

SWOT ANALYSIS: OPPORTUNITIES

(18 Respondents)

Political Influence (EMS taskforce, change NYS laws, EMS essential service, taxpayer awareness): 8

Technology (ePCR, Data, texting, web sites, hardware & software, escheduler, new technology): 8

Community Paramedicine: 7

Increase Funding (legislation, EMS districts, Hospitals): 7

Redesign EMS System (long term strategies, evaluate other EMS Systems, custom solution, hybrid system, alternative transport options): 6

Regionalization/Shared Services/Consolidation: 6

Communications (public relations, recruitment, social media & interagency): 5

Personnel Retention (increase wages tax credit, LOSAP, scholarships, incentives): 4

Training (standardized, advanced, technical/specialized): 4

Demographic Changes (aging population): 3

SWOT ANALYSIS: OPPORTUNITIES

Recruitment (increase core base, volunteers): 2

Cost reductions (unsustainable, cost effective way of providing EMS): 2

Impact on public safety with new construction (burn out, call for service): 2

Other:

Leadership

Non emergent calls path to handle

Specialty care centers

Obama Care

Increase core base of volunteers

Environmental issues

Develop "time on task" hours of time ambulance on the road and distance

Transcare closure gives County a chance to find a better way

SWOT ANALYSIS: OPPORTUNITIES

Impact of ACA and how it impacts reimbursement/care model

“Changing the conversation”

To shape the future of EMS in Dutchess County for years to come

Changing healthcare system

Changes in EMS structure

Industry trends

Specialty care centers

NFPA standards

SWOT ANALYSIS: STRENGTHS

(19 Respondents)

Training (copious, consistent, unlimited, resources, excellent): 13

Radio System/Dispatch (radio system, 911 center, central dispatch, EMD, solid): 11

Providers (dedicated, collaborative, professional, experienced): 10

Hospitals (EMS liaisons, medical control, majority noted geographical location): 7

Political Support (taskforce, widespread support to address issue, Influence): 6

Data (ePCR's, 911 statistics, access): 6

Equipment (sufficient, facilities, meet regulations, apparatus, MCI trailers): 6

Funding (tax based, non tax based): 6

ALS (coverage, access to): 4

Provision of Care is regulated (HVREMSCO, NYSDOH BEMS): 3

Agencies (collaboration, MCI Plan, meetings): 2

SWOT ANALYSIS: STRENGTHS

Other:

Leadership

QI (northern Dutchess area)

Handle current call volume

Strategic locations

Good transportation infrastructure

Access to private EMS Companies

Fire department personal level of care; consistent level of redundancy

Rapid response

LOSAP

Public training programs (fire prevention, smoke detector program, senior safety, etc)

EMS is 2/3rd call volume of fire based service

EMS Coordinator; Battalion Coordinators

Some ambulance providers looking to long-term solutions

Police carry/administer Narcan

Approx. 80 members/cover 24/7 with 1 ambulance/2nd available as needed/ 54 sq. mile service area

County-wide EMS System

SWOT ANALYSIS: STRENGTHS

35 ambulances in County that are not owned by commercial agency

Ambulances that are staffed with career agencies that happen to be in the busier parts of the County

Good organization in many geographic areas

Access to private reliable EMS companies

My impression is there is a wide variance depending on the financial resources of each individual company

Volunteer recruitment

Maintenance division

24hr coverage with cross trained personnel

Award winning Dutchess County Office of Computer Information Service & Geographic Information Systems

Most fire based agencies average 2/3rd of their call volume as EMS alarms, and EMS has gradually won more credibility as an important part of the fire department.

Firemen personnel, town highway personnel, EMT's,

Full time staff, 24/7 coverage

SWOT ANALYSIS: THREATS

Availability (multiple jobs, out of County for work, family commitments): 8

Aging Population: 7

Funding (donations or tax based): 6

Increased calls (911 and non emergent, frequent users): 6

Revenue recovery (or lack of): 6

Recruitment, retaining and numbers of volunteers: 6

Taxes (high taxes, small tax base): 6

Instability in EMS (bankruptcies, loss of operating certifications): 5

Training Requirements (initial certification, CME hours, additional training): 4

Quality of life issues for First Responders: 4

Cost: 3

Current Laws: 3

Technology (rapid changing, cost): 3

SWOT ANALYSIS: THREATS

(OTHER)

Mutual Aid Availability: 2

Admitting there is a problem: 2

Value of EMS: 2

Pay: 1

Unfunded mandates: 1

Economy: 1

Reporting: 1

Location of Hospitals: 1

Leave agency after training: 1

Increase in minimum wage: 1

Willingness to change: 1

Agencies not willing to relinquish control: 1

SWOT ANALYSIS: WEAKNESSES

Staffing (volunteers, career, turnover):13

Coverage (available units, surge capacity, MCI):12

Cost: 9

Revenue Recovery: 9

Interagency Relations (willingness to merge): 8

Geography of County: 7

Leadership: 6

Policy and Standards: 6

Training (hours needed, availability of): 6

Public Knowledge: 5

Relying on Commercial providers: 4

Data: 4

Pay: 4

SWOT ANALYSIS: WEAKNESSES

(OTHER)

Government Knowledge: 3

Closet Unit dispatched: 3

Laws: 3

Response Times: 3

Taxes (higher and tax base): 3

Competency of Volunteers: 3

Transporting Distance (Length of calls): 2

Multiple Jobs: 2

Age of Providers: 2

Availability of ALS Units: 2

EMS not an essential Service: 1

Mutual Aid availability: 1

No systemic approach: 1

Not patient centered: 1

Technology: 1

Aging Population: 1

Patient outcomes: 1