



**JOHNSON COUNTY
AMBULANCE SERVICE**

Strategic Plan

7/2021

Introduction

Johnson County Ambulance Service (JCAS) is owned and operated by the County of Johnson, Iowa. Since its establishment in 1966, the service has been the exclusive provider of emergency ambulance response, pre-hospital emergency care and transportation in Johnson County. Initially operated by the Johnson County Sheriff, the service became its own separate county department in 1970. In 1976, the service began providing advanced pre-hospital care through a joint venture with Mercy Hospital and the University Hospitals in Iowa City. The service became a paramedic level ambulance service in 1981.

With a fleet of nine ambulances and one response vehicle, Johnson County Ambulance provides service to over 152,000 county residents and covers a response area of close to 620 square miles. Two ambulances are staffed 24 hours/7 days a week out of the Iowa City main base, one ambulance is staffed 24/7 in Coralville with a 2nd CV unit scheduled 8 hours a day/ 5 days a week and 16 hours a day/ 2 days a week. Beginning July 2021, CVFD will have one 24/7 ambulance and a 2nd ambulance will be 16 hours a day/ 7 days a week. A fifth ambulance is staffed at ICFD #4 and has coverage 24 hours a day/ 3 days a week and 16 hour coverage 5 days a week. Additional staffing is placed during peak hours to meet the demand for service. In 2020, the service responded to almost 12,000 calls for service.

In addition to providing emergency ambulance, for over 20 years, the service has worked with the University of Iowa Athletic Department providing event coverage at football, basketball, wrestling and other University events.

Further service is provided to patients and their families by the business office. Our Ambulance Coders are able to process claims for Medicare, Medicaid, Blue Cross/Blue Shield as well as assisting in filing other commercial insurance claims. Staff is available to answer billing questions and assist patients and their families in settling their insurance claims.

Along with JCAS, the Emergency Medical Services (EMS) system in Johnson County is comprised of a combination of volunteer and paid professional first responder agencies located throughout the county, the Joint Emergency Communications Center, the University of Iowa, Mercy Hospital and Veteran's Affairs emergency departments. This provides for a tiered response to calls for service. The service is an active supporter of these agencies, providing a liaison to assist with training and other logistical issues. The service also provides support by responding to and standing by at fire, hazardous materials and high-risk law enforcement scenes.

The service is active in providing public education regarding EMS. The service, in conjunction with the Johnson County EMS Association and Johnson County Safe Kids, participates in an annual EMS Awareness Fair. Service staff also meets with a variety of groups and organizations throughout the year providing information about the EMS system, CPR education, Stop the Bleed training and safety/injury prevention.

Johnson County Ambulance Service will be faced with a number of challenges. A growing population will create an increase in calls for service, expanding medical treatments and technologies will broaden our scope of practice, the changing labor market will increase our competition for quality employees, increase in costs and complexity of reimbursements will affect our finances and, the added pressure of disaster preparedness and homeland security will intensify the need to expand readiness capability and training for our staff.

This strategic plan is a tool to be used in planning for the direction of the service in order to provide the highest quality of pre hospital emergency medical services to residents of and visitors to Johnson County. It is not a finished project but a starting point. It will be continuously reviewed and revised in order to best meet the mission of the Johnson County Ambulance Service.

Mission

Johnson County Ambulance Service is dedicated to serving our residents and visitors by providing efficient and effective emergency medical care and transportation. We will provide our services in a professional manner while maintaining the dignity of those we serve. We continually strive to learn, improve and grow in enhancing the quality of the care we deliver.

Vision

Johnson County Ambulance Service will accomplish its mission by striving for clinical excellence, response time reliability, economic efficiency and customer satisfaction while providing a safe and respectful work place.

S.W.O.T ANALYSIS

(Compilation of bargaining staff input)

Strengths

- Great working relationship with UIHC and the EMS Fellow
- Service operates with excellent equipment
- Competent in-house instructors offer relevant educational opportunities
- Research based Medical Director who is current with EMS treatments & trends
- Provide very good medical care in Johnson Co. and have multiple agencies supporting us in our mission

- Tax-subsidized municipal service with a supportive community strengthened by association with UIHC and progressive medicine
- Competent and courteous staff, experienced providers with passion for EMS & county
- JCAS administration to the Board of Directors, receptive to new ideas and potential improvements to the service, and are also supportive of progress
- Union representation with county cooperation has brought a heightened quality of life to our career employees
- Excellent relationships with outlying first responder agencies
- Our ambulances have great equipment, and throughout Covid we had ample PPE
- EMS fellows running calls and imparting knowledge during shifts in addition to meetings
- Known as being one of the best services in the state, strong reputation
- Peer support team available to talk after difficult calls
- Public relations
- Decent wages and benefits
- Double medic crews on an ambulance, higher level of care for residents
- Positive work environment with high levels of professional pride.
- Unrivaled access to approachable and reasonable medical control and medical director
- Upper management approachability and active involvement.

Weakness

- Misuse of sick leave
- Inconsistent communication
- Call volume and mandatory overtime are taxing on staff and result in staff burnout
- Some protocols are complex & difficult to commit to memory
- Lack of Formal Review/Reporting System
- Lack of promotional opportunities
- Insufficient staffing and/or inexperienced staff
- Hard to complete training while on duty
- Part Timers not picking up minimum hours
- Orientation process and continued trainings are subpar
- Operational inconsistencies and frequent mistakes
- Repetitive and loosely structured training/CE
- Lead workers are selected despite their interest, qualifications, or merit. Some medics assigned as lead workers openly state that they do not want to handle the assigned functions

Opportunities (Highlighted text represents the Strategic plan item associated w/statement)

- Wide variety of staff talents/experiences could be better utilized to benefit JCAS
- Increase positive publicity and public outreach, raise awareness of the service #3
- Uphold our mission of providing prompt, excellent emergency medical service by creating ambulance stalls in population-dense locations that have high call volumes #1
- Paid non-emergency transfers #1
- Relationship with EMS fellows #4
- Advocate for EMS as essential service- goal met
- Hire managers for key positions like Guide Link and QI
- Ethical Leadership training for management staff #6
- Develop Best Practices/ Core Values/ Mission Statement for Management staff
- Education supervisor to work with staff education, ensure new employee orientation consistency, work with EMS students, and provide resources for PR and public #6
- Murphy beds downtown
- Overtime, overtime, overtime #1
- Committees #5
- Event Standby's / Public Relations #3
- Should reinstate run review #4
- Utilize Emergency Med Residents in training among other things #4
- Create 'Unusual event form' to document situations for management address #5
- Establish an ambulance equipment request form #5
- Semi-formal training opportunities provided to first responder groups @ JCAS #4
- Mandatory diversity and inclusion training #4

Threats (Highlighted text represent info regarding statement and/or corresponding Strat plan # associated w/statement)

- Budget cuts to the service- Unyielding support of BOS for past 55 years
- An outside entity taking over 911- Unyielding support of BOS for past 55 years
- Self-guided dispatching – Consideration of new CAD is being discussed w/JCOM
- Spread-out population in Johnson County leads to increased response times- #1
- Performance metric comparisons to state and national standards- Currently meeting & exceeding national standards in response times and cardiac arrest care
- Failure to keep pace with the growing call volume and growing population-#1
- Burnout from COVID-#2

- Egos of paramedics here are stopping progression and proactiveness, preventing a change in the culture of “always being right” due to an unwillingness to have open conversations about mistakes- disciplining staff more may reduce this and stop insubordination
- High mandatory call in’s, part-timers not pulling their weight - #2, #6
- People not pulling their weight, not picking up phone for mandatory- #6
- Poisonous staff
- Supporting agencies (FR/FD/PD) lack of communication and accountability- #3
- Overall, need more thorough and comprehensive training from qualified instructors- #4, #5, #6
- Can be negative that we have [double] paramedics rather than emt/medics combination
- Lack of mandatory diversity and inclusion training- #4
- Make consistent orientation experience, establish FTO program- #4 and #6
- JCAS is slow to change
- Part-time positions fail to meet the required minimum standards- #6
- Minimal staff involvement w/EMA & inter-agency/intra-agency trainings MCI- #4

Johnson County Ambulance Strategic Plan - 2021

#1.

Meet the challenge of an increased demand for service

- Work with the analytics committee to measure call volume, call frequency and time on task (unit hour utilization) to create a staffing plan for FY 23-25
- To better meet the demand of an increasing call volume we will seek to increase staffing levels by the following:
 - a) Make CV2 07-23/ 7 days a week (Aug 2021)
 - b) Additional staffing plan to be determined after Analytics Committee data is received and analyzed
- Strategically place ambulances in communities with growing call volume to reduce response times
- The service will strive to maintain the goals of:
 - a. Out the door time of less than two minutes to all emergency calls with acknowledgement of the call within 15 seconds

- b. An overall fractile response time of less than 15 minutes 90% of the time for emergency responses in rural response areas
 - c. An overall fractile response time of less than 9 minutes 90% of the time for emergency responses in urban response areas
- The service will aim to expand our fleet to 11 ambulances in FY24
- Keep apprised of the EMS Advisory Council's efforts to move forward the Community Paramedic/Mobile Integrated Health Care model in Iowa

#2.

Address staffing shortages that often result in mandated staffing and high levels of overtime by creating a buffer that would move available staff into the open shift

- Utilize a 7-15 M-F "float" crew (2 FTE), along with Field Supervisors off the truck from 15-07 M-Th (1.6 FTE) and PT paramedic or EMT on-call coverage from 15-07 Fri, 07-07 Sat and 07-07 Sunday to decrease overtime, decrease mandatory overtime, increase EMT engagement while strengthening EMT's EMS abilities (all hours will continue to be filled following the contract)
- Float crew will not be back filled if staff call in sick so would not generate additional mandated staffing to fill it's vacancies
- Float crew will fill vacation requests before they would be filled on mandatory, thereby reducing the OT budget
- If the M-F 7-15 crew is not needed to fill open shifts they would be utilized to assist with operations and/or perform non-emergency transfers
- If one of the M-F 7-15 crew is not needed to fill open shifts, the remaining staff member would assist with operational projects, assist with the call rotation if indicated or back fill the field supervisor position
- If the M-Th 15-07 Supervisor is not needed to fill open shifts then they would complete operational duties, data collection, assist crews in restocking emergency supplies and act as incident commander while improving crew resource management
- If the on-call person is not needed to fill open shifts then they would be compensated for 10% of their hourly wage for 64 hours of coverage that would have otherwise been paid as overtime

#3.

Expand Public Relations and Community Outreach

- Increase diversity in EMS through youth outreach programs highlighting EMS as a career
- Host an annual youth intern interested in a career in EMS
- Continue to collaborate with other public safety agencies in providing public outreach/education

#4.

Strengthen and expand Education program for the service and the community

- Utilize ER residents to enhance the service education goals and assist with trainings.
- Formalize JCAS education goals and educational structure
- Provide annual diversity and inclusion training for JCAS staff
- Establish Field Training Officer position for EMS students and new employees
- Strengthen FR education process through the liaison program
- Participate in annual MCI drill with staff and local agencies
- Complete service-wide chart reviews
- Train with local FR on pit crew CPR and cardiac arrest management

#5.

Maintain and promote a positive, professional and healthy workplace

- Enhance Peer Support team with continued education and integration into Metro Peer Support team
- Continue to offer external and internal education opportunities including leadership ethics/development training
- Create promotional opportunities that strengthen the operational structure of the service while increasing workplace engagement and retention. (Examples of possible new staffing opportunities are GuideLink Center Supervisor, Field Training Officers and committee chairs)

- Utilization of the revised SBAR for operational review and service improvement suggestions

#6

Continue ongoing efforts to improve the service as a whole

- Continue Ethical Leadership training for management team
- Offer leadership training opportunities to staff
- Consistent application of JCAS and Johnson County policies
- Maintain accountability for education expectations and the Respectful Work Environment policy
- Continued application of the revised orientation process
- Continue to utilize UIHC EMS Fellow for training/education/QI