

Interior Region EMS Council, Inc.
Strategic Plan
January 2002

Mission Statement: The Interior Region EMS Council strives to reduce the human and economic costs of accidents and illnesses through continual improvement emergency care, education and prevention activities.

Background and Assumptions:

- In most communities, someone will respond to any emergency at any time whether or not they are trained.
- Our goal is that this person be trained before that occurs.
- Therefore, the goal is to train and maintain adequate numbers of people to respond, as needed, to emergencies.
- Training needs to be appropriate to community.
- In establishing training objectives, maintenance has to be considered.
- We should continue to provide instructor, certification and material support for classes taught by City of Fairbanks, Fairbanks North Star Borough, and University of Alaska Fairbanks.
- We are required by our state funding to provide state certifying officer and other oversight for all state certified EMT classes.
- Although larger incorporated communities are self-sufficient, we should continue to advocate for development and maintenance of operational goals as described in this plan for such communities.
- The benchmark for basic training objectives will be that they will be achieved in 100% of all communities by the end of 5 years. The percentage of communities in which we plan to achieve the other objectives will vary according to the type and location of communities:
 - 100% of communities for “ambulance” communities - communities that require the level of services provided by a state-certified ambulance, both on and off highway. These are Level II communities off the highway, and mostly Level II and some Level I communities on the highway system.
 - 50% for other Level I non-highway communities.
 - 75% for other Level I highway communities.
- Quality assurance will be provided in three ways: (1) through site visits by IREMSC staff for organizational review and assistance, (2) through quarterly medical director meetings and (3) through squad quality assurance systems.

GOAL 1: To Assure Quality Patient Care

This is really an overarching goal that is met by all of the other goals.

GOAL 2: To Assure Quality Emergency Medical Training

5 Year Objectives

A. “Non-Ambulance” Communities

These are generally Level I non-highway, and smaller Level I highway communities that do not require ambulance service.

- 100% of these communities will have at least five people trained and currently certified in emergency care at least at the CPR and First Aid level, up to the level of ETT.
- First Aid training and/or 16 hours per year of continuing education that meets state regulations for ETT every two years.
- A CPR refresher course every two years.
- Skills check-off for ETTs every two years.

B. “Ambulance” Communities

These are generally Level I highway communities and Level II communities that have a population and activity level that requires ambulance service.

- 100% of these communities with BLS Ambulance Services will have at least five people trained and currently certified at the EMT-I level.
- 100% of Level II communities with ALS Ambulance Services will have at least ten people trained and currently certified as EMTs. At least five of these will be at the EMT-II or III level and an additional five people trained and currently certified at the EMT-I, II or III level.
- 48 hours of continuing education every two years that meets state regulations and is appropriate to the level of provider.
- The state examinations, skills monitoring and other things necessary for recertification of the various levels of EMT every two years.

C. Instructor Training

- There will be sufficient instructors in the region to teach all requested and funded CPR, ETT and EMT (all levels) courses within three months of request. This includes all parts of the region including the FNSB.
- There will be sufficient instructors in the region to teach the courses required to achieve objectives under A and B above.

D. Citizen CPR and First Aid

- There will be 1,500 people trained in the various types of CPR per and first aid year.
- **Strategies Include:**
 - Instructor Training.
 - Coordination of Training
 - Provider Training

E. Other Training

- Symposium – ensure that its content is certified for continuing education for state-certified EMTs, and Alaska licensed physician assistants, registered nurses, nurse practitioners, physicians, community health aides and paramedics
- Certify 125 people in PALS, PEPP, ACLS or ATLS (or equivalent) each year.
- Provide a minimum of ten hours of approved continuing education for RN, NP, PA or MD each year.

GOAL 3: To Provide Technical Assistance to EMS Provider Organizations

5 Year Objectives

- Develop an “Easy Guide” that can be used by regional EMS organizations with information on:
 - Mini-grant guidelines and procedures
 - Standing orders for various levels of practice
 - Communications guide:
 - Types of communications equipment: radio, phone, pagers, etc.
 - Frequency guide
 - Licensing information
 - Equipment guide based on levels of practice and state EMS Goals Document
 - Maintenance guide for patient transport vehicles
 - Reporting guide: how, when why
 - State Regulations and Certifications guide
 - Training and Recertification Guide
 - Physician Sponsor Guide for squads and physicians
 - Guide to capital improvement requests
 - Mass Casualty / Disaster Plan

GOAL 4: To Assure Quality Emergency Medical Delivery Systems Across the Region

5 Year Objectives

Regional Coordination

- Air ambulances, MAST, dispatch centers and other EMS units will be coordinated through quarterly meetings.
- Facilitate coordination of Borough EMS services through 10 meetings per year.
- Within five years there will be 100% EMS communication along all major and minor highway systems in the region including EMS responders, law enforcement, dispatch centers, medical control, air ambulances, etc.
- There will be a system in place along all major highways that will allow citizens to access the EMS system – 911 Call Box system or similar.
- Regional staff will be visiting all sub-regional hub communities and at least 4 other smaller communities every two years to provide technical assistance and organizational reviews.
- There will quarterly regional medical director meetings, one function of which will be to review patient care quality assurance issues.
- Regional standing orders will be reviewed and updated by the medical director and training coordinator every year.
- There will be three sub-regions established with a coordinator and/or trainer.

Level I Highway Communities

- 100% of Level I highway communities will have a minimum of 5 people trained to at least the First Aid level in the highway community.
- 75% of Level I highway communities will have a vehicle, such as an ambulance or utility vehicle, capable of covered and warm transportation of a patient to the clinic as well as the airport.
- 75% of Level I communities will have all of the equipment described in the state EMS Goals Document (Section 700) for this level community.
- 75% of Level I communities will have communications between clinic, response vehicle and responding ground or air ambulance.
- 75% of Level I highway communities will have a system for citizens to contact and request assistance (911 system or something similar).
- 75% of Level I highway communities will have a system for communication between EMS responders and medical control.
- 75% of Level I highway communities will have a plan for accessing Critical Incident Stress Debriefing (CISD)
- 75% of Level I highway communities will have a mass casualty / disaster plan.

- 75% of Level I highway communities will have a written training plan including a schedule for continuing education needed for certification of personnel.
- 75% of Level I highway communities will have an operational plan (see p. 66).
- 75% of Level I highway communities will have a quality assurance plan.
- 75% of Level I highway communities will meet the current IREMSC mini-grant policy for first responder services:
 - A. Must be organized;
 1. As part of a fire department, emergency medical service or local government with four or more responding members.
 2. Must designate one person as the person responsible for the daily management of the service;
 3. Must have written Policies regarding how the responders will be called out; written policies regarding training; written policies on the maintenance and custody of equipment/supplies; and, written policies regarding chain of command within the service.
 - B. Must have a person who is currently trained at least to the Emergency Trauma Technician (ETT) level available at all times.
 - C. Must have written policy for the timely evacuation and/or transport of all patients.
 - D. Must have a designated response area.
 - E. Must respond to ALL medical emergencies within their response area.
 - F. Must record all medical information for each patient for which care was provided on a State-approved report form. Maintain a copy of each patient report on file consistent with current statutes regarding medical record keeping.
 - G. Must agree to complete the Annual Ambulance Survey and submit it through IREMSC to the State EMS Office in a timely manner;
 - H. Must agree to provide documentation as requested to Interior Region EMS Council. Inc.;
 - I. Must agree not to discriminate for any reason, including religious preference, race, color, creed, gender, national origin, or financial status, in the provision of emergency medical services.

Level I Non-Highway Communities

- 100% of Level I non-highway communities will have a minimum of 5 people trained to at least the First Aid level in the community.
- 50% of Level I non-highway communities will have a vehicle capable of covered and warm transportation of a patient to the clinic as well as the airport. If warm vehicle housing is available, this vehicle will be an ambulance or utility vehicle. Otherwise it will be an “ambulance” sled or trailer with a suitable atv or snowmachine to pull it.
- 50% of Level I communities will have all of the equipment described in the state EMS Goals Document (Section 700) for this level community.
- 50% of Level I non-highway communities will have communications between clinic, response vehicle and responding ground or air ambulance.

- 50% of Level I non-highway communities will have a system for citizens to contact and request assistance (911 system or something similar).
- 50% of Level I non-highway communities will have a system for communication between EMS responders and medical control.
- 50% of Level I non-highway communities will have a mass casualty / disaster plan.
- 50% of Level I non-highway communities will have a plan for accessing Critical Incident Stress Debriefing (CISD)
- 50% of Level I non-highway communities will have a written training plan including a schedule for continuing education needed for certification of personnel.
- 50% of Level I non-highway communities will have an operational plan (see p. 66).
- 50% of Level I non-highway communities will have a quality assurance plan.
- 50% of Level I non-highway communities will meet the current IREMSC mini-grant policy for first responder services:
 - A. Must be organized;
 1. As part of a fire department, emergency medical service or local government with four or more responding members.
 2. Must designate one person as the person responsible for the daily management of the service;
 3. Must have written Policies regarding how the responders will be called out; written policies regarding training; written policies on the maintenance and custody of equipment/supplies; and, written policies regarding chain of command within the service.
 - B. Must have a person who is currently trained at least to the Emergency Trauma Technician (ETT) level available at all times.
 - C. Must have written policy for the timely evacuation and/or transport of all patients.
 - D. Must have a designated response area.
 - E. Must respond to ALL medical emergencies within their response area.
 - F. Must record all medical information for each patient for which care was provided on a State-approved report form. Maintain a copy of each patient report on file consistent with current statutes regarding medical record keeping.
 - G. Must agree to complete the Annual Ambulance Survey and submit it through IREMSC to the State EMS Office in a timely manner;
 - H. Must agree to provide documentation as requested to Interior Region EMS Council. Inc.;
 - I. Must agree not to discriminate for any reason, including religious preference, race, color, creed, gender, national origin, or financial status, in the provision of emergency medical services.

Level II Communities

- 100% of Level II communities will have a minimum of 5 people trained to at least the ETT level in the community.
- 100% of Level II communities will have all of the equipment described in the state EMS Goals Document (Section 700) for this level community.
- 100% of Level II communities will have an ambulance or ambulances in numbers appropriate to the community.
- 100% of Level II communities will have communications between responders.
- 100% of Level II communities will have a dispatch system including communications between citizens and the dispatcher and between the dispatcher and the EMS system.
- 100% of Level II communities will have communications between the ambulance and other ground and air ambulances, medical control, dispatch, troopers and other appropriate entities.
- 100% of Level II communities will have a mass casualty / disaster plan.
- 100% of Level II communities will have a plan for accessing Critical Incident Stress Debriefing (CISD)
- 100% of Level II communities will have a written training plan including a schedule for continuing education needed for certification of personnel.
- 100% of Level II communities will have an operational plan (see p. 66).
- 100% of Level II communities will have a quality assurance plan.
- 100% of Level II communities will have written standing orders and medical oversight.
- 100% of Level II communities will meet the current IREMSC mini-grant policy for ambulance services.
 - Must be a state certified ambulance service as defined in 7 AAC 26.230 A & B “Emergency Medical Services Outside Hospitals”; must meet the requirements as set forth in 7AAC 26.220;230;650A,
 - A. Must be formally organized
 1. As part of a fire department, emergency medical service or local government with four or more responding members.
 2. Designate one person as the person responsible for the daily management of the service;
 3. Have written policies regarding how the responders will be called out; written policies regarding training; written policies on the maintenance and custody of equipment/supplies; and, written Policies regarding chain of command within the service.
 - B. Must agree to complete the Annual Ambulance Survey and submit it through IREMSC to the State EMS Office in a timely manner;
 - C. Must agree to provide documentation as requested to Interior Region EMS Council. Inc.;

- D. Must agree not to discriminate for any reason, including religious preference, race, color, creed, gender, national origin, or financial status, in the provision of emergency medical services.

Level III Communities

- The only Level III community in the Interior is Ft. Wainwright. We will not set objectives for the military bases except for MAST and some inter-departmental issues. See objectives established for the Fairbanks North Star Borough.

Level IV Communities

The only Level IV community in the Interior is the City of Fairbanks. Fairbanks is a self-sufficient municipality. It has developed a tax-supported self-sufficient system that exceeds state and regional goals in most cases. The following objectives are for the City of Fairbanks system as a whole and serve as benchmarks that we fully expect the City to meet on its own, but IREMSC will provide resources and assistance as necessary.

The City system:

- Will be a state certified ALS system.
- Will have communications between responders.
- Will have a dispatch system including communications between citizens and the dispatcher and between the dispatcher and the EMS system.
- Will have communications between the ambulance and other ground and air ambulances, medical control, dispatch, troopers and other appropriate entities.
- Will have a mass casualty / disaster plan.
- Will have a plan for accessing Critical Incident Stress Debriefing (CISD)
- Will have a written training plan including a schedule for continuing education needed for certification of personnel.
- Will have an operational plan (see p. 66).
- Will have a quality assurance plan.
- Will have written standing orders and medical oversight.
- Will have an ambulance or ambulances in numbers appropriate to the community.
- Will have all of the equipment described in the state EMS Goals Document (Section 700) for this level community.

Level V Communities

- There are no Level V communities in the Interior.

Fairbanks North Star Borough

The Fairbanks North Star Borough is a special case. Within its borders there are a variety of community levels. In addition, it has developed a tax-supported self-sufficient

system that exceeds state and regional goals in most cases. The following objectives are for the Borough system as a whole and serve as benchmarks that we fully expect the Borough to meet on its own, but IREMSC will provide resources and assistance as necessary.

The Borough system:

- Will be a state certified ALS system.
- Will have communications between responders.
- Will have a dispatch system including communications between citizens and the dispatcher and between the dispatcher and the EMS system.
- Will have communications between the ambulance and other ground and air ambulances, medical control, dispatch, troopers and other appropriate entities.
- Will have a mass casualty / disaster plan.
- Will have a plan for accessing Critical Incident Stress Debriefing (CISD)
- Will have a written training plan including a schedule for continuing education needed for certification of personnel.
- Will have an operational plan (see p. 66).
- Will have a quality assurance plan.
- Will have written standing orders and medical oversight.
- Will have an ambulance or ambulances in numbers appropriate to the community.
- Will have all of the equipment described in the state EMS Goals Document (Section 700) for this level community.

GOAL 5: To Promote Research and Data Collection Relevant to EMS

5 Year Objectives:

- There will be a system in place that will allow IREMSC to analyze what types of emergencies occur in communities to determine appropriate level of training, type of organization, and specialty training needs beyond basic curriculum. Examples of potential ways to meet this objective are:
 - Participation in and support of statewide database project.
 - Ensuring that all organized squads in the region complete run surveys every year.
- Every two years, as part of the regional planning process, IREMSC will review data and, in consultation with medical directors, modify the following based on this data and other predictive information available to us:
 - Standing Orders and other medical protocols
 - Training

- Equipment
- Squad organizational level
- Public Education
- Technical Assistance

GOAL 6: To Ensure Adequate Funding for the Resources Needed in the Program

5 Year Objectives

- Operational funding (grants and other income) will be increasing every year to reflect actual increases in costs due to cost of living increases, increasing business expenses (e.g. insurance), increasing training costs and population growth in the region.
- Capital funding will be adequate each year to address high priority equipment needs in the region. Examples of potential ways to meet this objective are:
 - Assess capital needs at least yearly, twice per year if necessary.
 - Develop capital funding proposals for various sources including the USDA, the Rasmuson Foundation, the state of Alaska and the Denali Commission and others.
 - Work with communities to provide local funding for capital needs, including match for grants.
- Medicare and Medicaid reimbursement will cover actual costs as documented by the American Ambulance Association.
- In at least ten communities that currently (July, 2002) have no significant local operational support, EMS will receive tribal, 638, local governmental or other form of financial support.
- We will have funding partners and / or financial support for three subregional trainer / coordinators and their activities.
- There will be consistent annual capital funding provided by the Alaska legislature.
- There will be consistent training funding provided by the Alaska legislature.

GOAL 7: To Educate the Public and Policy Makers on EMS Issues

This is a difficult area in which to quantify results and progress towards objectives. Therefore, objectives are process oriented rather than outcome oriented.

5 Year Objectives:

- There will be a system in place to notify public about new developments in EMS system, e.g. Comfort 1, poison control, MAST and air ambulance services, tissue donation, EMS system goals, etc.
- There will be a system in place for publicizing IREMSC and regional EMS activities for the public, legislators, and other organizations.

GOAL 8: To Prevent Accidents and Injuries

5 Year Objectives:

- There will be a resource guide to safety information, prevention and training to include drowning, poisoning, burns, gunshots, motor vehicle accidents and helmet use.
- State regulations will allow easier public access to AEDs so they can be placed in public areas of large venues such as:
 - Airports
 - Shopping malls
 - Arenas
 - Large office buildings