

**Bureau of  
Emergency Medical Services  
And Preparedness**

**Strategic Plan**

**January 2020 – December 2024**



**Division of Family Health and Preparedness**

**Utah Department of Health**

# Table of Contents

<b>Executive Summary .....</b>	<b>3</b>
Introduction.....	3
Bureau Mission and Vision.....	3
Jurisdictional Demographics .....	3
Agency Organization.....	4
<b>EMS System.....</b>	<b>5</b>
EMS Personnel.....	5
EMS Agencies .....	5
Critical Incident Stress Management.....	6
EMS Grants .....	6
<b>Information Systems and EMS Data.....</b>	<b>7</b>
Preparedness Online Systems .....	7
Prehospital Data Resources.....	7
<b>Specialty Systems of Care .....</b>	<b>9</b>
Trauma System.....	9
Resource Hospitals .....	9
Stroke and Cardiac.....	10
EMS for Children.....	10
<b>Public Health and Healthcare Preparedness in Utah .....</b>	<b>11</b>
<b>Office of Primary Care and Rural Health .....</b>	<b>12</b>
<b>Program Goals and Objectives.....</b>	<b>15</b>
EMS Licensing and Operations Program.....	15
EMS Specialty Systems of Care and Education Program.....	17
Public Health and Healthcare Preparedness Program.....	19
Information Systems & EMS Data Program .....	21
Office of Primary Care and Rural Health.....	23

# Executive Summary

## Introduction

This document outlines a five-year strategic plan for the Utah Department of Health (UDOH) Bureau of Emergency Medical Services and Preparedness (BEMSP). As BEMSP works with its partners and stakeholders to accomplish the goals and objectives outlined in this plan, we will achieve our purpose and provide the desired impact for the citizens of the state of Utah.

This plan has been developed to align with the UDOH mission and strategic priorities. The BEMSP has fully adopted the UDOH's Performance Management Model as a method for evaluating program performance and practicing quality improvement.

## Bureau Mission and Vision

### Mission

To promote an effective and resilient public health, trauma, and emergency health care system to respond to emergencies and disasters through professional development, preparedness, regulation, quality assurance, and partner coordination.

### Vision

A knowledgeable, customer-oriented team dedicated to meeting the needs of our public health and medical response partners.

## Jurisdictional Demographics

At approximately 84,017 square miles the state of Utah is the 13<sup>th</sup> largest in land mass. As of July 2018, Utah's population was more than 3.16 million and based on the state's current and projected population growth; the population is expected to grow by 95% by 2060 [SORU, 2017].

Of Utah's twenty-nine counties, five are classified as urban and contain 79% of the state's population: Salt Lake County (36%), Utah County (20%), Davis County (11%), Weber County (8%), and Cache County (4%). In addition, Utah has 11 counties classified as rural (population density of <99 and >6 people per square mile) and 13 counties classified as frontier (population density of <6 people per square mile) [Gardner/OPCRH].

There are nearly one million households in Utah, with an average of three people per home. The median household income is \$65,000, and approximately 10% have an income below the national poverty level.

The estimated race breakdown is as follows: 78% White/non-Hispanic, 14% Hispanic or Latino,

2.5% Asian, 1.5% American Indian or Alaska Native, 1.5% Black or African American, and 1% Pacific Islander. For 15% of the population, a language other than English is spoken at home [U.S. Census Bureau, 2018].

Proportionally, Utah has the most children (younger than age 18), consisting of 29% of the population, of any state in the United States. By contrast, Utah ranks 37<sup>th</sup> for largest population of those 65 years or older at 11% [Statista 2018].

## **Agency Organization**

The BEMSP is Utah's designated agency to regulate the Emergency Medical Services (EMS) system, enhance the time-critical specialty systems of care, coordinate the state's public health and healthcare emergency preparedness efforts, and coordinate initiatives to improve access to health care for rural and underserved communities.

The BEMSP is housed within the UDOH, Division of Family Health and Preparedness and consists of five programs: 1) EMS Licensing and Operations, 2) EMS Specialty Systems of Care and Education, 3) Public Health and Healthcare Preparedness, 4) Information Systems and EMS Data, and 5) Office of Primary Care and Rural Health.

The BEMSP's regulatory authority is defined by the:

- Utah Emergency Medical Services Act (26-8a)
- Utah Sudden Cardiac Arrest Survival Act (26-8b)
- EMS Personnel Licensure Interstate Compact (26-8c)
- Utah Statewide Stroke and Cardiac Registry Act (26-8d)
- Rural Health Services (26-9)
- Ambulance Service Provider Assessment (26-37a)
- Emergency Response for Life-threatening Conditions (26-41)
- Rural Physician Loan Repayment Program (26-46a)
- Uniform Emergency Volunteer Health Practitioners Act (26-49)
- State Primary Care Grant Program (26-10b)
- Health Care Workforce Financial Assistance Program (26-46)
- Behavioral Health Workforce Reinvestment Initiative (26-1)

To ensure constituent inclusion, the BEMSP has established nine statutory committees (6 EMS and 3 Primary Care/Rural Health), as well as various other subcommittees, task forces, and workgroups.

# EMS System

## EMS Personnel

The BEMSP regulates a standardized system of prehospital care in Utah. The BEMSP licenses Emergency Medical Dispatchers (EMD), Emergency Medical Responders (EMR), Emergency Medical Technicians (EMT), Advanced Emergency Medical Technicians (AEMT), and paramedics. The scope of practice for each level, excluding EMD, was adopted from the National Highway Traffic Safety Administration (NHTSA) National EMS Scope of Practice Model and the National EMS Education Standards. Competency is validated by the National Registry for Emergency Medical Technicians (NREMT). Licensure applicants must successfully complete an approved course, pass a federal criminal background check, and receive national EMS certification from NREMT to become licensed in Utah. Personnel licensure is for a two-year period. License renewal is managed by the BEMSP in coordination with NREMT.

During 2019, 3,252 EMS personnel license applications were submitted to the BEMSP.

The following are currently certified EMS personnel as of December 2019:

Emergency Medical Dispatcher — 603  
EMR — 64  
EMT — 4,543  
AEMT — 2,999  
Paramedic — 2,070

EMS training is an important requirement for EMS personnel in order to obtain and maintain licensure. Training ensures competency in knowledge and skills required for the scope of practice and introduces best practices, which result in better patient care.

To ensure appropriate and quality EMS training is provided throughout Utah, the BEMSP certifies personnel who are associated with training and medical oversight. Endorsement for EMS Instructors, EMS Course Coordinators, Training Officers, and certification for Medical Directors is administered by the BEMSP and incorporated in licensure training requirements. In addition, the BEMSP approves courses for licensure to ensure training standards are met.

## EMS Agencies

In accordance with the EMS Act, EMS ground ambulance agencies service exclusive geographic areas to ensure statewide access to quality emergency care and eliminate duplication. Local jurisdictions are responsible for selecting the service agency and level of care provided by that agency for their community. The BEMSP ensures the service agency meets regulatory

requirements such as personnel, equipment, and medical direction to approve licensure or designation.

As of January 2020, there were a total of 92 licensed ground ambulance and paramedic rescue agencies, 43 designated quick response providers, and 11 air medical agencies providing various levels of prehospital care in Utah. Also, there were 31 designated emergency medical dispatch centers.

Through aid agreements, local disaster plans, and standing orders, these licensed ambulance providers are in a continual state of readiness to serve the public. The licensed personnel include part-time paid, full-time paid, and volunteer. An all-volunteer force covers a large majority of the rural areas. Each licensed ambulance service also has a certified medical director to provide medical control.

## **Critical Incident Stress Management**

The Utah Critical Incident Stress Management (CISM) Program was established under the Utah EMS Act to assist emergency responders throughout Utah. The CISM team is comprised of mental health professionals and peer support personnel who are trained to assist emergency responders in dealing with the stress of their profession.

The main objective of CISM is to provide crisis intervention during or after critical incidents in order to minimize stress-related injuries to emergency responders. CISM is both a psychological and educational group process designed to reduce the impact of critical incidents to which emergency personnel respond and accelerate the recovery process of those who suffer from stress-related injuries. The CISM team also has approved training courses and has developed a low-cost peer support training for first responders. This provides specific legal protections for confidentiality when first responders need to discuss emotional issues or personal problems.

## **EMS Grants**

In 1986, the Utah State Legislature began allocating funds to establish an EMS grants program to help offset the lack of tax-based funding and federal aid for the improvement of the EMS system throughout the state. This program is funded by state general funds, which establish grants for the improvement of the statewide EMS system. For fiscal years 2018, 2019, and 2020, approximately \$700,000 was distributed to EMS agencies annually. These grants enabled EMS agencies to provide quality patient care by funding training and continuing medical education, along with purchasing modern communication and medical equipment.

## **Information Systems and EMS Data**

The Bureau of EMS and Preparedness manages information systems that are responsible for EMS agency licensure, EMS licensed providers, certified instructors, blood draw permits, dispatch agencies, dispatchers and prehospital electronic patient care records, as well as disaster response capability for the state of Utah. Disaster response systems include the Utah Notification and Information System (UNIS), Utah Responds, Research Electronic Data Capture (REDCap), Utah Healthcare Resource Management System (UHRMS), and U-TRAIN.

### **Preparedness Online Systems**

The Information Systems and EMS Data Program implements and supports state-wide systems that improve communication and information sharing for public health and healthcare providers throughout the state of Utah.

The Utah Notification and Information System (UNIS) is Utah's statewide Health Alert Network, and allows for rapid communication with registered users and groups through multiple methods, including phone, text messaging, email, and fax.

Utah Responds is Utah's Emergency Systems for Advanced Registration of Volunteer Health Professionals (ESAR-VHP). The goal of the system is to verify healthcare professionals' credentials in advance and centralize volunteer information to facilitate deployment in the event of a public health emergency.

The Utah Healthcare Resource Management System (UHRMS) is an on-line system used to collect data from each Utah hospital to determine hospital capability during a public health emergency. Hospitals currently report once a month and can report hourly if needed. Requests for assistance and divert status can also be submitted through this system.

U-TRAIN is Utah's premier learning resource for professionals who protect the public's health. U-TRAIN is the Utah affiliate site of the Training-Finder Real-time Affiliate Integrated Network (TRAIN) and is a free service of the Public Health Foundation, in partnership with the Utah Department of Health. The purpose of U-TRAIN is to find and register for local trainings to improve an individual's knowledge and capabilities.

### **Prehospital Data Resources**

Since 2007, the Bureau of EMS and Preparedness has been collecting electronic Patient Care Records (ePCR) in accordance with EMS Prehospital Data System rules (R426-7). Currently 98% of EMS agencies licensed in Utah submit ePCRs to Utah's data system. Data from Utah's system is sent to the National Emergency Medical Services Information System (NEMSIS). NEMSIS is the national database used to store EMS data from the U.S. States and Territories. NEMSIS is a universal standard for how patient care information resulting from an emergency 911 call for assistance is collected. NEMSIS is a collaborative system to improve patient care through the

standardization, aggregation, and utilization of point of care EMS data at local, state, and national levels. To date, Utah has sent more than 2,000,000 EMS records to NEMSIS.



## **Specialty Systems of Care**

Heart disease, stroke, cancer, and trauma are major causes of morbidity and mortality worldwide, nationwide, and in Utah. Of these four conditions, three are classified as time-sensitive emergencies and outcomes are strongly associated with the amount of time taken for individuals to receive definitive care. The BEMSP has developed systems of care to address each of these time-sensitive emergencies with the goal of reducing the morbidity, mortality, and disability associated with trauma, stroke, and heart attack. These systems of care for time-sensitive conditions are successful because of the partnership of EMS, hospital staff, and physicians using best practices.

### **Trauma System**

The EMS Systems Act establishes the statewide trauma system. The Utah Trauma System seeks to promote optimal care for trauma patients, reduce unnecessary death and disability from trauma and emergency illness, inform health care providers about trauma system capabilities, encourage an efficient and effective continuum of patient care (including prevention, prehospital care, hospital care, and rehabilitative care), and minimize the overall cost of trauma care.

Hospitals may be designated as a Level I, II, III, or IV trauma center based on their capabilities. Of the 49 acute care hospitals in Utah, 30 have voluntarily met the extensive criteria required to be designated as a trauma center with the following breakdown: Level I - 3, Level II – 5, Level III – 5, Level IV – 17. Utah has one pediatric level I trauma center and two adult level I centers.

A core component of an effective trauma system is the existence of a statewide trauma registry. Beginning in 2001, statute and administrative rule began requiring all acute care hospitals in the state of Utah to submit data to the UDOH for the statewide trauma registry. Currently, 43 acute care hospitals submit data on a quarterly basis. In 2019 15,024 patients met trauma registry inclusion criteria, totaling more than 6,000 records in the registry at this time.

### **Resource Hospitals**

Hospitals play a vital role in the Utah EMS system by receiving patients in emergency departments and providing definitive care. With the exception of designated trauma centers, the UDOH has designated all acute care hospitals and the VA hospital as resource hospitals. Utah Administrative Code R426-9-1000 Minimum Licensure Requirements outlines the availability of online medical direction for EMS agencies. The designated resource hospitals are committed to providing direct voice communication to EMS providers on the scene and as they transport patients to their facility. The hospitals are also responsible for integrating EMS

providers into quality assurance and educational activities. In 2019 17 hospitals were designated as a resource hospital.

## **Stroke and Cardiac**

There are 30 Stroke Receiving Facilities in Utah capable of diagnosing, treating, and transferring victims of ischemic stroke to one of nine Primary Stroke Centers or the two Comprehensive Stroke Centers, following systematic guidelines developed by experts in the field of stroke care.

Heart attack patients experiencing a ST-elevation myocardial infarction (STEMI) can be diagnosed in the field and transported directly to a cardiac catheterization lab for interventional treatment of the clot causing the heart attack.

Each year, approximately 1800 Utahns experience an out-of-hospital cardiac arrest (OHCA) or sudden death. The Cardiac Arrest Registry to Enhance Survival (CARES) Registry is a standardized national registry that currently covers approximately 1/3 of the U.S. population and is growing. Utah was one of the first states to adopt the CARES registry to help develop an accurate assessment of cardiac arrest resuscitation rates statewide. CARES has been accepted as our current cardiac registry.

## **EMS for Children**

Since 1993, Utah Emergency Medical Services for Children (EMSC) has existed as a public/private partnership between the UDOH and Primary Children's Hospital. The Utah EMSC's mission is to reduce pediatric mortality and morbidity from severe illness or trauma. This is accomplished by working in partnership to promote and support injury prevention, deliver culturally competent training, and conduct performance improvement activities for communities and health care providers.

In 1994, Utah became the first state in the nation to pass legislation to establish and fund an EMS for Children program. To accomplish that mission, the Utah EMS for Children Program partners with internal programs including the UDOH Violence and Injury Prevention Program and the UDOH Bureau for Children with Special Health Care Needs, as well as external organizations such as Utah Highway Safety, SAFE KIDS Utah, the Utah State Office of Education, Child Fatality Review Committee, and air ambulances and EMS agencies, as well as pediatric specialists throughout the state.

EMS for Children continues to fill a critical role in Utah through educating prehospital providers and developing resources and systems to improve the care of pediatric patients in the state.

## **Public Health and Healthcare Preparedness in Utah**

Efforts to prepare for emergencies affecting the public health and health care systems are administered through the UDOH BEMSP.

The BEMSP works with local public health departments, Utah health care system partners, other state health programs, state agencies, EMS agencies, tribal health systems, and other partners to guide and assist the public health and health care system's preparedness efforts.

Emergency Support Function 8 delineates the oversight authority of the UDOH for managing the emergency health care and public health response capabilities in the state during a disaster, pandemic, or other emergency.

The goal of public health and health care preparedness is to assure a well-coordinated, equipped, and tiered response to public health and health care emergencies and disasters in Utah.

The BEMSP works to ensure the state is well prepared to respond by addressing the ASPR Hospital Preparedness Program (HPP) and the Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness (PHEP) capabilities which include Community and Health Care System Preparedness, Community and Health Care System Recovery, Emergency Operations Coordination, Emergency Public Information and Warning, Fatality Management, Information Sharing, Mass Care, Medical Countermeasure Dispensing, Medical Materiel Management and Distribution, Medical Surge, Non-Pharmaceutical Interventions, Public Health Laboratory Testing, Public Health Surveillance and Epidemiological Investigation, Responder Safety and Health, and Volunteer Management.

A large majority of grant funds is allocated to facilities and partner agencies outside the BEMSP, which ultimately strengthens the resiliency of Utah's public health and health care system.

## Office of Primary Care and Rural Health

The Utah Office of Primary Care and Rural Health (OPCRH) is the lead state primary care organization for rural and underserved communities. It is the home of the state Primary Care Office (PCO) and the State Office of Rural Health (SORH).

### MISSION STATEMENT

To collaborate with statewide partners to improve access to quality health care in rural and underserved communities.

### VISION STATEMENT

To elevate the capacity of rural and underserved communities to deliver quality health care.

The OPCRH manages six federal grants and five state-funded programs and is organized into two functional teams: Health Systems Support and Workforce Development.

The six federal grants managed by the OPCRH include the following:

State Office of Rural Health (SORH) – The State Offices of Rural Health grant program is to assist states in strengthening rural health care delivery systems by maintaining a focal point for rural health within each state. The program provides funding for an institutional framework that links small rural communities with state and federal resources to develop long-term solutions to rural health problems.

Primary Care Office (PCO) – The purpose of this grant program is to improve primary care service delivery and workforce availability in the state or territory to meet the needs of underserved populations. The PCO program manages the Health Professional Shortage Area (HPSA) designations in the state as well as the J-1 Visa Waiver program and the National Health Service Corps programs.

Medicare Rural Hospital Flexibility Grant (FLEX) – The purpose of the Medicare Rural Hospital Flexibility Grant (Flex) Program is to provide support for critical access hospitals for quality improvement, quality reporting, performance improvements, and benchmarking; designating facilities as critical access hospitals; and the provision of rural emergency medical services.

Small Rural Hospital Improvement Grant Program (SHIP) – The purpose of the SHIP is to help small rural hospitals of 49 beds or fewer, do any or all of the following: 1) enable the purchase of equipment and/or training to help hospitals attain value-based purchasing provision in the Patient Protection and Affordable Care Act (ACA); 2) aid small rural hospitals in joining or becoming accountable care organizations, or create shared savings programs per the ACA; and

3) enable small rural hospitals to purchase health information technology, equipment, and/or training to comply with meaningful use, ICD-10 standards, and payment bundling.

State Loan Repayment Program (SLRP) - The purpose of this program is to assist Utah in operating its own state educational loan repayment programs for primary care providers working in HPSAs within their state. These funds are used to match appropriations by the Utah State Legislature for the Health Care Workforce Financial Assistance Program and the Behavioral Health Workforce Reinvestment Initiative.

Rural Veterans Health Access Program (RVHAP) – The purpose of this program is to improve care coordination and access to care for veterans living in rural areas. In particular, the program seeks to increase collaboration between the VA and Critical Access Hospitals and other local health care organizations.

The five state-funded programs managed by the OPCRH include the following:

State Primary Care Grants Program (SPCGP) – The State Primary Care Grant Program provides access to ambulatory primary care services needed by low-income individuals and families without health insurance who are not eligible for the Children’s Health Insurance Program (CHIP) or Medicaid. Private non-profit and public organizations that provide primary health care to low income, uninsured, and under-insured individuals are eligible to apply for funds to increase their capacity to serve these populations.

Health Care Workforce Financial Assistance Program (HCWFAP) – The purpose of this program is to provide education loan repayment services to physicians, mid-level practitioners, nurses, mental health professionals, and dentists working in underserved and low income areas throughout the state.

Rural Physician Loan Repayment Program (RPLRP) – The purpose of this program is to provide educational loan repayment services to physicians practicing at hospitals located in rural counties and requires a matching contribution from the hospitals.

Behavioral Health Workforce Reinvestment Initiative – The purpose of this program is to award grant funds to behavioral health professionals to repay education loans in exchange for serving in a publicly funded facility in the state of Utah.

Assistance for People with Bleeding Disorders – The purpose of this program is to assist persons with bleeding disorders with the cost of obtaining hemophilia services or the cost of insurance premiums for coverage of hemophilia services. This program is contracted through the Utah Hemophilia Foundation.

The OPCRH has many partners and key stakeholders in the state including the Utah Hospital Association (UHA), the Rural Health Association of Utah, the Association for Utah Community Health (AUCH), Area Health Education Centers (AHEC), the Utah Medical Education Council

(UMEC), the Rural 9 network of independent hospitals, and the Utah Telehealth Network, among others.

# Program Goals and Objectives

## EMS Licensing and Operations Program

**Purpose**

The purpose of the Emergency Medical Services Licensing and Operations Program is to provide administration for the licensing, designation, and resources for emergency medical service personnel and agencies.

**Impact**

To assure emergency medical service (EMS) agencies provide appropriate and timely emergency care to all citizens and visitors of Utah.

**Goals and Objectives**

<b>GOAL #1</b>	<b>Administer EMS grant program in an effective and equitable manner.</b>
	<b>Measurable Objectives:</b>
	Provide notice of award opportunity within two weeks of funding allocation approval.
	Allocate funding and distribute EMS Grant sub award contracts by June 30.
	Facilitate EMS Grants subcommittee meetings.
<b>GOAL #2</b>	<b>Oversee EMS agency service regulation through interpretation, developing and administering policies and procedures, and improving administrative rules.</b>
	<b>Measurable Objectives:</b>
	Process license/designation applications in a consistent and timely manner within 30 days of submission.
	Collect 100% of Fiscal Reporting Guides within 6 months of agency fiscal close date. Measure collected every 6 months (Jan 31 and July 31).
	Submit all Medicaid Assessment Total Billable Ambulance Transport reports by March 31.
	Ensure all licensed and designated EMS providers are inspected annually.
<b>GOAL #3</b>	<b>Build and maintain effective partnerships with stakeholders.</b>
	<b>Measurable Objectives:</b>
	State Fire Chiefs - Members surveyed annually will report a minimum 80% score of satisfaction with the BEMSP's outreach efforts.

	CISM - Members surveyed annually will report a minimum 80% score of satisfaction with the BEMSP's outreach efforts.
	Joint Council of Fire Organizations - Members surveyed annually will report a minimum 80% score of satisfaction with the BEMSP's outreach efforts.
	EMS Medical Directors - Members surveyed annually will report a minimum 80% score of satisfaction with the BEMSP's outreach efforts.
	Rural EMS Directors - Members surveyed annually will report a minimum 80% score of satisfaction with the BEMSP's outreach efforts.
<b>GOAL #4</b>	<b>Support well-being of EMS responders through Critical Incident Stress Management and peer support activities.</b>
	<b>Measurable Objectives:</b>
	Ensure all CISM team members attend required training at least once every three years.
	Recruit and train new CISM members.
	Conduct monthly review with CISM Executive Team to update policy and procedures, plan training events, and implement new strategies to improve first responder mental health.
<b>GOAL #5</b>	<b>Coordinate annual agency self-inspections</b>
	<b>Measurable Objectives:</b>
	Conduct training for EMS agencies on self-inspection process.
	Spot inspections of ambulances completed within 30 days of annual self-inspections.
<b>GOAL #6</b>	<b>Regulate EMS personnel through licensure.</b>
	<b>Measurable Objectives:</b>
	Issue license within three days of receipt of final requirement.
	Provide timely customer support to applicants by responding to emails and phone messages within two business days of receipt.
	Conduct audits of individual training records.



## EMS Specialty Systems of Care and Education Program

### Purpose

The purpose of the Specialty Systems of Care and Education Program is to establish statewide trauma, stroke, and cardiac and pediatric care systems; to assess the care provided; and implement comprehensive educational programs for EMS professionals in order to reduce morbidity and mortality from injury and illness.

### Impact

To ensure the emergency patient gets to the right acute care facility at the right time.

### Goals and Objectives

<b>GOAL #1</b>	<b>Strengthen the statewide trauma system through regulation and technical assistance.</b>
	<b>Measurable Objectives:</b>
	Conduct two Rural Trauma Team Development Courses for Critical Access Hospitals and EMS providers per grant year.
	Assist trauma regions in the development of localized audit filters to aid in performance improvement.
	Ensure currently designated trauma centers who intend to renew have nonlapsing designations.
	Provide technical assistance and designation to new hospitals seeking trauma center designation.
<b>GOAL #2</b>	<b>Provide pediatric education and outreach to strengthen the EMS system to improve pediatric emergency care.</b>
	<b>Measurable Objectives:</b>
	Conduct survey of EMS Agencies on performance measures.
	Conduct education and technical assistance to 50% of assigned PECCs.
	Conduct twelve PEPP courses per year.
<b>GOAL #3</b>	<b>Establish a statewide cardiac system through data identification, stakeholder meetings, and technical assistance.</b>
	<b>Measurable Objectives:</b>
	Conduct two high performance CPR courses in CAH communities per grant year.
	Establish a process for redesignation of cardiac receiving facilities.
	Ensure hospitals are submitting cardiac data to the statewide registry.
	Conduct quarterly cardiac registry task force meeting.
<b>GOAL</b>	<b>Regulate Training Officers, Course Coordinators, and EMS Instructors to ensure</b>

<b>#4</b>	<b>standardized education administration.</b>
	<b>Measurable Objectives:</b>
	Conduct initial certification training for instructors at least twice a year.
	Conduct initial certification training for course coordinators at least twice a year.
	Conduct initial certification training for training officers at least twice a year.
	Conduct continuing education seminars at least twice a year.
<b>GOAL #5</b>	<b>Create and enforce policy and procedures for EMS personnel training requirements to meet national standards and best practices.</b>
	<b>Measurable Objectives:</b>
	Review and approve initial courses in accordance with state policy as outlined in the Course Coordinator Manual.
	Conduct on-site audits of training officers and course coordinators.
	Update Course Coordinator and Training Officer Manuals.
	Update Student Handbook and License Renewal Manuals.
<b>GOAL #6</b>	<b>Establish a statewide stroke system through data identification, stakeholder meetings, and technical assistance.</b>
	<b>Measurable Objectives:</b>
	Establish a process for redesignation of stroke receiving facilities.
	Ensure hospitals are submitting stroke data to the statewide registry.
	Conduct quarterly stroke task force meetings.

## Public Health and Healthcare Preparedness Program

### Purpose

The purpose of the Public Health and Health Care Preparedness Program is to develop resiliency and response capability and capacity of Utah's public health and medical systems in the event of a crisis or disaster.

### Impact

Work to continually improve the public health and medical system's preparedness in order to protect the health and well-being of Utah's citizens and visitors.

### Goals and Objectives

<b>GOAL #1</b>	<b>Ensure that UDOH is prepared for emergencies by updating preparedness and response plans, coordinating plans with partners, and providing technical assistance to stakeholders on planning issues.</b>
	<b>Measurable Objectives:</b>
	Preparedness shall conduct annual reviews and update of 100% of completed preparedness and response plans.
	Preparedness shall meet quarterly with other UDOH Divisions/Bureaus to coordinate and align written plans.
	Preparedness shall educate response UDOH staff and orient Local Health Departments (LHD) and Health Care Coalition (HCC) partners on all UDOH plans within 90 days of plan approval.
<b>GOAL #2</b>	<b>Ensure the Preparedness Program maintains appropriate oversight and management of grant programs.</b>
	<b>Measurable Objectives:</b>
	Review 100% of work plans and project budgets of grant sub-awardees and provide approval of proposals within 30 days of submission.
	Ensure completed grant applications are submitted each year by the required federal deadline. Target is 100% for on-time submissions.
	The program will meet the federal requirement to execute 100% of HPP sub award funding within 90 days of grant award.
	Conduct 2x annually progress review with each sub-awardee through site visit or teleconference.
<b>GOAL #3</b>	<b>Ensure the UDOH maintains equipment and supplies, and personnel packages in an operationally ready deployable status.</b>
	<b>Measurable Objectives:</b>

	Preparedness shall conduct an annual review and update of mission-ready asset packages to support local and Emergencies Management Assistance Compact (EMAC) partners.
	Preparedness shall annually distribute updated asset package lists and mission support annexes to response stakeholders.
	Preparedness shall participate in 100% of Centers for Disease Control and Prevention (CDC)/Assistant Secretary for Preparedness and Response (ASPR) led inventory drills or exercises.
<b>GOAL #4</b>	<b>Preparedness Program shall provide leadership, facilitation, and tracking of training events.</b>
	<b>Measurable Objectives:</b>
	Recruit and train the UDOH Emergency Response Team from non-preparedness staff to supplement Department Operations Center (DOC) staffing. Conduct two training events with team annually.
	Conduct four response activities annually that include training on topics essential to implementation of ICS.
<b>GOAL #5</b>	<b>Preparedness Program shall facilitate and support the testing of grant capabilities through exercise for the UDOH and sub-awardees, following an annual schedule.</b>
	<b>Measurable Objectives:</b>
	Preparedness shall conduct an annual Multi-Year Training and Exercise workshop that includes an internal pre-workshop meeting and includes Division Emergency Management (DEM), HCC, and LHD partners.
	Preparedness shall support 100% of requests for exercise technical assistance and facilitation.

## Information Systems & EMS Data Program

### Purpose

The purpose of the Information Systems and EMS Data Program is to administer and maintain web-based emergency information systems and EMS data systems for the BEMSP.

### Impact

To ensure the BEMSP information systems are secure, reliable, and utilized effectively by system users throughout Utah.

### Goals and Objectives

<b>GOAL #1</b>	<b>Interface with the bureau's information system vendors to ensure the systems are functional and reliable.</b>
	<b>Measurable Objectives:</b>
	Respond to system service interruptions by contacting vendor within 30 minutes of notification.
	Monitor vendor system contracts for compliance and financial status.
	Review status of vendor assigned tasks such as bugs and enhancement and follow up with vendor as needed.
<b>GOAL #2</b>	<b>Provide system administration to support system users.</b>
	<b>Measurable Objectives:</b>
	Provide customer support to system users in a timely and effective manner.
	Conduct an audit of user access to ensure appropriate usage and access.
<b>GOAL #3</b>	<b>Ensure prehospital patient data quality.</b>
	<b>Measurable Objectives:</b>
	Review EMS agency data submissions monthly to validate timely reporting compliance. Follow up with agencies that appear deficient with submissions.
	Provide technical assistance to EMS agencies to address targeted data reporting issues. Issues will be addressed within thirty days of discovery.
<b>GOAL #4</b>	<b>Support the bureau with public information activities.</b>
	<b>Measurable Objectives:</b>
	Review and edit bureau guidance, plans, newsletters, and other documentation within one week of receipt.

	Post to social media accounts every business day.
	Update, modify, and exercise the UDOH All-Hazards Risk Communication Plan annually.

## Office of Primary Care and Rural Health

### Purpose and Impact

The purpose of the Office of Primary Care and Rural Health is to elevate the quality of health care through assistance and coordination of health care interests, resources, and activities, which promote and increase quality health care for rural and underserved populations.

### Goals and Objectives

<b>GOAL #1</b>	<b>The goal of the Primary Care Office is to improve primary care service delivery and workforce availability in the state to meet the healthcare needs of underserved and rural populations.</b>
	<b>Measurable Objectives:</b>
	Ensure grant funds are fully contractually obligated to accomplish contract deliverables each year.
	Total number of technical assistance provided.
	Percent of NHSC site applications reviewed in <21 days.
<b>GOAL #2</b>	<b>The goal of the FLEX program is to provide financial support and resources to critical access hospitals in the state.</b>
	<b>Measurable Objectives:</b>
	Ensure grant funds are fully contractually obligated to accomplish contract deliverables each year.
	Total number of CAHs that had a site visit.
<b>GOAL #3</b>	<b>The goal of the Rural Veterans Health Access program is to increase care coordination between the VA and critical access hospitals in the state.</b>
	<b>Measurable Objectives:</b>
	Ensure grant funds are fully contractually obligated to accomplish contract deliverables each year.
	Total number of CAHs that are connected to the VA NTMH hub.
<b>GOAL #4</b>	<b>The goal of the SHIP program is to assist small rural hospitals in their transition to value based payment models and quality improvement.</b>
	<b>Measurable Objectives:</b>
	Ensure grant funds are fully contractually obligated to accomplish contract deliverables each year.
	Total number of hospitals that participate in the program.
	Reduce time required to receive hospital applications for future SHIP project year.
<b>GOAL #5</b>	<b>The goal of the SORH program is to assist states in strengthening rural health care delivery systems by maintaining a focal point for rural health within each</b>

	<b>state.</b>
	<b>Measurable Objectives:</b>
	Ensure grant funds are fully contractually obligated to accomplish contract deliverables each year.
	Total number of technical assistance provided.
	Increase the number of trainings provided to RHCs in the state.
<b>GOAL #6</b>	<b>The goal of the SPCGP program is to provide access to ambulatory primary care services needed by low-income individuals and families without health insurance who are not eligible for CHIP or Medicaid.</b>
	<b>Measurable Objectives:</b>
	Total number of encounters (patient visits).
	Ensure grant funds are fully contractually obligated to accomplish contract deliverables each year.
	Reduce the time to review progress reports and submit payments.
<b>GOAL #7</b>	<b>The goal of the HCWFA program is to provide education loan repayment services to qualified healthcare providers working in underserved and low income areas throughout the state.</b>
	<b>Measurable Objectives:</b>
	Total number of individuals served.
	Ensure grant funds are fully contractually obligated to accomplish contract deliverables each year.
<b>GOAL #8</b>	<b>The goal of the RPLRP program is to provide educational loan repayment services to physicians practicing at hospitals located in rural counties and requires a matching contribution from the hospitals.</b>
	<b>Measurable Objectives:</b>
	Total number of individuals served.
	Ensure grant funds are fully contractually obligated to accomplish contract deliverables each year.
<b>GOAL #9</b>	<b>The goal of this program is to assist persons with bleeding disorders with the cost of obtaining hemophilia services or the cost of insurance premiums for coverage of hemophilia services.</b>
	<b>Measurable Objectives:</b>
	Total number of individuals served.
	Ensure grant funds are fully contractually obligated to accomplish contract deliverables each year.