

The RACI Matrix and FICEMS Project Management

A RACI matrix is a project management tool that clearly depicts the functions of specific parties or roles in the performance of particular actions or tasks. Use of a RACI matrix can help ensure that all parties both have input into and are aware of the duties expected of them. For each action, an organization may be assigned one of the positions shown in the table below:

R esponsible	A ccountable	C onsulted	I nformed
The role or roles that actually perform the action required by the task. <i>Who has the action on this activity?</i>	The role that is finally answerable for the task. <i>Who is "on the hook" for this activity?</i>	The role or roles whose inputs are solicited prior to the task. <i>With whom do we have to clear this? What is their input?</i>	The role or roles to whom the outcome is communicated following completion. <i>Who needs to know about this?</i>

Several additional guidelines should be followed in the creation of a RACI matrix:

- Designate only one role as "accountable" for each activity. (There may be multiple roles deemed "responsible," "consulted," or "informed" for each activity.)
- Reduce, to the extent possible, the number of "consulted" and "informed" parties.
- Ensure that roles deemed "accountable" possess the necessary corresponding authority.
- Assign "responsible" and "accountable" to the lowest possible levels within an organization.

A RACI matrix can be an invaluable tool for any organization, particularly one, such as FICEMS, that comprises many distinct component entities. This matrix serves to coordinate and streamline the efforts of involved parties and to promote an atmosphere of accountability. In the context of FICEMS, the elements of the strategic plan can be tracked and monitored using the RACI matrix on the following page.

R = Responsible

A = Accountable

C = Consulted

I = Informed

Goal 2: Data-driven and evidence-based EMS Systems that promote improved patient care quality

Objective 2.1: Support the development, implementation, and evaluation of evidence-based guidelines (EBGs) according to the National Prehospital EBG Model Process

Activity	Timeframe	FICEMS	TWG	HHS/HRSA EMSC	DOT NHTSA	DHS OHA	HHS ASPR	HHS CDC	HHS/NIH OECR	HHS AHRQ	HHS IHS	DoD DoD	HHS/HRSA ORHP	HHS CMS
		<p>Provide a briefing to FICEMS on the status of EBG development and implementation</p> <ul style="list-style-type: none"> EBG Model Guidelines EBG Implementation EBG National Strategy Publications 	Dec. 2014	I	R	A	A	C	I	C	C			C
<p>Submit newly published EBG guidelines to the National Guideline Clearinghouse</p> <ul style="list-style-type: none"> Assess quarterly for published EBG guidelines to be submitted 	Sept. 2014	I		R	R			I		C		I		

<p>Update FICEMS regarding NIH-OECR initiatives</p> <ul style="list-style-type: none"> Ethical and regulatory issues regarding informed consent in emergency care setting Feasibility developing an emergency care research network (EMS/ED) Highlight current emergency care networks: PECARN, NETT, ROC 	Dec. 2014			C	I	C	R							
<p>Explore opportunities to evaluate current EBG guidelines (<i>i.e.</i>, preventable death analysis)</p> <ul style="list-style-type: none"> Consider active shooter events and use of external hemorrhage control Identify other potential guidelines that allow for system level evaluation 	Oct. 2014		A	C	R	R	I	C			I	R		I

<p>Identify mechanisms to disseminate published EBGs to stakeholders</p> <ul style="list-style-type: none"> Identify Federal distribution channels Partnership with stakeholders 	Sept. 2014			R	R					C	C	I	C	I
<p>Explore options for developing performance measures that support EBG implementation through the ORHP for FLEX grants and CAHs</p>	Nov. 2014			C	C								R	
<p>Provide briefing to FIECMS describing improvements in responses to active shooter situations resulting from implementation of external hemorrhage control EBG.</p>	Dec. 2014				C	R						I		
<p>Prepare and present a webinar on Why EMS needs Evidence-based Guidelines for the FICEMS webinar series</p>	2014/5			R	R		I	C	I	C				

FICEMS Objective 2.2

R = Responsible

A = Accountable

C = Consulted

I = Informed

Goal 2: Data-driven and evidence-based EMS Systems that promote improved patient care quality

Objective 2.2: Promote standardization and quality improvement of prehospital EMS data by supporting the adoption and implementation of NEMSIS-compliant systems.

	FICEMS	TWG	USFA	ASPR	NHTSA	DHS/OHA	CDC	DoD	HRSA	Timeframe
<p>Develop and present a concise report to FICEMS to update on status of NEMSIS implementation.</p> <ul style="list-style-type: none"> - States reporting to National Database & % Agencies - Challenges encountered - Examples of Use of NEMSIS and Next Steps. 	(I)	(A)	Mike Stern (C)	Kevin Horahan (C)	Susan McHenry (R)	Ray Mollers (I)		Chris Handley (C)	Theresa M-Quinata (C)	6/2014
<p>Prepare background materials (including 2008 FICEMS action) and draft Recommendation to FICEMS for Inclusion of support for transition to NEMSIS Version 3 in grant guidance for various applicable</p>	(R)	(A)	Mike Stern (C)	Kevin Horahan (C)	Susan McHenry (R)	Ray Mollers (C)		Chris Handley (I)	Theresa M-Quinata (I)	12/2014

FICEMS Objective 2.2

<p>Federal grant programs.</p> <ul style="list-style-type: none"> - Prepare draft materials for TWG approval - TWG submit proposed policy action to FICEMS - Following FICEMS approval, prepare draft FICEMS letters to agencies - Report to FICEMS on Agency responses received 										
<p>Provide an annual report to FICEMS on states transitioning to NEMESIS Version 3. (Report can also be posted on ems.gov)</p>	(I)	(A)	(I)	Kevin Horahan (C)	Susan McHenry (R)	Ray Mollers (C)		Chris Handley (I)	Theresa Morrison-Quinata (I)	12/2014

FICEMS Objective 3.3

R = Responsible									
A = Accountable									
C = Consulted									
I = Informed									
Goal 3: EMS systems fully integrated into State, territorial, local, tribal, regional, and Federal preparedness planning, response, and recovery									
Objective 3.3: Improve EMS system preparedness for all-hazards, including pandemic influenza, through support of coordinated multidisciplinary planning for disasters.									
	FICEMS	TWG	USFA	ASPR	NHTSA	DHS/OHA	CDC	DoD	HRSA
<p>Serve as a liaison and convene respective agency partners involved in the grant alignment process and support grant alignment with EMS guidance and other technical assistance.</p> <ul style="list-style-type: none"> Plan and convene a meeting of agency grant staff to explore grant alignment opportunities (e.g. outputs: agenda, list of meeting invitees, meeting objectives, etc.) Draft report to FICEMS on grant alignment. 	(A)			Kevin Horahan (R)	Gam Wijetunge (R)	Ray Mollers (R)	Sherline Lee (R)		Theresa Morrison-Quinata (R)
Implement action steps in the FICEMS MUCC implementation plan scheduled to be completed by December	(A)				Gam Wijetunge (R)				

FICEMS Objective 3.3

<p>2018</p> <ul style="list-style-type: none"> Prepare a report to FICEMS on the MUCC implementation plan (e.g. Identify opportunities for improvement, next steps, etc.) 													
<p>Recommend to the TWG standard operating procedures for sharing preparedness and response information with FICEMS</p> <ul style="list-style-type: none"> "What would FICEMS like to know?" 													
<p>Completion of CDC MedSurge framework for EMS.</p> <ul style="list-style-type: none"> Update to TWG on project in Fall 2014 in advance of December FICEMS meeting First draft available to core planning team/SME planning team Fall 2014 				Kevin Horahan (C)	Gam Wijetunge (R)				Sherline Lee (A)				
<p>Develop DHS/NASEMSO EMS Domestic Preparedness Gaps and Solutions Document</p>							Ray Mollers (A)						
<p>Develop Response to IED Active Shooter Events guidance</p>							Ray Mollers (A)						
<p>Explore interface between innovative EMS models (i.e.: CP/MIHC) and preparedness.</p> <ul style="list-style-type: none"> ASTHO report on legal and regulatory barriers Summer 2014 				Kevin Horahan (A)	Noah Smith (R)		Ray Mollers (R)						

FICEMS Objective 3.3

<ul style="list-style-type: none"> Funding Opportunity Announcement released for "Promoting Innovation in Emergency Medical Services" (DTNH22-14-R-00029) 									
Explore national standard for mass casualty patient tracking				Kevin Horahan (C)				Tim Talbot (A)	
Explore preparedness component of EMS Data/HIE <ul style="list-style-type: none"> Proposal submitted to Patient Centered Outcomes Research Trust Fund for grants/cooperative agreements in May 2014 to develop infrastructure to allow outcomes research that is facilitated by bi-directional data flow (in coordination with Data Committee). 				Kevin Horahan (A)	Susan McHenry (R)				
Enhance coordination between FICEMS partners and the National Integration Center <ul style="list-style-type: none"> Arrange a briefing on the NIC for the preparedness committee. 			Mike Stern (A)	Kevin Horahan (I)	Gam Wijetunge (I)		Sherline Lee (I)		

R = Responsible									
A = Accountable									
C = Consulted									
I = Informed									
Goal 6: Work toward well-educated and uniformly credentialed EMS workforce									
Objective 6.3 : Work with State EMS Offices to support the transition of military EMS providers to civilian practice									
Action Items	Time frame	FICEMS	TWG	USFA	ASPR	NHTSA	DHS/OHA	DoD	HRSA
Lead an EMS Military Credentialing and Licensing Federal Work Group	May 2013		(I)	Ernest Mitchell (C)	Gregg Margolis (C)	Drew Dawson (A)	Ray Mollers (C)	Marion Cain (R)	Karen Nesseler (C)
Develop fact sheet on EMS careers for use at DoD Transition Assistance Program (TAP) Centers and Department of Labor (DOL) American Job Centers.	May 2014		(I)	Ernest Mitchell (I)	Gregg Margolis (C)	Drew Dawson (A)	Ray Mollers (C)	Marion Cain (R)	Karen Nesseler (C)
Identify and document best practice academic programs to transition military Medics into certified civilian EMT-Paramedics. Encourage other academic institutions to adopt these best practices.	May 2014		(I)	Ernest Mitchell (I)	Gregg Margolis (R)	Drew Dawson (A)	Ray Mollers (C)	Marion Cain (R)	Karen Nesseler (C)
Teleconference with national EMS organizations, Veterans Organizations and others to continue acquainting them with the emergency	May 2014		(C)	Ernest Mitchell (I)	Gregg Margolis (I)	Drew Dawson (A)	Ray Mollers (C)	Marion Cain (R)	Karen Nesseler (I)

FICEMS Objective 6.3

medical services education of the military including the services and information available military EMS training.									
Convene by conference call non-Federal EMS stakeholders to discuss military EMS licensing and credentialing issues and explore opportunities for increasing civilian EMS employment of veterans.	June 2014		(C)	Ernest Mitchell (I)	Gregg Margolis (C)	Drew Dawson (A)	Ray Mollers (C)	Marion Cain (R)	Karen Nessler (C)
Disseminate information about the Joint Service Transcript (JST) to EMS Stakeholders	June 2014		(C)	Ernest Mitchell (I)	Gregg Margolis (C)	Drew Dawson (R)	Ray Mollers (I)	Marion Cain (A)	Karen Nessler (I)
Develop and adopt a position statement of the Federal Interagency Committee on Emergency Medical Services (FICEMS) to work with State EMS Offices in supporting the transition of separating military medics to civilian practice.	June 2014	Drew Dawson (R)		Ernest Mitchell (I)	Gregg Margolis (C)	Drew Dawson (R)	Ray Mollers (I)	Marion Cain (A)	Karen Nessler (I)