

Mission:
To protect, promote & improve the health
of all people in Florida through integrated
state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

FLORIDA EMERGENCY MEDICAL SERVICES (EMS) ADVISORY COUNCIL

Meeting minutes from the meeting of:
February 19, 2015

Member Name:	Voting Status:	Attendance:
John Bixler, EMS Section Administrator	Non-Voting	Present
Charles E. Moreland, Ed.D., Chair	Voting	Present
Daniel Griffin, EMS Educator, Vice Chair	Voting	Not Present
Chief Darrel Donatto, EMS Administrator (Fire)	Voting	Not Present
Michael Lozano, M.D., Physician	Voting	Present
Chief Tom Quillin, EMT (Non-Fire)	Voting	Not Present
Doris Ballard-Ferguson, Ph.D., Lay Elderly	Voting	Present
Jane Bedford, Paramedic (Non-Fire)	Voting	Present
Sheila Bradt, Emergency Nurse	Voting	Not present
Alan Skavroneck, Commercial Ambulance Operator	Voting	Present
Tracy Yacobellis, Department of Education	Non-Voting	Present
Charles Hagan, III, Office of the Governor, Emergency Management	Non-Voting	Present
Captain Timothy J. Roufa, Department of Highway Safety & Motor Vehicles	Non-Voting	Not present
Preston Bowlin, Department of Financial Services	Non-Voting	Not Present
Trenda McPherson, Department of Transportation	Non-Voting	Not present
Carlton Wells, Department of Management Services	Non-Voting	Present
Joe Nelson, D.O., State EMS Medical Director	Non-Voting	Present
Julie Bacon, EMSC Liaison	Non-Voting	Present
Bethany Lowe, Meeting Coordinator	Non-Voting	Present

Note: A verbatim transcript of the entire meeting is available for review at the Bureau of Emergency Medical Oversight, EMS Section.

Call to Order

Chair Moreland called the meeting to order at 1:30 p.m. A roll call was conducted and a total of five voting members were present, therefore a quorum was not met.

Alyshia Dark from the EMS Section's Investigations Unit then provided an update on the notice of rule making that was recently distributed to the public. Ms. Dark stated she is accepting copies of all proposed rule changes. If someone would like to request a hearing or workshop, please let her know via email at: Alyshia.Dark@flhealth.gov.

EMS State Plan Discussion

John Bixler stated that the EMSAC has been providing feedback on the draft EMS state plan since last fall. Today's call will be focused on drafting a final version of this plan.

Doris Ballard-Ferguson stated that the outcomes and measures should be reversed on the documents. Also, the measures could be considered the standards of this plan.

Leah Colston, Bureau Chief of Emergency Medical Operations, stated that the department received good input on the state plan. She stated that the goal is for each member to take today's draft state plan to their constituent groups and present to them for discussion for additional feedback. It is a collaborative effort. Once a final draft is developed, it will be presented to the State Surgeon General. Chief Colston then stated that the listed outcomes and measures would be switched. The outcomes would contain the goal of each measure.

Mr. Bixler then read the opening statement of the draft EMS state plan: "The Department is responsible for an Emergency Medical Services (EMS) State Plan. This plan improves and maintains an EMS system that provides evidence based care in Florida. The council had no recommended changes to the opening statement."

Mr. Bixler proceeded with goal one: "Advance the EMS system and strengthen Florida's position as a recognized leader in EMS response nationwide through data collection, improved accessibility to EMS Tracking and Reporting System (EMSTARS) incident level data, effective leadership and communication."

Dan Harshburger, Chair of the Florida Fire Chiefs Association's (FFCA) EMS Section, stated that the FFCA submitted feedback on this goal which stated: "Advance the EMS system and strengthen Florida's position as a recognized leader in EMS response nationwide by way of a Community Paramedic Initiative and telemedicine and serves to emphasize injury and illness prevention throughout the state."

Mr. Harshburger stated that EMSTARS is a process that is a part of the statement, which is why the FFCA took the EMSTARS verbiage out of the goal and replaced it with community paramedic initiative and telemedicine. Mr. Bixler stated that the community paramedic initiative and telemedicine is listed in goal two. It was agreed that the boringly listed goal one would remain as is and the FFCA's recommendation would be addressed at the next goal.

Mr. Bixler then read the first measure of goal one: "Increase percentage of EMS agencies submitting all incident level data to EMSTARS to 70% by July 2015." Mr. Bixler stated that the department is currently at 67%, so it is a realistic measure.

Cindy Dick, Director of the Division of Emergency Preparedness and Community Support, stated that to list an outcome of achieving 100% compliance with the standards of EMSTARS would be contradictory since it is listed as a measure. Therefore, this outcome was removed with the understanding that 100% compliance is a constant goal.

Mr. Bixler then stated the second measure: "Increase the number of reports available to EMS agencies for evaluation and benchmarking by 50% by July 2015." Mr. Bixler stated that there are currently 32 of these reports available. So in order to make the measure of 50% by July 2015, there needs to be 15 more reports available. Dr. Michael Lozano then recommended adding a measure: "Increase the number of reports that are accessed by EMS agencies by 25% over the initial baseline." The council agreed on this new measure.

Mr. Bixler then stated the next measure: "EMS providers must be EMSTARS compliant by June 2015 to be eligible for state EMS matching grant funds." Steve McCoy stated that this measure is focused on supporting the actual matching grant program. Mr. Bixler then revised the measure to say: "EMS providers must be EMSTARS compliant or are requesting funds to become EMSTARS compliant to be eligible for state EMS matching grant funds by December 31, 2015." The original goal date was extended to December because it was more achievable.

Mr. Bixler then stated the second outcome: "Improved linkage of EMSTARS incident-level data with other state data for outcome assessments." Steve McCoy stated an example of how this can actually be executed is through linking EMSTARS with the trauma registry; improving the linkage of the incident level data with other state data sources. Mr. McCoy then recommended the following measure to track the progress of this outcome: "Establish linkage between EMSTARS and the Next Generation Trauma Registry (NGTR) by December 31, 2015." The council agreed on this measure.

Dan Harshburger then stated the FFCAs recommended an additional outcome for this goal: "Publish regular, standardized information that can be utilized for statewide performance improvement activities." This would demonstrate the need in Florida for reporting of statistical data. Chair Moreland then stated that Dr. Nelson must be included in all conversations regarding reports and what type of information is being distributed in each region.

Mr. Bixler then read the second goal: "Improve the effectiveness of key EMS processes through access to care, benchmarking and partnerships." The FFCA recommended that goal two state: "Advance the EMS System and strengthen Florida's position as a recognized leader in EMS response nationwide by way of a Community Paramedic Initiative and telemedicine and serve to emphasize injury and illness prevention throughout the state." In an effort to combine the two proposed goals, the council agreed on the following verbiage: "Improve the effectiveness of key EMS processes including the Community Paramedic Initiative, telemedicine, access to care and partnerships."

Mr. Bixler then read the first outcome for goal two: "Florida Association of EMS Medical Directors endorses the National Association of State EMS Officials (NASEMSO) national model EMS clinical guidelines." Dr. Nelson stated that the medical directors felt that mandatory, uniform statewide protocols were not in the interest of the EMS system. He suggested further discussion on these suggested mandatory guidelines.

Dr. Meurer stated the Florida EMS medical directors would like to review and choose the clinical guidelines they recommend rather than having a particular model of guidelines given to them to accept by a certain deadline. He then recommended the following measure: "Florida Association of EMS

Medical Directors will review and recommend a set of model clinical guidelines by December 31, 2015," which was accepted by the council.

Dr. Nelson suggested the following outcome for this measure: "Florida Association of EMS Medical Directors will develop a draft set of best practices/model guidelines for local medical directors' consideration." This revised outcome was accepted by the council.

Mr. Bixler then read the second measure for goal two: "Increase EMS funding to EMS agencies implementing mobile integrated health care / community paramedic programs by 5% per year over the next five years." Cheryl Rashkin suggested the addition of "matching grant funds" in the statement so that it reads: "Increase EMS matching grant funds to EMS agencies implementing mobile integrated health care / community paramedic programs by 5% per year over the next five years." The correlating outcomes were acceptable to the council.

Mr. Bixler incorporated the FFCA's suggestions to change goal two to read: "Improve the effectiveness of key EMS processes including the Community Paramedic Initiative, telemedicine, access to care and partnerships."

Dave Dyal suggested the addition of a measure to research and review section 401.245, Florida Statutes, and advocate legislative change to allow for community paramedicine and telemedicine. The addition of the following measure was approved for goal two: "Review all statutes and applicable rules in support of community paramedicine and telemedicine." The following correlating outcome was also added: "All rules and statutes support telemedicine and community paramedicine initiatives."

Jane Bedford then stated that the rules and statutes were reviewed by Representative Pigman and Senator Grimsley two years ago. The consensus was that nothing needed to be addressed or changed. Mr. Bixler stated that this measure and outcome would remain to increase the effectiveness of telemedicine and community paramedic initiatives.

Mr. Bixler then read goal three: "Ensure a stable EMS workforce to include EMS training consistent with the National Highway Traffic Safety Administration (NHTSA) Education Standards." The first measure was revised to say: "By December 31, 2015, unaccredited paramedic training programs to obtain or initiate National EMS Education accreditation will increase by 50%." The council accepted this change. The correlating outcome, "Paramedic training programs will be nationally accredited or have initiated the procedures for accreditation in accordance with the NHTSA - EMS Education Agenda for the Future," was also approved by the council.

The second measure was updated to: "By December 31, 2015, develop an implementation plan to require the NREMT certification exam for initial Florida certification." The council also accepted this change. The correlating outcome, "Adopt and require the National Registry of EMTs (NREMT) EMT and paramedic certification examinations in accordance with the NHTSA EMS Education Agenda for the Future," was approved as well.

Dan Harshburger stated the FFCA recommended the addition of the following measure to goal three: "Support and encourage the completion of the combined firefighter/EMT programs." The council agreed to this addition.

Mr. Bixler then stated goal four: "Assure the EMS System is prepared to respond to all hazards in coordination with state disaster plans during a Governor's declaration of emergency." The council incorporated the FFCA's recommendations to goal four so that it read: "Assure the EMS System is prepared to respond to all hazards including infectious diseases with epidemic and/or pandemic

potential and mass casualty events including active shooter situations, weapons of mass destruction and mass transit incidents while retaining emphasis on safety, public education and prevention.”

The first measure, “Best practices guidelines are drafted by December 31, 2015,” and the correlating outcome, “Develop best practice guidelines for managing medical surge in conjunction with hospital associations, AHCA and EMS constituent groups,” were accepted by the council.

Mr. Bixler then read the second measure, “Develop statewide best practices emergency medical services infection control program.” Doris Ballard-Ferguson stated the World Health Organization might have up-to-date guidelines for infection control programs in Florida.

Mr. Bixler then stated the next measure, “One hundred percent of all licensed agencies have adequate PPE for all responders by 2016.” Director Dick then recommended adding “access to” in the statement so that it reads: “One hundred percent of all licensed agencies have access to adequate PPE for all responders by 2016.” The council agreed.

Mr. Bixler then incorporated the FFCA’s recommendations for the next measure to say: “Make training available to all EMS providers to respond to MCI/active shooter type incidents.” The following outcome reflected the FFCA’s suggestions as well: “Development of a statewide best practice for MCI/active shooter training curriculum for all licensed agencies.” A special committee would need to be put together to develop these statewide training curriculums. Both statements were accepted by the council.

There were no additional comments or recommendations for the draft state plan development. Mr. Bixler then stated that the Bylaws were voted on and approved at the January 2015 EMSAC meeting. There had been additional comments after they were approved. The additional comments will be considered at the next revision of the Bylaws.

A timeline was developed for the remainder of the year for the council; Mr. Bixler requested the members’ input for any events of interest. Also, the launching of the BEMOcomm newsletter is still a work in progress.

A final motion was made to adjourn the meeting. The motion was seconded and the meeting was then adjourned at 3:50 p.m.