



REDCOM STRATEGIC PLAN

July 2016

ABSTRACT

REDCOM is a Joint Powers Authority established in 2002 under the California Joint Exercise of Powers Act to provide centralized emergency Fire and EMS dispatching to emergency response agencies within Sonoma County. This strategic plan was developed by the Strategic Planning Sub-Committee formed in September 2015 at the Direction of the REDCOM Board of Directors.

Aaron Abbott, REDCOM Executive Director

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Preface

REDCOM is a Joint Powers Authority established in 2002 under the California Joint Exercise of Powers Act to establish a coordinated public safety dispatch system for Fire and Emergency Medical Services in Sonoma County, California.

The information contained in this document is intended to serve as a guideline to ensure REDCOM's activities remain aligned with its purpose and vision. This plan should be considered a working document and reviewed or adjusted annually to ensure effectiveness and efficacy. Timelines contained in this plan are tentative and subject to change depending on financial constraints and priorities. Not all goals are associated with a known cost or specific timeline. These activities are thought to be ongoing and efforts to satisfy these needs should be perpetual. Additionally, costs that are associated with the goals outlined in this plan are estimates based on the information available and current at the time of conception. The costs described in this document are also not to be viewed as costs strictly born from REDCOM or its members. Alternative funding sources should be sought where appropriate. Examples of alternative funding sources are: grants, special services contracts, and loans.

Goal Items in this document are presented in order of priority as perceived by the Strategic Planning Sub-Committee. However, as stated above, this plan is meant to serve as a working document. Priorities will inevitably change over time as internal and external factors shift. Although presented in order of perceived priority, all the items found in this plan are inherently considered important in the success of REDCOM achieving its vision.

Background and Summary

In May 2015, the REDCOM Board of Directors provided direction to the REDCOM Executive Director to form a subcommittee and develop a strategic plan. The subcommittee made up of Aaron Abbott, REDCOM Executive Director (author); and REDCOM Board Directors Tony Gossner, City of Santa Rosa Fire Chief; Dr. Karen Holbrook, Sonoma County Deputy Health Officer; Bryan Cleaver, Administrator, Coastal Valleys EMS. The subcommittee members were tasked with developing strategic objectives and goals to better align REDCOM with its vision for the next five to ten years.

The first step toward the development of this plan was to receive input from line and supervisory staff at REDCOM. To gather, analyze, and disseminate this information, an analysis of Strengths, Weaknesses, Opportunities, Threats, and Trends (a.k.a. SWOTT analysis) was performed in July of 2015. This SWOTT analysis was conducted among all levels of staff at REDCOM. The final SWOTT analysis document is found as appendix A of this plan. In addition, a REDCOM member survey was sent to all REDCOM agencies to help identify the needs and concerns of the member agencies (appendix B). A special Board survey was conducted as well to gather further information about expectations and the future of REDCOM. Next, the subcommittee met to discuss REDCOM's current financial status, organizational risks, and overall health. In subsequent meetings, it was identified that REDCOM must establish a unified Mission, Vision, and Values that embodies what REDCOM currently does and what REDCOM would like to be. Industry drivers such as technology, financial constraints, best practices, and political climate were evaluated. The analysis of these factors, along with predictions of REDCOM call volumes, drove the formation of the objectives found in this plan. Objectives were designed to fulfill the REDCOM Vision; goals were developed to support the objectives; financial impact of each goal was assessed and a prospective timeline was assigned.

Each recommended strategic objective and its associated goals was placed in a Balanced Scorecard, a matrix layout to easily reference each objective with its associated goals and timeline, as seen in this plan. Additionally, this plan document includes a

report on each goal found on the Balanced Scorecard in the SBAR format that includes the current situation, background, assessment, and recommendation of each goal. Wherever possible, data and metrics were used to help identify and articulate the situation each goal is designed to satisfy.

This plan is meant to be reviewed annually to ensure its alignment with the most current operational needs, financial constraints and political climates. Any changes to this plan must be well documented and amended in the plan itself to ensure clarity and compliance with the board's direction.

It is with great pleasure that we present this strategic plan to the REDCOM Board of Directors for approval.

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Aaron Abbott
REDCOM Executive Director

Mission, Vision and Values

Situation:

A Board approved Mission, Vision and Values is essential to the success of the REDCOM strategic plan and is the basis for which the plan was developed.

Background:

A mission and vision statement that are agreed upon and adopted by the REDCOM Board of Directors is important in the development of REDCOM strategic objectives.

Assessment:

To help develop the REDCOM mission statement, the REDCOM staff developed a comprehensive list of tasks performed on a regular basis. Below is a condensed list of mission critical tasks:

Mission critical tasks performed:

- Gather, document, disseminate emergency call information
 - Hazard information
 - Location
 - Nature of emergency
 - Reporting party information
 - Patient condition
- Dispatch the right resource, to the right location, the right way (Code 2 or Code 3), at the right time
 - Fire Resources
 - Ambulances
- Request additional resources
 - Rotor-wing ambulances

- Search and Rescue (SAR) resources
 - Law Enforcement
- Keep the Responders safe through call screening and staging
- Provide quality medical instructions for time critical emergencies
 - CPR
 - AED use
 - Child Birth
 - Hemorrhage control
 - Breathing Problems
 - Choking
 - Drowning
 - Electrocutation
 - HAZMAT/CBRNE/Carbon Monoxide
 - Unconsciousness
- Provide for general assistance to:
 - Member agencies
 - General public
 - Other dispatch centers
 - Utilities
 - Each-other

The development of a vision statement helps keep the organization moving forward. REDCOM staff was asked to develop a list of qualities, achievements, or tasks they would like to see REDCOM realize in the future. Below is a list of items developed by the REDCOM staff that encompass their vision for REDCOM:

- Provide a high quality service at an affordable cost
- Become Industry leaders
- Serve as Community leaders
- Create and Maintain a Positive image
 - Branding
 - Member agencies
 - Public Relations
 - Media Relations
- Expand Operations
 - Increase member agencies
- Resilience
 - Financially
 - Organizationally
 - Operationally

Recommendations:

1. The REDCOM Board of Directors formally adopt the following Mission Statement:

REDCOM exists to assist the public, dispatch response agencies, and help the community during emergencies. REDCOM provides: high quality emergency medical and fire dispatch services; emergency pre-arrival instructions; advanced technology; financial stability; and a sound organizational structure. We will provide our callers, member agencies, general public and each other with unbiased, courteous, and professional treatment at all times.

2. The following Vision statement be formally adopted by the REDCOM Board of Directors:

REDCOM will become industry leaders in Medical and Fire dispatch services by:

- *Exceeding industry standards for quality call-taking and dispatching*

- *Providing a high quality service at an affordable cost*
- *Being a partner in our community to promote health and prosperity*
- *Ensuring REDCOM has up-to-date dispatch technology available to support REDCOM's Mission*
- *Ensuring citizens, community leaders, community partners, and member agencies understand the high quality service REDCOM provides*
- *Adopting resilient business and operational processes*

3. Staff is recommending adoption of the acronym C.H.A.I.R. as follows to be recognized as REDCOM's organizational values:

C – Compassion

H – Honesty

A – Accountability

I – Integrity

R – Respect

Balanced Scorecard

REDCOM Vision Statement	Strategic Objective	Strategic Goal	\$\$ Impact	Timeline
<p>REDCOM will become industry leaders in Medical and Fire dispatch services by:</p> <ul style="list-style-type: none"> Exceeding industry standards for quality call-taking and dispatching Providing a high quality service at an affordable cost Being a partner in our community to promote health and prosperity Ensuring REDCOM has up-to-date dispatch technology available to support REDCOM's Mission Ensuring citizens, community leaders, community partners, and member agencies understand the high quality service REDCOM provides Adopting resilient business and operational processes 	1). Meet or Exceed Industry standards	1.1 Achieve EMD Accreditation	\$2,500 every 3 yrs.	Achieve ACE in FY 16-17
		1.2 Implement Fire Priority Dispatch Protocols	\$130k (initial) then, \$31k/yr.	Full implementation by the end of FY 17-18
	2). Ensure high-quality dispatch services are available throughout Sonoma County	2.1 Add remaining Fire and EMS agencies in Sonoma Co. to the REDCOM JPA	Potential increased revenue of \$200K/yr.	Ongoing
	3). Enhance Existing Services	3.1 Improve REDCOM's ability to manage large incidents	\$ -	Ongoing
		3.2 Fire and EMS Data Support	\$150K over 5 Yrs	Board Approval FY 16-17
	4). Keep costs affordable	4.1 Seek alternate revenue sources	\$ -	Ongoing
	5). Ensure REDCOM is a resilient organization	5.1 Implement a continuity of operations fund to purchase equipment/training for continuity items as needed	\$25k/yr.	Board approval for FY 16-17, ongoing COOP
		5.2 Establish a minimum fund balance of 3 months of operating costs for "rainy day" contingences	25% of total REDCOM yearly budget	Board Approval FY 16-17
	6). Ensure REDCOM 's technology and facility remains up-to-date	6.1 Implement a facility improvement fund in the REDCOM budget	\$75k/yr. over ten years	Board approval for 75K/yr. starting in FY 16-17
	7.) Improve community understanding of REDCOM	7.1 Develop or enhance existing media that promotes REDCOM in the community	???	Implement in FY 16-17

Strategic Objectives

The following strategic objectives were developed to ensure REDCOM continues its Mission and works towards its Vision. These objectives are organized in order of priority to assist decision-makers when setting priorities for the organization.

- 1) **Meet or Exceed Industry Standards** - The world of emergency dispatch has long surpassed the days of simply obtaining and regurgitating an address and complaint over a radio. Modern Fire and EMS dispatch centers have high expectation for quality of call-taking procedures, clinical and safety pre-arrival instructions for callers, determination of appropriate resources, quality of radio coverage, etiquette and dispatch procedures, and courteous and professional behavior in the face of extreme situations. Meeting these expectations requires constant call-taking and dispatcher training and implementation of industry best practices and integrated tools.
- 2) **Ensure High-Quality Dispatch Services are Available throughout Sonoma County** – REDCOM was conceptualized as a singular, high-quality dispatch service available to all Fire and EMS agencies throughout Sonoma County. This concept was ahead of its time when REDCOM was formed and has been the keystone idea that drives the continued success of the REDCOM Joint Powers Authority. Each agency REDCOM allows into its membership enables REDCOM’s future success and the continued success of each member.
- 3) **Enhance Existing Services** – REDCOM must continue to add value to its members by adopting new methods of dispatching, management of large incidents, and constant refining of existing practices.
- 4) **Keep Costs Affordable** – REDCOM’s high quality, low-cost model is achievable through a high rate of membership, aggressive grant acquisition, and efficient organizational practices. Keeping costs affordable is important to the members of REDCOM and the citizenship of Sonoma County.
- 5) **Ensure REDCOM is a Resilient Organization** – Emergency dispatch center including Primary and Secondary Public Safety Answering Points (PSAPs) are critical infrastructure in any community. REDCOM is no exception and therefore must ensure services can be maintained during events that would otherwise adversely affect the ability of REDCOM to receive emergency calls and dispatch appropriate resources.

- 6) **Ensure REDCOM's Technology and Facility Remains up-to-date** – Modern dispatch centers are highly dependent on technology to perform at the high-level expected. Additionally 911 call volumes are on the rise nationally because of an aging population. These two factors require substantial funding and planning to ensure future facility and technology needs are met.
- 7) **Improve Community Understanding of REDCOM** – REDCOM's sustainability relies on the buy-in from our partners in the community. REDCOM's progressive model and the value it brings should be well known among citizens, community leaders, community partners, and member agencies.

Strategic Goals

Goal 1.1 Achieve Emergency Medical Dispatch Accreditation

Situation:

REDCOM is a licensed user of the International Academy of Emergency Dispatch (IAED) Medical Priority Dispatch System (MPDS) emergency medical dispatch protocols. These protocols ensure a uniform way of providing medical call-taking activities that are well researched and represent industry best practices. These protocols allow for consistent and accurate information to be collected, so the most appropriate response can be dispatched. Additionally, the protocols provide life-saving medical instructions to the callers over the telephone, such as, cardio-pulmonary resuscitation (CPR), instruction on child delivery, bleeding control, airway management, and safety instructions to keep the community safe until responders arrive. The IAED offers an accreditation pathway to become an Accredited Center of Excellence (ACE).

Background:

REDCOM is currently charged with achieving ACE status as outlined in the 2015 REDCOM agreement. The cornerstone of achieving this coveted accreditation is ensuring a robust quality assurance and improvement program. In the past, REDCOM's quality assurance program was focused on a lower standard of protocol adherence.

Assessment:

REDCOM's commitment to meeting or exceeding industry standards will be exemplified in the achievement of the ACE status. Continued maintenance of this status is important to ensure REDCOM maintains a high level of protocol compliance. ACE centers are among the elite and represent the top 5% of dispatch centers in the world. The quality standards required to achieve ACE are extremely stringent, but represent REDCOM's commitment to the community.

Accreditation fees (\$2,500/3 yrs) are minimal, compared to many accreditation organizations. However, maintenance of a proper quality assurance and improvement plan are estimated at approximately \$30k annually. This financial commitment however, is a nominal fee to ensure citizen safety and improve quality patient outcomes.

Recommendation:

- Maintain REDCOM’s commitment to ensure quality dispatch services are being provided to the citizens of Sonoma County by achieving and maintaining the IAED’s ACE status.

Goal 1.2 Implement Fire Priority Dispatch Protocols**Situation:**

REDCOM currently has no standardized caller interrogation protocols for fire related emergencies.

Background:

Just as the Medical Priority Dispatch System (MPDS) protocols has been successfully implemented at REDCOM and has added value to the citizens of Sonoma County who call 911 during medical emergencies; Fire Priority Dispatch System (FPDS) protocols can also add value through: standardization of information collected, providing life-safety instructions to callers before the arrival of responders, robust data collection opportunities, and improved quality assurance.

Assessment:

The International Academy of Emergency Dispatch (IAED) develops and licenses FPDS protocols that are recognized as a “gold standard” in the industry. The protocols are evidence-based and follow or set industry standards. They are designed to gather critical hazard information for responders and keep bystanders safe. According to the IAED (2016):

The FPDS combines the latest technology in systematic call interrogation with the ability to logically prioritize dispatch responses and give lifesaving pre-arrival instructions immediately to the caller at the scene, saving precious time while first responders arrive. The protocol has been designed to protect against liability while increasing call processing effectiveness and assuring measurable standards of equalized care to the public. In addition, your center will benefit from over 20 years of experience in the emergency dispatching field and will

have the opportunity to learn from other centers experience as the protocol grows. Special protocols exist for escaping from burning buildings and sinking vehicles (<http://www.emergencydispatch.org/ResourcesEDS>).

The implantation of the FPDS Emergency Fire Dispatch (EFD) protocols will improve dispatch and response times. REDCOM is designed to provide pre-alert information and dispatch resources in a timely manner independent from the call-taking process. Calls taken using standard protocols produce faster dispatch times than calls not processed using standard protocols. An analysis of recent call answer times to dispatch times over the past six months for fire only and EMS only calls (Combined events were filtered out (N=11366)) revealed a dispatch time of 63.3 seconds for medical calls where call taking protocols were used, compared to 73.4 seconds for fire related calls where call-taking protocols were not used (Figure 1). This data is consistent with the findings of the IAED. It should be noted that Fire dispatch protocols are not inherently more complicated or lengthy than their medical protocol equivalents.

Protocol implementation reduces risk and liability to REDCOM and the call-taker. Instead of relying on past training or experience to help callers during times of crisis, protocol implementation provides the call-takers with the tools to follow current industry standards and best practices.

Quality assurance and improvement processes will also be enhanced under a protocol-based system of call-taking.

Cost to implement the IAED emergency fire dispatch protocols is approximately \$135k the first year which includes software, licensing, training, and quality improvement activities. Subsequent year costs will be approximately \$30k in continuous quality improvement and training activities.

Recommendation:

- Implement the IAED Emergency Fire Dispatch protocols in REDCOM

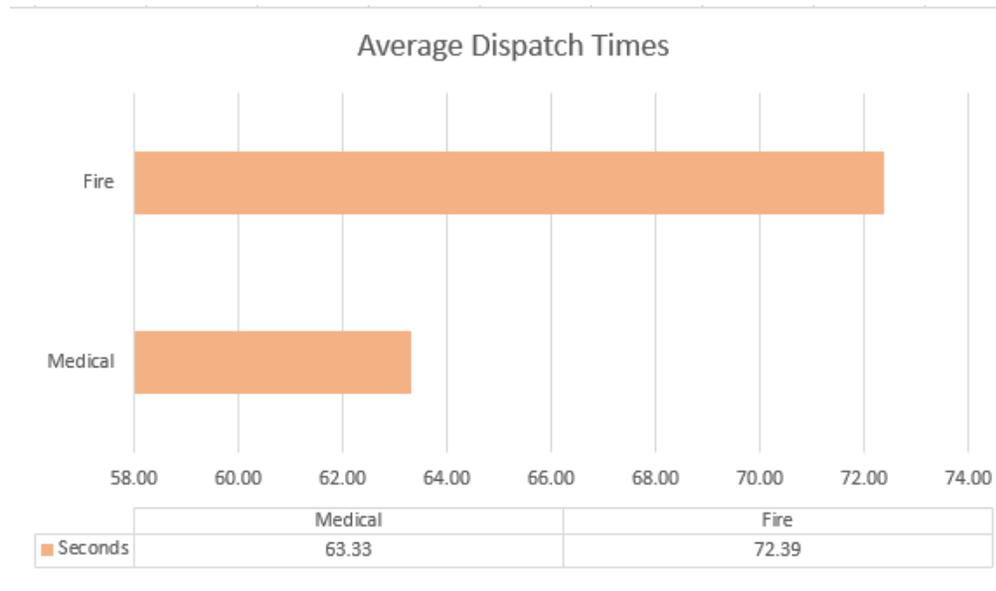


Figure 1

Goal 2.1 Add Remaining Fire and EMS Agencies in Sonoma County to the REDCOM JPA

Situation:

REDCOM provides emergency Fire and EMS dispatching for all agencies in Sonoma County with the exception of Rohnert Park Department of Public Safety, Cloverdale Fire Protection District and the Cloverdale Health Care District.

Background:

The REDCOM Board may allow the addition of member agencies as described by Article 17. (below) of the REDCOM Joint Powers Agreement:

17. Membership. The Authority shall be open to membership by all cities, independent districts, and other public agencies which have a primary service jurisdiction for fire protection and/or ambulance services in Sonoma County.

a. Admission of New Members. The Board of Directors has the authority to admit new members to the Authority, after notice to existing members and an opportunity for them to be heard at a public meeting. The Board may set the terms and conditions for admitting new members (either individually or generally) that it deems appropriate.

b. Cost of Admitting New Members. The Board of Directors shall determine the cost of admitting any new members to the Authority, including any buy-in costs or on-going assessments and charges the new members will be required to pay the Authority. It shall have the discretion to charge new members less than the actual cost of admission as an initial incentive; however, ultimately the Board is responsible for assessing costs to new members based on the actual costs incurred and in the manner assessed to other member agencies.

Assessment:

- Rohnert Park Department of Public Safety fire personnel responded to an average of 3,652 calls for service per year between 2010 and 2014 (5 years). A large portion of those calls are medical aid calls, traffic incidents, and combined law, ambulance and fire responses that are already being processed and dispatched by REDCOM to the ambulance franchise provider. This leaves approximately 1,163 additional calls for service per year that REDCOM does not currently process.
- The Cloverdale Health Care District and Cloverdale Fire Protection District are estimated to be responding to approximately 1,100 calls annually
- Start-up costs are estimated at approximately \$5,000 for time and labor for each agency
- Response plan building and data-base changes pose the most significant time resource allocation for the onboarding of the remaining agencies as an additional members of REDCOM
- Additionally, other operational task items will need to be considered and completed before dispatch service can begin.

- Rohnert Park’s expected member dues would be between \$145k - \$155k annually
- Cloverdale Fire Protection District member dues are estimated at approximately \$30k - \$40k annually
- Cloverdale Health Care District member dues are estimated at approximately \$30k – 40K annually

The benefits of adding the additional members to the REDCOM dispatch JPA include:

1. Improved consistency of information being dispatched to all Fire and EMS agencies in Sonoma County
2. Improved ability to measure performance of dispatch quality throughout Sonoma County
3. Improved interoperability between agencies on-scene
4. Improved resources utilization among neighboring agencies
5. Added income to the REDCOM JPA

Recommendation:

- Seek membership and board approval for the remaining agencies in Sonoma County

Goal 3.1 Enhance REDCOM’s Ability to Manage Large Incidents

Situation:

REDCOM currently serves as the Secondary Public Safety Answering Point for most Fire and EMS agencies in Sonoma County. REDCOM also serves as the Mass Casualty Incident (MCI) Coordinating Center during large incidents. Additionally, REDCOM is an ordering point for State of California local resource requests from the California Office of Emergency Services and Cal Fire.

Background:

REDCOM was formed as a call-taking and dispatch service. REDCOM does not designate itself as a command center or currently perform command functions. Instead, REDCOM personnel depend on pre-determined response plans and the assistance of the REDCOM Fire Duty Officer to assist in fire resource order requests and in the coordination of available fire resources.

Assessment:

REDCOM has received feedback that the fire community would, at least in a general sense, welcome the idea of REDCOM initiating command-level functions and fill of some of the REDCOM Fire Duty Officer roles and responsibilities during large incidents. In addition to the current MCI coordinating activities and fire resource ordering activities, some identified roles REDCOM could reasonably assume during large incidents by:

- Maintaining an operational awareness software suite, such as, Cal Cop.
- Providing a dedicated area and assigned dispatch personnel to declared MCIs, Local Disasters, incidents with multiple operational periods or multi-agency resources
- Enhancing the training of Supervisory staff to assume fire command responsibilities until jurisdictional field personnel can arrive on scene.

Recommendation:

Approval of this goal as ongoing item without a current cost or specific timeline.

Goal 3.2 Fire and EMS Data Support

Situation:

The County of Sonoma's enhanced EMS/Fire Data System is in the early stage of development and implementation county wide.

Implementation and ongoing support for the system will require dedicated staff with subject matter expertise related to emergency service data systems management

Background:

In response to the retirement of a legacy EMS data system, The County of Sonoma purchased a modern, user-friendly and state and federally compliant enhanced EMS/Fire Data System. The system includes reporting functions able to meet the needs of county emergency responders in Fire and EMS disciplines. Since the original purchase, several additional expansions have been added to improve the integration of EMS responders, REDCOM, Public Health and the hospitals. Additional disaster and operational area health system preparedness functions were also included in the functional upgrade. Currently, the County of Sonoma does not have an ISD position to properly manage this complex system.

Assessment:

New Federal and State laws and mandates required the County of Sonoma to modernize their EMS data system in late 2015. EMS system partners include public and private ambulance service provider agencies, first response fire agencies at the ALS and BLS levels and the hospitals. The continuum of EMS care begins at the dispatch center and extends through response phase into definitive care and ultimately results in a patient outcome. System partners at all levels must communicate patient care information up and down the continuum to facilitate coordinated delivery of emergency care. Part of the coordination depends upon shared quality improvement based on patient outcomes. The County has since made the purchase of a new data system that consists of multiple different programs. These programs include: electronic patient care reporting (EPCR); hospital Disaster Management and medical record integration; medical supply inventory; patient tracking for disaster management; Fire Resource Management Systems (RMS) that include NFIRS data entry, hydrants, check list, occupancy and inspections. All of these programs will integrate CAD data from REDCOM to support and streamline efficient and accurate data entry. The data stream received from REDCOM will also facilitate AED activation system (i.e. PulsePoint) county-wide and FirstWatch connectivity for all REDCOM-dispatched agencies (Figure 2). REDCOM functions as the Multi Casualty Incident (MCI) coordination facility during disaster. The hospital status and MCI patient tracking functions REDCOM disaster managers will use to manage patient movement and tracking are part of the EMS Data system. All of these programs and functions will need consistent development and support including end user training. Effective support must be expert-level in both data system management as well as service delivery. Without a dedicated staff person, participant agencies must rely on internal resources for support, which will be variably effective based on individual agency resources, and not coordinated across the county.

Recommendations:

The creation of a line item in the REDCOM budget in the amount of \$50K for FY 16-17 and increased annually by 25K each fiscal year until the annual budget reaches \$150K. This fund is to be used to support and maintain the EMS/Fire Data Systems.

FY 16-17 50K

FY 17-18 75K

FY 18-19 75K

FY 19-20 Possibly 150K each year there after

The technology support would provide local, responsive assistance for partner agencies using the various components of the system. The support position will also provide for coordinated system-wide management and inform policy-makers with data and reporting.

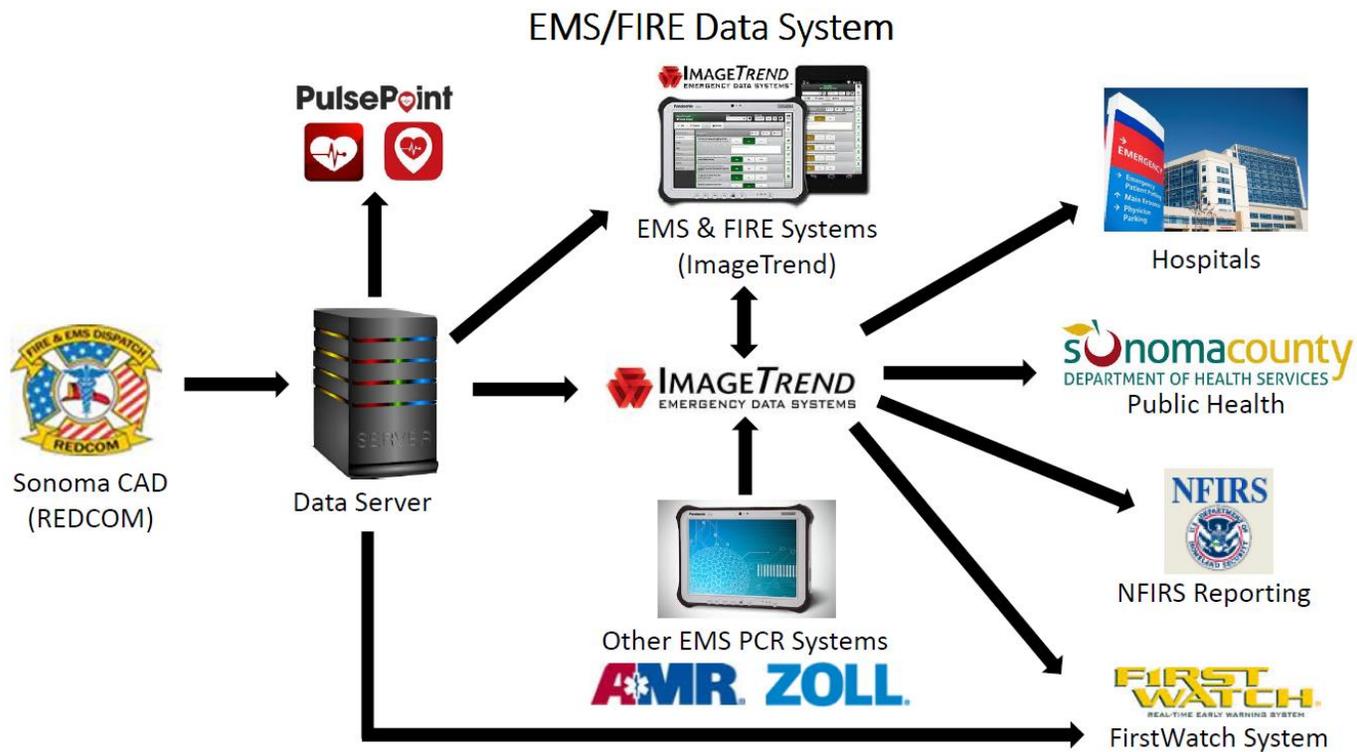


Figure 2

Goal 4.1 Seek Alternative Revenue Sources

Situation:

REDCOM is a fee for service organization that relies on payment from member agencies to operate. This fee for service model has been successful in maintaining REDCOM's financial health.

Background:

To ensure REDCOM continues to add value to its member agencies, REDCOM should work toward relieving the member agencies of the costs to provide dispatch services whenever possible.

Assessment:

Several opportunities to add value to the REDCOM membership without adding financial burden to its members is to:

- Ensure grant opportunities are sought whenever possible and where appropriate
- Ensure State E-911 funding is appropriately used
- Increase REDCOM membership to ensure maximum membership to keep costs affordable
- Seek additional service contract opportunities to add non-member revenue streams when appropriate
- Evaluate special tax opportunities and pursue when appropriate

Recommendation:

Approve the strategic goal without a specified timeline or budget as an ongoing item.

Goal 5.1 Implement a Continuity of Operations Fund to Purchase Equipment and Training for Continuity Items as Needed

Situation:

The need to develop a comprehensive Continuity of Operations Plan (COOP) was identified in the June, 2015 SWOTT analysis. REDCOM currently does not possess the funding to ensure proper continuity planning and equipment procurement.

Background:

REDCOM has worked toward establishing a devolution site for continued dispatch functions at the Cal Fire, St. Helena Emergency Command Center (ECC). This command center currently has limited functional capability to dispatch Sonoma County resources. These capabilities have been reviewed and currently, steps are being taken to improve these capabilities. The St. Helena ECC has the capability to begin receiving 911 calls at the flip of a switch. However, if activated as a devolution site, the St. Helena ECC would take an estimated hour or more to become fully functional and providing the same level of service for REDCOM. REDCOM has identified the need for a continuity site to perform dispatch functions before devolving dispatch functions to another provider. Currently, no funds are dedicated to the enhancement of continuity planning.

Assessment:

REDCOM must continue to push for resources needed to ensure dispatch activities are performed without interruption. The establishment of an annual fund would improve the ability of REDCOM management to perform proper continuity planning and ensure the acquisition of equipment needed to perform critical functions without interruption.

Recommendation:

- Create a line item in the REDCOM budget in the amount of \$25k per year beginning in FY 16-17. This fund is to be used at the discretion of the REDCOM Board of Director's and the REDCOM Executive Director to support continuity activities.

5.2 Establish a minimum fund balance of 3 months of total operating budget**Situation:**

REDCOM as a secondary Public Safety Answering Point (PSAP) and the dispatch center for most emergency Fire and EMS agencies in Sonoma County, is a critical infrastructure facility. As such, REDCOM must ensure its financial health to continue operations during a financial crisis.

Background:

REDCOM currently maintains a minimum unrestricted fund balance of 17%. This amount represents 2 months of the total REDCOM operating budget.

Assessment:

The Government Finance Officers Association (GFOA) (2011) recommends, "...at a minimum, that general-purpose governments, regardless of size, incorporate in its financial policies that unrestricted fund balance in their general fund be no less than two months of regular general fund operating revenues or regular general fund operating expenditures". Although REDCOM's current practice of maintaining 17% fund balance meets the minimum recommendation, REDCOM's status as a critical infrastructure facility demands a higher level of regard for its ability to withstand potential crisis.

With the exception of the largest payer, who pays service fees monthly, REDCOM receives payment for services from member agencies every 3 months (quarterly). Although there is great diversity in funding sources by way of individual districts and private companies, and risk of all revenue streams drying up or facing crisis at the same time is low, the impact to the community, if such an event were to occur, would be exceptionally high. REDCOM should increase its minimum fund balance to accommodate at least one billing cycle's worth of funds (3 months). Additionally, this would be in line with other Sonoma County agencies, such as the Water Authority.

Recommendation:

Increase REDCOM's minimum unrestricted fund balance to 3 months, or 25%, of operating budget.

Goal 6.1 Implementation of a facility improvement fund

Situation:

REDCOM currently staffs seven dispatch consoles during peak staffing times. There are currently 10 dispatch console positions available inside the REDCOM dispatch center. The remaining three consoles are used for testing, training, and surge capacity functions. Foreseeable call volume increases over the next ten years will bring REDCOM to fill all 10 dispatch consoles during peak staffing.

Background:

REDCOM initially started with 3 dispatch consoles in 2002. In 2003, REDCOM expanded to 6 dispatch/call-taking positions. The most recent facility upgrade occurred in December of 2014 and expanded the number of consoles to the current number (10). The last expansion to the current facility cost \$1.1 M.

Assessment:

Article 12 of the current REDCOM JPA (2007) states, “The Authority’s annual budget shall include a reasonable provision for contingencies as well as financing for the maintenance, upgrade, or ultimate replacement of key fixed assets and structures.” The spirit of this language indicates the REDCOM JPA should include planning of foreseeable facility expansion and asset replacement needs into the annual budget.

Without the inclusion of any additional member agencies, over the next ten years, REDCOM is forecasted to increase total call volume for all agencies (number of dispatches) from 96,466 in 2016 to over 135,000 in 2026 (see Figure 3). This represents a 40% increase in call volume during that time. During that time, REDCOM’s staff will increase by approximately 7-8 full time employees. What’s more pertinent is that REDCOM will be staffed at 10 dispatcher/call-takers during peak staffing times (up from the current 7), filling all currently available consoles. This assessment is consistent with historical REDCOM expansion projects (see Figure 4). The next expansion project will be needed in 2026, and aimed at adding facility space to satisfy an additional 4 consoles for the next ten years of dispatch services.

Recommendation:

- REDCOM Board approve the addition of a facility expansion line item in the REDCOM budget in the amount of at least \$75K per year, beginning FY 16-17. This budget item will be used to partially fund the next expected facility expansion in 2026.

REDCOM Forecast Call Volume

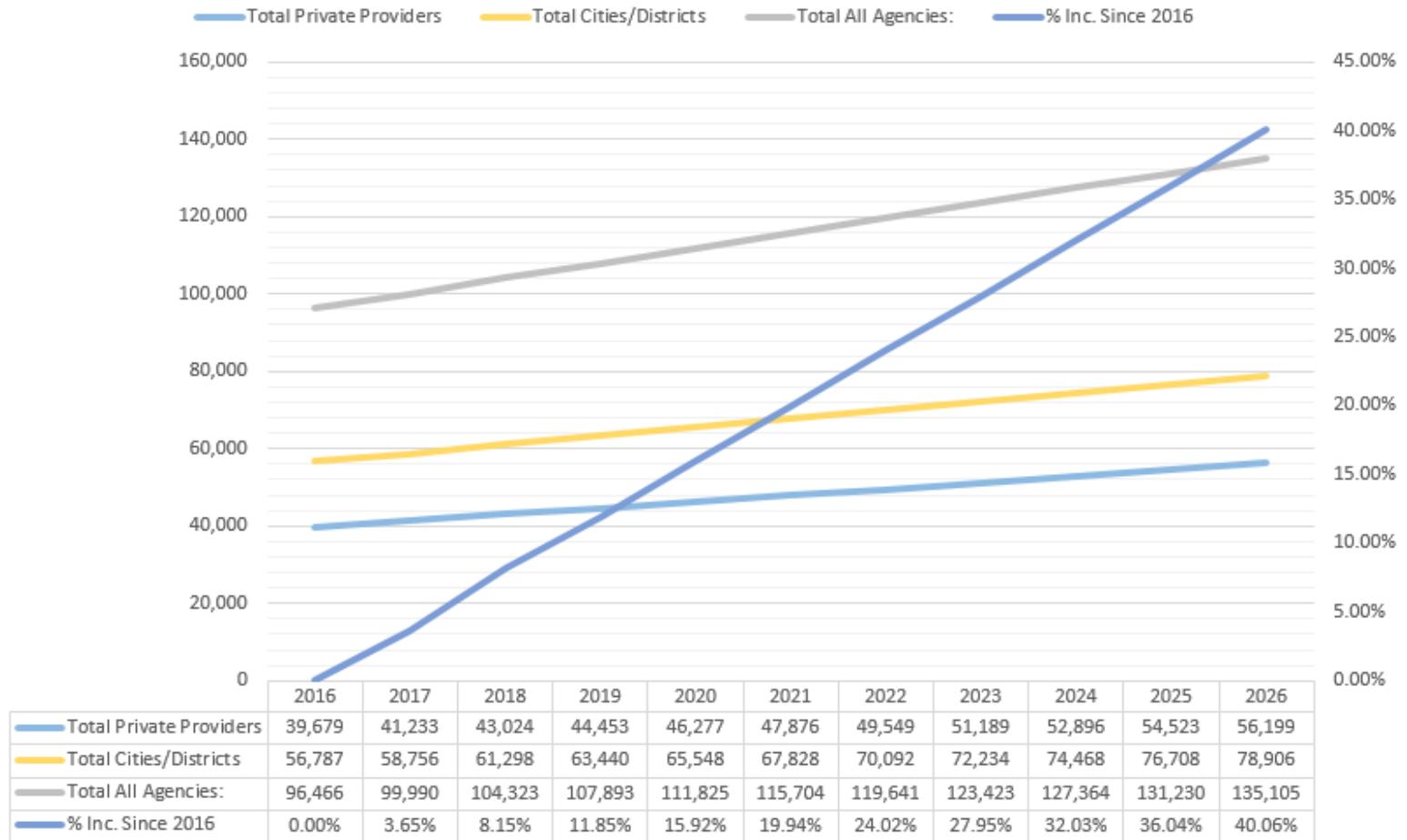


Figure 3

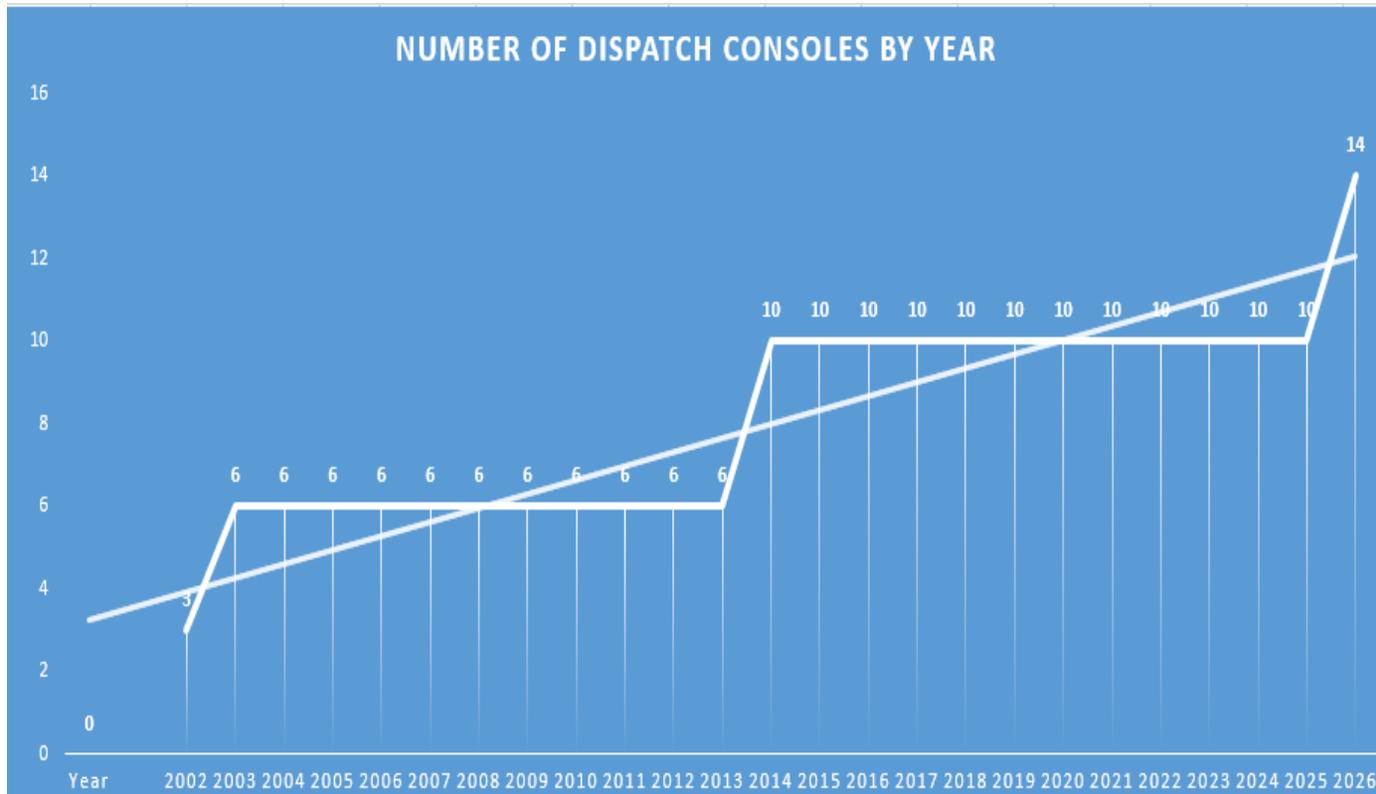


Figure 4

Goal 7.1 Develop, or enhance, media to promote REDCOM within the community

Situation:

REDCOM provides emergency dispatch services to over 40 agencies within Sonoma County. REDCOM’s employees are dedicated, hard-working professionals that operate a dispatch model designed to provide a high-quality service at an affordable cost. However, most members of the community have little understanding of what REDCOM is or the service it provides.

Background:

REDCOM currently operates a Facebook page and has a robust intranet site. Website content is available through the Coastal Valleys EMS website, but is limited to links to policies and procedures. Additionally, the Facebook page does not provide robust information for the general public regarding REDCOM's progressive JPA model or the services it provides. Additionally, a Facebook page itself does not reach all audiences in the community.

Assessment:

The establishment of a Twitter account and a REDCOM website, would enhance REDCOM's ability to reach out and educate the community it serves. Additionally, such media could be a catalyst to promoting the REDCOM model and open additional opportunities for revenue streams and political support.

Recommendation:

- REDCOM management should pursue the enhancement of existing social media and websites as well as develop new forms of media to help educate and communicate with the community.

Appendix A:

REDCOM SWOTT Analysis

2015

REDCOM SWOTT Analysis



Aaron Abbott, Executive Director

REDCOM

7/1/2015

REDCOM SWOTT ANALYSIS

REDCOM SWOTT Analysis

July, 2015

Purpose

The purpose of a SWOTT analysis is to gather information from functional level stakeholders for the eventual use in the preparation of a strategic plan. The five categories used for assessment are Strengths, Weaknesses, Opportunities, Threats and Trends. Additionally, an analysis of mission, vision, and values was conducted.

Scope

REDCOM conducted an analysis of organizational strengths, weaknesses, opportunities, threats, and trends (SWOTT) over two sessions on May 27th and May 28th 2015. The times of the group analysis accommodated for participation from both day and night shift representation. The meetings were not mandatory, however participation was encouraged and alternative opportunities to convey information from staff to management through one-on-one sessions and by email also were made available.

Group participation was high and extremely valuable information was obtained. This paper condenses the information discussed in the group sessions for evaluation by the REDCOM Board of Directors in an effort to formulate strategic objectives that will support the mission of REDCOM and move the organization toward the intended Vision. Recommended strategic objective are also presented in this document.

This report is based on information provided by the REDCOM staff and interpreted by the Executive Director. This report does not reflect information provided by the Dispatch Operations Advisory Group (DOAG) or REDCOM Board. The REDCOM Board and DOAG are important stakeholders and input from these entities is important in the development of a complete strategic plan.

Mission

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A mission statement agreed upon and adopted by the REDCOM Board of Directors is important in the development of the REDCOM strategic Plan. A mission statement articulates what the organization sets out to do on a daily basis. As such, strategic objectives should be designed in support of the mission.

To help develop the REDCOM mission statement, the REDCOM staff was asked to come up with a list of mission critical tasks they perform on a daily basis. The group developed a comprehensive list of tasks performed on a regular basis. Below is a condensed list of mission critical tasks:

Mission critical tasks performed:

- Gather, document, disseminate emergency call information
 - Hazard information
 - Location
 - Nature of emergency
 - Reporting party information
 - Patient condition
- Dispatch the right resource, to the right location, the right way (Code 2 or Code 3), at the right time
 - Fire Resources
 - Ambulances
- Request additional resources
 - Rotor-wing ambulances
 - Search and Rescue (SAR) resources
 - Law Enforcement
- Keep the Responders safe through call screening and staging
- Provide quality medical instructions for time critical emergencies
 - CPR
 - AED use
 - Child Birth
 - Hemorrhage control
 - Breathing Problems
 - Choking
 - Drowning
 - Electrocutation

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- HAZMAT/CBRNE/Carbon Monoxide
- Unconsciousness
- Provide for general assistance to:
 - Member agencies
 - General public
 - Other dispatch centers
 - Utilities
 - Each-other

A notable item that was brought up at both planning sessions was: part of REDCOM's mission should include taking care of each other to ensure REDCOM could continue to function as a healthy team and organization.

DRAFT Mission Statement

The following draft mission statement is designed to reflect the critical functions of REDCOM as articulated by the staff with management input. Further input from the DOAG and REDCOM Board should be gather before adoption:

REDCOM exists to dispatch response agencies, assist the public, and help the community during emergencies. REDCOM provides: high quality emergency medical and fire dispatch services; emergency pre-arrival instructions; advanced technology; financial stability; and a sound organizational structure.

We will provide our callers, member agencies, general public and each other with unbiased, courteous, and professional treatment at all times. We will remain accountable for our actions, knowledge, and abilities in every aspect of emergency dispatch by exceeding industry standards, remaining current with credentials, and keeping up with industry trends.

Vision

The development of a vision statement helps keep the organization moving forward. REDCOM staff was asked to develop a list of qualities, achievements, or tasks they would like to see REDCOM realize in the future. Below is a list of items developed by the REDCOM staff that encompass their vision for REDCOM:

- Provide a high quality service at an affordable cost
- Become Industry leaders

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- Serve as Community leaders
- Create and Maintain a Positive image
 - Branding
 - Member agencies
 - Public Relations
 - Media Relations
- Expansive Operations
 - Increase member agencies
- Resilience
 - Financially
 - Organizationally
 - Operationally

DRAFT Vision Statement

The following draft vision statement is designed to reflect the direction of REDCOM as articulated by the staff with management input. Further input from the DOAG and REDCOM Board should be gather before adoption:

REDCOM will be industry leaders in Medical and Fire dispatch services. We will be role models in the emergency response industry and our community by:

- *Exceeding industry standards for quality call-taking and dispatching*
- *Providing a high quality service at an affordable cost*
- *Having a positive image with member agencies, the public, and in the industry*
- *Being a resilient organization*

Values

Organizational values that are well understood and enforced are an important part of maintaining and improving quality. Adoptable organizational values was specifically requested by the REDCOM board. REDCOM staff members have developed an acronym that reflects the values of the dispatch center. Staff is recommending adoption of the acronym C.H.A.I.R. as follows:

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C – Compassion

H – Honesty

A – Accountability

I – Integrity

R – Respect

Earning your C.H.A.I.R. will become an important mantra at REDCOM!

Strengths

REDCOM has many strengths that were identified by staff. Most notably, REDCOM staff felt the organizational structure of the JPA along with the personnel support from AMR created a strong organizational structure with heightened stakeholder representation and support. Additionally, it was identified that REDCOM has a well-trained, experienced and knowledgeable staff.

Other strengths identified are as follows:

- Proudful Staff
- Positive Reputation
- Flexibility
- Self-reliant
- Team-based workflow
- Functional, modern equipment
- Functional, modern facility
- Large number of member agencies
- Data Collection
 - Dispatch centers are the “keeper” of massive amounts of EMS and Fire data. Each member agency of REDCOM has data that is collected and stored by REDCOM. Data and information are great sources of strength in any system.

Weaknesses

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Organizations must be able to articulate and discuss their weaknesses in a productive manner. Identified weakness should be viewed as improvement opportunities. Multiple weakness were identified in a productive and respectful manner by the staff. Most notably, staff felt that emergency operations procedures were not well communicated or exercised. Dispatch centers are particularly susceptible to building evacuations, loss of technology applications and staffing difficulties during large scale events.

Other weaknesses identified are as follows:

- REDCOM is not an accredited center
 - Area of weakness among industry leaders
- Lack of formal professional development for employees
- Poor employee feedback mechanisms
- Lack of clear organizational objectives

Weaknesses should be evaluated and objectives developed to reduce weaknesses and create improved organizational processes.

Opportunities

Group discussion regarding organizational opportunities for REDCOM were largely centered around providing value added services for member agencies, growing REDCOM's reach and strength in the region, and securing alternative funding sources.

Below is a list of the opportunities discussed in the SWOTT analysis:

- Increase the level of Fire dispatch-related services
- Educational Program (training/quality improvement)
- ACE Accreditation
- AED location tracking
- Implementation of PulsePoint into our dispatch processes
- Continuity of Operations Planning
- Training for outside agencies
- PR (external agency relations, internal employee relations, public)
- Community Outreach
- Communication with field crew members

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- Alternate funding sources
- Data mining/reporting for member agencies
- Adding additional member agencies

Additionally, becoming an Accredited Center of Excellence was also identified as an opportunity. The International Academy of Emergency Dispatch (IAED) recommends that all dispatcher centers using the IAED protocols obtain the Accredited Center of Excellence (ACE) designation. Meeting the ACE standards will be a difficult journey as the standards are very high. However, the REDCOM team feels that accreditation is achievable and moves REDCOM in the right direction.

The standards are strict and require resolve and dedication from all members of the dispatch team to obtain (see appendix A, *IAED Twenty Points of Accreditation*). However, once standards are being consistently met, ACE is a relatively simply application process and upon completion, affirms to our community, member agencies, and industry that REDCOM is meeting strict standards and following internationally accepted protocols for Emergency Medical Dispatching (EMD).

Additionally, obtaining ACE accreditation, opens the door to other academy benefits such as access to the Emergency Communication Nurse System (ECNS) protocols, modified responses to Omega determinants, discounted conference tickets and national recognition. Appendix B (REDCOM Accreditation Roadmap) cross walks each accreditation point and the steps RECOM must take to achieve ACE.

Threats

For the purposes of this analysis, threats are viewed as external forces that may weaken or dismantle REDCOM. Several external threats were identified and discussed during both analysis sessions. Natural and man-made hazards and the potential impact of those hazards were identified as a major threat to the critical functions REDCOM performs.

A full hazard analysis and risk and impact assessment is recommended to supplement the information discovered in the SWOTT analysis. Additionally, as REDCOM is considered critical infrastructure for the communities it serves, critical and essential functions performed by REDCOM should be identified and systematically fortified to increase resiliency.

The possibility of outside competition was also discussed at length. Currently, local competition for REDCOM's services is not problematic and REDCOM enjoys a strong relationship with its members. However, a failure to perform its duties could, in the future, cause current members to migrate toward another public or private provider of Fire and EMS dispatch services. Other factors that may

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spur outside competition to threaten REDCOM includes: poor public perception; shifting political alliances; financial instability of member agencies; rising costs of infrastructure.

Rising costs of technology and infrastructure was also identified as a threat to REDCOM and their member agencies. It is recommended that REDCOM develop a strategy to forecast technology infrastructure replacement and upgrades that includes timeframes and costs.

Trends

Trends are industry-wide trends in dispatch services or in EMS and Fire services that would cause REDCOM to change current practices. Changing federal healthcare initiatives are spurring many changes in the EMS and Fire industries. Additionally, patient-centric outcome data is slowly becoming a driving factor to change EMS and Fire response plans. Several industry trends in EMS and Fire dispatch and response were discussed.

- Omega Call-Handling

Omega calls are defined by the National Academy of Emergency Dispatch as the lowest acuity patient conditions called into the emergency system. Omega calls pertain only those patients with first-party or second-party verification of being absent of any priority symptoms (chest pain, difficulty breathing, altered level of consciousness, etc.).

Patient conditions that are properly evaluated through the EMD protocols and found to be Omega determinant calls can be safely handled through alternate response priorities; alternative response levels; extended response times; alternative transport destinations; alternate modes of transportation. To ensure patient safety, it is recommended that REDCOM be performing within ACE standards before implementing special Omega determinant level call-handling procedures.

There are currently over 180 IAED approved Omega determinant codes that reflect patient conditions suitable for modified responses by EMS providers. These determinant codes have been safely used in many EMS systems throughout the United Kingdom, Australia, Canada and the United States for over a decade.

- Emergency Fire Priority Dispatch System (FPDS)

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The FPDS combines the latest technology in systematic call interrogation with the ability to logically prioritize dispatch responses and give lifesaving pre-arrival instructions immediately to the caller at the scene, saving precious time while first responders arrive. The protocol has been designed to protect against liability while increasing call processing effectiveness and assuring measurable standards of equalized care to the public. In addition, your center will benefit from over 20 years of experience in the emergency dispatching field and will have the opportunity to learn from other centers experience as the protocol grows. Special protocols exist for escaping from burning buildings and sinking vehicles (Emergencydispatch.org, 2015).

- Emergency Communications Nurse System (ECNS)

*The International Academies of Emergency Dispatch's® (IAED™) certified **Emergency Communication Nurse System™ (ECNS™)** is a comprehensive nurse triage system comprised of over 200 protocols. It is designed to be implemented within an Emergency Medical Services (EMS) communication center and used alongside the IAED's Medical Priority Dispatch System™ (MPDS®), which was developed over 33 years ago. Not every emergency call needs a lights-and-siren response. In fact, not every call even needs a COLD ambulance response. ECNS, when used with the MPDS Protocol and Priority Dispatch Corp.'s™ internationally-recognized gold-standard dispatch and QI software—ProQA® and AQUA®—can provide optimal **ALTERNATIVE CARE** for vetted low-acuity, or OMEGA, Determinant Codes, giving EMS systems new options to care for patients and their communities. Responses to OMEGA determinates are locally defined based on MPDS-approved codes. ECNS is considered IAED's "Fourth Pillar of Care" along with Emergency Medical Dispatch™, Emergency Fire Dispatch™, and Emergency Police Dispatch™. Accreditation as a Center of Excellence is an integral part of superior care standards with current medical accreditation required before a center can use the ECNS protocol. Other prerequisites for ECNS include implementing ProQA dispatch software and AQUA quality improvement software (Emergencydispatch.org).*

- Next Generation 911

Next Generation 911 (NG-9-1-1) is a term used to describe telephonic and CAD systems that use Voice-over Internet-Protocol (VOIP) communications to enable new technology such as: text to 911, streaming video, and telemedicine applications. Next generation 911 is an industry trend, which, for now, is not federally mandated, but is expected to become a federal mandate in the near future. Interest group groups such as the deaf and hard of hearing community are advocating text to 911 services be provided by emergency dispatch centers.

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REDCOM's telephone system is currently NG-911 capable and operating on a VOIP system, however, is not currently using any NG-911 systems. REDCOM needs to be prepared for the inevitability the community will demand NG-911 services in the near future.

- FirstNet Public Safety Bandwidth

The Middle Class Tax Relief and Job Creation Act of 2012 created the First Responder Network Authority (FirstNet) as an independent authority within the National Telecommunications Information Administration (NTIA) to provide emergency responders with the first nationwide, high-speed, broadband network dedicated to public safety. FirstNet is a federal initiative to build a secure wireless public safety broadband network (PSBN).

FirstNet has recently approved the framework that will serve as their implementation roadmap. Currently, FirstNet representatives are meeting with state authorities to solicit support from state governors to initiate infrastructure planning of the network. Representatives from the State of California are scheduled to meet with FirstNet representative in late July, 2015. States will have the ability to buy-in to FirstNet or opt out and secure their own public safety broadband network that meets the interoperability requirements of the National Public Safety Broadband Network. Once built, public safety agencies would have the option to subscribe to the broadband network for a fee, and purchase special use hardware to access and use the network.

To date, FirstNet has been funded \$7 billion dollars for the development of FirstNet. Although the prospects of a secure and dedicated broadband network for mobile public safety operations is appealing, there is much speculation in the public safety community and communications experts as to the ability of FirstNet to build a reliable and cost-effective broadband network.

- Mobile Integrated Health/Community Paramedicine

Community Paramedicine is an emerging health care delivery model. In some communities, Paramedics make home visits to recently discharged patients with specific types of conditions. Community Health Paramedic protocols are designed to reduce hospital readmissions by managing specific conditions that often lead to frequent 911 calls and re-admittance into hospitals. Common conditions that have been shown to cause early re-admittance into hospitals are newly diagnosed Congestive Heart Failure (CHF) patients and newly diagnosed insulin dependent diabetics.

Frequent 911 callers in a community could be better served by visits from a single resource Paramedic. Dispatch centers across the country are becoming data sources for evaluating the need for mobile integrated health units, frequent caller conditions, dispatching community paramedics, tracking scheduled visits, and mining caller data.

Recommended Strategic Objectives

The REDCOM SWOTT analysis revealed and/or confirmed the need for several strategic objective to be developed and approved. However, it should be noted that additional objectives may need to be developed based on information not found in this analysis as this analysis does not cover all aspects of the REDCOM organization.

As of the publication date of this document, input from the REDCOM Board strategic planning sub-committee and input from the DOAG had not been sought. It is necessary that these group are allowed input into the strategic planning process.

Based on the finding of the SWOTT analysis, REDCOM Management has adopted the following objectives to be completed within 6 months and one year.

Within 6 months:

- Develop and implement an employee recognition program by December 30, 2015
- Develop REDCOM Intranet Site and Internal Communications Plan By December 30th, 2015.

Within 1 year:

- Develop a Continuity of Operations Plan (COOP) by June 30, 2016 that includes the following basic COOP elements:
 - Concept of Operations
 - COOP activation plan
 - Identification of Essential, Vital, and Critical Functions
 - Hazard, Risk and Impact Analysis
 - Orders of succession
 - Delegations of Authority
 - Continuity sites/Alternate facilities procedures
 - Devolution sites/agreements
 - Updated Existing Emergency Operations Procedures
 - Building evacuation
 - Telephone system outage

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- CAD outage
 - Radio Infrastructure failure
 - Shelter-in-place procedures
- Personnel Emergency Notifications
- Testing, Training, Exercising Policies/Procedures
- Business Recovery
- Family assistance planning
- Records and Database security
- Financial security/risk mitigation
- Facilities Guide
- Credentials for emergency staffing
- Submit Application for ACE accreditation by June 30, 2016. Includes the following milestones:
 - Develop and implement Quality Review and Feedback process that meets ACE standards by September 30, 2015
 - Develop an active Dispatch Steering Committee by December 30, 2015
 - Develop an active Dispatch Review Committee by December 30, 2015
 - Consistently operate at ACE Performance Standards by March 30, 2015
 - Complete ACE application form by June 30, 2016
- Develop and maintain a REDCOM Internet site by June 30, 2016.
- Develop Key Performance Indicators and Measurement strategy for dispatch center performance by June 30, 2016.

REDCOM Management Suggests the following objectives be evaluated for adoption by the REDCOM Board:

Within one year:

- Develop a long-range dispatch technology upgrade and maintenance plan by June 30, 2016

Within 5 years:

- Develop dispatch services cost control plan aimed at controlling the cost of dispatch services to member agencies by June 30, 2020.
- Develop a plan to diversify funding sources for dispatch services by June 30, 2020.
- Implement Omega Call-handling procedures for interested agencies by June 30, 2020.

Ongoing:

- Explore adding member agencies within the region
- Ensure contract compliance
- Improve public relations/REDCOM branding

Appendix A

International Academy of Emergency Medical Dispatch®

TWENTY POINTS OF ACCREDITATION

The Accreditation Self-Assessment Study must formally document and describe the following:

1. **Communication center overview and description**
 - a. Document the total number of stations that are active (calling and dispatching) and the number of supervisory or standby stations. Enter on line 9 of the application form.
 - b. Include a floor plan showing the placement of each workstation.
 - c. List any current accreditations and the accrediting body.
2. **Medical Priority Dispatch System™ (MPDS®) version and licensing confirmation**
 - a. Provide the following, as applicable:
 - i. MPDS protocol version number
 - ii. ProQA® Paramount version number
 - iii. AQUA® version number
 - iv. ED-Q™ Performance Standards edition number
 - b. Include documentation (policy, directive, etc.) stating that the most recent versions of the MPDS (ProQA Paramount and/or cardsets) and the Performance Standards will be implemented within one year of their release.
3. **Current Academy EMD certification of all personnel authorized to process emergency calls**
 - a. Provide a list of all EMDs including their names, hire dates, last certification dates, next recertification dates, and Academy EMD certification numbers.
4. **All EMD certification courses are conducted by Academy-certified instructors, and all case review is conducted by Academy-certified ED-Qs**
 - a. If you have an in-house or contracted instructor, include her/his name, next recertification date, and certification number.
 - b. Provide a list of all ED-Qs, including their names, next recertification dates, and Academy ED-Q certification numbers.
5. **Full activity of quality improvement (QI) committee processes**
 - a. Include copies of agendas and minutes of all Dispatch Review Committee (DRC) and Dispatch Steering Committee (DSC) meetings (at least two DRC meetings and one DSC meeting in the six months immediately preceding the application).
 - b. List the names and titles of all committee members for the following:
 - i. Quality Improvement Unit
 - ii. Dispatch Review Committee
 - iii. Dispatch Steering Committee
 - c. List the objectives and tasks of each of these committees.
6. **IAED quality assurance and improvement methodology**
 - a. Attach a complete description of the methods used to evaluate EMD performance and correct use of the MPDS as outlined in the ED-Q Course Manual (consistent reviewing practices). The document should outline the following:
 - i. How cases are randomly selected.
 - ii. The minimum number of cases reviewed monthly.
 - iii. Any special case review practices employed. This may include cases the agency has identified that warrant additional reviews, such as cardiac arrest, choking, and childbirth.
 - b. Attach a detailed description of how EMD performance is checked, tabulated, and tracked.
 - c. Include details and dates of when case review began and how scores were shared with each employee.
 - d. Include details and dates of when shift and center scores were posted and how they were posted.

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Appendix A

- 7. Consistent case evaluation that meets or exceeds the Academy's minimum expectations**
- a. The minimum case evaluation requirement is based on agency size, as follows:
 - i. Agencies whose annual call volume is above 500,000 are required to audit 1% of their cases.
 - ii. Agencies whose annual call volume is between 43,333 and 500,000 are required to audit a percentage ranging between 3% and 1%. Use the sliding scale calculator on the Academy's Web site to calculate your agency's required percentage and provide a printed screenshot of the calculation and total.
 - iii. Agencies whose annual call volume is between 1,300 and 43,332 are required to audit 1,300 cases (25 per week).
 - iv. Agencies whose annual call volume is below 1,300 are required to audit 100% of their cases.
 - b. List the total number of emergency medical calls the center received in the six months immediately prior to the accreditation application.
 - c. List the total number of cases reviewed in the same time period.

8. Historical baseline QA data from initial implementation of structured Academy QA processes (first QI Summary Report, if available*)

- a. A baseline QI Summary Report, Agency ACE Performance Report (or equivalent) that includes the following:
 - i. Case Entry compliance
 - ii. Key Question compliance
 - iii. DLS compliance
 - iv. Chief Complaint selection compliance
 - v. Final coding compliance
 - vi. Total compliance level
 - b. Determinant Drift Reports (or equivalent) for the center
- *Indicate on cover letter if these items are not available.

9. Monthly average case evaluation compliance levels for the communication center for the six months preceding the accreditation application, with compliance levels at or above accreditation levels for at least the three months immediately preceding application

- a. Include Accreditation report showing compliance at or above the following expected minimum performance levels for at least the three months preceding the application:

	ACE
High Compliance	
Compliant	
Partial Compliance	10%
Low Compliance	10%
Non-Compliant	7%

Percentage of Deviation Accepted	Critical Deviation	Major Deviation	Moderate Deviation	Minor Deviation
	3%	3%	3%	3%

- b. Include a Communication Center Determinant Drift Report for the three months preceding the application showing that under-response and over-response each occur in no more than 5% of cases.

Appendix A

- 10. Verification of correct case evaluation and QI techniques, validated through independent Academy review**
- a. Provide copies of 25 case review audio files with completed Incident Performance Reports for Academy assessment.
 - i. Include 22 calls from the one-month period immediately preceding the application. These calls must be selected purely at random; they must not be cases specifically marked for feedback or other review.
 - ii. State the process for random selection of these calls.
 - iii. Include an additional 3 cases involving Pre-Arrival Instructions. These cases should include the first case with Pre-Arrival Instructions reviewed in each of the three months immediately preceding the application.
- 11. Implementation and/or maintenance of MPDS orientation and case feedback methodology for all field personnel**
- a. Describe your MPDS field personnel orientation process.
 - i. Include copies of handouts, presentations, and any other materials used.
 - ii. List the number of Field Responder Guides distributed, along with the dates these were given out.
 - b. Describe your EMD case feedback methodology.
 - c. Include a blank copy of the field feedback form utilized by your agency.
 - i. Include documentation of the dates field feedback forms were distributed to all field stations.
- 12. Verification of local policies and procedures for implementation and maintenance of the MPDS. Include all policies relating to EMD practices, which must include the following:**
- a. Implementation and application of MPDS.
 - b. Medical Director approval of all MPDS protocols, including those requiring local approval, for example:
 - OBVIOUS DEATH and EXPECTED DEATH
 - OMEGA referrals (if applicable)
 - HIGH RISK Considerations for childbirth
 - Protocol 33 ACUITY Levels (if applicable)
 - Aspirin Diagnostic and Instruction Tool
 - STROKE Treatment Time Window
 - Cardiac-Arrest Pathway
 - c. Protocol compliance.
 - i. Quality improvement
 - ii. CDE requirements
 - iii. Performance management and remediation
 - iv. Customer service skills (how customer service scores are addressed by your agency)
 - v. Language translation processes
 - d. A policy stating that all emergency medical calls are only processed by EMD-certified personnel, and that employees are removed from their callmaking duties if their certification is expired, suspended, or revoked.
- 13. Copies of all documents pertaining to your continuing dispatch education (CDE) program**
- a. Submit the CDE schedules and topics for the past six months.
 - b. Submit EMD attendance records.
 - c. Submit a CDE schedule draft for the next six months.
- Check this box if utilizing the EMD Advancement Series.

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Appendix A

14. **Secondary Emergency Notification of Dispatch (SEND) orientation**
 - a. Include documentation of the distribution of SEND Protocol information to all police and fire dispatchers and to other agencies routinely forwarding emergency calls.
 - i. List the other agencies as applicable.
 - b. Include documentation of agencies trained, copies of attendance records, and any training materials used for this process.

Check this box if utilizing the *Special Procedures Briefing CD* on SEND.
15. **Established local response assignments for each MPDS Determinant Code**
 - a. Include a description of the process for developing response assignments.
 - b. Include a list of all MPDS Determinant Codes and each locally determined response assignment.
 - c. Include copies of the specific Dispatch Steering Committee (DSC) minutes with verification that all response assignments are approved.
16. **Maintenance and modification processes for local response assignments to MPDS Determinant Codes**
 - a. Provide documentation describing how local MPDS response assignments are regularly reviewed and how recommended changes are approved.
17. **The communication center's incidence (number of occurrences) of all MPDS codes and levels for the six months immediately preceding application**
 - a. Each Chief Complaint (1-37).
 - b. Each individual Determinant Code (approximately 393).
 - c. Each Determinant Level (Q, A, B, C, D, and E).
18. **Appointment and appropriate involvement of the Medical Director to provide oversight of the center's EMD activities**
 - a. List the name, address, license number, and country/state/province (or equivalent) in which the Medical Director is licensed to practice.
 - b. Include a copy of the documentation appointing the Medical Director.
 - c. List the approved roles and responsibilities of the Medical Director within the dispatch system.
19. **Agreement to share nonconfidential EMD data with the Academy and others for the improvement of the MPDS and the enhancement of EMD in general**
 - a. Include written verification, signed by the agency's senior executive, agreeing to the above requirement.
 - b. Include written verification, signed by the agency's senior executive, agreeing to submit the semiannual compliance summary reports to the Academy (submitted electronically through the Academy's Web site).
20. **Agreement to abide by the Academy's Code of Ethics, Code of Conduct, and the standards set forth for an Accredited Center of Excellence**
 - a. Include written verification, signed by the agency's senior executive, agreeing to the above requirement.
 - b. Provide the date, location, and verification of the prominent posting of the Code of Ethics and Code of Conduct.

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Appendix B

REDCOM Roadmap to Accreditation

	Highest Priority/Most Difficult
	Medium Priority/Moderate Difficulty
	Lowest Priority/Easiest Difficulty

Point	REDCOM Task's
Point 1 – Communication center overview and description	Develop cover letter describing the REDCOM center with number of call-taking, dispatching and supervisor position. Describe console layout and standby positions. Develop floorplan schematic.
Point 2 – MPDS version and licensing confirmation	Need to document and provide: MPDS protocol version, ProQA Paramount Version number, AQUA version number, ED-Q Performance Standards edition number.
Point 3 – Current Academy EMD Certifications	Develop a list of all personnel with: name, hire date, last certification date, next certification dates and EMD certification number
Point 4 – All EMD certification courses are conducted by Academy-certified instructors, and all case review is conducted by Academy-certified ED-Qs	REDCOM has no contracted instructors. Need to develop a list of ED-Qs with name, next recertification dates, and Academy ED-Q certification numbers.
Point 5 – Full activity of quality improvement (QI) committee process	REDCOM needs to develop a Medical Dispatch Review Committee (MDRC) that meets monthly as well as develop a Dispatch Steering Committee (DSC). A Quality Improvement Unit made of the EMD-Qs also must meet on a monthly basis. Meeting minutes must be kept with actionable items for a minimum of six months preceding the application process.
Point 6 – IAED quality assurance and improvement methodology	Needs development in its entirety. REDCOM has some processes in place, however, they have not been maintained regularly and must be re-evaluated to ensure quality outcomes. A DRAFT process has been developed.
Point 7 – Consistent case evaluation that meets or exceeds the Academy's minimum expectations	REDCOM processed 39,869 medical calls for calendar year 2014. For this call volume, the IAED requires

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	REDCOM to perform Quality Assurance on 1,300 cases. This is 25 calls per week, or, 3.3% of total medical call volume that must be reviewed for quality.
Point 8 – Historical Baseline QA stats from initial implementation of structured Academy QA process (first QA Summary Report if available)	Checking to see if available. If not available, we can simply state the documents are not available in our cover letter.
Point 9 – Monthly average case evaluation compliance levels for the six months preceding the accreditation application, with compliance levels at or above accreditation levels for the last three preceding months.	It is recommended that REDCOM be compliant with ACE standards for a full six months before submitting for ACE. ACE standards are outlined in appendix A, point 9.
Point 10 – Verification of correct case evaluation and QI technique, validated through independent Academy review.	Audio files from 22 randomly selected calls from the preceding month must be submitted. Also, must include 3 additional cases with pre-arrival instructions.
Point 11 – Implementation and/or maintenance of MPDS orientation and case feedback methodology for all field personnel	SLS requires dispatch orientation by way of sit-a-long during the orientation process. These logs will need to be submitted. Also, a dispatch feedback process will need to be established and clearly documented.
Point 12 – Verification of local policies and procedures for implementation and maintenance of the MPDS. Include all policies relating to EMD practices.	Policies that must be developed or reviewed: Implementation and application of MPDS, Medical director approval of all MPDS protocols, Protocol compliance, a policy requiring medical calls are processed only by EMD-certified personnel, language line use policy.
Point 13 – Copies of all documents pertaining to our CDE program.	Includes CDE topics, schedules, and attendance records for the past six months. Also, must submit a draft schedule for the next six months. Or use of the EMD advancement series.
Point 14 – Secondary Emergency Notification of Dispatch (SEND) Orientation	REDCOM currently has not done any SEND protocol education/orientation. SEND education/orientation must be performed with partner agencies in order to obtain ACE.
Point 15 – Establish local response assignments for each MPDS determinant code	REDCOM must show Dispatch Steering Committee minutes with documentation that all response assignments are approved annually. A description of the approval process must also be included.

REDCOM SWOTT ANALYSIS

Point 16 – Maintenance and modification process for local response assignments to MPDS Determinant Codes	REDCOM must document how local response assignments are regularly reviewed and how recommended changes are approved.
Point 17 – The communication center’s incidents of all MPDS codes and levels for the six months immediately preceding the application	Must include chief complaint, determinant code, and determinant level (Alpha, Bravo, etc.). The most recent three months of calls must be compliant with IAED ACE standards.
Point 18 – Appointment and appropriate involvement of the Medical Director to provide oversight of the center’s EMD activities	Need to list the medical director’s name, address, license number, and state. Provide documentation of the appointment of the medical director and list of approved roles and responsibilities in the dispatch system.
Point 19 – Agreement to share non-confidential EMD data with the Academy and others for the improvement of the MPDS and the enhancement of EMD in general	Written verification of the agreement. Also written agreement to submit semi-annual compliance summary reports to the Academy.
Point 20 – Agreement to abide by the Academy’s Code of Ethics, Code of Conduct, and the standards set forth for an Accredited Center of Excellence	Written verification agreeing to the requirement. Provide date, location, and verification of the prominent posting location of the Code of Ethics and Code of Conduct.

Appendix B:

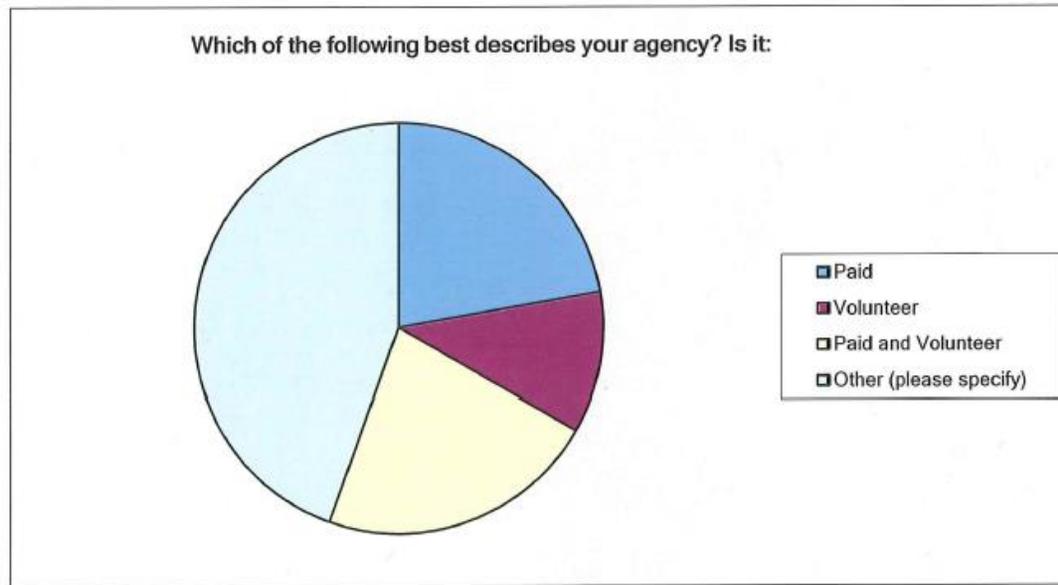
REDCOM Member Survey

REDCOM Strategic Planning Survey

1. Which of the following best describes your agency? Is it:

Answer Options	Response Percent	Response Count
Paid	22.2%	2
Volunteer	11.1%	1
Paid and Volunteer	22.2%	2
Other (please specify)	44.4%	4
	<i>answered question</i>	9
	<i>skipped question</i>	1

Other(4):
 Private
 Volunteer with paid Chief
 Unpaid volunteer
 Paid, Part-time and volunteer Combination

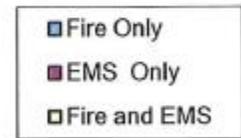
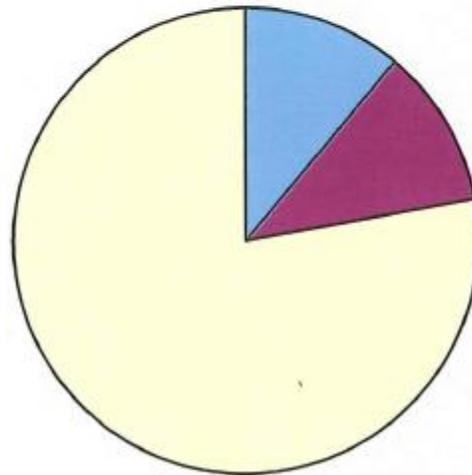


REDCOM Strategic Planning Survey

2. Which of the following best describes the type of services of your agency? Is it:

Answer Options	Response Percent	Response Count
Fire Only	11.1%	1
EMS Only	11.1%	1
Fire and EMS	77.8%	7
<i>answered question</i>		9
<i>skipped question</i>		1

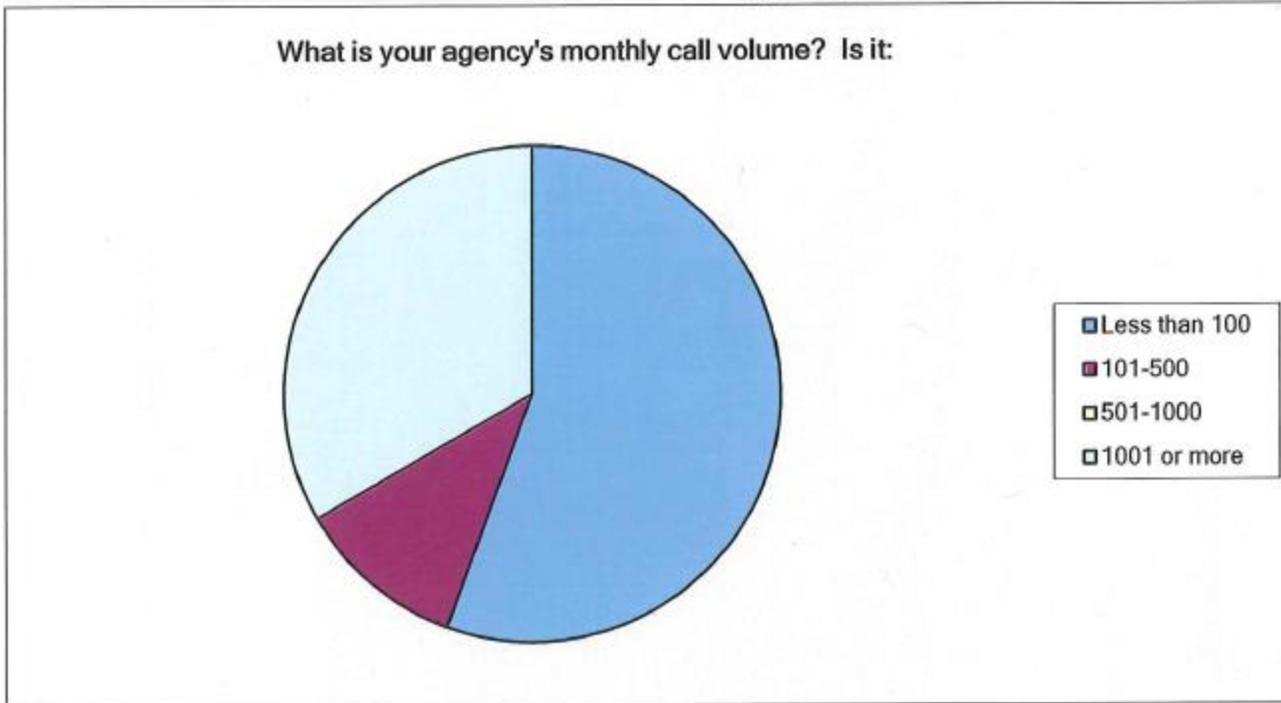
Which of the following best describes the type of services of your agency? Is it:



REDCOM Strategic Planning Survey

3. What is your agency's monthly call volume? Is it:

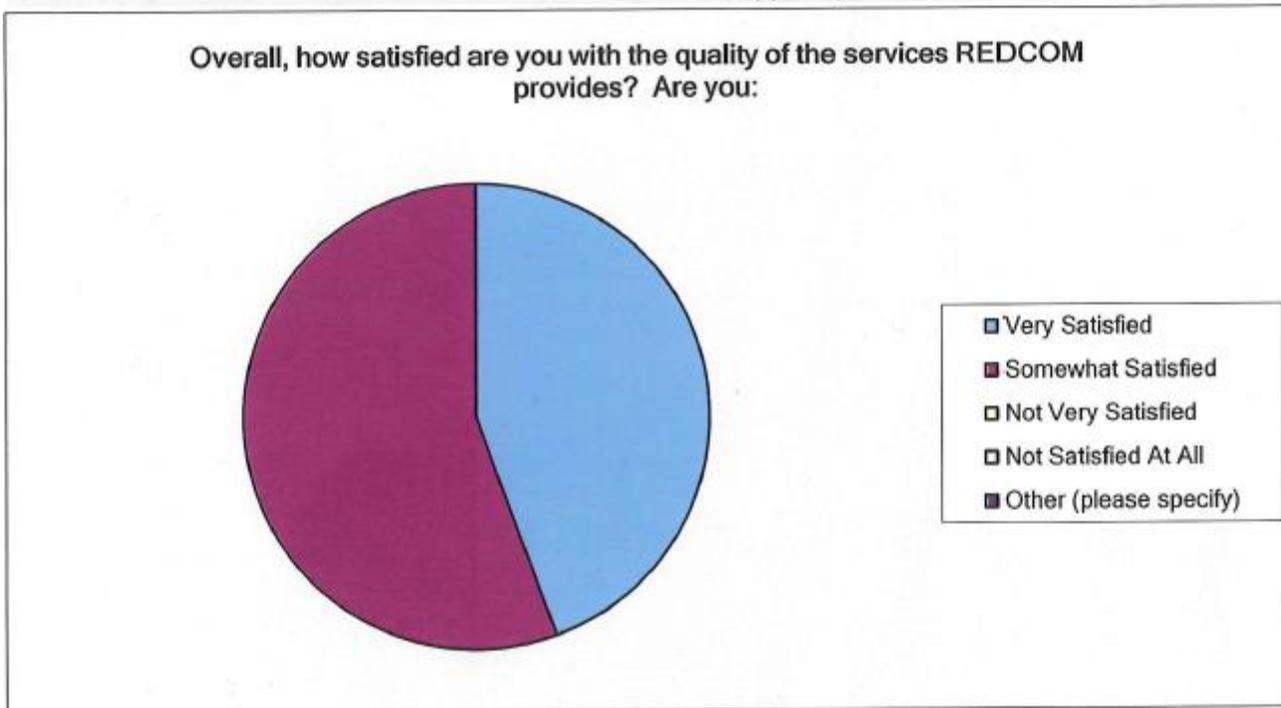
Answer Options	Response Percent	Response Count
Less than 100	55.6%	5
101-500	11.1%	1
501-1000	0.0%	0
1001 or more	33.3%	3
<i>answered question</i>		9
<i>skipped question</i>		1



REDCOM Strategic Planning Survey

4. Overall, how satisfied are you with the quality of the services REDCOM provides? Are you:

Answer Options	Response Percent	Response Count
Very Satisfied	44.4%	4
Somewhat Satisfied	55.6%	5
Not Very Satisfied	0.0%	0
Not Satisfied At All	0.0%	0
Other (please specify)	0.0%	0
<i>answered question</i>		9
<i>skipped question</i>		1



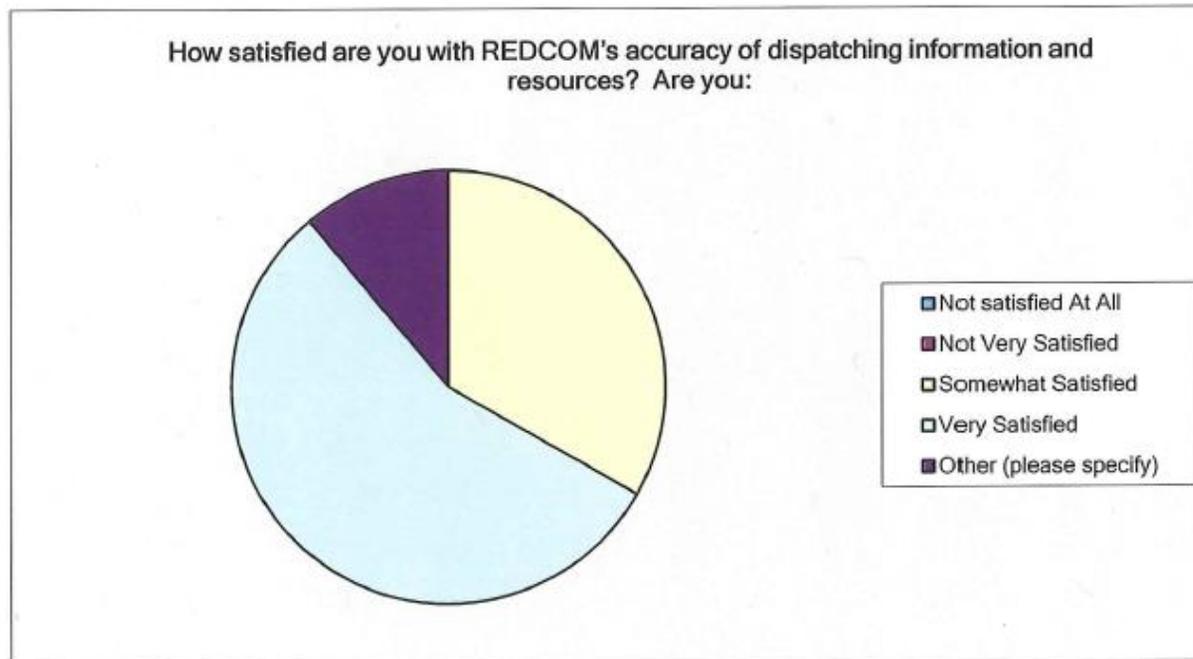
REDCOM Strategic Planning Survey

5. How satisfied are you with REDCOM's accuracy of dispatching information and resources? Are you:

Answer Options	Response Percent	Response Count
Not satisfied At All	0.0%	0
Not Very Satisfied	0.0%	0
Somewhat Satisfied	33.3%	3
Very Satisfied	55.6%	5
Other (please specify)	11.1%	1
<i>answered question</i>		9
<i>skipped question</i>		1

Other (1):

Satisfied but have no idea how accurate at this point. This should be a performance measure that gets reported out.



REDCOM Strategic Planning Survey

6. How satisfied are you with REDCOM's accuracy of Emergency Medical Dispatch and Pre-Arrival Instructions? Are you:

Answer Options	Response Percent	Response Count
Very Satisfied	33.3%	3
Somewhat Satisfied	22.2%	2
Not Very Satisfied	0.0%	0
Not Satisfied at All	0.0%	0
Other (please specify)	44.4%	4
<i>answered question</i>		9
<i>skipped question</i>		1

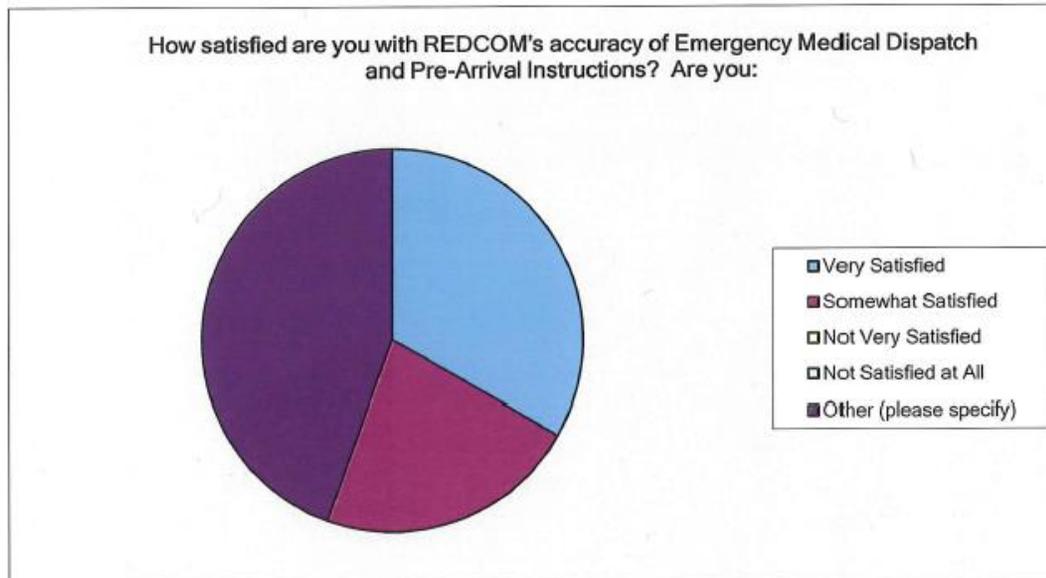
(Other (4):

we do not get the same information as the MDC units, or we are not kept up to date on any changes before our arrival

No real exposure. So, will not comment on the question.

How does one find out if this was good or not? Does the patient tell us? Should we ask the family members?

Not sure how this gets measured.



REDCOM Strategic Planning Survey

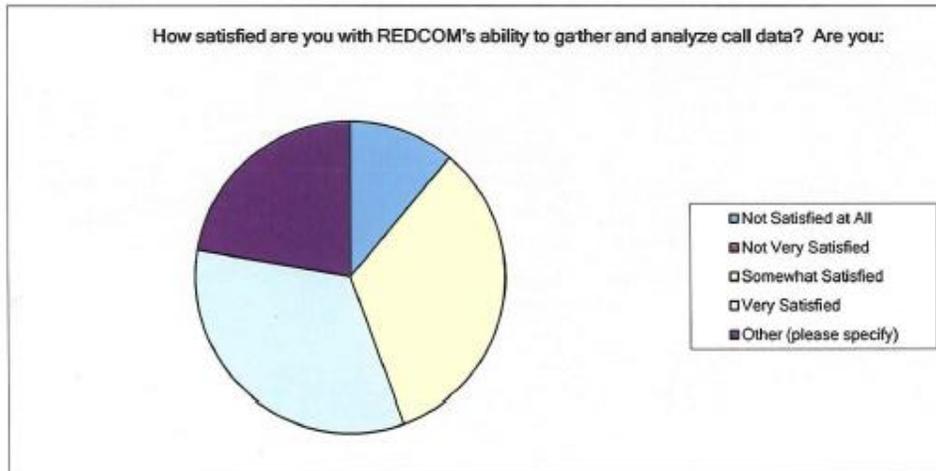
7. How satisfied are you with REDCOM's ability to gather and analyze call data? Are you:

Answer Options	Response Percent	Response Count
Not Satisfied at All	11.1%	1
Not Very Satisfied	0.0%	0
Somewhat Satisfied	33.3%	3
Very Satisfied	33.3%	3
Other (please specify)	22.2%	2
<i>answered question</i>		9
<i>skipped question</i>		1

Other (2):

If this refers to periodic review of compliance data, the process needs to be evaluated and perhaps adjusted by the appropriate stake holders. I am not sure if the process follows the required schedule or is providing anything meaningful.

Again, satisfied but really have no way to measure this.



REDCOM Strategic Planning Survey

8. When you think in terms of opportunities, what would you like to see REDCOM do in order to become a better or more effective

Answer Options	Response Count
	7
<i>answered question</i>	7
<i>skipped question</i>	3

Allow dispatchers to be more engaged in the call

Become its own agency-cut the cord so REDCOM is not attached to the ambulance franchise

Not much! I think it's an effective organization today with better supervision and directorship! Continue to remove dead wood!

Perform quarterly fire ride-alongs for all dispatched to build relationships between the fire community and REDCOM.

Continue with fire service training in order to become a true Command Center

Work towards accreditation regarding dispatch centers. Come up with performance measures that get reported out regularly. Command center focus

I would like to see additional training passed on to senior personnel (who are qualified and have an interest) in the area of CAD DBM.

It would be nice to have a little more depth in the center when a supervisor or manager is not available to access or make changes to DBM.

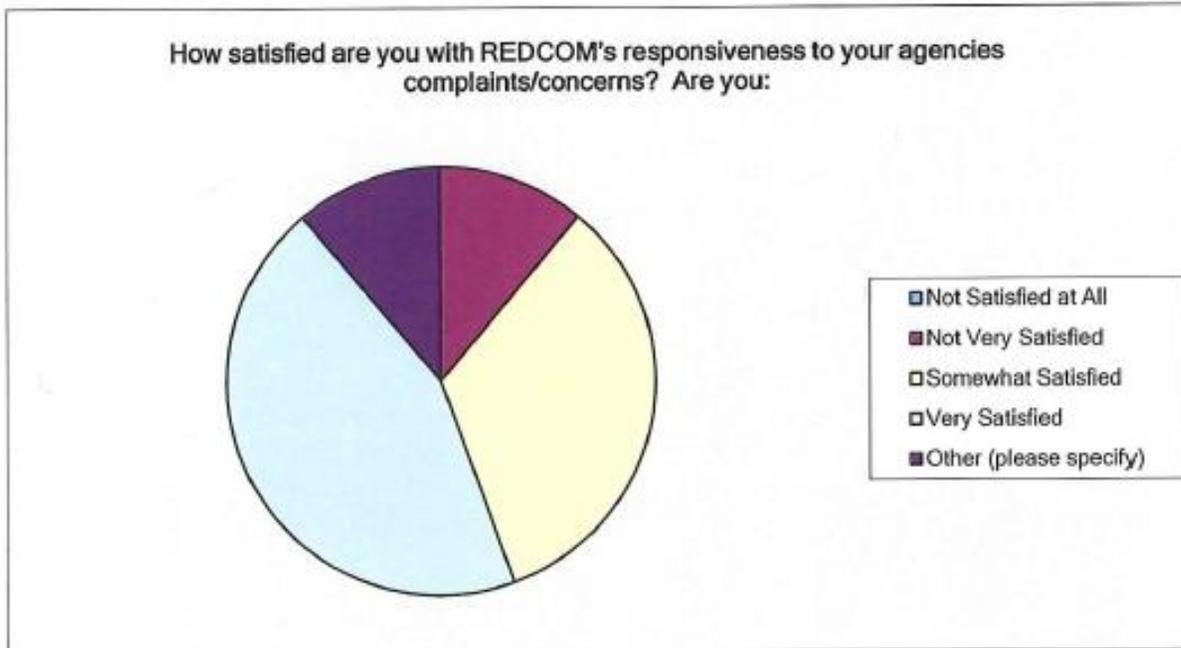
REDCOM Strategic Planning Survey

9. How satisfied are you with REDCOM's responsiveness to your agencies complaints/concerns? Are you:

Answer Options	Response Percent	Response Count
Not Satisfied at All	0.0%	0
Not Very Satisfied	11.1%	1
Somewhat Satisfied	33.3%	3
Very Satisfied	44.4%	4
Other (please specify)	11.1%	1
<i>answered question</i>		9
<i>skipped question</i>		1

Other (1):

Very Satisfied....Anytime I have a need, question or issue, all of the personnel are helpful and address whatever is required in a timely manner



REDCOM Strategic Planning Survey

10. What would you like REDCOM to focus on in the years and months ahead? Please rank the following in order of importance:

Answer Options	1	2	3	4	5	6	7	Rating Average	Response Count
Customer Service	2	0	2	1	2	1	0	3.50	8
Data Collection and Analysis	1	1	2	1	1	1	2	4.22	9
Cost Control	2	2	1	3	1	0	0	2.89	9
Financial Stability	3	3	2	0	0	1	0	2.33	9
Continuity of Operations and Disaster Planning	0	1	0	3	4	1	0	4.44	9
External Communications and REDCOM Involvement	0	1	1	1	1	4	1	5.00	9
Public and Media Relations	0	1	1	0	0	1	6	5.89	9
								<i>answered question</i>	9
								<i>skipped question</i>	1

REDCOM Strategic Planning Survey

11. What should REDCOM do differently or change in order to remain a relevant and effective dispatch center?

Answer Options	Response Count
	8
<i>answered question</i>	8
<i>skipped question</i>	2

The majority of emergency response is medical in nature, and personnel in the center have really good knowledge of that world.

A good example is posting of ambulances. They do a very good job ensuring coverage requirements are met. I would like to see the same attentiveness for the fire resources in all jurisdictions served. If nothing else, let the on duty fire supervisors know their district is not covered or there are major gaps due to call volume. It is kind of hit or miss depending on the dispatcher.

It would also be an improvement allowing the dispatchers to be more assertive with both fire and EMS resources controlling radio traffic.

There is way too much chatter during significant events and way too much switching of calls that lends itself to confusion, and often too many resources being sent to a call for service.

Consistent training of all dispatchers for policies. Let them use their minds to think and not just depend on the CAD.

stop sending units to the RP when this is not applicable-the fire is across the river or in the middle of the ocean

Focus on Financial Stability. Find ways to run a profitable organization. Remove all member costs, paid by grants or tax measures.

Better understanding of the geographic nature of the county

Eliminate ambulance posting on REDCOM.

Move ambulance posting to another channel or paging system. There is too much white noise on REDCOM and crews seem to be missing pre-alerts, because of all the ambulance posting.

How do we rank compared to other dispatch services? What do we need to do to maintain or increase our performance?

REDCOM Strategic Planning Survey

12. What new services would you like REDCOM to perform in order to serve your agency better?

Answer Options	Response Count
	7
<i>answered question</i>	7
<i>skipped question</i>	3

Assist with and respond to issues. Find solutions, implement them and follow up. Check in with agencies and SOLICIT information about dispatch issues and or non issues.

we should be able to use Ipads

Public AED Locators for cardiac events.

Move towards iPad technology in order for smaller agencies can utilize CAD on their engines. MDC's are cost prohibited.

All MDCs to utilize the internet (secured).

Next generation incident command county wide. Supervisors should have the ability to complete most of what the REDCOM DC is responsible for.

None

REDCOM Strategic Planning Survey

13. Are there any industry-wide trends or technology in emergency response or dispatch you would like REDCOM to adopt to serve your agency or community better?

Answer Options	Response Count
	5
<i>answered question</i>	5
<i>skipped question</i>	5

Tech: And it is not likely to occur here anytime soon. I don't recall the proper terminology, but a VOIP style dispatching system. The call voice and paging are generated by computer with the basic information. The end user gets the call detail on an MDC or voice on the control channel.

Don't know what trends are out there

None at this time.

NICS, iPad technology

Great question. I look to you to help with this.

REDCOM Strategic Planning Survey

14. Is there anything else you would like to share?

Answer Options	Response Count
	8
<i>answered question</i>	8
<i>skipped question</i>	2

We do appreciate all efforts by those who work at Redcom. Maybe someday we will have a Command Center

All in all, REDCOM does a very good job. It is a fairly busy system dealing with a diverse set of end users.

The dispatch fees are putting my company out of business. Most agencies recycle property tax monies to fund their REDCOM fees. These fees are exorbitant, unreasonable, unmanageable, cannot be recouped by billing insurances and only exist in one other business model in the state and possibly don't exist ANYWHERE else in the US. The providers of 911 services should not be penalized by dispatch fees in order to have the privilege of doing their jobs. The fees are an unnecessary and unreasonable burden to private providers.

No

REDCOM is an excellent organization! The employees are dedicated and committed. Continue to hire with those attributes!

We enjoy REDCOM and feel the dispatchers are doing a great job.

REDCOM has become a great dispatch center and I feel it will soon be a strong command center as well.

Aaron, I think you and all of REDCOM do a really good job of being available and willing to make any process better. We just need a plan that makes sense moving forward that can grow as needed or contract as needed.