

Strategic Plan – Key Focus Areas

Priority Area #1: Time Critical Diagnosis		
Time Critical Diagnosis Ad-Hoc Committee, Geoff Dutton, Chair.		
Strategies & Goals	Key Objectives	Action Steps
1. Improve the care provided to patients with trauma, stroke, STEMI and other time critical conditions.	1.1 Integrate Time Critical Diagnosis (TCD) concepts into Ohio EMS standards of care.	1.1.1 Establish Time Critical Diagnosis (TCD) ad hoc committee to determine the need and course. <u>Completed</u>
	1.2 Make sure the EMS component is integrated into overall TCD plan through participation in legislative initiatives and future TCD Board or Foundation.	1.2.1 Conduct initial meeting: set goals, determine chairperson, membership and set meeting schedule. <u>Completed</u> 1.2.2 Determine required action steps and timelines to properly vet out. <u>Completed</u> 1.2.2 Solicit input from stakeholders. <u>Completed</u> 1.2.3 Craft concepts from which legislation or rules can be drafted as it relates to EMS standard of care. <u>Completed</u> 1.2.4 Determine how EMS standard of care changes will be carried out by the Division of EMS. <u>Ongoing</u> . 1.2.5 Meet with DPS legislative staff and Director to obtain support as needed. 1.2.6 Assist legislative liaison draft language based on legislative concept as needed. 1.2.7 Introduce legislation and offer testimony as needed. 1.2.8 Identify funding needs. 1.2.9 Operationalize TCD into Ohio EMS. 1.2.10 Identify if grant funding can be used.
Priority Area #2: Dispatch		
EMS System Development Committee, Deanna Harris		
Strategies & Goals	Key Objectives	Action Steps
1. Develop and implement dispatch center and emergency medical dispatcher certification	1.1 Develop concept paper on creation and implementation of dispatcher certification.	1.1.1 Research and identify states implementing best practices and review those models. 1.1.2 Issue a grant to study and develop a report on the existing public safety dispatch practices, providers and centers in Ohio. <u>Completed</u> - Report to be release in 2014. 1.1.3 Draft concept paper. 1.1.4 Present draft concept paper to Board for approval. 1.1.5 Meet with impacted stakeholders. 1.1.6 Revise concept paper based on stakeholder input and feedback. 1.1.7 Reintroduce concept paper to board for final approval.
	1.2 Develop implementation plan.	1.2.1 Conduct gap analysis to identify disparity between dispatching capabilities statewide and the concept paper recommendations. 1.2.2 Resolve ownership of dispatch training and certification between Dept of Educ and DEMS. 1.2.3 Identify funding needs and sources. 1.2.4 Identify and pursue legislative and rule changes necessary to implement. 1.2.5 Identify curriculum to be used to train dispatch personnel. 1.2.6 Identify process used to verify needed competencies. 1.2.7 Develop certification and recertification process. 1.2.8 Determine availability of EMS grant dollars to implement EMD programs. 1.2.9 Operationalize EMD into Ohio EMS.

Priority Area #3: Education

Education Committee, George Snyder, Chair

Strategies & Goals	Key Objectives	Action Steps
<p>1. Continue to implement the EMS Education Agenda for the Future including the National EMS Scope of Practice Model as a foundation for the Ohio authorized EMS scope of practice, National EMS Education Standards, and National EMS education program accreditation.</p>	<p>1.1</p>	<p>1.1.1 Adopt and implement National EMS Scope of Practice Model as a foundation for Ohio authorized EMS Scope of Practice. <u>Completed</u></p> <p>1.1.2 Implement National EMS Education Standards with revised rules. <u>Completed</u></p> <p>1.1.3 Instructional guide for all EMS training levels. <u>Completed; release 2015.</u></p> <p>1.1.4 Provide resources to help training institutions understand and achieve national accreditation for paramedic education. <u>Completed</u></p> <p>1.1.5 Draft rules for National Accreditation at the paramedic level. <u>Completed</u></p> <p>1.1.6 Draft rules to EMS Board <u>Completed</u></p> <p>1.1.7 EMS Board approves rules. <u>Completed</u></p> <p>1.1.8 Rules through Common Sense Process. <u>Completed</u></p> <p>1.1.9 Public Hearing. <u>Completed</u></p> <p>1.1.10 Monitor implementation and roll-out process for National Accreditation Rules. <u>Completed</u></p>
<p>2. Expand and increase the use of resources that help training institutions deliver high-quality, relevant education</p>	<p>2.1 Improve certification test outcomes - <i>Ongoing</i></p>	<p>2.1.1 Analyze certification exam results to determine areas of deficiencies.</p> <p>2.1.2 Develop resource guide for program directors on these deficiencies to assist in students being able to pass NREMT exam. <u>Completed</u></p>
	<p>2.2 Explore and potentially implement a statewide clinical preceptor orientation and continuing education program and system to be hosted on the Ohio EMS Division EMS website in support of CAAP accreditation.</p>	<p>2.2.1 Establish a working group to fully vet out the issues and make a recommendation.</p> <p>2.2.2 Conduct cost and operational needs assessment.</p> <p>2.2.3 Acquire funding.</p>
	<p>2.3 Update the statewide instructor course</p>	<p>2.3.1 Revise curriculum. <u>Completed</u></p> <p>2.3.2 Board Approval of curriculum. <u>Completed</u></p> <p>2.3.3 Develop instructor guidance document. <u>Completed</u></p> <p>2.3.4 Review, update and implement instructor techniques examination. * <u>Completed</u></p>

Priority Area #4: Medical Direction		
Medical Oversight Committee, Geoff Dutton		
Strategies & Goals	Key Objectives	Action Steps
1. Develop an EMS system in which physicians are involved in all aspects of patient care, through planning, protocols, quality improvement programs and licensing/discipline.	1.1 Support the Ohio Chapter of the American College of <i>Emergency</i> Physicians (ACEP), in updating and enhancing Ohio EMS Medical director course.	1.1.1 Provide input to areas of medical director course where appropriate (i.e. grants program information, CE requirements, etc.). <u>Ongoing</u> 1.1.2 Updated course posted to website/link. <u>Completed</u>
	1.2 Seek statutory authority to develop and require medical director certification for all agency medical directors.	1.2.1 Compile a list of legislative concept and rule needs to require and implement medical director certification. 1.2.2 Get initial DPS buy-in to move forward. 1.2.3 Identify stakeholders who would be impacted by the legislative change and determine support/opposition of each to proposed change. 1.2.4 Meet with DPS legislative staff and Director to move forward with proposed legislative change. 1.2.5 Draft language for legislative concept. 1.2.6 Introduce legislation.
Priority Area #4: Medical Direction (cont'd)		
	1.3 Re-evaluate the current map and functions of EMS Regional Physician Advisory Board (RPAB) regions in Ohio to determine if there can be improvements by redefining roles and aligning with the State's Homeland Security regions or another functional model.	1.3.1 Develop proposal of realignment of RPAB Regions. <u>Completed.</u> 1.3.2 Develop implementation plan for RPAB region realignment. <u>Completed</u> 1.3.3 Revise rules.
Priority Area #5: Data		
EMS System Development Committee, Deanna Harris, Chair		
Strategies & Goals	Key Objectives	Action Steps
1. Improve data collection, analysis, <i>and use.</i>	1.1 Get it, make sure it is accurate, and use it for something.	1.1.1 Develop a plan for utilization of data for improvement of EMS System. Review and refine the "Data Usage" policy and create a data validation policy. 1.1.2 Ensure data availability to key stakeholders and customers for use in local quality assessment and improvement programs. 1.1.3 Publish standardized reports on a regular basis for benchmarking and trend analysis. Create and publish an EMFTS board annual report. 1.1.4 <i>Create a quality improvement program for EMS based on data and evident-based standards. National effort to create standards – Data Steering Committee</i>

Priority Area #6: Health & Safety EMS System Development Committee, Deanna Harris, Chair		
Strategies & Goals	Key Objectives	Action Steps
1. Improve the health and safety of all first responders	1.1 Identify the risks to first responders and barriers to the provision of their health and safety	1.1.1 Use focus group (public health, hospital, EMS providers), to research and identify the risks faced by first responders. 1.1.2 Identify those which the Division can have an effect.
	1.2 Reduce the risks and barriers	1.2.1 Identify tools and resources to reduce the risk and remove the barriers. 1.2.2 Develop any needed training programs. 1.2.3 Identify funding needs and whether grant money can be used.
1. Ensure that all emergency responders can safely operate emergency and transport vehicles	1.1 Determine if there is a need for driver training	1.1.1 Identify the number of accidents involving emergency vehicles in Ohio. <u>Completed.</u> 1.1.2 Identify types of training and availability presently in existence throughout Ohio. <u>Completed.</u> 1.1.3 Determine if there is a need for a requirement for emergency drivers training or other requirements to achieve needed skill. <u>Completed.</u>
2. <i>Violence in the workplace and assault on providers.</i>	3.1 <i>To be developed by EMS Systems Development Committee. To be developed by Homeland Security Sub-Committee.</i>	3.1.1 <i>To be developed by EMS Systems Development Committee. To be developed by Homeland Security Sub-Committee.</i>

Priority Area #7: Disaster Preparedness Homeland Security Sub-Committee, Mark Resanovich, Chair		
Strategies & Goals	Key Objectives	Action Steps
1. Establish the role of the State Division of EMS in preparedness planning and disaster response.	1.1. <u>COMPLETED</u>	1.1.1 Incorporate the role of the Division of EMS into the State Emergency Operations Plan. <u>Completed.</u> 1.1.2 Evaluate and modify CHEMPACK plan including the role CHEMPACK Technical Assistance Team <u>Completed.</u>
2. Improve state disaster planning to address the needs of children. <u>Completed</u>	2.1 <u>COMPLETED</u>	2.1.1 Report developed by the EMS-C committee on the needs of children in a disaster planning. <u>Completed.</u> 2.1.1.1 Hold stakeholder meeting for pediatric disaster preparedness. <u>Completed</u> 2.1.1.2 Develop outline for needs of children in disaster planning. 2.1.2 Complete final outline with stakeholder group. 2.1.2.1 Deliver report to Ohio EMS Board. 2.1.3 Develop plan to address needs identified. 2.1.3.1 Complete final outline with stakeholder group. 2.1.3.2 Deliver report to EMS Board. 2.1.3.3 Continue meeting with stakeholder group to develop plan. 2.1.4 Address needs with relevant parties through Ad Hoc committee
3. Develop guidance for Crisis Standards of Care (prioritize medicines during shortages). <u>Completed</u>	3.1	3.1.1 Develop criteria for resource utilization in crisis and submit to ODH. <u>Completed. The Ohio Medical Coordination Plan, EMS Annex has been submitted to Carol Jacobson (OHA) and the Ohio Department of Health. Waiting for response.</u>

		3.1.2 Work with EMA to identify medical shelter availability in state during disaster.
4. Develop a comprehensive data base of EMS resources to be utilized during multiple casualty or mass casualty incident. <u>Completed – maintained by the Ohio Fire Chief's Association and housed with the Columbus Fire Dispatch.</u>	4.1 COMPLETED	4.1.1 Work with Ohio fire Chiefs Emergency Response System and private providers to ensure a comprehensive data base of Ems resources. <u>Completed.</u> 4.1.2 Determine resource items to include and develop listing. <u>Completed.</u>
5. Active Shooters		5.1.1 Position paper <u>completed</u> , approved by the Board (2/19/2015), and posted to the webpage.
6. <i>Violence in the workplace and assault on providers.</i>	<i>To be developed by Homeland Security Sub-Committee.(6/17/15)</i>	6.1.1 To be developed by the Homeland Security Sub-committee instead of EMS System Development Committee.
Priority Area #8: Specialty Care (ON HIATUS) Specialty Care Ad-Hoc Committee, VACANT, Chair		
Strategies & Goals	Key Objectives	Action Steps
1. Develop a means of assuring that quality, standardized training exists for EMS personnel and firefighters to acquire certification in specialized areas and formally recognize their certification education and training through a state endorsement process	1.1 Develop a system for endorsement for EMS in Specialty Care	1.1.1 Create a position paper that explains the process. <u>Completed</u> 1.1.2 Receive approval for endorsement concept by Education Committee and EMS Board <u>Completed</u> 1.1.3 Identify and seek letters of support from key agencies relevant to EMS specialty care. <u>Completed</u> 1.1.4 Review existing law to ensure that it can currently support a state endorsement process. <u>Not permitted by current law.</u> 1.1.5 Determine the processes needed for the Division to assure training programs meet the necessary standards to offer the training. and certification education and for registering and re-registering given endorsements. 1.1.6 Determine how recertification continuing education in specialty courses should occur. 1.1.7 If required, draft language for legislative concept. 1.1.8 Introduce legislation.

Priority Area #9: Community Paramedicine (SUNSETTED in 2015)**

Community Paramedicine Ad-Hoc Committee, Deanna Harris, Chair.

Strategies & Goals	Key Objectives	Action Steps
2. Improve the care provided to patients lack resources and support to sustain their health.	2.1 Integrate Community Paramedicine concepts into Ohio EMS standards of care.	2.1.1 Establish Community Paramedicine ad hoc committee to determine the need and course. <u>Completed</u>
	2.2 Make sure the EMS component is integrated into overall Community Paramedicine plan through participation in legislative initiatives and future public health activities.	2.2.1 Conduct initial meeting: set goals, determine chairperson, membership and set meeting schedule. <u>Completed</u> 2.2.2 Determine required action steps and timelines to properly vet out. <u>Completed</u> 2.2.3 Post description of ad hoc committees' work and a cautionary note (from a legality perspective) to programs offering Community Paramedicine education to EMS providers <u>Completed</u> 2.2.4 Develop concept paper. <u>Completed</u> 2.2.5 Solicit input from stakeholders. <u>Completed</u> 2.2.6 Craft concepts from which legislation or rules can be drafted as it relates to EMS standard of care. <u>Completed</u> 2.2.7 Determine how EMS standard of care changes will be carried out by the Division of EMS. <u>Completed (maintain "as is")</u> 2.2.8 Meet with DPS legislative staff and Director to obtain support as needed. <u>Completed (ongoing)</u> 2.2.9 Assist legislative liaison draft language based on legislative concept as needed. 2.2.10 Introduce legislation and offer testimony as needed. <i>Chief Porter Welch, Michelle Fitzgerald & Fire chiefs, have developed language.</i> <u>Completed</u> 2.2.11 Identify funding needs. <u>Ongoing</u> 2.2.12 Operationalize Community Paramedicine into Ohio EMS. <u>Ongoing</u> 2.2.13 Identify if grant funding can be used. <u>Ongoing</u>

Priority Area #10: Medical Transportation

Medical Transportation Committee – Tom Allenstein, Chair

Strategies & Goals	Key Objectives	Action Steps
1. Create effective and enforceable rules	1.1 Rules for Ambulance, Ambulette, MoICU, and Air are developed and reviewed regularly to assure they are consistently enforced by all inspectors	1.1.1 Groups will be assembled for each particular set of rules to review and provide recommendation. Groups should include providers within the public and private sector to assure that the rules could be met by all providing the particular level of care. <u>Ongoing.</u>
	1.2 Rules will be developed such that they can be complied with by all providers of medical transportation.	1.1.2 Rules will be written such that they meet standards that does not put undue financial burden on all providers to meet the standards while maintaining necessary equipment that meets the patient's needs. <u>Ongoing.</u>
2. Develop a plan to work with other related committees	2.1 Consultation and referral to other committees should be made on items that may have overlap to assure full input is gathered.	2.1.1 All items are brought before the committee, will be assessed for overlap with other committees and share them with those groups prior to acting on the items.