VIRGINIA OFFICE OF
EMERGENCY MEDICAL SERVICES
STATE STRATEGIC AND OPERATIONAL PLAN

Virginia
OFFICE OF EMERGENCY MEDICAL SERVICES
Virginia Department of Health
www.vdh.virginia.gov/oems

2007-2010

OEMS STATE STRATEGIC AND OPERATIONAL PLAN

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OEMS STATE STRATEGIC AND OPERATIONAL PLAN

INTRODUCTION

§32.1-111.3 of the Code of Virginia requires the development of a comprehensive, coordinated, statewide emergency medical services plan by the Virginia Office of EMS (OEMS). The Board of Health must review, update, and publish the plan triennially, making such revisions as may be necessary to improve the effectiveness and efficiency of the Commonwealth's emergency care system. The objectives of the plan shall include, but not be limited to the seventeen objectives outlined in §32.1-111.3.

Over the past few years, much attention has been paid to the development of the plan. Some of this is due to review reports, namely the Joint Legislative Audit and Review Commission (JLARC), and the Institute of Medicine (IOM) Report "EMS at the Crossroads". These recommendations made in these documents have assisted in driving the planning process forward.

As the Code of Virginia mandates, this plan must be reviewed, updated, and published triennially by the Board of Health. The Office of EMS appreciates the opportunity to present this document to the Board, and values any input that the Board provides, as well as the input of any other stakeholder, or interested party.

This operational plan identifies the specific initiatives required of the OEMS staff in executing the 2007 – 2010 Strategic Plan. Each objective and action step is intended to accomplish those items most critical to the Strategic Plan in the given fiscal year. The Strategic Plan is designed to improve priority areas of performance and initiate new programs. Therefore, much of the routine, but important work of the OEMS staff is not included in the Operational Plan.

No later than 3 months prior to the end of a particular fiscal year the OEMS staff will evaluate progress on the plan and begin the process of creating the Operational Plan for the next fiscal year.

In most cases "accountability" should be the name of a person who has the lead responsible for the implementation of the objective or action step. If another individual, department or council shares responsibility that individual, department or council will also be identified with an asterisk (*). The Status Review column will be reviewed quarterly. Only those objectives and items relevant to the time frame will be a part of the review. Any changes in the objective or action steps should be noted in writing on the form at that time.

Legend of Prioritization of Strategic Initiatives:
 Urgent: Work must begin during FY 07 (July 1, 2006 - June 30, 2007).
 Very Important: Work should begin on this strategic initiative before the end of the upcoming fiscal year (FY) 2007.
 Important: Can wait. Work should begin after Urgent and Very Important initiatives are underway.

Footnotes at the bottom of the pages refer to previous documents developed by the staff in creating this integrated operational plan to support the 5 year strategic plan.

Core Strategy 1 – Develop Partnerships

Strategic Initiative 1.1. – Promote Collaborative Approaches

Objective & Action Steps	Accountability	Status Review
1.1.1 Develop relationships with Federal and EMS Partners, Homeland Security, and other State EMS Offices. (Important)	Executive Management	**Action Step.1**. Provide input into the NHTSA and HRSA sponsored Emergency Medical Services Workforce for the 21st Century Project. **Action Step 2**. Attend and exchange knowledge with the National Association of State EMS Officials and member states of the Atlantic EMS Council.
1.1.2. Strengthen on-going relationships with other state departments, public safety and medical facilities - ongoing. (Important)	Executive Management	**Action Step 1.** Attend at least 4 co-department meetings annually. **Action Step 2.** Host OEMS open house semi-annually.
1.1.3. Foster State legislative involvement for EMS initiatives - ongoing. (Important)	Executive Management	**Action Step.1.** Identify key legislators working on important EMS related legislation and develop formal introduction. **Action Step 2.** Secure state EMS Advisory Board member commitments to work with the legislature on EMS related issues.
1.1.4. Foster strong partnerships with the Board of Health and State EMS Advisory Board ongoing. (Important)	Executive Management	**Action Step 1.** Provide the Board of Health with an OEMS critical issue briefing. **Action Step 2.** Identify key influencers on state EMS Advisory Board and have one-on-one meetings or conference calls.
1.1.5. Integrate Regional Councils as full partners - ongoing.[12] (Urgent)	OEMS/Regional EMS Council Executive Directors	As per Code of Virginia mandate, regulations governing Regional EMS Councils were promulgated in early 2007. These regulations are in final approvals, with anticipated distribution by the end of 2007.

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[12] Virginia Emergency Medical Service Plan Draft, Regional EMS Councils SWOT Analysis, July 2005

Core Strategy 1 – Develop Partnerships

Strategic Initiative 1.1. – Promote Collaborative Approaches

Objective & Action Steps	Accountability	Status Review
1.1.6. Cultivate Grass Roots support for Strategic Initiatives by June '07. (Urgent)	Executive Management EMS Systems Planner	OEMS has provided several guidance documents to the Regional EMS Councils to assist them in their own strategic planning initiatives. Each Regional EMS Council is contractually bound to provide OEMS with an updated strategic plan annually, as well as make the plan available to their respective regional stakeholders. OEMS provides feedback to each council on their respective plans upon receipt and review by OEMS Staff.

Core Strategy 1 – Develop Partnerships

Strategic Initiative 1.2. – Attract and support outstanding health care providers

Objective & Action Steps	Accountability	Status Review
1.2.1. Cultivate partnerships with State Universities, colleges and Department of Education to attract and educate EMS providers - on going.[13] (Important)	Division of Educational Development (DED) Assistance from: Dept. of Fire Programs (VDFP) Virginia Community College System (VCCS)	This has been accomplished by identifying all EMS instructors and program locations. The initiation and completion of developing a standardized VCCS EMS program completed summer of '06 in partnership with VCCS and accredited programs in the VCCS system. The DED has planned for and will be hosting a meeting of all accredited programs at least annually beginning in '07/'08. We have initiated an educational component to the EMS Instructor updates beginning 11/2006. DED continues to work with the Dept. of Education and with DFP in promoting EMS and Fire Programs in the High School. DED through the Professional Development Committee has initiated 5 Ad Hoc committees to investigate and provide recommendations to improve multiple aspects of the current EMS Education/certification

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[6]JLARC Report – House Document 37, Review of Emergency Medical Services in Virginia, 2004
[6]JLARC Report – House Document 37, Review of Emergency Medical Services in Virginia, 2004

1.2.1. Cultivate partnerships with State Universities, colleges and Department of Education to attract and educate EMS providers - on going.[14] (Important) (Continued)		process. Designed statistical data output for EMS education programs based upon data contained in the training program. Initial run revealed incomplete data and corrective action taken. Due to VITA priorities, this project took longer than planned. The goal is to produce and mail reports in FY 07/08. Currently piloting and sharing information with EMS educators through the PDC about "competency" based educational strategies with selected programs in rural, municipal and formal educational facilities.
1.2.2 Recruit EMS physicians that meet selection criteria - ongoing. (Important) .	Executive Management	**Action Step 1.** Complete an incentives plan for EMS physicians.[7] **Action Step 2.** Encourage legislation that limits liability of EMS physicians.

Core Strategy 1 – Develop Partnerships **Strategic Initiative 1.3. – Further community based intervention.**		
Objective & Action Steps	**Accountability**	**Status Review**
1.3.1. Strengthen illness and injury prevention programs - ongoing. (Important)	Trauma/Critical Care Division	**Action Step.1.** Complete an assessment of existing illness and injury prevention programs. **Action Step 2.** Identify gaps in the existing illness and injury prevention programs and begin to implement actions that address those gaps.
1.3.2 Partner with other healthcare providers to educate the public - ongoing. (Important)	Executive Management/Public Information Officer.	**Action Step 1.** Complete development of a marketing strategy for health care providers. **Action Step 2.** Execute marketing strategy. **Action Step 3**. Establish criteria for measuring the effectiveness of the marketing strategy.

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[7] VACEP & OEMS OMD Research Study Focus Group Findings – *Draft #2 ,*August 3, 2005

Core Strategy 1 – Develop Partnerships

Strategic Initiative 1.4. – Coordinate responses to emergencies both natural and man-made.

Objective & Action Steps	Accountability	Status Review
1.4.1. Enhance relationships with federal Homeland Security office, the Office of Commonwealth Preparedness, and other federal/state agencies - ongoing. (Urgent)	Emergency Operations Division	OEMS Emergency Operations staff members have hosted, and/or participated in meetings and trainings with local, regional, state, and federal agencies and organizations, including the Federal Dept. of Homeland Security, and the Virginia Office of Commonwealth Preparedness. This process is ongoing, with no end date. The relationship between the OEMS and OCP has been enhanced due to the OEMS Grants Manager participation on the Commonwealth Preparedness Working Group (CPWG) – Grants Subcommittee and the Regional Preparedness Advisory Committee (RPAC) groups organized by the OCP. The OEMS has also established an enhanced relationship with not only the OCP, but other state agencies as well as the Department of Homeland Security (DHS). The 2007 Homeland Security Grant Program (HSGP) grant guidelines were established in 2006 and encouraged participation at all government levels involved in preparedness activities. The Virginia Dept. of Emergency Management (VDEM) is the lead state agency to distribute awarded funds from the HSGP. Other state agencies involved in the DHS investment justifications with whom the OEMS has established relationships include: Virginia Dept. of Fire Programs, VITA, the US Supreme Court, the Virginia State Police and various local agencies. These agencies work together by attending the CPWG subcommittee monthly meeting, networking, and developing a compendium of grant resource information.
1.4.2. Conduct ongoing training and evaluation; and develop resources for Health and Medical Emergency Response Teams (HMERT) - ongoing. (Urgent)	Emergency Operations Division	OEMS created and filled an HMERT Coordinator position in October of 2006. This position assists HMERT teams in training scheduling and development, resource management and allocation, and coordination of teams throughout the Commonwealth. Training for both HMERT members and HAM operators are offered on a constant basis, and proposals have been drafted to obtain funding for the purchase of equipment for HMERT teams. Meetings are held with HMERT Task Force Teams, as well as Dog and Massage Therapy Strike Teams on an ongoing basis. HMERT Standard Operation Procedures are being revised.

Core Strategy 2 – Create Tools and Resources

Strategic Initiative 2.1. – Sponsor EMS related research and education.

Objective & Action Steps	Accountability	Status Review
2.1.1. Sponsor research and other projects utilizing data collected by the EMS Patient Care Information System. FY 2007. (Very Important)	Division of Trauma/Critical Care	No forward progress due to the PI Coordinator position not being filled due to VDH MEL being exceed Wage position sub-standard for position Re-classification of this positions supervisor has not occurred
2.1.2. Determine quality of EMS service and trauma triage analysis.[10] (Very Important)	Division of Trauma/Critical Care	Beginning to review consistency of 11 regional patient care protocols Once comparison of 11 regional patient care protocols are reviewed will use PPCR and VSTR data to report on use of protocols
2.1.3. Establish scholarships for EMS provider education.[11] (Very Important)	Division of Educational Development	**Action Step.1.** Identify educational priorities for scholarships. **Action Step 2.** Secure funding for scholarships. **Action Step 3.** Communicate the scholarship funding process and criteria to EMS constituents. **Action Step 4.** Complete a scholarship screening and approval process.
2.1.4. Evaluate the impact of an aging workforce on the EMS system.[12] (2007-2008) (Very Important)	Technical Assistance Division	Recommendations of the <u>Emergency Medical Services Workforce for the 21st Century Project</u> was registered on Project Blog October 2005.

[10] JLARC Report – House Document 62, The Use and Financing of Trauma Centers in Virginia, 2004.
[11] Focus Group 6 – Human Services, Goal #3; EMS Advisory Board Retreat, April 2005.
[12] Ibid

Core Strategy 2 – Create Tools and Resources

Strategic Initiative 2.2. – Supply quality education and certification of EMS personnel.

Objective & Action Steps	Accountability	Status Review
2.2.1 Provide enhanced resources for quality BLS training[13]. (Urgent)	Division of Educational Development	This was initiated but the committee charged with this action dissolved itself in favor or a more detailed review of the current system. As such, 4 ad hoc committees were developed: BLS curriculum Committee, BLS Practical Test committee, BLS Evaluator Committee, Instructor credentialing committee. In addition, a fifth ad hoc committee was formed to investigate competency based EMT programs and the use of non certified EMT instructors as adjunct faculty for basic EMT programs. These committees are still meeting. Also, there have been multiple investigations by Regulation and Compliance on EMT instructors culminating in various disciplinary actions. The process for distance learning technologies has been on going for 6 years. A process had been designed, tested but was placed on hold and has died as VITA came on board. IT support for progressing this project, although near its end, became unavailable. The Office has been able to implement as of September 1, 2007 on line continuing education using OEMS generated programs primarily through EMSAT and TRAIN Virginia LMS. Through a $22,000 enhancement, the Office is able to receive electronically continuing education for providers using the system. We are planning to produce EMS Instructor updates and part of the EMT Instructor Institute on this platform.
2.2.2. Expand availability of ALS Training. (2007-2009)[14] (Urgent)	Division of Educational Development	As of the end of fiscal year '06/'07 there were 38 accredited sites throughout Virginia capable of offering the Intermediate 99 program. We estimate approximately 92% of the state is within a 30 mile radius of an accredited program.

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[13] Virginia Emergency Medical Service Plan Draft, Education Systems SWOT Analysis, July 2005.
[14] JLARC Report – House Document 62, The Use and Financing of Trauma Centers in Virginia, 2004

Core Strategy 2 – Create Tools and Resources Strategic Initiative 2.2. – Supply quality education and certification of EMS personnel.		
Objective & Action Steps	**Accountability**	**Status Review**
2.2.3. Establish leadership and management standards.[16] (Urgent)	Technical Assistance Division	Subcommittee of the Workforce Development Committee was formed to "Establish Leadership and Management Standards." The subcommittee is drafting EMS leadership and management standards that closely follow those outlined by NFPA for fire officer I-IV, but are written so that they will be useful for volunteer, municipal, combination and commercial services. They expect to complete the standards for EMS Officer I by October 2007. They have outlined the responsibilities for each level of officer and will break down to more specifics. Subcommittee will solicit help from VAVRS, VAGEMSA and the Regulation and Compliance unit of OEMS when each level is completed.
2.2.4. Ensure adequate and accessible EMS provider training. (Urgent)	Division of Educational Development	Over the last two years, there has been an increase in the number of EMT programs announced to the level of approximately 370 each year compared to the average of 330. The number of accredited sites has grown. Both of these increases have improved the availability of initial certification programs as well as continuing education. With the start of on line CE from the Office, access is improved where internet access is available at broadband capacity. We continue to increase the EMS instructor pool. These are all continuing practices. Other avenues we are still pursuing but will require VITA support.

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[16] JLARC Report – House Document 37, Review of Emergency Medical Services in Virginia, 2004

Core Strategy 2 – Create Tools and Resources

Strategic Initiative 2.3. – Endorse risk and liability protection for EMS physicians and providers.

Objective & Action Steps	Accountability	Status Review
2.3.1. Assess ongoing risk and liability protection coverage and support appropriate legislation. (Very Important)	Executive Management	**Action Step.1**. Develop and distribute a VA EMS Physician program that meets the criteria outlined in 12 VAC 5-31 (EMS Regulations) Part IV. **Action Step 2.** Develop incentives for Physician involvement. **Action Step 3.** Update EMS Advisory Board on upcoming risk and liability legislation quarterly.
2.4.1. Support education, legislation and programs to promote the appropriate use of EMS resources. (Important)	Technical Assistance	This strategic initiative is tied to efforts designed to help reduce the number of nuisance calls that tax limited EMS resources. This problem has been documented in Workforce Retention Toolkit workbooks developed by OEMS, as well as in discussions by the current subcommittee studying volunteer retention initiatives (HJR 743). Currently there are no active programs to promote the appropriate use of EMS resources.
2.4.2. Provide EMS agencies and local governments with guidelines to evaluate the utilization of EMS personnel and equipment resources. (2006-2007). (Important)	Technical Assistance	The OEMS Systems Planner is completing work with six Critical Access Hospitals (CAH) to help evaluate the EMS systems in their catchments areas as part of a grant through the VDH Health Policy and Planning. This is a first step in developing self assessment guidelines for localities to help them promote the appropriate use of EMS resources. OEMS is also working with the Department of Fire Programs to streamline the self assessments and systems studies of local fire and EMS systems. OEMS will be contributing EMS information to the combination studies. A RFP will be sent out on behalf of DFP to solicit a company to help design the best assessment tools and refine the process.

Core Strategy 3 – Develop Infrastructure

Strategic Initiative 3.1. – Adequately staff the Office of EMS and Regional EMS Councils.

Objective & Action Steps	Accountability	Status Review
3.1.1 Ensure adequate staffing to support the variable nature of the EMS system requirements and challenges (ongoing). (Urgent)	Executive Management	**Action Step.1.** Fill OEMS staff positions and make staffing adjustments based on 2005 staffing approval. **Action Step 2.** Complete staffing orientation and any staffing assignment changes.
3.1.2 Ensure adequate and accessible EMS provider training.[21] (See 2.2.1 – 2.2.2 also) **(Urgent)** .	Division of Educational Development	**Action Step 1**. Complete EMS provider training needs assessment (include accessibility assessment). **Action Step 2.** Complete a comprehensive EMS provider training design to be implemented over a 24 month period.

Core Strategy 3 – Develop Infrastructure

Strategic Initiative 3.2. – Focus recruitment and retention efforts.

Objective & Action Steps	Accountability	Status Review
3.2.1. Pursue a comprehensive recruitment campaign.[22] **(Very Important)**	Technical Assistance Division	This goal has been assigned to one of the subcommittees of the Workforce Development committee. The subcommittee has drafted an outline/plan to help EMS agencies prepare for a recruitment campaign, while relying on each locality and/or region to implement their own campaign for now. While OEMS may coordinate a statewide campaign within the next two years, the subcommittee felt that the outline/plan was more appropriate for now. Specific subcommittee members have been designated to contribute related resources for the plan. A specific date has not been given for completion, but December 1 should allow enough time for OEMS review

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[21] Ibid
[22] JLARC Report – House Document 37, Review of Emergency Medical Services in Virginia, 2004

Core Strategy 3 – Develop Infrastructure

Strategic Initiative 3.2. – Focus recruitment and retention efforts.

Objective & Action Steps	Accountability	Status Review
3.2.2. Promote use of <u>The Keeping the Best!</u> <u>Retention Tool Kit</u> and measure its effectiveness. [23] (Very Important)	Technical Assistance Division	While this is also a goal of another subcommittee of the Workforce Development committee, the work is being done by OEMS staff through the two-year contract with the Western Va. Regional EMS council that promotes the workshops and the train-the-trainer sessions. The goal is to have a cadre of instructors after the two year campaign that can teach the "How to Use Retention Principles" and "Maximizing Your Retention Efforts" to local EMS agencies. As part of the two year contract, one agency will work through the workbook on ALS retention with a professional consultant to show other agencies how it can be completed.

Core Strategy 3 – Develop Infrastructure

Strategic Initiative 3.3. – Upgrade technology and communication systems.

Objective & Action Steps	Accountability	Status Review
3.3.2. PPCR System Replacement (Urgent)	Trauma/Critical Care Division (Lead)	The Emergency Medical Services Registry (EMSR) will be the web-based system that replaces the current OEMS Pre-Patient Care Registry (PPCR). The EMSR will link emergency medical services (EMS), law enforcement, fire and hospital databases to enhance regional communication and collaboration. The PPCR system only tracks pre-hospital incident information and can not be expanded upon, has a minimum of 120 days before it can be analyzed and uses outdated technology. The current system does not alert EMS providers, link patient tracking, link hospital information or assess quality of care. The EMSR will be compatible with existing systems, such as the Virginia Statewide Trauma Registry and the National EMS Information System (NEMSIS), and be able to expand to include surveillance

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[23] Ibid

3.3.2. PPCR System Replacement (Cont.)		capabilities and data linkages and will include updates to hospital bed diversion and patient tracking. Need approval from VDH to proceed in planning and procuring a new PPCR system to be called the EMS Registry. Approval would be by way of submitting an IT Strategic Plan Amendment to VITA. OEMS will need to be allowed to establish a deliverables based contract with a VITA approved project planner. EMSC grant funding partially supports this initiative Project planner needs to move the EMS Registry project through the VITA Project Management Standard process. $1.5 million was obtained through the Commonwealth's DHS grant to support the EMS Registry VITA has "unofficially" reviewed the EMS Registry project and stated the plan makes its business case and has a worthy plan.

Core Strategy 3 – Develop Infrastructure

Strategic Initiative 3.4. – EMS funding.

Objective & Action Steps	Accountability	Status Review
3.4.1. Capture greater reimbursement of Medicare/Medicaid dollars.[26] (2006-2010) (Very Important)	Technical Assistance	**Action Step.1.** Identify where Medicare/Medicaid reimbursement dollars are being lost and estimate the dollar amount. **Action Step 2.** Begin the work of designing initiatives that will improve the capture on Medicare/Medicaid dollars over the next 3 fiscal years.
3.4.2. Simplify Rescue Squad Assistance Fund and grant process.[27] (2006) (Very Important)	OEMS Grants Manager	**Action Step 1**. Identify unnecessary steps or complications and make appropriate changes in the RSAF grant process. **Action Step 2.** Communicate the simplified RSAF grant process to EMS agencies statewide.

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[26] JLARC Report – House Documents 37, Review of Emergency Medical Services in Virginia, 2004.
[27] Ibid

Core Strategy 3 – Develop Infrastructure

Strategic Initiative 3.4. – EMS funding.

Objective & Action Steps	Accountability	Status Review
3.4.3. Encourage revenue recovery.[28] (2006-2010) (Very Important)	Executive Management	**Action Step 1.** Identify EMS agencies with a record of satisfactory revenue recovery and document how they accomplish it. **Action Step 2.** Disseminate to all EMS agencies a strategy for improving their revenue recovery. **Action Step 3.** Schedule preparation of a process to determine revenue recovery improvement.
3.4.4. Develop EMS Financial Audit Plan (Important)	Executive Management	**Action Step 1.** Develop guidance documents to assist agencies in going through auditing processes.

Core Strategy 3 – Develop Infrastructure

Strategic Initiative 3.5. – Enhance regional and local EMS efficiencies.

Objective & Action Steps	Accountability	Status Review
3.5.1. Provide Regional EMS Council Board with governance guidelines and support.[29] (2006-2007) (Important)	EMS Systems Planner	**Action Step.1.** Develop governance guidelines and templates. **Action Step 2.** Provide assistance in implementing Governance guidelines and templates. **Action Step 3.** Obtain feedback from the Regional EMS Councils on the effectiveness of the assistance.
3.5.2. Assist Regional EMS Councils to build stronger relationships with local jurisdictions. (2007-2009)[30] (Important) .	EMS Systems Planner	**Action Step 1**. Develop and test a model for building stronger relationships with local jurisdictions in 4 pilot locations. **Action Step 2.** Evaluate the results and establish plans for expanding the program.

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[28] JLARC Report – House Document 37, Review of Emergency Medical Services in Virginia, 2004.
[29] Virginia EMS Plan Draft – Regional EMS Councils SWOT Analysis, July 2005
[30] Ibid

Core Strategy 4 – Assure Quality and Evaluation	
Strategic Initiative 4.1 – Assess compliance with EMS performance based standards.	

Objective & Action Steps	Accountability	Status Review
4.1.1. Review and clarify performance standards. (2006) (Very Important)	Trauma/Critical Care Division	Currently gathering each regions treatment protocols for review.
4.1.2. Communicate performance standards to EMS agencies and regional EMS Councils. (2006-2007) (Very Important)	Trauma/Critical Care Division	Distributing annual "Trends" document using PPCR, VSTR, and Poison data. Filling ad-hoc reports Developing template for quarterly reporting of performance standards
4.1.3. Monitor performance against standards and take corrective action. (2008-2010) (Very Important)	Trauma/Critical Care Division	Notified non-trauma hospitals of trauma deaths occurring at their facility and encouraged working with the regional trauma PI committee. Little activity occurred on the regional level.
4.1.4. Review Regional EMS Council quality assessment. (Designation Manual) (2006)[31] (Very Important)	Trauma/Critical Care Division	Trauma/Critical Care assisted with assessing and establishing Trauma and PI portions of Regional Council contracts.
4.1.5. Review and revise current EMS regulations (ongoing) (Very Important)	Trauma/Critical Care Division	Trauma/Critical Care partnered with Reg & Compliance to revise Medevac Regulations and they have been entered into the NOIRA process. Trauma/Critical Care now beginning to revise DNR regulations.

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[31] Virginia Emergency Medical Services Plan Draft, Regional EMS Councils SWOT Analysis, July 2005

Core Strategy 4 – Assure Quality and Evaluation

Strategic Initiative 4.2. – Assess and enhance quality of education for EMS providers.

Objective & Action Steps	Accountability	Status Review
4.2.1. Review, evaluate and revise Instructor credentialing. (2006-2007) (Urgent)	Division of Educational Development	An ad hoc committee was developed to assist in this endeavor. The chair person directed the committee in other areas dealing with instructors which altered the course of action slightly of the committee. A pilot of the NAEMSE Instructor program was conducted and a survey followed to compare what we are currently doing for instructor training. This committee is still active. EMS Instructor updates now include an instructor development component. There is also a track at the EMS Symposium devoted entirely to instructor/educator growth.
4.2.2. Review and revise training site accreditation standards and processes. (2006-2007) (Urgent)	Division of Educational Development	**Action Step 1.** Due to the volatility of this issue and the self dissolution of the ad hoc committee investigating this issue, project has been delayed to explore current practices. Some components of the original concepts have been pilot tested: competency based EMT programs and the use of non certified EMT instructors as adjunct faculty. Initial reports are promising. **Action Step 2.** The work on accomplishing this component has been successful and the OEMS will go active with up to 19 online CE programs beginning 09/01/07 on TRAIN. Other commercially available sites have been in the works for over 6 years but seem to have been postponed due to the lack of VITA support.
4.2.3 Encourage and Pursue new educational methods (i.e. technology) (Urgent)	Division of Educational Development	Although partially completed with the on line CE in TRAIN, only some of the automation for training systems has been addressed, primarily due to lack of IT support. We are currently looking at expanding EMS updates to the web and standardizing EMS instructor training for EMT Instructors and ALS coordinators. We are also looking into electronic CE submission but this requires IT support.

Core Strategy 4 – Assure Quality and Evaluation

Strategic Initiative 4.3. – Pursue new initiatives that support EMS.

Objective & Action Steps	Accountability	Status Review
4.3.1. Promote compliance with trauma triage protocols, link pre-hospital data with Trauma Registry.[35] (2006-2010) (Very Important)	Trauma/Critical Care Division	With the upgrade of PPCR to a new program, linkage to hospital info (Trauma Registry and VHI) will be possible. EMS providers and agencies need to adopt an understanding that in order to link databases patient identifiable information must be collect, i.e. SSN, DOB etc.
4.3.2. Evaluate effectiveness of current Critical Incident Stress Management Program (CISM). (2006-2007)[18] (Very Important)	Emergency Operations Division	**Action Step 1**. Determine mechanism for measuring the effectiveness of the CISM program.

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[35] JLARC Report – House Documents 62, The Use and Financing of Trauma Centers in Virginia, 2004.
[18] Virginia Emergency Medical Service Plan Draft Revision, CISM SWOT Analysis, March 24, 2005

Appendix A – Operational Plan Template

Core Strategy		
Strategic Initiative		
Objective & Action Steps	**Accountability**	**Status Review**
Action Step 1. Action Step 2.		Action Step 1. Action Step 2.
Action Step 1. Action Step 2.		Action Step 1. Action Step 2.

Appendix B

Glossary of Terms

SWOT Analysis: An assessment of the internal strengths and weaknesses of the organization and the organization's external opportunities and threats.

Core Strategy: A main thrust or action that will move the organization towards accomplishing your vision and mission.

Strategic Initiative: An action that will address areas needing improvement or set forth new initiatives under the core strategy. This is the planning part of strategy that when combined with the vision, the mission and core strategies complete the strategic effort.

Operational Plan: This is the plan that implements the strategic intent of the organization on an annual basis.

Objective: A specific, realistic and measurable statement under a strategic initiative.

Action Step: A specific action required to carry out an objective.

Template: A guide and/or format that assists the user in accomplishing a task efficiently in a uniform and consistent manner.

Appendix C

Resources

In developing this plan several resources were used in addition to meetings and interviews with the Director and Assistant Director of OEMS.

- Code of Virginia: The State Legislative mandates for OEMS. (32.1-111.3)

- EMS Agenda for the Future: A document created by the National Highway Traffic and Safety Administration (NHTSA) that outlines a vision and objectives for the future of EMS. August 1996

- EMS Agenda for the Future Implementation Guide (NHTSA). May 1999

- OEMS 5-Year Plan: July 1, 1997-June 30, 2002: This included a status report completed in 1998.

- Service Area Plan for OEMS (40290) which describes the statutory authority and expectations for OEMS and identifies the growing EMS needs of the citizens and visitors of Virginia.

- The Strategic Planning, Service Area Planning, Performance Based Budgeting training document –Sessions 1 & 2. May 2005

- Agency Planning Handbook: A Guide for Strategic Planning and Service Area Planning Linking to Performance-Based Budgeting: Department of Planning and Budget 2006-2008 Biennium, May 1, 2005

- Joint Legislative Action Review Commission (JLARC) Report – House Documents 37, Review of Emergency Medical Services in Virginia. 2004.

- Joint Legislative Action Review Commission (JLARC) Report – House Documents 62, The Use and Financing of Trauma Centers in Virginia, 2004.

- Virginia Emergency Medical Service Plan Draft, all available SWOT Analyses, July 2005

- Focus Group work from the EMS Advisory Board Retreat, April 2005.

- VACEP & OOEMS OMD Research Study Focus Group Findings – *Draft #2 ,*August 3, 2005