Emergency Medical Services Department Tactical Plan, 2009-2012

I. Background
   A. Introduction
      The Department of Emergency Medical Services at Kapiolani Community College provides training and certification for students who wish to work as emergency medical technicians and as paramedics in the state of Hawaii. The department also provides continuing medical education classes for those who are already prehospital care providers. In addition, the department presents CPR, first aid, and first responder courses to promote public safety education.

   B. History
      Emergency Medical Services education in Hawaii began in 1971 with a basic Emergency Medical Technician (EMT-A) program. In 1973, the first Mobile Intensive Care Technician (MICT, or paramedic) program began. The training was implemented by the Hawaii Medical Association. From 1971 until 1979, all training was entirely funded by federal grants.

      In 1979, the State Comprehensive EMS Act (Act 148) was adopted and provided state funding for the continuation of training. The training programs were transferred from the Hawaii Medical Association to the University of Hawaii Employment Training Office in 1981. In December of 1985, the programs were transferred again to Kapiolani Community College and the Department of Emergency Medical Services was established.

      Until its arrival at Kapiolani Community College, the program granted a certificate to those completing EMT and MICT Programs. The College offers both a certificate of completion for Emergency Medical Technician and an Associate of Science degree for Mobile Intensive Care Technician. In addition, students may now transfer to the University of Hawaii West Oahu campus to complete baccalaureate degrees in EMS and public administration or emergency management.

   C. Current situation
      1. Internal
         The department has been striving to reach full staffing over the few years. Enrollment has been stable. EMT and MICT classes have gone through the 5-year review process. Almost all funding for equipment, supplies, and classroom maintenance are from external sources. Classroom space requires expansion. Previous EMS Advisory Committee recommendations for the Hilo program were implemented.

      2. External
         The need for trained pre-hospital personnel (EMTs and MICTs) is related to the increased call volume for Honolulu EMS, the establishment of additional ambulance units and the personnel to staff them and expansion in the Federal Fire ambulance service for the military bases on Oahu which has resulted in new hires every year. In addition, currently employed MICTs are reaching retirement age as a cohort.
II. Mission Statement
The mission of the Health Education Unit is to develop and deliver student-centered health career programs that employ industry standards through partnerships with the healthcare community by:
- offering credit and non-credit programs to provide competent and qualified personnel to meet the needs of the healthcare industry in Hawaii,
- providing quality learning opportunities for maintaining worker competence and career mobility in a rapidly evolving healthcare field, and
- delivering friendly, courteous, individualized and student-centered instructional and related support services that promote the likelihood of student success.

III. Strategic Outcomes
The strategic outcomes of the Department of Emergency Medical Services are to:
A. Promote learning and teaching for student success (Strategic Outcomes A, B, D, E, F)
B. To invest in the learning environment (Strategic Outcomes B, C, D, E, F)
C. To develop a community partnering and service network for workforce development (Strategic Outcomes B, D, E, F)
D. Address underserved regions and populations (Strategic Outcomes A, C)

IV. Tactical Plan Performance Measures
Program Goals:
A. To Promote Learning and Teaching for Student Success
B. To Invest in the Learning Environment
C. To Develop a Community Partnering and Service Network for Workforce Development
D. Address Underserved Regions and Populations

The above goals were developed prior to the current Program Director’s arrival. The department will work to integrate goals that address native Hawaiian enrollment and certificate and degree completion and the Perkins indicators.
### A. Strategic Outcome: To Promote Learning and Teaching for Student Success

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<tr>
<th>a) Outcome</th>
<th>Provide quality education that prepares the graduate with the entry-level skills and knowledge required for performing the tasks of an Emergency Medical Technician or Mobile Intensive Care Technician.</th>
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| b) Performance measures | 1. Review and revise EMT/MICT/Department’s Student Learning Outcomes.  
2. Review data on outcomes, analyze and improve program as needed. |
| c) Strategies | The department will review and revise SLO’s as necessary; post-program reviews to assess if SLO’s are being met; analysis of results; improve courses as needed. |
| d) Means of Assessment | Review and analyze graduate data to determine if students are receiving the appropriate didactic material, clinical exposure and internship experience using HOBET, FISDAP and NR Board examination results. |
| e) Position(s) responsible | 1. Faculty  
2. Department chairperson |
| f) Synergies with other programs, units, emphases and initiatives | 1. Institutional Effectivness  
2. SLO committee |
| g) Key Community Partners | Special and grant funding sources: State Department of Health, others |
| h) Funding sources: | ☑ General (existing)  
☑ Special (existing)  
☑ Grants  
☐ Biennium and/or supplemental budget request  
☐ Others |
| i) Summary of data collected | -Effectiveness indicators for the MICT program are healthy and are cautionary for the EMT program.  
-EMT Program Student Learning Outcomes (SLOs) were revised and entered into curriculum central (CC) in 2012. The MICT program SLOs and courses revision will be entered into CC in summer 2012.  
-Course curriculum for the EMT and MICT programs are currently being revised due to changes in state licensing needs. Expected completion will be by the end of the summer 2012.  
-Completion rates for ARPD were met. |
- The cautionary EMT Program Efficiency Indicators may reflect the need for program faculty members. Efficiency was addressed by the hiring of two full-time faculty members on O'ahu, one EMT instructor and a program director hired in the summer of 2011.

- The program has one full-time full-time faculty position open on the Big Island and a full-time office assistant. For the island of Kaua’i the continuing medical education (CME) faculty member is now on O’ahu and a replacement instructor is being trained to deliver the CME courses.

- Regarding the EMT Effectiveness Indicators, the EMT class is a one semester program. This class is currently at 644+ hours which far exceeds the national standard for EMT-Basics. The state of Hawaii currently mandates that EMT-Basics are taught no less than 180 hours of didactic and 135 hours of clinical for a total of 315 hours. KCC EMS has taken steps to reduce the hours of the program courses back to the state mandated 315 hours.

- EMT courses are currently being revised in Curriculum Central with a target completion date of late spring 2012. This will be one documented cycle of course competency development. Assessment, evaluation and improvement of SLOs will follow the implementation of the competencies and are expected to be completed by Summer 2014.

- The MICT program also far exceeds the national standard recommended hours. It is currently taught at 2100 hours. The national standard range is 1000-1200 hours. State law mandates that program be no less than 1215 hours.

- MICT courses are to be revised in Curriculum Central with a projected completion date of late summer 2012. This will be one documented cycle of MICT course competency development. Assessment, evaluation and improvement of SLOs will follow the implementation of the competencies and are expected to be completed by December 2014.

- The program SLO's are based upon the national recommended curriculum for each of the new license levels.

- The MICT program is preparing for accreditation. One of the requirements is to use a proven tracking system for skills competency. A system that is utilized by 75% of accredited paramedic programs across the country will be purchased by the end of spring 2012 once funds are secured. The cost is $80 per student.
### B. Strategic Outcome: To Invest in the Learning Environment

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<tr>
<th>a) Outcome</th>
<th>Assess the Facilities/Space needs of the department and obtain space to fulfill needs.</th>
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| b) Performance measures | 1. Assess capacity need for laboratory space for the Emergency Medical Technician and Continuing Medical Education programs.  
2. Assess the capacity for student records storage. |
| c) Strategies | 1. Monitor/document scheduling issues for EMT/MICT and Continuing Medical Education. Emphasis will be on availability to provide required courses necessary for State and national recertification. Assess space needs.  
2. Monitor and explore student record storage issues. Work with college plans/proposals to reduce space required for records storage. |
| d) Means of Assessment | 1. Review and establish a refined schedule of courses that includes the rationale for each course and the relationship of the course to National Registry certification and State licensure. Identify space needs to include space for SimMan® lab.  
2. Explore plans and proposals with Administrative Services that would reduce paperwork, allow for appropriate storage and retrieval of files as necessary. |
| e) Position(s) responsible | 1. Vice Chancellor for Administrative Services, Dean for Health Academic Programs;  
EMS/Dept. Chair and CME Coordinator and Faculty  
2. Dept. Chair/EMS Support staff |
| f) Synergies with other programs, units, emphases and initiatives | Admin Services |
| g) Key community partners (if any) |  |
| h) Funding sources: | ✓ General (existing)  
✓ Special (existing)  
✓ Grants  
☐ Biennium and/or supplemental budget request  
☐ Others |
| i) Summary of data collected | - The didactic portion of the MICT class is taught in the spring semester 5 days a week during regular business hours. This conflicts with teaching the Continuing Medical Education (CME) classes which uses the same classroom space and equipment. |
- The EMT classroom is utilized in both the fall and spring semesters.
- A third smaller classroom is utilized for CPR and First Aid. It has a capacity of 8 students.
- The EMS department has obtained permission from the nursing department to utilize the simulation lab.
- The simulation lab is located in the library. The learning environment is less than ideal as the space is limited and building access a distance away from the MICT and EMT classrooms.
- Simulation manikins are currently utilized in both the EMT and MICT programs. Manikins are used in the classroom/lab space in a manner that is not consistent with current standards due to the lack of an effective simulation lab space.

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<th>j) Decisions based on results</th>
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<td>- The MICT class is required to find a classroom space outside of the college on Thursdays and Fridays. Instructors have been using a variety of outside space (i.e. Ocean Safety’s and Honolulu Fire Department training classrooms)</td>
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<td>- The College plans to renovate the entire Health Academic Building. Renovation plans show that a dedicated space will be designed for EMS. A simulated ambulance will be a part of the new wing.</td>
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<td>- Based upon national standards, simulation will become an integral part of instruction in all EMS programs.</td>
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<td>- The college is investigating the use of a secure off-campus site to store past student records.</td>
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C. Strategic Outcome: To Develop a Community Partnering and Service Network for Workforce Development

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<th>a) Outcome</th>
<th>Work with employers to assure personnel needs are planned for with a short and long term plan.</th>
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| b) Performance measures | 1. Complete plan for short and long-term workforce needs.  
2. Offer courses as requested. |
| c) Strategies | 1. Consult with AMR, City and County of Honolulu EMS and Hawaii County Fire Department through the State Department of Health - EMS Branch on personnel needs both short term and long term. (SDOH to lead process)  
2. Offer an additional Emergency Medical Technician – Intermediate course and additional Continuing Medical Education courses. |
| d) Means of Assessment | 1. Weekly conference calls with the Chief of Ambulance Services – City and County of... |
Honolulu until the short-term crisis is resolved.
2. Track number of courses offered to meet need.

e) Position(s) responsible
1. KCC-EMS/Ambulance Service Providers Statewide/SDOH EMS Branch
2. Dept. Chair; CME Coordinator and EMT-I Faculty

f) Synergies with other programs, units, emphases and initiatives
Management of EMT training numbers will result in increased MICT training applicants after about 1 to 1 years.

g) Key Community Partners (if any)
AMR, City and County of Honolulu EMS, Hawaii County Fire Department, State Department of Health - EMS Branch

h) Funding sources:
- General (existing)
- Special (existing)
- Grants
- Biennium and/or supplemental budget request
- Others

i) Summary of data collected
- The goals set by the department were met.
- Enrollment in the spring EMT class increased by two students in an effort to assist the City and County of Honolulu with staffing needs.
- The College decreased the size of the MICT class by 2 to assist the City in the need for employees.
- In an effort to provide trained MICTs on the Big Island, the MICT program allowed an additional two students into the class.
- KCC EMS continues to participate in the state-wide EMS committee discussing state-wide staffing needs and concerns.
- In spite of 2 faculty vacancies, KCC managed to add more CME classes by request from the City, the Federal Fire Department, AMR and Hawaii County Fire Department. The college added 4 more Pediatric Life Support courses over a 6 month period.
- Meetings to discuss preceptor training have occurred on Hawaii island and O’ahu

j) Decisions based on results
- KCC EMS will be revising the EMT course content to meet state standards which will include a decrease in number of program hours. As a result it is expected that the number of EMT’s graduates will increase.
- The MICT program courses are also being revised to state standards and therefore the number of hours in the program will be decreased while the rigor and process of
education enhanced.
- Professional development around accelerated learning methods and scenario based instruction has begun to be given to faculty members.
- KCC providing feedback on the effect of changing the above levels of licensure at state-wide committee meeting on the college's ability to graduate more EMS personnel.
- Initial and ongoing preceptor classes will be taught in the late spring and summer of 2012.

### D. Strategic Outcome: Address Underserved Regions and Populations

**a) Outcomes**

Meet community needs by providing all levels of training on all islands as appropriate. Provide consistent and similar educational opportunities on all islands. The goal is to increase student access and success in a group of students that have been disenfranchised from the advanced level of education.

**b) Performance measures**

1. Document that all potential candidates are given the same information regarding prerequisites and application procedure.
2. Monitor neighbor island students for success comparable to Oahu students.

**c) Strategies**

1. Review (with our counselors) the admissions procedures that exist for Big Island program.
2. Write a standard set of guidelines describing the procedures for Big Island EMT/MICT counseling, preparation and admissions into our programs
3. Meet with department advisory committee to discuss the concept of standardized prerequisites.
4. Review commitment by KCC for long-term availability of prerequisite courses.
5. Counselors develop a process to manage student referrals from neighbor island campuses.
6. Develop and negotiate a standard set of start and completion dates for EMT and MICT on the Island of Hawaii.

**d) Means of Assessment**

1. Document that all potential candidates are given the same information regarding prerequisites and application procedure.
2. Monitor neighbor island students for success comparable to Oahu students.

**e) Position(s) responsible**

1. EMS Counselor
2. Department Chair
3. Vice Chancellor Academic Affairs and Dean of Health Programs
4. Chief HCFD
| f) Synergies with other programs, units, emphases and initiatives | 1. Student services, admissions office, Counselors  
2. Advisory Committee/Service providers/EMS Department  
3. Neighbor Island CC Counselors/KapCC Counselors/Dept. Chair/Admissions Office |
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<td>g) Key Community Partners (if any)</td>
<td>Honolulu EMS, Hawaii County Fire Department, American Medical Response, Federal Fire Dept, Dept of Health, possibly also flight services</td>
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</tbody>
</table>
| h) Funding sources: | □ General (existing)  
■ Special (existing)  
□ Grants  
□ Biennium and/or supplemental budget request  
□ Others |
| i) Summary of data collected | - All satellite locations will ensure that students have the same prerequisite for entry into the program.  
- Online anatomy and physiology course were developed specifically for Hawaii County Fire Department (HCFD) MICT candidates. Group of HCFD EMT candidates tested out of HLTH 125 Medical Terminology.  
- Met with Dean O’Hagan, Dean Sasaki, Dean Lee, and Kahikoluamea staff regarding offering EMS prerequisites online so outer island EMS program candidates have an alternative means to complete classes.  
- Counselors developing means to provide referrals to outer island students needing assistance.  
- In discussion with Big Island agencies to set standard schedule for EMT and MICT program courses.  
- Prerequisite courses for EMS programs currently under review. The state is looking toward utilizing national standards for licensure bringing in a third level. With the third level both the EMT and MICT program courses and prerequisites are being revised to meet the national EMS scope of practice.  
- Meetings with advisory committee show that agencies want prerequisite courses that are relevant. |
| j) Decisions based on results | - Continue to meet with Big Island HCFD and AMR administrators to ensure parity in student entrance requirements and scheduling for EMS programs.  
- Continue to meet with state-wide advisory committee to discuss the changing course |
content and prerequisite courses. Committee to meet on a quarterly basis.
-Continue to meet with counselors to ensure that EMS students know and understand availability of learning and other resources. Develop plan with counselors to assist neighbor island students.
-Continue to work with Health Science and Nursing department chairs with general education Deans and faculty to provide relevant and content appropriate prerequisite courses.
-Working with key native Hawaiian staff members at KCC to incorporate Hawaiian values into program curricula.
-Program director joined native Hawaiian council to better promote the EMS program