

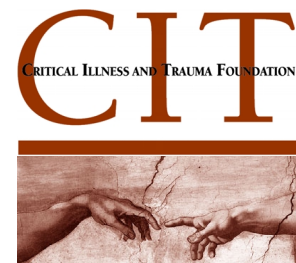
MONTANA EMT-I TRANSITION PROJECT

COMMUNITY PLANNING GUIDE

ASSISTING COMMUNITIES IN BUILDING A
STRONGER EMS SYSTEM

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INTRODUCTION

When people call for medical help in a rural area, they expect a rapid response, competent staff, and good equipment from the local Emergency Medical Services (EMS). Too often their expectations are formed by what they see on TV, not by the reality in their own community. And surprisingly few EMS systems rely on sound assessment techniques to ensure that they understand and can meet the needs of the community.

EMS agencies need a tool to evaluate their strengths and weaknesses and to provide a clear understanding of their customers, the needs of those customers, and how to meet these needs within their community. With this understanding, the EMS service can focus its limited resources and the community can have a greater voice in determining the EMS service it needs.

Even more importantly, EMS agencies need to function as members of their communities. Too often, people form opinions about EMS from watching popular television shows. These programs can lead to unrealistic expectations about what to expect. Even those who don't form their opinions from television often have a limited understanding of how their local EMS agency works.

People may think that their local ambulance service is supported completely by government taxes – and experience a negative surprise when they are billed for an ambulance call. Or they may think that the ambulance is a for-profit business and be offended when a volunteer service conducts a fundraising event.

Even more serious is the fact that most people outside the medical field (and some within the medical fields) do not understand the difference between an EMT-Basic, EMT-Intermediate, and EMT-Paramedic. They don't understand the different skill requirements, training demands, financial demands and medical supervision -- let alone the legal and ethical requirements -- in each of these levels of service.

This is particularly true now that new standards are being implemented for EMT-Intermediate level service. The new standards will require more training, more volunteer time, more medical supervision, and more financial support. Some rural EMS agencies that have offered EMT-Intermediate service may find it onerous to meet the new requirements. They may face a tough decision about whether to offer EMT-Intermediate level service under the new standards or to offer EMT-Basic service.

For most people, the EMS agency is invisible until an emergency happens. And that's too late. EMS agencies need to become an integral part of the community so that people know what it takes to provide the kind of service they want. The community needs to understand what is provided and the costs in both financial and human resources so it can make an informed decision about the level of service that is possible.

Community planning is about questioning. The community needs to involve the ambulance service staff and volunteers, the hospitals and medical assistance facilities, governing bodies, schools, service clubs, the business community and the public at large in assessing its emergency health care and how that service interacts with and impacts each entity. This planning guide contains questions to help your community evaluate the EMS service's place in the community.

This isn't a project for the EMS agency to conduct and present to the community. Instead, it must be a community-wide effort that involves many individuals. The point of this planning exercise is to discover the EMS agency's role in the community and determine if the community needs that role strengthened in some areas or if the community actually needs the EMS agency to assume a different role altogether. Is an autonomous EMS service the best for your community or would people be better served by a service operated in conjunction with another community organization? Is the community best served by an all-volunteer service or a paid service? Should the EMS service provide only emergency care or should it take on expanded duties, such as conducting health assessments?

This guide is a step-by-step plan on how to evaluate the role of EMS in your community. Each of the eight main sections discusses a specific community group and guides your community in assessing the EMS service in relation to that segment of the community.

Ideally, you should begin with Section 1 and work your way through Section 8. At the end of each section are suggestions for activities for strengthening your relationship with each community group. Adapt these activities as needed.

Section 1 – Where Do We Start?

Developing an EMS integration plan can be a daunting task. This section identifies the basic steps of a successful evaluation: establishing a planning team, analyzing strengths and weaknesses, and developing and integrating a plan for increasing community development with your EMS agency.

Section 2 – Self-Assessment

It is critical to examine your own perception of how well the current system meets the needs of the community in general. This section provides an overview of the entire process and gives you a quick initial evaluation of specific community entities (general questions relating to Sections 3-8).

Section 3 – Health Care System

The ultimate goal of prehospital medicine is to stabilize, treat, and transport those who are critically ill or injured to definitive care. Definitive care may be a hospital, critical access hospital, or critical access hospital. Is the continuum of care from the street to the hospital being handled efficiently and productively? This section establishes whether the EMS agency integrates well with the community's overall health care system.

Section 4 – Public Safety System

Managing an emergency scene often requires help from firefighters and police officers. Firefighters can assist in extrication or provide initial medical care. Law Enforcement officers secure the scene in criminal cases. How does the EMS service interact with public safety personnel? Does everyone have defined roles and work well together? This section explores the interactions and relationship between the EMS services and other emergency responders.

Section 5 – Political System

Behind any EMS agency is the political system: those who govern the community. Is the EMS service accountable financially? What is the cost of poor quality? Is the staff knowledgeable of the industrial and political setting and the leaders in EMS political endeavors? The political system governs many aspects of prehospital care regardless of whether EMS is a public, private, or hospital-based system. Do the political bodies understand the financial and human resource demands of providing the various levels of service? Do the political bodies understand the state and national regulations governing EMS? This section details the main concerns in making sure the political system and the EMS service are working in step.

Section 6 – School System

How well does the EMS service work with the school system? Schools are great venues for injury prevention education. Do educators and faculty interact seamlessly with EMS personnel during an emergency? Is the community prepared for tragedies like school shootings? This section helps evaluate the EMS service in relation to the school system from education to policies and procedures.

Section 7 – Local/Regional Media

There is no argument that media influences the community's perception of an industry. Does the EMS service notify the media of new programs, equipment, volunteers and other possible feature stories? Like EMS protocols, the media follow a set of guidelines. Are EMS employees trained to communicate with the media? Does the EMS service maintain a positive working relationship with the media? Do EMS and media representatives have guidelines for handling news coverage during an emergency? This section examines the roles of the EMS service and the media.

Section 8 – Community at Large

As stated in *EMS Agenda for the Future*: "Emergency Medical Services (EMS) of the future will be community-based health management that is fully integrated with the overall health care system...it will improve community health and result in more appropriate use of acute health care resources. EMS will remain the public's emergency medical safety net." Does the EMS service provide the best possible care (protocol compliance, response time, clinical error rate)? Is the EMS service meeting customers' needs and expectations? Is there a system to continually reassess whether their needs are being met? Does the general public understand the service provided by the EMS service and its limitations? Does the general public have an accurate perception of the rules governing EMS practice and how the EMS operates financially? This section researches your influence on the community.

Section 9 – Where Do We Go From Here?

The data gathered from these sections should provide your community with an initial outlook on its EMS service's strengths and weaknesses. At this point the community must decide how to respond to this information. The information provides a sound basis for making decisions about how to meet the goal of this process: that the community has an EMS service that covers its needs within its financial and human resource limits and that the community understands and supports that level of service.

This EMS community planning guide is helpful for:

- Understanding and shaping the community's perception of the local EMS service.
- Determining the appropriate level of care (i.e. BLS vs. ALS) in a community.
- Building citizen "ownership" of the EMS service for support in financial decisions.
- Increasing public awareness of the EMS service capabilities and limitations.
- Increasing the EMS service's awareness of how it fits into the community.
- Examining the EMS service's perception of the community.
- Understanding how the needs of different groups in the community are difficult to identify and how they are interrelated.
- Understanding how to set priorities where the public demands are often high and the budget is often limited.

The Community Planning Guide is a tool. The questions and thoughts in this guide are suggestions, not policy. There are no documentation requirements, nor will following these viewpoints ensure compliance with any federal, state or local codes or regulations that may apply to your EMS agency.

Good Luck! Examining these questions will help the EMS service become a vital and integrated part of the community. The goal is to create an EMS service that provides the best level of service possible with resources that are reasonably available.

SECTION 1 – WHERE TO START?

This section provides step-by-step assistance on how to assess your community’s needs for and perceptions of EMS. From there, you can develop a plan for enhancing EMS integration into the community as a whole.

Where do you begin? The following outlines the steps involved.

1. **Form an EMS Internal Assessment Team.** Without internal support, this process will fail. The EMS service needs the encouragement and assistance from the entire staff. A strong company succeeds based on the beliefs of its workers. The internal team size may vary, but typically, there will be one or two people doing most of the facilitating. The rest of the team should be a cross section of representatives from all departments, including:
 - a. Volunteer or Paid Providers
 - b. Direct Supervisors
 - c. Administration
 - d. Medical Control
 - e. Community Members
 - f. Community Relations

2. **Complete Section 2.** The EMS service team should perform the self-assessment to find out how the organization perceives itself. Do policies and procedures need to be updated? How is internal morale?

3. **Form a Community Assessment Team.** The size of the team depends on the specific needs of the community. But you should include at least one representative from these areas:
 - a. EMS Agency
 - b. Health Care System (Hospital, Critical Access Hospital, Etc.)
 - c. Public Safety System (Fire Department, Law Enforcement, Etc.)
 - d. Political System (Mayor’s Office, County Commissioner, Etc.)
 - e. School System (Administrators, Health Nurse, Etc.)
 - f. Media (Newspaper, Television, Etc.)
 - g. Community At Large (Other Specialty Groups, Community Members, Etc.)

Involving a group provides a broader perspective on the issues and enhances visibility of the planning process. The more support you get in the beginning, the easier it will be to facilitate discussions, activities, and change.

4. **Establish a Schedule.** Developing an EMS integration plan can be a daunting task. Creating project deadlines helps keep the endeavor moving. People’s time is your most precious commodity. Use it wisely. Appointing someone as the administrative contact to maintain efficiency and communications is a great idea. Timelines may be modified as priorities become more clearly defined.

5. **Complete Sections 3-8.** This is the heart of the community planning exercise. This is where you look at the EMS service in relation to other community sectors and determine how the service fits into that sector. This also should prompt the assessment team to question whether the community needs to make some changes to improve how things work.

The first question is to decide who you want to answer the questionnaire in each section. What existing groups can provide valuable information? Which individuals? This is an important and significant task.

Some data may be gathered at small meetings between your assessment team and other members of the community. Or you may want to call for a large community meeting. Other information may be obtained by talking with key representatives. You may decide to split your assessment team into several “subteams” that will meet with different community leaders. You could develop and distribute questionnaires if you want information from a large number of people. This document contains samples of various data gathering methods with suggestions for when they may be the most appropriate. Choose which ones make the most sense in your community.

Your respondents can fill out paper and pencil forms or you can call them on the telephone and ask for their responses. You also can place the form on a web site and ask people to fill out the survey there. Typically, the completed forms are emailed automatically to the webmaster. Many web development software packages can help you build such forms.

6. **Complete Section 9.** After collecting the survey or interview information, analyze what you have found by averaging the scores or counting the responses. Someone should take the responsibility for presenting the information to the others in the group.
7. **Develop an integration plan.** This is the response to the information you have gathered, a plan that is shaped by the entire community assessment. You look at the strengths and weaknesses that have been identified and make decisions on whether changes are needed and where to focus your energy. This is a dynamic process. The integration plan is something that you should review frequently to see if the plan is working and whether it needs to be revised.

SECTION 2 – SELF-ASSESSMENT

The Self-Assessment Questionnaire is used to evaluate internal strengths and weaknesses. The following questions will give you an overall sense of how well your EMS agency is integrated into the community. **BE HONEST.** Scoring low in an area does not mean you are doing a poor job. It simply focuses your attention on the areas that need attention.

There are 45 statements broken up in eight main areas. Spend time with each statement and reflect on your strengths and weaknesses as an organization. A thorough assessment in Section 2 will provide the foundation for the rest of the assessment.

GENERAL

The following three statements concern community-centered integration as a whole. Please rate each statement from 1-7.

- 2.1 Our mission statement outlines our vision as it relates to the community and emergency medicine.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

- 2.2 We have a clear vision of our plans for the future.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

- 2.3 We are integrated into the community as a whole.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

EMPLOYEES

The next eleven statements focus on the front line EMS providers. Specifically, assess how well your agency prepares your employees for community integration. Employees should have access to the necessary resources, knowledge, and education to successfully manage their job requirements. Please rate each statement from 1-7.

2.4 We make sure we are meeting the needs of our employees.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

2.5 Our employees believe in our vision and have high morale.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

2.6 We provide regular feedback and performance evaluations.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

2.7 We have a low employee turnover rate.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

2.8 We have a low number of employee work-related injuries.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

2.9 We provide opportunities for continued education.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

2.10 All of our employees have undergone training in people skills.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

2.11 All of our employees have undergone training in problem-solving skills.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

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2.12 All of our employees have undergone leadership training.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

2.13 Appropriate employees have undergone training in statistics and data collection.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

2.14 Appropriate employees have undergone training in financial management.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

HEALTHCARE SYSTEM

The next five statements introduce the need for healthcare system integration with your EMS agency. The entities you relinquish patient care to are the receiving facilities.

2.15 We have a solid working relationship with our receiving facilities.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

2.16 We regularly provide data (response times, IV success rates, number of trauma vs. medical patients, etc.) to our medical director.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

2.17 We serve on healthcare-related committees.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

2.18 We regularly review patient care issues with the receiving facilities.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

2.19 We regularly participate in quality improvement training with our receiving facilities.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

PUBLIC SAFETY SYSTEM

Public safety is defined as any agency that assists in the well being of the community in the midst of a crisis (i.e. fire departments, other EMS agencies, ski patrol, highway patrol, search and rescue, department of emergency services, etc.). Please rate each statement from 1-7.

2.20 We have a solid working relationship with other public safety personnel.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

2.21 We regularly exchange ideas regarding quality improvement.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

2.22 We actively participate in joint training.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

POLITICAL SYSTEM

The political system is a set of formal legal institutions that constitute a "government" or a "state" <http://www.britannica.com/bcom/cb/article/idxref/7/0,5716,416897,00.html>. In the broadest term, the political system includes city, county, state, and federal governing bodies that specifically are related to EMS (i.e. city council, state EMS bureau, department of transportation, etc.). You may want to evaluate your relationship with the city, town or county government. You may to conduct this evaluation with several different entities. Please rate each statement from 1-7.

2.23 We have a solid working relationship with the governing body.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

2.24 We contribute to the governing body meetings.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

2.25 Our financial accounts are in order and we can clearly report our fiscal status.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

2.26 We have a working knowledge of the trends in politics regarding EMS.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

SCHOOL SYSTEM

This section details how your EMS agency is integrated in the local school system.

2.27 We have a solid working relationship with administrators, educators, and faculty.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

2.28 We regularly educate students (first aid talks, CPR instruction, career day).

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

2.29 We participate in school drills and training for emergencies.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

2.30 We regularly meet with school health officials.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

2.31 We conduct training regarding children with special health care needs.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

LOCAL/REGIONAL MEDIA

The media have a major impact on the community's thoughts and feelings toward your emergency service. The following four statements probe your relationship with the media.

2.32 We have a solid working relationship with the media.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

2.33 We have specific policies and procedures when working with the media.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

2.34 The media perceives our agency as a positive addition to the community.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

2.35 We notify the media of possible feature stories, new personnel, equipment, etc.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

COMMUNITY AT LARGE

The final ten statements are associated with the relationship that is fostered between your EMS agency and the community at large. As your primary customer, the patients, family, and bystanders play a vital role in your development and effectiveness in a community.

2.36 We meet our customers' needs and expectations.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

2.37 We promote focus groups to provide feedback on how we are doing.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

2.38 We solicit mail and phone surveys from our customers.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

2.39 We chart the ratio of compliments to complaints.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

2.40 We continually reassess to make sure we are meeting the needs of our customers

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

2.41 We provide the best possible medical care.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

2.42 We maintain protocol compliance.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

2.43 We meet our response time.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

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2.44 We maintain emergency medical skills.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

2.45 We uphold knowledge parallel to the trends in emergency medicine.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

Comments:

Now that you have rated the previous 45 statements, compile your average score for each section and a total average score:

AREA	AVERAGE SCORE
General	
Employees	
Healthcare System	
Public Safety System	
Political System	
School System	
Local/Regional Media	
Community At Large	
TOTAL	

SECTION 3 – THE HEALTHCARE SYSTEM

Section 3 focuses on the Healthcare System. The following assessment should be used to gauge the integration between the EMS agency and overall healthcare system. The outside assessment team should include personnel from the EMS agency, public health department, receiving hospital, nurses, physicians, allied staff, etc.

When scoring each statement, **BE HONEST**. Scoring low in an area does not mean the EMS system is doing a poor job. It simply focuses attention on the areas that may need more attention.

There are 24 statements broken up in five main areas. Spend time with each statement and reflect on your strengths and weaknesses. A thorough assessment in this section will facilitate further growth and development and increased continuity of care for the patient.

GENERAL

On the whole, the EMS agency should be an integral part of the healthcare system. EMS agencies that have positive relationships and open communication with their healthcare system tend to be progressive and well accepted in their community.

Please read each statement and then rate your perception of current EMS practices in your area from 1-7.

- 3.1 There are established procedures and protocols for informing healthcare agencies about the EMS scope of practice, especially when there is a change in personnel.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

- 3.2 The EMS agency and receiving facilities conduct regular quality improvement meetings.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

- 3.3 The EMS service and receiving facilities have established procedures for regularly sharing feedback on patient outcome and for reviewing patient care.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

- 3.4 The EMS service and receiving facilities coordinate on billing issues.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

MEDICAL CONTROL RELATIONS

The following four statements relate to the EMS agency’s relationship with their medical director. EMS “Medical Director or Control” means a physician who is responsible for all aspects of patient care within an EMS system or EMS agency, including providing for or ensuring the medical control of EMS providers; the development, implementation, evaluation of medical protocols; and oversight of quality assurance activities.

3.8 Medical control plays an active role in the EMS systems’ current quality improvement activities.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

3.9 Medical control reviews cases regularly as part of continuing education.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

3.10 Medical control provides direction and guidance regularly.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

3.11 The receiving physician regularly communicates with the EMS providers when advice regarding complicated cases is needed on scene.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

Comments

PUBLIC HEALTH RELATIONS

In broadest terms, public health is directed at improving the overall health of the populace. Although closely aligned in goals for the community, very few entities combine their efforts to improve the community. The expertise of the EMS agency and public health should be shared so as to not duplicate efforts and provide an increased level of care for the community.

3.18 The EMS agency assists in performing public health immunizations.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

3.19 The EMS agency assists in performing public health sports and preschool physicals.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

3.20 The EMS agency assists in performing public health blood sugar testing.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

3.21 The EMS agency assists in performing public health hypertension screening.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

3.22 The EMS agency assists in performing community education on self-care and prevention.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

3.23 The EMS agency interacts with Public Health in training programs.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

3.24 The EMS agency and Public Health coordinate in promoting safety programs.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

SECTION 4 – THE PUBLIC SAFETY SYSTEM

Section 4 focuses on the public safety system. The following segment should be used to assess interagency relations. Managing an emergency scene often requires help from other public safety personnel. Firefighters can assist in extrication or provide initial medical care. Law Enforcement officers secure the scene in criminal cases. How does the EMS agency interact with fellow public safety personnel? Does everyone have a defined role and work well together? This section explores how well the EMS system works with the other emergency responders in your community.

When scoring each statement, **BE HONEST**. Scoring low in an area does not mean the EMS system is doing a poor job. It simply focuses attention on the areas that may need more attention.

There are 27 statements broken up into six main areas. Spend time with each statement and reflect on your strengths and weaknesses. A thorough assessment in this section will facilitate further growth and development and increased continuity of care for the patient.

GENERAL

The first eight statements concern public safety integration as a whole. With the dynamic conditions that present to emergency care providers, it is imperative there is a solid working relationship between agencies. Please rate each statement from 1-7.

- 4.1 There are procedures in place for informing these agencies about the EMS scope of practice, especially when there is a change in key personnel.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

- 4.2 EMS service and public safety personnel actively participate in joint training.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

- 4.3 EMS service and public safety personnel exchange feedback on patient care.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

- 4.4 The EMS service is considered an asset to other public safety professions.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

FIRE DEPARTMENT

In many areas, the fire department serves as a first response service. Their role is to stabilize the incident, provide initial medical care, and perform specialized rescue functions. The next five statements establish the EMS system’s level of involvement with local fire departments.

4.8 The fire departments actively participate in EMS and rescue operations.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

4.9 There are established procedures for dealing with hazardous materials.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

4.10 There are opportunities for joint training.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

4.11 There are established procedures in place for communicating during an incident.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

4.12 There are specific protocols for transfer of the patient and patient information.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

Comments

LAW ENFORCEMENT

Law enforcement is vital for scene security, crime scene integrity, and EMS assistance. The following four statements establish the EMS system’s level of involvement with local law enforcement.

4.13 Law enforcement actively participates in EMS and rescue operations.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

4.14 There are opportunities for joint training in crime scene integrity.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

4.15 There are established procedures and protocols in place for other joint training.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

4.16 There are established procedures and protocols in place for debriefing.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

Comments

DISASTER AND EMERGENCY SERVICES

The Office of Disaster and Emergency Services is an agency that works closely with local government emergency managers, other state agencies, voluntary organizations and federal agencies, such as the Federal Emergency Management Agency (FEMA), to ensure a comprehensive, efficient and effective response to emergencies and disasters. The next four statements establish the EMS system’s level of involvement with Disaster and Emergency Services.

4.17 There are established protocols in place for activating DES in an emergency.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

4.18 There are established protocols in place for dealing with hazardous materials.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

4.19 The EMS agency has a clear understanding of the role of DES.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

4.20 DES provides assistance during times of extending emergencies.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

Comments

NATIONAL GUARD/MILITARY

The National Guard/Military provides trained units and equipment to protect life and property for the United States. The next three statements focus on the EMS system's association with the National Guard/Military.

4.24 The EMS Agency and the National Guard/Military conduct joint training.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

4.25 There is a procedure for notifying the EMS service about National Guard/Military training exercises.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

4.26 There are established protocols in place for activating the National Guard/Military in an emergency.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

Comments

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Now that you have rated the previous 24 statements, compile your average score for each section and a total average score:

AREA	AVERAGE SCORE
General	
Fire Department	
Law Enforcement	
Department of Emergency Services	
Search & Rescue, Ski Patrol, Specialized Rescue	
National Guard	
Coroner	
TOTAL	

Comments:

SECTION 5 – THE POLITICAL SYSTEM

Section 5 focuses on the political system. Behind any EMS agency is the political system: those who govern the community. The political system governs many aspects of prehospital care regardless of whether EMS is a public, private, or hospital-based system. This section details the main concerns in creating a positive working environment.

When scoring each statement, **BE HONEST**. Scoring low in an area does not mean the EMS system is doing a poor job. It simply focuses attention on the areas that may need more attention.

There are 16 statements broken up in five main areas. Spend time with each statement and reflect on the EMS system’s strengths and weaknesses. A thorough assessment in this section will facilitate further growth and development and increased continuity of care for the patient.

GENERAL

On the whole, EMS agencies have a responsibility to the political system. EMS agencies that have a continually positive and open communication relationship with their local, regional, and national officials tend to be readily accepted in their community.

Please read each statement and then rate your perception of current practices in your area from 1-7.

- 5.1 Are there procedures in place for informing these agencies about the EMS scope of practice, especially when there is a change in key personnel?

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

- 5.2 The EMS agency has regular meetings with local government bodies.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

- 5.3 The EMS service is accountable to the government in regards to financial performance.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

COUNTY GOVERNMENT

The following three statements establish the EMS system’s level of involvement with county government.

5.9 There are criteria to evaluate the efficacy of the EMS agency.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

5.10 The EMS agency is meeting these criteria.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

5.11 If funded by government, finances are in order and acceptable.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

Comments

STATE GOVERNMENT

The State Offices of Emergency Medical Services provide technical assistance, services, and regulatory oversight to all local EMS systems with the goal of ensuring that all citizens have access to quality emergency medical care. In its regulatory role, this agency issues licenses to EMS providers; inspects/permits all ambulance vehicles in the state annually; tests and certifies all personnel who staff the ambulances; and establishes standards for the education and practice of EMS personnel. The following three statements establish the EMS system's level of involvement with state government.

5.12 The EMS agency complies with state EMS regulations.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

5.13 There is a clear line of communication with the state government.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

5.14 The EMS agency has a voice in the state Legislature on prehospital issues.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

Comments

SECTION 6 – THE SCHOOL SYSTEM

Section 6 focuses on the school system. Are you active in the school system? Schools are great venues for injury prevention education. Does the EMS system interact seamlessly with educators and faculty during an emergency? Are they prepared for tragedies like school shootings? This section looks at the EMS system’s involvement in the school system from education to policies and procedures.

When scoring each statement, **BE HONEST**. Scoring low in an area does not mean the EMS system is doing a poor job. It simply focuses attention on the areas that may need more attention.

There are 6 statements. Spend time with each statement and reflect on your strengths and weaknesses. A thorough assessment in this section will facilitate further growth and development and increased continuity of care for the patient.

GENERAL

The school system is the foundation for education, immunizations, and training in basic healthcare and emergency management. EMS agencies should have a strong relationship with the local system on many different levels.

Please read each statement and then rate your perception of current practices in your area from 1-7.

6.1 There are procedures in place for informing these agencies about the EMS scope of practice, especially when there is a change in key personnel.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

6.2 The EMS service regularly visits schools.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

6.3 The EMS service conducts safety activities within the school district.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

6.4 The EMS service regularly meets with school health officials.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

SECTION 7 – THE LOCAL/REGIONAL MEDIA

Section 7 focuses on the media. There is no argument that media influences the community’s perception of an industry. Does your EMS service notify the media of new programs, equipment, volunteers and other possible feature stories? Like EMS protocols, the media follow a set of guidelines. Are EMS system employees trained to communicate with the media? Does the EMS service maintain a positive working relationship with the media? This section examines the EMS system’s role in dealing with the media.

When scoring each statement, **BE HONEST**. Scoring low in an area does not mean the EMS system is doing a poor job. It simply focuses attention on the areas that may need more attention.

There are 13 statements broken up into two sections. Spend time with each statement and reflect on the EMS system’s strengths and weaknesses. A thorough assessment in this section will facilitate further growth and development and increased continuity of care for the patient.

GENERAL

The relationship between the EMS agency and media should foster positive and open communications. The association between the media and the EMS agency can help foster a safer environment for the community.

Please read each statement and then rate your perception of current practices in your area from 1-7.

7.1 There are procedures in place for informing these agencies about the EMS scope of practice, especially when there is a change in key personnel.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

7.2 The EMS service notifies the media of new programs, equipment, volunteers and other possible feature stories.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

7.3 The EMS service maintains a positive working relationship with the media.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

SPECIFIC

The following seven statements ask specific questions regarding daily policies and procedures with the media.

7.7 There are policies/procedures on communicating with the media.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

7.8 The media is used to cover both positive and negative news regarding EMS activities.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

7.9 There are established procedures to ensure the information is accurate.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

7.10 There are established procedures to communicate technical information.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

7.11 There are established procedures to give all media equal access to information.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

7.12 There are established protocols to ensure media representatives' safety.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

7.13 There are established protocols to maintain patient confidentiality.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

Comments

SECTION 8 – THE COMMUNITY AT LARGE

Section 8 focuses on the community at large. As stated in the *EMS Agenda for the Future*, “Emergency Medical Services (EMS) of the future will be community-based health management that is fully integrated with the overall health care system...it will improve community health and result in more appropriate use of acute health care resources. EMS will remain the public’s emergency medical safety net.” Does the EMS system provide the best possible care (protocol compliance, response time, clinical error rate)? Is the EMS agency meeting customers’ needs and expectations? Is there a system to continually reassess whether their needs are being met? This section researches the EMS system’s relationship with the community.

When scoring each statement, **BE HONEST**. Scoring low in an area does not mean the EMS system is doing a poor job. It simply focuses attention on the areas that may need more attention.

There are 19 statements broken up in 2 sections. Spend time with each statement and reflect on your strengths and weaknesses. A thorough assessment in this section will facilitate further growth and development and increased continuity of care for the patient.

REMEMBER THAT ADDITIONAL INPUT WILL BE SOLICITED FROM THE COMMUNITY AT LARGE VIA AN AD IN THE LOCAL NEWSPAPER.

GENERAL

How does your EMS agency respond to the community’s needs as a whole? Does the community have a solid understanding of what you do? Do people understand the level of care you provide? Does your service parallel their needs and desires?

Please read each statement and then rate your perception of current practices in your area from 1-7.

- 8.1 There are procedures in place for informing the community about the EMS scope of practice, especially when there is a change in key personnel.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

- 8.2 The community understands “what EMS does.”

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

- 8.3 The community perceives the EMS service as professional.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

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8.4 The community perceives the EMS service as highly skilled.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

8.5 The community perceives the EMS service as customer-service oriented.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

8.6 The EMS service conducts programs for local service clubs, senior citizen groups to help people understand their scope of service, care protocols.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

8.7 The EMS service has procedures for handling patient complaints.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

8.8 The EMS service has conducted a community survey to find out what the community thinks about the service.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

Comments

SPECIFIC

Specifically, does the community’s perception of the EMS system mirror reality?

Please read each statement and then rate your perception of current practices in your area from 1-7.

8.9 The community has an accurate perception of the current level of emergency care (BLS vs. ALS) provided by the EMS service.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

8.10 The community’s understands the EMS agency’s status as either a paid or volunteer service.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

8.11 he community’s knows whether the EMS service is privately held or public.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

8.12 The EMS service supports EMS Week.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

8.13 The EMS service supports blood pressure drives.

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

8.14 The EMS service supports injury prevention (bike rodeos, etc.).

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

8.15 The EMS service supports community education (community CPR, etc.).

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

8.16 The EMS service supports pediatric safety (car seat checks, recalls, etc.).

N/A	1 – Poor	2	3	4 – Average	5	6	7 – Excellent

SECTION 9 – WHERE DO WE GO FROM HERE?

ANALYZING THE DATA

Having mountains of data does no good because you have more information than anyone can easily digest. You need to analyze what you've collected so you can understand what it means.

The survey forms in this guide are built around what is called a modified Likert scale, where respondents check their level of agreement on a scale of 1 to 7. In each section, you can simply add up the scores and divide by the total number of responses to come up with an average score. That tells you where you are and gives you a target if you want to improve that average.

Keep in mind that a simple average may be misleading. For example, 10 people may mark "4" on one survey question, indicating that all of them have responded "average." On another question, five people could mark "1" indicating "poor" and five could mark "7" indicating "excellent." Both questions would have an average of "4." But obviously you have more problems with the second situation than the first. If you suspect something like the above, go ahead and count the number of people who marked each response.

How you go about doing the math depends on the number of surveys you gather. If you have a small number for each section, it may be fine to simply hand count the responses and do the math with a calculator. If you have a large number of surveys, you may want to enter the information in a spreadsheet program that allows you to build formulas to calculate sums, averages and the number of responses. Someone with a background in statistics can be a great help.

PRESENTING THE INFORMATION

At the very least, you will want to prepare a written report for the assessment team that lists the average score on each section and the average score of each question. If you met with any community groups or agencies in collecting the data, you may want to present the results to the group, especially if you will be seeking their help in developing an action plan. If you're making a presentation to a larger group, it can help to describe the planning process and present the main results in a slide show. Once you have written the growth and development plan, you may want to give more presentations outlining your goals for the EMS service to EMS members and community groups.

COMMUNITY PLANNING

There are no "good" or "bad" scores from these data – they are just numbers. Your community planning team decides how to react to the numbers and how to set priorities. Just because the "score" is low on some section doesn't make that section an automatic priority. Only the team can set the priorities.

Following are some questions to discuss:

1. What areas are our strengths?
 - a. What do we need to concentrate on right now?
 - b. What things do we need to continue doing correctly?
2. What areas are our weaknesses?
 - a. What areas need immediate change?
 - b. What areas need change later on?

The answers to these questions will form your short- and long-term goals. Take your time with these discussions. They are the main point of the community planning exercise. Make sure someone is recording the ideas: Write them on a chalkboard or flipchart or have someone type them into a computer and display them with an LCD projector.

After studying the situation carefully, you may find that the best action is to make a major overhaul in how EMS is structured in your community. If on-going funding is a problem, you may decide that you need to change the most basic structure of your community's EMS service, i.e., moving from a government-funded service to one allied with a local health facility or vice versa. Or maybe your community needs a service with paid EMS staff rather than relying on volunteers or vice versa. Or maybe your community is better off with EMT-Intermediate service rather than EMT-Basic or vice versa. No one can tell what system will work best in your community. These are tough decisions.

FINDING SOLUTIONS – THE ACTION PLAN

This part of planning calls for real brainstorming. Take the goals that you have identified and come up with suggestions for achieving them. You want to foster a lively discussion and encourage all ideas – even the silliest suggestion may lead to something useful. Again, make sure someone is recording the ideas. Either while you are generating ideas or later when that discussion has flagged, determine who will be responsible and estimate how long it will take to complete each action.

As you work through the discussions, you will probably generate a long list of actions. You must choose those that are the top priorities. You can take a vote on each action item individually to set its priority as high, medium or low or you can ask everyone to list their top five priorities and then identify those that are chosen most often. Whatever method you use, encourage discussion about these priorities.

Take your top priorities and set a time frame for completion. If the action is an on-going one, such as: "Meet quarterly with city council," set a time frame for when the on-going activity is going to start. For example, "Meet quarterly with city council with the first meeting no later than the end of this year." Be sure your time frames are realistic both in relation to the individual action and to other actions that will be going on at the same time. You will probably have to adjust several time frames after you look at the big picture.

Finally, you should figure out how you are going to measure your progress. The time frames you set up will help you determine how often you should evaluate your progress. You may decide to review the entire plan in a year or six months. Or you may want to review several critical goals after their time frames for action have elapsed.

Following are some questions to guide your evaluation:

- 1) Was the action completed in the set time frame?
- 2) Was the action successful in achieving the goal or moving toward achieving the goal?
If not, what alternative action could be attempted?
- 3) Have circumstances changed any priorities?

WRITING THE INTEGRATION PLAN

The integration plan is a formal document that describes the planning process used to develop the plan, your goals and actions, and how you are going to evaluate your progress.

The following is a suggested outline for writing the plan.

EMS Service Mission Statement
Purpose of Community Planning Activity
Members of EMS Service Internal Assessment Team
Members of Community Assessment Team
Method of Gathering Information
Highlights of Survey Results
Goals
Plan of Action
Evaluation Plan

REVIEW THE PLAN

The integration plan should be reviewed regularly. The needs of a community are constantly changing. After a certain amount of time, you may want to re-do the community planning exercise entirely, or re-do specific sections, to see whether there have been any changes in the scores. And any time there are major changes in the EMS service or some segment of the community, that would be a good time to re-do all or some of the planning process.