EMSAC Members

The following is a list of the EMSAC members at the time this strategic plan was published. EMSAC members are appointed by the State Surgeon General for a term of four years. Ex-officio members of the EMSAC are appointed by the respective agency head. For a current list of members, a copy of the EMSAC bylaws, or general information about the EMSAC, visit the BEMS website at: http://www.fl-ems.com.

**Chair- Air Ambulance Operator**
John Scott, RN, EMT-P
Tampa General Hospital

**Commercial Ambulance Operator**
Alan Skavroneck, Chief Operating Officer
Ambitrans Medical Transport

**Department of Highway Safety and Motor Vehicles**
Walter Liddell, Trooper
Florida Highway Patrol

**Department of Education**
Tracy Yacobelis
Program Specialist, Health Sciences Education

**Department of Financial Services**
Barry Baker, Chief
Bureau of Fire Standards and Training
State Fire Marshall

**Department of Transportation**
Trenda McPherson
DOT Traffic Safety Specialist

**Emergency Medical Technician (Fire Service)**
Cory S. Richter, EMT-P
Battalion Chief, Indian River County Fire Rescue

**EMS Administrator (Non-Fire Service)**
Michael Patterson, Chief
Putnam County EMS

**EMS Administrator (Fire Service)**
William R. Colburn, Chief
Reedy Creek Fire Department

**EMS Educator**
Daniel Griffin, AS, CCEMT-P

**Emergency Medical Services for Children Liaison**
Julie Bacon, RNC, BA, CPEN, C-NPT
EMSC Advisory Committee

**Emergency Medical Technician (Non-Fire Service)**
Tom Quillin, Chief
Leon County Emergency Services

**Emergency Nurse**
Amy Paratore, RN
Tampa General Hospital

**Hospital Administrator**
Maria Fernandez, MSN
Miami Children’s Hospital LifeFlight

**Lay Elderly**
Doris Ballard-Ferguson, BSN, ARNP, MNSc, PhD
Florida A & M University School of Nursing

**Lay Person**
Regina E. Sofer, MPA
Florida Education Center

**State EMS Medical Director**
Joe Nelson, DO, MS, FACOEP, FACEP
Bureau of Emergency Medical Services
Division of Emergency Medical Operations
Florida Department of Health

**Paramedic (Non-Fire Service)**
Karen Chamberlain, EMT-P, RN, BSN, CFRN, CEN, CCRN

**Paramedic (Fire Service)**
Charles E. Moreland, EdD
Division Chief, Jacksonville Fire and Rescue

**Physician**
Patricia Byers, MD
University of Miami, Miller School of Medicine
Division of Trauma & Critical Care

**Physician**
Bradley Elias, MD
Baptist Medical Center

Cover photo courtesy of Nature Coast EMS 2010 Florida EMS Photo of the Year - best depicting the 2010 National EMS week theme.

“EMS: Anytime. Anywhere. We’ll be there.”
# Table of Contents

Florida’s Emergency Medical Services
Strategic Plan July 2010 – June 2012

All photos used with the expressed consent of:
Julie Bacon
Indian River Fire Rescue
Leon County EMS
Miami Dade Fire Rescue
Nature Coast EMS
Seminole Tribe Fire & Rescue
Shands Air Care

Strategic Planning Coordinator:
Melissa Keahey
Bureau of Emergency Medical Services
4052 Bald Cypress Way, Bin C-18
Tallahassee, FL 32399
(850) 245-4440 ext *2686
melissa_keahey@doh.state.fl.us

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

---

Message from the State Surgeon General ................................................. 2
2009 EMS Photo of the Year ........................................................................ 3
Executive Summary ..................................................................................... 4
2010-2012 Goals ......................................................................................... 5
About the Emergency Medical Services Advisory Council .................... 6
Why Strategic Planning? .............................................................................. 8
2010-2012 EMS Strategic Plan Goals and Objectives ............................ 10
Goal 1: ........................................................................................................ 10
Goal 2: ........................................................................................................ 12
Goal 3: ........................................................................................................ 14
Goal 4: ........................................................................................................ 16
Goal 5: ........................................................................................................ 18
Goal 6: ........................................................................................................ 20
Goal 7: ........................................................................................................ 24
Goal 8: ........................................................................................................ 28
Goal 9: ........................................................................................................ 32
Goal 10: ..................................................................................................... 34
Celebrating Our Successes ....................................................................... 36
Acknowledging Our Partners ................................................................. 38
Glossary ................................................................................................. 40
Acronyms ............................................................................................... 42
Appendix A ............................................................................................. 44
Appendix B ............................................................................................. 46
Appendix C ............................................................................................. 48
On behalf of the Florida Department of Health and our partners I present to you the *July 2010–June 2012 Florida Emergency Medical Services Strategic Plan* for Florida’s EMS system. This plan is an evolving and fluid document that will change as best practices are discovered and implemented. The Florida Emergency Medical Services Advisory Council and its Strategic Visions Committee are the strategic plan oversight team. This team is comprised of health and medical leaders from all disciplines around the state and is responsible for setting priorities, allocating resources, providing oversight and coordination, and communicating and monitoring progress against targets.

The new 2010-2012 EMS State Strategic Plan was developed through a series of consensus-building discussions, projects, and prioritization exercises. The ten goals with supporting objectives were presented to the Florida Emergency Medical Services Advisory Council for endorsement in January 2010. The council endorsed these recommendations and will focus on the following emphasis areas for the next two years: leadership, prehospital incident data collection, outreach, injury prevention, access to care, public education, workforce education and development, workforce satisfaction, service delivery, disaster preparedness and response, air medical safety, patient safety, personnel safety, radio communications, and emergency medical dispatch.

We all play a key role in the EMS system. Continuing to grow and expand our community partnerships and collaborative efforts strengthens the success of the plan and the services provided to Floridians. I recognize all those involved in the development and implementation of this plan. Their continued drive to link the continuum of care through their strategic planning efforts is to be commended.

Sincerely,

Ana M. Viamonte Ros
Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General
2009 EMS Photo of the Year

Photo courtesy of:
Seminole Tribe Fire Rescue -
Best depicting the 2009 National EMS Week Theme,

“EMS: A Proud Partner in Your Community.”
Florida Statute 401.24 requires the Florida Department of Health, Bureau of Emergency Medical Services, to develop and biennially revise a comprehensive state plan for basic and advanced life support services. At a minimum, the plan must include:

1) emergency medical systems planning, including the prehospital and hospital phases of patient care, injury control efforts, and the unification of such services into a total delivery system to include air, water, and land transport;

2) requirements for the operation, coordination and ongoing development of emergency medical services which include: basic life support or advanced life support vehicles, equipment, and supplies; communications; personnel; training; public education; state trauma system; injury control; and other medical care components; and

3) the definition of areas of responsibility for regulating and planning the ongoing and developing delivery service requirements.

Florida Statute 401.245 created the Emergency Medical Services Advisory Council (EMSAC) for the purpose of acting as the advisory body to the state’s emergency medical services program. The duties of the council are outlined in Section 401.245, F.S., and includes 401.245(1)(f), F.S.:

“Providing a forum for planning the continued development of the state’s emergency medical services system through the joint production of the emergency medical services state plan.”

2010-2012 Goals

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

Goal 2: Improve 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 and serve as a clearinghouse for EMS legislative issues.

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 the 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.
“EMS: Anytime. Anywhere. We’ll be there.”

Photo courtesy of Nature Coast EMS - 2010 Florida EMS Photo of the Year best depicting the 2010 National EMS week theme.
The Emergency Medical Services Advisory Council was created for the purpose of acting as the advisory body to the emergency medical services program. Pursuant to Section 401.245, Florida Statutes, the duties of the council include, but are not limited to:

(a) Identifying and making recommendations to the department concerning the appropriateness of suggested changes to statutes and administrative rules.

(b) Acting as a clearinghouse for information specific to changes in the provision of emergency medical services and trauma care.

(c) Providing technical support to the department in the areas of emergency medical services and trauma systems design, required medical and rescue equipment, required drugs and dosages, medical treatment protocols, emergency preparedness, and emergency medical services personnel education and training requirements.

(d) Assisting in developing the emergency medical services portion of the department’s annual legislative package.

(e) Providing a forum for discussing significant issues facing the emergency medical services and trauma care communities.

(f) Providing a forum for planning the continued development of the state’s emergency medical services system through the joint production of the emergency medical services state plan.

(g) Assisting the department in developing the emergency medical services quality management program.

(h) Assisting the department in setting program priorities.

(i) Providing feedback to the department on the administration and performance of the emergency medical services program.

(j) Providing technical support to the emergency medical services grants program.

(k) Assisting the department in emergency medical services public education.

(l) Assisting in the development of the department’s injury prevention and control program.
Why Strategic Planning?

Strategic planning is the process that supports the joint efforts between the EMS Advisory Council, the EMS community, and the Florida Department of Health. No single force working alone can accomplish everything needed to improve and expand prehospital care in Florida.

In coordination with the Florida Department of Health’s Bureau of Emergency Medical Services, the EMS Advisory Council took a collaborative approach with a multitude of EMS constituency groups to develop Florida’s 2010–2012 Emergency Medical Services Strategic Plan. This plan is designed to be a framework to strengthen Florida’s EMS system to achieve one vision.

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

Strategic planning is a tool that provides a pathway for an organization or system to fulfill its vision. Florida’s EMS Advisory Council provides a voice for Florida’s EMS community and the patients we serve.

Strategic Planning Phases

The four-phase process includes Plan, Develop, Implement and Review. The Florida Emergency Medical Services Strategic Plan is the result of these processes and is outlined in this document.

1) The Plan phase includes a foundation review of existing goals, objectives, and strategies; identification, analysis, and prioritization of key organizational factors.

2) The Develop phase includes identification and prioritization of strategic goals; development of strategic objectives and strategies; and determination of leads and measures.

3) Communication of strategies to staff and stakeholders and development of detailed action plans complete the Implementation phase.

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

Objectives support goals, mission, and vision.

Goals support mission and vision, and dictate objectives.

Mission supports vision, and dictates goals.
GOAL 1:
Improve the EMS system through effective leadership and communication by the EMS Advisory Council.

Goal Owner: EMS Advisory Council

EMS system is defined as all licensed providers, EMS personnel, and EMS training centers.
<table>
<thead>
<tr>
<th>Objectives</th>
<th>Measure(s)</th>
<th>Strategies</th>
<th>Lead</th>
<th>Resource</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1: Amend the EMSAC bylaws to support Strategic Plan</td>
<td>Successive leadership Officer’s leadership Each committee has a tie in to strategic plan # of strategic planning milestones met</td>
<td>Amend the EMSAC bylaws to support Strategic Plan Assign goals to EMSAC subcommittees- these committees serve as goal owners who are to report status at each council meeting Encourage all EMSAC 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 Develop strategic planning guidelines for the EMSAC</td>
<td>EMSAC Parliamentarian</td>
<td>EMSAC Members EMSAC Subcommittees EMS Constituency Groups</td>
<td>Ongoing</td>
</tr>
<tr>
<td>1.2: Improve the relevancy and regularity of communication between the EMSAC and the EMS system</td>
<td># of EMSAC members participating with an EMSAC subcommittee (minimum two members) # of constituency group meetings covered by an EMSAC member</td>
<td>Measure dissemination of strategic plan and strategic planning initiatives through agencies and hospital based systems Track EMSAC members who are responding back with information related to the strategic plan Publish or post best practices, strategic planning updates, and other strategic planning resources on the Bureau of EMS (BEMS) website, the Florida EMS Community Listserv (FLEMSCOMM), and the quarterly EMS newsletter (EMS Vitals)</td>
<td>EMSAC</td>
<td>Goal Owners Objective Leads EMS Constituency Groups EMS Stakeholders Bureau of EMS (BEMS)</td>
<td>Ongoing</td>
</tr>
<tr>
<td>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 EMSAC</td>
<td># of groups who include the strategic plan in their agenda and meeting minutes (minimum of two items) # of meeting minutes submitted to be posted to the EMSAC webpage # of action plan updates submitted to the EMSAC Strategic Visions Committee # of EMS constituency groups and other EMS stakeholders participating in strategic planning efforts</td>
<td>Require all EMSAC constituency groups and EMSAC subcommittees to submit meeting agendas and meeting minutes 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 Track customer complaints and resolution of complaints Integrate work being done between EMSAC and EMS Constituency Groups Improve communication between groups by linking them together under objectives that require the expertise of multiple EMS stakeholder groups</td>
<td>EMSAC</td>
<td>EMSAC Subcommittees EMS Constituency Groups EMSAC Coordinator EMS Strategic Planning Coordinator</td>
<td>Ongoing</td>
</tr>
<tr>
<td>1.4: Conduct or host leadership workshops for the EMSAC and provide information on leadership seminars, fellowship opportunities to the EMS system</td>
<td># of new members assigned a mentor # of EMSAC members who have served as mentors # of new members who have received an orientation # of EMSAC members who have participated in leadership workshops, seminars, webinars, or other fellowship opportunities</td>
<td>Assign EMSAC mentors to new members Assign mentors to new members of an EMSAC subcommittee Develop an EMSAC orientation that is facilitated by EMSAC leadership Disseminate leadership resources (articles and webinars) to EMSAC members which may include information on quality improvement and facilitating meetings Develop measurement tool to track EMSAC members who have participated in leadership workshops, seminars, or other fellowship opportunities</td>
<td>EMSAC</td>
<td>BEMS</td>
<td>Ongoing</td>
</tr>
<tr>
<td>1.5: Develop a succession plan for the EMSAC members, chair, and EMS System leadership to ensure succession is fluid</td>
<td>Succession plans developed</td>
<td>Research other boards Ensure new members have been oriented Ensure new members have mentors in place Orient new members to strategic planning process and plan Identify areas of the state that will be experiencing increased number of personnel retiring (high-risk retirement) or receiving promotions Communicate succession planning best practices to the EMS system to alleviate disruptions in service during periods of transition at the local level</td>
<td>EMSAC Executive Committee</td>
<td>EMS Constituency Groups Florida Association of EMS Providers FAREMS Florida Association of County EMS Providers FFCA – EMS Section Florida EMS System</td>
<td>October 2010</td>
</tr>
</tbody>
</table>
GOAL 2:
Improve EMS data collection and participation through advocacy, outreach, and improved accessibility to EMS incident-level data.

Goal Owner: EMSAC Data Committee
<table>
<thead>
<tr>
<th>Objectives</th>
<th>Measure(s)</th>
<th>Strategies</th>
<th>Lead</th>
<th>Resource</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1: Improve leadership effectiveness and participation of EMSAC Data Committee</td>
<td>% of committee membership turnover rate by year (less than one member each year) 85% participation rating score of committee members attending meetings (including face-to-face meetings, conference calls, and web conferences within a calendar year)</td>
<td>Annual review of bylaws/operations to ensure effective operation of subcommittee (define term of service in action plan) Formalize participation rating score, monitoring and reporting process Develop/implement mentoring/ succession plan to include new member orientation Foster sustained leadership skills</td>
<td>EMSAC Data Committee</td>
<td>BEMS Data Unit</td>
<td>Ongoing</td>
</tr>
<tr>
<td>2.2: Maintain statewide standards for data collection for EMS incident level data</td>
<td>Maintain a defined and adopted Data Dictionary (all Florida Data Dictionary data elements defined and accepted by EMSAC) 100% compliance with national mandatory data collection requirements</td>
<td>Use the expertise of the EMSAC Data Committee to review/define/ maintain all data elements in Florida Data Dictionary consistent with national mandatory requirements</td>
<td>EMSAC Data Committee</td>
<td>BEMS Data Unit</td>
<td>Ongoing</td>
</tr>
<tr>
<td>2.3: Provide advocacy and outreach in support of National Highway Traffic Safety Administration (NHTSA) participation targets for Florida's statewide data collection system</td>
<td># of outreach events provided by or sponsored by EMSAC Data Committee % of annual increase in participation</td>
<td>Use the expertise of the EMSAC Data Committee to identify outreach opportunities/events for the advocacy, outreach, education/training for statewide data collection Define consistent training and education curriculum and delivery mechanisms Work closely with remaining agencies to ensure smooth transition; implement lessons learned from startup Identify funding resources Work closely with BEMS Data Unit in federal grant justification for enabling EMS agencies participation Conduct annual surveys to identify agency participation targets and agency assistance needs Provide implementation assistance to agencies seeking participation assistance</td>
<td>EMSAC Data Committee</td>
<td>EMSAC Data Committee</td>
<td>TBD via action plans</td>
</tr>
<tr>
<td>2.4: Improve access to EMS incident level data for evaluation and benchmarking activities</td>
<td>% increase in number reports available to EMRC for evaluation and benchmarking % increase in number reports available to EMS agencies for evaluation and benchmarking</td>
<td>Collaborate with EMRC on report definition and specifications Collaborate with EMRC and EMSAC Data Committee on key performance indicators (KPI’s) for evaluation and benchmarking Continue to seek grant funding to maintain resources for report development Collaborate with DOH IT organization to create data warehouse/ data mart solution Continue to seek grant funding to maintain data warehouse/data mart solution</td>
<td>BEMS Data Unit</td>
<td>DOH IT</td>
<td>Ongoing</td>
</tr>
<tr>
<td>2.5: Link EMS Tracking and Reporting System (EMSTARS) incident-level data with other state data for outcome assessments</td>
<td># linked data sets</td>
<td>Establish relationships to share data between agencies Collaborate with DOH IT organization to establish technical environment to enable data linkages and sharing Utilize expertise of EMSAC Data Committee and EMRC to identify data linkage requirements for linking incident level data for outcome assessments</td>
<td>BEMS Data Unit</td>
<td>EMSAC Data Committee</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
GOAL 3:

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

Goal Owner: EMSAC Public Information Education and Relations (PIER) Committee

Photo courtesy of Julie Bacon – 2009 EMSC Read for Health Program
<table>
<thead>
<tr>
<th>Objectives</th>
<th>Measure(s)</th>
<th>Strategies</th>
<th>Lead</th>
<th>Resource</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1: Provide injury prevention programs to the public</td>
<td>Increase by 5% the number of educational programs provided to the public through EMS/fire agencies</td>
<td>Identify funding sources, resources and partnerships</td>
<td>EMSAC PIER Committee</td>
<td>EMSC Advisory Committee</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>Reduce the number of hospital ED visits caused by injuries</td>
<td>Look at alternative distribution mechanisms</td>
<td>DOT Motorcycle Safety Coalition</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Data Source: AHCA Top 5 injuries: falls, motor vehicle/pedestrian, bicycle safety, drowning/water safety, fire/burns</td>
<td>Resurvey EMS agencies and increase response rate</td>
<td>Florida Injury Prevention Advisory Council</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reduce the number of motorcycle crashes</td>
<td>Partner with Access to Care Committee, Office of Trauma, the Office of Injury Prevention, and the DOT to obtain stats, provide programs, and improve the allocation of resources for these programs</td>
<td>Office of Injury Prevention</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Develop a central repository of injury prevention projects and programs by EMS and Trauma Centers</td>
<td>EMSAC Access to Care Committee</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Develop a measurement tool to determine the effectiveness of injury prevention programs in reducing injuries, and reducing emergency department (ED) visits</td>
<td>Florida Emergency Nurses Association (FENA)</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Identify injury prevention programs and opportunities for the general public by making them available to any agency in the state</td>
<td>United States Lifesaving Association (USLA)</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provide public injury prevention/educational programs directed towards the top five injuries in Florida by working with EMS agencies to start or expand injury prevention programs in their areas</td>
<td>National Oceanic and Atmospheric Administration (NOAA)</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Act as a resource for injury prevention programs throughout Florida- data source: Office of Injury Prevention</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Work with the Office of Injury Prevention and the Injury Prevention Advisory Council to identify number of hospital ED visits caused by injuries and partner with them to promote educational programs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2: Improve customer satisfaction by increasing participation by local quality managers in statewide EMS activities</td>
<td>Establish baseline list of current attendance and participation of local quality managers</td>
<td>Quality managers will query EMS providers to develop a list of agency personnel who perform quality management activities</td>
<td>Quality Managers</td>
<td>Medical Care Committee</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>Increase attendance and participation in quality management activities on a state level</td>
<td>Quality managers will review past, present, and future meeting attendance list to create baseline attendance numbers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Quality managers will reach out to colleagues on the provider level to encourage and motivate participation in state activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Quality managers will host a pilot one day seminar on current day strategies for improving customer satisfaction at the provider level</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.3: Identify, educate and partner with all stakeholders (i.e. patients, health care providers, and hospitals) on Access to Care while continuing to share best practices to all EMS providers within the state</td>
<td>% of EMS agencies that have representation on hospital committees</td>
<td>Identify top three issues affecting access to care and develop measurement tool to establish baseline for improvement</td>
<td>EMSAC Access to Care Committee</td>
<td>Florida Hospital Association (FHA)</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>Reduction in ED overcrowding</td>
<td>Survey EMS agencies to determine how many have representation on hospital committees. Note: Joint Commission on Accreditation of Healthcare Organizations (JCAHO) does not require, but is a positive point in the accreditation process</td>
<td>PIER</td>
<td>Florida Association of EMS Medical Directors</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>Reduction in unnecessary ED visits (define unnecessary or non-critical conditions and reduce number of those visits)</td>
<td>Publish the current Prehospital Best Practices paper and use it as a tool to educate all stakeholders</td>
<td>Office of Trauma</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Publish paper from the emergency nurses’ perspective on ED overcrowding, including impact to ED due to Baker Acts (BA52) and psychiatric emergencies (lack of places to send BAS2s)</td>
<td>Office of Injury Prevention</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Utilize mechanisms such as the quarterly EMS newsletter, BEMS website, and FLEMSCOMM to share best practices that are evidence and outcome based</td>
<td>FENA</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Identify funding mechanisms to support health fairs, statewide PSA, and share best practices for health fairs</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
GOAL 4:

Improve EMS workforce education, performance, and satisfaction.

Goal Owner: EMSAC Education Committee
<table>
<thead>
<tr>
<th>Objectives</th>
<th>Measures</th>
<th>Strategies</th>
<th>Lead</th>
<th>Resource</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1: Remove current statutory requirement of two-hour HIV/AIDS</td>
<td>Sponsorship in both House and Senate</td>
<td>Seek statutory change</td>
<td>EMSAC Legislative Committee</td>
<td>EMSAC Education Committee FAEMSE</td>
<td>June 2012</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Need legislative committee to delete reference to Chapter 401, F.S., from Section 381.034, F.S.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Change HIV to Infectious Disease/Bloodborne Pathogens</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2: Establish guidelines for EMS dispatch training for ground services</td>
<td>Compare to national standards</td>
<td>Review national guidelines and identify funding sources</td>
<td>Dispatch Work Group</td>
<td>FAMA Florida Chapter, ASTNA EMSAC Legislative Committee</td>
<td>June 2012</td>
</tr>
<tr>
<td>4.3: Measure and identify opportunities to improve EMT/paramedic satisfaction</td>
<td>% overall satisfaction % turnover rate # EMTs/# paramedics (increase or decrease from previous years)</td>
<td>Implement process to identify and resolve potential areas of statewide EMT/paramedic dissatisfaction</td>
<td>FFCA – EMS Section Florida Association of EMS Providers DOH Division of Medical Quality Assurance (MQA) FAEMS Florida EMS Quality Managers Association</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>4.4: All Florida approved EMS paramedic training programs, as defined in Florida Administrative Code (FAC) 64J-1.020, will be nationally accredited or have initiated the procedures of accreditation in accordance with the NHTSA - EMS Education Agenda for the Future by January 1, 2013</td>
<td># of training centers who obtain National EMS Education accreditation</td>
<td>Education Committee will contact all EMS training centers that are not currently accredited by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) to determine if they intend to become accredited and if assistance is needed during the process</td>
<td>EMSAC Education Committee FAEMSE EMSAC Legislative Committee</td>
<td>Florida Association of EMS Providers DOH Division of Medical Quality Assurance (MQA) FAEMS Florida EMS Quality Managers Association</td>
<td>2013</td>
</tr>
<tr>
<td>4.5: Begin implementation of the National EMS Education Agenda for the future</td>
<td>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</td>
<td>Survey providers to ascertain what scope of practice levels would be supported Identify provider levels to be adopted (EMR, EMT, AEMT, paramedic) Legislative Committee adopt provider levels through legislation Adjust DOE curriculum frameworks to match adopted scope of practice levels and education standards Adopt national test for each approved provider level Define a statewide transition process from National Standard Curricula (NSC) to education standards for each approved level of provider</td>
<td>EMSAC Education Committee FAEMSE EMSAC Legislative Committee Florida Association of EMS Providers</td>
<td>Florida Association of EMS Providers</td>
<td>2013</td>
</tr>
<tr>
<td>4.6: Facilitate pediatric/neonatal educational programs throughout the state</td>
<td>Provide eight hours minimum pediatric/neonatal education in each Regional Domestic Security Task Force (RDSTF) region on an annual basis</td>
<td>Identify rural counties/regions in need of additional training Survey to determine pediatric/neonatal programs most requested or needed Establish a “speakers bureau” to provide quality education</td>
<td>EMSC Advisory Committee FAREMS EMSAC Education Committee FAEMSE Florida Neonatal Pediatric Transport Network Association (FNPTNA)</td>
<td>Florida Association of EMS Providers</td>
<td>June 2012</td>
</tr>
</tbody>
</table>
GOAL 5:
To ensure economic sustainability of the EMS system and serve as a clearinghouse for EMS legislative issues.

Goal Owner: EMSAC Legislative Committee
<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure(s)</th>
<th>Strategies</th>
<th>Lead</th>
<th>Resource</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1: Measure and improve % of reimbursable calls</td>
<td>% of reimbursable calls</td>
<td>Explore non-traditional transport options</td>
<td>Florida Association of EMS Providers</td>
<td>Ongoing TBD in action plans through June 2012</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Develop measurement tool</td>
<td>Compile best practices of EMS providers in Florida</td>
<td>FFCA – EMS Section</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Identify baseline</td>
<td></td>
<td>Florida Ambulance Association</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Improve baseline</td>
<td></td>
<td>FAMA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.2: Measure and improve % of billed charges collected</td>
<td>% billed charges collected</td>
<td>Identify best practices for achieving improvement in billing practices that result in higher collection rates</td>
<td>Florida Ambulance Association</td>
<td>Ongoing TBD in action plans through June 2012</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Develop measurement tool</td>
<td>Publish ratings in action plan on statewide website while maintaining confidentiality of providers</td>
<td>FFCA – EMS Section</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Identify baseline</td>
<td></td>
<td>Florida Association of EMS Providers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Improve baseline</td>
<td></td>
<td>FAMA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.3: Identify opportunities to provide public education regarding the utilization of EMS</td>
<td>Improve efficiency of EMS use</td>
<td>Identify strategies to improve the use of EMS by community users, i.e. skilled nursing facilities, physician offices, and medical alarms</td>
<td>Florida Association of EMS Providers</td>
<td>Ongoing TBD in action plans through June 2012</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Develop measurement tool</td>
<td>Publish best practices quarterly until 2012</td>
<td>Florida Ambulance Association</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Identify baseline</td>
<td>Conduct literature review for baseline</td>
<td>FFCA – EMS Section</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Improve baseline</td>
<td></td>
<td>PIER Committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.4: Identify cost saving measures to offset EMS expenses</td>
<td>Develop measurement tool</td>
<td>Identify best practice for vendor bidding and contracts</td>
<td>Florida Association of EMS Providers</td>
<td>Ongoing TBD in action plans through June 2012</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Identify baseline</td>
<td>Conduct literature review for baseline or measure at the local level</td>
<td>FFCA – EMS Section</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Improve baseline</td>
<td>Conduct annual classes on public purchasing procedures, including the use of state bidding</td>
<td>DOH, Bureau of Statewide Pharmaceutical Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Conduct training in public purchasing bid quotes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Identify best practices utilized by other agencies such as Co-Operative supply purchases (example Bureau of Pharmacy services through DOH i.e. Cardinal Health)- varies between municipalities and counties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.5: Identify alternative revenue sources</td>
<td>Compile successful programs from the EMS community for others to implement in their localities (rural, urban, county, municipalities)</td>
<td>Identify best practice for acquiring funding from alternative sources, i.e.:</td>
<td>Florida Association of EMS Providers</td>
<td>Ongoing TBD in action plans through June 2012</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Marketing of the EMS system</td>
<td>FFCA – EMS Section</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• United Way campaign</td>
<td>Florida Ambulance Association</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Foundations (private)</td>
<td>FAMA</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• % of fees for courses taught</td>
<td>EMSAC Access to Care Committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Federal stimulus money</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Publish opportunities by 2012 in quarterly action plan on state website</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.6: Ensure that industry experts within specific areas of EMS are represented on the Legislative Committee</td>
<td>Include at least one representative from each of the following areas: fire, non-fire, private, education, air, pediatric/neonate, dispatch</td>
<td>Liaison with constituency groups in identifying adequate representation</td>
<td>EMSAC Legislative Committee</td>
<td>2012</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>FAMA</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>EMSC</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>FFCA – EMS Section</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dispatch Group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.7: Adopt initial and continuing educational training requirements for aircrew of licensed air providers</td>
<td>Two hours of altitude physiology course and aircraft safety/ emergencies for refresher training</td>
<td>Identify statutory authority to develop a rule proposal to submit to the BEMS or seek statutory change</td>
<td>EMSAC Legislative Committee</td>
<td>2012</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>FAMA</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>FNPTNA</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ASTNA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
GOAL 6:
Improve performance of key EMS processes through benchmarking and partnerships.

Goal Owner: EMSAC Medical Care Committee

Photo courtesy of Miami Dade Fire Rescue – 2009 Florida EMS Provider of the Year
<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure(s)</th>
<th>Strategies</th>
<th>Lead</th>
<th>Resource</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1: Measure and identify opportunities for improvement of dispatch system effectiveness</td>
<td>% of primary Public Safety Answering Points (PSAP) utilizing a nationally recognized EMD system 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)</td>
<td>Establish baseline and benchmark to identify best practices Promote use of Emergency Medical Dispatch (EMD) system quality improvement processes Promote ongoing continuing education of emergency medical dispatchers Complete survey of PSAPs Note: Amber Lee Foundation, survey from Dispatch Group 66% return, data being evaluated Promote involvement of EMS Medical Directors in EMD Promote utilization of National Association of Air Medical Communication Specialists (NAAC) standards by all communications centers that handle air medical transport Identify challenges/barriers for agencies that currently do not provide EMD QA</td>
<td>Dispatch Group</td>
<td>Florida Association of EMS Providers FAMA Florida Association of EMS Medical Directors</td>
<td>Ongoing May require multiple phases that extend beyond June 2012 Phases TBD</td>
</tr>
<tr>
<td>6.2: Measure, stratify and identify EMS response time</td>
<td>Evaluate EMS response time (from incident notification of PSAP to EMS patient contact) % of calls meeting response time targets</td>
<td>Establish baseline and benchmark to identify best practices Partner with the EMSAC Data Committee to determine if prehospital data collection systems, such as EMSTARS, may be used to gather data Adopt a standardized model for defining/stratifying call types: non life threat, potential life threat, life threat, immediate life threat Adopt a standardized model for defining PSAP call processing time Adopt a standardized method for reporting response times via EMSTARS Explore delineation of three response demographic areas: urban, suburban, rural</td>
<td>Dispatch Group</td>
<td>Florida Association of EMS Providers FFCA – EMS Section EMSAC Access to Care Committee EMSAC Data Committee</td>
<td>Ongoing May require multiple phases that extend beyond June 2012 Phases TBD</td>
</tr>
<tr>
<td>6.3: Changes to EMSTARS Data Dictionary and Disaster Response Tracking System to be able to capture EMS off load and diversion times</td>
<td>All data elements needed to capture EMS off load and diversion times accepted by the EMSAC</td>
<td>Establish uniform definition of “EMS- hospital turnaround time” Establish uniform definition of hospital “diversion” status</td>
<td>EMSAC Data Committee</td>
<td>Trauma Committee Florida Emergency Nurses Association (FENA) Florida Association of EMS Medical Directors EMSAC Access to Care Committee</td>
<td>June 2012</td>
</tr>
<tr>
<td></td>
<td>Promote an Emergency System Status (ESS) internet based process on a statewide basis</td>
<td>Utilize Data Committee and Disaster Committee expertise and knowledge to develop requirements Partner with agencies that have piloted EMS System Measure number of counties utilizing EMS System Ensure more than 75% of trauma systems utilize system Continue to work with Office of Public Health Preparedness Steering Committee</td>
<td>EMSAC Disaster Committee</td>
<td>EMSAC Access to Care Committee EMSAC Medical Care Committee EMSAC Data Committee</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Objective</td>
<td>Measure(s)</td>
<td>Strategies</td>
<td>Lead</td>
<td>Resource</td>
<td>Timeline</td>
</tr>
<tr>
<td>-----------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>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 management and other treatments as identified</td>
<td>6.4.1 Cardiac: % ROSC (return of spontaneous circulation as defined by the UTSTEIN criteria) in the prehospital environment % of time 12 lead EKG was captured on a patient with suspected cardiac related symptoms % of EMS agencies that obtain 12 lead EKG on cardiac related patients per protocol % of time aspirin was given to patients with cardiac related symptoms or intentionally held due to medical considerations(e.g. allergy)</td>
<td>Review of data to identify opportunities for improvement Systemized care of STEMI/stroke Look at accrediting agencies Determine mortality rate Use UTSTEIN template reporting style Establish uniform definitions of STEMI alert and cardiac alert Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices</td>
<td>EMSAC Medical Care Committee</td>
<td>EMS Medical Directors, American Heart Association (AHA), EMRC, Quality Managers</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>6.4.2 Stroke: % of time a Stroke Alert was initiated based upon primary or secondary impression</td>
<td>Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices Monitor EMSTARS/EMRC/Medical Care Committee</td>
<td>Quality Managers</td>
<td>EMS Medical Directors, EMRC, AHA's Florida Stroke Systems Workgroup</td>
<td>2012</td>
</tr>
<tr>
<td></td>
<td>6.4.3 Trauma: Identify average time on scene for trauma alert patients</td>
<td>Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices Monitor EMSTARS/EMRC/Medical Care Committee</td>
<td>EMSAC Medical Care Committee</td>
<td>EMS Medical Directors, Trauma Committee, EMRC</td>
<td>2012</td>
</tr>
<tr>
<td></td>
<td>6.4.4 Pediatric/Neonatal: Identify and address top three challenges to prehospital care</td>
<td>Survey EMSC, FNPTNA, and other stakeholders to determine the top three challenges to prehospital care of pediatric and neonatal patients Work with Division of Medical Quality Assurance (MQA) to develop method of capturing this information during recertification Work with EMRC to identify treatment challenges</td>
<td>EMSAC Advisory Committee</td>
<td>FNPTNA, EMS Medical Directors</td>
<td>2012</td>
</tr>
<tr>
<td></td>
<td>6.4.5 Airway management: % recognition of proper placement of endotracheal tube placement as documented by end-tidal capnography % of patients in which endotracheal intubation is attempted and is not successfully completed % of patients in which active airway assistance is utilized other than ET</td>
<td>Define attempted intubation Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices</td>
<td>EMSAC Medical Care</td>
<td>EMS Medical Directors, Quality Managers, EMRC</td>
<td>2012</td>
</tr>
<tr>
<td>Objective</td>
<td>Measure(s)</td>
<td>Strategies</td>
<td>Lead</td>
<td>Resource</td>
<td>Timeline</td>
</tr>
<tr>
<td>-----------</td>
<td>------------</td>
<td>------------</td>
<td>------</td>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td>6.5: Measure and Identify opportunities for improvement in EMS system processes</td>
<td>6.5.1: % of patients refusing transport appropriately</td>
<td>Benchmarking to identify best practices</td>
<td>Quality Managers</td>
<td>Providers Fire Chiefs EMRC</td>
<td>2012</td>
</tr>
<tr>
<td></td>
<td>6.5.2: % of victims meeting trauma alert criteria transported to trauma center</td>
<td>Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices</td>
<td>EMSAC Medical Care Committee Quality Managers</td>
<td>EMRC Trauma Committee</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6.5.3: % of STEMI Alert patients field triaged to interventional cardiac cath capable facility</td>
<td>Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices</td>
<td>Quality Managers</td>
<td>EMS Medical Directors EMRC AHA</td>
<td>2012</td>
</tr>
<tr>
<td></td>
<td>6.5.4: % of stroke patients transported to a stroke center</td>
<td>Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices</td>
<td>Quality Managers</td>
<td>EMS Medical Directors EMRC AHA</td>
<td>June 2010</td>
</tr>
<tr>
<td></td>
<td>6.5.5: % of pediatric and neonatal patients transported utilizing appropriate transport agency to center capable of appropriate medical treatment</td>
<td>Identify centers for pediatric and neonatal care Work with EMRC in identifying transporting agencies</td>
<td>EMSC Advisory Committee</td>
<td>Providers FNPTNA FAMA Quality Managers</td>
<td>2012</td>
</tr>
<tr>
<td>6.6: Develop a standardized QI/QA template for use by all EMS providers and encourage use of template or similar document</td>
<td>% of EMS agencies utilizing a standardized template (will be developed by EMRC)</td>
<td>Develop a QA template Develop a survey of EMS providers to obtain % of agencies using EMRC template or similar template</td>
<td>EMRC</td>
<td>Florida EMS Quality Managers Association Florida EMS Medical Directors</td>
<td>June 2010</td>
</tr>
<tr>
<td>6.7: Prioritize and begin setting performance targets based on the established benchmarks and utilizing EMSTARS data</td>
<td># of service delivery or patient care components measured and benchmarked</td>
<td>Use the expertise of the EMRC to identify patient outcome and service delivery components for uniform measurement; also, use and publish the data</td>
<td>EMRC</td>
<td>EMSAC Data Committee</td>
<td>June 2012</td>
</tr>
<tr>
<td>6.8: To provide effective injury prevention, rescue and prehospital emergency medical care at Florida’s public bathing places (coordination of rescue and prehospital emergency care with transport providers)</td>
<td>Identify number of coastal lifeguard agencies operating in Florida Identify % of Florida bathing places that are currently lifeguard protected</td>
<td>Phase 1: Survey to identify number, location of coastal lifeguard agencies Liaison with provider/constituency groups to determine the role of lifeguard agencies within their arena 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 Pursue legislative action that would require lifeguard protection at defined coastal public bathing places</td>
<td>USLA</td>
<td>EMSAC Legislative Committee</td>
<td>2012</td>
</tr>
</tbody>
</table>
GOAL 7:

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

Goal Owner: Disaster Committee
<table>
<thead>
<tr>
<th>Objectives</th>
<th>Measure(s)</th>
<th>Strategies</th>
<th>Lead</th>
<th>Resource</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1: Ensure all EMS personnel (paramedics, EMTs, nurses and dispatchers) are knowledgeable about local agency and regional disaster plans</td>
<td>% of EMS providers that train their staff annually on local and regional disaster plans</td>
<td>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</td>
<td>EMSAC Disaster Committee</td>
<td>BEMS, Health and Medical Co-Chairs, Trauma Committee, Office of Public Health Preparedness, Office of Emergency Operations, Dispatch Workgroup</td>
<td>December 2010</td>
</tr>
<tr>
<td></td>
<td>% of agencies that include the local, regional and state disaster response plans as part of orientation</td>
<td>Develop standards that apply to fire EMS, non-fire EMS and air medical EMS providers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.2: Enable EMS providers to transport patients to Air Medical Transport Services (AMTS) during times of local/regional disaster conditions</td>
<td>Amend Florida Statutes to enable EMS providers to transport patients to AMTS during times of local/regional disasters</td>
<td>Research and develop enabling language</td>
<td>EMSAC Legislative Committee</td>
<td>BEMS PHMP, Office of Emergency Operations, Disaster Committee &amp; Community Surge Team, FHA, Office of Trauma</td>
<td>December 2012</td>
</tr>
<tr>
<td></td>
<td>Coordinate with EMS Medical Directors to develop legislation that will enable EMS to transport to AMTS under specific circumstances</td>
<td></td>
<td>EMSAC Legislative Committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Better define “disaster conditions”</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.3: Ensure EMS plans and related documents include consideration for at-risk populations: 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</td>
<td>% EMS agency plans that specifically address each identified at-risk populations</td>
<td>Ensure plans, training and exercises address at-risk populations</td>
<td>EMSAC Advisory Committee</td>
<td>EMSAC Disaster Committee, EMSAC PIER Committee, PHMP Community Surge Team, Office of Trauma, EMS Medical Directors, FENA, PHP Medical Surge Committee</td>
<td>December 2012</td>
</tr>
<tr>
<td></td>
<td>% of EMS providers that train their staff at orientation and refresh annually on their local at-risk population plans</td>
<td>Establish baseline and benchmark to identify best practices</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>% EMS agency and ED exercises that include at-risk populations</td>
<td>Based on best practices, develop specific training for at-risk populations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of EMS agency and ED plans that address reunification of pediatric patients</td>
<td>Include development of templates for plans, drills and training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>% EDs that plan, train and exercise for special needs populations</td>
<td>Seek to commit funding to a limited number of emergency departments and agencies who are willing to conduct drills with primarily at-risk populations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>EMSC develop and implement assessment tool</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Develop a project that provides funds to hospitals to hold training, drills/exercises that emphasize special needs populations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Partner with the Public Health Preparedness (PHP) Medical Surge Committee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.4: Ensure all emergency prehospital health care providers (including but not limited to paramedics, EMTs, nurses and dispatchers) are knowledgeable about level “C” Personal Protective Equipment (PPE) and nerve agent antidotes</td>
<td>% of EMS providers that train their staff annually on Level “C” PPE, local and regional disaster plans</td>
<td>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 Plan</td>
<td>EMSAC Disaster Committee</td>
<td>BEMS, EMS Educators, FFCA, Public Health and Medical Preparedness (PHMP) Responder Health &amp; Safety Committee, PHMP Community Surge Team</td>
<td>December 2012</td>
</tr>
<tr>
<td></td>
<td>% of EMS providers that train their staff annually on Nerve Agent antidotes</td>
<td>Develop standards that apply to fire EMS, non-fire EMS and air medical EMS providers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Identify statewide standards to acquire, inventory, store and disseminate and maintain protective equipment and prophylaxis/antidotes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objective</td>
<td>Measure(s)</td>
<td>Strategies</td>
<td>Lead</td>
<td>Resource</td>
<td>Timeline</td>
</tr>
<tr>
<td>-----------</td>
<td>------------</td>
<td>------------</td>
<td>------</td>
<td>----------</td>
<td>---------</td>
</tr>
<tr>
<td>7.5: Ensure all emergency medical services personnel (EMS agencies, paramedics, EMTs) are knowledgeable about Chemical, Biological, Radiological, Nuclear and Explosives (CBRNE) detection systems, notification, verification, reporting systems, all discipline plans and protocols, and their respective roles and responsibilities in the system.</td>
<td>% of EMS providers that train their staff annually on CBRNE detection systems, notification, verification and response procedures</td>
<td>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</td>
<td>Community Surge Team</td>
<td>EMS, FFCA, PHMP, Responder Health and Safety Committee and EMS Medical Directors</td>
<td>December 2012</td>
</tr>
<tr>
<td>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.</td>
<td>Statewide disaster &amp; statewide/federal infectious disease protocols are written and approved by DOH &amp; Florida Association of EMS Medical Directors</td>
<td>Develop statewide disaster medical and large scale EMS infectious disease protocols Formulate implementation strategies</td>
<td>EMS Medical Directors</td>
<td>EMSAC Disaster Committee, EMS Constituency, Office of Trauma, Community Surge Team, Office of Emergency Operations, Office of Public Health Preparedness</td>
<td>December 2012</td>
</tr>
<tr>
<td>7.7: Develop medical direction support to local Emergency Operations Center (EOCs).</td>
<td>% of local EOCs that have a process in place to access local EMS Medical Director or EMS Medical Director designee for consultation during activations.</td>
<td>Compare current standards in Florida and Federal Emergency Management Agency (FEMA) Region IV state partners Assess best practices at the local and state level</td>
<td>EMS Medical Directors</td>
<td>EMSAC Disaster Committee, BEMS, EMS Providers, Office of Emergency Operations, local Emergency Managers, Health and Medical Co-Chairs</td>
<td>December 2012</td>
</tr>
<tr>
<td>7.8: Align with Community Surge objectives</td>
<td>Disaster Committee and PHMP Community Surge Team Objectives are aligned</td>
<td>Determine gaps that exist between PHMP Community Surge Committee Objectives and Disaster Committee Objectives</td>
<td>Community Surge Team</td>
<td>EMSAC Disaster Committee BEMS, EMS Medical Directors</td>
<td>In Process</td>
</tr>
<tr>
<td>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 during disasters.</td>
<td>% of the counties that have identified and planned for the implementation of an alternate medical treatment site</td>
<td>This project is already in process. Collaboration for the project exits between local EMS providers, PHP, the Office of Emergency Operations and DOH Regional Emergency Response Advisors and local Emergency Management</td>
<td>Office of PHP</td>
<td>EMSAC Disaster Committee, Office of Emergency Operations, local EMS providers, DOH Regional Emergency Response Advisors, Disaster Committee and local Emergency Managers, EMS Medical Directors, Hospitals, Lifeguard Constituency Group</td>
<td>December 2012</td>
</tr>
</tbody>
</table>
Photo courtesy of Miami Dade Fire Rescue – 2009 Florida EMS Provider of the Year
GOAL 8:

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

Goal Owner: EMSAC Access to Care Committee

Photo courtesy of Shands Air Care
<table>
<thead>
<tr>
<th>Objectives</th>
<th>Measure(s)</th>
<th>Strategies</th>
<th>Lead</th>
<th>Resource</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.1: Develop statewide criteria for appropriate air asset utilization (prehospital and interfacility transfers)</td>
<td>% of air medical providers that have established criteria for appropriate air asset utilization</td>
<td>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 regarding capability/availability to ensure appropriate use of specialty providers</td>
<td>FAMA</td>
<td>ASTNA Florida EMS Pilots Association (FLEMSPA) FNPTNA EMS Medical Directors 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)</td>
<td>2012</td>
</tr>
<tr>
<td></td>
<td>% of air medical providers that have an established utilization review process</td>
<td>Statewide measures developed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Statewide measures developed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<p>| 8.2: Improve air medical communications and dispatch procedures for communication centers, flight crew, hospitals, and EMS providers | # of air medical communication centers that perform duties other than air medical flight-related duties  | Develop and implement a quality improvement process for air medical communication centers  | FAMA          | ASTNA FLEMSPA FNPTNA Technical Advisory Panel (TAP) BEMS EMS Providers FFCA EMS Communications Engineer NAACSS FHA Emergency Dispatch Workgroup | 2012     |
|                                                                           | # of air medical communication centers with established helipad communication procedures | 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 BEMS support for inspections process and compliance with the Florida Communications Plan |                |                                                                          |          |
|                                                                           | # 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 air medical providers that are non-compliant with state air secondary requirements |                                                                           |                |                                                                          |          |
|                                                                           | # of air medical communication centers that have established continuing education requirements |                                                                           |                |                                                                          |          |
|                                                                           | # of air communication centers that have a rest/fatigue policy in place |                                                                           |                |                                                                          |          |</p>
<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure(s)</th>
<th>Strategies</th>
<th>Lead</th>
<th>Resource</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.3: Improve air medical crew resource management and education</td>
<td># of programs that have established air medical crew resource management as part of both the initial orientation process and annual training requirements&lt;br&gt;# of programs using a risk assessment tool for flight crew&lt;br&gt;# of programs/providers that have a dedicated operational education committee or training coordinator&lt;br&gt;# of programs that have initial training requirements that include four hours of safety training and four hours of flight specific training&lt;br&gt;# of air medical programs with an operational awareness course</td>
<td>Establish baseline and benchmark to identify best practices&lt;br&gt;Assess operational education and training needs of flight programs&lt;br&gt;Identify current risk assessment tools for air medical providers&lt;br&gt;Establish standardized minimum initial safety core competencies for all personnel involved in air medical transport&lt;br&gt;Develop and adopt recommended safety continuing education for all personnel involved in air medical transport&lt;br&gt;Establish operational awareness training for ground crews involved in transport (safety, landing zone, approach)&lt;br&gt;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 any associated transport (assisting fire department or ambulance services) not within air transport program</td>
<td>FAMA</td>
<td>ASTNA&lt;br&gt;FLEMSPA&lt;br_FNPTNA&lt;br&gt;EMS Providers&lt;br&gt;Fire Chiefs&lt;br&gt;EMSAC Education Committee&lt;br&gt;AAMS&lt;br&gt;Commission on Accreditation of Medical Transport Services (CAMTS)</td>
<td>2012</td>
</tr>
<tr>
<td>8.4: Improve use of air asset technology to enhance safety</td>
<td># of air medical aircraft with Terrain Awareness and Warning Systems (TAWS) and radar altimeters&lt;br&gt;# of air medical providers utilizing night vision goggles (NVGs)&lt;br&gt;# of air medical programs utilizing satellite based flight following systems&lt;br&gt;# of air medical providers that have established Inadvertent Instrument Meteorological Conditions (IIMC) procedures and training&lt;br&gt;# of air medical programs that require Nomex flight suits and helmets&lt;br&gt;# of air medical providers actively utilizing NVGs</td>
<td>Promote training for safe operations and IIMC procedures&lt;br&gt;Promote compliance with Federal Aviation Administration (FAA) and NTSB safety recommendations&lt;br&gt;Promote compliance with the commercial/instrument standards set by the FAA&lt;br&gt;Promote personal safety through Nomex flight suits and safety helmets&lt;br&gt;Identify and include fixed-wing recommendations from NTSB&lt;br&gt;Promote FAA best practices</td>
<td>FAMA</td>
<td>FLEMSPA&lt;br_FNPTNA&lt;br&gt;FAA&lt;br&gt;NTSB&lt;br&gt;International Helicopter Safety Team (IHST)</td>
<td>2012</td>
</tr>
<tr>
<td>8.5: Adopt initial and continuing educational training requirements for aircrew of licensed air providers</td>
<td>Two hours of altitude physiology course and aircraft safety/emergencies for refresher training</td>
<td>Identify statutory authority to develop a rule proposal to submit to the BEMS; or seek statutory change</td>
<td>EMSAC Legislative Committee</td>
<td>FAMA&lt;br_FNPTNA&lt;br ASTNA</td>
<td>2012</td>
</tr>
</tbody>
</table>
Photo courtesy of Indian River Fire Rescue
GOAL 9:
Increase access to care by improving patient safety, responder safety, and the safety of general public.

Goal Owner: EMSAC Access to Care Committee
<table>
<thead>
<tr>
<th>Objectives</th>
<th>Measure(s)</th>
<th>Strategies</th>
<th>Lead</th>
<th>Resource</th>
<th>Timeline</th>
</tr>
</thead>
</table>
| 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 three to five of the most serious or frequent errors in Florida as a baseline  
Determine strategy to mitigate errors and institute plan for mitigation during the next planning cycle | EMSAC Medical Care Committee  
State EMS Medical Director | EMSAC Medical Care Committee  
State EMS Medical Director | 2012 |
| 9.2: Quantify EMS vehicle collision rate in Florida in a measurable way    | 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  
Department of Highway Safety and Motor Vehicles  
National EMSAC Committee on Ambulance Crashes for personnel safety | 2012 |
| 9.3: Improve safety of staff from increasing violence in emergency departments (from psychiatric patients, trauma patients, and irate patients/families) | Identify process for tracking number of incidents in the ED | Identify process for staff safety in ED | FENA  
State EMS Medical Director | | 2012 |
| 9.4: Reduce the number of on-the-job injuries or serious infectious illnesses in the EMS population | 9.4.1: # of injuries based upon reports from Workers’ Compensation | Identify process to track all injuries/serious infectious illnesses and utilize the Department of Financial Services database for Workers’ Compensation claims  
PUBLISH findings in quarterly action plan | Providers  
EMSAC PIER Committee | | 2012 |
| 9.4: Reduce the number of on-the-job injuries or serious infectious illnesses in the EMS population | 9.4.2: # of infectious diseases | Identify process to track all injuries/serious infectious illnesses and utilize the Department of Financial Services database for Workers’ Compensation claims  
PUBLISH findings in quarterly action plan | Providers  
EMSAC Legislative Committee | | 2012 |
| 9.4: Reduce the number of on-the-job injuries or serious infectious illnesses in the EMS population | 9.4.3: # workers’ compensation days based upon reports from Workers’ Comp | Utilize the Department of Financial Services database for Workers’ Compensation claims  
PUBLISH findings in quarterly action plan | Providers  
EMSAC PIER Committee | | 2012 |
| 9.4: Reduce the number of on-the-job injuries or serious infectious illnesses in the EMS population | 9.4.4: # educational programs provided on injury prevention and infectious disease to EMS personnel | Identify/provide educational programs on injury prevention/infectious disease  
PUBLISH findings in quarterly action plan | EMSAC PIER Committee  
EMSAC Access to Care Committee | | Ongoing |
| 9.5: Improve EMS transport safety for the pediatric patient                | # air calls in which pediatric patients were transported in an approved FAA child safety device  
# ground calls in which pediatric patients were transported in a child safety device | Analyze data and identify improvement opportunities  
Utilize Data Committee in determining mode of transport; comparison of agencies with approved devices  
Review of survey results from agencies regarding practice  
Literature review/review of national guidelines regarding pediatric/neonatal transport safety | EMSC Advisory Committee  
FNPTNA  
ASTNA  
FAMA  
Providers  
Fire Chiefs | | 2012 |
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: EMSAC Access to Care Committee

Photo Courtesy of Leon County EMS – 2010 Florida EMS Provider of the Year
<table>
<thead>
<tr>
<th>Objectives</th>
<th>Measure(s)</th>
<th>Strategies</th>
<th>Lead</th>
<th>Resource</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.1: Improve EMS radio communications between transports and receiving hospitals</td>
<td>Determine percentage of primary systems using UHF vs. 800 MHz vs. SLERS vs. FIN</td>
<td>Develop survey to determine which agencies/counties are using UHF vs. 800 MHz vs. other</td>
<td>EMSAC Communications Committee</td>
<td>AHCA</td>
<td>2012</td>
</tr>
<tr>
<td></td>
<td>Determine percentage of MED 8 capable agencies</td>
<td>Develop survey to determine MED 8 compliance</td>
<td>EMSAC Communications Committee</td>
<td>SWG-ICC</td>
<td>2010</td>
</tr>
<tr>
<td></td>
<td>Determine percentage of narrowband compliance agencies and counties</td>
<td>Partner with AHCA to improve inspection procedures by AHCA for hospitals</td>
<td>EMSAC Communications Committee</td>
<td>SWG-ICC</td>
<td>2010</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Revise and release new version of Volume I of the EMS Communications Plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.2: Improve agency access to training and education</td>
<td>Develop training curriculum for radio systems education</td>
<td>Create and update regularly a list of approved radio makes/models for EMS communications</td>
<td>EMSAC Communications Committee</td>
<td>SWG-ICC</td>
<td>2010</td>
</tr>
<tr>
<td></td>
<td>Develop training curriculum for radio programming/operation</td>
<td>Operational radio/system use</td>
<td>EMSAC Communications Committee</td>
<td>SWG-ICC</td>
<td>2010</td>
</tr>
<tr>
<td></td>
<td>Develop training for upcoming changes to public safety radio (P25, 700MHz)</td>
<td>Compliance/statutory requirements</td>
<td>DMS/DivTel</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Purpose/intent of system design</td>
<td>Florida Department of Law Enforcement (FDLE)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Research future trends, grant requirements and new technologies</td>
<td>Florida Division of Emergency Management (FDEM)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.3: Improve agency access to federal and state funding</td>
<td>Determine available grants, qualifications, timelines and processes</td>
<td>Improve grant awareness</td>
<td>EMSAC Communications Committee</td>
<td>Lee Connor, DOH/PHP DOH/EMS</td>
<td>2011</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Improve grant submission process</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objectives</td>
<td>Measure(s)</td>
<td>Strategies</td>
<td>Lead</td>
<td>Resource</td>
<td>Timeline</td>
</tr>
<tr>
<td>------------</td>
<td>------------</td>
<td>------------</td>
<td>------</td>
<td>----------</td>
<td>---------</td>
</tr>
<tr>
<td>10.4: Improve interoperable communications capabilities</td>
<td>Determine agency access to mutual aid channels</td>
<td>Determine % of agencies capable of communicating with other public safety radio systems</td>
<td>EMSAC Communications Committee</td>
<td>RECCWG, FDLE, SWG-ICC, IWG, DOH/Office of Trauma</td>
<td>2011-2012</td>
</tr>
<tr>
<td></td>
<td>Develop standard operating procedures between disciplines</td>
<td>Determine requirements to improve interoperable communications statewide</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Build out Phase I and II of the Health &amp; Medical Interoperable Communications Initiative (HMICI) project</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.5: Improve capability to communicate preparation for disasters</td>
<td>Determine communication methods being used by Emergency Service Function 8 (ESF8)</td>
<td>Between EMS agencies in non-home areas</td>
<td>EMSAC Communications Committee</td>
<td>Disaster Response Committee, SWG-ICC</td>
<td>2011</td>
</tr>
<tr>
<td></td>
<td>Develop standard operating procedures that involve EMS</td>
<td>Between EMS agencies and non-standard dispatch centers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Between EMS agencies and other public safety agencies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.6: Increase awareness, integration, and support of EMD in the Florida public safety environment</td>
<td># of agencies utilizing EMD</td>
<td>Actively monitor dispatcher certification legislation initiatives</td>
<td>EMSAC Communications Committee</td>
<td>Department of Management Services (DMS)</td>
<td>2012</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provide a point of resource to assist agencies with EMD best practices</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Review and evaluate EMSTARS data points relative to dispatch</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>and work with the Data Committee to fine tune</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Photo courtesy of Indian River Fire Rescue
Celebrating Our Successes

2008 - 2010
Florida EMS Strategic Plan Accomplishments

Through the joint efforts of the BEMS, EMSAC, and 25 EMS constituency groups and other stakeholders, the 2008-2010 Florida EMS Strategic Plan accomplishments include, but are not limited to:

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

- The EMS Tracking and Reporting System (EMSTARS), Florida's prehospital incident data collection system, went live in July 2008 as a result of the efforts of the EMS Advisory Committee’s (EMSAC) Data Committee.
- As of April 2010, 116 EMS providers are actively submitting data to Florida's prehospital incident data collection system with an additional 45 EMS providers committed to submit in the near future.
- Florida became the tenth state to report to the National EMS Information System (NEMSIS).
- As of April 2010, the state of Florida has successfully uploaded over 1.5 million EMSTARS records to the national database (NEMSIS) and is currently the second highest ranking state in total number of records submitted to NEMSIS.
- The first iteration of the Data Warehouse/EMS Data Mart is underway and is expected to be completed by July 2010. Upon completion of the first iteration, the BEMS Data Unit will have a workable solution for its decision support needs and future linkage with Trauma Registry and AHCA (Hospital Discharge Data).

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

- Currently working with EMS agencies to start or expand injury prevention programs in their areas by providing educational and best practice forums, such as the "Senior Falls: An Increasing Issue in EMS" seminar conducted by the EMSAC PIER Committee in June 2009.
- Expanding existing partnerships with the Florida Department of Transportation by providing EMS representation on the Motorcycle Safety Coalition. Assisting the coalition with the development of the Motorcycle Safety Strategic Plan and linking their injury prevention efforts with EMS.
- Partnering with the Read for Health program to raise awareness for Emergency Medical Services for Children (EMSC), thirty four counties participated and 784 “A Day with Paramedics” books were distributed to volunteer readers to read to kindergarten and first and second grade students.

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

- Developed minimum standards for critical care paramedic education curriculum.
- Developed and promulgated EMS instructor criteria to enhance the quality of education being provided to EMT and paramedic students.
- Provided continuing education units to 244 providers via webinar and on-site at the 2009 Prehospital Pediatric Education Symposium (EMLRC and EMSC partnership).
- Approved 15 new EMS training programs, totaling 168 in the state, and well over 550 continuing education programs.
- Florida currently has 70 schools offering 175 EMT and paramedic courses.
- Enhanced EMS training requirements through the development and adoption of:
  - Minimum standards for EMS instructors in order to produce high-quality EMS students.
  - Minimum standards for EMS training programs, including Medical Director participation, course length and equipment list.
  - Paramedic training programs may allow a portion of the field internship experience to be done aboard an advanced life support permitted vehicle other than an ambulance.
- Development of air ambulance safety video to educate stakeholders on Florida's proactive approach to safety and the important role air ambulances play in patient care. The video won the 2009 Silver Award for Excellence in Public Health Communication, In-House Special Audio/Visual Projects, by the National Public Health Information Coalition.
**Goal 4 - Ensure economic sustainability of the EMS system.**

- Supporting the economic sustainability of the EMS system through the EMS grants program which recently awarded 64 grants for approximately 4.7 million dollars for fiscal year 2009-2010.
- Assisting our rural EMS partners by awarding 15 paramedic scholarships, 5 EMT scholarships, and 3 scholarships for rural EMS leaders to attend a leadership conference; and producing a recruitment video targeting rural youth.
- March 1, 2009, EMSC Federal Partnership Grant Awarded for $130,000 and March 8, 2010 EMSC received another $130,000 from the Federal Partnership Grant Award.
- EMSC and other partners providing high-level pediatric education to rural communities (i.e. EMS agencies, hospitals, air medical providers) that do not have access to training due to limited budget.
- Provide disaster preparedness/response equipment and training through federal grants (ASPR and CDC grants).

**Goal 5 - Improve performance of key EMS processes.**

- Development of the first Florida air medical strategic plan, which we believe to be the first such plan in the country. Goal 7 “to maintain an accident-free environment and promote a culture of safe and appropriate utilization of Florida air assets” has been added to the current strategic plan by the EMSAC.
- Development of an air medical safety video that received the silver award by the National Public Health Information Coalition 2009 Annual Awards for Excellence in Public Health Communications.
- Established mechanism for key stakeholders to provide input and share best practices regarding STEMI, stroke, and trauma.
- The EMRC has continued to provide a mechanism for statewide EMS data analysis and review for the purpose of statewide and national quality improvement initiatives. The EMRC also established a report review process that will assist the BEMS and EMS provider agencies in mapping all report queries to assure data elements and data subset elements are appropriate for the report and/or research being examined. As the EMS Tracking and Reporting System database grows, the EMRC will identify benchmarks, best practices, trend identification and research opportunities for the Florida EMS Community for the purpose of statewide and national quality improvement initiatives.
- Establishment of a certification process for 911 emergency dispatchers. The BEMS has certified nearly thirteen hundred 911 emergency dispatchers since inception.
- Enhanced EMS delivery of patient care through the development/revision and adoption of:
  - Increased minimum standards for neonatal transport staffing and medical direction.
  - Defining certificate of public convenience and necessity (COPCN).
  - Increased service delivered by EMTs through additional skills (glucometer use, providing aspirin, and premeasured auto injectors).
- Continue to improve the delivery of EMS to children by meeting national EMSC performance measures.
- Established pediatric recertification requirements.
- Continued implementation of the “Denise Amber Lee Act.”
- The EMRC in conjunction with the BEMS Data Unit developed online reports to measure the improvement of key EMS processes.

**Goal 6 – Ensure the EMS system is prepared to respond to all-hazard events in coordination with state plans.**

- EMS Mass Casualty Incident Rodeo – a gathering of all the assets from around the state where equipment standardization, best load practices, and deployment strategies were among the topics covered.
- Continued updates to the Ambulance Deployment Plan.
- Continued training of Ambulance Deployment Plan strike team leaders.
- Development of an EMS Pan Flu Plan underway.
- Increase EMS community surge capabilities through the distribution of personal protective equipment, training, and development of statewide disaster protocols through federal cooperative agreements.

**Goal 7 – Maintain an accident-free environment and promote a culture of safe and appropriate utilization of Florida air assets.**

- Coordinated a one day air medical safety conference, bringing in national industry experts and representation from all stakeholders involved in air medical transport.
- Developed and approved as part of the EMS Strategic Plan a seventh goal addressing all aspects of air medical safety.
- Coordinate the first tabletop disaster exercise utilizing the revised State of Florida Air Medical Services Disaster Response Plan 2010.
Acknowledging Our Partners

Access to Care Task Force
American College of Emergency Physicians
American Heart Association/American Stroke Association
Association of Florida Trauma Agencies
Association of Florida Trauma Coordinators
Brain and Spinal Cord Injury Program Office
Bureau of Emergency Medical Services
Center for Disease Control and Prevention (CDC)
Children's Medical Services, Florida Department of Health
County Health Departments
Critical Incident Stress Management
Division of Medical Quality Assurance, Florida Department of Health
Domestic Security Oversight Council
Emergency Medical Dispatch Association
Emergency Medical Review Committee (EMRC)
Emergency Medicine Learning and Resource Center
EMSAC Access to Care Committee
EMSAC Data Committee
EMSAC Disaster Response Committee
EMSAC Education Committee
EMSAC Legislative Committee
EMSAC Medical Care Committee
EMSAC Paramedic Shortage Committee
EMSAC PIER Committee
EMSAC Strategic Visions Committee
EMS for Children (EMSC) Advisory Committee
EMSC National Resource Center
EMS Communications- Technical Advisory Panel (TAP)
EMS Providers of Florida

EMS Quality Managers Association
Federal Emergency Management Agency (FEMA)
Florida Aeromedical Association (FAMA)
Florida Agency for Healthcare Administration (AHCA)
Florida Air and Surface Transport Nurses Association (ASTNA)
Florida Ambulance Association
Florida Association of County EMS (FACEMS)
Florida Association of EMS Educators
Florida Association of EMS Medical Directors
Florida Association of Professional EMTs & Paramedics (FAPEP)
Florida Association of Rural EMS Providers (FAREMS)
Florida Basic Trauma Life Support
Florida Chapter of Air and Surface Transport Nurses Association
Florida Chapter of the American College of Surgeons-Committee on Trauma
Florida College of Emergency Physicians
Florida Council on Rural EMS (COREMS)
Florida Department of Agricultural and Consumer Services
Florida Department of Business and Professional Regulation
Florida Department of Children and Families
Florida Department of Community Affairs
Florida Department of Education
Florida Department of Environmental Protection
Florida Department of Financial Services
Florida Department of Health
Florida Department of Highway Safety and Motor Vehicles
Florida Department of Management Services
Florida Department of Transportation
Florida EMS Quality Managers Association
Florida Emergency Nurses Association (FENA)
Florida Emergency Services Pilots Association (FLEMSPA)
Florida Fire Chiefs’ Association
Florida Health Care Association
Florida Hospital Association
Florida International Trauma Life Support Association
Life Support Association
Florida Legislature
Florida Medical Association
Florida Neonatal & Pediatric Transport Network Associations (FNPTNA)
Florida Pilots Association
Florida Professional Firefighters
Florida Sterling Council
Florida Traffic Records Coordinating Committee
Health & Medical Co-Chairs
Health Resources & Services Administration (HRSA)
Joint Administrative Procedures Committee (JAPC)
National Association of County and City Health Officials (NACCHO)
National Association of State EMS Officials (NASEMSO)
National EMSC Data Analysis Resource Center (NEDARC)
National EMS Information System Technical Assistance Center (NEMSIS TAC)
National Highway Traffic Safety Administration (NHTSA)
National Standard Curricula (NSC)
Occupational Safety & Health Administration (OSHA)
Office of Emergency Operations
Office of Injury Prevention
Office of Public Health Preparedness
Office of Trauma
Public Health & Medical Preparedness Teams
Public Health & Medical Target Capability
United States Department of Health and Human Services (HHS)
United States Department of Homeland Security
United States Life Saving Association
**Action Plan**
Tool used to deploy resources and/or assign activities to achieve specific objectives. Plans usually include the following:
- key activities for the corresponding objective;
- lead person/accountability mechanism for each activity;
- timeframes/milestones for completing activities;
- status of activities; and
- evaluation indicators to determine quality and effectiveness of the activities in reaching the strategy.

**Balanced Scorecard**
A tool to measure success against strategic goals and objectives.

**Benchmarking**
Gathering information about model efforts or best practices by other organizations or systems engaged in similar endeavors to help establish project targets and goals. Benchmarking is often incorporated into a balanced scorecard.

**Charter**
The charter is a clear description of the goal team’s purpose or mission, and identifies the champions, team members, technical support, resources, and stakeholders. It clarifies team expectations, keeping the team focused and aligned with organizational priorities. It serves as a contract to ensure accountability by team members.

**Goal**
Broad statement describing a desired result. Goals may be results or process oriented.

**Goal Owner**
EMS Advisory Council Subcommittee that provides oversight to the objective leads for a specific goal. The chairpersons of these subcommittees provide a high-level overview of the status of their specific goal at the EMS Advisory Council meetings.

**Legislation**
A proposed or enacted law or group of laws.

**Measure**
A specific indicator that tracks your progression or status of point in reaching an end result or specific target. Answers the questions:
1) “What’s our current performance?”;
2) “How do we compare against others?”;
3) “Are we improving or declining?”.
Indicators to measure/monitor success against strategic goals and objectives. The frequency in which measures are reviewed assists teams to identify potential process problems in order to meet desired outcome (i.e. complete objective to fulfill goal).

**Mission**
A brief, comprehensive statement of purpose of the organization or system. Answers the questions:
1) “What is our purpose?”;
2) “What do we stand for?”;
3) “What will we strive to do?”
Objectives
Specific and measurable targets for accomplishing goals to be accomplished by specific teams or individuals within time limits. Addresses the question, “What do we have to do to get there?”

Outcomes
The long-term end goals that are influenced by the project, but that usually have other influences affecting them as well. Outcomes reflect the actual results achieved, as well as the impact or benefit of a program.

Resource
EMS Advisory Council Subcommittee, constituency group, workgroup, or other EMS partner that an objective lead may contact as subject matter experts or for other assistance to complete action plan activities associated with a specific objective. Note: Some groups may be identified as resources after the publication of this plan.

Stakeholder
Any person or group with a vested interest in the outcome of a project or plan.

Sterling Management System
Business framework based around seven categories that makeup the Governor’s Sterling Award criteria: leadership; strategic planning; customer and market focus; measurement, analysis, and knowledge management; workforce focus; process management; and results.
For more information visit: http://www.floridasterling.com.

Strategic Planning Process
A process by which the Florida Department of Health, Bureau of Emergency Medical Services, the EMS Advisory Council, and EMS constituency envision the future and develop goals, objectives strategies and action plans to achieve that future.

Strategy
Techniques or tactics that may be used to accomplish an objective or goal. Note: The strategies listed in this plan are meant to be fluid and revised as needed.

SWOT
A tool to conduct an analysis of environmental strengths, weaknesses, opportunities and threats (sometimes referred to as an environmental scan or informal internal/external assessment) that affect the organization or system. Often organizations or systems use/build upon existing strengths to overcome areas identified as opportunities for improvement. Provides situational awareness for those involved in the development of a strategic plan in order to develop the plan.

Values
The EMS Advisory Council’s framework for carrying out its mission and activities. Values that guide the priorities, attitudes, policies and behaviors of the EMS Advisory Council and those working to implement the strategic plan.

Vision
An overarching statement of the way we want to be; an ideal state of being at a future point. Answers the questions:

1) “Where do we want to go?”; and
2) “Where do we want to be?”
### Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AAMS</strong></td>
<td>Association of Air Medical Services</td>
</tr>
<tr>
<td><strong>ACS</strong></td>
<td>American College of Surgeons</td>
</tr>
<tr>
<td><strong>AEMT</strong></td>
<td>Advanced Emergency Medical Technician</td>
</tr>
<tr>
<td><strong>AHA</strong></td>
<td>American Heart Association</td>
</tr>
<tr>
<td><strong>AHCA</strong></td>
<td>Agency for Health Care Administration</td>
</tr>
<tr>
<td><strong>AIDS</strong></td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td><strong>ALS</strong></td>
<td>Advanced Life Support</td>
</tr>
<tr>
<td><strong>AMPA</strong></td>
<td>Air Medical Physicians Association</td>
</tr>
<tr>
<td><strong>AMTS</strong></td>
<td>Air Medical Transport Services</td>
</tr>
<tr>
<td><strong>APCO</strong></td>
<td>Association of Public Safety Communications Officials</td>
</tr>
<tr>
<td><strong>ASPR</strong></td>
<td>Assistant Secretary for Preparedness and Response</td>
</tr>
<tr>
<td><strong>ASTNA</strong></td>
<td>Air Service and Transport Nurses Association</td>
</tr>
<tr>
<td><strong>BA52</strong></td>
<td>Baker Act</td>
</tr>
<tr>
<td><strong>BEMS</strong></td>
<td>Bureau of Emergency Medical Services</td>
</tr>
<tr>
<td><strong>BLS</strong></td>
<td>Basic Life Support</td>
</tr>
<tr>
<td><strong>CAMTS</strong></td>
<td>Commission on Accreditation of Medical Transport Services</td>
</tr>
<tr>
<td><strong>CBRNE</strong></td>
<td>Chemical, Biological, Radiological, Nuclear and Explosives</td>
</tr>
<tr>
<td><strong>CDC</strong></td>
<td>Centers for Disease Control</td>
</tr>
<tr>
<td><strong>CoAEMSP</strong></td>
<td>Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions</td>
</tr>
<tr>
<td><strong>DHS</strong></td>
<td>Department of Homeland Security</td>
</tr>
<tr>
<td><strong>DivTel</strong></td>
<td>Division of Telecommunications</td>
</tr>
<tr>
<td><strong>DMS</strong></td>
<td>Department of Management Services</td>
</tr>
<tr>
<td><strong>DOE</strong></td>
<td>Department of Education</td>
</tr>
<tr>
<td><strong>DOH</strong></td>
<td>Department of Health</td>
</tr>
<tr>
<td><strong>DOH IT</strong></td>
<td>Department of Health Information Technology</td>
</tr>
<tr>
<td><strong>DOT</strong></td>
<td>Department of Transportation</td>
</tr>
<tr>
<td><strong>ED</strong></td>
<td>Emergency Department</td>
</tr>
<tr>
<td><strong>EMD</strong></td>
<td>Emergency Medical Dispatch</td>
</tr>
<tr>
<td><strong>EMD QA</strong></td>
<td>Emergency Medical Dispatch Quality Assurance</td>
</tr>
<tr>
<td><strong>EMR</strong></td>
<td>Emergency Medical Response</td>
</tr>
<tr>
<td><strong>EMRC</strong></td>
<td>Emergency Medical Review Committee</td>
</tr>
<tr>
<td><strong>EMS</strong></td>
<td>Emergency Medical Services</td>
</tr>
<tr>
<td><strong>EMSAC</strong></td>
<td>Emergency Medical Services Advisory Council</td>
</tr>
<tr>
<td><strong>EMSC</strong></td>
<td>Emergency Medical Services for Children</td>
</tr>
<tr>
<td><strong>EMSTARS</strong></td>
<td>Emergency Medical Services Tracking and Reporting System</td>
</tr>
<tr>
<td><strong>EMT</strong></td>
<td>Emergency Medical Technician</td>
</tr>
<tr>
<td><strong>ESF8</strong></td>
<td>Emergency Services Function 8 (Health and Medical)</td>
</tr>
<tr>
<td><strong>ESS</strong></td>
<td>Emergency System Status</td>
</tr>
<tr>
<td><strong>ET</strong></td>
<td>Endotracheal</td>
</tr>
<tr>
<td><strong>FAA</strong></td>
<td>Federal Aviation Administration</td>
</tr>
<tr>
<td><strong>FAC</strong></td>
<td>Florida Administrative Code</td>
</tr>
<tr>
<td><strong>FACEMS</strong></td>
<td>Florida Association of County Emergency Medical Services</td>
</tr>
<tr>
<td><strong>FAEMSE</strong></td>
<td>Florida Association of Emergency Medical Services Educators</td>
</tr>
<tr>
<td><strong>FAAMA</strong></td>
<td>Florida Aero Medical Association</td>
</tr>
<tr>
<td><strong>FAREMS</strong></td>
<td>Florida Association of Rural Emergency Medical Services</td>
</tr>
<tr>
<td><strong>FCOT</strong></td>
<td>Florida Committee on Trauma</td>
</tr>
<tr>
<td><strong>FD</strong></td>
<td>Fire Department</td>
</tr>
<tr>
<td><strong>FDEM</strong></td>
<td>Florida Division of Emergency Management</td>
</tr>
</tbody>
</table>
Florida ASTNA
Recommendations State
EMS Strategic Plan Goal 8.5

Goal 8.5: Adopt initial and continuing educational training requirements for aircrew of licensed air providers

ASTNA OBJECTIVES:
In meeting this Strategic Plan goal, we recommend that the current RN and paramedic continuing education requirements incorporate specific education required by air medical personnel vs. requiring additional education hours. Allocation of hours specific to air medical transport will meet the needs of our licensed air medical providers while minimizing the financial hardship that imposing additional educational hours would incur. FL ASTNA also recognizes that minimum qualifications for employment should include training specific to the service (rural vs. urban), demographics of the patient population (neonatal, pediatric, maternal, adult), the mission profile of the program (scene vs. interfacility, short vs. long transport distances), and type of transport vehicle (fixed wing vs. rotor wing).

Introduction: Air medical transport is a highly specialized and unique component of the Florida EMS community. Air medical crews require specialized training and skills to provide safe, rapid transport and advanced clinical care for complex patients. Utilizing the framework set forth by the Association of Air Medical Services (AAMS) to meet Goal 8.5 of the Florida State EMS Strategic Plan, the Florida chapter of ASTNA recommends the following:

Initial Requirements for Flight Nurses:
1) Graduation from an accredited Registered Professional Nursing Program
2) Licensure in the state of base of operations
3) Minimum of 3 years critical care and/or emergency nursing experience
4) BLS provider (or equivalent)
5) ACLS or PALS or NRP provider certification (or equivalent) as appropriate for the program mission
6) Air crew curriculum course as approved by the State Bureau of EMS

Initial Requirements for Flight Paramedics:
1) Completion of a paramedic training program based upon the US DOT EMT-Paramedic National Standard Curriculum
2) Certification in the state of the base of operations
3) Minimum of 3 years experience as a paramedic in the prehospital setting
4) BLS provider (or equivalent)
5) ACLS or PALS or NRP provider certification (or equivalent) as appropriate for the program mission
6) Air crew curriculum course as approved by the State Bureau of EMS

Continuing Education Requirement for Flight Nurses and Paramedics:
1) Two hours related to Safety Training
2) Two hours related to Flight specific training
Summary: FL ASTNA endorses minimum educational requirements be established for Flight Nurses and Flight Paramedics in the State of Florida. These minimum initial and continuing education requirement recommendations are intended to provide all licensed air providers an education guideline that is attainable. It is our hope that licensed air providers in Florida will utilize these guidelines not only to meet, but exceed these requirements to provide the safest, most advanced air medical transport and clinical care to the population in Florida.
Bureau of Emergency Medical Services

Functional Directory as of July 2010

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

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

Main Telephone Number: (850) 245-4440
Fax Numbers: (850) 488-9408 / (850) 488-2152

Websites:
http://www.fl-ems.com
http://www.floridaemstars.com

E-mail: demo_ems@doh.state.fl.us

All issues related to EMT and Paramedic certifications should be sent to:
Florida Department of Health
Division of Medical Quality Assurance
EMT/Paramedic Certification Office
4052 Bald Cypress Way, Bin C85
Tallahassee, FL 32399-3285
Phone (850) 245-4910 or (850) 488-0595
Fax: (850) 921-6365
Web: www.doh.state.fl.us/mqa/EMT-Paramedic
E-mail: MQA_EMT-Paramedic@doh.state.fl.us

Executive Section

Jean Kline, RN, BSN, MPH
Jean_Kline@doh.state.fl.us
John C. Bixler
John_Bixler@doh.state.fl.us
Dr. Joe Nelson
Joe_Nelson@doh.state.fl.us
Desi Lassiter
Desi_Lassiter@doh.state.fl.us
Donna Bruce
Donna_Bruce@doh.state.fl.us
Mary Klein
Mary_Klein@doh.state.fl.us
Michael Greif
Michael_Greif@doh.state.fl.us
April Thornton
April_Thornton@doh.state.fl.us

 DEMO Director
 ext *4054
 Bureau Chief
 ext *4053
 State Medical Director

 Deputy Chief, Administration
 ext *4055
 Administrative Secretary
 ext *2782
 Budget
 ext *3216
 Legal Counsel
 ext *2027
 Paralegal Specialist
 ext *3919

Data

Stephanie Daugherty
StephanieC_Daugherty@doh.state.fl.us
ext *2747

John Ross
John_Ross@doh.state.fl.us
ext *2692

Steve McCoy
Steve_McCoy@doh.state.fl.us
ext *2727

Olajide Thomas
Olajide_Thomas@doh.state.fl.us
ext *2761

Jennifer Pitts
Jennifer_Pitts@doh.state.fl.us
ext *2738

Wendy Parkinson
Wendy_Parkinson@doh.state.fl.us
ext *3901

Statewide Planning

Melia Jenkins
Melia_Jenkins@doh.state.fl.us
ext *2773

Alan Van Lewen
Alan_VanLewen@doh.state.fl.us
ext *2734

Melissa Keahey
Melissa_Keahey@doh.state.fl.us
ext *2686

Kimberly Moore
Kimberly_Moore@doh.state.fl.us
ext *2759

Richard McNelis
Richard_McNelis@doh.state.fl.us
ext *4028

Tikia McGhee
Tikia_McGhee@doh.state.fl.us
ext *2779

Alyshia Dark
Alyshia_Dark@doh.state.fl.us
ext *2722

Operations

R.C. Pippin
Roy_Pippin@doh.state.fl.us
ext *2752
Shelly Lewis
Mary_Lewis2@doh.state.fl.us
ext *2771
Rickey Stone
Rickey_Stone@doh.state.fl.us
ext *2753
Rebecca Cash
Rebecca_Cash@doh.state.fl.us
ext *2725
Barbara Hyde
Barbara_Hyde@doh.state.fl.us
ext *2723

Deputy Chief
Compliance Officer/Inspections
Senior Training & Education Coordinator
Training & Education Coordinator
Provider Licensure Specialist

Photo Courtesy of Leon County EMS – 2010 Florida EMS Provider of the Year
Florida’s Emergency Medical Services
Strategic Plan July 2010 - June 2012

Bureau of Emergency Medical Services
4052 Bald Cypress Way, Bin C - 18
Tallahassee, FL 32399-1738