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South Eleuthera Emergency Partners

Strategic Plan, October 2014

*Version 1*

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## Terms and Definitions

|  |  |
| --- | --- |
| Pre-hospital services | A network of first responders serving as a vital extension of emergency care from the community to the hospital emergency room. Also known as the service from the initial 919 call to arrival at the hospital emergency department. |
| First Responders | The network of individuals providing emergency care as the patient’s first point of contact after injury or emergency illness. These include, but limited to, volunteers, emergency medical technicians and paramedics. |
| Emergency Medical Services | The personnel, vehicles, equipment, and facilities used to deliver medical care to those with an unpredicted immediate need outside a hospital and continued care once in a medical facility. |
| Trauma | A physical or psychological wound or injury resulting from external forces. |

# EXECUTIVE SUMMARY

This strategic plan for South Eleuthera Emergency Partners (SEEP) will assist the organization in developing its projects and provide an organizational structure for moving forward during the next three years.

The organizational framework of this strategic plan helps to understand relationships of responsibility and authority. The plan provides the vision, values, goals and objectives that have been agreed upon by stakeholders for the implementation of activities for the organization.

The plan also provides historical and current progress of South Eleuthera Emergency Partners and the intended future direction for the organization. It explains how the work of SEEP will impact the island of Eleuthera with a discussion of the current emergency services in Eleuthera. Finally, the strategic plan provides how the work will be accomplished and describes an implementation plan.

This document was developed to provide management and staff a framework for the further development of programs and projects. Using the plan will help to anticipate needs and challenges before implementation. Finally, when advocating for SEEP, staff, volunteers, the Board and other representatives will be well informed through use of the strategic plan.

## 

## Managing the Strategic Plan

SEEP will provide emergency services to the settlement of Governor’s Harbour and areas south of Governor’s Harbour to support the Emergency Services program plan of the One Eleuthera Foundation Health and Wellness Initiative. It is anticipated that all emergency fire and medical services on Eleuthera will become integrated and standardized as developed for SEEP.

This document has been developed for the purpose of successful implementation through SEEP and One Eleuthera Foundation with consideration to the following:

* Management, and board agree upon the mission, vision, goals, and objectives.
* Management is committed and realistic about goals and objectives outlined in the document.
* Planning is based upon key priorities, research, statistics and well-informed advice.
* Communication of the strategic plan to stakeholders is simple and convincing.
* One Eleuthera Foundation will initially support funding while encouraging future development by SEEP as a social enterprise.

The strategic plan may need to change as the organization develops and therefore it will be routinely reviewed and updated to reflect the changes.

The SEEP Strategic Plan has been developed for implementation from January 2015 to December 2018. It will be implemented by SEEP with support from a Board of Directors and One Eleuthera Foundation. The Board of Directors for SEEP will identify key persons to administratively support the implementation of the plan under the leadership of a Chief Executive Officer (CEO). The Board will meet with the Chief Executive Officer (CEO) of SEEP to regularly monitor progress of this plan.

## Organizational Structure

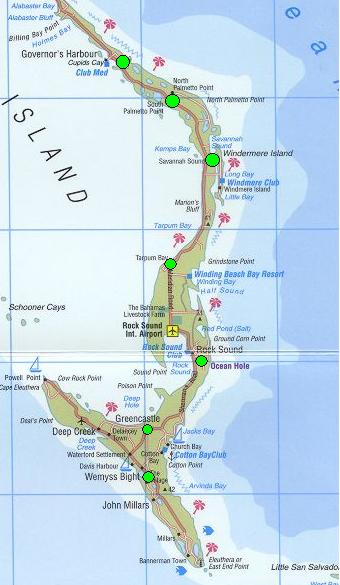
SEEP will be composed of an organizatinonal administarative team and emergency services teams based at separate Emergency Operating Centers (EOC) located across South Eleuthera. Figure 1 shows the reporting relationship of the different members of the SEEP team. Positions in red are staff position and positions in yellow are volunteer positions. Each EOC has a Station Chief, Fire and Medical Services Captains and Volunteer Firefighters and emergency responders.

Figure : Organizational Structure of SEEP Showing Human Resources

#### Board of Directors

SEEP is in the process of being incorporated as a non-profit organization in the Commonwealth Of The Bahamas. An elected Board of Directors is tasked with governing the overall direction of SEEP as the approving body for the entire operation. This group does not exist to micromanage but to guide SEEP in achieving its mission. The Board makes the final decision on all major finances within the organization, especially approval of the annual budget. The Board makes all personnel decisions within the organization. The Board is composed of voting members with the flexibility to add non-voting members to solicit additional views. One member shall serve as Chairman and will be responsible for leading board meetings and representing the Board or SEEP as needed. The Annual General Meeting will be open to the public to allow for community involvement, although only members of the Board will have the right to vote. In certain matters of fiscal responsibility, the meeting should move into a closed executive session limited to voting and non-voting members of the Board.

Figure : Map of Eleuthera Showing SEEP Settlement Locations

The Board includes three groups: Seven are reserved for individuals representing major partnering settlements, four represent leaders within the overall community of South Eleuthera, and two represent local government. The seven members representing the partnering settlements are asked to serve a three-year term and may serve consecutive terms if approved. To ensure Board continuity the original terms will be staggered. The seven settlements selected are; Governor’s Harbor, Green Castle, Palmetto Point, Rock Sound, Savannah Sound, Tarpum Bay, and Wemyss Bight (also representing Deep Creek and Bannerman Town).

These seven settlements pictured to the right were selected due to their size and geographical location. These Board members are responsible for representing the individual and unique concerns of their settlements. Representatives for the major settlements receive support from the local community as well as recommendations from previous individuals to occupy their seat.

The four members of the Board representing South Eleuthera serve a two-year term with consecutive terms possible. Representatives from the Government serve a term of one year and may serve multiple consecutive terms. The Royal Bahamian Police Force and The Ministry of Health were chosen due to their national legal oversight in emergencies. The Royal Bahamian Police Force is the government agency responsible for fire related emergencies. The Ministry of Health is responsible for medical transportation services and currently provides a nurse to accompany an ambulance. Each agency nominates its representative, with Board approval.

Different term limits are added to the terms of the Board members to ensure the Boards and SEEP’s continual existence and success. Board rotation, and term limits ensure that the Board is never composed of all new members and some members have had experience within the organization. Members of the current Board must approve all new members of the Board. To ensure the lasting success of SEEP and the Board, members serve one to three year rotating terms.

#### Chief Executive Officer

The Chief Executive Officer (CEO) is the senior staff position responsible for directing SEEP as advised by the Board of Directors. The CEO guides day-to-day operations of SEEP including managing human resources, overseeing SEEP’s training and educational standards, development of monitoring and evaluation mechanisms, and securing and maintaining funds to support the organization. The CEO is expected to submit an annual report to the Board for approval. Seasonally the CEO is asked to publish a newsletter to the community regarding the operations, fiscal health, and needs of SEEP. The CEO recommends qualified individuals for employment and has final approval involving volunteers to insure proper qualification. The CEO should be educated and trained in fire prevention, fire inspection, fire fighting, emergency disaster preparedness, disaster response, and emergency medical services. Among other responsibilities, the CEO serves as the primary liaison between SEEP and other agencies.

#### Station Chief

The Station Chief is the executive leader of the Emergency Operating Center (EOC). Responsibilities involve overall management of the EOC, creating reports, and management of staff. The Station Chief enacts the policies of the CEO and develops procedures to ensure that the EOC is operating effectively. In an emergency, the Station Chief remains at and commands from the EOC. The Station Chief is responsible for communication between the emergency team in the field, the EOC, and appropriate agencies. The Station Chief decides the appropriate level of response to an emergency and alerts those needed to address the emergency.

#### Emergency Captain

The Emergency Captain is the leader of an emergency response team when out on the field and communicates with the Station Chief. The Emergency Captain is responsible for the upkeep and maintenance of all emergency equipment and vehicles, ensuring all are working in standard international emergency services conditions. The Emergency Captain, SEEP volunteers, or an outside vendor can complete any maintenance work as needed. The Emergency Captain is also responsible for recruitment and training of volunteers, and community outreach.

#### Administrative Coordinator

Administrative Coordinators monitor volunteer activities and scheduling. The Coordinator provides administrative support to the Station Chief ensuring that supplies are ordered and delivered, and paperwork is complete.

#### Volunteers

Volunteers provide emergency medical and fire support, administrative support, coordinate projects, provide training, mentor youth, and assist with volunteer recruitment and event planning. Monthly training seminars are held for the emergency service teams to educate new volunteers and to sharpen the skills of current volunteers.

A firefighter is responsible for performing various duties rapidly, efficiently, and safely under extreme emergency conditions, frequently involving considerable hazards. These duties include operating the fire engine and all its attachments, rescuing persons from dangerous circumstances, evaluating risk for all, maintaining operational equipment, maintaining personal gear for fire safety, site cleanup, and other duties as directed by the Station Chief and Emergency Captain.

Volunteers assisting with medical emergencies work with the ambulance and have different levels of training and certification as follows:

* Emergency responders are trained to handle medical emergencies with limited first responder training. Their training is focused on basic life support skills such as CPR, initial dressing and caring for wounds. Emergency Responders operate the ambulance and never respond to a medical emergency alone. Currently, there are no trained paramedics with SEEP, therefore a certified nurse accompanies emergency responders on every emergency call.
* Emergency Medical Technicians (EMTs) provide Basic Life Support (BLS), and non-invasive procedures. Emergency medical technicians work in conjunction with Paramedics and other medical providers.
* Paramedics provide advance life support (ALS), administer a range of medication, and perform advanced electrical and invasive surgical interventions.

EMT’s and Paramedics are vital to the EMS team as they are primary care givers and are trained to handle more complicated medical situations.

#### Emergency Operations Centers

An Emergency Operations Center, or EOC, is a building used to house emergency equipment, train volunteers, and coordinate efforts in an emergency. EOCs within SEEP generally look like a large warehouse, with broad bay doors allowing emergency vehicles to enter and exit with ease. Office space is designated for management and administrative support. There is also a designated rest area for the volunteers with cots, and a shower. Each SEEP EOC also has a space dedicated to revenue generation and community activities.

An EOC is managed by a Station Chief but recruits its own set of volunteers from the local area. All EOCs report to the Chief Executive Officer of South Eleuthera Emergency Partners and work in tandem under the same rules and regulations adapted by SEEP.

EOCs provide a means for emergency services to be available within fifteen minutes. These areas are not strict guidelines and allow overlap for distant settlements.

Figure : Proposed Areas of Operation for SEEP EOCs

The following settlements and areas are covered by each EOC:

Governor’s Harbor: James Cistern, Governor’s Harbor Airport, Palmetto Point, and Savannah Sound.

Tarpum Bay: Savannah Sound, Windermere Island, Tarpum Bay, and Rock Sound;

Wemyss Bight: Cape Eleuthera, Deep Creek, Green Castle, Cotton Bay, Wemyss Bight, Waterford and Bannerman Town & Princess Cays.

SEEP has also created an ambulance shelter next to the Rock Sound Clinic to decrease the time needed for the nurses to access an ambulance. This structure requires no additional staff.

### Specific Action Required By Upper Management

To ensure that the information provided in this strategic plan is implemented, it will be the responsibility of upper management to take specific action in the following areas:

* ***Approve Final Strategic Plan***. The Board of Directors will meet to become familiar with the plan and development process. The group will have consensus on its purpose and make necessary amendments. The Board will give final approval of the strategic plan with the understanding of roles and responsibilities associated with its implementation. Once the strategic plan is approved it is essential that all management is able to relate the strategic plan with activities and programs of the organization. The Board will be fully committed to the strategic planning process.
* ***Identify Individuals for Specific Tasks.*** Once the strategic plan is approved the Chief Executive Officer will develop measurable action items of which persons should be identified to implement. Job descriptions will be developed and skilled personnel will be identified.
* ***Fundraising.*** Upper management will decide how fundraising will occur and the kind of resources (financial, material, human) that will be required to implement programs.
* ***Develop Program & Project Plans.*** The process of program development will be clearly outlined. The terms for new programs and projects will be developed with clear understanding of SEEP’s vision and the needs of the community. A consensus for the outline and structure of program planning and approval will be established. Programs that are currently in place should have structured plans that are approved by the Board.
* ***Networking with Key Individuals and Organizations.*** SEEP will work with other agencies, organizations, and individuals within the community, nationally and internationally to ensure that technical, economic, and material resources are attained to make programs successful. The Board will constantly network within their circles to assure that the needs of SEEP are attained. The terms for working with other agencies and organizations will be developed by the Chief Executive Officer with approval by the Board of Directors.
* ***Service with Excellence.*** SEEP will have staff and volunteers that serve their community with a positive attitude, provide excellent service at the highest level, and motivate the community to support its cause.
* ***Advocates.*** SEEP will have volunteers and staff that are willing to consistently act as advocates and are able to successfully communicate its mission and goals.

## Organization Description

South Eleuthera Emergency Partners (SEEP) began its mission to protect and serve South Eleuthera by raising funds to retrofit the volunteer ambulance used for medical transportation in the area. After focusing on the ambulance, SEEP was presented with an opportunity to expand to include fire protection services through the provision of a fire engine. The goal of purchasing and delivering the fire truck to South Eleuthera was achieved within one year. With the addition of these expensive pieces of emergency equipment, a facility was needed to adequately store and maintain both the ambulance and fire truck. Construction on the Tarpum Bay Emergency Operations Center (EOC) started in 2008 and currently houses an ambulance, a fire engine, personnel equipment, and SEEP’s office space. The need for an additional EOC south of Rock Sound was recognized. With a generous grant from the Cook Charitable Trust, Michael Singer Studios was commissioned to review SEEPs existing facility and design a new facility that was more environmentally sustainable. Extensive consultation took place in local communities. Construction of the Wemyss Bight Emergency Operations Center started in 2011 and began operations two years later. The center is similar to the Tarpum Bay EOC and also houses an ambulance, a fire engine, personnel equipment and an office space.

South Eleuthera Emergency Partners is a community-led organization that serves the communities of South Eleuthera by providing emergency and disaster management services and enriches the community through outreach programs.SEEP provides assistance in managing emergencies such as fires, trauma and illness cases, and provision of medical transportation. SEEP also assists volunteers in the community to become trained in the different levels of emergency response management by making the courses available in Eleuthera at reasonable rates. It is also important that the emergency team has functional, updated and appropriate equipment and supplies for the emergency team to perform. Therefore SEEP provides the funding to purchase equipment and a place to store and maintain the equipment.

SEEP provides programming within the community to encourage volunteers to participate, to educate the community about safety measures, and to build awareness of the need for improved emergency and disaster management. Through increased community programs SEEP envisions that people will become more empowered to assist themselves and one-another during an emergency. They will also be encouraged to take steps such as installation of fire alarms and fire extinguishers, adherence to speed limits (especially in high pedestrian areas), and other preventive measures. A teen mentor project will match volunteers with teens to teach them survival skills, assist with professional and personal choices, and to be better participants in their community affairs.

### Major Accomplishments

* Emergency Operating Centres (EOCs) in Tarpum Bay and Wemyss Bight completed and operating
* Fleet of 2 fire trucks and 2 ambulances
* Recycling centre at Tarpum Bay EOC
* 10 Volunteers
* Mulching Program at Tarpum Bay

# Mission Statement

SEEP aims to maintain a skilled and professional team that provides a quick and efficient response to emergencies and interactive outreach programs to inspire confidence and trust from the communities it serves.

Eleuthera faces similar emergency management needs to other rural settings:

* The population is small therefore access to health services and professionals are few and limited. Tertiary health is even scarcer.
* Most emergency medical personnel are volunteers and there is the challenge of recruiting enough and maintaining their skills due to the small population and their other commitments. The number of calls in rural areas is lower therefore the opportunity for volunteers to use their different skills is limiting.
* It is also more difficult, in rural settings, to provide local access to train volunteers and many have to leave their home and work to obtain further training.
* The response time is critical for emergency cases, however poor communications systems between EMS entities can prolong response time. Volunteers may have to report to the station before travelling to the scene for equipment also resulting in further delay. It has been found that response times in urban areas is less than in rural areas. Also the majority of deaths from incidents in rural areas occur at the scene instead of the hospital[[1]](#footnote-2).
* EMS equipment can be costly and the funds to get and keep state-of-the-art equipment are another challenge in rural areas.
* Although injuries occur less or equally as frequently as in urban areas, the severity of injury tends to be more serious. There is a higher chance of fatality if advanced life support is needed in areas where the volunteers are not trained at that level or the equipment is not available. The risk is higher for pediatric cases where volunteers are often not skilled or do not have the specialized equipment for young children.[[2]](#footnote-3)

Suggested ways to improve these challenges are:

* Improved access to training for volunteers and provision of incentives and/or pay for volunteers.
* Using multiple sources and creativity for funding and billing for EMS services
* Improved communication and skills sharing between EMS entities.
* Greater visibility of EMS in the community
* Maintaining full-time staff for periods where it is difficult to schedule volunteers

## Eleuthera Health and Social Situation

### Background

The Commonwealth of The Bahamas, an archipelagic nation composed of some 700 islands and 2000 cays and rocks covering approximately 5,372 square miles, is situated east of the coast of Florida in the United States of America and northwest of the island of Hispaniola. In 1647, the Company of Eleutheran Adventurers colonized the first permanent settlement on the island that is now Eleuthera.

The Bahamas achieved independence from Great Britain in 1973 and is now a fully self-governing parliamentary democracy that follows the Westminster Model of governance with a bicameral parliament. The House of Assembly (lower House) is composed of 38 members elected from single member districts, and the Governor General appoints the Senate of sixteen with twelve on advice from the Prime Minister and four on advice from the Leader of the Opposition. The Commonwealth of The Bahamas is a member of the Commonwealth of Nations, the United Nations and its agencies, the Caribbean Community (CARICOM) and the Organization of American States (OAS).

Locally, the populated islands of The Bahamas, often referred to as Family Islands, are divided into Administrative divisions through a system of local government that was established in 1996. This system of local government established a Family Island Administrator, local government districts, local district councilors, and local town committees. These entities are responsible for the proper use of public funds for the maintenance and development of their constituencies. Most government ministries are centralized in Nassau, the capital, located on the island of New Providence.

### Demographic Trends

The following data provides demographic information on The Bahamas with emphasis on the islands of Eleuthera, the target population of South Eleuthera Emergency Partners (SEEP)

In 2012, the population of The Bahamas was estimated to be 351,461 with a population density of 65.42[[3]](#footnote-4). New Providence and Grand Bahama islands are considered urban areas while the other Family Islands, with 15% of the population, are characterized as rural areas. The gross domestic product (GDP) at current prices was $ 8,149 million and the gross national product (GNP) was $7,892 million. The GDP per capita was $22,912 and the GNP per capita was $22,190.00[[4]](#footnote-5). The gross national income (GNI) for 2011 was $21,889.00[[5]](#footnote-6). Interestingly, according to the 2011 Labour Force and Household Survey the rural areas had a lower average unemployment rate (9.0%) than the total Bahamas (14.2%).

Eleuthera is the third most populated Family Island, exceeded only by Grand Bahama and Abaco. The population of mainland Eleuthera is 8,202 with 3,247 people residing in North Eleuthera and 4,955 in South Eleuthera[[6]](#footnote-7). Harbour Island and Spanish Wells, inhabited islands off the mainland of Eleuthera, respectively have populations of 1,762 and 1,551. The total population of Eleuthera is 11,515 or 2.33% of the total population of The Bahamas. The island of Eleuthera is 110 miles long and when including the islands of Spanish Wells and Harbour Island it is 200 square miles. The resulting population density is approximately 57.6 persons per square mile. Eleuthera is therefore considered to be a rural area in The Bahamas and has the challenges typical of many rural populations with consideration to healthcare, social and economic concerns. The island has an aging population with younger persons looking for work, a large immigrant population, less public and private sector services, and a poor distribution of health professionals.

The life expectancy at birth, in The Bahamas, for both men and women from 1980 has continued to increase from 64.3 for males and 72.1 for females in 1980 to 70.6 and 76.8 respectively in 2011[[7]](#footnote-8). The median age of the population in Eleuthera was 33.0 years in 2010[[8]](#footnote-9). According to the report of the 2010 Census of Population and Housing, the population of Eleuthera has been consistent since 1980. The total number of households reported in 2010 throughout The Bahamas was 102,8862 with the island of Eleuthera having 2,718 households. The number of households throughout the island was as follows; North Eleuthera 1071, South Eleuthera 1647, Harbour Island 597 and Spanish Wells 600.

Table : Distribution of Age by Population, Eleuthera 2010

|  |  |  |
| --- | --- | --- |
| Age | Population Size | Percent of Total Island Population |
| < 15 years | 2039 | 24.9 |
| 15 – 64 years | 5275 | 64.3 |
| 65+ years | 840 | 10.2 |

With regard to household income in Eleuthera, the largest number of households, 696, reported having an income in the range $20,001-$40,000. Table 2 provides the household incomes for 2717 Eleuthera households in 2010.

Table : Eleuthera Household Annual Income, 2010 (source: Department of Statistics)

|  |  |  |  |
| --- | --- | --- | --- |
| Annual Income in BSD | Number of Households | Annual Income in BSD | Number of Households |
| 0 - 5000 | 311 | 40,001 – 60,000 | 289 |
| 5001 – 10,000 | 369 | 60,001 – 80,000 | 107 |
| 10,001 – 15,000 | 305 | 80,001 – 100,000 | 62 |
| 15,0001 – 20,000 | 261 | 100,000 + | 38 |
| 20,001 – 40,000 | 696 | Not stated | 279 |

The highest level of education attained by men and women in Eleuthera is presented in Table 3. The majority of the population interviewed, 63%, had completed secondary school and 11.96% had completed college. As shown, it was reported that 81.6% of the population in Eleuthera had attained a secondary level education or above.

Table : Highest Level of Education Attained by Male and Female Population in Eleuthera 15 years and above, (Source: Department of Statistics, 2010)

|  |  |  |  |
| --- | --- | --- | --- |
| Highest Education Level Attained | All Gender | Number of Males | Number of Females |
| Preschool | 166 | 96 | 70 |
| Primary | 961 | 471 | 490 |
| Secondary | 3894 | 1989 | 1905 |
| Post Secondary/ Technical Vocational | 356 | 195 | 161 |
| College | 737 | 259 | 478 |
| Other | 16 | 2 | 14 |
| Total | 6130 | 3012 | 3118 |

### Health Care

In The Bahamas the health system is comprised of a public and private mix of primary, secondary and tertiary health care institutions, physicians’ offices, and clinics. PAHO Health In Americas 2012 describes the health system as centralized, primarily curative, disease based and fragmented.[[9]](#footnote-10) The total expenditure on health as a percent of the GDP in 2012 was 7.5% and the total expenditure on health per capita was $2,377[[10]](#footnote-11). Government health expenses are funded through general taxation funds.

The Public Hospitals Authority (PHA), a quasi-government organization manages the three major public hospitals: the 402-bed Princess Margaret Hospital and Sandilands Rehabilitation Centre in Nassau and the Rand Memorial Hospital in Freeport, Grand Bahama. The PHA is also responsible for the National Emergency Medical Services (EMS), Bahamas National Drug Agency (BNDA), the Materials Management Directorate, and Grand Bahama community clinics. The Princess Margaret Hospital provides secondary and tertiary services, has a neonatal intensive care unit and level one trauma centre. The Sandilands Rehabilitation Centre administers psychiatric and geriatric services. Each public hospital has a laboratory and pharmacy. There are 1,051 products on the national formulary[[11]](#footnote-12). The Bahamas Ministry of Health and Environment manages 95 public health clinics located throughout 30 islands (excluding Grand Bahama). The Ministry of Health (MOH) is also responsible for health policy and planning, regulations and monitoring, public health services, financing development and implementation of national public health programs and community health services. The size and services offered at the clinics vary throughout the different communities that they serve.

There are two private hospitals, Doctor’s Hospital and a 12-bed Lyford Cay Hospital, situated in New Providence, with 291 for-profit physicians’ offices and clinics throughout the country. The majority of private health facilities are located in the urban areas of New Providence and Grand Bahama.

In 2010, the total public and private hospital bed capacity was 1054 or 30 hospital beds per 10,000 population[[12]](#footnote-13). The Bahamas has 3.6 physicians per 1000 population. There are 2 intensive care units in Nassau and one in Grand Bahama. There is also a neonatal intensive care unit in Nassau.

The public health system in Eleuthera has 7 main clinics and 8 satellite clinics. There are three physicians, one dentist and 28 nurses. One of the nurses is trained in psychiatric care.

There are three ambulances, with six drivers who are trained as first responders and no emergency medical technicians. The first responders rely on back up from the nurses for more difficult cases. For emergencies requiring transportation to tertiary level care the public health system has established four tier levels for cases.

* Tier 1 – Air ambulance transport provided by a local company or through MASA, an air ambulance insurance company.
* Tier 2 or 3 – Chartered flight through companies approved by the public health service. These flights are accompanied by a nurse with equipment supplied by the clinics.
* Tier 3 or 4 – Regular flights. A nurse will accompany the patient for a Tier 3 level case.

The clinics are supplied with pharmaceuticals from the national drug formulary and dispense them. There is a private pharmacist practicing in Spanish Wells.

The private sector provides health care support through three physicians and one nurse stationed locally and by health care professionals who occasionally travel from Nassau. Spanish Wells has a private clinic that has monthly visits from private physicians and their teams. A veterinarian also visits from Nassau and holds clinics. The low number of health professionals in Eleuthera puts a strain on the individuals providing care, limits the type, frequency, and distribution of health services, and contributes less to the economy of the island.

Table : Employed Population by Occupation

| ***Occupation*** | ***All Bahamas[[13]](#footnote-14)*** | ***Eleuthera[[14]](#footnote-15)*** |
| --- | --- | --- |
| Medical Doctors | 435 | 6 |
| Specialist Medical Practitioners | 275 |  |
| Nursing Professionals | 1323 | 29 |
| Midwifery Professionals | 31 |  |
| Traditional and Complimentary Medicine Professionals | 4 |  |
| Paramedic Practitioners | 15 | 0 |
| Veterinarians | 24 | 0 |
| Dentists | 97 | 1 |
| Pharmacists | 176 | 0 |
| Environmental and Occupational Health & Hygiene Professionals | 17 |  |
| Physiotherapists | 38 |  |
| Dieticians & Nutritionists | 40 |  |
| Audiologists & Speech Therapists | 13 | 0 |
| Optometrists and Ophthalmic Opticians | 14 | 0 |
| Other Health Professionals | 60 |  |
| Psychologists | 49 | 0 |
| Social Work & Counseling Professionals | 215 |  |
| Medical Imaging & Therapeutic Equipment Technicians | 73 | 0 |
| Medical & Pathology Laboratory Technicians | 191 | 0 |
| Pharmaceutical Technicians & Assistants | 101 | 0 |
| Medical & Dental Prosthetic Technicians | 21 | 0 |
| Nursing Associate Professionals | 395 |  |
| Midwifery Associate Technicians | 13 |  |
| Dental Assistants & Therapists | 137 | 0 |
| Medical Records & Health Information Technicians | 78 |  |
| Community Health Workers | 6 |  |
| Dispensing Opticians | 6 | 0 |
| Physiotherapy Technicians & Assistants | 282 |  |
| Medical Assistants | 116 | 0 |
| Environmental & Occupational Health Inspectors & Associates | 217 |  |
| Ambulance Workers | 73 | 6 |
| Other Health Associate Professional | 20 |  |
| Health care Assistants | 519 |  |
| Personal care workers in Health Services | 163 |  |

In 2002, the Bahamas Blue Ribbon Commission on National Health Insurance was formed to assess the need and process for implementation of a national health insurance scheme. Currently health care in the public sector is free to Bahamian residents, however, only 7.5% of the GDP is contributed to healthcare. The major causes of morbidity and mortality are long-term or expensive acute care illnesses. In 2012, it was reported that 53% of the population in The Bahamas have no private health insurance. In Eleuthera 59% of the population reported having no health insurance. These numbers place a tremendous strain on a health system that already has few or no services in certain areas. It is also a strain on the consumer who also has to find funds for transportation to facilities off the island.

Table : Population by Island and Type of Health Insurance (source: Dept. of Statistics)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Location*** | ***Total*** | ***Individual*** | ***Group*** | ***Individual + group*** | ***None*** | ***Not Stated*** |
| Bahamas | 351,461 | 73,616 | 79,680 | 9,733 | 185,477 | 2,955 |
| Eleuthera | 8,202 | 1,696(20.7%) | 1,325(16.2%) | 188(2.3%) | 4,852(59.2%) | 141(1.7%) |
| Harbour Island | 1,762 | 425(24.1%) | 196(11.1%) | 32(1.8%) | 1,094(57.2%) | 15(0.8%) |
| Spanish Wells | 1,551 | 433(27.9%) | 240(15.5%) | 6(0.4%) | 847(54.6) | 25(1.6%) |

According to Nadeem Esmail in *Health Insurance in The Bahamas: An Analysis of the Blue Ribbon Commission’s Proposals and an Examination of Alternate Policy Options*, “The Bahamas’ current health care program is expensive and delivers relatively good access to treatment, but the quality of that treatment does require some attention as it is below what might be reasonably expected for that level of income, health expenditure, and relative access to care”. The public clinics are available to everyone, regardless of their ability to pay, but it is aging and has limited equipment, human, and financial resources.

These statistics show the huge potential of well-planned health care programs in Eleuthera. A huge savings in health care for the consumer and the community can be gained when services and qualified health professionals are available on the island. It also positively impacts the economy when jobs are provided and services are more affordable. A community also performs better when more of its members are healthy and those with disabilities are offered an opportunity for more productive living.

# VISION STATEMENT

SEEP envisions self-sustaining, coordinated, community lead and supported emergency and disaster management networks throughout Eleuthera for safer, healthier and empowered communities.

# VALUES STATEMENT

The principles of the SEEP to guide planning, operations and programs will be based on the following:

* Building a cadre of staff and volunteers that treat all patients with respect and provide the best available solutions in emergency situations.
* A continuous effort to improve response time and save lives through strategic communications.
* Community ownership to save lives through education and training on life saving issues.
* Volunteers are shown gratitude and respect for their time and skills offered to make SEEP a dependable organization.

# Goals and Objectives

**Goal 1:** Recruitment and training of volunteers from local communities to become certified emergency personnel with a long-term commitment to the mission of SEEP.

**Objectives**

* Increase awareness of SEEP and the needs of emergency services in Eleuthera with interactive programming for all ages.
* Increase volunteer commitment through activities and policies that motivate and retain volunteers.
* Increase the number and quality of trained emergency management personnel with updated training and certification at US National Certification level.

**Goal 2:** Financially stable and sustainable emergency health services available to all communities.

**Objectives**

* Implement revenue-generating activities at all EOCs to increase funds for SEEP programs.
* Increase collection of funds and community willingness to financially support local EOCS

**Goal 3:** Improve access to emergency care with strategically placed and appropriately equipped Emergency Operating Centers in South Eleuthera.

**Objectives**

* Increase the proportion of persons with access to rapidly responding emergency medical and fire services.
* Increase injury and illness survival and treatment rates with an appropriate, well-maintained and stocked inventory of equipment and supplies at all EOCs.

**Goal 4:** Community-driven management and promotion of emergency services.

**Objectives**

* Community outreach programs to improve and inform the community in current issues.
* An active, well-informed Board of Directors to advise and promote SEEP

**Goal 5:** A coordinated and informed emergency management system to decrease response time, share resources and meet the emergency care needs of Eleuthera.

**Objectives**

* Stronger networking and partnerships among EMS components
* Improved communications systems between entities for better care
* Informed data collected and evaluated for services and outcomes rendered.

# STRATEGY

* Develop strong detailed project plans with timelines, budget and evaluation mechanisms.
* Obtain appropriate financial resources to support proposed programs.
* Develop and train a Board of Directors.
* Recruit and train staff and volunteers
* Develop collaborative relationships with other organizations and agencies to support SEEP.
* Assess community needs, through focus groups, needs assessment tools and -research.
* Develop communications strategy with associated tools for promotion of SEEP and its activities within the community and other stakeholders

# IMPLEMENTATION PLAN

## Budget

Table 6 provides a three-year budget to implement this strategic plan for South Eleuthera Emergency Partners. Financial management and development of marketing tools will be supported through One Eleuthera Foundation’s network.

Table : SEEP Budget October 2014 - August 2017

## Risks and Opportunities (SWOT analysis)

**Strengths** – Strategically located EOCs established; strong support from One Eleuthera Foundation to support SEEP; supported by well-trained nurses, and police;

**Weaknesses** – outdated and insufficient equipment; basic life support equipment available; insufficient volunteers with advanced life support training; nurses overworked and understaffed; lack of scheduling for emergency personnel; poor communications network; need to build stronger program development skills; need to develop plans and projects in more timely manner; access to updated statistical data for Eleuthera;

**Opportunities**-; the project is unique and needs are great allowing for much growth; sufficient young men and women available for training as volunteers; courses can be made available locally for EMTs; support from RBPF, Ministry of Health and RBDF; health insurance available in Eleuthera; health insurance covers emergency care;

**Threats** – Community support for and confidence in services; availability of funding and appropriate resources; finding staff and volunteers to complement human resources needs; projects abandoned after implementation; key personnel in organization leave without replacements or alternatives for implementing projects; politics interferes with building links with organizations; volunteers need to leave island/country for updated training courses; lack of support from volunteer employers; low insurance coverage on islands to support funding of services; poor cooperation from competing/other EMS entities; small population and number of calls to allow volunteers to practice skills.

## Activities

Objective : Increase awareness of SEEP and the needs of EMS in Eleuthera with interactive programming for all ages.

| Activities | Inputs | Outputs | Indicators | Responsible Team |
| --- | --- | --- | --- | --- |
| 1. Presentations at schools and workplaces | * Plan presentations * Schedule presentations | * Community knows what SEEP is and does | * # presentations in schools * # presentations in workplaces * # volunteers recruited through presentations | * Volunteers * Administrative Coordinator * Emergency Captain * Station Chief |
| 1. Increased community participation of SEEP | * Participate in fairs, homecomings and other events | * Increased visibility of SEEP | * # of community planned events that SEEP was represent. * # volunteers recruited through community planned events | * Volunteers * Administrative Coordinator * Emergency Captain * Station Chief |

Objective : Increase volunteer commitment through activities and policies that motivate and retain volunteers

| Activities | Inputs | Outputs | Indicators | Responsible Team |
| --- | --- | --- | --- | --- |
| 1. Implement policies to compensate volunteers for participation | * Establish policies * Implement policies | * More volunteers sign up * Volunteers participate more * Volunteers benefit from participation | * Volunteers feel valued * Average time volunteers participate * Length of time volunteers stay with SEEP * # new volunteers | * CEO * Station Chief * Emergency Captain |
| 1. Maintain a database of volunteer skills set | * Build database * Collect information on volunteers | * Volunteers placed in areas suitable for skills | * # volunteers skilled as EMT * # volunteers skilled as paramedic * # volunteers skilled as teen mentors | * Administrative Coordinator * Emergency Captain * Station Chief |
| 1. Effectively manage volunteers | * Implement volunteer schedules * Communicate schedules * Volunteers placed at skills level * Clear volunteer descriptions developed and communicated * Implement fun activities to motivate volunteers | * Volunteers fulfilled in participation * Volunteers working effectively * Volunteers available at required times * Volunteer enjoy working with SEEP * Volunteers recruit other volunteers | * # volunteer positions clearly defined and communicated * # volunteers adhering to schedules | * Administrative Coordinator * Emergency Captain |

Objective : Increase the number and quality of trained emergency management personnel with updated training and certification at US national certification level

| Activities | Inputs | Outputs | Indicators | Responsible Team |
| --- | --- | --- | --- | --- |
| 1. Provide EMS training opportunities for volunteers | * Plan and implement training for different levels * Schedule training * Communicate training options to volunteers | * More qualified volunteers * More skilled volunteers * Better response and care provided in emergencies * Increased use of EMS in community | * # and type of training sessions that volunteers participated in * # volunteers that participated in training in 1 year * # trained emergency responders * # trained EMTs * # trained paramedics * # calls that SEEP EMS volunteer respond to in 1 year | * Emergency Captain * Station Chief * CEO |
| 1. Provide refresher training for volunteers | * Plan and implement training for different levels * Schedule training * Communicate training options to volunteers | * More qualified volunteers * More skilled volunteers * Better response and care provided in emergencies * Increased use of EMS in the community | * # volunteer refresher courses available to SEEP EMS volunteers * # volunteers that participated in refresher courses in 1 year | * Emergency Captain * Station Chief * CEO * Volunteers |
| 1. Train volunteers to train other volunteers | * Plan and implement training for different levels * Schedule training * Communicate training options to volunteers | * More qualified volunteers * More skilled volunteers * Better response and care provided in emergencies * Increased use of EMS in community | * # volunteer trainers * # volunteer trainers that have trained other volunteers | * Station Chief |

Objective : Implement revenue-generating activities at all EOCs to increase funds for SEEP programs

| Activities | Inputs | Outputs | Indicators | Responsible Team |
| --- | --- | --- | --- | --- |
| 1. Farms program |  |  | * Revenue generated in year | * Volunteers * Administrative Coordinator * Station Chief |
| 1. Mulching Program |  |  |  | * Volunteers * Administrative Coordinator * Station Chief |
|  |  |  |  | * Volunteers * Administrative Coordinator * Station Chief |

Objective : Increase collection of funds and community willingness to financially support local EOCs

| Activities | Inputs | Outputs | Indicators | Responsible Team |
| --- | --- | --- | --- | --- |
| 1. Network with insurance companies for acceptance of payments | * Identify insurance companies * Contact insurance companies | * SEEP on insurance provider lists | * # insurance companies that have SEEP on provider list | * CEO * Station Chief |
| 1. Market acceptance of insurance payments to public | * Develop marketing tools * Release marketing tools | * Public aware of payment options | * # marketing materials developed * # insurance payments during the year | * CEO * Station Chief |

Objective : Increase the proportion of persons with access to rapidly responding emergency medical and fire services

| Activities | Inputs | Outputs | Indicators | Responsible Team |
| --- | --- | --- | --- | --- |
| 1. Strategically placed EOCs across the island | * EOCs closer to potential emergency sites * Increased coverage across the island | * Decrease emergency response time * More lives saved * Increase use of service | * # calls per EOC per year * Average response time per call | * CEO * Station Chief |

Objective : Increase injury and illness survival and treatment rates with an appropriate, well-maintained and stocked inventory of equipment and supplies at all EOCs

| Activities | Inputs | Outputs | Indicators | Responsible Team |
| --- | --- | --- | --- | --- |
| 1. Build inventory of equipment and supplies | * Assess equipment and supplies needs for each EOC * Stock EOCs * Maintain updated inventory | * Well-stocked inventory at EOCs * EMS personnel better prepared * Improved care at emergency sites | * # supplies available at a given time * # equipment available at given time * Type of services available | * Emergency Captain * Volunteers * Administrative Coordinator * Station Chief |
| 1. Maintenance plan for vehicles and equipment | * Schedule maintenance * Identify maintenance personnel * Train maintenance personnel if necessary | * Vehicles and equipment in good working order and last longer * EMS personnel better prepared for emergencies. | * # vehicles and equipment in use in a given time * # times vehicles and equipment receive maintenance during year | * Emergency Captain * Administrative Coordinator * Station Chief |

Objective : Community Outreach programs to improve and inform the community on current issues

| Activities | Inputs | Outputs | Indicators | Responsible Team |
| --- | --- | --- | --- | --- |
| 1. Serious injury and fire prevention awareness | * Social marketing planned and implemented | * Community more informed and responsible about safety concerns * Improved relationships with community | * # persons participate in activities * # activities held | * Volunteers * Emergency Captain * Administrative Coordinator * Station Chief |
| 1. CPR and First AID training in the community | * Plan and implement projects * Identify and capture needs * Market projects | * More members of community able to provide basic life savings skills | * # persons participate in activities * # activities held | * Volunteers * Emergency Captain * Administrative Coordinator * Station Chief |
| 1. Disaster management training and education for the community | * Plan and implement projects * Identify and capture needs * Market projects | * Community better prepared to handle disasters * Volunteers in disaster management identified | * # persons participate in activities * # activities held | * Emergency Captain * Volunteers * Administrative Coordinator * Station Chief |
| 1. Teen mentors | * Plan and implement projects * Identify strong mentors * Market projects | * Teens develop life-saving skills | * # persons participate in activities * # activities held | * Volunteers * Emergency Captain * Administrative Coordinator * Station Chief |
| 1. Career development | * Plan and implement projects * Identify and capture needs * Market projects | * Broader outlook on career opportunities * Volunteers recruited | * # persons participate in activities * # activities held | * Volunteers * Emergency Captain * Administrative Coordinator * Station Chief |
| 1. Recycling Program | * Plan and implement projects * Identify and capture needs * Market projects |  |  | * Volunteers * Emergency Captain * Administrative Coordinator * Station Chief |
| 1. Farming Program | * Plan and implement projects * Identify and capture needs * Market projects |  |  | * Volunteers * Emergency Captain * Administrative Coordinator * Station Chief |

Objective : An active well-informed Board of Directors to advise and promote SEEP

| Activities | Inputs | Outputs | Indicators | Responsible Team |
| --- | --- | --- | --- | --- |
| 1. Recruit Board | * Job description for Board * Identify and invite candidates | * Well-selected Board | * # times Board meet * # Board members participate in meeting | * CEO |
| 1. Train Board | * Identify training needs * Plan and implement workshop | * Informed Board | * # Board members trained * # and type of workshops implemented per year | * CEO |
| 1. Implement Board activities | * Plan and schedule activities * Identify committees | * Active Board * Committees formed | * # times Board committees meet * % tasks completed by Board | * CEO |

Objective : Stronger networks and partnerships among EMS components

| Activities | Inputs | Outputs | Indicators | Responsible Team |
| --- | --- | --- | --- | --- |
| 1. Provide opportunities for sharing skills and services | * Forums for network to collaborate | * Decreased costs per system for training * Increased skills and services available in network | * # EMS personnel in system | * CEO * Station Chief * Emergency Captain |
| 1. Implement systems for communication and management of services within the network | * Develop system * Develop policies and procedures * Train network personnel on system | * Increased resources within EMS | * % of network personnel trained to use system. * % calls shared within system | * CEO * Station Chief * Emergency Captain |

Objective : Improved communication systems between SEEP entities for better care

| Activities | Inputs | Outputs | Indicators | Responsible Team |
| --- | --- | --- | --- | --- |
| 1. Implement geographic information system (GIS) | * Purchase and install GIS * Training with GIS | * Improved dispatching to scene * Increased survival rates * Emergency personnel with GIS skills | * Average response time to emergency scene * Average time from emergency scene to hospital * # skilled emergency personnel in GIS | * CEO * Station Chief * Emergency Captain |
| 1. Newsletters and other media tools | * Develop tools * Schedule for distribution * Disperse tools | * Community more aware of SEEP activities * Volunteers informed * Networks informed * Board informed | * # newsletters distributed in year * % of network more engaged due to better communication | * Administrative Coordinator * CEO * Station Chief * Emergency Captain |
| 1. Implement telemedicine services | * Purchase and install equipment * Build networks * Training with equipment | * Improved emergency medical care * Improved skills available * Emergency medical personnel with telemedicine skills | * % cases treated via telemedicine * % cases resolved locally due to care received by telemedicine * # skilled emergency medical personnel trained in telemedicine | * CEO * Station Chief * Emergency Captain |

Objective : Data collected and evaluated for informed services and outcomes rendered

| Activities | Inputs | Outputs | Indicators | Responsible Team |
| --- | --- | --- | --- | --- |
| 1. Develop data collection tools | * Data collection tools identified * Tools developed | * Forms, schedules, available | * # of tools utilized | * CEO * Station Chief |
| 1. Implement procedures | * Mechanisms to use tools scheduled | * Forms completed correctly | * # tools used effectively | * Station Chief * CEO |
| 1. Train volunteers and staff in data collection | * Training planned and implemented | * Data collected in timely manner | * # volunteers and staff that use tools correctly | * Station Chief * CEO |
| 1. Evaluate data | * Data collected * Data assessed | * Correct/actual EMS needs identified * Improved SEEP planning | * % needs met | * Station Chief * CEO |

## Timelines

As mentioned, the strategic plan provide in this document is for three years. The timeline provided in Table 7 is prepared for 27 months with the intent for updates to occur during this time. The dark areas are implementation times, many suggesting that objectives will be ongoing.

Table : Suggested Timeline to Implement Objectives of SEEP: July 2014-December 2016

| **Objectives** | **2014** | | | | | | | **2015** | | | | | | | | | | | | **2016** | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **J** | | **A** | **S** | **O** | **N** | **D** | **J** | **F** | **M** | **A** | **M** | **J** | **J** | **A** | **S** | **O** | **N** | **D** | **J** | **F** | **M** | **A** | **M** | **J** | **J** | **A** | **S** | **O** | **N** | **D** |
| 1. Increase awareness of SEEP and the needs of emergency services in Eleuthera with interactive programming for all ages. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * 1. Presentations at schools and workplaces |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Increased community participation of SEEP |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Increase volunteer commitment through activities and policies that motivate and retain volunteers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * 1. Implement policies to compensate volunteers for participation |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Maintain a database of volunteer skills set |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Effectively manage volunteers |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Increase the number and quality of trained emergency management personnel with updated training and certification at US National Certification level. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * 1. Provide EMS training opportunities for volunteers |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Provide refresher training for volunteers |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Train volunteers to train other volunteers |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Implement revenue-generating activities at all EOCs to increase funds for maintenance of equipment and supplies for emergency services***.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * 1. Farm |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Mulching |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Increase collection of funds and community willingness to financially support local EOCS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * 1. Network with insurance companies for acceptance of payments |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Market acceptance of insurance payments to public |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Increase the proportion of persons with access to rapidly responding emergency medical and fire services. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * 1. Strategically placed EOCs across the island |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Increase injury and illness survival and treatment rates with an appropriate, well-maintained and stocked inventory of equipment and supplies at all EOCs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * 1. Build inventory of equipment and supplies |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Maintenance plan for vehicles and equipment |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Community outreach programs to improve and inform the community in current issues. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * 1. Serious injury prevention awareness |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. CPR and First AID training in the community |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Disaster management training and education for the community |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Teen mentors |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Career development |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Recycling program |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Farming program |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. An active, well-informed Board of Directors to advise and promote SEEP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * 1. Recruit Board |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Train Board |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Implement Board activities |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Stronger networking and partnerships among EMS components | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * 1. Provide opportunities for sharing skills and services |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Implement systems for communication and management of services within the network |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Improved communications systems between entities for better care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * 1. Implement GIS |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Newsletters and other media tools |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Implement telemedicine services |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Informed data collected and evaluated for services and outcomes rendered. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * 1. Develop data collection tools |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Implement procedures |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Train volunteers and staff in data collection |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1. Evaluate data |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## References

The following documents were used to provide information on emergency management systems in rural communities with challenges that are similar to South Eleuthera Emergency Partners (SEEP). The information was helpful to inform, compare and provide suggestions in planning under the same conditions. The research assisted in preparing realistic, achievable goals and objectives for Eleuthera’s emergency care needs and helps stakeholders to understand that the conditions are not unique but workable with good preparation.

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14. Conversation with public health staff [↑](#footnote-ref-15)