



Preamble

The delivery of out-of-hospital medical care has changed dramatically in the past decade. Evidence from clinical studies, practice observations and large multi-center investigations combined with the changing needs and dramatic growth in Travis County necessitate a critical, in-depth look at our current medical practice in the City of Austin / Travis County EMS System. The newly established Office of the Medical Director (ATCOMD) initiated a comprehensive strategic planning process in mid August 2007 to better define our collective needs and map out a two year Strategic Plan for the entire System.

The Mission of the Office of the Medical Director is to “define, support and advance our clinical practice of medicine” for over 2000 EMS providers and 37 Organizations in the System. We realize that the development of this plan is just as important as the plan itself. The process will include review by the communities of interest and the System participants at large.

As we grow and develop as a System comprised of so many different individuals and organizations with unique needs, we rely on a set of Values to guide our progress. These Values support and define *how* we accomplish our Mission and Vision. Our Values define what we *believe* individually as well as how we collaborate with our System partners to provide competent patient care.

Beyond our Mission, Vision and Values are the eight areas of focus that further define the Office of the Medical Director. These eight areas include all the roles and responsibilities of the Medical Director and clinical components of an EMS System.

Finally, this strategic plan is designed to keep the Office of the Medical Director and the System focused on what needs to be accomplished over the next 2 years. Many of the strategic initiatives are currently in progress and some have been completed. Others are ongoing and are more dynamic because of the nature of the initiative. Even others will be defined as we grow as a System.

As with all comprehensive strategic planning processes, this is a living document. More importantly, the efforts to define where we are and where we are going should be continuous. We look forward to this next chapter in our Practice.

Our Mission

Define, Support, and Advance our Clinical Practice of Medicine

Our Vision

Improving the quality of life in our Community by providing the tools for delivering professionally competent care and advancing the science of medicine

Our Values

- Focus on True North
 - (What's right for our patients, their families and ourselves)
- Always be patient-centered
- Look hard for answers
- Listen to everyone
- Think as one
 - (System)
- Innovate
- Lead by example
- Celebrate successes
- Laugh

Overview

The Office of the Medical Director for the City of Austin/Travis County EMS System (ATCOMD) is the structural entity and group of individuals responsible for comprehensive medical oversight of all medical care provided in the EMS System. The ATCOMD serves all individual providers and organizations in the System. The objectives of the ATCOMD are:

- Evaluating and disseminating scientific evidence
- Developing clinically appropriate integrated approaches to patient care,
- Developing collaborative programs to enhance system response

This is accomplished through system-wide as well as targeted clinical programs.

Structurally, the ATCOMD is currently a program within Austin-Travis County EMS. The ATCOMD is jointly funded by a contribution of resources and staff by System organizations as well as through the City of Austin and Travis County. ATCOMD provides services across all participating organizations and government jurisdictions to unify and maximize our approach to effective patient care. The ATCOMD Communities of Interest includes those entities that are involved, either directly or indirectly, in the provision of out-of-hospital patient care within the City of Austin and Travis County.

Communities of Interest

The comprehensive functions of ATCOMD are collectively defined by:

State of Texas agencies:

- Texas Medical Board [TMB]
- Texas Department of State Health Services [DSHS];

Local governments:

- City of Austin
- Travis County
- appointed Boards of the Emergency Services Districts (ESDs) within Travis County (13) and;

Specific local agencies and boards:

- the Travis County Medical Society (ED/EMS Advisory Committee)
- the Austin-Travis County EMS Advisory Board
- individual DSHS licensed organizations (First Responder and Transport Provider)
- DSHS licensed receiving Hospitals within the EMS service area (10)
- individual providers credentialed in the System.

There are eight distinct areas of focus in the Office of the Medical Director:

1. Clinical Practice of Medicine
2. Quality Improvement / Performance Management
3. Healthcare Provider Education
4. Regulatory Functions
5. Public Education and Outreach
6. Research
7. Advocacy
8. OMD Practice Management and Collaboration

While there are certainly overlapping responsibilities in each area of focus, these eight areas encompass the overall functions of ATCOMD. Each of these eight areas are described in more detail in the following sections of this document.

Clinical Practice of Medicine

The clinical practice of medicine is the primary function of an EMS System. Medical care of patients that encounter any component of the EMS System must be scientifically and operationally sound and appropriate for the patient condition and provider capabilities. The Clinical Operation Guidelines (COGs) contain the summation of clinical expectations of all providers and organizations within the System. The COGs are the end result of an extensive review of clinical evidence, operational implementation and professional practice guidelines. All credentialed providers and participating System organizations are expected to function under the currently approved COGs.

It is the responsibility of the Medical Director to review scientific evidence, regional and national practices and develop an appropriate approach to the delivery of clinical care throughout the System.

Applicable Texas Medical Board Rules include:

197.b (4) develop, implement, and revise protocols and/or standing delegation orders, if appropriate, governing prehospital care and medical aspects of patient triage, transport, transfer, dispatch, extrication, rescue, and radio-telephone-telemetry communication by the EMS;

197. b (6) determine standards and objectives for all medically related aspects of operation of the EMS including the inspection, evaluation, and approval of the system's performance specifications;

197. b (11) establish the circumstances under which a patient might not be transported;

197.b (12) establish the circumstances under which a patient may be transported against his or her will in accordance with state law, including approval of appropriate procedures, forms, and a review process;

197. b (13) establish criteria for selection of a patient's destination

Specific initiatives in the Clinical Practice of Medicine:

- Development, review and maintenance of the ATCOMD Clinical Operating Guidelines
- Approval of designated Advanced Medical Priority Dispatch System Protocols
- Development and management of infection control programs and exposure management programs in concert with the Austin/Travis County Health & Human Services Department
- Automated External Defibrillator programming and Public Access Defibrillation initiative management
- Development and approval of all clinical competencies
- Oversight of in-house immunization programs including vaccine acquisition

Quality Improvement / Performance Management

Quality Improvement and Performance Management of the EMS System includes prospective, retrospective and concurrent review of all aspects of system functioning that potentially impact patient care including (but not limited to) system design and resource deployment, clinical performance, provider education, equipment implementation, response intervals, patient outcome, patient and provider satisfaction and participation in EMS benchmarking activities.

Applicable Texas Medical Board Rules include:

197. b (2) establish and monitor compliance with field performance guidelines for EMS personnel;

197. b (5) direct an effective system audit and quality assurance program;

197.b (9) take or recommend appropriate remedial or corrective measures for EMS personnel, in conjunction with local EMS administration, which may include, but are not limited to, counseling, retraining, testing, probation, and/or field preceptorship;

197.b (14) develop and implement a comprehensive mechanism for management of patient care incidents, including patient complaints, allegations of substandard care, and deviations from established protocols and patient care standards.

Specific initiatives in Quality Improvement / Performance Management:

- Determination of specific indicators and System performance measures
- Identify criteria for clinical incident reviews including sentinel event reviews
- Development and oversight of clinical review process guidelines focused on improved patient care
- Establish reporting requirements for all potential clinical incidents
- Develop and approve any targeted delegated practices for Medical Officers
- Clinical inquiry and incident investigation and determination of severity and outcome options
- Oversight of all System Quality and Performance Management Committees
- Integration of Quality Improvement / Performance Management data into educational programs

Healthcare Provider Education

Education development for EMS providers and system partners (Hospitals and the medical community) is part of an integrated process between Quality Improvement and Performance Management findings, individual needs, and specific educational requirements of licensing/certifying agencies. Approval of all System clinical education programs as well as delivery of specific targeted programs to designated providers within the System is the responsibility of the ATCOMD.

Applicable Texas Medical Board Rules include:

197.b (3) establish and monitor compliance with training guidelines which meet or exceed the minimum standards set forth in the Texas Department of Health EMS certification regulations;

Specific initiatives in Healthcare Provider Education:

- Develop a System-wide needs assessment process (provider and organizational levels)
- Integrate System performance data into a yearly educational plan
- Develop and deliver ATCOMD specific Continuing Education
- Determine System clinical competencies
- Oversight of Hospital education requirements
- Coordinate internal & external education programs
- Assure compliance of the Austin EMS AHA Training Center ACLS programs to AHA Guidelines
- Assure compliance of the ITLS training program with ITLS Guidelines
- Medical Oversight of AFD EMT-Basic program
- Medical Oversight of County based EMT-Basic programs

Regulatory Functions

The Medical Director of an EMS System is required to perform several administrative regulatory functions. These are collectively accomplished through the processes developed by the ATCOMD.

Applicable Texas Medical Board Rules include:

197.b (1) approve the level of prehospital care which may be rendered locally by each of the EMS personnel employed by and/or volunteering with the EMS under the medical director's supervision, regardless of the level of state certification or licensure, before the certificant or licensee is permitted to provide such care to the public;

197. b (10) suspend a certified EMS individual from medical care duties for due cause pending review and evaluation;

Specific initiatives in Regulatory Functions:

- Define Credential levels
- Define specific initial and recurrent credentialing requirements and processes
- Medical equipment approval
- EMS Agency licensure
- First Responder Organization licensure
- HIPAA Compliance
- Clinical documentation approval
- Hospital destination approval
- Determination of death protocol
- AED registration (Public Access Defibrillation programs)
- Inter Facility Transfer clinical criteria
- Frequent-user-patient case management
- Drug Enforcement Agency (DEA) controlled substances registration
- Texas Department of Public Safety (DPS) controlled substances registration
- Texas Department of State Health Services Infectious Disease Reporting Requirements
- Coordinate the FDA Medical Device Reporting program

Public Education / Outreach

An important part of any emergency health services system is informing and educating the public about issues that may pose a threat to health or safety.

The ATCOMD will work with CPR training centers, Austin/Travis County Health Department and individual organizational PIO staff to develop community public education programs.

Specific initiatives in Public Education / Outreach:

- CPR promotion through establishment of a Foundation in concert with the Take Heart Austin Sudden Cardiac Arrest Survival Initiative
- Trend specific programs (e. g., drowning, seat belt use, heat)
- Community point of contact (POC) for questions on clinical aspects of emergency health issues
- Develop and participate in collaborative community-wide public education and outreach programs.
- Identify at-risk populations for targeted intervention

Research

Clinical Research conducted in the EMS System is an important part of evaluating the evidence associated with field clinical care and advancing the science of medicine. Research may be specific to the EMS System or in collaboration with other healthcare entities.

Applicable Texas Medical Board Rules include:

197.6 (a) the medical director has the authority to design research projects and educational studies. Such studies should be approved by:

(1) EMS administrative officials; and

(2) an independent review panel if the project/study may have a differential impact on patient care.

(b) The results of the study should be made available through publications to the EMS community.

Specific initiatives in Research:

- Equipment evaluation & investigation
- Take Heart Austin Sudden Cardiac Arrest Survival Initiative
- CARES (Cardiac Arrest Registry to Enhance Survival) – CDC / Emory University
- IMMEDIATE Trial (Immediate Myocardial Metabolic Enhancement During Initial Assessment and Treatment)
- Partnering with Dell Children’s Medical Center on Pediatric Trauma Clinical Research
- Potential participation as a clinical site in national resuscitation studies

Advocacy

Advocacy includes efforts to promote the pre-hospital practice of medicine and the profession as a whole. It also includes participating in local, state, regional and national initiatives that improve the practice of medicine, patient outcomes, professional stature and attractiveness as a career option.

Specific initiatives in advocacy:

- Participation in local collaborative efforts to improve patient care
- Participation in, and pursuit of, leadership opportunities in local, state and national EMS organizations promoting the art and science of field medicine
- Establishment of provider and organization recognition programs for clinical excellence
- Partnering with pediatric palliative specialists to educate families about End of Life issues
- Participation in the local Indigent Care Collaboration’s initiative to provide affordable access to effective healthcare for uninsured in Central Texas

OMD Practice Management and Collaboration

Comprehensive Medical Oversight of a large multi-agency system requires certain reliable, consistent business management processes. These processes should facilitate an integrated, collaborative approach as well as a responsive system that can address the needs of all involved in delivery of care within the System.

Applicable Texas Medical Board Rules include:

197. b (7) function as the primary liaison between the EMS administration and the local medical community, ascertaining and being responsive to the needs of each;

197. b (8) develop a letter or agreement or contract between the medical director(s) and the EMS administration outlining the specific responsibilities and authority of each. The agreement should describe the process or procedure by which a medical director may withdraw responsibility for EMS personnel for noncompliance with the Emergency Medical Service Act, the Health and Safety Code, Chapter 773, the rules adopted in this chapter, and/or accepted medical standards;

Specific initiatives in OMD Practice Management:

- Develop a standardized reporting structure
- Define performance management guidelines
- Seek collaborative initiatives
- Develop and define the specific roles of the Clinical Leadership (newly created)
 - System Leadership Council
- Partner with Brooke Army Medical Center for EM Resident Education
- Participate in The Gathering of Eagles and Eagle Creek scientific discussions
- Develop strategic relationships with UTMB Austin development
- Develop strategic relationships with ACC Faculty
- Develop and administer ATCOMD Awards and Recognition Program
- Pursue grants related to one of the distinct areas of focus
- Develop and maintain ATCOMD Website
- Develop and maintain multiple methods of communication
- Provide support for provider health & safety
- Collaborate with and actively participate in organizations including:
 - Department of State Health Services (DSHS)
 - Travis County Medical Society (TCMS)
 - Governor's EMS & Trauma Advisory Council (GETAC)
 - Travis County Medical Examiner's Office
 - Capital Area Fire Chief's Association
 - American Heart Association (AHA)
 - Williamson County EMS
 - Capital Area Trauma Regional Advisory Council (CATRAC)
 - A/TC Health & Human Services
 - Dell Children's Trauma Council
 - Brackenridge Trauma Council

Strategic Initiatives

| Clinical Practice of Medicine | | | |
|--------------------------------------|---|--------------------|-----------------|
| Timeline | Strategic Initiative | Responsible | Progress |
| 1 | Establish process to evaluate the COGs from the scientific, educational & effective communication perspective | Arms | C |
| 1 | Define COG change process | All | C |
| 1 | Develop PCG and appendix to address the 12-lead transmission to hospitals | Arms | C |
| 1 | Determine COG update versions timeline based on System impact | ALL | C |
| 1 | Modify transport classifications to new terminology (Alpha, Bravo, Charlie, Delta, Echo, Alerts, etc.) | Arms | C |
| 1 | Define process for review and verification of COG formulary | Arms | C |
| 1 | Define transport destination criteria based on patient condition, age or appropriate facility | Arms | C |
| 1 | Modify COGs/PCGs to remove Phenergan and replace with suitable alternative (ondansetron/Zofran®) | Arms | C |
| 1 | Modify COGs to add stronger language on DSHS / OMD reporting for arrest for alcohol & drugs | Arms | C |
| 1 | Define and establish appropriate wording for signed DNR “copy” | Arms | C |
| 1 | Modify COGs/PCGs to establish medications authorized by credential level in flowchart section | Arms | C |
| 1 | Fully implement ITD | Arms/Meyer | C |
| 1 | Implement King LT Airway to all appropriate areas of the COGs | Arms | C |
| 2 | Implement Nitrous Oxide program – difficult extractions – NOT IMPLEMENTED | Med Oversight | C |
| 2 | Incorporate FMLA or Military leave verbiage into COG for reinstatement of Credentials | Arms | C |
| 1 | Integrate into Health & Human Services Pandemic Flu Requirements | Coll | C/OG |
| 1 | Define Basic First Responder Requirements (initial credentialing and maintenance of credentials) | Arms/Meyer | IP |
| 1 | Define Advanced First Responder Requirements (initial credentialing and maintenance of credentials) | Arms/Meyer | IP |
| 1 | Add approved System Patient Care Records forms into Appendices | Meyer | IP |
| 1 | Define new System Clinical Credential and qualification Levels/Badges/Colors | Arms | IP |
| 1 | Define StarFlight specific treatment modalities and modify COGs | Kempema/Arms | IP |
| 1 | Establish follow up program for establishing QI/QP loop – a requirement of STEMI Centers | Gonzales | IP |
| 1 | Modify PCG for spinal movement restriction | Arms/Gonzales | IP |
| 1 | Implement field based hypothermia / paralysis protocol | ALL | IP |
| 1 | Review mechanical ventilation evidence / practice and determine System implications | Med Oversight | IP |
| 1 | Review and revise medical dispatch priorities for all agencies | Arms | IP |
| 2 | Define credentialing requirements for Advanced First Responder (including maintenance) | Arms/Meyer | IP |
| 1 | Establish, implement and finalize Haz-Mat COG's/PCG's and appendices | Deferred | NC |
| 1 | Modify COGs to include Haz Medic Qualification requirements and process | Deferred | NC |
| 1 | Revise CPAP Appendix indications and PCGs | Arms | NC |
| 1 | Establish relationship with Indigent Care Collaboration to address target population | Hayes | NC |
| 1 | Modify COG's to add requirement for “1st Shock” radio notification and work with agencies to implement | Deferred | NC |
| 1 | Define comfort measures for DNR patients and implement in COGs | Arms | NC |
| 1 | Define who gets copy of PCR for DOS non Transport | Med Oversight | NC |
| 2 | Modify COG appendices to add System Competencies (skills and criterion) (New Section) | Arms | NC |
| 2 | Establish ATCOMD Specialty Physician Advisory Group | ALL/Racht | NC |
| 2 | Evaluation and determination of response time interval goals | Gonzales | NC |
| 1 | Define modified standards of care in pandemic flu | Coll/Racht | OG |
| 1 | Modify COGs/PCGs to add epinephrine administration for anaphylaxis (based rule approval by DSHS) | Deferred | OG |

Strategic Initiatives

| Quality Improvement/Performance Management | | | |
|---|--|----------------------|-----------------|
| Timeline | Strategic Initiative | Responsible | Progress |
| 1 | Establish a System PMC; make appointments & define the legal structure – Now part of Medical Oversight per SLC | SLC | C |
| 1 | Define and establish ATCOMD role in Clinical Review process | Gonzales | C |
| 1 | Define and establish ATCOMD role in System quality improvement / performance management | Gonzales | C |
| 1 | Investigate ATCOMD providing 24/7 clinical support | Med OvrSight/Hayes | C |
| 1 | Collaborate with ATCEMS on the restructure of ATCEMS quality management program | Gonzales | IP |
| 1 | Develop and begin retrospective review of 100% of cardiac arrest cases & integrate with CARES/THA | Gonzales | IP |
| 1 | Coordinate with hospitals for CARES data entry – establish registry | Gonzales | IP |
| 1 | Define, develop & implement AED data management program | Higdon | IP |
| 1 | Meet with all System stakeholders to evaluate specific PM concerns | Gonzales/Hayes | IP |
| 1 | Develop survey (needs assessment) & distribute to all Providers | Meyer | IP |
| 2 | Establish formal relationship with hospitals on QI data outcome – SPOC ATCOMD | Gonzales | IP |
| 2 | Meet with Hospital Nurse Managers collectively to discuss QI/PM issues | Gonzales | IP |
| 1 | Conduct work sessions to assist in the development of individual organization PMCs | Gonzales/Hayes | NC |
| 1 | Begin the process of retrospective review of 100% DOS/Pronouncements (Obvious & Terminating) | Gonzales | NC |
| 1 | Establish System organizational reporting requirements | Med OvrSight/LG | NC |
| 1 | Develop yearly system status report | Gonzales/Racht | NC |
| 1 | Specifically define legal protection for Organization PMC's | Racht/Hayes/Gonzales | NC |
| 2 | Develop & provide specific regular data reports to hospitals (collaborate with hospitals on data needs) | Gonzales | NC |
| 2 | Integrate into national performance measures & benchmarking projects | Gonzales | NC |
| 2 | Develop key performance indicators | Gonzales | NC |
| 2 | Develop plan to address clinical needs for inter-facility transports | Gonzales/Parker | NC |

Strategic Initiatives

| Healthcare Provider Education | | | |
|--------------------------------------|--|--------------------|-----------------|
| Timeline | Strategic Initiative | Responsible | Progress |
| 1 | Plan, define and develop pre-hospital grand rounds | Parker | C |
| 1 | Develop the education and training for pre-hospital cooling and PAI | Parker/Meyer | IP |
| 1 | Restructure and redesign the BAMC EM Residency Program | Parker | IP |
| 1 | Evaluate system need for assessment of initial education | Parker/Meyer | IP |
| 1 | Investigate website options for ATCOMD education | Parker | IP |
| 1 | Define a webmaster for education piece that is separate from informational website | Parker | IP |
| 1 | System orientation / education program for all new providers | Meyer | IP |
| 2 | Develop specific simulation options for re-credentialing | Parker/Arms/Meyer | IP |
| 2 | Develop Autopsy / Forensic education program through TCME office | Meyer | IP |
| 2 | Develop educational resource materials (website) | Parker | IP |
| 1 | Develop and implement epinephrine administration for Anaphylaxis (based on DSHS rule and/or directive) | Deferred | NC |
| 1 | Develop and implement a comprehensive System Education plan based on QI and needs data | ALL | NC |
| 2 | Develop and implement simulation program | Parker/Meyer | NC |
| 2 | Establish Pre-hospital Journal Club - Regional participation / integration with UT & ACC | Parker | NC |
| 2 | Develop Mobile lab (ambulance option) for Simulation program | Deferred | NC |
| 2 | Develop an annual Day Long System Conference | ALL | NC |
| 2 | Evaluate need for ECA Class | Meyer/CAFCA | NC |
| 2 | Develop an ECG review program involving local cardiology integration | Parker | NC |
| 2 | Develop and implement Individual ESD annual education sessions | Parker/Meyer/Arms | NC |

Strategic Initiatives

| Regulatory Functions | | | |
|-----------------------------|--|--------------------|-----------------|
| Timeline | Strategic Initiative | Responsible | Progress |
| 1 | Define and implement hospital destination | Arms | C |
| 2 | Develop equipment review, trial and implementation process | Arms | C |
| 1 | Revise and update System FRO agreement | Arms | C/OG |
| 1 | Revise System Credential levels to reflect specific credentials to practice (e.g., Levels: P1, P2, P3) | Arms/Meyer | IP |
| 1 | Define and establish final credential process for advanced providers | Arms/Meyer | IP |
| 1 | Review COG testing design and process | Parker/Arms/Meyer | IP |
| 1 | Establish and implement System-wide AED data management process | Higdon | IP |
| 2 | Define and establish process for regular re-credentialing | Parker/Arms/Meyer | IP |
| 1 | Update and modify controlled substance tracking process | Hayes | NC |
| 1 | Define and implement PCR availability – TCME / LE | ALL | NC |
| 2 | Develop & license ATCOMD FRO | Arms | NC |

| Strategic Initiatives | | | |
|-----------------------------|--|-------------|----------|
| Public Education / Outreach | | | |
| Timeline | Strategic Initiative | Responsible | Progress |
| 1 | Develop specific ATCOMD awards and recognition program | ALL | IP |
| 1 | Expand THA Survivor celebration | Kearns | IP |
| 1 | Continue citizen recognition program – Community Hero Awards | ALL | IP |
| 2 | Identification of targeted at risk populations and exploration of community outreach | ALL | IP |
| 2 | Develop and present Service Club/Community organization programs | ALL | NC |

| Strategic Initiatives | | | |
|-----------------------|---|-----------------|----------|
| Research | | | |
| Timeline | Strategic Initiative | Responsible | Progress |
| 1 | Collaborate with National Registry of EMTs – Provider wellness assessment – Austin | Gonzales | C |
| 1 | Determine interest in IMMEDIATE / PATCAR / ROC / UTSW proposed studies | Gonzales | C |
| 2 | Investigate Cardiac biomarkers in EMS – NOT IMPLEMENTED | Racht/Gonzales | C |
| 1 | Carry out Take Heart America initiative | ALL | IP |
| 1 | Develop and implement Take Heart Austin Board | Gonzales/Racht | IP |
| 1 | Develop process of entry and oversight of CARES data | Gonzales | IP |
| 1 | Carry out Dell Children's Research proposal – Triage and acuity in pediatric trauma | Gonzales | IP |
| 1 | Integration with Hospitals for follow up data in CARES | Gonzales | IP |
| 2 | Develop a local AED Geographical Information System for AED management and location | Gonzales/Higdon | IP |
| 2 | Frequent non acute patient survey (Nelson) | Gonzales/Nelson | IP |
| 1 | Develop and affiliate with IRB (Community / UT / UTMB) | Gonzales/Racht | NC |

| Strategic Initiatives | | | |
|-----------------------|--|-------------|----------|
| Advocacy | | | |
| Timeline | Strategic Initiative | Responsible | Progress |
| 1 | Collaboration in research for Brack and Dell Level I trauma center efforts | Gonzales | IP |
| 1 | Develop and implement Palliative Care partnership (Education--families and providers--; Adopt-a-family; OOH DNR; palliative care script for 911 callers) | Hayes/Racht | IP |
| 1 | Develop and define Indigent Care Collaboration partnership | Kimbrough | IP |
| 2 | Investigate and develop targeted closed access cable TV informational shows (CoA & TC) | ALL | NC |

Strategic Initiatives

| OMD Practice Management and Collaboration | | | |
|--|---|--------------------|-----------------|
| Timeline | Strategic Initiative | Responsible | Progress |
| 1 | Review/Revise/Finalize Job Descriptions (all ATCOMD staff) | Hayes | C |
| 1 | Establish fixed uniforms/shirts needs for staff | ALL | C |
| 1 | Design and distribute business cards | Kearns | C |
| 1 | Establish regular Newsletter / Communications tools | Racht | C |
| 2 | Establish Speaker recognition gifts | ALL | C |
| 1 | Integrate Associate Medical Directors into System | Hayes | IP |
| 1 | Revise and maintain OMD administered website and hosting structure | Kearns | IP |
| 1 | Develop comprehensive exposure management program | Coll | IP |
| 1 | Determine vehicle needs and obtain vehicles with appropriate equipment | Hayes | IP |
| 1 | Establish computer support and network access for all OMD staff | Hayes | IP |
| 1 | Establish OMD operating costs and develop long term financing and structure plan | Hayes | IP |
| 1 | Develop BAMC / Scott & White EMS Fellow rotational criteria and program | Parker | IP |
| 1 | Restructure and redesign the BAMC EM Residency Program | Parker | IP |
| 1 | Establish an OMD awards & recognition program | ALL | IP |
| 1 | Continue to develop and administer the System immunization program | Coll | IP |
| 1 | Develop Infection/Exposure Control single point of contact with expansion to Law Enforcement | Coll | IP |
| 1 | Formalize Single Point of Contact process for each area of OMD | ALL | IP |
| 1 | Define communications tools (Medical Directives, Health & Safety Bulletin, etc) | ALL | IP |
| 1 | Develop regular dialogue with receiving hospital clinical staff (medical directors/ nurse managers) | ALL | IP |
| 1 | Determine meeting attendance/participation:(Individual ATCOMD Organizations, CATRAC, CTPG; CAFCA; TCMS ED/EMS Advisory Committee; EMS Advisory Board) | ALL | IP |
| 2 | Establish organizational memberships | ALL | IP |
| 2 | Establish Scientific journal / reference access | Parker/Racht | IP |
| 2 | Determine and develop on-call concept for Staff and AMD's | Hayes | IP |
| 2 | Explore external grant opportunities | ALL | IP |
| 1 | Develop comprehensive communication strategy | ALL | NC |
| 1 | Establish and further develop an annual system celebration | ALL | NC |
| 1 | Determine specific areas of integration with the organizations that interface with OMD | Hayes | NC |
| 1 | Develop Informational Materials – The ATC EMS System / OMD | ALL | NC |
| 2 | Develop ATCOMD internal and external performance measures | ALL | NC |
| 2 | Define New positions process / roles of each position | ALL | NC |
| 2 | Redesign offices and reallocate space | ALL | NC |
| 1 | Establish CATRAC participation and pursue funding for annual regional seminar | Parker/Hayes | OG |

ATCOMD Community Interface

