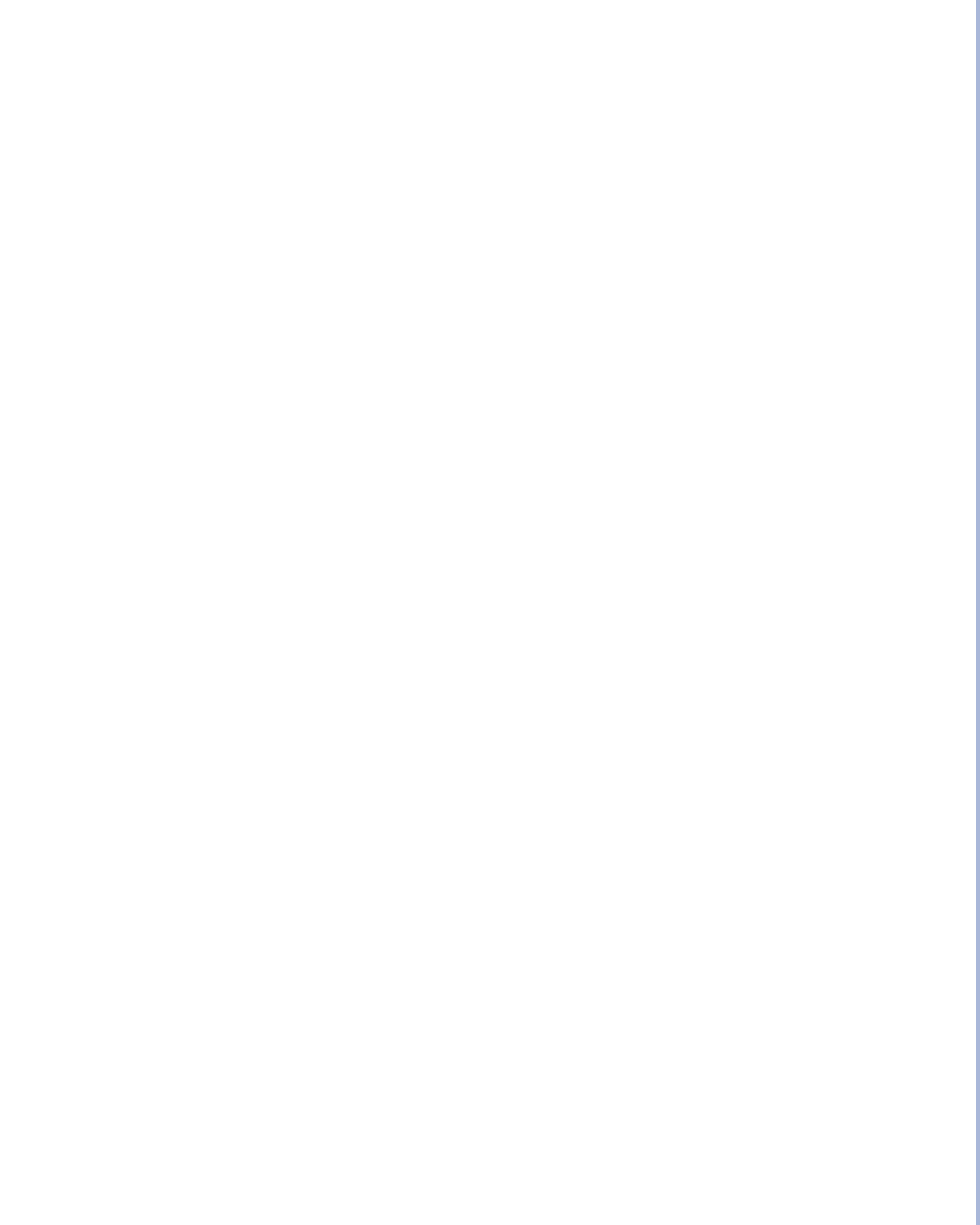


EMERGENCY MEDICAL SERVICES 2006—2008 Strategic Plan

“This plan outlines goals, objectives, strategies, and activities to continue providing Florida with a road map to future statewide collaborative efforts within the continuum of care.”

— M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary, Department of Health





We welcome any comments, questions, or recommendations for improving the plan or our direction. You may contact us at:

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*Cover Photo: 2005 State EMS Award Winner for best black and white photo.
Rural Metro Orlando — Eddie Sperling, Photographer



Message from the Secretary

January 2006

The Florida Department of Health's, Bureau of Emergency Medical Services, is pleased to present Florida's 2006-2008 Emergency Medical Services Strategic Plan. This plan outlines goals, objectives, strategies, and activities to continue providing Florida with a road map to future statewide collaborative efforts within the continuum of care. This plan encompasses the complex and interdisciplinary Emergency Medical Services system including private, non-profit, government, quasi-government, volunteer and other systems and providers of emergency medical care or emergency transport; hospitals and trauma centers; emergency and specialty physicians; and many other government, public and private entities. The EMS system in Florida relies on the cooperation and integration of all those involved in emergency medical services to assure safe and effective patient care. Each component of the system plays a unique part in supporting and strengthening the entire system.

There are currently 264 EMS agencies in Florida (28 air providers, 55 Advanced Life Support (ALS) non-transport providers, 174 ALS transport providers, and 7 Basic Life Support (BLS) transport providers). There are 27,687 emergency medical technicians (EMTs) and 17,947 paramedics in Florida (note: some individuals hold dual certificates and are included in both counts).

In 2004, Florida EMS personnel transported approximately 2 million patients, including emergency response and scheduled/unscheduled interfacility transports. Of these, 1.6 million were transported to a hospital or trauma center. Many of these patients had complicated medical or traumatic conditions that required knowledge, skill and judgment to be treated effectively prior to arrival at a hospital. The role of the emergency medical service system is vital to successful patient outcomes.

During the development of the strategic plan the need for a system to collect incident level data became evident. This data is necessary in order to identify all areas of improvement for patient care and patient outcomes. This goal will allow Florida to become a leader in the delivery of quality emergency medical services and a state for others to compare benchmarks. The EMS Advisory Council and the Bureau of EMS share your mission to improve and ensure the health, safety and well being of all people in Florida.

Sincerely,



M. Rony François, M.D., M.S.P.H., Ph.D.

Secretary, Department of Health



M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary, Department of Health

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.

Other major EMS initiatives are addressed in plans such as the Injury Prevention 5 Year Plan, the Trauma 5 Year Plan, the Public Health Preparedness Strategic Plan, the Florida Fire Chief's Association Strategic Plan, Brain and Spinal Cord Injury Program Strategic Plan, and the Catastrophic Incident Response Plan (CIRP).

With support from the Florida Department of Health, Bureau of Emergency Medical Services, this strategic plan was developed by the Florida EMS Advisory Council. The process for development incorporates elements of the Florida Sterling Council's Sterling Criteria for Organizational Performance Excellence. The criteria provide a systematic approach to evaluate and improve processes and organizational performance based on a rigorous and comprehensive set of criteria, which include all the essential elements of a high-performing organization and provide a comprehensive framework for aligning resources, integrating approaches, and improving organizational effectiveness and capabilities.

The EMS Advisory Council and the Bureau of Emergency Medical Services' approach to implement the Sterling criteria for performance excellence for its strategic planning process includes a systematic four-phase process for strategy development and action plan deployment. The four-phase process includes Plan, Develop, Implement, and Review. The Plan phase includes a foundation review of existing goals, objectives, and strategies; identification, analysis, and prioritization of key organizational factors. The Develop phase includes identification and prioritization of strategic goals; development of strategic objectives and strategies; and determination of leads and measures. Communication of strategies to staff and stakeholders and development of detailed action plans complete the Implement phase. 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.

Mission, Vision, and Values



State EMS award winner for 2005 provider of the year — Martin County Fire Rescue.

EMS Advisory Council Mission: To evaluate current statutes, laws, administrative rules and policies regarding EMS in Florida and make recommendations to the Bureau of Emergency Medical Services to enact changes to provide the best emergency health care possible to Florida's residents and visitors. We accomplish our mission by: 1) promoting cooperation among all EMS systems (agency, county and statewide), and providers, 2) coordination with all systems and providers of emergency medical care and emergency transportation, 3) monitoring statutes, administrative rules, planning documents and policies for appropriateness, and 4) fostering awareness and education of the public regarding EMS in their communities.

EMS Advisory Council Vision: To improve patient care and patient outcomes through delivery of quality emergency medical services.

EMS Advisory Council Values:

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

Customer Service: We put the patient first — always!

Public Welfare: We dedicate ourselves to ensure services are available that benefit and protect patient care.

Collaboration: We encourage active collaboration to solve problems, make decisions and achieve common goals.

EMS Strategic Goals

This strategic plan identifies five major goals that play a unique part in supporting and strengthening the EMS system. Each goal is of equal priority and through statewide collaborative efforts, the EMS system will achieve success.

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

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

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

Goal 4: Improve financial viability of EMS system.

Goal 5: Improve operational performance of key EMS processes.



Lifestar — Martin County Fire Rescue, 2005 provider of the year state EMS award winner.

Goal 1

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

Objectives	Measure(s)	Strategies	Lead	Timeline
1.1 Implement NEM-SIS statewide.	All EMS agencies using NEMSIS	Identify and achieve consensus on standard data definitions and collection.	Bureau of EMS & EMS Advisory Council Data Committee	6/30/2007
1.2 Conduct benchmarking activities to identify and establish statewide patient outcome targets.	# of patient outcome targets	Review national and other state models.	EMS Advisory Council	6/30/2008
1.3 Prioritize and set improvement targets.	% of targets met / improved	Identify patient outcome targets for trauma (12/06) Identify patient outcome targets for stroke/cardiac (12/08)	EMS Advisory Council	12/31/2008

The Florida Emergency Medical Services Strategic Plan is vetted through the EMS Advisory Council and constituency workgroups. Objectives are assigned to a committee or constituency workgroup for action and quality improvement liaisons develop detailed action plans and report progress at each meeting.

2005 State EMS Award Winner for best black and white photo, Rural Metro Orlando Photographer — Eddie Sperling



Goal 2: Improve public knowledge and customer satisfaction.

Objectives	Measure(s)	Strategies	Lead	Timeline
2.1 Provide educational programs to the public.	<p>* educational programs provided</p> <p>HP 2010 goals:</p> <p>% of adults who are aware of early warning symptoms/signs of heart attack and the importance of accessing rapid emergency care by calling 911.</p> <p>% of adults who call 911 and administer CPR upon witnessing an out-of-hospital cardiac arrest.</p> <p>Reduce # of hospital ED visits caused by injuries.</p>	<p>Work with injury prevention program to identify appropriate opportunities.</p> <p>Provide public educational programs.</p>	EMS Advisory Council Public Information, Education, and Relations (PIER) Committee	Ongoing

Goal 2(Continued)

Goal 2: (Continued) Improve public knowledge and customer satisfaction.

Objectives	Measure(s)	Strategies	Lead	Timeline
2.2 Improve customer satisfaction with EMS services.	Customer satisfaction rates Number or type of complaints regarding quality of care	Implement process to identify and resolve potential areas of statewide customer dissatisfaction (example: pain management).	EMS Advisory Council/EMS Provider Agencies DEMO QI Coordinator	Ongoing



Quality improvement liaisons report progress at quarterly EMS Advisory Council meetings, beginning second quarter 2006.

Goal 3

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

Objectives	Measure(s)	Strategies	Lead	Timeline
3.1 80% of EMTs and paramedics will pass the certification exam, on the first attempt, with a grade of 85% or better.	% who pass on the first attempt % who fail	Break out and weigh critical vs. non-critical test elements; share data with schools & students. Track % that pass on first attempt/fail on first attempt. Identify opportunities for improvement.	EMS Advisory Council Education Committee	Ongoing
3.2 Define initial and continuing educational training requirements for flight nurses and paramedics of licensed air providers.	% of flight nurses and paramedics meeting educational requirements	Develop statutory authority for regulating training requirements for air providers. Define educational requirements. Establish rule and educate the services and personnel in requirements of the rule. Establish monitoring and follow-up procedures.	EMS Advisory Council Education Committee	Ongoing



Goal 3(Continued)

Goal 3: (Continued) Improve EMS work force education, performance and satisfaction.

Objectives	Measure(s)	Strategies	Lead	Timeline
3.3 Define the paramedic scope of practice used by paramedics outside of current practice.	% meeting scope of practice requirements	<p>Adopt national model.</p> <p>Seek statutory authority for regulating training requirements.</p> <p>Establish rule and train providers / personnel in requirements of rule.</p> <p>Establish monitoring process.</p>	EMS Advisory Council	12/31/2008
3.4 Reduce the number of on-the-job injuries or serious infectious illnesses in the EMS population.	<p># of injuries</p> <p># of infectious diseases</p> <p># workman's compensation days</p> <p># educational programs on injury prevention (Vs # of attendees?)</p>	<p>Identify process to track all injuries / serious infectious illnesses</p> <p>Identify / provide educational programs on injury prevention / infectious disease.</p>	EMS Advisory Council	12/31/2008



Strategic plan to be reviewed and updated at first EMS Advisory Council meeting each year.



Goal 3(Continued)

Goal 3: (Continued) Improve EMS work force education, performance and satisfaction.

Objectives	Measure(s)	Strategies	Lead	Timeline
3.5 Integrate pediatric issues into educational programs.		<p>Require 2 hours of 30 hour training on pediatric issues (each agency to identify pediatric issues they frequently see)</p> <p>Identify pediatric issues for inclusion on test.</p> <p>Review national and best practice models; identify increased requirements.</p>	EMS Advisory Council Education Committee	7/1/2008
3.6 Increase requirements for paramedic recertification.		Work with MQA to require documentation for recertifications.	EMS Advisory Council Education Committee	7/1/2008
3.7 Implement a standardized dispatch training module.	Standardized dispatch training	<p>Review national model, and adopt standardized training module.</p> <p>Request statute change.</p>	EMS Advisory Council Dispatch Work Group	7/1/2008
3.8 Improve EMT / paramedic satisfaction.	<p>% overall satisfaction</p> <p>Turnover rate</p> <p># EMTs / # paramedics.</p>	Implement process to identify and resolve potential areas of statewide EMT / paramedic dissatisfaction.	EMS Advisory Council	Ongoing

Goal 4

Goal 4: Improve financial viability of EMS system.

Objectives	Measure(s)	Strategies	Lead	Timeline
4.1 Improve % of reimbursable calls.	% calls reimbursed	Advocate for non-transport reimbursement. Explore non-traditional transport options (chase car with PA/ARNP).	EMS Advisory Council	12/31/2008
4.2 Improve % of billed charges collected	% billed charges collected	Benchmarking to identify best practices.	EMS Advisory Council/Medical Care Committee	12/31/2008
4.3 Improve the cost per capita for EMS	Cost per capita	Benchmarking to identify best practices.	EMS Advisory Council/Medical Care Committee	12/31/2008



Goal 5: Improve operational performance of key EMS processes.

Objectives	Measure(s)	Strategies	Lead	Timeline
5.1 Improve EMS transport safety.	% EMS emergency aircraft meeting FAA air-worthiness requirements (target – 100%) # EMS vehicle crashes	Analyze data to identify improvement opportunities.	EMS Advisory Council	12/31/2008
5.2 Improve effectiveness of dispatch system.	# calls screened out % appropriately screened out	Benchmarking to identify best practices.	EMS Advisory Council	12/31/2008
5.3 Improve EMS response time (from 911 call to patient contact).	% of calls with appropriate pre-arrival instructions % of calls with appropriate priority dispatch % meeting response time targets	Identify best-in-class targets. Establish baseline and benchmark to identify best practices.	EMS Advisory Council	12/31/2008

Goal 5: (Continued) Improve operational performance of key EMS processes.

Objectives	Measure(s)	Strategies	Lead	Timeline
5.5 Ensure appropriate transport.	% not transported % refusing transport % of major trauma victims transported to trauma center % of acute myocardial infarction patients field-triaged to cath-capable facility	Benchmarking to identify best practices.	EMS Advisory Council	12/31/2008



Glossary/Acronyms

- AED** – automated external defibrillator
- ALS** – Advanced Life Support
- ARNP** – Advanced Registered Nurse Practitioner
- BLS** – Basic Life Support
- CIRP** – Catastrophic Incident Response Plan
- CPR** – Cardiopulmonary Resuscitation
- DEMO** – Division of Emergency Medical Operations
- DOH** – Department of Health
- ED** – Emergency Department
- EKG** – Electrocardiogram
- EMS** – Emergency Medical Services
- EMSAC** – EMS Advisory Council
- EMSC** – Emergency Medical Services for Children
- EMSTARS** – Emergency Medical Services Tracking and Reporting System
- EMT** – Emergency Medical Technician
- FAA** – Federal Aviation Administration
- FACEMS** – Florida Association of County EMS
- FAPEP** – Florida Association of Professional EMTS & Paramedics
- HP** – Healthy People
- M.B.A.** – Master of Business Administration
- M.S.A.** – Master of Science Administration
- M.D.** – Doctor of Medicine
- MQA** – Medical Quality Assurance
- M.S.P.H.** – Master of Science in Public Health
- Ph.D.** – Doctor of Philosophy
- PA** – Physician's Assistant
- NEMSIS** – National EMS Information System
- PHP** – Public Health Preparedness
- PIER** – Public Information, Education, and Relations Committee
- QI** – Quality Improvement

Acknowledging Our Partners

Acknowledging Our Partners

The Bureau of EMS would like to thank the EMS Advisory Council and the constituency workgroups for their continued dedication to the improvement of the emergency medical services system. Together with the dedication and talents of the following groups the state of EMS continues to move forward in improvement.

- ACCESS TO CARE TASK FORCE
- ASSOCIATION OF FLORIDA TRAUMA AGENCIES
- ASSOCIATION OF FLORIDA TRAUMA COORDINATORS
- BRAIN AND SPINAL CORD INJURY PROGRAM OFFICE
- DEPARTMENT OF COMMUNITY AFFAIRS
- DEPARTMENT OF EDUCATION
- DEPARTMENT OF FINANCIAL SERVICES
- DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
- DEPARTMENT OF MANAGEMENT SERVICES
- DEPARTMENT OF TRANSPORTATION
- EMERGENCY MEDICAL DISPATCH
- EMERGENCY MEDICAL SERVICES FOR CHILDREN
- EMERGENCY NURSES ASSOCIATION, Florida Chapter
- EMS COMMUNICATIONS (TAP)
- EMS DATA COMMITTEE
- EMS PROVIDERS OF FLORIDA
- EMS QUALITY MANAGERS ASSOCIATION
- FLORIDA AEROMEDICAL ASSOCIATION
- 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
- FLORIDA BASIC TRAUMA LIFE SUPPORT
- FLORIDA CHAPTER OF AIR & SURFACE TRANSPORT NURSES ASSOCIATION
- FLORIDA CHAPTER OF THE AMERICA COLLEGE OF SURGEONS - COMMITTEE ON TRAUMA

- FLORIDA COLLEGE OF EMERGENCY PHYSICIANS
- FLORIDA FIRE CHIEFS ASSOCIATION – EMS SECTION
- FLORIDA NEONATAL & PEDIATRIC TRANSPORT NETWORK ASSOCIATION
- FLORIDA PILOTS ASSOCIATION
- FLORIDA PROFESSIONAL FIREFIGHTERS
- GOVERNMENT AFFAIRS COMMITTEE
- MEDICAL CARE COMMITTEE
- OFFICE OF EMERGENCY OPERATIONS
- OFFICE OF INJURY PREVENTION
- OFFICE OF PUBLIC HEALTH PREPAREDNESS
- OFFICE OF TRAUMA
- PIER COMMITTEE FOR EMS
- PARAMEDIC SHORTAGE COMMITTEE
- REGULATORY REVIEW COMMITTEE
- STRATEGIC PLAN COMMITTEE (FORMALLY EMS FUTURES FORUM)

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