

INTRODUCTION

The Statewide EMS Development Plan is mandated by Act 45 and is to be updated annually. Rather than use the existing model and process, this time the planners used an innovative approach. Recognizing that 30 years of EMS system development had passed and, although much had been accomplished, a new vision for the next generation of emergency medical services was needed. To assist them in envisioning what EMS development could bring, a national consensus document, the *EMS Agenda for the Future*, which had been published with the support of the National Highway Traffic Safety Administration and the Health Resources and Services Administration, Maternal and Child Health Bureau, was used.

Using the *EMS Agenda for the Future*, previous PA EMS plans and Act 45, a work group of regional EMS directors, EMS Office staff and a representative from the statewide advisory council developed a draft document. The draft was used for discussion at town meetings in all EMS regions and review by the statewide advisory council's review. All regions and the council endorsed this draft that provided the framework of major goals and supporting objectives.

The plan is comprised of 15 sections, each identifying a major EMS development category. A section for disaster was created to highlight the initiatives envisioned in this category such as responding to new hazards and threats as well as working closely with emergency management agencies.

The 15 sections are the following.

- Integration of Health Services
- EMS Research
- Legislation and Regulation
- System Finance
- Human Resources
- Education Systems
- Public Access
- Communications Systems
- Medical Direction
- Clinical Care
- Disaster Response
- Public Education
- Prevention
- Information Systems
- Evaluation

Following the national model, objectives are further divided into short-term (1-3 years for completion), intermediate-term (2-5 years) and long-term (more than 3 years to initiate and complete). The time frames are purely guidelines, not rigid deadlines. The plan is constructed to allow for the differing levels of development and priorities within each EMS region, while establishing direction for action and resource allocation.

Each region will use the state plan as the foundation for regional plan development. Not every region will address every objective. Some objectives may have been achieved, and some may not be relevant or a priority for a region based on resources. All regional plans must build on the state plan and be approved by the Department of Health. These plans will be building blocks for regional initiatives beginning with the July 1, 2000 contract cycle.

The specific tasks or steps that a region or the EMS Office plans to take to achieve the objectives will be found in their respective agency plan.

The Department of Health, EMS Office plan will be available on the web site (www.health.state.pa.us) for reference. Regional councils with web sites are encouraged to do the same with their regional plan. Communication is key to mobilizing the momentum required to accomplish the goals within reasonable time frames.

The plan represents a number of major shifts in process and thinking about EMS in Pennsylvania. First, it is driven by input from stakeholders. Although a plan is provided through mutual agreement, tailoring it to the needs of the regional population and provider base is expected and promoted. The plan is not a mandate, rather it is a partnership to achieve common goals.

Second, EMS is viewed as part of the health care continuum rather than focusing only on the emergency aspect of service. Every day in every community EMS providers perform care and service beyond the traditional “swoop and scoop” interventions. Examples of expanded roles of prehospital personnel include working in prevention, collaborating with nursing homes and home health care agencies to improve continuity of care and actively participating in public education. We expect this trend to not only continue but to become increasingly more important with the aging of our population, new threats to our well-being and the rapidly changing health care delivery system.

Third, the plan truly focuses on *development*. The assumption is made that *maintenance* will continue to be a critically important component of the EMS system, but this aspect is addressed through the regional contracts. The documents, plans and contracts, provide the basis for our EMS program. Many have stated that our system has been in a maintenance only mode for several years. The plan should not be read as abandoning the truly fine aspects of our system which have developed in the first generation of EMS. Support to protect the progress made will take equal attention and, perhaps at the beginning of this new process, consume much of the available funding. As regions identify needs for development and request resources to support the proposals, the Department of Health’s EMS Office will be better able to assess need and establish priorities.

Fourth, the plan formally recognizes partnerships that already exist in EMS and builds upon them. New partnerships are encouraged to improve quality and continuity of care to citizens. The plan is congruent with the State Health Improvement Plan that builds upon community partnerships to increase collaboration and effective use of resources.

Many will say the plan is too ambitious. We purposely aim high. Clearly, improvement will come with each annual review, lessons will be learned with each step of implementation, and refinement will continue. We will do it as a *system* moving in the same direction, harnessing the energy, commitment and talent within Pennsylvania and the EMS community.