

Core Strategy 1: Develop Partnerships

Key Strategic Initiatives

1.1 Promote collaborative approaches.

- 1.1.1 Develop relationships with local, state, federal EMS partners and other stakeholder organizations. (2006-2010)
- 1.1.2 Strengthen on-going relationships with other state departments, public safety, public health and medical facilities. (2006-2010)
- 1.1.3 Foster state legislative involvement for EMS initiatives. (2006-2010)
- 1.1.4 Foster strong partnerships with the Board of Health and the State EMS Advisory Board. (2006-2010)
- 1.1.5 Integrate Regional EMS Councils as full partners. (2006-2010)
- 1.1.6 Cultivate grass roots support for strategic initiatives. (2007-2009)

1.2 Attract and support outstanding health care providers.

- 1.2.1 Cultivate partnerships with state universities, colleges and the Department of Education to attract and educate EMS providers.¹ (2006-2008)
- 1.2.2 Recruit EMS physicians who meet selection criteria. (2006-2010)

1.3 Further community based prevention.

- 1.3.1 Strengthen illness and injury prevention programs through collaboration with other state agencies and organizations. (2007-2008)
- 1.3.2 Partner with other healthcare providers to educate the public. (2007-2008)

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

- 1.4.1 Enhance relationships with the federal Homeland Security office, the Office of Commonwealth Preparedness, and other federal/state agencies. (2006-2010)
- 1.4.2 Conduct ongoing training and evaluation; and develop resources for Health and Medical Emergency Response Teams (HMERT). (2007-2008)

1.5 Elevate EMS care for special needs patients.

- 1.5.1 Build relationships with agencies that serve special needs patients. (2007-2008)
- 1.5.2 Refine the “Durable Do Not Resuscitate” program. (2006)

¹ JLARC Report – House Document 37, Review of Emergency Medical Services in Virginia, 2004

Core Strategy 2: Create Tools and Resources

Key Strategic Initiatives

2.1. Facilitate EMS related research and education.

- 2.1.1. Sponsor research and other projects utilizing data collected by the EMS Patient Care Information System. (2006-2008)
- 2.1.2. Determine quality of EMS service and trauma triage analysis.² (2006-2007)
- 2.1.3. Establish scholarships for EMS provider education.³ (2007-2008)
- 2.1.4. Evaluate the impact of an aging workforce on the EMS system.⁴ (2007-2008)
- 2.1.5. Develop, implement and refine electronic state-level patient care data reporting system (2006-2008)

2.2. Supply quality education and certification of EMS personnel.

- 2.2.1 Provide enhanced resources for quality BLS training. (2006-2009)
- 2.2.2. Expand availability of ALS Training.⁵ (2006-2007)
- 2.2.3. Establish leadership and management standards.⁶ (2006-2007)
- 2.2.4. Ensure adequate and accessible EMS provider training.⁷ (2006-2008)

2.3. Endorse risk and liability protection for EMS physicians and providers.

- 2.3.1. Assess ongoing risk and liability protection coverage and support appropriate legislation. (2007 -2009)

2.4. Foster appropriate use of EMS resources.

- 2.4.1. Support education, legislation and programs to promote the appropriate use of EMS resources. (2007-2008)
- 2.4.2. Provide EMS agencies and local governments with guidelines to evaluate and promote the effective and appropriate utilization of EMS personnel and equipment resources. (2006-2007).

² JLARC Report – House Document 62, The Use and Financing of Trauma Centers in Virginia, 2004.

³ Focus Group 6 – Human Services, Goal #3; EMS Advisory Board Retreat, April 2005.

⁴ JLARC Report – House Document 37, Review of Emergency Medical Services in Virginia, 2004

⁵ JLARC Report – House Document 62, The Use and Financing of Trauma Centers in Virginia, 2004.

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

⁷ Ibid

Core Strategy 3: Develop Infrastructure

Key Strategic Initiatives

3.1. Adequately staff the Office of EMS and Regional EMS Councils.

- 3.1.1 Ensure adequate staffing to support the variable nature of the EMS system requirements and challenges.⁸ (2006-2010)

3.2. Focus recruitment and retention efforts.

- 3.2.1. Pursue a comprehensive recruitment campaign.⁹ (2006-2007)
- 3.2.2. Promote use of The Keeping the Best! Retention Tool Kit and measure its effectiveness.¹⁰ (2006-2008)

3.3. Upgrade technology and communication systems.

- 3.3.1. Establish bulk purchasing agreements with EMS equipment providers.¹¹ (2006-2008)

3.4 EMS funding.

- 3.4.1. Capture greater reimbursement of Medicare/Medicaid dollars.¹² (2006-2009)
- 3.4.2. Simplify Rescue Squad Assistance Fund and grant process.¹³ (2006)
- 3.4.3. Encourage revenue recovery.¹⁴ (2006-2010)
- 3.4.4. Develop EMS Financial Audit Plan.¹⁵ (2007)
- 3.4.5. Support and ensure a stable funding stream for state and regional infrastructure. (2006-2010)

3.5. Enhance regional and local EMS efficiencies.

- 3.5.1. Provide Regional EMS Council Board with governance guidelines and support. (2006-2007)
- 3.5.2. Assist Regional EMS Councils to build stronger relationships with local jurisdictions. (2007-2009)

⁸ JLARC Report – House Document 37, Review of Emergency Medical Services in Virginia, 2004.

⁹ Ibid

¹⁰ Ibid

¹¹ Focus Group 1 – Integration of EMS Services, Goal #5, EMS Advisory Board Retreat, April 2005.

¹² JLARC Report – House Document 37, Review of Emergency Medical Services in Virginia, 2004.

¹³ Ibid

¹⁴ Ibid

¹⁵ Focus Group 1 – Integration of EMS services, Goal #4, EMS Advisory Board Retreat, April 2005.

Core Strategy 4: Assure Quality and Evaluation

Key Strategic Initiatives

4.1. Assess compliance with EMS performance standards.

- 4.1.1 Review and clarify performance standards. (2006)
- 4.1.2 Communicate performance standards to EMS agencies and regional EMS Councils (2006-2007)
- 4.1.3 Monitor performance against standards and take corrective action. (2008-2010)
- 4.1.4 Review Regional EMS Council quality assessment. (Designation Manual) (2006)
- 4.1.5 Review and revise current EMS regulations. (2006)

4.2. Assess and enhance quality of education for EMS providers.

- 4.2.1. Review, evaluate, and revise EMS instructor credentialing. (2006-2007)
- 4.2.2. Review and revise training site accreditation standards and processes. (2006-2007)
- 4.2.3. Encourage and pursue new methods for EMS education (i.e., technology). (2007-2009)

4.3. Pursue new initiatives that support EMS.

- 4.3.1. Promote compliance with trauma triage protocols, link pre-hospital data with Trauma Registry.¹⁶ (2006-2010)
- 4.3.2. Evaluate effectiveness of current Critical Incident Stress Management Program (CISM). (2006-2007)

¹⁶ JLARC Report – House Document 62, The Use and Financing of Trauma Centers in Virginia, 2004.