Iowa EMS Association
Executive Board, 2008 Strategic Plan

Introduction
The Iowa EMS Association (IEMSA) has served as a voice for Iowa’s EMS providers and ambulance services since 1986. A special Board meeting was held in Iowa City on February 16, 2008 and discussion centered on where Iowa EMS is now, what challenges and opportunities are seen ahead and some prioritized plans for fulfilling the mission of this important organization.

This plan maps out the IEMSA goals, strategies, and action items for 4 major challenges in this year. There are additional challenges to be revisited by the Board within the year with a plan to lay out strategies at that time. Those will also be noted in this document.

The Board laid the groundwork for this discussion and strategic planning by reviewing policies, statements, reports and interviewing customers over the past few months. The “homework” completed by the Board is attached.

The Board discussed a renewed emphasis on equal distribution of tasks within a volunteer organization AND getting projects completed as promised.

Challenges and Opportunities Prioritized for 2008 Strategies
1. Membership and Representation
2. Iowa’s Standards of Care Initiative
3. Collaboration with related Agencies
4. Scope of Practice

1. Membership
Goal: Increase individual membership to 25% of the total EMS providers by 2010.
Strategy:
Work towards enhancing the intangible benefits of organizational membership, as well as tangible. Collaborate with leaders and educators to make membership as natural as receiving the certification card. Study how the Iowa Fire Fighters Association recruits membership through the natural emotion of brotherhood and teamwork.

Action Items:
A. Angie Moore will research the current cost to IEMSA per membership by March.
B. Jerry Ewers, Jon Peterson, and Lee Ridge are currently working on rebuilding the EMSA web page. This will be done within 30 days with a goal of making it a site here EMS providers and services will “hit” on it every day and use it throughout the day.
   1) A list of all IEMSA individual and service award winners is currently in the office. We ask that this be placed on the web site in a pdf file.
C. John Hill will research and report on the possibility of hiring a professional marketing person or agency by April.
D. Lori Reeves will develop an information sheet (Frequently Asked Questions, FAQ), on becoming a member of IEMSA by May.
Membership Action Items, continued

E. Jon Peterson will research and report on the development of a “Roster Membership” system for the services by May.

F. Jon Peterson will research and compile a reference list of Affiliate membership by regions with the goal of regional visits by Board members for increased awareness. This project will be presented to the Board by April.

G. Lori Reeves will work with Angie Moore to study and provide a report to the Board on the possibility of a one-time-per-year membership renewal to help office staff by the May meeting.

H. Lee Ridge and Dr. Ahmed will research a project for individual memberships for physician medical directors with the goal of adding information on the web site, a possible blog for questions and answers from Dr. Ahmed within 90 days.

I. Lori Reeves is currently working on a project where individuals are reminded that their membership to IEMSA is about to lapse. The note to them will be personalized from someone from the Board in their own region and sent via email. This project will be done by September.

J. Ambulance Service of the Quarter will be placed in the quarterly newsletter and on the website. The rules for naming an ambulance service for that distinction will be generated by Lee Ridge and will be done by April.

K. A professionally developed CD/DVD will be ready for preview by the Board in November. This marketing tool will highlight the organization, benefits and the issue of enhanced brotherhood in EMS and will be issued for use during conferences, educational offerings, to all EMS students and when Board members are meeting with County Associations and Services.

2. Standards of Care Initiative

Goal: Study the impact of the new combined “Standards” in Iowa.

Strategy:
There are 80 combined objectives within this initiative for system development and minimum standards (what each citizen should expect). IEMSA would like to survey our EMS providers to see if they are aware of the new System Standards document and then pursue a strategy of providing information to both the Bureau of EMS in Iowa and our membership. This research will include studying the impact on EMS in the pilot project sites. Many questions remain about the impact of a “standard” and what that means to an ignorant government, service or individual and the implications in an evidence-based profession.
System Standards Document, continued

**Action Items:**

A. Survey the membership in 2 ways:
   1) Survey Monkey
   2) 1:1 in Spring Conferences

   The survey tool will ask some quick questions:
   1) Are you aware of the document?
   2) Have you read this document?
   3) Are you aware of your County EMS Association?
   4) Are you a member of IEMSA?
   5) (If not- can we email you some information?)

   Refer them to the IDPH, BEMS website

   The survey will be loaded onto the website by Angie Moore within 7 days and the hard copy of the survey tool will be sent to: Lee Ridge, Rosie Adam, John Hill, Christy Brockway, Thomas Craighton, and Jeff Dumermuth for local conferences immediately. All completed surveys will be evaluated by the Board in their March meeting.

B. The results will be compiled and presented to the Board, and then the Bureau will be advised of the results by John Hill.

C. John Hill will inform the Bureau of IEMSA’s plan on this initiative.

D. In April, John Hill and Angie Moore will place the award winners of the pilot projects into respective regions for a plan (yet to be developed) to look at specific impact points of the Standards plan.
   1) The Board will develop a survey tool for this part of the project with the goal of measuring the impact on local EMS for subsequent report to all of Iowa’s EMS providers. This will be done in May.

E. A FAQ sheet will be developed for dissemination to membership and County government, ambulance services, hospitals and legislators. The Board is aware of the Conflict in this issue and will assure a non-prejudicial document. FAQ sheet will be done by June.

F. John Hill will continue to be the voice from IEMSA to the Bureau.

G. Future: Depending upon the results of our survey and review of the pilot projects, IEMSA will develop a position statement pro or con, offer alternatives to the document’s language if negative findings, and maintain communication and education of our membership. Revisit this by November, 2008.

3. **Scope of Practice Issues**

   **Goal:** Study the facts in the Iowa transition to the national standards and provide information to the membership.
Scope of Practice, continued

Strategies:
The 1999 NHTSA education curricula were adopted by Iowa with many amendments, the most infamous of which was calling the Intermediate level the “Iowa Paramedic”. This has caused many intra and interstate problems for all ALS levels within EMS and how it relates to the rest of the healthcare system. Many unique variations occur throughout and the EMS providers and services are concerned (some operating off of rumors vs. facts). The other misconception is with simple skills comparisons as a way of judging different levels of EMS instead of the integration of knowledge.

Action Items:
A. Jan Beach and Dan Glandon will request the slides developed for the last Advisory meeting and work with Joe Ferrell to develop scripts for each slide.
   1) This narrated slide presentation will be loaded onto the web
   2) The scripted slides will be available for the Board to use for meetings
      This project will be completed by April.

B. Jan Beach and Dan Glandon will write a position paper from the perspective of IEMSA, but using the language already developed by the Bureau and the Advisory Council on this topic. This position paper will be ready for Board review by the May meeting.
   1) Some of the language should include why it is so important to comply with National standards for research, funding, standards, integration with the rest of the healthcare system, education and medical control.
   2) Service language (once researched with Joe Ferrell) should address whether a service can simply call itself an “ALS Service” instead of titling it Paramedic, Iowa Paramedic or Paramedic Specialist.
   3) Work with Joe to develop a FAQ sheet to include in our communication with the membership.

4. Collaboration, Communication and Liaison with other Emergency Care Organizations and Entities:

Goal: Create and maintain strong relationships and partnerships with all relevant agencies and organizations that have an impact on EMS.

Strategies:
In many ways, EMS seems isolated from the world of healthcare and other public service agencies – even though there are common issues and challenges. The association is tasked with providing IEMSA members into certain liaison roles by rules (TSAC, SEQIC, Advisory, 911, Medical Examiner, etc.) and is honored to do so. The balance of working on common strategies with other organizations is off-set by managing time in a volunteer group, ie, do we have enough members?
Strategy: Collaboration with other Groups, continued

One major group that has discussed joining forces with IEMSA is the Iowa EMS Training Programs. Joint efforts in this arena would help fulfill the mission of IEMSA and allow for efficient use of resources.

**Action Items:**

A. Extend an invitation to discuss options with the EMS Training Programs on collaboration and cooperation with IEMSA. Our goals include:
   1) Impacting continuing education requirements for the retention of our existing EMS providers.
   2) Impacting initial education quality, accessibility and accountability for recruitment of EMS providers in the community.
   3) Joint voices working with IDPH on issues that confuse our providers and services, for example: formal vs. informal continuing education, HAZMAT level requirements, EVOC requirements, and Scope of Practice issues.
   4) Promoting EMS research initiatives.

B. IEMSA will work with the Training Programs and IDPH to develop a FAQ sheet on the service and individual continuing education requirements (Training Officer FAQs). This tool will be developed by IEMSA’s liaisons from the Training Programs (Cheryl Blazek and Christy Brockway) even if no collaboration agreed to between the 2 groups. The FAQ sheet will be completed by October.

C. John Hill will extend the above invitation, along with one to the Iowa ENA (Jeri Babb at Mercy Hospital in Des Moines, Iowa), ACEP Chapter (Hans House, MD, UIHC, Iowa City), Iowa Hospital Association (Laura Malone, Ia Hospital Asso. At 100 E. Grand in DM), the police officers through Iowa Law Enforcement Academy, and our fire fighter friends through both Iowa Professional Fire Fighters (paid fire fighters) and the Iowa Fire Association (IFA) for both paid and volunteer. This letter of invitation will be sent by April.

**IEMSA’s View of the Near Future**

There were several topics to be addressed by the end of the year by this group and were centered around the common challenges facing our volunteers and paid EMS providers and services now and in the near future (see homework). Although not listed in our top 4, were touched upon by our top 4 as we postured ourselves to develop strategies to help our membership.
The Future Challenges, continued

**Challenges that Face Our Customers**

1. Medical Control Issues
2. Recruitment and Retention of EMS workforce (paid and volunteer)
3. Equipment & Technology Challenges (what to buy, how to keep up)
4. Scope of Practice confusion (addressed above)
5. Regulatory Compliance (Fire and EMS) (issues of retention)
6. Generational Changes, Work Ethic (recruitment and retention)
7. Isolation of EMS – Lack of Respect (collaboration topics)

**Future Strategies**

1. **Medical Control**
   A. Work with leaders to mandate a paid State Medical Director
   B. Improve the required Medical Directors’ course
      (Refer to the NAEMSP course)
   C. Find a communication tool to educate, communicate, and keep them up to
date.
   D. Encourage efforts toward a compensated Medical Director
   E. Encourage efficient regional Medical Directors
   F. Work with legislators to protect the Medical Director from liability
   G. Develop a physician membership and blog (Dr. Ahmed, IH)
   H. Discuss the IDPH’s expectation that the Medical Director assure
      individual driving certification for a service (vs. service accreditation).

2. **Recruitment and Retention**
   A. Listed as one of the most commonly listed challenges facing our
      individuals and services, this issue is positioned very high but some of the
      action items will depend upon our efforts to collaborate.
   B. See IOM report; See Nursing reports; See Iowa Workforce Statistics.
   C. Work with Communities –
      1) Impact statement: How the lack of EMS will impact recruitment
         of industry jobs, civic obligations, etc. Try to use $ in the
         language.
      2) Since more 911 calls are transferred longer distances, hence longer
         times away from the hometown jobs for volunteer, hence less
         coverage in the work week and less employers willing to allow
         employees who volunteer while on duty for EMS calls:
            -collaboration with centralized transport agencies
            -tools & benefits to employers for development of EMS locally
            through the common employers within, ie, schools,
gas/convenience stores, city maintenance.
   D. Work With Hospitals and Medical Clinics –
      1) Develop dual role employees that can provide EMS transport
Future Strategies, continued
2. Recruitment and Retention, continued

E. Work With Fire Departments and Police Agencies –
1) Develop dual role employees that can provide EMS

F. Must Work With Fire Departments to:
1) require EMS in each community
2) enhance leadership positions for EMS tracks within Fire
3) educate Fire Chiefs and leadership
4) ask that the Fire Service learn that 80% of all “fire” calls are EMS
   Ask that the public, leaders and government officials learn that
   80% of all “fire” calls are EMS.
5) learn how to enhance team work and brotherhood in EMS

3. Equipment and Technology Challenges
A. IEMSA to provide web site and communication tools for our providers
   and services on vehicles, equipment and tech advances within the
   profession. This needs to include how to research, benchmark, how to
   read research on what to buy (and whether it works), and how to fund new
   equipment.
B. IEMSA to include information to the Medical Director on these subjects.

4. Scope of Practice Confusion
A. Prioritized in the “Top 4” for this year (see above)

5. Regulatory Compliance
A. As a professional organization, the IEMSA Board reinforces its position as
   the customer service agency. Whereas, the IDPH, BEMS is the regulator,
   IEMSA helps the customer comply.
B. This is a related subject to retention of EMS providers and is given high
   priority with the proposed collaboration with the Training Programs.
C. A “compliance” package has been discussed – one for the Medical
   Director, one for the Service Director and one for the Training Officer.
   “What you need to have before your site visit” and other related tools.

6. Generational Changes and Work Ethic
A. Help bridge the “gap” and educate each generation.
B. Renewed emphasis on community involvement.
C. Innovative ideas on recruitment of EMS providers and volunteers.
Future Strategies, continued

7. **Respect for EMS**
   A. Work with communities, Fire, Police, Hospitals, Clinics and other agencies to make fans of EMS.
   B. Provide support and education to social partners, spouses of EMS volunteers.
   C. Advertise through new channels – web based.

Unless a date was otherwise posted, each item will be reviewed by the Board annually.

Action Item Pending:
- Procedure for improving communication while IEMSA Board members are hosting the booth. This should include use of a laptop for 2-3 websites for onsite review of policies.