The following is a list of the EMS Advisory Council (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 Bureau of EMS website at: http://www.fl-ems.com.

**Chair - Physician**
David V. Shatz, MD
University of Miami, School of Medicine
Department of Surgery

**Chair-Elect - Paramedic (Non-Fire Service)**
C.T. “Chuck” Kearns, MBA, Paramedic, EMD-5
Pinellas County EMS Authority

**Air Ambulance Operator**
John Scott
Tampa General Hospital

**Commercial Ambulance Operator**
Alan Skavroneck
Ambitrans Medical Transport

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

**EMS Administrator (Non Fire)**
Michael Patterson
Putnam County EMS

**EMS Educator**
Linda W. Swisher, EdD

**Emergency Medical Technician (Fire)**
Greg Rubin, MPA, BSN
Miami-Dade Fire Rescue
EMS Division

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

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

**Hospital Administrator**
Javier I. Escobar II, MD.
Tallahassee Memorial Hospital

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

**Lay Person**
Regina E. Sofer
Florida Board of Governors
Florida Education Center

**Paramedic (Fire Service)**
Jeffrey Lindsey, PhD
Estero Fire Rescue

**Physician**
Bradley Elias, MD

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

**Emergency Medical Services for Children Liaison**
Julie Bacon, RN, BA
EMS for Children Advisory Committee

**Department of Community Affairs**
Craig Fugate
Division of Emergency Management

**Department of Education**
Jennifer Roberts, RN

**Department of Financial Services**
Dave Casey
Bureau of Fire Standards and Training
Division of Fire Marshal

**Department of Highway Safety & Motor Vehicles**
Walter Liddell
Florida Highway Patrol

**Department of Management Services**
Todd Mechler
EMS Communications Engineer/Coordinator

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

**Special thanks** to the following outgoing members for their contributions and dedication to the EMS community:

**EMT (Non-Fire)**
Chad Reed
Dixie County Sheriff’s Office

**EMS Administrator (Fire)**
William Bingham, Chief
Boynton Beach Fire Rescue Department

**Lay Elderly**
William Louis Fisher, III

**EMS Administrator (Non Fire)**
Doris Ballard-Ferguson, BSN, ARNP, MNSc, PhD
Florida A&M University School of Nursing

**Emergency Medical Services for Children Liaison**
Julie Bacon, RN, BA
EMS for Children Advisory Committee
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Florida’s Emergency Medical Services
Strategic Plan July 2008 – June 2010

All photos used with the expressed consent of:
Eddie Sperling
Kenneth Nielsen
Lake-Sumter Emergency Medical Services
Miami-Dade Fire Rescue
Sunstar Emergency Medical Services

You may contact the Strategic Planning Coordinator at:
Bureau of Emergency Medical Services
Attention: Lisa Walker
4052 Bald Cypress Way, Bin C-18
(850) 245-4440 ext. 2733
Lisa_Walker2@doh.state.fl.us

Design by Timothy Jacques, Office of Trauma, Division of Emergency Medical Operations, Florida Department of Health

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

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“People are afraid of the future, of the unknown. If a man faces up to it and takes the dare of the future, he can have some control over his destiny. That’s an exciting idea to me, better than waiting with everybody else to see what’s going to happen.”

~John Glenn, U.S. Marine pilot, astronaut & Senator

It is with great pleasure that I present to you *Florida’s Emergency Medical Services Strategic Plan for July 2008 – June 2010*. I chose this quote because it reflects how the Department of Health, the EMS Advisory Council, and our partners are exploring ways to take an active role in our future through this strategic plan and other initiatives. Being proactive by making the contacts, following up on potential opportunities and daring to explore innovative ideas will help us have more control over our destiny. During these challenging times, it’s more important than ever to take risks, take full advantage of our partnerships and dare to dream of all sorts of possibilities.

Special thanks to our talented partners throughout the state for their commitment to public health. Through recommendations and teamwork initiated by those within Florida’s EMS system, we can implement strategies, as part of our transformation process that ensure prompt, efficient, and quality EMS services. Together, we are not going to just see what happens we are going to make it happen.

EMS is a vital public service with extraordinary people providing extraordinary service. These professionals must rapidly assess, manage, and effectively provide care in unpredictable situations requiring life and death judgments. They serve unselfishly to save lives. For them and the public we serve, we must adapt to change so we do not get left behind.

The goals and objectives outlined in this plan show the direction and scope of our commitment to the public we serve and to the EMS professionals who are ready to respond 24 hours a day, 7 days a week, 365 days a year.

We recognize all those who serve under the Star of Life as our everyday heroes. The Department of Health is proud to stand side by side with them and our partners to promote, protect, and improve the health of all people in Florida.

Warmest Regards,

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General
2008 EMS Photo of the year

2008 National EMS Week Theme
“EMS: Your Life Is Our Mission”

Photo courtesy of Miami-Dade Fire Rescue - 2008 Florida EMS Photo of the Year best depicting this year’s EMS Week theme
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 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.”

The EMSAC’s Strategic Visions Committee, in partnership with the Florida Department of Health, and the 24 emergency medical services constituency groups identified the strategic advantages and challenges of EMS in Florida and reviewed/referenced national and state initiatives such as the Institute of Medicine’s report on The Future of Emergency Care, Healthy People 2010, the National Scope of Practice for EMS Providers, National EMS for Children Performance Measures, NHTSA’s National Standard Curricula for EMS, Homeland Security’s National Response Framework, National Preparedness Goal and National Preparedness Guidelines, Governor Crist’s Healthcare Policy, the State Surgeon General’s Strategic Priorities, and the FHA’s report on Addressing the Crisis in Emergency Care. As a result, the team developed this comprehensive plan to guide all those involved in Florida’s emergency medical services system in order to enhance prehospital patient care:
The Emergency Medical Services Advisory Council (EMSAC) was created for the purpose of acting as the advisory body to the emergency medical services program. Pursuant to chapter 401.245, F.S., the duties of the council include, but are not limited to:

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

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

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

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.
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 2008-2010 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 the 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.

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 Implement phase.

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

The Florida Emergency Medical Services Strategic Plan is the result of these processes and is outlined in this document.
Goal 1:

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

Goal Owner: Data Committee
<table>
<thead>
<tr>
<th>Objectives</th>
<th>Measure</th>
<th>Strategies</th>
<th>Lead</th>
<th>Resource</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Improve Leadership Effectiveness of the EMS Advisory Council</td>
<td>% of council members who fulfill their 4 year term</td>
<td>Mentoring/Develop Succession Plan</td>
<td>EMS Advisory Council</td>
<td>Bureau of EMS</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>% of council members attending each meeting (including conference calls)</td>
<td>Leadership Orientation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of council members who are minorities</td>
<td>Council Member Orientation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of constituency groups represented on the council</td>
<td>All constituency group meetings are attended by at least one council member in order to provide a report to the council</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of council members actively involved in an EMSAC subcommittee</td>
<td>EMSAC subcommittee chairs mentor new council members so that they can easily transition into that role once the mentor’s term is up</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of council members attending EMSAC subcommittee meetings</td>
<td>Council members attend EMSAC subcommittee meetings in order to gather information to vote on motion set by EMSAC subcommittee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td># of motions brought to the council for vote</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td># of workgroups created to assist the council with special projects</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2 All pilot and charter agencies transition to live EMSTARS reporting</td>
<td>50% compliance to live EMSTARS reporting</td>
<td>Work closely with Charter agencies to ensure smooth transition; implement lessons learned from Beta testing</td>
<td>Data Committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3 Successfully link EMSTARS incident-level data with AHCA hospital discharge and ED data</td>
<td>% of EMS events linked to hospital data</td>
<td>Establish the relationship with AHCA for data sharing and identify linkage requirements</td>
<td>Data Committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.4 Achieve EMSTARS compliance and participation from 50% of licensed provider agencies</td>
<td>% of agencies</td>
<td>Work closely with remaining agencies to ensure smooth transition; implement lessons learned from startup</td>
<td>The Bureau of EMS and the EMS Advisory Council</td>
<td></td>
<td>06/30/2009</td>
</tr>
<tr>
<td>1.5 Successfully link EMSTARS incident-level data with State Trauma Registry Data</td>
<td>% of EMS events linked to Trauma Registry data</td>
<td>Establish the relationship with Office of Trauma for data sharing and identify linkage requirements</td>
<td>Data Committee</td>
<td></td>
<td>12/31/2009</td>
</tr>
<tr>
<td>1.6 Achieve 70% EMSTARS compliance and participation</td>
<td>% of agencies</td>
<td>Work closely with remaining agencies to ensure smooth transition; implement lessons learned from startup</td>
<td>The Bureau of EMS and the EMS Advisory Council</td>
<td></td>
<td>12/31/2010</td>
</tr>
</tbody>
</table>
Goal 2: Improve customer satisfaction with and knowledge of the EMS system. 
(Customers are defined as patients, providers, and all stakeholders)
Goal Owner: PIER Committee
<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 Provide injury prevention educational programs to the public</td>
<td>Increase by 5% the # of educational programs provided to the public through EMS/Fire agencies</td>
<td>Identify injury prevention programs and opportunities for the general public by making them available to any agency in the state. Provide public injury prevention/educational programs directed towards the top 5 injuries in Florida by working with EMS agencies to start or expand injury prevention programs in their areas. Act as a resource for injury prevention programs throughout Florida.</td>
<td>PIER</td>
<td>EMSC</td>
<td>June 2010</td>
</tr>
<tr>
<td>2.2 Increase the number of EMS systems utilizing a customer satisfaction survey tool</td>
<td>Increase the number of EMS providers utilizing a customer satisfaction survey tool by 10%</td>
<td>Quality Managers will develop a customer satisfaction tool. Create a customer service template for agencies to use. Identify top 5 customer complaints for providers.</td>
<td>Quality Managers’ Group</td>
<td>Medical Care Committee</td>
<td>June 2010</td>
</tr>
<tr>
<td>2.3 Implement a process to identify potential areas of statewide customer dissatisfaction (example: pain management) Reduce the number of complaints regarding quality of care</td>
<td>Measure the # and type of complaints regarding quality of care (example: medical care, professional demeanor)</td>
<td>Work with the Office of Injury Prevention and the Injury Prevention Advisory Council to identify # of hospital ED visits caused by injuries and partner with them to promote educational programs.</td>
<td>PIER</td>
<td>Access to Care</td>
<td>June 2010</td>
</tr>
<tr>
<td>2.4 Identify, research and publish the current Pre-Hospital Best Practices to all EMS providers within the state</td>
<td>To be determined</td>
<td>Publish a current paper or add addendum to our current paper. Produce media products to go to all statewide EMS providers.</td>
<td>Access to Care</td>
<td>FHA PIER Medical Directors</td>
<td>June 2010</td>
</tr>
<tr>
<td>2.5 Identify and partner with Hospitals and other health care providers to reduce the number of ED visits</td>
<td>To be determined</td>
<td>Health fairs</td>
<td>Access to Care</td>
<td>FHA PIER Medical Directors</td>
<td>June 2010</td>
</tr>
<tr>
<td>2.6 Educate all players on Access to Care</td>
<td>To be determined</td>
<td>Statewide PSAs Private Doctors Offices Nursing Homes Continue with Hospital education</td>
<td>Access to Care</td>
<td>FHA PIER Medical Directors</td>
<td>June 2010</td>
</tr>
</tbody>
</table>
Goal 3:

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

Goal Owner: Education Committee

Photo courtesy of Lake-Sumter Emergency Medical Services - 2008 Florida Provider of the Year
<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><strong>3.1</strong> Florida will utilize an EMT/Paramedic certification examination meeting the national standards as described by NHTSA that will provide Florida approved EMS programs with data to determine measurable outcomes</td>
<td>The test vendor will provide the DOH with outcome data based on national standards terminal objectives</td>
<td>Contract will require all selected test vendors to provide outcome data to the DOH</td>
<td>EMS Education Committee</td>
<td>FL Association of EMS Educators</td>
<td>June 2010</td>
</tr>
<tr>
<td><strong>3.2</strong> Adopt initial and continuing educational training requirements for air crew of licensed air providers (See Appendix A for table)</td>
<td>2 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 Bureau of EMS; or seek statutory change</td>
<td>Legislative Committee</td>
<td>FAMA FNPTNA ASTNA</td>
<td>June 2010</td>
</tr>
<tr>
<td><strong>3.3</strong> Define the paramedic scope of practice used in the critical care/specialty care transportation setting</td>
<td>% meeting scope of practice requirements</td>
<td>Establish state model that is aligned with critical care/specialty care Seek statutory authority for regulating training requirements Establish rule and train providers/personnel in requirements of rule Establish monitoring process</td>
<td>EMS Education Committee</td>
<td>Florida Association of EMS Educators Legislative Committee Providers</td>
<td>June 2010</td>
</tr>
<tr>
<td><strong>3.4</strong> Reduce the number of on-the-job injuries or serious infectious illnesses in the EMS population</td>
<td># of injuries Identify process to track all injuries/serious infectious illnesses</td>
<td>Providers Fire Chiefs PIER</td>
<td></td>
<td></td>
<td>June 2010</td>
</tr>
<tr>
<td></td>
<td># of infectious diseases Identify process to track all injuries/serious infectious illnesses</td>
<td>Providers Legislative Committee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td># workman’s compensation days Identify process to track all injuries/serious infectious illnesses</td>
<td>Providers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td># educational programs on injury prevention (vs. # of attendees) Identify/process to track all injuries/serious infectious illnesses</td>
<td>PIER Access to Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3.5</strong> Remove current statutory requirement of 2-hour HIV/AIDS while keeping total number of recertification hours at 32</td>
<td>To be determined</td>
<td>Seek statutory change</td>
<td>Legislative Committee</td>
<td>EMS Education Committee Florida Association of EMS Educators</td>
<td>June 2010</td>
</tr>
<tr>
<td><strong>3.6</strong> Continuing Education for recertification must include course topics from the seven areas defined in the NHTSA Continuing Education guidelines. (See Appendix B for table)</td>
<td>To be determined</td>
<td>Seek rule change</td>
<td>Legislative Committee</td>
<td>EMS Education Committee Florida Association of EMS Educators</td>
<td>June 2010</td>
</tr>
<tr>
<td><strong>3.7</strong> Establish guidelines for emergency medical services dispatch training for ground and air</td>
<td>Compare to national standards Review national guidelines and identify funding sources</td>
<td>Dispatch Work Group FAMA ASTNA</td>
<td></td>
<td></td>
<td>June 2010</td>
</tr>
<tr>
<td><strong>3.8</strong> Measure and Identify Opportunities to Improve EMT/paramedic satisfaction</td>
<td>% overall satisfaction Implement process to identify and resolve potential areas of statewide EMT/paramedic dissatisfaction Survey EMTs and Paramedics (work with the EMLRC)</td>
<td>Fire Chiefs Providers EMLRC MOA</td>
<td></td>
<td></td>
<td>June 2010</td>
</tr>
<tr>
<td></td>
<td>% Turnover rate Survey and track Fire Chiefs</td>
<td></td>
<td>Quality Managers Providers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>#EMTs/# Paramedics</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Objectives</td>
<td>Measures</td>
<td>Strategies</td>
<td>Lead</td>
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<td>Timeline</td>
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<tr>
<td>3.9 All Florida approved EMS training programs, as defined in FAC (64E-2.001), will be encouraged to apply for national accreditation in accordance with the NHTSA - EMS Education Agenda for the Future by 2010</td>
<td>Measure the number of schools that are accredited by CoAEMSP or other agency that meets the EMS Education for the future guidelines</td>
<td>Bureau of EMS will monitor for compliance during inspections Florida Association of EMS Educators partnering with DOE and DOH to promote this type of accreditation Research the language of the previous rule that was deleted which required CoAMPS accreditation</td>
<td>EMS Education Committee</td>
<td>Florida Association of EMS Educators Legislative Committee</td>
<td>June 2010</td>
</tr>
<tr>
<td>3.10 Improve EMS transport safety</td>
<td>% EMS emergency aircraft meeting FAA air-worthiness requirements (target – 100%)</td>
<td>Analyze data to identify improvement opportunities</td>
<td>ASTNA</td>
<td>Pilot’s Association FAMA FNPTNA</td>
<td>June 2010</td>
</tr>
<tr>
<td></td>
<td>#EMS vehicle crashes</td>
<td>Analyze data and identify improvement opportunities</td>
<td>EMS Providers</td>
<td>Objective Safety DHSMV</td>
<td>June 2010</td>
</tr>
<tr>
<td></td>
<td># air and ground calls in which pediatric patients were transported in approved child restraints</td>
<td>Utilize Data Committee in determining mode of transport; comparison of agencies with approved devices</td>
<td>EMSC</td>
<td>FNPTNA ASTNA FAMA</td>
<td>June 2010</td>
</tr>
<tr>
<td>3.11 Increase paramedic and EMT staffing percentage at EMS agencies located in rural counties</td>
<td>% staffing at EMS agencies in rural counties</td>
<td>Develop youth recruitment initiative throughout rural counties Create mentoring program among rural EMS agency management/directors Enhance existing recruitment and retention technical assistance/feedback network for rural EMS management Maintain EMT and paramedic scholarship availability for workers committed to living/working in rural counties</td>
<td>FAREMS</td>
<td>PIER Education Committee Florida Association of EMS Educators Providers</td>
<td>June 2010</td>
</tr>
<tr>
<td>3.12 Serve as a national model for paramedic recruitment of females and minorities to ensure that the paramedic profession is representative of the area served</td>
<td>Increase female and minority paramedic representation by 15% by 2010</td>
<td>Provide paramedic “shadowing” and mentorship opportunities for middle and high school children Provide scholarship and training information through high school guidance counselors Increase grant and scholarship opportunities available to minorities seeking paramedic careers Promote focused recruitment initiatives and other outreach programs that encourage females and minorities to consider the paramedic profession</td>
<td>EMS Advisory Council</td>
<td></td>
<td>June 2010</td>
</tr>
</tbody>
</table>
Goal 4:
To ensure economic sustainability of the EMS system.
Goal Owner: Legislative Committee
<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure(s)</th>
<th>Strategy (ies)</th>
<th>Lead</th>
<th>Resource</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Measure and improve % of reimbursable calls</td>
<td>% calls reimbursed</td>
<td>Advocate for non-transport reimbursement&lt;br&gt;Explore non-traditional transport options&lt;br&gt;(chase car with PA/ARNP)</td>
<td>Providers</td>
<td>Fire Chiefs&lt;br&gt;FAA&lt;br&gt;FAMA</td>
<td>June 2010</td>
</tr>
<tr>
<td>4.2 Measure and improve % of billed charges collected</td>
<td>% billed charges collected</td>
<td>Benchmarking to identify best practices</td>
<td>FAA</td>
<td>Fire Chiefs&lt;br&gt;Providers&lt;br&gt;FAMA</td>
<td>June 2010</td>
</tr>
<tr>
<td>4.3 Measure and improve the cost per capita for EMS</td>
<td>Cost per capita</td>
<td>Benchmarking to identify best practices</td>
<td>Providers</td>
<td>Fire Chiefs&lt;br&gt;FAA</td>
<td>June 2010</td>
</tr>
<tr>
<td>4.4 Increase additional revenue streams for non-transport services</td>
<td>%/# of non-billed/non-transport responses statewide</td>
<td>Statewide survey regarding current non-transport billing practices</td>
<td>Fire Chief</td>
<td>Providers&lt;br&gt;FAMA&lt;br&gt;ASTNA</td>
<td>June 2010</td>
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<tr>
<td></td>
<td>%/# of agencies with non-transport billing procedures in place</td>
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Goal 5:

Improve performance of key EMS processes.
Goal Owner: Medical Care Committee
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<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><strong>5.1</strong></td>
<td>Measure and identify opportunities for improvement of dispatch system</td>
<td>Establish baseline and benchmark to identify best practices</td>
<td>Dispatch Group</td>
<td>Providers FAMA</td>
<td>June 2010</td>
</tr>
<tr>
<td></td>
<td>effectiveness</td>
<td>Promote use of EMD system Quality Improvement processes</td>
<td></td>
<td>Medical Directors</td>
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<td></td>
<td>% of Primary Public Safety Answering Points (PSAPs) utilizing a nationally</td>
<td>Establish ongoing continuing education of Emergency Medical Dispatchers</td>
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<td></td>
<td>recognized Emergency Medical Dispatch System (EMD)</td>
<td>Complete survey of PSAPs</td>
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<td>% of agencies that utilize an EMD Quality Assurance (QA) process</td>
<td>Promote involvement of EMS Medical Directors in EMD</td>
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<td>Promote utilization of National Association of Air-Medical Communication</td>
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<td>Specialists (NAACS) standards by all communications centers that handle</td>
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<td>air medical transport</td>
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<td><strong>5.2</strong></td>
<td>Measure and identify opportunities for improvement in the area of EMS</td>
<td>Establish baseline and benchmark to identify best practices</td>
<td>Dispatch Group</td>
<td>Providers Fire Chiefs</td>
<td>June 2010</td>
</tr>
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<td></td>
<td>response time (from 911 call to patient contact)</td>
<td>Establish baseline and benchmark to identify best practices</td>
<td>Fire Chiefs Access to Care</td>
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<td></td>
<td>% of calls with appropriate response prioritization by dispatch</td>
<td></td>
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<td></td>
<td>% of calls meeting response time targets</td>
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<td><strong>5.3</strong></td>
<td>Changes to EMSTARS Data Dictionary and Disaster Response Tracking System</td>
<td>Establish uniform definition of “EMS- hospital turnaround time”</td>
<td>Data Committee</td>
<td>Florida Committee on</td>
<td>June 2010</td>
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<td></td>
<td>to be able to capture EMS off load and diversion times</td>
<td>Establish uniform definition of hospital is on “Diversion” status</td>
<td></td>
<td>Trauma FENA</td>
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<tr>
<td></td>
<td>All data elements needed to capture EMS off load and diversion times</td>
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<td>Medical Directors</td>
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<td></td>
<td>accepted by the EMS Advisory Council</td>
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<td>Access to Care</td>
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<td></td>
<td>Promote an Emergency System Status (ESS) internet based process on a</td>
<td>Utilize Data Committee and Disaster Committee expertise and knowledge to</td>
<td>Disaster Committee</td>
<td>To be determined</td>
<td>June 2010</td>
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<tr>
<td></td>
<td>statewide basis</td>
<td>develop requirements</td>
<td></td>
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<tr>
<td>Objectives</td>
<td>Measure(s)</td>
<td>Strategies</td>
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<tr>
<td>5.4 Measure and identify opportunities for improvement effectiveness of on-site EMS treatment</td>
<td><strong>Cardiac:</strong> % return of spontaneous circulation (ROSC) in the prehospital environment % of time 12 lead EKG was captured on a patient with chest pain % of EMS agencies that obtain 12 lead EKG on chest pain patients per protocol % of time aspirin was given to patients with chest pain</td>
<td>Use UTSTEIN template reporting style Establish uniform definitions of STEMI alert and cardiac alert Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the Emergency Medical Review Committee (EMRC) to identify best practices Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices</td>
<td>Quality Managers</td>
<td>Medical Directors American Heart Association Emergency Medical Review Committee</td>
<td>June 2010</td>
</tr>
<tr>
<td></td>
<td><strong>Stroke:</strong> % of time a Stroke Alert was initiated based upon a stroke assessment tool per protocol</td>
<td>Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices</td>
<td>Quality Managers</td>
<td>Medical Directors</td>
<td>June 2010</td>
</tr>
<tr>
<td></td>
<td><strong>Trauma:</strong> 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</td>
<td>Florida Committee on Trauma</td>
<td>Medical Directors</td>
<td>June 2010</td>
</tr>
<tr>
<td></td>
<td><strong>Pediatric:</strong> % of Certified EMS providers trained in a pediatric emergency care course % of EMS agencies with pediatric specific treatment protocols</td>
<td>Work with Division of Medical Quality Assurance to develop method of capturing this information during recertification Work with providers in determining best practice protocol</td>
<td>EMSC</td>
<td>FNPTNA Medical Directors</td>
<td>June 2010</td>
</tr>
<tr>
<td></td>
<td><strong>Airway management:</strong> % 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 an alternative advanced airway device is used other than endotracheal intubation</td>
<td>Define attempted intubation Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices</td>
<td>Quality Managers</td>
<td>Medical Directors</td>
<td>June 2010</td>
</tr>
<tr>
<td>5.5 Measure and identify opportunities for improvement for appropriate transport destination</td>
<td>% of patients refusing transport</td>
<td>Benchmarking to identify best practices</td>
<td>Quality Managers</td>
<td>Providers Fire Chiefs</td>
<td>June 2010</td>
</tr>
<tr>
<td></td>
<td>% 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>Florida Committee on Trauma</td>
<td>Emergency Medical Review Committee</td>
<td>June 2010</td>
</tr>
<tr>
<td></td>
<td>% of acute myocardial infarction 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>Medical Directors American Heart Association</td>
<td>June 2010</td>
</tr>
<tr>
<td></td>
<td>% of acute stroke patients within statutory time frame 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>Medical Directors American Heart Association</td>
<td>June 2010</td>
</tr>
<tr>
<td>Objectives</td>
<td>Measure(s)</td>
<td>Strategies</td>
<td>Lead</td>
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<tr>
<td>5.6: Develop a standardized Quality Improvement/Quality Assurance (QI/QA) template for use by all EMS provider agencies in conjunction with the state plan</td>
<td>% of EMS agencies utilizing QI/QA procedure</td>
<td>Subcommittee formed including members from the Medical Care Committee, Quality Managers, and Trauma with support from the Division of Emergency Medical Operations. Subcommittee will develop QI/QA procedures and disseminate to provider agencies for input</td>
<td>Emergency Medical Review Committee</td>
<td>Medical Directors</td>
<td>June 2010</td>
</tr>
</tbody>
</table>
Goal 6:

Assure the EMS System is prepared to respond to all-hazard events in coordination with Public Health and Medical Preparedness Strategic Plan.

Goal Owner: Disaster Committee
### Objectives

<table>
<thead>
<tr>
<th>Measure(s)</th>
<th>Strategies</th>
<th>Lead</th>
<th>Resource</th>
<th>Timeline</th>
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</thead>
<tbody>
<tr>
<td>% of EMS providers participating in local and regional CHIRP exercises</td>
<td>Assure Health and Medical Co-Chairs provide EMS providers CHIRP planning information Ensure EMS providers are participating in local CHIRP planning activities</td>
<td>Disaster Committee</td>
<td>Health and Medical Co-Chairs Florida Committee on Trauma Office of Public Health Preparedness Office of Emergency Operations</td>
<td>12/31/09</td>
</tr>
<tr>
<td>% of agencies that include the local, regional and state disaster response plans as part of orientation</td>
<td>Ensure EMS agency plans address triage, caches, alternate care sites, patient tracking, ambulance deployment plan, etc. and that the EMS agency plans integrate into the overall health and medical response system</td>
<td>Disaster Committee</td>
<td>Health and Medical Co-Chairs Florida Committee on Trauma Office of Public Health Preparedness Office of Emergency Operations</td>
<td>6/30/2010</td>
</tr>
<tr>
<td>% EMS agency plans who have identified these at-risk populations</td>
<td>Provide information to EMS agencies on national standards, and accessing demographic data to identify its at-risk populations Develop survey</td>
<td>Disaster Committee</td>
<td>EMSC PIER PHMP Community Preparedness Team Florida Committee on Trauma</td>
<td>12/31/08</td>
</tr>
<tr>
<td>% EMS agency plans that specifically address each identified at-risk population</td>
<td>Ensure plans address at-risk populations Develop survey</td>
<td>Disaster Committee</td>
<td>EMSC PIER PHMP Planning Team Florida Committee on Trauma</td>
<td>12/31/09</td>
</tr>
<tr>
<td>% EMS agency exercises that include at-risk populations</td>
<td>Ensure exercises include at-risk populations Develop survey</td>
<td>Disaster Committee</td>
<td>EMSC PIER PHMP Training/ Exercise Team Florida Committee on Trauma</td>
<td>12/31/10</td>
</tr>
</tbody>
</table>

### 6.1: Foster a relationship between the EMS agencies and the Regional Domestic Security Task force (RDSTF) Health and Medical Co-Chair to develop, train and exercise local/regional catastrophic health incident response plans (CHIRP), which integrate with state and county emergency management and facility plans

- % of EMS providers participating in local and regional CHIRP exercises
- % of agencies that include the local, regional and state disaster response plans as part of orientation

### 6.2: Ensure emergency medical services plans and related documents include consideration for at-risk populations

**At risk populations:**
- pediatrics
- pregnant women
- elderly
- disabled
- low/limited literacy
- public companions or service animals
- special medical needs

- % EMS agency plans who have identified these at-risk populations
- % EMS agency plans that specifically address each identified at-risk population
- % EMS agency exercises that include at-risk populations
<table>
<thead>
<tr>
<th>Objectives</th>
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<tbody>
<tr>
<td><strong>6.3:</strong> Develop and implement standards for acquisition inventory, storage, dissemination, and maintenance of protective equipment and prophylaxis/antidotes, including tactical procedures for identifying event specific safety needs and Personal Protective Equipment (PPE) distribution</td>
<td>Statewide standards developed Statewide inventory of all PPE/antidotes</td>
<td>Identify statewide standards to acquire, inventory, store and disseminate and maintain protective equipment and prophylaxis/antidotes</td>
<td>Disaster Committee</td>
<td>PHP Responder Safety Lead PHMP Mass Prophylaxis Team</td>
<td>12/31/08</td>
</tr>
<tr>
<td>% of EMS agencies with local protocols in compliance with statewide standards</td>
<td>Ensure EMS agency compliance with statewide standards</td>
<td>Disaster Committee</td>
<td>PHP Responder Safety Lead PHMP Mass Prophylaxis Team</td>
<td>12/31/09</td>
<td></td>
</tr>
<tr>
<td>% of Paramedics/EMTs who agree they have access to protective equipment and prophylaxis/antidotes (survey)</td>
<td>Ensure EMS workforce has access to protective equipment and prophylaxis/antidotes Develop survey</td>
<td>Disaster Committee</td>
<td>PHP Responder Safety Lead PHMP Mass Prophylaxis Team</td>
<td>12/31/10</td>
<td></td>
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<tr>
<td><strong>6.4:</strong> Ensure all emergency medical services personnel (EMS agencies, Paramedics, EMTs) are knowledgeable about Chemical, Biological, Radiological, Nuclear, and Explosive (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 provider agency medical protocols that address each component of CBRNE</td>
<td>Communicate plans, procedures and protocols at local, state and federal levels to EMS agencies, Paramedics, and EMTs (including reporting procedures, exchange of information, expectations of EMS response, and local/state/federal notification procedures and roles) Meet with Health and Medical Co-Chair</td>
<td>Disaster Committee</td>
<td>Environmental Health Capability Team Educators Health and Medical Co-Chairs</td>
<td>12/31/08</td>
</tr>
<tr>
<td>% of EMS training programs that have implemented CBRNE training in their programs</td>
<td>Ensure CBRNE is included in EMS training Meet with Health and Medical Co-Chair</td>
<td>Disaster Committee</td>
<td>Educators Environmental Health Capability Team PHMP Training/Exercise Team</td>
<td>12/31/09</td>
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</tr>
<tr>
<td>% of EMS personnel trained in each component of CBRNE</td>
<td>Survey Paramedics/EMTs</td>
<td>Disaster Committee</td>
<td>Educators Environmental Health Capability Team PHMP Training/Exercise Team</td>
<td>12/31/10</td>
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<tr>
<td><strong>6.5</strong> 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 protocols are written and approved by FL Association of EMS Medical Directors</td>
<td>Develop disaster medical oversight, including protocols, and support for ESF8 at the State, Regional and Local levels</td>
<td>Medical Directors Disaste Committee ESF-8 Team Health and Medical Co-Chairs</td>
<td>June 2010</td>
<td></td>
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<tr>
<td>% of EMS Provider Agencies who have been trained in statewide disaster protocol</td>
<td>Ensure EMS Providers receive the Disaster Medical Protocols</td>
<td>Medical Directors Disaster Committee ESF-8 Team Health and Medical Co-Chairs</td>
<td>June 2010</td>
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<tr>
<td>Objectives</td>
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<td>6.6 Develop medical direction support to state and local emergency operation centers</td>
<td>State Emergency Operations Center (SEOC) has process in place to access State EMS Medical Director or EMS Medical Director Designee Consultant upon activation</td>
<td>Develop plan to assure EMS Medical Director representation at the SEOC</td>
<td>Medical Directors</td>
<td>Disaster Committee ESF-8 Team Health and Medical Co-Chairs</td>
<td>June 2010</td>
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<tr>
<td></td>
<td>At least 1 EOC in each RDSTF Region has process in place to an EMS Medical Director Consultant upon activation</td>
<td>Assure that EMS Medical representation, based on the plan, is present at the SEOC</td>
<td>Medical Directors</td>
<td>Disaster Committee ESF-8 Team Health and Medical Co-Chairs</td>
<td>June 2010</td>
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</table>
2006-2008 Strategic Plan

Florida has made significant strides in emergency medical services during the past two years. These accomplishments were due to statewide collaborative efforts between the many disciplines that encompass the emergency medical services system. These are highlights of the major accomplishments for the 2006-2008 Florida EMS Strategic Plan.

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

- Restructuring of the EMS Advisory Council’s (EMSAC) Data Committee to include cross section of EMS constituents.
- Development and implementation of Florida EMS Data Dictionary, EMS definitions, and event guidelines for uniform reporting.
- Development of the EMS Tracking Information System (EMSTARS) to collect and analyze incident level data to improve patient outcomes in response to the National EMS Information System (NEMSIS) Initiative.

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

- EMSTARS Pilot and Charter Programs established to facilitate transition for new data reporting for EMS providers.
- Establishment of the EMSAC’s Strategic Visions Committee to provide oversight and coordination of the development, implementation, and revision of the state EMS strategic plan through statewide collaboration.
- Establishment of the EMSAC’s Disaster Response Committee to provide advice and support to the Florida Department of Health and the EMS Advisory Council in regards to matters related to disaster preparedness and response. Specifically, the committee strives to provide guidance for EMS provider safety and training, as well as enhancing the ability of the state’s EMS community to function and manage illness and injury during times of disaster, either natural or man made. Florida is among the nation’s leaders in this endeavor, as evidenced by effective response outcomes to previous significant events as well as through its ability to offer assistance to its neighbors during times of great need.

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

- EMS instructor qualifications drafted and approved by the EMSAC to help improve EMT and paramedic pass rates by elevating the criteria for instructors.
- Developed a mechanism to obtain pass/fail rates to identify areas for improvement in education.
- To keep the quality of hours current, improve competency levels, and integrate pediatric issues into educational programs the EMSAC’s Education Committee, working with the state’s EMS Medical Directors, recommended that all continuing education follow the guidelines from the Department of Transportation (DOT) National Highway Traffic Safety Administration (NHTSA) guidelines.

Celebrating our Successes
• Defined continuing educational training requirements for flight nurses and paramedics of licensed air providers.

• Developed, piloted, and implemented PIER curriculum.

• Injury prevention programs and Pediatric Education for Prehospital Professionals (PEPP) courses delivered throughout the state.

• Development of an annual Prehospital Pediatric Education Symposium to support prehospital excellence in pediatric care.

Goal 4: Improve financial viability of EMS system.

• Utilizing matching and county grant funds to make systematic improvements.

• Acquiring federal grant funds to support key initiatives.

• Sponsorship and scholarships for needed educational opportunities in the field, such as PEPP courses and the Prehospital Pediatric Education Symposium, to improve and expand prehospital pediatric care.

• The EMSAC’s Legislative Committee working with key stakeholders to identify ways to improve financial viability in statute, rule, and other areas.

Goal 5: Improve operational performance of key EMS processes.

• Regeneration of the Association of Emergency Dispatch to identify best practices for emergency medical dispatch.

• Florida Stroke Systems Workgroup created and led by our partners at the American Heart Association/American Stroke Association to improve EMS response to stroke patients.

• The EMS for Children Program (EMSC) distributed over 100,000 laminated badge cards with the START and JumpSTART MCI Triage Algorithm, as well as 5,000 Broselow CWIK (Chemical Warfare in Kids) antidote tapes to EMS provider agencies and emergency departments to improve workforce readiness in the event of a disaster.

• EMSC sent over 260 copies of the “Decontamination for Children” DVDs to hospital emergency departments and EMS Initial Training Centers in Florida.

• EMSC surveyed hospital emergency departments, EMS medical directors, and EMS initial training centers to evaluate baseline data to improve EMS response to pediatric patients.

These accomplishments have made positive impacts on prehospital care while addressing the safety and well-being of our citizens. Opportunities and challenges make it imperative that we continue to explore fresh ideas and modify current trends to enhance programs, improve outcomes, and secure the future of EMS.
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
Centers for Disease Control and Prevention (CDC)
Children’s Medical Services, Florida Department of Health
County Health Departments
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 & Resource Center
EMS Advisory Council (EMSAC)
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
Federal Emergency Management Agency (FEMA)
Florida Aeromedical Association (FAMA)
Florida Agency for Health Care Administration (AHCA)
Florida Ambulance Association
Florida Association of County EMS (FACEMS)
Florida Association of EMS Educators
**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.

**Lead**
EMS Advisory Council Subcommittee, constituency group, or other work group that is responsible for the fulfillment of a specific objective. The chairperson of the committee or their designated liaison provides quarterly status reports to the Goal Owner, the Strategic Visions Committee, and Strategic Planning Coordinator.

**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.

**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>Definition</th>
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<tbody>
<tr>
<td>AED -</td>
<td>automated external defibrillator</td>
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<td>ALS -</td>
<td>Advanced Life Support</td>
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<tr>
<td>ARNP -</td>
<td>Advanced Registered Nurse Practitioner</td>
</tr>
<tr>
<td>BLS -</td>
<td>Basic Life Support</td>
</tr>
<tr>
<td>CBRNE -</td>
<td>Chemical, Biological, Radiological, Nuclear, and Explosive</td>
</tr>
<tr>
<td>CHIRP -</td>
<td>Catastrophic Health Incident Response Plans</td>
</tr>
<tr>
<td>CIRP -</td>
<td>Catastrophic Incident Response Plan</td>
</tr>
<tr>
<td>CoAEMSP -</td>
<td>Committee on Accreditation of Educational Programs for the EMS Professions</td>
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Florida ASTNA
Recommendations State
EMS Strategic Plan Goal 3.2

Goal 3.2: Define initial and continuing educational training requirements for Flight Nurses and Paramedics 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).

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 pre-hospital setting
4) BLS provider (or equivalent)

Continuing Education Requirement for Flight Nurses and Paramedics:
1) 2 hours related to Safety Training
2) 2 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.
See objective 3.6 Modules for Continuing Education topics with suggested hours

PREPARATORY: 3-5
Suggested topics include: EMS Systems/The Roles and Responsibilities of the Paramedic, The Well-Being of the Paramedic, Illness and Injury Prevention, Medical / Legal Issues, Ethics, General Principles of Pathophysiology, Pharmacology, Venous Access and Medication Administration, Therapeutic Communications, Life Span Development

AIRWAY MANAGEMENT AND VENTILATION: 3-5
Suggested topics include: Airway Management and Ventilation

PATIENT ASSESSMENT: 2-4
Suggested topics include: History Taking, Techniques of Physical Examination, Patient Assessment, Clinical Decision Making, Communications, Documentation

TRAUMA: 3-4
Suggested topics include: Trauma Systems/ Mechanism of Injury, Hemorrhage and Shock, Soft Tissue Trauma, Burns, Head and Facial Trauma, Spinal Trauma, Thoracic Trauma, Abdominal Trauma, Musculoskeletal Trauma

MEDICAL: 9-12
Suggested topics include: Pulmonary, Cardiology, Neurology, Endocrinology, Allergies and Anaphylaxis, Gastroenterology, Renal/Urology, Toxicology, Hematology, Environmental Conditions, Infectious and Communicable Diseases, Behavioral and Psychiatric Disorders, Gynecology, Obstetrics

SPECIAL CONSIDERATIONS: 3-4
Suggested topics include: Neonatology, Pediatrics, Geriatrics, Abuse and Assault, Patients with Special Challenges, Acute Interventions for the Chronic Care Patient

OPERATIONS: 1-2
Suggested topics include: Ambulance Operations, Medical Incident Command, Rescue Awareness and Operations, Hazardous Materials Incidents, Crime Scene Awareness

TOTAL 24-36
Executive Section
Dr. Jennifer Bencie Fairburn  DEMO Director
Jennifer_Bencie@doh.state.fl.us  ext 4054

John C. Bixler  Bureau Chief
John_Bixler@doh.state.fl.us  245-4053

Dr. Joe Nelson  State Medical Director
Joe_Nelson@doh.state.fl.us

Desi Lassiter  Deputy Chief, Administration
Desi_Lassiter@doh.state.fl.us  245-4055

Alexander Macy  Administrative Assistant I
Alexander_Macy@doh.state.fl.us  ext 2735

Donna Bruce  Administrative Secretary
Donna_Bruce@doh.state.fl.us  ext 2782

Lisa Walker  Deputy Chief, Government Affairs
Lisa_Walker2@doh.state.fl.us  ext 2733

Mary Klein  Budget
Mary_Klein@doh.state.fl.us  ext 3216

Michael Greif  Legal Counsel
Michael_Greif@doh.state.fl.us  ext. 2027

April Thornton  Paralegal Specialist
April_Thornton@doh.state.fl.us  ext 3919

Todd Mechler  EMS Communications Engineer
Todd.Mechler@dms.myflorida.com

Bureau of Emergency Medical Services
Functional Directory as of July 2008

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

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

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

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
**Statewide Planning**

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

Ed Wilson  
Ed_Wilson@doh.state.fl.us  
ext 2737

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

Brittany Elliot  
Brittany_Elliott@doh.state.fl.us  
ext 2722

Patricia Kenyon  
Patricia_Kenyon@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

Artency Jean  
Artency_Jean@doh.state.fl.us  
ext 2755

**Data**

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

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

Juan Esparza  
Juan_Esparza@doh.state.fl.us  
ext 2778

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

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

Beth Curtin  
Beth_Curtin@doh.state.fl.us  
ext 2738

Heather McHenry  
Heather_McHenry@doh.state.fl.us  
ext 2743

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

Adam Almaguer  
Adam_Almaguer@doh.state.fl.us  
ext 2483

**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
Appendix D

Strategic Plan Organizational Chart as of July 2008

Goal Owners Roles:
- Oversight & Coordination of objectives for respective goal
- Communication Champions/Leadership

EMS Advisory Council (EMSAC)
Chuck Kearns, Chair Executive Champion

EMSAC Strategic Visions Committee (SVC)

Goal Owners:
Goal 1 Owner: Data Committee Chief Charles Moreland
Goal 2 Owner: PIER Committee Cory Richter
Goal 3 Owner: Education Committee Dr. Linda Swisher
Goal 4 Owner: Legislative Committee Greg Rubin
Goal 5 Owner: Medical Care Committee John Scott
Goal 6 Owner: Disaster Committee Dr. Brad Elias

SVC Composition
Leads: Cory Richter, Julie Bacon, and Lisa Walker

Goal Owners. Objective Lead Liaisons, and the Strategic Planning Coordinator
### Objective Lead Liaisons

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<tr>
<th>Goal 1 Objective</th>
<th>Dispatch –</th>
<th>Jim Lanier</th>
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<tr>
<td>Providers –</td>
<td>Dan Azzariti</td>
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<tr>
<td>Fire Chiefs –</td>
<td>Todd Coulter (objective 3.4) and Tom Sheridan (objectives 4.3 &amp; 4.4); Jeff Lindsey Providing Oversight</td>
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<td>Florida Ambulance Association –</td>
<td>Walt Eismann</td>
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<td>Terry Miller</td>
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<td>Scott Wyant</td>
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<td>John Todaro and Dr. Rick Slevinski</td>
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### State Plan Coordinator Roles:
- Coordinates requests and feedback between work groups
- Organizes meetings, mailings, surveys
- Posts updates to web and/or flemscomm
- Provides technical support and/or facilitates technical support from DEMO QI coordinator (Lynne Drawdy) or other sources

### Objective Leads Roles:
- Develop, execute, and revise action plans that meet objectives
- Ensure that the plan is an agenda item at meetings
- Participate in meetings by teleconference or in person as determined by workgroup
- Report status during EMSAC meetings, at a minimum
- Utilize flash drive for strategic planning updates and presentations
- Report changes in objective lead liaisons to Strategic Visions Committee and give new liaison flash drive
- Respond to inquiries from state plan coordinator and members of the Strategic Visions Committee