



2015/2016 STRATEGIC PLAN OVERVIEW

The Saskatchewan College of Paramedics (SCoP) is the regulatory body responsible for licencing and regulating paramedical professionals in the province. Paramedics working in Saskatchewan are self-regulated by the College who receives its authority through *The Paramedics Act*. SCoP has operated in the public interest since proclamation of the Act in 2008.

The College is governed by a Council comprised of practicing and non-practicing members and public representatives. Public representatives are appointed by the Lieutenant Governor in Council and serve three year terms (all other terms run two years). Council positions are as follows:

- President
- Vice-President
- One member at large position representing the fire sector
- Three member at large positions
- Three appointed public representatives

This document represents the SCoP planning activity that occurred during 2015/16, and was used to define desired outcomes and targets within the College workplan. As a part of this effort, the mission and vision statements were updated to reflect the progress made to date and the direction for professional regulation moving into the future.

The College mandate remains as protection of the public:

“Pursuant to The Paramedics Act, it is the duty of the College to serve and protect the public.”

The mission statement of the College reflects the way in which SCoP will accomplish its vision in a broader context:

“To protect and serve the public interest through regulatory oversight of the Paramedic profession. ”

The vision for the Saskatchewan College of Paramedics reflects the changing role of paramedics within the health system and beyond:

“Collaboratively building a profession that is a continually engaged partner and fully utilized in a patient-centered health care system.”

**SASKATCHEWAN COLLEGE OF PARAMEDICS
STRATEGIC PLANNING DOCUMENT
JANUARY 2016**

I. IDENTIFICATION OF STRATEGIC DRIVERS

The College has identified the following strategic drivers that will have impact over the next three to five years:

i. Social/Demographic and Environmental Trends

- Health Information Protection Act (HIPA)
- Increasing aging population
- Increase in SK population inclusive of First Nations people and immigrants & refugees
- Increase of foreign trained health professions and paramedics - regulation issues
- Increase in chronic conditions and complex health needs as the population lives longer
- Increase awareness of mental health and addiction issues - lack of services to accommodate

ii. Public and Member Expectations

Public

- Patient's wanting to be treated at home
- Enhance patient involvement in decision-making ("Patient and Family Centred Care")
- Understanding of the role of a paramedic - definition
- Shifting expectations of the public - timely, high quality, equitable care anywhere in the province
- Transparency and accountability of the profession

Members

- Ability to regulate safe, qualified and competent practitioners
- Members expect educated, competent and qualified partners
- Paramedics working at the top of their scope of practice (utilizing more of the higher end skills) - skills integration into health system
- Understanding of the role of a paramedic – definition
- Members working in non-traditional roles - expanded roles of paramedics
- Decrease in capacity and loss of organizational knowledge; issues with service; errors

iii. Economic/Political Trends

- Shift in rural population
- Federal and Provincial elections may shift health priorities and focus
- With demographic shift, increased political pressure to deliver services to please citizens - equitable services across the province for different populations groups
- Push towards community based services (PHC) - need to balance with the cost
- Economic impact on health care spending and services
- Economic downturn may cause changes to migration in the province
- Impact of the provincial growth plan on health services
- Value for services – ensuring that we are licencing the levels that need licencing
- Loss of capacity and organizational knowledge as people retire. Also, a trend towards term employees instead of full-time positions resulting a in loss of expertise

iv. Health Sector

- Focus on the appropriate level of care
- Emergence of turf wars - professional protectionism
- Emphasis of the patient experience in services - impact on Primary Health Care (PHC), Collaborative Emergency Centres (CEC), mobile health services
- Alignment between paramedic training and regulation
- Increased focus on data, measurement and demonstrating outcomes related to service
- Enhance emphasis on integration across the health system - thinking and acting as one
- Increased centralized specialization - concentration of centres of excellence within the province
- Increased focus on the right service, right time, right place, etc.
- Changes to training for remote locations

v. Technology

- Increase in membership use of mobile devices and smart phones - want to extend web-based applications to mobile devices
- Members working in remote areas struggle with connectivity
- Increased expectations of functionality - member knowledge and experience
- Advances in e-health, patient registry - ability to link to these data bases
- Cybersecurity (i.e.: privacy)

vi. Environment

- Ability to service large geographic areas with a small population
- Increasing population as well as increasing aging population

vii. Uncertainties

- The time it takes to integrate new technology, practices and provincial priorities for the profession
- Ability to be responsive and nimble enough to respond to the changes

II. STRENGTHS/WEAKNESS/OPPORTUNITIES/THREATS ANALYSIS

The College has identified the most significant external threats/opportunities and internal strengths and weaknesses in the table below. Planning participants voted on factors that were most significant and needed to be addressed in the strategic plan. The numbers adjacent to the factor indicate the number of votes by participants.

External Opportunities to Leverage	External Threats to Mitigate
<ul style="list-style-type: none">• Capitalize on community based service delivery models e.g. LTC, PHC, Patient First (11)• NOCP - set standards; integrate into regulation and training; national networking (9)• Leverage eHealth data for: patient care decision-making, measuring outcomes, best practice research (6)• Focus on cost effective models of healthcare service delivery using paramedics (5)	<ul style="list-style-type: none">• Reactive - not being ahead of the trends - more pro-active/strategic (6)• National level - varying standards (5)• COPR stability e.g. exam (5)• HIPA - risk management, access to information(4)• Lack of leadership capacity to lead the profession (4)• Fire Sector - change in membership (3)• Lack of consultation, coordination and

<ul style="list-style-type: none"> • Engage with all branches of the Ministry of Health (MoH) in more proactive planning (4) • Enhanced experience for the patient - first point of contact (4) • Improved communications with members and the public (3) • Increased Fire sector utilization (2) • Privatization of health care • Industry and economy shifts - industrial paramedics 	<ul style="list-style-type: none"> • integration with other stakeholders (3) • Social media - methods for improved communication (2) • Political cycles impacting legislative changes (2) • Legislative ability - hands tied by Act (2) • Lack of data/information for effective decision-making (2) • Membership capacity (skill and numbers) to take on new community roles - training available (2) • Lack of political influence (2) • Poor experience - at the first point of contact (1) • Economic downturn - facility closures, decreased membership (1) • Privatization of health care • Reciprocity agreements
Internal Strengths to preserve and strengthen	Internal Weaknesses to overcome
<ul style="list-style-type: none"> • Good governance model - bylaws, legislation (12) • Financial stability (9) • Knowledgeable competent staff (7) • Working relationships with broad networks - local, provincial, and national(7) • Current professional image (5) • Small nimble organization - more adaptable systems(4) • Working relationship with AESB (1) • ED has good knowledge/connections of Ministry of Health (1) • Strong Council and Public Representatives 	<ul style="list-style-type: none"> • Relevancy of Continuing Education - access to, ability to translate into enhanced competency (11) • Lack of meaningful communication with membership (face to face), engagement with broader membership (8) • Maintaining relevant current policies (6) • Weak relationships with other branches in MoH other than Acute and Emergency Services Branch (AESB) (3) • Number of members i.e. amount of non-practicing members (3) • Members reluctance to use SCoP technical systems e.g. registration (desire/skill) (3) • Lack of public awareness of the levels within the profession (3) • EMR - Value add for the degree of regulation (license exams and processes) (2) • Ability to resource the changes outlined in the strategic plan (2) • Employers protecting poor performance(1) • Communication regarding complaints with the MoH (1) • Lack of mobile device web-based services

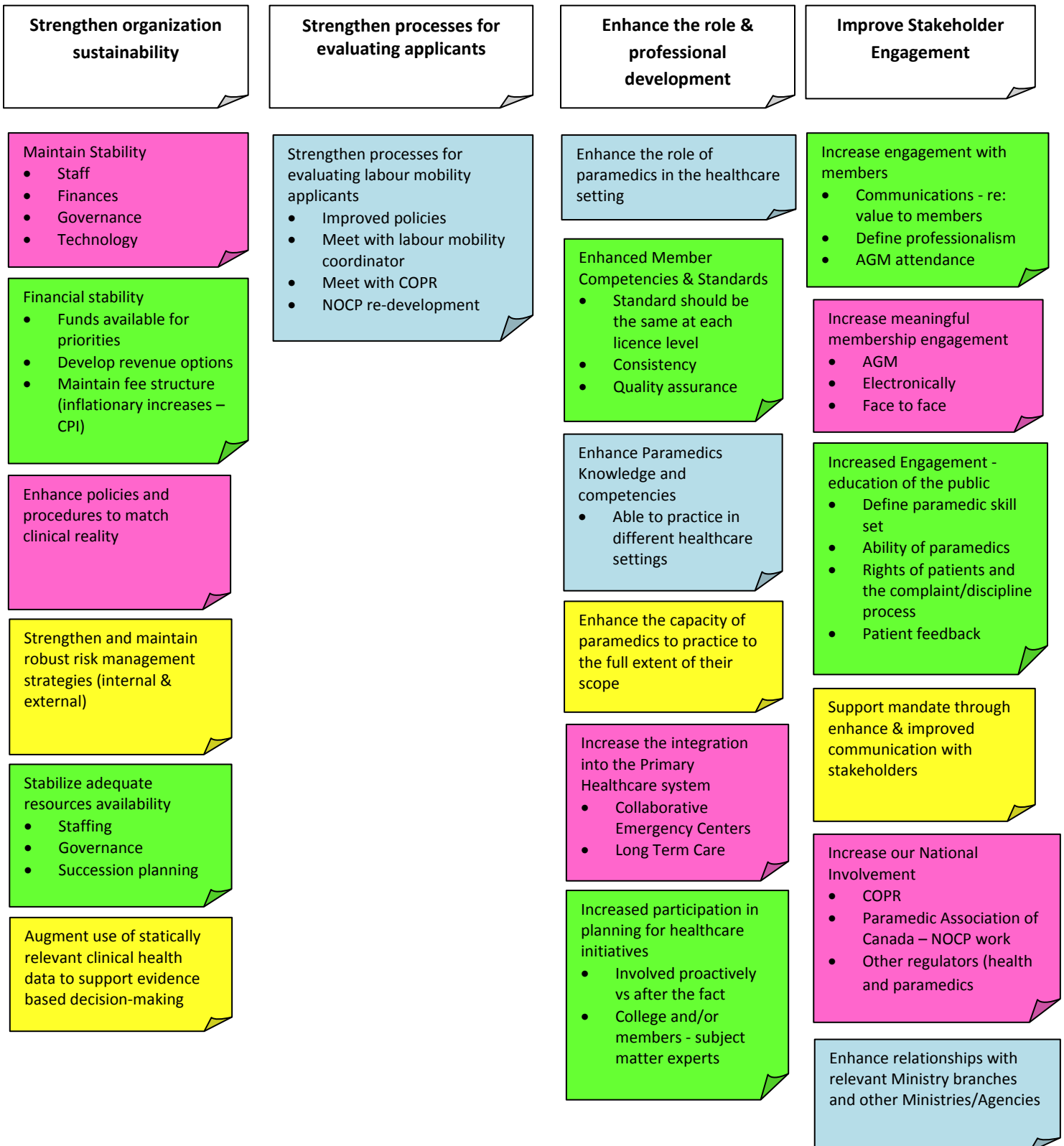
III. AFFIRM THE MISSION AND VISION

As noted previously, participants reviewed the current mission and vision statements and confirmed revised statements as follows:

Current Mission Statement	Revised Statement
<p>Mandate Pursuant to The Paramedics Act, it is the duty of the College to serve and protect the public.</p> <p>Our Mission To serve and protect the public through registering, licensing, educating, and disciplining members of the college, providing a continuum of regulatory oversight, and exercising our powers and discharging our responsibilities in the public interest.</p> <p>This is done through fostering:</p> <ul style="list-style-type: none"> • professional growth and support; • competent, ethical practice from our members; and • professional self-regulation for EMRs, EMTs, EMT-A's, and Paramedics 	<p>MISSION REVISED AS FOLLOWS:</p> <p>To protect and serve the public interest through regulatory oversight of the Paramedic profession.</p>
Current Vision Statement	Revised Statement
<p>Our Vision Collectively building a profession that is appropriately utilized by those we serve, using the trust, respect, and knowledge that we possess.</p>	<p>VISION REVISED AS FOLLOWS:</p> <p>Collaboratively building a profession that is a continually engaged partner and fully utilized in a patient-centered health care system.</p>
Values	
<ul style="list-style-type: none"> • Augment the values previously in the vision statement: Trust, Respect Knowledge. • Consider engaging the membership to determine the values. • Values should be used by staff, Board, membership to guide behaviors and decision-making. They do not replace the code of conduct, but augment it. 	

PRIORITY GOALS - THEMES

Participants were divided into four groups to identify the priority areas of focus for the next 3-5 years. Each colour represents a different group. The ideas were grouped into four common themes.



VI: INTENDED RESULTS RELATED TO THE STRATEGIC GOALS

Participants were asked to describe the intended results or “*what success would look like*” if SCoP was to achieve the goals in the next 3-5 years. The following table represents the outcomes of the discussion.

Strategic Goal	Success - Intended Results	Potential Strategies
<p>Enhance the role and professional development to be relevant in the Health system</p>	<ul style="list-style-type: none"> Professional development is targeted to address health system needs and relevant areas (process). Percentage of Paramedics qualified and competent to practice in current and evolving roles (outcome). Percentage of paramedics who are engaging in community roles or non-traditional roles (outcome). Action: New Statistic Percentage of paramedics who stay they are competent and confident to practice in new roles (outcome). Action: Quality Assurance Framework 	<ul style="list-style-type: none"> Continue to work closely with the Ministry of Health; Health Quality Council; eHealth Saskatchewan and other associated agencies. Establish regular quality review plan Create measurement report(s)
<p>Strengthen processes for evaluating applicants (labour mobility)</p>	<ul style="list-style-type: none"> Strong evaluation tools are in place to evaluate Out of Province applicants (process). Out of Province paramedics have the current competencies and qualifications to practice (outcome). Action: Quality Assurance Reviews Safe practice to the public is provided by Out of Province applicants (low number of complaints or incidences - outcome). Out of province applicants are registered in a timely fashion 	<ul style="list-style-type: none"> Identify gaps in current processes and implement improvements Establish Quality Assurance workplan Create measurement report(s)

<p>Improve Stakeholder engagement (Public, Member, MoH, National)</p>	<p>Public</p> <ul style="list-style-type: none"> • A baseline of public awareness and understanding of the role of the paramedic is established (role, trust, image, satisfaction with experience). Action: Baseline survey • Increase % of public that say they understand the role of the paramedic in healthcare (outcome). Action: Baseline survey + Focus Groups • % of public who have encountered a paramedic were satisfied or extremely satisfied with their experience (outcome). Action: Action: Baseline survey + Focus Groups <p>Member</p> <ul style="list-style-type: none"> • A baseline of membership engagement, expectation, experience is established • Increase % of members who say SCoP meets their expectations, and provides value for their membership (outcome). Action: Baseline survey + Focus Groups; consider incentives for participating in Quality Reviews and scoring well? <p>MoH</p> <ul style="list-style-type: none"> • Meaningful relationships beyond AESB are established with other branches. • SCoP & members are invited to participate in strategic discussions, provincial planning tables or committees related to healthcare service delivery improvements. Action: Air Ambulance Committee; HQC work; RQHR and eHealth Saskatchewan collaboration <p>National</p> <ul style="list-style-type: none"> • SCoP is viewed as a key influence/decision-maker at the National level - SCoP is at the table for strategic conversations. • SCoP reputation and brand are identifiable nationally/internationally 	<ul style="list-style-type: none"> • Establish consultation plan • Design survey and focus group scripts • Engage with specific organizations and committees as described
<p>Strengthen Organization sustainability</p> <ul style="list-style-type: none"> • Finance • Risk • HR • Governance • Decision-making (best practices, data for performance) 	<p>Finance</p> <ul style="list-style-type: none"> • Budget is balanced - actual is within 5% or less of budgeted. • Percentage increase of revenue sources from new sources. Action: Funding/Grant applications <p>HR</p> <ul style="list-style-type: none"> • In 3-years all HR policies are in place and current. • 100% of staff have a professional development plans in place. • There is a succession plan and business continuity plan in place. 	<ul style="list-style-type: none"> • Identify grant opportunities to support College work and/or research • Establish review schedule for College policies • Review orientation

<p>monitoring)</p>	<p>Governance</p> <ul style="list-style-type: none"> • In 3-years 100% policies have been reviewed and are relevant/up to date, with an ongoing review cycle in place. Governance policies have been separated from operational policies. <p>Action: establish review schedule</p> <ul style="list-style-type: none"> • Board orientation and committee structure has been reviewed and reflects modern governance practices. • There is a Board succession plan that engages more members in leadership roles. <p>Decision-making</p> <ul style="list-style-type: none"> • Outcome measures have been established and appropriate data sources in secured to capture relevant information (process). • Systems have been established to capture clinical data to enhance decision-making (process). 	<p>practices and update</p> <ul style="list-style-type: none"> • Council meeting succession planning agenda item
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