

2012- 2014 EMS Strategic Plan Goals and Objectives

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

Goal Owner: EMSAC. EMS system is defined as all licensed providers, EMS personnel, and EMS training centers.

Objectives	Measure(s)	Strategies	Lead	Resource	Timeline
1.1: Improve the relevancy and regularity of communication between the EMSAC and the EMS system	<p># of EMSAC members participating with an EMSAC subcommittee (minimum two members)</p> <p># of constituency group meetings covered by an EMSAC member</p> <p>Each EMSAC member will be involved as leadership in at least one constituency group</p>	<p>Measure dissemination of strategic plan and strategic planning initiatives through agencies and hospital based systems</p> <p>Track EMSAC members who are responding back with information related to the strategic plan</p> <p>Publish or post best practices, strategic planning updates, and other strategic planning resources on the Bureau of EMS (BEMS) website, the Florida EMS Community Listserv (FLEMSCOMM), and the quarterly EMS newsletter (<i>EMS Vitals</i>)</p>	EMSAC	<p>Goal Owners</p> <p>Objective Leads</p> <p>EMS Constituency Groups</p> <p>EMS Stakeholders</p> <p>Bureau of EMS (BEMS)</p>	Ongoing
1.2: 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	<p># of groups who include the strategic plan in their agenda and meeting minutes</p> <p># of groups who attend the Strategic Visions Committee Meeting</p> <p># of meeting minutes submitted to be posted to the EMSAC</p>	<p>Require all EMS constituency groups and EMSAC subcommittees to submit meeting agendas and meeting minutes</p> <p>Educate all EMS stakeholders that the Strategic Visions Committee provides a forum in which customer needs can be raised to be incorporated into strategic planning efforts</p> <p>Integrate work being done between EMSAC and EMS Constituency Groups</p>	EMSAC	<p>EMSAC subcommittees</p> <p>EMS Constituency Groups</p> <p>EMSAC Coordinator</p> <p>EMS Strategic Planning Coordinator</p>	Ongoing

	<p>webpage</p> <p># of action plan updates submitted to the EMSAC Strategic Visions Committee</p> <p># of EMS constituency groups and other EMS stakeholders participating in strategic planning efforts</p>	<p>Improve communication between groups by linking them together under objectives that require the expertise of multiple EMS stakeholder groups</p>			
<p>1.3: Conduct or host initial orientation for each EMSAC member to familiarize themselves with expectations and bylaws.</p>	<p># of new members assigned a mentor</p> <p># of EMSAC members who have served as mentors</p> <p># of new members who have received an orientation</p>	<p>Assign EMSAC mentors to new members.</p> <p>Assign mentors to new members of an EMSAC subcommittee.</p> <p>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</p>	EMSAC	BEMS	Ongoing
<p>1.4: Maintain a succession plan for the EMSAC members and executive board to ensure succession is fluid</p>	<p>Succession plans developed</p>	<p>Research other boards</p> <p>Ensure new members have been oriented</p> <p>Ensure new members have mentors in place</p> <p>Orient new members to strategic planning process and plan</p>	EMSAC Executive Committee	<p>EMS Constituency Groups</p> <p>Florida Association of EMS Providers</p> <p>FAREMS</p> <p>Florida Association of</p>	October 2010

				County EMS Providers	
				FFCA – EMS Section	
				Florida EMS System	

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

Goal Owner: EMSAC Data Committee

Objectives	Measure(s)	Strategies	Lead	Resource	Timeline
<p>2.1: Improve leadership effectiveness and participation of EMSAC Data Committee</p>	<p>% of committee membership turnover rate by year (less than 1 member each year excluding turnovers due to retirement).</p> <p>85% participation rating score of committee members attending meetings (including face-to-face meetings, conference calls, and web conferences within a calendar year)</p>	<p>Annual review of bylaws/operations to ensure effective operation of subcommittee (define term of service in action plan)</p> <p>Formalize participation rating score, monitoring and reporting process</p> <p>Develop/implement mentoring/succession plan to include new member orientation</p> <p>Foster sustained leadership skills</p>	<p>EMSAC Data Committee</p>	<p>BEMS Data Unit</p>	<p>Ongoing</p>
<p>2.2: Maintain statewide standards for data collection for EMS incident level data</p>	<p>Maintain a defined and adopted Data Dictionary (all Florida Data Dictionary data elements defined and accepted by EMSAC)</p> <p>100% compliance with national <u>mandatory data collection</u> requirements</p>	<p>Use the expertise of the EMSAC Data Committee to review/define/maintain all data elements in Florida Data Dictionary consistent with national mandatory requirements</p>	<p>EMSAC Data Committee</p>	<p>BEMS Data Unit</p> <p>EMSAC Data Committee (Definitions Subcommittee)</p>	<p>Ongoing</p>

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

Objectives	Measure(s)	Strategies	Lead	Resource	Timeline
<p>2.4: Improve access to EMS incident level data for evaluation and benchmarking activities</p>	<p>% increase in number reports available to EMRC for evaluation and benchmarking</p> <p>% increase in number reports available to EMS agencies for evaluation and benchmarking</p> <p># linked data sets</p>	<p>Collaborate with EMRC on report definition and specifications</p> <p>Collaborate with EMRC and EMSAC Data Committee on key performance indicators (KPI's) for evaluation and benchmarking</p> <p>Continue to seek grant funding to maintain resources for report development</p> <p>Collaborate with DOH IT organization to create data warehouse/data mart solution</p> <p>Continue to seek grant funding to maintain data warehouse/data mart solution</p>	<p>BEMS Data Unit</p>	<p>DOH IT</p> <p>EMRC</p> <p>EMSAC Data Committee</p>	<p>Ongoing</p>
<p>2.5: Link EMS Tracking and Reporting System (EMSTARS) incident-level data with other state data for outcome assessments</p>	<p># linked data sets</p>	<p>Establish relationships to share data between agencies</p> <p>Collaborate with DOH IT organization to establish technical environment to enable data linkages and sharing</p> <p>Utilize expertise of EMSAC Data Committee and EMRC to Identify data linkage requirements for linking incident level data for outcome assessments</p>	<p>BEMS Data Unit</p>	<p>EMSAC Data Committee</p> <p>EMRC</p> <p>DOH IT</p> <p>DOH Trauma</p> <p>AHCA</p>	<p>Ongoing</p>

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

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

		<p>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</p> <p>Act as a resource for injury prevention programs throughout Florida- data source: Office of Injury Prevention</p> <p>Work with the Office of Injury Prevention and the Injury Prevention Advisory Council to identify number of hospital ED visits caused by injuries and partner with them to promote educational programs</p>			
<p>3.2: 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</p>	<p>% of EMS agencies that have representation on hospital committees and % of hospitals that have representation on EMS committees.</p> <p>Reduction in ED overcrowding.</p> <p>Reduction in unnecessary ED visits (define unnecessary or non-critical conditions and reduce number of those visits)</p>	<p>Survey and encourage 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</p> <p>Update and republish Pre-Hospital Best Practices paper and use it as a tool to educate all stakeholders</p> <p>Create and publish paper from the emergency nurses' perspective on ED overcrowding, including impact to ED due to</p>	<p>EMSAC Access to Care Committee</p>	<p>Florida Hospital Association (FHA)</p> <p>PIER</p> <p>Florida Association of EMS Medical Directors</p> <p>Office of Trauma</p> <p>Office of Injury Prevention</p> <p>FENA</p>	<p>Ongoing</p>

	<p>Identify top three issues affecting access to care and develop measurement tool to establish baseline for improvement.</p>	<p>Baker Acts (BA52) and psychiatric emergencies (lack of places to send BA52s)</p> <p>Utilize mechanisms such as the quarterly EMS newsletter, BEMS website, and FLEMSCOMM to share best practices that are evidence and outcome based</p> <p>Identify funding mechanisms to support health fairs, statewide PSAs, and provide materials to local EMS agencies and partner organizations to distribute</p> <p>Develop template letter for each EMS agency to send to their respective hospital administrators that addresses the access to care issue and how it impacts EMS</p> <p>Develop a tool kit for EMS and partner agencies for the purpose of educating the public about ambulance and ED use</p> <p>When the information becomes available, publish/email quarterly/biannual reports on hospitals to EMS divert and patient off load times and send to hospital administrators (Phase II of objective 6.3)</p> <p>Widely promote the implementation and use of EM System on a statewide basis for the purpose of assisting EMS providers with transport decisions</p>			
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		and to assist hospitals with overcrowding and ED saturation issues. Promote the start-up and growth of community paramedic programs.			
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Goal 4: Improve EMS workforce education, performance, and satisfaction.
Goal Owner: EMSAC Education Committee

Objectives	Measures	Strategies	Lead	Resource	Timeline
4.1: Remove current statutory requirement of two-hour HIV/AIDS	Sponsorship in both House and Senate	Seek statutory change Need legislative committee to delete reference to Chapter 401, F.S., from Section 381.034 F.S. Change HIV to Infectious Disease/Bloodborne Pathogens	EMSAC Legislative Committee	EMSAC Education Committee FAEMSE	June 2012
4.2: Measure and identify opportunities to improve EMT/paramedic satisfaction	% overall satisfaction # EMTs/# paramedics (increase or decrease from previous years)	Implement process to identify and resolve potential areas of statewide EMT/paramedic dissatisfaction Resurvey EMTs and paramedics during recertification (include indicators such as rural vs. urban, fire vs. non-fire) Review previous year's survey data and compare for potential opportunities for future needs and/or steps. Continue refining the survey to best meet the needs based on previous surveys.	FFCA – EMS Section	Florida Association of EMS Providers DOH Division of Medical Quality Assistance (MQA) FAREMS Florida EMS Quality Managers Association	Ongoing

<p>4.3: 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</p>	<p># of training centers who obtain National EMS Education accreditation</p>	<p>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</p> <p>FAEMSE partnering with DOE and DOH to promote this type of accreditation</p> <p>Conduct a survey of the schools to see how many have begun the process of accreditation</p>	<p>EMSAC Education Committee</p>	<p>FAEMSE EMSAC Legislative Committee</p>	<p>2013</p>
<p>4.4: Begin implementation of the National EMS Education Agenda for the future</p>	<p>Use survey results to determine most supported levels to be adopted</p> <p>Monitor for legislative changes that reflect adopted provider levels</p> <p>Review DOE curriculum frameworks for changes to National education standards</p>	<p>Survey providers to ascertain what scope of practice levels would be supported</p> <p>Adjust DOE curriculum frameworks to match adopted scope of practice levels and education standards</p> <p>Adopt national test for each approved provider level</p> <p>Define a statewide transition process from National Standard Curricula (NSC) to education standards for each approved level of provider</p>	<p>EMSAC Education Committee</p>	<p>FAEMSE EMSAC Legislative Committee Florida Association of EMS Providers</p>	<p>2013</p>

<p>4.5: Facilitate pediatric/neonatal educational programs throughout the state</p>	<p>Provide eight hours minimum pediatric/neonatal education in each Regional Domestic Security Task Force (RDSTF) region on an annual basis</p>	<p>Identify rural counties/regions in need of additional training</p> <p>Survey to determine pediatric/neonatal programs most requested or needed</p> <p>Establish a "speakers bureau" to provide quality education</p>	<p>EMSC Advisory Committee</p>	<p>FAREMS</p> <p>EMSAC Education Committee</p> <p>FAEMSE</p> <p>Florida Neonatal Pediatric Transport Network Association (FNPTNA)</p>	<p>Ongoing</p>
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**Goal 5: To ensure economic sustainability of the EMS system and serve as a clearinghouse for EMS legislative issues.
Goal Owner: EMSAC Legislative Committee**

Objective	Measure(s)	Strategies	Lead	Resource	Timeline
5.1: Measure and improve percentage of reimbursable calls	% of reimbursable calls Develop measurement tool Identify baseline Improve baseline	Explore non-traditional transport options Compile best practices of EMS providers in Florida	Florida Association of EMS Providers	FFCA – EMS Section Florida Ambulance Association FAMA	Ongoing
5.2: Measure and improve % of billed charges collected	% billed charges collected Develop measurement tool Identify baseline Improve baseline	Identify best practices for achieving improvement in billing practices that result in higher collection rates Provide Opportunities for reimbursement updates and continuing education at quarterly state meetings	Florida Ambulance Association	FFCA – EMS Section Florida Association of EMS Providers FAMA	Ongoing
5.3: Identify opportunities to provide public education regarding the utilization of EMS	Improve efficiency of EMS use Develop measurement tool Identify baseline Improve baseline	Identify strategies to improve the use of EMS by community users, i.e. skilled nursing facilities, physician offices, and medical alarms Publish best practices quarterly until 2012 Conduct literature review for baseline	Florida Association of EMS Providers	Florida Ambulance Association FFCA – EMS Section PIER Committee EMSAC Access to Care Committee	Ongoing
5.4: Identify cost saving measures to offset EMS expenses	Develop measurement tool Identify baseline Improve baseline	Identify best practice for vendor bidding and contracts Conduct literature review for baseline or measure at the local level Conduct annual classes on public	Florida Association of EMS Providers	FFCA – EMS Section DOH, Bureau of Statewide Pharmaceutical Services	Ongoing

		<p>purchasing procedures, including the use of state bidding</p> <p>Conduct training in public purchasing bid quotes</p> <p>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</p>			
5.5: Identify alternative revenue sources	Compile successful programs from the EMS community for others to implement in their localities (rural, urban, county, municipalities)	<p>Identify best practice for acquiring funding from alternative sources, i.e.:</p> <ul style="list-style-type: none"> • Marketing of the EMS system • United Way campaign • Foundations (private) • % of fees for courses taught • Federal stimulus money <p>Publish opportunities by 2012 in quarterly action plan on state website</p>	Florida Association of EMS Providers	<p>FFCA – EMS Section</p> <p>Florida Ambulance Association</p> <p>FAREMS</p> <p>Florida Association of County EMS Providers (FACEMS)</p>	Ongoing
5.6: Ensure that industry experts within specific areas of EMS are represented on the Legislative Committee	Include at least one representative from each of the following areas: fire, non-fire, private, education, air, pediatric/neonate, dispatch	Liaison with constituency groups in identifying adequate representation	EMSAC Legislative Committee	<p>FAMA</p> <p>EMSC</p> <p>FFCA – EMS Section</p> <p>Dispatch Group</p>	Ongoing
5.7: Adopt initial and continuing educational training requirements for aircrew of licensed air providers	Two hours of altitude physiology course and aircraft safety/emergencies for refresher training	Identify statutory authority to develop a rule proposal to submit to the BEMS or seek statutory change	Legislative Committee	<p>FAMA</p> <p>FNPTNA</p> <p>ASTNA</p>	Ongoing

Goal 6: Improve performance of key EMS processes through benchmarking and partnerships.
Goal Owner: Medical Care Committee

<p>6.1: Measure and identify opportunities for improvement of dispatch system effectiveness</p>	<p>% of primary Public Safety Answering Points (PSAP) utilizing a nationally recognized EMD system</p> <p><i>Notes: (a PSAP would be counted as a YES if the Primary PSAP transfers EMS calls to a secondary PSAP that utilizes an EMD system. Currently Priority Medical Dispatch, Powerphone and APCO are nationally recognized)</i></p> <p>% of agencies that utilize an EMD QA process</p>	<p>Establish baseline and benchmark to identify best practices</p> <p>Promote use of Emergency Medical Dispatch (EMD) system quality improvement processes</p> <p>Promote ongoing continuing education of emergency medical dispatchers</p> <p>Promote involvement of EMS Medical Directors in EMD</p> <p>Promote utilization of National Association of Air Medical Communication Specialists (NAACS) standards by all communications centers that handle air medical transport</p> <p>Identify challenges/barriers for agencies that currently do not provide EMD</p> <p>Develop measurement tool - survey questions</p> <p>Disseminate survey</p> <p>Analyze results</p> <p>Identify challenges/barriers for agencies that currently do not provide EMD QA</p>	<p>Dispatch Group</p>	<p>Florida Association of EMS Providers</p> <p>FAMA</p> <p>Florida Association of EMS Medical Directors</p>	<p>Ongoing</p>
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6.2: Changes to EMSTARS Data Dictionary and Disaster Response Tracking System to be able to capture EMS off load and diversion times	All data elements needed to capture EMS off load and diversion times accepted by the EMSAC	Establish uniform definition of hospital "diversion" status	EMSAC Data Committee	Trauma Committee Florida Emergency Nurses Association (FENA) Florida Association of EMS Medical Directors EMSAC Access to Care Committee	Ongoing
	Promote an Emergency System Status (ESS) internet based process on a statewide basis	Utilize Data Committee and Disaster Committee expertise and knowledge to develop requirements Partner with agencies that have piloted EMSystem Measure number of counties utilizing EMSystem Ensure more than 75% of trauma systems utilize system Continue to work with Office of Public Health Preparedness Steering Committee	EMSAC Disaster Committee	EMSAC Access to Care Committee EMSAC Medical Care Committee EMSAC Data Committee	Ongoing

<p>6.3: 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</p>	<p>6.3.1 Cardiac: % ROSC (return of spontaneous circulation as defined by the UTSTEIN criteria) in the prehospital environment</p> <p>% of time 12 lead EKG was captured on a patient with suspected cardiac related symptoms</p> <p>% of time aspirin was given to patients with cardiac related symptoms or intentionally held due to medical considerations(e.g. allergy)</p>	<p>Review of data to identify opportunities for improvement</p> <p>Systemized care of STEMI/stroke</p> <p>Look at accrediting agencies</p> <p>Determine mortality rate</p> <p>Use UTSTEIN template reporting style</p> <p>Establish uniform definitions of STEMI alert and cardiac alert</p> <p>Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices</p>	EMRC	<p>EMS Medical Directors</p> <p>American Heart Association (AHA)</p> <p>EMRC</p> <p>Quality Managers</p> <p>UTSTEIN template is the recognized standard for reporting and research, allowing appropriate comparison of data</p> <p>The EMS Medical Directors have established a position statement on the definition of STEMI alert</p> <p>Medical Care Committee</p>	Ongoing

	<p>6.3.2 Stroke: % of time a Stroke Alert was initiated based upon current stroke assessment tool</p>	<p>Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices</p> <p>Monitor EMSTARS/EMRC/Medical Care Committee</p>	EMRC	<p>EMS Medical Directors</p> <p>EMRC</p> <p>AHA's Florida Stroke Systems Workgroup</p> <p>Quality Managers</p>	Ongoing
	<p>6.3.3 Trauma: Identify average time on scene for trauma alert patients</p>	<p>Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices</p> <p>Monitor EMSTARS/EMRC/Medical Care Committee</p>	EMRC	<p>EMS Medical Directors</p> <p>Trauma Committee</p> <p>EMRC</p> <p>Medical Care Committee</p>	Ongoing
	<p>6.3.4 Pediatric/Neonatal: Identify and address challenges to prehospital care</p>	<p>Survey EMSC, FNPTNA, and other stakeholders to determine challenges to prehospital care of pediatric and neonatal patients</p> <p>Work with Division of Medical Quality Assurance (MQA) to develop method of capturing this information during recertification</p> <p>Work with EMRC to identify treatment challenges</p>	EMSC	<p>FNPTNA</p> <p>EMS Medical Directors</p> <p>EMRC</p>	Ongoing

	<p>6.4.5 Airway management: % recognition of proper placement of endotracheal tube placement as documented by end-tidal capnography</p> <p>% of patients in which endotracheal intubation is attempted and is not successfully completed</p> <p>% of patients in which active airway assistance is utilized other than ET</p>	<p>Define attempted intubation</p> <p>Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices</p>	EMRC	<p>EMS Medical Directors</p> <p>Quality Managers</p> <p>Medical Care</p>	Ongoing
<p>6.5: Measure and Identify opportunities for improvement in EMS system processes</p>	<p>6.5.1: % of patients refusing transport</p>	<p>Benchmarking to identify best practices</p>	EMRC	<p>Providers</p> <p>Fire Chiefs</p> <p>Quality Managers</p>	Ongoing
	<p>6.5.2: % of victims meeting trauma alert criteria transported to trauma center</p>	<p>Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices</p> <p>Identify the percentage of time trauma alerts called on the basis of objective criteria (state score card, except for</p>	<p>Medical Care</p> <p>Quality Managers</p>	<p>EMRC</p> <p>Trauma Committee</p>	

		paramedic discretion) vs. the percentage of time called on subjective criteria (paramedic discretion)			
	6.5.3: % of STEMI Alert patients field triaged to interventional cardiac cath capable facility	Identify mechanisms for benchmarking utilizing EMSTARS and expertise of the EMRC to identify best practices	Quality Managers	EMS Medical Directors EMRC AHA	Ongoing
	6.5.4: % of pediatric and neonatal patients transported utilizing appropriate transport agency to center capable of appropriate medical treatment	Identify centers for pediatric and neonatal care Work with EMRC in identifying transporting agencies	EMSC	Providers FNPTNA FAMA Quality Managers EMRC	Ongoing
6.6: Prioritize and begin setting performance targets based on the established benchmarks and utilizing EMSTARS data	# of service delivery or patient care components measured and benchmarked	Use the expertise of the EMRC to identify patient outcome and service delivery components for uniform measurement; also, use and publish the data, while still protecting the data	EMRC	EMSAC Data Committee	Ongoing
6.7: To provide effective injury prevention, rescue and prehospital emergency medical care at Florida's public bathing places (coordination of rescue and	Identify number of coastal lifeguard agencies operating in Florida Identify % of Florida bathing places that are currently lifeguard protected	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	USLA	EMSAC Legislative Committee	Ongoing

prehospital emergency care with transport providers)		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			
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GOAL 7: Assure the EMS System is prepared to respond to all hazard events in coordination with state disaster plans.
Goal Owner: Disaster Committee

Objectives	Measure(s)	Strategies	Lead	Resource	Timeline
7.1: Ensure all EMS personnel (paramedics, EMTs, nurses and dispatchers) are knowledgeable about local agency and regional disaster plans	<p>% of EMS providers that train their staff annually on local and regional disaster plans</p> <p>% of agencies that include the local, regional and state disaster response plans as part of orientation</p>	<p>Compare current standards in Florida Statute/Rule, Florida Fire Chiefs State Emergency Response Plan, National Fire Protection Association, Florida OSHA, county emergency response plans and Catastrophic Health Incident Response Plans</p> <p>Develop standards that apply to fire EMS, non-fire EMS and air medical EMS providers</p>	<p>EMSAC Disaster Committee</p> <p>EMSAC Disaster Committee</p>	<p>BEMS, Health and Medical Co-Chairs, Trauma Committee, Office of Public Health Preparedness, Office of Emergency Operations, Dispatch Workgroup</p>	Ongoing
7.2: Ensure EMS plans and related documents include consideration for at-risk populations: <ul style="list-style-type: none"> 1. Pediatrics 2. Neonatal 3. Pregnant women 4. Elderly 5. Disabled 6. Low/limited literacy 7. Public companions or service animals 8. Special medical needs 	<p>% EMS agency plans that specifically address each identified at-risk populations</p> <p>% of EMS providers that train their staff at orientation and refresh annually on their local at-risk population plans</p> <p>% EMS agency and ED exercises that include at-risk populations</p> <p>% of EMS agency and ED plans that</p>	<p>Ensure plans, training and exercises address at-risk populations</p> <p>Establish baseline and benchmark to identify best practices</p> <p>Based on best practices, develop specific training for at-risk populations</p> <p>Include development of templates for plans, drills and training</p> <p>Seek to commit funding to a limited number of emergency departments and agencies who are willing to conduct drills with primarily at-risk populations</p> <p>EMSC develop and implement assessment tool</p>	EMSC	<p>EMSAC Disaster Committee, EMSAC PIER Committee, PHMP Community Surge Team, Office of Trauma, EMS Medical Directors, FENA, PHP Medical Surge Committee</p>	Ongoing

	<p>address reunification of pediatric patients</p> <p>% EDs that plan, train and exercise for special needs populations</p>	<p>Partner with the Public Health Preparedness (PHP) Medical Surge Committee</p>			
<p>7.3: Ensure all emergency pre-hospital 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</p>	<p>% of EMS providers that train their staff annually on Level "C" PPE, local and regional disaster plans</p> <p>% of EMS providers that train their staff annually on Nerve Agent antidotes</p>	<p>Compare current standards in Florida Statute/Rule, Florida Fire Chiefs State Emergency Response Plan, National Fire Protection Association, Florida OSHA, county emergency response plans and Catastrophic Health Incident Response Plan</p> <p>Develop standards that apply to fire EMS, non-fire EMS and air medical EMS providers</p> <p>Identify statewide standards to acquire, inventory, store and disseminate and maintain protective equipment and prophylaxis/antidotes</p>	<p>EMSAC Disaster Committee</p>	<p>BEMS, EMS Educators, FFCA, Public Health and Medical Preparedness (PHMP) Responder Health & Safety Committee, PHMP Community Surge Team</p>	<p>Ongoing</p>

<p>7.4: 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</p>	<p>% of EMS providers that train their staff annually on CBRNE detection systems, notification, verification and response procedures</p>	<p>Compare current standards in Florida Statute/Rule, Florida Fire Chiefs State Emergency Response Plan, National Fire Protection Association, Florida OSHA, county emergency response plans and Catastrophic Health Incident Response Plans. Develop standards that apply to fire EMS, non-fire EMS and air medical EMS providers</p>	<p>Community Surge Team</p>	<p>BEMS, FFCA, PHMP, Responder Health and Safety Committee and EMS Medical Directors</p>	<p>Ongoing</p>
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<p>7.5: Develop processes for EMS medical direction support of disasters, mass casualty, and large infectious disease emergencies at the state, regional and local level</p> <p>Develop statewide protocol for use in the event of large scale statewide disasters, mass casualty and large scale infectious disease events</p> <p>Develop and implement specific plans and strategies to appropriately inform and educate Florida's EMS providers with current information and guidance regarding disaster and infectious disease response</p>	<p>Statewide Disaster & statewide/federal infectious disease protocols are written and approved by DOH & Florida Association of EMS Medical Directors</p>	<p>Develop statewide disaster medical and large scale EMS infectious disease protocols</p> <p>Formulate implementation strategies</p>	<p>EMS Medical Directors</p>	<p>EMSAC Disaster Committee, EMS Constituency, Office of Trauma, Community Surge Team, Office of Emergency Operations, Office of Public Health Preparedness</p>	<p>Ongoing</p>
<p>7.5: Develop processes for EMS medical direction support of disasters, mass casualty, and large infectious disease emergencies at the state, regional and local level</p>	<p>% of EMS provider agencies who have been trained in statewide disaster protocols, strategies and current guidance</p>	<p>Ensure EMS providers receive the disaster medical protocols</p>	<p>EMS Medical Directors</p>	<p>Disaster Committee, EMS Constituency, Office of Trauma, Community Surge Team, Office of Emergency Operations, Office of PHP</p>	<p>Ongoing</p>

<p>Develop statewide protocol for use in the event of large scale statewide disasters, mass casualty and large scale infectious disease events</p> <p>Develop and implement specific plans and strategies to appropriately inform and educate Florida's EMS providers with current information and guidance regarding disaster and infectious disease response</p> <p>7.6: Develop medical direction support to local Emergency Operations Center (EOCs)</p>	<p>% of local EOCs that have a process in place to access local EMS Medical Director or EMS Medical Director designee for consultation during activations</p>	<p>Compare current standards in Florida and Federal Emergency Management Agency (FEMA) Region IV state partners</p> <p>Assess best practices at the local and state level</p>	<p>EMS Medical Directors</p>	<p>EMSAC Disaster Committee, BEMS, EMS Providers, Office of Emergency Operations, local Emergency Managers, Health and Medical Co-Chairs</p>	<p>Ongoing</p>
<p>7.7: Align with Community Surge objectives</p>	<p>Disaster Committee and PHMP Community Surge Team Objectives are aligned</p>	<p>Determine gaps that exist between PHMP Community, Surge Committee Objectives and Disaster Committee Objectives</p>	<p>Community Surge Team</p>	<p>EMSAC Disaster Committee BEMS, EMS Medical Directors</p>	<p>In Process</p> <p>PHMP Community Surge and Hospital Surge Committees are actively coordinating projects and project planning</p>

<p>7.8: Identify facility and plan for implementation of at least one alternate care site in each county that can be used to help mitigate community surge during disasters</p>	<p>% of the counties that have identified and planned for the implementation of an alternate medical treatment site</p>	<p>This project is already in process. Collaboration for the project exists between local EMS providers, PHP, the Office of Emergency Operations and DOH Regional Emergency Response Advisors and local Emergency Management</p>	<p>Office of PHP</p>	<p>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</p>	<p>Ongoing</p>
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GOAL 8: Maintain an accident-free environment and promote a culture of safe and appropriate utilization of Florida air assets.
Goal Owner: Access to Care Committee (Karen Chamberlain)

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

<p>8.2: Improve air medical communications and dispatch procedures for communication centers, flight crew, hospitals, and EMS providers</p>	<p># of air medical communication centers that perform duties other than air medical flight-related duties</p> <p># of air medical communication centers with established helipad communication procedures</p> <p># of air medical communication centers with an established quality improvement process</p> <p># of air medical communication centers that are utilizing technology for information sharing</p> <p># of air medical communication centers that utilize aviation-based technology for flight management</p> <p># of Florida receiving facilities and EMS providers that are non-compliant with</p>	<p>Develop and implement a quality improvement process for air medical communication centers</p> <p>Promote formalized flight following and dispatch procedures including up-to-date weather per the National Transportation Safety Board (NTSB) recommendations</p> <p>Identify, research, and implement the use of technological services to improve information sharing</p> <p>Identify and adopt initial minimum criteria for air medical communication specialists</p> <p>Develop mechanism for inclusion of fixed wing aircraft in dispatch measures</p> <p>Establish BEMS support for inspections process and compliance with the Florida Communications Plan</p>	<p>FAMA</p>	<p>ASTNA</p> <p>FLEMSPA</p> <p>FNPTNA</p> <p>Technical Advisory Panel (TAP)</p> <p>BEMS</p> <p>EMS Providers</p> <p>FFCA</p> <p>EMS Communications Engineer</p> <p>NAACS</p> <p>FHA</p> <p>Emergency Dispatch Workgroup</p>	<p>Ongoing</p>
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	<p>state Med8 requirements</p> <p># of air medical providers that are non-compliant with state air secondary requirements</p> <p># of air medical communication centers that have established continuing education requirements</p> <p># of air communication centers that have a rest/fatigue policy in place</p>				
<p>8.3: Improve air medical crew resource management and education</p>	<p># of programs that have established air medical crew resource management as part of both the initial orientation process and annual training requirements</p> <p># of programs using a risk assessment tool for flight crew</p> <p># of programs/providers that have a dedicated operational education committee or training</p>	<p>Establish baseline and benchmark to identify best practices</p> <p>Assess operational education and training needs of flight programs</p> <p>Identify current risk assessment tools for air medical providers</p> <p>Establish standardized minimum initial safety core competencies for all personnel involved in air medical transport</p> <p>Develop and adopt recommended safety continuing education for all personnel involved in air medical</p>	FAMA	<p>ASTNA</p> <p>FLEMSPA</p> <p>FNPTNA</p> <p>EMS Providers</p> <p>Fire Chiefs</p> <p>EMSACs Education Committee</p> <p>AAMS</p> <p>Commission on Accreditation of Medical Transport Services (CAMTS)</p>	Ongoing

	<p>coordinator</p> <p># of programs that have initial training requirements that include four hours of safety training and four hours of flight specific training</p> <p># of air medical programs with an operational awareness course</p>	<p>transport</p> <p>Establish operational awareness training for ground crews involved in transport (safety, landing zone, approach)</p> <p>Establish a minimum one day annual air medical safety summit with representation from all stakeholders involved in air medical transport to include but not limited to: aviation and medical crews, maintenance, communications, administration, and any associated transport (assisting fire department or ambulance services) not within air transport program</p>		<p>FNPTNA</p>	
<p>8.4: Improve use of air asset technology to enhance safety</p>	<p># of air medical aircraft with Terrain Awareness and Warning Systems (TAWS) and radar altimeters</p> <p># of air medical providers utilizing night vision goggles (NVGs)</p> <p># of air medical programs utilizing satellite based flight following systems</p> <p># of air medical providers that have established Inadvertent Instrument Meteorological</p>	<p>Promote training for safe operations and IIMC procedures</p> <p>Promote compliance with Federal Aviation Administration (FAA) and NTSB safety recommendations</p> <p>Promote compliance with the commercial/ instrument standards set by the FAA</p> <p>Promote personal safety through Nomex flight suits and safety helmets</p> <p>Identify and include fixed-wing recommendations from NTSB</p> <p>Promote FAA best practices</p>	<p>FAMA</p>	<p>FLEMSPA</p> <p>FNPTNA</p> <p>FAA</p> <p>NTSB</p> <p>International Helicopter Safety Team (IHST)</p>	<p>Ongoing</p>

	Conditions (IIMC) procedures and training # of air medical programs that require Nomex flight suits and helmets				
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<p>8.5: Adopt initial and continuing educational training requirements for aircrew of licensed air providers</p>	<p>Two hours of altitude physiology course and aircraft safety/emergencies for refresher training</p>	<p>Identify statutory authority to develop a rule proposal to submit to the BEMS; or seek statutory change</p>	<p>Legislative Committee</p>	<p>FAMA FNPTNA ASTNA</p>	<p>Ongoing</p>
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GOAL 9: Increase access to care by improving patient safety, responder safety, and the safety of general public.
Goal Owner: Access to Care Committee

Objectives	Measure(s)	Strategies	Lead	Resource	Timeline
<p>9.1: Determine medication error rate in Florida's EMS systems</p>	<p>Initiate a study of medication error rate in Florida EMS systems</p>	<p>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</p> <p>Determine strategy to mitigate errors and institute plan for mitigation during the next planning cycle</p>	<p>EMSAC Medical Care Committee</p> <p>State EMS Medical Director</p>	<p>EMSAC Medical Care Committee</p> <p>EMRC</p>	<p>Ongoing</p>
<p>9.2: Quantify EMS vehicle collision rate in Florida in a measurable way</p>	<p>Establish a baseline</p>	<p>Work with Florida DOT to study EMS vehicle collision rate and develop a mitigation plan to reduce that rate</p>	<p>State EMS Medical Director</p> <p>Florida DOT</p>	<p>Objective Safety</p> <p>Department of Highway Safety and Motor Vehicles</p> <p>National EMSAC Committee on Ambulance Crashes for personnel safety</p>	<p>Ongoing</p>
<p>9.3: Improve safety of staff from increasing violence in emergency departments (from psychiatric patients, trauma patients, and irate patients/families)</p>	<p>Identify process for tracking number of incidents in the ED</p>	<p>Identify process for staff safety in ED</p>	<p>FENA</p>	<p>State EMS Medical Director</p>	<p>Ongoing</p>

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	Fire Chiefs EMSAC PIER Committee	Ongoing
	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	Fire Chiefs EMSAC Legislative Committee	Ongoing
	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	Ongoing
	9.4.4: # educational programs provided on injury prevention and infectious disease to EMS personnel	Identify/provide educational programs on injury prevention/infectious disease	PIER	EMSAC Access to Care Committee	Ongoing

<p>9.5: Improve EMS transport safety for the pediatric patient</p>	<p># air calls in which pediatric patients were transported in an approved FAA child safety device</p> <p># ground calls in which pediatric patients were transported in a child safety device</p> <p>Include data element in EMSTARS on how patient is secured in transporting unit</p>	<p>Analyze data and identify improvement opportunities</p> <p>Utilize Data Committee in determining mode of transport; comparison of agencies with approved devices</p> <p>Review of survey results from agencies regarding practice</p> <p>Reference NHTSA guidelines regarding pediatric/neonatal transport safety</p>	<p>EMSC</p>	<p>FNPTNA</p> <p>ASTNA</p> <p>FAMA</p> <p>Providers</p> <p>Fire Chiefs</p>	<p>Ongoing</p>
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GOAL 10: Improve consistency, efficiency and education of public safety personnel with respect to incident related emergency medical dispatch (EMD) and radio communications.

Goal Owner: Access to Care Committee

Objectives	Measure(s)	Strategies	Lead	Resource	Timeline
10.1: Improve EMS radio communications between transports and receiving hospitals	<p>Determine percentage of primary systems using UHF vs. 800 MHz vs. SLERS vs. FIN</p> <p>Determine percentage of MED 8 capable agencies</p> <p>Determine percentage of narrowband compliance agencies and counties</p>	<p>Assess survey results to determine which agencies/counties are using UHF vs 800 MHz vs. other</p> <p>Assess survey results to determine Med 8 compliance.</p> <p>Partner with AHCA to improve inspection procedures by AHCA for hospitals</p> <p>Revise and release new version of Vol II of the EMS Communications Plan</p>	EMSAC Communications Committee	<p>AHCA</p> <p>Department of Management Services (DMS) Division of Telecommunications</p> <p>BEMS</p> <p>State Working Group – Interoperable Communications Committee (SWG-ICC)</p> <p>Office of Trauma</p>	Ongoing
10.2: Improve agency access to training and education	<p>Develop training curriculum for radio systems education</p> <p>Develop training curriculum for radio programming/ operation</p> <p>Develop training for upcoming changes to public safety radio (P25, 700MHz)</p>	<p>Operational radio/system use</p> <p>Compliance/ statutory requirements</p> <p>Purpose/intent of system design</p>	EMSAC Communications Committee	<p>SWG-ICC</p> <p>DMS/DivTel</p> <p>Florida Division of Emergency Management (FDEM)</p>	Ongoing

10.3: Improve agency access to federal and state funding	Determine available grants, qualifications, timelines and processes	Improve PST grant awareness Improve PST grant submission process	EMSAC Communications Committee	Lee Connor, DOH/PHP DOH/EMS	Ongoing
10.4: Improve interoperable communications capabilities	Determine agency access to mutual aid channels Develop standard operating procedures between disciplines Build out Phase I and II of the Health & Medical Interoperable Communications Initiative (HMICI) project	Determine % of agencies capable of communicating with other public safety radio systems Determine requirements to improve interoperable communications statewide	EMSAC Communications Committee	SWG-ICC IWG DOH/Office of Trauma	2012-2013
10.5: Improve capability to communicate preparation of disasters	Determine communication methods being used by Emergency Service Function 8 (ESF8) Develop standard operating procedures that involve EMS	Between EMS agencies in non-home areas Between EMS agencies and non-standard dispatch centers Between EMS agencies and other public safety agencies	EMSAC Communications Committee	Disaster Response Committee SWG-ICC	2012-2013

<p>10.6: Increase awareness, integration, and support of EMD in the Florida public safety environment</p>	<p># of agencies utilizing EMD</p>	<p>Monitor PST legislation initiatives</p> <p>Provide a point of resource to assist agencies with PST best practices</p> <p>Review and evaluate EMSTARS data points relative to dispatch and work with the Data Committee to fine tune</p>	<p>EMSAC Communications Committee</p> <p>EMRC</p>	<p>Department of Management Services (DMS)</p> <p>Communications Committee</p>	<p>Ongoing</p>
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