Florida's Emergency Medical Services Strategic Plan

July 2010 – June 2012

EMSAC Members

The following is a list of the EMSAC members at the time this strategic plan was published. EMSAC members are appointed by the State Surgeon General for a term of four years. Ex-officio members of the EMSAC are appointed by the respective agency head. For a current list of members, a copy of the EMSAC bylaws, or general information about the EMSAC, visit the BEMS website at: http://www.fl-ems.com.

Chair- Air Ambulance Operator
John Scott, RN, EMT-P
Tampa General Hospital

Commercial Ambulance Operator
Alan Skavroneck, Chief Operating Officer
Ambitrans Medical Transport

Department of Highway Safety and Motor Vehicles
Walter Liddell, Trooper
Florida Highway Patrol

Department of Education
Tracy Yacobelis
Program Specialist, Health Sciences Education

Department of Financial Services
Barry Baker, Chief
Bureau of Fire Standards and Training
State Fire Marshall

Department of Transportation
Trenda McPherson
DOT Traffic Safety Specialist

Emergency Medical Technician (Fire Service)
Cory S. Richter, EMT-P
Battalion Chief, Indian River County Fire Rescue

EMS Administrator (Non-Fire Service)
Michael Patterson, Chief
Putnam County EMS

EMS Administrator (Fire Service)
William R. Colburn, Chief
Reedy Creek Fire Department

EMS Educator
Daniel Griffin, AS, CCEMT-P

Emergency Medical Services for Children Liaison
Julie Bacon, RNC, BA, CPEN, C-NPT
EMSC Advisory Committee

Emergency Medical Technician (Non-Fire Service)
Tom Quillin, Chief
Leon County Emergency Services

Emergency Nurse
Amy Paratore, RN
Tampa General Hospital

Hospital Administrator
Maria Fernandez, MSN
Miami Children's Hospital LifeFlight

Lay Elderly
Doris Ballard-Ferguson, BSN, ARNP, MNSc, PhD
Florida A & M University School of Nursing

Lay Person
Regina E. Sofer, MPA
Florida Education Center

State EMS Medical Director
Joe Nelson, DO, MS, FACOEP, FACEP
Bureau of Emergency Medical Services
Division of Emergency Medical Operations
Florida Department of Health

Paramedic (Non-Fire Service)
Karen Chamberlain, EMT-P, RN, BSN, CFRN, CEN, CCRN

Paramedic (Fire Service)
Charles E. Moreland, EdD
Division Chief, Jacksonville Fire and Rescue

Physician
Patricia Byers, MD
University of Miami, Miller School of Medicine
Division of Trauma & Critical Care

Physician
Bradley Elias, MD
Baptist Medical Center

Cover photo courtesy of Nature Coast EMS
2010 Florida EMS Photo of the Year - best depicting the 2010 National EMS week theme.

"EMS: Anytime. Anywhere. We'll be there."

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Message from the
State Surgeon General

On behalf of the Florida Department of Health and our partners I present to you the *July 2010–June 2012 Florida Emergency Medical Services Strategic Plan* for Florida's EMS system. This plan is an evolving and fluid document that will change as best practices are discovered and implemented. The Florida Emergency Medical Services Advisory Council and its Strategic Visions Committee are the strategic plan oversight team. This team is comprised of health and medical leaders from all disciplines around the state and is responsible for setting priorities, allocating resources, providing oversight and coordination, and communicating and monitoring progress against targets.

The new 2010-2012 EMS State Strategic Plan was developed through a series of consensus-building discussions, projects, and prioritization exercises. The ten goals with supporting objectives were presented to the Florida Emergency Medical Services Advisory Council for endorsement in January 2010. The council endorsed these recommendations and will focus on the following emphasis areas for the next two years: leadership, prehospital incident data collection, outreach, injury prevention, access to care, public education, workforce education and development, workforce satisfaction, service delivery, disaster preparedness and response, air medical safety, patient safety, personnel safety, radio communications, and emergency medical dispatch.

We all play a key role in the EMS system. Continuing to grow and expand our community partnerships and collaborative efforts strengthens the success of the plan and the services provided to Floridians. I recognize all those involved in the development and implementation of this plan. Their continued drive to link the continuum of care through their strategic planning efforts is to be commended.

Sincerely,

Ana M. Viamonte Ros

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

2009 EMS
Photo of the Year

Photo courtesy of:
Seminole Tribe Fire Rescue -
Best depicting the
2009 National EMS Week Theme,

"EMS: A Proud Partner in Your Community."

Photo courtesy of Leon County EMS - 2010 Florida EMS Provider of the Year.

Florida Statute 401.24 requires the Florida Department of Health, Bureau of Emergency Medical Services, to develop and biennially revise a comprehensive state plan for basic and advanced life support services. At a minimum, the plan must include:

1) emergency medical systems planning, including the prehospital and hospital phases of patient care, injury control efforts, and the unification of such services into a total delivery system to include air, water, and land transport;

2) requirements for the operation, coordination and ongoing development of emergency medical services which include: basic life support or advanced life support vehicles, equipment, and supplies; communications; personnel; training; public education; state trauma system; injury control; and other medical care components; and

3) the definition of areas of responsibility for regulating and planning the ongoing and developing delivery service requirements.

Florida Statute 401.245 created the Emergency Medical Services Advisory Council (EMSAC) for the purpose of acting as the advisory body to the state's emergency medical services program. The duties of the council are outlined in Section 401.245, F.S., and includes 401.245(1)(f), F.S.:

"Providing a forum for planning the continued development of the state's emergency medical services system through the joint production of the emergency medical services state plan."

2010-2012
Goals

Goal 1: Improve the EMS system through effective leadership and communication by the EMS Advisory Council.

Goal 2: Improve EMS data collection and participation through advocacy, outreach, and improved accessibility to EMS incident-level data.

Goal 3: Improve customer satisfaction through injury prevention, public education and knowledge of the EMS system. (Customer as defined by the EMS agency).

Goal 4: Improve EMS work-force education, performance, and satisfaction.

Goal 5: Ensure economic sustainability of the EMS system and serve as a clearinghouse for EMS legislative issues.

Goal 6: Improve performance of key EMS processes through benchmarking and partnerships.

Goal 7: Assure the EMS system is prepared to respond to all hazard events in coordination with state disaster plans.

Goal 8: Maintain an accident-free environment and promote a culture of safe and appropriate utilization of Florida air assets.

Goal 9: Increase access to care by improving patient safety, responder safety, and the safety of the general public.

Goal 10: Improve consistency, efficiency and education of public safety personnel with respect to incident related emergency medical dispatch (EMD) and radio communications.

About the
Emergency Medical Services
Advisory Council

"EMS: Anytime. Anywhere. We'll be there."

Photo courtesy of Nature Coast EMS - 2010 Florida EMS Photo of the Year best depicting the 2010 National EMS week theme.

EMSAC Mission:

To facilitate, promote, and ensure the best prehospital emergency medical care to the residents and visitors of Florida.

EMSAC Vision:

A unified EMS system that provides evidence based prehospital care to the people of Florida and serves as the recognized leader in EMS response nationwide.

EMSAC Values

Leadership: To achieve and maintain quality results, accountability, and outcomes through guidance, direction, encouragement, and reinforcement.

Customer Service & Satisfaction: To put the patient first – always!!!

Public Welfare & Safety: To dedicate ourselves to ensure services are available that benefit and protect the public.

Collaboration: To encourage active collaboration to solve problems, make decisions and motivate providers to work together in provider evidence-based prehospital care to achieve common goals.

Ethics: To ensure ethical behavior in all decisions, actions, and stakeholder interactions.

Quality Improvement: To use the most rigorous of scientific methods to support our policies and decision making.

Evidence-based Medicine: To research, identify and adopt evidence-based science and best practices shown to reduce mortality and morbidity.

Education: To continually educate the public, the EMS system, and all EMS stakeholders (i.e. personnel).

The Emergency Medical Services Advisory Council was created for the purpose of acting as the advisory body to the emergency medical services program. Pursuant to Section 401.245, Florida Statutes, the duties of the council include, but are not limited to:

(a) Identifying and making recommendations to the department concerning the appropriateness of suggested changes to statutes and administrative rules.

(b) Acting as a clearinghouse for information specific to changes in the provision of emergency medical services and trauma care.

(c) Providing technical support to the department in the areas of emergency medical services and trauma systems design, required medical and rescue equipment, required drugs and dosages, medical treatment protocols, emergency preparedness, and emergency medical services personnel education and training requirements.

(d) Assisting in developing the emergency medical services portion of the department's annual legislative package.

(e) Providing a forum for discussing significant issues facing the emergency medical services and trauma care communities.

(f) Providing a forum for planning the continued development of the state's emergency medical services system through the joint production of the emergency medical services state plan.

(g) Assisting the department in developing the emergency medical services quality management program.

(h) Assisting the department in setting program priorities.

(i) Providing feedback to the department on the administration and performance of the emergency medical services program.

(j) Providing technical support to the emergency medical services grants program.

(k) Assisting the department in emergency medical services public education.

(l) Assisting in the development of the department's injury prevention and control program.

Why Strategic Planning?

Strategic planning is the process that supports the joint efforts between the EMS Advisory Council, the EMS community, and the Florida Department of Health. No single force working alone can accomplish everything needed to improve and expand prehospital care in Florida.

In coordination with the Florida Department of Health's Bureau of Emergency Medical Services, the EMS Advisory Council took a collaborative approach with a multitude of EMS constituency groups to develop *Florida's 2010-2012 Emergency Medical Services Strategic Plan*. This plan is designed to be a framework to strengthen Florida's EMS system to achieve one vision.

Vision: A unified EMS system that provides evidence-based prehospital care to people of Florida and serves as the recognized leader in EMS response nationwide.

Strategic planning is a tool that provides a pathway for an organization or system to fulfill its vision. Florida's EMS Advisory Council provides a voice for Florida's EMS community and the patients we serve.

Strategic Planning Phases

The four-phase process includes Plan, Develop, Implement and Review. The Florida Emergency Medical Services Strategic Plan is the result of these processes and is outlined in this document.

1) The Plan phase includes a foundation review of existing goals, objectives, and strategies; identification, analysis, and prioritization of key organizational factors.

2) The Develop phase includes identification and prioritization of strategic goals; development of strategic objectives and strategies; and determination of leads and measures.

3) Communication of strategies to staff and stakeholders and development of detailed action plans complete the Implementation phase.

4) Reviews of measures, outcomes, action plans, and an annual review at the first EMS Advisory Council of each year ensures strategies and actions stay current with organizational, customer and stakeholder needs and changing requirements.

vision

action

results

objectives
Objectives support goals, mission, and vision.

goals
Goals support mission and vision, and dictate objectives

strategy

mission
Mission supports vision, and dictates goals.

Photo courtesy of Miami Dade Fire Rescue – 2009 Florida EMS Provider of the Year

2010-2012
EMS Strategic Plan

Goals and Objectives

GOAL 1:

Improve the EMS system through effective leadership and communication by the EMS Advisory Council.

Goal Owner: EMS Advisory Council

EMS system is defined as all licensed providers, EMS personnel, and EMS training centers.

Photo Courtesy of Leon County EMS – 2010 Florida EMS Provider of the Year

Objectives	Measure(s)	Strategies	Lead	Resource	Timeline
1.1: Amend the EMSAC bylaws to support Strategic Plan	Successive leadership Officer's leadership Each committee has a tie in to strategic plan # of strategic planning milestones met	Amend the EMSAC bylaws to support Strategic Plan Assign goals to EMSAC subcommittees- these committees serve as goal owners who are to report status at each council meeting Encourage all EMSAC members and constituency group presidents (or designated liaisons) to attend every Strategic Visions meeting and conference calls to ensure plan is being deployed and to facilitate the dissemination of information Develop strategic planning guidelines for the EMSAC	EMSAC Parliamentarian	EMSAC Members EMSAC Subcommittees EMS Constituency Groups	Ongoing
1.2: Improve the relevancy and regularity of communication between the EMSAC and the EMS system	# of EMSAC members participating with an EMSAC subcommittee (minimum two members) # of constituency group meetings covered by an EMSAC member	Measure dissemination of strategic plan and strategic planning initiatives through agencies and hospital based systems Track EMSAC members who are responding back with information related to the strategic plan Publish or post best practices, strategic planning updates, and other strategic planning resources on the Bureau of EMS (BEMS) website, the Florida EMS Community Listserv (FLEMSCOMM), and the quarterly EMS newsletter (EMS Vitals)	EMSAC	Goal Owners Objective Leads EMS Constituency Groups EMS Stakeholders Bureau of EMS (BEMS)	Ongoing
1.3: Identify the EMS direct customer base and strengthen the relationship by monitoring the achievement of the Strategic Plan through the meetings held in conjunction with the EMSAC	# of groups who include the strategic plan in their agenda and meeting minutes (minimum of two items) # of meeting minutes submitted to be posted to the EMSAC webpage # of action plan updates submitted to the EMSAC Strategic Visions Committee # of EMS constituency groups and other EMS stakeholders participating in strategic planning efforts	Require all EMS constituency groups and EMSAC subcommittees to submit meeting agendas and meeting minutes Educate all EMS stakeholders that the Strategic Visions Committee provides a forum in which customer needs can be raised to be incorporated into strategic planning efforts Track customer complaints and resolution of complaints Integrate work being done between EMSAC and EMS Constituency Groups Improve communication between groups by linking them together under objectives that require the expertise of multiple EMS stakeholder groups	EMSAC	EMSAC Subcommittees EMS Constituency Groups EMSAC Coordinator EMS Strategic Planning Coordinator	Ongoing
1.4: Conduct or host leadership workshops for the EMSAC and provide information on leadership seminars, fellowship opportunities to the EMS system	# of new members assigned a mentor # of EMSAC members who have served as mentors # of new members who have received an orientation # of EMSAC members who have participated in leadership workshops, seminars, webinars, or other fellowship opportunities	Assign EMSAC mentors to new members Assign mentors to new members of an EMSAC subcommittee Develop an EMSAC orientation that is facilitated by EMSAC leadership Disseminate leadership resources (articles and webinars) to EMSAC members which may include information on quality improvement and facilitating meetings Develop measurement tool to track EMSAC members who have participated in leadership workshops, seminars, or other fellowship opportunities	EMSAC	BEMS	Ongoing
1.5: Develop a succession plan for the EMSAC members, chair, and EMS System leadership to ensure succession is fluid	Succession plans developed	Research other boards Ensure new members have been oriented Ensure new members have mentors in place Orient new members to strategic planning process and plan Identify areas of the state that will be experiencing increased number of personnel retiring (high-risk retirement) or receiving promotions Communicate succession planning best practices to the EMS system to alleviate disruptions in service during periods of transition at the local level	EMSAC Executive Committee	EMS Constituency Groups Florida Association of EMS Providers FAREMS Florida Association of County EMS Providers FFCA – EMS Section Florida EMS System	October 2010

GOAL 2:

Improve EMS data collection and participation through advocacy, outreach, and improved accessibility to EMS incident-level data.

Goal Owner: EMSAC Data Committee

Photo Courtesy of Leon County EMS – 2010 Florida EMS Provider of the Year

Objectives	Measure(s)	Strategies	Lead	Resource	Timeline
2.1: Improve leadership effectiveness and participation of EMSAC Data Committee	% of committee membership turnover rate by year (less than one member each year) 85% participation rating score of committee members attending meetings (including face-to-face meetings, conference calls, and web conferences within a calendar year)	Annual review of bylaws/operations to ensure effective operation of subcommittee (define term of service in action plan) Formalize participation rating score, monitoring and reporting process Develop/implement mentoring/ succession plan to include new member orientation Foster sustained leadership skills	EMSAC Data Committee	BEMS Data Unit	Ongoing
2.2: Maintain statewide standards for data collection for EMS incident level data	Maintain a defined and adopted Data Dictionary (all Florida Data Dictionary data elements defined and accepted by EMSAC) 100% compliance with national mandatory data collection requirements	Use the expertise of the EMSAC Data Committee to review/define/ maintain all data elements in Florida Data Dictionary consistent with national mandatory requirements	EMSAC Data Committee	BEMS Data Unit EMSAC Data Committee (Definitions Subcommittee)	Ongoing
2.3: Provide advocacy and outreach in support of National Highway Traffic Safety Administration (NHTSA) participation targets for Florida's statewide data collection system	# of outreach events provided by or sponsored by EMSAC Data Committee % of annual increase in participation	Use the expertise of the EMSAC Data Committee to identify outreach opportunities/events for the advocacy, outreach, education/training for statewide data collection Define consistent training and education curriculum and delivery mechanisms Work closely with remaining agencies to ensure smooth transition; implement lessons learned from startup Identify funding resources Work closely with BEMS Data Unit in federal grant justification for enabling EMS agencies participation Conduct annual surveys to identify agency participation targets and agency assistance needs Provide implementation assistance to agencies seeking participation assistance	EMSAC Data Committee	EMSAC Data Committee - Education/ Training Subcommittee EMSAC Data Committee –Outreach Subcommittee BEMS Data Unit	TBD via action plans
2.4: Improve access to EMS incident level data for evaluation and benchmarking activities	% increase in number reports available to EMRC for evaluation and benchmarking % increase in number reports available to EMS agencies for evaluation and benchmarking	Collaborate with EMRC on report definition and specifications Collaborate with EMRC and EMSAC Data Committee on key performance indicators (KPI's) for evaluation and benchmarking Continue to seek grant funding to maintain resources for report development Collaborate with DOH IT organization to create data warehouse/ data mart solution Continue to seek grant funding to maintain data warehouse/data mart solution	BEMS Data Unit	DOH IT EMRC EMSAC Data Committee	Ongoing
2.5: Link EMS Tracking and Reporting System (EMSTARS) incident-level data with other state data for outcome assessments	# linked data sets	Establish relationships to share data between agencies Collaborate with DOH IT organization to establish technical environment to enable data linkages and sharing Utilize expertise of EMSAC Data Committee and EMRC to Identify data linkage requirements for linking incident level data for outcome assessments	BEMS Data Unit	EMSAC Data Committee EMRC DOH IT DOH Trauma AHCA	Ongoing

GOAL 3:

Improve customer satisfaction through injury prevention, public education and knowledge of the EMS system.
(Customers defined by the EMS agency).

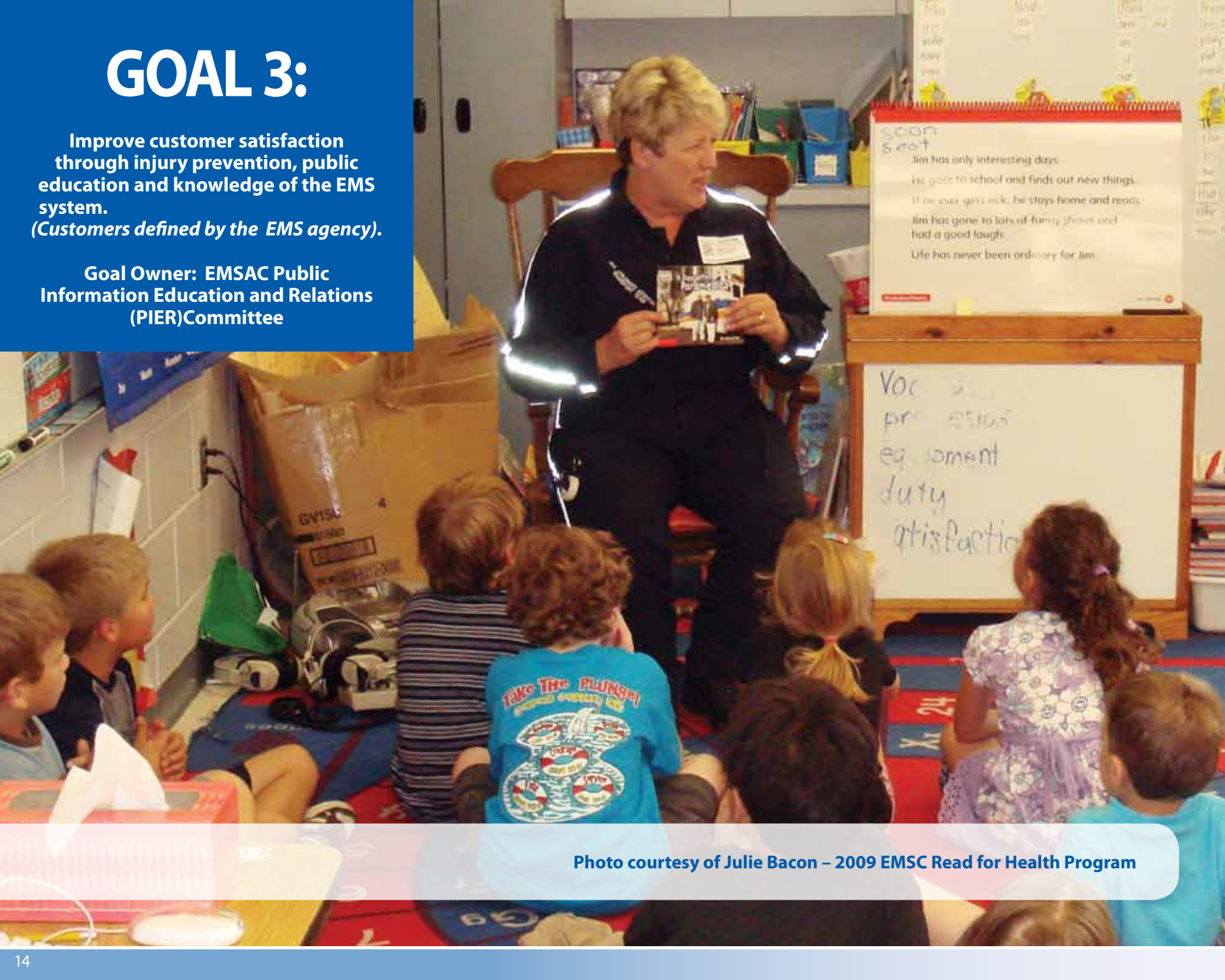**Goal Owner: EMSAC Public Information Education and Relations (PIER)Committee**

Photo courtesy of Julie Bacon – 2009 EMSC Read for Health Program

Objectives	Measure(s)	Strategies	Lead	Resource	Timeline
3.1: Provide injury prevention programs to the public	Increase by 5% the number of educational programs provided to the public through EMS/fire agencies Reduce the number of hospital ED visits caused by injuries Data Source: AHCA Top 5 injuries: falls, motor vehicle/pedestrian, bicycle safety, drowning/water safety, fire/burns Reduce the number of motorcycle crashes	Identify funding sources, resources and partnerships Look at alternative distribution mechanisms Resurvey EMS agencies and increase response rate Partner with Access to Care Committee, Office of Trauma, the Office of Injury Prevention, and the DOT to obtain stats, provide programs, and improve the allocation of resources for these programs Develop a central repository of injury prevention projects and programs by EMS and Trauma Centers Develop a measurement tool to determine the effectiveness of injury prevention programs in reducing injuries, and reducing emergency department (ED) visits Identify injury prevention programs and opportunities for the general public by making them available to any agency in the state Provide public injury prevention/educational programs directed towards the top five injuries in Florida by working with EMS agencies to start or expand injury prevention programs in their areas Act as a resource for injury prevention programs throughout Florida- data source: Office of Injury Prevention Work with the Office of Injury Prevention and the Injury Prevention Advisory Council to identify number of hospital ED visits caused by injuries and partner with them to promote educational programs	EMSAC PIER Committee	EMSC Advisory Committee DOT Motorcycle Safety Coalition Florida Injury Prevention Advisory Council Office of Injury Prevention EMSAC Access to Care Committee Florida Emergency Nurses Association (FENA) United States Lifesaving Association (USLA) National Oceanic and Atmospheric Administration (NOAA)	Ongoing
3.2: Improve customer satisfaction by increasing participation by local quality managers in statewide EMS activities	Establish baseline list of current attendance and participation of local quality managers Increase attendance and participation in quality management activities on a state level	Quality managers will query EMS providers to develop a list of agency personnel who perform quality management activities Quality managers will review past, present, and future meeting attendance list to create baseline attendance numbers Quality managers will reach out to colleagues on the provider level to encourage and motivate participation in state activities Quality managers will host a pilot one day seminar on current day strategies for improving customer satisfaction at the provider level	Quality Managers	Medical Care Committee	Ongoing
3.3: Identify, educate and partner with all stakeholders (i.e. patients, health care providers, and hospitals) on Access to Care while continuing to share best practices to all EMS providers within the state	% of EMS agencies that have representation on hospital committees Reduction in ED overcrowding Reduction in unnecessary ED visits (define unnecessary or non-critical conditions and reduce number of those visits)	Identify top three issues affecting access to care and develop measurement tool to establish baseline for improvement Survey EMS agencies to determine how many have representation on hospital committees. Note: Joint Commission on Accreditation of Healthcare Organizations (JCAHO) does not require, but is a positive point in the accreditation process Publish the current Prehospital Best Practices paper and use it as a tool to educate all stakeholders Publish paper from the emergency nurses' perspective on ED overcrowding, including impact to ED due to Baker Acts (BA52) and psychiatric emergencies (lack of places to send BA52s) Utilize mechanisms such as the quarterly EMS newsletter, BEMS website, and FLEMSCOMM to share best practices that are evidence and outcome based Identify funding mechanisms to support health fairs, statewide PSA, and share best practices for health fairs Develop template letter for each EMS agency to send to their respective hospital administrators Educate the public about ambulance and ED use Publish/email quarterly/biannual report on hospitals and send to hospital administrators (Phase II of objective 6.3)	EMSAC Access to Care Committee	Florida Hospital Association (FHA) PIER Florida Association of EMS Medical Directors Office of Trauma Office of Injury Prevention FENA	Ongoing

GOAL 4:

Improve EMS workforce education, performance, and satisfaction.

Goal Owner: EMSAC Education Committee

Photo courtesy of Miami Dade Fire Rescue – 2009 Florida EMS Provider of the Year

Objectives	Measures	Strategies	Lead	Resource	Timeline
4.1: Remove current statutory requirement of two-hour HIV/AIDS	Sponsorship in both House and Senate	Seek statutory change Need legislative committee to delete reference to Chapter 401, F.S., from Section 381.034, F.S. Change HIV to Infectious Disease/Bloodborne Pathogens	EMSAC Legislative Committee	EMSAC Education Committee FAEMSE	June 2012
4.2: Establish guidelines for EMS dispatch training for ground services	Compare to national standards	Review national guidelines and identify funding sources Monitor possible legislative proposals to change voluntary certification to mandatory certification	Dispatch Work Group	FAMA Florida Chapter, ASTNA EMSAC Legislative Committee	June 2012
4.3: Measure and identify opportunities to improve EMT/paramedic satisfaction	% overall satisfaction % turnover rate # EMTs/# paramedics (increase or decrease from previous years)	Implement process to identify and resolve potential areas of statewide EMT/paramedic dissatisfaction Review data from 2008 recertification survey to identify opportunities for next steps Resurvey EMTs and paramedics during recertification (include indicators such as rural vs. urban, fire vs. non-fire)	FFCA – EMS Section	Florida Association of EMS Providers DOH Division of Medical Quality Assurance (MQA) FAREMS Florida EMS Quality Managers Association	Ongoing
4.4: All Florida approved EMS paramedic training programs, as defined in Florida Administrative Code (FAC) 64J-1.020, will be nationally accredited or have initiated the procedures of accreditation in accordance with the NHTSA - EMS Education Agenda for the Future by January 1, 2013	# of training centers who obtain National EMS Education accreditation	Education Committee will contact all EMS training centers that are not currently accredited by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) to determine if they intend to become accredited and if assistance is needed during the process BEMS will monitor for compliance during inspections FAEMSE partnering with DOE and DOH to promote this type of accreditation Research the language of the previous rule that was deleted which required CoAEMSP accreditation	EMSAC Education Committee	FAEMSE EMSAC Legislative Committee	2013
4.5: Begin implementation of the National EMS Education Agenda for the future	Use survey results to determine most supported levels to be adopted Monitor for legislative changes that reflect adopted provider levels Review DOE curriculum frameworks for changes to National education standards	Survey providers to ascertain what scope of practice levels would be supported Identify provider levels to be adopted (EMR, EMT, AEMT, paramedic) Legislative Committee adopt provider levels through legislation Adjust DOE curriculum frameworks to match adopted scope of practice levels and education standards Adopt national test for each approved provider level Define a statewide transition process from National Standard Curricula (NSC) to education standards for each approved level of provider	EMSAC Education Committee	FAEMSE EMSAC Legislative Committee Florida Association of EMS Providers	2013
4.6: Facilitate pediatric/neonatal educational programs throughout the state	Provide eight hours minimum pediatric/neonatal education in each Regional Domestic Security Task Force (RDSTF) region on an annual basis	Identify rural counties/regions in need of additional training Survey to determine pediatric/neonatal programs most requested or needed Establish a "speakers bureau" to provide quality education	EMSC Advisory Committee	FAREMS EMSAC Education Committee FAEMSE Florida Neonatal Pediatric Transport Network Association (FNPTNA)	June 2012

GOAL 5:

To ensure economic sustainability of the EMS system and serve as a clearinghouse for EMS legislative issues.

Goal Owner: EMSAC Legislative Committee

Photo Courtesy of Leon County EMS – 2010 Florida EMS Provider of the Year

Objective	Measure(s)	Strategies	Lead	Resource	Timeline
5.1: Measure and improve % of reimbursable calls	% of reimbursable calls Develop measurement tool Identify baseline Improve baseline	Explore non-traditional transport options Compile best practices of EMS providers in Florida	Florida Association of EMS Providers	FFCA – EMS Section Florida Ambulance Association FAMA	Ongoing TBD in action plans through June 2012
5.2: Measure and improve % of billed charges collected	% billed charges collected Develop measurement tool Identify baseline Improve baseline	Identify best practices for achieving improvement in billing practices that result in higher collection rates Publish ratings in action plan on statewide website while maintaining confidentiality of providers	Florida Ambulance Association	FFCA – EMS Section Florida Association of EMS Providers FAMA	Ongoing TBD in action plans through June 2012
5.3: Identify opportunities to provide public education regarding the utilization of EMS	Improve efficiency of EMS use Develop measurement tool Identify baseline Improve baseline	Identify strategies to improve the use of EMS by community users, i.e. skilled nursing facilities, physician offices, and medical alarms Publish best practices quarterly until 2012 Conduct literature review for baseline	Florida Association of EMS Providers	Florida Ambulance Association FFCA – EMS Section PIER Committee EMSAC Access to Care Committee	Ongoing TBD in action plans through June 2012
5.4: Identify cost saving measures to offset EMS expenses	Develop measurement tool Identify baseline Improve baseline	Identify best practice for vendor bidding and contracts Conduct literature review for baseline or measure at the local level Conduct annual classes on public purchasing procedures, including the use of state bidding Conduct training in public purchasing bid quotes Identify best practices utilized by other agencies such as Co-Operative supply purchases (example Bureau of Pharmacy services through DOH i.e. Cardinal Health)- varies between municipalities and counties	Florida Association of EMS Providers	FFCA – EMS Section DOH, Bureau of Statewide Pharmaceutical Services	Ongoing TBD in action plans through June 2012
5.5: Identify alternative revenue sources	Compile successful programs from the EMS community for others to implement in their localities (rural, urban, county, municipalities)	Identify best practice for acquiring funding from alternative sources, i.e.: • Marketing of the EMS system • United Way campaign • Foundations (private) • % of fees for courses taught • Federal stimulus money Publish opportunities by 2012 in quarterly action plan on state website	Florida Association of EMS Providers	FFCA – EMS Section Florida Ambulance Association FAREMS Florida Association of County EMS Providers (FACEMS)	Ongoing TBD in action plans through June 2012
5.6: Ensure that industry experts within specific areas of EMS are represented on the Legislative Committee	Include at least one representative from each of the following areas: fire, non-fire, private, education, air, pediatric/neonate, dispatch	Liaison with constituency groups in identifying adequate representation	EMSAC Legislative Committee	FAMA EMSC FFCA – EMS Section Dispatch Group	2012
5.7: Adopt initial and continuing educational training requirements for aircrew of licensed air providers	Two hours of altitude physiology course and aircraft safety/ emergencies for refresher training	Identify statutory authority to develop a rule proposal to submit to the BEMS or seek statutory change	EMSAC Legislative Committee	FAMA FNPTNA ASTNA	2012

GOAL 6:

Improve performance of key EMS processes through benchmarking and partnerships.

Goal Owner: EMSAC Medical Care Committee

Photo courtesy of Miami Dade Fire Rescue – 2009 Florida EMS Provider of the Year

Objective	Measure(s)	Strategies	Lead	Resource	Timeline
6.1: Measure and identify opportunities for improvement of dispatch system effectiveness	% of primary Public Safety Answering Points (PSAP) utilizing a nationally recognized EMD system Notes: (a PSAP would be counted as a YES if the Primary PSAP transfers EMS calls to a secondary PSAP that utilizes an EMD system. Currently Priority Medical Dispatch, Powerphone and APCO are nationally recognized) % of agencies that utilize an EMD QA process	Establish baseline and benchmark to identify best practices Promote use of Emergency Medical Dispatch (EMD) system quality improvement processes Promote ongoing continuing education of emergency medical dispatchers Complete survey of PSAPs Note: Amber Lee Foundation, survey from Dispatch Group 66% return, data being evaluated Promote involvement of EMS Medical Directors in EMD Promote utilization of National Association of Air Medical Communication Specialists (NAACS) standards by all communications centers that handle air medical transport Identify challenges/barriers for agencies that currently do not provide EMD Develop measurement tool - survey questions Disseminate survey Analyze results Identify challenges/barriers for agencies that currently do not provide EMD QA	Dispatch Group	Florida Association of EMS Providers FAMA Florida Association of EMS Medical Directors	Ongoing May require multiple phases that extend beyond June 2012 Phases TBD
6.2: Measure, stratify and identify EMS response time	Evaluate EMS response time (from incident notification of PSAP to EMS patient contact) % of calls meeting response time targets	Establish baseline and benchmark to identify best practices Partner with the EMSAC Data Committee to determine if prehospital data collection systems, such as EMSTARS, may be used to gather data Adopt a standardized model for defining/stratifying call types: non life threat, potential life threat, life threat, immediate life threat Adopt a standardized model for defining PSAP call processing time Adopt a standardized method for reporting response times via EMSTARS Explore delineation of three response demographic areas: urban, suburban, rural	Dispatch Group	Florida Association of EMS Providers FFCA – EMS Section EMSAC Access to Care Committee EMSAC Data Committee	Ongoing May require multiple phases that extend beyond June 2012 Phases TBD
6.3: Changes to EMSTARS Data Dictionary and Disaster Response Tracking System to be able to capture EMS off load and diversion times	All data elements needed to capture EMS off load and diversion times accepted by the EMSAC	Establish uniform definition of "EMS- hospital turnaround time" Establish uniform definition of hospital "diversion" status	EMSAC Data Committee	Trauma Committee Florida Emergency Nurses Association (FENA) Florida Association of EMS Medical Directors EMSAC Access to Care Committee	June 2012
	Promote an Emergency System Status (ESS) internet based process on a statewide basis	Utilize Data Committee and Disaster Committee expertise and knowledge to develop requirements Partner with agencies that have piloted EMSystem Measure number of counties utilizing EMSystem Ensure more than 75% of trauma systems utilize system Continue to work with Office of Public Health Preparedness Steering Committee	EMSAC Disaster Committee	EMSAC Access to Care Committee EMSAC Medical Care Committee EMSAC Data Committee	Ongoing

Objective	Measure(s)	Strategies	Lead	Resource	Timeline
6.4: Measure and identify key opportunities for improvement/ effectiveness of on-site EMS treatment in the following areas: cardiac (including STEMI and cardiac arrest), stroke, trauma, pediatric/neonatal management and other treatments as identified	6.4.1 Cardiac: % ROSC (return of spontaneous circulation as defined by the UTSTEIN criteria) in the prehospital environment % of time 12 lead EKG was captured on a patient with suspected cardiac related symptoms % of EMS agencies that obtain 12 lead EKG on cardiac related patients per protocol % of time aspirin was given to patients with cardiac related symptoms or intentionally held due to medical considerations(e.g. allergy)	Review of data to identify opportunities for improvement Systemized care of STEMI/stroke Look at accrediting agencies Determine mortality rate Use UTSTEIN template reporting style Establish uniform definitions of STEMI alert and cardiac alert Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices	EMSAC Medical Care Committee	EMS Medical Directors American Heart Association (AHA) EMRC Quality Managers UTSTEIN template is the recognized standard for reporting and research, allowing appropriate comparison of data The EMS Medical Directors have established a position statement on the definition of STEMI alert	Ongoing
	6.4.2 Stroke: % of time a Stroke Alert was initiated based upon primary or secondary impression	Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices Monitor EMSTARS/EMRC/Medical Care Committee	Quality Managers	EMS Medical Directors EMRC AHA's Florida Stroke Systems Workgroup	2012
	6.4.3 Trauma: Identify average time on scene for trauma alert patients	Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices Monitor EMSTARS/EMRC/Medical Care Committee	EMSAC Medical Care Committee	EMS Medical Directors Trauma Committee EMRC	2012
	6.4.4 Pediatric/Neonatal: Identify and address top three challenges to prehospital care	Survey EMSC, FNPTNA, and other stakeholders to determine the top three challenges to prehospital care of pediatric and neonatal patients Work with Division of Medical Quality Assurance (MQA) to develop method of capturing this information during recertification Work with EMRC to identify treatment challenges	EMSC Advisory Committee	FNPTNA EMS Medical Directors	2012
	6.4.5 Airway management: % recognition of proper placement of endotracheal tube placement as documented by end-tidal capnography % of patients in which endotracheal intubation is attempted and is not successfully completed % of patients in which active airway assistance is utilized other than ET	Define attempted intubation Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices	EMSAC Medical Care	EMS Medical Directors Quality Managers EMRC	2012

Objective	Measure(s)	Strategies	Lead	Resource	Timeline
6.5: Measure and Identify opportunities for improvement in EMS system processes	6.5.1: % of patients refusing transport appropriately	Benchmarking to identify best practices	Quality Managers	Providers Fire Chiefs EMRC	2012
	6.5.2: % of victims meeting trauma alert criteria transported to trauma center	Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices Identify the percentage of time trauma alerts called on the basis of objective criteria (state score card, except for paramedic discretion) vs. the percentage of time called on subjective criteria (paramedic discretion)	EMSAC Medical Care Committee Quality Managers	EMRC Trauma Committee	
	6.5.3: % of STEMI Alert patients field triaged to interventional cardiac cath capable facility	Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices	Quality Managers	EMS Medical Directors EMRC AHA	2012
	6.5.4: % of stroke patients transported to a stroke center	Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices Identify and benchmark the percentage of times an objective stroke assessment tool (eg. stroke alert checklist) is utilized in declaring a stroke alert or affecting transportation destination (e.g. to an identified stroke center)	Quality Managers	EMS Medical Directors EMRC AHA	June 2010
	6.5.5: % of pediatric and neonatal patients transported utilizing appropriate transport agency to center capable of appropriate medical treatment	Identify centers for pediatric and neonatal care Work with EMRC in identifying transporting agencies	EMSC Advisory Committee	Providers FNPTNA FAMA Quality Managers	2012
6.6: Develop a standardized QI/QA template for use by all EMS providers and encourage use of template or similar document	% of EMS agencies utilizing a standardized template (will be developed by EMRC)	Develop a QA template Develop a survey of EMS providers to obtain % of agencies using EMRC template or similar template	EMRC	Florida EMS Quality Managers Association Florida EMS Medical Directors	June 2010
6.7: Prioritize and begin setting performance targets based on the established benchmarks and utilizing EMSTARS data	# of service delivery or patient care components measured and benchmarked	Use the expertise of the EMRC to identify patient outcome and service delivery components for uniform measurement; also, use and publish the data, while still protecting the data	EMRC	EMSAC Data Committee	June 2012
6.8: To provide effective injury prevention, rescue and prehospital emergency medical care at Florida's public bathing places (coordination of rescue and prehospital emergency care with transport providers)	Identify number of coastal lifeguard agencies operating in Florida Identify % of Florida bathing places that are currently lifeguard protected	Phase 1: Survey to identify number, location of coastal lifeguard agencies Liaison with provider/constituency groups to determine the role of lifeguard agencies within their arena Phase 2: Pursue legislative action and rule that would license and/or certify lifeguard agencies as BLS non-transport agencies and/or certify agencies under the USLA agency certification program Pursue legislative action that would require lifeguard protection at defined coastal public bathing places	USLA	EMSAC Legislative Committee	2012

GOAL 7:

Assure the EMS System is prepared to respond to all hazard events in coordination with state disaster plans.

Goal Owner: Disaster Committee

Photo courtesy of Miami Dade Fire Rescue – 2009 Florida EMS Provider of the Year

Objectives	Measure(s)	Strategies	Lead	Resource	Timeline
7.1: Ensure all EMS personnel (paramedics, EMTs, nurses and dispatchers) are knowledgeable about local agency and regional disaster plans	% of EMS providers that train their staff annually on local and regional disaster plans % of agencies that include the local, regional and state disaster response plans as part of orientation	Compare current standards in Florida Statute/Rule, Florida Fire Chiefs State Emergency Response Plan, National Fire Protection Association, Florida OSHA, county emergency response plans and Catastrophic Health Incident Response Plans Develop standards that apply to fire EMS, non-fire EMS and air medical EMS providers	EMSAC Disaster Committee EMSAC Disaster Committee	BEMS, Health and Medical Co-Chairs, Trauma Committee, Office of Public Health Preparedness, Office of Emergency Operations, Dispatch Workgroup	December 2010
7.2: Enable EMS providers to transport patients to Air Medical Transport Services (AMTS) during times of local/regional disaster conditions	Amend Florida Statutes to enable EMS providers to transport patients to AMTS during times of local/regional disasters Coordinate with EMS Medical Directors to develop legislation that will enable EMS to transport to AMTS under specific circumstances Better define "disaster conditions"	Research and develop enabling language	EMSAC Legislative Committee EMSAC Legislative Committee	BEMS PHMP, Office of Emergency Operations, Disaster Committee & Community Surge Team, FHA, Office of Trauma	December 2012
7.3: Ensure EMS plans and related documents include consideration for at-risk populations: 1. Pediatrics 2. Neonatal 3. Pregnant women 4. Elderly 5. Disabled 6. Low/limited literacy 7. Public companions or service animals 8. Special medical needs	% EMS agency plans that specifically address each identified at-risk populations % of EMS providers that train their staff at orientation and refresh annually on their local at-risk population plans % EMS agency and ED exercises that include at-risk populations % of EMS agency and ED plans that address reunification of pediatric patients % EDs that plan, train and exercise for special needs populations	Ensure plans, training and exercises address at-risk populations Establish baseline and benchmark to identify best practices Based on best practices, develop specific training for at-risk populations Include development of templates for plans, drills and training Seek to commit funding to a limited number of emergency departments and agencies who are willing to conduct drills with primarily at-risk populations EMSC develop and implement assessment tool Develop a project that provides funds to hospitals to hold training, drills/exercises that emphasize special needs populations Partner with the Public Health Preparedness (PHP) Medical Surge Committee	EMSC Advisory Committee	EMSAC Disaster Committee, EMSAC PIER Committee, PHMP Community Surge Team, Office of Trauma, EMS Medical Directors, FENA, PHP Medical Surge Committee	December 2012
7.4: Ensure all emergency prehospital health care providers (including but not limited to paramedics, EMTs, nurses and dispatchers) are knowledgeable about level "C" Personal Protective Equipment (PPE) and nerve agent antidotes	% of EMS providers that train their staff annually on Level "C" PPE, local and regional disaster plans % of EMS providers that train their staff annually on Nerve Agent antidotes	Compare current standards in Florida Statute/Rule, Florida Fire Chiefs State Emergency Response Plan, National Fire Protection Association, Florida OSHA, county emergency response plans and Catastrophic Health Incident Response Plan Develop standards that apply to fire EMS, non-fire EMS and air medical EMS providers Identify statewide standards to acquire, inventory, store and disseminate and maintain protective equipment and prophylaxis/antidotes	EMSAC Disaster Committee	BEMS, EMS Educators, FFCA, Public Health and Medical Preparedness (PHMP) Responder Health & Safety Committee, PHMP Community Surge Team	December 2012

Objective	Measure(s)	Strategies	Lead	Resource	Timeline
7.5: Ensure all emergency medical services personnel (EMS agencies, paramedics, EMTs) are knowledgeable about Chemical, Biological, Radiological, Nuclear and Explosives (CBRNE) detection systems, notification, verification, reporting systems, all discipline plans and protocols, and their respective roles and responsibilities in the system	% of EMS providers that train their staff annually on CBRNE detection systems, notification, verification and response procedures	Compare current standards in Florida Statute/Rule, Florida Fire Chiefs State Emergency Response Plan, National Fire Protection Association, Florida OSHA, county emergency response plans and Catastrophic Health Incident Response Plans. Develop standards that apply to fire EMS, non-fire EMS and air medical EMS providers	Community Surge Team	BEMS, FFCA, PHMP, Responder Health and Safety Committee and EMS Medical Directors	December 2012
7.6: Develop processes for EMS medical direction support of disasters, mass casualty, and large infectious disease emergencies at the state, regional and local level

Develop statewide protocol for use in the event of large scale statewide disasters, mass casualty and large scale infectious disease events

Develop and implement specific plans and strategies to appropriately inform and educate Florida's EMS providers with current information and guidance regarding disaster and infectious disease response | Statewide disaster & statewide/federal infectious disease protocols are written and approved by DOH & Florida Association of EMS Medical Directors | Develop statewide disaster medical and large scale EMS infectious disease protocols

Formulate implementation strategies | EMS Medical Directors | EMSAC Disaster Committee, EMS Constituency, Office of Trauma, Community Surge Team, Office of Emergency Operations, Office of Public Health Preparedness | December 2012 |
| | % of EMS provider agencies who have been trained in statewide disaster protocols, strategies and current guidance | Ensure EMS providers receive the disaster medical protocols | EMS Medical Directors | Disaster Committee, EMS Constituency, Office of Trauma, Community Surge Team, Office of Emergency Operations, Office of PHP | December 2012 |
| 7.7: Develop medical direction support to local Emergency Operations Center (EOCs) | % of local EOCs that have a process in place to access local EMS Medical Director or EMS Medical Director designee for consultation during activations | Compare current standards in Florida and Federal Emergency Management Agency (FEMA) Region IV state partners

Assess best practices at the local and state level | EMS Medical Directors | EMSAC Disaster Committee, BEMS, EMS Providers, Office of Emergency Operations, local Emergency Managers, Health and Medical Co-Chairs | December 2012 |
| 7.8: Align with Community Surge objectives | Disaster Committee and PHMP Community Surge Team Objectives are aligned | Determine gaps that exist between PHMP Community Surge Committee Objectives and Disaster Committee Objectives | Community Surge Team | EMSAC Disaster Committee BEMS, EMS Medical Directors | In Process

PHMP Community Surge and Hospital Surge Committees are actively coordinating projects and project planning |
| 7.9: Identify facility and plan for implementation of at least one alternate medical treatment site in each county that can be used to help mitigate community surge during disasters | % of the counties that have identified and planned for the implementation of an alternate medical treatment site | This project is already in process. Collaboration for the project exits between local EMS providers, PHP, the Office of Emergency Operations and DOH Regional Emergency Response Advisors and local Emergency Management | Office of PHP | EMSAC Disaster Committee, Office of Emergency Operations, local EMS providers, DOH Regional Emergency Response Advisors, Disaster Committee and local Emergency Managers, EMS Medical Directors, Hospitals, Lifeguard Constituency Group | December 2012 |

Photo courtesy of Miami Dade Fire Rescue – 2009 Florida EMS Provider of the Year

GOAL 8:

Maintain an accident-free environment and promote a culture of safe and appropriate utilization of Florida air assets.

Goal Owner: EMSAC Access to Care Committee

Photo courtesy of Shands Air Care

Objectives	Measure(s)	Strategies	Lead	Resource	Timeline
8.1: Develop statewide criteria for appropriate air asset utilization (prehospital and interfacility transfers)	% of air medical providers that have established criteria for appropriate air asset utilization % of air medical providers that have an established utilization review process Statewide measures developed	Establish baseline and identify best practices Define appropriate air asset utilization Promote use of a utilization review process Educate requestors (EMS, hospitals) on risks associated with helicopter shopping Develop a repository of centralized information regarding capability/availability to ensure appropriate use of specialty providers	FAMA	ASTNA Florida EMS Pilots Association (FLEMSPA) FNPTNA EMS Medical Directors FFCA EMS Providers Florida Committee on Trauma (FCOT) Association of Air Medical Services (AAMS) American College of Surgeons (ACS) National EMS Physicians Air Medical Physician Association (AMPA)	2012
8.2: Improve air medical communications and dispatch procedures for communication centers, flight crew, hospitals, and EMS providers	# of air medical communication centers that perform duties other than air medical flight-related duties # of air medical communication centers with established helipad communication procedures # of air medical communication centers with an established quality improvement process # of air medical communication centers that are utilizing technology for information sharing # of air medical communication centers that utilize aviation-based technology for flight management # of Florida receiving facilities and EMS providers that are non-compliant with state Med8 requirements # of air medical providers that are non-compliant with state air secondary requirements # of air medical communication centers that have established continuing education requirements # of air communication centers that have a rest/fatigue policy in place	Develop and implement a quality improvement process for air medical communication centers Promote formalized flight following and dispatch procedures including up-to-date weather per the National Transportation Safety Board (NTSB) recommendations Identify, research, and implement the use of technological services to improve information sharing Identify and adopt initial minimum criteria for air medical communication specialists Develop mechanism for inclusion of fixed wing aircraft in dispatch measures Establish BEMS support for inspections process and compliance with the Florida Communications Plan	FAMA	ASTNA FLEMSPA FNPTNA Technical Advisory Panel (TAP) BEMS EMS Providers FFCA EMS Communications Engineer NAACS FHA Emergency Dispatch Workgroup	2012

Objective	Measure(s)	Strategies	Lead	Resource	Timeline
8.3: Improve air medical crew resource management and education	# of programs that have established air medical crew resource management as part of both the initial orientation process and annual training requirements # of programs using a risk assessment tool for flight crew # of programs/providers that have a dedicated operational education committee or training coordinator # of programs that have initial training requirements that include fours hours of safety training and fours hours of flight specific training # of air medical programs with an operational awareness course	Establish baseline and benchmark to identify best practices Assess operational education and training needs of flight programs Identify current risk assessment tools for air medical providers Establish standardized minimum initial safety core competencies for all personnel involved in air medical transport Develop and adopt recommended safety continuing education for all personnel involved in air medical transport Establish operational awareness training for ground crews involved in transport (safety, landing zone, approach) Establish a minimum one day annual air medical safety summit with representation from all stakeholders involved in air medical transport to include but not limited to: aviation and medical crews, maintenance, communications, administration, and any associated transport (assisting fire department or ambulance services) not within air transport program	FAMA	ASTNA FLEMSPA FNPTNA EMS Providers Fire Chiefs EMSAC Education Committee AAMS Commission on Accreditation of Medical Transport Services (CAMTS) FNPTNA	2012
8.4: Improve use of air asset technology to enhance safety	# of air medical aircraft with Terrain Awareness and Warning Systems (TAWS) and radar altimeters # of air medical providers utilizing night vision goggles (NVGs) # of air medical programs utilizing satellite based flight following systems # of air medical providers that have established Inadvertent Instrument Meteorological Conditions (IIMC) procedures and training # of air medical programs that require Nomex flight suits and helmets # of air medical providers actively utilizing NVGs	Promote training for safe operations and IIMC procedures Promote compliance with Federal Aviation Administration (FAA) and NTSB safety recommendations Promote compliance with the commercial/ instrument standards set by the FAA Promote personal safety through Nomex flight suits and safety helmets Identify and include fixed-wing recommendations from NTSB Promote FAA best practices	FAMA	FLEMSPA FNPTNA FAA NTSB International Helicopter Safety Team (IHST)	2012
8.5: Adopt initial and continuing educational training requirements for aircrew of licensed air providers	Two hours of altitude physiology course and aircraft safety/emergencies for refresher training	Identify statutory authority to develop a rule proposal to submit to the BEMS; or seek statutory change	EMSAC Legislative Committee	FAMA FNPTNA ASTNA	2012

Photo courtesy of Indian River Fire Rescue

GOAL 9:

Increase access to care by improving patient safety, responder safety, and the safety of general public.

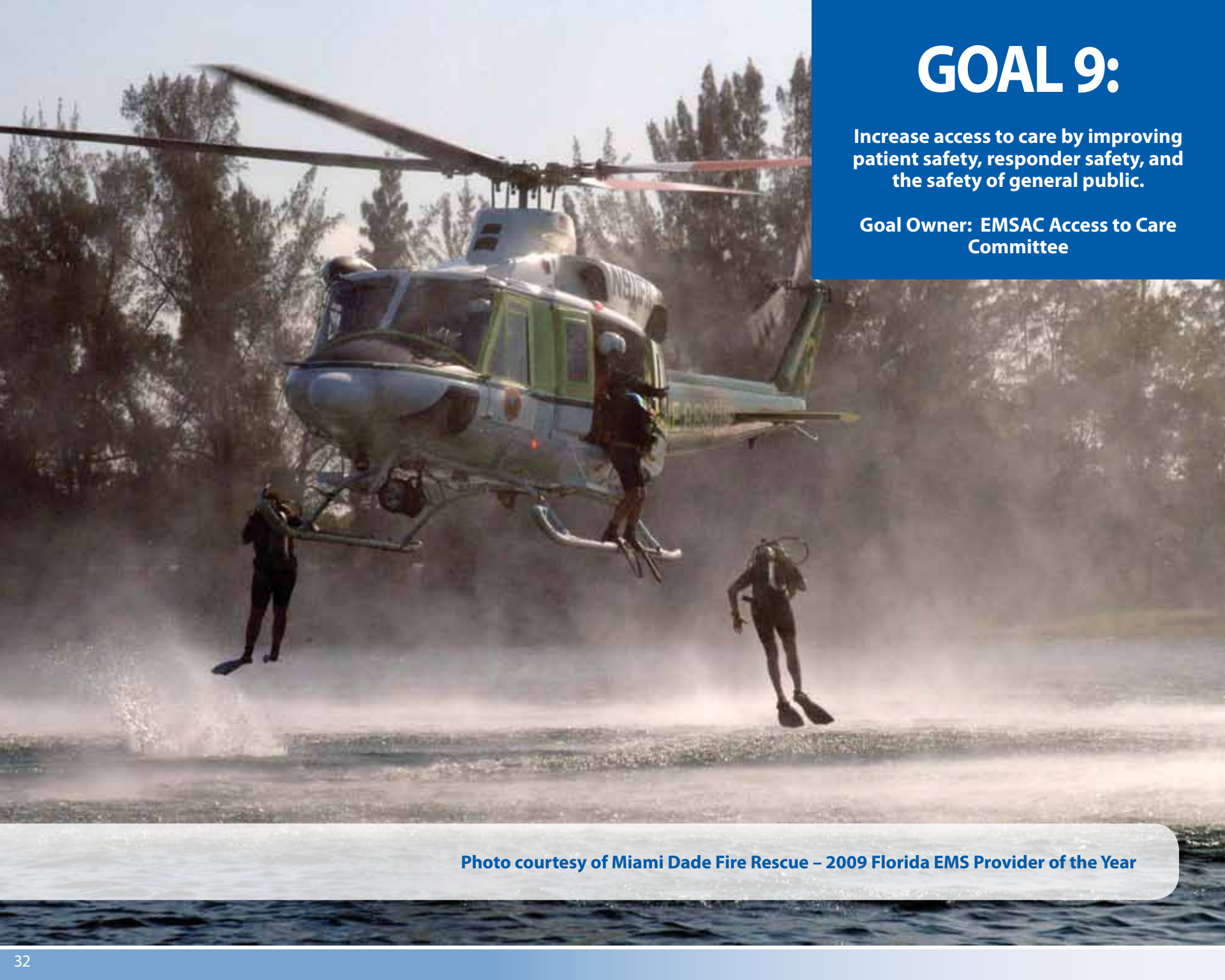**Goal Owner: EMSAC Access to Care Committee**

Photo courtesy of Miami Dade Fire Rescue – 2009 Florida EMS Provider of the Year

Objectives	Measure(s)	Strategies	Lead	Resource	Timeline
9.1: Determine medication error rate in Florida's EMS systems	Locate funding and resources to initiate a study of medication error rate in Florida EMS systems	Fund and execute a study of EMS medication error rate and identify three to five of the most serious or frequent errors in Florida as a baseline Determine strategy to mitigate errors and institute plan for mitigation during the next planning cycle	EMSAC Medical Care Committee State EMS Medical Director	EMSAC Medical Care Committee	2012
9.2: Quantify EMS vehicle collision rate in Florida in a measurable way	Reduce rate by 10% by 2012	Work with Florida DOT to fund project to study EMS vehicle collision rate and a mitigation plan to reduce rate by 10% by the end of 2012	State EMS Medical Director Florida DOT	Objective Safety Department of Highway Safety and Motor Vehicles National EMSAC Committee on Ambulance Crashes for personnel safety	2012
9.3: Improve safety of staff from increasing violence in emergency departments (from psychiatric patients, trauma patients, and irate patients/ families)	Identify process for tracking number of incidents in the ED	Identify process for staff safety in ED	FENA	State EMS Medical Director	2012
9.4: Reduce the number of on-the-job injuries or serious infectious illnesses in the EMS population	9.4.1: # of injuries based upon reports from Workers' Compensation	Identify process to track all injuries/serious infectious illnesses and utilize the Department of Financial Services database for Workers' Compensation claims Publish findings in quarterly action plan	Providers	Fire Chiefs EMSAC PIER Committee	2012
	9.4.2: # of infectious diseases	Identify process to track all injuries/serious infectious illnesses and utilize the Department of Financial Services database for Workers' Compensation claims Publish findings in quarterly action plan	Providers	Fire Chiefs EMSAC Legislative Committee	2012
	9.4.3: # workers' compensation days based upon reports from Workers' Comp	Utilize the Department of Financial Services database for Workers' Compensation claims Publish findings in quarterly action plan	Providers	EMSAC PIER Committee	2012
	9.4.4: # educational programs provided on injury prevention and infectious disease to EMS personnel	Identify/provide educational programs on injury prevention/ infectious disease	EMSAC PIER Committee	EMSAC Access to Care Committee	Ongoing
9.5: Improve EMS transport safety for the pediatric patient	# air calls in which pediatric patients were transported in an approved FAA child safety device # ground calls in which pediatric patients were transported in a child safety device	Analyze data and identify improvement opportunities Utilize Data Committee in determining mode of transport; comparison of agencies with approved devices Review of survey results from agencies regarding practice Literature review/review of national guidelines regarding pediatric/neonatal transport safety	EMSC Advisory Committee	FNPTNA ASTNA FAMA Providers Fire Chiefs	2012

GOAL 10:

Improve consistency, efficiency and education of public safety personnel with respect to incident related Emergency Medical Dispatch (EMD) and radio communications.

Goal Owner: EMSAC Access to Care Committee

Photo Courtesy of Leon County EMS – 2010 Florida EMS Provider of the Year

Objectives	Measure(s)	Strategies	Lead	Resource	Timeline
10.1: Improve EMS radio communications between transports and receiving hospitals	Determine percentage of primary systems using UHF vs. 800 MHz vs. SLERS vs. FIN Determine percentage of MED 8 capable agencies Determine percentage of narrowband compliance agencies and counties	Develop survey to determine which agencies/counties are using UHF vs. 800 MHz vs. other Develop survey to determine MED 8 compliance Partner with AHCA to improve inspection procedures by AHCA for hospitals Revise and release new version of Volume I of the EMS Communications Plan	EMSAC Communications Committee	AHCA Department of Management Services (DMS) Division of Telecommunications BEMS State Working Group – Interoperable Communications Committee (SWG-ICC) Initiative Working Group (IWG) Department of Homeland Security (DHS)/FEMA Regional Emergency Communications Coordination Working Group (RECCWG) Office of Trauma	2012
10.2: Improve agency access to training and education	Develop training curriculum for radio systems education Develop training curriculum for radio programming/ operation Develop training for upcoming changes to public safety radio (P25, 700MHz)	Create and update regularly a list of approved radio makes/models for EMS communications Operational radio/system use Compliance/ statutory requirements Purpose/intent of system design Research future trends, grant requirements and new technologies	EMSAC Communications Committee	SWG-ICC IWG DMS/DivTel Florida Department of Law Enforcement (FDLE) Florida Division of Emergency Management (FDEM) Putnam County RECCWG	2010
10.3: Improve agency access to federal and state funding	Determine available grants, qualifications, timelines and processes	Improve grant awareness Improve grant submission process	EMSAC Communications Committee	Lee Connor, DOH/PHP DOH/EMS	2011

| Objectives	Measure(s)	Strategies	Lead	Resource	Timeline
10.4: Improve interoperable communications capabilities	Determine agency access to mutual aid channels Develop standard operating procedures between disciplines Build out Phase I and II of the Health & Medical Interoperable Communications Initiative (HMICI) project	Determine % of agencies capable of communicating with other public safety radio systems Determine requirements to improve interoperable communications statewide	EMSAC Communications Committee	RECCWG FDLE SWG-ICC IWG DOH/Office of Trauma	2011-2012
10.5: Improve capability to communicate preparation for disasters	Determine communication methods being used by Emergency Service Function 8 (ESF8) Develop standard operating procedures that involve EMS	Between EMS agencies in non-home areas Between EMS agencies and non-standard dispatch centers Between EMS agencies and other public safety agencies	EMSAC Communications Committee	Disaster Response Committee SWG-ICC	2011
10.6: Increase awareness, integration, and support of EMD in the Florida public safety environment	# of agencies utilizing EMD	Actively monitor dispatcher certification legislation initiatives Provide a point of resource to assist agencies with EMD best practices Review and evaluate EMSTARS data points relative to dispatch and work with the Data Committee to fine tune	EMSAC Communications Committee	Department of Management Services (DMS)	2012
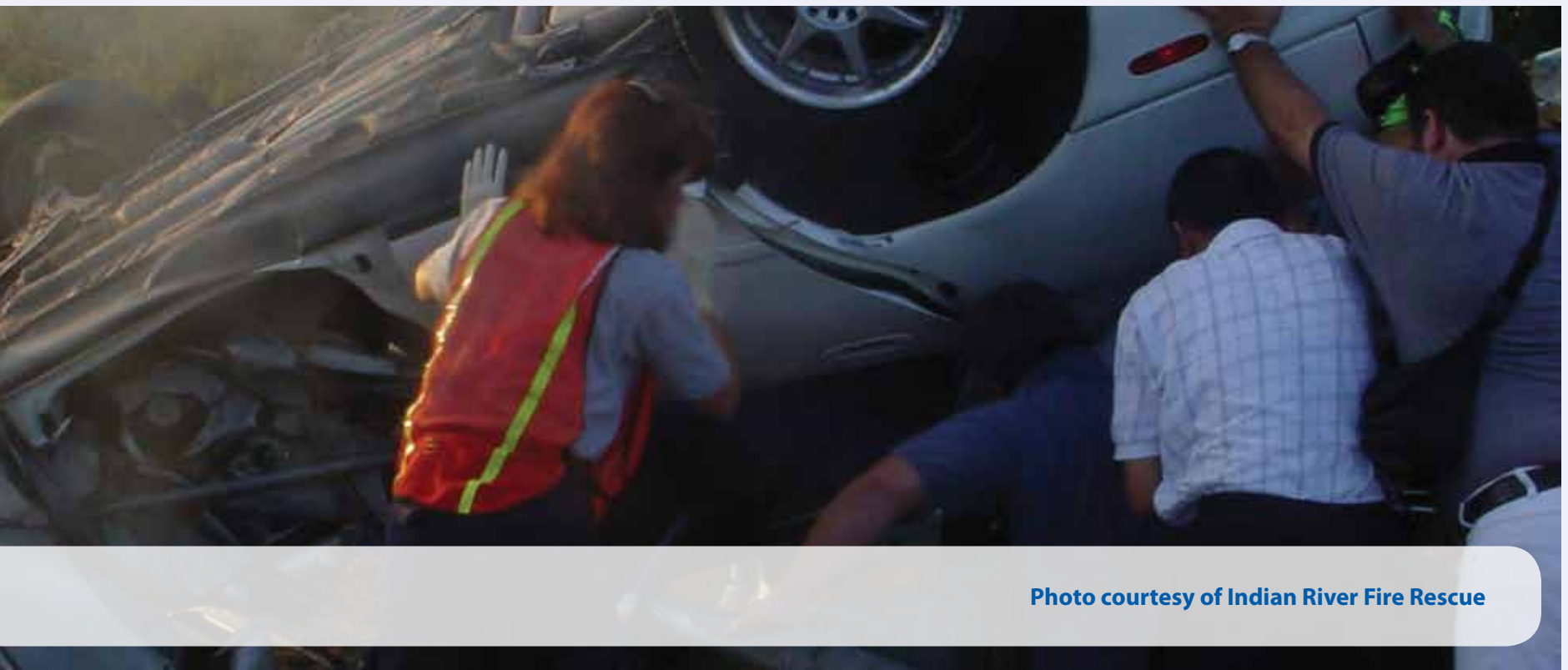
Photo courtesy of Indian River Fire Rescue

Celebrating Our
Successes

2008 - 2010
Florida EMS Strategic Plan Accomplishments

Through the joint efforts of the BEMS, EMSAC, and 25 EMS constituency groups and other stakeholders, the 2008-2010 Florida EMS Strategic Plan accomplishments include, but are not limited to:

Goal 1 – Improve patient care, safety, and outcomes through the EMS system leadership, evaluation, and benchmarking.

- The EMS Tracking and Reporting System (EMSTARS), Florida's prehospital incident data collection system, went live in July 2008 as a result of the efforts of the EMS Advisory Committee's (EMSAC) Data Committee.

- As of April 2010, 116 EMS providers are actively submitting data to Florida's prehospital incident data collection system with an additional 45 EMS providers committed to submit in the near future.

- Florida became the tenth state to report to the National EMS Information System (NEMSIS).

- As of April 2010, the state of Florida has successfully uploaded over 1.5 million EMSTARS records to the national database (NEMSIS) and is currently the second highest ranking state in total number of records submitted to NEMSIS.

- The first iteration of the Data Warehouse/EMS Data Mart is underway and is expected to be completed by July 2010. Upon completion of the first iteration, the BEMS Data Unit will have a workable solution for its decision support needs and future linkage with Trauma Registry and AHCA (Hospital Discharge Data).

Goal 2 – Improve customer satisfaction with and knowledge of the EMS system (customers are defined as patients, providers, and all stakeholders).

- Currently working with EMS agencies to start or expand injury prevention programs in their areas by providing educational and best practice forums, such as the "Senior Falls: An Increasing Issue in EMS" seminar conducted by the EMSAC PIER Committee in June 2009.

- Expanding existing partnerships with the Florida Department of Transportation by providing EMS representation on the Motorcycle Safety Coalition. Assisting the coalition with the development of the Motorcycle Safety Strategic Plan and linking their injury prevention efforts with EMS.

- Partnering with the Read for Health program to raise awareness for Emergency Medical Services for Children (EMSC), thirty four counties participated and 784 "A Day with Paramedics" books were distributed to volunteer readers to read to kindergarten and first and second grade students.

- Development of air ambulance safety video to educate stakeholders on Florida's proactive approach to safety and the important role air ambulances play in patient care. The video won the 2009 Silver Award for Excellence in Public Health Communication, In-House Special Audio/Visual Projects, by the National Public Health Information Coalition.

Goal 3 - Improve EMS workforce safety, education, performance, and satisfaction.

- Developed minimum standards for critical care paramedic education curriculum.

- Developed and promulgated EMS instructor criteria to enhance the quality of education being provided to EMT and paramedic students.

- Provided continuing education units to 244 providers via webinar and on-site at the 2009 Prehospital Pediatric Education Symposium (EMLRC and EMSC partnership).

- Approved 15 new EMS training programs, totaling 168 in the state, and well over 550 continuing education programs.

- Florida currently has 70 schools offering 175 EMT and paramedic courses.

- Enhanced EMS training requirements through the development and adoption of:
  - Minimum standards for EMS instructors in order to produce high-quality EMS students.
  - Minimum standards for EMS training programs, including Medical Director participation, course length and equipment list.
  - Paramedic training programs may allow a portion of the field internship experience to be done aboard an advanced life support permitted vehicle other than an ambulance.

Goal 4 - Ensure economic sustainability of the EMS system.

- Supporting the economic sustainability of the EMS system through the EMS grants program which recently awarded 64 grants for approximately 4.7 million dollars for fiscal year 2009-2010.

- Assisting our rural EMS partners by awarding 15 paramedic scholarships, 5 EMT scholarships, and 3 scholarships for rural EMS leaders to attend a leadership conference; and producing a recruitment video targeting rural youth.

- March 1, 2009, EMSC Federal Partnership Grant Awarded for $130,000 and March 8, 2010 EMSC received another $130,000 from the Federal Partnership Grant Award.

- EMSC and other partners providing high-level pediatric education to rural communities (i.e. EMS agencies, hospitals, air medical providers) that do not have access to training due to limited budget.

- Provide disaster preparedness/response equipment and training through federal grants (ASPR and CDC grants).

Goal 5 - Improve performance of key EMS processes.

- Development of the first Florida air medical strategic plan, which we believe to be the first such plan in the country. Goal 7 "to maintain an accident-free environment and promote a culture of safe and appropriate utilization of Florida air assets" has been added to the current strategic plan by the EMSAC.

- Development of an air medical safety video that received the silver award by the National Public Health Information Coalition 2009 Annual Awards for Excellence in Public Health Communications.

- Established mechanism for key stakeholders to provide input and share best practices regarding STEMI, stroke, and trauma.

- The EMRC has continued to provide a mechanism for statewide EMS data analysis and review for the purpose of statewide and national quality improvement initiatives. The EMRC also established a report review process that will assist the BEMS and EMS provider agencies in mapping all report queries to assure data elements and data subset elements are appropriate for the report and/or research being examined. As the EMS Tracking and Reporting System database grows, the EMRC will identify benchmarks, best practices, trend identification and research opportunities for the Florida EMS Community for the purpose of statewide and national quality improvement initiatives.

- Establishment of a certification process for 911 emergency dispatchers. The BEMS has certified nearly thirteen hundred 911 emergency dispatchers since inception.

- Enhanced EMS delivery of patient care through the development/revision and adoption of:

  - Increased minimum standards for neonatal transport staffing and medical direction.

  - Defining certificate of public convenience and necessity (COPCN).

  - Increased service delivered by EMTs through additional skills (glucometer use, providing aspirin, and premeasured auto injectors).

- Continue to improve the delivery of EMS to children by meeting national EMSC performance measures.

- Established pediatric recertification requirements.

- Continued implementation of the "Denise Amber Lee Act."

- The EMRC in conjunction with the BEMS Data Unit developed online reports to measure the improvement of key EMS processes.

Goal 6 – Ensure the EMS system is prepared to respond to all-hazard events in coordination with state plans.

- EMS Mass Casualty Incident Rodeo – a gathering of all the assets from around the state where equipment standardization, best load practices, and deployment strategies were among the topics covered.

- Continued updates to the Ambulance Deployment Plan.

- Continued training of Ambulance Deployment Plan strike team leaders.

- Development of an EMS Pan Flu Plan underway.

- Increase EMS community surge capabilities through the distribution of personal protective equipment, training, and development of statewide disaster protocols through federal cooperative agreements.

Goal 7 – Maintain an accident-free environment and promote a culture of safe and appropriate utilization of Florida air assets.

- Coordinated a one day air medical safety conference, bringing in national industry experts and representation from all stakeholders involved in air medical transport.

- Developed and approved as part of the EMS Strategic Plan a seventh goal addressing all aspects of air medical safety.

- Coordinate the first tabletop disaster exercise utilizing the revised State of Florida Air Medical Services Disaster Response Plan 2010.

Acknowledging Our
Partners

Access to Care Task Force

American College of Emergency Physicians

American Heart Association/American Stroke Association

Association of Florida Trauma Agencies

Association of Florida Trauma Coordinators

Brain and Spinal Cord Injury Program Office

Bureau of Emergency Medical Services

Center for Disease Control and Prevention (CDC)

Children's Medical Services, Florida Department of Health

County Health Departments

Critical Incident Stress Management

Division of Medical Quality Assurance, Florida Department of Health

Domestic Security Oversight Council

Emergency Medical Dispatch Association

Emergency Medical Review Committee (EMRC)

Emergency Medicine Learning and Resource Center

EMSAC Access to Care Committee

EMSAC Data Committee

EMSAC Disaster Response Committee

EMSAC Education Committee

EMSAC Legislative Committee

EMSAC Medical Care Committee

EMSAC Paramedic Shortage Committee

EMSAC PIER Committee

EMSAC Strategic Visions Committee

EMS for Children (EMSC) Advisory Committee

EMSC National Resource Center

EMS Communications- Technical Advisory Panel (TAP)

EMS Providers of Florida

EMS Quality Managers Association

Federal Emergency Management Agency (FEMA)

Florida Aeromedical Association (FAMA)

Florida Agency for Healthcare Administration (AHCA)

Florida Air and Surface Transport Nurses Association (ASTNA)

Florida Ambulance Association

Florida Association of County EMS (FACEMS)

Florida Association of EMS Educators

Florida Association of EMS Medical Directors

Florida Association of Professional EMTs & Paramedics (FAPEP)

Florida Association of Rural EMS Providers (FAREMS)

Florida Basic Trauma Life Support

Florida Chapter of Air and Surface Transport Nurses Association

Florida Chapter of the American College of Surgeons-Committee on Trauma

Florida College of Emergency Physicians

Florida Council on Rural EMS (COREMS)

Florida Department of Agricultural and Consumer Services

Florida Department of Business and Professional Regulation

Florida Department of Children and Families

Florida Department of Community Affairs

Florida Department of Education

Florida Department of Environmental Protection

Florida Department of Financial Services

Florida Department of Health

Florida Department of Highway Safety and Motor Vehicles

Florida Department of Management Services

Florida Department of Transportation

Florida EMS Quality Managers Association

Florida Emergency Nurses Association (FENA)

Florida Emergency Services Pilots Association (FLEMSPA)

Florida Fire Chiefs' Association

Florida Health Care Association

Florida Hospital AssociationFlorida International Trauma

Life Support Association

Florida Legislature

Florida Medical Association

Florida Neonatal & Pediatric Transport Network Associations (FNPTNA)

Florida Pilots Association

Florida Professional Firefighters

Florida Sterling Council

Florida Traffic Records Coordinating Committee

Health & Medical Co-Chairs

Health Resources & Services Administration (HRSA)

Joint Administrative Procedures Committee (JAPC)

National Association of County and City Health Officials (NACCHO)

National Association of State EMS Officials (NASEMSO)

National EMSC Data Analysis Resource Center (NEDARC)

National EMS Information System Technical Assistance Center (NEMSIS TAC)

National Highway Traffic Safety Administration (NHTSA)

National Standard Curricula (NSC)

Occupational Safety & Health Administration (OSHA)

Office of Emergency Operations

Office of Injury Prevention

Office of Public Health Preparedness

Office of Trauma

Public Health & Medical Preparedness Teams

Public Health & Medical Target Capability

United States Department of Health and Human Services (HHS)

United States Department of Homeland Security

United States Life Saving Association

Glossary

Action Plan
Tool used to deploy resources and/or assign activities to achieve specific objectives. Plans usually include the following:

- key activities for the corresponding objective;

- lead person/accountability mechanism for each activity;

- timeframes/milestones for completing activities;

- status of activities; and

- evaluation indicators to determine quality and effectiveness of the activities in reaching the strategy.

Balanced Scorecard
A tool to measure success against strategic goals and objectives.

Benchmarking
Gathering information about model efforts or best practices by other organizations or systems engaged in similar endeavors to help establish project targets and goals. Benchmarking is often incorporated into a balanced scorecard.

Charter
The charter is a clear description of the goal team's purpose or mission, and identifies the champions, team members, technical support, resources, and stakeholders. It clarifies team expectations, keeping the team focused and aligned with organizational priorities. It serves as a contract to ensure accountability by team members.

Goal
Broad statement describing a desired result. Goals may be results or process oriented.

Goal Owner
EMS Advisory Council Subcommittee that provides oversight to the objective leads for a specific goal. The chairpersons of these subcommittees provide a high-level overview of the status of their specific goal at the EMS Advisory Council meetings.

Lead
EMS Advisory Council Subcommittee, constituency group, or other work group that is responsible for the fulfillment of a specific objective. The chairperson of the committee or their designated liaison provides quarterly status reports to the Goal Owner, the Strategic Visions Committee, and Strategic Planning Coordinator.

Legislation
A proposed or enacted law or group of laws.

Measure
A specific indicator that tracks your progression or status of point in reaching an end result or specific target. Answers the questions:

1) "What's our current performance?";

2) "How do we compare against others?";

3) "Are we improving or declining?".

Indicators to measure/monitor success against strategic goals and objectives. The frequency in which measures are reviewed assists teams to identify potential process problems in order to meet desired outcome (ie. complete objective to fulfill goal).

Mission
A brief, comprehensive statement of purpose of the organization or system. Answers the questions:

1) "What is our purpose?";

2) "What do we stand for?";

3) "What will we strive to do?"

Objectives
Specific and measurable targets for accomplishing goals to be accomplished by specific teams or individuals within time limits. Addresses the question, "What do we have to do to get there?"

Outcomes
The long-term end goals that are influenced by the project, but that usually have other influences affecting them as well. Outcomes reflect the actual results achieved, as well as the impact or benefit of a program.

Resource
EMS Advisory Council Subcommittee, constituency group, workgroup, or other EMS partner that an objective lead may contact as subject matter experts or for other assistance to complete action plan activities associated with a specific objective.
Note: Some groups may be identified as resources after the publication of this plan.

Stakeholder
Any person or group with a vested interest in the outcome of a project or plan.

Sterling Management System
Business framework based around seven categories that makeup the Governor's Sterling Award criteria: leadership; strategic planning; customer and market focus; measurement, analysis, and knowledge management; workforce focus; process management; and results.

For more information visit: http://www.floridasterling.com.

Strategic Planning Process
A process by which the Florida Department of Health, Bureau of Emergency Medical Services, the EMS Advisory Council, and EMS constituency envision the future and develop goals, objectives strategies and action plans to achieve that future.

Strategy
Techniques or tactics that may be used to accomplish an objective or goal.
Note: The strategies listed in this plan are meant to be fluid and revised as needed.

SWOT
A tool to conduct an analysis of environmental strengths, weaknesses, opportunities and threats (sometimes referred to as an environmental scan or informal internal/external assessment) that affect the organization or system. Often organizations or systems use/build upon existing strengths to overcome areas identified as opportunities for improvement. Provides situational awareness for those involved in the development of a strategic plan in order to develop the plan.

Values
The EMS Advisory Council's framework for carrying out its mission and activities. Values that guide the priorities, attitudes, policies and behaviors of the EMS Advisory Council and those working to implement the strategic plan.

Vision
An overarching statement of the way we want to be; an ideal state of being at a future point. Answers the questions:

1) "Where do we want to go?"; and

2) "Where do we want to be?"

Acronyms

AAMS – Association of Air Medical Services

ACS – American College of Surgeons

AEMT – Advanced Emergency Medical Technician

AHA – American Heart Association

AHCA – Agency for Health Care Administration

AIDS – Acquired Immune Deficiency Syndrome

ALS – Advanced Life Support

AMPA – Air Medical Physicians Association

AMTS – Air Medical Transport Services

APCO – Association of Public Safety Communications Officials

ASPR – Assistant Secretary for Preparedness and Response

ASTNA – Air Service and Transport Nurses Association

BA52 – Baker Act

BEMS – Bureau of Emergency Medical Services

BLS – Basic Life Support

CAMTS – Commission on Accreditation of Medical Transport Services

CBRNE- Chemical, Biological, Radiological, Nuclear and Explosives

CDC – Centers for Disease Control

CoAEMSP – Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions

DHS – Department of Homeland Security

DivTel – Division of Telecommunications

DMS – Department of Management Services

DOE – Department of Education

DOH- Department of Health

DOH IT – Department of Health Information Technology

DOT – Department of Transportation

ED – Emergency Department

EMD – Emergency Medical Dispatch

EMD QA – Emergency Medical Dispatch Quality Assurance

EMR – Emergency Medical Response

EMRC – Emergency Medical Review Committee

EMS – Emergency Medical Services

EMSAC – Emergency Medical Services Advisory Council

EMSC – Emergency Medical Services for Children

EMSTARS – Emergency Medical Services Tracking and Reporting System

EMT – Emergency Medical Technician

ESF8 – Emergency Services Function 8 (Health and Medical)

ESS – Emergency System Status

ET – Endotracheal

FAA – Federal Aviation Administration

FAC – Florida Administrative Code

FACEMS – Florida Association of County Emergency Medical Services

FAEMSE – Florida Association of Emergency Medical Services Educators

FAMA- Florida Aero Medical Association

FAREMS – Florida Association of Rural Emergency Medical Services

FCOT – Florida Committee on Trauma

FD – Fire Department

FDEM – Florida Division of Emergency Management

FDLE –	Florida Department of Law Enforcement	**MHz -**	Megahertz	**QA-**	Quality Assurance
FEMA –	Federal Emergency Management Agency	**MI –**	Myocardial Infarction	**RDSTF –**	Regional Domestic Security Task Force
FENA –	Florida Emergency Nurses Association	**MQA –**	Medical Quality Assurance	**RECCWG –**	Regional Emergency Communications Coordination Working Group
FFCA –	Florida Fire Chiefs Association	**NAACS –**	National Association of Air Medical Communication Specialists		
FHA –	Florida Hospital Association	**NEMSIS –**	National Emergency Medical Services Information System	**ROSC –**	Return of Spontaneous Circulation (as defined by the UTSTEIN criteria)
FLEMSCOMM –	Florida Emergency Medical Services Community	**NOAA –**	National Oceanic and Atmospheric Administration	**SLERS –**	Statewide Law Enforcement Radio System
FLEMSPA –	Florida Emergency Services Pilots Association	**NHTSA –**	National Highway Traffic Safety Administration	**SSG –**	State Surgeon General
FNPTNA –	Florida Neonatal Pediatric Transport Network Association	**NSC-**	National Standard Curricula	**STEMI –**	ST-Segment Elevated Myocardial Infarction
HIV-	Human Immunodeficiency Virus	**NTSB –**	National Transportation Safety Board	**SWG –**	State Working Group
HMICI -	Health & Medical Interoperable Communications Initiative	**NVGS –**	Night Vision Goggles	**SWG-ICC –**	State Working Group - Interoperable Communications Committee
IHST –	International Helicopter Safety Team	**OEO –**	Office of Emergency Operations		
IIMC –	Inadvertent Instrument Meteorological Conditions	**PHMP –**	Public Health and Medical Preparedness	**TAP –**	Technical Advisory Panel
IWG –	Initiative Working Group	**PHP –**	Public Health Preparedness	**TAWS –**	Terrain Awareness Warning Systems
JCAHO –	Joint Commission on Accreditation of Healthcare Organizations	**PIER –**	Public Information , Education and Relations	**TBD –**	To Be Determined
				UHF –	Ultra High Frequency
KPI –	Key Performance Indicators	**PSA –**	Public Service Announcement	**USLA –**	United States Lifesaving Association
		PSAP –	Public Safety Answering Point	**UTSTEIN –**	Standard template for study of Cardiac Arrest

Appendix
A

Florida ASTNA Recommendations State EMS Strategic Plan Goal 8.5

Goal 8.5: Adopt initial and continuing educational training requirements for aircrew of licensed air providers

ASTNA OBJECTIVES:
In meeting this Strategic Plan goal, we recommend that the current RN and paramedic continuing education requirements incorporate specific education required by air medical personnel vs. requiring additional education hours. Allocation of hours specific to air medical transport will meet the needs of our licensed air medical providers while minimizing the financial hardship that imposing additional educational hours would incur.
FL ASTNA also recognizes that minimum qualifications for employment should include training specific to the service (rural vs. urban), demographics of the patient population (neonatal, pediatric, maternal, adult), the mission profile of the program (scene vs. interfacility, short vs. long transport distances), and type of transport vehicle (fixed wing vs. rotor wing).

Introduction: Air medical transport is a highly specialized and unique component of the Florida EMS community. Air medical crews require specialized training and skills to provide safe, rapid transport and advanced clinical care for complex patients. Utilizing the framework set forth by the Association of Air Medical Services (AAMS) to meet Goal 8.5 of the Florida State EMS Strategic Plan, the Florida chapter of ASTNA recommends the following:

Initial Requirements for Flight Nurses:

1) Graduation from an accredited Registered Professional Nursing Program

2) Licensure in the state of base of operations

3) Minimum of 3 years critical care and/or emergency nursing experience

4) BLS provider (or equivalent)

5) ACLS or PALS or NRP provider certification (or equivalent) as appropriate for the program mission

6) Air crew curriculum course as approved by the State Bureau of EMS

Initial Requirements for Flight Paramedics:

1) Completion of a paramedic training program based upon the US DOT EMT-Paramedic National Standard Curriculum

2) Certification in the state of the base of operations

3) Minimum of 3 years experience as a paramedic in the prehospital setting

4) BLS provider (or equivalent)

5) ACLS or PALS or NRP provider certification (or equivalent) as appropriate for the program mission

6) Air crew curriculum course as approved by the State Bureau of EMS

Continuing Education Requirement for Flight Nurses and Paramedics:

1) Two hours related to Safety Training

2) Two hours related to Flight specific training

Summary: FL ASTNA endorses minimum educational requirements be established for Flight Nurses and Flight Paramedics in the State of Florida. These minimum initial and continuing education requirement recommendations are intended to provide all licensed air providers an education guideline that is attainable. It is our hope that licensed air providers in Florida will utilize these guidelines not only to meet, but exceed these requirements to provide the safest, most advanced air medical transport and clinical care to the population in Florida.
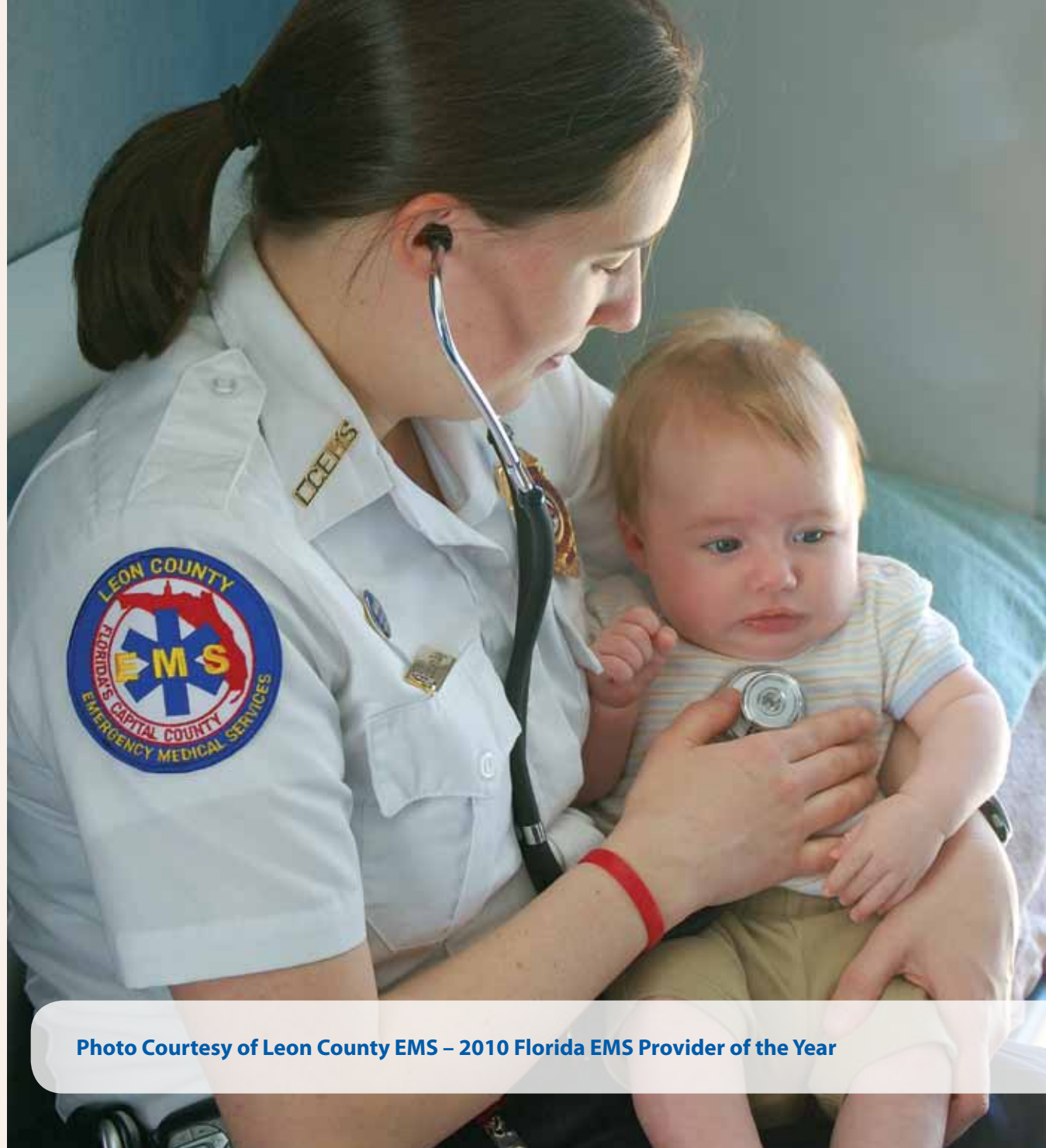
Photo Courtesy of Leon County EMS – 2010 Florida EMS Provider of the Year

Appendix

B

Bureau of Emergency Medical Services Functional Directory as of July 2010

Street Address:
4025 Esplanade Way, 3rd Floor
Tallahassee, FL 32311-1747

Mailing Address:
4052 Bald Cypress Way, Bin C-18
Tallahassee, FL 32399-1738

Main Telephone Number: (850) 245-4440

Fax Numbers: (850) 488-9408 / (850) 488-2152

Websites:
http://www.fl-ems.com
http://www.floridaemstars.com

E-mail: demo_ems@doh.state.fl.us

All issues related to EMT and Paramedic certifications should be sent to:
Florida Department of Health
Division of Medical Quality Assurance
EMT/Paramedic Certification Office
4052 Bald Cypress Way, Bin C85
Tallahassee, FL 32399-3285
Phone (850) 245-4910 or (850) 488-0595
Fax: (850) 921-6365
Web: www.doh.state.fl.us/mqa/EMT-Paramedic
E-mail: MQA_EMT-Paramedic@doh.state.fl.us

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Alyshia Dark — Investigations Specialist II
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Strategic Plan Organizational Chart – July 2010

EMS Advisory Council (EMSAC)

John Scott, Chair
Executive Champion

Goal Owners Roles:

*Oversight & Coordination of objectives for respective goal
*Communication
*Champions/Leadership

SVC Compostion Leads:
Cory Richter, Julie Bacon
Goal Owners:
Objective Lead Liaisions, State Plan Coordinator

EMSAC
Strategic Visions Committee (SVC)

Goal 1 Owner
EMSAC
John Scott

Objective Leads
EMSAC
Executive Committee

Goal 2 Owner
Data Committee
Chief Charles Moreland

Objective Leads
Data Committee
EMSAC
Bureau of EMS Data Unit

Goal 3 Owner
PIER Committee
Chief Cory Richter

Objective Leads
PIER Committee
Quality Managers
Access to Care Committee

Goal 4 Owner
Education Committee
Daniel Griffin

Objective Leads
Legislative Committee
Dispatch Work Group
FFCA-EMS Section
Education Committee
EMSAC

Goal 5 Owner
Legislative Committee
TBD

Objective Leads
Florida Association of EMS Providers
FL. Ambulance Assoc.
Legislative Committee

Goal 6 Owner
Medical Care Committee
Dr. David Meurer

Objective Leads
Dispatch Work Group
Data Committee
Disaster Committee
Medical Care Committee
Quality Managers
EMSC
EMRC
USLA

Goal 7 Owner
Disaster Committee
Dr. Brad Elias

Objective Leads
Disaster Committee
Legislative Committee
EMSC
Community Surge Team
Medical Directions
Office of PHP

Goal 8 Owner
Access to Care Committee
Karen Chamberlain

Objective Leads
FAMA
Legislative Committee

Goal 9 Owner
Access to Care Committee
Michael Patterson

Objective Leads
Medical Care Committee
State EMS Medical Director
Florida DOT
FENA Providers
PIER Committee
EMSC

Goal 10 Owner
Access to Care Committee
Michael Patterson

Objective Leads
Communications Committee

State Plan Coordinator Roles:
*Coordinates requests and feedback between work groups
*Organizes meetings, mailings, surveys
*Posts updates to web and/or flemscomm
*Provides technical support and/or facilitates technical support from DEMO QI coordinator **(Lynne Drawdy)** or other sources
*Facilitates integration between the various system plans (trauma, injury prevention, preparedness, etc.) and national initiatives
*Facilitate communication between the EMSAC subcommittees, EMS constituency groups, and other stakeholders involved in the strategic planning process to foster integration between the groups
*Provide resources such as information from the National Assoc. of State EMS Officials, EMS Agenda for the Future, best practices, and strategic planning tips

Objective Leads Roles:
*Develop, execute, and revise action plans that meet objectives
*Ensure that the plan is an agenda item at meetings
*Participate in meetings by teleconference or in person as determined by workgroup
*Report status at least quarterly
*Report changes in objective lead liaisons to the Strategic Visions Committee
*Respond to inquiries from state plan coordinator and members of the Strategic Visions Committee

Objective Lead Liasions:
BEMS Data Link
Stephanie C. Daugherty
Community Surge Team
Lynn Drawdy
Dispatch Work Group
Jim Lanier
EMS Medical Director
Dr. Joe Nelson
EMSAC Parlementarian
Regina Sofer
EMRC - **Steve McCoy**
EMSC - **Julie Bacon**
Executive Committe
John Scott *(or current Chairman)*
FFCA, EMS Section
Chief Ray Colburn
FL Assoc. of EMS Providers
Dan Azzariti
FL Ambulance Assoc.
Jim Judge
Quality Managers
Art Garcia
USLA
Joe McManus

Florida's Emergency Medical Services
Strategic Plan July 2010 - June 2012

Bureau of Emergency Medical Services
4052 Bald Cypress Way, Bin C - 18
Tallahassee, FL 32399-1738

FLORIDA DEPARTMENT OF
HEALTH