

San Francisco
Department of
Emergency Management,
Emergency Medical
Services Agency

Five Year Strategic Master Plan

2013-2017

January 15, 2013



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The San Francisco Department of Emergency Management (SFDEM) seeks to develop a five year Strategic Master Plan with delineated goals and action items to implement a streamlined, enhanced Emergency Medical Services (EMS) system that optimizes the quality of patient care in San Francisco. All aspects of the EMS system were open for review, including patient care advancements, operations, training, exercises and policy/protocol changes. In order to develop consensus driven goals, SFDEM required input from EMS stakeholders, including field providers (EMTs, paramedics and supervisors); hospital administrators; EMS trainers and educators; Emergency Department physicians, nurses and mid-level providers; and public health administrators and providers. In-person stakeholder meetings were held in March 2012 to allow the stakeholder groups to brainstorm issues, concerns, areas for enhancement, areas for revision, and areas of strength for their constituencies. The purpose of the meetings was to allow each stakeholder group to meet individually (though the meetings were not closed) to address the issues that affected their constituency specifically, and allow for ample dialogue about each issue. This information was then to be synthesized into broad categories and topics for further analysis.

In addition to the in-person sessions, an on-line survey was utilized to reach stakeholders not able to attend the March meetings, and to allow for further refinement of the broad categories addressed in the in-person sessions.

After analysis of the sessions and the survey information and comments was completed, it was clear that four main categories were universal. Those categories were:

- COMMUNICATION AND INFORMATION SHARING
- DATA ISSUES AND SYSTEM WIDE POLICY REVIEW
- TRAINING AND SKILLS MAINTENANCE
- SYSTEM COORDINATION AND STANDARDIZATION

The proceeding Five Year Strategic Master Plan is the culmination of both stakeholder input and SFEMS Agency experience and vision. The Plan makes recommendations for goals and specific action items to be addressed by the EMS Agency, and assigns each goal a target year for completion.

Motto
World-Class EMS for a World-Class City



San Francisco: What's the EMS scene in our City?

On any day:	805,000 residents in 49 square miles
During the work week:	1.05 million persons
Requesting:	400 calls for emergency medical service every day (Over 100,000 calls per year) in this densely populated region

What are the EMS resources in our City?

Primary 9-1-1 Dispatch service	Division of Emergency Communications, Department of Emergency Management
9-1-1 EMS training programs	City College of San Francisco, King-American Ambulance, San Francisco Paramedic Association, AMR-San Francisco Ambulance, San Francisco General Hospital, San Francisco Fire Department
9-1-1 response provider	San Francisco Fire Department (43 stations)
9-1-1 ambulance providers	San Francisco Fire Department, King-American Ambulance, AMR-San Francisco Ambulance
Hospitals that receive patients	SFGH, UCSF, Kaiser, California Pacific Medical Center: Pacific, Davies, St. Luke's & California campuses, St. Francis, St. Mary's, Kaiser-South San Francisco Seton, Chinese Hospital and VAMC
Special new STAR Hospitals as of January 7, 2013	CPMC-Pacific, UCSF, St. Mary's, San Francisco General Hospital, and Kaiser
Inter-facility transport providers	Bayshore Ambulance, King-American Ambulance, St. Joseph's Ambulance, AMR-San Francisco Ambulance, ProTransport-1

Mission, Vision, Values, Goals

Mission

The mission of the San Francisco EMS Agency is to direct, plan, monitor, evaluate, and regulate the San Francisco EMS System in collaboration with system and community providers.

Vision

We envision leading the San Francisco EMS System to ensure a superior standard of emergency medical care for the residents and visitors of San Francisco.



Values

The San Francisco EMS Agency is committed to:

- Consistently treating all people with fairness, dignity, honesty and respect;
- Working fairly and openly in an environment of trust, transparency and teamwork;
- Leadership that brings accountability, responsibility and success to our organization;
- Maintaining a working environment where passion, creativity and enjoyment can thrive;
- Continuous learning and improvement in a dynamic environment;
- Listening to and speaking with stakeholders honestly and directly; and,
- Striving to achieve excellence through education and experience.

Goals

- To collaboratively regulate and assure quality in the EMS system through comprehensive QA/QI processes
- To comply with all federal, State and local laws and regulations
- To monitor and improve EMS system communications, both physical and interpersonal
- To have effective working relationships integrated with all partners in the systems of public health and EMS providers
- To improve medical health disaster and emergency preparedness
- To implement new and/or improved medical practices through evidence-based medicine
- To be effective and proactive in EMS and City and County of San Francisco environments



This report is a culmination of information and data gathered by several sources. Over the past year, staff at the EMS Agency along with stakeholders in the EMS system, have discussed issues that need to be addressed in order to optimize the quality of patient care in San Francisco.

Stakeholder meetings were held over two days in March 2012, and a follow up on-line survey was circulated to allow for further comment from EMS stakeholders not able to attend the in-person meetings. The survey questions were garnered from the information gathered at the stakeholder meetings, and synthesized into pointed questions. The survey asked respondents to rate the level of importance of the issues presented, and to prioritize those that should be addressed in the EMS Strategic Plan. Though the stakeholders who only participated through the survey were not given as ample an opportunity to discuss their thoughts, there was a section allotted on the survey for unstructured comments.

The data collected from the two sources was analyzed and a first draft of the strategic plan was circulated for comments from throughout the system. A brainstorming session with stakeholders was held on December 6, 2012. Anyone reviewing the draft was able to submit comments electronically by January 7, 2013. This plan was then submitted to the EMS Advisory Committee on January 8, 2013 for final stakeholder review and unanimous approval (20-0). The San Francisco Health Commission unanimously approved the Plan on January 15, 2013 (6-0).

Stakeholder Meetings

Stakeholder meetings were held March 5 and 6, 2012 at the SFDEM Emergency Operations Center. The first day of meetings included individual sessions for Hospital Providers with a focus on the interests of organizations and programs such as STAR (heart attack and cardiac arrest), trauma etc., and for Pre-hospital Providers with a focus on the interests of the organizations. The second day of meetings involved individual sessions for Emergency Physicians with a focus on their specific interests, for EMS Education Providers with a focus on the interests of both the institutions and the instructors, and for EMS and Hospital Personnel with a focus on the interests of staff, not on the organizations for which they work. Participants were open to attend multiple sessions.

Discussions were facilitated by an outside consultant. The discussions were open to all participants and no subject was restricted. Participants were asked to brainstorm issues, concerns, and areas for enhancement, areas for revision, and areas of strength. Each topic was given sufficient time to fully vet the views of the stakeholders. The facilitator grouped comments into broad subjects and topics, which allowed participants to begin to recognize the pattern that was emerging during the brainstorming sessions. Rather than partition the discussion, the grouping of comments aided a more in-depth dialogue that also assisted in distilling issues that weren't relevant (as in staffing issues that were company specific and not system related).

At the conclusion of the two days of meetings, the facilitator synthesized the comments and discussion and determined overarching themes and trends. The information was distilled into an after-action report that highlighted 16 topics. These topics were further distilled into four themes – communication and information sharing; data issues and system wide policy review; training and skills maintenance; and system coordination and standardization.

On-Line Survey

Two obstacles with the in-person stakeholder meetings became clear after the sessions. One, not all stakeholders that would want to weigh in on the subjects had the ability to attend the meetings and, two; personnel were reluctant to discuss some issues with their company executives present. In order to alleviate both impediments, an on-line anonymous survey was sent to all stakeholder-employers for circulation to their employees. A total of 76 responses were received. The survey acted as both a follow-up to the stakeholder meetings and as an opportunity for others to engage in the discussion. Though the survey was anonymous, it was requested that respondents identify their job affiliation as follows:

- EMT/Paramedic
- Hospital Administrator
- Trainer/Educator
- Emergency Department physician/nurse/mid-level
- Public Health Provider/Administrator

The questions asked respondents to rate statements on an agreement scale that ranged from strongly agree to strongly disagree with two options in between. Each of the four main themes (communication and information sharing; data issues and system wide policy review; training and skills maintenance; and system coordination and standardization) had three to five statements respondents were asked to rank. The answers were given a numerical score for tabulation purposes of “1-5” on strength of the agreement. In addition, respondents were asked to prioritize their top five of the original 16 topics from the after-action report. The prioritization was based on what the respondent wanted to see addressed in the development of a strategic plan for the following five years. Lastly, the survey included a section for respondents to include comments and add any additional issues not addressed by the survey.

An analysis of the findings from the on-line survey (tabulated below), combined with the information from the in-person stakeholder meetings, was used to determine recommendations for EMS system enhancements for the years 2013-2017.

Communication and Information Sharing

Communication and information sharing issues prevailed at the stakeholder meetings held on March 5-6, 2012. The discussion centered not only on the need for more communication, but on the type and quality of the communication. Many participants expressed concern with *what* information should be communicated, *how* it occurs and *how quickly* information is transmitted.

Participants at the in-person strategy sessions in March expressed greater concern with the need for a review of what exactly field providers *need* to communicate via the PCR rather than keeping the current policy of requiring communication of *all* information. In particular, 21% of E.D. Physicians /Nurses/ Mid-levels disagreed that this issue should be addressed by the strategic plan. Below is a summary of the on-line survey results for the three questions regarding communication and information sharing.

- 93% of respondents believe that there is a lack of a feedback loop on patient outcome. Information generally flows in one direction and the educational opportunity for the original medic is lost when the patient outcome information is not conveyed back to that medic.
- 98% of respondents believe that the EMS website should be a source of communication and information sharing for all providers.
- 84% of respondents believe the strategic plan should address what field providers need to communicate via the PCR versus requiring communication of all information.

Survey results are tabulated by responder discipline (referred to as “type” in tables). A summary is below.

- EMT/Paramedics, Trainer/Educators, and the E.D. Physicians / Nurses/ Mid-levels cited the website issue as their most important issue of the three.
- Hospital Administrators and Public Health Administrators did not value one issue over any other, however 100% of respondents agreed with all three issues.

Respondents were asked to add any topic or issue that was not addressed in the formal survey. A summary of a few pertinent comments for this topic are below.

- *Non Profit Service providers need to be brought further into the system. Field providers currently don't know what's available or how to access services for the population in need. Disadvantaged & homeless service providers (GLIDE, ST ANTHONY'S, etc.) should be provided with certain data, alerted to specific issues etc. Those with medical clinics should have a rep. on the advisory committee, e.g., the SF Community Clinic Consortium.*

Data Issues and System Wide Policy Review

Data issues and system wide policy review was discussed in great length at the stakeholder meetings in March. Issues of particular interest to participants included the need to review all policies to determine current relevance, implementation of new policies to address inter-facility transports, the integration of law enforcement into violent patient transport, whether critical care tactical medics and community paramedicine should be implemented, and looking to determine Quality Improvement (QI) metrics and standardization of the PCR.

Below is a summary of the on-line survey results for the three questions regarding data issues and system-wide policy review:

- 97% of respondents believe there needs to be a streamlined manner to report QI issues and a way for the multiple providers to seamlessly report the issues.
- 95% of respondents believe that there needs to be a review of all current policies to determine if they are each still necessary/applicable, and to determine what policies need to be created.
- 71% believe it is time to determine whether community paramedicine would be advantageous.

Survey results are tabulated by responder discipline (referred to as “type” in tables). A summary is below.

- EMT/Paramedics were evenly split between the QI reporting issue and the review of current policies issue as their most important issue.
- Hospital Administrators, Public Health Administrators and Trainer/Educators did not value one issue over any other, however 100% of respondents agreed with all three issues.
- ER Physicians and Nurses/ Mid-levels valued QI reporting as their most important issue of the three.

Respondents were asked to add any topic or issue that was not addressed in the formal survey. A summary of a few pertinent comments are below.

- *I think it's a failure to the city's population to allow system resources to reach zero. I find that "medic to follow" is far to frequent and is a concerning issue to someone who lives and works in this county. *this comment was stated by three respondents.*
- *We need to find and fix the holes in our system, e.g. the National Park Service runs a BLS response with no current medical direction, the EMS Agency has no agreements with Northern San Mateo County re: response to the Olympic Club area or ALS coverage for the National Park Service area.*

Training and Skills Maintenance

Participants in the stakeholder meetings in March cited standardized training and coordinated skills maintenance as issues that must be addressed in the strategic plan. Many feel strongly that training should be standardized and conducted cooperatively across providers – whether private or public, regardless of employer. Many also believe that on-going skills maintenance should be conducted not only across the various providers, but that there should be cross job training and preceptor opportunities.

Below is a summary of the on-line survey results for the three questions regarding training and skills maintenance:

- 98% of respondents believe there needs to coordination, standardization and integration of training across all providers.
- 90% believe that there needs to be a stronger link between QI and the initial training and educations of EMS providers
- 94% believe that there needs to be more preceptors and enhanced educational opportunities.

Survey results are tabulated by responder discipline (referred to as “type” in tables). A summary is below.

- EMT/Paramedics felt the coordination and standardization of training issue was the most important of the three issues.
- E.D. Physicians /Nurses/ Mid-levels cited the need for more preceptors and opportunities as their most important issue.
- Hospital Administrators, Public Health Administrators and Trainer/Educators did not value one issue over any other, however 100% of respondents agreed with all three issues.

Respondents were asked to add any topic or issue that was not addressed in the formal survey. A summary of a few pertinent comments are below.

- *All persons involved in the ordering of patient transport, (sending, receiving, or dispatch) relating to EMS request, need to have a better understanding of the level of service that is required prior to ordering ANY transport, including critical care transports. The lack of direct understanding has been proven time and again to be detrimental to patient care, and could be improved as a whole.*
- *Require periodic refresher training in pediatric infrequently used skills.*

System Coordination and Standardization

This issue, perhaps more than any other sparked discussion at the stakeholder meetings in March. Most participants stated that the system is “one system” and that the fragmented nature of policies, training, resources, communication and coordination does not serve that system. Participants felt that determining ways to synthesize the parts, pieces and players of the one EMS system into more unified collaborative will be most valuable to not only the system as a whole, but for patient care as well.

Below is a summary of the on-line survey results for the five questions regarding system coordination and standardization:

- 99% of respondents believe that there does need to be a standardization of the system as a whole.
- 86% believe there should be a standardized electronic Pre-hospital Care Report (ePCR).
- 91% believe there should be coordination with law enforcement for violent patient management.
- 88% believe there need to be an electronic to electronic patient record transfer system.
- 85% believe there needs to be better integration of protocols between field providers and hospitals, e.g., use of the King tube, the new STAR set of protocols, etc.

Survey results are tabulated by responder discipline (referred to as “type” in tables). A summary is below.

- EMT/Paramedics overwhelming cited system wide coordination and standardization as their most important issue.
- E.D. Physicians / Nurses/ Mid-levels chose system wide coordination and standardization, and coordination with law enforcement as their top issues, with 100% of respondents agreeing to the statements.
- Hospital Administrators, Public Health Administrators and Trainer/Educators did not value one issue over any other, however 100% of respondents agreed with all three issues.
- Trainers/Educators cited 100% agreement with all statements except the electronic patient transfer record issues, which only received 75% agreement.

Respondents were asked to add any topic or issue that was not addressed in the formal survey. A summary of a few pertinent comments are below.

- *EMS needs to be embraced by the SF Department of Public Health as vital to the public's health and be on a par with hospital, skilled nursing facility, mental health, substance abuse, HIV prevention and treatment, injury prevention and disaster preparedness functions.*
- *Improve time for notification from EMS in the field to receiving hospitals. 3-5 minutes is often not enough.*

Below is the data from the online survey conducted by the SFDEM in July, 2012. The chart is broken down into total percentage of respondents agreeing with the statement (in red at the bottom), by percentage of respondents per discipline or “type” that agree with the statement, and by percentage of respondents by type who marked the comments as “strongly agree”. It is important to note that though the statement may have received a high agreement percentage, some received a far lower “strongly agree” percentage. This information will be taken into consideration strategic plan recommendations are made.

*Please also note the percent of total responses by type. This information is also important for recommendation purposes.

Communications and Information Sharing

Responder Type	There is lack of a feedback loop on patient status – on all levels. Feedback, especially to the original medic, is an educational opportunity that is missing.	The strategic plan needs to review what field providers NEED to communicate via PCR instead of requiring communication of all information.	The EMS website needs to be updated, regularly maintained, and developed for the end-user in order to push-out timely communications and information.
	Percent Agree/Strongly Agree	Percent Agree/Strongly Agree	Percent Agree/Strongly Agree
EMT, Paramedic (40% of total responses)	58%	79%	96%
Hospital Administrator (.02% of total responses)	100%	100%	100%
Trainer/Educator (.04% of total responses)	100%	80%	100%
E. D. MD/Nurse/Mid-level (47% of total responses)	91%	78%	100%
PH Admin or Provider (.05% of total responses)	100%	100%	100%
Percentage of Total Responses	93%	84%	98%

Data Issues/System-wide Policy Review

	There needs to be a streamlined manner to report Q.I. issues and a seamless reporting from the multiple providers.	There needs to be a review of all current policies to determine if they are each still necessary/applicable, and what polices need to be created based on the strategic plan.	It is time to determine whether community paramedicine is advantageous to the system and patient care.
Responder Type	Percent Agree/Strongly Agree	Percent Agree/Strongly Agree	Percent Agree/Strongly Agree
EMT, Paramedic (38% of total responses)	92%	92%	60%
Hospital Administrator (.04% of total responses)	100%	100%	100%
Trainer/Educator (.06% of total responses)	100%	100%	100%
E.D. MD/ Nurse/Mid-level (45% of total responses)	100%	96%	75%
PH Admin or Provider (.05% of total responses)	100%	100%	100%
Percentage of Total Responses	97%	95%	71%

Training and Skills Maintenance

	There needs to be coordination, standardization and integration of training across all providers.	There needs to be a stronger link between QI and the initial training and education of EMS providers	There needs to be more preceptors and enhanced educational opportunities offered by preceptors, such as multi agency/company/discipline training.
Responder Type	Percent Agree/Strongly Agree	Percent Agree/Strongly Agree	Percent Agree/Strongly Agree
EMT, Paramedic (38% of total responses)	100%	90%	86%
Hospital Administrator (.04% of total responses)	100%	100%	100%
Trainer/Educator (.06% of total responses)	100%	100%	100%
E.D. MD/ Nurse/Mid-level (45% of total responses)	97%	97%	100%
PH Admin or Provider (.05% of total responses)	100%	100%	100%
Percentage of Total Responses	98%	90%	94%

Tabulated Survey Data

System Coordination and Standardization

	There needs to be a system wide standardization on training, skills maintenance, policies and procedure etc. –	There needs to be a standardized ePCR for whole system	There needs to be coordination (possible PD liaison) with law enforcement and system providers for violent patient management.	There needs to be an electronic to electronic patient record transfer system	There needs to be a standardization of protocols between field providers and hospitals.
Responder Type	% Agree / Strongly Agree	% Agree/ Strongly Agree	% Agree/ Strongly Agree	% Agree/ Strongly Agree	% Agree/ Strongly Agree
EMT, Paramedic (39% of total responses)	99%	79%	80%	90%	79%
Hospital Administrator (.04% of total responses)	100%	100%	100%	100%	100%
Trainer/Educator or (.06% of total responses)	100%	100%	100%	75%	100%
E.D.MD/ Nurse/ Mid-level (44% of total responses)	100%	88%	100%	85%	84%
PH Admin or Provider (.05% of total responses)	100%	100%	100%	100%	100%
Percentage of Total Responses	99%	86%	91%	88%	85%

The online survey listed 16 broad topic and issues that were the overarching themes discussed during the in person stakeholder meetings. Online survey takers were asked to rank the 16 topics and issues from 1 -5 in order of importance for the development of a strategic plan for the following five years.

Of the 16, five topics received the highest percentage of votes. However, it is important to note how many respondents of each type ranked the issue number 1 or 2 in importance.

1. Training and Skills Maintenance	38% of total votes
EMT/Paramedic	34% ranked #1 or #2
Hospital Provider	100% ranked #1 or #2
Trainer/Educator	20% ranked #1 or #2
ER MD/Nurse/ Mid-level	29% ranked #1 or #2
PH Provider/Admin	25% ranked #1 or #2
2. System-wide Standardization	26% of total votes
EMT/Paramedic	31% ranked #1 or #2
Hospital Provider	0% ranked #1 or #2
Trainer/Educator	20% ranked #1 or #2
ER MD/Nurse/ Mid-level	14% ranked #1 or #2
PH Provider/Admin	25% ranked #1 or #2
3. Quality Assurance	23% of total votes
EMT/Paramedic	.04% ranked #1 or #2
Hospital Provider	0% ranked #1 or #2
Trainer/Educator	.015% ranked #1 or #2
ER MD/Nurse/ Mid-level	14% ranked #1 or #2
PH Provider/Admin	.015% ranked #1 or #2
4. Hospital Related issues	21% of total votes
EMT/Paramedic	.03% ranked #1 or #2
Hospital Provider	.03% ranked #1 or #2
Trainer/Educator	0% ranked #1 or #2
ER MD/Nurse/ Mid-level	18% ranked #1 or #2
PH Provider/Admin	0% ranked #1 or #2
5. Patient Care Issues	21% of total votes
EMT/Paramedic	.07% ranked #1 or #2
Hospital Provider	0% ranked #1 or #2
Trainer/Educator	.03% ranked #1 or #2
ER MD/Nurse/ Mid-level	.09% ranked #1 or #2
PH Provider/Admin	.015% ranked #1 or #2

Topics and Issues List

Pre hospital Top Five

1. Training & Skills Maintenance
2. System-wide Standardization
3. Patient Care Issues
4. Financial & Funding Concerns
5. Communication & Information Sharing

Hospital Top Five

1. Hospital-related Issues
2. Training & Skills Maintenance
3. Communication & Information Sharing
4. Underserved & Special Needs Patients
5. Patient Care Issues/Quality Assurance

Note the remarkable similarity between pre-hospital and hospital concerns among sixteen possible categories.



COMMUNICATION AND INFORMATION SHARING

1. Re-design and maintain the EMSA web site as a single location for disseminating system information, providing a platform for questions and provider feedback, and as a location for seamlessly reporting QI issues. Incorporate appropriate social media to augment the web site. **(2013)**
2. Develop mechanisms for clinical education and feedback to paramedics and EMTs to include the Base Hospital at SFGH, paramedic shadowing in E.D.s, E.D. nurse and physician ride-alongs with medics, feedback loop on patient outcomes. **(2013-2014)**
3. Establish a “Field Supervisors Work Group” to improve patient care by discussing common issues, debriefing incidents, etc. **(2013-2014)**
4. Institute a program of dispatcher ride-alongs with field providers AND medic/EMT observations at Dispatch to greatly improve the understanding of each other’s role in the system. It is important that Dispatch be considered co-equal with field providers **(2014-2015)**.

DATA ISSUES AND SYSTEM-WIDE POLICIES

5. Establish a work group(s) to review all current protocols and policies for relevance, usefulness and necessity. This would include standardized equipment among field providers, and standardized data fields in the electronic Patient Care Report to be compatible with the appropriate equipment at receiving facilities **(2013-2014)**.
6. Produce an operational policies and protocols Field Operations Guide (FOG) for field providers. Distribute FOG to hospital E.D.s to increase their awareness of field practices. Also, create an option of a computer application for quick retrieval from a cellular phone. **(2014)**
7. Design an improved mechanism for QA/QI reporting from throughout the system and an improved “quality loop” to ensure that lessons learned are included in annual training programs. **(2013-2014)**
8. Develop infrastructure for conducting more EMS research projects and sharing research information in conjunction with UCSF and other institutions. **(2014-2017)**

TRAINING AND SKILLS MAINTENANCE

9. Explore the feasibility of a potential Continuing Education Center, with development of a workgroup of representatives from all providers to study the overall need for a program, feasibility, fiscal implications to providers, operational concepts, etc.; this proposal aims at CE training which would result in all field providers receiving the same high level of training, including paramedic and EMT orientations; field providers would still be allowed to conduct their own in-house training; training could include other organizations in the region; by placing the CE Center under the auspices of the Community College District, then “average daily attendance” revenue from the State of California could be used to fund faculty positions and a staff position at EMSA; other grant and foundation monies would be more feasible to attain **(2014-2016)**.
10. Design training curriculum, policies and accreditation for Critical Care Paramedics; then incorporate into the Continuing Education Center program. **(2014-2015)** *(linked to Recommendation #20)*

SYSTEM COORDINATION AND STANDARDIZATION

11. Initiate a “System Management Workgroup(s)” of all stakeholders, including not-for-profit primary care clinics, and representation from the Hospital Council to develop or improve plans for:
 - a) Urgent care centers as alternate approved destination sites (e.g., Tom Waddell);
 - b) Managing chronic public inebriates;
 - c) Creating dialogue between ED Nurse Manager and Field Supervisor to discuss common issues (such as patient flow, coordination of protocols between hospitals and field providers);
 - d) Coordinating with Public Safety on issues such as involuntary psychiatric holds, violent patients, etc;
 - e) Developing a system status management plan;
 - f) Integration of new facilities, like the Mission Bay Campus of UCSF; and,
 - g) Trauma system improvements, e.g., trauma re-triage criteria, backup trauma centers, coordination with the new state trauma plan **(2013-2017)**.
12. Begin a work group to study the issue of “community paramedicine” in San Francisco following the report from the State EMS Authority (i.e., the UC-Davis Study); determining the feasibility of initiating such programs in SF, such as a program to manage chronic users of the EMS system **(2013-2017)**.
13. Institute a Dispatch Communications Work Group to make suggestions for improving dispatch procedures, i.e., pre-empting Code 2 calls for Code 3 calls, assignment of talk groups, improving call–receipt to dispatch times, AVL system for all 9-1-1 ambulances and engines, etc. **(2014-2015)**.

SYSTEM COORDINATION AND STANDARDIZATION

- 14 Establish a work group to design a pilot project for the eventual elimination of diversion, including fleet destination management. **(2013-2015)**
- 15 Update and implement MOUs with the thirteen receiving facilities that include data reporting requirements for specialty centers such as STAR/STEMI. **(2013)**
- 16 Study and implement improvements in “ambulance turnaround times” at emergency departments. **(2013-2015)**
- 17 Explore the feasibility of building an air ambulance helipad at San Francisco General Hospital in order to serve patients with severe life-threatening trauma or illnesses **(2013-2016)**
- 18 Create a “Hospital/Field Provider Disaster Committee” to focus on emergency and MCI plans and exercises, increase coordination between hospitals and the field, medical surge, patient tracking (e.g., JPATS), etc. **(2013-2014)**
- 19 Study the need for an “EMS for Children” program to include paramedics building consistent confidence with pediatric infrequently used skills, EMS education for children in schools, disaster medical education for children, improving linkages with the two pediatric specialty hospitals and the EMS system, etc. **(2014-2015)**
- 20 Improve procedures to address inter-facility transport issues. Consider a plan for an “exclusive operating agreement” for critical care transport calls originating in San Francisco, including nurses and paramedics **(2015-2017)**. *(linked to Recommendation #10)*
- 21 Update the EMSA Policy 7010 on “Emergency Medical Services at Mass Gatherings & Special Events” to reflect current practices. Design a certification program for “emergency medical responders” which in San Francisco would primarily be used at special events **(2013-2014)**.
- 22 Play an active role in guiding the impacts of health care reform on the EMS system, especially the innovations necessary for EMS to thrive **(2013-2017)**.
- 23 Significantly improve the cardiac arrest survival rate in San Francisco **(2013-2017)**

2013	2014	2015	2016	2017
Redesign and maintain the EMSA website. Incorporate social media to website				
Develop mechanisms for clinical feedback for medics/ EMTs to include role of Base Hospital, paramedic shadow-alongs in E.D.s, nurse and physician ride-alongs with medics, feedback loop on patient outcomes, etc.	→			
Establish a "Field Supervisors Work Group"	→			
Establish a work group(s) to review all current policies for relevance, usefulness and necessity	→			
Design an improved mechanism for QA/QI reporting, and improve "quality loop"	→			
Update and implement MOUs with the thirteen receiving facilities,				
Re-establish the "Hospital/Field Provider Disaster Committee"	→			
Update the EMSA Policy 7010 on "Emergency Medical Services at Mass Gatherings & Special Events" to reflect current practices	→			
Establish a work group to design a pilot project for the eventual elimination of diversion	→			
Update and implement MOUs with 13 receiving facilities, including data requirements, STAR/STEMI procedures, etc.	→			

Explore the feasibility of building an air ambulance helipad at San Francisco General Hospital in order to serve patients with severe life-threatening trauma or illnesses (2013-2016)				
Play an active role in guiding the impacts of health care reform on the EMS system, especially the innovations necessary for EMS to thrive (2013-2017).				
Significantly improve the cardiac arrest survival rate in San Francisco.				
	Institute a program of dispatcher ride-alongs with field providers AND medic/EMT sit-alongs at Dispatch			
	Produce a Field Operations Guide of operational policies and protocols			
	Sponsor more research projects in conjunction with UCSF and other institutions			
	Explore the feasibility of a potential Continuing Education Center			

	Design training curriculum, policies and accreditation for Critical Care Paramedics; then incorporate into the Training Academy program	→		
	Institute a Dispatch Communications Work Group to make suggestions for improving dispatch procedures	→		
	Study the need for an “EMS for Children” program	→		
		Develop improved procedures to address inter-facility transport issues	→	
Begin a work group to study the issue of “community paramedicine” in San Francisco				→
Initiate a “System Management Committee” of all stakeholders and others to develop plans for: 1) urgent care centers as alternate approved destination; 2) chronic public inebriates; 3) consolidated Nurse Manager/Field Supervisor Subcommittee to discuss common issues (such as patient flow, coordination of protocols between hospitals and field providers), 4) public safety issues, etc				→

**Health Commission
Resolution 13-1**

Endorsing the 2013 San Francisco Department of Emergency Management/San Francisco EMS Agency 2013-2017 Strategic Plan

WHEREAS, the San Francisco EMS Agency was created in 1981 to improve patient care and fulfill state law and regulation in regards to the coordinating the provision of Emergency Medical Services in San Francisco;

WHEREAS, the San Francisco EMS Agency has worked collaboratively with system stakeholders including the San Francisco Fire Department, the San Francisco Department of Emergency Management/Division of Emergency Communications, private ambulance companies, community hospitals, EMS providers, the San Francisco Emergency Physicians Association, the San Francisco Paramedic Association, the Department of Public Health and other emergency care providers; and,

WHEREAS, the San Francisco EMS Agency has developed the EMS System Strategic Master Plan with input from the EMS Advisory Committee, the San Francisco Medical Society, and held 6 open meetings and provided a period of public comment on the Plan; and,

WHEREAS, the current rates of survival from cardiac arrest remain unacceptably low, and survival rates have not increased to a level on par with other cities of similar size over the past 5 years,

WHEREAS, instances of not having an ambulance available immediately for a request for EMS services remain unacceptably high; and,

WHEREAS, communication between EMS providers and their partners in emergency medical care should be improved across all patient encounters to improve patient treatment; and

WHEREAS, training among EMS providers is not standardized and integrated; and

WHEREAS, the Plan includes specific guidelines on enhancing communication, standardizing training, developing mechanisms to decrease periods of ambulance unavailability; and,

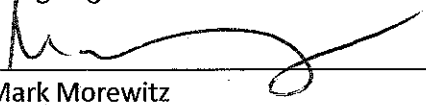
WHEREAS, as part of the strategy to reach this goal the Plan includes the goal for system improvements to be implemented over the next 5 years and monitoring of these deliverables along with appropriate outcome measurements to be reported quarterly to the Health Commission and the people of San Francisco; and

WHEREAS, the Health Commission recognizes the Plan outlines a change in the San Francisco EMS care paradigm and may lead to a reconfiguration of EMS services within state law and regulatory direction; now therefore be it

RESOLVED, that the Health Commission commends the DEM and the San Francisco EMS Agency for a thorough and rigorous planning process; and be it

FURTHER RESOLVED that the Health Commission endorses the 2013 San Francisco EMS System Strategic Master Plan and the DEM/EMSA's implementation of new directions for EMS Care.

I hereby certify that the San Francisco Health Commission at its meeting of January 15, 2013 adopted the foregoing resolution.

A handwritten signature in black ink, appearing to read 'Mark Morewitz', is written over a horizontal line.

Mark Morewitz
Health Commission Executive Secretary