

STATE OF WASHINGTON  
EMERGENCY MEDICAL SERVICES  
& TRAUMA SYSTEM

*STRATEGIC PLAN*  
*2007 - 2012*

*EMS & Trauma Care Steering Committee*  
*January 2008*



**Emergency Medical Services and  
Trauma System**

**Post Office Box 47853  
Olympia, Washington 98504-7853**



# Strategic Plan 2007-2012

September 2007



For more information or  
additional copies of this report contact:

Division of Health Systems Quality Assurance  
Emergency Medical Services and Trauma Systems  
PO Box 47853  
Olympia, WA 98504-7853  
360-236-2828  
FAX 360-236-2829

Mary C. Selecky  
Secretary of Health

## **Special Acknowledgements to:**

**Emergency Medical Services and Trauma Systems Steering Committee**

**Hospital/Rehabilitation Technical Advisory Committee**

**Cost Reimbursement Technical Advisory Committee**

**Disaster/Communications Technical Advisory Committee**

**EMS Cardiac/Stroke Technical Advisory Committee**

**EMS Registry Technical Advisory Committee**

**Injury Prevention/Public Education Technical Advisory Committee**

**Prehospital Technical Advisory Committee**

**Pediatric Technical Advisory Committee**

**Quality Outcomes Technical Advisory Committee**

**Regional Advisory Committee Technical Advisory Committee**

**Trauma Medical Directors Technical Advisory Committee**

**Licensing and Certification Committee**

**Education Technical Advisory Committee**

**Medical Program Directors**

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## Preface

This strategic plan guides the state's EMS and Trauma System. The goals and objectives were developed by the EMS and Trauma Care Steering Committee and EMS Licensing and Certification (L&C) Committee. The plan is a foundation for plans to be developed by the technical advisory committees (TACs) and EMS and Trauma Care Regions. It is the result of extensive work by the EMS and Trauma Care Steering Committee, EMS L&C Committee, multiple TACs and the eight Regional Councils.

About 120 participants kicked off the project at a system planning and development retreat in May 2006. They included members of the Steering Committee, L&C Committee, TACs and regions. The retreat attendees conducted a comprehensive review of the Washington State EMS & Trauma System. They used the federal Health Resources & Services Administration's (HRSA) *Model Trauma System Planning and Evaluation*. This model includes an extensive assessment tool. (This tool is formally called the *Trauma System Self-Assessment Supplemental Tool: Benchmarks, Indicators, and Scoring*.) The review provided a broad picture of the system as of May 2006.

The retreat attendees broke into TACs and committees to score assigned sections of the Benchmark Indicator & Scoring (BIS). This nationally standardized HRSA tool allows each key component of an EMS & Trauma System to be assessed. Participants conducted a SWOT (Strengths, Weaknesses, Opportunities & Threats) analysis of the system. Using the results of these assessments, the committees spent a year developing goals, objectives and strategies to move the Washington system forward over the next five years. The TACs and the regions will provide the detailed plans to accomplish these goals.

We thank everyone who contributed time and resources to the development of this strategic plan. We would not have been able to create such a strong plan without the support of hundreds of EMS & trauma care providers

## Executive Summary

Injury and medical emergencies are time critical events. They require quick and appropriate medical care. The time it takes after an automobile crash or heart attack to get the patient to the hospital can make the difference between life and death. It can also determine whether the patient will suffer long-term disability or return to a healthy and productive life.

Washington State is a recognized leader in meeting these demands through its EMS and Trauma Care System. This reputation is a result of the leadership and collaboration of physicians, nurses, EMS leaders, committees, and communities who work together to ensure a quality system. Unlike most states, Washington's system provides a continuum of care from prevention to trauma rehabilitation. This collaborative approach is the driving force behind Washington's exemplary EMS and Trauma Care System.



This state strategic plan serves as the guiding document for each of the eight statewide Regional EMS and Trauma Care Councils as they develop their regional system plans. Regional plans directly influence how emergency and trauma care are provided in each community in the state. This plan was written by many people within the system to provide strategic direction for the next five years.

### **The Changing Environment in Health Care**

The Trauma Care System Act of 1990 included injury prevention for the first time as part of the system. The system is intended to ensure quick emergency response and deliver the right patient to the right place (facility) in the right time. We have faced new and emerging challenges since that act was passed. As the system developed, the health care environment also changed.

Economic pressures, an aging population and new technology and techniques are all part of this changing world. Washington must respond to these if it is to protect the public, maintain its quality reputation and achieve new clinical and operational sophistication.

As the population ages, more EMS and trauma system resources are required. For many hospitals, diversion of ambulances from emergency departments due to overcrowding is no longer uncommon. Economic pressures hamper the system's ability to meet this increasing demand. The methods used to deliver care are also changing. These changes require the system to use evidence-based decision making in choosing care.

## Executive Summary

### **Building a Strategy to Meet the Challenges**

The Department of Health and EMS and Trauma Care Steering Committee recognize that a strategic plan is essential in a rapidly changing health care environment. To create a plan, the Steering Committee, EMS Licensing and Certification Committee, their advisory committees and the eight EMS and Trauma Care Regions began a strategic system assessment in 2006.

Over the next year, these groups developed goals and strategies to meet future challenges. The plan includes 18 broad goals to meet the needs of the system's 10 major components.



Concerns about erosion of funding for EMS and trauma care, lack of EMS data and more demands on the system were a few of the key issues that drove this plan. The goals, strategies and objectives also address capacity and distribution of services across the system.

The plan reflects providers' commitment to using data in making decisions and the need for adequate financial support. Goals call for evidence-based EMS procedures and data capacity for system evaluation and improvement. Financial goals include a sustainable Trauma Care Fund, as well as funding for a stable EMS and trauma system.

Leaders in the state recognize the need to be strategic in addressing these issues and promoting better emergency medical and trauma care. This plan represents that strategic thinking. This five-year strategic plan is the foundation for the future of EMS and trauma care.

### **The Method behind the Plan**

Directed by the Governor's EMS and Trauma Care Steering Committee, workgroups and committees assessed each of the key components of the EMS and trauma system. Critical review of the current status was done using the Health Resource Services Administration (HRSA) Model Trauma System Planning and Evaluation tool. The workgroups and committees used this assessment to develop a strategic plan that promotes the growth of the system.

Participants worked hard to create a picture of how EMS and Trauma Care will be provided in the future. They defined goals, objectives and strategies to respond to it. The plan reflects the vision upon which the eight EMSTC Regional Plans will be developed. Each part of the continuum of care is addressed, from system leadership through system evaluation.

## Executive Summary

This comprehensive plan takes a proactive approach to managing the ever-changing EMS and trauma care environment. Through this strategic plan, the Washington State EMS and Trauma Care System can achieve its mission of “*working to maintain and strengthen an efficient and well-coordinated statewide emergency medical services and trauma care system*”.

This plan is a living document. New challenges will need to be addressed as health care continues to change.

### **Goals of the Washington State EMSTC Strategic Plan**

Medical emergencies and injury are time critical events. Time from the heart attack or the automobile crash to hospital care can be the difference between life and death or long-term disability and a return to a healthy and productive life.

The success of the Washington State EMS and Trauma System stems from its systems approach. This means an organized, pre-planned, coordinated response to prevent injury and to provide care when injuries occur. EMS and Trauma systems’ leadership, coordination, and detailed planning assure that the patient receives the rapid care needed for the best possible recovery.

The Governor’s Steering Committee adopted the following goals for each system component:

<b>System Leadership</b>
There is a viable, active state lead authority made up of the Department of Health and the multi-disciplinary EMS and Trauma Care Steering Committee.
Multi-disciplinary coalitions of private and public health care providers are engaged in state, regional and local EMS and Trauma Systems.
EMS and Trauma System services have active, well-trained and supported leadership.

## Executive Summary

### System Development

There is a strong, efficient, well-coordinated statewide EMS and Trauma System that enhances trauma care and emergency medical services, and minimizes human suffering and costs.

Regional EMS and Trauma Care Plans are congruent with the state-wide strategic plan and use standardized methods to identify resource needs.

The EMS and Trauma Care Steering Committee evaluates new and emerging issues in emergency care; assesses the scope, feasibility/appropriateness of using the EMS and Trauma System model; and identifies which entities should address the issues. Funding for new initiatives not related to trauma care will come from new money and not from the Trauma Care Fund.

The EMS and Trauma System is integrated with emergency management, the public health emergency preparedness network, and the public health system.

System-wide interoperable communications are in place for emergency responders and hospitals.

### System Public Information and Education

There is a public information plan to educate the public about the EMS and Trauma Care System.

### System Finance

There is a sustainable State Trauma Care Fund that is dedicated to support trauma patient care. Trauma care is provided through designated trauma and rehabilitation services, verified pre-hospital EMS services, and their providers.

There is a sustainable State Trauma Care Fund that is dedicated to support trauma patient care. Trauma care is provided through designated trauma and rehabilitation services, verified pre-hospital EMS services, and their providers.

There is sustainable funding to ensure a financially viable EMS and Trauma Care System.

### Injury Prevention and Control

Preventable and premature death and disability due to injury is reduced through targeted injury prevention activities and programs.

## Executive Summary

### Pre-Hospital Care

There is a sustainable pre-hospital EMS system using standardized, evidenced-based procedures and performance measures that address both trauma and medical emergencies.

### Acute Hospital Care

There is a sustainable statewide system of designated trauma services that provides appropriate capacity and distribution of resources to support high-quality trauma patient care.

### Pediatric Care

There is a sustainable statewide EMS and Trauma Care System that integrates pediatric care into the system continuum (prevention, pre-hospital, hospital rehabilitation and system evaluation).

### Trauma Rehabilitation

There is a sustainable statewide system of designated trauma rehabilitation services that provides adequate capacity and distribution of resources to support high-quality trauma rehabilitation care.

### System Evaluation

The EMS and Trauma Care System has data management capabilities to support system evaluation and improvement.

The EMS and Trauma Care System has comprehensive, data-driven quality improvement (QI) processes at the local, regional and statewide levels.

The complete plan includes measurable objectives and strategies for each of these goals. The key to the Plan's success is the collaboration and work each committee will do over the next five years.

# State EMS & Trauma System

## Vision:

Washington has an efficient, well-coordinated statewide EMS & Trauma System which reduces death, disability, human suffering and costs due to injury and medical emergencies.

## Mission:

The EMS and Trauma community works to maintain and strengthen an efficient and well-coordinated statewide emergency medical services and trauma care system to:

- Pursue trauma prevention activities to decrease the incidence of trauma;
- Provide optimal care for the trauma victim;
- Prevent unnecessary death and disability from trauma and emergency illness; and
- Contain costs of trauma care and trauma system implementation.

The goals described in this plan support this mission.



## Legislative Intent

### **RCW 70.168.010**

The Legislature finds and declares that:

1. Trauma is a severe health problem in the state of Washington and a major cause of death;
2. Presently, trauma care is very limited in many parts of the state, and health care in rural areas is in transition with the danger that some communities will be without emergency medical care;
3. It is in the best interest of the citizens of Washington state to establish an efficient and well-coordinated statewide emergency medical services and trauma care system to reduce costs and incidence of inappropriate and inadequate trauma care and emergency medical service and minimize the human suffering and costs associated with preventable mortality and morbidity;
4. The goals and objectives of an emergency medical services and trauma care system are to:
  - a. Pursue trauma prevention activities to decrease the incidence of trauma;
  - b. Provide optimal care for the trauma victim;
  - c. Prevent unnecessary death and disability from trauma and emergency illness; and
  - d. Contain costs of trauma care and trauma system implementation; and
5. In other parts of the United States where trauma care systems have failed and trauma care centers have closed, there is a direct relationship between such failures and closures and a lack of commitment to fair and equitable reimbursement for trauma care participating providers and system overhead costs.

### **RCW 18.73.010**

The legislature finds that a statewide program of emergency medical care is necessary to promote the health, safety, and welfare of the citizens of this state. The intent of the legislature is to assure minimum standards and training for first responders and emergency medical technicians, and minimum standards for ambulance services, ambulances, aid vehicles, aid services, and emergency medical equipment.

## Strengths, Weaknesses, Opportunities, Threats

The strategic plan addresses the following key strengths, weaknesses, threats and opportunities of the State of Washington Office of EMS and Trauma System:

### Strengths:

- Well established EMS and Trauma Care System
- The EMSTC System incorporates Pediatric Care
- The presence of a robust database for Trauma
- There is an inclusive, accessible infrastructure (State Office, Steering Committee and TAC's)
- The System's national reputation
- The commitment of hospitals at all levels of designation
- Functional IPPE process
- CHARS, death and trauma registry data available for a relatively long period of time
- Dedicated Workforce
- Autonomous MPD's
- Regionalized EMSTC System

### Opportunities:

- EMS Registry (WEMESIS)
- Cardiac Project
- Improved Planning Process with strategic focus at all levels
- New Committee members on Governor's Steering Committee & key Technical Advisory Committees
- All Hazards/Bio-T funding opportunities
- Development of a statewide Injury Prevention Project
- Revise designation rules to provide more flexibility
- Evidenced based practice and standards
- Development of statewide set of performance indicators

### Weaknesses:

- Funding
- Territorial Conflict
- Political issues between agencies
- Attrition of qualified providers
- Lack of Data
- Attrition on key Technical Advisory Committee.
- Bureaucracy
- Lack of supporting statute for EMS Data
- Public perception of EMSTC
- Lack of a statewide Medical Dispatch Program/system
- Pediatric Education Requirement not standardized
- Inadequate pediatric EMS triage criteria
- Lack of quality or cost data
- Incomplete prehospital data submission
- No regular inspection of prehospital resources
- Shortage of Level I and II beds
- Physician shortage in rural areas

### Threats:

- Political Climate
- Funding and Reimbursement
- Health Care Environment and demand on health care system
- Changing Age Demographic-increasing EMS Demand
- Loss of External Advocates (Steering Committee, EMS Leaders, Pioneers)
- HIPPA restrictions on data use and sharing
- Lack of strategically focused planning
- Hospital diversion increasing time on task for prehospital resources
- Lack of Tort reform

### *Administrative Components*

#### **System Leadership:**

1. There is a viable, active state lead authority comprised of: (1) the state lead agency (Department of Health); and (2) a multi-disciplinary, representative statewide EMS and Trauma Care Steering Committee.
2. Multi-disciplinary coalitions of private/public health care providers are fully engaged in state, regional and local EMS and trauma systems.
3. Each of the services under the EMS and Trauma System has active, well trained and supported leadership.

#### **System Development:**

4. There is a strong, efficient, well-coordinated statewide EMS and Trauma System to reduce the incidence of inappropriate and inadequate trauma care and emergency medical services and to minimize the human suffering and costs associated with preventable mortality and morbidity.
5. Regional Plans are congruent with the statewide strategic plan and utilize standardized methods for identifying resource needs.
6. The EMS and Trauma Care Steering Committee evaluates new and emerging issues related to emergency care; assesses the scope, feasibility/appropriateness of using the EMS and Trauma System model; and identifies what entities should address the issues. Funding for any new initiatives not related to trauma care will come from new money and will not come from the Trauma Care Fund.
7. The EMS and Trauma System is integrated with emergency preparedness/disaster planning, bioterrorism and public health.
8. System-wide interoperable communications are in place for emergency responders and hospitals.

#### **System Public Information and Education:**

9. There is a public information plan to educate the public about the EMS and Trauma Care System. The purpose of this plan is to inform the general public, decision-makers and the health care community about the role and impact of the Washington EMS and Trauma Care System.

## Goals

### **System Finance:**

10. There is a consistent and sustainable State Trauma Care Fund (RCW 70.168) that is dedicated to support trauma patient care by designated trauma hospital and rehabilitation services, verified prehospital EMS services, and trauma physicians and clinicians.
11. There is consistent and sustainable funding to ensure a financially viable EMS and Trauma Care System.

### *Clinical Components*

### **Injury Prevention and Control:**

12. Preventable/premature death and disability due to injury is reduced through targeted injury prevention activities and programs.

### **Prehospital:**

13. There is a sustainable prehospital EMS system utilizing standardized, evidence-based procedures and performance measures that address both trauma and medical emergencies.

### **Acute Hospital:**

14. There is a sustainable statewide system of designated trauma services that provides appropriate capacity and distribution of resources to support high-quality trauma patient care.

### **Pediatric:**

15. There is a sustainable statewide EMS and Trauma Care System that integrates pediatric care into the system continuum (prevention, prehospital, hospital, rehabilitation and system evaluation).

### **Trauma Rehabilitation:**

16. There is a sustainable statewide system of designated trauma rehabilitation services that provides adequate capacity and distribution of resources to support high-quality trauma rehabilitation care

### **System Evaluation:**

17. The EMS and Trauma Care System has data management capabilities to support system evaluation and improvement.
18. The EMS and Trauma Care System has comprehensive, data-driven quality improvement (QI) processes at the local, regional and statewide levels.

# System Leadership

## — GOAL 1 —

**There is a viable, active state lead authority comprised of: (1) the state lead agency (Department of Health); and (2) a multi-disciplinary, representative statewide EMS and Trauma Care Steering Committee.**

### Objective 1

**By September 2008, the Governor-appointed EMS and Trauma Care Steering Committee has the necessary makeup and representation to provide leadership to develop/implement the 2007-2012 EMS & Trauma System Strategic Plan.**

**Strategy 1:** By November 2007, the Director and Steering Committee evaluate the representation of the Steering Committee for inclusion of all appropriate emergency and trauma care components based on statutory requirements and the elements of this plan.

**Strategy 2:** By November 2007, the Steering Committee establishes the positions and duties of the chair, chair-elect, and past chair to coordinate committee business.

**Strategy 3:** By January 2008, within the scope of RCW 70.168, the Steering Committee develops consensus regarding appropriate stakeholder representation of the Steering Committee and technical advisory committees/councils and make recommendations to the Department of Health.

**Strategy 4:** By March 2008, the Department of Health and Chair present proposed Steering Committee representation to the Governor's Boards and Commissions staff.

**Strategy 5:** By May 2008, final Steering Committee representation is approved by the Governor's Office.

**Strategy 6:** By June 2008, develop cycle for appointment transitions if a change in membership.

**Strategy 7:** By July 2008, the Department of Health/ Governor's Office invite stakeholder groups to participate in the revised Committee makeup/structure.

# System Leadership

## — GOAL 1 —

**There is a viable, active state lead authority comprised of: (1) the state lead agency (Department of Health); and (2) a multi-disciplinary, representative statewide EMS and Trauma Care Steering Committee.**

<p><b>Objective 2</b></p> <p>By September 2008, the Steering Committee establishes the technical advisory committees needed to accomplish the 2007-2012 EMS &amp; Trauma System Strategic Plan.</p>	<p><b>Strategy 1:</b> By January 2008, the Steering Committee identifies areas of EMS and trauma that will need technical input and guidance (i.e., L&amp;C).</p>
	<p><b>Strategy 2:</b> By March 2008, the Steering Committee determines subcommittee organization to support Steering Committee work.</p>
	<p><b>Strategy 3:</b> By July 2008, review bylaws.</p>
	<p><b>Strategy 4:</b> By May 2008, form or re-establish technical advisory committees and committee charge.</p>
	<p><b>Strategy 5:</b> By May 2008, each technical advisory committee adopts charter and work plan.</p>
<p><b>Objective 3</b></p> <p>By September 2007, the state lead agency (Department of Health), with advice from the EMS &amp; Trauma Care Steering Committee, directs the implementation of the 2007-2012 EMS &amp; Trauma System Strategic Plan.</p>	<p><b>Strategy 1:</b> By September 2007, establish a schedule for periodic review and updates of the EMS &amp; Trauma System Strategic Plan.</p>
	<p><b>Strategy 2:</b> By November 2007, begin monitoring implementation of the statewide strategic plan objectives and strategies.</p>

## System Leadership

### — GOAL 2 —

**Multi-disciplinary coalitions of private/public health care providers are fully engaged in state, regional, and local EMS and trauma systems.**

<p><b>Objective 1</b></p> <p><b>By December 2007, regional and local councils include membership categories that assure active participation across multi-disciplinary lines.</b></p>	<p><b>Strategy 1:</b> By September 2007, identify the major groups who are involved in EMS and trauma systems at the state, regional, and local levels.</p>
	<p><b>Strategy 2:</b> By September 2007, identify individual contact information for each identified group/</p>
	<p><b>Strategy 3:</b> By October 2007, identify specific ways to engage entities in EMS and trauma systems.</p>
	<p><b>Strategy 4:</b> By December 2007, schedule and facilitate meetings at the regional level to present specific options for engagement.</p>
<p><b>Objective 2</b></p> <p><b>By March 2008, tools are developed for regional and local councils to use in informing and engaging membership.</b></p>	<p><b>Strategy 1:</b> By October 2007, best practices are identified and disseminated to all regional and local councils.</p>
	<p><b>Strategy 2:</b> By February 2008, regional administrators are oriented to the best practices and able to implement them as appropriate.</p>

# System Leadership

## — GOAL 3 —

Each of the services under the EMS and Trauma System has active, well trained and supported leadership.

### Objective 1

By May 2010, leadership resources or training programs that include processes specific to EMS and Trauma Systems is available for use across the state.

**Strategy 1:** By September 2008, research and identify existing programs that may meet the need.

**Strategy 2:** By November 2008, review existing training programs.

**Strategy 3:** By May 2009, research and identify an academic entity that would be willing to create/ coordinate/teach an EMS& Trauma System leadership course.

**Strategy 4:** By November 2009, select the method for meeting the objective, (e.g., existing or new program).

## System Leadership

### — GOAL 4 —

**There is a strong, efficient, well-coordinated statewide EMS and Trauma System to improve and enhance trauma care and emergency medical services, and to minimize the human suffering and costs associated with preventable mortality and morbidity.**

#### Objective 1

**By July 2007, the state has a current statewide EMS and Trauma Plan that addresses injury prevention and the need for and distribution of EMS services, trauma care services, and trauma rehabilitation services.**

**Strategy 1:** By May 2007, finalize goals, objectives and strategies for each component of the statewide EMS and Trauma Care Strategic Plan.

**Strategy 2:** By June 2007, develop a work plan template incorporating all goals, objectives and strategies, with roles and responsibilities identified.

**Strategy 3:** By August 2007, produce and publish final draft plan for review by DOH and the Governor's Office.

#### Objective 2

**By November 2007, the state has adopted a statewide air ambulance plan that addresses distribution of rotary wing ambulance services.**

**Strategy 1:** By April 2007, produce final draft for input and critical review by air ambulance providers.

**Strategy 2:** By September 2007, incorporate modifications into final plan for submission to the Governor's EMS & Trauma Care Steering Committee meeting.

**Strategy 3:** By September 2007, develop a work plan incorporating all goals, objectives, and strategies with roles and responsibilities and associated timelines.

**Strategy 4:** By January 2008, publish final plan and place on Office of EMS and Trauma System website.

# System Development

## — GOAL 4 —

**There is a strong, efficient, well-coordinated statewide EMS and Trauma System to improve and enhance trauma care and emergency medical services, and to minimize the human suffering and costs associated with preventable mortality and morbidity.**

<p><b>Objective 3</b></p> <p><b>By February 2010, rules establish standards for distribution of services that promote optimal coverage of EMS and trauma services.</b></p>	<p><b>Strategy 1:</b> By August 2008, adopt geo-classification systems that reflect the diverse population distribution and geography of the state.</p>
	<p><b>Strategy 2:</b> By January 2009, develop a plan/method to identify resource need indicators by population and geography (e.g., every citizen is within so many minutes/miles of a trauma service).</p>
	<p><b>Strategy 3:</b> By July 2009, the Office of EMS &amp; Trauma System collaborates with Regional EMS &amp; Trauma Care Councils, Steering Committee, and its TACs to develop distribution criteria.</p>
	<p><b>Strategy 4:</b> By November 2009, identify and adopt response time criteria for each geo- classification to ensure adequate distribution of prehospital resources.</p>
<p><b>Objective 4</b></p> <p><b>By February 2010, guidelines are established that promote optimal patient care within the EMS and Trauma System.</b></p>	<p><b>Strategy 1:</b> By September 2008, the Office of EMS and Trauma System collaborates with MPD community and the Steering Committee and its TACs to identify current clinical best practices for prehospital and hospital, and rehab components of the EMS &amp; Trauma System.</p>
	<p><b>Strategy 2:</b> By February 2010, incorporate evidence-based clinical guidelines into the system.</p>

# System Development

## — GOAL 4 —

**There is a strong, efficient, well-coordinated statewide EMS and Trauma System to improve and enhance trauma care and emergency medical services, and to minimize the human suffering and costs associated with preventable mortality and morbidity.**

### **Objective 5**

**By January 2010, actively participate in the development of a statewide telehealth/telemedicine system that is widely available, interoperable, affordable, and technologically simple to use and that includes teleradiology, remote medical care consultation, distance learning and teleconferencing/telemeeting capability.**

**Strategy 1:** By December 2007, a representative(s) of the EMS and Trauma System will participate on the Washington Telehealth Consortium.

**Strategy 2:** By December 2009, a representative(s) of the EMS and Trauma System will participate in development of the Washington Telehealth Exchange to improve interconnectivity between existing networks.

# System Development

## — GOAL 5 —

**Regional Plans are congruent with the statewide strategic plan and utilize standardized methods for identifying resource needs.**

<p><b>Objective 1</b></p> <p>By May 2011, the regional plan format will be established according to the EMS and Trauma System Strategic Plan.</p>	<p><b>Strategy 1:</b> By November 2008, each regional plan will include the specific activities needed in each region to implement the plan.</p>
	<p><b>Strategy 2:</b> By January 2009, methodologies will be developed and utilized to address regional needs and identify minimum/maximum number for trauma designated services.</p>
<p><b>Objective 2</b></p> <p>By November 2012, each region will have approved patient care procedures that define patient flow within the regional and state EMS and trauma system that are data driven.</p>	<p><b>Strategy 1:</b> By June 2009, methodologies will be developed and utilized to address regional needs and identify minimum/maximum numbers for prehospital resources.</p>
	<p><b>Strategy 2:</b> By May 2011, regional plans will identify levels and distribution of designated services and verified prehospital services using evidence based approved methodologies.</p>

## System Development

### — GOAL 6 —

**The EMS and Trauma Care Steering Committee evaluates new and emerging issues related to emergency care; assesses the scope, feasibility/appropriateness of using the EMS and Trauma System model; and identifies which entities should address the issues. Funding for any new initiatives not related to trauma care will come from new money and will not come from the Trauma Care Fund.**

#### Objective 1

**By September 2008, the EMS and Trauma Care Steering Committee will adopt a method to evaluate new and emerging issues and determine if it they come under the Committee purview.**

**Strategy 1:** By July 2008, draft a method for assessing and evaluating issues and programs developed and adopted by the EMS and Trauma Care Steering Committee.

**Strategy 2:** By September 2008, develop a method to evaluate new initiatives based on available resources and current activities.

#### Objective 2

**By July 2008, emergency cardiac and stroke is studied by the existing Cardiac/Stroke Prevention Workgroup, reported to DOH and the EMS and Trauma Care Steering Committee, and implementation of the findings and recommendations from the Emergency Stroke and Cardiac Workgroup 2007 report is begun.**

**Strategy 1:** By January 2006, the EMS Cardiac and Stroke Workgroup is formed and funded and staffed primarily through the Department of Health's CDC Stroke/Cardiac grant.

**Strategy 2:** By March 2006, recommendations from the Steering Committee's 2002 Cardiac and Stroke Report are utilized as a basis for the study.

**Strategy 3:** By April 2007, recommendations to improve the emergency stroke and cardiac system are developed by the Emergency Stroke and Cardiac Workgroup.

# System Development

## — GOAL 6 —

The EMS and Trauma Care Steering Committee evaluates new and emerging issues related to emergency care; assesses the scope, feasibility/appropriateness of using the EMS and Trauma System model; and identifies which entities should address the issues. Funding for any new initiatives not related to trauma care will come from new money and will not come from the Trauma Care Fund.

### Objective 2

By July 2008, emergency cardiac and stroke is studied by the existing Cardiac/Stroke Prevention Workgroup, reported to DOH and the EMS and Trauma Care Steering Committee, and implementation of the findings and recommendations from the Emergency Stroke and Cardiac Workgroup 2007 report is begun.

**Strategy 4:** By May 2008, disseminate the findings and recommendations of the 2007 Emergency Cardiovascular Care Report to EMS stakeholders.

**Strategy 5:** By May 2008, identify existing prehospital emergency stroke and cardiac care resources for each EMS and Trauma Care Region.

**Strategy 6:** By May 2008, identify existing hospital emergency stroke and cardiac care resources, develop standards for verification of stroke and cardiac hospitals, and develop a triage tool and prehospital patient care procedures.

**Strategy 7:** By June 2008, develop statewide Basic Life Support and Advanced Life Support protocols for stroke and cardiac care.

**Strategy 8:** By July 2008, assess existing stroke and cardiac training for dispatch and EMS personnel for consistency with American Heart Association guidelines and workgroup recommendations and develop curriculum and training plan.

**Strategy 9:** By July 2008, appoint additional workgroup members to ensure that all components of a coordinated cardiac and stroke system are represented and conduct meetings.

## System Development

### — GOAL 7 —

**The EMS and Trauma System is integrated with emergency management, the public health emergency preparedness network, and the public health system.**

#### Objective 1

**By July 2008, the leadership in the EMS and Trauma System is well connected with the leadership of statewide emergency management, the public health emergency preparedness network, and the public health system.**

**Strategy 1:** By November 2007, identify all key participants from the EMS and Trauma Care System who will participate in all hazards planning groups.

**Strategy 2:** By November 2007, establish regularly-scheduled meetings between the EMS and Trauma System and emergency management representatives to ensure seamless and effective communications.

**Strategy 3:** By May 2008, identify functions of the EMS and Trauma System that will support and augment emergency management activities.

#### Objective 2

**By May 2010, the EMS and Trauma System will identify resources that are critical to the effective management of an all hazards incident.**

**Strategy 1:** By December 2008, conduct an all hazards resource needs assessment in collaboration with emergency management representatives.

**Strategy 2:** By July 2009, conduct a gap analysis of the current EMS and Trauma Care System resources versus the needs assessment conducted in Strategy 1.

**Strategy 3:** By May 2010, develop a plan for reconciling the gaps identified in Strategy 2 above.

# System Development

## — GOAL 8 —

**System-wide interoperable communications are in place for emergency responders and hospitals.**

### **Objective 1**

**By December 2010, identify the current status and gaps.**

### **Objective 2**

**By December 2012, develop a plan to identify and address gaps including funding and other barriers.**

## Public Information & Education

### — GOAL 9 —

**There is a public information plan to educate the public about the EMS and Trauma Care System. The purpose of this plan is to inform the general public, decision-makers and the health care community about the role and impact of the Washington EMS and Trauma Care System.**

#### **Objective 1**

**By July 2008, a public information plan (PIP) is developed for informing the public, decision-makers and the health care community about the value of the Washington EMS and Trauma System.**

**Strategy 1:** By September 2007, the Steering Committee identifies key participants for the PIP work-group.

**Strategy 2:** By September 2007, staff identifies and assigns staff resources for development of this PIP.

**Strategy 3:** By November 2007, identify and select the target audiences for this PIP.

**Strategy 4:** By November 2007, determine the PIP goals and objectives.

**Strategy 5:** By January 2008, identify activities to be accomplished at state, regional and community levels and who at these levels will be lead.

**Strategy 6:** By May 2008, identify target audience's barriers and benefits and modify plan accordingly.

**Strategy 7:** By May 2008, develop public information messages for each target audience.

**Strategy 8:** By May 2008, develop implementation plans for the state, regions and communities.

**Strategy 9:** By May 2008, determine an evaluation plan.

**Strategy 10:** By July 2008, set budget and find funding for implementing the PIP.

## System Finance

### — GOAL 10 —

**There is a consistent and sustainable State Trauma Care Fund (RCW 70.168) that is dedicated to support trauma patient care by designated trauma hospital and rehabilitation services, verified prehospital EMS services and trauma physicians and clinicians.**

#### **Objective 1**

**By July 2009, utilize current trauma care cost/reimbursement data to establish trauma fund distribution spending plans.**

**Strategy 1:** By September 2007, have a completed study similar to the Arthur Anderson study done in 1991, to project and identify current and future costs/reimbursement funding needs and to disseminate information to decision makers.

**Strategy 2:** By November 2007, establish a new spending plan for distribution of the Trauma Care Fund for the 2007–2009 biennium.

**Strategy 3:** By November 2008, the Cost TAC develops a method to evaluate and review requests for the Trauma Care Fund.

**Strategy 4:** By December 2008, identify methods to address gaps in physician/hospital funding for care provided between the time of injury and the time of enrollment of patient in state-funded health care plan.

**Strategy 5:** By July 2009, use results of study to forecast under compensated and uncompensated trauma care costs.

## System Finance

### — GOAL 11 —

**There is consistent and sustainable funding to ensure a financially viable EMS and Trauma Care System.**

#### **Objective 1**

**By July 2012, an appropriate distribution and utilization of EMS and trauma resources is ensured by a financially viable system.**

**Strategy 1:** By June 2008, review EMS levy and other local funding data to determine trends.

**Strategy 2:** By November 2009, assess payment trends by insurers.

**Strategy 3:** By November 2009, gather data on revenue and costs for each element of the EMS and Trauma System.

**Strategy 4:** By July 2010, assess viability of current statute enabling local communities to fund EMS through public funds.

**Strategy 5:** By July 2009, assess payment mechanism from MAA and private insurance for prehospital care.

**Strategy 6:** By July 2012, assess needs for alternate funding mechanisms such as payment for treatment and release by all payers.

**Strategy 7:** By July 2012, develop an action plan to address gaps.

**Strategy 8:** Gather and provide information to hospitals on optimizing Trauma revenue from public and private payors.

# Injury Prevention & Control

## — GOAL 12 —

**Preventable/premature death and disability due to injury is reduced through targeted injury prevention activities and programs.**

<p><b>Objective 1</b></p> <p>By December 2007, the Washington State Injury Prevention Strategic Plan, current injury data and community gap analyses are used to identify and direct program efforts and support the need for continued and consistent funding.</p>	<p><b>Strategy 1:</b> By August 2007, with the help of the Department of Health Injury Prevention Epidemiologist, Injury and Violence Prevention Program (IVPP) staff will establish baseline data for selected injuries.</p>
	<p><b>Strategy 2:</b> By December 2007, the Department of Health Injury Prevention Epidemiologist will provide at least ten (10) years of selected injury trend lines.</p>
<p><b>Objective 2</b></p> <p>By January 2009, all injury prevention programs funded by the Office of EMS &amp; Trauma System will use already-researched, evidence-based and best-practice injury prevention interventions.</p>	<p><b>Strategy 1:</b> By January 2009, IVPP staff will develop injury prevention measures for selected injury issues</p>
	<p><b>Strategy 2:</b> By January 2009, IVPP staff will assist with identifying and sharing best and promising practices for injury issues.</p>
	<p><b>Strategy 3:</b> By January 2009, the Office of EMS &amp; Trauma System will fund and provide technical assistance to regions for best or promising practice-based injury prevention programs.</p>

# Injury Prevention & Control

## — GOAL 12 —

**Preventable/premature death and disability due to injury is reduced through targeted injury prevention activities and programs.**

### Objective 3

**By July 2008, through ongoing information sharing and continuing education, ensure that prehospital providers, designated trauma service staff and other prevention professionals are up to date on injury prevention interventions that can be started or incorporated into ongoing programs in their communities.**

**Strategy 1:** By January 2008, on an ongoing basis, the Office of EMS & Trauma System, regional injury prevention coordinators and IPPE TAC members will share and disseminate information to all interested parties ex: injury prevention training; research results; and best practices, materials, resources and information.

### Objective 4

**By January 1, 2008, have a completed feasibility survey of Medical Program Directors (MPDs) to determine whether a trauma/injury prevention elective should be developed and made available as an continuing education option for prehospital providers.**

**Strategy 1:** By May 2007, develop and pretest survey questions.

**Strategy 2:** By May 2007, adjust survey based on

**Strategy 3:** By May 2007, distribute survey to MPDs and do follow-up to assure at least a 90% re-

**Strategy 4:** By September 2007, collate answers

**Strategy 5:** By November 2007, present findings to OEMSTS management, Steering Committee, and

# Injury Prevention & Control

## — GOAL 12 —

**Preventable/premature death and disability due to injury is reduced through targeted injury prevention activities and programs.**

### **Objective 5**

**By July 2009, identify and implement a statewide injury prevention program, with coordinated effort from the state office, all EMS and trauma regions and other state and local partners.**

**Strategy 1:** By June 2008, with input from Office of EMS & Trauma System staff, the IPPE TAC will decide on the statewide project and its parameters and develop implementation and evaluation plans.

**Strategy 2:** By July 2008, at IPPE TAC meetings, each EMS & Trauma Care Region will report on implementation progress (formative evaluation) for its component of the statewide project.

**Strategy 3:** By July 2009, implement the statewide project through each region and track results.

**Strategy 4:** By September 15 of each year, Office of EMS & Trauma System staff will provide a fiscal year-end report on program results.

## — GOAL 13 —

**There is a sustainable prehospital EMS system utilizing standardized, evidence-based procedures and performance measures that address both trauma and medical emergencies.**

<p><b>Objective 1</b></p> <p><b>By July 2008, evaluate and redefine scope of practice for all certified prehospital EMS care personnel.</b></p>	<p><b>Strategy 1:</b> By June 2009, complete prehospital WAC review.</p>
	<p><b>Strategy 2:</b> By July 2007, review National Scope of Practice document.</p>
	<p><b>Strategy 3:</b> By July 2007, assess Scope of Practice to determine if it should be tied to a job analysis process.</p>
	<p><b>Strategy 4:</b> By October 2007, complete an assessment of National Incident Management System (NIMS) and Incident Command System (ICS) training to determine if programs should be required by statute/rule. If required, establish a phase-in timeline for compliance.</p>
<p><b>Objective 2</b></p> <p><b>By January 2011, develop state informational patient treatment guidelines at all levels of certification.</b></p>	<p><b>Strategy 1:</b> By December 2007, complete a review of all MPD protocols to identify commonalities.</p>
	<p><b>Strategy 2:</b> By December 2008, determine if the Department of Health will support higher standards developed at a local level. Identify whether or not such support must be codified in WAC.</p>
	<p><b>Strategy 3:</b> By December 2008, identify ability of local authorities to adopt higher than identified minimum standards.</p>
	<p><b>Strategy 4:</b> By December 2010, develop, review, and update minimum state standard protocols at all levels of certification that are reviewed/updated on an annual basis.</p>

# Prehospital

## — GOAL 13 —

**There is a sustainable prehospital EMS system utilizing standardized, evidence-based procedures and performance measures that address both trauma and medical emergencies.**

### **Objective 3**

**By December 2011, analyze EMS data from all system components (i.e., BLS, ILS and ALS), with data from all system components (i.e., prehospital, hospital, rehab., etc.) by 2012.**

**Strategy 1:** By January 2009, establish a tiered QI program which includes all levels of care (ALS, ILS, BLS).

**Strategy 2:** By January 2009, establish a uniform QI program statewide.

**Strategy 3:** By January 2009, identify and establish a method of requiring an agency QI process under the medical program directors.

**Strategy 4:** By January 2009, every medical program director will have an active QI program in place.

**Strategy 5:** By January 2012, link agency licensing and grant opportunities to data submission through

**Strategy 6:** By January 2012, utilize WA EMS Information System (WEMISIS) elements.

**Strategy 7:** By January 2012, establish methods for providing timely and appropriate feedback of patient data to all segments of the EMS and Trauma Care System.

**— GOAL 13 —**

**There is a sustainable prehospital EMS system utilizing standardized, evidence-based procedures and performance measures that address both trauma and medical emergencies.**

**Objective 4**

**By January 2008, provide standardized medical oversight education for all medical program directors.**

**Strategy 1:** By January 2008, a process will be identified to require NAEMSP or equivalent training for all medical program directors.

**Objective 5**

**By January 2010, there is a streamlined process of EMS certification and recertification.**

**Strategy 1:** By January 2008, increase participation in the on-line recertification process to 75%.

**Strategy 2:** By January 2009, streamline the process for clean initial certifications.

**Objective 6**

**By January 2010, determine a process for medical dispatch personnel to operate under Department of Health-approved medical program director protocols for emergency medical**

**Strategy 1:** By January 2009, consult with the Office of Emergency Management (OEM) and E-911 Committee, evaluate the existing program(s) and develop strategies for change.

**Strategy 2:** By December 2008, complete an evaluation of the current status of EMS dispatch centers.

# Prehospital

## — GOAL 13 —

**There is a sustainable prehospital EMS system utilizing standardized, evidence-based procedures and performance measures that address both trauma and medical emergencies.**

<p><b>Objective 7</b> By January 2012, standardize, mandate, and monitor compliance with OTEP/CME schedules programs.</p>	<p><b>Strategy 1:</b> By January 2010, create a standardized rule on participation in OTEP programs and compliance with annual requirements.</p>
	<p><b>Strategy 2:</b> By January 2010, develop a system of data sharing between individuals, agencies and the Department of Health on OTEP progress.</p>
	<p><b>Strategy 3:</b> By January 2009, assess the ability of the Department of Health to add a module for tracking OTEP progress to the on-line process.</p>
	<p><b>Strategy 4:</b> By January 2009, assess the feasibility of eliminating the traditional method of CME as an option.</p>
	<p><b>Strategy 5:</b> By July 2007, analyze the current ratio of OTEP to traditional agencies.</p>
	<p><b>Strategy 6:</b> By January 2012, tie OTEP to the QI process (OTEP based on patient outcome studies).</p>
<p><b>Objective 8</b> By January 2012, link curricula, protocols and practice with patient</p>	<p><b>Strategy 1:</b> By March 2008, review existing QI programs and QI compliance with enforcement strategies.</p>
	<p><b>Strategy 2:</b> By January 2012, utilize evidence-based practices in training and practices.</p>

**— GOAL 13 —**

**There is a sustainable prehospital EMS system utilizing standardized, evidence-based procedures and performance measures that address both trauma and medical emergencies.**

**Objective 9**

**By January 2008, assure that all prehospital certification examinations are regularly reviewed and current with recognized “best practices”.**

**Strategy 1:** By January 2008, complete a review of current examination processes.

**Strategy 2:** By January 2008, establish a recommendation to outsource process or keep in-house.

**Strategy 3:** By January 2008, if recommendation is to outsource, identify provider to administer examinations.

**Strategy 4:** By January 2008, review all local protocol examinations, both BLS and ALS.

**Strategy 5:** By January 2008, identify a process to confirm knowledge of Washington State Specific Objectives if examination process is recommended for outsourcing.

# Acute Hospital

## — GOAL 14 —

**There is a sustainable statewide system of designated trauma services that provides appropriate capacity and distribution of resources to support high-quality trauma patient care.**

### Objective 1

**By January 2010, the trauma system structure is designed, designation levels are established, and hospitals are designated based on volume of patients, available resources (hospital and physician), and geographic distribution to avoid gaps in coverage and unnecessary duplication of resources.**

#### Hospital:

**Strategy 1:** By January 2009, identify gaps and duplications in trauma service coverage.

**Strategy 2:** By January 2010, develop a plan for closing trauma service gaps and addressing duplications.

#### Physician:

**Strategy 3:** By July 2009, identify gaps in surgical and subspecialty coverage.

**Strategy 4:** By July 2008, assess issues/barriers to physician interest in providing trauma care (i.e., unfunded patients, lifestyle, liabilities, HIPPA, etc.).

**Strategy 5:** By July 2008, there is a statewide telemedicine/teleradiology system to facilitate surgical and subspecialty consultation for the acute care of the trauma patient.

**Strategy 6:** By January 2010, identify method to assess surgical and subspecialty coverage on a periodic basis (i.e. an inventory system such as RAMSES).

**Strategy 7:** By January 2010, increase regionalization and coordination of subspecialty services statewide.

**— GOAL 14 —**

**There is a sustainable statewide system of designated trauma services that provides appropriate capacity and distribution of resources to support high-quality trauma patient care.**

**Objective 2**

**By July 2008, the trauma system has adequate funding to ensure physician and hospital expertise, interest, resources, and ability to remain viable.**

**Strategy 1:** By September 2007, coordinate with the Cost/Reimbursement TAC to study the appropriate level and distribution of trauma care fund to hospitals and physicians.

**Strategy 2:** By January 2008, coordinate with the Cost/Reimbursement TAC to develop a spending plan to distribute trauma funds to hospitals and physicians.

# Pediatric

## — GOAL 15 —

**There is a sustainable statewide EMS and Trauma Care System that integrates pediatric care into the system continuum (prevention, prehospital, hospital, rehabilitation and system evaluation).**

### **Objective 1**

**By December 2012, data for testing, development and validation of pediatric care standards for trauma and medical emergencies is available.**

**Strategy 1:** By January 2009, work within the System Evaluation Goals to ensure each objective has sufficient pediatric data to allow the Pediatric TAC to evaluate pediatric care delivery.

**Strategy 2:** By December 2009, identify funding sources, (EMSC & elsewhere), to augment/ supplement data collected through the trauma registry and WEMSIS.

**Strategy 3:** By December 2011, develop a method whereby currently privileged information, such as from Child Death Review Committees and Medical Examiners, can be accessed to supplement EMS & Trauma system regional quality assurance process.

**Strategy 4:** By July 2011, use Institute Of Medicine and other national sources of evidence-based information and materials, research and reports to assist in formulating pediatric care standards.

**Strategy 5:** By January 2012, identify ways to incorporate the assessments and evaluations of pediatric emergency medical and trauma care done by regional QI forums, designated trauma facilities and other pediatric centers.

**— GOAL 15 —**

**There is a sustainable statewide EMS and Trauma Care System that integrates pediatric care into the system continuum (prevention, prehospital, hospital, rehabilitation and system evaluation).**

<p><b>Objective 2</b></p> <p>By December 2010, statewide EMS pediatric care protocols are established.</p>	<p><b>Strategy 1:</b> By January 2009, develop evidence-based “model” prehospital protocols.</p>
	<p><b>Strategy 2:</b> By January 2010, seek EMSC funding to develop model protocols.</p>
<p><b>Objective 3</b></p> <p>By December 2012, there is a statewide system utilizing new and existing technology to facilitate consultation for the acute care of the pediatric emergency patient.</p>	<p><b>Strategy 1:</b> By January 2012, integration of the pediatric information &amp; resource center within the larger acute hospital system for information sharing.</p>
	<p><b>Strategy 2:</b> By July 2012, this system will include resources and information to address prehospital and hospital based pediatric emergency care.</p>
<p><b>Objective 4</b></p> <p>By December 2012, there is a statewide system to facilitate pediatric emergency medical and trauma education for prehospital and hospital care providers.</p>	<p><b>Strategy 1:</b> By December 2007, ensure that traditional educational methods are incorporated into the system’s structure.</p>
	<p><b>Strategy 2:</b> By January 2009, non-traditional educational methods will be developed to encourage learning in pediatric emergency care.</p>
	<p><b>Strategy 3:</b> By January 2009, use the continuum of trauma care as the foundation of any web-based pediatric education course structure.</p>

# Trauma Rehabilitation

## — GOAL 16 —

**There is a sustainable statewide system of designated trauma rehabilitation services that provides adequate capacity and distribution of resources to support high-quality trauma rehabilitation care.**

### **Objective 1**

**By January 2010, the trauma rehabilitation system is designed, and designation levels are established, based on volume of patients, available resources, and geographic distribution of need to avoid gaps in coverage.**

**Strategy 1:** By July 2009, identify gaps in trauma rehabilitation coverage.

**Strategy 2:** By December 2009, identify barriers to patient access to trauma rehabilitation services.

## System Evaluation

### — GOAL 17 —

**The EMS and Trauma Care System has data management capabilities to support system evaluation and improvement**

<p style="text-align: center;"><b>Objective 1</b></p> <p>By December 2009, the EMS &amp; Trauma System has a comprehensive, robust prehospital data system utilizing the standardized prehospital data set with standard definitions – Washington EMS Information System (WEMSIS).</p>	<p><b>Strategy 1:</b> By July 2007, WEMSIS is deployed</p>
	<p><b>Strategy 2:</b> Identify funding mechanisms to encourage agency participation in WEMSIS.</p>
	<p><b>Strategy 3:</b> By June 2008, at least 50% of all licensed EMS agencies will be consistently submitting</p>
	<p><b>Strategy 4:</b> By June 2009, at least 90% of all licensed EMS agencies will be consistently submitting data to WEMSIS.</p>
	<p><b>Strategy 5:</b> By December 2009, the EMS dataset is complete and ready for statewide analysis and research and submission to the National EMS Information System (NEMSIS).</p>
<p style="text-align: center;"><b>Objective 2</b></p> <p>By December 2010, the EMS &amp; Trauma System provides, collects and analyzes data from all system components</p>	<p><b>Strategy 1:</b> By July 2010, develop a web-based reporting and benchmarking system to allow hospitals to routinely receive comparative reports and benchmarking status.</p>
	<p><b>Strategy 2:</b> By July 2010, develop a method to receive data from designated trauma rehabilitation services.</p>

# System Evaluation

## — GOAL 18 —

The EMS and Trauma Care System has comprehensive, data-driven quality improvement (QI) processes at the local, regional and statewide levels.

<p><b>Objective 1</b></p> <p>By July 2012, the EMS &amp; Trauma System defines appropriate outcome measures and benchmarks for mortality, morbidity, quality of life, productivity, functional status, employment, to evaluate system effective-</p>	<p><b>Strategy 1:</b> By December 2008, establish appropriate mortality outcome measures.</p>
	<p><b>Strategy 2:</b> By July 2010, establish appropriate non-mortality (morbidity) outcome measures.</p>
<p><b>Objective 2</b></p> <p>By December 2012, there is medical examiner/coroner data available to the EMS &amp; Trauma System for QI and system evaluation.</p>	<p><b>Strategy 1:</b> By December 2011, pursue legislation directing medical examiners and coroners to share post-mortem findings and reports with the Washington Trauma Registry, regional Trauma QI committees and hospitals.</p>
<p><b>Objective 3</b></p> <p>By July 2010, the EMS &amp; Trauma System utilizes standard performance measures.</p>	<p><b>Strategy 1:</b> By December 2009, establish standard performance measures for designated trauma services by level.</p>
	<p><b>Strategy 2:</b> By January 2010, establish standard performance measures for verified EMS agencies by level.</p>

## System Evaluation

### — GOAL 18 —

**The EMS and Trauma Care System has comprehensive, data-driven quality improvement (QI) processes at the local, regional and statewide levels.**

<p style="text-align: center;"><b>Objective 4</b></p> <p>By July 2012, the EMS &amp; Trauma System links data to clinical outcomes and practice and implements evidence-based changes quickly.</p>	<p><b>Strategy 1:</b> Annually beginning January 2008, identify three new EMS and Trauma patient care treatment guidelines based on analysis of data and assessment of best practices.</p>
	<p><b>Strategy 2:</b> Annually beginning January 2008, provide education on trauma best practices to trauma care providers.</p>
<p style="text-align: center;"><b>Objective 5</b></p> <p>By July 2010, there is a uniform policy and understanding regarding confidentiality and data sharing.</p>	<p><b>Strategy 1:</b> By July 2009, identify the scope of problem and identify obstacles for sharing data among providers.</p>
	<p><b>Strategy 2:</b> By July 2010, develop a HIPPA compliant statewide procedure for sharing outcome information regarding individual patients with the care providers.</p>
<p style="text-align: center;"><b>Objective 6</b></p> <p>By July 2010, the EMS and Trauma Care System moves patients effectively through the system.</p>	<p><b>Strategy 1:</b> By June 2009, identify the information associated with each patient as they flow thru the EMS and Trauma system in order to improve the accuracy of patient handoff.</p>
	<p><b>Strategy 2:</b> By July 2010, develop process to evaluate total times and each individual stage times for patients to move thru the EMS and Trauma system.</p>

# Cardiac and Stroke System

## — GOAL 19 —

**There is a strong, efficient, well-coordinated statewide emergency cardiac and stroke system to improve and enhance emergency cardiac and stroke care, and to minimize the human suffering and costs associated with preventable mortality and morbidity.**

### Objective 1

**Prehospital Protocols, Triage, and Destination Plans. The EMS and Trauma Care Steering Committee will endorse and disseminate protocol guidelines and state triage and destination plans for acute coronary syndrome and stroke, based on the recommendations of the Emergency Cardiac and Stroke Technical Advisory Committee**

**Strategy 1:** Finalize protocol guidelines and triage tools with stakeholder input.

**Strategy 2:** Endorse cardiac and stroke protocol guidelines, and triage tools.

**Strategy 3:** Notify all stakeholders of new prehospital protocol guidelines, state cardiac and stroke triage and destination plans, and implementation timeline; provide sample patient care procedures and county operating procedures.

**Strategy 4:** Initiate pilot to test BLS use of EKGs in the field.

**Strategy 5:** Disseminate training tools to MPDs and training officers.

**Strategy 6:** When the updated AHA Emergency Cardiovascular Guidelines are released in 2010, review and revise system policy as necessary.

**Strategy 7:** All MPD protocols, regional PCPs and local COPs are consistent with protocol guidelines and triage tools.

## Cardiac and Stroke System

### — GOAL 19 —

**There is a strong, efficient, well-coordinated statewide emergency cardiac and stroke system to improve and enhance emergency cardiac and stroke care, and to minimize the human suffering and costs associated with preventable mortality and morbidity.**

#### **Objective 2**

**Cardiac and Stroke Center Identification. Cardiac and stroke-capable hospitals are identified to guide local triage and destination planning.**

**Strategy 1:** Review and revise hospital verification criteria for voluntary categorization program.

**Strategy 2:** Endorse voluntary categorization criteria for specialty cardiac and stroke centers based on ECS TAC recommendations.

**Strategy 3:** Specialty center application and documentation process are developed and sent to all hospitals.

**Strategy 4:** Specialty centers are identified and disseminated to EMS to inform destination plans.

**Strategy 5:** Evaluate whether verification system is necessary and seek legislative authority.

# Cardiac and Stroke System

## — GOAL 19 —

**There is a strong, efficient, well-coordinated statewide emergency cardiac and stroke system to improve and enhance emergency cardiac and stroke care, and to minimize the human suffering and costs associated with preventable mortality and morbidity.**

<p><b>Objective 3</b></p> <p><b>Implementation Support. Website with tools and resources for system implementation is launched.</b></p>	<p><b>Strategy 1:</b> Prepare content and links for website to include dispatch protocol guidelines. For EMS; protocols, triage tools, sample PCPs, and COPs. For hospitals, sample order sets, transfer protocols, feedback forms (to EMS). General; community education resources, suggested data elements and key measures, training resources, national guidelines, foundational papers and reports and other useful information.</p>
	<p><b>Strategy 2:</b> Establish an electronic network to disseminate information on the emergency cardiac and stroke system; articles, reports, guideline updates, and resources related to emergency cardiac and stroke response and treatment.</p>
	<p><b>Strategy 3:</b> Work with DOH web staff to post content to DOH website(s) as determined by division partners.</p>
<p><b>Objective 4</b></p> <p><b>Data Collection and System Evaluation. Data collection system and baselines for key measures are established.</b></p>	<p><b>Strategy 1:</b> Finalize recommendation for key measures and data elements to be collected by participating hospitals and EMS providers.</p>
	<p><b>Strategy 2:</b> Determine method to collect data, what will be reported, to whom, and how it will be presented. DOH will seek funding if required.</p>

## Cardiac and Stroke System

### — GOAL 19 —

**There is a strong, efficient, well-coordinated statewide emergency cardiac and stroke system to improve and enhance emergency cardiac and stroke care, and to minimize the human suffering and costs associated with preventable mortality and morbidity.**

#### **Objective 5:**

**Local Quality Improvement. Regional cardiac and stroke systems evaluate system performance through a quality improvement process.**

**Strategy 1:** Legal issues around quality improvement involving multiple organizations (prehospital and hospital) are addressed, and DOH Continuous Quality Improvement Program is considered.

**Strategy 2:** Identify a method to conduct local QI.

#### **Objective 6:**

**Emergency Cardiac and Stroke Technical Advisory Committee. Committee membership is maintained and representative of stakeholders, and at least a majority of members participate in each meet-**

**Strategy 1:** Members re-commit to work of the TAC. New members are appointed from those attending meetings as interested parties and seek participation from stakeholders from other organizations who are not represented in the membership.

## Committee Members

### Governor's EMS & Trauma Care Steering Committee

Committee Chair .....Edward Walkley, M.D.

#### Members

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Eileen Bulger, M.D.	Russell McCallion, Asst. Fire Chief
Chris Caviezel, Fire Commissioner	John Milne, M.D.
Harvey Crowder, D.V.M.	Lori Morgan, M.D.
Mike DePalma, Captain - WSP	Edward L. Mund, E.M.T.-B.
Ron Dire-Day, E.M.T.-P.	Suzanne Rector, R.N.
Kathy Emde, R.N.	Justin Robinson, M.D.
Mary Flick, R.N., A.R.N.P.	Sam Sharar, M.D.
Sandra Horning, M.D.	Mike Sumner, Consumer
William Hurley, M.D.	Linda K. Thomson, O.T.
Kathleen Jobe, M.D.	Terry Thrall, E.M.T.-P.
Gregory Jurkovich, M.D.	Kathy Turner, City Councilwoman
Cynthia Markus, M.D.	Edward Walkley, M.D.



## **Committee Members**

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### **EMS Licensing & Certification Committee**

**Committee Chair.....Lynn Witter, M.D.**

#### **Members**

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Roxy Barnes

Rick Kowsky

James Dow

Patricia Richards

Grace Dy, M.D.

Mike Sumner

Scott Edminster

Michael T. Wilson

Joseph Hoffman, M.D.

Lynn Witter, M.D.

David Johnston