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FLORIDA EMERGENCY MEDICAL SERVICES (EMS)
ADVISORY COUNCIL MEETING

October 13, 2006
9:05 a.m. -- 10:58 a.m.

Hawks Cay Resort
Duck Key, Florida

Reported By:
Cynthia R. Green, Court Reporter

American Court Reporting
407.896.1813

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P R O C E E D I N G S

October 13, 2006 9:05 a.m.

CHAIRMAN SHATZ: Good morning. We're in the Keys. The sun's shining outside so we're going to make this fast. (Laughter.)

Jeff Lindsey, the Pledge of Allegiance.

DR. LINDSEY: Please stand and join me in the Pledge of Allegiance.

(Pledge of Allegiance was recited.)

CHAIRMAN SHATZ: All right. Roll call.
Michael Patterson.

MR. PATTERSON: Present.

CHAIRMAN SHATZ: Amy Paratore.

MS. PARATORE: (No response.)

CHAIRMAN SHATZ: Chuck Kearns.

MR. KEARNS: Here.

CHAIRMAN SHATZ: Me. Jeff Lindsey.

DR. LINDSEY: Present.

CHAIRMAN SHATZ: Bill Bingham.

CHIEF BINGHAM: Present.

CHAIRMAN SHATZ: Greg Rubin.

MR. RUBIN: Present.

CHAIRMAN SHATZ: John Scott. He's absent.
Linda Swisher.

1 DR. SWISHER: Here.

2 CHAIRMAN SHATZ: Brad Elias.

3 DR. ELIAS: Present.

4 CHAIRMAN SHATZ: Jamie Caldwell.

5 MR. CALDWELL: Present.

6 CHAIRMAN SHATZ: Javier Escobar.

7 DR. ESCOBAR: Present.

8 CHAIRMAN SHATZ: Bill Fisher?

9 MR. FISHER: Present.

10 CHAIRMAN SHATZ: Yvonne Bell. (No

11 response.)

12 Chad Reed. (No response.)

13 Craig Fugate. (No response.)

14 Trendera McPherson.

15 MS. MCPHERSON: Present.

16 CHAIRMAN SHATZ: Dave Casey. (No

17 response.)

18 These guys are missing the good weather

19 down here.

20 Walter Ludell. (No response.)

21 Joe Nelson.

22 DR. NELSON: Present.

23 CHAIRMAN SHATZ: And Julie Bacon.

24 MS. BACON: Present.

25 CHAIRMAN SHATZ: Okay. The meeting is

1 officially called to order. We have the minutes
2 from the last meeting. I'm -- we all have had a
3 chance to review it, I'm assuming.

4 Can I have a motion for approval?

5 UNIDENTIFIED SPEAKER: So moved for the
6 Chair.

7 CHAIRMAN SHATZ: Second?

8 UNIDENTIFIED SPEAKER: Second.

9 CHAIRMAN SHATZ: Any discussion. (No
10 response.)

11 All in favor. (Council members responded.)

12 Opposed? (No response.)

13 It passed.

14 (Whereupon, a motion was made, seconded and
15 unanimously approved by the Council.)

16 CHAIRMAN SHATZ: Just housekeeping. Pagers
17 and phones -- phones -- please turn them off.

18 For everyone up here, please state your
19 name for the recorder before you speak.

20 Bureau of EMS Report. Chief?

21 CHIEF BIXLER: Thank you, Dr. Shatz.

22 As you know, we've had some turnover over
23 the last few months at the Bureau. We now have
24 all positions filled except one and we should be
25 able to fill that position shortly, so we should

1 be fully staffed and reloaded soon.

2 I want to remind you that don't forget
3 Michael Greif's Sunshine lecture that he gave us
4 when we started a few days ago, which now seems
5 like a long, long time ago, but we need minutes;
6 you need to give your minutes to Desi. Let's
7 leave them with her today or send them to her
8 soon, please.

9 There will be a November 13 COPCN workshop
10 in Tallahassee. Another workshop in Tampa the
11 first week of December. This is to -- to
12 address and hopefully fix the COPCN problem that
13 Michael also told you about the other day.

14 We have a couple of surveys out there that
15 we would like you to complete. The first one is
16 the communication survey. Lisa's working with
17 Danette (ph) on a survey will go on FL-EMS.com
18 and directed at the Communications Plan Volume
19 II. It's a short survey. Please complete it as
20 soon as you can. It'll be on FL-EMS.com.

21 The other survey I'd like you to do --
22 complete for us is an EMSTARS which is currently
23 out there. I believe about half the providers
24 at this point have completed that survey. If
25 you would, take a few minutes of your time and

1 complete that one for us too. We appreciate
2 your input.

3 The EMSTARS project is on schedule. The
4 Data Committee will be meeting, as you know, in
5 -- in Jacksonville, November 23. The beta --
6 the beta test, Jacksonville Fire Rescue, is on
7 schedule, as is the first pilot program, which
8 is now fully -- fully complete with 11 providers
9 and will go forward sometime -- about a year
10 from now, around September. So one year from
11 now we should be not only with the beta project
12 for EMSTARS, but also with the pilot program.

13 Just to remind you that we've identified
14 seven additional grant funding sources
15 specifically for EMS money with communications
16 -- I'm sorry -- data collection being one of the
17 focuses of that grant money. So you should be
18 able to apply for and receive grant money if you
19 do not have your hardware/software, et cetera,
20 that will help you go live with EMSTARS.

21 And recently we -- just a reminder that we
22 received 330,000 from DOT through the 408 and Ed
23 Wilson, our grants manager, will be notifying
24 y'all soon on how to apply and receive some of
25 that money.

1 And that's the update, Mr. Chairman. Thank
2 you.

3 CHAIRMAN SHATZ: Okay. Thank you.

4 Joe Nelson, EMS Medical Director.

5 DR. SWISHER: I have a question of John.
6 When you --

7 CHAIRMAN SHATZ: You've got to identify
8 yourself.

9 DR. SWISHER: Pardon me?

10 CHAIRMAN SHATZ: Who are you, Dr. Swisher?

11 DR. SWISHER: Linda Swisher. I would like
12 to suggest that maybe -- first of all, the
13 templates that you put out for our minutes are
14 great, are wonderful.

15 I'd like to suggest that we have maybe a
16 stack of blanks so that we could go ahead and do
17 it right then. I have mine finished, but could
18 not submit it because we didn't have any blanks.
19 All the templates that we have have got the
20 directions filled in, so there's no place to put
21 your minutes, so I had to do this on a separate
22 page and she said that I had to go home and type
23 it and submit it in, which is fine, but I think
24 it would be real easy for everyone if we just
25 had a blank -- a bunch of blank templates that

1 you could just pick up, write it in right then
2 and turn it right back in. It might be a little
3 bit easier and more timely for you.

4 CHIEF BIXLER: Okay. Des, did you hear
5 that one about the template?

6 MS. LASSITER: Yes.

7 CHIEF BIXLER: Does that work for you?

8 MS. LASSITER: Yes.

9 CHIEF BIXLER: Thank you.

10 CHAIRMAN SHATZ: Thank you. Dr. Nelson?

11 DR. NELSON: Joe Nelson. The Medical
12 Directors Advisory Panel and the Medical
13 Directors Association discussed an update on the
14 disaster protocols project. This is a project
15 that is being worked on by the Medical Directors
16 Association along with the Emergency Medicine
17 Learning and Resource Center.

18 The working group has been performed and
19 the initial concept outline has been developed
20 and is being vetted to the medical directors
21 group. We hope to continue on that project and
22 be able to report a more progress in January.

23 We talked quite a bit about the Florida
24 Access to Care law and how it -- how it applies
25 to diversion status for hospitals. There were

1 some questions as to the legal ability of
2 hospitals to go on diversion. Apparently there
3 is a discrepancy between EMTALA and the Florida
4 Access to Care law, and we would ask the --
5 maybe the Access to Care Committee to look at
6 that in more detail and give us some
7 recommendations.

8 We talked about the HIV requirements for
9 EMTs and paramedics, the continuing education
10 requirement. We would like to see that those
11 requirements change to be reflective of the same
12 requirements now required for physicians and
13 nurses in Florida.

14 We had a presentation at the Medical
15 Directors Association from ZOLL on the auto
16 pulse device, giving us an update as to the
17 current status of research. We are going to
18 have another presentation at our January meeting
19 by Dr. Silvestri on some of the other research
20 that has come out on that device and we'll be
21 making a recommendation to the -- to the state
22 on -- on that device hopefully after the January
23 meeting.

24 Last -- lastly, we had a very good CME
25 presentation on street drugs at the Medical

1 Directors Association. It was -- I've been
2 practicing for over 25 years and I learned a
3 tremendous amount of material on this -- in this
4 short presentation. It was really excellent.
5 And we can furnish the information as to the
6 contact on -- on -- if anyone else would like to
7 have that information.

8 That's all I have.

9 CHAIRMAN SHATZ: Is that something that
10 could presented at CLINCON, it would be of
11 interest to everybody?

12 DR. NELSON: It might very well be. We can
13 -- I will bring it up at the EMLRC and make a
14 recommendation.

15 CHAIRMAN SHATZ: Okay. Council member
16 reports. Ms. McPherson, we'll start on your
17 side.

18 MS. MCPHERSON: Good morning. I'm Trenda
19 McPherson with the Department of Transportation.
20 And actually what I'd like to report this
21 morning is that we have received our new funding
22 for the current federal funding. Oh, I'm sorry,
23 is this mic not on? It's got to be closer. Is
24 that better? I'm sorry.

25 I'm Trenda McPherson with the Department of

1 Transportation for those of y'all who could not
2 hear me.

3 What I'd like to talk a little bit about
4 this morning is just to let you know that we did
5 increase our motorcycle safety funding. It
6 appears that we have increased since the
7 motorcycle helmet repeal our crash deaths up to
8 46 percent from 1998, and we were currently
9 giving funding of \$300,000 a year towards
10 motorcycle safety programs.

11 This year we wrote a new grant for Section
12 2010 funds with NHTSA and were funded and are
13 able to increase our motorcycle safety funding
14 amount to \$725,000 this year for the state. So
15 we're going to be addressing issues such as DUI,
16 which seems to be one of our higher areas. The
17 Florida Rider Training Program, because as you
18 know there is a new law going into effect July
19 1st of 2008 that will require all riders to
20 receive the Motorcycle Rider Training course
21 which is actually a very good program put on by
22 the Department of Highway Safety and Motor
23 Vehicles. And we're also going to be putting
24 out this year the road message to try to make
25 other motorists aware of motorcycles in the

1 state. So we're real happy about that program.

2 Also, per the statistics for 2005, our teen
3 drivers, age 15 to 19, our highest at risk age
4 group, they're 14 percent more likely to die in
5 car crashes than any other age group in the
6 state of Florida. So we're also going to be
7 promoting a huge effort throughout the state to
8 promote teen safety to try to avoid those
9 crashes and, you know, be proactive up front in
10 the safety measures. Thank you.

11 CHAIRMAN SHATZ: Okay. Jamie Caldwell.

12 MR. CALDWELL: Jamie Caldwell. No report.

13 DR. SWISHER: Linda Swisher, EMS Educators.

14 The other thing I have at this time is to
15 mention is that Dr. Rob Holburn presented a
16 rough draft of the minimum criteria for
17 instructors -- for EMS instructors and the
18 development of curriculum for all levels of EMS
19 instructors and I'll discuss more of that during
20 the education report.

21 CHAIRMAN SHATZ: Okay. Dr. Escobar.

22 DR. ESCOBAR: Javier Escobar. No report.

23 CHAIRMAN SHATZ: Mr. Rubin.

24 MR. RUBIN: Greg Rubin. No report.

25 CHAIRMAN SHATZ: Dr. Elias.

1 DR. ELIAS: Dr. Brad Elias. A brief
2 announcement. The Life Flight from Jacksonville
3 has become the first rotar ring program in the
4 state of Florida to receive CAMS certification.
5 This distinction from the Commission of
6 Accreditation of Medical Transport Services is a
7 result of dedication of the entire program at
8 Life Flight in Jacksonville from the leadership,
9 the flight crews, the mechanics, the pilots and
10 the medical directors. Thank you.

11 CHAIRMAN SHATZ: Mr. Fisher.

12 MR. FISHER: Bill Fisher. Lay elderly.

13 I have no official report, but I did stay
14 at a Holiday Inn Express last night, as they
15 say. (Laughter.)

16 But, seriously, folks, as the relatively
17 new kid on the block here, what I did at this
18 meeting was attend every committee meeting that
19 I possibly could and some of them were
20 overlapping, more or less, as you know. So it's
21 tough to get to each and every one.

22 But I have quite an interest in the -- the
23 issues that would affect the elderly and I have
24 attended as many as I could. And as I look
25 around the room, every committee meeting that I

1 was in, Dr. Shatz was there, Ed Wilson was
2 there, so I think I was in the right place. But
3 no official report today.

4 CHAIRMAN SHATZ: Dr. Nelson, anything else?

5 DR. NELSON: No, no further.

6 CHAIRMAN SHATZ: Okay. Chuck?

7 MR. KEARNS: Chuck Kearns. Yes, I have
8 just a few quick things. I attended a lot of
9 different meetings over the last couple of days
10 and an issue has kind of percolated up at least
11 in my system and I want to thank the Bureau and
12 encourage the Bureau to continue to try to
13 figure out the scope and magnitude of the Mark I
14 or NAT kit (ph) situation in the state.

15 Many of us received them from different
16 founding sources -- MMRS in some of the urban
17 areas, CDC, RTSDF, UAZZI (ph) and some of them
18 just -- some providers just bought them out of
19 pocket.

20 The issue is now the medications are
21 expiring, the medications that we have given to
22 our field crews to protect them if they find
23 themselves in a situation where they need that
24 protection.

25 And so somebody needs to step up to the

1 plate and coordinate this and get it away from
2 all these different arms and get it into one
3 hand for coordination.

4 And Bobby Baily mentioned that and I talked
5 with John Bixler about it, and I strongly
6 encourage the Bureau to try to pursue it. I
7 don't envy you; I think it's going to be a
8 monstrous project but certainly very worthy to
9 pursue.

10 The second thing I'd like to thank
11 Dr. Elias for opening the door for me. Sunstar,
12 Pinellas County EMS just became the first ground
13 critical care transport agency to be accredited
14 by CAMS about two weeks ago. So now we are one
15 of only two services in the entire world to have
16 CAS accreditation, ACE accreditation and CAMS
17 accreditation and Florida continues to lead the
18 way.

19 The last thing, fortunately or
20 unfortunately, I was voted in as president of
21 FASCMS yesterday and I just wanted to quickly
22 say that we passed a resolution to join the FHA
23 and ASSEP (ph) in the crisis and emergency care
24 situation. So we will be joining that
25 leadership and supporting the task -- the FHA

1 task force report on emergency care and the
2 things outlined in the ION report on emergency
3 care.

4 That's my report.

5 CHAIRMAN SHATZ: In view of that, the
6 awards just mentioned, I will say that I was out
7 in California a couple of weeks ago and being a
8 California native, I'm rather biased, but I was
9 rather surprised to find how unorganized
10 especially the trauma system was in California
11 and the EMS system is not a lot better.

12 Florida is light-years ahead of even my
13 home state of California which I thought was
14 pretty advanced, so this state is doing a nice
15 job.

16 Chief?

17 CHIEF BIXLER: No report at this time.

18 CHAIRMAN SHATZ: Chief?

19 CHIEF BINGHAM: Bill Bingham, no report.

20 CHAIRMAN SHATZ: Julie?

21 MS. BACON: Yes, Julie Bacon, EMSC. A
22 couple of things, exciting things.

23 First off, please keep your eyes open next
24 year. We will be having the first annual EMS
25 for Children conference and it will be aimed at

1 pre-hospital professionals and emergency
2 departments.

3 In the last couple of weeks, we have been
4 able to send out 200 DVDs called The
5 Decontamination of Children to emergency
6 departments, every emergency department in the
7 state of Florida. And if you're interested,
8 please get ahold of the EMSC office.

9 In the next month in an attempt to collect
10 data for our piece of the strategic plan, you
11 will be seeing in your mailbox or through
12 Internet, a survey -- I know, every time, you
13 know, it's one more survey.

14 But this survey is going to go to every
15 training center, every EMS provider agency and
16 emergency department. And it asks you about
17 your current pediatric education and what you
18 feel your needs would be to go ahead.

19 And as a thank you for that, when you
20 return the survey, the Brazlow Luden Quick Tape
21 (ph) -- this is the chemical weapon and kids'
22 antidote tape -- has just come out and we
23 purchased enough to return to every agency, one
24 for every licensed vehicle in the state of
25 Florida.

1 And in addition, we have badge cards that
2 just came out we're excited about. We have
3 about 100,000 of them, one for every member of
4 your agency and it has start triage on one side
5 and jump start on the other. So we're excited
6 about not only collecting the data, but being
7 able to get all of these resources into the
8 hands of the folks in the field.

9 Thank you. That's it.

10 CHAIRMAN SHATZ: Congratulations on that.
11 Nice work.

12 Dr. Patterson.

13 DR. PATTERSON: Nothing to report at this
14 time, sir.

15 CHAIRMAN SHATZ: Okay. I have nothing in
16 old business. Anybody have anything they want
17 to bring up?

18 And similarly, on new business.

19 All right. We have a presentation but I
20 want to remind everybody for the -- the public
21 comments, please fill out the cards, give them
22 to Desi and we'll -- that session will be coming
23 up shortly.

24 Susan, you wanted --

25 MS. MCDEVITT: Good morning. It's my

1 pleasure to introduce to you today Robin Bleier.
2 Robin is a nurse, a risk manager, and a
3 long-term care nursing administrator. She also
4 holds the title as a fellow in the National
5 Long-Term Care Administrators Association.

6 Robin is here today as the chairperson for
7 the Florida Health Care Association's disaster
8 planning. She's held progressive roles in her
9 career from a nursing assistant to a chief
10 operating officer of long-term care facilities.

11 She's currently the principal owner of
12 Robin Bleier Partners, Incorporated which is a
13 long-term care clinical and risk operations
14 company as well as she is the co-owner for a
15 full spectrum of case management, a geriatric
16 care management company.

17 Robin has worked with us at ESFA in
18 Tallahassee as well as in Miami at the ESFA as
19 our expert in 2004 as well as 2005 as a true
20 partner specifically with her expertise in
21 long-term care issues.

22 At this time it's my pleasure to ask Robin
23 to come forward. Thank you.

24 MS. BLEIER: Good morning, everybody.
25 That's right, I'm tall, I'd like to move this

1 around a little bit. Let's get this on for you.

2 I'm very happy to be here today. I
3 actually lived and worked in the Keys for seven
4 years. I worked in long-term care down here as
5 well so I can tell you from the get-go it's not
6 easy to evacuate and I really respect the work
7 that all of you do here. Disaster management is
8 certainly not for the weak-hearted, is it?

9 I started in long-term care many years,
10 about 1985. I'd been in acute care first 1982,
11 and the company I that I was CEO we had six
12 facilities, and we had a hospital in home
13 health, and I was responsible for them as well;
14 however, through the risk management part
15 process.

16 I entered into disaster management through
17 risk management because I think we all know and
18 recognize that the purpose of risk management is
19 to protect the organization's assets, and that's
20 why we have that.

21 Including in those assets obviously are
22 what's probably near and dear to all of our
23 hearts, the people that we take care of, the
24 people in the community, the individuals in
25 nursing homes, assisted living, hospitals, our

1 families and so forth.

2 So although we come from different
3 backgrounds, I know we come for the same
4 reasons. I'm honored to be the chair of the
5 Florida Health Care Association Disaster
6 Committee. I started in 2003 with a small, but
7 mighty group of six and then came 2004.

8 I met Dr. Bencie in 2004 as well as Susan
9 when I was the person that went and set up and
10 ran the Special Needs Shelter for Hurricane
11 Charley over in Venice. And I think that was a
12 good eye opener for the state, that people who
13 live at home really aren't as independent as
14 they look.

15 And we are moving forward in our -- in our
16 resolution to save money and be as productive as
17 we can and it's understandable as the largest
18 age group in the country is 85 and above, as we
19 enter into this very unique time period that we
20 have to continue to think of the unique --
21 unique needs of the elders whether they're in
22 health care facilities or not.

23 It's important to recognize in an elder
24 who's able to independently get around their
25 house with a little bit of help now becomes a

1 victim trapped when there's a disaster. They
2 cannot fend for themselves, yet they need to be
3 discussed and encouraged to be able to move
4 forward.

5 So with that, let's start. The information
6 that I'm going to share with you today is a
7 snapshot of what happens through the Florida
8 Health Care Association Disaster Committee, and
9 I'm very happy to be the chair of that
10 committee.

11 Today because of our work with
12 stakeholders, many people in this room come to
13 our committee and work with us in partnerships
14 so that we can improve the outcomes. One of the
15 biggest challenges that we've all had is
16 determining what keeps us all awake at night.

17 If you talk to a long-term care facility
18 administrator, it's about what's going to happen
19 in this facility; it's going to happen about
20 staff; and actually it's going to be how the
21 State's going to look at them.

22 I think though very early on, Susan and
23 Jennifer and I talked about how long-term care
24 providers feel about the Agency for Health Care
25 Administration. Frankly, we're afraid of them.

1 It's kind of like how you would feel if the IRS
2 did an audit on you. That's our relationship
3 sometimes unfortunately with that.

4 We've forged a good partnership and two
5 weeks ago, I was their keynote speaker at their
6 National Chief Regulators Conference, and I was
7 happy to be there, and I think that showed what
8 a great step our health care association and all
9 the professionals have made. Because we all
10 have our areas and at the end of the day,
11 everyone's got their agenda.

12 But it was important to see that everybody
13 puts the elders first. So we have a couple of
14 objectives that we're going to talk about today,
15 and then I'm going to forward this Power Point
16 to Bobby so that it can go on your website and
17 be accessible to you all as you'd like to look
18 at it.

19 One is to make sure that you understand who
20 Florida Health Care Association is and who we
21 serve. Another is to make sure that you
22 understand our mission vision of our committee.
23 And then to see where we're going from here.

24 We've gotten to one place and that's great
25 but quality improvement is always necessary.

1 We've done a good job. I've spoken to 15
2 different health care associations through my
3 professional consulting firm or one of my
4 employees has in the past year.

5 And a lot of that was to make sure and see
6 that we can promote the good work that Florida
7 does but also learn what the other states are
8 doing. While there are some very interesting
9 and unique programs in other states that I hope
10 to borrow and bring back to Florida, and I have
11 through the last year, I was very proud of all
12 of the disciplines and stakeholders in Florida
13 because we are doing a good job.

14 It was very -- it was very warm to hear
15 what they were doing good and what they needed
16 help from, and so many different states saying,
17 but I'm using the model from DOH of Florida, or
18 I'm using the model from EMS in Florida. It was
19 good to hear that.

20 So it makes me know that we're doing the
21 right thing, and we just have to keep doing
22 better.

23 We're also going to talk about how the
24 partnerships helped, because that's one of the
25 things that the other states don't have that we

1 have is the partnership relationship. And it's
2 difficult.

3 I remember being a nurse, an LPN actually
4 before I was an RN in a nursing home, and we
5 would call 911 and the paramedics would come.
6 And the reality is that the relationship with
7 the paramedics and the nurses in the nursing
8 home typically isn't very good. They kind of
9 think we're idiots and for the most part, we
10 usually are, because we don't do emergency
11 management. That's not what we do.

12 We do the day-to-day which that would drive
13 the EMS people crazy, I'm sure. We answer the
14 same question 462 times, yes, we're going to
15 have dinner; no, you're not going to have peas
16 and carrots while we render medical care and
17 services. And we're used to it and we don't
18 have a problem with it.

19 On the other hand, don't ask us to start
20 emergency procedures because we don't do it as
21 well as you all, because we don't practice it.
22 And you know practice makes perfect.

23 So, when we began to forge these
24 relationships with the stakeholders, we also got
25 a side benefit that there were a lot of improved

1 relationships. One of the nice things in
2 long-term care is we assume everybody knows more
3 than us and we're happy to learn from them.

4 The first thing we did in the Disaster
5 Management Committee through Florida Health Care
6 is we made sure that all of our providers and
7 that would be the members, which there are 678
8 nursing homes in the state, and I don't know the
9 total number of ALS anymore. They range from
10 three beds to 300 and there's like 3,000 of them
11 in the state. So there's just something like
12 150,000 elders in a facility, 75,000 in nursing
13 homes, just so you know.

14 And so we made sure that everyone
15 understood the differences of disasters. And so
16 we talked about the fact that although everyone
17 really thinks about disaster hurricane, we have
18 other disasters.

19 I had a time actually when I worked here in
20 Monroe County, a nurse and her husband decided
21 that they weren't going to stay married. He had
22 a fight. He's actually in jail for it now. He
23 put a bomb in her car. He actually blew her up
24 on the way to work had she -- it was a horrible
25 thing. She lived through it but it was a

1 horrible thing and she'll never work again;
2 she'll never walk again.

3 Had she been at the facility, however,
4 parking was underneath that facility.
5 Underneath facility parking you can appreciate
6 all the different things that are underneath the
7 building and what would have happened to that
8 building.

9 So disasters are not the only -- only
10 emergency. Such a dedicated nurse she was, the
11 EMS told me the last words she said before she
12 passed out was call them and tell them I won't
13 make it to my shift today.

14 So, in long-term care we have a big,
15 it-won't-happen-to-me theory, and that was one
16 of the problems. I'll give you a really sad
17 story.

18 I worked here in Monroe County in 1998. I
19 consulted to them in 1997. In 1998 I took a
20 job, I was their chief regulator person on their
21 corporate staff. Never read their disaster
22 plan. How humiliating.

23 So, in 1998, Jan -- September 19th,
24 Hurricane George, 110 miles per hour; me and 300
25 patients and our staff over in the detention

1 center, a category 5. If we made you mad, I'm
2 sorry.

3 So, it won't happen to me. It's a live,
4 new world in long-term care. I know we made
5 them mad. It smelled really bad.

6 But the people who were involved in the
7 Trade Center would have to say it did happen to
8 them. And the five hurricanes in 2004, we all
9 forget Bonnie. There was five, you know.
10 People now say that three of them crossed over
11 the same exact location in the state.

12 If we look at the three in 2005 and even
13 though Wilma certainly didn't get the same PR
14 that the other states got because of Katrina and
15 because of Rita and how horrible they were,
16 there were people in long-term care facilities
17 that went two weeks without electricity.

18 I don't know if you've had 200 90-year old
19 people around you before. That is a long time,
20 a very long time.

21 We had a lot of facilities that didn't have
22 water for over a week which of course put a big
23 strain in the dialysis centers and things that
24 are very near and dear to Susan and our heart.

25 We had long-term care people and people in

1 the community who went seven days without
2 dialysis. Their bodies were poisoning
3 themselves.

4 So if it won't happen to me is something
5 you hear anyone say, that's just not true, and
6 we made sure that everyone understood that.

7 A little bit about Florida Health Care.
8 We're a not-for-profit organization. We do
9 serve for-profit and not-for-profit nursing
10 homes. We do have a competitive association;
11 it's called FAHA.

12 They have a little bit more focus on
13 not-for-profit and incorporate the HUD
14 facilities and independent facilities. We work
15 together in disaster management.

16 While we are happy and proud of our
17 500-strong membership in Florida Health Care and
18 the nursing homes plus our ALS part through
19 FCAL, we will help any facility during disaster
20 management, and we never turn anyone away.

21 So, the mission for us was to have focus,
22 guidance and support for the providers which is
23 why it was essential that we learned and met and
24 worked with the stakeholders because this is not
25 our bag. This is not what we do every day.

1 Our vision then was to help gain and
2 maintain the respect of the disaster
3 stakeholders, that we could be contributors, and
4 I believe that that's been established, and then
5 to better support that. Who knows more about
6 the elderly than we do regardless of where they
7 live?

8 We understand the strains that elders do,
9 how they react and how they respond. And we are
10 people that can help guide that. So, we want to
11 be able to help in our state and also to help
12 nationally.

13 We had a few keys to success that came
14 through Florida Health Care. One was that
15 planning breeds best outcomes. Our
16 administrators and directors of nursing do a
17 good job of planning for care and services for
18 the elders that live there.

19 But we did a bad job for planning for
20 disasters. And frankly, we thought it was your
21 job to help us, and we were wrong. It's your
22 job to help us, but it's not your job to do it
23 for us. It's our job to do it for ourselves.

24 We have to plan for maximum independence.
25 And because of that, we established staging

1 centers in 2004 and 2005 so that we could take
2 the least amount of burden on to the Department
3 of Health and that way when we really said we
4 needed help, we really needed it.

5 Otherwise, we had our own vendors that
6 organized staging centers throughout the state,
7 Lakeland, Orlando, Miami, as close to the point
8 of impact as possible without being in the
9 perimeter and being in your way so that we could
10 serve those residents.

11 Even when we were over at the Department of
12 Health in 2004 and I worked for the Department
13 of Health, it was long-term care providers that
14 brought me furniture, that brought me extra
15 supplies; not that DOH wasn't great, they were
16 fabulous. But I wanted to take the most burden
17 I could take off of them and be as
18 self-sufficient as we could be. And that's one
19 of the things that we recognize was important:
20 To be your partner, we need to be your equal and
21 we need to take care of ourselves as much as
22 possible.

23 We need to recognize an -- and promote the
24 importance of stakeholders and also make sure
25 that we support you all. It's very easy to

1 point the finger of blame. Monday morning
2 quarterback is alive and well. Look at what
3 happens to the president, right?

4 You have the President of the United States
5 but we all get to have our opinion. It seems
6 publicly and so forth which is interesting.

7 In our circumstance, there is no pointing
8 of the finger. We appreciate the help we get.
9 We want to be a help to you. We want to answer
10 your questions. We want to learn more from you.
11 That's what our role is to be here.

12 And so that together, everybody has the
13 opportunity to be a contributor for the best
14 outcome and in our focus area for the aged in
15 our state.

16 So to do that, we had to make sure we
17 educated our staff and our providers. They
18 needed to really understand the difference
19 between internal and external disasters and so
20 we gave them examples.

21 We made sure that people learned lessons.
22 Last year in February Susan and Ray joined us
23 over at the Florida Health Care Association for
24 the first disaster summit. We included six
25 states.

1 A sad lesson that we learned was when
2 Georgia was there. Apparently there were some
3 people moved by C-130s from nursing homes and
4 communities and they left their documentation on
5 the tarmac, and they are still as of today -- I
6 just came back from the American Health Care
7 Conference in Texas -- and there are almost 200
8 unidentified people because of being cognitively
9 impaired and so forth. It broke our hearts when
10 we heard this.

11 So, we have to do better every day. We
12 can't have anybody be unidentified. How can --
13 how can we do that?

14 I did talk to the Georgia Health Care
15 Association. He said, and their census
16 miraculously increased, but I don't know that
17 that's the way we want to do it.

18 So the providers are encouraged to be
19 self-sufficient. Our requirements say, have
20 three days of food. That's ridiculous. We know
21 from our experiences that it -- other than true
22 need for search and rescue, it takes more than
23 five days before someone's your door.

24 We tell our providers ten to 14 days. Be
25 an island. Try not to need you. Ice is hard;

1 water is hard, but the rest, there's no reason
2 why we can't have enough of adult incontinent
3 briefs and diabetic supplies and enteral feeding
4 supplies and gastrotube equipment. There's no
5 reason why we can't do that.

6 Even oxygen, with proper planning, we can
7 have enough supplies that we don't need to bear
8 a burden with you unless our supply itself was
9 taken out through forces that we could not
10 control.

11 So, we make sure that we have an ability to
12 maintain external communications. At Florida
13 Health Care Association, we started an 11:00
14 call, daily conference call. Susan's been on
15 it, Jennifer's been on it, Ray Runo's (ph) been
16 on it, the Secretary of the State's been on it.
17 Anyone's welcome. Don't worry, if you say too
18 much, Lou Marie (ph) we'll just mute you.

19 We have some 400 people on that conference
20 call every day. If there is any way that a
21 long-term care provider, member or not, can find
22 a way to a phone, they can get on it. We take a
23 roll call and we figure out who's not on it and
24 what area and we send out our own search and
25 rescue. And we go to our facilities.

1 By the time you get there, we're able to
2 call you and tell you who you need to focus on,
3 not how can you help us to find out who doesn't
4 have communications. We do this on purpose. We
5 tell people, when you have communications, call
6 into the Florida Health Care Association office
7 and we'll talk to you. We staff at the EFSA.
8 We are lucky enough to be right there with Susan
9 and Rick Rasmussen from the Florida Health Care
10 -- Florida Hospital Association and with the
11 Agency for Health Care.

12 And in every EOC when they need us, we're
13 there. Last year we staffed three of them.
14 This year I went down with Nancy Luben who's the
15 new AHCA supervisor for the Area 11 office with
16 Harold who is the overseer for that office,
17 Harold Williams out of Area 8 which is Fort
18 Myers, to train their new long-term care AHCA
19 supervisor.

20 They're reestablishing how they're setting
21 up their EOC, and we discussed where to put
22 them. And that one, they have AHCA over in the
23 pit, whereas in Tallahassee they had all of us
24 together.

25 We recognize from the experiences with

1 Susan and her team that that was the better
2 location. So, based on that, they're making an
3 improvement in that EOC. And we really
4 appreciate that. We met with Liz Gutierrez and
5 several other people, and we really appreciated
6 their wonderful support.

7 We make sure that people include disaster
8 management every day. The way people did their
9 disaster management plans, if you're a reviewer
10 -- who's a reviewer in this room where you
11 actually get the long-term care plans and review
12 them and return them to us? Anybody? Couple of
13 people? Okay. There's a gentleman there.

14 People treated them like book reports.
15 They said all sorts of things. They copied and
16 pasted. I read somebody's and they talked about
17 elevators and it was a one-story floor. We
18 didn't take it very seriously.

19 Well, now, we do, so much so, that the
20 Florida Health Care Association Disaster
21 Committee created a disaster manual, one for
22 SNFS last year and now one for ALS about a month
23 ago. It sold through the American Health Care.
24 It's only a hundred dollars. We want everyone
25 to be able to afford it.

1 And if someone says they can't, I just
2 email them a copy. Don't tell Lou Marie.

3 But we do that because we want to make sure
4 everybody has the tools to be successful. We
5 make sure that it has proactive steps, reactive
6 steps and then how to improve their quality.

7 We talk about it so they can avoid some of
8 their loss and their exposures because we know
9 that if they can't afford to pay the bill, and
10 they don't aggregate the information to pay
11 their bill, they won't be here tomorrow and they
12 won't be here for your grandmother if she should
13 need a long-term care facility.

14 So we're all vested in the best outcome.
15 They need to know how to react. I made a
16 horrible mistake during Hurricane George. We
17 took good care of our residents. It did smell
18 in the jail, and people were mad at me. But you
19 die of dehydration, not of smells. So I focused
20 on hydration.

21 But you know what we didn't do? We never
22 thought about PR. Well, people had lots of
23 unhappy things to say about us, and we didn't do
24 a good job of saying what we do. And that was
25 the problem.

1 This gentleman is shaking his head. Were
2 you there when it smelled? I thought you --

3 AUDIENCE MEMBER: (Unintelligible.)

4 MS. BLEIER: Yeah, I thought I remembered
5 you. Remember me? The girl who hadn't had a
6 bath for seven days. That was me.

7 So it's really not easy to be out of your
8 nursing home for a week with 300 elderly people
9 and only 35 staff members. It was very
10 difficult but a lot of serious and important
11 lessons were learned. We did have some help.

12 We lost our med keys in one of the
13 medication carts. Fortunately we were in the
14 jail so we said who's here for B&E and we need
15 someone good, because it's got a lock and we're
16 done. And Major Taylor gave us somebody. We
17 were so happy.

18 We made sure to help the administrators.
19 They're degreed in administration. You laugh;
20 it's true. They're degreed in administration.
21 They are not degreed in disaster management.
22 They are experienced in administration. They
23 don't know your words.

24 We work in the lands of Medicare. PPS,
25 that means Prospective Payment System. If

1 you're a provider, you think it means please pay
2 something. I'm here to tell you, we have
3 language barriers.

4 So we were -- we had to teach the
5 administrators how to fit disaster management
6 into their risk management. Florida is the only
7 state that requires long-term care facilities to
8 have designated risk management. Now, there's
9 not the same licensure required under Chapter
10 395 that's in the hospital. I happen to be a
11 Chapter 395 risk manager -- Lord, don't ask me
12 why, but I am. But the requirement isn't that
13 for long-term care but we are required to have
14 that. We do the same sentinel event reporting,
15 adverse incidents. We even have an additional
16 report of the federal reports that they don't
17 have.

18 So we made sure the administrator
19 understood the role in disaster management,
20 because there's state tests and there are
21 federal administrators tests. There are no
22 disaster questions.

23 If you ask them what a mission is, it's
24 going to be a mission statement, not what you
25 want from EOC, let me tell you.

1 So, the administrators' role, we made sure
2 that they knew how to write a manual so we
3 didn't send garbage to that man over there,
4 because our manuals were not good. We need to
5 tell the county what are our plans so that those
6 expert reviewers can look at it and give us
7 input that's valuable.

8 We need to say when we're going, when we're
9 staying and how we made those decisions. And if
10 we do it right, we'll even get our loss of
11 interruption of business insurance which is
12 always fun to get.

13 We need to make sure people understand how
14 to harden their facility whether they're staying
15 or they're going. It would be nice to have
16 something to come back to. If you don't harden
17 your facility, you don't have anything to come
18 back to.

19 So we made sure that we had best practices
20 in physical plant and we worked with Skip
21 Gregory. I'm going to leave a few handouts in
22 the back, but I will forward all these to Bobby
23 or whomever else I'm supposed to so that you can
24 have these. And it includes the NFPA guidelines
25 which I've been lucky enough to be selected for

1 the NFPA board and we're writing the new health
2 care standards. And I'm going to be the
3 long-term care representative, I think with a
4 bunch of guys from a hospital, to write the
5 standards for nursing homes in terms of life
6 safety and NFPA.

7 Operational considerations. They need to
8 know how to keep their computers. We get paid
9 for PPS, remember please pay something? That's
10 how we get paid. If we don't submit our
11 assessment form called an MDS -- if you're home
12 health, it's called an OASIS -- we get no money.

13 So we had to work with CMS on operational
14 issues but making sure that we protected our
15 computers and backed up our files and made sure
16 we understand that. The administrators do not
17 have any questions on their tests about
18 computers as well.

19 And we're not like the hospital. We don't
20 have someone from MIS on staff. We have to do
21 all of that ourselves.

22 We had to learn about inventorying
23 property. Sad to say, most administrators only
24 inventory their property when they're applying
25 for a HUD loan. I know, I've applied for a HUD

1 loan. We need to do that on a daily basis so
2 that if we evacuate, we can tell you, no, no,
3 DOH, that was mine; no, this is yours. We need
4 to label things.

5 We have to make sure we plan for
6 extraordinary expenses. Boy, money becomes very
7 important in disaster management, doesn't it?
8 Who's going to pay for what? We need to make
9 sure that we are paying for ourselves as much as
10 we can.

11 So, we've taught the providers how to keep
12 your schedules updated, how to move people from
13 -- who normally do indirect cost reporting jobs
14 to cost reporting jobs. Fortunately in my CEO
15 experience, I spent a lot of time with cost
16 reports and so we were able to work with our
17 accountants that are also on our committee and
18 educate the staff members.

19 It's very hard after disaster to collect
20 money. It's important when you work with us in
21 long-term care, if there's a money issue, you've
22 got to tell us. There are ways for us to pay
23 for things if we know about it.

24 If you work with a long-term care provider
25 and it's a problem, call us at Florida Health

1 Care. We will help you figure it out.

2 We need to make sure in planning we talk to
3 them about having their backup plans. We've got
4 facilities where there is only one road in and
5 one road out. You've got to have backup plans.

6 We teach them to make sure that people know
7 how to evacuate. One of the things we've
8 learned from last year in Wilma, we need to
9 teach people how to learn how when they don't
10 evacuate and they have damage, how to sustain.
11 We had a big problem with that in South Florida.

12 I can assure you, we had many facilities
13 where the windows blew out and we had a lot of
14 other issues. Lights came down, no electricity,
15 no elevators, and although the staff pulled
16 through, did a good job and we had no
17 disaster-related deaths in the probably 300
18 nursing homes that were affected between all the
19 counties. We still had a lot of people that had
20 a long way to go and we've had big sessions on
21 that with the providers to talk about how
22 they'll stay in place better.

23 Because depending on the disaster, we
24 learned in 2004 and in 2005, the resources to
25 move us may not be there.

1 One of our big issues is transportation and
2 I hope some day that we can work on something
3 with the Department of Transportation. I think
4 that that would be valuable.

5 Because we do have an issue where we all
6 make contractual agreements with the same
7 people, and the problem with that is, is at any
8 moment FEMA or the state can pull those
9 resources. And that happened several times last
10 year. So another lesson learned we have to work
11 on.

12 We make sure they understand some best
13 practices with power and really looking at their
14 backup. Boy, I tell you what. I didn't even
15 know where the generator was in my first nursing
16 home. Well, I can't say that now. I'm on the
17 roof, under the roof, over the generator. I'm
18 looking to see how many KWs it is. Has it been
19 exercised; has it not been exercised? Boy, I
20 will not be making those mistakes again.

21 Neither will our providers. We're very
22 proud of the fact that they're doing that, but
23 keep in mind they're not disaster experts. So
24 when you talk to them, be gentle.

25 But we are looking at that, making sure

1 that they have some laundry. We tell them --
2 because any time we have laundry that gets the
3 least bit torn or worn, we throw it out. So we
4 say buy those cute little vacuum-packed bags
5 that are on TV and save disaster linen.

6 And so last year when you were helping us
7 in South Florida, we were able to get linen from
8 other parts of the state to those facilities and
9 we never asked you for any help. We want to be
10 as independent as possible.

11 Linen doesn't sound like a big deal but it
12 is when you don't have any. So we want to make
13 sure that we can be the best team member that we
14 can be.

15 We have to establish cool rooms. There are
16 patients that cannot handle that kind of heat,
17 sometimes staff. If we don't have cool rooms
18 and keep an eye and monitor people for
19 (unintelligible) and any of the other conditions
20 that they may have, then they end up burdening
21 your hospitals. And we don't want to burden
22 your hospital because we recognize what you're
23 going to be doing.

24 So those are some of the kinds of things
25 that we look at. We make sure that there are

1 campers toilets and other ways because if the
2 lift station fails, we know we need to do that.
3 A hundred and twenty bed nursing home typically
4 has 60 toilets. Picture them not working. You
5 think you have a disaster, come to my nursing
6 home. That's a disaster.

7 So, we need to make sure that people
8 understand that, because you know whatever goes
9 in has got to come out somewhere. We make sure
10 that we fill bathtubs and things so we can flush
11 as long as we can. Trying to have dry ice and
12 extra ice in our freezers that we do now have on
13 our generators.

14 Did you know that nursing homes in Florida
15 are not required by law to have a generator?
16 Did you know that? Sad story, isn't it? And so
17 there's lots of them that have them, but they're
18 not really great.

19 The requirement is for egress lighting, an
20 hour and a half battery pack. That's the
21 requirement of law.

22 While I'm not one for bigger laws, that's
23 one that we're definitely going to work on.

24 We make sure that there was best practices
25 with communications. Well, you get a bunch of

1 nursing home people, we get two sets --
2 satellite phones. Why don't they work? Because
3 we're idiots; we're not standing outside.
4 You've got to be outside to use it; you've got
5 to be outside to receive a call. We didn't know
6 that. I'm like, this darn thing won't work. I
7 don't understand why.

8 So, we had to learn about that. Don't take
9 for granted we know what you're talking about.
10 We probably don't.

11 On the other way, you probably don't know
12 how to handle 40 people with Alzheimer's and
13 dementia, so you know, we've gotcha on that one.
14 So we need each other, but tell us, inform us,
15 we won't be offended. Let us know what we need
16 to know. Try not to tell us we're dumb but tell
17 us we need help. Because we know we have
18 learning opportunities and we're embracing the
19 challenges and we do appreciate your help.

20 So we tell them, save your old linen. We
21 want to make sure that we have a disaster closet
22 now. Never before did we have that.

23 Now, surveyors say, do you have a disaster
24 closet? They actually ask that question now.
25 They didn't do that before.

1 We make sure that there's a warning process
2 in place. We have a lot of residents who don't
3 speak English in our facilities; Spanish,
4 French, Creole. We have a lot of residents that
5 don't do that.

6 We need to have methods to communicate with
7 them and their family members and with the staff
8 to communicate with them. So we make sure that
9 we have supply lists, who's going to bring what.

10 We ask them to write columns in their
11 newsletters and be involved. We only see the
12 horrible things that's happened in the
13 newspapers in long-term care. We hardly ever
14 see what's good.

15 I know a lot of you know what's good. I
16 ask you and challenge you to consider partnering
17 with a facility that you feel did an exceptional
18 job and put something out in the paper, because
19 we only see the bad things.

20 Here in Monroe County they had some
21 articles in the Key West Citizen recently about
22 the number of people they said died during the
23 disasters. Well, they had three nursing homes,
24 about 275 patients. Well, I am here to tell
25 you, people die every day in a nursing home

1 whether we have a disaster or not.

2 Now, granted, there is a transfer trauma
3 statistic for the elders and it is rather high,
4 but we understand that when disaster evacuation
5 decisions are made, we recognize that you all
6 consider those statistics and then we do the
7 best we can.

8 But the point of the matter is people die
9 every day. Instead there was a large
10 inflammatory article about how many people died
11 and how it had to be related to something that
12 the nursing homes did wrong. I can't swear they
13 did anything right and I can't swear they did
14 anything wrong. I wasn't there. But what I can
15 tell you is people die every day and none of
16 that was in that article.

17 It didn't say how old they were, it didn't
18 say how many people were on Hospice services,
19 how many people were actually documented as
20 chain stoking before they left that day. I have
21 some of that information and it's been shared
22 with the medical examiner and people are working
23 on that right now.

24 And fortunately with our partners, with the
25 Department of Health, AARP, the Agency for

1 Health Care Administration, we all work together
2 to squelch that because it doesn't do any of us
3 any good if people say that.

4 You can't be damned if you do and damned if
5 you don't, can you? We all have to do our jobs
6 the very best of our abilities. So we need to
7 come together on that.

8 If you have a good story about a facility,
9 I urge you to contact me. I'll leave some cards
10 today. And I urge you to contact me so we can
11 put them out. We don't want to scare the
12 population from not seeking help, do we?

13 There are some people that would do well to
14 go into an assisted living or a nursing home for
15 respite during hurricane season or in a
16 particularly active time. We wouldn't want to
17 make them afraid to do that. They would take
18 burden off of you. So we want to encourage them
19 to do that, not to be afraid.

20 Resident identification. Well, after the
21 story about what happened in Georgia, we were so
22 sad. In our disaster manual we had already put
23 in a resident identification. We remind people.

24 Some people take things off their wrists,
25 particularly the cognitively impaired and

1 demented; using ankle bracelets, but also having
2 two kinds. We told our long-term providers, you
3 don't die immediately of high blood sugar; you
4 die of low blood sugar.

5 So, if in doubt -- so we make sure that
6 people wear a badge -- wear wrist bands or ankle
7 bands that note by color if they're diabetic,
8 any other very important kinds of diagnoses. If
9 someone has a thyroid condition for instance, so
10 that we can give it a different level of
11 attention as opposed to just thinking they've
12 passed out.

13 Those are important things with long-term
14 care because the people that we have are
15 clinically complicated. Less than
16 two-and-a-half percent of the elderly population
17 live in long-term care in Florida. That is not
18 a lot of people. It sounds like a lot because
19 we have so many facilities, but it speaks to our
20 demographics, not to our management of the
21 elderly.

22 That means they are the sickest of the
23 sick. And we have to keep that into
24 consideration when we decide stay, when we
25 decide to go. I don't know if you've put an

1 elder on the bus before and then pat them on the
2 head and said "see you in five hours." It's not
3 a good thing to do.

4 Those poor facilities in Key West, it's
5 closer to Cuba than it is Miami. We really have
6 to think about that.

7 Staff communication is important. I am
8 proud to say there was no nursing home that
9 called and reported that they didn't have their
10 staff work with them in any of the disasters in
11 Florida. Our staffs are committed. It's
12 because their leaders are committed and it's
13 because our state, people like you are
14 committed. That's what makes them come to work.

15 We went over with them and we made
16 disaster-specific job descriptions. You may be
17 the administrator by day but you're the command
18 chief by disaster, aren't you, in your facility.
19 And we know that all disasters start locally.
20 I'm sure you're glad to hear us know that we
21 know that.

22 We do have someone from Florida Health Care
23 act as EOC over in Tallahassee, but that should
24 never be their first call and we ask that
25 question when they call. We don't want to go

1 over anyone's head. If we make a mistake,
2 though, please let us know and we'll do better
3 next time.

4 We make sure that we go over keys to
5 clinical management and we won't do it now, but
6 an exercise that we would have them do, it'd be
7 for instance we would have them say, okay, we're
8 ready to evacuate everybody who's diabetic.
9 Make a list of everything that they need.

10 And we came up with a list for them that
11 included all of these items; blood sugar
12 machines, batteries, land sets, alcohol wipes,
13 testing agents. You can see, I won't read the
14 rest of the list to you. But you can see it's
15 extensive.

16 We have done that with every disease and
17 condition in long-term care. Actually, Debbie
18 from Florida Health Care and I are just
19 finishing those up right now, so they know how
20 to pack.

21 Because you know what? Blood sugar
22 machines are like cell phones. They do it to
23 make it cost more money so we have to buy more
24 pieces. The batteries don't fit each other, the
25 plugs don't fit each other, the land sets don't

1 work on each other and the testing strips don't.
2 Nothing can go back and forth between different
3 brands and different machines.

4 So we have to make sure people pack what
5 they need and that they have it on hand.

6 Alzheimer's patients, that's very difficult
7 for everyone to manage. We have a lot of
8 secured dementia units in this state in assisted
9 living and in nursing homes, not to mention
10 living at home with their spouse.

11 We have to make sure that if their power
12 goes out, those doors stay electrified or
13 somebody is there. So we go through that with
14 them.

15 But also in sheltering situations. We need
16 to make sure that we have good use of volunteers
17 and our dialysis resources.

18 We make sure that the facility has
19 documentation to give you acute information and
20 we've taught them to upgrade it consistently so
21 when you say how many people have a tube, how
22 many people are on a vent, we can tell you. And
23 please know, every county has patients on vents
24 in the nursing homes, every single county that
25 I'm aware of in Florida has vent patients,

1 unstable trach patients and other very unstable
2 patients who don't meet hospital DRGs anymore
3 and live in our nursing home under that please
4 pay something thing. So it's important to know
5 that.

6 So we talked to them about clinical
7 preparedness and then of course taking care of
8 their staff. Those staff members, they work
9 countless hours and we need to make sure we plan
10 for them.

11 We go to their house, we board up their
12 house, we car pool. We had an issue last year
13 where -- where Secretary Levine was having a
14 thing that essential employees could get gas.
15 But the essential employees were called doctors
16 and nurses and while doctors and nurses are very
17 important, they're not the ones rendering direct
18 patient care to the patients in the nursing
19 homes and the ALS. Those people needed to get
20 to work even more than some of the doctors and
21 nurses, particularly if we at least had a phone
22 for a doctor. That's really what we needed most
23 other than in an acute care emergency situation.

24 So we have to make sure we take care of
25 them. Got to have cash. ATMs don't work when

1 you don't have electricity and cash is king. If
2 you want something, you need dollars.

3 We tell the administrators, have a thousand
4 dollars a day on your person. Have a thousand
5 dollars a day available, like lock it up in your
6 safe but have it available to you because they
7 need to be able to pay as they go. It's very
8 important.

9 We need to make sure that we take care of
10 their family members, their pets. I don't know
11 about you, but I hate leaving my little doggy;
12 you might want to hate to leave yours.

13 We need to make sure that we prearrange
14 post-traumatic stress counseling, prearrange
15 with earnest money for people to come in and cut
16 our trees and remove the debris from our
17 driveways so we need to bother you the least
18 amount possible.

19 They need to make sure they do staffing.
20 You guys do it right, 12-hour shifts, alpha,
21 beta. We don't do that. We're eight-hour
22 shifts most of our buildings, but we needed to
23 learn to do that.

24 For one thing we need less staff to do it
25 this way and then we need to make sure our

1 leaders rest. You guys also know in disaster
2 management that nobody can go forever, but in
3 nursing home, we think we're champions so we
4 think we never need sleep. So eventually
5 somebody has to make you go night-night. I
6 think Jennifer had to make me go to bed once. I
7 really needed it bad. I was grumpy.

8 Evacuation and disaster realities. We also
9 needed to make sure -- we've learned something
10 very big in 2004 and we all mutually learned it:
11 All the letters of the alphabet which is what I
12 referred to to all the different departments
13 through the state need to really know what each
14 other do.

15 So for instance, if you have a disaster and
16 you have the Department of Elder Affairs come
17 in, they don't place nursing home patients.
18 They do Medicaid qualification. That's it.

19 There is no agency that places them. So we
20 need to make sure that we work with discharge
21 planning because the day that you get to a
22 shelter, I learned, should be the day that we
23 plan for your discharge. Otherwise, one week
24 becomes two; two weeks become three. And then
25 we have other issues.

1 So we make sure with them that we teach
2 them how to do a countdown and how to track so
3 they know what they're looking at, planning for
4 their foods and fluids especially on the bus.
5 Elders need to drink on the bus.

6 Here's the next problem. We tell them
7 don't put adult incontinent briefs on people who
8 go on the bus when it's hot out because plastic
9 makes people perspire, perspire makes you become
10 incontinent. That's okay, incontinent people
11 become dehydrated if they have excessive
12 perspiration.

13 We'd rather them just go natural. We know
14 it's going to smell. We're sorry. Don't be
15 upset when it smells. In fact, if you're
16 evacuating people and it doesn't smell, get
17 worried because that means you're not -- they're
18 not excreting and that means they may not be
19 drinking. That's when you should get worried.
20 If it smells good, you've got a problem.

21 We need to make sure people know how to
22 take extra supplies but we also taught them how
23 to make drop shipment orders with vendors so
24 that we could have things come to us.

25 We made sure we went through how to go on

1 the bus. We don't normally put people on buses.
2 We have an activity occasionally bus. That's
3 it.

4 And we also made sure that they understood
5 what to do with people's supplies. We've got
6 hearing aids and teeth in glasses, in cans and
7 all those things to keep track of that you don't
8 have under normal circumstances.

9 We also worked on the receiving facilities.
10 AHCA has some pretty specific rules about over
11 bed capacity.

12 Then we talked to them about after the
13 disaster, making sure the Agency for Health Care
14 cleared them to re-enter their building and that
15 their buildings were safe.

16 We know that the hospitals come first. We
17 recognize the need for that but as long as we
18 come to a close second we're fine.

19 Then we went through and gave them lessons
20 learned and I won't read them to you now because
21 we already talked to them. This is what we
22 think you guys should do for New Orleans in
23 terms of FEMA.

24 And then we wanted to make sure that we
25 sustained the movement. We want to make sure

1 that we plan on better relationships with
2 everybody. We've given them a lot of resources
3 including our disaster manuals, websites where
4 they can get that information and we tell them
5 that you all are a resource and to make sure
6 they go to their local EOCs and get to know you
7 all.

8 So at this point unless there's any
9 questions or answers, I'm done. And that's the
10 people at Florida Health Care that you can call
11 if you need any assistance.

12 And thank you for your attention.

13 CHAIRMAN SHATZ: Any questions for
14 Ms. Bleier? Thank you.

15 I have not received any public comment
16 cards so I'm assuming there's nothing. If there
17 is, bring them forward.

18 We'll go on with the committee reports.
19 Standing committee, Education. Dr. Swisher is
20 not here.

21 Cory Richter. All right. Cory is from the
22 PIER Committee chair.

23 MR. RICHTER: I'm sorry. Thank you,
24 Dr. Shatz. Cory Richter, I'm with the PIER
25 Committee, chairman of the PIER Committee.

1 We've been working on a lot of stuff
2 lately, the a survey that we sent out to all the
3 providers. We've gotten maybe less than 50
4 percent, a little less than what we wanted. But
5 we're getting some good results from it. We're
6 going to close that December so if anybody else,
7 if you still have it, send it to us. If you
8 need any information on it, contact myself or
9 Frieda Travis (ph) with the state office.

10 The other survey that we sent out to the
11 constituency groups, we got some results from
12 that, too, so we're going to compile all that
13 data and see if that gives us some direction and
14 where we -- where PIER needs to go.

15 The next thing, last meeting I reported on
16 we were looking into a kind of a negative
17 campaign on 911 and, Dr. Shatz, you were in on
18 that meeting and heard the -- I had contacted,
19 you know, made -- checked on some things and why
20 -- what would happen if we did that.

21 Found out actually you get statistically
22 other areas that have done that, you get a ten
23 percent rise in your 911 calls. So we kind of
24 changed our direction on that. We haven't
25 dropped it but we're going to change how we're

1 going to do that and make it more of a positive
2 campaign, try to give them a box of this is why
3 you call 911 and make it a positive thing. We
4 -- we -- I'm glad that we followed through on
5 that and found out before we actually did a
6 campaign that it was going to increase your
7 volume out there.

8 So we're really working on that and that's
9 something that I think will help everyone.

10 The other thing is on the -- the strategic
11 plan, we were asked about 5.1 if we were part of
12 that when we had a conference call a couple of
13 weeks ago. And we discussed it with our group
14 and we feel that we do have kind of a part with
15 it but just a small part. And we're going to
16 work with -- I talked with Jaime Caldwell and
17 we're going to work with their group in getting
18 them information. Actually Trena's going to
19 pull some statistics for us that I think will
20 help them and we'll work with them. We just
21 didn't think that we should take the lead in
22 that, for sure. It falls I think more in their
23 category so again, like we're working with
24 Access to Care and other groups.

25 We're welcome to work with them but don't

1 want to take the lead on 5.1.

2 The other thing that was brought up in our
3 -- in our meeting was the SAFE law and now is
4 not -- it's not the pull to the right, it's just
5 a pull to one side or the other.

6 We all know when they pull to the left,
7 they just stop. So now you're zig-zagging in
8 and out of traffic so it is -- we never really
9 realized that but it was kind of brought up and
10 we're looking into ways to maybe either change
11 the law or inform the public on pulling to the
12 right, see if we can't do that.

13 And I don't know if anybody can contact me
14 if you think that's safe pulling to either side,
15 let me know. But we've got a lot of feedback
16 from people I talked to this weekend that that
17 is -- it's definitely a danger out there to all
18 emergency vehicles, not just ambulance or
19 engines, police, everybody.

20 And the other thing that we talked about
21 was we're going to adopt and try to work on a
22 state -- statewide project pertaining to injury
23 prevention, and we're hoping to pick something
24 by the January meeting that will be our focus
25 for next year to get out to everybody and focus

1 on one particular thing like falls or motor
2 vehicle accidents or whatever. You know, pick
3 one injury, one of the major ones.

4 Falls seems to be the major ones and
5 probably where we're leaning towards and that's
6 what we're going to try to do and concentrate on
7 that next year, so.

8 And also, Lisa, our templates will be to
9 you next week. That's all I have.

10 Does anybody have any questions? (No
11 response.)

12 CHAIRMAN SHATZ: Thank you.

13 MR. RICHTER: Thank you.

14 CHAIRMAN SHATZ: Medical Care Committee did
15 meet but the chair, John Scott, was called in
16 via a conference call so he's not here so
17 there'll be no report.

18 Linda Swisher, Education.

19 DR. SWISHER: The educators continue to use
20 their time to use it as a work session to
21 achieve the strategic plans/goals that we have
22 been assigned.

23 I think of interest to everyone was the
24 fact that we were advised by MQA that our
25 present pass rate for first attempts on the

1 paramedic exam is 83.7 percent. Now, our
2 strategic goal is 85 percent so we're pretty
3 close to that and -- which made us, of course,
4 happy.

5 We requested the EMT scores because we did
6 not receive those. And for those of you who may
7 not be aware, the EMT test is given by a
8 separate, independent private group and of
9 course the paramedic exam is the State group.

10 In addition we also requested that the
11 individual scores for individual modules be
12 given to us, those that -- those statistics. So
13 we gave Betsy Hines from MQA a list again of all
14 the statistics that we feel are necessary in
15 order to look at this pass rate and see what we
16 can do.

17 We certainly don't want to go in and shake
18 things up when we're that close to being -- to
19 our goal, but we do want to do whatever measures
20 we can to improve those scores up to the 85
21 percent.

22 In the meantime, the members of the
23 committee reviewed and they revised the draft
24 that Dr. Holburn presented in the -- for the
25 minimum criteria for instructors and the

1 development of a curriculum for all levels of
2 EMS instructors.

3 And the goal is to have this document ready
4 for the January meeting, and we feel that by
5 providing these guidelines for EMS educators
6 that this will be a real positive step and also
7 improving the paramedic -- the EMS scores. So,
8 we're very excited about that.

9 Danny Griffin met with the medical
10 directors and he solicited their support for the
11 recommendation that our CEUs for paramedic
12 recertification follow the format now of NHTSA,
13 and he received some very good feedback from the
14 medical directors and he's left copies of those
15 guidelines and the division of hours and -- with
16 the medical directors to review and then we're
17 going to discuss that again in January and see
18 if we can't come to some consensus on a
19 recommended format for our paramedic CEUs.

20 CHAIRMAN SHATZ: Thank you. Legislative
21 Committee, Mr. Rubin.

22 MR. RUBIN: Thanks, Dr. Shatz.

23 Well, first of all, I'd like to thank
24 everybody that helped us work on the 401
25 package. The group worked extensively and we

1 came up with a product at the end that we voted
2 on just recently in a conference call.

3 With that being said, there were some
4 issues that were voted on and realized afterward
5 that our intent while being there was good may
6 have caused some problems for individuals in the
7 future.

8 Extensive talk in the Florida Fire Chiefs
9 meeting revealed that some issues regarding an
10 ability for an EMT student to go into a
11 paramedic program in a timely manner may be
12 halted because of this.

13 With that being said, we've agreed to
14 rework this in some future meetings very soon in
15 November. And the intent that the Council voted
16 on will remain the same, but we're going to
17 clean up the language so that the educators will
18 not have to be concerned about us holding up or
19 the statute changes potentially holding up
20 paramedic training.

21 COPCN was also discussed extensively, and
22 that conversation, considering there is many
23 stakeholders in it, will be continued and future
24 meetings again in the very near future.

25 Also Amendment 7 was discussed, the

1 amendment that was passed in 2004 by the voters
2 for the state of Florida regarding privacy and
3 potential discoverability of QAQM. So that's an
4 issue that we're very concerned about right now
5 including data collection. That's it. Thank
6 you.

7 CHAIRMAN SHATZ: Thank you. Strategic
8 Visions, Mr. Kearns.

9 MR. KEARNS: Thank you, Mr. Chairman.

10 The Strategic Vision Committee met
11 yesterday and basically it was a rundown on
12 clarifying the responsibilities for each of the
13 different constituency groups on each of the
14 different goals.

15 It was explained to everybody who was
16 present that the Strategic Planning is required
17 by law and that this was a really, I thought, a
18 wonderful opportunity for the Bureau and the
19 Department to work with us and allow the
20 constituents to have input into the process of
21 what the future goals will be.

22 It's been a long time since we've been able
23 to do that. So each of the constituencies --
24 not each of them but most of the constituency
25 groups that meet at these quarterly meetings

1 have taken on the responsibility of working on
2 future goals that will all be rolled up and
3 create the next strategic plan for the Bureau.

4 The meeting was well attended. We have
5 good discussions. We had a conference call on
6 it recently as well and a couple of the
7 priorities were shifted from one group to
8 another and everybody was in agreement when we
9 left the room yesterday.

10 So now the challenge comes down to the --
11 to the constituency groups to produce and at the
12 next -- at the next advisory council meeting
13 we'll be looking for actual work product and
14 input on -- on the final plan.

15 I did have a meeting with Mr. Caldwell who
16 was not able to attend yesterday, talking about
17 the goals that were assigned to the Florida
18 Ambulance Association.

19 He's very comfortable that he's got a
20 couple of experts available in the different
21 areas that will -- and I know some of these
22 people. They will do an excellent job for the
23 Bureau in their input.

24 And that's essentially the reporter.

25 CHAIRMAN SHATZ: Okay. And the long and

1 short of this whole thing is that even though it
2 sounds fancy and painful to do, the realities of
3 what you're doing already -- already it gives
4 you -- you decide what you want to do and it
5 gives you goals and it gives you a checklist.
6 When you look back at a year from now, did we
7 really accomplish what we said we were going to
8 do a year ago?

9 So, it's simple in that instance. It's a
10 good checklist for yourselves and for your
11 committees and the fact that it's required by
12 law.

13 The Strategic Plan that's out now in print
14 has been out for a year, I guess, now. And
15 basically the group has sat down and said this
16 is what we think we ought to do.

17 Now, it's your opportunity to reform that
18 at the next writing.

19 The Data Committee did not meet. They'll
20 be meeting in Jacksonville in a separate meeting
21 November 2nd. Chief Moreland will be running
22 that and I think it's an open meeting if anybody
23 wants to attend.

24 Ad Hoc Committees, Access to Care, Michael
25 Patterson.

1 MR. PATTERSON: Dr. Shatz. Access to Care
2 Committee continues to work with all interested
3 parties around the state, educate and deal with
4 the ongoing crisis in providing emergency care
5 to the citizens of Florida.

6 We recognize that complex challenges face
7 your hospital emergency departments every day.
8 This includes providing specialty care coverage
9 and on-call coverage to area hospitals.

10 Combined with increased volumes, backlogs
11 and waiting patients and the use of emergency
12 departments for routine care, the situation
13 continues to deteriorate in many areas of the
14 state that either do not recognize that there is
15 a problem or refuse to deal with it.

16 The Access to Care Committee continues to
17 work with all organizations and stakeholder
18 agencies and will also continue to explore the
19 problems in the delivery of emergency care. We
20 will persist in addressing delays and care for
21 EMS due to ambulance diversion and/or transfers.

22 Our grassroots education efforts seem to be
23 making an impact. One example of this is a
24 meeting called by First Coast EMS Advisory
25 Council of Jacksonville presently chaired by

1 Wayne Hodges.

2 Last month hospital administrators in seven
3 area hospitals in Duval County met to discuss
4 and become more educated in regards to access to
5 care issues.

6 The meeting was extremely positive and
7 seemed to be productive. Administration from
8 Memorial Hospital reported that they had
9 implemented the Dallas HCA/QMP emergency
10 department plan which requires per EMTALA
11 immediately -- immediate screening by physician,
12 scripting by all hospital staff in education for
13 patients in regard to treatment options.

14 The plan is new for Memorial but
15 administrations report that an overall drop in
16 non-emergency visits to the emergency department
17 at 40 percent.

18 Orange Park Medical Center announced plans
19 to implement the QMP program before the year's
20 end.

21 Holmes Regional Medical Center has
22 developed a comprehensive over capacity plan
23 that contains definitive parameters, triggers,
24 action plans and notification protocol as well.

25 One size does not fit all for every

1 community but we feel this is a positive effort
2 to attempt to improve through put and unclog the
3 emergency departments.

4 Chief Charles Moreland and his staff at Jax
5 Fire Rescue are aggressively using data to prove
6 their case and report positive progress.
7 Mr. Chuck Kearns has also demonstrated great
8 accomplishment in coordinating Access to Care
9 efforts in conjunction with Pinellas County EMS
10 and Pinellas County hospitals.

11 Chief John Gardner at Miami-Dade also
12 reports great progress and uses a different
13 approach. We encourage these efforts in this
14 type of positive interaction between EMS and
15 hospital administration.

16 Any EMS agency or advisory councils that
17 believes that this type of positive interaction
18 between EMS and hospital may prove to be
19 productive are encouraged to organize and hold
20 their own meetings in their respective areas.

21 If assistance or advice is needed in this
22 area, please contact me or anyone on the task
23 force. It's not surprising that hospitals want
24 data to help prove our case and also help
25 develop solutions. Data is a very important

1 tool and will prove to be effective more sooner
2 than later.

3 I am also pleased to report the formation
4 of an important coalition in this effort. The
5 EMS Advisory Council along with the Florida
6 Hospital Association, the Florida College of
7 Emergency Physicians and others have come
8 together to address the crisis in our health
9 care system.

10 The coalition was originally founded by
11 Florida College and these progressive leaders in
12 emergency care met last month in Orlando in an
13 effort to collectively begin dealing with this
14 crisis.

15 Goals in this coalition are in the
16 development phase and all parties are committed
17 to doing whatever it takes to progressively --
18 to progressively move toward solving the crisis.

19 I'm requesting that the State EMS Advisory
20 Council formally endorse the Coalition and their
21 efforts at this meeting if possible. We welcome
22 all stakeholders to the table and continue to
23 encourage a free flow of ideas.

24 At the last Data Advisory Council meeting
25 in July the Access to Care Task Force

1 distributed a short survey which solicited best
2 practices. The following agencies returned the
3 surveys: Lake Sumter EMS, Leon County EMS,
4 Nature Coast EMS, Nassau County Fire Rescue,
5 Orange County Fire Rescue, Pinellas County EMS,
6 Putnam County EMS, Seminole County Fire Rescue,
7 Volusia County EMS, Wakulla County EMS and
8 Winter Park Fire Rescue.

9 I would like to express my heartfelt thanks
10 to all that participated on behalf of our task
11 force and on behalf of all Florida EMS. We have
12 compiled the data that we received from those
13 agencies and when asked for specific problems
14 that are as the most clearly identifiable,
15 almost all agencies that responded to the survey
16 report delays in transfers of patients, patient
17 care, the ED staff and the common wait times for
18 EMS are 30 minutes at best and up to six hours
19 at worst case scenarios.

20 Also virtually all services that responded
21 report at least having a policy or practice to
22 help deal with these delays, but almost all
23 stated their present policies simply do not
24 work.

25 As we did not achieve the desired numbers

1 of responses on the initial survey, we intend to
2 attempt another survey at our spring meeting.

3 We will continue to collect data and continue to
4 provide representation and leadership and Access
5 to Care related meetings at every opportunity.

6 We acknowledge the problems of increased
7 patient volumes, lack of hospital capacity and
8 shortages of physicians taking emergency
9 department on-call coverage. We want to be
10 included in the process and welcome input and
11 support from all groups and stakeholders.

12 The EMS community very much understands
13 shortages in all disciplines of the health
14 professions. Closest to home is, of course, our
15 own profession shortage but we are fully aware
16 of the nursing crisis and shortages in other
17 allied personnel as well and/or a thought seems
18 to be endless in regards to Access to Care
19 issues, Florida's growing uninsured population,
20 medical liability, effective use of the EMS, the
21 state regulatory uncertainties to name but a
22 few.

23 But we continue to partner and educate and
24 meet with all stakeholders across the state. We
25 will persist in facilitating the process of

1 expanding and improving access to emergency care
2 as long as this Council charges us with that
3 task.

4 Thank you, Dr. Shatz.

5 CHAIRMAN SHATZ: Thank you. Disaster
6 response, Dr. Elias.

7 DR. ELIAS: Thank you, Dr. Shatz. The
8 Disaster Response Committee is proud to present
9 in the proposed ambulance, the deployment plan
10 for the state of Florida today.

11 Due to some last-minute typographical and
12 printing issues, you all will be receiving a
13 copy of this plan electronically via email
14 shortly.

15 This plan is comprised of many hours of
16 meetings, conference calls and research. The
17 process began in January and has enjoyed a great
18 deal of cooperation from the Florida Fire Chiefs
19 Association, many third-service providers, the
20 air medical community and the Department of
21 Health.

22 This plan is intended to serve as a guide
23 for utilizing ambulance assets when an area
24 suffers disaster. In brief, the State of
25 Florida Comprehensive Emergency Management Plan

1 delineated the need for a coordinated,
2 well-defined response to a major emergency.

3 This ambulance deployment plan is NIMS
4 compliant and provides a mechanism for a unified
5 response of ambulance assets when the request is
6 submitted to the State EOC and ESF 8 through
7 local officials at the local EOC level.

8 This plan works in conjunction with the
9 Florida Fire Chief CERP Plan. ESF 8 will
10 provide a tasking number to the regional CERP
11 coordinator who in turn will work closely with
12 the CERP regional EMS liaison. This EMS liaison
13 is responsible for contacting, coordinating and
14 tracking the non-fire based ambulance assets.

15 Contained within the ambulance deployment
16 plan are multiple suggestions on necessary
17 communication equipment and it details the
18 activation and demobilization process.

19 There's also a code of conduct included in
20 the plan as well as the recommended minimum
21 requirements for agency and individual
22 participation in the plan as well as a
23 description of the standards and
24 responsibilities of the Strike Team and task
25 force leaders.

1 There are equipment supply lists, again
2 recommended items for personal as well as
3 vehicle use. We have forms included which
4 include the daily situation reports, ICF forms
5 and the CERP RTA.

6 FAMA has supplied their air medical and
7 disaster response plan. This interfaces well
8 with our plan, and it is simple of use of the
9 single point of contact for requesting air
10 medical assets.

11 The ambulance deployment plan should help
12 reduce overlap and reduce potential
13 communication and duplicate requests especially
14 during such a large scale ambulance deployment
15 as we've seen in the past.

16 This plan has been endorsed by the CERP,
17 various non-fire ambulance providers and the
18 DOH. This project has required significant
19 efforts by many individuals. I would like to
20 acknowledge a couple of them at this point
21 particularly from the fire side: Fire Chief
22 Dave Casey, T.J. Lyon, Kingman Schultz and Julie
23 Downey; EMS officers Captain Corky Young and
24 Lieutenant Tom Lackey, Ricky Stone from the DOH,
25 John Scott from FAMA and Dr. Nelson. A special

1 thanks to Mr. Bobby Bailey at the DOH. He is
2 the principal architect of this plan.

3 I'm asking the Council to approve this plan
4 after reviewing it so that this can eventually
5 become a working document that will help the EMS
6 community in times of disaster.

7 Thank you.

8 CHAIRMAN SHATZ: In keeping with the bylaws
9 of the committee, we need 30 days to review it,
10 so we will -- you will submit it electronically
11 to everybody, et cetera. At the mid-quarter
12 conference call, we'll vote on it assuming it's
13 approved. It will then go to the state working
14 group and do that process, so it's a tremendous
15 amount of work. Thanks.

16 Dr. Flynn, I don't mean to put you on the
17 spot. Do you have anything you'd like to say?

18 Dr. Flynn is the chief of trauma over at
19 Tampa General and is the trauma director for the
20 state.

21 DR. FLYNN: No, thank you, Mr. Chairman. I
22 just would like to say I'm glad to be here. I
23 was an EMS medical director starting in 1973 and
24 have enjoyed every minute of it and I look
25 forward to working with you in whatever way the

1 trauma system can be of value to this group.

2 Thanks.

3 CHAIRMAN SHATZ: All right. We're open to
4 -- any motions? Oh, I'm sorry. I forgot. I
5 missed that. Paramedic Shortage, Chief Bingham.
6 Sorry.

7 CHIEF BINGHAM: Thank you, Dr. Shatz. I'll
8 be brief.

9 The meeting was held yesterday for the
10 Paramedic Shortage and there was some
11 significant discussion. We are going to make
12 some minor modifications to the survey and we
13 hope to have that survey for the Paramedic
14 Shortage white paper distributed within the next
15 week to ten days.

16 The time line for this process is to get
17 that distributed, to have the surveys completed
18 and turned in by November 30th and then have it
19 reviewed by the constituency groups in February
20 of '07. And while tight, we are still on track
21 to meet the 4/07 deadline.

22 And once again, I just want to -- I know
23 there's a lot of surveys out there. I just want
24 to encourage everyone to be looking for this
25 survey. The quality of the survey is going to

1 be based on the input that's received, and
2 that's very important.

3 Thank you.

4 CHAIRMAN SHATZ: All right. We are now at
5 the motions time. Do I hear any motions?

6 MR. PATTERSON: Dr. Shatz, I want to kind
7 of -- I want to make a motion but I also want to
8 talk about just for a second a spirit of
9 cooperation that we all need to have in regards
10 to any changes that we make in our rules or
11 laws.

12 There's been some -- we voted on the
13 conference call in regards to the statewide
14 prehospital data collection and about voluntary
15 versus nonvoluntary, and there was a lot of
16 discussion since then, and at this meeting
17 there's concern that's been expressed by my
18 folks from the rule crowd in regards to how
19 we're going to come up short term with money to
20 -- to do this.

21 There's concern about Amendment 7 and the
22 uses of the data and as far as the QA process or
23 for regulatory compliance, and I want to -- I
24 want to -- for one, I want to see the majority
25 of this -- this rule package go through.

1 This is, I guess, still the Shatz package
2 is what -- are we still calling it that?

3 CHAIRMAN SHATZ: That so-called one is the
4 64-8.

5 MR. PATTERSON: Right.

6 CHAIRMAN SHATZ: 401.

7 MR. PATTERSON: All right. And I want to
8 -- I have been -- a lot of people that I respect
9 and -- and care about and looked up to as far as
10 when they say, you know, we're concerned about
11 this. We're concerned about doing this right
12 away. I believe it. And we could in fact still
13 move ahead with the EMSTAR projects. As far as
14 the beta test, it would still go forward but
15 delay this 401.428.

16 By delaying it, we could -- we could go
17 ahead and firm up the grant funding and offset
18 the impact of the rules folks. And it also
19 would give us the opportunity to look for
20 federal funding and not mess with the matching
21 grant money, as far as our state-matching grant
22 money which a lot of the rural people depend on.
23 I mean, they really depend on that money.

24 So, I've got a list of -- I've got a list
25 of that argument and I -- also, I feel like I

1 want to see our entire EMS community working
2 together. I want us to be on the same page. I
3 want us -- I want us to have each other's backs.

4 And I don't think that -- with this
5 particular -- with this particular line 50
6 through 89 on page 36, I don't think everybody's
7 on the same page. And it's kind of fragmenting
8 our efforts. I feel like it is and it's kind of
9 -- it's creating some division that we don't
10 need.

11 We've got a new chief. We all need to get
12 behind our new chief. We all need to start
13 working closely together and trying to move
14 forward in a spirit of cooperation and not --
15 we've all seen mean-spiritness and we've all
16 seen people working against each other.

17 I want the EMS communities to start working
18 together as one like we used to a long time ago.
19 So --

20 MR. KEARNS: Mr. Patterson, before you make
21 that motion --

22 MR. PATTERSON: Yes, sir.

23 MR. KEARNS: -- if I may. I heard last
24 night and this morning that there's been a lot
25 of heavy lobbying going on and I certainly

1 appreciate the position that some of your
2 constituents have taken.

3 I would like to head off any motion being
4 made on this for numerous reasons. And I think
5 that the people who have been opposed to this as
6 we passed it about six weeks ago in our
7 conference call meeting, don't -- don't have a
8 complete understanding of all the commitments
9 and some extraordinary commitments.

10 In my history of coming to these advisory
11 council meetings, almost every single one since
12 the late 1980s, I have never seen a secretary of
13 health write a letter to the chairman of the
14 advisory council saying, I promise you, this is
15 how we're going to proceed on this. That was
16 extraordinary for me.

17 And that tells me that the Department is as
18 good as its word. And I'd like --

19 MR. RUBIN: Excuse me. Mr. Chair --

20 MR. KEARNS: -- to run down a few --

21 MR. RUBIN: Could we have the motion made
22 and then discuss the issue?

23 CHAIRMAN SHATZ: Yeah. We actually are in
24 kind of a discussion phase.

25 MR. RUBIN: Let's have the motion completed

1 and then discuss the issue.

2 MR. KEARNS: Well, Mike, I would ask you
3 not to make the motion. If somebody else wants
4 to make the motion, they can make the motion.

5 MR. RUBIN: Are you making a motion, sir?

6 MR. PATTERSON: Well --

7 MR. KEARNS: Mike, I'd ask you not to make
8 the motion.

9 If Mr. Rubin wants the motion made, let him
10 make the motion.

11 CHAIRMAN SHATZ: Let me just intervene
12 first and say that I'm not interested in
13 validating the process of what the committees
14 do, their voting and that sort of thing.
15 However, that said, I also will say that if we
16 have new information as we had with the
17 Education Committee stuff that raises
18 significant concerns before whatever we vote on
19 becomes law, we should have adequate time to
20 research it properly.

21 So that said, proceed as you wish.

22 MR. KEARNS: Well, my point is, our vote
23 last time is merely advisory in nature for the
24 Department. If somebody in the Department has a
25 concern about it, the Department can change that

1 section by themselves.

2 I think it's important that this Council
3 stay consistent on our positions and not
4 necessarily bow to special interest groups and
5 power plays. If the Department has an issue,
6 let the Department deal with it. There's an
7 entire public process that goes on after one of
8 these votes.

9 CHAIRMAN SHATZ: Okay. I Reopen.

10 MR. RUBIN: I don't want to be
11 disrespectful. If he's going to continue his
12 motion, then I'll just second it. Otherwise,
13 I'll just repeat the motion so finish, sir?

14 MR. PATTERSON: Well, I do want to say
15 that, you know, I don't want to impede the
16 EMSTARS project. I mean, all the work that
17 everybody's done, I don't want to impede any of
18 that work.

19 I want the beta test to go on. I want us
20 to do data. I really do. I still want that to
21 go forward, but I definitely had some concerns
22 expressed from my folks. And I have to -- I
23 have to -- I have to respect that. I have to --
24 I have to respect that -- and I know this is so
25 controversial. This thing is so controversial

1 that it's not -- you know, if everybody doesn't
2 win, nobody wins. I mean, that's kind of what
3 -- that's kind of where we're at here.

4 And if -- I'm just going to -- I'm going to
5 have to make a motion or the chair that we
6 strike lines 50 through 89 on page 36, the 401
7 package, due to this information and the --
8 learned about -- in reference to Amendment 7 and
9 the pending court challenges and the concerns
10 that have been expressed.

11 CHAIRMAN SHATZ: Just to be more specific,
12 you're talking about Version 11 of 401 and
13 specifically Chapter 401.428; is that correct?

14 MR. PATTERSON: Yes, sir.

15 CHAIRMAN SHATZ: All right. The motion's
16 been made. Do I hear a second?

17 MR. RUBIN: Second.

18 CHAIRMAN SHATZ: Now, we're open to
19 discussion.

20 MR. RUBIN: Greg Rubin. Clearly there's
21 been some significant issues that have come to
22 light since the September 11th vote during the
23 mid-quarter conference call.

24 One of our major concerns is liability for
25 our medical directors, specifically with

1 Amendment 7 that led to extensive discussion in
2 the legislative committee, liability for our EMS
3 providers for the private and fire-based and of
4 course, liability for our individual EMTs and
5 our paramedics.

6 We have differing opinions legally and we
7 have court opinions that are coming down -- in
8 an environment that allows us to perform QA, QM
9 which is essentially what data collection is
10 which is the ability for us to improve EMS.

11 And with that being said, if we don't -- if
12 we're not able to submit the data without the
13 fear, then you're either going to get bad data
14 or no data at all.

15 Additionally, the issues of grant funding
16 have still come in. We don't really know where
17 the money's coming from. But the new stuff that
18 we're really concerned about is, are we going to
19 be protected from QM, QA and the ability to use
20 this information appropriately.

21 With that being said, 401.428 should be
22 removed from the package that the Bureau is
23 submitting and this will be a priority for the
24 legislative committee to readdress, come up with
25 the appropriate language that protects the

1 medical directors, that protects EMS agencies,
2 both private and fire-based and protects our
3 individual providers.

4 This will in no way, shape or form prevent
5 the project of data collection up at the Bureau
6 from moving forward. They do not have statutory
7 authority to move the project forward yesterday,
8 so they don't need it to move it forward
9 tomorrow.

10 With that being said, we remove the
11 language, we can bring the language back to
12 discussion, we can clean it up and then we can
13 place it in in the future when it's benefited
14 for EMS providers, the medical directors and the
15 agencies in the state.

16 CHIEF BIXLER: Mr. Chairman?

17 CHAIRMAN SHATZ: Chief?

18 CHIEF BIXLER: John Bixler. The State
19 finds itself in a very interesting position on
20 this issue.

21 The package after the advisory council
22 voted to move it forward is then turned over by
23 me to legislative affairs. I cannot lobby the
24 package at that point.

25 In a normal year when that package becomes

1 controversial, the fight's on. Okay? This year
2 the Governor has given a directive that
3 controversial legislation that is not related to
4 his legacy will not go forward.

5 So we have an extremely controversial piece
6 of legislation that legislative affairs has
7 advised me will not go forward. That would
8 prevent the rest of the corrections to 401 from
9 going forward also.

10 So, the State had to make a decision; are
11 we going to allow the whole thing to come to a
12 screeching grinding halt or are we going to face
13 reality, remove the language that's
14 controversial and allow the rest of the work
15 that the legislative committee has done to go
16 forward.

17 And that's the position that -- that we
18 chose to take. I have assurances from the
19 legislative committee that -- and they know that
20 I strongly believe we're going to be successful
21 with the EMSTARS project. I have assurances
22 from them that they are going to cooperate with
23 us on the EMSTARS project. I believe everyone
24 knows that the reason we're doing the EMSTARS
25 project is for the patient. I understand the

1 concerns, I understand the grant money, I
2 understand the protection concerns, I understand
3 that there are legal questions that I'm not able
4 to answer, but these questions have all been
5 addressed.

6 The money will be available. The time is
7 available. You're allowed to make your own
8 program, use your own -- design your own
9 hardware, software, et cetera. Just make it
10 EMSTARS compatible.

11 There will be no change to the EMSTARS
12 project. The Bureau still supports it 100
13 percent. We are on schedule and we will move
14 forward.

15 Once again, this project is to measure and
16 improve patient care in the state of Florida in
17 EMS. This is a national project that will have
18 national implications. It is a national
19 measurement that will for the first time in the
20 history of the world, compare apples to apples
21 in EMS.

22 We will find some problems. We will fix
23 those problems. You will find problems, you
24 will fix your own problems.

25 The patient is the focus. We are going to

1 address patient care and EMS through EMSTARS.
2 We are going to improve patient care in EMS
3 through EMSTARS. That's number one.

4 Number two, and don't forget this, on the
5 concern over the financing of the project in
6 this particular case for every dollar you spend,
7 you're going to receive 10, 20, a hundred bucks
8 back. By decreasing your liability, by
9 increasing the outcomes of your patients and by
10 enabling your provider, enabling yourselves,
11 enabling your own organization through EMSTARS
12 and NEMSIS to become eligible for 244 billion
13 dollars, a portion of that worth of highway
14 traffic safety money that has already been
15 earmarked for this.

16 Chairman?

17 CHAIRMAN SHATZ: Let me remind everybody,
18 too, this is the first package this Council has
19 submitted in quite a while, in many years and
20 with the formation of the legislative committee,
21 this is only the first of what will be a
22 continuum for hopefully the next many years. So
23 what doesn't go through this year will get
24 readdressed next year and so on.

25 So, this is not an all-or-none. Now, we

1 lose it forever.

2 CHIEF BIXLER: May I?

3 CHAIRMAN SHATZ: Please.

4 CHIEF BIXLER: Thank you.

5 And I'm not going to belabor the point but
6 I have a very persuasive and eloquent colleague
7 on the council here and I heard the word "fear"
8 mentioned numerous times.

9 I think the only thing we have to fear in
10 this case is fear itself. Again, I talked about
11 the extraordinary position of the secretary of
12 the Department of Health sending that letter.
13 We've heard the Chief reconfirm that funding
14 will be available and funding will be a priority
15 for this. And right now, this is looked upon as
16 a four-year implementation process.

17 Now, sometimes I'm a victim of my own
18 experience. I worked in the trauma program in
19 the Bureau back in the early 90s. I remember
20 when the Roy Campbell Trauma Act passed and said
21 we will have a trauma registry and collect data.

22 Over a decade later, we still weren't
23 collecting data after the law passed. So my
24 experience tells me we'll be lucky to hit it in
25 four years if we get this passed now anyway or

1 if we leave it alone as it is and vote this
2 motion down.

3 If the Department of Health wants to pull
4 it, any section, they can. It's their bill.
5 And I know Terry Davis very well. I worked for
6 him directly and he is astute when it comes to
7 political issues but he also knows that he can
8 pull that himself.

9 I don't believe the entire bill will die
10 based on these three paragraphs being left in.

11 When we talk about the fundamentals of
12 medical care and making advances, what makes the
13 change in our lives and our practice and in our
14 patients' lives? It's the analysis of data.
15 It's the research articles that we read in the
16 New England Journal and other research
17 publications.

18 To stop this process or even slow it down
19 now will delay the process possibly
20 indefinitely, and the bottom line is now I'm
21 speaking to -- there are members of this Council
22 who already voted no on this in our conference
23 call and they're prepared to vote no on this
24 again.

25 And I'm not going to change you minds and I

1 understand that. But I'm talking to the rest of
2 you on the Council who are here to be patient
3 advocates. Think about the patient. Changing
4 this now is not patient centered.

5 Continuing the progress uninterrupted is
6 patient centered. It will help us make progress
7 and improve our care, decrease morbidity,
8 decrease mortality and improve patient outcomes.

9 Thank you.

10 CHAIRMAN SHATZ: Question? Greg Rubin.

11 MR. RUBIN: Chief, will removing this
12 language stop the project from going forward?

13 CHIEF BIXLER: EMSTARS?

14 MR. RUBIN: Yes. Will removing this --
15 will removing 401.428 stop the project?

16 CHIEF BIXLER: No.

17 MR. RUBIN: Okay. So if we remove the
18 language, data collection project will be on
19 schedule?

20 CHAIRMAN SHATZ: Yes.

21 MR. RUBIN: Okay. So we will still have
22 opportunity to improve EMS. The beta sites will
23 stand as they are and it will give us the
24 opportunity to make the appropriate statutory
25 recommendations and changes so that this data

1 collection can be built upon best practices and
2 it can move forward; is that correct?

3 CHIEF BIXLER: Yes. The EMSTARS project is
4 going to be successful. Absolutely.

5 MR. RUBIN: Thank you.

6 UNIDENTIFIED SPEAKER: I have a question
7 for the Chief. Right now you've been on public
8 record in our last discussion of having a
9 four-year ramp-up time to do this; is that
10 correct? Am I understanding that correct?

11 CHIEF BIXLER: Yes, sir.

12 UNIDENTIFIED SPEAKER: And I don't -- I
13 don't mean to box you in. I just want to make
14 sure I understand it. So if we -- if we delay
15 this this year and we bring it back next year,
16 do you propose a three-year implementation
17 period?

18 CHIEF BIXLER: Well, sir, I'm also on
19 record through my memo telling the providers
20 that the participation is voluntary and I have
21 told the providers that I expect the vast
22 majority to be EMSTARS compliant July 1 of 2010.

23 The votes that this Council produced on the
24 first three issues on September 11th stand. The
25 voluntary language has been removed from the

1 statutory rewrite. That was huge. The 149-data
2 elements were approved. That was huge.

3 Chief Moreland advises me that the project
4 and the committee is on task. We are on
5 schedule.

6 I believe that the way to do this is to
7 work with each provider and allow them to
8 develop their own system. I think that's how
9 we're going to be successful, and I am on the
10 record saying that and that is what I'm saying
11 today.

12 I believe that you need to start working on
13 your own system now because you have the time to
14 do it now. And I also believe in 2010 there's
15 going to be a huge amount of media attention on
16 this new national standard of measurement of EMS
17 because it's supported by not only NHTSA but CDC
18 and HRSA.

19 So there's going to be national press. And
20 national press is going to end up being local
21 press. It's bigger than you, it's bigger than
22 me, it's bigger than the Bureau, it's bigger
23 than the state of Florida.

24 And local press is going to contact each
25 and all of you who are your EMS leaders in your

1 areas and they're going to ask you, are you
2 participating; are you -- are you measuring
3 yourself? What are you doing to improve your
4 patient care? And if you're not there, you're
5 not going to be able to tell them the correct
6 answer.

7 So, I think once you realize that it is not
8 only in your patients' best interest, but it's
9 also in your best interest to move forward, that
10 you will.

11 And I think the State would make a mistake
12 if we told you, you have to buy this laptop,
13 this piece of hardware, this is where you have
14 to screw it into you ambulance, it needs to be
15 exactly at this angle and you need to do it by
16 tomorrow morning. I think that's a mistake.

17 Again, I'm new to state politics, don't
18 know what the heck I'm doing but I cannot lobby
19 the bill, so I'm stuck. And I feel like that
20 this is the solution.

21 MR. PATTERSON: Dr. Shatz?

22 CHAIRMAN SHATZ: Mr. Patterson.

23 MR. PATTERSON: Dr. Shatz, I want to echo
24 what the chief said.

25 I'm not much of a politician either, Chief,

1 and I don't know what the heck I'm doing either,
2 but I do know that we all, the fire rescue, EMS,
3 we all need to be working together. We need to
4 get back on the same page and get rid of some of
5 this mean-spirited attitudes that have prevailed
6 in the past.

7 I want to -- I want us all to move forward.
8 I want Data to move forward. I want us all to
9 move forward together.

10 Thank you, sir.

11 UNIDENTIFIED SPEAKER: And Mr. Rubin. Back
12 at you.

13 Are you agreeing that EMSTARS moves
14 forward?

15 MR. RUBIN: Absolutely.

16 UNIDENTIFIED SPEAKER: The project moves
17 forward.

18 MR. RUBIN: Absolutely --

19 UNIDENTIFIED SPEAKER: And don't you agree
20 that the project --

21 MR. RUBIN: I feel that the EMSTARS project
22 has tremendous potential. There are great
23 lengths that we need to proceed with for making
24 improvements in EMS. There are definite
25 improvements that need to be made, and without

1 the appropriate data, those -- improvements
2 cannot be made.

3 UNIDENTIFIED SPEAKER: Thank you.

4 UNIDENTIFIED SPEAKER: Mr. Chair, follow
5 the question.

6 I was going to --

7 UNIDENTIFIED SPEAKER: I second that.

8 CHAIRMAN SHATZ: No further discussion?
9 Motion's on the floor to strike Section 428 of
10 Florida Statute 401, Chapter 401 of the proposed
11 changes.

12 All in favor? (Council members respond.)

13 All opposed.

14 UNIDENTIFIED SPEAKER: Nay.

15 UNIDENTIFIED SPEAKER: Aye -- or nay.

16 CHAIRMAN SHATZ: Okay. It sounds to me the
17 ayes have it. It will be struck. Okay.

18 Motion number two, anybody? No further
19 motions.

20 Any comments from anybody?

21 UNIDENTIFIED SPEAKER: I do have one
22 additional comment. Greg mentioned something
23 about Amendment 7.

24 We are currently involved in an
25 investigation and a lawsuit in our system where

1 the medical directors, quality assurance review
2 information was demanded by the plaintiffs and
3 their attorneys.

4 And on advice of both county counsel and
5 outside legal counsel from a large national
6 firm, the medical director refused that request,
7 and we have not been challenged on followup.

8 So, so far, so good. Amendment 7 has not
9 made a change in our practice, and we have two
10 legal opinions to support that, for the good of
11 the order, for what it worth.

12 You got one attorney and you got one
13 opinion.

14 CHAIRMAN SHATZ: I don't remember all the
15 amendment numbers that came out a couple of
16 years ago, but all the flurry that responded to
17 those amendments so far has not come to light.

18 All right. Any other comments? Next
19 meeting IN Jacksonville, January 24th. See you
20 there. We're adjourned.

21 (Whereupon, the EMS meeting adjourned at
22 10:58 a.m.)

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CERTIFICATE OF REPORTER

STATE OF FLORIDA

ss:

COUNTY OF ORANGE

I, CYNTHIA R. GREEN, Court Reporter, hereby certify that I was authorized to and did report the Florida Emergency Medical Services Advisory Council Meeting; that a review of the transcript was requested; and that the transcript is a true and complete record of my notes and recordings.

I further certify that I am not a relative, employee, attorney or counsel of any of the parties, nor am I a relative or employee of any of the parties' attorneys or counsel, nor am I financially interested in the outcome of the foregoing action.

DATED this 28th day of December, 2006.

CYNTHIA R. GREEN, Court Reporter
Notary Public-State of Florida

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