Joint Task Force Recommended Actions (v. 5.15.24)

- SCEMS has failed over the last 10+ years because it has been understaffed and underfunded.
- Current staffing and funding does not adequately support the bare minimum to meet basic state requirements.
- Historically, the EMS system has relied upon countless volunteers from members, which has proven ineffective and unsustainable.
- We are asking our MPD and SCEMS staff to work at an unsustainable level to keep the current inadequate system afloat.
- The status quo is not an option.

- The JTF has developed a set of action recommendations for the next two-year period presented below.
- The recommendations are intended to enable us to competently operate and perform our state mandates in a sustainable way.
- We are working now on a budget estimate for these recommendations. The cost will depend in part on the operating structure we choose ("host agency" discussion introduced below).
- Today, SCEMS has the equivalent of 2.1 FTEs (contracted) plus a contract with the MPD. We estimate 4-7 FTEs plus the MPD contract will be needed to meet these recommendations.

Joint Task Force Recommended Action – next 2 years

Today, SCEMS has the equivalent of 2.1 FTEs (contracted) plus a contract with the MPD. JTF estimates 4-7 FTEs plus the MPD contract will be needed to meet all these recommendations.

<table>
<tr><th colspan="2">Protocols and Orders</th></tr>
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<td>SCEMS currently: supports protocol development paperwork.

<u>Recommended Priority Actions:</u>

Staff:
1. Enhance staff support to develop and deliver a comprehensive protocol package, ensuring agencies are equipped with the essential educational content and quizzes needed for the seamless adoption and implementation of updated protocols.
2. Expand staff to facilitate (chair & support) Regional Protocol Committee (existing) and capacity to support protocol development.
3. Enhance staffing model to include specialized focus on building high-quality training to complement regular protocol updates.
4. Enhance project management tools to maximize efficiency and assure timely delivery of protocols.
5. Establish a platform designed to streamline the management of protocol documents, while also providing a high-quality resource for practitioners to utilize in the field.

Process:
1. Require participation by Delegate Physicians at Regional Protocol Committee.</td>
<td>Rationale/Benefits to Agencies:
Protocols are foundational for quality medical service delivery. They could benefit from stronger regional engagement in their development, including participation by Physician Delegates.

MPD is currently spending considerable time developing educational content and quizzes, no staff to delegate this to. Need to refocus MPD on higher level tasks.

Agencies benefit by having a comprehensive and consistent document that assures patient safety.

These additions would improve the quality through consistent review and annual updates of protocols based on changing guidance, provider feedback, and the QA/QI processes. Having more robust educational content associated with incremental protocol updates will lead to their consistent use & application, reducing risk to agencies while assuring equitable care across our population. Also, would facilitate better use of MPD time.</td>
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<tr><td colspan="2">Delegate Physicians (optional assets, currently hired by various districts)</td></tr>
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No current SCEMS or TCC role. Recommended Priority Actions: *Staffing:* *1.* Expand staff support to improve coordination, communication, support for MPD in managing Delegate Physicians. *Process:* 1. Require Delegate Physicians to participate in Regional Committees. 2. Facilitate hiring of a shared Delegate for all small agencies (funded jointly by those agencies) 3. Require participation by all delegates at the regular **Medical Control Committee** meetings. EMS Agency staff to chair. 4. Develop a system for reviewing the performance of Delegates led by MPD, including agency leadership and surveys of staff (EMT's, Paramedics, EMS Administrative staff). 5. Require MPD participation in Delegate selection process. 6. By end of year 2, the goal is to have all medical delegates centrally funded, hired, and deployed in a countywide districted system to equalize caseload and respond to urban vs. rural differences. Agencies would be involved in hiring decisions led by MPD and ongoing evaluation/review to ensure localized needs are being met.	**Rationale/*Benefits to Agencies:*** Delegates currently have very different caseloads, duties and pay scales, and are only loosely connected to broader EMS system discussions. There is no consistent evaluation of delegates. *Standardizing duties and creating a standard way of providing each delegate evaluation and feedback from the EMS office should improve quality of delegate physicians and their utilization, ultimately, ensuring their local knowledge (including the knowledge from the local providers they represent) is used to inform development of the broader EMS system (i.e. protocols)* *Hiring a shared delegate for small districts and managing caseloads across the region through a districted system could reduce costs by using a shared asset. It would also ensure all agencies have access to delegate skills/advice on a consistent basis.* *Establishing a dedicated team of delegate physicians assigned to different geographical districts will ensure that our population receives consistent and informed services, improves efficiency, promotes accountability and uniformity across the EMS System.* *Having consistent access to delegate physicians that are incorporated in the SCEMS System reduces risk to BLS and ALS agencies, better accountability and information sharing.*
Training and Evaluation of EMS Providers	
SCEMS currently: provides staff support for MPD approved trainings (calendaring, coordination) of EMS providers and supports MPD supervision and audits of training, manages/administers MPD approved trainings/certifications for ESE evaluators Recommended Priority Actions: *Add staff support to:* 1. Develop in-person Ongoing Training & Evaluation Program (OTEP) training modules to be made available to all agencies, (Goal: 4	**Rationale/*Benefits to Agencies:*** There is no strong connection between countywide QA data and trainings. Agencies are spending a lot of time developing and coordinating trainings that may not actually improve patient care because the content is not data informed. *Deploying a limited number of training courses each year based on QA issues and focused on QI would reduce agency risk and help improve service quality. It could also provide system wide*

training modules for all staff; schedule these in lieu of 1-2 Run Review(s) that would otherwise be completed). 2. Conduct those trainings. 3. Use QA/QI process to inform upcoming EMS training content. 4. Coordinate deployment of the new EMS training modules. 5. Develop a 3-year training plan intended to enhance and standardize training for responders. (Note: DOH approves OTEP plans in 3-year cycles.) Create a Paramedic Integration Program that ensures new paramedics are thoroughly familiar with Snohomish County operations, while adhering to the Department of Health's guidelines for program development. *Process:* 1. Require agencies to have personnel participate in the new countywide training modules. 2. Committee (chaired by EMS agency staff) to assist in developing 3-year training plan. 3. Evaluate the new Paramedic Integration Program (PIP) process to identify aspects that could be standardized across the region for consistency.	*consistency and potentially save agencies money currently spent in developing their own programs.*
QA/QI/QM	
SCEMS currently: is focused on Quality Management (QM), with some Quality Assurance (QA) activities, but lacks the capacity for Quality Improvement (QI). It supports the documentation of the QM plan, gathers feedback and data from partners, and aids the Medical Program Director (MPD) with updates. However, there is no Health Insurance Portability and Accountability Act (HIPAA) compliant system in place for utilizing patient data in QA/QI/QM processes. <u>Recommended Priority Actions:</u> *Staffing:* Staff to support process work below. *Process:* 1. Conduct a risk assessment to recommend actions for safeguarding patient data utilized in QA/QI/QM initiatives, with the assessment	**Rationale/*Benefits to Agencies:*** Reduce risk to agencies. Agencies have legal risk if not appropriately safeguarding patient data. Patient data is the primary driver to inform the QA/QI/QM program. Improve quality of service delivery. *A key component of a quality improvement plan is to incorporate feedback from all aspects of the system including: providers performing the hands-on work, the delegate physicians conducting localized case review, ED personnel, high-level data analysis focused on patient care, etc. Having a system that builds in this feedback into other aspects of the system including updates to the protocols,*

led by EMS agency staff. In support of this assessment, secure IT and legal assistance. Seek funding for next steps as necessary and deploy solutions (Patient Safety Organization or similar). (Note: PSO requires individual agency contracts. 2. Build upon existing QA system to support a tiered QM that is organized countywide, managed within fire agencies.	*training, skill testing/assessment not **only improves the quality of service** delivery, but also **reduces risk to the agencies**.*
Certifications/Re-Certifications	
SCEMS currently is responsible for managing certification documents and provides guidance for the MPD to recommend certification and recertification of EMS providers, educators, and endorsements to the state Department of Health (DOH). Recommended Priority Actions: *Staffing:* Add staff to support process (and potentially technology) adds below. *Process:* 1. Ensure all agencies coordinate with SCEMS to implement a uniform process for the application review, approval, and submission of both initial certification and recertification documents. Establish a consistent timeline and centralized procedure, specifying which elements can be adapted at the local agency level. 2. Endorsements: Many Endorsements are governed by labor contracts. Ensure contractual obligations are taken into account in MPD involvement in endorsement approvals. 3. Formulate a process for agencies to document compliance with certification standards within the ESO Personnel Management system. This approach is intended to provide the EMS office with a consistent method for tracking certification adherence and simplifying the certification workflow.	**Rationale/*Benefits to Agencies:*** Existing processes are inconsistent across agencies, creating significant work for MPD and SCEMS staff which could be eliminated through use of streamlined and consistent process/forms. Close collaboration between SCEMS and agencies is crucial to maintain alignment and compliance in certification and endorsements. *Improve training.* *Reduce financial and time burden to individual agencies to develop and conduct in person trainings.* *Increase standardization of training across the County to adopted protocols.*
Employee Discipline	
SCEMS currently does document management to assist MPD in making recommendations for decertification. Recommended Priority Actions:	**Rationale/*Benefits to Agencies:*** Ultimately, the employer must decide how/whether to address issues that warrant corrective action. If the MPD is concerned about

Staff: 1. Staffing to support process adds below. *Process:* 1. Create a committee of legal, HR and other support to determine how the overlap between MPD recommendations and local Fire labor contracts can best be coordinated. Include remediation step as a possibility. Consider modelling along the systemic approach to QA/QI. Committee to be chaired by EMS agency staff.	performance, there should be a clear path for fire agencies to pursue in response. In the end, it is the responsibility of the agency/employer to determine the course of action regarding a provider's non-performance issues that may require corrective measures. If the Medical Program Director (MPD) has performance concerns, there should be a well-defined procedure for fire agencies to follow as a response. *Reduce risk to agencies.*
Controlled Substances	
SCEMS currently: document management <u>Recommended Priority Actions</u>: *Staff*: 1. Provide staff support for process recommendations below. *Process:* 1. Update County policy and procedure on controlled substance management to should reflect federal and state law. Ensure "cradle to grave" tracking and reporting. 2. Communicate new policy and protocol to all affected agencies for compliance.	**Rationale/*Benefits to Agencies:*** Lack of clarity on uniform compliance process. *Reduce risk to agencies.*
ESO System / Electronic Health Records (EHR)	
Currently SNO911 has ESO Electronic Health Record license and all agencies use it to make their patient care records. However, agencies have different coding of events making it difficult to generate countywide data. <u>Recommended Priority Actions:</u> *Staffing:* 1. Hire Countywide Program manager to ensure consistent use of system across the county. *Process:* 1. All users should be using the same system configuration/ coding so that the data can be easily tabulated to develop a cross-county picture.	**Rationale/*Benefits to Agencies:*** Lack of consistent EHR categories/use of ESO limits ability to get good countywide data for QM, increase time involved for MPD, SCEMS to support QA/QI/QM efforts. *Improved QA/QI/QM baseline data.*

Learning Management System	
SCEMS currently assists with MPD approval/implementing trainings. No countywide single system/software in use. Agencies deploy trainings with different systems. <u>Recommended Priority Actions:</u> *Staffing: none (but see Training recommendations above)* *Process:* Focus is on unifying content, rather than software. Per training discussion above, all agencies would be required to deploy MPD developed training modules aligning with OTEP plan (this is possibly/happening today even with multiple LMS software in use). Work needed to (1) develop and deploy system (or improvements to existing procedures) for pushing out unified training content and (2) facilitate better record keeping of who is getting those trainings (*see Certification recommendations above*). Email confirmations are too cumbersome for limited EMS agency capacity. JTF not recommending all agencies move to same LMS platform at this time, although this may need to be again examined in the future. (as noted above under Certification, JTF is proposing adding capacity to provide additional required trainings.)	**Rationale/*Benefits to Agencies:*** Lack of systems to push out trainings and confirm who has taken them creates significant additional work for MPD and EMS agency staff. Short of requiring all agencies use the same LMS software, process improvements could save considerable EMS agency/MPD time. *Streamlined process for confirming who has taken what trainings should save agency time, as well as central EMS agency time*.

Addendum: Longer term priorities (3-5 Years)	
Protocols and Orders	Develop tools to automate protocol development and ensure consistent use
Training & Evaluation	Staff a training division to implement 3-year training program
QA/QI	Increase staff to develop QI recommendations in concert with MPD, improve QA/QM programs.
Employee Discipline	Implement system for coordinating MPD recommendations and Local Agency labor contracts.
Organizational Sustainability	Succession Planning.