**FLORIDA EMERGENCY MEDICAL SERVICES (EMS) ADVISORY COUNCIL**

**Meeting minutes** from the meeting of:

January 22, 2016

Daytona Beach Ocean Center

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| **Member Name:** | **Voting Status:** | **Attendance:** |
| Steve McCoy, 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 | Present |
| Michael Lozano, M.D., Physician | Voting | Present |
| Doris Ballard-Ferguson, Ph.D., Lay Elderly | Voting | Present |
| Jane Bedford, Paramedic (Non-Fire) | Voting | Present |
| Alan Skavroneck, Commercial Ambulance Operator | Voting | Present |
| Isabel Rodriguez, EMT (Non-Fire) | Voting | Present |
| Danita Allen, Hospital Administrator | Voting | Present |
| Orly Stolts, EMT (Fire) | Voting | Present |
| Bari Conte, Air Ambulance Operator | Voting | Present |
| Angela Alban, Lay Person | Voting | Not Present |
| Mac Kemp, EMS Administrator (Non-Fire) | Voting | Present |
| Tracy Yacobellis, Department of Education | Non-Voting | Present |
| Charles Hagan, III, Office of the Governor, Emergency Management | Non-Voting | Not present |
| Captain Todd Carter, Department of Highway Safety & Motor Vehicles | Non-Voting | 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 | Not 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 9:00 a.m. The Pledge of Allegiance was recited.

A roll call was conducted and a total of 11 members were present; therefore, a quorum was met.

**EMS Section Report:**

Steve McCoy reported on staffing changes within the state office. John Bixler, former EMS Section Administrator, retired on December 5 and Mr. McCoy took over the position on December 21. Cindy Dick, Interim Director for the Division of Emergency Preparedness and Community Support, announced February 4as her last day with the Department of Health (DOH).

Mr. McCoy spoke on doing administrative oversights to prevent problems that can easily be avoided. His first probable cause meeting was dominated with cases of late renewals for EMS agencies and educational institutions, which could have cost up to $143,000 in fines. It ended up equaling to 10 percent, which is $14,000, but that is still a lot of money that could have been prevented.

Mr. McCoy stated that he wants to work on stronger outreach and communication. He and Bethany have been updating the website to make it more user-friendly. Feedback is very much welcomed to let them know what exactly needs to be added or corrected. The EMS staff has put together a monthly webinar series that comprises the different units such as the investigation process, submitting administrative complaints, matching grant programs and more. This allows the public to inform themselves on what is going on and decreases the amount of confusion or questions.

The Bureau of Emergency Medical Oversight has completed a rule hearing on a large rule reduction package that has been in progress for over a year. Feedback is always welcome and they would be moving to a notice of change based on the feedback received. The notice is expected to be published within the next week or two. Mr. McCoy stated that they have been working with the Joint Administrative Procedures Committee on some technical-type documentation in the package.

The bureau has also recently conducted a rule workshop for rule 64J-1.007, Florida Administrative Code, regarding vehicle permits. They must adopt their rules to the triple K ambulance specification. That standard had a large national change that could potentially impact the EMS services financially. The bureau is working on developing a statement of estimated regulatory cost. A survey has been created to get information from the services and how much it would actually impact each one. So far, only 72 transport providers have responded. It is very important for providers to take the survey because it will show the additional impact over the next few years. It will be available for another week or two.

Mr. McCoy stated the bureau will move forward with the trauma triage rule. They would like to get feedback on how that should be done. The rule is expected to be implemented this year and adopt the Centers for Disease Control and Prevention (CDC) triage criteria. The bureau has also moved forward with an educational rule that would increase EMT hours from 250 to 300 based on changes from the new educational standards.

Mr. McCoy stated he would like to gain feedback on the office’s matching grant application process through a rule workshop. It has not been updated in several years, so he wants to make it more user-friendly and receive more matching grant applications.

**Medical Director’s Report:**

Dr. Nelson stated he has updated the Florida Association of EMS Medical Directors on a couple of initiatives. The EMS Compass Project, a national initiative funded by the National Highway Traffic Safety Administration and executed by the National Association of State EMS Officials (NASEMSO) was an EMS performance measures project. The idea behind the project is to establish national model EMS performance measures. It is underway right now and multiple performance measures have been produced in deferent areas, stroke being the most prominent. They will be looked at while performance measures are developing in Florida.

Dr. Nelson then gave an update on the CARES Registry program. This registry is for out of hospital cardiac arrest that is funded by the CDC and is being carried out by Emory University. It involves 13 statewide efforts, 800 EMS agencies (both within participating states and individually) and 1,300 hospitals. A large database of cardiac arrest information and statistics has been accumulated. He and Mr. McCoy met with the officials from the CARES Registry last October. Since then the negotiations and planning have moved forward. He hopes to bring Florida on as a CARES Registry state in the future. The medical directors anticipate using EMSTARS data to assist with the CARES Registry effort. They had an extensive discussion on stroke care in the state, including work on the model stoke tool to use on the DOH website. He hopes to have the final tool ready by late February or early March.

Dr. Nelson informed the medical directors that the state has been working with the Florida Puerto Rico Stroke Registry (housed out of University of Miami Miller School of Medicine). This stroke registry is the collecting data on stroke cases throughout Florida and Puerto Rico; looking at disparities in treatment based on age, sex and race. It is a very important study of the emergency stroke care.

A federal bill, H.R. 4365 has been introduced into Congress. The title is Protecting Patient Access to Emergency Medication Act of 2016. It was filed on January 12by Representative Hudson (from North Carolina). The key points in the bill were registration, ordering medication and distributing and prescribing controlled substances. One of the challenges EMS has faced over the past few years was the current set of statutes regulating controlled substances and medications. It was created over 30 years ago and designed for hospital pharmacies, physicians’ offices and brick and mortar structures. That law does not address what we do in EMS. This measure and this new law requires an EMS agency to hold a DEA registration. It does require a medical director for the EMS agencies and allows EMS agencies to order and distribute controlled substances. It only requires one DEA registration per state.

Dr. Nelson stated that some agencies have five or six DEA registrations within a state because they have about five or six different locations. He must renew his registration every three years, which costs $720.00, so it gets really expensive when having to deal with five to six different registrations. The new bill would allow medical directors to write standing orders or protocols for the administration of controlled substances. It clarifies that in order to give a controlled substance to a patient, an EMS agency may have the order written as a standing order in protocol. There does not need to be individual contact with the medical director or a written prescription for each patient.

In some areas of the country, there has been the interpretation of the local DEA field office. In order for a paramedic to give a dose of morphine or Valium to a patient having an active seizure, they had to get on the radio and get an individual order for each and every controlled substance that was administered.

Dr. Nelson reported that the medical directors held a cardiac arrest workshop where they reviewed cardiac arrest-specific data by two large EMS systems. Both systems serve populations more than one million people in the state. They looked at their return of spontaneous circulation numbers and other data points and discussed their best practices. The medical directors organized an ongoing mechanism to share best practice information on cardiac arrests across the state. Dr. Nelson stated he would like to build a foundation for improving statewide cardiac arrest resuscitation rates.

Dr. Nelson then stated he will be glad to share the stroke model form with the council at their next meeting. He plans to have the form completed by March 1 and can share it electronically before the next meeting.

Mr. McCoy stated that this is something that was long overdue, not only the stroke system but their time-sensitive diagnoses as well. He asked if it would go through the council before they officially adopted it on the department’s website.

Chief Donatto commented that it is critical that the House of Representative Bill 4365 gets passed. He encouraged everyone to identify their local federal representative and tell them how important it is for this bill to pass.

**Council Member’s Reports:**

Bari Conte, Florida Aero Medical Association (FAMA):

Ms. Conte stated that FAMA had recently reviewed their bylaws. They joined together a couple of subgroups to make it a more concrete association.

Their annual Florida Safety Summit will take place on April 13 in Gainesville. It is open to the public and the cost is $25 per person. Information will be available in the next BEMOcomm newsletter. The Florida Neonatal Pediatric Transport Network will be hosting their certification course for the CTNP on April 14, also in Gainesville. The contact person for this event is Babette Bailey: [Babette.Bailey@BayCare.org](mailto:Babette.Bailey@BayCare.org).

Ms. Conte then gave an update on the drones. As of last August, there were over 720 drone incidents reported. Out of those, 98 were in the state of Florida. If in the air industry, it is vital that you report those incidents through the Federal Aviation Administration on their website.

Darrel Donatto, Florida Fire Chiefs Association (FFCA):

On behalf of the FFCA, Chief Donatto expressed significant concern over the potential impact of the enforcement of change order 8 of the ambulance design specification standards from the federal government. They will continue to seek legislative relief and rule changes.

Chief Donatto stated that the statutes of the EMSAC state that this body is to make recommendations to the DOH concerning the appropriateness of suggested changes to statutes of the administrative rules. He stated that based on statutory obligations, it would be appropriate for the council make an official position on the rule reduction package.

Steve commented that the state office has been working hard on the relationship-building aspect and have been taking the feedback and incorporating it into any decision that was made. They are trying their best to work around the laws that have been in place for a long time, they have no choice but to follow them. He looks forward to reaching their goals and working with the FFCA.

Dr. Moreland added that Chief Donatto’s request will not be over-looked, it will be considered during the next conference call.

**Old Business:**

Mr. McCoy reported on the Strategic Visions Plan (the EMSAC Strategic Plan). Two or three years ago, the council met in Hutchinson Island and conducted a SWAT analysis. They ended up with three different plans. Mr. McCoy has looked at where the council’s plan should be directed toward:

* On a national level - Healthy People 2020 has provided great ideas on the direction the country should go.
* On a state level – the State Health Improvement Plan was a collaborative plan made from everybody that had a stake in health care. The DOH, Agency for Healthcare Administration (AHCA) and the Florida Hospital Association, along with public and private institutions all came together to put that plan together.
* On an agency level – the DOH Strategic Plan has a lot of good measures that should be a part of the council’s planning process.
* EMS industry level – the council’s strategic plan, draft State Plan and the EMSAC Charter has been developed.

He then discussed each plan using the goal related to injury. Healthy People 2020 contains a web platform rather than a document to present their ideas. Its objectives are time-sensitive and very specific. The State Health Improvement Plan has a similar focus and is also time-oriented and very specific. The Agency Strategic Plan’s goal is broad but the objectives are very specific. The objective related to injury is to decrease the unintentional injury accrued death rate from 46.7 to 38.7 per hundred thousand by December 31, 2018. That is a very specific, time-sensitive, relevant and measurable objective.

Mr. McCoy then discussed Appendix D in the Agency Strategic Plan. They did a work plan alignment where they aligned it with other DOH plans. The State Health Improvement Plan shows what is there, who it is assigned to and the data sources they are going to use for that objective. The EMSAC’s Strategic Plan main objective is to provide injury prevention programs to the public. The objectives were not the best but the measures are what backs it up since it can be obtained, the progress can be followed and it can be tracked as they go. Mr. McCoy stated he would like to revise the council’s strategic plan into a more measureable, smart and efficient.

Chief Donatto then motioned that the council direct the Strategic Vision Committee to revise the current strategic plan was adopted, as well as the draft State Plan and consolidate those into a single document that would provide clarity and focus for the council to work toward and achieve. Mac Kemp seconded his motion. Dr. Moreland invited discussion by the council.

Chief Donatto then discussed the council’s charter. It should not be discounted by it should be revised once the Strategic Visions Committee developed a more focused document. The council can use the charter to help them achieve the final strategic plan. Dr. Moreland suggested to revise Chief Donatto’s plan so that it could include the charter into it. Chief Donatto revised the motion to place the council’s charter on hold until it can be revised in accordance with the new strategic plan. Chief Kemp seconded the amended motion.

Dr. Moreland decided to have an open discussion on the amended motion. Everyone was in favor and the motion was passed.

**New Business:**

Dr. Moreland welcomed a new council member, Todd Carter, from the Department of Highway Safety and Motor Vehicles. He provided an update on the council’s current vacancies—physician and emergency nurse. Interviews have been conducted and the proper candidates have been recommended. The EMS office is waiting on the State Surgeon General’s decision. Dr. Moreland then stated there are more upcoming vacancies that will term out in June 2016: commercial ambulance operator, lay elderly and the EMS administrator positions.

Chief Kemp then provided an update on a legislation that could impact EMS. House Bill 221 and Senate Bill 1442 relates to health and insurance coverage for emergency services or out-of-network health insurance coverage, what EMS providers refer to as Balance Billing Bill. It would have two effects on EMS. If passed, once insurance pays their portion of the bill, EMS agencies would have to accept the difference. The other one currently under the Florida law, HMOs must pay whatever EMS bills entirely. That will change if the bill is passed and it would fall into the same area as other insurances like BPOs, etc. This bill is being pushed by the Consumer Advocates Office for the state of Florida within the insurance industry.

Chief Kemp reported on the second set of bills, Senate Bill 320 and House Bill 391, public records of medical technicians or paramedics, personal identifying information: this is an exemption bill that will exempt all EMT and paramedic records from public scrutiny and the records of their family. The idea behind the bill is to protect personnel if they respond to gang-related and terrorists’ incidents. Police, firefighters and judges have such protection within the state of Florida. This bill adds paramedics and EMTs to the list.

House Bill 345 and Senate Bill 456, firefighters: this bill would change the presumption of cancer treatment or cancer diagnosis for firefighters and EMS personnel. If passed, this bill would alter the presumption someone diagnosed from cancer while on the job.

Chief Kemp then discussed House Bill 517 and Senate Bill 742, licensure of life support services or certificates of public convenience and necessity for life support or air ambulance services: this bill has two basic premises. The first would provide that fire entities have input into local county commission processes as far as developing standards for EMS in their ordinance. It would also provide an appeal through Circuit Court judge at that point in time. Make sure you have the correct version of the bill for it has went through several strike-all amendments. It was changed half a dozen times in both the Senate and House and still has a very long process to go through.

Senate Bill 662; public records clearinghouse for compassionate palliative care plans: this bill would direct the AHCA to create a database on how palliative care patients are treated within Florida.

Senate Bill 664 and House Bill 957, physician orders for life sustaining treatment: provides a checklist for EMS and hospital personnel that hospice patients would fill out and provide directions specifically on what kind of care they want provided and what they do not want.

House Bill 997 and Senate Bill 1112, motor vehicle insurance: this would change the payment for motor vehicle crashes specifically to EMS. It would limit what could be collected by EMS agencies and provides no option to balance the bill.

House Bill 1009 and Senate Bill 1194 is the tax exemption for senior permanently disabled first responder’s bill. It would provide a Florida tax exemption for first responders who had been permanently disabled and when they became seniors.

House Bill 1353 and Senate Bill 1686 is the telehealth bill. It directs the DOH and other agencies to develop a study and plan of how telehealth could improve health care in Florida. It provides a one year process for them to look and report back to the legislature on what telehealth could achieve. Telehealth actually has two more bills but do not yet have bill numbers.

House Bill 1389; special risk class: does not have a Senate bill with it yet. This adds telecommunicators to the list of special risk class for the Florida Retirement System.

House Bill 1421 and Senate Bill 1080, emergency medical air transportation services. This bill creates a separate account within the EMS trust fund. It would still collect money from moving violations but that money would be sequestered and only be provided to the air transportation services in Florida.

House Bill 941 and Senate Bill 918, licensing of health care professionals. This would allow nurse practitioners to actually prescribe medication. What was added to that bill that primarily relates to EMS was directed at veterans that are registered EMTs or paramedics. The first clause in the bill stated that under the current law, if you let your license expire, you have 180 days to renew it. If you wait past the 180 days, you will have to take the classes over again. The bill would change the 180 day time period to two renewal periods (4 years). You would have to take the test and pay the fees but not have to take the whole EMT and paramedic course again. The second part of that bill is exempting EMTs and paramedics located outside the state of Florida who have accomplished a nationally-recognized or military process as far as training and testing from retaking the National Registry test when they come to Florida.

Dr. Nelson then stated that the Physician Orders for Life Sustaining Treatment (POLST) form bill would be an addition to a Do Not Resuscitate Order (DNRO) or a substitute for what they currently use as the Florida DNRO. From a technical perspective, adopting the new POLST form would have a positive impact for EMS operations.

Presentation on Disaster Behavioral Health Program:

Dr. Mike Haney with the Florida Crisis Consortium presented on the Disaster Behavioral Health Program. The consortium is housed in the DOH’s Bureau of Preparedness and Response. It was formed during the hurricanes of 2004 and 2005 due to there not being much coordination and inefficient use of behavioral health resources at that time. His role within the consortium is to triage any requests during an emergency that comes through the state’s Emergency Operations Center. Prior to the formation of the group, there was a lot of problems with duplication and tons of confusion. The consortium allows the state to work effectively and efficiently during the time of an emergency, as well as enhancing the partnerships and correcting the mistakes that happened in the past.

Dr. Haney stated that the group uses other state resources first, along with community and regional resources. They recruit and train volunteers, have clinical people to send in but they are not first responders or a mental health group. They do not counsel, however they provide basic psychological first aid. They do contact assessment referral education and primarily focus on the first responders because they are the most overlooked group during the times of a disaster occurring. They do technical assistance and consultation. He can be contacted through Bobby Bailey: [Bobby.Bailey@flhealth.gov](mailto:Bobby.Bailey@flhealth.gov).

**Committee Reports**

Education Committee:

Ms. Yacobellis stated that due to the adoption of the National Registry Emergency Medical Technicians (NREMT) paramedic exam for licensing of Florida paramedics, there has been a high demand for this exam in Florida. The NREMT previously contained a handful of representatives who administered this practical exam. Many more are needed to meet the high demands. The Bureau of Emergency Medical Oversight reached out to the EMS educators to select candidates to become representatives. Out of the 33 résumés submitted to NREMT, 25 were accepted and will begin training this year. This will be a huge relieve for the EMS educators who were not sure they would have enough proctors to administer that exam.

In addition, the NREMT will be offering training throughout the year across the state to better prepare the Florida EMS educators on the best practices so their students can be successful when taking the national exam. Information on those trainings can be found on NREMT’s website.

About a year ago, there was a long wait for EMTs and paramedics to get their initial licensure. In some instances, it took weeks or months to get licensed after graduation. The DOH’s Division of Medical Quality Assurance has reported that their average processing time is now 5.6 days. They have revamped their entire system, which is due in large part to the teamwork of Gayle Curry, Ricky Stone and Ina Leinas. They worked hard with the educators and collaborated with them on how to make changes that would best work with the educators’ schedule during the year. One of major changes that has occurred is that all the EMT programs have been increased to 300 clock hours (12 credit hours). This includes both the standalone EMT programs and the combined firefighter EMT program that will increase by 50 clock hours. The current programs will be placed on dagger (teach-out) period starting in 2016-2017. Starting in the fall, EMT programs should enroll new students in the 300-clock hours program, enduring that the teach-out period for current students is as seamless as possible. As soon as no new students are being enrolled into the current EMT programs, it will be deleted so that the new program can replace it.

Ms. Yacobellis reported that in addition to the hour increase, the curriculum frameworks have been updated to reflect the national standards for EMS education and have removed the health core competencies. The 2016-2017 curriculum frameworks for the EMT, paramedic and the EMS associate’s degrees have been published online in draft form on the DOE’s website.

When the curriculum frameworks are approved by the State Board of Education, they will be available for programs to use beginning in fall 2016. Also once approved, the Bureau of Emergency Medical Oversight will begin the rule promulgation process to update the training program minimum hour set by the DOE.

The bureau is trying to avoid a situation where all programs still running the 250-hours minimum, when the 300-hours minimum is changed in rule. They will try a grandfathering clause for those who need more time to accept them until they are able to implement the full 300-hour program.

Mr. McCoy commented in on the rule reduction package. They were waiting for it to be finalized before they could move forward with anything. At the moment he felt it could be ready then but he had to run it by the administration to go forth and push those rules in order to try and meet the time frame.

Medical Care Committee:

Bari Conte stated that the Medical Care Committee had reviewed Goal 6 in the strategic plan. They discussed their objectives to determine whether or not they did fit into their current category. Out of the nine, they determined three of those categories would be best served in a different ownership. They would still be the subcommittee to help guide but those particular three fell into the telecommunication category (911 dispatch communications). She and Dr. Nelson asked the council if they could add in another goal for the telecommunication piece and leave it into the expert’s hands.

The Medical Care Committed also looked at their main goal, which is 6.3 and reviewed the cardiac stroke trauma component. They want to add sepsis into that goal and align it with the state’s plan and Health People 2020 plan but will not pursue it until they get the toolkit and general idea on how that process will look.

PIER Committee:

David Summers with Trauma Agency Healthcare District of Palm Beach County, reported on behalf of the PIER Committee. They discussed status updates for their ongoing 2016 projects. PIER is working collaboratively with EMS for Children (EMSC) program for an upcoming video teleconference. The EMS Frontline Defense, preventing pediatric pedestrian fatalities webinar is planned to air during EMS Week and specifically on EMSC Day, May 18, 2016. The target audience is prehospital personnel.

The webinar will provide an understanding of the prevalence of pediatric pedestrian-type injuries because the challenge in Florida is identifying injury patterns for pediatric pedestrian issues. PIER is going to heavily promote this statewide.

The PEIR Committee discussed an EMSC initiative called “Stewie the Duck Learns How to Swim.” They have committed to assisting with EMS and fire service involvement on getting that program out to the public. They also reviewed the Florida Injury Prevention Advisory Council (FIPAC)’s focus for 2016, which is older adult falls, childhood drownings and teen driver distractions. Mr. Summers has participated with FIPAC over several years, so PIER will collaborate with FIPAC and continue that relationship.

They are reviewing the council’s strategic plan. PIER has ownership for Goal 3. They are looking into integrating with other state plans including the DOH, DOT, Healthy People 2020 and FIPAC. They discussed strategies for PIER to be a resource for EMS and fire agencies for their public departments, as well as speaking with Mr. McCoy about expanding on what PIER can place on the department’s website.

Dr. Moreland extended his thanks to PIER and acknowledged the hard work and effort they have put forth.

Strategic Visions Committee:

Cory Richter stated that the plan still has a lot of work to undergo. All the constituent groups and goal owners play a vital role in helping the plan. The committee wants to incorporate how EMS matters and is a part of the system. They want to have some things on the web to keep goal owners updated on the activities and progress, as well as creating a toolkit for everyone to have so that they can see the transition from the current council plan into the new EMS State Plan.

Legislative Committee:

Chief Kemp stated that legislation is a tedious process but it is a process the council needs to be more involved in. He shared his hopes that Legislative Committee would move toward a more proactive stance on legislation in the future. They are not a lobbying entity and aren’t focused on pushing certain types of bills. Any bill pushed will help and improve EMS overall.

Data Committee:

Chief Donatto expressed his concern on the transition from the current version of EMSTARS to the new Version 3.34. The deadline is December 2016, which he did not think was achievable. His other concern was the number of software vendors in the pool. There are not many members in the pool, meaning that providers would have to pay more. His final concern was the focus they have had on increasing the number of agencies reporting. He suggested that focus be revised to a focus on increasing their focus on the total number of emergency runs that got captured into the system.

Chief Donatto then stated that Brenda Clotfelter with the DOH had outline Goal 2 of the strategic plan, which entailed the Data Committee’s responsibilities. She provided suggestions on what they could work on within that goal. The first objective was improving the leadership, effectiveness and participation of the Data Committee. The second objective is maintaining the statewide standards for data collection for EMS incident level data. Another action item was to provide some form of outreach or advocacy and to make contact with the vendors who are providing services to hear their concerns and see what obstacles they may have dealt with in the past. The final action item for that objective was to establish a work group that will begin the transition to Version 3.34.

Chief Donatto stated that objective 2.3 is to provide advocacy and outreach in support of the National Highway Traffic Safety Administration participation targets or Florida Statewide Data Collection System. There are only about 60 percent of agencies reporting. A lot of small agencies were only reporting a few number of runs that were mostly inner facility work, most of the work that was being recorded into data were only emergency runs.

If they identified the top ten non-submitting agencies based on emergency runs and brought them on board, they would be able to get 310,000 additional emergency runs. That would leave only 120,000 runs that were not reported.

An action item for the Data Committee was to reach out to those remaining agencies to understand why they are not reporting at that point, as well as learning their concerns. Another action item is to develop a fact sheet that the Data Committee could use to address the concerns of the agencies who were not reporting.

Chief Donatto then discussed objective 2.4, improving access to EMS incident level data for evaluation and benchmarking of activities. There are currently a large number of reports available to each EMS agency submitting data but it is likely that most agencies use that data. The information is there so it was vital for them to improve how they utilize it. Another action item is taking that incident level EMS data to begin publishing portions of it in BEMOcomm to inform the EMS agencies of the work. The Data Committee requested that the council send a letter of recommendation to both the DOH and the National Emergency Medical Services Information System (NEMSIS) requesting that NEMIS continue to accept their current data set until December 2017. The second request was that the council recommend to the DOH that they reset their state target as being the adoption of Version 3.4, the newest data set by December of 2017.

Chief Donatto then commented that they were not trying to move the actually submission date back, they just prefer that NEMIS would continue accepting their data and would not close the gate if a few agencies don’t make the date.

Mac Kemp stated that if the council is going to be involved they should know what the data is first and have some real reasons to give to NEMIS as to why they should push back the date. The council needs to be updated on everything. They need to show NEMSIS that they have done their research and aren’t trying to slow the process down.

Mr. McCoy stated that the council must be cautious with moving forward with NEMSIS because there was a funding aspect to it as well. The DOT’s main performance measures is the participation of NEMSIS, who also funds the EMSTARS program. He will work on getting information on how to move forward with this concept while trying not to push the date back.

Chief Donatto requested a council vote and recommendation that the state office conduct research and inform them at the next meeting.

Dr. Moreland called for the motion and Isabel Rodriguez seconded the motion. All members were in favor of the motion and it got passed.

Access to Care Committee:

Jane Bedford reported that the DOH’s Office of Rural Health presented during yesterday’s meeting. This office’s part is critical for the access hospitals and their service area to take funding for community paramedic projects. The presentation and Access to Care meeting minutes will be available on the department’s website.

Disaster Response Committee:

Dr. Lozano stated they are the owners of Goal 7 of the strategic plan. That goal is to ensure that the EMS system is prepared to respond to all hazard events in coordination with the State Strategic Disaster Plans. They serve as a forum in which agencies in the state offices can come and share information and make presentations. Terry Shank provided an update on the Florida Infectious Disease Transport Network. It is a ground transport network that is a back up to a primary plan, which is to infected patients by air to a designated highly infectious treatment center.

The plan was currently being written and heavily influenced by the protocols at Emory in terms of how to safely transport the patients. They are looking at one fire/EMS unit per RDSTF region that would support assistance from the Florida Highway Patrol and the Florida Fire Chiefs. July 2016 is the standup date for the system.

Dr. Lozano stated they are looking forward to the toolkits they will receive from the Strategic Visions Committee. For tasking purposes, he highlighted three basic areas; looking at awareness of the disaster protocols, coordinating efforts and aligning their goals with the community search teams. There was a lot of interaction with EMSC and how agencies took into account neonatal and pediatric patients in their plans, exercises and how they address family unification.

Bobby Bailey gave an update on mission rate packages, which was an ongoing project related to categorizing and cataloging distributed assets and resources. It also serves as a toolkit for mission specialists. Bobby Mills from the Bureau of Preparedness and Response will be reaching out to agencies regarding the mass scheduling trailers to verify where they are, are they still on purpose, have they been repurposed, etc.

They discussed the State of Medical Response Team and their partnership with Florida International University. Their clinical members are getting enrolled and are covered under Florida Chapter 110 as volunteers. They also discussed hemorrhage control. Events such as the Boston bombing have underscored the importance of hemorrhage control and getting the most current data out. Many people have been taught the old paradigm that tourniquets are dangerous and shouldn’t be used by lay people or professionals. Medical data reported over the last ten years has shown that the new generation of tourniquets are lifesaving, when applied properly for that certain type of situation.

This is an important goal that the State Surgeon General is supportive of and has tasked the DOH to look at all disciplines and find situations to where they can be supportive of hemorrhage control. The American Heart Association has pointed out that there will be a little gap between their new guidelines, which are supportive of the tourniquets and release of their educational materials. There will be a few months where trainers will be using the old guidelines (not as supportive as the new ones) so there will be some mixed messages.

Dr. Lozano then reported on ventilator redistribution. There is a plan to distribute new LTV 1200 ventilators. They have been warehoused and maintained since 2009. The Bureau of Preparedness and Response did an assessment and determined that there is an inadequate supply of ventilators, so there is a bit of an excess inventory out there that is currently sitting in the warehouses. It will be pushed out the communities, distributed based on population to not-for-profit organizations so that this excess supply can be used in day-to-day operations instead of sitting up in warehouses.

EMS for Children Committee:

Julie Bacon stated that EMS for children primarily have three objectives that are spread throughout the strategic plan:

* Based on the strategic plan, they have committed to providing eight hours of pediatric neonatal training in every region in Florida each year. In Orlando they have Pediatric Pig Part Playtime is a class with Scott DeBore. They will have 70 frontline EMS providers participating next week. They were seeking opportunities in South Florida Keys. They were putting together their 2016 plan and their focus is training the trainer.
* Identifying the correct ways to transport children in the back of ambulances.
* Continuing to partner with the Disaster Response Committee in addressing pediatrics. Dr. Peter Antevy gave an update on pediatric advanced life support, as well as cardiac arrests based on the recent updates. His presentation will be available on the EMS for Children social media site. He discussed H.R. 3379 that was introduced into the Congress last year, the Airplane Kits in Transit Safety Act. Requires the FAA to review the contents of emergency medical kits (for adults too) but update them to include the appropriate medication and equipment for children if deficiencies are found.

Next, Ms. Bacon discussed “Stewie the Duck Learns to Swim,” a book that was created by a couple who lost their 21 month old child in the ‘80s to drowning and devoted themselves to promoting water safety, primarily in preschools. EMSC is going to provide what they call classroom kits; each kit will have a rubber duck, stickers for the kids and brochures for the parents. The book has three messages: take swim lessons, wear a life preserver, and supervise children swimming.

Dr. Moreland then mentioned that the Hurricane State Conference is May 9-May 13 and that the State Hurricane Exercise is May 16 – May 20. He wants to gather up data-related information and incorporate elderly care into their strategic plan.

**Public Comments:**

Brent Williams with FirstNet provided public comments. FirstNet is a government entity and was created three years ago by federal legislation. Their purpose is to build a nationwide mobile broadband communication network for public safety, which has never been done before. Every state is involved in planning for that network. In Florida, the organization is called FloridaNet. Mr. Williams is with FirstNet at the national level as an EMS liaison. Their consultation process with the states is continuing and they are looking for input from practitioners, police, fire and EMS. It will not be until a few years when the operation is up and running.

Dr. Moreland called a motion to conclude their meeting. The motion was seconded and the meeting was adjourned at 11:36 a.m.