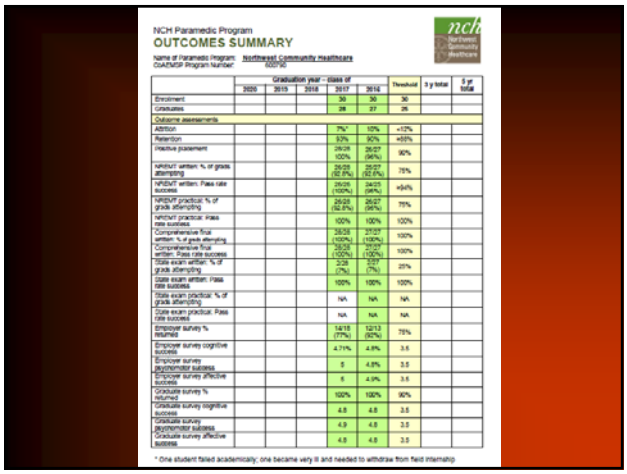
Northwest Community EMS System Report 3/18

"Partners in innovation…
Standing in the gap for you every day!

NORTHWEST COMMUNITY EMERGENCY MEDICAL SERVICES SYSTEM
EST 1972

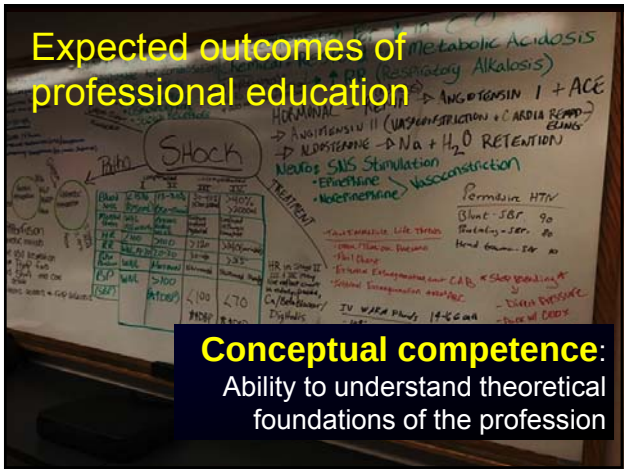


NCH Paramedic Program
OUTCOMES SUMMARY

Name of Paramedic Program: Northwest Community Healthcare
CAAEMSP Program Number: 600190

	Graduation year – class of					Threshold	3 y total	5 yr total
	2020	2015	2016	2017	2018			
Enrollment				30	30	30		
Graduates				28	27	25		
Outcome assessments								
Attrition				7%	10%	<12%		
Retention				93%	90%	>88%		
Positive placement				26/28 (93%)	26/27 (96%)	90%		
%FIRST written: % of grade attempting				26/28 (92.8%)	26/27 (92.6%)	75%		
%FIRST written: Pass rate success				26/26 (100%)	24/25 (96%)	>94%		
%FIRST practical: % of grade attempting				26/28 (92.8%)	26/27 (96%)	75%		
%FIRST practical: Pass rate success				100%	100%	100%		
Comprehensive final written: % of grade attempting				28/28 (100%)	27/27 (100%)	100%		
Comprehensive final written: Pass rate success				28/28 (100%)	27/27 (100%)	100%		
State exam written: % of grade attempting				2/28 (7%)	2/27 (7%)	25%		
State exam written: Pass rate success				100%	100%	100%		
State exam practical: % of grade attempting				NA	NA	NA		
State exam practical: Pass rate success				NA	NA	NA		
Employer survey % returned				14/18 (77%)	12/13 (92%)	75%		
Employer survey cognitive success				4.71%	4.8%	3.5		
Employer survey psychomotor success				5	4.8%	3.5		
Employer survey affective success				5	4.9%	3.5		
Graduate survey % returned				100%	100%	90%		
Graduate survey cognitive success				4.8	4.8	3.5		
Graduate survey psychomotor success				4.9	4.8	3.5		
Graduate survey affective success				4.8	4.8	3.5		

* One student failed academically; one became very ill and needed to withdraw from field internship



Expected outcomes of professional education

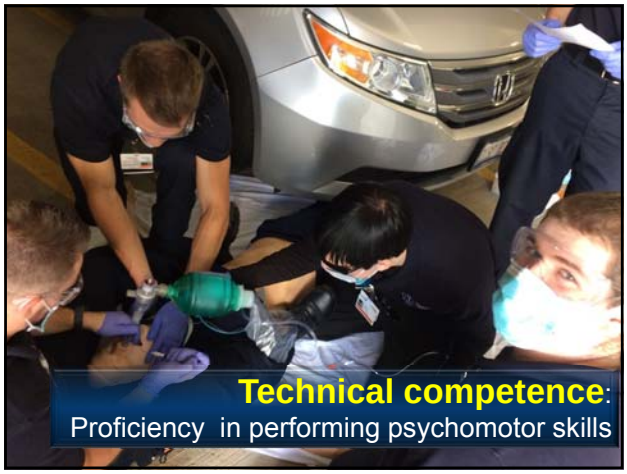
Conceptual competence:
Ability to understand theoretical foundations of the profession

Year Semester averages	EMS 210 Prep	EMS 211 Resp/Card	EMS 212 Med Emerg	**EMS 213** Trauma Sp. Pop.	**EMS 216** Seminar	**Cum GPA**
F15/S16 N=30	91.78	92.28	88.89	92.05	91.62	91.40
F16/S17 N=29-28	91.9	91.25	89.4	92.15	92.42	91.42
F17/S18 N 27	91.2	91.72	88.95	92.02		

Year Mod Exam ave. scores	EMS 210 Prep	EMS 211 Resp/Card	EMS 212 Med Emerg	**EMS 213** Trauma Sp. Pop.	**EMS 216** Seminar	Cum GPA written only
F15/S16 N=30	93.3	91.34	91.62	92.52	90.41	91.84
F16/S17 N=29-28	93	93.56	90.45	92.26	91.11	92.08
F17/S18 N 27	93.3	93.56	91.96	91.13		

Under duress

We do not rise to our expectations
We fall to the level of our preparation & training



Technical competence:
Proficiency in performing psychomotor skills

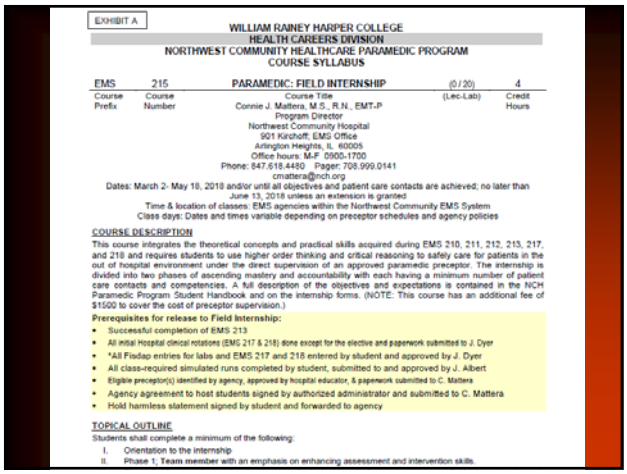


EXHIBIT A

WILLIAM RAINEY HARPER COLLEGE
HEALTH CAREERS DIVISION
NORTHWEST COMMUNITY HEALTHCARE PARAMEDIC PROGRAM
COURSE SYLLABUS

EMS	215	PARAMEDIC: FIELD INTERNSHIP	(0 / 20)	4
Course Prefix	Course Number	Course Title	(Lec-Lab)	Credit Hours

Connie J. Mattera, M.S., R.N., EMT-P
Program Director
Northwest Community Hospital
901 Kirchoff; EMS Office
Arlington Heights, IL 60005
Office hours: M-F 0800-1700
Phone: 847.618.4480 Pager: 708.999.0141
cmattera@nch.org

Dates: March 2- May 18, 2018 and/or until all objectives and patient care contacts are achieved; no later than June 13, 2018 unless an extension is granted
Time & location of classes: EMS agencies within the Northwest Community EMS System
Class days: Dates and times variable depending on preceptor schedules and agency policies

COURSE DESCRIPTION

This course integrates the theoretical concepts and practical skills acquired during EMS 210, 211, 212, 213, 217, and 218 and requires students to use higher order thinking and critical reasoning to safely care for patients in the out of hospital environment under the direct supervision of an approved paramedic preceptor. The internship is divided into two phases of ascending mastery and accountability with each having a minimum number of patient care contacts and competencies. A full description of the objectives and expectations is contained in the NCH Paramedic Program Student Handbook and on the internship forms. (NOTE. This course has an additional fee of $1500 to cover the cost of preceptor supervision.)

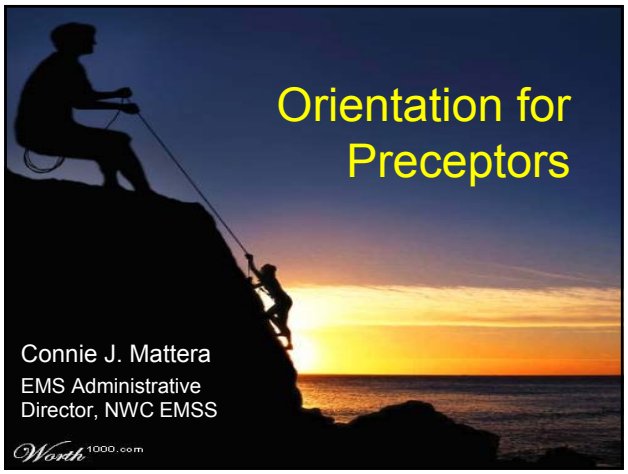
Prerequisites for release to Field Internship:

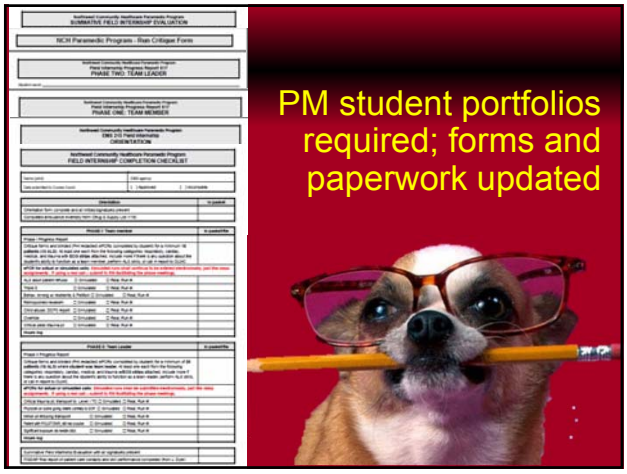
- Successful completion of EMS 213
- All initial Hospital clinical rotations (EMS 217 & 218) done except for the elective and paperwork submitted to J. Dyer
- *All Fisdap entries for labs and EMS 217 and 218 entered by student and approved by J. Dyer
- All class-required simulated runs completed by student, submitted to and approved by J. Albert
- Eligible preceptor(s) identified by agency, approved by hospital educator, & paperwork submitted to C. Mattera
- Agency agreement to host students signed by authorized administrator and submitted to C. Mattera
- Hold harmless statement signed by student and forwarded to agency

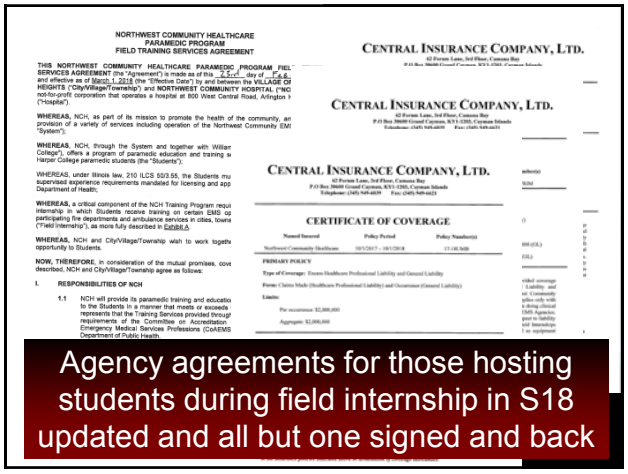
TOPICAL OUTLINE

Students shall complete a minimum of the following:

I. Orientation to the internship
II. Phase 1; Team member with an emphasis on enhancing assessment and intervention skills.

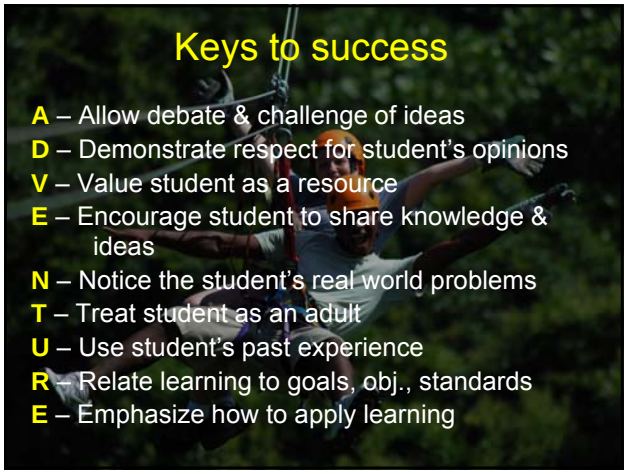


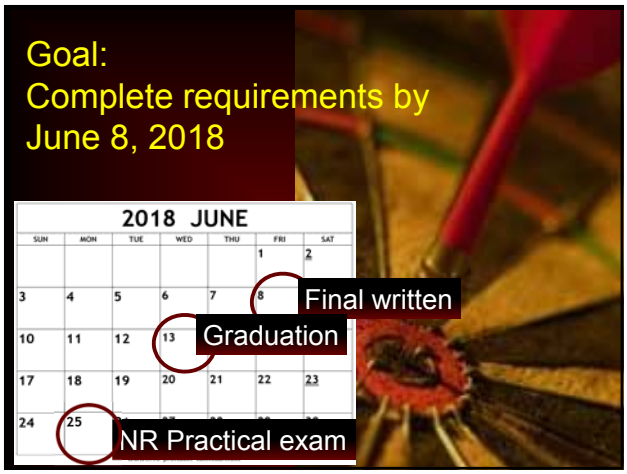


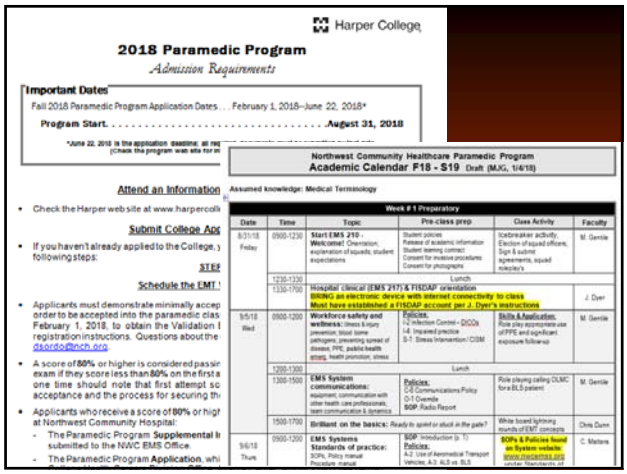


All released to field internship

Student		Agency	Preceptors approved	EMS 213 done	EMS 218 done	Simulated runs done	Ride Time Start Date
Bartoli	Jacob	LZ	x	x	02/28/2018	X	03/02/2018
Bornhofen	Jack	PAL	x	x	03/05/2018	X	03/05/2018
Cilella	Francis	HEFD	x	x	02/28/2018	X	03/02/2018
Finn	Emily	LZ	x	x	03/02/2018	X	03/03/2018
Gallagher	Michael	SCH	x	x	02/28/2018	X	03/02/2018
Geib	Zackary	SCH	x	x	02/28/2018	X	03/02/2018
Johnson	Nathan	SUP	x	x	02/28/2018	X	03/02/2018
Kelm	Nicholas	MPFD	x	x	02/28/2018	X	03/02/2018
Kessler	Scott	R8	x	x	03/06/2018	X	03/06/2018
Knabush	Nick	SCH	x	x	03/02/2018	X	03/03/2018
Konecki	David	BAR	x	x	03/02/2018	X	03/03/2018
Laterza	Luciano	EGV	x	x	02/28/2018	X	03/02/2018
Lynch	Michael	PHfs	x	x	03/07/2018	X	03/07/2018
Maravilla	Adrian	DPFD	x	x	03/05/2018	X	03/05/2018
Marchese	Rocco	SCH	x	x	03/07/2018	X	03/07/2018
Martinez	Kisha	HEFD	x	x	02/28/2018	X	03/02/2018
Martocchio	Nicholas	SCH	x	x	03/06/2018	X	03/06/2018
Moreno	Christian	DPFD	x	x	03/02/2018	X	03/03/2018
Rill	Skylar	RMFD	x	x	02/28/2018	X	03/02/2018
Ryan	Mitch	BL	x	x	03/02/2018	X	03/03/2018
Schroeder	Adam	MPFD	x	x	02/28/2018	X	03/02/2018
Schroeder	Dylan	PAL	x	x	02/28/2018	X	03/02/2018
Senese	Jacob	BGFD	x	x	03/02/2018	X	03/03/2018
Smiley	Joseph	HEFD	x	x	02/28/2018	X	03/02/2018
Walters	Matt	AHFD	x	x	02/28/2018	X	03/02/2018
Yonan	Blake	EGV	x	x	03/02/2018	X	03/03/2018
Zastrow	Carson	PAL	x	x	03/02/2018	X	03/03/2018







Harper College

2018 Paramedic Program

Admission Requirements

Important Dates

Fall 2018 Paramedic Program Application Dates . . . February 1, 2018–June 22, 2018*

Program Start. . . . . August 31, 2018

*June 22, 2018 is the application deadline; all req (Check the program web site for m

Attend an Information

- Check the Harper web site at www.harpercoll

Submit College App

- If you haven't already applied to the College, y following steps:

STEP

Schedule the EMT

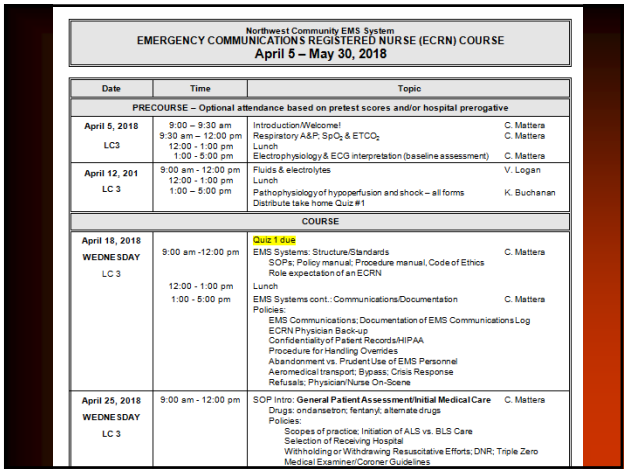
- Applicants must demonstrate minimally accep order to be accepted into the paramedic class February 1, 2018, to obtain the Validation I registration instructions. Questions about the dsordo@hnch.org.
- A score of **80%** or higher is considered passir exam if they score less than **80%** on the first a one time should note that first attempt sc acceptance and the process for securing th
- Applicants who receive a score of **80%** or higl at Northwest Community Hospital:
  - The Paramedic Program **Supplemental I** submitted to the NWC EMS Office.
  - The Paramedic Program **Application**, whi

Northwest Community Healthcare Paramedic Program
Academic Calendar F18 - S19 Draft (MJG, 1/4/18)

Assumed knowledge: Medical Terminology

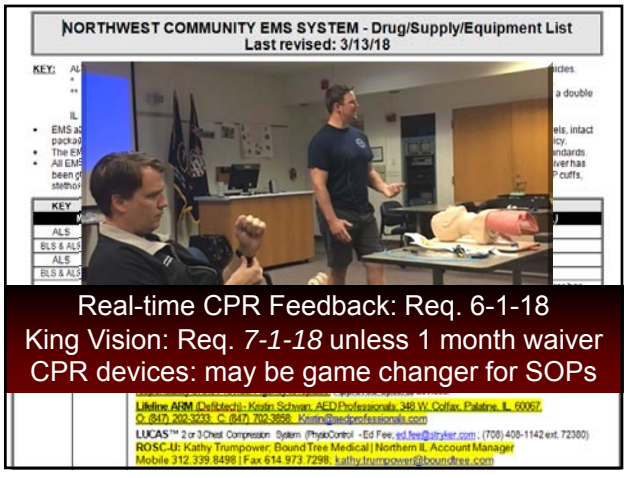
Week # 1 Preparatory

Date	Time	Topic	Pre-class prep	Class Activity	Faculty
8/31/18 Friday	0900-1230	**Start EMS 210 - Welcome!** Orientation, explanation of squads; student expectations	Student policies Release of academic information Student learning contract Consent for invasive procedures Consent for photographs	Icebreaker activity; Election of squad officers; Sign & submit agreements, squad rosters's	M. Gentile
	1230-1330	Lunch			
	1330-1700	**Hospital clinical (EMS 217) & FISDAP orientation** **BRING an electronic device with internet connectivity to class** **Must have established a FISDAP account per J. Dyer's instructions**			J. Dyer
9/5/18 Wed	0900-1200	**Workforce safety and wellness:** Illness & injury prevention; blood borne pathogens; preventing spread of disease; PPE; public health errors; health promotion; stress	**Policies:** 1-2 Infection Control – DIODs 1-6 Impaired practice B-1 Stress Intervention / CISM	**Skills & Application:** Role play appropriate use of PPE and significant exposure follow-up	M. Gentile
	1200-1300	Lunch			
	1300-1500	**EMS System communications:** equipment; communication with other health care professionals, team communication & dynamics	**Policies:** C-8 Communications Policy D-1 Override **SOP:** Radio Report	Role playing calling OLMC for a BLS patient	M. Gentile
	1500-1700	**Brilliant on the basics:** Ready to splint or stuck in the gate?		White board lightning rounds of EMT concepts	Chris Dunn
9/6/18 Thurs	0900-1200	**EMS Systems Standards of practice:** SOPs, Policy manual Procedure manual	**SOP:** Introduction (p. 1) **Policies:** A-2 Use of Aeromedical Transport Vehicles; A-3 ALS vs. BLS	**SOPs & Policies found on System website:** www.nwcemss.org under Standards of	C. Mattera



Northwest Community EMS System
EMERGENCY COMMUNICATIONS REGISTERED NURSE (ECRN) COURSE
April 5 – May 30, 2018

Date	Time	Topic	
PRECOURSE – Optional attendance based on pretest scores and/or hospital prerogative			
April 5, 2018 LC3	9:00 – 9:30 am 9:30 am – 12:00 pm 12:00 - 1:00 pm 1:00 - 5:00 pm	Introduction/Welcome! Respiratory A&P: SpO_2 & $ETCO_2$ Lunch Electrophysiology & ECG interpretation (baseline assessment)	C. Mattera C. Mattera C. Mattera
April 12, 201 LC 3	9:00 am - 12:00 pm 12:00 - 1:00 pm 1:00 – 5:00 pm	Fluids & electrolytes Lunch Pathophysiology of hypoperfusion and shock – all forms Distribute take home Quiz #1	V. Logan K. Buchanan
COURSE			
April 18, 2018 **WEDNESDAY** LC 3	9:00 am -12:00 pm 12:00 - 1:00 pm 1:00 - 5:00 pm	Quiz 1 due EMS Systems: Structure/Standards SOPs; Policy manual; Procedure manual, Code of Ethics Role expectation of an ECRN Lunch EMS Systems cont.: Communications/Documentation Policies: EMS Communications; Documentation of EMS Communications Log ECRN Physician Back-up Confidentiality of Patient Records/HIPAA Procedure for Handling Overrides Abandonment vs. Prudent Use of EMS Personnel Aeromedical transport; Bypass; Crisis Response Refusals; Physician/Nurse On-Scene	C. Mattera C. Mattera
April 25, 2018 **WEDNESDAY** LC 3	9:00 am - 12:00 pm	SOP Intro: **General Patient Assessment/Initial Medical Care** Drugs: ondansetron; fentanyl; alternate drugs Policies: Scopes of practice; Initiation of ALS vs. BLS Care Selection of Receiving Hospital Withholding or Withdrawing Resuscitative Efforts; DNR; Triple Zero Medical Examiner/Coroner Guidelines	C. Mattera



NORTHWEST COMMUNITY EMS SYSTEM - Drug/Supply/Equipment List
Last revised: 3/13/18

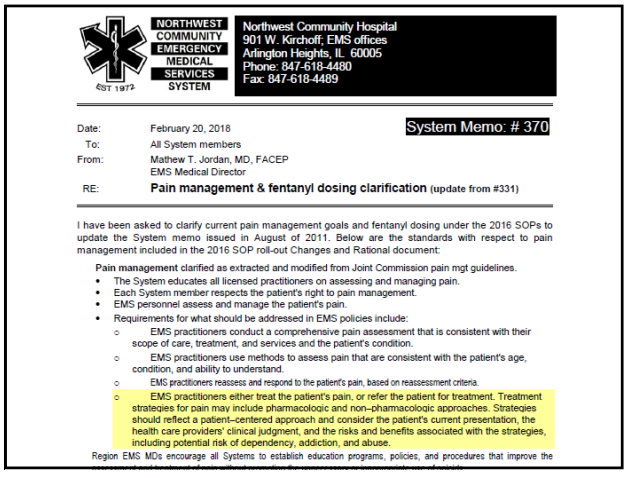
KEY:

Real-time CPR Feedback: Req. 6-1-18
King Vision: Req. *7-1-18* unless 1 month waiver
CPR devices: may be game changer for SOPs

Lifeline ARM (Defibtech) - Kristin Schwan, AED Professionals, 348 W. Colfax, Palatine, IL 60067, O: (847) 202-3233 C: (847) 702-3858 Kristin@aedprofessionals.com

LUCAS™ 2 or 3 Chest Compression System (PhysioControl - Ed Fee, ed.fee@stryker.com ; (708) 408-1142 ext. 72380)

ROSC-U: Kathy Trumpower; Bound Tree Medical | Northern IL Account Manager
Mobile 312.339.8498 | Fax 614.973.7298, kathy.trumpower@boundtree.com



NORTHWEST COMMUNITY EMERGENCY MEDICAL SERVICES SYSTEM
EST 1972

Northwest Community Hospital
901 W. Kirchoff; EMS offices
Arlington Heights, IL 60005
Phone: 847-618-4480
Fax: 847-618-4489

Date: February 20, 2018 — **System Memo: # 370**
To: All System members
From: Mathew T. Jordan, MD, FACEP
EMS Medical Director
RE: **Pain management & fentanyl dosing clarification** (update from #331)

I have been asked to clarify current pain management goals and fentanyl dosing under the 2016 SOPs to update the System memo issued in August of 2011. Below are the standards with respect to pain management included in the 2016 SOP roll-out Changes and Rational document:

Pain management clarified as extracted and modified from Joint Commission pain mgt guidelines.

- The System educates all licensed practitioners on assessing and managing pain.
- Each System member respects the patient's right to pain management.
- EMS personnel assess and manage the patient's pain.
- Requirements for what should be addressed in EMS policies include:
  - EMS practitioners conduct a comprehensive pain assessment that is consistent with their scope of care, treatment, and services and the patient's condition.
  - EMS practitioners use methods to assess pain that are consistent with the patient's age, condition, and ability to understand.
  - EMS practitioners reassess and respond to the patient's pain, based on reassessment criteria.
  - EMS practitioners either treat the patient's pain, or refer the patient for treatment. Treatment strategies for pain may include pharmacologic and non–pharmacologic approaches. Strategies should reflect a patient–centered approach and consider the patient's current presentation, the health care providers' clinical judgment, and the risks and benefits associated with the strategies, including potential risk of dependency, addiction, and abuse.

Region EMS MDs encourage all Systems to establish education programs, policies, and procedures that improve the

- FDA Drug Shortages
  - Bupivacaine Hydrochloride and Epinephrine Injection, USP (Updated - Currently in Shortage)
  - Bupivacaine Hydrochloride Injection, USP (Updated - Currently in Shortage)
  - Calcium Chloride Injection, USP (Updated - Currently in Shortage)
  - Cefepime Injection (Updated - Currently in Shortage)
  - Deferoxamine Mesylate for Injection, USP (Updated - Currently in Shortage)
  - Dextrose 50% Injection (Updated - Currently in Shortage)
  - Diltiazem Hydrochloride (Updated - Currently in Shortage)
  - Dobutamine Hydrochloride Injection (Updated - Currently in Shortage)
  - Dopamine Hydrochloride Injection (Updated - Currently in Shortage)
  - Epinephrine Injection, 0.1 mg/mL (Updated - Currently in Shortage)
  - Fentanyl Citrate (Sublimaze) Injection (Updated - Currently in Shortage)
  - Heparin Sodium and Sodium Chloride 0.9% Injection (Updated - Currently in Shortage)
  - Hydromorphone Hydrochloride Injection, USP (Updated - Currently in Shortage)
  - Lidocaine Hydrochloride (Xylocaine) Injection (Updated - Currently in Shortage)
  - Lidocaine Hydrochloride (Xylocaine) Injection with Epinephrine (Updated - Currently in Shortage)
  - Metronidazole Injection, USP (Updated - Currently in Shortage)
  - Morphine Sulfate Injection, USP (Updated - Currently in Shortage)
  - Potassium Chloride In
  - Sodium Acetate Injec
  - Sodium Chloride 23.4
  - Sodium Phosphate In
  - Sterile Water (Update
  - Sumatriptan (Sumave

March 5, 2018

- FDA Drug Shortages
  - Ketamine Injection (Updated - Currently in Shortage)
  - Piperacillin and Tazobactam (Zosyn) Injection (Updated - Currently in Shortage)
  - Sodium Chloride 0.9% Injection Bags (Updated - Currently in Shortage)
  - Sterile Water (Updated - Currently in Shortage)

NORTHWEST COMMUNITY EMERGENCY MEDICAL SERVICES SYSTEM
EST 1972

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Phone: 847-618-4480
Fax: 847-618-4489

Post for all EMT-Ps/PHRNs/ ECRNs; OLMC physicians

Date: March 13, 2018
To: All System members
From: Mathew T. Jordan, MD, FACEP; EMS Medical Director
RE: **Pain management options due to drug shortages**

System Memo: # 371
URGENT PRACTICE UPDATE

This memo is a follow-up and extension of System memo #370 on pain management.
All of the usual drugs used by EMS for pain management are on shortage and several system ho
totally out of fentanyl and morphine for EMS exchange. **Business as usual is not possible.** Thus,
implementing **the Emergency Drug Alternative SOP** – and activating several options for EMS i

#1: If **FENTANYL** cannot be restocked; **reduce inventory from 3 vials/amps to 2** (200 mcg) or ea
until gone. Pull fentanyl from reserve rigs and transfer to front line vehicles, leaving none on the
Make appropriate notes on the Controlled Substance Logs to reflect actual inventory.

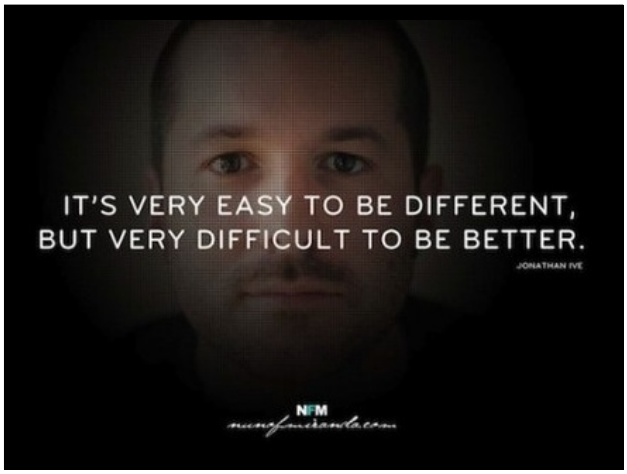
#2: If no **FENTANYL:** Substitute **MORPHINE** 10 mg/2mL (if available).

Name	Dose/Routes	Actions	Indication for EMS	Contraindications/ Precautions
MORPHINE	0.1 mg/kg (no more than 2 mg	- Narcotic analgesic	SBP ≥ 90(MAP ≥ 65)	- Allergy

Environment driving change in education & practice

"Every system is perfectly designed to achieve the results that it gets."

Peter Pronovost, MD, PhD;
patient safety expert of Johns Hopkins



EMS 2050 AGENDA
Envision the Future

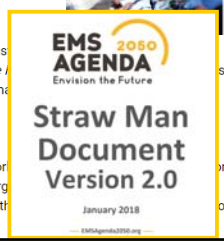
EMS Agenda 2050 is a collaborative and inclusive two-year project to create a bold plan for the next several decades. EMS Agenda 2050 will solicit feedback from members of the EMS community to write a new Agenda for the Future that envisions innovative possibilities to advance EMS systems.

History

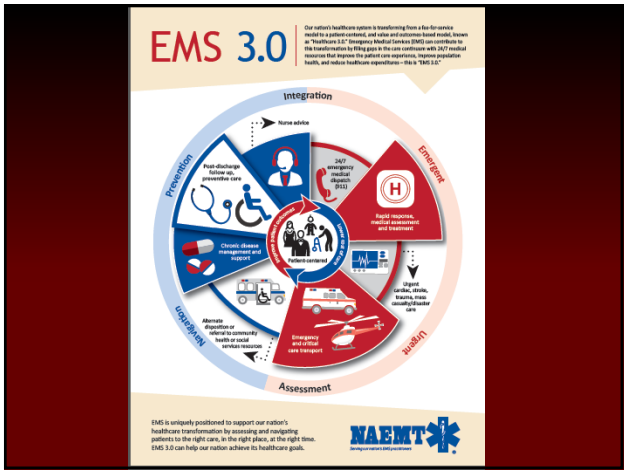
Twenty years ago, pioneers and leaders in the EMS indus
and evidence-based systems in the *EMS Agenda for the*
worked tirelessly to fulfill the vision set out in that landma

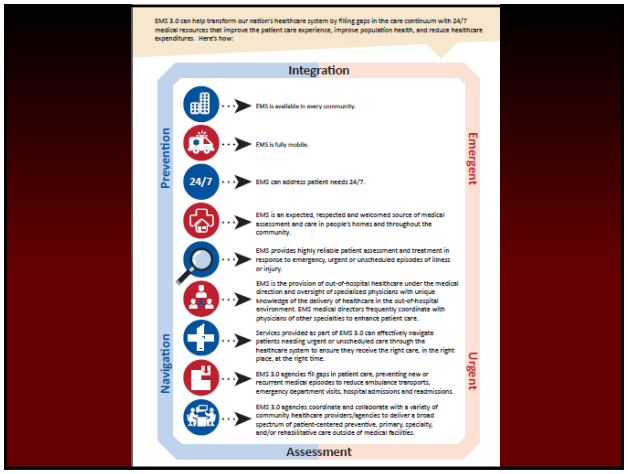
What's Happening Now

Throughout 2017 and 2018, the EMS community will wor
the future of EMS. Community members, stakeholder org
encouraged to get involved in writing a new Agenda for th
the next thirty years of EMS system advancement.



What else is driving changes in the State & System's planning?





National EMS Scope of Practice Model Revision Project

Expert Panel

NATIONAL EMS SCOPE OF PRACTICE MODEL REVISION 2018

Request for Feedback!

- **NASEMSO Press Release**: Request for Comments on Revised Portions in the 2007 National EMS Scope of Practice Model (12/12/17)
- **Download**: National EMS Scope of Practice Model Revision, Draft 2 (12/12/17)
- **Submit Comments**: Feedback should be submitted online. The comment period will conclude at **5:00 p.m. EST on Feb. 10, 2018**.

NHTSA to host March meeting at DOT Headquarters, Washington, D.C., to review findings of a systematic review of literature and conduct discussion on revising the National EMS Scope of Practice Model (SoPM)

(02/06/18) On Mar. 5-6, 2018, the National Highway Traffic Safety Administration (NHTSA) will host a meeting at DOT Headquarters in Washington, DC. This meeting represents the final in-person gathering of the subject matter expert panel for the revision of the 2007 National EMS Scope of Practice Model ("Model"). The goal of this meeting is to review the findings of the systematic review of the literature, public input gathered from two national engagement periods, and conduct discussions on revising the Model. More information on this project is available at www.emsscopeofpractice.org. Time will be set aside in the meeting to accept comments from the registered attendees. Due to space limitations, attendance at the meeting is limited to invited participants and those who register in advance. All attendees must bring government-issued identification to gain admittance to the DOT Building. Those who do not register in advance may

Sept. 15, 2017 (Falls Church, Virginia) The National Association of State EMS Officials (NASEMSO) announces the release of the **National Model EMS Clinical Guidelines, Version 2.** This set of clinical EMS guidelines is an updated and expanded version of the guidelines originally released in 2014. Version 2, completed Sept. 8, 2017, has undergone a comprehensive review and update of the original core set of 56 guidelines, and includes 15 new

NATIONAL MODEL EMS CLINICAL GUIDELINES

NASEMSO

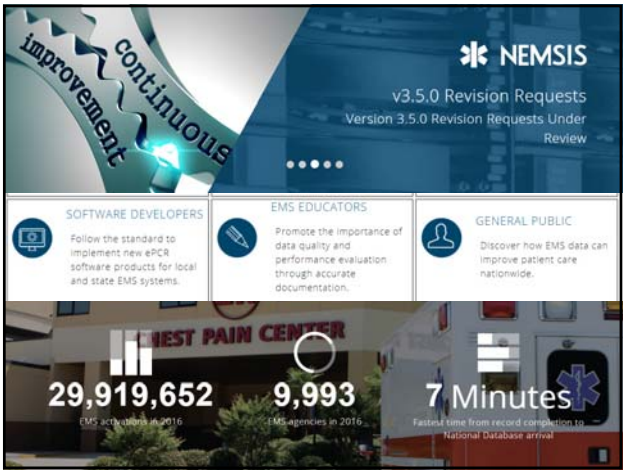
National Model EMS Clinical Guidelines

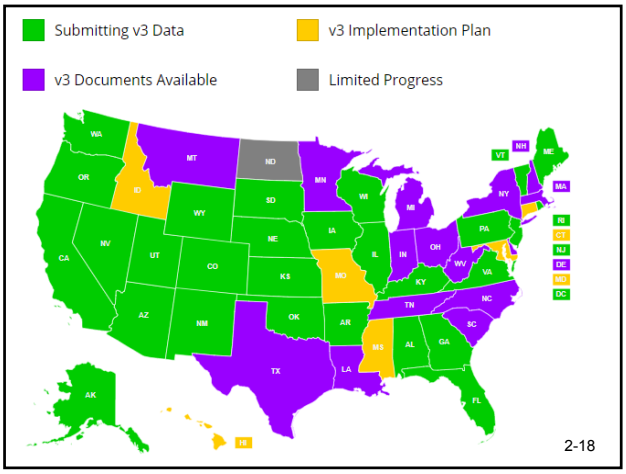
September 2017 | VERSION 2.0

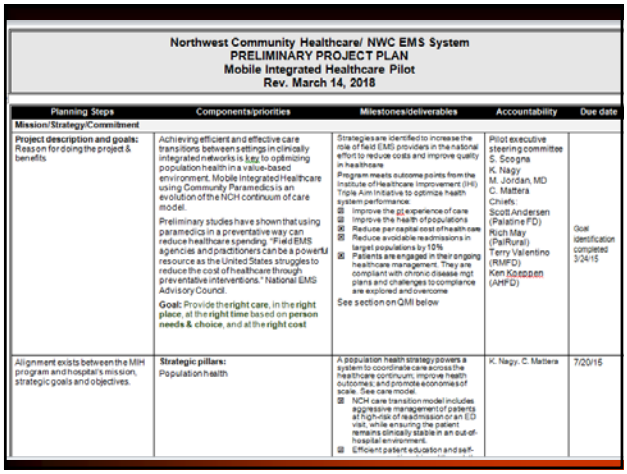
These guidelines will be maintained by NASEMSO to facilitate the creation of state and local EMS system clinical guidelines, protocols or operating procedures. System medical directors and other leaders are invited to harvest content as will be useful. These guidelines are either evidence-based or consensus-based and have been formatted for use by field EMS

The speed of technology expansion is exponential – moving faster than ever before in the history of mankind. Replacing generations of progress in months, weeks, and days.

www.ems.gov







Northwest Community Healthcare/ NWC EMS System
PRELIMINARY PROJECT PLAN
Mobile Integrated Healthcare Pilot
Rev. March 14, 2018

Planning Steps	Components/priorities	Milestones/deliverables	Accountability	Due date
Mission/Strategy/Commitment				
Project description and goals: Reason for doing the project & benefits	Achieving efficient and effective care transitions between settings in clinically integrated networks is key to optimizing population health in a value-based environment. Mobile Integrated Healthcare using Community Paramedics is an evolution of the NCH continuum of care model. Preliminary studies have shown that using paramedics in a preventative way can reduce healthcare spending. "Field EMS agencies and practitioners can be a powerful resource as the United States struggles to reduce the cost of healthcare through preventative interventions." National EMS Advisory Council. Goal: Provide the right care, in the right place, at the right time based on person needs & choice, and at the right cost	Strategies are identified to increase the role of field EMS providers in the national effort to reduce costs and improve quality in healthcare Program meets outcome points from the Institute of Healthcare Improvement (IHI) Triple Aim Initiative to optimize health system performance: ☒ Improve the pt experience of care ☒ Improve the health of populations ☒ Reduce per capital cost of health care ☒ Reduce avoidable readmissions in target populations by 10% ☒ Patients are engaged in their ongoing healthcare management. They are compliant with chronic disease mgt plans and challenges to compliance are explored and overcome See section on QMI below	Pilot executive steering committee S. Scogna K. Nagy M. Jordan, MD C. Mattera Chiefs: Scott Andersen (Palatine FD) Rich May (PalRural) Terry Valentino (RMFD) Ken Koeppen (AHFD)	Goal identification completed 3/24/15
Alignment exists between the MIH program and hospital's mission, strategic goals and objectives.	Strategic pillars: Population health	A population health strategy powers a system to coordinate care across the healthcare continuum, improve health outcomes, and promote economies of scale. See care model. ☒ NCH care transition model includes aggressive management of patients at high-risk of readmission or an ED visit, while ensuring the patient remains clinically stable in an out-of-hospital environment. ☒ Efficient patient education and self-	K. Nagy, C. Mattera	7/20/15

Role realignment

OLD: Recognize an acute problem; fix it or stabilize it to the degree possible within EMS scope of practice without doing harm, and transport to the nearest appropriate hospital for definitive care

NEW: Above *PLUS*: EMS broadens scope and becomes an integrated part of the value-based and person-centered healthcare revolution

HUGE RESPONSIBILITY

Must be mentally, academically, physically, and emotionally prepared

Need strong knowledge & understanding of:

- A&P; pathophysiology
- Medications; complex procedures
- Emotional support; ethics

Expected to think critically & make rapid judgments within scope of practice


NORTHWEST COMMUNITY EMERGENCY MEDICAL SERVICES SYSTEM

STRATEGIC PLAN
2016-2020
2018 Edition DRAFT Rev.

Prepared by:
Connie J. Mattera, M.S., R.N., EMT-P
EMS Administrative Director

Approved by:
Matthew T. Jordan, MD, FACEP
EMS Medical Director

John M. Ortinau, MD, FACEP, FAEMS
Alternate Medical Director

EMS System Advisory Board: March 8, 2018
Chiefs/Administrators

How then shall we live?

Predetermine a course of action based on best practice models

Always put people (patients) first

Work as a team in an environment of confidence, trust, & collaboration

Expect problems; resolve them quickly and effectively as they come

Celebrate successes
(but learn and grow from our opportunities)

because that's who we are…

…a serving, loving, giving community of individuals working together, striving for excellence, and helping each other to achieve great things!

Thanks for the work that you do,
the care that you give,
and the hope that you bring!

The ball is in your court