CHAPTER FOUR

IMPLEMENTATION PLAN

The 1998 - 2003 EMS Strategic Plan is a very ambitious undertaking. Implementation will involve a series of critical decisions, many requiring time for detailed feasibility analysis, collaborative discussions, interagency coordination and, in many cases, pilot projects to assure that changes to the current EMS system will produce the intended benefits.

The following discussion provides a roadmap for guiding the EMS Division and the EMS Advisory Committee through the implementation process. It sets priorities, identifies who needs to be involved and establishes critical milestones that must be met to achieve the 1998 - 2003 strategic and financial goals.

The implementation plan is organized by year and builds upon the extensive work already initiated by the EMS Division and the EMS Strategic Plan Steering Committee. During transition to the new levy period, the Committee will continue to assist the Division in this effort.

1997

In preparation for the next levy period, the EMS Division and the EMS Strategic Plan Steering Committee will move forward with two major actions during the latter half of 1997. The first involves establishment of the EMS Advisory Committee.

1. The EMS Advisory Committee will provide valuable assistance to the EMS Division as it carries the EMS Strategic Plan forward. To expedite the implementation process, it will be important that the Advisory Committee be in place by January, 1998.

Development of the Advisory Committee requires completion of four actions by December, 1997:

- Develop membership criteria, establish an appointment/confirmation process, and determine the length of term;
- Solicit a list of candidates for Committee membership, as defined in Chapter Three of this Plan;
- Appoint/confirm EMS Advisory Committee members; and
- Review the Division's workplan which details major work elements to be achieved and identifies how strategic objectives will be monitored. This workplan will summarize the major goals of the six year levy, and detail specific activities for 1998.

Manager of the EMS Division, or his designee, will be responsible for assuring these tasks are completed.

2. The second major initiative to be started during 1997 is to enhance regional cost saving programs. Funding limitations require that BLS and ALS providers as well as regional services

monitor and reduce costs wherever possible. To assist in this effort, regional cost saving programs should be initiated early in the levy period to maximize potential benefits.

As a transitional advisory committee, the EMS Strategic Plan Steering Committee will work with the EMS Division to develop and implement the following cost saving programs:

- A regional joint purchasing program for medical and office supplies will be developed, allowing EMS providers access to better purchasing discounts than might be available to individual agencies. Planning and development will be started during 1997 for full implementation first quarter, 1998.
- The feasibility of a new vehicle replacement, salvage, and retrofit program will be studied during 1997. The goal of this program is to extend the useful life of paramedic vehicles to as much as five years by:
  - purchasing heavier chassis with longer useful lives;
  - replacing chassis periodically rather than entire vehicles; and / or
  - recouping some of the cost through resells at the end of their useful lives.
- The EMS Division needs a mechanism to monitor strategic and financial performance throughout the next levy period. During 1997, the Division will enhance its monitoring database and work with BLS and ALS providers to assure that data are collected and reported in a timely manner. The EMS Division will work with the interim EMS Advisory Committee to develop measures for monitoring contract performance, utilization levels, funding requirements, and cost-savings.
- Participation in regional cost reduction programs and performance monitoring processes is very important to the success of the 1998 - 2003 Strategic Plan. The EMS Strategic Planning Committee will explore the feasibility of an incentive program that will encourage BLS and ALS providers to participate in these efforts. If possible, the incentive program should commence in January, 1998.

1998

Many strategic initiatives require substantial lead time for analyses and pilot studies. Early planning and development will assure that full implementation can commence in years two, three, or four of the levy period when the benefits of the strategies will be most needed. The following describes the strategic initiatives and financing mechanisms to be started in 1998.

1. During the new levy period, EMS providers will explore additional ways to optimally utilize existing resources. ALS and BLS providers may need to collaborate with other health care entities.

- The EMS Division will continue discussions with local health plans and providers on methods to educate consumers on cost-effective use of the Emergency Medical Services system. Collectively, EMS providers, health plans, and other health care providers will work to minimize duplication of services across the health care system through service delivery mechanisms that a assure patients receive care in the most appropriate setting by the most appropriate providers.
- A major strategic initiative during the next levy period is to utilize ALS resources as efficiently as possible.

One way to accomplish this objective is to explore the feasibility of revising the criteria based dispatch guidelines to:

- more narrowly focus ALS resources on very serious and major life-threatening injuries and illnesses;
- potentially redirect some BLS calls to more appropriate social and health services; and
- expand the scope of BLS responsibilities.

This requires continuing discussions with dispatch agencies about training and possibly funding. This will also require initiation of discussions and possible collaboration with other social and health service providers to assure that 9-1-1-callers are appropriately managed.

It is anticipated that this initiative will involve a series of incremental changes that will occur over the course of the next levy period. Definitive study and analysis of cost, quality, and value added issues will need to be completed before any changes can be implemented.

The Medical Program Director will have oversight responsibilities of this work effort. In that capacity, he will work with his medical control physicians , paramedic representatives, EMT's, and dispatchers to develop a process for planning, evaluating, implementing, and monitoring potential changes to the criteria based dispatch guidelines. During the first half of 1998, this group will develop the process and identify various types of cases as potential candidates for change. (Should timing and resources permit, this part of the implementation process may commence in 1997.)

Throughout the latter half of 1998 and during 1999, the MPD will oversee development and implementation of a series of pilot studies to evaluate the medical risks and liabilities of the proposed changes. The results of the studies will determine whether or not the changes should be implemented county-wide.

Management of growth in BLS and ALS calls is very important to the success of this strategic initiative. Prior to county-wide implementation of new triage guidelines, the MPD and the EMS Division will assure that dispatchers and EMT's are adequately prepared to carry out any new responsibilities through additional training and education. The EMS Division will explore collaborations with other social and health service entities to assure that the needs of EMS referrals can be appropriately met. If possible, a brochure outlining the availability of social and health services will be made available for BLS providers to leave with patients, directing them to non-EMS services for non-urgent needs.

- EMS providers have identified a need for more flexible transport destinations. Preliminary discussions with health plans and providers indicate that coordination and collaboration on this topic could result in cost savings, enhanced quality, and greater continuity of care. Development and implementation is very complex and may require a two to three year phase-in period. Major steps in the process include the following:

  - The EMS Division will finalize its initial discussions with health plans and providers to establish a common understanding about an array of transport destina-

tion options and to provide a set of policy guidelines for moving forward with this collaborative effort;

- The Medical Program Director will work with the medical control physician workgroup, EMS providers, and health plan representatives to identify and evaluate those EMS cases which may be medically appropriate for non-emergency room transport destinations;

- The EMS Division will identify health care facilities interested in accepting EMS transports and work with them to develop a program. This may involve a pilot project to test the efficacy and financial feasibility of the project prior to implementation county-wide;

- The EMS Division, in concert with the MPD, EMS Trauma Council, and the EMS Advisory Committee, will revise and refine transport disposition and destination guidelines for uniform implementation of this new program, assuring compliance and compatibility with other program plans; and

- The EMS Division will coordinate a public education campaign to increase awareness of this option. This effort could be integrated into other public education programs within the Health Department or the Fire Service.

• Increased utilization of existing BLS and ALS resources may involve greater coordination with private ambulance transporters. The EMS Division and the EMS Advisory Committee will continue to evaluate private ambulance transports.

2. The EMS Division is currently responsible for programs and services other than those defined as core regional functions. The Division will need to access additional sources of revenue to fund its non-core activities and to avoid any disruption of these services.

• The EMS Division will explore the feasibility of finding other funding sources or alternative service delivery methods necessary to support

  - Emergency preparedness services for the Health Department and
  - CPR training for County employees
  - School CPR
  - Injury and illness prevention and education programs

3. A major objective of the 1998 - 2003 EMS Strategic Plan is to manage the rate of growth in ALS and BLS call volume. This is a long term initiative, requiring extensive public education and injury and illness prevention programs in addition to strategies designed to use existing resources even more cost-effectively. EMS providers cannot achieve the desired results alone. Collaboration with other health care entities is needed.

• Consistent with plans currently in progress, the EMS Division will continue to work with the health department to integrate injury prevention and intervention programs into a uniform public health education program. The EMS Advisory Committee will assist the Division in developing the "message" to be publicized regarding the appropriate use of 911 for medical emergencies. This should be completed as early in the levy period as feasible.

• Referral of non-urgent 9-1-1 calls to more appropriate types of assistance may also help manage the rate of growth in demand. Dispatch screen-

ing criteria and on-site referral criteria will be developed by the MPD to assure all 9-1-1 calls receive a level of assistance appropriate to their needs. In the future, this may not always include a BLS response.

- Health plans and other health care providers can assist in educating their patients on the proper use of 911 for medical emergencies. The EMS Division will continue its coordinating efforts with health plan representatives to assure that EMS objectives for universal access and public / community service are consistent with appropriate patient disposition.

1999

The second year of the 1998 – 2003 EMS Strategic Plan will be devoted to ongoing development of strategic initiatives launched in 1998 as well as initiation of two new strategic efforts. Decisions about implementation funding will be decided in concert with the EMS Advisory Committee. While the first year focuses on establishing the foundation for collaborations and building of external relationships, the second year will focus on internal program improvements.

1. A major new initiative for the next levy period is to expand existing performance standards and incorporate those standards into EMS levy fund contracts for BLS providers.

The Medical Program Director will oversee development of new BLS standards. This may include working with the EMS Advisory Committee as well as ad-hoc subcommittees to provide substantive assistance as needed. There are three basic areas of exploration and development.

- Changes in service delivery methods and mechanisms posed within this strategic plan may require that BLS providers monitor additional performance indicators to measure how well the EMS system in total is meeting its new obligations. Previous to this Strategic Plan, BLS performance standards focused on response times, out-of-service times, call volume within the designated service area, and back-up call volume in neighboring jurisdictions. Additional detailed data may be needed to more efficiently monitor BLS services.

- With proposed strategic changes, it will be necessary to collect data on quality, outcome, patient satisfaction and other key elements. This information will provide input for ongoing system-wide improvement over the course of the next six years. In addition, BLS providers will need to collect and report data in support of contract compliance monitoring.

- Flexible transport destinations will require new BLS destination transport guidelines. The MPD will work with representatives of BLS providers, private transporters, and health plan representatives to develop a new set of transport criteria and standards.

- There is a need to establish BLS standards that promote medically appropriate, cost-effective and efficient EMS services. In connection with contract performance criteria, the EMS Division and the Medical Program Director will oversee development and implementation of incentives that promote accountability and stewardship of EMS levy funds expended by BLS contractors.

This may be a lengthy process of collaboration across BLS providers. However, there is time to pursue this area of exploration and development designed to improve service deliv-

ery across jurisdictional boundaries. Success will assure that a minimum level of EMS service will be established throughout the County and uniformly implemented.

2. The 1998 – 2003 Strategic Plan includes only one new ALS unit to serve County growth and expansion. This will be a significant operational challenge to the EMS System and new service delivery methods may be needed.

- Data collection and analysis will be very important to monitor utilization of ALS services throughout the County. It may be necessary to enhance technical support services within the EMS Division for expanded planning and management of the system. Current information systems are designed to monitor ALS unit locations, response times, out-of-service times, simultaneous responses, and out-of-area calls. This data is important, but will need to be expanded to include analysis of additional variables that support new service delivery options. Identification of additional data elements and revision to data collection methods needs to occur no later than 1999.

- New service delivery options include the possibility of varying response time standards for some ALS calls, alternative ALS scheduling mechanisms, or intervention programs for the chronically ill and recent hospital discharges. Data will be needed from EMS as well as other health care providers to assess the cost-effectiveness of service delivery options and to evaluate the impact on quality and patient outcomes. Data will need to be collected before any feasibility assessment can be completed.

  Potential operational changes within the ALS system will require careful evaluation and assessment though data analysis and pilot projects During 1999 and 2000, the EMS Division needs to be prepared to design and carry-out a number of pilot studies to test the operational and patient care implications of new ALS service delivery options.

3. During 1999, the EMS Division will initiate plans to develop and implement the practice of call prioritization through dispatch. This will build upon program initiatives implemented to date, assuring that dispatch services have the resources necessary to support new and revised EMS guidelines and service delivery methods.

2000

1. During 2000, the EMS Division will explore the feasibility of securing outside funding for new programs.

The 1998 – 2003 EMS Strategic Plan includes two new programs that will enhance the EMS system. Funding for these programs is not included in the financial plan, requiring the EMS Division to secure funding from external sources. By 2000, the EMS Division should be positioned to explore funding opportunities for the new programs. If time permits, this effort could occur in earlier years.

- During 2000, the EMS Division will work with the University of Washington to secure new grant funding to expand the cardiac arrest surveillance program to all EMS calls. This would provide a database for EMS research unparalleled across the nation, allowing outcomes research and analysis of EMS service delivery mechanisms.

- Collaborations with local health plans and providers provides an opportunity to share and integrate

EMS data with patients' medical records. This allows longitudinal outcome analysis of EMS services and provides health plans and providers with more comprehensive patient records. The EMS Division will explore the feasibility of information sharing and data integration with local health plans and providers. By 2000, many more should have electronic medical records, making this opportunity possible.

2. The EMS Division will initiate a financial feasibility study to explore additional revenue generating options.

By the third year of the levy period, the EMS Division and the Advisory Committee should know the efficacy of their strategic and financial initiatives. Due to the plan's aggressiveness and the length of the levy period, there is a possibility that the rate of growth in demand may continue to increase beyond that which is assumed herein or that expenses may increase beyond existing funding levels. The EMS Division will initiate a feasibility study early in 2000 to analyze the implications of accessing new sources of revenues to support existing programs.

Table 4.1 outlines the proposed schedule and estimated costs for implementing the 1998–2003 EMS Strategic Plan.

Table 4.1

Strategic Plan Initiatives
Estimates of Implementation Costs
($$$ in Thousands)

Major Strategic Initiatives and Tasks	1998	1999	2000	2001	2002	2003	Initiative Total
1. Establish and maintain EMS Advisory Committee	$5	$5	$5	$5	$5	$5	$30
2. Develop and maintain Regional Purchasing Program	$5	$5	$5	$5	$5	$5	$30
3. Develop New Vehicle Replacement Program	-	-	-	-	-	-	$0
4. Enhance ALS, BLS, regional services, and financial monitoring systems	$100	$75	$75	$75	$75	$75	$475
Identify data needs and outcome measures							
Revise data collection instruments							
Printing and electronic record development							
Technical upgrades							
Monitor and evaluate							
5. Develop EMS Policy Issues with other health care entitities	$5	$5	$5	$5	$5	$5	$30
6. Revise ALS Response and Dispatch Triage Criteria	$175	$150	$75	$75	$65	$50	$590
Planning and development							
Pilot project development							
Implementation and evaluation							
Technical upgrades							
Dispatcher training							
7. Review and enhance transport destination policies	$10	$10	$10	$10	$10	$10	$60
Planning and development							
Pilot project development							
Implementation and evaluation							
8. Public education on use of 911	$50	$40	$40	$40	$40	$40	$250
Utilization survey							
Planning and development							
Ongoing public education campaign							
Monitor and evaluate							
9. Establish dispatch referral network for appropriate calls	$50	$50	$20	$20	$20	$20	$180
Identify types of calls to be referred and potential destinations							
Pilot study feasibility							
Establish contractual relationships with referral sources							
Monitor and evaluate							
10. Standardize BLS run review program and performance measures	$50	$30	$30	$30	$30	$30	$200
Review and establish contract performance measures							
Develop destination transport guidelines							
Implementation and evaluation							
11. Enhance and expand continuous quality improvement program	$20	$50	$75	$75	$50	$50	$320
Planning and development							
Training							
Implementation							
Review and monitoring							
12. Strategic planning for next EMS levy period				$50	$50	$50	$150
Total Estimated Budget For Initiative Implementation							**$2,315**