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EMS Strategic Planning

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VIRGINIA ASSOCIATION VOL RESCUE SQUADS INC.

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About the Author

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Introduction

These are challenging times for Emergency Medical Services (EMS) agencies. Long gone are the days of "scoop and run" EMS with first aid-trained personnel providing transport in funeral home hearses. EMS has become a sophisticated business operationally and clinically, and service demands are steadily increasing. Communities and patients expect a high level of competence delivered with rapid response in a state-of-the-art emergency vehicle equipped with the latest medical technology. EMS providers perform clinical procedures that 30 years ago only physicians did, and that in many places registered nurses still are not allowed to do.

Costs rise with sophistication. A fully equipped Advanced Life Support (ALS) ambulance today can cost $130,000 or more;[1] 25 years ago a top-of-the-line unit could be bought and stocked for about one-tenth that amount.[2] As patient care devices become more complex and procedures more sophisticated, so does training.

EMS providers and their agencies are often faced with either taking more precious time away from other activities to train, or settling for lower levels of certification and service provision. In a society with laws and lawsuits seemingly more pervasive than ever, the prevention and management of EMS legal risk has become complex. Health insurance issues such as managed care and Medicare reimbursement rules are steadily evolving. In all EMS industry segments, paid and volunteer workers often choose to leave the profession entirely instead of dealing with the stressors of the job. The issues remain, however, for EMS leaders to confront.

Communities are evolving, too. Citizens are expecting better customer service and greater accountability from public agencies, including EMS. Taxpayers insist on better service for less money, and funding is increasingly linked to performance levels. Patient demographics are changing, with EMS seeing the effects of, for example, increased drug use and crime and the medical problems inherent in an aging population. Larger community demographic issues can affect EMS in many ways. A more mobile workforce creates "residential turnover," with few workers remaining with one employer in one community for decades at a time. This may most affect volunteer agencies, that historically have expected a stable income from longtime community residents offering regular annual donations. As of this writing, the nationwide unemployment rate is at a 30-year low,[3] with employers faced with the need to recruit more aggressively and/or hire less qualified people. Volunteers are becoming harder to recruit and retain as other personal and professional time demands increase, and as volunteerism perhaps falls victim to what may be a shift in societal values away from altruism. Local system issues often become political ones at either the local or state level, and politicians with little understanding of EMS complexities sometimes make major and seemingly arbitrary changes in system structure without consideration of their full impact.

It is no wonder that today's EMS agency leaders find meeting the demands of running their organizations a formidable task. Added to its complexity is that EMS is by nature a reactive business, as emergency calls regularly force leaders and providers to respond to unexpected crises. All of this makes it especially important for the organization's leaders and members to discipline themselves to be proactive in planning. It has been said that proper planning prevents poor performance. Leaders apply

that adage quite effectively to smaller, tactical components of their operation such as fund drives and training classes. However, when it comes to the more important fundamental strategic direction of the organization, planning seems all too uncommon.

Recent research shows that strategic planning is done infrequently, at least among volunteers. In a survey of Virginia volunteer EMS agencies (Figure 1), fewer than half of respondents reported having ever conducted strategic planning, and less than one-fourth had an active strategic plan – one they currently and consistently used as the basis for making major decisions.

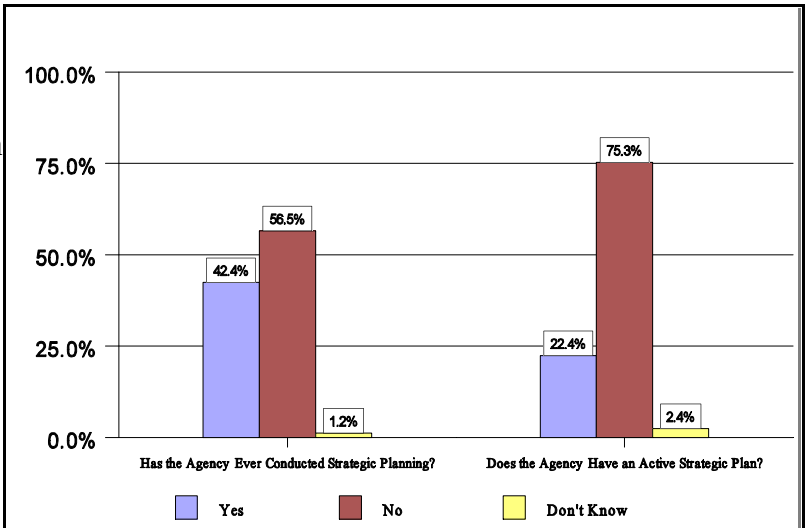


Figure 1. Virginia Volunteer EMS agencies and their strategic planning efforts. 486 agencies were surveyed, with 86 (17.7%) responses received. (Kelly et al, unpublished data, 1999)

Why don't more agencies plan? Potential reasons are many and diverse. Impediments to the planning process are listed later, but two of the most likely will be briefly addressed here.

First and most fundamentally is failure to recognize the importance of strategic planning. Perhaps this comes as no surprise when one considers the lack of strategic planning information in texts, trade journals and newsletters dedicated to emergency services topics, especially those on management. If *industry* leaders fail to promote the importance of strategic planning, then how can *agency* leaders be expected to realize it? (This issue is compounded in volunteer agencies with their typically high turnover rate among officers – an issue explored more in depth later.) Information on strategic planning is especially scarce in medical journals, from which one of the key EMS system leaders – the medical director – receives guidance in not only patient care but also system administration.

The second major reason for not planning is lack of knowledge: While managers may understand the importance of strategic planning, they may not know how to do it.

This manual addresses both obstacles. It is designed to acquaint the EMS leader with the rationale and fundamental application steps of strategic planning for their organizations, and allow them to begin a basic strategic planning process within their organizations.

The manual is generic enough to be used by most types of EMS agencies: municipal, including fire-based and so-called "third-service" government agencies; private for-profit companies, both small

independents and larger corporate entities (with certain limitations described below); non-municipal nonprofit organizations such as volunteer rescue squads; and hybrid models, such as combined municipal/volunteer systems and quasi-governmental oversight agencies that contract with private providers.

To reinforce practical application, integrated throughout the text are sidebars presenting a case study of a hypothetical EMS agency (a volunteer rescue squad) as it progresses through its strategic planning process.

Included in the appendix are tools, such as checklists and a sample planning agenda, to aid in the process. Also included are examples of actual EMS agency strategic plans and a case history that chronicles the development of one of those plans.

Volunteer EMS agency officers sometimes lack the leadership development training and management experience of their paid counterparts (in part because of officer and member turnover), and do not typically have the guidance and resources often available to career nonprofit, municipal and corporate managers. Therefore, volunteer squads in particular may struggle with the how and why of strategic planning, and are even less prepared for it than other types of agencies are. Nonetheless, conducting strategic planning is just as important for volunteer agencies as it is for paid organizations, and perhaps more so because of the unique leadership structure of the typical volunteer EMS agency. This manual, therefore, is just as applicable to volunteer agencies as it is to paid agencies. Volunteer leaders are urged to educate themselves on strategic planning and discover how best to apply it in their agencies.

This manual is admittedly limited in addressing planning needs of large corporate entities. Strategic planning in large companies presumably will be undertaken at the corporate level, and will address unique and complex strategic business issues that are beyond the scope of this manual. Furthermore, member involvement (the importance of which is described later) becomes much more complicated. It is assumed that large corporations will have expertise, either in-house or on contract, to conduct the planning process properly. For these reasons, the main focus here is the locally-managed EMS agency. Still, managers of a local corporate branch can use this material for local planning, assuming the resultant plan aligns with the corporate plan.

This manual is not meant to be exhaustive, and in many regards only scratches the topic's surface. The reader is urged to consult with the many good references on the suggested reading list for more detailed discussions of strategic planning and its subtopics. In particular, managers of nonprofit agencies (municipal and non-municipal) are directed to *Strategic Planning for Nonprofit Organizations: A Practical Guide and Workbook*. This resource provides extensive coverage of the subject, including options for structuring the process for virtually any size organization. It also has a companion diskette with more than 20 worksheets (composed in Microsoft Word® to allow for customization and text entry) designed for various steps of the planning process. Though the book is aimed at nonprofit agencies, for-profit managers should also find much of the information and worksheets useful.

As suggested later in the manual, agencies should consider using consultants experienced in facilitating the strategic planning process. Whereas attempts are made to make the material in this manual as understandable as possible, some concepts may understandably remain cloudy in the minds of those who have never attempted strategic planning. A facilitator can guide the process of converting abstract ideas into substantive leadership tools.

A note on terminology: The word "member" is used throughout the manual in a generic sense, referring to those associated with any agency, paid or volunteer, public or private. While in everyday usage it is probably applied more to volunteers than employees, it is used for both here, subtly implying the sense of teamwork necessary for an EMS organization to achieve its full potential.

The What and Why of Strategic Planning

Before discussing what strategic planning is, it is fitting to assert briefly what it is *not*: a quick fix for long-term problems and issues. It is not a remedy for years of bad management, bad decisions and bad (or nonexistent) planning. Those beginning a strategic planning process for the first time should realize they will not solve longstanding problems overnight. Strategic planning takes work, persistence and patience, and the process may follow a rough and unpredictable road. Months or even years may pass before the agency sees tangible results. And while strategic planning is an invaluable leadership tool, it does not replace good judgment by agency leaders.

Having said that, however, some words of optimism are offered. When combined with effective leadership, strategic planning *can* establish a roadmap for correcting enduring problems. It has been said that a thousand-mile journey begins with the first step. Strategic planning maps not only the destination but also the steps along the way, especially the vital first few.

Once the plan is formed and implemented, it will need regular fine tuning, and perhaps even an occasional major overhaul. Agency leaders and members are urged, however, *never* to give up and abandon it, and to maintain the persistent effort needed for the plan to bear fruit, however long it takes. If you are headed in the right direction, you will make progress if you keep moving.

STRATEGIC PLANNING DEFINED. Many definitions have been offered for strategic planning. One EMS resource manual describes it simply as "the process of developing long- and short-term organizational objectives, identifying ways to achieve those objectives, and measuring the effectiveness of these efforts."[4] This definition is clear but arguably incomplete. The Internet Nonprofit Center offers a definition that probably better emphasizes the strategic ingredient. "Strategic planning is a disciplined effort to produce fundamental decisions and actions that shape and guide what an organization is, what it does, and why it does it, with a focus on the future."[5]

Four key concepts mentioned here merit further examination: *strategic*, *planning*, *disciplined*, and *decisions and actions*. The Internet Nonprofit Center elaborates:

> "The [strategic planning] process is strategic because it involves preparing the best way to respond to the circumstances of the organization's environment, whether or not its circumstances are known in advance; nonprofits must often respond to dynamic and even hostile environments. Being strategic, then, means being clear about the organization's objectives, being aware of the organization's resources, and incorporating both into being consciously responsive to a dynamic environment.
>
> "The process is about planning because it involves intentionally setting goals (i.e., choosing a desired future) and developing an approach to achieving those goals.
>
> "The process is disciplined in that it calls for a certain order and pattern to keep it focused and productive. The process raises a sequence of questions that helps planners examine experience, test assumptions, gather and incorporate information about the present, and anticipate the environment in which the organization will be working in the future.
>
> "Finally, the process is about fundamental decisions and actions because choices must be made in order to answer the sequence of questions mentioned above. The plan is ultimately no more, and no less, than a set of decisions about what to do, why to do it and how to do it. Because it is impossible to do everything that needs to be done in this world, strategic planning implies that some organizational decisions and actions are more important than others – and that much of the strategy lies in making the tough decisions about what is most important to achieving organizational success."[5]

LEADING THE ORGANIZATION INTO THE FUTURE. Inherent in strategic leadership is the notion of *strategic thinking*. Before asking, "Are we doing things right?" a strategic thinker asks, "Are we doing the right things?" Leaders may automatically assume the agency is doing the right things, and thoughts to the contrary may never cross their minds. In a proactive and creative strategic leadership model, this question *has* to be given deliberate consideration. Considering the rapidly changing landscape of EMS, and that of American business overall (a broad definition of which includes nonprofits), what may seem standard practice now could become obsolete within five years. The agency that does not anticipate the change could find itself obsolete as well.

A good example of the strategic thinking idea applied to emergency services is the Fire Service's involvement in EMS. For decades, a major component of most fire departments' strategic focus has been fire prevention. The result has been a decrease in fires and fire-related property damage, injuries and deaths. Many fire departments anticipated and responded to the drop in fire suppression workload by consciously choosing to become involved in EMS. Others fought EMS involvement for years. Although many of those departments that resisted EMS ended up doing it anyway by default, those who deliberately planned for EMS as part of their service delivery typically found themselves in a favorable growth environment.

Where are the growth opportunities for EMS and your agency? What additional or alternative services could your agency provide to its customers? Clarifying future direction is a cornerstone of

strategic thinking and should be a deliberate part of the organization's strategic planning process. To help with this process, Appendix A includes a list of potential actions the local agency can pursue to move it into the future.

By focusing on the future, strategic planning forces agencies to look beyond daily management issues. By thinking strategically, leaders address the fundamental direction the organization is headed, articulating clearly the ideal for its future. Given the facts currently at hand, strategic planning considers all reasonable variables, internal and external, that could affect the organization in the foreseeable future. Strategic planning does not pretend to predict the future, but rather simulates it and prepares the agency for it, much like a mass casualty simulation prepares the agency for a deadly storm or a bus wreck. It addresses multiple contingencies and asks "what if" to many aspects of change, including those within the organization, the community, and the EMS industry. It then evaluates the potential consequences of several possible paths the agency can choose to take.

GOVERNING THE ORGANIZATION TODAY. While strategic planning helps agency leaders look beyond day-to-day issues, it is also an effective management tool for right now. Having determined the desired future direction for the organization, leaders then use the strategic planning process to map out a game plan for getting there.

The strategic plan helps keep daily management decisions focused on long-term strategies instead of short term whims. How often do agencies embark on new programs, or their officers start new procedures, that have nothing to do with the fundamental long-term course of the organization? Of course, given that many agencies do not even know where, in a strategic sense, they are headed, it is no surprise they embark on meaningless make-work activities.

A useful analogy is that of a summertime family vacation at the beach. Does the planning process include renting a ski lodge and buying down parkas? Does it make sense to buy airline tickets if the family intends to drive the 100 miles to the oceanfront? Because the family's vision of where it is going is clear, the incremental steps of getting there become obvious. And perhaps more important for the analogy, it becomes just as obvious which actions are unnecessary and even wasteful.

PERFORMANCE ASSESSMENT. Because strategic planning involves the setting of organizational goals, it focuses the agency on assessing how well it meets them. Thus, as another short-term management tool, strategic planning provides the motivation and means to measure organizational performance. As gaps between desired and actual performance are defined, adjustments are made in the plan.

An especially important component of performance, and one overlooked by many EMS agencies, is understanding their customers' requirements and the degree to which they are being met. Strategic planning considers the needs of customers and other stakeholders as vital components of measuring organizational effectiveness.

ACCOUNTABILITY. This issue often arises among EMS agencies, especially volunteers. Organizations cannot exist in a vacuum, answerable to no one except themselves. As a professional health care entity, EMS agencies must demonstrate accountability to patients, donors, governmental leaders, medical directors, regulatory agencies, trade organizations and other stakeholders, including the community at large. Some EMS organizations are complacent and think that external accountability is unnecessary. A rude awakening comes, however, when regulators, governmental officials, medical directors or others force change on them.

As discussed in more detail below, change is crucial for growth. By undertaking a strategic planning process, the agency can show to its external stakeholders that it is accountable and committed to constructive change and growth. By taking charge of its own destiny, the agency is much better positioned to govern the terms under which it changes, rather than having those terms dictated by outsiders.

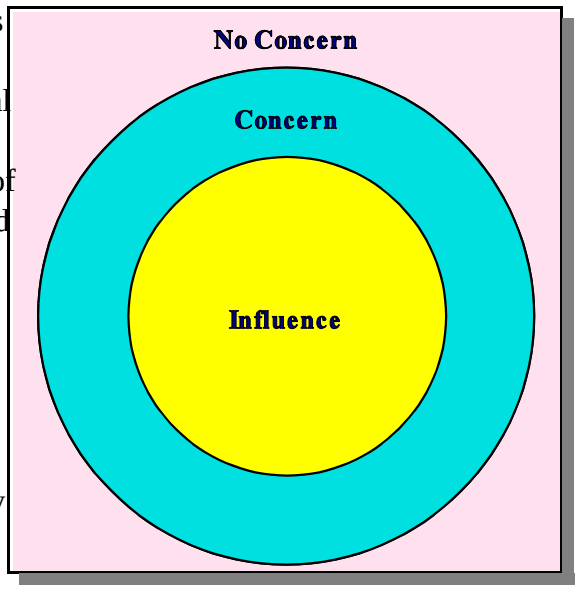


Figure 2. Circles of Concern and Influence.

MANAGING ORGANIZATIONAL CHANGE. A reality of life is that there are things we can change and things we cannot change. Covey explains this idea with a pair of concentric circles called the Circle of Concern and the Circle of Influence.[6] (Figure 2)

There are things that concern us, but over which we have no influence. By spending one's time and mental energy in the Circle of Influence, the circle logically expands, denoting an increase in one's influence with others. Conversely, by spending one's time and mental energy outside the Circle of Influence, influence automatically diminishes.

A modification of this model uses a third circle: the Circle of Control. (Figure 3) We all have influence in certain areas, but some of them we have no real control over. The secret to expanding our Circle of Influence is to make our Circle of Control our focus. By investing our energy on those things we can control, our Circle of Control expands, and our Circle of Influence expands automatically by default. (Figure 4) Conversely, failure to focus on those things we can control causes our Circle of Control to shrink, and with it, our Circle of

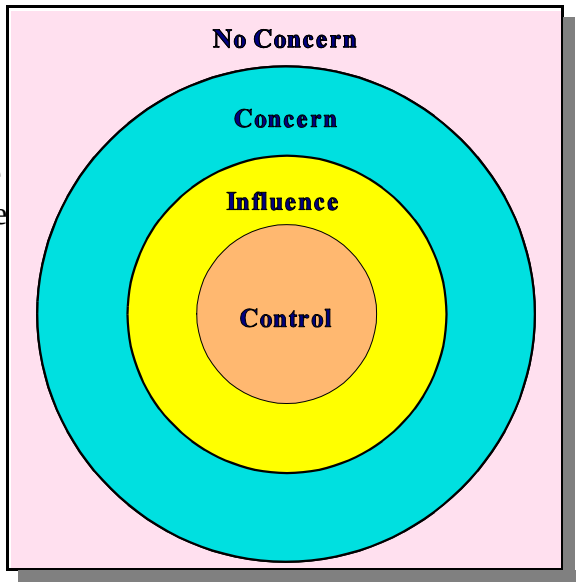


Figure 3. Circles of Concern, Influence, and Control.

Influence. (Figure 5) The question then becomes, what can we truly control? The answer: our own actions and attitudes. No matter how much we would like to control others, we cannot.

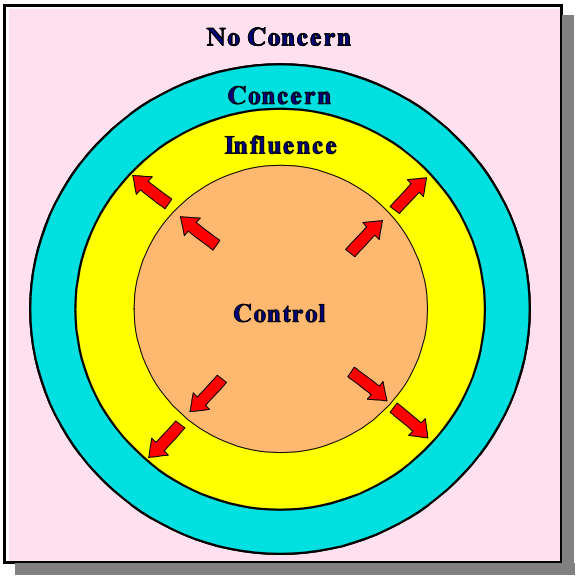


Figure 4. Expanding Circles of Control and Influence.

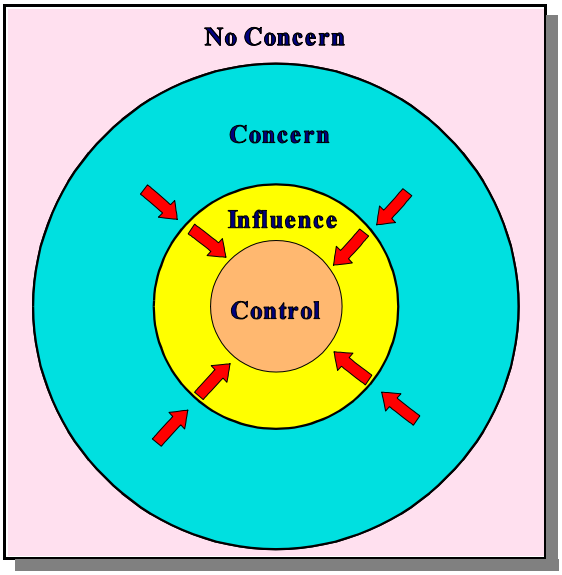


Figure 5. Shrinking Circles of Control and Influence.

Imagine for a moment that someone has a gun to your head demanding money. While that person has a powerful *influence* over you, he still does not *control* your actions. You have several choices available to you. You can yield to the demand (probably the wisest choice!); you can try to disarm the assailant; you can even choose to do nothing. The point is, *you* control your choices, not the assailant. After careful (and in this case, probably quite rapid) consideration of the consequence of each choice, *you* alone decide.

By denying this ability to control our actions and attitudes, we relinquish control of our lives. We let external influences, such as people and life events, make our choices for us. We are reactive to circumstances instead of being proactive in taking responsibility for our lives and our decisions. And when we let other people and circumstances govern our lives, then we in essence need their permission to change our condition. Meanwhile, we actively – sometimes aggressively – try to change those things we cannot control – mainly, others' actions and attitudes. We want to expand our Circle of Influence, but it paradoxically shrinks instead. We become victims, seemingly powerless to improve our lives and circumstances.

The same phenomenon exists with organizations. They often focus on external organizations and circumstances in an attempt to change things for the better, ignoring those internal factors they can control. They too become victims and play the "blame game". Fire departments blame privatization, volunteers blame fire departments, private firms blame competitors, and they all blame the government, the environment or whatever. They refuse to control the only things they can control: their

organizational actions and their collective organizational attitude. Just like the individuals', their Circles of Influence shrink rather than expand.

We may not like some things happening around us, and some things may even make us downright angry. Yet we cannot change things outside our Circle of Influence. So the challenge for an organization becomes accepting those things it cannot change, and expanding its Circles of Control and Influence by changing the thing it alone controls: itself.

It has been said that the only thing constant is change. Change happens, whether we like it or not. We can choose to let change push us about, or we can choose to direct the change process for ourselves. But if we are to direct the change, then it needs to have structure and focus. We should not change just for the sake of change.

Strategic planning provides that structure and focus for positive organizational change. It assesses analytically and in depth those internal forces the organization can change and those external forces it cannot change. It provides a game plan for driving the internal change, and allows the organization to anticipate and better respond to the external issues as they change.

BECOMING AND REMAINING COMPETITIVE. Do you think you are in a competitive business? If your answer is no, think again. Some readers, especially those from private ambulance companies, readily recognize the threat of competition. Others, especially those from public sector and volunteer agencies, may think they have no competitors. For an EMS agency to dismiss the issue of competition, however, shows, at a minimum, a certain degree of ignorance, if not a sense of complacency and even arrogance. We all have competition, both for service and for resources.

Competition for service may not be imminent, but as mentioned earlier, our customers' expectations are changing. If the degree and frequency of customer service failures are high enough, our customers will demand a change.

Competition for resources, human and material, is real and constant. In the current labor market, prospective employees can afford to be more selective about who they work for. Good volunteers do not have to join your squad; they can easily join one in the next community, the fire department or a totally different type of volunteer organization. Municipal fire and EMS departments compete with other departments for tax dollars. There is no shortage of charities from which potential donors can choose. And private firms see a direct correlation between the outflow of quality and inflow of resources. The bottom line: There is a finite amount of people and dollars to go around and, as a rule, the most competitive organizations will get the best and the most.

Strategic planning can help the organization focus on continually becoming more competitive. As suggested earlier, part of the plan includes measuring organizational performance in key areas, including those that impact customer satisfaction. Thus, the agency regularly obtains information that helps define customer expectations and how well it meets them. Continuous improvement plans consequently lead to customer service excellence and, therefore, a competitive edge.

SPECIAL NOTE FOR VOLUNTEER LEADERS. A long-term strategic focus can be especially challenging in volunteer EMS agencies, due in large part to their unique leadership structure. Officers and board members are usually members elected by their peers. Agency nomination and election processes often do nothing to assure the prerequisites of leadership competency and experience. Elections may be little more than popularity contests, or an officer may be elected only because no one else wants the position.

Elected officers may assume their positions without the requisite knowledge of good organizational leadership practices, including strategic planning. They may not fully realize the need to plan, or may not know how to do it.

Many agencies have term limits (two years is common), creating regular disruptions in leadership continuity. A new officer's vision for the organization may be different from that of his/her predecessors. Without a written, long-range and relatively stable plan that transcends terms of office and personal biases, the new leader may be tempted to (perhaps arbitrarily) alter policies established and programs begun under previous regimes. Clouding the picture even further is different and often conflicting agendas among membership factions. The result is often short-term "tactical" planning as an attempt to address long-term strategic issues.

By carefully undertaking a strategic planning process *involving the entire membership* (the importance of which cannot be overstated, and is discussed in more depth later), a volunteer agency can convert its normally reactive management situation (even more reactive than that of paid agencies) into a progressive, proactive leadership model.

Proper Preparation for the Strategic Planning Process

Before deciding to do strategic planning, the organization must decide if it is even ready for it. First and most important, the leadership must decide if it is committed to it. To give lip service to the notion and undertake only a token planning process is a waste of time. Like the individual who needs to admit bad habits before changing them, the organization's leaders need to acknowledge the need for a fundamental change in the way they do business before initiating this process.

The organization is probably not ready if it is dealing with one or more major transitions. For example, if it is dealing with a major current crisis, then that probably should be resolved first; otherwise, it will distract from planning. If new officers are about to take over, then letting them get settled with their new duties first is probably wise.

PREPARATORY WORK. The amount and nature of preparatory work will depend on the size of the organization and how extensive the process will be.

One source describes three different workplans for the process.[7] The simplest, perhaps most suitable to a small agency such as a volunteer rescue squad, can be accomplished with minimal

preparatory work, a one or two-day "retreat" to develop the bulk of the plan, and occasional follow-up meetings to fine-tune it and monitor its progress. A more extensive process, better suited to an organization with more resources such as a small to mid-size career agency or private ambulance company, may take one to three months and involve a series of meetings among leadership and field personnel. The most expansive process, one that only a large municipal agency or private firm would likely undertake, may take several months or longer, and would involve multiple meetings with representatives from many stakeholder groups.

Whatever the organization's size, it should consider assembling a planning committee whose job is to plan, prepare for and guide the process. In consultation with the organization's leadership, it can select the workplan best suited for the agency. It can decide what support activities, such as secretarial support, the planning process will need. It can arrange meeting dates, times and locations.

Planning meetings should be scheduled at a time and place free of distractions. For the typical volunteer squad, for example, this will *not* be its regular monthly meeting with other agenda items, interruptions for emergency calls and members' thoughts on nine o'clock kickoff!

A retreat of sorts should be considered, away from the office or crew building, telephones, radios and alert tones. A meeting room in a local library, school or municipal building can be used. Planners might even consider seeking seclusion at a remote site, such as an inexpensive hotel, for a weekend. Given the degree to which that fosters a productive and distraction-free environment, it will be money well spent. The room should be comfortable and conducive to a day-long meeting.

MEMBER INVOLVEMENT. A vital component of strategic planning, and one that should be a deliberate part of "planning to plan," is getting involvement of everyone in the organization. As Covey explains:

> "One of the fundamental problems in organizations . . . is that people are not committed to the determinations of other people for their lives. They simply don't buy into them. Many times as I work with organizations, I find people whose goals are totally different from the goals of the enterprise. . . . Without involvement, there is no commitment. Mark it down, asterisk it, circle it, underline it. *No involvement, no commitment.*"[6]

Have you ever waxed or changed the oil in a rental car before returning it? Of course not – you have no investment in it, you don't own it. While you will (hopefully) do nothing deliberately to reduce the value of the car, you will also do nothing to add to, or even maintain, its value.

When we own something and have something invested in it, whether it is money, time or creative thought, we take better care of it. Those who are responsible for carrying out the mechanics of the plan *must* have ownership in it. Leadership must solicit planning "inputs" from the membership, and must listen to their thoughts. Leadership then must allow the membership to execute planning "outputs," empowering them to take the steps necessary to carry out details of the plan without being micro-managed.

A Hypothetical Case History

The Ruraltowne Volunteer Rescue Squad (RVRS) runs 700 calls a year in Ruraltowne and surrounding Rural County. It has about 35 active members.

The squad Board of Directors had struggled with issues common to many rural volunteer agencies. At the determined urging of a new board member, the Board of Directors voted to undertake strategic planning. The Board hired a consultant, who recommended an abbreviated workplan and the appointment of a planning committee consisting of select officers and members at large.

The committee and the consultant met for an initial organizing meeting. It chose to schedule a planning retreat on a late spring weekend. The proprietor of a local summer camp, with preparation for opening almost complete, agreed to allow use of camp facilities for the retreat at no charge. Additional tasks, such as securing supplies, ordering meals, and taking notes, were assigned as needed.

This could be one of the most difficult parts of the process for some, for it involves putting egos aside. Autocratic managers and officers with fragile self-esteems will admittedly struggle with this. Yet if they are to approach strategic planning with the proper commitment, then they must accept the need to change, just like the organization needs to change. Change is inevitable. Growth, however, is optional.

How to involve the membership will vary, depending on the size of the organization. Small organizations can invite all members to one or more strategic planning meetings. To allow those normally on duty to attend, volunteer squads might consider asking neighboring squads to provide coverage, much like they often do for social functions. For those that cannot attend, focus groups or surveys can be used as described below.

Larger agencies obviously cannot invite all members without meetings becoming unwieldy. One way of getting involvement is for a planning committee member to conduct one or more focus group meetings with subsets of agency members, such as duty crews. This person's job is to *listen* to meeting attendees, not to judge their responses. He or she should make detailed notes of the meeting and bring all issues back to the formal planning meeting(s).
Among the questions that should be asked are:

- What is your vision for the organization's future?
- What do you believe should be our fundamental mission(s)?
- What organizational values should we hold in highest regard?
- What are our agency's greatest strengths and weaknesses?
- Where are our future opportunities and threats?
- What are the most critical issues we should focus on as we move forward as an organization?

RVRS Case History, Continued

Understanding the importance of member involvement, and with the relatively small membership size, all RVRS members were encouraged to attend the planning retreat.

To allow duty crews to attend, neighboring Mountainboro Emergency Crew agreed to provide coverage for Ruraltowne and Rural County during the retreat.

Before the retreat, all members were given a member survey to complete (see Appendix A). Members that expected not to attend were urged to submit their worksheets to a planning committee member prior to the retreat.

As an alternative, or in addition, to focus groups, a survey can be distributed to members. This is less time-consuming for planners, but may be less thorough. Many will not take time to complete it. On the other hand, assuming the survey is confidential, the responses may be more candid, especially when the current culture is one of distrust between officers and members at large. In a large organization where focus groups involving all members are impractical, surveys may be the only method of reaching the masses. Appendix A includes an assessment tool that can be used for either surveys or focus groups.

Beyond this initial information gathering, follow-up communication is essential. Leaders should keep the organization informed about the progress of planning and the resultant components of the plan. At a minimum, drafts of plan documents should be distributed to, and comments actively solicited from, all members. Additional focus groups or surveys may be needed, depending on the number and criticality of questions and issues.

To reiterate, the method(s) and extent of communication between planners and the organization as a whole will vary. What cannot vary, however, is the need to keep the organization informed and involved. Regular communication must occur. Members must feel that they jointly own the finished product.

USE OF A HIRED FACILITATOR. Leaders of many, if not most, EMS agencies have never been through a strategic planning process. They should consider hiring an outside facilitator. A skilled facilitator can bring expertise to the process and make it much more productive and efficient. Someone from outside the agency also brings objectivity: He or she is detached from the issues, can make suggestions and offer ideas without being perceived as taking sides, and helps participants think "outside the box."

Despite whether or not an outsider is hired, someone skilled in group facilitation should run planning meetings. This person should know how to guide discussions, conduct brainstorming sessions, prompt creative thought among participants and mediate disputes.

Steps of the Strategic Planning Process

There are methods of strategic planning that differ somewhat from those presented here. Some variants will have more steps, some less, and many will have slight differences in how the steps are termed. Despite the differences, the reader will find similarities in the overall process among models. Variations are more likely a matter of personal preference than superiority. The reader is encouraged to study various methods in the resources on the Suggested Reading List. Choose those that fit the agency's preference and circumstances. An outside facilitator can customize the process to fit the agency's needs.

The finished strategic plan will have four main components, represented graphically by the Strategic Planning Pyramid. (Figure 6) The foundation of the pyramid and the strategic plan, is the organizational mission statement. Built on the foundation are its strategic goals. From strategic goals arise performance objectives. Structured upon performance objectives are the action plans designed to implement the overall strategic plan and its components.

Figure 6. The Strategic Planning Pyramid

To understand these components better, this is an example from operational firefighting. Part of a fire department's mission at the scene of a fire is to preserve property. When confronted with a heavily involved structure fire, part of its strategy (strategic goal) is to protect exposed adjacent structures. To protect an exposure, its tactics (performance objectives) could include placing into operation a portable master stream (a high-volume fire stream device operated from a fixed location, versus a hand-carried hose and nozzle assembly). The tasks (action plans) to accomplish this might include connecting two 2½ inch hose lines to the master stream device and flowing 750 gallons of water per minute through a solid stream nozzle (a nozzle that delivers a straight, narrow stream of water).

While the finished plan has four steps, the planning *process* has six, designed to answer the following questions:

1) What are we? (i.e., What is our mission?)
2) Where are we now?
3) Where do we want to go? (i.e., What are our strategic goals?)
4) Can we get there?
5) How do we get there? (i.e., What are our performance objectives?)
6) What do we do first to get there? (i.e., What are our action plans?)

Step 1: What Are We?

Before deciding where it wants to go, the organization must decide what its fundamental purpose is or should be. The purpose may seem obvious, but if done properly this step will likely involve some organizational soul-searching.

The first impulse might be to say its purpose is simply "to provide EMS." But why? What is the greater good in that mission? Is that inclusive enough? For example, does it address the move within the industry toward more injury and illness prevention activities? Does or should your agency provide certain non-emergency services, such as inter-facility transports and alternative non-transport services?

Experts suggest there is a need for more non-traditional services as EMS expands its focus beyond just *emergency* and *pre-hospital* services.[8] Before answering the question "What are we?" progressive EMS leaders should be familiar with what the industry is expected to become, and carefully consider their agency's role in the larger picture of health care and public safety within their community.

Members must imagine vividly what their idea of the perfect EMS organization of the future looks like. Establishing an inspiring vision that all (or at least most) members can rally around is a vital part of moving the organization forward.

Covey clearly articulates this idea by asserting, "All things are created twice."[6] The first creation is mental, the second is physical. The organization must clearly see in its collective mind's eye its future desired appearance in all regards: healthy, thriving, a strong membership, tremendous community support, improving community health, excellent customer service, etc. Once the mental creation is vivid, the process of manifesting it into the physical creation can begin.

Besides defining its vision for the future, the organization must also ask, "What are our guiding principles; what core values do we hold dear?" The vision is the end. The principles and values are the means. To attempt to meet the organization's goals while ignoring fundamental principles is a waste of time.

For example, a man's vision for his family's future probably includes financial security. He can possibly accomplish this by robbing banks, but in the process he ignores principles such as integrity and honesty.

The organization should define for itself what basic principles exist that dictate how it governs itself and treats its stakeholders while achieving its vision.

THE MISSION STATEMENT. The culmination of defining the organization's purpose, vision and values is the organizational mission statement. Many businesses and other organizations have them, but few mission statements accomplish their intended purpose.

A good mission statement:

- Clearly defines the agency's strategic positioning – it clearly defines what business it is in and/or intends to be in for the future.
- Includes both ends and means: It articulates an inspiring vision and is based on self-evident, timeless principles.
- Is easy to read, relatively brief and free of complex terminology and sentence construction.
- Considers all needs of all organizational stakeholders: members, patients, community members, donors, insurance companies, suppliers, regulators and other public safety and health care agencies, etc.
- Comes from the depths of the organization, with active member involvement in its development that leads to the sense of ownership described earlier.
- Is used as a *true* constitution for the organization, governing all its affairs.

The concept of a constitution is perhaps best understood by looking at the United States Constitution. Rather than just a few sentences describing the organization's structure and seemingly used only to preface a set of bylaws, our nation's Constitution governs every official decision and law made by our government. It is a timeless document, clearly defining the basic principles upon which the nation should function. Every new law is measured against it to determine alignment with its principles.

Within an organization such as an EMS agency, the mission statement used this way will serve as the foundation for all organizational goals, policies, procedures, and decisions.

Covey uses an analogy of a road map – policies and procedures – compared with a compass – a principle-based mission statement.[6] A road map is finite and runs out as one enters uncharted territory; policies and procedures cannot be written for all circumstances. A compass, on the other hand, always points to true north regardless of whether you are on the map. The mission statement keeps the agency pointed in the right direction when policies do not or cannot address a given issue.

Another theme that merits further examination is that of stakeholder needs. We each have needs in four areas: physical, social/emotional, psychologica, and spiritual.[9] During the mission statement's development, the organization should carefully consider all areas for each major stakeholder. Some needs are obvious, but others are not. To shortcut this process will cause subtle, yet still important, customer needs to be neglected.

For example, a patient's physical needs are at the core of our service, but what about the spiritual needs of family members whose loved one has just died? One could argue that our job is not to offer spiritual support, but these people still have needs that we at least should acknowledge. What is to keep an agency from creating a program, assuming alignment with its mission, specifically designed to minister to those needs?

What about our internal stakeholders' – our members' – needs? Many of their physical needs are apparent (safety, comfortable quarters, etc.), but what about their psychological needs – the need to be continually educated (beyond the obvious clinical areas) in their craft? What about their social and emotional needs? For example, a key attraction of successful volunteer organizations is the sense of belonging they foster among members. Struggling volunteer agencies often overlook the social and emotional needs of their people.

PRACTICAL TIPS. Some authors describe the writing of separate mission, vision and values statements, which may create some confusion about the scope of each. Partly to reduce this confusion and partly as a matter of personal preference, this manual defines the mission statement broadly to include all components of these separate statements. How they are structured is not as important as their content.

Do not shortcut the development of the mission statement – it is the foundation of the plan. Leaders should prepare by studying industry trends and knowing their community. The desired organizational purpose will emerge more rapidly and more clearly.

To help develop the vision, a visualization exercise can be helpful, with planning meeting participants spending a few minutes quietly describing in writing and in detail the perfect organization as they would like to see it five years from now. Attributes of this perfect organization can be listed as a group and discussed.

Brainstorming can help identify key stakeholders, their needs and the principles that members feel important to include. As the group develops its ideas, they should be listed on flip chart paper (or equivalent) for later assimilation into a written document.

Frequent and seemingly tedious massaging of the mission statement will be done. Compromise will be needed on contentious issues and even wording choices. There is tremendous value in this exercise as participants collectively engage in organizational introspection. As consensus develops, a spirit of unity and teamwork can evolve that will help support and sustain the remainder of the process.

Step 2: Where Are We Now?

Before we figure where we are going, we must know from where we are starting. Step 2 is the situation analysis.

Other names are given to this, such as environmental assessment or situation audit. There may be subtle differences between terms depending on the context. It boils down to the question, "Where are we now?"

This requires being brutally honest about the agency's current standing, especially its weaknesses. The first step in correcting a problem is admitting its existence. The situation analysis (not to mention subsequent strategic planning steps) will not be effective unless problems are honestly assessed.

The situation analysis looks at three areas: customers, the internal situation and the external environment.

CUSTOMER ASSESSMENT. The lifeblood of any business (and EMS is a business) is its customers. The situation analysis defines customers (external *and* internal) and their expectations.

External customers are self-evident: patients, family members and citizens. Where many agencies fall short is identifying internal customers such as members, medical directors and fellow public safety and health care workers. If Step 1 has been completed properly, most customers and many of their expectations will already be identified.

Do not confuse customer or stakeholder *needs* with *expectations*. Customers may want something more and/or entirely different from what they need. The quality-driven EMS agency delivers both. The best way to discover customers' expectations is to ask them through a systematic customer satisfaction assessment tool such as a survey. That will not have been done at this point in the strategic planning process. The agency may have to make an educated guess about customer expectations. And the agency should consider collection of quantifiable customer satisfaction data as a plan component.

INTERNAL SITUATION. As planners assess their agency they become organizational diagnosticians. Just like a doctor assesses the patient to establish a diagnosis, planners assess the organization. The doctor examines both the patient's anatomy (structure) and his/her physiology (function). Planners also examine their "patient's" structure and function.

EMS agency structure is defined as "those organizations, individuals, facilities and equipment required to ensure a timely and medically appropriate response to the patient."[10] Within an organization, specific structural components are many. They include, but are not limited to, operational practices, policies and procedures, training, protocols, finance, administration and leadership.

RVRS Case History, Continued

At the beginning of the retreat, the facilitator made a brief presentation on the strategic planning process and reviewed principles of mission statements. He then conducted a series of brainstorming and other group exercises to stimulate participants' thoughts on the organizational purpose, vision, and values.

After continued facilitation, the committee collectively developed the following mission statement:

The mission of the Ruraltowne Volunteer Rescue Squad is to be a leader in the EMS profession, taking a team approach toward providing the highest quality emergency medical and related services possible to its customers and the community. To that end, we resolve to:

- *Professionally and competently exceed the needs of our patients, and the community as a whole, in both emergency call response and non-emergency activities.*
- *Continuously and vigorously promote the safety and health of one another and the other public safety workers with whom we work.*
- *Recognize our fellow members as vital to the organization's success, and offer them respect, appreciation, fair treatment, and the tools to do their jobs well.*
- *Manage our organization with integrity, and as any customer service-driven business, being accountable to suppliers, donors, health care agencies, regulatory bodies, and the community as a whole.*
- *Work as a team with all individuals and organizations who share our mission, welcoming diversity in function, methods, and personalities, while refusing to compromise on purpose and principles.*

Functional assessment includes the past, present and projected future performance of the agency's primary services, including dispatch, first response, ambulance transport, rescue, prevention activities, etc. (A detailed list of EMS services is provided in Appendix A.)

EXTERNAL ENVIRONMENT. Finally, the situation analysis examines external issues such as:

- Industry trends
- Potential and imminent competition
- Economics (including changes in health care reimbursement)
- Regulation
- Demographics
- Social issues
- Technology
- Legal issues
- Politics

Issues are addressed at all relevant levels, from local to international. Remembering that external forces cannot be changed, only anticipated, the situation analysis seeks to anticipate all potential external issues that could affect the agency in the years to come.

SITUATION ANALYSIS TOOLS. Two tools designed to help with the situation analysis are presented here. The first helps identify what to assess. The second helps with how to assess it.

The "what" model (Figure 7) is adopted from a graphic depiction of EMS system design components,[10] all of which exist at the agency level and the system level. It has four parts:

- Inputs, which include customers and resources: What is the current and expected future customer makeup, and what material and human resources does the agency have and need?
- Structure, which is described above.
- Outputs are the primary services described above, and their assessment asks: Are services consistent with the mission and, considering the organizational purpose, should services be added or cut? Are those the agency claims to provide done so effectively?

- Outcomes are the ultimate impact of services on customers, and their assessment includes response times, clinical impact (i.e., mortality and morbidity), customer satisfaction, and economic efficiency.

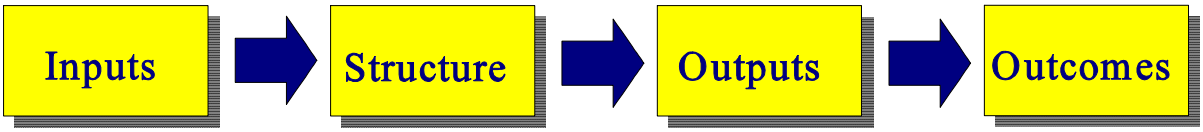


Figure 7. EMS system components to assess in the Situation Analysis.

For many, if not all, of these areas, data will be needed for accurate assessment. The typical EMS agency lacks sound data for meaningful evaluation. Educated guesses will be required without data, but collection of key data upon which to make future decisions should become a major objective as the plan is developed.

Whereas in this model the system flow is from left to right, analysis ideally should go in the opposite direction. In other words:

1) Outcome shortfalls should be identified first. Rarely will an EMS agency have outcomes that meet or exceed all system and customer requirements. (If so, celebrate, but do not be complacent. Remember, things change!) Virtually always areas of improvement in outcomes will be identified or, lacking data, intuitively assumed.
2) Outputs are assessed for appropriateness and effectiveness in leading to desired outcomes, with individual services analyzed for areas of improvement: adequacy of

dispatch services, quality of clinical care, response time reliability, effectiveness of prevention activities, and so on.

3) When a specific service is found deficient, structural components are analyzed for contributory defects: training adequacy, personnel or ambulance deployment, policies and procedures, leadership practices, and so on.
4) Finally, inputs are assessed to establish baseline numbers and future projections to use in further agency analysis and planning. Inputs also provide data that link with outcome measurements, especially concerning economic efficiency.

As this reverse analysis reaches the input phase, the issue of funding will almost certainly arise. For some agencies, income is remaining flat or decreasing, despite rising costs. For many, investigation of additional funding sources, such as fee-for-service and grants, should be considered – not as an end, but as a means to support the mission.

Fee-for-service is an especially emotional issue, particularly among volunteers. The challenge is to detach oneself from the emotion of the issue and ask, "Is fee-for-service consistent with our [presumably well thought-out and stakeholder-driven] mission?" If the answer is "yes," then it should be considered an option.

On the other hand, it is often simplistic to say, "We need more money." Perhaps the volunteer squad can overhaul its fund drive, the private firm can increase its fees, or the municipal agency can secure a sizeable budget increase. Apart from finding new sources, "inadequate funding" is not easily changed, and is often an excuse for ignoring correctable problems. Rather than pursuing a pipe dream of sudden riches, the agency should seek revenue-neutral improvements in structure and outputs.

It may be more realistic to *reduce customer inputs*. This might seem improbable at first glance, but isn't that what illness and injury prevention activities are designed to do? What about collaborative relationships with other health care agencies to get the so-called "system abuser" the help he or she really needs, instead of tying up an ambulance (and emergency room staff) with an unnecessary trip to the hospital?

Appropriately reducing customer inputs through these and other methods can serve several purposes:

- Ease EMS system demand.
- Produce better utilization of resources.
- Enhance customer service.
- Reduce overall community health care expenditures.
- Generally improve community health.

SWOT ANALYSIS. The "how" model is called the SWOT analysis, for strengths, weaknesses, opportunities, and threats. Strengths and weaknesses are internal and typically current, whereas opportunities and threats are external and often future-oriented.

As the SWOT analysis is done, recall the earlier discussion on organizational change. Internal

issues are where the focus for change should be. External factors cannot be changed, only anticipated.

Planners brainstorm each SWOT area, considering system inputs, structure, outputs and outcomes. As these areas are discussed, planners will find areas of overlap. In other words, one item can be considered both a strength and a weakness, or both an opportunity and a threat. This is acceptable, and even expected at times.

Other questions may arise when planners cannot decide how to categorize a given issue. This too can be expected. However, debates over semantics and classification should not deter the process. What is important is to get the issue in the open.

IDENTIFY CRITICAL ISSUES. If the previous Strategic Planning steps have been done correctly, planners will have sown the seeds for perhaps dozens of potential issues to address in the plan. It then is necessary to identify and prioritize those judged most critical.

RVRS Case History, Continued

The facilitator conducted brainstorming and group discussion activities, including a SWOT analysis, for the committee to identify RVRS's most critical issues. Using multi-voting, the committee identified those below as the most important, ranked by priority, and with sub-issues listed for each.

1. The organizational culture is marked by discord.
   - Lack of training and experience for leaders
   - Lack of teamwork with frequent conflicts between members
2. Ability to meet service demands is inconsistent.
   - Erratic daytime staffing
   - Inconsistent duty requirements
   - Infrequent ALS availability
   - Inability to measure response times and establish baseline for improvement
   - Insufficient medical director involvement
3. It is becoming increasingly difficult to fund squad operations.
   - Equipment and supply costs outpacing inflation
   - Fund drive proceeds have dropped in the last two years.
   - County stipends not increasing, a situation unlikely to change in the next 2-3 years
4. There is no focus on community-based health care (beyond emergency response) and prevention.
   - No data to show clinical outcomes
   - No public education efforts
   - No formal injury or illness prevention efforts
   - No systematic collaboration with other health care providers, especially those with a primary prevention focus (such as the county health department)

Some may be tempted to try to do too much too quickly, which becomes a recipe for failure. Subsequent frustration quickly develops when, because the organization is spread too thin, none of the issues are resolved. Usually, it is probably better, especially in volunteer squads or other small agencies with limited resources, to select no more than four or five key issues on which to focus. Start small, create victories and build from there.

One method of identifying and prioritizing issues is to have each meeting participant write on "Post-It" notes the issues he or she views as important. The notes are posted on flip charts for everyone to see. The issues are then categorized based on common themes, with an overall summary written by consensus for each category. Finally, the categories are ranked with a multi-voting technique. Each participant assigns the categories a numerical ranking in order of priority and rankings are added for each issue. The collective scores produce the overall ranking.

In the traditional reactive management environment, some tend to focus on external rather than internal issues. Their focus will be outside their Circle of Control. Remembering that the organization can change only its internal condition, strengths and weaknesses should be the focus for the critical issues and subsequent action.

How are the external issues also addressed? One method is to reconcile each opportunity and threat with a strength and/or weakness by asking the following questions:

- What opportunities can the agency pursue based on its existing strengths?
- What weaknesses need to be strengthened before it pursues other opportunities?
- What threats are anticipated that the agency can effectively counter with its strengths?
- What weaknesses risk being exploited by anticipated threats?

Step 3: Where Do We Want to Go?

Organizational goals are "outcome . . . statements that guide the organization's programs and management/operations functions."[7] In the strategic thinking model they address the issue of doing the right thing (versus doing things right) for its stakeholders. Thus, strategic goals become long-range targets that provide focus for the organization's fundamental direction in several key areas – mainly, those critical issues identified at the end of the situation analysis.

If the situation analysis and the preceding steps have been completed properly, establishing many strategic goals now becomes relatively simple. Each group of critical issues identified, prioritized and categorized by common themes becomes the basis for a strategic goal.

Planners should examine each of those groups and themes and, against the backdrop of the mission statement, ask, "Where do we want to be three to five years from now in this area of organizational performance?" Recalling in particular the image of future perfection affirmed in the organization's vision, the major themes should be reworded from describing a problem to defining a solution. The result is a long-range goal that focuses on the end result (not the steps along the way – they're covered later) for each category of critical issues.

FEATURES OF STRATEGIC GOALS. Good strategic goals:

- Are appropriate to the mission. As suggested earlier, a clear articulation of the agency's purpose, vision, and values provides focus and prevents the setting of misguided goals.
- Link with the mission and with one another.
- Are measurable, and their achievement definable. Therefore, average members and leadership should be able to recognize accomplishment.
- Are understandable and free of complex terminology.
- Are flexible, allowing for changing circumstances.
- Strike a balance between optimism and realism.

Good goals provoke people to stretch to reach them, but they should be attainable. Goals set too low do not motivate and are a waste of time. Excessively lofty goals discourage and frustrate when members realize they are impossible to achieve. Goals should inspire commitment to do what it takes to achieve them, commitment achieved in part by achieving this balance and assuring ownership by those responsible for carrying out the tasks necessary for success.

The organization is cautioned against taking on too much. Since the few most important issues have already been identified, it follows that resultant goals will be few but important. In short, strategic goals focus on the vital few versus the trivial many.

Step 4: Can We Get There?

Now comes a reality check. As a further attempt to balance ambitiousness and feasibility, the organization asks, "Are these goals realistic?"

Planners should consider all driving and restraining forces – those factors within and outside the organization that will either enhance or inhibit the attainment of each goal. Factors to consider are many of those addressed in the situation analysis, especially internal issues. To an extent, this is a brief repeat of Step 2, designed to assure that the current organizational climate, structure and function will allow the achievement of the strategic goals.

As a practical matter, if the organization is conducting a planning retreat or similar extended meeting, planning for meeting adjournment after this step might be appropriate. Plan components developed thus far can be prepared in a draft document and distributed throughout the organization for member feedback. Planners can reassemble (for a shorter meeting) at a convenient future date to consider responses, continue work on this step if needed, and complete the plan development.

RVRS Case History, Continued

After some discussion, the critical issues previously identified were reworded and became the basis for the following strategic goals and performance objectives:

1. To be an organization considered a model for its leadership ability and practices, and for its teamwork among members.
   - Implement a progressive leadership development program (LDP) that focuses on personal, interpersonal, managerial, and organizational leadership skills.
   - Progressively implement requirements for officers to have completed certain steps in the LDP before holding office.
   - Request that the county fund the hiring of a consultant to implement a formal Total Quality Management (TQM) program, including the training of members in TQM principles and practices.
   - Integrate personal and interpersonal leadership training into the required continued education program for all members.
   - Establish a peer mediation team to handle disputes.
2. To be able to meet every "first call" for service, and have effective mutual aid agreements that meet every "second call" for service, 24 hours a day, 365 days a year.
   - Convene a committee to review duty requirements and recommend duty standards that meet both squad and member needs.
   - Conduct a targeted recruitment campaign (e.g., other health care workers, law enforcement officers, civic and church groups, etc.) to increase daytime staffing.
   - Collaborate with the Ruraltowne Volunteer Fire Department to train more ALS providers and increase ALS availability.
   - Establish an ongoing system of analyzing response time performance.
   - Approach the medical director about becoming more involved, or change medical directors.
3. Improve cash flow so that all needed operating and capital expenses are funded, with a surplus of 10% that can be directed toward a rainy-day fund, service improvements, or both.
   - Collaborate with county budget officials to improve budgeting practices.
   - Assemble a task force, with community representation, to explore funding options (including fee-for-service) that assure adequate income for the foreseeable future.
   - Establish a cost/benefit analysis process that every new proposed service and major purchase will be subjected to prior to expending funds.
4. Become a major partner with other public and private entities to work toward a systematic community-wide approach to improving community health.
   - Establish a collaborative relationship with Rural County Memorial Hospital to assist with development and maintenance of essential data collection and analysis.
   - Establish a collaborative relationship with the county Health Department to develop strategies for illness and injury prevention efforts.
   - Approach local health insurance providers about funding public education efforts, especially those with a focus on prevention.

Step 5: How Do We Get There?

Once strategic goals are finalized, performance objectives are developed. Performance objectives are the prioritized incremental steps needed to achieve the strategic goals, typically with a six-month to two-year time frame.

STRATEGIC GOALS VERSUS PERFORMANCE OBJECTIVES. Good performance objectives possess most features of goals already listed. In particular, they link both with the mission and with each other. Recall the Strategic Planning Pyramid where the foundation of the plan is the mission statement, upon which are built, in order, strategic goals, performance objectives and action plans. Goals and objectives that fall outside the context of the pyramid should be scrapped (or not written at all).

The main differences between strategic goals and performance objectives are in their scope and their completion intervals. Objectives are smaller, tactical components of the organization's efforts toward the larger goals. They have shorter completion intervals than strategic goals.

These areas of difference can help organizations define and structure their performance objectives. First, look at each strategic goal and identify which specific, smaller areas of organizational structure and function should be addressed to implement that goal. Next, identify time lines for the accomplishment of specific objectives.

The matrix below (Figure 8) shows how these fit together. For example, an agency might choose as a strategic goal to implement a data-driven, community-wide prevention program in three years. Time lines are defined with six-month intervals. Tactical considerations could include personnel recruiting and training, developing mechanisms for data collection and analysis, partnerships with other stakeholders (such as hospitals and the Virginia Department of Health), marketing, and so on. Performance objectives can be defined as needed in the blanks, and the incremental steps for achieving this goal become much clearer. (A blank full-page version of this matrix is included in Appendix A.)

A completed matrix will vary considerably in structure and content. First, the number of completed row and column headings will differ among goals. In other words, the number of tactical areas listed may be more or less than in this example, and time lines will likely vary depending on the goal, the resultant tactical issues, and their priority. Not all blanks will typically require objectives. To fill them all for the sake of thoroughness can lead to an unnecessarily complex and overwhelming plan. A strategic goal may have only one performance objective, or it may have many. Common sense and good judgement will help assure a functional and manageable plan.

Strategic Goal: Implement a Data-Driven, Community-Based, Illness and Injury Prevention Program within 3 years.				
Time Line	**Personnel**	**Data Collection and Analysis**	**Collaborative Partnerships**	**Marketing**
6 months				
1 year				
1½ years				
2 years				
2½ years				
3 years				

Figure 8. Matrix for developing performance objectives.

As planners review categorization of critical issues during the situation analysis, they will see the beginnings of many performance objectives. Subordinate issues under the common themes can often be converted to objectives, just like the overall theme was converted to a strategic goal. Again, reword the issue from describing a problem to defining a solution.

Step 6: What Do We Do to Get Started?

Now comes the nuts and bolts of implementation. Action plans are the initiatives, activities and programs designed to lead to the accomplishment of performance objectives. They answer the question, "What do we do tomorrow, and the next week, and the next month to begin accomplishing our objectives?" Each performance objective is assessed to identify the first few tasks necessary to begin its accomplishment. If the preceding steps have been done correctly, the steps needed for an action plan often emerge clearly.

ACTION PLAN CONSIDERATIONS. Trying to describe every task needed for the ultimate accomplishment of each strategic goal is unreasonable at this point. To do so would be incredibly time-consuming and is unnecessary to begin implementation. Many future steps will be unclear or unknown now. A strategic plan is dynamic, requiring regular evaluation and modification based on changing circumstances. Action plans will be adjusted repeatedly.

It is important to reiterate the idea of member ownership. If non-officers have had no say to this point, they are more likely to resist implementation. If they have contributed to plan development, they will be more willing to undertake tasks necessary for success – the steps of the action plans. Members in work areas that fall under a given performance objective can be assembled into a deployment team and given responsibility to execute or help define the action plan for that objective.

Meanwhile, leadership must provide administrative support and empower team members to carry out action plans. Leadership should facilitate the process, not obstruct it, and should work to eliminate autocratic leadership practices and excessively restrictive policies and procedures. Leadership should provide regular feedback and positive reinforcement to members as certain milestones are achieved.

Performance measures should be developed so that success can be clearly defined. Inherent in measuring performance is data collection. The action plan should include key data elements and collection mechanisms that lead to accurate performance assessments.

Finally, budget restructuring may be needed to fund certain action plan initiatives – not to decide *if* something can be funded (which should have already been addressed), but *how* it will be funded.

RVRS Case History, Continued

The committee divided the performance objectives among its members so that each became a "champion" for one or more objective. The committee decided which objectives needed implementation teams. The task of assembling teams would be assumed by the appropriate champions. The teams would be tasked with development of action plans after the plan was finalized.

The committee scheduled a follow-up weeknight meeting one month later. Meanwhile, drafts of the plan were circulated among the squad membership for comment. Because of the degree of membership involvement before the retreat, there were few surprises to members and little controversy.

At the follow-up meeting, a few minor modifications were made to the plan and it was officially adopted. Objective champions reported on their progress in assembling implementation teams and developing action plans. The committee agreed to meet monthly for the next few months as teams began their work, with team reports to be given at each meeting.

Ruraltowne Volunteer Rescue Squad's strategic planning process was well underway.

Continual Reevaluation

Dwight D. Eisenhower said, "Plans are nothing; planning is everything." Planning is a journey, not a destination. The real value in strategic planning lies in the *process*, rather than the *plan*, as the organization examines itself and as its members communicate on entirely new levels. A properly facilitated strategic planning process, despite the likely occasional contentiousness, can move members to a new and cooperative commitment to the organization's future.

Time and circumstances may reveal some plan components that need fine-tuning or even prove unworkable. With the organization's expected growth and maturation may come different goals and objectives, and perhaps even a reexamination of the mission. The organization and its strategic plan should remain flexible and ready to adapt to environmental changes. And of course the expectation is that strategic goals eventually will be achieved, leading to new ones.

The planning process should be ongoing, with regular evaluation and updates. The planning committee will probably need to meet regularly, perhaps once or twice a month at first and less often as implementation evolves. Deployment teams and others responsible for implementation should regularly brief the committee and agency leadership on progress. Action plans will probably need adjustment throughout the process. The committee may decide to conduct annual retreats to reevaluate the broader plan components.

Impediments and Limitations

While already addressed, it deserves repeating here. Leadership must take the first step by totally committing to and supporting the process. Lack of this is perhaps the greatest impediment and creates a formula for failure. Impediments also include leadership's failure to appreciate the need and/or possess the knowledge.

Furthermore, several other practical limitations exist. The list below is adopted from a text targeted mainly at corporate strategic planning,[11] but these apply largely to nonprofit agencies as well:

- The environment may prove different from that expected, with uncertainties arising that alter the course of the planning process.
- Internal resistance, either passive or active may exist. Passive resistance shows in apathy and lack of participation, whereas active resistance manifests by attempts to subvert the planning process and sabotage accomplishment of the plan.
- Planning is (or can be) expensive, at least in time invested. A sizeable effort is needed to sustain the planning process, and planners in a career agency presumably take time away from normal duties. And while not a monetary issue, volunteers also take time away from other squad or life activities. Investment of time and money can be reduced by scaling down the planning process to fit the agency's constraints.
- Current crises and operating problems may divert attention away from planning. Agencies should consider whether timing is appropriate even to begin strategic planning.
- Strategic planning can be difficult, complicated and time-consuming, especially if not done properly. A good facilitator can make the process more effective and efficient.
- Completed plans limit choice. However, this may be beneficial in an organization that's leaders have had no focus for their previous decision-making.

Realize that planning may affect interpersonal and organizational dynamics, with sources of anti-planning biases emerging to confound the process further.[11] These include:

- Alteration of interpersonal relationships as factionalism is challenged.
- Changes in information flows, decision-making and power relationships, especially threatening to autocratic rulers and fragile egos, with authority conflict potentially resulting.

- Highlight of organizational conflict, at least over the short term before the process reaches some level of maturity.
- New risks, uncertainty and fear of failure, seemingly avoided by maintaining status quo.
- New demands (especially mental) placed on leaders and members, sidestepped again by maintaining the status quo.

While these are not reasons not to plan, they should be acknowledged by leaders as they assess organizational readiness and begin preparation.

Conclusion

Sadly, some organizations painstakingly create a strategic plan and then promptly put it on the shelf and forget it. Do not let the plan be the end. Let it be the beginning of a journey toward becoming more stable and prosperous. It has been said that if you fail to plan, you plan to fail. Like all organizations, EMS agencies must consciously plan to succeed. They must use their plans and planning processes as the basis for driving productive internal change and anticipating external change. The agency, that blends a competent leadership environment with proper application of strategic planning, positions itself to become a world class organization.

Appendix A

Tools for Preparing for and Implementing Strategic Planning

Sample Agenda for a Two-Day Planning Meeting or Retreat

This proposed agenda assumes a facilitator will be used and will spend part of the allotted time teaching strategic planning principles as the group progresses. It also assumes surveys and/or focus group meetings have already been conducted to solicit member ideas.

Day One

0900 Welcome and introduction, review agenda, brief summary of strategic planning principles and steps. (committee chair; facilitator presentation)

0930 Develop the mission statement. (Facilitator presentation on mission statement qualities; brainstorming and group discussion)

1200 Lunch

1300 Conduct situation analysis. (Facilitator presentation on situation analysis; brainstorming and group discussion)

1500 Identify, categorize and prioritize critical issues. (Brainstorming, discussion and multi-voting)

1600 Establish strategic goals. (Facilitator presentation on features of strategic goals; group discussion of critical issues from the previous step.)

1700 Adjourn

Day Two

0900 Establish strategic goals. (Continued)

1000 Can we get there? (Group discussion)

1100 Establish performance objectives. (Facilitator presentation on features of performance objectives; brainstorming and group discussion. Consider breakout groups and assigning one or more strategic goals for which each group should propose performance objectives.)

1200 Lunch

1300 Establish performance objectives (continued).

1400 Develop the beginning of action plans, including the defining of implementation teams, data to collect and beginning steps. (Facilitator presentation on features of action plans; brainstorming and group discussion. Consider using the same breakout groups as before.)

1630 Evaluate meeting, summarize, define and assign the next activities, including circulation of draft planning documents. Schedule a follow-up meeting. (Facilitator and/or chair)

1700 Adjourn

Potential Future EMS Initiatives for the Local Agency

Adopted from *EMS Agenda for the Future: Implementation Guide*[12]

This list includes many Implementation Guide recommendations that could be influenced or implemented by the local agency. To list them here is not to suggest that implementation should be attempted by every agency. Many of these issues are complex, local circumstances vary, and agencies should not overextend themselves – remember the vital few versus the trivial many. The list is meant only to stimulate thought and discussion about future strategic issues that could or should most affect your agency. Readers are encouraged to read the Implementation Guide for suggested short-, intermediate-, and long-term objectives for these and other initiatives. The EMS Agenda for the Future and the Implementation Guide are available at no cost from the National Highway Traffic Safety Administration.

- Align the financial incentives of EMS and other health care providers and payers.
- Participate in community-based prevention efforts.
- Allocate adequate resources for medical direction.
- Determine the costs and benefits of EMS to the community.
- Identify and meet community health-related data collection needs.
- Develop cooperative relationships with other community health providers and insurers.
- Improve EMS care for patients with special needs.
- Develop collaborative endeavors between EMS systems and academic institutions.
- Provide academically accredited EMS education that employs innovative technology.
- Cultivate EMS research within academic programs.
- Reduce EMS providers' risk of liability.
- Ensure stable support for EMS infrastructure funding.
- Include research, quality improvement, and management-related topics in EMS education.
- Advocate for prevention-focused legislation and regulations.
- Improve prevention-related data collection and sharing by EMS.
- Maintain up-to-date dispatching and communications standards.
- Increase the utilization of a uniform data element set within EMS information systems.
- Ensure that EMS information systems serve their purposes.
- Include the community in EMS evaluation.
- Increase the cultural sensitivity and diversity of the EMS workforce.
- Implement and evaluate stress management programs.
- Conduct public education that is relevant and meaningful to the community.
- Incorporate innovative techniques and technologies in public education.
- Maintain a prevention-oriented atmosphere in the EMS workplace.
- Provide an EMS response that is appropriate for the need.
- Establish communications links for exchanging appropriate patient information.
- Use evaluation of multiple conditions and outcome categories to improve EMS quality.

Strategic Planning Member Survey/Focus Group Instrument

This can be copied, modified as the agency sees fit, and distributed to members as part of the preparatory process. Or the questions can be used as the basis for focus group meetings, where a facilitator poses questions verbally and records responses. Either way, the planning committee can then use responses as it progresses through each planning step.

Vision: Mentally place yourself and this organization several years into the future. Picture it totally meeting its stakeholders' needs, as a healthy, prosperous, thriving organization in the sort of environment that might exist then.

What are the key attributes of this successful organization of the future?

Mission: What do you believe is, or should be, this organization's fundamental mission?

Values: What core values and guiding principles – those that should never be violated, if possible – should this organization hold in the highest regard?

Strengths and weaknesses: These are internal and therefore changeable by the organization (for good or bad), and exist now.

What in your view are this organization's three greatest strengths?

What in your view are this organization's three greatest weaknesses?

Opportunities and Threats: These are typically (but not always) future conditions, and are external and therefore not changeable by the organization. Rather, they should be anticipated so the organization can properly prepare and respond.

What in your view are the three most significant opportunities for this organization?

What in your view are the three most significant threats faced by this organization?

Critical Issues: Consider your answers to the previous questions before answering this question.

What are the five most critical issues facing this organization today that need to be addressed to accomplish our mission and achieve our vision while honoring our core values and guiding principles?

Inventory of EMS Outputs/Services

Adopted from "System Design" by Jack Stout in *Prehospital Systems and Medical Oversight*[10]

As an agency conducts its situation analysis, this list may serve as an adjunct to help identify all services currently provided. Not all agencies provide all listed services, and some may provide services not listed. In particular, many that relate to the Agenda for the Future items listed previously in the appendix are not in this list.

1. Prevention and early recognition (e.g., seat belt awareness, water safety programs, bicycle helmet giveaways, and early recognition of cardiac symptoms)
2. Bystander action and system access
    a. CPR Instruction
    b. Telephone
        i. Emergency (9-1-1)
        ii. Routine (7-digit number)
3. Complaint-taking function (in 9-1-1 systems)
4. Telephone interrogation and prearrival instructions
5. First response dispatch
6. Ambulance dispatch
7. First responder services
    a. Rescue and extrication
    b. Initial medical support and assistance during transport
8. Ambulance services
    a. Life-threatening calls
    b. Non-life-threatening calls
    c. Routine transport calls
    d. Interfacility transfers
    e. Helicopter transport
9. Direct medical control
    a. Electronic instructions
    b. Scene physician care and/or supervision
10. Receiving facility interface
    a. Patient exchange procedures
    b. Participation in quality assurance
    c. Equipment exchange arrangement
    d. Information exchange arrangement
    e. Selection of hospital destination
11. Indirect medical control
    a. Prospective
    b. Retrospective

Matrix for Developing Performance Objectives

Strategic Goal:				
Time Line	**Tactical Issue:**	**Tactical Issue:**	**Tactical Issue:**	**Tactical Issue:**

Appendix B

Examples of EMS Agency Strategic Plans

The plans that follow are for a large, suburban, combination paid and volunteer department (Chesterfield County, VA) and a smaller, largely rural, mostly volunteer system (Hanover County, VA).

In comparison with one another and with the format presented in the manual, the plans are diverse in structure. They help exhibit the variety of formats – no one of which is the "right" one – into which finished plans can develop. Nonetheless, certain common themes prevail – mainly those demonstrated by the Strategic Planning Pyramid.

Most action plan components, such as tasks and performance measurements, are not listed in these plans. Chesterfield's plan was still evolving on the action plan level at this writing, and Hanover's was not developed to that depth during its initial formation.

Content varies considerably to suit the needs of the "owner" agencies and departments, and presentation of these plans is not meant to imply universal relevance. Some strategic issues cited in this manual are addressed in these examples. Readers might choose to borrow from these for their own plans. Others are identified based on unique concerns within the sample organizations and have little or no applicability to others. Agencies should discover for themselves through a thoughtful and deliberate strategic planning process the issues important to them and their stakeholders.

The development of Hanover's plan is presented as a case history in Appendix C. For further information, readers may contact Hanover EMS Director Fred Crosby at (804) 537-6090, e-mail fccrosby@co.hanover.va.us. Those wanting more details on Chesterfield's plan and its development process may contact the manual's author at Chesterfield Fire and EMS, (804) 768-7594, e-mail kellyj@co.chesterfield.va.us.

Chesterfield Fire and EMS
Strategic Plan

Vision:

To be the premier provider of public safety services, utilizing our people as the critical resource to accomplish our goals.

Mission:

To provide valued service through the dedication and excellence of our people.

Values:

- Our People
- Integrity
- Commitment
- Pride
- Health & Safety
- Compassion

Guiding Principles:

- Always Do What Is Right
- Always Do Your Best
- Treat Others As You Would Like To Be Treated

Strategic Goals and Objectives:

Goal 1: To promote public awareness.

Definition: Proactive education of the public is essential to ensuring a safe community. We will offer learning opportunities in areas of whom we are and available services.

Objectives: **1.1.** Increase the knowledge of customers about the services provided by the organization by 15% within 2 years. (Marketing)

1.2. To educate customers in health and safety awareness resulting in a 5% reduction in the rate of preventable incidents within 5 years. (Education)

1.3. To educate customers in health and safety awareness resulting in a 5% reduction in loss due to preventable incidents within 5 years. (Education)

Goal 2: To provide service that exceeds expectations.

Definition: We expect our members to deliver efficient and professional services to our customers. We will evaluate our customer needs and provide appropriate services with compassion and dignity. (Do the right thing.)

Objectives: **2.1.** To provide service that exceeds the established organizational benchmarks on an annual basis.

2.2. To obtain a public approval rating of 95% through the Chesterfield County Citizen Survey annually.

2.3. Promote the continued application of Total Quality Improvement tools and methods to improve customer satisfaction, reduce costs, and reduce cycle time.

2.4. Allocate adequate resources to be able to provide services in a safe, effective, and efficient manner.

Goal 3: To demonstrate sound fiscal management.

Definition: Planning will allow us to predict and forecast organizational needs. We will prudently manage the resources provided to us by our citizens. Utilizing members' ideas and suggestions, we will support our mission and provide world class customer service.

Objectives: **3.1.** Balance the budget 100% of the time on an annual basis.

3.2. Control operational line item expenditures so that 3% of the operational budget can be used toward organizational and service delivery improvements.

3.3. Increase grants and donations by 20% within 3 years.

3.4. Perform a cost benefit analysis on 100% of existing programs within 5 years and on all proposed programs prior to implementation.

Goal 4: To recruit, develop, and support our people.

Definition: We are committed to the continuous development and support of our people. We will recruit the highest quality people, emphasizing desire, integrity, diversity, and ethics.

Objectives: **4.1.** Develop and implement an aggressive recruitment and retention program with emphasis on incentives and recognition initiatives (further details to be provided after the Volunteer Recruitment and Retention Study).

4.2. Within 3 years, devise and implement a development and training program for all members of the organization.

4.3. Enhance diversity at all levels of the organization through the implementation of a recruitment and development program within 1 year.

4.4. Provide information to the County to achieve a competitive compensation and benefits package.

4.5. Reduce on-the-job injuries by 5% within 2 years.

4.6. Develop and maintain a comprehensive wellness program for all members of the organization within 5 years.

Goal 5: To integrate career and volunteer resources into a unified system.

Definition: By operating a unified system, we will enhance the effectiveness of our services. We will increase the efficiency of our delivery system through cooperative planning, training, and work performance.

Objectives: **5.1.** Develop an organizational plan within 1 year that reflects the integration of Fire and EMS in the County using a change management model.

5.2. Implement 90% of the EMS Task Force recommendations within 3 years.

Goal 6: To enhance service delivery by utilizing technology and equipment.

Definition: We will evaluate and utilize new and existing technology and equipment for efficiency, effectiveness, and safety.

Objectives: **6.1.** Within a year, develop a process to evaluate a minimum of 10 new types of technology and equipment.

6.2. Develop a system that identifies best practices to use existing technology throughout the organization.

6.3. Develop a systems approach to support all existing and future technologies used within the organization so that it works correctly 90% of the time.

Goal 7: To successfully manage change of the organization.

Definition: We will provide opportunities for input and encourage participation from our people while seeking to continuously evaluate and improve our organization through research and development.

Objectives: **7.1.** Evaluate the effectiveness of organizational changes on an annual basis using process management tools to measure the following:

- **7.1.a.** The knowledge of the strategic planning process, the Fire Department strategic plan, and the linkage to the individual work units.
- **7.1.b.** The organizational progress and climate.
- **7.1.c.** The people's ability to affect change in the organization and their workplace.
- **7.1.d.** The ability to participate in the organization.
- **7.1.e.** The pace at which we are moving.
- **7.1.f.** The communications within the organization.

7.2. Each goal will be reviewed for the effectiveness of their implemented changes during regularly scheduled evaluations using process management tools.

7.3. Review and/or revise 100% of all organizational goals and objectives every 3 years.

7.4. Increase participation of organizational members so that 50% have served in TQI and/or Strategic Planning groups within 2 years.

Hanover County EMS
Strategic Five Year Plan

Introduction

The EMS Strategic Planning Committee, consisting of members of the Board of Supervisors, Physicians, Volunteer Rescue Squad Representatives, Fire Department Representatives, Business Interests, and staff, has been meeting monthly since November of 1997. The committee has developed the following list of goals and sub-goals and recommends that they be adopted as a "package." To meet the system goals it is imperative to have a cohesive plan which includes a myriad of smaller or "sub-goals." This is especially true in that our historical vision as well as our recommended vision is to maintain a volunteer-based system to provide this vital service.

The package or total approach concept is paramount since the success of any part of the "systems approach" endeavor is entirely dependent on all of its components working together. A failure in any one of the components or links in the chain leads to a failure in the larger system by causing interdependent components to fail. System design is dependent on response which is dependent on staffing which is dependent on recruitment which is dependent on training. All are dependent on sufficient resources such as volunteer personnel, buildings, rolling stock, equipment, technology, and financing.

In short, the package approach requires that global thinking be applied at all levels. The plan itself in the most basic terms is to develop a total product - an improved EMS System. The system goals define that product in broad terms while the sub-goals outline the necessary steps to develop the product.

The sub-issues were developed in three main areas – Staffing, Operations, and Training. The fourth main area, Resources, is inherently part of each of the three issue areas with an unstated but clearly necessary remaining goal of providing adequate system financing.

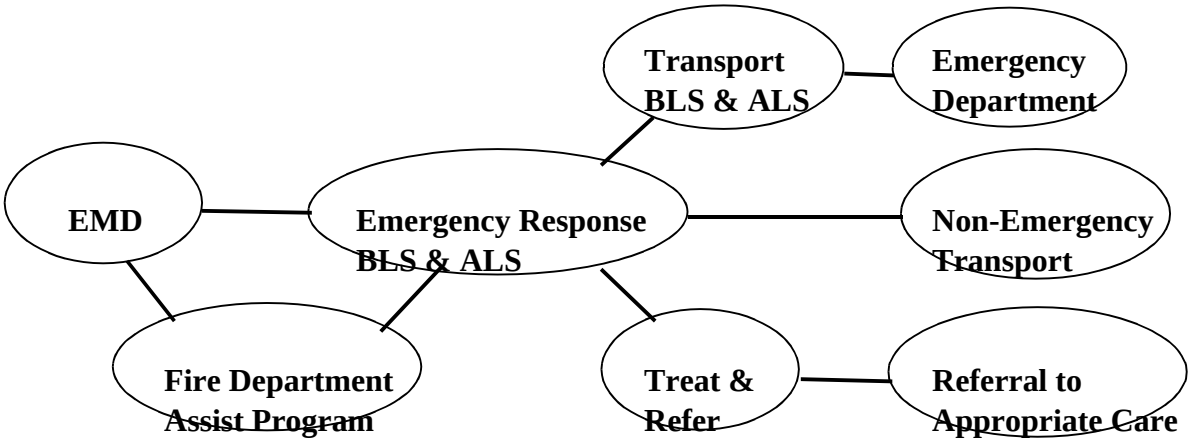
Adopt the following common vision statement -

"During the next five years Hanover County will create a high performance volunteer-based Emergency Medical Services System to meet the current and future needs of the citizens of Hanover County."

Adopt the following mission statement -

"It is the mission of the Hanover County Emergency Medical Services Department to provide the most appropriate and efficient out of hospital care to all members of the community at large on a 24 hour a day seven day a week basis."

Establishing the following as Hanover EMS's System Design



Establish the following minimum response goals:

- Emergency Response Tier
  - Appropriate EMS response on scene within 8 minutes or less to 80% of Medic Indicated incidents
  - Appropriate EMS response on scene within 12 minutes or less to 80% of BLS High Priority incidents
  - Appropriate EMS response on scene within 15 minutes or less to 80% of BLS Low Priority incidents
- Create and implement a transport tier to address non-emergent transport needs.
- Create and implement “treat & refers” or “non-transport” track to allow referral of non-emergent patients to other more appropriate treatment venues.

Establish the following minimum emergency response staffing goals to be reached within 5 years.

- Six ambulance crews on duty on a 24 / 7 basis
- 3 extrication crews on duty on a 24 / 7 basis
- 3 ALS Providers on duty as part of an ALS rapid response program on duty 24 /seven basis

It is crucially important in a volunteer system to have a clearly defined and measurable mission and a common vision, since each volunteer brings their own particular perspective and vision to the organization. If there is no common vision, no common mission, the organization sets itself up for endless debate and division between its members. The vision proposed is simple and straightforward - to build the best EMS system possible. The mission statement proposed is also simple - to provide outstanding care. The system design, response, and staffing goals are based on national and regional standards for a "high performance" EMS System. In short they are the performance goals necessary to meet the vision and mission.

The vision and mission recognize that providing outstanding service and patient care must be our primary purpose, and at the same time provide for services to be offered by the volunteer system to every extent possible. This creates the "best of both worlds" situation for the County and its citizens. Patient care is the recognized imperative and volunteerism is allowed to flourish so that appropriate care can continue to be rendered in the most cost effective means possible.

Staffing and Management Strategies Necessary to Meet System Goals

Implement true retention and recruitment programs which are integrated into the very fiber of the organization to insure the future viability of the volunteer base.

- Implement County-wide PR Program
  - TV / Radio Ads
  - Print Ads
  - Brochures
  - Video Tapes
  - Posters
  - Newsletters
  - Create speakers' bureau
  - Explore potential of businesses and new hospital
  - Use of County Web Page
  - Other sources
- Hire Full Time Recruiter in 1999/2000 budget year
- Implement Coordinated Application Process
  - Uniform membership types/requirements
  - Two uniform levels of membership active/voting
  - Uniform volunteer expectations (job descriptions)
  - Uniform application processes
  - Informational program
  - Require orientation presentation as part of every training course sponsored by County

- Membership information
- Move to “one vote” approach to membership
  - All applicants who pass background checks automatically accepted into probationary status.
  - Uniform extendable 90 day probationary status that serves as critical review of applicant
  - Require review by crew chief of all applicants
  - “One Vote” by squad accepting or denying active member status at end of probationary period
- Implement QA Program for Membership Issues
  - Follow-up with applicants lost
  - Exit interviews with members who leave
- Implement Mentoring Program
  - Develop mentors within the organizations
  - Create standard mentoring process with defined steps and goals
- Create Volunteer Growth Ladder
  - Create “growth” ladder for volunteers with standard and attainable steps to maintain interest and promote progression through “volunteer ranks” while at the same time insuring that a member may “opt” out at any step which they feel they wish to maintain (i.e., driver only status, BLS status, ALS status, etc.) without any negative stigma associated, at the same time encouraging and providing incentives to rise to the ALS level.
  - Create “management track” to develop leadership pool.
  - Make necessary training available and encourage membership to utilize

Create retention program that starts on day one of membership

- Reorganize as Necessary to Remove Impediments to Volunteering
  - Uniform operational approaches
    - Standard SOPs
    - “No Borders/Territories Mentality”
  - Make leaders into managers

- Schedule management time in lieu of some “riding” time to free managers’ time for management duties.
- Uniform officer standards and expectations

- Remove “politics,” “favoritism,” and “personality conflicts/issues” from the equation of normal membership.

  - Standard application of uniform rules removes favoritism
  - Create good managers including “conflict resolution” skills
  - Reduce meetings and issues considered by General Memberships to only those necessary
  - Empower Managers (Officers including crew chiefs) to make routine decisions provide standard and uniform expectations of members

Ensure adequate management (leadership) of volunteers.

- Create minimum officer standards for each office in volunteer squads.

  - Uniform officer slates within squads
  - Uniform Job Descriptions

- Move operational issues to a one squad theory while maintaining individual squad identities on administrative and financial issues (in effect split operations and administration).

  - Uniform rules for membership and operations
  - System oversight of Operational Officers

    - Squad nominates Operational Officers
    - Nominations require EMS Office endorsement
    - Give EMS Office ability to remove operational officers
    - Give EMS Office ability to oversee operational officers

- Provide management training to potential officers

  - Create Officers track in overall training program with incremental requirements of training or experience in lieu of training as part of officer standards.
  - Provide training program for both operational and administrative officers.

The volunteers have recognized that “people” issues must be the number one priority to continue a volunteer EMS system and insure provision of services. The goals listed above recognize this priority and represent a revolutionary change in thinking. Until now the squads have intended to maintain themselves as autonomously as possible - working as a unit only where prudent. Historically the squads have celebrated their individuality. Now that same individuality is viewed as a liability or impediment to success rather than a positive trait. Throughout this plan the basic thinking is now

radically different. The volunteers themselves have recognized the need to change previous approaches and to work much closer together.

The proposed goals are also the result of the volunteers taking a very critical look at the model under which they have been operating and frankly admitting its weaknesses and addressing the necessary changes to fix those weaknesses. In adopting these goals the system of the squads operating together takes a predominant role over the individual components. The basic thinking and organization will evolve at a rapid pace. The goals address everything from the basic image we present, to the way we present it, to the manner in which we manage ourselves. The intent of these goals is to mature the volunteer system to the next level of professionalism. To present and market our volunteer approach in a positive manner to gain new volunteers and to remove liabilities of our management to retain the volunteers that we have and gain.

Basically the squads have recognized that they have been operating under a model created in the 1920s which needs change to be applicable in the late 1990s.

Operational Strategies Necessary to Meet System Goals

Improve response times to meet stated system goals

- Move system to EMD driven system
    - Evaluate current EMD vendor and / or change system as necessary to ensure more accurate categorizing of patient needs to allow tiered response
    - Ensure that the communications system is kept aware of resources (crews). Eliminate “ghost crews” etc.
    - Conduct total review of EMS Dispatch policies and procedures amending on an annual basis.
    - Add “EMS” Console and “split” EMS and Fire Dispatch groups within the radio system as the call load becomes unmanageable for one Communications Officer to handle in a timely manner.
    - Develop and implement “dispatch time” goals or “benchmarks” to facilitate meeting the overall system response time goals.

- Implement operational approaches which reduce response time.
    - Create reasonable goals or “benchmarks” for response time subcomponents which can be directly impacted through management approaches at the squad level such as “out-of-chute” time.
    - Develop and implement a reasonable system status plan, which is cognizant of the limitations associated with our system, to position units in the most advantageous positions to cover areas of anticipated call activity.

- Add stations as necessary to serve as “mini-bases” for response and to allow better staging of response capabilities in system status management plan.

Provide sufficient crews to meet system staffing goals.

- Create and implement staffing plan
  - Better coordination of crew scheduling at squad level
  - Redistributing available personnel on an “as needed” basis or “per shift” basis including intermixing of members from separate squads to make as many volunteer crews as possible from the volunteers available on a given day or during a particularly high volume time period
  - Adding additional supplemental staffing as necessary
  - On a regular basis re-evaluating use of supplemental staffing to consider issues such as the 4 am to 6 am time period which is problematic for some volunteers
- Increase available volunteer pool (Strategies covered in Staffing and Training areas)
- Fully create and implement ALS Response Tier on 24 / 7 basis
  - ALS Quick Response units
  - Encourage progression of members through strategies in staffing and training sessions.

Meet needs of non-emergent patient populations

- Add recognized non-emergency transport component to system.
- Create a medically sound “Treat and Refer” program which removes the unnecessary burdens of transporting patients not requiring emergency department intervention by treating patients in the out of hospital setting and referring them to more appropriate treatment venues for definitive care. This will effectively reduce the workload and subsequent drain on the volunteers and the emergency resources of the system.
  - Train volunteer AICs (Attendants-in-Charge) to recognize possible “Treat and Refer” patients.
  - Create public / private partnership between Hanover County and one or more of the local health care networks to provide -
    - Associates Degree program in EMS in conjunction with on going EMT, EMT-CT, and EMT-P programs.
    - A program to build upon the Associate's Degree program (above) to train Paramedics to the Physician Assistant Level to create a “new” out

of hospital provider that is not only a Paramedic but also a Physician's Assistant.

- Enter into a public/private partnership between Hanover County and a physician's group under contract to the above mentioned health care network to provide this new tier of service as an Emergency Department outreach program.

The operational goals follow the basic thinking of the staffing goals - closer relationships between the squads and the need for uniform approaches. The underlying theory of the goals proposed is for the squads to operate together as one unit to take best advantage of limited resources for the most efficient approach possible. Additionally the operational goals create a system which is "patient driven" or put plainly a system which is designed wholly to carry out its mission. The goals also represent a shift in thinking of what we have called system abuse - the needs of non-emergent patients. These goals recognize that this is a legitimate need and propose to meet this need in ways that do not drain our emergency response capabilities.

The most radical thinking in these goals is in creating an entirely new role or track within the system of "Treat and Refer." The underlying thinking of this proposal is to recognize the very basic fact that EMS systems (in Hanover and nationally) have designed themselves for a very narrow role of truly emergent patients, while the systems' customers have asked for a much broader response. Studies show that up to 50% of the patients encountered by EMS do not require treatment at an Emergency Department. The proposal is to recognize this and design the scope of the system to include methods to treat these patents in a more efficient manner. The proposal more specifically is to provide this expanded scope through a strategic public / private partnership at no cost to the tax base. Put another way this proposal recognizes a need and proposes to address it in the most efficient way possible. The thinking is new, radical, and definitely "outside of the box." It is also, therefore, the most dubious to conventional thinking. The question of this approach is not by medical necessity but grows out of looking for a better way to address the patient's needs.

Training Strategies Necessary to Meet System Goals

Provide a quality training program for all of the system components to meet the needs of the squads, fire department and staff.

- Continuously maintain a dedicated EMS Training Center which has space to accommodate 2 classrooms for 25 students a minimum of ten break-out rooms for practical sessions, adequate restrooms, break space, parking, and parking lot space for driver training courses, etc. which is centrally located, easily accessible from interstate and close to dining and lodging services.

    - Seriously consider and investigate renovating the old community services building as a permanent site for the EMS training center since on a surface

appraisal this site has the potential to meet all of the needs in addition to the fact that the building is currently being used as a temporary EMS Training Center.

- Coordinate all training through the above mentioned training center. (This will include the offering of all training courses at the center with the exception of EMT-B Courses which would rotate through squad buildings as part of the designed recruitment process.)

    - Utilize the Central Training Center for twice monthly "informational" sessions as part of overall recruitment strategy.
    - Incorporate all training records into the centralized data base at EMS Administration.
    - In addition to offering management track organize and offer specialized sessions such as team building, leadership retreats etc.

Complete implementation of QA/Ql Program and fully integrate process into training program.

Create and implement quality control system for instructors.

- Student critiques
- Monitoring system

Understanding the importance of training in an EMS system and more particularly in a volunteer EMS system is sometimes difficult. Training in EMS equals people. We recruit through training. We retain through training. We also discipline through training. Training is our only real quality assurance tool. We must train our people in patient care, management, safety, operations, emergency response, driving, scene control and a host of issues to make them prepared to operate in what is in all reality a very stressful and uncontrolled environment. We must instill confidence in judgment and skills through training and we use training to correct improper actions.

Training is the foundation of our whole operation. We can not even hope to operate without a strong and effective training program. The training goals proposed are very basic. However, their importance to the success of the overall system should not be underestimated.

To train personnel effectively, the system must have several things. First, we must have an adequate site to offer training. The physical facility is not only important - it is necessary. Second we must have the necessary equipment. Third we must have a strong program which defines the needs of the EMS Providers and identifies deficiencies through a sound Quality Assurance program that includes data collection and outcome oriented information. The training program must also have sound instruction and sound physician input and oversight. The proposed goals meet these needs.

The goals proposed meet these needs.

Summary

The goals listed above create a blueprint for Hanover's EMS System. They answer the questions of who we are and who we want to be. They leave the question of how to get there to the system itself as it should be. The proposed system goals and sub-goals for staffing, operations, and training cover the largest questions before the system even though they certainly do not cover all of the questions that will have to be addressed in the next five years.

This proposal represents new thinking in many ways and lays the foundation for the continued success of Hanover's EMS System and its volunteers. The committee recommends that the Hanover County Board of Supervisors accept these recommendations as direction for County Policy in their entirety.

Appendix C

Hanover County EMS: A Case History

This case history was developed after interviews with the EMS Director and two volunteer squad officers who were involved with the process. It describes one strategic planning process for one locality. Many of Hanover's issues are universal, but others are unique. Like their plan and that of Chesterfield, components of the process and planning methods may or may not be relevant and/or appropriate for the reader.

Hanover County is in central Virginia near the city of Richmond. It has a land mass of 525 square miles and a population of approximately 90,000. The county has two "urbanized" areas: the town of Ashland in the central section and the community of Mechanicsville in the east. Two heavily-traveled highway corridors run through the county: Interstate 95 skirting Ashland, and U.S. Route 360 through Mechanicsville. Apart from some industry, most of the remainder of the county is rural, although it is experiencing rapid growth as suburbia expands outward from Richmond.

EMS has historically been provided by four volunteer rescue squads: East Hanover in Mechanicsville, Ashcake in the east-central area, Ashland in the middle of the town, and West Hanover in the remote northwest section. The Hanover Rescue Squad Association, consisting of representatives from the four squads, was formed around 1980 to address countywide EMS issues. While territorial differences predictably occurred, member squads were reasonably cooperative and progressive in confronting issues. For example, it was at the Association's request that paid county support personnel, including an EMS Coordinator, were first hired.

(Unlike that of many jurisdictions, the EMS Coordinator's office was separate from the Fire Department. The Fire Department's role in EMS was only limited BLS first response. At the time, county fire stations were all volunteer, with a paid county fire chief and support personnel.)

As the county experienced growing pains through the 1980s, the Association recognized the challenge for county EMS to keep pace. A turning point came in 1992 with the enacting of the Hanover County EMS Ordinance. The ordinance converted the Association to an EMS Advisory Board (with representation from additional stakeholders such as the Fire Department and medical directors), established a county Medical Control Board, and officially established the EMS Department, with the director's position converted from that of the EMS Coordinator.

As of this writing, the EMS Department has, besides a director, an Assistant Director, a Training Officer, a daytime Field Supervisor, a Recruitment and Retention Coordinator, and full time office staff. Paid crews (all ALS) staff two volunteer rescue squad ambulances every weekday to supplement volunteer staffing. A cadre of paid adjunct instructors handles EMS training needs that exceed the volunteers' capabilities of providing them.

As the EMS Advisory Board assumed the Association's duties, it continued to consider countywide issues, including the development and updating of financial and capital improvement plans. Other tactical issues were addressed as they arose, with little consideration for the larger strategic picture.

Later recognizing the need to look beyond material resources in its planning, the Advisory Board attempted to tackle broader strategic issues as part of its normal activities. The EMS Director, balancing the need for continued improvement with political reality, sought to nudge the system gently forward in a more unified fashion. Enlightened squad officers recognized that county officials, if faced with continued service deficiencies, would inevitably implement alternative service, but other volunteers felt threatened by the idea of reduced squad autonomy. Contentious discussions often arose among volunteers and between them and county staff. Some volunteers questioned the county staff's motives, and a degree of distrust developed. Most recognized the need to move forward, but there was little consensus on how.

The stage was set and the timing was right for a different approach, with the ground fertile for ideas to improve the process. The EMS Director suggested, and the Advisory Board agreed, to form a committee to explore a formal strategic planning process. The committee recommended to the Advisory Board that the process be undertaken, and the Advisory Board sought and received endorsement for EMS strategic planning from the county Board of Supervisors.

A strategic planning committee was formed consisting of representatives of most major stakeholder groups: representatives from each rescue squad, the EMS Director and two staff members, the Fire Chief, two county medical directors, and, notably, two members of the county Board of Supervisors. The Supervisors not only represented the county and the entire Board, of course, but also functioned as citizen advocates. Additionally, by having Board members on the committee, it was much easier to gain broader Board of Supervisors support for the finished plan, some components of which, depending on one's viewpoint, might be considered either innovative (as the committee obviously needed the entire Board to see them) or dubious (see Appendix B).

Other external stakeholder groups were deliberately not chosen for representation. It was felt that the two Supervisors adequately represented most, if not all, external stakeholders. Furthermore, they were the Board of Supervisors' public safety liaisons, and were considered already well-informed about county EMS and its major issues. To have other external stakeholders on the committee likely would have slowed the process as they worked through their learning curves.

The planning process used was not based on a specific, structured model, but instead, according to one participant, occurred "by evolution" through discussion and informal brainstorming. For example, a structured SWOT analysis was not consciously done, although most key SWOT components were identified during the process. Some outside speakers were brought in to "stir the imagination." Volunteers interviewed for this case history agreed that the EMS Director's (apparently intuitive) ideas were instrumental in guiding the process.

Other EMS systems and fire departments were surveyed on their strategic plans and planning processes. A few fire service models were found, but only one EMS system was found with a functional plan. Though the system shared some of Hanover's key structural attributes (multiple volunteer squads and an EMS Department separate from the Fire Department), the plan was mostly only a financial plan.

A facilitator was considered but not used. An inactive life member of one squad served as committee chair, and it was felt that this added an element of objectivity that a facilitator would have otherwise provided. No major disputes arose that might have required facilitator mediation. One person interviewed acknowledged that a facilitator could have added even more objectivity, and might have helped the group finish in less time. Nonetheless, the process seemed to run smoothly, due in large part again to the EMS Director's skill in helping to guide it.

The committee met once or twice a month for up to eight months, meeting during evening hours in the EMS Department conference room. As a preparatory step, committee members gathered and brought to meetings "all data they could think of." As issues were grouped under logical topical headings, subcommittees were formed to address each area. Subcommittees met as needed, although much of their work was done by telephone and circulation of document drafts.

Volunteer squad members not on the committee were given the opportunity to participate by review and critique of draft planning documents on four occasions. Additionally, members were surveyed and select members were invited to certain subcommittee meetings when issues of interest to the average member (e.g., recruitment and retention) were being discussed.

Among the draft documents developed and distributed, a preliminary report listed several key strategic issues and accompanying goals, along with potential tactical solutions (i.e., performance objectives) and their advantages and disadvantages. To provide a glimpse of the committee's progress at this intermediate point, and for the reader to compare it with the final plan shown in Appendix B, here are those key issues with suggested goals:

- *Issue*: Data Collection and Interpretation. *Proposed goal*: Capture and collate essential data for interpretation without increasing the workload on the volunteers.
- *Issue*: Response. *Proposed goals*: 1) Improve response times to critical patients, 2) Provide sufficient crews for an increasing call load, 3) Develop response goals and methods for non-urgent situations, and 4) Provide necessary non-emergency transport services without draining emergency response capabilities or placing new burdens on volunteers.
- *Issue*: Manpower. *Proposed goals*: 1) Recruit new volunteers, 2) Retain the volunteers we have now, and 3) Create pool of qualified volunteers for leadership positions.
- *Issue*: Training. *Proposed goals*: Provide a quality training program for all of the system's components that meets the needs of the squads, fire, and staff.
- *Issue*: System financing. *Proposed goal*: Maintain adequate financing of the system to meet the demand for current and future service.
- *Issue*: New challenges. *Proposed goal*: Develop plans and implement strategies to deal with the changing environment in the health care system to ensure a proactive approach to new initiatives, scopes of services, and new approaches to traditional services which strengthen the volunteer base rather than weakening the system.

While showing the entire preliminary document is unnecessary, it is probably useful, as an example and to show the committee's thought process further, to show the suggested tactics, with advantages and disadvantages, for one proposed goal – recruit new volunteers:

- *Possible tactic*: Encourage squads to appoint designated Recruitment Officers. *Advantages*: Places an emphasis on recruitment by saying that this activity is at least as important as maintaining units or buildings, or other activities for which squads normally have officers. Provides one contact person in each squad to coordinate activities between squads. *Disadvantages*: Creates more workload on already overworked officers. Do not have sufficient pool of volunteers for the positions we already have.
- *Possible tactic*: Create more defined internship / preceptorship or "big brother" types of programs in squads. *Advantage*: May provide a key in retaining people once they show an interest in a squad. *Disadvantage*: Creates more workload for the volunteers.
- *Possible tactic*: Provide more EMT-Basic training. *Advantages*: Only proven way to increase membership. Provides ready pool of trained members. *Disadvantages*: Cost. More to coordinate.
- *Possible tactic*: Build volunteer "career ladder" with training for officers, ALS, and other specialty areas. *Advantages*: Prepares volunteers for leadership and encourages progression through "volunteer ranks." May provide better officer candidate pool and additional ALS providers. *Disadvantages*: Some people may not want to progress and this may "pressure" individuals causing retention problems. Some argue that too much emphasis is already placed on ALS.

The process encountered a few minor obstacles, but no major ones. As the committee's work progressed at what it thought was an appropriate pace, one squad reportedly began to resist somewhat. The process was slowed to allow an increased comfort level and better assimilation throughout that organization, and resistance waned. Some stakeholders were not initially satisfied with wording in certain sections of the plan – a minor issue easily resolved.

The response of various stakeholder groups to the strategic planning process was, on the whole, positive. In particular, the presence of Board of Supervisors members on the committee proved crucial. The volunteer squads could demonstrate directly to elected officials their accountability in an honest public self-appraisal of strengths and weaknesses, and that they were willing to support change in the interest of improving service. Having other stakeholder groups represented assured that their interests were safeguarded as well. Interviewees agreed that having *all* major stakeholder groups represented was a key to success.

Since adoption, some implementation aspects have gone well, while others have been problematic. No formalized, specific, task-level action plans were built into the plan, nor were implementation teams assembled. Despite the initial buy-in, some thornier issues have met with continued debate and resistance from some volunteers, particular as squad officers have changed. Some goals might have been too ambitious and may need to be scaled down. No continual evaluation process has been planned, although a complete reassessment is scheduled at the plan's halfway point.

Nonetheless, interviewees agreed that the process was invaluable as all players agreed on a common vision and roadmap for achieving it. Potentially emotional issues were rationally discussed and resolved through effective communication among varied stakeholders. Doubt about the county's agenda was essentially eliminated and individual agencies came to appreciate systemwide concerns better. Showing to the county and the community the EMS system's accountability and its willingness to drive constructive change from within clearly warded off externally-imposed changed.

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A Sense of Mission: Defining Direction for the Large Corporation, by Andrew Campbell and Laura L. Nash (Addison-Wesley Publishing Company, Reading, MA, 1992)

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A Step-by-Step Guide to Strategic Planning: What Every Manager Must Know, by George A. Steiner (Free Press Paperbacks, New York, 1979)

Suggested Reading **(continued)**

Strategic Planning for Nonprofit Organizations: A Practical Guide and Workbook, by Michael Allison and Jude Kaye, in conjunction with The Support Center for Nonprofit Management (John Wiley & Sons, Inc., New York, 1997)

Team-Based Strategic Planning: A Complete Guide to Structuring, Facilitating, and Implementing the Process, by C. Davis Fogg (American Management Association, 1994)

Volunteer Emergency Medical Systems: A Management Guide (The Center for Volunteer Development, Virginia Polytechnic and State University, Blacksburg, VA)

PLUS: Resources are available on many Internet sites to help educate planners and facilitate the process. In particular, the Internet Nonprofit Center (**www.nonprofits.org)** has several pages describing strategic planning and many subtopics (much of the material from which is applicable to for-profit agencies as well as nonprofits). Another site worth considering is the InnoNet Toolbox (**www.inetwork.org)**, which offers a free resource that guides users through an online strategic planning exercise.