

# Florida's Emergency Medical Services

Strategic Plan July 2008 – June 2010



# EMSAC Members

The following is a list of the EMS Advisory Council (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 Bureau of EMS website at: <http://www.fl-ems.com>.

## **Chair - Physician**

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University of Miami, School of Medicine  
Department of Surgery

## **Chair-Elect - Paramedic (Non-Fire Service)**

C.T. "Chuck" Kearns, MBA., Paramedic, EMD-5  
Pinellas County EMS Authority

## **Air Ambulance Operator**

John Scott  
Tampa General Hospital

## **Commercial Ambulance Operator**

Alan Skavroneck  
Ambitrans Medical Transport

## **EMS Administrator (Fire)**

William R. Colburn, Fire Chief  
Reedy Creek Fire Department

## **EMS Administrator (Non Fire)**

Michael Patterson  
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## **EMS Educator**

Linda W. Swisher, EdD

## **Emergency Medical Technician (Fire)**

Greg Rubin, MPA, BSN  
Miami-Dade Fire Rescue  
EMS Division

## **Emergency Medical Technician (Non-Fire Service)**

Tom Quillin, MBA, Chief  
Leon County Emergency Services

## **Emergency Nurse**

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Tampa General Hospital

## **Hospital Administrator**

Javier I. Escobar II, MD.  
Tallahassee Memorial Hospital

## **Lay Elderly**

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

## **Lay Person**

Regina E. Sofer  
Florida Board of Governors  
Florida Education Center

## **Paramedic (Fire Service)**

Jeffrey Lindsey, PhD  
Estero Fire Rescue

## **Physician**

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## **State EMS Medical Director**

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Bureau of Emergency Medical Services  
Division of Emergency Medical Operations  
Florida Department of Health

## **Emergency Medical Services for Children Liasion**

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EMS for Children Advisory Committee

## **Department of Community Affairs**

Craig Fugate  
Division of Emergency Management

## **Department of Education**

Jennifer Roberts, RN

## **Department of Financial Services**

Dave Casey  
Bureau of Fire Standards and Training  
Division of Fire Marshal

## **Department of Highway Safety & Motor Vehicles**

Walter Liddell  
Florida Highway Patrol

## **Department of Management Services**

Todd Mechler  
EMS Communications Engineer/Coordinator

## **Department of Transportation**

Trenda Mcpherson  
DOT Traffic Safety Specialist

**Special thanks** to the following outgoing members for their contributions and dedication to the EMS community:

## **EMT (Non-Fire)**

Chad Reed  
Dixie County Sheriff's Office

## **EMS Administrator (Fire)**

William Bingham, Chief  
Boynton Beach Fire Rescue Department

## **Lay Elderly**

William Louis Fisher, III

## **Commercial Ambulance Operator**

Jaime S. Caldwell  
South Florida Hospital and Healthcare Association

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## Florida's Emergency Medical Services Strategic Plan July 2008 – June 2010

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Special Thanks To: Lynne Drawdy, DEMO Quality  
Improvement Coordinator for her commitment  
to performance excellence and support to the  
Strategic Visions Committee.





# Message from the State Surgeon General

*"People are afraid of the future, of the unknown. If a man faces up to it and takes the dare of the future, he can have some control over his destiny. That's an exciting idea to me, better than waiting with everybody else to see what's going to happen."*

*~John Glenn, U.S. Marine pilot, astronaut & Senator*

It is with great pleasure that I present to you *Florida's Emergency Medical Services Strategic Plan for July 2008 – June 2010*. I chose this quote because it reflects how the Department of Health, the EMS Advisory Council, and our partners are exploring ways to take an active role in our future through this strategic plan and other initiatives. Being proactive by making the contacts, following up on potential opportunities and daring to explore innovative ideas will help us have more control over our destiny. During these challenging times, it's more important than ever to take risks, take full advantage of our partnerships and dare to dream of all sorts of possibilities.

Special thanks to our talented partners throughout the state for their commitment to public health. Through recommendations and teamwork initiated by those within Florida's EMS system, we can implement strategies, as part of our transformation process that ensure prompt, efficient, and quality EMS services. Together, we are not going to just see what happens we are going to make it happen.

EMS is a vital public service with extraordinary people providing extraordinary service. These professionals must rapidly assess, manage, and effectively provide care in unpredictable situations requiring life and death judgments. They serve unselfishly to save lives. For them and the public we serve, we must adapt to change so we do not get left behind.

The goals and objectives outlined in this plan show the direction and scope of our commitment to the public we serve and to the EMS professionals who are ready to respond 24 hours a day, 7 days a week, 365 days a year.

We recognize all those who serve under the Star of Life as our everyday heroes. The Department of Health is proud to stand side by side with them and our partners to promote, protect, and improve the health of all people in Florida.

Warmest Regards,



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





2008 EMS  
**Photo of  
the year**

**2008 National EMS Week Theme  
“EMS: Your Life Is Our Mission”**

Photo courtesy of Miami-Dade Fire Rescue - 2008 Florida EMS Photo of the Year best depicting this year's EMS Week theme





# Executive Summary

## 2007 National EMS Week Theme “EMS: Extraordinary People; Extraordinary Service”

Photo courtesy of Kenneth Nielsen - 2007 EMS Photo of the Year best depicting the 2007 EMS Week theme

**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 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."*

The EMSAC's Strategic Visions Committee, in partnership with the Florida Department of Health, and the 24 emergency medical services constituency groups identified the strategic advantages and challenges of EMS in Florida and reviewed/referenced national and state initiatives such as the Institute of Medicine's report on *The Future of Emergency Care*, Healthy People 2010, the National Scope of Practice for EMS Providers, National EMS for Children Performance Measures, NHTSA's National Standard Curricula for EMS, Homeland Security's National Response Framework, National Preparedness Goal and National Preparedness Guidelines, Governor Crist's Healthcare Policy, the State Surgeon General's Strategic Priorities, and the FHA's report on *Addressing the Crisis in Emergency Care*. As a result, the team developed this comprehensive plan to guide all those involved in Florida's emergency medical services system in order to enhance prehospital patient care:

## 2008-2010 Goals

- Goal 1:** Improve patient care, safety, and outcomes through the EMS system leadership, evaluation, and benchmarking.
- Goal 2:** Improve customer satisfaction with and knowledge of the EMS system. (Customers are defined as patients, providers, and all stakeholders)
- Goal 3:** Improve EMS workforce safety, education, performance, and satisfaction.
- Goal 4:** Ensure economic sustainability of the EMS system.
- Goal 5:** Improve performance of key EMS processes.
- Goal 6:** Assure the EMS system is prepared to respond to all-hazard events in coordination with state plans.

Other major EMS initiatives are addressed in plans such as the *Injury Prevention Five Year Plan*, the *State Trauma System Plan December 2005 - December 2010*, the *Florida Public Health and Medical Preparedness Strategic Plan 2007 - 2010*, the *Florida Fire Chief's Association Strategic Plan*, *Brain and Spinal Cord Injury Program Strategic Plan*, and the *State Comprehensive Emergency Management Plan*.



About the  
**Emergency  
Medical  
Services**

**Advisory Council**

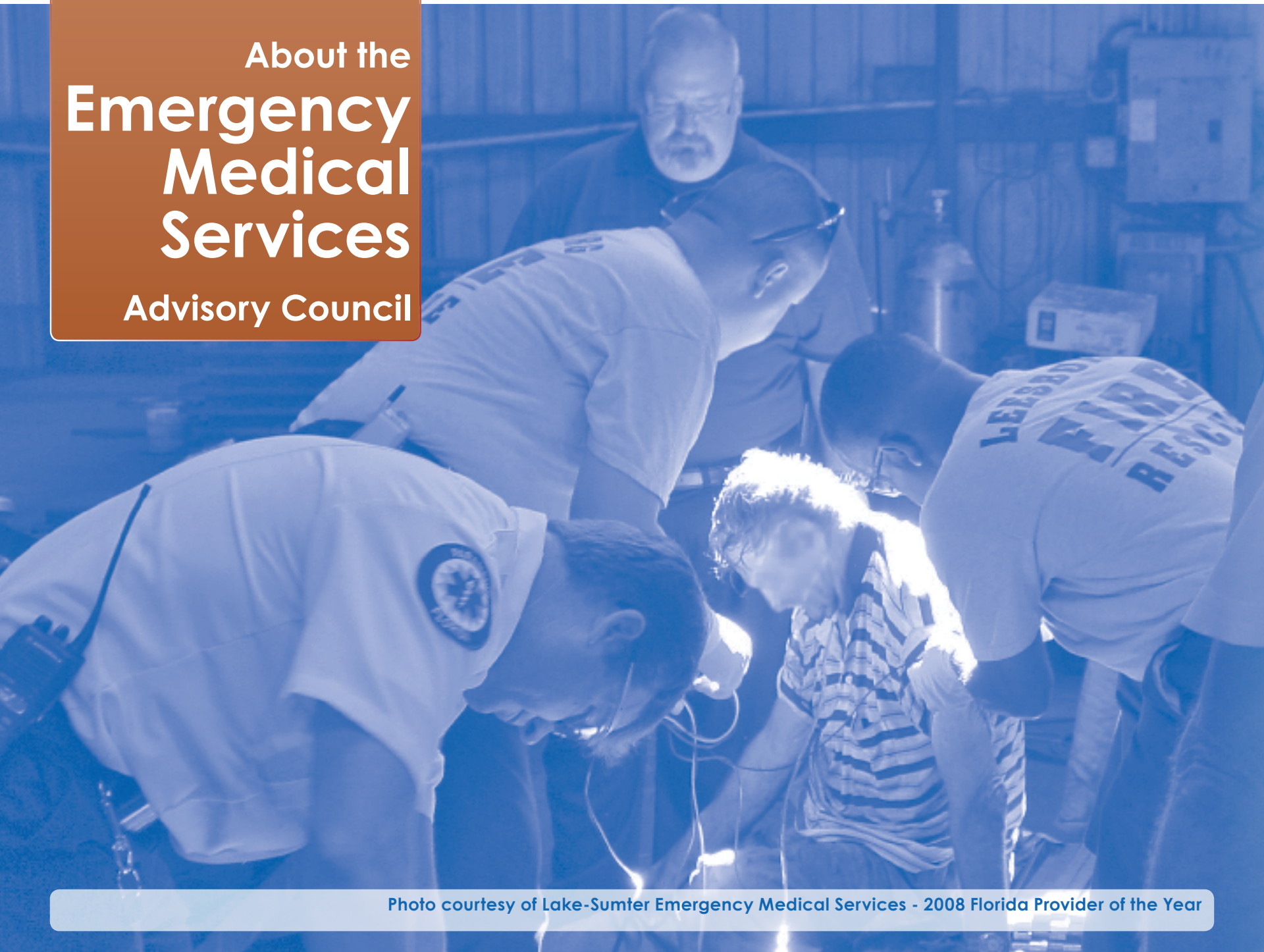


Photo courtesy of Lake-Sumter Emergency Medical Services - 2008 Florida Provider of the Year



### **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 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 and all EMS personnel, and motivate providers to work together in providing evidence-based prehospital care.

**The Emergency Medical Services Advisory Council (EMSAC) was created for the purpose of acting as the advisory body to the emergency medical services program. Pursuant to chapter 401.245, F.S., 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.

# 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 2008-2010 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 the 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.

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

The Florida Emergency Medical Services Strategic Plan is the result of these processes and is outlined in this document.

vision

action

results

objectives

Objectives support goals, mission, and vision.

goals

Goals support mission and vision, and dictates objectives

strategy

mission

Mission supports vision, and dictates goals.





Photo courtesy of Lake-Sumter Emergency Medical Services - 2008 Florida Provider of the Year



2008-2010  
**EMS  
Strategic  
Plan**

Goals and Objectives

# Goal 1:

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

Goal Owner: Data Committee

Photo courtesy of Lake-Sumter Emergency Medical Services - 2008 Florida Provider of the Year



Objectives	Measure	Strategies	Lead	Resource	Timeline
1.1 Improve Leadership Effectiveness of the EMS Advisory Council	% of council members who fulfill their 4 year term	Mentoring/Develop Succession Plan	EMS Advisory Council	Bureau of EMS	Ongoing
	% of council members attending each meeting (including conference calls)	Leadership Orientation			
	% of council members who are minorities	Council Member Orientation			
	% of constituency groups represented on the council	All constituency group meetings are attended by at least one council member in order to provide a report to the council			
	% of council members actively involved in an EMSAC subcommittee	EMSAC subcommittee chairs mentor new council members so that they can easily transition into that role once the mentor's term is up			
	% of council members attending EMSAC subcommittee meetings	Council members attend EMSAC subcommittee meetings in order to gather information to vote on motion set by EMSAC subcommittee			
	# of motions brought to the council for vote # of workgroups created to assist the council with special projects				
1.2 All pilot and charter agencies transition to live EMSTARS reporting	50% compliance to live EMSTARS reporting	Work closely with Charter agencies to ensure smooth transition; implement lessons learned from Beta testing	Data Committee		
1.3 Successfully link EMSTARS incident-level data with AHCA hospital discharge and ED data	% of EMS events linked to hospital data	Establish the relationship with AHCA for data sharing and identify linkage requirements	Data Committee		
1.4 Achieve EMSTARS compliance and participation from 50% of licensed provider agencies	% of agencies	Work closely with remaining agencies to ensure smooth transition; implement lessons learned from startup	The Bureau of EMS and the EMS Advisory Council		06/30/2009
1.5 Successfully link EMSTARS incident-level data with State Trauma Registry Data	% of EMS events linked to Trauma Registry data	Establish the relationship with Office of Trauma for data sharing and identify linkage requirements	Data Committee		12/31/2009
1.6 Achieve 70% EMSTARS compliance and participation	% of agencies	Work closely with remaining agencies to ensure smooth transition; implement lessons learned from startup	The Bureau of EMS and the EMS Advisory Council		12/31/2010





## Goal 2:

**Improve customer satisfaction with and knowledge of the EMS system.**

(Customers are defined as patients, providers, and all stakeholders)

**Goal Owner: PIER Committee**

Photo courtesy of Lake-Sumter Emergency Medical Services - 2008 Florida Provider of the Year



Objectives	Measure(s)	Strategies	Lead	Resource	Timeline
2.1 Provide injury prevention educational programs to the public	Increase by 5% the # of educational programs provided to the public through EMS/Fire agencies	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 5 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 Identify number of classes and number of attendees	PIER	EMSC	June 2010
	Reduce the # of hospital ED visits caused by injuries Data Source: AHCA <b>Top 5 Injuries:</b> Falls, Motor Vehicle / Pedestrian, Bicycle Safety, Drowning / Water Safety, Fire / Burns	Work with the Office of Injury Prevention and the Injury Prevention Advisory Council to identify # of hospital ED visits caused by injuries and partner with them to promote educational programs	PIER	Access to Care	June 2010
2.2 Increase the number of EMS systems utilizing a customer satisfaction survey tool	Increase the number of EMS providers utilizing a customer satisfaction survey tool by 10%	Quality Managers will develop a customer satisfaction tool Create a customer service template for agencies to use	Quality Managers' Group	Medical Care Committee	June 2010
2.3 Implement a process to identify potential areas of statewide customer dissatisfaction (example: pain management) Reduce the number of complaints regarding quality of care	Measure the # and type of complaints regarding quality of care (example: medical care, professional demeanor)	Identify top 5 customer complaints Quality Managers will develop a customer satisfaction tool for providers	Quality Managers' Group	Providers Fire Chiefs Medical Directors PIER ASTNA	June 2010
2.4 Identify, research and publish the current Pre-Hospital Best Practices to all EMS providers within the state	To be determined	Publish a current paper or add addendum to our current paper Produce media products to go to all statewide EMS providers	Access to Care	FHA PIER Medical Directors	June 2010
2.5 Identify and partner with Hospitals and other health care providers to reduce the number of ED visits	To be determined	Health fairs	Access to Care	FHA PIER Medical Directors	June 2010
2.6 Educate all players on Access to Care	To be determined	Statewide PSAs Private Doctors Offices Nursing Homes Continue with Hospital education	Access to Care	FHA PIER Medical Directors	June 2010

# Goal 3:

Improve EMS work-force safety, education, performance, and satisfaction.

Goal Owner: Education Committee



Photo courtesy of Lake-Sumter Emergency Medical Services - 2008 Florida Provider of the Year

Objectives	Measures	Strategies	Lead	Resource	Timeline
3.1 Florida will utilize an EMT/ Paramedic certification examination meeting the national standards as described by NHTSA that will provide Florida approved EMS programs with data to determine measurable outcomes	The test vendor will provide the DOH with outcome data based on national standards terminal objectives	Contract will require all selected test vendors to provide outcome data to the DOH	EMS Education Committee	FL Association of EMS Educators	June 2010
3.2 Adopt initial and continuing educational training requirements for air crew of licensed air providers (See Appendix A for table)	2 hours of altitude physiology course and aircraft safety/emergencies for refresher training	Identify statutory authority to develop a rule proposal to submit to the Bureau of EMS; or seek statutory change	Legislative Committee	FAMA FNPTNA ASTNA	June 2010
3.3 Define the paramedic scope of practice used in the critical care/specialty care transportation setting	% meeting scope of practice requirements	Establish state model that is aligned with critical care/specialty care Seek statutory authority for regulating training requirements Establish rule and train providers/personnel in requirements of rule Establish monitoring process	EMS Education Committee	Florida Association of EMS Educators Legislative Committee Providers	June 2010
3.4 Reduce the number of on-the-job injuries or serious infectious illnesses in the EMS population	# of injuries	Identify process to track all injuries/serious infectious illnesses	Providers	Fire Chiefs PIER	June 2010
	# of infectious diseases	Identify process to track all injuries/serious infectious illnesses	Providers	Legislative Committee	
	# workman's compensation days	Identify process to track all injuries/serious infectious illnesses	Providers		
	# educational programs on injury prevention (vs. # of attendees)	Identify/provide educational programs on injury prevention/infectious disease		PIER Access to Care	
3.5 Remove current statutory requirement of 2-hour HIV/AIDS while keeping total number of recertification hours at 32	To be determined	Seek statutory change	Legislative Committee	EMS Education Committee Florida Association of EMS Educators	June 2010
3.6 Continuing Education for recertification must include course topics from the seven areas defined in the NHTSA Continuing Education guidelines. (See Appendix B for table)	To be determined	Seek rule change	Legislative Committee	EMS Education Committee Florida Association of EMS Educators	June 2010
3.7 Establish guidelines for emergency medical services dispatch training for ground and air	Compare to national standards	Review national guidelines and identify funding sources	Dispatch Work Group	FAMA ASTNA	June 2010
3.8 Measure and Identify Opportunities to Improve EMT/paramedic satisfaction	% overall satisfaction	Implement process to identify and resolve potential areas of statewide EMT/paramedic dissatisfaction Survey EMTs and Paramedics (work with the EMLRC)	Fire Chiefs	Providers EMLRC MQA	June 2010
	% Turnover rate		Fire Chiefs	Quality Managers	
	#EMTs/# Paramedics		Fire Chiefs	Quality Managers Providers	



Objectives	Measures	Strategies	Lead	Resource	Timeline
3.9 All Florida approved EMS training programs, as defined in FAC (64E-2.001), will be encouraged to apply for national accreditation in accordance with the NHTSA - EMS Education Agenda for the Future by 2010	Measure the number of schools that are accredited by CoAEMSP or other agency that meets the EMS Education for the future guidelines	Bureau of EMS will monitor for compliance during inspections Florida Association of EMS Educators partnering with DOE and DOH to promote this type of accreditation Research the language of the previous rule that was deleted which required CoAMPS accreditation	EMS Education Committee	Florida Association of EMS Educators Legislative Committee	June 2010
3.10 Improve EMS transport safety	% EMS emergency aircraft meeting FAA air-worthiness requirements (target – 100%)	Analyze data to identify improvement opportunities	ASTNA	Pilot's Association FAMA FNPTNA	June 2010
	#EMS vehicle crashes	Analyze data and identify improvement opportunities	EMS Providers	Objective Safety DHSMV	June 2010
	# air and ground calls in which pediatric patients were transported in approved child restraints	Utilize Data Committee in determining mode of transport; comparison of agencies with approved devices	EMSC	FNPTNA ASTNA FAMA	June 2010
3.11 Increase paramedic and EMT staffing percentage at EMS agencies located in rural counties	% staffing at EMS agencies in rural counties	Develop youth recruitment initiative throughout rural counties Create mentoring program among rural EMS agency management/directors Enhance existing recruitment and retention technical assistance/feedback network for rural EMS management Maintain EMT and paramedic scholarship availability for workers committed to living/working in rural counties	FAREMS	PIER Education Committee Florida Association of EMS Educators Providers	June 2010
3.12 Serve as a national model for paramedic recruitment of females and minorities to ensure that the paramedic profession is representative of the area served	Increase female and minority paramedic representation by 15% by 2010	Provide paramedic "shadowing" and mentorship opportunities for middle and high school children Provide scholarship and training information through high school guidance counselors Increase grant and scholarship opportunities available to minorities seeking paramedic careers Promote focused recruitment initiatives and other outreach programs that encourage females and minorities to consider the paramedic profession	EMS Advisory Council		June 2010



Photo courtesy of Lake-Sumter Emergency Medical Services - 2008 Florida Provider of the Year



# Goal 4:

To ensure economic sustainability of the EMS system.

Goal Owner: Legislative Committee



Photo courtesy of Lake-Sumter Emergency Medical Services - 2008 Florida Provider of the Year

Objective	Measure(s)	Strategy (ies)	Lead	Resource	Timeline
4.1 Measure and improve % of reimbursable calls	% calls reimbursed	Advocate for non-transport reimbursement Explore non-traditional transport options (chase car with PA/ARNP)	Providers	Fire Chiefs FAA FAMA	June 2010
4.2 Measure and improve % of billed charges collected	% billed charges collected	Benchmarking to identify best practices	FAA	Fire Chiefs Providers FAMA	June 2010
4.3 Measure and improve the cost per capita for EMS	Cost per capita	Benchmarking to identify best practices	Providers	Fire Chiefs  FAA	June 2010
4.4 Increase additional revenue streams for non-transport services	%/# of non-billed/non-transport responses statewide	Statewide survey regarding current non-transport billing practices	Fire Chief	Providers FAMA ASTNA	June 2010
	%/# of agencies with non-transport billing procedures in place				



Photo courtesy of Lake-Sumter Emergency Medical Services - 2008 Florida Provider of the Year



# Goal 5:

Improve performance of key EMS processes.  
Goal Owner: Medical Care Committee

Photo courtesy of Lake-Sumter Emergency Medical Services - 2008 Florida Provider of the Year

Objectives	Measure(s)	Strategies	Lead	Resource	Timeline
5.1 Measure and identify opportunities for improvement of dispatch system effectiveness	% of Primary Public Safety Answering Points (PSAPs) utilizing a nationally recognized Emergency Medical Dispatch System (EMD) % of agencies that utilize an EMD Quality Assurance (QA) process	Establish baseline and benchmark to identify best practices Promote use of EMD system Quality Improvement processes Promote ongoing continuing education of Emergency Medical Dispatchers Complete survey of PSAPs 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	Dispatch Group	Providers FAMA Medical Directors	June 2010
5.2 Measure and identify opportunities for improvement in the area of EMS response time (from 911 call to patient contact)	% of calls with appropriate response prioritization by dispatch	Establish baseline and benchmark to identify best practices	Dispatch Group	Providers Fire Chiefs Access to Care	June 2010
	% of calls meeting response time targets	Establish baseline and benchmark to identify best practices	Dispatch Group	Providers Fire Chiefs	June 2010
5.3 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 EMS Advisory Council	Establish uniform definition of "EMS- hospital turnaround time" Establish uniform definition of hospital is on "Diversion" status	Data Committee	Florida Committee on Trauma FENA Medical Directors Access to Care	June 2010
	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	Disaster Committee	To be determined	June 2010

Objectives	Measure(s)	Strategies	Lead	Resource	Timeline
5.4 Measure and identify opportunities for improvement effectiveness of on-site EMS treatment	<b>Cardiac:</b> % return of spontaneous circulation (ROSC) in the prehospital environment % of time 12 lead EKG was captured on a patient with chest pain % of EMS agencies that obtain 12 lead EKG on chest pain patients per protocol % of time aspirin was given to patients with chest pain	Use UTSTEIN template reporting style Establish uniform definitions of STEMI alert and cardiac alert Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the Emergency Medical Review Committee (EMRC) to identify best practices Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices	Quality Managers	Medical Directors American Heart Association Emergency Medical Review Committee	June 2010
	<b>Stroke:</b> % of time a Stroke Alert was initiated based upon a stroke assessment tool per protocol	Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices	Quality Managers	Medical Directors	June 2010
	<b>Trauma:</b> Identify average time on scene for Trauma Alert patients	Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices	Florida Committee on Trauma	Medical Directors	June 2010
	<b>Pediatric:</b> % of Certified EMS providers trained in a pediatric emergency care course % of EMS agencies with pediatric specific treatment protocols	Work with Division of Medical Quality Assurance to develop method of capturing this information during recertification Work with providers in determining best practice protocol	EMSC	FNPTNA Medical Directors	June 2010
	<b>Airway management :</b> % 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 an alternative advanced airway device is used other than endotracheal intubation	Define attempted intubation Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices	Quality Managers	Medical Directors	June 2010
5.5 Measure and identify opportunities for improvement for appropriate transport destination	% of patients refusing transport	Benchmarking to identify best practices	Quality Managers	Providers Fire Chiefs	June 2010
	% 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	Florida Committee on Trauma	Emergency Medical Review Committee	June 2010
	% of acute myocardial infarction 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	Medical Directors American Heart Association	June 2010
	% of acute stroke patients within statutory time frame transported to a stroke center	Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices	Quality Managers	Medical Directors American Heart Association	June 2010



Objectives	Measure(s)	Strategies	Lead	Resource	Timeline
5.6: Develop a standardized Quality Improvement/Quality Assurance (QI/QA) template for use by all EMS provider agencies in conjunction with the state plan	% of EMS agencies utilizing QI/QA procedure	Subcommittee formed including members from the Medical Care Committee, Quality Managers, and Trauma with support from the Division of Emergency Medical Operations Subcommittee will develop QI/QA procedures and disseminate to provider agencies for input	Emergency Medical Review Committee	Medical Directors	June 2010



Photo courtesy of Eddie Sperling and Sunstar Emergency Medical Services

# Goal 6:

Assure the EMS System is prepared to respond to all-hazard events in coordination with Public Health and Medical Preparedness Strategic Plan.  
Goal Owner: Disaster Committee

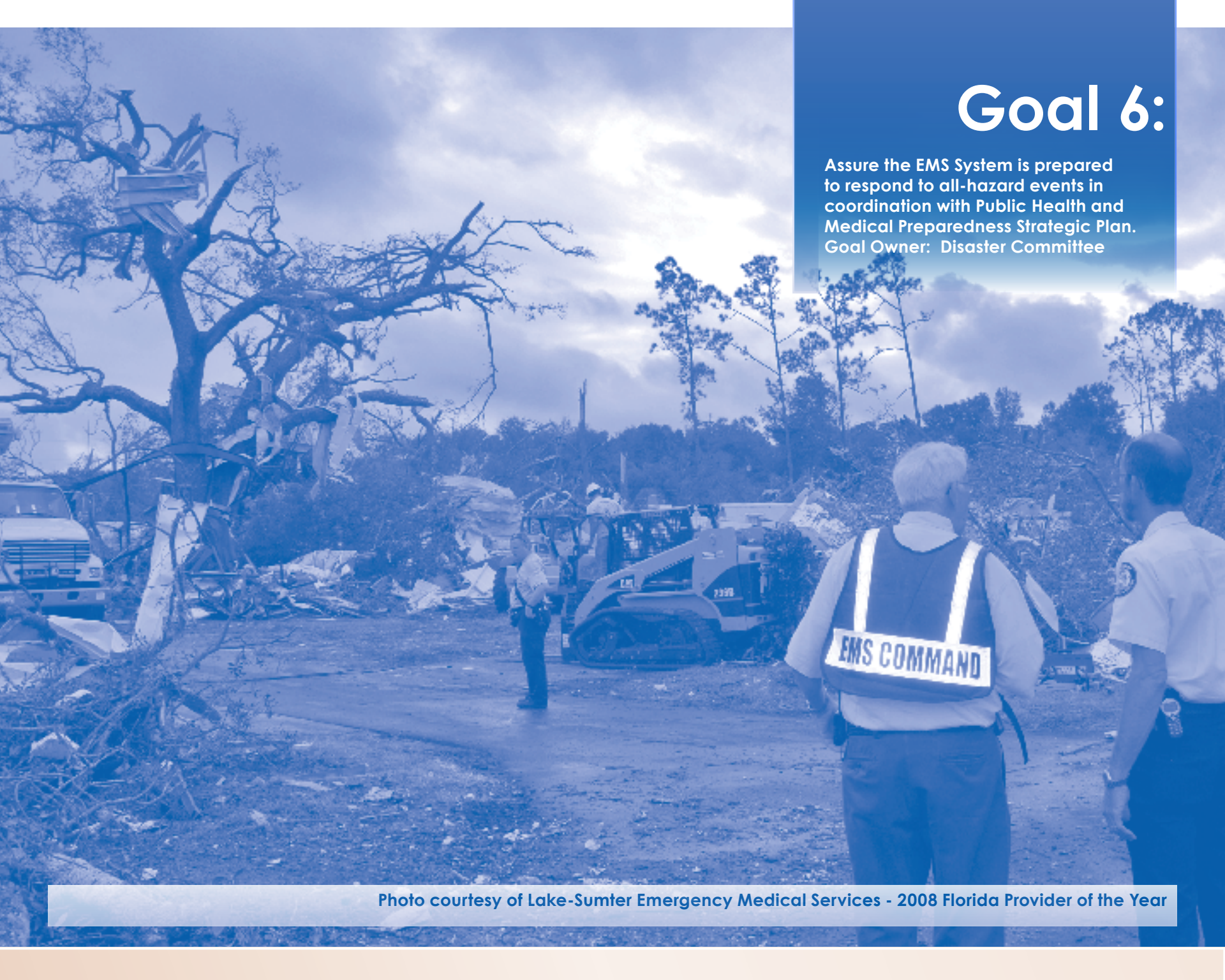


Photo courtesy of Lake-Sumter Emergency Medical Services - 2008 Florida Provider of the Year



Objectives	Measure(s)	Strategies	Lead	Resource	Timeline
<b>6.1:</b> Foster a relationship between the EMS agencies and the Regional Domestic Security Task force (RDSTF) Health and Medical Co-Chair to develop, train and exercise local/regional catastrophic health incident response plans (CHIRP), which integrate with state and county emergency management and facility plans	% of EMS providers participating in local and regional CHIRP exercises	Assure Health and Medical Co-Chairs provide EMS providers CHIRP planning information Ensure EMS providers are participating in local CHIRP planning activities	Disaster Committee	Health and Medical Co-Chairs Florida Committee on Trauma Office of Public Health Preparedness Office of Emergency Operations	12/31/09
	% of agencies that include the local, regional and state disaster response plans as part of orientation	Ensure EMS agency plans address triage, caches, alternate care sites, patient tracking, ambulance deployment plan, etc. and that the EMS agency plans integrate into the overall health and medical response system	Disaster Committee	Health and Medical Co-Chairs Florida Committee on Trauma Office of Public Health Preparedness Office of Emergency Operations	6/30/2010
<b>6.2:</b> Ensure emergency medical services plans and related documents include consideration for at-risk populations <b>At risk populations:</b> pediatrics pregnant women elderly disabled low/limited literacy public companions or service animals special medical needs	% EMS agency plans who have identified these at-risk populations	Provide information to EMS agencies on national standards, and accessing demographic data to identify its at-risk populations Develop survey	Disaster Committee	EMSC PIER PHMP Community Preparedness Team Florida Committee on Trauma	12/31/08
	% EMS agency plans that specifically address each identified at-risk population	Ensure plans address at-risk populations Develop survey	Disaster Committee	EMSC PIER PHMP Planning Team Florida Committee on Trauma	12/31/09
	% EMS agency exercises that include at-risk populations	Ensure exercises include at-risk populations Develop survey	Disaster Committee	EMSC PIER PHMP Training/ Exercise Team Florida Committee on Trauma	12/31/10

Objectives	Measure(s)	Strategies	Lead	Resource	Timeline
6.3: Develop and implement standards for acquisition inventory, storage, dissemination, and maintenance of protective equipment and prophylaxis/antidotes, including tactical procedures for identifying event specific safety needs and Personal Protective Equipment (PPE) distribution	Statewide standards developed Statewide inventory of all PPE / antidotes	Identify statewide standards to acquire, inventory, store and disseminate and maintain protective equipment and prophylaxis/antidotes	Disaster Committee	PHP Responder Safety Lead PHMP Mass Prophylaxis Team	12/31/08
	% of EMS agencies with local protocols in compliance with statewide standards	Ensure EMS agency compliance with statewide standards	Disaster Committee	PHP Responder Safety Lead PHMP Mass Prophylaxis Team	12/31/09
	% of Paramedics / EMTs who agree they have access to protective equipment and prophylaxis / antidotes (survey)	Ensure EMS workforce has access to protective equipment and prophylaxis/antidotes Develop survey	Disaster Committee	PHP Responder Safety Lead PHMP Mass Prophylaxis Team	12/31/10
6.4: Ensure all emergency medical services personnel (EMS agencies, Paramedics, EMTs) are knowledgeable about Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) detection systems; notification, verification, reporting systems, all discipline plans and protocols, and their respective roles and responsibilities in the system	% of EMS provider agency medical protocols that address each component of CBRNE	Communicate plans, procedures and protocols at local, state and federal levels to EMS agencies, Paramedics, and EMTs (including reporting procedures, exchange of information, expectations of EMS response, and local/state/federal notification procedures and roles) Meet with Health and Medical Co-Chair	Disaster Committee	Environmental Health Capability Team Educators Health and Medical Co-Chairs	12/31/08
	% of EMS training programs that have implemented CBRNE training in their programs	Ensure CBRNE is included in EMS training Meet with Health and Medical Co-Chairs	Disaster Committee	Educators Environmental Health Capability Team PHMP Training/ Exercise Team	12/31/09
	% of EMS personnel trained in each component of CBRNE	Survey Paramedics/EMTs	Disaster Committee	Educators Environmental Health Capability Team PHMP Training/ Exercise Team	12/31/10
6.5 Develop processes for EMS medical direction support of disasters, mass casualty, and large infectious disease emergencies at the State, Regional and Local level	Statewide disaster protocols are written and approved by FL Association of EMS Medical Directors	Develop disaster medical oversight, including protocols, and support for ESF8 at the State, Regional and Local levels	Medical Directors	Disaster Committee ESF-8 Team Health and Medical Co-Chairs	June 2010
	% of EMS Provider Agencies who have been trained in statewide disaster protocol	Ensure EMS Providers receive the Disaster Medical Protocols	Medical Directors	Disaster Committee ESF-8 Team Health and Medical Co-Chairs	June 2010





Objectives	Measure(s)	Strategies	Lead	Resource	Timeline
6.6 Develop medical direction support to state and local emergency operation centers	State Emergency Operations Center (SEOC) has process in place to access State EMS Medical Director or EMS Medical Director Designee Consultant upon activation	Develop plan to assure EMS Medical Director representation at the SEOC	Medical Directors	Disaster Committee ESF-8 Team Health and Medical Co-Chairs	June 2010
	At least 1 EOC in each RDSTF Region has process in place to an EMS Medical Director Consultant upon activation	Assure that EMS Medical representation, based on the plan, is present at the SEOC	Medical Directors	Disaster Committee ESF-8 Team Health and Medical Co-Chairs	June 2010

# Celebrating our Successes

## 2006-2008 Strategic Plan Accomplishments

Florida has made significant strides in emergency medical services during the past two years. These accomplishments were due to statewide collaborative efforts between the many disciplines that encompass the emergency medical services system. These are highlights of the major accomplishments for the 2006-2008 Florida EMS Strategic Plan.

**Goal 1:** Improve patient care and patient outcomes through EMS system evaluation, leadership, and benchmarking.

- Restructuring of the EMS Advisory Council's (EMSAC) Data Committee to include cross section of EMS constituents.
- Development and implementation of Florida EMS Data Dictionary, EMS definitions, and event guidelines for uniform reporting.
- Development of the EMS Tracking Information System (EMSTARS) to collect and analyze incident level data to improve patient outcomes in response to the National EMS Information System (NEMSIS) initiative.

- EMSTARS Pilot and Charter Programs established to facilitate transition for new data reporting for EMS providers.



- Establishment of the Emergency Medical Review Committee (EMRC) that will provide a mechanism for statewide EMS data analysis review for the purpose of statewide quality improvement.
- Establishment of the EMSAC's Strategic Visions Committee to provide oversight and coordination of the development, implementation, and revision of the state EMS strategic plan through statewide collaboration.
- EMSAC's Legislative Committee established to act as a clearing house for the EMS Advisory Council to review any proposed changes to Rule or Statute that may impact EMS.
- Establishment of the EMSAC's Disaster Response Committee to provide advice and support to the Florida Department of Health and the EMS Advisory Council in regards to matters related to disaster preparedness and response. Specifically, the committee strives to provide guidance for EMS provider safety and training, as well as enhancing the ability of the state's EMS community to function and manage illness and injury during times of disaster, either natural or man made. Florida is among the nation's leaders in this endeavor, as evidenced by effective response outcomes to previous significant events as well as through its ability to offer assistance to its neighbors during times of great need.

**Goal 2:** Improve public knowledge and customer satisfaction with EMS.

- The EMSAC's Public Information Education Committee (PIER) developed benchmarking tool for injury prevention activities with EMS providers.

- PIER developed a CD with injury prevention programs, and links to injury prevention web sites based on the top five injuries in Florida. The PIER CD highlights examples and materials to start or add to existing injury prevention programs and was distributed to: EMS provider agencies, hospitals with emergency departments, county health departments, EMS initial training centers, Children's Medical Services (CMS) clinics; county school superintendents, EMS Advisory Council members, EMSC Advisory Committee members; and constituency group presidents.



**Goal 3:** Improve EMS work force education, performance and satisfaction.

- EMS instructor qualifications drafted and approved by the EMSAC to help improve EMT and paramedic pass rates by elevating the criteria for instructors.
- Developed a mechanism to obtain pass/fail rates to identify areas for improvement in education.
- To keep the quality of hours current, improve competency levels, and integrate pediatric issues into educational programs the EMSAC's Education Committee, working with the state's EMS Medical Directors, recommended that all continuing education follow the guidelines from the Department of Transportation (DOT) National Highway Traffic Safety Administration (NHTSA) guidelines.



- Defined continuing educational training requirements for flight nurses and paramedics of licensed air providers.
- Developed, piloted, and implemented PIER curriculum.
- Injury prevention programs and Pediatric Education for Prehospital Professionals (PEPP) courses delivered throughout the state.
- Development of an annual Prehospital Pediatric Education Symposium to support prehospital excellence in pediatric care.

**Goal 4:** Improve financial viability of EMS system.

- Utilizing matching and county grant funds to make systematic improvements.
- Acquiring federal grant funds to support key initiatives.
- Sponsorship and scholarships for needed educational opportunities in the field, such as PEPP courses and the Prehospital Pediatric Education Symposium, to improve and expand prehospital pediatric care.
- The EMSAC's Legislative Committee working with key stakeholders to identify ways to improve financial viability in statute, rule, and other areas.



- Regeneration of the Association of Emergency Dispatch to identify best practices for emergency medical dispatch.
- Florida Stroke Systems Workgroup created and led by our partners at the American Heart Association/American Stroke Association to improve EMS response to stroke patients.
- The EMS for Children Program (EMSC) distributed over 100,000 laminated badge cards with the START and JumpSTART MCI Triage Algorithm; as well as 5,000 Broselow CWIK (Chemical Warfare in Kids) antidote tapes to EMS provider agencies and emergency departments to improve workforce readiness in the event of a disaster.



- Over 3,600 K.I.D. (Kids In Disaster) Kits, a pediatric resource for disaster responders and receivers developed by Dr. Lou Romig, Florida EMSC Medical Advisor, were distributed to prehospital and hospital provider agencies statewide, nationally and internationally. This kit focuses on pediatric aspects of disaster triage and the emergency medical assessment and treatment of illness and injury resulting from man-made or natural disasters. It provides PowerPoint presentations, video, and resources for use in training staff and developing pediatric protocols in disaster management.

**Goal 5:** Improve operational performance of key EMS processes.

- EMSC sent over 260 copies of the "Decontamination for Children" DVDs to hospital emergency departments and EMS Initial Training Centers in Florida.
- EMSC surveyed hospital emergency departments, EMS medical directors, and EMS initial training centers to evaluate baseline data to improve EMS response to pediatric patients.

These accomplishments have made positive impacts on prehospital care while addressing the safety and well-being of our citizens. Opportunities and challenges make it imperative that we continue to explore fresh ideas and modify current trends to enhance programs, improve outcomes, and secure the future of EMS.

# 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

Centers for Disease Control and Prevention (CDC)

Children's Medical Services, Florida Department of Health

County Health Departments

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 & Resource Center

EMS Advisory Council (EMSAC)

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

Federal Emergency Management Agency (FEMA)

Florida Aeromedical Association (FAMA)

Florida Agency for Health Care Administration (AHCA)

Florida Ambulance Association

Florida Association of County EMS (FACEMS)

Florida Association of EMS Educators

Florida Association of EMS Medical Directors	Florida Department of Management Services	National Association of County and City Health Officials (NACCHO)
Florida Association of Professional EMTs & Paramedics (FAPEP)	Florida Department of Transportation	National Association of State EMS Officials (NASEMSO)
Florida Association of Rural EMS Providers (FAREMS)	Florida EMS Quality Managers Association	National EMSC Data Analysis Resource Center (NEDARC)
Florida Chapter of Air & Surface Transport Nurses Association (FLASTNA)	Florida Emergency Nurses Association (FENA)	National EMS Information System Technical Assistance Center (NEMSIS TAC)
Florida Chapter of The America College of Surgeons - Committee On Trauma	Florida Fire Chiefs' Association	National Highway Traffic Safety Administration (NHTSA)
Florida College of Emergency Physicians	Florida Health Care Association	Occupational Safety & Health Administration (OSHA)
Florida Department of Agriculture & Consumer Services	Florida Hospital Association	Office of Emergency Operations
Florida Department of Business and Professional Regulation	Florida International Trauma Life Support Association	Office of Injury Prevention
Florida Department of Children and Families	Florida Legislature	Office of Public Health Preparedness
Florida Department of Community Affairs	Florida Medical Association	Office of Trauma
Florida Department of Education	Florida Neonatal & Pediatric Transport Network Association (FNPTNA)	Public Health & Medical Preparedness Teams
Florida Department of Environmental Protection	Florida Pilots Association	Public Health & Medical Target Capability Teams
Florida Department of Financial Services	Florida Professional Firefighters	United States Department of Health and Human Services (HHS)
Florida Department of Health	Florida Sterling Council	United States Department of Homeland Security
Florida Department of Highway Safety & Motor Vehicles	Florida Traffic Records Coordinating Committee	
	Health & Medical Co-Chairs	
	Health Resources & Services Administration (HRSA)	
	Joint Administrative Procedures Committee (JAPC)	



# 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;
- time frames/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 (i.e. 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

<b>AED</b> -	automated external defibrillator	<b>KID</b> -	Kids In Disaster
<b>ALS</b> -	Advanced Life Support	<b>MBA</b> -	Master of Business Administration
<b>ARNP</b> -	Advanced Registered Nurse Practitioner	<b>MCI</b> -	Mass Casualty Incident
<b>BLS</b> -	Basic Life Support	<b>MSA</b> -	Master of Science Administration
<b>CBRNE</b> -	Chemical, Biological, Radiological, Nuclear, and Explosive	<b>MD</b> -	Doctor of Medicine
<b>CHIRP</b> -	Catastrophic Health Incident Response Plans	<b>MQA</b> -	Medical Quality Assurance
<b>CIRP</b> -	Catastrophic Incident Response Plan	<b>MSPH</b> -	Master of Science in Public Health
<b>CoAEMSP</b> -	Committee on Accreditation of Educational Programs for the EMS Professions	<b>NAACS</b> -	National Association of Air-medical Communication Specialists
<b>CMS</b> -	Children's Medical Services	<b>NEMIS</b> -	National EMS Information System
<b>CPR</b> -	Cardiopulmonary Resuscitation	<b>NHTSA</b> -	National Highway Traffic Safety Administration
<b>CWIK</b> -	Chemical Warfare in Kids	<b>NIMS</b> -	National Incident Management System
<b>DEMO</b> -	Division of Emergency Medical Operations	<b>PA</b> -	Physician's Assistant
<b>DOH</b> -	Department of Health	<b>PhD</b> -	Doctor of Philosophy
<b>DOT</b> -	Department of Transportation	<b>PHP</b> -	Public Health Preparedness
<b>ED</b> -	Emergency Department	<b>PHMP</b> -	Public Health and Medical Preparedness
<b>EKG</b> -	Electrocardiogram	<b>PIER</b> -	Public Information, Education, and Relations Committee
<b>EMS</b> -	Emergency Medical Services	<b>PPE</b> -	Personal Protective Equipment
<b>EMSAC</b> -	EMS Advisory Council	<b>PSA</b> -	Public Service Announcement
<b>EMSC</b> -	Emergency Medical Services for Children	<b>PSAP</b> -	Public Safety Answering Point
<b>EMSTARS</b> -	Emergency Medical Services Tracking and Reporting System	<b>RDSTF</b> -	Regional Domestic Security Task Force
<b>EMT</b> -	Emergency Medical Technician	<b>RERA</b> -	Regional Emergency Response Advisor
<b>EOC</b> -	Emergency Operations Center	<b>ROSC</b> -	Return of Spontaneous Circulation
<b>FAA</b> -	Federal Aviation Administration	<b>SEOC</b> -	State Emergency Operations Center
<b>FAC</b> -	Florida Administrative Code	<b>SERT</b> -	State Emergency Response Team
<b>FACEMS</b> -	Florida Association of County EMS	<b>SNS</b> -	Strategic National Stockpile
<b>FAPEP</b> -	Florida Association of Professional EMTs & Paramedics	<b>SpNS</b> -	Special Needs Shelter
<b>FS</b> -	Florida Statutes	<b>STEMI</b> -	ST-Segment Elevation Myocardial Infarction
<b>HP</b> -	Healthy People	<b>SWG</b> -	State Working Group
		<b>TBI</b> -	Traumatic Brain Injury
		<b>TTP</b> -	Trauma Transport Protocol
		<b>QA</b> -	Quality Assurance
		<b>QI</b> -	Quality Improvement

# Appendix A

## Florida ASTNA Recommendations State EMS Strategic Plan Goal 3.2

### Goal 3.2: Define initial and continuing educational training requirements for Flight Nurses and Paramedics 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 to meet Goal 3.2 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 pre-hospital 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) 2 hours related to Safety Training
- 2) 2 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.



# Appendix B

**See objective 3.6 Modules  
for Continuing Education  
topics with suggested hours**

## **PREPARATORY: 3-5**

Suggested topics include: EMS Systems/The Roles and Responsibilities of the Paramedic, The Well-Being of the Paramedic, Illness and Injury Prevention, Medical / Legal Issues, Ethics, General Principles of Pathophysiology, Pharmacology, Venous Access and Medication Administration, Therapeutic Communications, Life Span Development

## **AIRWAY MANAGEMENT AND VENTILATION: 3-5**

Suggested topics include: Airway Management and Ventilation

## **PATIENT ASSESSMENT: 2-4**

Suggested topics include: History Taking, Techniques of Physical Examination, Patient Assessment, Clinical Decision Making, Communications, Documentation

## **TRAUMA: 3-4**

Suggested topics include: Trauma Systems/ Mechanism of Injury, Hemorrhage and Shock, Soft Tissue Trauma, Burns, Head and Facial Trauma, Spinal Trauma, Thoracic Trauma, Abdominal Trauma, Musculoskeletal Trauma

## **MEDICAL: 9-12**

Suggested topics include: Pulmonary, Cardiology, Neurology, Endocrinology, Allergies and Anaphylaxis, Gastroenterology, Renal/Urology, Toxicology, Hematology, Environmental Conditions, Infectious and Communicable Diseases, Behavioral and Psychiatric Disorders, Gynecology, Obstetrics

## **SPECIAL CONSIDERATIONS: 3-4**

Suggested topics include: Neonatology, Pediatrics, Geriatrics, Abuse and Assault, Patients with Special Challenges, Acute Interventions for the Chronic Care Patient

## **OPERATIONS: 1-2**

Suggested topics include: Ambulance Operations, Medical Incident Command, Rescue Awareness and Operations, Hazardous Materials Incidents, Crime Scene Awareness

## **TOTAL 24-36**

# Appendix C

## Bureau of Emergency Medical Services Functional Directory as of July 2008

### Street Address

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

### Mailing Address

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

### 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](http://www.doh.state.fl.us/mqa/EMT-Paramedic)

**E-mail:** [MQA\\_EMT-Paramedic@doh.state.fl.us](mailto:MQA_EMT-Paramedic@doh.state.fl.us)

**Main Telephone Number** (850) 245-4440

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

### Websites

<http://www.fl-ems.com>

<http://www.floridaemstars.com>

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## Statewide Planning

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# Appendix D

## Strategic Plan Organizational Chart as of July 2008

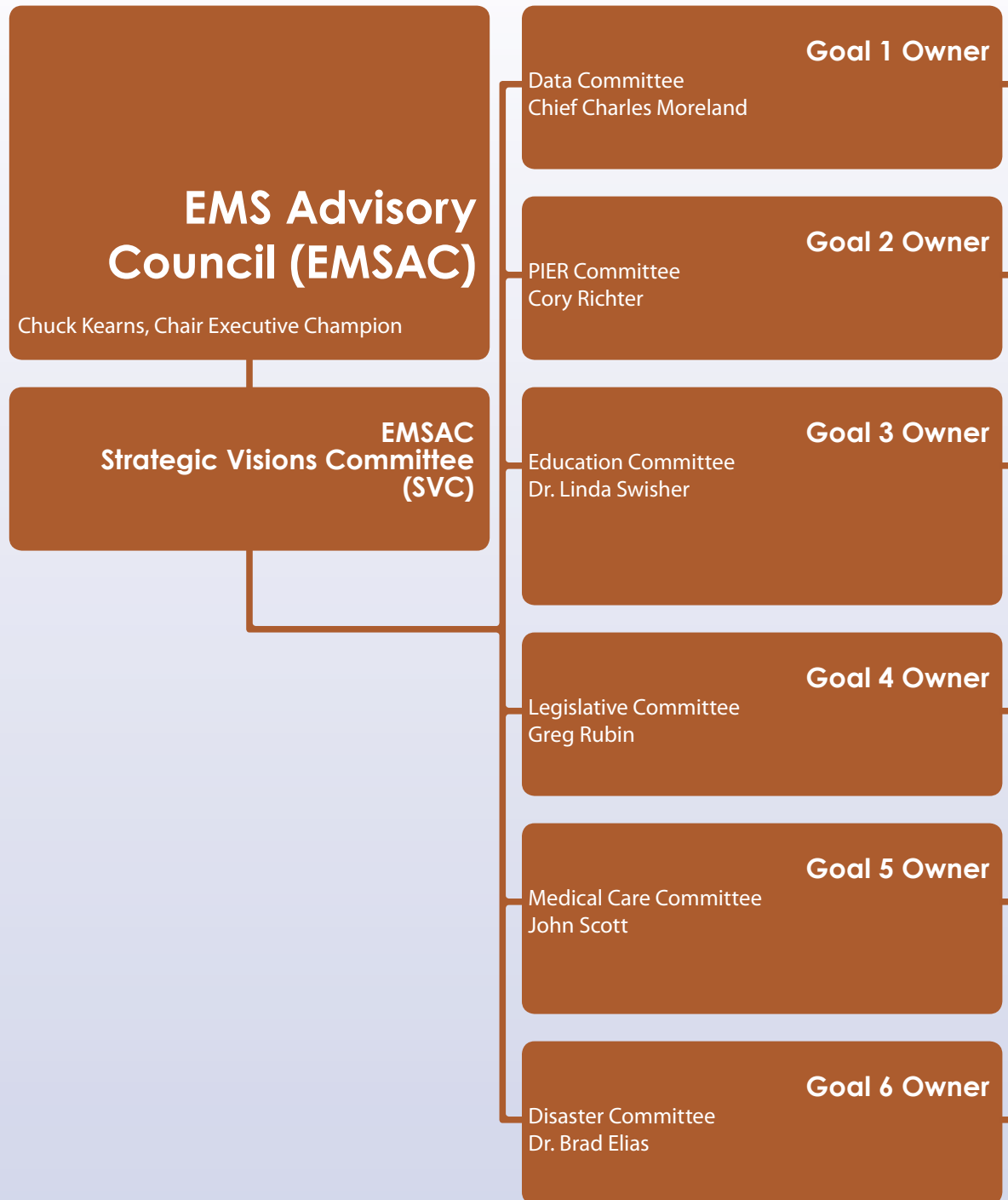
### Goal Owners Roles:

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

### SVC Composition

**Leads:** Cory Richter, Julie Bacon, and Lisa Walker

**Goal Owners.** Objective Lead Liaisons, and the Strategic Planning Coordinator



## Goal 1 Objective

### Leads

Data Committee, EMSAC, Bureau of EMS

## Goal 2 Objective

### Leads

PIER Committee, Quality Managers

## Goal 3 Objective

### Leads

Education Committee, Providers, Legislative Committee, Dispatch Work Group, Fire Chiefs, ASTNA, Florida Ambulance Association (FAA), EMSC, FAREMS

## Goal 4 Objective

### Leads

Providers, FAA, Fire Chiefs

## Goal 5 Objective

### Leads

Dispatch Work Group, Data Committee, Disaster Committee, Quality Managers, Trauma Committee, EMSC, QI Sub-committee

## Goal 6 Objective

### Leads

Disaster Committee, Medical Directors

## Objective Lead Liaisons

<b>Dispatch –</b>	Jim Lanier
<b>Providers –</b>	Dan Azzariti
<b>Fire Chiefs –</b>	Todd Coulter (objective 3.4) and Tom Sheridan (objectives 4.3 & 4.4); Jeff Lindsey Providing Oversight
<b>Florida Ambulance Association –</b>	Walt Eismann
<b>Pilots –</b>	Terry Miller
<b>FAMA –</b>	Scott Wyant
<b>ASTNA –</b>	Karen Chamberlain/Kathy Koch
<b>American Heart Association –</b>	Lisa Creswell
<b>Quality Managers –</b>	Art Garcia and Angel Nater
<b>Medical Directors –</b>	Dr. Joe Nelson and Dr. Michael Lozano
<b>FL Assoc of EMS Educators –</b>	Danny Griffin
<b>EMSC –</b>	Julie Bacon
<b>FNPTNA –</b>	Nancy Burke
<b>FAREMS –</b>	Tracy Burger
<b>EMLRC –</b>	John Todaro and Dr. Rick Slevinski

## 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

## 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 during EMSAC meetings, at a minimum
- \* Utilize flash drive for strategic planning updates and presentations
- \* Report changes in objective lead liaisons to Strategic Visions Committee and give new liaison flash drive
- \* Respond to inquiries from state plan coordinator and members of the Strategic Visions Committee







