

Statewide Emergency Medical Services Strategic Plan (version 5) July 2008 – June 2010

Submitted to the EMS Advisory Council on December 17, 2007

You may contact the Strategic Planning Coordinator at:

Bureau of EMS

Attn: Lisa Walker

4052 Bald Cypress Way, Bin C-18

(850) 245-4440 ext. 2733

Lisa.Walker2@doh.state.fl.us

Note: Table of Contents, Message from the Surgeon General, and Executive Summary to be inserted at a later date.

About the Emergency Medical Services Advisory Council

The Emergency Medical Services Advisory Council (EMSAC) was created for the purpose of acting as the advisory body to the emergency medical services program. Pursuant to chapter 401.245, F.S. the duties of the council include, but are not limited to:

- (a) Identifying and making recommendations to the department concerning the appropriateness of suggested changes to statutes and administrative rules.
- (b) Acting as a clearinghouse for information specific to changes in the provision of emergency medical services and trauma care.
- (c) Providing technical support to the department in the areas of emergency medical services and trauma systems design, required medical and rescue equipment, required drugs and dosages, medical treatment protocols, emergency preparedness, and emergency medical services personnel education and training requirements.

Note: the EMSAC also provides technical support in the area of emergency preparedness via the Disaster Response Committee, but is not reflected in chapter 401.245, F.S.

- (d) Assisting in developing the emergency medical services portion of the department's annual legislative package.
- (e) Providing a forum for discussing significant issues facing the emergency medical services and trauma care communities.
- (f) Providing a forum for planning the continued development of the state's emergency medical services system through the joint production of the emergency medical services state plan.
- (g) Assisting the department in developing the emergency medical services quality management program.
- (h) Assisting the department in setting program priorities.
- (i) Providing feedback to the department on the administration and performance of the emergency medical services program.
- (j) Providing technical support to the emergency medical services grants program.
- (k) Assisting the department in emergency medical services public education.

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

EMSAC Vision: To be the recognized leader in all aspects of emergency medical services nationwide.



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

EMSAC Values

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

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

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

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

Ethics: To ensure ethical behavior in all decisions, actions, and stakeholder interactions. (The EMS Advisory Council needs to develop a code of conduct or ethical principals. Examples to be provided.)

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

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

Education: To continually educate the public, all EMS personnel, and motivate providers to work together in providing superior prehospital care.

In 2006, the EMSAC formed the Strategic Visions Committee. The Strategic Visions Committee's purpose is to develop, revise, and ensure the plan is implemented. This committee provides support to the EMSAC and all those involved with the implementation of the plan. In September 2007, the Strategic Visions Committee, in partnership with the Florida Department of Health and the 24 emergency medical services constituency groups (see appendix B), reviewed the State EMS Plan for FY 2006-2008, conducted a SWOT analysis (see appendix C), and compared the existing plan to national and state initiatives in order to develop this comprehensive plan for FY 2008-2010.

The group identified the strategic advantages and challenges of EMS in Florida and reviewed/referenced national and state initiatives such as the Institute of Medicine's report on *The Future of Emergency Care*, Healthy People 2010, the National Scope of Practice for EMS Providers, National EMS for Children Performance Measures, NHTSA's (spell out) National Standard Curricula for EMS, Homeland Security's National Response Framework, National Preparedness Goal and National Preparedness Guidelines, Governor Crist's Healthcare Policy, the State Surgeon General's Strategic Priorities, and the FHA's report on *Addressing the Crisis in Emergency Care*. The following goals and objectives were developed to guide all those involved in Florida's emergency medical services system in order to enhance prehospital patient care.

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

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

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

Goal 4: Ensure economic sustainability of the EMS system.

Goal 5: Improve performance of key EMS processes.

Goal 6: Assure the EMS system is prepared to respond to all hazard events in coordination with state plan

Goal 1: Improve patient care, safety, and outcomes through the EMS system leadership, evaluation, and benchmarking.
 Goal Owner: Data Committee

Objectives	Measure(s)	Strategies	Lead	Resource	Timeline
1.1 Improve Leadership Effectiveness of the EMS Advisory Council	% of council members that fulfill their 4 year term % of council members attending each meeting (including conference calls) % of council members that are minorities % of constituency groups represented on the council % of council members actively involved in an EMSAC subcommittee % of council members attending EMSAC subcommittee meetings # of motions brought to the council for vote	Mentoring/Develop Succession Plan Leadership Orientation Council Member Orientation All constituency group meetings are attended by at least one council member in order to provide a report to the council. EMSAC subcommittee chairs mentor new council members so that they can easily transition into that role once the mentor's term is up Council members attend EMSAC subcommittee meetings in order to gather information to vote on motion set by EMSAC subcommittee	EMS Advisory Council		Ongoing

	# of workgroups created to assist the council with special projects				
1.2 All pilot and charter agencies transition to live EMSTARS reporting	50% Compliance to live EMSTARS reporting	Work closely with Charter agencies to ensure smooth transition; implement lessons learned from Beta testing	Data Committee		07/31/2008
1.3 Successfully link EMSTARS incident level data with AHCA hospital discharge and ED data	% of EMS events linked to hospital data	Establish the relationship with AHCA for data sharing and identify linkage requirements	Data Committee		06/30/2009
1.4 Achieve EMSTARS compliance and participation from 50% of licensed provider agencies	% of agencies	Work closely with remaining agencies to ensure smooth transition; implement lessons learned from startup	The Bureau of EMS and the EMS Advisory Council		12/31/2009
1.5 Successfully link EMSTARS incident level data with State Trauma Registry Data	% of EMS events linked to Trauma Registry data	Establish the relationship with Office of Trauma for data sharing and identify linkage requirements	Data Committee	Trauma Committee	12/31/2009
1.5 Achieve 70% EMSTARS compliance and participation	% of agencies	Work closely with remaining agencies to ensure smooth transition; implement lessons learned from startup	The Bureau of EMS and the EMS Advisory Council		12/31/2010

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

Goal Owner: PIER Committee

Note: PIER wishes to delete in the section under Measures in the current plan (2006-2008) that states the % of adults who are aware of early warning symptoms/signs of heart attack & CPR. Reason is the AHA is addressing this issue with a nation wide campaign.

Objectives	Measure(s)	Strategies	Lead	Resource	Timeline
2. Provide Injury Prevention Educational Programs to the public	Increase by 5% the # of educational programs provided to the public through EMS/Fire agencies.	<p>Identify Injury Prevention programs and opportunities for the general public by making them available to any agency in the state.</p> <p>Provide public injury prevention/educational programs directed towards the top 5 injuries in Florida by working with EMS agencies to start or expand injury prevention programs in their areas. Act as a resource for injury prevention programs throughout Florida.</p> <p>Data Source: Office of Injury Prevention</p> <p>Identify number of classes and number of attendees</p>	PIER	EMSC	June 2010
	<p>Reduce the # of hospital ED visits caused by injuries.</p> <p>Data Source: AHCA</p> <p>Top 5 Injuries: Falls</p> <p>Motor Vehicle / Pedestrian</p>	<p>Work with the Office of Injury Prevention and the Injury Prevention Advisory Council to identify # of hospital ED visits caused by injuries and partner with them to promote educational programs</p>	PIER		June 2010

	<p>Bicycle Safety</p> <p>Drowning / Water Safety</p> <p>Fire / Burns</p>				
<p>2.2 Increase the number of EMS systems utilizing a customer satisfaction survey tool.</p>	<p>Reduce the number of EMS providers utilizing a customer satisfaction survey tool by</p>	<p>Quality Managers will develop a customer satisfaction tool. Create a customer service template for agencies to use.</p>	<p>Quality Managers Group</p>	<p>Medical Care Committee</p>	<p>June 2010</p>
<p>2.3 Implement a process to identify potential areas of statewide customer dissatisfaction (example: pain management)</p> <p>Reduce the number of complaints regarding quality of care</p>	<p>Measure the # and type of complaints regarding quality of care (example: medical care, professional demeanor)</p>	<p>Identify top 5 customer complaints</p> <p>Quality Managers will develop a customer satisfaction tool for providers</p>	<p>Quality Managers Group</p>	<p>Providers Fire Chiefs Medical Directors PIER ASTNA</p>	<p>June 2010</p>




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

Goal Owner: Education Committee

Note: Mentoring was identified as an opportunity during the SWOT analysis, but it is not reflected here. Also, underserved high-risk populations (children, elderly, homeless) were identified as a strategic challenge, but there are no workforce education objectives addressed for this challenge.)

Objectives	Measures	Strategies	Lead	Resource	Timeline
3.1 Florida will utilize an EMT/ Paramedic certification examination meeting the national standards as described by NHTSA that will provide Florida approved EMS programs with data to determine measurable outcomes.	The test vendor will provide the DOH with outcome data based on national standards terminal objectives.	Contract will require all selected test vendors to provide outcome data to the DOH.	EMS Education Committee	FL Assoc of EMS Educators	June 2010
3.2 Define initial and continuing educational training requirements for aircrew of licensed air providers	2 hours of altitude physiology course and aircraft safety/emergencies for refresher training.		ASTNA	FAMA FNPTNA	June 2010
3.3 Define the paramedic scope of practice used in the critical care/specialty care transportation setting	% meeting scope of practice requirements	Establish state model that is aligned with critical care specialty care Seek statutory authority for regulating training requirements. Establish rule and train providers/personnel in requirements of rule. Establish monitoring process.	EMS Education Committee	Florida Association of EMS Educators Legislative Committee Providers	June 2010

3.4 Reduce the number of on-the-job injuries or serious infectious illnesses in the EMS population	# of injuries	Identify process to track all injuries/serious infectious illnesses	Providers	Fire Chiefs PIER	June 2010
	# of infectious diseases	Identify process to track all injuries/serious infectious illnesses		Legislative Committee	
	# workman's compensation days	Identify process to track all injuries/serious infectious illnesses			
	# educational programs on injury prevention (vs. # of attendees???)	Identify/provide educational programs on injury prevention/infectious disease			
3.5 Remove current statutory requirement of 2-hour HIV/AIDS while keeping total number of recertification hours at 32	Please identify measure (example: number of pediatric issues integrated into educational programs)	Seek statutory change.	Legislative Committee	EMS Education Committee Florida Association of EMS Educators	June 2010
3.6 Continuing Education for recertification must include course topics from the seven areas defined in the NHTSA Continuing Education guidelines. (Appendix A for table)	Through recertification audits, monitor the documentation of providers to determine compliance.	Seek rule change.	Legislative Committee	EMS Education Committee Florida Association of EMS Educators	June 2010
3.7 Establish guidelines for emergency medical	Compare to national standards.	Review national guidelines and identify funding sources.	Dispatch Work Group	FAMA ASTNA	June 2010

services dispatch training for ground and a 					
3.8 Improve EMT/paramedic satisfaction Measure  Paramedic satisfaction	% overall satisfaction	Implement process to identify and resolve potential areas of statewide EMT/paramedic dissatisfaction Survey EMTs and Paramedics (work with the EMLRC)	Fire Chiefs	Providers	June 2010
	Turnover rate		Fire Chiefs	Quality Managers Fire Chiefs	
	#EMTs/# Paramedics		Fire Chiefs	Quality Managers Providers	
3.9 All Florida approved EMS training programs, as defined in FAC (64E-2.001), will be nationally accredited in accordance with the NTHSA - EMS Education Agenda for the Future by 2010.	Measure the number of schools that are accredited by CoEMPS or other agency that meets the EMS Education for the future guidelines.	Bureau of EMS will monitor for compliance during inspections. Florida Association of EMS Educators partnering with DOE and DOH to promote this type of  editation)	EMS Education Committee	Florida Association of EMS Educators Legislative Committee	June 2010

3.10 Improve EMS transport safety	% EMS emergency aircraft meeting FAA air-worthiness requirements (target – 100%)	Analyze data to identify improvement opportunities.	ASTNA	Pilots Association FAMA FNPTNA	June 2010
	#EMS vehicle crashes		Lead –Florida Ambulance Association		June 2010
	# air and ground calls in which pediatric patients were transported in approved child restraints	Utilize Data Committee in determining mode of transport; comparison of agencies with approved devices	EMSC	FNPTNA ASTNA FAMA	June 2010
3.11 Increase the number of paramedics in areas experiencing paramedic shortages.	Verified increase in the number of applicants becoming certified paramedics. Verified increase in the number of paramedics finding employment with rural and/or areas experiencing paramedic	Develop of Statewide Paramedic Recruitment Initiative that encompasses Middle School through College. Support legislation that modifies the method by which community colleges are funded to include paramedic programs. Explore and develop an advanced placement mechanism that recognizes the EMTs knowledge base and	FAREMS	PIER Education Committee Florida Association of EMS Educators Providers	June 2010

	shortages.	competencies. Support and Develop distance learning programs to allow expanded educational opportunities for paramedic students.			
3.12. Serve as a national model for paramedic recruitment of females and minorities to ensure that the paramedic profession is representative of the area served.	Increase female and minority paramedic representation by 15% by 2010.	Provide paramedic "shadowing" and mentorship opportunities for middle and high school children. Provide scholarship and training information through high school guidance counselors. Increase grant and scholarship opportunities available to minorities seeking paramedic careers. Promote focused recruitment initiatives and other outreach programs that encourage females and minorities to consider the paramedic profession.	EMS Advisory Council		June 2010

Goal 4: To ensure economic sustainability of the EMS system

Goal Owner: Legislative Committee

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


Goal 5: Improve performance of key EMS processes.

Goal Owner: Medical Care Committee

Objectives	Measure(s)	Strategies	Lead	Resource	Timeline
<p>5.1 Measure and Identify Opportunities for improvement of dispatch system effectiveness</p>	<p>% of Primary PSAPs utilizing a nationally recognized Emergency Medical Dispatch System (EMD)</p> <p><i>Notes: (a PSAP would be counted as a YES if the Primary PSAP transfers EMS calls to a secondary PSAP that utilizes an EMD system. Currently Priority Medical Dispatch, Powerphone and APCO are nationally recognized)</i></p>	<p>Establish baseline and benchmark to identify best practices.</p> <p>Promote use of EMD system Quality Improvement processes</p> <p>Promote ongoing continuing education of Emergency Medical Dispatchers</p> <p>Complete survey of PSAPs (Note already in progress- Jim Lanier has detail)</p> <p>Promote involvement of EMS Medical Directors in EMD.</p> <p>Promote utilization of NAACS standards by all communications centers that handle air medical transport</p>	<p>Dispatch Group</p>	<p>Providers</p> <p>FAMA</p> <p>Medical Directors</p>	<p>June 2010</p>


	% of 911 calls in which appropriate Pre Arrival Instructions are given utilizing a nationally recognized Emergency Medical Dispatch System (EMD) **cannot determine unless QA process is in place...Jim L		Dispatch Group	Providers FAMA	June 2010
	% of agencies that utilize an EMD QA process (edited 12/06/07 Jim L)		Dispatch Group	Providers FAMA	June 2010
5.2 Measure and Identify Opportunities for improvement in the area of EMS response time (from 911 call to patient contact).	% of calls with appropriate response prioritization by dispatch **Can only be measured if an agency provides EMD QA...consider changing to: adopt a standardized model for call types: non life threat, potential life threat, life threat, immediate life threat, etc. In addition, cellular calls vs. landlines, etc will need to be considered for call	Establish baseline and benchmark to identify best practices.	Dispatch Group	Providers Fire Chiefs	June 2010

	processing implications				
	% of calls meeting response time targets **needs to be based on adopted standardized call priority models as in 5.1	Establish baseline and benchmark to identify best practices.	Dispatch Group	Providers Fire Chiefs *Add EMSTARS? Jim L	June 2010
5.1.1 Changes to EMSTARS Data Dictionary and Disaster Response Tracking System to be able to capture EMS off load and diversion times.	All data elements needed to capture EMS off load and diversion times accepted by the EMS Advisory Council.	Establish uniform definition of "EMS-hospital turnaround time" Establish uniform definition of hospital is on "Diversion" status	Data Committee	Trauma Committee FENA Medical Directors	June 2010
	Promote an Emergency System Status (ESS) Internet based process on a statewide basis	Utilize Data Committee and Disaster Committee expertise and knowledge to develop requirements	Disaster Committee		June 2010

5.4 Measure and Identify Opportunities for improvement effectiveness of on-site EMS treatment	<p>Cardiac: % ROSC return of spontaneous circulation in the prehospital environment</p> <p>% of time 12 lead EKG was captured on a patient with chest pain</p> <p>% of EMS agencies that obtain 12 lead EKG on chest pain patients per protocol</p> <p>% of time aspirin was given to patients with chest pain</p>	<p>Use UTSTIEN template reporting style</p> <p>Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices.</p> <p>Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices.</p> <p>Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices.</p>	Quality Managers	Medical Directors  American Heart Association EMRC	June 2010
	<p>Stroke: % of time a Stroke Alert was initiated based upon a stroke assessment tool per protocol</p>	<p>Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices.</p>			

	<p>Trauma: Identify average time on scene for Trauma Alert patients.</p>	Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices.	Trauma Committee		June 2010
	<p>Pediatric: % of Certified EMS providers trained in a pediatric emergency care course</p> <p>% of EMS agencies with pediatric specific treatment protocols</p>	<p>Work with Division of Medical QA to develop method of capturing this information during recertification</p> <p>Work with Providers in determining best practice protocol</p>	EMSC	FNPTNA	June 2010
	<p>Airway Management: % recognition of proper placement of endotracheal tube placement as documented by end-tidal CAPNOGRAPHY</p> <p>% of patients in which endotracheal intubation is attempted and is not successfully completed</p> <p>% of patient in which an alternative advanced airway</p>	<p>Define attempted intubation</p> <p>Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices.</p> <p>Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices.</p>	Quality Managers		June 2010

	device is used other than endotracheal intubation.				
5.5 Measure and Identify opportunities for improvement for appropriate transport destination.	% of patients refusing transport	Benchmarking to identify best practices.	Quality Managers	Providers Fire Chiefs	June 2010
	% of victims meeting trauma alert criteria transported to trauma center	Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices	Trauma Committee		June 2010
	% of acute myocardial infarction patients field triaged to interventional cardiac cath capable facility	Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices	Quality Managers	Medical Directors AHA	June 2010

	% of acute stroke patients within statutory timeframe transported to a stroke center	Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices	Quality Managers	Medical Directors AHA	June 2010
5.6: Develop a standardized QI/QA template for use by all EMS provider agencies in conjunction with the state 	% of EMS agencies utilizing QI/QA procedure	Subcommittee formed including members from the Medical Care Committee, Quality Managers, and Trauma with support from the Division of Emergency Medical Operations. Subcommittee will develop QI/QA procedures and disseminate to provider agencies for input.	QI/QASubcommittee(lead by Art Garcia)	EMRC Medical Directors	June 2010

GOAL 6: Assure the EMS System is prepared to respond to all hazard events in coordination with state disaster plans

Goal Owner: Disaster Committee

Objectives	Measure(s)	Strategies	Lead	Resource	Timeline
6.1: Foster a relationship between the EMS agencies and the Regional Domestic Security Task Force (RDSTF) Health and Medical Co-Chair to develop, train and exercise local/regional catastrophic health incident response plans (CHIRP), which integrate with state and county emergency management and facility plans.	% of EMS providers participating in local and regional CHIRP exercises	Assure Health and Medical Co-Chairs provide EMS providers CHIRP planning information. Ensure EMS providers are participating in local CHIRP planning activities.	Disaster Committee	Health and Medical Co-Chairs Trauma Committee Office of Public Health Preparedness Office of Emergency Operations	12/31/09
	% of agencies that include the local, regional and state disaster response plans as part of orientation	Ensure EMS agency plans address triage, caches, alternate care sites, patient tracking, ambulance deployment plan, etc. and that the EMS agency plans integrate into the overall health and medical response system	Disaster Committee	Health and Medical Co-Chairs Trauma Committee Office of Public Health Preparedness Office of Emergency Operations	6/30/2010
6.2: Ensure emergency medical services plans and related documents include consideration for at-risk populations 1. pediatrics 2. pregnant women	% EMS agency plans who have identified these at-risk populations	Provide information to EMS agencies on national standards, and accessing demographic data to identify its at-risk populations. Develop survey.	Disaster Committee	EMSC PIER PHMP Community Preparedness Team Trauma	12/31/08

<ul style="list-style-type: none"> 3. elderly 4. disabled 5. low/limited literacy 6. public companions or service animals 7. special medical needs 	<p>% EMS agency plans that specifically address each identified at-risk populations</p>	<p>Ensure plans address at-risk populations.</p> <p>Develop survey.</p>	<p>Disaster Committee</p>	<p>EMSC</p> <p>PIER</p> <p>PHMP Planning Team</p> <p>Trauma</p>	<p>12/31/09</p>
	<p>% EMS agency exercises that include at-risk populations</p>	<p>Ensure exercises include at-risk populations.</p> <p>Develop Survey</p>	<p>Disaster Committee</p>	<p>EMSC</p> <p>PIER</p> <p>PHMP Training/Exercise Team</p> <p>Trauma</p>	<p>12/31/10</p>
<p>6.3: Develop and implement standards for acquisition inventory, storage, dissemination, and maintenance of protective equipment and prophylaxis/antidotes, including tactical procedures for identifying event</p>	<p>Statewide standards developed.</p> <p>Statewide inventory of all PPE / antidotes</p>	<p>Identify statewide standards to acquire, inventory, store and disseminate and maintain protective equipment and prophylaxis/antidotes.</p>	<p>Disaster Committee</p>	<p>PHP Responder Safety Lead</p> <p>PHMP Mass Prophylaxis Team</p>	<p>12/31/08</p>

specific safety needs and PPE distribution.	% of EMS agencies with local protocols in compliance with statewide standards	Ensure EMS agency compliance with statewide standards	Disaster Committee	PHP Responder Safety Lead PHMP Mass Prophylaxis Team	12/31/09
	% of Paramedics / EMTs who agree they have access to protective equipment and prophylaxis / antidotes (survey)	Ensure EMS workforce has access to protective equipment and prophylaxis/antidotes. Develop survey	Disaster Committee	PHP Responder Safety Lead PHMP Mass Prophylaxis Team	12/31/10
6.4: Ensure all emergency medical services personnel (EMS agencies, Paramedics, EMTs) are knowledgeable about CBRNE detection systems, notification, verification, reporting systems, all discipline plans and protocols,	% of EMS provider agency medical protocols that address each component of CBRNE	Communicate plans, procedures and protocols at local, state and federal levels to EMS agencies, Paramedics, and EMTs. (including reporting procedures, exchange of information, expectations of EMS response, and local/state/federal notification procedures and roles. Meet with Health and Medical Co-Chairs.	Disaster Committee	Environmental Health Capability Team Educators Health and Medical Co-Chairs	12/31/08

and their respective roles and responsibilities in the system.	% of EMS training programs that have implemented CBRNE training in their programs	Ensure CBRNE is included in EMS training. Meet with Health and Medical Co-Chairs.	Disaster Committee	Educators Environmental Health Capability Team PHMP Training/ Exercise Team	12/31/09
	% of EMS personnel trained in each component of CBRNE	Survey Paramedics/EMTs	Disaster Committee	Educators Environmental Health Capability Team PHMP Training / Exercise Team	12/31/10
6.5 Develop processes for EMS medical direction support of disasters, mass casualty, and large infectious disease emergencies at the State, Regional and Local level	State wide disaster protocols are written and approved by FL Assoc. of EMS Med Directors	Develop disaster medical oversight, including protocols, and support for ESF8 at the State, Regional and local levels	Medical Directors	Disaster Committee ESF-8 Team Health and Medical Co-Chairs	June 2010

	% of EMS Provider Agencies who have been trained in statewide disaster protocol		Medical Directors	Disaster Committee ESF-8 Team Health and Medical Co-Chairs	June 2010
6.6 Develop medical direction support to state and local EOCs.	State EOC has process in place to Access State EMS Medical Director or EMS Medical Director designee Consultant upon activation		Medical Directors	Disaster Committee ESF-8 Team Health and Medical Co-Chairs	June 2010
	At least 1 EOC in each RDSTF Region has process in place to an EMS Medical Director Consultant upon activation		Medical Directors	Disaster Committee ESF-8 Team Health and Medical Co-Chairs	June 2010

Addendum A – See objective 3.6

Modules for Continuing Education topics with suggested hours

PREPARATORY: 3-5

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

AIRWAY MANAGEMENT AND VENTILATION: 3-5

Suggested topics include: Airway Management and Ventilation

PATIENT ASSESSMENT: 2-4

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

TRAUMA: 3-4

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

MEDICAL: 9-12

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

SPECIAL CONSIDERATIONS: 3-4

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

OPERATIONS: 1-2

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

TOTAL 24-36

[Appendix B - List of EMS Advisory Council Members to be inserted](#)

[Appendix C – List of 24 EMS Constituency Groups to be inserted](#)

Page 27 of 30

C:\Documents and Settings\durbinmx\Local Settings\Temporary Internet Files\OLK25\StrategicPlan_Version5.doc

SWOT Analysis Results (This will not be included in the final version of the plan. This is only for reference as we finalize the goals and objectives)

Strategic Advantages:

- Leader in EMS
- Leadership
- # of educational programs
- Access to quality services part of Surgeon General's Strategic Priorities and Governor's Healthcare Policy.
- Injury prevention programs
- Sterling Council of Florida Model
- National recognized leaders in their field
- State EMS Grant Program
- Working EMS Advisory Council
- Equipment
- Funding for areas with high vulnerability
- Constituency group system (voice)
- Advanced statewide EMS, Trauma, and disaster preparedness system
- Access to Domestic Security funding
- Experience in natural disasters and plan implementation
- Good education
 - Training centers
 - Agencies
- Incident level data collection system that works
- Medical Directors that were EMTs and Paramedics
- Active Medical Directors
- Trauma Registry
- Interagency Communication
- Legislative influence

Strategic Challenges:

- Funding
- Communication (field and leadership)
- Underserved high-risk populations (children, elderly, homeless)
- Preparedness equipment – need training for workforce; not available to students
- Lack of public education on EMS (and 911)

- Geographic challenges
- Preparedness – high risk targets
- Statutes – hinders change
- Inconsistency in trauma center alerts (interpretations)
- Lack of understanding by hospitals re EMS (over expectations)
- Constituency groups – educate, recruit, lack of movement
- Disconnect between hospitals and MES (patient flow, through put, wait time, parking, lack of specialty services in hospitals)
- PIP insurance coverage
- Specialty centers – lack of access
- Rapidly expanding population – diversity
- Loss of national program accreditation for EMS education
- Geographic disparities around state (example: air ambulances)
- Public service vs. business model
- Rotor wing COPCN challenge
- Federal mandates (some unfunded) – tied to \$
- Balance state autonomy with partnering with federal and other states
- Variability in quality of medical directors; lack of minimum standards – standards that are too low
- Nursing homes – different rules – tie up ambulances, overburden hospitals, billing challenges
- Trauma – review registry guidelines by age
- Lack of EMS patient outcome data from hospitals on a timely basis
- Disparity in relationship between EMS and hospitals statewide (some good, some not so good)
- Legislative influence (can get in the way of good policy making)
- Data improving but still a challenge
- Maintaining Florida's national leadership
- Maintaining strong system leaders
- Gaps in statewide programs (rural counties, geographical lack of personnel, access to training, lack of full-time medical director)
- Develop future EMS leaders (mentoring)
- Golden hour (EMS-Trauma) – access to trauma centers
- Using successful templates/tools in other areas (benchmarking, measurement)
- QA/QI – understanding difference, tied to discipline vs. improvement
- Lack of science-based research culture/foundation – like Trauma; legislation prohibits Class I research – impacts positive changes (i.e. backboards)
- Need unbiased, objective body to evaluate data/set benchmarks
- Lack of crew safety in rigs
- Evaluate appropriateness of interfacility transports

For reference only:

Page 29 of 30

C:\Documents and Settings\durbinmx\Local Settings\Temporary Internet Files\OLK25\StrategicPlan_Version5.doc

Strategic Visions Committee Members

Chair: Chuck Kearns

Co-Vice Chairs: Cory Richter and Julie Bacon

The following have been identified as the Strategic Visions Committee Goal Owners that will represent their respective EMSAC subcommittees on the SVC:

Educators – Linda Swisher

Data Committee – Chief Charles Moreland

Disaster – Dr. Brad Elias and Bobby Bailey

PIER – Cory Richter

Medical Care Committee – John Scott

Legislative Committee – Greg Rubin

Strategic Visions – Chuck Kearns

The following have been identified as the Strategic Visions Committee Lead (Objective Owner and Support) members:

Dispatch – Jim Lanier

Providers – Dan Azzariti

Fire Chiefs – Todd Coulter (objective 3.4) and Tom Sheridan (objectives 4.3 & 4.4); Jeff Lindsey Providing Oversight

Florida Ambulance Association – Walt Eismann

Pilots – Terry (Lifestar Martin)

FAMA – Scott Wyatt

ASTNA – Karen Chamberlain

American Heart Association – Lisa Creswell

Quality Managers – Art Garcia and Angel Nater

Medical Directors – Dr. Joe Nelson

FL Assoc of EMS Educators – Danny Griffin

EMSC – Julie Bacon

FNPTNA – Nancy Burke

FAREMS – Tracy Burger