

ILLINOIS PROJECT PLAN
Implementing the 2009 EMS EDUCATION STANDARDS
January 28, 2013

Planning Steps	Components/priorities	Milestones/deliverables	Accountability	Due date
Project Goal setting				
Aim of the project: Reason for doing the project & benefit	Illinois needs to transition to the new Federal EMS Education standards to meet national benchmarks and keep us compliant and competitive in the broader national EMS community.	Buy-in by all stakeholders In process; but not fully accomplished yet. Needs legislative support.	IDPH leadership EMS MDs Training program directors	Dec. 31, 2012
Identify all stakeholders	<ul style="list-style-type: none"> ▪ IDPH ▪ EMS Systems/Trauma Centers ▪ EMS Training sites/instructors ▪ EMS Agencies ▪ Students ▪ College/University affiliates ▪ Community partners ▪ Patients <p>National organizations National Association of EMS Physicians (NAEMSP) National Association of State EMS Officials (NASEMSO) Advocates for EMS American Ambulance Association Association of Air Medical Services National Association of EMTs (NAEMT) National Association of EMS Educators (NAEMSE) National Association of Search & Rescue (NASAR) National Flight Paramedics Association (NFPA) American College of Emergency Physicians (ACEP) American College of Surgeons (ACS) Emergency Nurses Association</p> <p>State organizations Illinois Ambulance Association Illinois Association of Fire Protection Districts Illinois EMT Association Illinois Fire Chiefs Association Illinois Association of Air & Critical Care Transport Illinois Hospital Association; MCHC Illinois Chapter of ACEP</p>		Ed. Committee chair; IDPH,	Done

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<p>Establish SMART goals Specific: Clearly defined & precise Measurable Attainable Relevant Time-based (realistic!)</p>	<p>All Illinois EMS Education programs will successfully transition from the former DOT curricula for First Responder, EMT-B, EMT-I, and EMT-P to the current National EMS Education standards for Emergency Medical Responders (EMRs), Emergency Medical Technicians (EMTs), Advanced EMTs, and Paramedics by no later than December 31, 2012.</p> <p>All Illinois state exam testing will be blueprinted and constructed according to the current National EMS Education standards for EMRs, EMTs, Advanced EMTs, and Paramedics by no later than December 31, 2012.</p>	<p>Goals accepted at the State EMS Education Committee meeting 10/16/09</p> <p>Need date revisions based on consensus agreement</p> <p>EMT and paramedic exam blueprints have been revised and test banks are being populated</p>	<p>IDPH, EMS Systems, EMS educational programs, CTS</p> <p>Item writing committee, IDPH, and CTS</p>	<p>TBD</p>
<p>Project deliverables/outputs</p>				
<p>What must the project deliver to meet the goals? How will the final deliverables be provided to the stakeholder? What will success look like?</p>	<ul style="list-style-type: none"> ▪ All Illinois EMS Programs will participate immediately in planning tailored to local needs based on their current status and put into place strategies that will achieve full compliance with the national education standards no later than Dec. 31, 2013. ▪ An education business model delivers measurable value through exceptional management and coordination of: <ul style="list-style-type: none"> ▪ Student learning needs ▪ Operations and logistics ▪ Economies of scale and centralized planning ▪ Careful stewardship of all human and economic resources ▪ The plan will articulate clear values and goals that address customer needs. ▪ The plan will have a focused scope. ▪ The plan will clearly define the population and stakeholders affected by the changes. 	<ul style="list-style-type: none"> ▪ IDPH will set clear guidelines in terms of what goals programs will be expected to meet and by what deadline and provide that information with sufficient reasonable advance planning time for EMS Systems to transition their programs with local colleges and/or universities. ▪ The Education Committee, working in concert with IDPH, will develop milestones of progress and interim achievement goals to keep all stakeholders on time and on task. ▪ Regional EMS Coordinators work with their assigned Systems to assess compliance with interim milestones and to mentor programs needing assistance. ▪ As barriers are encountered by individual programs that threaten to derail their progress, they are surfaced to content expert teams from the education committee and/or IDPH staff who can provide assistance, suggest alternatives, 	<p>IDPH</p> <p>Education Committee</p> <p>Regional EMSCs</p> <p>Program directors</p>	<p>June 2011 Done Needs revision</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

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	<ul style="list-style-type: none"> ▪ The scope of the changes will be scaled to the level of each educational program. ▪ There will be dedicated physician time to the medical oversight of each program. ▪ State, regional, and local regulatory, governance, and testing infrastructures are framed to support adoption of the new education standards. 	<p>or brainstorm solutions.</p> <ul style="list-style-type: none"> ▪ EMS Medical Directors, through ICEP or another venue of their choice, agree to a minimum sample job description that meets minimum CoAEMSP requirements for EMS MD involvement in education programs. ▪ The EMS rules are amended to remove all reference to the DOT curriculum and include reference to National EMS Education standards and scope of practice model.. ▪ All state exams for EMTs, Advanced EMTs, and paramedics are amended to reflect the new scopes of practice and skills. 	<p>EMS MDs</p> <p>IDPH/Gov. Council Goal: Submit into Spring session 2013</p> <p>CTS, IDPH, stakeholders</p>	<p>Dec. 2012 Not accomplished</p> <p>Jan 2013 EMT done PM in progress</p>
<p>Quality criteria What level of detail, content and construct excellence? Who has the final say over the quality of the outputs? Peer review; quantitative & qualitative assessments.</p>	<ul style="list-style-type: none"> ▪ Programs must meet minimum criteria specified in the National Education Standards using guidelines agreed to by the Ed committee, EMS MDs, EMS Council, and IDPH ▪ Programs affiliated with local colleges or universities must meet requirements of those Boards in addition to state EMS guidelines. 	<ul style="list-style-type: none"> ▪ First pass peer review should be done at the Region Level ▪ Second tier review through the Regional EMS Coordinators ▪ Need rubric for REMSC review process – CoAEMSP? ▪ Appeal mechanism of any deficiencies through IDPH Chief or his designee. Waivers should be considered only for extreme hardship. 	<p>Program directors, EMS MDs, EMS Council, IDPH</p> <p>Rubric created, not implemented yet Appeal mechanism not clearly defined</p>	<p>Oct. 2011</p> <p>Not fully achieved</p>
<p>Project schedule –ID discrete tasks to be completed for each goal. How much time will it take to complete the task? ID the delivery date for each task (milestones). Create a Gantt chart so all can see the project plan. Resources needed? How will progress be monitored?</p>	<p>It's time for us to all collaborate on the hard issues. Each program is asked to submit examples of written documents currently used in their program to serve as a hybrid model for discussion</p>	<p>First request sent 10/16/09</p> <ul style="list-style-type: none"> ▪ EMS MD job description and contract language that references oversight of educational programs ▪ Student learning contracts or statements of commitments ▪ Syllabus tutorial ▪ Objectives tutorial ▪ Student evaluation instruments ▪ Preceptor training curriculum ▪ Curriculum drafts ▪ Sample Clinical instruction plans ▪ Field internship samples 	<p>EMSS Coordinators</p> <p>Lead instructors</p> <p>Need to renew efforts here</p>	<p>Ongoing</p>

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Supporting plans				
Human resources plan: individuals and organizations w/ a leading role in the project; roles & responsibilities	Systems and/or educational programs actively mentor new educators. Systems/educational programs redefine the way we provide EMS education using people, processes and technology to maximize efficiencies while preserving effectiveness and achievement of outcome goals.	Need metrics and a process developed to mentor educators		
Communications plan <ul style="list-style-type: none"> ▪ Who needs to be kept informed? ▪ How will they receive the information? ▪ When or how frequently will progress reports be issued? ▪ What will be communicated with respect to milestone achievement? 	All stakeholders must be kept informed of our progress, barriers, and successes	Written media: Communication shall be provided on the state EMS website, the ICEP website, and through e-mails to EMS MDs and EMS System Coordinators. The dashboard of milestones and achievement will be updated at least quarterly for a snapshot of our progress. Verbal reports: Sequential updates will be provided at the Planning and Legislative Committee, Education Committee, EMS Forum and Gov. EMS Council meetings.	IDPH, Ed committee, ICEP Ongoing	At least quarterly until goals are met
Risk management plan Contingency plans if: <ul style="list-style-type: none"> ▪ Time estimates are too optimistic ▪ Customer review & feedback cycle too slow ▪ Unexpected budget cuts ▪ Unclear roles & expectations. ▪ Stakeholder needs not properly understood ▪ Stakeholders have changing requirements after the project has started ▪ Stakeholders add new requirements after the project has started ▪ Poor communications results in misunderstanding, quality problems and rework ▪ Lack of resources committed 	Set tolerances for exceeding time (10%) or quality targets before an intervention is needed.	We are now operating under the contingency plan as we did not accomplish many of the objectives by the Jan 1, 2013 date. Illinois will remain under current EMS rules until new ones are developed and approved while building coalitions to support the needed changes. Illinois providers are at minimal risk as long as we conduct our own state exams for credentialing. Their ability to move to other states and get license reciprocity may be impaired if they are ineligible to take the NR exam or have not been educated to the new standards.	All stakeholders	

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<ul style="list-style-type: none"> ▪ Lack of implementation across all educational programs ▪ What are the risks if this project is not completed on time? 				
<p>Financial plan</p>	<ul style="list-style-type: none"> ▪ A new strategic mindset is built around scarcity. Save the core at the expense of the periphery if necessary. ▪ IDPH, Regions or individual programs seek opportunities for grant funding and sustainable revenue streams. ▪ All programs review the innovation landscape, forecast how processes will or need to change, and seek opportunities for cost savings. ▪ Program build a balanced zero-based budget for each class ▪ State exam testing costs are independently sustainable. 	<ul style="list-style-type: none"> ▪ Budget planning models are provided to programs who request assistance ▪ Programs renegotiate with vendors for preferred pricing on all purchased goods for class. ▪ A cost/benefit (return on investment) analysis is completed for all expense line items. ▪ The EMS strategic plan and educational business plan is presented to key elected officials to solicit their support in creating sustainable revenue sources for EMS that cannot be swept from state funds. ▪ CTS contract is reviewed to align deliverables with actual state needs to reduce costs where possible. ▪ Regulatory changes are made so testing costs are fully supported by testing fees. 	<p>Ed. Committee</p> <p>Program directors</p> <p>IDPH staff; elected officials discussing now</p> <p>IDPH</p> <p>???</p>	<p>Open for bid in 2013</p>
<p>Dependencies</p> <p>Are there steps that must be completed before another? Does one step impact another?</p> <p>Internal and external (Do we need a law or rule change or state-wide waiver before changing anything?)</p>	<p>For some programs, accreditation of the Paramedic Program by CoEMSP will parallel planning to transition to the new Education Standards.</p> <p>Stakeholders have requested a national accreditation workshop to be held in Illinois.</p>	<p>Workshop to be scheduled with the CoA and National Association of EMS Educators.</p> <p>Can bring workshop back to Illinois in 2013 if need is identified.</p>	<p>Ed Committee</p>	<p>Done – Workshop conducted May 11-12, 2010</p>