

Rappahannock Emergency Medical Services Council, Inc.



Strategic Plan 2022 - 2025



REMS Council Executive Committee

Kevin Dillard, President
Mark Crnarich, Secretary

Jack Atkins, Vice President
John Brandrup, Treasurer

REMS Council Strategic Planning Committee

R.J. Arft
Kevin Dillard
Chief Mike Jones

George Barnick
Morgan Elkins
Jeffrey McClure
Nathan Mort

Philip Brown
Mark Garnett
Fred Messing

Approved:

Rappahannock EMS Council, Inc.
250 Executive Center Parkway
Fredericksburg, VA 22401
www.REMSCouncil.org
Tel - 540-373-0249 Fax - 540-373-0536

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PREFACE

This updated version of the REMS Council Strategic Plan was written in the summer of 2022. There have been changes in format, reporting goals, and initiatives since the previous iteration of the plan in 2019. Those changes are reflected in this version of the plan and will coincide with annual work plans offered to the Office of EMS which projects activity for each fiscal year.

The strategic planning process benefited from those who commented on the previous plan, attended Strategic Planning Committee work sessions, and provided feedback on a strategic planning survey. The strategic planning process was also informed by input from the Virginia Office of EMS, as well as various stakeholder meetings such as the Federal Interagency Committee on EMS (FICEMS), and the National EMS Advisory Council (NEMSAC). A special thanks to the McChrystal Group for allowing use of materials and concepts from their 2022 Virginia Department of Health Leadership Training Program. Acknowledgements to the following agencies from whom formatting, layout, and concepts were derived:

California EMS Authority, Center for Collaborative Policy, Sacramento, CA
City of Virginia Beach Department of EMS, Virginia Beach, VA
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Federal Interagency Committee on EMS, Washington, DC
Mobile Fire-Rescue Department, Mobile, AL
Monterey County EMS Agency, Monterey, CA
Northwest Community EMS System, Chicago, IL
Peoria Fire-Medical Department, Peoria, IL
The McChrystal Group, Alexandria, VA

While the intent is to document strategic vision and initiatives, it should be noted that the REMS Council embraces continuous quality improvement. Most strategies are in a continuous cycle of improvement. Green text indicates that the specific milestone has been completed. This plan is considered a living document and while goals and strategies will sustain, initiatives and milestones are added/updated as needed. The format of this plan follows this pattern:

Goal: Broad statement of measurable outcome connected to the mission statement

Example - “To be healthier”

Strategy: What must be done well or what barriers need to be overcome?

Example – “Exercise Regularly”

Initiative: the specific program, activity, or event to meet target

Example – “Run for Exercise”

Milestones: specific measurable items to move toward the goal

Example – “Get good running shoes”

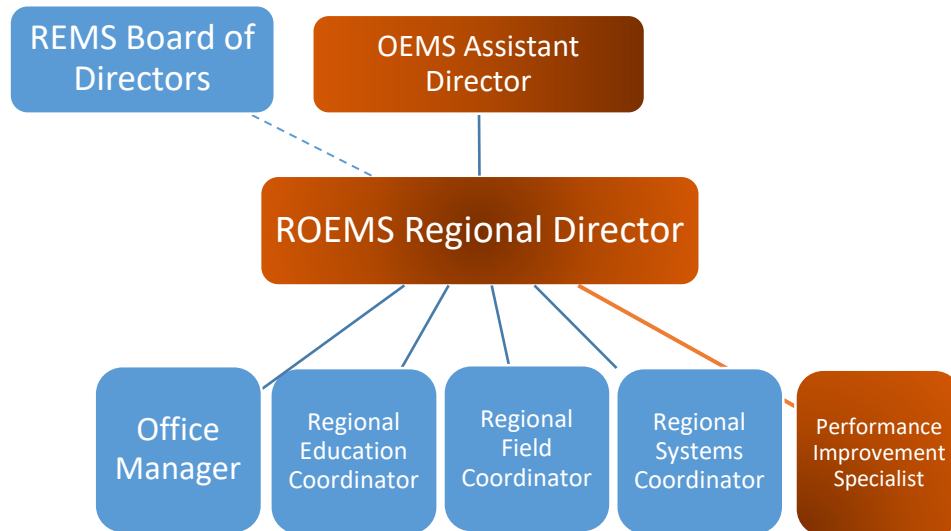
“Identify a plan to run”

“Run at least a mile three times a week”

“Run three miles at least five times a week”

The Strategic Plan for the REMS Council was developed through collaborative efforts. This plan builds on previous strategic documents and reflects both the Virginia Strategic EMS Plan and the Virginia Department of Health Strategic Plan. The principles outlined in this plan as well as the REMS Council mission statement directly link to the Code of the Virginia § 32.1-111.4:2 requirements for Designated Regional EMS Councils.

For each initiative, a member of the staff has been identified as the lead point of contact. This is the individual who is tasked with the responsibility of monitoring the initiative, evaluating progress toward the relevant milestones, and observing for necessary changes in course. In addition, dates or timelines have been identified for milestones, which may be updated as progress is made towards the goal. Supporting the staff, are a number of committees who have been identified in the goal’s rationale. Milestones are suggested and much of the work product is intended to be completed by stakeholders in the region’s EMS system, supported by REMS staff.



This document reflects an overarching Strategic Vision of who we want to be, coupled with the Mission of why we exist. While the focus of this specific plan is a three-year operational planning cycle we recognize there is a need to look at the horizon and beyond. The long-term vision of the organization will feed the development of various initiatives to guide updates and execution. Near the end of the document we offer a glimpse of the REMS Council’s long-term vision and aims heading into the future.

It is the responsibility of all staff to work toward achievement of the strategic goals. All staff should also encourage stakeholders, EMS providers, and agencies to utilize the OODA (Observe, Orient, Decide, and Act) Loop to evaluate and update processes, taking up evidence-based changes. The REMS Council embraces the concept of shared consciousness – a holistic understanding of the operating environment and a high level of internal connectivity. REMS strives to foster a shared consciousness throughout the regional EMS system focusing on best practices, clinical outcomes, and safety. To promote shared consciousness, we agree to transparency and the sharing of information related to strengths, weaknesses, challenges, resources, priorities, current actions, and interdependencies of the regional EMS system.

The REMS Council, along with the Board of Director’s leadership, pledge to promote empowered execution, the decentralized decision-making authority which allows agencies and providers to pivot and respond in a timely manner to a changing environment. Another guiding leadership principle is adopting a culture of improving instead of a culture of proving. Together, aiming towards a strategic vision, the region will become a high-performing team of teams that leads rather than follows and keeps the region’s EMS system on the cutting edge.

VISION STATEMENT

The Rappahannock EMS Council is a leader in innovative, effective, high-quality EMS. We inspire agencies and providers offering tools to collaborate, advance the quality, safety, and satisfaction of healthcare in their communities.

MISSION STATEMENT

The Rappahannock EMS Council exists to facilitate the development and continued operation of a high-quality, dedicated, and coordinated emergency response and preparedness system for Planning Districts 9 and 16.

CORE VALUES AND GUIDING PRINCIPLES

- We value and advocate for the patient in all that we do.
 - We value competence, benevolence, and reliability.
 - We value partnership with our constituents, promote a collaborative relationship, solicit feedback, and seek continuous improvement.
 - We value a creative and enjoyable work environment where a climate of trust, respect, and concern for all exists.
 - We advocate for and provide a culture of psychological safety.
 - We support teamwork and collaboration and honor commitments.
 - We promote clear, meaningful, transparent, and concise communication and information sharing with others.
 - We encourage initiative and self-motivation.
 - We strive to develop a shared consciousness aimed at excellence through expertise, innovation, and continued learning.
 - We avoid defending status quo, cultivate a culture of improving over culture of proving.
-

STRATEGIC GOALS

Strategic Goal #1: Expert Clinical Care

The regional EMS system receives and uses feedback and outcome data from throughout the healthcare continuum for continuous quality improvement. Timely changes are evidence-based and follow best-practices. Outcomes are measured and shared inside and outside the EMS system. Real-time information on patterns of disease, injury, and illness inform operational decisions. Public health, specifically illness and injury prevention, is a priority with targeted interventions through a versatile, mobile, community healthcare resource based on social determinants of health. Guiding the way for this goal is the Regional Medical Review Committee. Supporting this goal are various groups, such as heart and stroke, performance improvement, pharmacy, and protocol workgroups.

Strategic Goal #2: Health and Wellness

Due to the high potential for natural disaster and threat-based incidents, the REMS Council will work with EMS system partners to prepare the Regional EMS system to effectively respond to large multi-casualty incidents, including simultaneous MCI's or a single mass casualty incident. System preparedness for all-hazards, including pandemic response and emerging infectious disease should be evaluated. A robust community engagement in education, preparedness, and prevention is important. The initiatives below will improve preparedness for both providers and the community at-large in the REMS Region. This goal is managed through the work of the Incident and Threat Mitigation Committee, which includes sub-groups such as the Critical Incident Stress Management Team.

Strategic Goal #3: Cultivate Talent

A regional EMS system, composed of people working for disparate organizations, but functioning together for a common purpose requires strong education and leadership. EMS providers understand their roles and responsibilities in the EMS system, receive appropriate quality training and evaluation, and have opportunities for advanced learning. Leadership is strong, forward-thinking, and provides the necessary resources that are clear, unambiguous, and easy to interpret. Providers are offered an environment that is safe and intended for success. The Guidelines and Training Committee is charged with achieving this goal and they are supported through the ALS Release, ALS Preceptor, and Cultural Diversity workgroups.

Strategic Goal #4: Drive Innovation

The REMS Council and regional EMS system must adapt to unprecedented changes that will occur in EMS systems throughout Virginia and nationwide in the next 10 years. Changes are anticipated in areas such as system financing and reimbursement, clinical practice based on research and outcome data, and increasing call volumes. The REMS Council supports the Triple Aim, a framework developed by the Institute for Health Improvement that describes that health systems must simultaneously pursue three goals, which include: improving the quality of healthcare and the health of populations, reducing the cost of health care, and improving patient satisfaction. The optimal EMS system provides service tailored to meet stakeholder need. Stakeholders should be able to easily access EMS system information, including policies and procedures, performance/compliance information, and program information. Additionally, the best EMS systems recognize the excellent work of partner organizations and their employees. Led by the Executive Committee, meeting the goals of innovation is supported by the Grant, Regional Awards, and Personnel workgroups.

Strategic Goal #5: Healthcare Collaboration

The REMS Council recognizes that environments steeped in high-performance culture and employing continuous clinical and operational quality improvement support high quality operations. Collaboration and a constant orientation towards process improvement and excellence develops the aim for achieving goals and provides an effective system that allows for rapid change when facing emerging issues. Therefore, collaboration across the entire healthcare system is an important goal. The Strategic Planning Committee, supported by the by-laws, nominating, and finance workgroups, steers the goal of healthcare collaboration.

Strategic Goal #1: Expert Clinical Care

Expert Clinical Care is provided widely throughout the Regional EMS System.

Strategies based on stakeholder survey	
-	EMS clinicians and EMS system leaders receive rapid feedback, including patient outcome information and other patient data, from the healthcare continuum, in order to improve performance measurement, provide quality improvement and education.
-	EMS care is based on the best available evidence and best practices, with a focus on outcomes determined by the community and the patients, including patient-reported outcome measures – the outcomes, as well as the evidence-based process involved in achieving them – are measured and publicly reported.
-	EMS data systems deliver real-time knowledge about patterns of disease, injury, and access to care. Information collected and shared in these systems informs decisions made related to healthcare operations, public health, and interventions related to social determinant of health and injury and illness prevention.
-	EMS is a versatile and mobile community healthcare resource, integral to regional systems of care that prevent and treat acute illness and injury, as well as chronic ailments.

Initiatives

Lead

1.1	Identify gaps in clinical care	Performance Improvement Specialist
1.2	Identify and promote best-practices in EMS	Performance Improvement Specialist
1.3	Identify and promote use of performance measures	Performance Improvement Specialist
1.4	Evaluate response to mental illness	Performance Improvement Specialist
1.5	Ongoing evaluation of care and outcomes	Performance Improvement Specialist
1.6	Promote Handtevy rollout and use	Performance Improvement Specialist
1.7	Compare data to best practices/EBG	Performance Improvement Specialist
1.8	Gather data on Marcus Alert / 9-8-8 integration	Performance Improvement Specialist
1.9	Encourage mCPR usage	Performance Improvement Specialist

Milestones

Timeline

○ Measure/report scene times compared with previous quarter	Quarterly
○ Measure/report OHCA survival rates	Quarterly
○ Review 100% of Cardiac Arrest / Hi-Risk Low-Frequency Skills	1Q FY23
○ Measure 12 Lead EKG transmission capability	1Q FY23
○ Identify use rate of real-time CPR feedback devices	2Q FY23
○ Identify agencies without access to mechanical CPR devices	3Q FY23
○ Identify patients receiving heads-up CPR	4Q FY23
○ Increase community CPR provided PTA of EMS by 10%	4Q FY23
○ PSAP providing 100% tCPR, PAI, and EMD	4Q FY23
○ Achieve 100% 12 Lead EKG transmission capability	4Q FY23
○ Review regional capabilities and call volumes	ongoing
○ Publish best-practices	ongoing
○ Report and publish time-critical/sensitive conditions report	ongoing

Strategic Goal #2: Health and Wellness

Provider and Community Health, Safety, and Wellness is monitored and improved.

Strategies based on stakeholder survey
- An ambulance will not require lights and sirens, but will take advantage of advances that expedite transit and prevent collisions.
- EMS leaders at all levels foster “psychological safety” – an environment where EMS clinicians can question current practices without fear of punishment or criticism.
- EMS systems use a standardized method of collecting and reporting data on medical errors, injuries to patient, clinician injuries, and illnesses, near-hits, and other safety issues to evaluate improvement efforts, facilitate research, and develop evidence-based safety training and procedures.
- Fully staffed EMS systems provide reliable and consistent service in every community through a diverse variety of service delivery models.

Initiatives

Lead

2.1	Effective and efficient all-hazards response system	Technical Resource Specialist
2.2	Strengthen EMS role in injury/illness prevention/education	Technical Resource Specialist
2.3	Evaluate factors that contribute to medical error	Technical Resource Specialist
2.4	Education for early recognition of PTSD/burnout	Technical Resource Specialist
2.5	Evaluate factors that threaten public safety	Technical Resource Specialist
2.6	Review / Develop Actions based on RAHD CHA/CHIP	Technical Resource Specialist
2.7	Engage MH professionals / support CISM	Performance Improvement Specialist
2.8	Report/measure/prevent occupational injury/exposure	Technical Resource Specialist
2.9	Develop robust multi-casualty incident/disaster capability	Technical Resource Specialist
2.10	Promote detection equipment, training, PPE	Technical Resource Specialist

Milestones

Timeline

○ Create plan for an exercise of Regional MCI and Surge Plans	1Q FY23
○ Create campaign encouraging residents to prepare/maintain emergency kit	1Q FY23
○ Identify intersections in PD9 that would benefit from response signaling	2Q FY23
○ Provide five stop-the-bleed presentations to the community	4Q FY23
○ Provide five hands-only CPR presentations to the community	4Q FY23
○ Identify intersections in PD16 that would benefit from response signaling	4Q FY23
○ Increase contacts with citizens by 10% from previous year	4Q FY23
○ Decrease pediatric head trauma from bike riding/skateboarding by 10%	4Q FY23
○ Prepare / deliver seminar/tabletop/functional MCI drill in the region	4Q FY23
○ Develop training program for high-risk, low occurrence incidents	4Q FY23
○ Measure/report community engagement numbers for COPE/outreach	ongoing
○ Publish effective provider/community health/safety social media alerts	ongoing
○ Encourage providers to access EAP and MH resources	ongoing
○ Support full-scale in-person exercises in both PD 9 and PD 16	ongoing
○ Provide life-safety education at regional community events	ongoing

Strategic Goal #3: *Cultivate Talent*

Leadership and Education Supports a Well-trained, Competent Workforce.

Strategies based on stakeholder survey
- Educational programs prepare all EMS professionals to take on leadership roles, helping EMS systems develop leaders who can fill roles ranging from field supervisory to executive.
- EMS education ensures EMS professionals are prepared to collect, share, analyze, and use available data.
- Community leaders, elected officials, and other key stakeholders understand how EMS systems operate and the value they provide to communities.
- Education that prepares EMS leaders to lead high-reliability organizations that are always seeking ways to improve, with a focus on safely innovating to enhance outcomes for patients.
- Incentive programs ensure high-quality EMS service in rural communities and for underserved populations; programs including tuition reimbursement for working in these areas.
- EMS clinicians are trained and fully prepared to treat, evacuate, and care for “hospital at home” patients and other residents of the community with special needs during a disaster.
- EMS clinicians have the education and training to adequately prepare them to meet the physical, emotional, and psychological needs of the people they are called to help.

Initiatives

Responsibility

3.1	Provide quality training for all levels of providers	Technical Resource Specialist
3.2	Provide trainer education /enhance instructor resources	Technical Resource Specialist
3.3	Evaluate current public education training programs	Technical Resource Specialist
3.4	Education for early recognition of PTSD/burnout	Technical Resource Specialist
3.5	Promote succession and continuity planning	Technical Resource Specialist
3.6	Identify areas of education that would support Triple Aim	Technical Resource Specialist
3.7	Promote a high-performance culture of improving	Technical Resource Specialist
3.8	Train providers/agencies on QI, use of ePCR data	Performance Improvement Specialist
3.9	Review/Develop Education based on RAHD CHA/CHIP	Technical Resource Specialist
3.10	Evaluate need for requested critical care training	Technical Resource Specialist

Milestones

Timeline

○ Create annual training plan for public education programs	1Q FY23
○ Evaluate need / draft plan hybrid EMT course	1Q FY23
○ Provide BLS 12-lead, MCIM, or crew-resource management training	2Q FY23
○ Evaluate BLS AIC training needs / create report and training plan	3Q FY23
○ Using data, identify pro-active public education campaigns/programs	3Q FY23
○ Create quarterly leadership training program	4Q FY23
○ Provide EMS awareness education for ED physicians, nurses, partners	4Q FY23
○ Provide annual report of FY24 education program needs	4Q FY23
○ Develop / administer instructor education/training – needs-based	Quarterly
○ Interact frequently with EMS stakeholders at every level	Quarterly
○ Offer three NAEMT and/or AHA courses	Quarterly
○ Plan, coordinate, conduct NREMT Advanced Psychomotor Testing sites	ongoing
○ Support regional education, promote, assist with scholarship program	ongoing

Strategic Goal #4: *Drive Innovation*

Drive EMS Innovation Throughout the Region.

Strategies based on stakeholder survey	
-	Governmental and nongovernmental entities support innovative pilot projects with the potential to improve outcomes, using rigorous measurement and evaluation of protocols.
-	EMS and public health data are integrated in ways that aid in the monitoring and identification of emerging outbreaks or demographic trends in injury and illness patterns.
-	A real-time healthcare data system can be accessed remotely by both patients and clinicians through a safe and secure authentication process that delivers pertinent patient health information to EMS personnel in the field. The information is easily digestible and relevant to the care and treatment decisions being made in the field.
-	Every community has access to EMS technologies and treatments that have been shown to have a significant positive impact on outcomes.

Initiatives

Responsibility

4.1	Identify/advocate for tech to enhance efficiency/effectiveness	Technical Resource Specialist
4.2	Empower EMS clinicians to provide more effective care	Technical Resource Specialist
4.3	Identify areas of change that would support Triple Aim	Technical Resource Specialist
4.4	Promote specialized programs beyond traditional EMS	Technical Resource Specialist
4.5	Seek/obtain stable, secure, diversified funding for COPE	Technical Resource Specialist
4.6	Promote collaboration / funding for EMS research	Technical Resource Specialist
4.7	Train provider/agencies on OODA (process improvement)	Technical Resource Specialist
4.8	Identify tech to improve operational efficiency/scene safety	Technical Resource Specialist
4.9	Evaluate technology that enables situational awareness	Technical Resource Specialist
4.10	Identify and remove redundant/ineffective processes	Technical Resource Specialist

Milestones

Timeline

○ Increase visibility of EMS in the community	Quarterly
○ Identify time-critical and sensitive conditions to measure	1Q FY23
○ Identify/evaluate benefit of FirstWatch	2Q FY23
○ Identify/report issues with rural addressing impacting EMS in PD16	3Q FY23
○ Increase PulsePoint implementation to another locality	4Q FY23
○ Evaluate/report potential uses of drones for regional system	4Q FY23
○ Identify recruitment options for workforce development	4Q FY23
○ Create / Participate in EMS data working group	ongoing
○ Share lessons learned from incidents and events (local, regional, national)	ongoing
○ Encourage agencies to identify/address high-volume utilizers	ongoing
○ Publish guidance (plans/policies) based on evidence/best-practices	ongoing

Strategic Goal #5: Healthcare Collaboration

Support Collaboration Across the Healthcare System and Integrate EMS.

Strategies based on stakeholder survey
- EMS systems should be an integral piece of public health and healthcare system focused on preventing injuries and illnesses, rather than simply responding to and treating them.
- EMS systems actively and honestly engage with their communities to educate the public about what EMS professionals do and how it improves the population’s health on a day-to-day basis.
- Information and communication systems are connected and continuously updated and improved to ensure immediate access to the right resource for the right patient.

Initiatives

Responsibility

5.1 Partner, collaborate, build relationships, solicit feedback	Technical Resource Specialist
5.2 Provide technical resources sufficient to meet EMS needs	Technical Resource Specialist
5.3 Promote transparency through open data initiatives	Technical Resource Specialist
5.4 Seek/obtain funding to support/enhance programs/projects	Technical Resource Specialist
5.5 Promote collaboration/integration of EMS in healthcare	Technical Resource Specialist
5.6 Monitor need for updates based on emerging science/info	Technical Resource Specialist
5.7 Identify tools for EMS recruitment and retention	Technical Resource Specialist
5.8 Seek input through open meetings/goal-setting workgroups	Technical Resource Specialist
5.9 Participate in local/regional/state/national boards/programs	Technical Resource Specialist
5.10 Enhance communication with stakeholders and partners	Technical Resource Specialist

Milestones

Timeline

○ Monitor/report data quality information and reporting compliance	Quarterly
○ Ensure change in policies/procedures/plans communicated to stakeholders	Quarterly
○ Develop/report metrics for programs, recalibrate annually	Quarterly
○ Update, publish, activate strategic EMS plan for FY23	1Q FY23
○ Prepare and distribute an annual report to stakeholders	2Q FY23
○ Create a fleet management/annual equipment maintenance plan/schedule	2Q FY23
○ Identify/Plan an inventory/asset management process	3Q FY23
○ Identify/report void areas in radio/cell coverage that impact operations	3Q FY23
○ Support/implement HDE agreements with area hospitals	3Q FY23
○ Evaluate/Report options for stakeholder communication (i.e newsletter)	3Q FY23
○ Conduct annual regional awards program	4Q FY23
○ Plan and conduct marketing/recognition of EMS Week	4Q FY23
○ Build strong relationships/viable partnerships through civic interaction	ongoing
○ Maintain an effective website that provides valid, current information	ongoing
○ Participate in hospital/public health meeting related to EMS	ongoing
○ Deliver outstanding customer service (internal and external)	ongoing
○ Meet and collaborate with localities/jurisdictions on EMS operations	ongoing

REMS COUNCIL EMS VISION 2027

The REMS Regional EMS System

is the leader throughout Virginia in delivering quality, evidence-based patient care

is known for provider retention and a sought-out place to work

is known for delivering integrated, comprehensive, and collaborative patient care

is known for exceptional provider health and safety programs

is deeply integrated into the broader healthcare system and achieves the Triple Aim

is sought out to share its programs which enhance public health.

The Citizens in PD 9 and PD 16

Trust the EMS system to provide timely, expert patient care, in the right location

Experience improved quality of life with multiple programs and services that enhance their lives

Are healthier due to collaboration, transparency, and accountability throughout the system.

TRACKING AND MONITORING

A RACI matrix is a project management tool that provides a clear depiction of roles for various parties involved in a particular task. The use of a RACI matrix ensures that all parties both have input into and are aware of the duties expected of them for a set of tasks. For each action, a group or entity may be assigned one of the positions shown below

Responsible – This is the group/individual that actually performs the action required by the task. Who has the action items for this project?

Accountable – This is the SINGLE group/individual that is ultimately responsible for submitting/delivering the task. Who is “on the hook” and has the “big R” for this project?

Consulted – This is the group/individual whose inputs are solicited PRIOR TO COMPLETING the task. From whom do we need to know input?

Informed – This is the group/individual to whom the outcome is communicated when the task is completed. Who needs to know the status of this project?

**** EXAMPLE ****

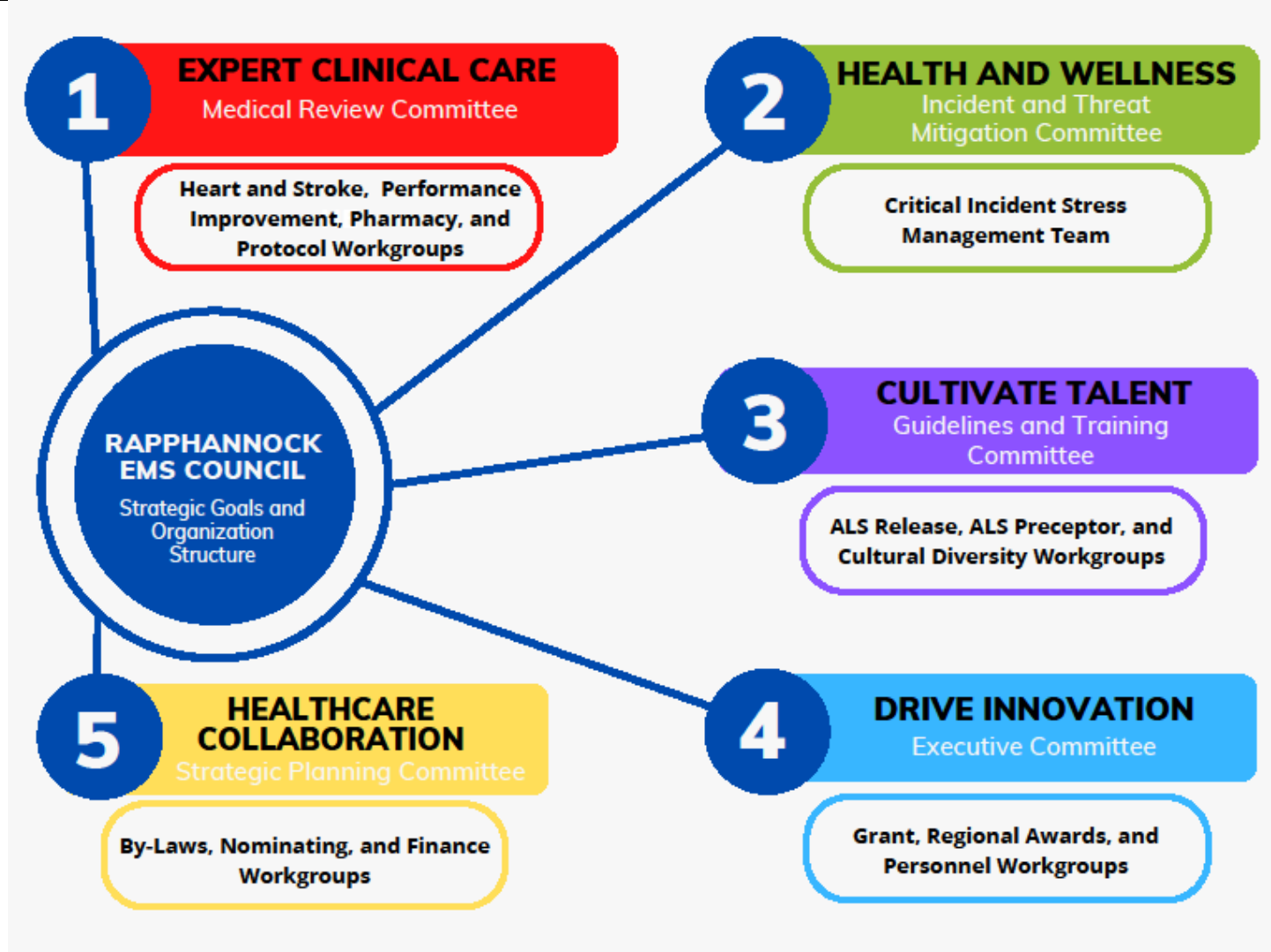
Strategic Initiatives	MRC	ITM	G&T	EXEC	STR	PIS
Partner, collaborate, build relationships, solicit feedback				R	I	A
Provide technical resources sufficient to meet EMS needs			C	R		A
Promote transparency through open data initiatives	R	I	I			A
Seek/obtain funding to support/enhance programs/projects				R	C	
Promote collaboration/integration of EMS in healthcare	I	I	I		R	A
Monitor need for updates based on emerging science/info	R		C			A
Identify tools for EMS recruitment and retention			R	I	I	A
Seek input through open meetings/goal-setting workgroups	I	I	I	I	R	A
Participate in local/regional/state/national boards/programs			C	R		A
Enhance communication with stakeholders and partners	C				R	A

RACI CHART EXAMPLE

Project tasks	Senior Analyst	Project Manager	Head of Design	SVP Finance	SEO Lead	Sales Director	Senior Management
Phase 1: Research							
Econometric model	R	I	I	A	C	I	I
Strategic framework	A	I	I	R	I	I	C
Risk factors	R	I	I	A	I	I	I
Phase 2: Structure							
Product specs	I	A	R	I	C	C	C
Design wireframe	I	C	R	I	C	I	C
User journey	I	C	R	I	C	C	C

The Official Strategic Planning RACI matrix will be maintained in a project management software, Monday.com. A sample of the formatting and appearance is shown here.

RAPPAHANNOCK EMS COUNCIL COMMITTEE STRUCTURE



RAPPAHANNOCK EMS COUNCIL VISION BOARD and WORK PLANS

Rappahannock EMS Vision Board



Click on any of the five boxes above to see the associated FY23 work plans.