



EMSTS Strategic Plan tracking of objectives and strategies – after 11/20/13 SC meeting

Goal	Obj	Strat	Component	Objective/Strategy Text	Dept. Owner	Lead Committee	Support Committee	Start Date	Due Date	Current Status
1	1	0	System Leadership	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 Care System Strategic Plan.	SD	SC		7/1/07	9/30/08	completed
1	1	1	System Leadership	Director/SC evaluate representation of all components.	SD	SC		9/1/07	11/30/07	completed
1	1	2	System Leadership	SC establishes positions & duties of chair, chair-elect & past chair.	SD	SC		9/1/07	11/30/07	completed
1	1	3	System Leadership	SC develops consensus re: stakeholder representation.	SD	SC		12/1/07	1/31/08	completed
1	1	4	System Leadership	Dept. & Chair present proposed SC representation to Governor's Boards & Commissions staff.	SD	SC		2/1/08	1/30/08	completed
1	1	5	System Leadership	SC representation is approved by Governor's Office.	SD	SC		4/1/08	5/30/08	completed
1	1	6	System Leadership	Develop cycle for appointment transitions if change in membership.	SD	SC		6/1/08	6/30/08	completed
1	1	7	System Leadership	Dept./Governor invite stakeholder groups to participate in revised comm. makeup/structure.	SD	SC		7/1/07	7/31/08	completed
1	2	0	System Leadership	The Steering Committee establishes the technical advisory committees needed to accomplish the 2007-2012 EMS & Trauma Care System Strategic Plan.	SD	SC		7/1/07	9/30/08	completed
1	2	1	System Leadership	SC identifies areas of EMS & trauma that needs technical input & guidance.	SD	SC		7/1/07	1/31/08	completed
1	2	2	System Leadership	SC determines subcommittee organization to support SC work.	SD	SC		1/1/08	3/30/08	completed
1	2	3	System Leadership	Review bylaws.	SD	SC		12/1/07	7/31/08	completed
1	2	4	System Leadership	Form or re-establish technical advisory committees & committee charge.	SD	SC		3/1/08	5/30/08	completed
1	2	5	System Leadership	Each technical advisory comm adopts charter & work plan.	JK	SC		1/1/08	5/30/08	completed
1	3	0	System Leadership	Dept., with advice from the Steering Committee, directs the implementation of the 2007-2012 EMS & Trauma Care System Strategic Plan.	JK	SC		7/1/07	9/30/07	completed
1	3	1	System Leadership	Dept. directs implementation of 2007-2012 EMS & Trauma Care System Strategic Plan.	JK	SC		9/1/07	9/30/07	completed



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1	3	2	System Leadership	Begin monitoring implementation of statewide strategic plan objectives & strategies.	JK	SC		11/1/07	11/30/07	completed
2	1	0	System Leadership	Regional and local councils include membership categories that assure active participation across multi-disciplinary lines.	ML	RAC		7/1/07	12/31/07	completed
2	1	1	System Leadership	Identify major groups at state, regional, local levels.	ML	RAC		7/1/07	9/30/07	completed
2	1	2	System Leadership	Identify individual contact info for each identified group/agency.	ML	RAC		9/1/07	9/30/07	completed
2	1	3	System Leadership	Identify specific ways to engage entities in EMS & trauma systems.	ML	RAC		10/1/07	10/31/07	completed
2	1	4	System Leadership	Schedule and facilitate meetings at regional level to present specific options for engagement.	ML	RAC		10/1/07	12/31/07	completed
2	2	0	System Leadership	Tools are developed for regional and local councils to use in informing and engaging membership.	ML	Dept.	RAC	7/1/07	3/31/08	completed
2	2	1	System Leadership	Bests practices are identified and disseminated to all regional & local councils.	ML	Dept.	RAC	7/1/07	10/31/07	completed
2	2	2	System Leadership	Regional administrators are oriented to best practices & able to implement as appropriate.	ML	Dept.	RAC	11/1/07	2/28/08	completed
2	3	0	System Leadership	Evaluate status of engagement and identify strategies to address gaps if needed.	DF & JK	SC		9/1/11	12/31/15	in progress
3	1	0	System Leadership	Leadership resources or training programs that include processes specific to EMS and Trauma Systems is available for use across the state.	ML & SH	SC		2/1/08	12/31/13	ongoing
3	1	1	System Leadership	Research & identify existing programs that meet need.	ML	SC		2/1/08	9/30/08	completed
3	1	2	System Leadership	Review existing programs.	ML	SC		9/1/08	11/30/08	completed
3	1	3	System Leadership	Research & identify academic entity willing to create and coordinate and teach EMS&TS leadership course.	ML	SC		11/1/08	5/31/09	completed
3	1	4	System Leadership	Select method for meeting objective.	ML	SC		5/1/09	11/30/09	completed
3	2	0	System Leadership	RAC will work with the Department/State Audiors Office to make the Regional Council business structure compliant with RCW.	MGL & SH	RAC		6/1/11	12/31/13	in progress



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Goal	Obj	Strat	Component	Objective/Strategy Text	Dept. Owner	Lead Committee	Support Committee	Start Date	Due Date	Current Status
4	1	0	System Development	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.	DF & JK	SC		7/1/07	12/31/12	completed
4	1	1	System Development	Finalize goals, objectives & strategies for each component of statewide EMS & Trauma Care Strategic Plan.	JK	SC		7/1/07	7/31/07	completed
4	1	2	System Development	Develop work plan template incorporating all goals, obj & strat with roles & responsibilities identified.	JK	SC		7/1/07	7/31/07	completed
4	1	3	System Development	Produce & publish final draft plan for review by Dept. & Gov.	JK	SC		7/1/07	12/31/07	completed
4	2	0	System Development	The state has adopted a statewide air ambulance plan that addresses distribution of rotary wing ambulance services.	ML	SC		7/1/07	11/30/07	completed
4	2	1	System Development	Produce final draft for input & critical review by air ambulance providers.	ML	SC		7/1/07	7/31/07	completed
4	2	2	System Development	Incorporate modifications into final plan for submission to Gov's EMS & Trauma Care SC meeting.	ML	HOSP	TMD	7/1/07	11/30/07	completed
4	2	3	System Development	Develop work plan incorporating all goals, obj & strat with roles & responsibilities & associated timelines.	ML	SC		7/1/07	7/31/07	completed
4	2	4	System Development	Publish final plan & place on EMS & Trauma system website.	ML	SC		7/1/07	7/31/07	completed
4	3	0	System Development	Rules establish standards for distribution of services that promote optimal coverage of EMS and trauma services.	KS & ML	PREH	HOSP	10/1/07	2/28/10	completed
4	3	1	System Development	Adopt geo-classification systems that reflect diverse population and geography.	ML	SC		10/1/07	8/31/08	completed
4	3	2	System Development	Develop plan/method to identify resource need indicators by population & geography.	KS & ML	HOSP	OUTC & PREH	12/1/07	1/31/09	completed
4	3	3	System Development	Office of EMS & Trauma System collaborates with Regional EMS & Trauma Care Councils, SC & it's TACs to develop distribution criteria.	KS & ML	SC		12/1/08	7/31/09	completed
4	3	4	System Development	Identify & adopt response time criteria for each geo-class to ensure adequate distribution of prehospital resources.	ML	SC		1/1/09	11/30/09	completed
4	4	0	System Development	Guidelines are established that promote optimal patient care within the EMS and Trauma System.	ML & MR	SC	PREH & TMD	11/1/07	12/31/13	ongoing
4	4	1	System Development	Office of Ems & Trauma System collaborates with MPD comm, SC & TACs to identify current clinical best practices for prehospital/hospital/rehab components.	KS & ML	SC		11/1/07	9/30/08	completed



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4	4	2	System Development	Incorporate evidence-based clinical guidelines into system.	KS & ML	TMD	MPD	9/1/08	12/31/12	completed
4	5	0	System Development	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	DF, ML & MGL	HOSP		7/1/07	12/31/13	ongoing
4	5	1	System Development	Representative(s) of the EMS & Trauma Care System will participate on the Washington Telehealth Consortium.	MGL & SH	HOSP		7/1/07	12/31/07	completed
4	5	2	System Development	Representative(s) of the EMS & trauma care system will participate in development of the Washington Telehealth Exchange to improve interconnectivity between existing networks.	DF, ML & MGL	HOSP		1/1/08	12/31/09	completed
4	6	0	System Development	RAC will work with Dept. to determine an efficient process to make changes to the minimum and maximum number of verified and designated services in regional EMSTC plans.	MGL, NF & SH	RAC		6/1/11	3/30/14	in progress
4	7	0	System Development	RAC will develop a method/process to reconcile prehospital agency information and provide the updated information to Dept..	MGL, NF & SH	RAC		6/1/11	12/31/12	completed
5	1	0	System Development	The regional plan format will be established according to the EMS and trauma system strategic plan.	ML	Dept.		7/1/07	5/31/11	completed
5	1	1	System Development	Each regional plan will include specific activities needed in each region to implement plan.	ML	Dept.		10/1/07	11/30/08	completed
5	1	2	System Development	Methodologies will be developed & utilized to address regional needs & identify min/max number for trauma designated services.	ML	Dept.		9/1/08	1/31/09	completed
5	2	0	System Development	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.	ML & SH	Dept.		9/1/08	11/30/12	in progress
5	2	1	System Development	Methodologies will be developed & utilized to address regional needs & identify min/max numbers for prehops resources.	ML & SH	PREH		7/1/08	5/31/11	in progress
5	2	2	System Development	Regional plans will identify levels & distribution of designated services & verified prehosp services using evidence based approved methodologies.	ML & SH	Dept.		6/1/09	6/30/12	in progress



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Goal	Obj	Strat	Component	Objective/Strategy Text	Dept. Owner	Lead Committee	Support Committee	Start Date	Due Date	Current Status
6	1	0	System Development	The EMS and Trauma Care Steering Committee will adopt a method to evaluate new and emerging issues and determine if it <u>they come under the Committee purview.</u>	JK	SC		7/1/07	9/30/08	completed
6	1	1	System Development	Draft method for assessing & evaluating issues & programs developed & adopted by EMS & Trauma Care SC.	KS	SC		11/1/07	7/31/08	completed
6	1	2	System Development	Develop method to evaluate new initiatives based on available <u>resources & current activities.</u>	KS	SC		3/1/08	9/30/08	completed
6	2	0	System Development	Emergency cardiac and stroke is studied by the existing Cardiac/Stroke Prevention Workgroup, reported to Dept. and the EMS and Trauma Care Steering Committee, and implementation of the findings and recommendations from the Emergency Stroke <u>and Cardiac Workgroup 2007 report is begun</u>	KK & KS	ECS		7/1/07	7/31/08	completed
6	2	1	System Development	EMS Cardiac & Stroke wkgp is formed, funded & staffed <u>primarily through Dept.'s CDC Stroke/Cardiac grant.</u>	KS	ECS		7/1/07	7/31/07	completed
6	2	2	System Development	Recommendations from SC 2002 Cardiac & Stroke Report are <u>utilized as basis for study.</u>	KS	ECS		7/1/07	7/31/07	completed
6	2	3	System Development	Recommendations to improve emergency stroke & cardiac system are developed by Emergency Stroke & Cardiac <u>workgroup.</u>	KS	ECS		7/1/07	7/31/07	completed
6	2	4	System Development	Disseminate findings & recommendations of 2007 Emergency Cardiovascular Care Report to EMS stakeholders.	KS	ECS		7/1/07	5/31/08	completed
6	2	5	System Development	Identify existing prehosp emergency stroke & cardiac care <u>resources for each EMS & Trauma Care Region.</u>	ML	ECS		7/1/07	5/31/08	completed
6	2	6	System Development	Identify existing hospital emergency stroke & cardiac care resources, develop standards, develop triage toll & prehosp <u>patient care procedures.</u>	KS	ECS		7/1/07	5/31/08	completed
6	2	7	System Development	Develop statewide Basic Life Support & Advanced Life Support <u>protocols for stroke & cardiac care.</u>	ML	PREH	ECS	9/1/07	6/30/08	completed
6	2	8	System Development	Assess existing stroke & cardiac training for dispatch & Ems personnel for consistency w/American Heart Assoc guidelines & <u>wkgp recomm/develop curriculum & training plan.</u>	ML	PREH	ECS	11/1/07	7/31/08	completed
6	2	9	System Development	Appoint additional TAC members to ensure all components of coordinated cardiac/stroke system are represented & conduct <u>meetings.</u>	KS	SC		9/1/08	7/31/08	completed
6	3	0	System Development	Interpolate emerging issues and corresponding strategies into the <u>strategic plan.</u>	DF	SC		9/1/11	12/31/15	in progress



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7	1	0	System Development	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.	DF	Dept.		7/1/07	12/31/13	ongoing
7	1	1	System Development	Identify all key participants from EMS & Trauma Care System who will participate in all hazards planning groups.	ML	PREH	RAC	7/1/07	11/30/07	completed
7	1	2	System Development	Establish regularly-scheduled meetings between the EMS & Trauma System and emergency management representatives to ensure seamless and effective communications.	ML	PREH	RAC	7/1/07	11/30/07	completed
7	1	3	System Development	Identify functions of the EMS & Trauma System that will support and augment emergency management activities.	ML	PREH	RAC	10/1/07	5/31/08	completed
7	1	4	System Development	Identify synergies among prehospital EMS, public health, and community health system and adapt methods through which prehospital EMS is better integrated into the public health and community health system.	ML & MDR	PREH		6/1/11	11/30/14	in progress
7	1	5	System Development	Identify specific methods that will result in improved EMS integration into disaster planning and emergency management of all hazards incidents.	ML & MS	PREH		6/1/11	11/30/14	in progress
7	2	0	System Development	The EMS and Trauma System will identify resources that are critical to the effective management of an all hazards incident.	MGL & MS	Dept.		11/1/07	5/31/10	completed
7	2	1	System Development	Conduct all hazards resource needs assessment in collab w/emergency mgmt reps.	ML	PREH	RAC	6/1/08	12/31/08	completed
7	2	2	System Development	Conduct gap analysis of current EMS & Trauma Care System resources versus needs assessment conducted in Strat 1.	ML	PREH	RAC	1/1/09	7/31/09	completed
7	2	3	System Development	Develop plan for reconciling gaps identified in Strategy 2.	MGL & MS	PREH	RAC	8/1/09	5/31/10	completed
8	1	0	System Development	Identify the current status and gaps.	ML	Dept.	RAC	1/1/08	12/31/10	completed
8	2	0	System Development	Develop a plan to identify and address gaps including funding and other barriers.	MGL, MS & SH	Dept.	RAC	1/1/10	6/30/12	in progress
9	1	0	Public Information & Education	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.	SD	SC		7/1/07	7/31/08	completed



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9	1	1	Public Information & Education	SC identifies key participants for PIP wkgp.	MGL & SH	SC		7/1/07	9/30/07	completed
9	1	2	Public Information & Education	Staff identifies & assigns staff resources for development of PIP.	MGL & SH	SC		8/1/07	9/30/07	completed
9	1	3	Public Information & Education	Identify & select target audiences for PIP.	MGL & SH	SC		10/1/07	11/30/07	completed
9	1	4	Public Information & Education	Determine PIP goals & objectives.	MGL & SH	SC		10/1/07	11/30/07	completed
9	1	5	Public Information & Education	Identify activities to be accomplished at state, regional & comm levels & who will be lead.	MGL & SH	SC		12/1/07	1/31/08	completed
9	1	6	Public Information & Education	Identify target audience's barriers & benefits & modify plan accordingly.	MGL & SH	SC		2/1/08	5/31/08	completed
9	1	7	Public Information & Education	Develop public info messages for each target audience.	MGL & SH	SC		2/1/08	5/31/08	completed
9	1	8	Public Information & Education	Develop implementation plans for state, regions & communities.	MGL & SH	SC		2/1/08	5/31/08	completed
9	1	9	Public Information & Education	Determine an evaluation plan.	MGL & SH	SC		2/1/08	5/31/08	completed
9	1	10	Public Information & Education	Set budget & find funding for implementing PIP.	SD	SC		6/1/08	7/31/12	completed
9	2	0	Public Information & Education	Identify PIPs as appropriate and corresponding implementation plans and strategies.	MGL & SH	RAC		9/1/11	12/31/15	in progress
10	1	0	System Finance	Utilize current trauma care cost/reimbursement data to establish <u>trauma fund distribution spending plans.</u>	DF	COST		7/1/07	7/31/09	completed
10	1	1	System Finance	Have completed study similar to Arthur Anderson study done in 91', project & identify current & future costs/reimburse funding needs & disseminate info to decision makers.	DF & ED	COST		9/1/07	9/30/07	completed



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10	1	2	System Finance	Establish new spending plan for distribution of Trauma Care Fund for 2007-2009 biennium.	DF & ED	COST		9/1/07	11/30/07	completed
10	1	3	System Finance	Cost TAC develops method to evaluate/review requests for the TCF.	DF	COST		1/1/08	11/30/08	completed
10	1	4	System Finance	Identify methods to address gaps in physician/hospital funding for care provided between time of injury & enrollment of patient.	DF & ED	COST		7/1/08	12/31/08	completed
10	1	5	System Finance	Use study results to forecast under- & uncompensated trauma care costs.	DF & ED	COST		1/1/08	7/31/09	completed
10	2	0	System Finance	Establish a spending plan for distribution of the Trauma Care Fund for each biennium.	DF & ED	COST		7/1/11	9/30/15	ongoing
10	2	1	System Finance	Collect information on issues impacting the trauma system to support formulation of a spending plan for distribution of the Trauma Care Fund for each biennium.	DF & ED	COST		9/1/12	12/31/15	ongoing
10	2	2	System Finance	Monitor revenue against spending plan and adjust as necessary.	DF & ED	COST		7/1/11	12/31/15	ongoing
10	2	3	System Finance	Review TCF grant formulas, methodologies and payment structure against principles for TCF distribution to assure equity and fairness.	DF & ED	COST		9/1/12	12/31/15	ongoing
10	2	4	System Finance	Establish a spending plan for distribution of the Trauma Care Fund for each biennium.	DF & ED	COST		9/1/12	12/31/15	ongoing
10	3	0	System Finance	Provide technical support to the Steering Committee and EMS and Trauma System stakeholders on trauma finance issues.	DF & ED	COST		6/1/11	12/31/15	in progress
10	3	1	System Finance	Develop and implement a plan to recruit additional active Cost TAC members representative of the broader trauma system.	DF & ED	COST		6/1/11	12/31/15	in progress
10	3	2	System Finance	Through committee discussion identify threats and opportunities to Trauma System financial sustainability.	DF & ED	COST		9/1/11	12/31/15	in progress
10	3	3	System Finance	Provide technical support to trauma system providers on DSHS Medicaid billing to help providers understand how to submit eligible claims for trauma enhanced Medicaid payments.	DF & ED	COST		6/1/11	12/31/15	in progress
10	3	4	System Finance	With support from the Trauma Registry, the Cost TAC will evaluate the effects of upgrading ISS calculation software from AIS 1998 to AIS 2005 as it impacts the distribution of TCF payments.	DF & ED	COST		1/1/12	6/30/12	completed
11	1	0	System Finance	An appropriate distribution and utilization of EMS and trauma resources is ensured by a financially viable system.	DF	COST		9/1/07	12/31/12	eliminated



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11	1	1	System Finance	Review EMS levy & other local funding data to determine trends.	MGL & SH	PREH	Dept. & RAC	9/1/07	6/30/08	completed
11	1	2	System Finance	Assess payment trends by insurers.	DF & ED	COST		12/1/08	11/30/10	eliminated
11	1	3	System Finance	Gather data on revenue & costs for each element of EMS & Trauma System.	JK & SD	SC		7/1/08	11/30/09	completed
11	1	4	System Finance	Assess viability of current statute enabling local communities to fund EMS through public funds.	ML & SH	PREH	RAC	1/1/08	12/31/12	eliminated
11	1	5	System Finance	Assess payment mechanism from MAA & private insurance for prehospital care.	JK & SD	SC		7/1/09	7/31/09	completed
11	1	6	System Finance	Assess needs for alternate funding mechanisms such as payment for treatment & release by all payers.	DF & ED	COST		7/1/09	6/30/12	eliminated
11	1	7	System Finance	Develop action plan to address gaps.	DF & ED	COST		7/1/10	6/30/12	eliminated
11	1	8	System Finance	Gather & provide info to Hospitals on optimizing trauma revenue for public and private payers.	DF & ML	COST	HOSP	7/1/10	6/30/12	eliminated
12	1	0	Prevention	The Washington State Injury Prevention Resource Guide, current injury data and community gap analyses are used to identify and direct program efforts and support the need for continued and consistent funding.	DF	IVP		7/1/07	12/31/07	completed
12	1	1	Prevention	With help of Dept. Injury Prevention epidemiologist, IVPP staff will establish baseline data for selected injuries.	DF	IVP		7/1/07	8/31/07	completed
12	1	2	Prevention	Dept. Injury Prevention epidemiologist will provide at least ten years of selected injury trend lines.	DF	IVP		8/1/07	12/31/07	completed
12	2	0	Prevention	All injury prevention programs funded by the Office of EMS & Trauma System will use already-researched, evidence-based and best-practice injury prevention interventions.	DF & KW	IVP		9/1/07	1/31/09	completed
12	2	1	Prevention	IVPP staff will develop injury prevention measures for selected injury issues using state injury prevention strat plan.	DF	IVP		9/1/07	1/31/09	completed
12	2	2	Prevention	IVPP staff will assist with identifying & sharing best & promising practices for injury issues.	DF & KW	IVP		9/1/08	1/31/09	completed
12	2	3	Prevention	Office of EMS & Trauma System will fund & provide technical assistance to regions on best practices.	DF & KW	IVP		9/1/08	1/31/09	completed



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12	3	0	Prevention	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.	DF & KW	IVP		1/1/08	7/31/08	completed
12	3	1	Prevention	Office of EMS & Trauma System, regional injury prevention coordinators & IPPE TAC will share & disseminate info to all parties about best promising practices.	DF & KW	IVP		11/1/07	1/31/08	completed
12	4	0	Prevention	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.	DF	IVP		7/1/07	1/31/08	completed
12	4	1	Prevention	Develop & pretest survey questions.	DF	IVP		7/1/07	7/31/07	completed
12	4	2	Prevention	Adjust survey based on pretest.	DF	IVP		7/1/07	7/31/07	completed
12	4	3	Prevention	Distribute survey to MPDs and do follow-up to assure at least 90% response rate.	DF	IVP		7/1/07	7/31/07	completed
12	4	4	Prevention	Collate answers & summarize findings.	DF	IVP		7/1/07	9/30/07	completed
12	4	5	Prevention	Present findings to OEMSTS mgmt, SC & MPDs.	DF	IVP		7/1/07	11/30/07	completed
12	5	0	Prevention	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.	DF & KW	IVP		8/1/07	9/30/11	completed
12	5	1	Prevention	IPPE TAC decides on statewide project & parameters & develops implementation/evaluation plans.	DF & KW	IVP		8/1/07	6/30/08	completed
12	5	2	Prevention	At IPPE TAC meetings, each region will report on implementation progress for its component of statewide project.	DF	IVP		7/1/08	7/31/08	completed
12	5	3	Prevention	Implement statewide project thru each region & track results.	DF	IVP		7/1/08	7/31/09	completed
12	5	4	Prevention	Office of EMS & Trauma System staff will provide fiscal year-end report on program results.	DF & KW	IVP		9/1/08	9/30/11	completed
12	6	0	Prevention	On an ongoing basis, facilitate, support, and sustain coalitions and partnerships.	DF & KW	IVP		1/1/12	11/30/14	ongoing
12	6	1	Prevention	Department of Health provides leadership, information, and resources to coalitions and partners for the implementation and evaluation of policies and programs that prevent injury and violence.	DF & KW	IVP		1/1/12	11/30/14	ongoing



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Goal	Obj	Strat	Component	Objective/Strategy Text	Dept. Owner	Lead Committee	Support Committee	Start Date	Due Date	Current Status
12	7	0	Prevention	Provide data to help identify priority areas for improving IVP policies and programs.	DF & KW	IVP		1/1/12	12/31/13	ongoing
12	7	1	Prevention	Compile, analyze, and assist in the understanding of data.	DF & KW	IVP		1/1/12	12/31/12	eliminated
12	8	0	Prevention	Improve the skills and knowledge of professionals, advocates, and partners.	DF & KW	IVP		1/1/12	12/31/13	ongoing
12	8	1	Prevention	Provide models of prevention theory and practice.	DF & KW	IVP		1/1/12	12/31/12	eliminated
12	8	2	Prevention	Educate and train on prevention theory, and best and promising practices.	DF & KW	IVP		1/1/12	12/31/13	ongoing
13	1	0	Prehospital	Evaluate and redefine scope of practice for all certified prehospital EMS care personnel.	ML	PREH		7/1/07	1/31/15	in progress
13	1	1	Prehospital	Complete prehospital WAC review.	ML	PREH		9/1/07	6/30/12	completed
13	1	2	Prehospital	Review National Scope of Practice document.	ML	PREH		7/1/07	7/31/07	completed
13	1	3	Prehospital	Assess Scope of Practice to determine if it should be tied to a job analysis process.	ML	PREH		7/1/07	7/31/07	completed
13	1	4	Prehospital	Complete assessment of NIMS & ICS trng. to determine if programs should be required by statute/rule. Establish phase-in timeline for compliance if required.	ML	PREH	LC	7/1/07	10/31/07	completed
13	1	5	Prehospital	Identify, evaluate and make recommendations on expanded and non-traditional scope of practice for prehospital EMS personnel.	ML	PREH	MPD	6/1/11	1/31/15	in progress
13	1	6	Prehospital	Evaluate current EMS system to identify opportunities for improvement (e.g. centralized functions, system design, min/max #'s).	ML	PREH		6/1/11	1/31/13	completed
13	2	0	Prehospital	Develop state informational patient treatment guidelines at all levels of certification.	ML & MR	PREH	MPD	7/1/07	6/30/11	completed
13	2	1	Prehospital	Complete review of all MPD protocols to identify commonalities.	ML	MPD		7/1/07	12/31/07	completed
13	2	2	Prehospital	Determine if Dept. will support higher standards developed at local level & if rules are required.	ML	MPD		7/1/07	12/31/08	completed
13	2	3	Prehospital	Identify ability of local authorities to adopt higher than identified min standards.	ML	Dept.		7/1/07	12/31/08	completed
13	2	4	Prehospital	Develop, review & update min. state standard protocols at all certification levels; review/update annually.	ML & MR	PREH	MPD	7/1/07	6/30/11	completed



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Goal	Obj	Strat	Component	Objective/Strategy Text	Dept. Owner	Lead Committee	Support Committee	Start Date	Due Date	Current Status
13	3	0	Prehospital	Analyze EMS data from all system components (i.e., BLS, ILS and ALS), with data from all system components (i.e., <u>prehospital, hospital, rehab., etc.</u>).	KS	OUTC		1/1/08	11/30/13	ongoing
13	3	1	Prehospital	Establish a tiered QI program which includes all levels of care (BLS, ILS, ALS).	ML	MPD		12/1/07	1/31/09	completed
13	3	2	Prehospital	Establish a uniform QI program statewide.	ML	MPD		12/1/07	1/31/09	completed
13	3	3	Prehospital	Identify & establish method of requiring an agency QI process under MPDs.	ML	MPD		7/1/07	1/31/09	completed
13	3	4	Prehospital	Every MPD will have an active QI program in place.	ML	MPD		7/1/07	1/31/09	completed
13	3	5	Prehospital	Link agency licensing & grant opportunities to data submission through WAC/RCW.	KS & ML	PREH		2/1/09	1/31/12	eliminated
13	3	6	Prehospital	Utilize WA EMS Information System (WEMSIS) elements.	KS	OUTC		7/1/07	1/31/12	eliminated
13	3	7	Prehospital	Establish methods for providing timely & appropriate feedback of patient data to all segments of EMS & Trauma Care System.	KS	OUTC		1/1/09	1/31/12	eliminated
13	3	8	Prehospital	Establish EMS Key Performance Indicators (KPI). Link grant funding to data submission.	ML	PREH	OUTC	6/1/11	3/31/14	in progress
13	4	0	Prehospital	Provide standardized medical oversight education for all MPDs.	ML	MPD		7/1/07	12/31/08	completed
13	4	1	Prehospital	A process will be identified to require NAEMSP or equivalent training for all MPDs.	ML	MPD		7/1/07	12/31/08	completed
13	5	0	Prehospital	There is a streamlined process of EMS certification and recertification.	ML	PREH		7/1/07	1/31/11	completed
13	5	1	Prehospital	Increase participation in the on-line recertification process to 75%.	ML	PREH		7/1/07	1/31/09	completed
13	5	2	Prehospital	Streamline the process for clean initial certifications.	ML	Dept.		7/1/07	1/31/09	completed
13	6	0	Prehospital	Determine a process for medical dispatch personnel to operate under Dept.-approved MPD protocols for emergency medical dispatch.	ML	MPD		7/1/07	1/31/10	completed
13	6	1	Prehospital	Consult with Office of Emergency Mgmt (OEM) & E-911 Cmte, evaluate existing program(s), develop strategies for change.	ML	MPD		7/1/07	1/31/09	completed
13	6	2	Prehospital	Complete evaluation of current status of EMS dispatch centers.	ML	PREH	RAC	7/1/07	1/31/09	completed
13	7	0	Prehospital	Standardize, mandate, and monitor compliance with OTEP/CME schedules programs.	ML & DK	PREH	ED	7/1/07	5/30/14	ongoing
13	7	1	Prehospital	Create standardized rule on participation in OTEP programs & compliance with annual requirements.	ML & DK	PREH	ED & MPD	9/1/07	6/30/11	completed



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Goal	Obj	Strat	Component	Objective/Strategy Text	Dept. Owner	Lead Committee	Support Committee	Start Date	Due Date	Current Status
13	7	2	Prehospital	Develop a system of data sharing between individuals, agencies and Dept. on OTEP progress.	ML	PREH	ED & MPD	1/1/08	6/30/12	eliminated
13	7	3	Prehospital	Assess the ability of Dept. to add a module for tracking OTEP progress to the on-line process.	ML	PREH	ED & MPD	7/1/07	6/30/10	completed
13	7	4	Prehospital	Assess the feasibility of eliminating the traditional method of CME as an option.	ML	PREH	ED	9/1/07	1/31/09	completed
13	7	5	Prehospital	Analyze the current ratio of OTEP to traditional agencies.	ML	PREH	ED	7/1/07	7/31/07	completed
13	7	6	Prehospital	Tie OTEP to the QI process (OTEP based on patient outcome studies).	ML & MR	PREH	ED & OUTC	7/1/07	12/31/12	eliminated
13	7	7	Prehospital	Identify synergies among prehospital agencies for EMS education. This includes private, public and military resources.	ML & DK	PREH		6/1/11	12/31/12	completed
13	7	8	Prehospital	Identify opportunities and best practices for prehospital activities in prevention & treatment of Senior Falls.	ML	PREH	MPD	6/1/11	5/30/14	ongoing
13	8	0	Prehospital	Link curricula, protocols and practice with patient outcome data.	ML & DK	PREH	ED & MPD	7/1/07	12/31/12	completed
13	8	1	Prehospital	Review existing QI programs & compliance w/enforcement strategies.	ML & MR	MPD		7/1/07	7/31/07	completed
13	8	2	Prehospital	Utilize evidence-based practices in training & practices.	ML & DK	MPD	PREH	7/1/07	12/31/12	eliminated
13	9	0	Prehospital	Assure that all prehospital certification examinations are regularly reviewed and current with recognized “best practices”.	ML	PREH		7/1/07	1/31/08	completed
13	9	1	Prehospital	Complete a review of current examination processes.	ML	PREH		7/1/07	1/31/08	completed
13	9	2	Prehospital	Establish a recommendation to outsource process or keep in-house.	ML	PREH		7/1/07	1/31/08	completed
13	9	3	Prehospital	If outsource, identify provider to administer examinations.	ML	PREH		7/1/07	1/31/08	completed
13	9	4	Prehospital	Review all local protocol examinations, both BLS and ALS.	ML	PREH		7/1/07	1/31/08	completed
13	9	5	Prehospital	Identify process to confirm knowledge of WSSOs if examination process is recommended for outsourcing.	ML	PREH		7/1/07	1/31/08	completed
14	1	0	Acute Hospital	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	DF & ML	TMD		7/1/07	1/31/12	completed
14	1	1	Acute Hospital	Identify gaps and duplications in trauma service coverage.	DF & ML	TMD		1/1/09	1/31/09	completed



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Goal	Obj	Strat	Component	Objective/Strategy Text	Dept. Owner	Lead Committee	Support Committee	Start Date	Due Date	Current Status
14	1	2	Acute Hospital	Develop plan for closing trauma service gaps & addressing duplications.	DF & ML	HOSP	TMD	6/1/09	1/31/12	completed
14	1	3	Acute Hospital	Identify gaps in surgical & subspecialty coverage.	DF & ML	TMD		1/1/09	7/31/09	completed
14	1	4	Acute Hospital	Assess issues/ barriers to physician interest in providing trauma care (i.e., unfunded patients, lifestyle, liabilities, HIPPA).	DF & ML	TMD		7/1/08	7/31/08	completed
14	1	5	Acute Hospital	There is a statewide telemedicine/teleradiology system to facilitate surgical & subspecialty consultation for acute care of the trauma patient.	DF & ML	TMD		7/1/07	7/31/08	completed
14	1	6	Acute Hospital	Identify method to assess surgical & subspecialty coverage on periodic basis (i.e. an inventory system such as RAMSES).	DF & ML	TMD		6/1/08	1/31/10	completed
14	1	7	Acute Hospital	Increase regionalization & coordination of subspecialty services statewide.	DF & MR	HOSP	TMD	6/1/08	1/31/12	completed
14	2	0	Acute Hospital	The trauma system has adequate funding to ensure physician and hospital expertise, interest, resources, and ability to remain viable.	DF & KS	HOSP		7/1/07	7/31/08	completed
14	2	1	Acute Hospital	Coordinate with the Cost TAC to study appropriate level & distribution of trauma care fund to hospitals & physicians.	DF & KS	HOSP		7/1/07	9/30/07	completed
14	2	2	Acute Hospital	Coordinate with the Cost TAC to develop spending plan to distribute trauma funds to hospitals & physicians.	DF & KS	HOSP		7/1/07	1/31/08	completed
14	3	0	Acute Hospital	Trauma transfer agreements/plans in place for all designated trauma facilities.	ML	HOSP	TMD	1/1/12	9/30/13	completed
14	3	1	Acute Hospital	Develop a process for consistent and standardized feedback.	ML	HOSP	TMD	1/1/12	5/30/13	completed
14	3	2	Acute Hospital	Consider a checklist or tool to facilitate transfers.	ML	HOSP	TMD	1/1/12	3/30/13	completed
14	3	3	Acute Hospital	Explore electronic resources.	ML	HOSP	TMD	1/1/12	1/31/13	eliminated
14	4	0	Acute Hospital	Compare the WA state designation standards with ACS standards (ACS currency as of Fall 2011) and assure Washington State verification standards are consistent with ACS standards as released by ACS in Fall of 2011.	ML & MR	HOSP	TMD	10/1/12	10/31/15	in progress
14	4	1	Acute Hospital	Review updated ACS Resources for Optimal Care of Trauma Patient verification standards (when available) in comparison with WA designation standards.	ML & MR	HOSP	TMD	10/1/12	10/31/15	in progress
14	4	2	Acute Hospital	Discuss if WA designation changes are needed.	ML & MR	HOSP	TMD	10/1/12	10/31/15	in progress



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Goal	Obj	Strat	Component	Objective/Strategy Text	Dept. Owner	Lead Committee	Support Committee	Start Date	Due Date	Current Status
14	5	0	Acute Hospital	Improve the quality of communications in the patient transfer process.	ML & MR	HOSP	PREH & TMD	1/1/12	12/31/13	in progress
14	5	1	Acute Hospital	Standardize the patient transfer communication process for sending and receiving hospitals.	ML & MR	HOSP	PREH & TMD	1/1/12	12/31/13	in progress
14	5	2	Acute Hospital	Consider tools and checklists; explore electronic resources.	ML & MR	HOSP	PREH & TMD	1/1/12	12/31/13	in progress
14	6	0	Acute Hospital	Optimize ED LOS in patients transferred from Level 3-4-5 ED's.	ML & MR	HOSP	TMD	1/1/12	12/31/15	in progress
14	6	1	Acute Hospital	Examine data, develop guidelines for patient assessment, decision-making, transfer.	ML & MR	HOSP	TMD	1/1/12	12/31/15	in progress
14	6	2	Acute Hospital	Educate, establish standards.	ML & MR	HOSP	TMD	1/1/12	12/31/15	in progress
14	7	0	Acute Hospital	Review staffing requirements for the transport of critically ill and injured patients between acute care facilities. Identify patient conditions and therapies that require Critical Care Nurses to attend patients while being transported between acute care hospitals.	ML & MR	HOSP	PREH & TMD	1/1/12	12/31/15	in progress
14	7	1	Acute Hospital	Consider minimum standards needed by sending and receiving facilities and physicians, and resources available.	ML & MR	HOSP	PREH & TMD	1/1/12	12/31/15	in progress
14	8	0	Acute Hospital	Determine the feasibility and effectiveness of the WATrac surgical specialist consultation system for streamlining interfacility transfers.	ML & MR	HOSP	TMD	6/6/11	6/30/12	in progress
14	8	1	Acute Hospital	Conduct a pilot project.	ML & MR	HOSP	TMD	6/6/11	6/30/12	in progress
14	8	2	Acute Hospital	Evaluate outcomes of pilot.	ML & MR	HOSP	TMD	6/6/11	6/30/12	in progress
14	8	3	Acute Hospital	Consider statewide implementation.	ML & MR	HOSP	TMD	6/6/11	6/30/12	in progress
15	1	0	Pediatric	Data for testing, development and validation of pediatric care standards for trauma and medical emergencies is available.	MGL & MN	PED		9/1/07	12/31/13	ongoing
15	1	1	Pediatric	Work within system evaluation goals to ensure each objective has sufficient pediatric data to allow Pediatric TAC to evaluate pediatric care delivery.	MGL & MN	PED		12/1/07	12/31/13	in progress
15	1	2	Pediatric	Identify funding sources to augment/supplement data collected through trauma registry and WEMSIS.	MGL & SH	PED		12/1/09	12/31/12	eliminated

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Goal	Obj	Strat	Component	Objective/Strategy Text	Dept. Owner	Lead Committee	Support Committee	Start Date	Due Date	Current Status
15	1	3	Pediatric	Develop 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.	KS	OUTC		1/1/09	12/31/11	eliminated
15	1	4	Pediatric	Use IOM and other national sources of evidence-based information & materials, research and reports to assist in formulating pediatric care standards.	MGL & MN	PED		9/1/07	7/31/11	ongoing
15	1	5	Pediatric	Each Regional QI program incorporates evaluation of Pediatric Trauma Care on an annual basis which includes a method to share learnings.	KS, ML & MN	OUTC	PED	9/1/07	12/31/13	in progress
15	1	6	Pediatric	Review & Revise Pediatric Inter-facility Transfer Guidelines every 2 years.	MGL & MN	PED	HOSP & PREH	6/1/13	12/31/13	in progress
15	2	0	Pediatric	Statewide EMS pediatric care guidelines are submitted.	MGL & MN	PED	MPD	7/1/07	12/31/13	in progress
15	2	1	Pediatric	Develop evidence-based “model” prehospital guidelines.	MGL & SH	PED	MPD	7/1/07	1/31/09	completed
15	2	2	Pediatric	Seek EMSC funding to develop model guidelines.	MGL & SH	PED	MPD	12/1/07	1/31/10	completed
15	2	3	Pediatric	Review & Revise EMS Pediatric Guidelines every 2 years.	MGL & MN	PED	MPD & PREH	6/1/13	12/31/13	in progress
15	3	0	Pediatric	There is a statewide system utilizing new and existing technology to facilitate consultation for the acute care of the pediatric emergency patient.	MGL & MN	PED	HOSP	1/1/08	12/31/13	in progress
15	3	1	Pediatric	Integration of pediatric information & resource center within larger acute hospital system for information sharing.	MGL & MN	PED	HOSP	1/1/08	12/31/13	in progress
15	3	2	Pediatric	This system will include resources & information to address prehospital & hospital based pediatric emergency care.	MGL & MN	PED	MPD	1/1/09	12/31/13	in progress
15	4	0	Pediatric	There is a statewide system to facilitate pediatric emergency medical and trauma education for prehospital and hospital care providers.	MGL & SH	PED		7/1/07	6/30/12	completed
15	4	1	Pediatric	Ensure traditional educational methods are incorporated into the system’s structure.	MGL & SH	PED	MPD	7/1/07	12/31/07	completed
15	4	2	Pediatric	Non-traditional educational methods will be developed to encourage learning in pediatric emergency care.	MGL & SH	PED	ED	7/1/07	1/31/09	completed
15	4	3	Pediatric	Use continuum of trauma care as foundation of any web-based pediatric education course structure.	MGL & SH	PED		7/1/07	1/31/09	completed



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Goal	Obj	Strat	Component	Objective/Strategy Text	Dept. Owner	Lead Committee	Support Committee	Start Date	Due Date	Current Status
15	5	0	Pediatric	Improve EMS and Hospital personnel response to pediatric patients in disasters.	MGL & MN	PED	HOSP & PREH	5/18/11	12/31/13	in progress
15	5	1	Pediatric	Provide linkages to best practices on pediatric disaster preparedness.	MGL & MN	PED	HOSP & PREH	5/18/11	6/30/14	ongoing
15	6	0	Pediatric	Systems are in place statewide to facilitate children's access to the right services and support before, during, and after disaster events.	MGL & MN	PED	HOSP & PREH	5/18/11	12/31/13	in progress
15	6	1	Pediatric	Coordinated and system wide plans are in place to guide EMS and Hospital response to pediatric patients in disasters.	MGL & MN	PED	HOSP & PREH	5/18/11	6/30/14	ongoing
16	1	0	Rehabilitation	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.	ML	HOSP	REHB	7/1/08	12/31/15	in progress
16	1	1	Rehabilitation	Identify gaps in trauma rehabilitation coverage.	ML	HOSP	REHB	7/1/08	7/31/09	completed
16	1	2	Rehabilitation	Identify barriers to patient access to trauma rehabilitation services.	ML	HOSP	REHB	9/1/08	6/30/11	in progress
16	2	0	Rehabilitation	Review gaps in and access barriers to rehabilitation care.	ML	HOSP	REHB	9/1/11	12/31/15	in progress
17	1	0	System Evaluation	The EMS & Trauma Care System has a comprehensive, robust prehospital data system utilizing the standardized prehospital data set with standard definitions - WEMSIS.	KS & MB	PREH	OUTC	7/1/07	12/31/15	in progress
17	1	1	System Evaluation	WEMSIS is deployed statewide.	KS	OUTC		7/1/07	7/31/07	completed
17	1	2	System Evaluation	Identify funding mechanisms to encourage agency participation in WEMSIS.	KS	OUTC		1/1/08	11/30/08	completed
17	1	3	System Evaluation	At least 80% of all licensed EMS transporting agencies will be consistently submitting data to WEMSIS.	KS & MB	PREH	OUTC	7/1/07	12/31/14	in progress
17	1	4	System Evaluation	At least 80% of all licensed EMS agencies will be assisting providing data .	KS	OUTC		7/1/08	12/31/12	eliminated
17	1	5	System Evaluation	EMS dataset is complete & ready for statewide analysis & research & submission to NEMSIS.	KS & MB	PREH	OUTC	12/1/09	3/30/14	in progress
17	1	6	System Evaluation	Compile a list of all 3rd party software vendors serving WA EMS agencies.	KS & JD	PREH	OUTC	3/1/11	12/31/12	completed
17	1	7	System Evaluation	Identify new list of state elements based on NEMSIS V3.	KS & MB	PREH	OUTC	3/11/11	5/30/14	in progress
17	1	8	System Evaluation	Transition WEMSIS software to NEMSIS V3.	KS & MB	PREH	OUTC	7/1/11	12/31/14	in progress



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Goal	Obj	Strat	Component	Objective/Strategy Text	Dept. Owner	Lead Committee	Support Committee	Start Date	Due Date	Current Status
17	2	0	System Evaluation	The EMS & Trauma Care System collects data from all designated trauma rehabilitation services.	KS, SR & ZS	OUTC	HOSP	7/1/09	12/31/13	completed
17	2	1	System Evaluation	Develop a web-based reporting and benchmarking system to allow hospitals to routinely receive comparative reports and benchmarking status.	KS	OUTC		7/1/09	12/31/12	eliminated
17	2	2	System Evaluation	Develop a method to receive data from designated trauma rehabilitation services.	KS	OUTC		7/1/09	12/31/11	eliminated
17	2	3	System Evaluation	Conduct a pilot with 1-3 trauma rehabilitation services to receive a subset of trauma rehab data via Excel.	KS, SR & ZS	OUTC	HOSP	7/1/09	12/31/11	completed
17	2	4	System Evaluation	Based on results of pilot, implement process to receive rehab data annually from designated trauma rehabilitation services.	KS	OUTC	HOSP	7/1/11	6/30/12	completed
17	3	0	System Evaluation	The EMS & Trauma Care System collects, integrates, links, and analyzes data from all system components.	KS, MB & ZS	OUTC		6/1/11	11/30/14	in progress
17	3	1	System Evaluation	Link trauma registry to CHARS, death record data and WEMSIS.	KS & ZS	OUTC		6/1/11	11/30/14	in progress
17	3	2	System Evaluation	Link WEMSIS to trauma registry and CHARS to populate patient outcome fields in WEMSIS and to populate EMS data into the trauma registry.	KS & MB	OUTC		6/1/11	11/30/14	in progress
17	3	3	System Evaluation	Complete comprehensive WEMSIS analysis on data quality and completeness. Develop a plan to improve data quality and completeness.	KS & MB	PREH	OUTC	6/1/11	11/30/14	in progress
18	1	0	System Evaluation	The EMS & Trauma System defines appropriate outcome measures and benchmarks for mortality, morbidity, quality of life, productivity, functional status, employment, to evaluate system effectiveness and value.	KS	OUTC		1/1/08	12/31/15	in progress
18	1	1	System Evaluation	Establish appropriate mortality outcome measures.	KS	OUTC		1/1/08	12/31/08	completed
18	1	2	System Evaluation	Establish appropriate non-mortality (morbidity) outcome measures.	KS	OUTC		1/1/09	7/31/10	completed
18	1	3	System Evaluation	Identify national benchmarks for trauma system and trauma service (hospital) performance.	KS, MR & ZS	OUTC	HOSP	5/1/11	12/31/15	in progress
18	2	0	System Evaluation	There is medical examiner/ coroner and child death review data available to the EMS & Trauma System for QI, system evaluation.	KS	OUTC		12/1/09	12/31/15	in progress



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Goal	Obj	Strat	Component	Objective/Strategy Text	Dept. Owner	Lead Committee	Support Committee	Start Date	Due Date	Current Status
18	2	1	System Evaluation	Work with the WA Association of Coronors and Medical Examiners to identify methods to share post mortem findings and reports with the EMS & Trauma System for QI and system evaluation.	KS & ZS	OUTC		12/1/09	12/31/15	in progress
18	2	2	System Evaluation	Work with the child death review program to identify methods to share child death review data with the EMS & Trauma System for QI and system evaluation.	KS, MN & ZS	OUTC	PED	6/1/11	12/31/13	eliminated
18	3	0	System Evaluation	The EMS & Trauma System utilizes standard performance measures.	KS	OUTC		1/1/09	12/31/15	ongoing
18	3	1	System Evaluation	Establish standard performance measures for designated trauma services by level.	KS	OUTC		7/1/09	12/31/09	completed
18	3	2	System Evaluation	Establish standard performance measures for verified EMS agencies by level.	ML	PREH	OUTC	1/1/09	12/31/15	in progress
18	4	0	System Evaluation	The EMS & Trauma Care System links data to clinical outcomes and practice and implements evidence-based changes quickly.	KS & ML	TMD	MPD & PREH	1/1/08	6/30/12	ongoing
18	4	1	System Evaluation	Annually beginning January 2008, identify three new EMS and Trauma patient care treatment guidelines based on analysis of data and assessment of best practices.	KS & ML	TMD	MPD, OUTC & PREH	1/1/08	6/30/12	ongoing
18	4	2	System Evaluation	Annually beginning January 2008, provide education on trauma best practices to trauma care providers.	KS & ML	TMD	MPD & OUTC	1/1/08	6/30/12	ongoing
18	5	0	System Evaluation	There is a uniform policy and understanding regarding confidentiality and data sharing.	KS	OUTC		7/1/08	12/31/13	in progress
18	5	1	System Evaluation	Identify the scope of problem and identify obstacles for sharing data among providers.	KS	OUTC		7/1/08	7/31/11	completed
18	5	2	System Evaluation	Seek HIPPA policy interpretation/guidance from WAMI region federal representatives.	KK & KS	OUTC	ECS	6/1/11	12/31/12	completed
18	5	3	System Evaluation	Develop HIPPA compliant statewide procedure for sharing outcome information on individual patients with the care providers.	KS & MN	OUTC	ECS	7/1/09	12/31/13	in progress
18	6	0	System Evaluation	The EMS and Trauma System moves patients effectively through the system.	KS & ML	OUTC	PREH	7/1/08	12/31/15	in progress
18	6	1	System Evaluation	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.	KS & ML	OUTC	PREH	7/1/08	6/30/15	in progress



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Goal	Obj	Strat	Component	Objective/Strategy Text	Dept. Owner	Lead Committee	Support Committee	Start Date	Due Date	Current Status
18	6	2	System Evaluation	Develop process to Evaluate total times and each individual stage times for patients to move thru the EMS and Trauma System.	KS & ML	OUTC	PREH	7/1/09	12/31/15	in progress
18	7	0	System Evaluation	WA EMS and Trauma Care System data are provided to national repositories for system benchmarking and comparison.	KS, MB, SR &	OUTC		6/1/11	12/31/15	in progress
18	7	1	System Evaluation	Submit to WEMSIS data to NEMSIS at least quarterly.	KS & JD	OUTC	PREH	6/1/11	12/31/11	completed
18	7	2	System Evaluation	Work with state and national stakeholders to develop methods to facilitate participation in NTDB.	KS, JD & ZS	OUTC		6/1/11	12/31/12	completed
18	7	3	System Evaluation	100% of Level I, II, III trauma services submit data to the National Trauma Data Bank (NTDB).	KS, MB & ZS	OUTC		6/1/11	12/31/15	in progress
18	8	0	System Evaluation	Focused studies are conducted to better understand trauma system performance.	KS & ZS	OUTC		6/1/11	12/31/15	ongoing
18	8	1	System Evaluation	Identify research panel to direct study activities.	KS & ZS	OUTC		6/1/11	12/31/11	completed
18	8	2	System Evaluation	Complete one focused study per year.	KS & ZS	OUTC		6/1/11	12/31/15	ongoing
18	9	0	System Evaluation	EMS and Trauma Care System's regional quality assurance and improvement activities are carried out in a coordinated manner among the regions to foster cross-dissemination of emerging quality improvement issues and solutions.	KS & ZS	OUTC		6/1/11	12/31/13	completed
18	9	1	System Evaluation	Develop methods for regional QI programs to share learnings and best practices.	KS	OUTC		7/1/11	12/31/12	completed
19	1	0	Emergency Cardiac & Stroke	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.	KS & ML	ECS		12/1/09	7/31/14	in progress
19	1	1	Emergency Cardiac & Stroke	ECS TAC finalizes protocol guidelines and triage tools with stakeholder input.	KK	ECS		12/1/09	12/31/09	completed
19	1	2	Emergency Cardiac & Stroke	EMSTCSC endorses cardiac and stroke protocol guidelines and triage tools.	KK	ECS		12/1/09	1/31/10	completed



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Goal	Obj	Strat	Component	Objective/Strategy Text	Dept. Owner	Lead Committee	Support Committee	Start Date	Due Date	Current Status
19	1	3	Emergency Cardiac & Stroke	All stakeholders notified of new prehospital protocol guidelines, state cardiac and stroke triage and destination plans, and implementation timeline; sample patient care procedures and county operating procedures provided.	KK	ECS		12/1/09	7/31/10	completed
19	1	4	Emergency Cardiac & Stroke	Pilot to test BLS use of EKGs in the field initiated. Obtain Licensing and Certification Committee approval.	KK	ECS		12/1/09	3/31/10	completed
19	1	5	Emergency Cardiac & Stroke	Training tools disseminated to MPDs and training officers.	ML	ECS		12/1/09	7/31/10	completed
19	1	6	Emergency Cardiac & Stroke	Review updated 2010 Emergency Cardiovascular Care Guidelines to determine if system policy needs to be revised.	KK	ECS		12/1/09	6/30/11	completed
19	1	7	Emergency Cardiac & Stroke	All MPD protocols, regional PCPs, and local COPs are consistent with protocol guidelines and triage tools.	KS & ML	ECS		12/1/09	3/30/14	in progress
19	2	0	Emergency Cardiac & Stroke	Cardiac and Stroke Center Identification Cardiac- and stroke-capable hospitals identified to guide local triage and destination planning.	KK & MN	ECS		12/1/09	6/30/12	in progress
19	2	1	Emergency Cardiac & Stroke	ECS TAC review and revise hospital verification criteria for voluntary categorization program.	KK	ECS		12/1/09	12/31/09	completed
19	2	2	Emergency Cardiac & Stroke	EMSTCS endorses voluntary categorization criteria for specialty cardiac and stroke centers based on ECS TAC recommendations.	KK	ECS		12/1/09	1/31/10	completed
19	2	3	Emergency Cardiac & Stroke	Specialty center application and documentation process developed and sent to all hospitals.	KK	ECS		12/1/09	11/30/10	completed
19	2	4	Emergency Cardiac & Stroke	Specialty centers identified and disseminated to EMS to inform destination plans.	KK & MN	ECS		12/1/09	5/30/11	in progress
19	2	5	Emergency Cardiac & Stroke	ECS TAC evaluates whether verification system is necessary and seeks legislative authority.	KK & MN	ECS		12/1/09	6/30/12	in progress
19	3	0	Emergency Cardiac & Stroke	Implementation Support. Website with tools and resources for systems implementation launched.	KK	ECS		12/1/09	9/30/10	completed



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Goal	Obj	Strat	Component	Objective/Strategy Text	Dept. Owner	Lead Committee	Support Committee	Start Date	Due Date	Current Status
19	3	1	Emergency Cardiac & Stroke	Prepare content and links for website to include dispatch protocol guidelines; EMS: protocols, triage tools, sample PCPs, COPs; hospitals: sample order sets, transfer protocols; feedback forms (to EMS); community education resources; suggested data elements and key measures; training resources; national guidelines; foundational papers and reports and other useful information	KK	ECS		12/1/09	8/31/10	completed
19	3	2	Emergency Cardiac & Stroke	Establish an electronic network to disseminate information on the emergency cardiac and stroke system and articles, reports, guideline updates, and resources related to emergency cardiac and stroke response and treatment.	KK	ECS		12/1/09	3/31/10	completed
19	3	3	Emergency Cardiac & Stroke	Work with Dept. web staff to post content to Dept. website(s) as determined by division partners.	KK	ECS		12/1/09	8/31/10	completed
19	4	0	Emergency Cardiac & Stroke	Develop a method to evaluate the effectiveness of the system from onset of symptoms to outcomes.	KK	ECS		12/1/09	6/30/13	completed
19	4	1	Emergency Cardiac & Stroke	Identify prehospital and hospital key measures, data elements, definitions, and inclusion criteria based on national standards and registries and disseminate to emergency medical services and participating hospitals. Consider tiered requirements based on hospital categorization level	KK & NF	ECS	OUTC	8/1/11	7/31/13	completed
19	4	2	Emergency Cardiac & Stroke	Determine method to collect, analyze, and report prehospital and hospital data, using existing data collections systems where possible (e.g., WEMSIS, CHARS, Get With the Guidelines, WA CARES). and use it to improve quality of care.	KK & NF	ECS	OUTC	8/1/11	7/31/13	completed
19	4	3	Emergency Cardiac & Stroke	Explore ways to measure cardiac and stroke disability outcomes and include in data collection as appropriate.	KK & NF	ECS	OUTC	12/1/11	12/31/12	eliminated
19	4	4	Emergency Cardiac & Stroke	Establish benchmarks and "gold" metrics for all categorization levels and emergency medical services to recognize excellence.	KK	ECS	OUTC	1/1/12	6/30/13	completed
19	5	0	Emergency Cardiac & Stroke	Develop capacity and methods for regional cardiac and stroke systems to evaluate performance through a quality improvement process.	KS	ECS	OUTC	12/1/09	7/31/14	in progress



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Goal	Obj	Strat	Component	Objective/Strategy Text	Dept. Owner	Lead Committee	Support Committee	Start Date	Due Date	Current Status
19	5	1	Emergency Cardiac & Stroke	Work with EMS and Trauma Regional Quality Improvement Programs to incorporate cardiac and stroke into their QI activities.	KK & MN	ECS		10/1/11	1/31/14	in progress
19	5	2	Emergency Cardiac & Stroke	Develop and disseminate a method to assess the over and under triage rates resulting from use of the cardiac and stroke triage tools.	KK & NF	ECS		10/1/11	12/31/12	eliminated
19	6	0	Emergency Cardiac & Stroke	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 meeting.	KK	ECS		12/1/09	12/31/09	completed
19	6	1	Emergency Cardiac & Stroke	Members re-comit and new members appointed from people who've been attending meetings as interested parties and other organizations representing stakeholders not represented in the membership.	KK	ECS		12/1/09	12/31/09	completed
19	7	0	Emergency Cardiac & Stroke	Develop and disseminate best practice guidelines.	KK & MN	ECS		10/1/11	3/30/15	in progress
19	7	1	Emergency Cardiac & Stroke	Convene cardiac and stroke clinicians to develop guidelines for ischemic stroke, hemorrhagic stroke, transient ischemic attacks, and unstable angina/NSTEMI.	KS	ECS		8/1/11	6/30/14	in progress
19	7	2	Emergency Cardiac & Stroke	Convene a work group to research and develop measurable best practices for emergency medical services and hospitals to provide community education on risk factors, signs and symptoms of heart attack and stroke, calling 911, and cardiopulmonary resuscitation (CPR)	KK & MN	ECS		1/1/11	3/30/15	in progress
19	8	0	Emergency Cardiac & Stroke	Complete an assessment of the first two years of system implementation and recommend modifications if indicated.	KS	ECS		9/1/13	12/31/15	in progress
19	8	1	Emergency Cardiac & Stroke	Evaluate and refine hospital categorization program, including participation criteria for each level, documentation requirements, and process.	KS	ECS		11/1/11	6/30/14	in progress
19	8	2	Emergency Cardiac & Stroke	Evaluate whether a verification program is needed for hospitals and possibly local/regional systems and seek legislative authority if appropriate.	KK & MN	ECS		6/1/12	12/31/13	in progress
19	8	3	Emergency Cardiac & Stroke	Evaluate effectiveness of community education by tracking the percent of heart attack and stroke patients arriving by EMS and time from symptom onset to 911 call.	KK & MN	ECS		1/1/11	12/31/15	in progress



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Goal	Obj	Strat	Component	Objective/Strategy Text	Dept. Owner	Lead Committee	Support Committee	Start Date	Due Date	Current Status
19	9	0	Emergency Cardiac & Stroke	Explore sustainable funding sources for the administration and evaluation of the system, including staffing, registries and data collection, quality improvement activities, hospital verification, and EMS training and equipment.	KK & MN	ECS		1/1/12	6/30/15	in progress