consistently educated regarding the business of SCEMSA.

Section 2. Selection of the SCEMSA Advisory Council Members

1. Members shall be officially appointed in writing by the organization they represent.
2. The council members shall consist of:
 - a. One EMS physician medical director
 - b. Chiefs group recommends representatives from:
 - i. 1-Chief of the Chief's organization
 - ii. 1-Ambulance service program
 - iii. 1-Non-transport service program
 - iv. 1-Volunteer EMS provider
 - v. 1-Paid EMS provider
 - c. One firefighter
 - d. Law Enforcement
 - e. Communications Center

- f. County Board of Supervisors:
 - i. 1-Board Member
 - ii. 1-County Board of Health
 - iii. 1-Emergency Management/911 Board
- g. Hospital Administration
- h. Hospital Emergency Services Coordinator or designee
- i. Lay person consumer
- j. EMS educator

Section 3. Terms of Council Members

1. Initially, ½ the membership (selected by random) will serve 2-years and the other ½ will serve 3-years to stagger membership.
2. Thereafter, all members will serve 2-year terms.
3. There shall be no limit to the number of terms served.

Section 4. General Membership

1. General membership shall consist of emergency medical care providers employed by the Hospital, members of authorized EMS service programs and certified providers who reside in the SCEMSA region that wish to contribute to the mission of SCEMSA.
2. Membership will be documented in the following manner:
 - a. Service Program Membership forms filed annually with SCEMSA coordinator including a roster of current staff.
 - b. Individual membership forms filed annually with SCEMSA coordinator for certified EMS providers that reside within the region, but are not currently functioning on a service program.
3. Each state authorized EMS service program Chief or designee member shall sit on a council subcommittee that will, as a minimum, officially advise the council on the day-to-day operations of EMS, fiscal needs, and appoint members to the council per these bylaws.

ARTICLE IV

Section 1. Officers

1. The officers of the council shall be President, Vice President, and Auditor.

Section 2. Qualifications

1. The officers of the council shall be elected from the officially seated membership of the council.

Section 3. Election of Officers

1. The election of all officers shall take place at the first council meeting and then annually at the first scheduled meeting of the calendar year.
2. Election shall be held by secret ballot unless there is only one candidate for an office and that person agrees to assume the duties of that office.

Section 4. Terms of Officers

1. All officers shall serve one-year terms.
2. Officers may serve the maximum of four consecutive terms.

Section 5. Vacancies

1. A vacancy in the office of the President shall be filled by the Vice President
2. A vacancy in the office of Vice President shall be appointed by the President.
3. Vacant offices shall be filled by a vote of the council at the next regular scheduled council meeting.

Section 6. Duties of the Officers

1. The President of the council shall:
 - a. Preside over council meetings
 - b. Orientate new members to the purpose and function of the council.
 - c. Appoint ad-hoc committees as deemed necessary to accomplish the mission and goals of SCEMSA.
 - d. Act as the EMS Coordinator a temporary basis if there is a vacancy.
2. The Vice President of the council shall:
 - a. Preside over council meetings in the absence of the President.
 - b. Take minutes of the council proceedings in the absence of the coordinator.
 - c. Chair an employee oversight committee, appointed by the president, to:
 1. Advertise, interview and make recommendations to the council for employee selection.
 2. Provide consistent, official job evaluation of the employees at 3-months, 6-months, 12 months and annually thereafter.
 3. Make recommendations to the council regarding the status of employment, salary, and benefits for employees.
3. The Auditor of the council shall:
 - a. Officially audit the fiscal records, including petty cash receipts, of the council annually and provide the council with a report at the first meeting of the calendar year.
 - b. Approve petty cash expenditures.
 - c. Co-sign all checks with the coordinator.

Section 7. Role of the EMS Coordinator (referred to as the coordinator)

1. Promptly complete tasks as defined in the SCEMSA Coordinator Job Description with excellence.
2. Be the official liaison and spokesperson to ancillary organizations, the press and the public regarding EMS within County.
3. Be directly responsible to the VP of the council for day-to-day operations.

Section 8. Fiscal Accountability

1. All checks must be co-signed by the coordinator and the auditor.
2. The coordinator, president and auditor shall have access to a petty cash fund of \$100.00.
3. The petty cash fund will be replenished when the auditor approves the disbursements.
4. Other than petty cash, all transactions must meet the approval of the council before payment.
5. The coordinator will provide a detailed fiscal report, in writing, at each council meeting.

Section 9. Voting

1. Each council member shall be entitled to one vote.
2. The President, or the member presiding over the council meeting, shall retain voting privileges.
3. The Board of Supervisors representative has voting privileges only in the event of a tie.
4. If during the General Membership meetings a voting process is required, each SCEMSA member present shall be entitled to one vote. No Absentee Ballots are allowed.

Section 10. Council Meetings

1. The council shall meet quarterly on the last Tuesday of January, April, July and October at 6:30 pm.
2. Special meetings of the council may be called by the president
3. The coordinator will document formal notification (face-to-face or by mail, email, phone or fax) of all council members at least 72-hours prior to the special meeting.

Section 11. General Membership Meetings and Training

1. General Membership meetings shall be held the third Wednesday of every month except during September, December and the month that hosts the SCEMSA seminar.
2. General Membership meetings will be rotated among the SCEMSA region services.
3. The coordinator shall ensure that, if possible, continuing education hours are provided at every General Membership meeting.
4. No business will be conducted at the General Membership meetings.
5. The coordinator or designee will provide council updates following the training sessions.
6. SCEMSA General Membership will sponsor additional training programs as needed.

Section 12. Annual Meetings

1. The General Membership will meet annually for the Appreciation Banquet hosted by the council.

Section 13. Quorum

1. A quorum at the council meeting shall consist of ½ plus one, of the council membership.

Section 14. Parliamentary Procedure

1. Unless otherwise stated in these bylaws, all regular, special and committee meetings shall be conducted by Robert’s Rules of Order, Revised.

ARTICLE V

CONFLICT OF INTEREST

Should a member of the council or appointed committee have cause to believe that voting on a given issue could possibly prove to be a conflict of interest, that member shall make public that possibility.

The majority vote (of the rest of the council) shall determine if the member shall be allowed to vote on the issue.

ARTICLE VI

AMENDMENTS

These bylaws may be amended by two-thirds vote of the members of the council at any two consecutive board meetings.

ARTICLE VII

LIQUIDATION AND DISSOLUTION

Upon the dissolution of this corporation, the corporation’s property shall not be conveyed to any organization created or operated for profit. Any sale of property to an individual will be no less than fair market value. All assets remaining after the payment of outstanding debts shall be conveyed or distributed only to those organizations that are deemed non-profit under the provisions section of current or any future United States Internal Revenue law.

EMS SYSTEM COORDINATOR

General Description:

The EMS System Coordinator is the backbone of EMS system. The coordinator functions to implement the wishes of EMS Task Force and EMS Physician Medical Director. Specifically, the EMS system coordinator manages day-to-day operations to reduce the burden on the volunteer EMS.

Responsible to:

The EMS System Coordinator will be expected to function independently with minimal oversight while implementing the strategic plans prepared by the EMS Advisory Council. The Vice President of the EMS Advisory Council is charged with the day-to-day oversight of the EMS Coordinator.

Broad Overview:

Minimum Qualifications:

- Current Iowa EMS certification w/instructor endorsement
- Two years field experience with 25 emergency responses as a member of an authorized service program
- One year service program management experience
- Problem solving skills
- Exceptional verbal and written communication skills
- Computer skills including word processing, databases and web browsing

Liaison to:

- EMS Advisory Council
- EMS physician medical director
- Government agencies
- Hospital
- Iowa EMS Association
- Dispatch center
- EMS training program
- Media

Duties:

- System policy and procedure development and implementation
- System CQI
 - Protocol inservice, medical record audits, monitors clinical indicators
- Training/CEH/skill maintenance
 - Credentialing, education plan and files, maintains certification database
- Writes grants and manages county training/system development funds
- Publishes and distributes quarterly newsletter
- Assists local service programs with state/federal regulation compliance
- Equipment/supply procurement, placement and replacement
- Billing and collections
- Data collection and reporting
- Monitors personnel utilization and complete recruitment, and retention
- Health promotion activities (primary and secondary)

SAMPLE COUNTY EMERGENCY MEDICAL SERVICES DETAILED SYSTEM COORDINATOR JOB DESCRIPTION

Responsible to:

Sample County d.b.a. Sample County EMS Association Advisory Council

Directly Assists:

Volunteer ambulance and non-transport EMS service program leaders and providers

Description:

Oversees operations for multiple EMS services. Works as a liaison between the service leaders, area hospitals, Iowa EMS Association, dispatch center, media and the physician medical director to ensure development and implementation of EMS system infrastructure. Responsible for fiscal management and accountability of county and state grant funds. Performs continuous quality improvement activities. The coordinator is responsible for quality management of EMS services.

Job Duties/Knowledge

1. Assures the development, implementation and evaluation of EMS services for the improvement of quality.
2. Performs data collection activities and related data analysis for EMS services.
3. Develops and implements physician approved CQI policies and procedures.
4. Develops and implements system policies and procedures at the direction of the EMS Advisory Council and/physician medical director.
5. Attends individual EMS service meetings as requested by local leaders.
6. Coordinates educational activities [with local EMS training program] related to initial and continuing education as well as other service requirements.
7. Seeks and manages the Iowa EMS System Development grant funds, county EMS funds and any additional sources of revenue for CEMSA.
8. Publishes and distributes an annual CEH Opportunity Bulletin that provides ample local CEH.
9. Rotates CEH between EMS services and works closely with the hosting community.
10. Provides leadership for organization of the County Fair EMS.
11. Maintains formal and optional CEH database of for all providers and provides notification of needed CEH 6-months prior to expiration.
12. Publishes and distributes quarterly newsletter, including Advisory Council minutes, within one month of scheduled Advisory Council meetings.
13. Maintains rosters and contact lists including all EMS providers, services and official contacts.
14. Attends Advisory Council meetings to record minutes; provide fiscal, system data and coordinator activity reports.
15. Keeps abreast of EMS treatment and transport trends and improvements by attending regional and state conferences and meetings.
16. Holds individual sessions with EMS directors as needed regarding coordination of services.
17. Assists in recruitment and retention of EMS personnel.
18. Identifies problems and develops plan for effective action.
19. Assists local EMS services comply with state regulations.
20. Assists with equipment placement, replacement, maintenance and inservice.
21. Acquires, maintains and logs usage of EMS association equipment.
22. Participates in short and long range planning for local EMS services and own job position.
23. Facilitates positive communication among EMS services.

Job Performance

Demonstrates initiative and skills in planning and organizing work.

1. Demonstrates a desire to set and meet objectives and to find increasingly efficient ways to perform tasks.
2. Completes work and documentation with accuracy and within a timely manner.

3. Requires minimal supervision and is self-directed.

Mission/agency standards

Demonstrates organizational awareness and commitment

1. Understands and appropriately uses the chain of command in relation to job position.
2. Knows and understands the agency mission in relation to own job position.

Observes confidentiality at all times.

1. Protects and honors patient and EMS personnel confidentiality and right to privacy.

Observes attendance and attire policies.

1. Meets attendance and punctuality expectations.
2. Demonstrates cooperation with scheduling requests to meet EMS service needs.

Complies with all other related policies, procedures and requests.

1. Develops and supports policy/procedures.
2. Demonstrates knowledge of policies and procedures applicable to own job position.

Conserves agency resources.

1. Maintains property, supplies and equipment in a manner that demonstrates ownership and accountability.
2. Maintains the work area to reduce the likelihood of safety hazards and to enhance its general appearance.

Communication Skills

Demonstrates interpersonal understanding and utilizes effective communication skills.

1. Considers effects of words and actions on others.
2. Utilizes listening skills that indicate understanding and promotes accurate interpretation of others' concerns, motivations and feelings.
3. Recognizes the influence of beliefs and cultures on behaviors and accepts strengths and limitations in others.
4. Works towards resolution of interpersonal conflicts as they arise.
5. Recognizes when others are in need of information, assistance or direction and consistently offers and provides help.
6. Attends and participates positively in meetings.
7. Regularly reads and appropriately applies information to practice.
8. Uses words that express respect, patience and understanding in interactions with others.
9. Acknowledges others verbally and nonverbal (eye contact, expression, tone of voice) promptly and courteously.
10. Follows appropriate phone etiquette.

Exhibits behaviors of cooperation

1. Develops cooperation and collaborative work efforts that generally benefit all involved parties.
2. Demonstrates the initiative to meet the needs of the EMS services by assisting with individual requests when appropriate.

Personal/Professional Development

Continuing education and personal/professional development responsibilities.

1. Maintains personal health requirements in relation to job description.
2. Maintains professional licensure/certification.
3. Maintains current personnel file information and provides information to all services/departments in a timely manner.
4. Sets own development challenges and volunteers to learn.
5. Assists with orientation of new personnel.
6. Adheres to infection control and safety policies, including education, reporting, and practice implementation specific to job position.
7. Attends agency provided inservice programs to fulfill requirements of position and policies.

Exhibits adaptability, flexibility, self-control and maturity in work and behavior.

1. Maintains stable performance and emotions when faced with opposition, pressure and/or stressful conditions.
2. Develops work relationships that honor and respect others' strengths and abilities.

Problem Solving

Exhibits critical thinking abilities and applies them for continuous improvement of services and the agency.

1. Uses own knowledge and experience base and other resources as necessary to make logical decisions and solve problems.
2. Continuously analyzes work processes and makes suggestions for improvement.

Leadership (10%)

1. Uses leadership position to set positive, attainable expectations, objectives and goals for others within the organization.
2. Takes action to enforce rules: confronts others about problems when necessary.
3. Empower others by sharing responsibility to encourage a deep sense of commitment and ownership.
4. Demonstrates creativity and innovation. Takes reasonable risk and accept full accountability for actions taken.
5. Develops a spirit of cooperation and teamwork while leading a group of people.
6. Works for solutions that generally benefit all involved parties.

Demonstrates self-confidence and ability to think conceptually in leading and directing others.

1. Recognizes complex connections in situations and is able to identify the key or underlying issues.
2. Demonstrates the ability to make decisions independently that benefit the agency as a whole based on the identification of key or underlying issues.
3. Demonstrates a strongly positive image of self and own skills, capabilities and judgement

Suggested Qualifications

1. EMT Certification.
2. EMS Instructor endorsement.
3. Minimum of 2 years or 200 responses EMS experience.
4. Minimum of 2 years supervisory experience.
5. Knowledge and Abilities:
 - a) Documented knowledge and skills necessary to provide emergency care.
 - b) Able to assess data reflecting services and interprets the appropriate information.
 - c) Good computer skills including word processing, database management and web-browsing.

Degree of Travel

Travel required for various activities and between local EMS departments and state and regional meetings/conferences. Must have reliable transportation and required liability insurance.

Degree of Disruption to routine

Disruption to routine is to be expected occasionally.

Safety hazards in job

Auto accident possible, high stress, exposure to potentially hazardous secretions

County EMS Association
EMS System Coordinator Performance Evaluation

Article IV, Section 6. Item 2 of the County EMS Association by-laws, states the Vice-President of the Advisory Council shall:

- d. Chair an employee oversight committee, appointed by the president, to:
 1. Advertise, interview and make recommendations to the council for employee selection.
 2. Provide consistent, official job evaluation of the employees at 3-months, 6-months, 12 months and annually thereafter.
 3. Make recommendations to the council regarding the status of employment, salary, and benefits for employees.

This Performance Evaluation shall provide documentation of the official job evaluations and recommendations to the Advisory Council.

Coordinator name: _____ Date of Hire: _____ Date of this evaluation: _____ Evaluation period: 3-months 6-months 12-months other: _____

Supervisor (Advisory Council Vice-President): _____ Additional evaluators: _____

Expectation	Exceeds Expectations	Meets Expectation	Does Not Meet Expectations	Feedback and plans of action (as needed)
Develops and implements physician approved CQI policies and procedures.				
Performs data collection activities and related data analysis for EMS services.				
Maintains continuing education database for all providers and notifies individuals and chief of needed CEH 6-months prior to expiration.				
Develops and implements system policies and procedures at the direction of the				

EMS Advisory Council and/physician medical director				
Expectation	Exceeds Expectations	Meets Expectation	Does Not Meet Expectations	Feedback and plans of action (as needed)
Coordinates educational activities [with local EMS training program] related to initial and continuing education as well as other service requirements.				
Provides leadership for annual seminar.				
Attends individual EMS service meetings as requested by local leaders				
Publishes and distributes an annual CEH Opportunity Bulletin that provides ample local CEH				
Publishes and distributes quarterly newsletter, including Advisory Council minutes, within one month following Advisory Council meetings.				
Attends Advisory Council meetings to record minutes; provide fiscal, system data and coordinator activity reports.				
Keeps abreast of EMS treatment and transport trends and improvements by attending regional and state conferences and				

meetings.				
Expectation	Exceeds Expectations	Meets Expectation	Does Not Meet Expectations	Feedback and plans of action (as needed)
Assists in recruitment and retention of EMS personnel.				
Assists local EMS services comply with state regulations.				
Acquires, maintains and logs usage of EMS association equipment.				
Completes work and documentation with accuracy and within a timely manner.				
Observes confidentiality at all times.				
Meets attendance and punctuality expectations.				
Conserves agency resources.				
Works towards resolution of interpersonal conflicts as they arise.				
Maintains current personnel file information and provides information to all services/departments in a timely manner.				
Develops work relationships that honor and respect others' strengths and abilities.				

Supervisor's Comments:	Coordinator's Comments:
Achievements and Strengths:	My noteworthy goal achievements:

Development needed:	Support I need to improve my job performance:
Goals for the next rating period:	Actions I need to take to improve my job performance:
Additional Comments:	Additional Comments:

Overall Rating:

Exceeds Expectations
 Meets Expectations
 Does Not Meet Expectations

Coordinator Print Name, Sign and Date: _____ Evaluator Print Name, Sign and Date: _____ Date of report to advisory council: _____ By: _____
