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**Statewide Emergency Medical Services Strategic Plan
(Version 4.0)
July 2010 – June 2012
Updated 12/17/2009**

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

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About the Emergency Medical Services Advisory Council

The Emergency Medical Services Advisory Council (EMS Advisory Council) 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 EMS Advisory Council 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.

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EMS Advisory Council Mission, Vision, and Values

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

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

EMS Advisory Council Values

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

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

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

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

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

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

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

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

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

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

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

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

Goal 5: Ensure economic sustainability of the EMS system.

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

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

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

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

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

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

Goal Owner: EMS Advisory Council. EMS System is defined as all licensed providers, EMS personnel, and EMS training centers.

Objectives	Measure(s)	Strategies	Lead	Resource	Timeline
1.1 Amend the EMS Advisory Council bylaws to support Strategic Plan	<p>Successive leadership</p> <p>Officer's leadership</p> <p>Each committee has a tie in to SP</p> <p># of strategic planning milestones met</p>	<p>Amend the EMS Advisory Council bylaws to support Strategic Plan</p> <p>Assign goals to EMS Advisory Council subcommittees. These committees serve as goal owners who are to report status at each council meeting.</p> <p>Encourage all EMS Advisory Council members and constituency group presidents (or designated liaisons) to attend every Strategic Visions Meeting and conference calls to ensure plan is being deployed and to facilitate the dissemination of information.</p> <p>Develop strategic planning guidelines for the EMS Advisory Council.</p>	EMS Advisory Council Parliamentarian	<p>EMS Advisory Council Members</p> <p>EMS Advisory Council Subcommittees</p> <p>EMS Constituency Groups</p>	Ongoing
1.2 Improve the relevancy and regularity of communication between the EMS Advisory Council and the EMS system	<p># of EMS Advisory Council members participating with an EMS Advisory Council subcommittee (minimum two members)</p> <p># of constituency group meetings covered by an EMS Advisory Council</p>	<p>Measure dissemination of strategic plan and strategic planning initiatives through agencies and hospital based systems.</p> <p>Track EMS Advisory Council members who are responding back with information related to the strategic plan.</p> <p>Publish or post best practices, strategic planning updates, and other strategic planning resources on the Bureau of EMS website, the Florida EMS</p>	EMS Advisory Council	<p>Goal Owners</p> <p>Objective Leads</p> <p>EMS Constituency Groups</p> <p>EMS stakeholders</p> <p>Bureau of EMS</p>	Ongoing

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	member	Community Listserv (FLEMSCOMM), and the quarterly EMS newsletter (<i>EMS Vitals</i>).			
1.3 Identify the EMS direct customer base and strengthen the relationship by monitoring the achievement of the Strategic Plan through the meetings held in conjunction with the EMS Advisory Council	<p># of groups who include the strategic plan in their agenda and meeting minutes (minimum of two items)</p> <p># of meeting minutes submitted to be posted to the EMS Advisory Council webpage</p> <p># of action plan updates submitted to the EMS Advisory Council's Strategic Visions Committee</p> <p># of EMS constituency groups and other EMS stakeholders participating in strategic planning efforts</p>	<p>Require all EMS constituency groups and EMS Advisory Council subcommittees to submit meeting agendas and meeting minutes.</p> <p>Educate all EMS stakeholders that the Strategic Visions Committee provides a forum in which customer needs can be raised to be incorporated into strategic planning efforts.</p> <p>Track customer complaints and resolution of complaints.</p> <p>Integrate work being done between EMS Advisory Council and EMS Constituency Groups.</p> <p>Improve communication between groups by linking them together under objectives that require the expertise of multiple EMS stakeholder groups.</p>	EMS Advisory Council	<p>EMS Advisory Council Subcommittees</p> <p>EMS Constituency Groups</p> <p>EMS Advisory Council Coordinator</p> <p>EMS Strategic Planning Coordinator</p>	Ongoing
1.4 Conduct or host leadership workshops for the EMS Advisory Council and provide information on leadership seminars, fellowship opportunities to the EMS system	<p># of new members assigned a mentor</p> <p># of EMS Advisory Council members who have served as mentors</p> <p># of new members who have received an</p>	<p>Assign EMS Advisory Council mentors to new members.</p> <p>Assign mentors to new members of an EMS Advisory Council subcommittee.</p> <p>Develop an EMS Advisory Council orientation that is facilitated by EMS Advisory Council leadership.</p> <p>Disseminate leadership resources</p>	EMS Advisory Council	Bureau of EMS	Ongoing

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	<p>orientation</p> <p># of EMS Advisory Council members who have participated in leadership workshops, seminars, webinars, or other fellowship opportunities</p>	<p>(articles, webinars, etc...) to EMS Advisory Council members. This may include information on quality improvement, facilitating meetings, etc...</p> <p>Develop measurement tool to track EMS Advisory Council members who have participated in leadership workshops, seminars, or other fellowship opportunities.</p>			
<p>1.4 Develop a succession plan for the EMS Advisory Council members, chair, and EMS System leadership to ensure succession is fluid</p>	<p>Succession plans developed.</p>	<p>Research other boards.</p> <p>Ensure new members have been oriented.</p> <p>Ensure new members have mentors in place.</p> <p>Orient new members to strategic planning process and plan.</p> <p>Identify areas of the state that will be experiencing increased number of personnel retiring (high-risk retirement), promoting, etc...</p> <p>Communicate succession planning best practices to the EMS System to alleviate disruptions in service during periods of transition at the local level.</p>	<p>EMS Advisory Council Executive Committee</p>	<p>EMS constituency groups</p> <p>Florida Association of EMS Providers</p> <p>Florida Association of Rural EMS Providers</p> <p>Florida Association of County EMS Providers</p> <p>Florida Fire Chiefs' Association – EMS Section</p> <p>Florida EMS system</p>	<p>October 2010</p>

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

Goal Owner: EMS Advisory Council Data Committee

Objectives	Measure(s)	Strategies	Lead	Resource	Timeline
2.1 Improve Leadership effectiveness and participation of EMS Advisory Council Data Committee	<p>% of Committee membership turnover rate by year (less than 1 member each year)</p> <p>85 % participation rating score of committee members attending meetings (including face-to-face meetings, conference calls, web conferences, etc...) within a calendar year</p>	<p>Annual review of bylaws/operations to ensure effective operation of subcommittee (define term of service in action plan)</p> <p>Formalize participation rating score, monitoring and reporting process</p> <p>Develop/Implement Mentoring/ Succession Plan to include new member orientation</p> <p>Foster Sustained Leadership Skills</p>	EMS Advisory Council Data Committee	Bureau of EMS Data Unit	Ongoing
2.2 Maintain statewide standards for data collection for EMS incident level data	<p>Maintain a defined and adopted Data Dictionary (All Florida Data Dictionary data elements defined and accepted by EMS Advisory Council)</p> <p>100% compliance with National <u>mandatory data collection</u> requirements</p>	Use the expertise of the EMS Advisory Council Data Committee to review/define/maintain all data elements in Florida Data Dictionary consistent with National mandatory requirements	EMS Advisory Council Data Committee	Bureau of EMS Data Unit EMS Advisory Council Data Committee (Definitions Subcommittee)	Ongoing

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Objectives	Measure(s)	Strategies	Lead	Resource	Timeline
<p>2.3 Provide advocacy and outreach in support of National Highway Transportation Safety Administration (NHTSA) participation targets for Florida's statewide data collection system</p>	<p># of outreach events provided by or sponsored by EMS Advisory Council Data Committee</p> <p>% of annual increase in participation</p>	<p>Use the expertise of the EMS Advisory Council Data Committee to identify outreach opportunities/events for the advocacy, outreach, education/training for statewide data collection</p> <p>Define consistent training and education curriculum and delivery mechanisms</p> <p>Work closely with remaining agencies to ensure smooth transition; implement lessons learned from startup</p> <p>Identify funding resources</p> <p>Work closely with Bureau of EMS, Data Unit in Federal grant justification for enabling EMS agencies participation</p> <p>Conduct annual surveys to identify agency participation targets and agency assistance needs</p> <p>Provide implementation assistance to agencies seeking participation assistance</p>	<p>EMS Advisory Council Data Committee</p>	<p>EMS Advisory Council Data Committee - Education/ Training Subcommittee</p> <p>EMS Advisory Council Data Committee – Outreach Subcommittee</p> <p>Bureau of EMS Data Unit</p>	<p>TBD via action plans</p>

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Objectives	Measure(s)	Strategies	Lead	Resource	Timeline
2.4 Improve access to EMS incident level data for evaluation and benchmarking activities	<p>% increase in # reports available to Emergency Medical Review Committee (EMRC) for evaluation and benchmarking</p> <p>% increase in # reports available to EMS agencies for evaluation and benchmarking</p>	<p>Collaborate with EMRC on report definition and specifications</p> <p>Collaborate with EMRC and EMS Advisory Council Data Committee on key performance indicators (KPI's) for evaluation and benchmarking</p> <p>Continue to seek grant funding to maintain resources for report development</p> <p>Collaborate with Department of Health Information Technology organization to create data warehouse/data mart solution</p> <p>Continue to seek grant funding to maintain data warehouse/data mart solution.</p>	Bureau of EMS Data Unit	<p>Florida Department of Health IT (DOH IT)</p> <p>Emergency Medical Review Committee (EMRC)</p> <p>EMS Advisory Council Data Committee</p>	Ongoing
2.5 Link EMSTARS incident-level data with other state data for outcome assessments	# linked data sets	<p>Establish relationships to share data between agencies</p> <p>Collaborate with Department of Health Information Technology (DOH IT) organization to establish technical environment to enable data linkages and sharing</p> <p>Utilize expertise of EMS Advisory Council Data Committee and EMRC to identify data linkage requirements for linking incident level data for outcome assessments</p>	Bureau of EMS Data Unit	<p>EMS Advisory Council Data Committee</p> <p>EMRC</p> <p>DOH IT</p> <p>DOH Trauma</p> <p>Agency for Health Care Administration (AHCA)</p>	Ongoing

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

Goal Owner: EMS Advisory Council Public Information Education and Relations (PIER) Committee

Objectives	Measure(s)	Strategies	Lead	Resource	Timeline
3.1 Provide injury prevention programs to the public	<p>Increase by 5% the # of educational programs provided to the public through EMS/fire agencies</p> <p>Reduce the # of hospital ED visits caused by injuries</p> <p>Data Source: AHCA Top 5 injuries: falls, motor vehicle/pedestrian, bicycle safety, drowning/water safety, fire/burns</p> <p>Reduce the # of motorcycle crashes.</p>	<p>Identify funding sources, resources and partnerships</p> <p>Look at alternative distribution mechanisms</p> <p>Resurvey EMS agencies and increase response rate.</p> <p>Partner with Access to Care Committee, Office of Trauma the Office of Injury Prevention, and the Florida Department of Transportation to obtain stats, provide programs, and improve the allocation of resources for these programs.</p> <p>Develop a central repository of injury prevention projects and programs by EMS, Trauma Centers, etc...</p> <p>Develop a measurement tool to determine the effectiveness of injury prevention programs in reducing injuries, reducing ED visits, etc...</p> <p>Identify Injury Prevention programs and opportunities for the general public by making them available to any agency in the state.</p>	EMS Advisory Council Public Information Education and Relations (PIER) Committee	<p>EMS for Children Advisory Committee</p> <p>Florida Department of Transportation (DOT)</p> <p>Motorcycle Safety Coalition</p> <p>Florida Injury Prevention Advisory Council</p> <p>Office of Injury Prevention</p> <p>EMS Advisory Council Access to Care Committee</p> <p>Florida Emergency Nurses Association</p> <p>United States Lifesaving Association</p> <p>NOAA</p>	Ongoing

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		<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. Data Source: Office of Injury Prevention</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>			
<p>3.2 Improve customer satisfaction by increasing participation by local quality managers in statewide EMS activities.</p>	<p>Establish baseline list of current attendance and participation of local quality managers.</p> <p>Increase attendance and participation in quality management activities on a state level.</p>	<p>Quality managers will query EMS providers to develop a list of agency personnel who perform quality management activities.</p> <p>Quality managers will review past, present, and future meeting attendance list to create baseline attendance numbers.</p> <p>Quality managers will reach out to colleagues on the provider level to encourage and motivate participation in state activities.</p> <p>Quality managers will host a pilot one day seminar on current day strategies for improving customer satisfaction at the provider level.</p>	<p>Quality Managers</p>	<p>Medical Care Committee</p>	<p>Ongoing</p>

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<p>3.3 Identify, educate and partner with all stakeholders (i.e. patients, health care providers, hospitals, etc...) on Access to Care while continuing to share best practices to all EMS providers within the state.</p>	<p>% of EMS agencies that have representation on hospital committees</p> <p>Reduction in emergency department (ED) overcrowding.</p> <p>Reduction in unnecessary ED visits (define unnecessary or non-critical conditions and reduce # of those visits)</p>	<p>Identify top 3 issues affecting access to care and develop measurement tool to establish baseline for improvement.</p> <p>Survey EMS agencies to determine how many have representation on hospital committees. Note: JAHCO does not require, but likes to see this and hospital gets points.</p> <p>Publish the current Pre-Hospital Best Practices paper (EMS Advisory Council to vote on in 1/2010) and use it as a tool to educate all stakeholders.</p> <p>Publish paper from the emergency nurses perspective on ED overcrowding, including impact to ED due to Baker Acts and psychiatric emergencies (lack of places to send BA52s to). Utilize mechanisms such as the quarterly EMS newsletter, Bureau of EMS website, FLEMSCOMM, etc... to share best practices that are evidence and outcome based.</p> <p>Identify funding mechanisms to support health fairs, statewide PSA's, share best practices for health fairs, etc...</p> <p>Develop template letter for each EMS agency to send to their respective hospital administrators.</p>	<p>EMS Advisory Council Access to Care Committee</p>	<p>Florida Hospital Association</p> <p>PIER</p> <p>Florida Association of EMS Medical Directors</p> <p>Office of Trauma</p> <p>Office of Injury Prevention</p> <p>Florida Emergency Nurses Association</p>	<p>Ongoing</p>
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		<p>Educate the public about ambulance and ED use.</p> <p>Publish/email quarterly/biannual report on hospitals and send to hospital administrators. (Phase II of objective 6.3)</p>			
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Goal 4: Improve EMS work-force education, performance, and satisfaction.

Goal Owner: EMS Advisory Council Education Committee

Objectives	Measures	Strategies	Lead	Resource	Timeline
4.1 Remove current statutory requirement of 2-hour HIV/AIDS	Sponsorship in both House and Senate	Seek statutory change. Need legislative committee to delete reference to FS 401 from FS 381.034 Change HIV to Infectious Disease/Bloodborne Pathogens	EMS Advisory Council Legislative Committee	EMS Advisory Council Education Committee Florida Association of EMS Educators (FAEMSE)	June 2012
4.2 Establish guidelines for emergency medical services dispatch training for ground services	Compare to national standards.	Review national guidelines and identify funding sources. Monitor possible legislative proposals to change voluntary certification to mandatory certification.	Dispatch Work Group	Florida Aeromedical Association (FAMA) Florida Chapter, Air Surface & Transport Nurses Association (ASTNA) EMS Advisory Council Legislative Committee	June 2012

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<p>4.3 Measure and Identify Opportunities to Improve EMT/paramedic satisfaction</p>	<p>% overall satisfaction % Turnover rate #EMTs/# Paramedics (increase or decrease from previous years)</p>	<p>Implement process to identify and resolve potential areas of statewide EMT/paramedic dissatisfaction</p> <p>Review data from 2008 recertification survey to identify opportunities for next steps.</p> <p>Resurvey EMTs and Paramedics during recertification (include indicators such as rural vs. urban, fire vs. non-fire, etc...)</p>	<p>Florida Fire Chiefs' Association – EMS Section</p>	<p>Florida Association of EMS Providers</p> <p>DOH Division of Medical Quality Assurance (MQA)</p> <p>Florida Association of Rural EMS Providers (FAREMS)</p> <p>Florida EMS Quality Managers Association</p>	<p>Ongoing</p>
<p>4.4 All Florida approved EMS Paramedic training programs, as defined in FAC (64J-1.020), will be nationally accredited or have initiated the procedures of accreditation in accordance with the NTHSA - EMS Education Agenda for the Future by January 1st, 2013</p>	<p>Number of training centers who obtain National EMS Education accreditation</p>	<p>Education Committee will be contacting all EMS training centers not currently accredited by CoAEMSP and ask if they intend to become accredited, and if so, how can we assist them in the process.</p> <p>Bureau of EMS will monitor for compliance during inspections.</p> <p>Florida Association of EMS Educators partnering with DOE and DOH to promote this type of accreditation.</p> <p>Research the language of the previous rule that was deleted which required CoAMPS accreditation.</p>	<p>EMS Advisory Council Education Committee</p>	<p>FAEMSE</p> <p>EMS Advisory Council Legislative Committee</p>	<p>2013</p>

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<p>4.5 Begin implementation of the National EMS Education Agenda for the future.</p>	<p>Use survey results to determine most supported levels to be adopted Monitor for legislative changes that reflect adopted provider levels Review DOE curriculum frameworks for changes to National education standards</p>	<p>Survey providers to ascertain what scope of practice levels would be supported.</p> <p>Identify provider levels to be adopted (EMR, EMT, AEMT, Paramedic).</p> <p>Legislative Committee adopt provider levels through legislation</p> <p>Adjust DOE Curriculum frameworks to match adopted scope of practice levels and Education standards.</p> <p>Adopt national test for each approved provider level adopted</p> <p>Define a statewide transition process from NSC to Education Standards for each approved level of provider</p>	<p>EMS Advisory Council Education Committee</p>	<p>FAEMSE</p> <p>EMS Advisory Council Legislative Committee</p> <p>Florida Association of EMS Providers</p>	<p>2013</p>
<p>4.6 Facilitate pediatric/neonatal educational programs throughout the state.</p>	<p>Provide minimum of eight hours pediatric/neonatal education in each RDSTF region on an annual basis</p>	<p>Define rural counties/regions in need of additional training.</p> <p>Survey to determine pediatric/neonatal programs most requested or needed.</p> <p>Establish a “speaker’s bureau” to provide quality education.</p>	<p>EMS for Children Advisory Committee</p>	<p>FAREMS</p> <p>EMS Advisory Council Education Committee</p> <p>FAEMSE</p> <p>Florida Neonatal Pediatric Transport Network Association (FNPTNA)</p>	<p>June 2012</p>

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Goal 5: To ensure economic sustainability of the EMS system and serve as a clearinghouse for EMS legislative issues.
Goal Owner: EMS Advisory Council Legislative Committee

Objective	Measure(s)	Strategy (ies)	Lead	Resource	Timeline
5.1 Measure and improve % of reimbursable calls	% of reimbursable calls Develop Measurement Tool Identify Baseline Improve Baseline	Explore non-traditional transport options Compile Best Practices of EMS Providers in Florida	Florida Association of EMS Providers	Florida Fire Chiefs' Association – EMS Section Florida Ambulance Association Florida Aeromedical Association (FAMA)	Ongoing TBD in action plans through June 2012
5.2 Measure and improve % of billed charges collected	% billed charges collected Develop Measurement Tool Identify Baseline Improve Baseline	Identify Best Practices to achieving improvement in billing practices that result in higher collection rates. Publish ratings in action plan on statewide website while maintaining confidentiality of providers.	Florida Ambulance Association	Florida Fire Chiefs' Association – EMS Section Florida Association of EMS Providers FAMA	Ongoing TBD in action plans through June 2012
5.3 Identify opportunities to provide public education regarding the utilization of EMS	Improve efficiency of EMS use. Develop Measurement Tool Identify Baseline (Literature review for baseline???) Improve Baseline	Identify strategies to improve the use of EMS by community users, i.e. skilled nursing facilities, physician offices, medical alarms. Publish best practices quarterly until 2012	Florida Association of EMS Providers	Florida Ambulance Association Florida Fire Chiefs' Association – EMS Section EMS Advisory Council Public Information Education and Relations (PIER) Committee EMS Advisory	Ongoing TBD in action plans through June 2012

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				Council Access to Care Committee	
5.4 Identify cost saving measures to offset EMS expenses	<p>Develop Measurement Tool</p> <p>Identify Baseline (Literature review for baseline or measured at local level???)</p> <p>Improve Baseline</p>	<p>Best practice for vendor bidding and contracts.</p> <p>Conduct annual classes on public purchasing procedures, including the use of state bidding.</p> <p>Conduct training in public purchasing bid quotes to identify bidding and piggyback during EMS meetings</p> <p>Identify best practices utilized by other agencies such as CoOp supply purchases (example Cardinal through DOH). Varies between municipalities and counties.</p>	Florida Association of EMS Providers	<p>Florida Fire Chiefs' Association – EMS Section</p> <p>DOH, Bureau of Statewide Pharmaceutical Services</p>	Ongoing TBD in action plans through June 2012
5.5 Identify alternative revenue sources.	<p>Compile successful programs from the EMS community for others to implement in their localities. (rural, urban, county, municipalities)</p>	<p>Best practice for acquiring funding from alternative sources, i.e.:</p> <ul style="list-style-type: none"> • Marketing of the EMS system • United Way campaign • Foundations (private) • % of fees for courses taught <p>Federal stimulus money</p> <p>Publish opportunities by 2012 in quarterly action plan on state website</p>	Florida Association of EMS Providers	<p>Florida Fire Chiefs' Association – EMS Section</p> <p>Florida Ambulance Association</p> <p>Florida Association of Rural EMS Providers (FAREMS)</p> <p>Florida Association of County EMS Providers (FACEMS)</p>	Ongoing TBD in action plans through June 2012
5.6 Ensure that industry experts within specific areas of EMS are represented on the Legislative Committee.	<p>Include at least one representative from each of the following areas: fire, non-fire, private, education, air, pediatric/neonate, dispatch</p>	<p>Liaison with constituency groups in identifying adequate representation</p>	EMS Advisory Council Legislative Committee	<p>FAMA</p> <p>EMSC</p> <p>Florida Fire Chiefs' Association – EMS Section</p>	

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				Dispatch Group	
5.7 Adopt initial and continuing educational training requirements for aircrew of licensed air providers (attach document as an appendix)	2 hours of altitude physiology course and aircraft safety/emergencies for refresher training.	Identify statutory authority to develop a rule proposal to submit to the Bureau of EMS; or seek statutory change..	Legislative Committee	FAMA FNPTNA ASTNA	2012

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

Goal Owner: Medical Care Committee

<p>6.1 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>% of agencies that utilize an EMD QA process</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: Amber Lee Foundation, survey from Dispatch Group 66% return, data being evaluated</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>Identify challenges/barriers for agencies that currently do not provide EMD Develop measurement tool - survey questions.</p> <p>Disseminate survey.</p> <p>Analyze results.</p> <p>Identify challenges/barriers for agencies that currently do not provide EMD QA</p>	<p>Dispatch Group</p>	<p>Florida Association of EMS Providers</p> <p>Florida Aeromedical Association (FAMA)</p> <p>Florida Association of EMS Medical Directors</p>	<p>Ongoing – May require multiple phases that extend beyond June 2012. Phases TBD.</p>
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<p>6.2 Measure, stratify and identify EMS response time</p>	<p>Evaluate EMS response time (from incident notification of PSAP to EMS patient contact)</p> <p>% of calls meeting response time targets</p>	<p>Establish baseline and benchmark to identify best practices.</p> <p>Partner with the EMS Advisory Council Data Committee to determine if prehospital data collection systems, such as EMSTARS, may be used to gather data.</p> <p>Adopt a standardized model for defining/stratifying call types: non life threat, potential life threat, life threat, immediate life threat, etc.</p> <p>Adopt a standardized model for defining PSAP call processing time</p> <p>Adopt a standardized method for reporting response times via EMSTARS</p> <p>Explore delineation of 3 response demographic areas: urban, suburban, rural</p>	<p>Dispatch Group</p>	<p>Florida Association of EMS Providers</p> <p>Florida Fire Chiefs' Association – EMS Seciton</p> <p>EMS Advisory Council Access to Care Committee</p> <p>EMS Advisory Council Data Committee</p>	<p>Ongoing – May require multiple phases that extend beyond June 2012. Phases TBD.</p>
<p>6.3 Changes to EMSTARS Data Dictionary and Disaster Response Tracking System to be able to capture EMS off load and diversion times.</p>	<p>All data elements needed to capture EMS off load and diversion times accepted by the EMS Advisory Council.</p>	<p>Establish uniform definition of “EMS-hospital turnaround time”</p> <p>Establish uniform definition of hospital is on “Diversion” status</p>	<p>EMS Advisory Council Data Committee</p>	<p>Trauma Committee</p> <p>Florida Emergency Nurses Association (FENA)</p> <p>Florida Association of EMS Medical Directors</p> <p>EMS Advisory Council Access to Care Committee</p>	<p>June 2012</p>

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	Promote an Emergency System Status (ESS) Internet based process on a statewide basis	<p>Utilize Data Committee and Disaster Committee expertise and knowledge to develop requirements.</p> <p>Partner with agencies that have piloted EMS System.</p> <p>Measure # of counties utilizing EMS System.</p> <p>Ensure more than 75% of trauma systems utilize system.</p> <p>Continue to work with Office of Public Health Preparedness Steering Committee.</p>	EMS Advisory Council Disaster Committee	<p>EMS Advisory Council Access to Care Committee</p> <p>EMS Advisory Council Medical Care Committee</p> <p>EMS Advisory Council Data Committee</p>	Ongoing
6.4 Measure and Identify key Opportunities for improvement effectiveness of on-site EMS treatment in the following areas: Cardiac (including STEMI and Cardiac Arrest), Stroke, Trauma, Pediatric / Neonatal, and AW management. Because of the changing nature of medicine, other pertinent topics identified by constituency groups will also be considered as	<p>6.4.1 Cardiac: % ROSC (return of spontaneous circulation as defined by the UTSTEIN criteria) in the prehospital environment</p> <p>% of time 12 lead EKG was captured on a patient with suspected cardiac related symptoms</p> <p>% of EMS agencies that obtain 12 lead EKG on cardiac related patients per protocol</p>	<p>New Strategies: Review of data to identify opportunities for improvement</p> <p>Systemized care of STEMI/Stroke</p> <p>Develop concept for establishment of Office of Cardiovascular (statute)</p> <p>Look at accrediting agencies Determine mortality rate</p> <p>Existing Strategies: Use UTSTEIN template reporting style</p> <p>Establish uniform definitions of STEMI alert and cardiac alert</p> <p>Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the</p>	Medical Care Committee	<p>Medical Directors</p> <p>American Heart Association</p> <p>EMRC</p> <p>Quality Managers</p> <p>UTSTEIN template is the recognized standard for reporting and research, allowing appropriate comparison of data. The Medical Directors have established a position statement on</p>	Note: Medical care committee may have further changes to UTSTEIN template is the recognized standard for reporting and research, allowing appropriate comparison of data. The Medical Directors have established a position

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identified.	% of time aspirin was given to patients with cardiac related symptoms or intentionally held due to medical considerations(e.g. allergy)	EMRC to identify best practices. Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices. Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices.		the definition of STEMI alert.	statement on the definition of STEMI alert.
	6.4.2 Stroke: % of time a Stroke Alert was initiated based upon primary or secondary impression .	Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices. Notes from planning session: monitor EMSTARS/EMRC/Medical Care Committee	Quality Managers	Medical Directors EMRC AHA's Florida Stroke Systems Workgroup	
	6.4.3 Trauma: Identify average time on scene for Trauma Alert patients.	Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices. monitor EMSTARS/EMRC/Medical Care Committee	Medical Care	Medical Directors Trauma Committee EMRC	
	6.4.4 Pediatric/Neonatal: Identify and address top three challenges to prehospital care	Survey EMSC, FNPTNA, and other stake holders to determine the top 3 challenges to prehospital care of pediatric and neonatal patients.	EMSC	FNPTNA Medical Directors	

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		<p>Work with Division of Medical QA to develop method of capturing this information during recertification</p> <p>Work with EMRC to identify treatment challenges</p>			
	<p>6.4.5 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 patients in which active airway assistance is utilized other than ET.</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>	Medical Care	Medical Directors Quality Managers EMRC	

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6.5 Measure and Identify opportunities for improvement in EMS system processes.	6.5.1 % of patients refusing transport appropriately.	Benchmarking to identify best practices.	Quality Managers	Providers Fire Chiefs EMRC	
	6.5.2 % of victims meeting trauma alert criteria transported to trauma center	Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices Identify the percentage of time Trauma Alerts called on the basis of objective criteria (State Score card, except for Paramedic Discretion) vs the percentage of time called on subjective criteria(Paramedic discretion)	Medical Care Quality Managers	EMRC Trauma Committee	
	6.5.3 % of acute STEMI Alert (MI) 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 EMRC AHA	
	6.5.4 % of stroke patients transported to a stroke center	Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices Identify and benchmark the percentage of times an objective stroke assessment tool (eg. Stroke Alert Checklist) is utilized in declaring a stroke alert or affecting transportation destination(eg to an identified stroke center.)	Quality Managers	Medical Directors EMRC AHA	June 2010
	6.5.5 % of pediatric and neonatal patients transported utilizing appropriate transport agency to center capable of appropriate medical	Identify centers for pediatric and neonatal care Work with EMRC in identifying transporting agencies	EMSC	Providers FNPTNA FAMA Quality Managers	

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6.6: Develop a standardized QI/QA template for use by all EMS providers and encourage use of template or similar document	<p>% of EMS agencies utilizing a standardized template</p> <p>Notes from planning session: 100% under 401 – EMRC is developing a template for this</p>	<p>Develop a QA Template</p> <p>Develop a survey of EMS providers to obtain % of agencies using EMRC template or similar template.</p>	Emergency Medical Review Committee (EMRC)	<p>Florida EMS Quality Managers Association</p> <p>Florida EMS Medical Directors</p>	June 2010
6.7 Prioritize and begin setting performance targets based on the established benchmarks and utilizing EMSTARS data	# of service delivery or patient care components measured and benchmarked	Use the expertise of the Emergency Medical Review Committee to identify patient outcome and service delivery components for uniform measurement; also, use the data, publish the data, while still protecting the data	Emergency Medical Review Committee (EMRC)		June 2012
6.8 To provide effective injury prevention, rescue and prehospital emergency medical care at Florida's public bathing places. To coordinate rescue and prehospital emergency care with transport providers.	<p>Identify # of coastal lifeguard agencies operating in Florida.</p> <p>Identify % of Florida bathing places that are currently lifeguard protected.</p>	<p>Phase 1: Survey to identify number, location of coastal lifeguard agencies</p> <p>Liaison with provider/constituency groups to determine the role of lifeguard agencies within their arena</p> <p>Phase 2: Pursue legislative action and rule that would license and/or certify lifeguard agencies as BLS non-transport agencies and/or certify agencies under the USLA agency certification program</p> <p>Pursue legislative action that would require lifeguard protection at defined</p>	United States Lifesaving Association	EMS Advisory Council Legislative Committee	

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		coastal public bathing places.			
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GOAL 7: Assure the EMS System is prepared to respond to all hazard events in coordination with state disaster plans.

Goal Owner: Disaster Committee

Developed in 2009 – Patterned after PHP and Target Capabilities

Survey to identify gaps in Disaster Preparedness released in 2008.

Recommend for 2010 – 2012 Plan

Objectives	Measure(s)	Strategies	Lead	Resource	Timeline
7.1: Ensure all emergency medical services personnel (Paramedics, EMTs, Nurses and dispatchers) are knowledgeable about local agency and regional disaster plans.	<p>___% of EMS providers train their staff annually on local and regional disaster plans.</p> <p>___% of agencies that include the local, regional and state disaster response plans as part of orientation</p>	Compare current standards in Florida Statute/Rule, Florida Fire Chiefs State Emergency Response Plan, National Fire Protection Association, Florida OSHA, county emergency response plans and Catastrophic Health Incident Response Plans. Develop standards that apply to fire EMS, Non-Fire EMS and Air Medical EMS providers.	<p>Disaster Committee</p> <p>Disaster Committee</p>	Bureau of EMS, Health and Medical Co-Chairs, Trauma Committee, Office of Public Health Preparedness, Office of Emergency Operations, Dispatch Workgroup	12/31/10
7.2 Enable EMS providers to transport patients to AMTS's during times of local/regional disaster conditions.	<p>Amend Florida Statutes to enable EMS providers to transport patients to AMTSs during times of local/regional disasters.</p> <p>Coordinate with Medical Directors to develop legislation that will enable EMS to transport to AMTS sites under specific circumstances. Better define "disaster conditions".</p>	Research and develop enabling language.	<p>Legislative Committee</p> <p>Legislative Committee</p>	Bureau of EMS PHMP, OEO, Disaster Committee & Community Surge Committee, FHA, Office of Trauma, Office of Emergency Operations	12/31/12

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<p>7.3. Ensure emergency medical services plans and related documents include consideration for At-Risk Populations</p> <ol style="list-style-type: none"> 1. Pediatrics 2. Neonatal 3. Pregnant women 4. Elderly 5. Disabled 6. Low/limited literacy 7. Public companions or service animals 8. Special medical needs 	<p>___% EMS agency plans that specifically address each identified At-Risk Populations</p> <p>___% of EMS providers train their staff at orientation and refresh annually on their local At-Risk Population Plans.</p> <p>___% EMS agency and ED exercises that include at-risk populations</p> <p>% of EMS agency and ED plans that address reunification of pediatric patients</p> <p>___% Emergency Departments that plan, train and exercise for special needs populations.</p>	<p>Ensure plans, training and exercises address At-Risk Populations. Establish baseline and benchmark to identify best practices. Bases on best practices, develop specific training for At Risk Populations.</p> <p>Include development of templates for plans, drills and training. Seek to commit funding to a limited number of Emergency Departments and agencies who are willing to conduct drills with primarily at-risk populations.</p> <p>EMSC develop and implement assessment tool.</p> <p>Phase II Develop a project that provides funds to hospitals to hold training, drills/exercises that emphasize special needs populations. Partner with the PHP Medical Surge Committee.</p>	<p>EMSC</p>	<p>EMS Disaster Committee, PIER, PHMP Community Surge Committee, Office of Trauma Medical Directors, Emergency Nurses Association (ENA) PHP Medical Surge Committee</p>	<p>12/31/12</p>
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<p>7.4: Ensure all emergency pre-hospital health care providers (including but not limited to Paramedics, EMTs, Nurses and dispatchers) are knowledgeable about Level "C" PPE and Nerve Agent Antidotes.</p>	<p>___% of EMS providers train their staff annually on Level "C" PPE. local and regional disaster plans.</p> <p>___% of EMS providers train their staff annually on Nerve Agent antidotes.</p>	<p>Compare current standards in Florida Statute, Rule, Florida Fire Chiefs State Emergency Response Plan, National Fire Protection Association, Florida OSHA, county emergency response plans and Catastrophic Health Incident Response Plans. Develop standards that apply to fire EMS, Non-Fire EMS and Air Medical EMS providers.</p> <p>Identify statewide standards to acquire, inventory, store and disseminate and maintain protective equipment and prophylaxis/antidotes.</p>	<p>Disaster Committee</p> <p>Disaster Committee</p>	<p>Bureau of EMS, EMS Educators, FFCA, PHMP Responder Health & Safety Committee, PHMP Community Surge Committee</p>	<p>12/31/12</p>
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<p>7.5: 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, and their respective roles and responsibilities in the system.</p>	<p>___% of EMS providers train their staff annually on CBRNE detection systems, notification, verification & response procedures.</p>	<p>Compare current standards in Florida Statute, Rule, Florida Fire Chiefs State Emergency Response Plan, National Fire Protection Association, Florida OSHA, county emergency response plans and Catastrophic Health Incident Response Plans. Develop standards that apply to fire EMS, Non-Fire EMS and Air Medical EMS providers.</p>	<p>Community Surge Team</p>	<p>Bureau of EMS, FFCA, PHMP Responder Health & Safety Committee Medical Directors,</p>	<p>12/31/12</p>
<p>7.6 Develop processes for EMS medical direction support of disasters, mass casualty, and large infectious disease emergencies at the State, Regional and Local level. Develop Statewide protocol for use in the event of large scale statewide disasters, mass casualty and large scale infectious disease events.</p>	<p>State Wide Disaster & statewide/federal infectious disease protocols are written and approved by DOH & FL Assoc. of EMS Med Directors.</p>	<p>Develop Statewide Disaster Medical and Large Scale EMS Infectious Disease Protocols. Formulate implementation strategies</p>	<p>EMS Medical Directors</p>	<p>Disaster Committee, EMS Constituency, Office of Trauma, Community Surge Committee, Office of Emergency Operations, Office of Public Health Preparedness</p>	<p>12/31/12</p>
<p>Develop and implement specific plans and strategies to appropriately inform and educate</p>	<p>___% of EMS Provider Agencies who have been trained in statewide disaster protocol, strategies and current guidance(s).</p>	<p>Ensure EMS Providers receive the Disaster Medical Protocols</p>	<p>EMS Medical Directors</p>	<p>Disaster Committee, EMS Constituency, Office of Trauma, Community Surge Committee, Office of Emergency Operations, Office of Public Health Preparedness</p>	<p>12/31/12</p>

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Florida's EMS providers with current information and guidance regarding disaster and infectious disease response.					
7.7 Develop medical direction support to local Emergency Operations Center (EOCs).	___% of Local EOC's that have a process in place to access Local EMS Medical Director or EMS Medical Director designee for consultation during activations	Compare current standards in Florida and FEMA Region IV State partners. Assess best practices at the local and state level.	Medical Directors	Disaster Committee, Bureau of EMS, EMS Providers, Office of Emergency Operations, local Emergency Managers, Health & Medical Co-Chairs	12/31/12
7.8 Align with Community Surge Objectives	Disaster Committee & PHMP Community Surge Committee Objectives are aligned.	Determine gaps that exist between PHMP Community Surge Committee Objectives and Disaster Committee Objectives.	Community Surge Committee	Disaster Committee BEMS, Medical Directors	In Process. PHMP Community Surge and Hospital Surge Committees are actively coordinating projects and project planning.
7.9 Identify facility and plan for implementation of at least one Alternate Medical Treatment Site in each county that can be used to help mitigate community surge	___% of the counties that have identified and planned for the implementation of an Alternate Medical Treatment Site.	This project is already in process. Collaboration for the project exists between local EMS Providers, Public Health Preparedness, the Office of Emergency Operations and DOH Regional Emergency Response Advisors and local Emergency Management.	Office of Public Health Preparedness	Disaster Committee, Office of Emergency Operations, local EMS Providers, DOH Regional Emergency Response Advisors, Disaster Committee and local Emergency	12/31/12

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during disasters.				Managers, Medical Directors, Hospitals, Lifeguard Constituency Group.	
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GOAL 8: Maintain an accident-free environment and promote a culture of safe and appropriate utilization of Florida air assets.
Goal Owner: Access to Care Committee (Karen Chamberlain)

Objectives	Measure(s)	Strategies	Lead	Resource	Timeline
<p>8.1 Develop statewide criteria for appropriate air asset utilization (prehospital and interfacility transfers).</p>	<p>% of air medical providers that have established criteria for appropriate air asset utilization % of air medical providers that have an established utilization review process. Statewide measures developed.</p>	<p>Establish baseline and identify best practices Define appropriate air asset utilization Promote use of a utilization review process. Educate requestors (EMS, hospitals) on risks associated with helicopter shopping. Develop a repository of centralized information re capability/ availability to ensure appropriate use of specialty providers.</p>	<p>Florida AeroMedical Association (FAMA)</p>	<p>Air & Surface Transport Nurses Association (ASTNA) Florida EMS Pilots Association Florida Neonatal & Pediatric Transport Network Association (FNPTNA) EMS Medical Directors Florida Fire Chiefs' Association (FFCA) EMS Providers Florida Committee on Trauma (FCOT) Association of Air Medical Services (AAMS) American College of Surgeons (ACS) National EMS Physicians Air Medical Physician Association (AMPA)</p>	

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<p>8.2 Improve air medical communications and dispatch procedures for communication centers, flight crew, hospitals, and EMS providers</p>	<p># of air medical communication centers that perform duties other than air medical flight-related duties. # of air medical communication centers with established helipad communication procedures # of air medical communication centers with an established quality improvement process # of air medical communication centers that are utilizing technology for information sharing # of air medical communication centers that utilize aviation-based technology for flight management # of Florida receiving facilities and EMS providers that are non-compliant with state Med8 requirements # of Florida air medical providers that are non-</p>	<p>Develop and implement a quality improvement process for air medical communication centers. Promote formalized flight following and dispatch procedures including up-to-date weather per the National Transportation Safety Board (NTSB) recommendations Identify, research, and implement the use of technological services to improve information sharing. Identify and adopt initial minimum criteria for air medical communication specialists Develop mechanism for inclusion of fixed wing aircraft in dispatch measures Establish Bureau of EMS support for inspections process and compliance with the Florida Communications Plan</p>	<p>Florida AeroMedical Association (FAMA)</p>	<p>Air & Surface Transport Nurses Association (ASTNA) Florida EMS Pilots Association Florida Neonatal & Pediatric Transport Network Association (FNPTNA) Technical Advisory Panel (TAP) Bureau of EMS EMS Providers Florida Fire Chiefs' Association EMS Communications Engineer National Association of Air Medical Communication Specialists EMS Providers Florida Hospital Association Emergency Dispatch Workgroup</p>	
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	<p>compliant with state Air Secondary requirements</p> <p># of air medical communication centers that have established continuing educational requirements</p> <p># of air communication centers that have a rest/fatigue policy in place</p>				
<p>Improve air medical crew resource management and education</p>	<p># of programs that have established air medical crew resource management as part of both the initial orientation process and annual training requirements</p> <p># of programs using a risk assessment tool for flight crew</p> <p># of programs/providers that have a dedicated operational education committee or training coordinator</p> <p># of programs that have initial training requirements that include 4 hours of safety training and 4 hours of flight specific training</p>	<p>Establish baseline and benchmark to identify best practices</p> <p>Assess operational education and training needs of flight programs</p> <p>Identify current risk assessment tools for air medical providers</p> <p>Establish standardized minimum initial safety core competencies for all personnel involved in air medical transport</p> <p>Develop and adopt recommended safety continuing education for all personnel involved in air medical transport</p> <p>Establish operational awareness training for ground crews involved in transport (safety, landing zone, approach, etc...)</p> <p>Establish a minimum one day annual air medical safety summit with representation from all stakeholders involved in air medical transport (to include but not limited to aviation and medical crews, maintenance, communications, administration, and</p>	<p>Florida AeroMedical Association (FAMA)</p>	<p>Air & Surface Transport Nurses Association (ASTNA)</p> <p>Florida EMS Pilots Association (FLEMSPA)</p> <p>Florida Neonatal & Pediatric Transport Network Association (FNPTNA)</p> <p>EMS Providers Fire Chiefs EMS Advisory Council's Education Committee</p> <p>Association of Air Medical Services (AAMS)</p> <p>Commission on Accreditation of Medical Transport Services (CAMTS)</p> <p>Florida Neonatal & Pediatric Transport Network Association</p>	

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	# of air medical programs with an operational awareness course	any associated transport (assisting FD or ambulance service's) not within air transport program.		(FNPTN)	
Improve use of air asset technology to enhance safety	<p># of air medical aircraft with terrain awareness and warning systems (TAWS) and radar altimeters</p> <p># of air medical providers utilizing night vision goggles (NVGS)</p> <p># of air medical programs utilizing satellite based flight following systems</p> <p># of air medical providers that have established inadvertent instrument meteorological conditions (IIMC) procedures and training</p> <p># of air medical programs that require Nomex flight suits and helmets</p> <p># of air medical providers actively utilizing night vision</p>	<p>Promote training for safe operations and Inadvertent Instrument Meteorological Conditions (IIMC) procedures</p> <p>Promote compliance with Federal Aviation Administration (FAA) and National Transportation Safety Board (NTSB) safety recommendations</p> <p>Promote compliance with the commercial/ instrument standards set by the Federal Aviation Administration (FAA)</p> <p>Promote personal safety through Nomex flight suits and safety helmets</p> <p>Identify and include fixed-wing recommendations from NTSB</p> <p>Promote Federal Aviation Administration best practices</p>	Florida AeroMedical Association (FAMA)	<p>Florida EMS Pilots Association</p> <p>Florida Neonatal & Pediatric Transport Network Association (FNPTNA)</p> <p>Federal Aviation Administration (FAA)</p> <p>National Transportation Safety Board (NTSB)</p> <p>International Helicopter Safety Team (IHST)</p>	

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	goggles (NVGs)				
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<p>8.5 Adopt initial and continuing educational training requirements for aircrew of licensed air providers (attach document as an appendix)</p>	<p>2 hours of altitude physiology course and aircraft safety/emergencies for refresher training.</p>	<p>Identify statutory authority to develop a rule proposal to submit to the Bureau of EMS; or seek statutory change..</p>	<p>Legislative Committee</p>	<p>FAMA FNPTNA ASTNA</p>	
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GOAL 9: Increase access to care by improving patient safety, responder safety, and the safety of general public.

Goal Owner: Access to Care Committee (Mike Patterson)

Objectives	Measure(s)	Strategies	Lead	Resource	Timeline
9.1 Determine Medication Error rate in Florida's EMS Systems	Locate funding and resources to initiate a study of medication error rate in Florida EMS Systems	Fund and execute a study of EMS medication error rate and identify 3-5 of the most serious or frequent errors in Florida as a baseline. During next planning cycle, determine strategy to mitigate errors and institute plan for mitigation	EMS Advisory Council Medical Care Committee State EMS Medical Director		
9.2 Quantify EMS vehicle collision rate in Florida in a measurable way;	Goal: Reduce rate by 10% by 2012	Work with Florida DOT to fund project to study EMS vehicle collision rate and a mitigation plan to reduce rate by 10% by the end of 2012	State EMS Medical Director Florida DOT	Objective Safety (Dr. Nadine Levick) Department of Highway Safety and Motor Vehicles (Bill Ham) National EMS Advisory Council's Committee on Ambulance Crashes (or personnel safety). Dr. Jeff Lindsey is chair of this committee and should have data	

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<p>9.3 Improve safety of staff from increasing violence in emergency departments (from psychiatric patients, trauma patients, and irate patients/families).</p>			<p>Emergency Nurses Association</p>		
<p>9.4 Reduce the number of on-the-job injuries or serious infectious illnesses in the EMS population</p>	<p>9.4.1 # of injuries based upon reports from Workers' Comp</p>	<p>Identify process to track all injuries/serious infectious illnesses and utilize the Department of Financial Services database for Workers' Comp claims</p> <p>Publish findings in quarterly action plan</p>	<p>Providers</p>	<p>Fire Chiefs PIER</p>	<p>2012</p>
	<p>9.4.2 # of infectious diseases</p>	<p>Identify process to track all injuries/serious infectious illnesses and utilize the Department of Financial Services database for Workers' Comp claims</p> <p>Publish findings in quarterly action plan</p>	<p>Providers</p>	<p>Fire Chiefs Legislative Committee</p>	<p>2012</p>
	<p>9.4.3 # workers' compensation days based upon reports from Workers' Comp</p>	<p>Utilize the Department of Financial Services database for Workers' Comp claims</p> <p>Publish findings in quarterly action plan</p>	<p>Providers</p>		<p>2012</p>
	<p>9.4.4 # educational programs provided on injury prevention and infectious disease to EMS personnel</p>	<p>Identify/provide educational programs on injury prevention/infectious disease</p>	<p>PIER</p>	<p>Access to Care</p>	<p>Ongoing</p>

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<p>9.10 Improve EMS transport safety for the pediatric patient.</p>	<p># air calls in which pediatric patients were transported in an approved FAA child safety device</p> <p># ground calls in which pediatric patients were transported in a child safety device</p>	<p>Analyze data and identify improvement opportunities. Utilize Data Committee in determining mode of transport; comparison of agencies with approved devices</p> <p>Review of survey results from agencies regarding practice</p> <p>Literature review/review of national guidelines regarding pediatric/neonatal transport safety</p>	<p>EMSC</p>	<p>FNPTNA</p> <p>ASTNA</p> <p>FAMA</p> <p>Providers</p> <p>Fire Chiefs</p>	<p>2012</p>
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GOAL 10: Improve consistency, efficiency and education of public safety personnel with respect to incident related emergency medical dispatch (EMD) and radio communications.

Goal Owner: Access to Care Committee (Mike Patterson and Todd Mechler)

Objectives	Measure(s)	Strategies	Lead	Resource	Timeline
10.1 Improve EMS radio communications between transports and receiving hospitals	<p>% of primary systems using UHF vs. 800 MHz vs. other.</p> <p>% of MED 8 capable agencies.</p>	<p>Develop survey to determine which agencies/counties are using UHF vs. 800 MHz vs. other.</p> <p>Develop survey to determine MED 8 compliance.</p> <p>Partner with AHCA to improve inspection procedures by AHCA for hospitals</p> <p>Revise, vet and release new version of Volume I of the EMS Communications Plan</p>	Todd Mechler EMS Communications Engineer	AHCA DMS/DivTel DOH/Bureau of EMS	2012
10.2 Improve agency access to training and education	Do 10.2 and 10.3 need to be combined.	<p>Create and update regularly a list of approved radio makes/models for EMS communications</p> <p>Operational radio/system use</p> <p>Compliance/ statutory requirements</p> <p>Purpose/intent of system design</p>	Jim Lanier and the Communications Committee		
10.3 Improve agency access to federal and state funding		<p>Improve grant awareness</p> <p>Improve grant submission process</p>	Communications Committee		

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<p>10.4 Improve interoperable communications capabilities</p>	<p>How do you measure?</p>	<p>Determine % of agencies capable of communicating with other public safety radio systems</p> <p>Determine requirements to improve I/O communications statewide</p>	<p>Todd Mechler and the Communications Committee</p>		
<p>10.5 Improve capability to communicate preparation of disasters</p>	<p>How do you measure this?</p> <p>Do we have baseline data?</p> <p>Do you need to develop a measurement tool as phase 1 of this objective to find a baseline?</p>	<p>Between EMS agencies in non-home areas</p> <p>Between EMS agencies and non-standard dispatch centers</p> <p>Between EMS agencies and other public safety agencies</p>	<p>Jeff Palmer and the Communications Committee</p>	<p>Disaster Response Committee</p>	
<p>10.6 Emergency Medical Dispatch</p>	<p>Objective statement needs to say what you are trying to do with EMD.</p>	<p>Actively participate in dispatcher certification legislation initiative</p> <p>Provide a point of resource to assist agencies with EMD best practices</p> <p>Review and evaluate EMSTARS data points relative to dispatch and work with the data committee to fine tune</p>	<p>Jim Lanier and the Communications Committee</p>		