**Unit Strategic Plan**

**2019 - 2021**

**Name of Program/Department: Emergency Medical Services**

**Mission Statement :**

The Jefferson State Community College Emergency Medical Services Program is committed to providing our students with the highest quality medical education possible including both academic instruction and meaningful clinical experience. We strive to produce professional Emergency Medical Technicians, Advanced Emergency Medical Technicians, and Paramedics dedicated to providing capable, compassionate care. We will always strive to protect the integrity of our institution, the honor of our profession, and the trust of the public.

**Summary of Access, Productivity and Effectiveness (Including, but not limited to, program load, success rate, retention rate, completion rate, employer surveys, student surveys):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Enrollment | | | | |
|  | **Summer** | **Fall** | **Spring** | **Total** |
| 2016 – 2017 | 26 | 33 | 37 | 96 |
| 2017– 2018 | 29 | 18 | 27 | 74 |
| 2018 - 2019 | 17 | 28 | 22 | 67 |
|  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Award Sought Headcount | | | | | | |
| Academic Year | **Total Headcount** | **Female** | **Male** | **AAS** | **CER** | **NDS** |
| 2016 -2017 | 355 | 120 | 235 | 280 | 0 | 75 |
| 2017 -2018 | 326 | 120 | 206 | 239 | 0 | 87 |
| 2018-2019 | 464 | 230 | 233 | 246 | 0 | 218 |

|  |  |  |  |
| --- | --- | --- | --- |
| **CIP Program** | **Fall 2016 – Summer 2017** | **Fall 2017 – Summer 2018** | **Fall 2018 – Summer 2019** |
|  | **Certificate/Degree Total** | **Certificate/Degree Total** | **Certificate/Degree Total** |
| **51.0904 Emergency Medical Technician** | **45** | **14** | **31** |

|  |  |
| --- | --- |
| Annual Credit Trend / Credit Hour Production | |
| Fall 2016, Spring 2016, & Summer 2017 | **2713** |
| Fall 2017, Spring 2018, & Summer 2018 | **2563** |
| Fall 2018, Spring 2019, & Summer 2019 | **3331** |

**Emergency Medical Technician (Basic EMT) National Registry Exam Results**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Year | Report | Attempted the Exam | First Attempt Pass | Cumulative pass within 3 attempts | Cumulative pass within 6 attempts | Failed all 6 Attempts | Eligible for Retest | Did not Complete Within 2 years |
| 2016-2017 | JSCC | 73 | 52% | 63% | 66% | 0% | 0% | 34% |
| National | 7791 | 65% | 81% | 82% | 0% | 0% | 18% |
| 2017 -2018 | JSCC | 67 | 66% | 70% | 70% | 0% | 30% | 0% |
| National | 79844 | 69% | 80% | 81% | 0% | 18% | 1% |
| 2018 - 2019 | JSCC | 79 | 58% | 75% | 76% | 0% | 24% | 0% |
| National | 76567 | 70% | 79% | 79% | 0% | 21% | 0% |

**Advanced EMT National Registry Exam Results**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Year | **Report** | **Attempted the Exam** | **First Attempt Pass** | **Cumulative pass within 3 attempts** | **Cumulative pass within 6 attempts** | **Failed all 6 attempts** | **Eligible for retest** | **Did not complete within 2 years** |
| 2016 - 2017 | **JSCC** | **56** | **32%** | **46%** | **50%** | **2%** | **21%** | **27%** |
| **National** | **7121** | **55%** | **72%** | **75%** | **1%** | **5%** | **10%** |
| 2017 - 2018 | **JSCC** | **45** | **40%** | **53%** | **53%** | **0%** | **47%** | **0%** |
| **National** | **6975** | **58%** | **74%** | **76%** | **1%** | **23%** | **1%** |
| 2018 -2019 | **JSCC** | **21** | **52%** | **57%** | **57%** | **0%** | **43%** | **0%** |
| **National** | **5092** | **64%** | **74%** | **74%** | **0%** | **26%** | **0%** |

**Paramedic National Registry Exam Results**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Year | **Report** | **Attempted the Exam** | **First Attempt Pass** | **Cumulative Pass within 3 Attempts** | **Cumulative Pass within 6 attempts** | **Failed all 6 Attempts** | **Eligible for retest** | **Did not complete within 2 years** |
| 2016 - 2017 | **JSCC** | **30** | **60%** | **83%** | **90%** | **0%** | **3%** | **7%** |
| **National** | **12858** | **73%** | **87%** | **90%** | **1%** | **1%** | **7%** |
| 2017 - 2018 | **JSCC** | **26** | **54%** | **92%** | **92%** | **0%** | **8%** | **0%** |
| **National** | **14190** | **73%** | **87%** | **89%** | **1%** | **10%** | **0%** |
| 2018 -2019 | **JSCC** | **27** | **48%** | **89%** | **89%** | **0%** | **11%** | **0%** |
| **National** | **11322** | **73%** | **84%** | **85%** | **0%** | **15%** | **0%** |

**Internal Conditions:**

1. **Technology**

All classes in the EMT program utilize a learning management system (Blackboard) for delivery of some portion of the course content and for assessment of student’s learning. There are computers in each classroom and a power point projector in each of the classrooms. The EMT program shares a high fidelity patient simulation laboratory with the nursing program on both the Jefferson and Shelby campuses, and has high fidelity patient manikins in the EMS labs on Jefferson and Shelby campuses. A high fidelity trauma simulation manikin was added to both of the EMS labs. Simulation training of this type is highly recommended by CoAEMSP. 10 iPads are located in each of the EMS labs to provide students with the ability document completed skills and scenarios into the FISDAP skills tracking program. The Jefferson Classroom (GLB 238) was upgraded in Spring 2019, by adding two (2) dry erase boards, pull-down window shades, and video projector with screen. The Jefferson Lab (GLB 241) was given pull-down window shades and two (2) dry erase boards.

1. **Budget**

Forethought should be given to cost of continued development and maintenance of the high fidelity simulation laboratories. Training aids for the low fidelity skills laboratories are currently showing some age and wear, consideration for maintaince, upgrade and replacement should continue as needed on a rotational basis. Preventive maintaince cost also needs to be added for fuel, maintaince and repairs of the Mobile Ambulance Simulator, monitor defibrillators, Stryker stretchers (cots), and hydrostatic testing of compressed air and oxygen bottles. One of the three full time faculty members in the EMS program resigned in June of 2019. This Faculty member has been replaced .

1. **Staffing**

The EMS program employs a full-time Director, Clinical Coordinator, and two (2) additional full-time Instructors. The program currently has all full time positions filled. Both the Director and Clinical Coordinator are required as full-time positions to maintain CoAEMSP accreditation. Full time instructors are also required to assist with maintaining accreditation. Part time Instructors are relied upon heavily allowing us to adjust staffing to meet the need based on enrollment and offerings at multiple campuses and dual enrollment programs. The program has access to two full-time office managers, both housed at the Jefferson Campus and a part-time (25hr.) office manager based at the Shelby Campus. They are available to assist the program as needed. These office managers support this program as well as other programs housed in the Center for Professional, Career and Technical Education. Support staff is adequate for our program needs at this time.

1. **Resources**

Adequate Medical Direction for the EMS program is required by CoAEMSP. At present, the program contracts for Medical Direction through the UAB Department of Emergency Medicine, where many of our students’ clinical rotations are performed. The program should continue to contract our medical direction in this manner. The EMS advisory Committee, Medical Direction, Clinical sites, the JSCC administration as program strengths by the CoAEMSP site evaluation team during their accreditation visit. The program needs to focus some resources on assessment development to include item writing, validation and a supplemental outside testing source. Job demand for EMT’s and Paramedics is currently high and job growth is expected to expand rapidly. The EMT program should continue to focus on recruitment and maintain a good working relationship with our clinical and field rotation sites, as they are an essential part of the EMT training program.

1. **Enrollment**

Enrollment in the different levels of the EMT program has been consistent, even though the program has faced challenges. In the immediate area, a for profit institution draws students , of all levels, away from our program. Within an 60 miles, less than a one hour drive, there are four other state institutions conducting EMS programs. Dual enrollment courses conducted at local High Schools, remain a component of our total enrollment. For the 2019-2020 academic year, it is expected that we will have programs in four (4) high schools with an estimated 70 students. Additional dual enrollment students have been integrated into EMT classes at both campuses. Additional dual enrollment high school sites are being evaluated for the 2020-2021 academic year.

1. **Facilities**

The facilities are currently adequate. However some renovation to the existing labs is needed to make them more user friendly and contusive to learning. The removal of the chemical fume hood and some of the lab tables at the Shelby EMS lab (GSB 302) would help with storage space and floor space.

1. **Equipment**

Equipment should be replaced on a rotational basis. Additional simulation equipment is needed to compete with simulation labs currently being developed at local high schools.

**External Conditions (such as state funding, accrediting agencies, advisory committees, postsecondary policy changes):**

The EMT program is currently accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) through the Committee on Accreditation of Emergency Medical Services Programs(CoAEMSP). CAAHEP standards state:

III. B. 2 Medical Director

a. Responsibilities: The medical director must be responsible for all medical aspects of the program, including but not limited to:

1. Review and approval of the educational content of the program curriculum to certify its ongoing appropriateness and medical accuracy.

2. Review and approval of the quality of medical instruction, supervision, and evaluation of the students in all areas of the program.

3. Review and approval of the progress of each student throughout the program and assist in the development of appropriate corrective measures when a student does not show adequate progress.

4. Assurance of the competence of each graduate of the program in the cognitive, psychomotor, and affective domains.

5. Responsibility for cooperative involvement with the program director.

6. Adequate controls to assure the quality of the delegated responsibilities.

*For most programs, the medical director should commit a significant amount of time to the program; for which appropriate compensation is often necessary.*

The EMS program currently contracts with the University of Alabama Health Services Foundation on Behalf of Emergency Medicine (Dr. William Ferguson) for 16 hours per month at a rate of $100 per hour. Dr. Ferguson regularly exceeds his contractual obligations to the EMS program. Consideration should be given to contracting an Assistant or Co- Medical Director to share in these responsibilities.

According to the United States Department of Labor Bureau of Labor Statistics, Employment of emergency medical technicians (EMTs) and paramedics is expected to grow by 33 percent from 2010 to 2020, much faster than the average for all occupations.

**2017-2018 Accomplishments:**

* Continued Dual Enrollment Program at Trussville High School (established Fall 2015) with 15 Students
* Established a multi- high school program (Hoover HS, Spain-Park HS, and Helena HS) at the Hoover Campus General Studies Building with 16 students.
* Established a multi-high school program (Fultondale HS and Shades Valley HS) at the Jefferson Campus in the George Layton Building.
* Ambulance Simulator Ambulance Simulator delivered in September of 2017.

**2018-2019 Accomplishments:**

* Continued Dual Enrollment Program at Trussville High School (established Fall 2015) with 20 Students
* Established a high school dual enrollment program at the Hoover high school with 16 students.
* Established a Multi-high school dual enrollment program (Fultondale HS and Shades Valley HS) at the Carson Campus, George Layton Building with 10 Students.
* Establish a dual enrollment program at Fairfield High School with 8 students.
* Establish a dual enrollment program at Gardendale High School with 9 students
* Establish a multi-high school dual enrollment program at the Jefferson State Campus in Pell City with 12 students
* Establish a multi-high school dual enrollment program at the Jefferson State Campus in Clanton with 8 students
* Established dual enrollment program at McAdory HS with 16 Students in January 2019
* Took Delivery of two (2) Trauma simulators, one each for Jefferson and Shelby Campuses in November 2018.
* Upgrade Jefferson Campus classroom and Lab on 2nd floor of George Layton Building with LCD projector, screen, white marker board and window blinds for GSB 238.
* Submitted to site visit by CoAEMSP team in April 2019.
* Purchased six (6) Motorola UHF portable radios for training and campus support.

**Unit Goals 2019 - 2020:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Unit Goals** | | **Objectives** | **Method of Assessment** | **Additional Funding Request** |
| **Goal 1:** Attract, recruit and retain quality full-time and part-time faculty to meet the needs of the program.  **Program Outcome**  Employers and graduates will report 80% satisfaction with educational preparation. | | 1. Hire credentialed and experienced qualified part-time faculty as needed.  2. Retain current Medical Director  3. Replace Full time faculty as needed. | 1. 100% of part-time and full time instructors will meet the minimum qualifications as stated in the CAAHEP standards.  2. Execute a renewed contract with current Medical Director. | 1. Contract Medical Director at $19,200.00 ($1600 Mo.)  2. Hire part-time/L19 as needed at college current rate of pay  3. No funding request at this time. |
| **Goal 2:** Maintain Program accreditations  **Program Outcome**  Employers and graduates will report 80% satisfaction with educational preparation. | | 1.Continue paying CoAEMSP and CAAHEP annual fees  2. Provide appropriate personnel  3. Provide the EMS full-time EMS faculty the opportunity to obtain professional development to remain current on clinical and educational trends. | 1.Assure fees are paid  2. Recruit and retain qualified instructors.  3. Provide funding and leave to attend local, regional, and national training. | 1. CoAEMSP and CAAHEP fees totaling $1,650.00  2. At College current rate of pay (as needed)  3. Fund each instructor at least one training session annually. Such as the National Association of EMS Educators, NREMT Update seminars, etc. Approximate total of $8000.00. $500.00 in IAP funds available. |
| **Goal** 3: Faculty and students have access to technology and resources sufficient to achieve course and program outcomes.  **Program Outcomes:**  Students admitted into each level of the Emergency Medical Services program will complete their training level at a rate of 70%  **Program Student Learning Outcome #2:**  Display technical proficiency in all of the skills necessary to fulfill the role of an entry- level Emergency Medical Technician, Advanced Emergency Medical Technician, or Paramedic. | | 1.Replace/upgrade and repair worn lab equipment  2.Replace necessary Supplies  3.Contract warranty with manikin manufacturer  4. Purchase additional high fidelity manikins for Pediatric Medical scenarios (MegaCode Kid).  5. Replace and update hardware and software of EMS staff to provide quality instruction and administrative duties as needed.  6. Provide printed materials to students and for program operation.  7. Provide repair, preventive maintenance and support for program equipment  Such as ambulance simulator, stretchers, and other equipment.  8. Upgrading online testing with contracting to a supplemental testing program with an effort to improve student testing outcomes. | 1. Replace / repair equipment used in psychomotor skills instruction  2. Replace expendable lab supplies used for psychomotor skills instruction  3.Contract warranty with manikin manufacturer  4. Purchase high fidelity mannequin and upgraded support equipment for enhanced simulation training required by NREMT and accrediation.  5. Purchase and update the computers for Hill and Chamberlain.  6. Program Printing cost.   1. Contract for preventative maintenance and repair of program equipment as necessary. 2. Contract with EMS Testing (Platinum Testing) for supplemental testing for students. | 1. **Replace worn lab equipment at $5000**  2. Purchase supplies at $15,000  3. Warranty for:   |  |  |  |  | | --- | --- | --- | --- | | Qth | Item | Unit Cost | Total Cost | | 2 | MetiMan Manikin | $4752 | $9504 | | 5 | Laredal Manikins | $930 | $4650 | |  | Total Est. cost |  | $11,184 |   4. Purchase additional equipment listed below   |  |  |  |  | | --- | --- | --- | --- | | Qty | Item | Unit cost | Total cost | | 3 | MegaCode kid Advanced, SimPad Capable Manikin | $15,000 | $45,000 | | 3 | SimPad PLUS Systems | $1,300 | $3,900 | | 3 | LLEAP Software | $2,120 | $6,360 | | 3 | SimPad System Protection Plan (2 Yr) | $770 | $2310 | | 3 | Preventative Maintenance Warranty (1Yr) | $840 | $2,520 | | 1 | SonoSim System | $17,950 | $17,950 | | 2 | LUCAS trainer with desk top battery charger and LiPo battery | $10,327 | $20,654 | |  | Total Est. Cost |  | $ 98,694 | |  |  |  |  |   5. Purchase replacement laptop computer for Cassandra Chamberlain and Mandel Hill - estimated $1500.00 per unit, total $3000  6. Program printing budget $1500   1. Preventive maintenance and repair cost of program equipment $2500 2. Contract with EMStesting.com (Platinum) for $500 annual. |
| * 1. **Budget Priorities** | | | |
| **1 . Laerdal simulation manikins and support systems** | | | |
| **2. Sonagraphy manikin and support systems** | | | |
| **3. LUCAS Trainer** | | | |

**Unit Goals 2020 - 2021:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Unit Goals** | | **Objectives** | **Method of Assessment** | **Additional Funding Request** |
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| **Goal 2:** Maintain Program accreditations  **Program Outcome**  Employers and graduates will report 80% satisfaction with educational preparation. | | 1.Continue paying CoAEMSP and CAAHEP annual fees  2. Provide appropriate personnel  3. Provide the EMS full-time EMS faculty the opportunity to obtain professional development to remain current on clinical and educational trends. | 1.Assure fees are paid  2. Recruit and retain qualified instructors.  3. Provide funding and leave to attend local, regional, and national training. | 1. CoAEMSP and CAAHEP fees totaling $1,650.00  2. At College current rate of pay (as needed)  3. Fund each instructor at least one training session annually. Such as the National Association of EMS Educators, NREMT Update seminars, etc. Approximate total of $8000.00. $500.00 in IAP funds available. |
| **Goal** 3: Faculty and students have access to technology and resources sufficient to achieve course and program outcomes.  **Program Outcomes:**  Students admitted into each level of the Emergency Medical Services program will complete their training level at a rate of 70%  **Program Student Learning Outcome #2:**  Display technical proficiency in all of the skills necessary to fulfill the role of an entry- level Emergency Medical Technician, Advanced Emergency Medical Technician, or Paramedic. | | 1.Replace/upgrade and repair worn lab equipment  2.Replace necessary Supplies  3.Contract warranty with manikin manufacturer  4. Purchase additional high fidelity manikins for medical cardiac applications scenarios (MegaCode Kelly).  5. Replace and update hardware and software of EMS staff to provide quality instruction and administrative duties as needed.  6. Provide printed materials to students and for program operation.  7. Provide repair, preventive maintenance and support for program equipment  Such as ambulance simulator, stretchers, and other equipment.  8. Continue contract for supplemental testing services with EMStesting.com (platinum) | 1. Replace / repair equipment used in psychomotor skills instruction  2. Replace expendable lab supplies used for psychomotor skills instruction  3.Contract warranty with manikin manufacturer  4. Purchase high fidelity mannequin and upgraded support equipment for enhanced simulation training required by NREMT and accrediation.  5. Purchase and update the computers for Hill and Chamberlain.  6. Program Printing cost.  7. Contract for preventative maintenance and repair of program equipment as necessary.  8. Institution contract for supplemental testing with EMStesting.com (Platinum) | 1. **Replace worn lab equipment at $15,000**  2. Purchase supplies at $15,000  3. Warranty for:   |  |  |  |  | | --- | --- | --- | --- | | Qth | Item | Unit Cost | Total Cost | | 8 | Laredal Manikins | $930 | $7,444 | |  | Total Est. cost |  | $11,184 |   4. Purchase additional equipment listed below   |  |  |  |  | | --- | --- | --- | --- | | Qty | Item | Unit cost | Total cost | | 2 | MegaCode Kelly, SimPad Capable Manikin | $20,000 | $40,000 | | 2 | SimPad PLUS Systems | $1,300 | $2,600 | | 2 | LLEAP Software | $2,120 | $4,240 | | 2 | SimPad System Protection Plan (2 Yr) | $770 | $1540 | | 2 | Preventative Maintenance Warranty (1Yr) | $840 | $1,680 | | 1 | SonoSim System | $17,950 | $17,950 | | 2 | LUCAS trainer with desk top battery charger and LiPo battery | $10,327 | $20,654 | | 2 | Autovent 3000  Automatic ventilator | $4000 | $8000 | |  | Total Est. Cost |  | $ 76,664 | |  |  |  |  |   5. Purchase replacement laptop computer for Stacy Clark and James Norris - estimated $1500.00 per unit, total $3000  6. Program printing budget $2000  7. Preventive maintenance and repair cost of other program equipment $3000   1. EMStesting.com supplemental testing institution contract $500 |
| * 1. **Budget Priorities** | | | |
| **1 . Laerdal simulation manikins and support systems** | | | |
| **2. Sonagraphy manikin and support systems** | | | |
| **3. LUCAS Trainer** | | | |
| **4. Autovent 3000** | | | |