

**UMKC School of Medicine / Truman Medical Center
Department of Emergency Medicine
STRATEGIC PLAN
2015**

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Background:

The strategic plan for the Emergency Department was extensively updated in 2008, modified in 2009, 2011 and 2013 and progress reports have been produced. There are multiple ongoing challenges and the purpose of revising the plan was to bring the ED staff physicians (and others) together to reconfirm the Vision, Mission and Values of the Emergency Department and to develop and prioritize multiple objectives that must be addressed in order to carry out the Mission.

Process:

Beginning in March 2015 the Chair asked for volunteers to form planning groups. Four groups: Clinical Care / ED Operations; Education; Scholarly Activity / Research; and Administration met to reconsider progress and objectives. All staff and residents were invited to participate in as many groups as they wished. In addition, nursing, support and administrative staff were invited. Each group met in March and developed objectives. Each objective was prioritized by importance and difficulty of completion and this assessment was demonstrated by placement in a “Priority and Difficulty” Grid. This material was distributed to the staff as well as other stakeholders. After feedback was received, the plan was finalized.

Assumptions:

The assumptions for the revision of this plan are essentially the same as 2008, 2011 and 2013:

- 1) This is a strategic plan addressing objectives necessary to accomplish the mission of the ED and this is not a business plan. It was assumed that fiscal issues would remain “as is” for the near term and with rare exception are not addressed in the plan. It is also noted that the economy, the implementation of the Affordable Care Act, the lack of expansion of MO Medicaid and the like will impact on our ability to accomplish objectives (positively or negatively.)
- 2) The overall priorities of the department are: 1) Clinical Care, 2) Education, 3) Scholarly Activity and 4) Administration. It is understood, though, that all are important and all must be addressed to a greater or lesser extent.
- 3) It is understood that the ED is closely tied to UMKC School of Medicine, Truman Medical Center and University Physicians Associates but there was no attempt to directly tie the ED plan into any of the other entities’ plans. None of our objectives conflict with the goals of any of these organizations and in fact, most are in general, if not specific, alignment.
- 4) The ED has a dual leadership structure with physician and resident leadership separate from nursing and support personnel leadership. The objectives can only be accomplished with close cooperation among all staff. In places this is explicitly stated in objectives, but in many it should be implicit.

UMKC School of Medicine / Truman Medical Center
Department of Emergency Medicine
Vision, Mission and Values Statement
2015

Vision Statement:

The Department of Emergency Medicine is the best place to receive, deliver, teach and learn emergency medical care.

Mission Statement:

The Department of Emergency Medicine will improve our community's health by providing state-of-the-art patient centered emergency medical care to anyone at any time, by teaching emergency medicine to health care professionals, and by conducting research designed to expand the limits of knowledge in our specialty within a professional learning environment.

Values Statements:

1. Patient care comes first and should be: safe, timely, effective, efficient, equitable and patient centered.
2. Treat everyone as we want to be treated.
3. Teach and learn something new every day.
4. Look for a better way to do everything.
5. Have fun, enjoy the work.

Emergency Medicine Strategic Plan: Clinical Care / ED Operations 2015

		URGENCY LEVEL					
		Very Low	Low	Medium-Low	Medium	Medium-High	High
IMPLEMENTATION (COST?) LEVEL	Very Difficult					2	1
	Medium Difficult			5	4	3	
	Less Difficult			6			

- 1) **Improve ED throughput** (ED throughput is multi-factorial and includes multiple issues both inside and outside the direct control of the ED)
 - Continue to work with the ED Steering Committee to better coordinate clinical, operational, financial and administrative activities between TMC and UPA
 - Continue to work with the Hospital Throughput Committee
 - Work for boarding moving from ED to in-patient hallways
 - Operationalize “90 minute consult process”
 - Continue to work with the ED Throughput Committee
 - Work for better implementation of “internal waiting room”
 - Continue to update and improve collaborative protocols
- 2) **Optimize staffing**
 - Reevaluate provider numbers and work hour distribution
- 3) **Continue to collaborate with other specialties as appropriate**
 - Trauma, Critical Care, STEMI, Stroke, etc
- 4) **Improve departmental quality and safety**
 - Meet and exceed 90th percentile on ED Core Measures, Physician Quality Reporting System and other TJC and CMS standards
- 5) **Optimize utilization of electronic health records**
 - Consider utilization of voice recognition software
- 6) **Incorporate publishable research projects into operational/improvement activities whenever possible**

Emergency Medicine Strategic Plan: Resident Education 2015

		URGENCY LEVEL					
		Very Low	Low	Medium-Low	Medium	Medium-High	High
IMPLEMENTATION (COST?) LEVEL	Very Difficult		6	5		3	1
	Medium Difficult				4	2	
	Less Difficult						

1) Continue to qualitatively improve resident education

- Increase opportunities for simulation (both high fidelity and task training)
 - Consider expanding resident opportunities to teach in Student Clerkship and EMiG
- Increase opportunities for interprofessional and cross disciplinary education
 - Optimize resident opportunities to participate in EMS educational activities
 - Consider incorporating Physician Assistant education into Department activities
- Increase opportunities for asynchronous learning
- Enhance curriculum with more opportunities for learning about and participating in quality, safety, wellness and professionalism activities
 - Work with TMC and GME Office to address any deficiencies from CLER (Clinical Learning Environment Review) visit
 - Consider modification of the Departmental M+M to better reflect quality/safety issues (i.e. use root cause analysis methodology)
- Continue to expand Ultra Sound curriculum
- Improve mass casualty and disaster education
 - Expand “EMS Day”
 - Increase resident participation in Mass Casualty Drills
- Continue to improve resident scholarly activities through the mechanism of the Resident Research Policy, ED Research Director and Journal Club

2) Utilize “extra” resident for enhanced clinical education of students, rotators and 1st year EM residents (along with service activities)

3) Recruit highest caliber and more diverse applicants

- Continue to upgrade Residency website
- Coordinate with Facebook page, Google + page and other appropriate activities
- Meet to discuss “marketing” items

- 4) Increase faculty participation** (Core faculty must participate in 25% of didactic educational activities per updated RRC rules)
- 5) Incorporate publishable research projects into educational activities whenever possible**
- 6) Begin laying groundwork for additional Residency Education Coordinator** (RRC requires one coordinator per 30 residents)

Emergency Medicine Strategic Plan: Student Education 2015

		URGENCY LEVEL						
		Very Low	Low	Medium-Low	Medium	Medium-High	High	
IMPLEMENTATION (COST?) LEVEL	Very Difficult				5	3	2	1
	Medium Difficult					4		
	Less Difficult							

1) Continue to qualitatively improve medical student education

- Clinical
 - Implement student utilization of electronic medical records
 - Consider expansion of EMS ride-along program (increased number of ambulance services and increase number of rides from 1 to 2 per medical student)
 - Improve faculty interactions with students
- Didactics
 - Continue to evaluate ongoing didactics in light of the NBME test results and modify as indicated
 - Continue to increase amount of simulation
- Use “extra” resident to enhance medical student education

2) Continue to engage with Emergency Medicine Interest Group

- Field “Sim Wars” team for 2015 SAEM Regional Meeting
- Continue to work with medical student leaders to develop a curriculum (recurrent) and schedule activities more optimally

3) Improve extern recruitment

- Review and optimize extern application process (i.e. set higher VSAS requirements)

4) Consider expanding the Medical Student “Skills Day” to more than one day and to other medical schools

5) Incorporate publishable research projects into educational activities whenever possible (facilitate as possible the proposed “iPad” study)

Emergency Medicine Strategic Plan: Faculty Education 2015

		URGENCY LEVEL					
		Very Low	Low	Medium-Low	Medium	Medium-High	High
IMPLEMENTATION (COST?) LEVEL	Very Difficult			3		2	
	Medium Difficult					1	
	Less Difficult						

1. Continue to offer support for ongoing professional development activities

- Funding advanced training
- Consider more faculty development activities in the monthly Departmental Faculty Meeting
 - Ultrasound
 - Other procedures
 - “General” faculty development

2) Develop skills retention program for faculty physicians

- This could become a “product” to offer to as a CME course

3) Incorporate publishable projects into educational activities whenever possible

Emergency Medicine Strategic Plan: Research / Scholarly Activity 2015

		URGENCY LEVEL					
		Very Low	Low	Medium-Low	Medium	Medium-High	High
IMPLEMENTATION (COST?) LEVEL	Very Difficult					1	
						2	
						3	
Medium Difficult							
Less Difficult							

1) Continue to seek and support funded research

- Continue and complete BARDA (Biomedical Advanced Research and Development Authority) Influenza Study
- Continue to support Emergency ID Net
- Seek out industry sponsored research (for example through the Quintiles Preferred Partners Program)
- Encourage staff and residents to consider applying for a “Frontiers” (Heartland Institute for Clinical and Translational Research) grant (or other external funding)

2) Continue to enhance ED Research Activities

- Research Director
 - Update Resident Research Policy and Timeline as appropriate
 - Publicize ongoing Resident Research Projects
 - “Post” if possible
- Enhance Research Committee
 - Better incorporate “submission” of Research Projects to the Committee for evaluation
- Encourage staff and residents to apply for ED Internal Grant(s)
- Continue to work with and support ED Research Staff
 - Continue to incorporate Medical Students in research projects as “research assistants” as possible and appropriate

3) Develop Research Groups within the Department as possible

- EMS, Operations, Education, Toxicology, Others

Emergency Medicine Strategic Plan: Administration 2015

		URGENCY LEVEL					
		Very Low	Low	Medium-Low	Medium	Medium-High	High
IMPLEMENTATION (COST?) LEVEL	Very Difficult					2	1
	Medium Difficult				3		
	Less Difficult			4			

- 1) **Continue to work with Security, Nursing and others to improve workplace safety**
- 2) **Develop and enhance Emergency Medicine Sections**
 - EMS Section
 - EMS Education Program
 - Toxicology Section
 - Ultrasound Section
 - Design and implement an US Guided IV program (for nurses)
 - Obtain at least 1 more US machine to facilitate this activity
 - Implement professional billing for the “limited ED US” that faculty already perform
- 3) **Enhance UMKC/TMC Emergency Medicine “branding”**
 - Revise and Improve EM website
 - Improve ED Facebook account
- 4) **Continue to update the Departmental strategic plan**