

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



Rick Scott  
Governor

Celeste Philip, MD, MPH  
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

## 2016 Florida Emergency Medical Services Leadership Orientation

<b>Date of Meeting:</b>	<b>October 18<sup>th</sup> – 20<sup>th</sup>, 2016</b>	<b>Organizers:</b>
<b>Location:</b>	<b>DoubleTree Hotel 4431 PGA Blvd. Palm Beach Gardens, FL 33410</b>	<b>Florida EMS Advisory Council</b>
		<b>Florida Department of Health</b>
<b>Purpose of the Orientation</b>		
<p>The purpose of this program is to orient new and current EMS leaders to relevant EMS topics and issues. This is not a standard leadership course. This program is designed to provide 30-minute high level overview sessions of common EMS topics and issues. This program will provide the attendee with a basic awareness level of knowledge and the ability to find additional information on each topic or issue. <b><u>Attendees must attend all sessions.</u></b></p>		

<b>Day One</b> (Tuesday, October 18, 2016)		
<b>Agenda Item</b>	<b>Notes/Discussion/Results</b>	<b>Facilitator</b>
<b>Welcome/Introductions Review of Agenda 8:00 am to 8:30 am</b>	<i>Kick off the session with introductions and a review of the meeting purpose and agenda</i>	<b>Steve McCoy EMS Administrator Florida Department of Health</b>
<b>EMS Advisory Council and Constituency Groups 8:30 am to 9:00 am</b>	<i>This session is to educate the new EMS leader on the purpose and focus areas of the various EMSAC Subcommittees and EMS stakeholder constituency groups</i>	<b>Dr. Charles Moreland EMS Advisory Council Chair Jacksonville Fire Rescue</b>
<b>Strategic Planning 9:00 am to 9:30 am</b>	<i>This session is designed to introduce a new EMS leader into the importance of strategic planning and how to interact with other plans.</i>	<b>Cory Richter Indian River County Fire Rescue EMSAC Strategic Visions</b>
<b>How to Capitalize on EMS Grants Opportunities 9:30 am to 10:00 am</b>	<i>This session is to educate the EMS leader on grants that are currently available for Florida EMS agencies and tips on how to successfully be awarded grant dollars.</i>	<b>Mac Kemp Leon County EMS Florida Association of EMS Chiefs</b>
<b>Break 10:00 am to 10:15 am</b>	<i>Network! – Network! – Network!</i>	
<b>EMS Leader Purchasing Decisions 10:15 am to 10:45 am</b>	<i>This session is introduce the new EMS leader to various purchasing methods of supplies and equipment</i>	<b>Chief David Dyal Stuart Fire Rescue Florida Association of EMS Providers</b>
<b>How to get Reimbursed in Florida 10:45 am to 11:15 am</b>	<i>This session is to introduce a new EMS leader to the trials and tribulations of EMS reimbursement and methods to solve problems</i>	<b>Alan Skavoneck Ambitrans Medical Transport Florida Ambulance Association</b>

Florida Department of Health  
Division of Emergency Preparedness and Community  
Support Bureau of Emergency Medical Oversight  
4052 Bald Cypress Way, Bin A-22 • Tallahassee, FL 32399-1722  
PHONE: 850/245-4440 • FAX: 850/488-9408  
FloridaHealth.gov



<b>How to Integrate into the Community</b> 11:15 am to 11:45 am	<i>This session is to introduce a new EMS leader community integration. A quick review of the community paramedic and mobile integrated health care concepts</i>	<b>Jane Bedford</b> <b>Nature Coast EMS</b>
<b>Recap and Q&amp;A</b> 11:45 am to 12:00 pm	<i>This is an opportunity to for the attendees to ask the subject matter experts their questions and to recap major topics</i>	<b>All SMEs</b>
<b>Lunch</b> 12:00 pm to 1:00 pm	<i>On your own. Network!</i>	
<b>EMSAC Subcommittee &amp; EMS Constituency Group Meetings begin</b> 1:00 pm to 3:00 pm	<i>Attendees are free to attend any constituency group meeting. However, the welcome meeting is highly recommended.</i>	
<b>EMS System Quality Improvement</b> 3:00 pm to 3:30 pm	<i>The session will introduce the new EMS leader to concepts, processes, and technology used to improve the quality of patient care.</i>	<b>Debbie Vass</b> <b>Paramedics Plus</b> <b>Florida Association of Quality Managers</b>
<b>Human Resources</b> 3:30 pm to 4:00 pm	<i>This session will introduce the new EMS leader to common HR issues such as labor union contracts and provided a brief overview recruitment, onboarding, and retainment technics.</i>	<b>Steven White</b> <b>Escambia County</b> <b>Department of Public Safety</b>
<b>EMSAC Subcommittee &amp; EMS Constituency Group Meetings</b> 4:00 pm to 6:00 pm	<i>Attendees are free to attend any constituency group meeting.</i>	
<b>Adjourn</b> <b>6:00 pm</b>		
<b>Day Two</b> <b>(Wednesday, October 19, 2016)</b>		
<b>EMSAC Subcommittee &amp; EMS Constituency Group Meetings</b> 8:00 am to 10:00 am	<i>Attendees are free to attend any constituency group meeting.</i>	
<b>Recap and Q&amp;A</b> 10:00 am to 10:15 am	<i>This is an opportunity to for the attendees to ask the subject matter experts their questions and to recap of the previous meetings</i>	<b>All SMEs</b>
<b>Surviving EMS Public Relations Good and Bad</b> 10:15 am to 10:45 am	<i>This session will demonstrate to the new EMS leaders proper ways to handle the bad side of a public relations issue and how to capitalize ways to get good press.</i>	<b>Tom McCarthy</b> <b>Riviera Beach Fire Rescue</b>
<b>Florida Initial EMS Education and CE</b> 10:45 am to 11:15 am	<i>This session will teach a new EMS leader about the complexities of initial EMS education and demonstrate successful CE programs and methodologies used by EMS agencies.</i>	<b>Jamie Green</b>
<b>Disaster Response for the EMS Leader</b> 11:15 am to 11:45 am	<i>This session will introduce the new EMS leader to current disaster response topics and resources like transport of the infectious disease patient and disaster planning.</i>	<b>Brad Elias</b>
<b>EMSAC Subcommittee &amp; EMS Constituency Group Meetings</b> 11:45 am to 5:00 pm	<i>Attendees are free to attend any constituency group meeting.</i>	
<b>Adjourn</b> <b>5:00 pm</b>		

**Day Three**  
(Thursday, October 20, 2016)

<b>9:00 am to 12:00 pm</b>	<b>EMS Advisory Council Meeting</b>	
<b>Recap and Q&amp;A</b> 1:00 pm to 1:15 pm	<i>This is an opportunity to for the attendees to ask the subject matter experts their questions and to recap of the previous meetings</i>	<b>All SME's</b>
<b>Time Sensitive Diagnoses Systems of Care</b> 1:15 pm to 1:45 pm	<i>This session is to introduce a new EMS leader creative methods to create and manage systems of care for Trauma, stroke, and STEMI patients.</i>	<b>Ben Abes</b> <b>Lee County EMS</b> <b>EMSAC Data Committee</b>
<b>Florida EMS Data</b> 1:45 pm to 2:15 pm	<i>This session is introducing a new EMS leader to EMS data systems and contractual vendor issue.</i>	<b>Chief Darrel Donatto</b> <b>Palm Beach Fire Rescue</b> <b>Florida Fire Chief's Association</b>
<b>EMS Medical Direction</b> 2:15 pm to 2:45 pm	<i>This session will introduce a new EMS leader to the roll of the EMS medical director and demonstrate successful interactions.</i>	<b>Dr. Joe Nelson</b> <b>Florida Department of Health</b> <b>EMS Medical Director</b>
<b>Patient and Provider Safety</b> <b>EMS Risk Management</b> 2:45 pm to 3:15 pm	<i>This session will demonstrate to the EMS Leader appropriate safety issues that they should be focusing on and how to prevent an incident.</i>	<b>Kathy Sterling</b> <b>Sunstar Paramedics</b>
<b>Break</b> 3:15 pm to 3:45 pm	<i>Network! – Network! – Network!</i>	
<b>Florida EMS Regulatory Environment</b> 3:45 pm to 5:00 pm	<i>This session is designed to provide an EMS leader a high level overview of Florida's EMS regulations.</i>	<b>Steve McCoy</b> <b>EMS Administrator</b> <b>Florida Department of Health</b>
<b>Adjourn</b> 5:00 pm	<i>Please complete survey to make the course better for future attendees</i>	

# EMSAC Strategic Visions

Cory S. Richter, Battalion Chief  
Indian River County Fire Rescue  
Florida EMS Strategic Visions Chairman

# Why do we need a State Plan?

- Common goals and objectives
- Links to other state & national plans
- May result in potential funding opportunities



*Healthy People  
2020*

*State Health  
Improvement  
Plan*



*Department of Health  
Strategic Plan*

# Why do we need a State Plan?



- Assists constituency groups in direction
- Eliminates overlap and duplicate efforts
- Brings all stakeholders together on the same page

# How was the State Plan created?

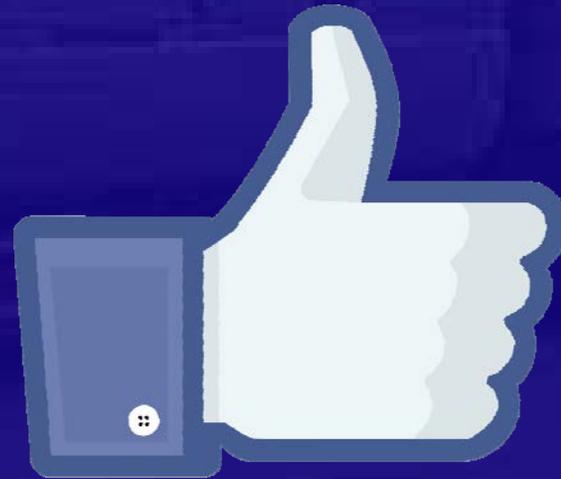
- Input from all constituency groups
- Strategic Vision Committee Summit
- Approved by the EMSAC
- Vetted through the Surgeon General's office

# Where do I find the State Plan?

- <http://www.floridahealth.gov/licensing-and-regulation/ems-system/ems-state-plan.html>
- <https://www.research.net/r/StatePlanReportingTool>

# What will make the State Plan successful?

- Constituency Group Agendas
- Reporting - made easy!
- Follow up



Questions?





# Successful Grant Writing

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Mac Kemp  
Leon County EMS



# Grant Writing

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- So should you even bother?
  
- You can't win if you don't enter!



# Grant Writing

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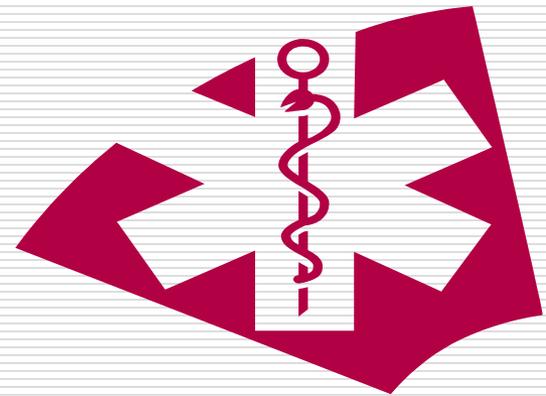
The Good News!



# Overview

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- Pre-planning
- Priorities
- Finding a Match
- Writing Your Grant
- Details
- Other Issues



# How Do I Get It?

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- I Want It !
- I Need It !
- *Show Me the Money !*



# Pre-Planning

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Prepare. The time to win your battle is before it starts.

– Frederick W. Lewis

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# Pre-Planning

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Do You Have a Plan?

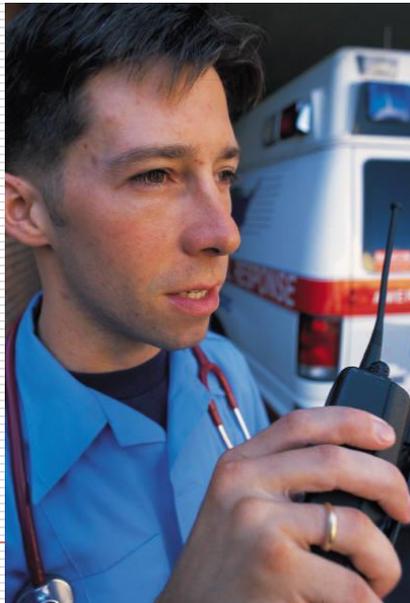
- Where do you want to be?
- Equipment
- Training
- Personnel
- Projects



# Pre-Planning

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- ❑ Clear and Concise
- ❑ Who is Reviewing the Application?



# Grant Success

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- Right Grant
- Right Time
- Right Project



# Grant Success

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- Success is:
  - 40% Research
  - 40% Attention to Detail
  - 20% Luck



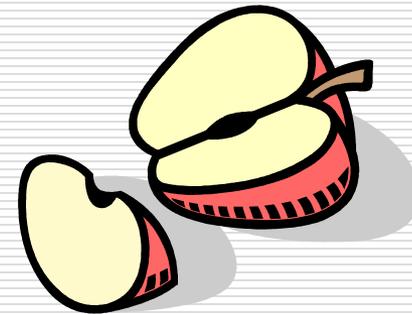
# Grant Success

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- Priorities
- Goals                      Yours
- Objective



- Priorities
- Goals                      Theirs
- Objectives



# Grant Success

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## Finding a Match



# Research

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- Look for a Proposal
  - Find a Website
  - Find Grant Availability
  - Read Everything, Get the Details
-

# Research

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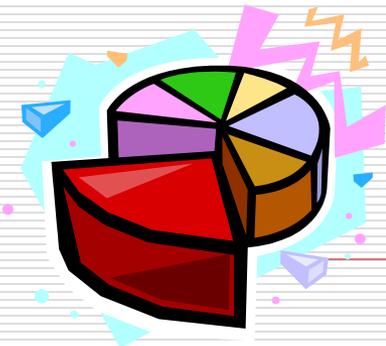
- Put together a Preliminary Idea
- Call Contacts
- Make Sure the Bosses Approve
- Print the Application and Start a File



# Data

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- ❑ Gather Your Data (Pre-Planning List)
- ❑ Make the Data Fit the Process – Program Priorities
- ❑ A Clear Focus – A Workable Plan
- ❑ Get Support – Local Agencies, Legislators, Important People



# Writing the Grant

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## Project Narrative

- Usually Limited in Length
- Be Concise but Explain Fully
- Who, Why, Where, When
- Concrete Data
  - Source
  - Dates



# Writing the Grant

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## Project Outcome

- Give Your Best Guess Possible
- Use Real Data
- Use Language From the Program Priorities



# Writing the Grant

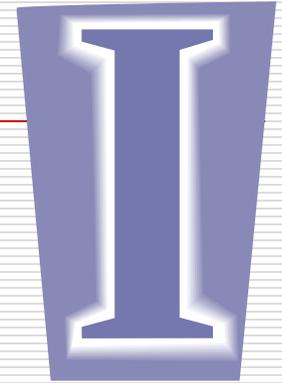
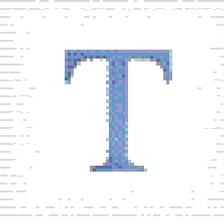
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## Budget

- Get Quotes and Attach if Possible
- Be Realistic
- **Don't Stretch Too Far**
- Be Careful of Salaries
- Remember Incidentals, Mail, Phone, Travel
- Does the Budget Justify the Projected Outcome?

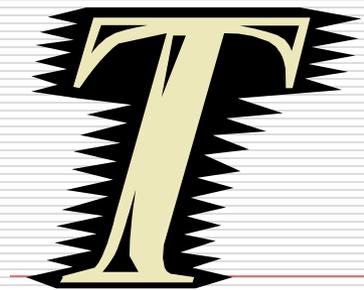
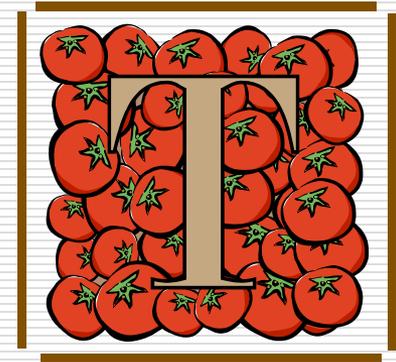


# Details



**Dot All the I's**

**Cross All the T's**



# Details

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## Attach

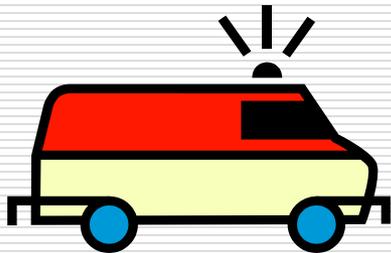
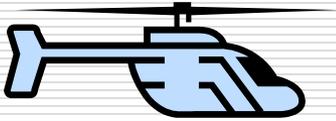
- Letters of Support
- Budget Justification – Quotes
- Articles and Studies



# Other Issues

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Get me to the Church on Time



# Current Grants

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- ❑ Homeland Security Funding
- ❑ AFG
- ❑ Private Foundations
- ❑ State Grant Programs – County and Matching
- ❑ Local Grant Programs



# Resources

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Florida Grants

<http://www.floridahealth.gov/%5C/provider-and-partner-resources/ems-grants/index.html>

US Government Grants

[www.grants.gov](http://www.grants.gov)

National Institute of Health

<http://grants.nih.gov/grants/index.cfm>

Assistance to Fire Fighter Grant

<http://www.fema.gov/welcome-assistance-firefighters-grant-program>

AstraZeneca

<http://www.astrazenecagrants.com>

National Emergency Medicine Foundation

<http://www.nemahealth.org/organization/grants.htm>

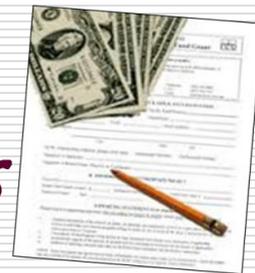
Firehouse Sub Grant

<http://grants.firehousesubs.com/>

University of Michigan

[www.ssw.umich.edu/grantsetc/](http://www.ssw.umich.edu/grantsetc/)

*Grant  
Resources*



# Questions

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***PARAMEDICS***



***CLICK HERE***

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# Contact

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Mac Kemp

[Kempm@leoncountyfl.gov](mailto:Kempm@leoncountyfl.gov)

Thank You!



The background features a blue grid pattern. Two thick, wavy green lines cross the frame diagonally. In the lower right, there is a stack of several books with blue covers, slightly out of focus.

# EMS Leadership

Purchasing Decisions

# Two Parts of Managing Your Budget:

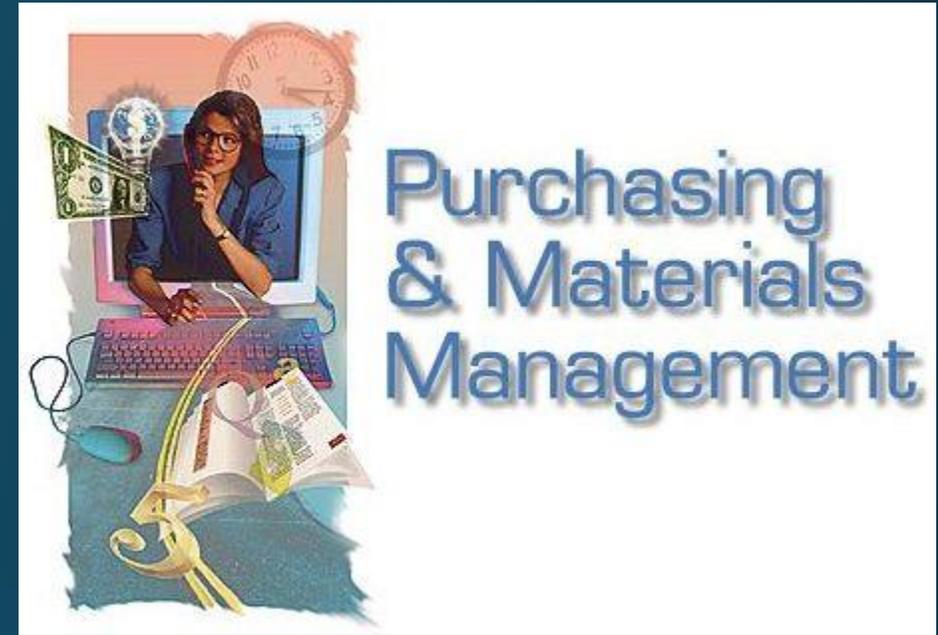


Revenues  
&  
Expenditures



# Know the RULES!

## Limits on Purchasing:



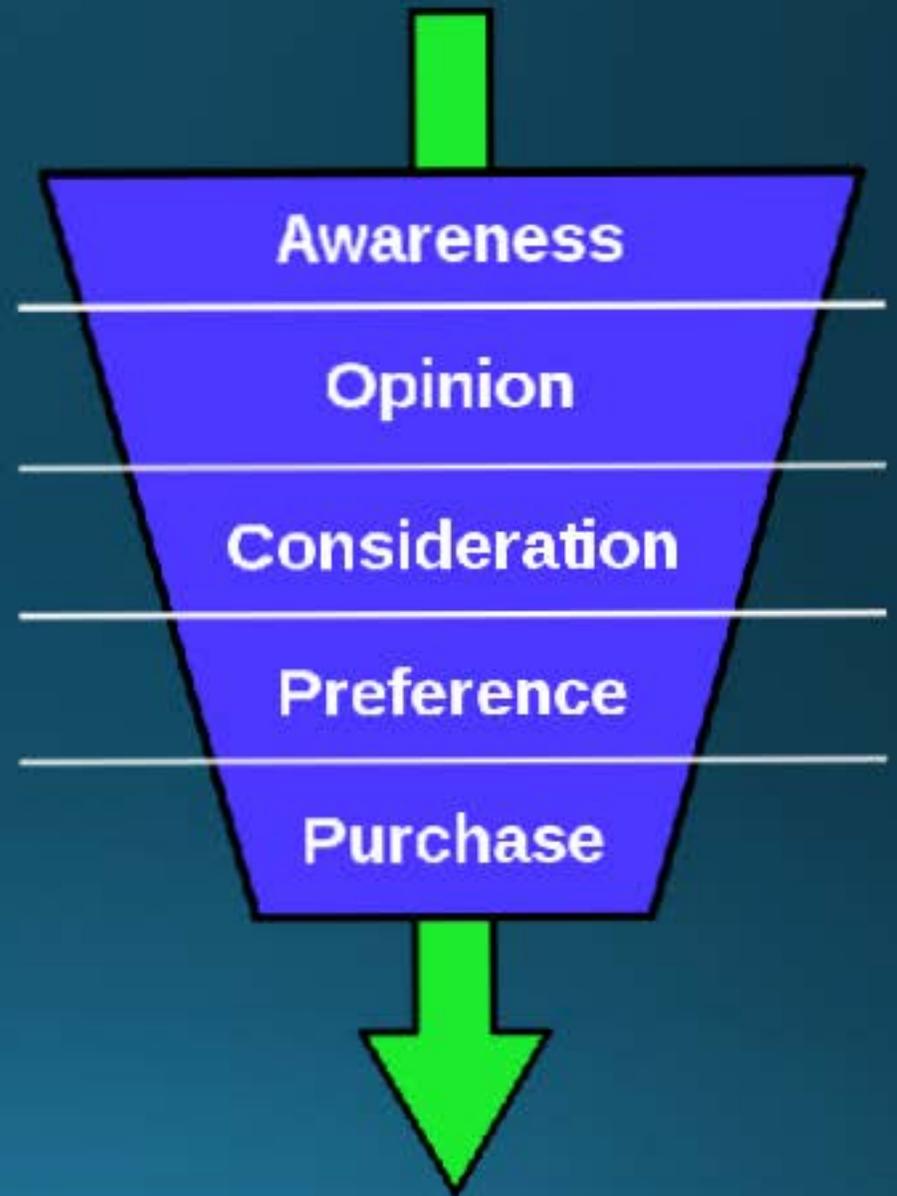
>\$5000 - may need multiple written quotes (RFP, RFQ, and ITB)

<\$500 - may require the buyer to know they are getting the best price

>\$500 AND <\$5,000 - may require verbal or written quotes

# Maximize Savings:

- Annual Bids
- Multi-year renewals



# Maximize Savings:



## Shipping is Expensive

*Part of the overall cost calculation*

# Maximize Savings:

- State Bids (MMCAP)
- SAVVIK Buying Group
- NPPGOV
- Regional Buying Groups



# Relationships:

## Vendor Representatives

- Can save you money
- May result in good deals

**THE GOAL IS SAVING MONEY**

# Sole Source Vendor:

- Need Justification
- Significant Background information required
- Can be difficult to manage costs.



# Piggyback Existing Bids:

- Awarded through competitive bidding
- Large savings
- Limited Flexibility
- May be useful to small agencies



# On-Going Costs:



- Does the unit have a shelf life?
- Are disposables available from multiple suppliers?
- Is there a stable cost associated with the disposables
- What is the expected life span of the equipment?

# Warranties:

- Lifetime Warranty
- Limited Lifetime Warranty
- Fixed Time Warranty



# Calibration Costs:



- Some technical equipment requires calibration
- Are the required calibrations included in the costs?

## **Rent-To-Own (Leasing):**

- **Spreads out Costs**
- **Allows for uniformity**
- **May lock you into OLD TECHNOLOGY**

**LEASE OPTION**

# Thank you



Fire Rescue Chief David Dyal  
800 SE Martin L. King Jr. Blvd  
Stuart, Florida 34994

772-600-1287 office  
561-662-9714 mobile

# Reimbursement

Presented by:

**Alan Skavroneck**

Chief Operating Officer

Ambitrans Medical Transport, Port Charlotte

Commercial Ambulance Operator – EMSAC (2008-2016)

Florida Ambulance Association – Past President (2010-2016)



Documentation



Compliance



Processing



Collections



Data Analysis



# Documentation

# Documentation

- Legal document
  - Clinical record
  - Reimbursement (subject to audit)
- Obligation to transport
  - Medical necessity for payment
  - Conditions
  - ICD-10 codes (69,000) ([CMS Crosswalk and ambulance conditions](#))
- Patient **U**nable **T**o **S**ign (PUTS) – All transports
- Physician **C**ertification **S**tatement Form (PCS) - Non Emergency Transports
- Crew member name completing report / license number – All transports
- Legibility

# *Patient Signature*

The Medicare regulations at **42 C.F.R. §424.36** require you to obtain the **patient's signature before submitting a claim to Medicare**. However, there are two exceptions to this general rule: (1) where the patient has died (at any time prior to your submission of the claim) or (2) in situations where the patient was physically or mentally incapable of signing at the time of transport, but you were able to meet one of the exceptions to the signature requirement discussed below. If you are unable to satisfy the patient signature requirement, Medicare regulations require you to bill the patient for your services.

When a patient is physically or mentally incapable of signing at the time of transport, Medicare will permit the following persons to sign on the patient's behalf:

- The patient's legal guardian.
- A relative or other person who receives Social Security or other governmental benefits on the patient's behalf.
- A relative or other person who arranges for the patient's treatment or otherwise exercises responsibility for his or her affairs.
- A representative of an agency or institution that did not furnish the services for which payment is claimed, but who furnished other care, services or assistance to the patient. Note: this would include a representative of a hospital, SNF or other facility that provided treatment to the patient.
- Part A Providers Only: A representative of your organization, provided you have used "reasonable efforts" to obtain a signature on the patient's behalf from one of the authorized persons listed above.
- **Emergency and Non-Emergency Ambulance: A representative of your organization provided you can meet the documentation requirements. [42 Code of Federal Regulations 424.36 - Signature Requirements](#)**

## Provider Compliance

### **Advanced Life Support Ambulance Services: Insufficient Documentation**

Ambulance suppliers often submit Medicare claims for Advanced Life Support (ALS) ambulance services which lack sufficient medical record documentation. The 2015 Comprehensive Error Rate Testing (CERT) Report states that the improper payment rate for ALS services was 14.5 percent with improper payments projected at \$226 million. The most frequent errors occur when documentation:

- Does not support the medical necessity of the ALS level of service
- Lacks the patient's signature authorizing the supplier to bill Medicare for the service.

Use the following resources to avoid documentation errors:

- [Medicare Ambulance Transports Booklet](#)
- [42 Code of Federal Regulations 424.36 - Signature Requirements](#)
- [April 2016 Medicare Quarterly Provider Compliance Newsletter](#), Pages 1 through 3
- [Ambulance Fee Schedule Fact Sheet](#)
- [Medicare Claims Processing Manual](#), Chapter 15



# Compliance

# Regulations

- Federal
  - Department of Labor
  - Veterans Administration
  - CMS (Center for Medical Services)
    - Medicare
    - Medicaid
- State
  - Statutes
  - Florida Administrative Codes
- Local
  - Ordinances



# Transporting of Patient(s)

- Transport to closest appropriate facility
- Transport by-passing closest appropriate facility
  - Patient convenience (additional mileage non-covered)
  - Physician preference (additional mileage non-covered)
- Multiple patients (Medicare)
  - 2 patients (75%BR | Mileage/2)
  - 3 or more patients (60%BR | Mileage/Pts)
- How is billing service or billing department notified?
- Reimbursement is not dictated by the provider's medical protocols

# Carrier Actions

- Medicare Administrative Carrier (MAC) request for medical records
- Request for refund due to review
- Automatic recoupments
- Pre-payment review (individual provider)
- Statewide pre-payment review (CERT)
- Recovery Audit Contractors (RAC)
  - Safeguard
    - Written request for records
    - Request for extrapolated refund
    - Unscheduled site visit

# Medicare Fraud Strike Force Locations



Strike Force teams bring together the efforts of the Office of Inspector General, the Department of Justice, Offices of the United States Attorneys, the Federal Bureau of Investigation, local law enforcement, and others.

OIG has the authority to exclude individuals and entities from Federally funded health care programs and maintains the List of Excluded Individuals and Entities (LEIE). Anyone who hires an individual or entity on the LEIE may be subject to civil monetary penalties.

<https://exclusions.oig.hhs.gov/>

<https://exclusions.oig.hhs.gov/default.aspx>

[https://oig.hhs.gov/exclusions/exclusions\\_list.asp](https://oig.hhs.gov/exclusions/exclusions_list.asp)



## Permissive Exclusions

Social Security Act	42 USC §	Amendment
1128(b)(1)(A)	1320a-7(b)(1)(A)	Misdemeanor conviction relating to health care fraud. Baseline Period: 3 years
1128(b)(1)(B)	1320a-7(b)(1)(B)	Conviction relating to fraud in non- health care programs. Baseline Period: 3
1128(b)(2)	1320a-7(b)(2)	Conviction relating to obstruction of an investigation. Baseline Period: 3 years
1128(b)(3)	1320a-7(b)(3)	Misdemeanor conviction relating to controlled substance. Baseline Period: 3 years
1128(b)(4)	1320a-7(b)(4)	License revocation or suspension. Minimum Period: No less than the period imposed by the state licensing authority.
1128(b)(5)	1320a-7(b)(5)	Exclusion or suspension under federal or state health care program. Minimum Period: No less than the period imposed by federal or state health care program.
1128(b)(6)	1320a-7(b)(6)	Claims for excessive charges, unnecessary services or services which fail to meet professionally recognized standards of health care, or failure of an HMO to furnish medically necessary services. Minimum Period: 1 year
1128(b)(7)	1320a-7(b)(7)	Fraud, kickbacks, and other prohibited activities. Minimum Period: None
1128(b)(8)	1320a-7(b)(8)	Entities controlled by a sanctioned individual. Minimum Period: Same as length of individual's exclusion.
1128(b)(8)(A)	1320a-7(b)(8)(A)	Entities controlled by a family or household member of an excluded individual and where there has been a transfer of ownership/ control. Minimum Period: Same as length of individual's exclusion.
1128(b)(9), (10), and (11)	1320a-7(b)(9), (10), and (11)	Failure to disclose required information, supply requested information on subcontractors and suppliers; or supply payment information. Minimum Period: None
1128(b)(12)	1320a-7(b)(12)	Failure to grant immediate access. Minimum Period: None
1128(b)(13)	1320a-7(b)(13)	Failure to take corrective action. Minimum Period: None
1128(b)(14)	1320a-7(b)(14)	Default on health education loan or scholarship obligations. Minimum Period: Until default has been cured or obligations have been resolved to Public Health Service's (PHS) satisfaction.
1128(b)(15)	1320a-7(b)(15)	Individuals controlling a sanctioned entity. Minimum Period: Same period as entity.
1128(b)(16)	1320a-7(b)(16)	Making false statement or misrepresentations of material fact. Minimum period: None. The effective date for this new provision is the date of enactment, March 23, 2010.
1156	1320c-5	Failure to meet statutory obligations of practitioners and providers to provide medically necessary services meeting professionally recognized standards of health care (Peer Review Organization (PRO) findings). Minimum Period: 1 year

## Exclusion Authorities

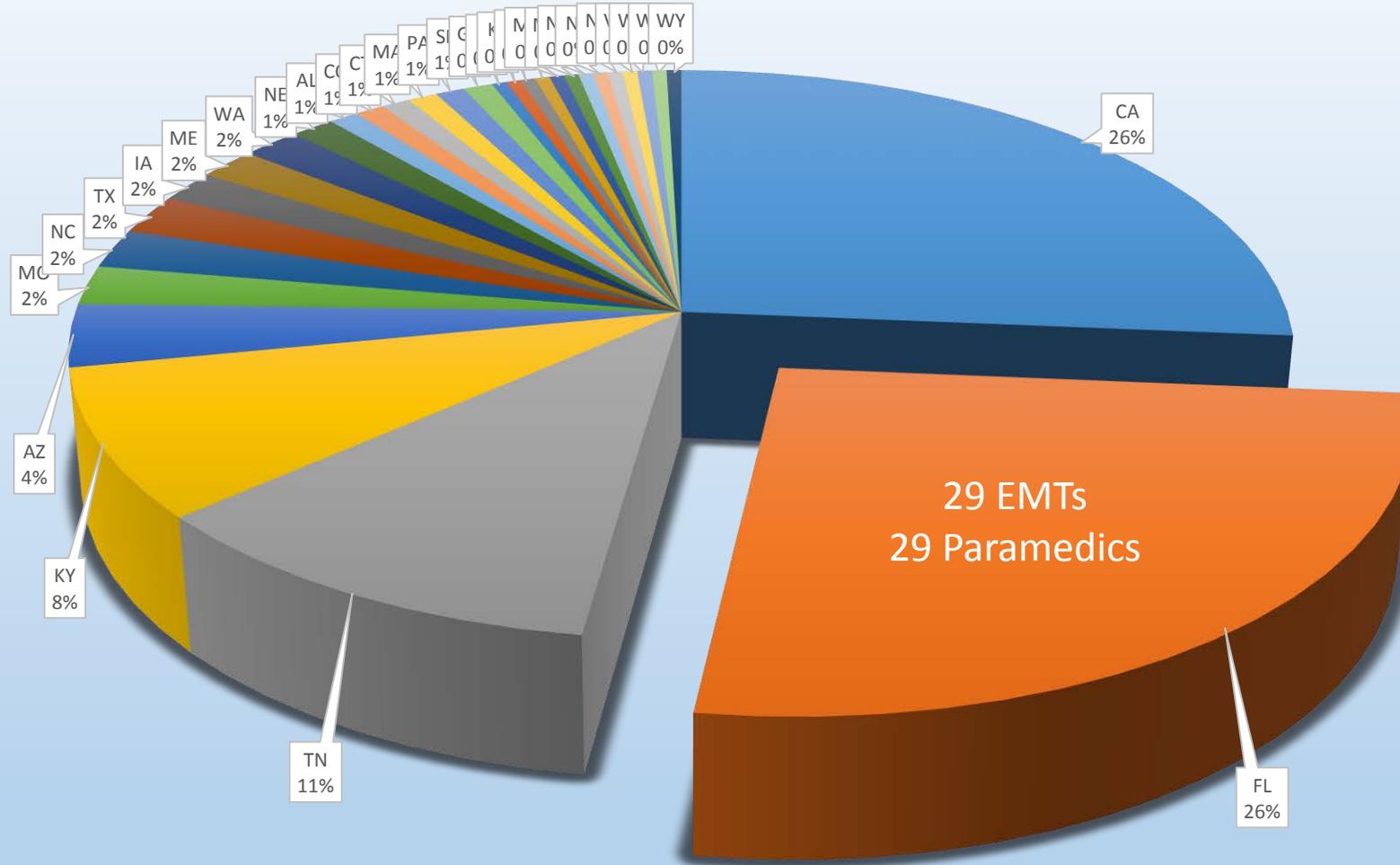
### Scope

Social Security Act	42 USC §	Amendment
1128	1320a-7	Scope of exclusions imposed by the OIG expanded from Medicare and State health care programs to all Federal health care programs, as defined in section 1128B(f)(1).

### Mandatory Exclusions

Social Security Act	42 USC §	Amendment
1128(a)(1)	1320a-7(a)(1)	Conviction of program-related crimes. Minimum Period: 5 years
1128(a)(2)	1320a-7(a)(2)	Conviction relating to patient abuse or neglect. Minimum Period: 5 years
1128(a)(3)	1320a-7(a)(3)	Felony conviction relating to health care fraud. Minimum Period: 5 years
1128(a)(4)	1320a-7(a)(4)	Felony conviction relating to controlled substance. Minimum Period: 5 years
1128(c)(3)(G)(i)	1320a-7(c)(3)(G)(i)	Conviction of two mandatory exclusion offenses. Minimum Period: 10 years
1128(c)(3)(G)(ii)	1320a-7(c)(3)(G)(ii)	Conviction on 3 or more occasions of mandatory exclusion offenses. Permanent Exclusion

# Paramedics / EMT Exclusions



■ CA 
 ■ FL 
 ■ TN 
 ■ KY 
 ■ AZ 
 ■ MO 
 ■ NC 
 ■ TX 
 ■ IA 
 ■ ME 
 ■ WA 
 ■ NE 
 ■ AL 
 ■ CO 
 ■ CT 
 ■ MA 
 ■ PA 
 ■ SD 
 ■ GA 
 ■ IN 
 ■ KS 
 ■ LA 
 ■ MN 
 ■ MT 
 ■ NH 
 ■ NJ 
 ■ NY 
 ■ VA 
 ■ WI 
 ■ WV 
 ■ WY

## Five Fort Lauderdale firefighters implicated in corruption probe

October 17, 2012 | By Erika Pesantes and Linda Trischitta, Sun Sentinel

FORT LAUDERDALE — Five current Fort Lauderdale firefighters and a former member of the department have been accused of **using bogus medical certification cards** in a yearlong corruption probe.

The charges, according to arrest warrants from the Broward State Attorney's Office, stem from forged documents that officials say were discovered during an August 2011 audit by the Florida Department of Health.

The certification in question was for **Advanced Cardiovascular Life Support** and is sanctioned by the American Heart Association. The certification is required for employment with the city and earns paramedics a pay bump of 10 to 15 percent, authorities said.

According to documents filed in the case, the state's health department initially suspected a possible counterfeit card submitted by Steve Loleski, 35, a 12-year-veteran, who was charged with uttering a forged document, grand theft, official misconduct and conspiracy to commit perjury.

**Crew** - 42 C.F.R. §410.41(b) provides that the ambulance crew must consist of at least two members. As part of the November 16, 2015 final rule, CMS revised the vehicle staffing requirements for ambulance. Under the new rules, an "ambulance" must be staffed by at least two persons that meet all state and local requirements, and at least one crew member must be: (i) for a Basic Life Support ambulance, certified as an EMT-Basic or (ii) for an Advanced Life Support ambulance, certified as a paramedic or EMT-Intermediate (certified to provide advanced techniques and administer some medications). The EMT or paramedic must be certified by the state or local authority where the services are furnished.

# Revalidation

- Every 5 years or as required by Centers for Medical Services (CMS)
  - Online through PECOS
  - By mail – 855B application
- Updates service information:
  - Authorized individuals;
  - Designated individuals;
  - Vehicle information;
  - Station locations;
  - Billing agent (if applicable)
- Consequences for non-compliance

# Anti-Kickback

The federal anti-kickback statute-set forth as Section 1128(B)(b) of the Social Security Act-prohibits ambulance providers and suppliers from offering certain inducements to facilities or beneficiaries in exchange for referrals of transports payable by a federal health care program (including Medicare or Medicaid). Specifically, the law prohibits paying or offering to pay any "remuneration," directly or indirectly, overtly or covertly, to any other person with the intent of: (1) inducing that person to refer an individual for any healthcare service for which payment may be made under a federal health care program or (2) inducing that person to order or arrange for any service for which payment may be made under a federal health care program. With the enactment of HIPAA, the definition of remuneration now includes "the improper waiver of coinsurance and deductible amounts (or any part thereof), and transfers of items or services for free or for anything other than fair market value" (see Section 1128A(i)(6) of the Social Security Act).

The actual text of the Federal anti-kickback statute is reproduced below:

(b)(1) Whoever knowingly and willfully solicits or receives any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind-

(A) in return for referring an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under a Federal health care program, or

(B) in return for purchasing, leasing, ordering, or arranging for or recommending purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part under a Federal health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both .

(2) Whoever knowingly and willfully offers or pays any remuneration (including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind to any person to induce such person-

(A) to refer an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made in whole or in part under a Federal health care program, or (B) to purchase, lease, order, or arrange for or recommend purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part under a Federal health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both .

Note: the person receiving a kickback is just as guilty as the person offering the kickback.

# Anti-Kickback

***IN SUM, THE ANTI-KICKBACK STATUTE PROHIBITS YOU FROM OFFERING ANYTHING OF VALUE IN RETURN FOR REFERRALS OF PATIENTS WITH FEDERAL HEALTH INSURANCE.***



Processing



# Medicare

- Part A – Providers (Hospitals, Nursing Homes)
- Part B – Suppliers (**Ambulance**, Physicians, Durable Medical Equipment)
- Part C – Medicare Replacement
  - Third Party Insurers
- Part D – Prescription Coverage

# Medicare – Part B (Procedure Codes)

- Emergency

- A0427 Advanced Life Support
- A0429 Basic Life Support
- A0432 Paramedic Intercept
- A0433 ALS – 2
- A0425 Mileage

- Non-Emergency

- A0426 Advanced Life Support
- A0428 Basic Life Support
- A0433 ALS – 2
- A0434 SCT (Inter-Facility)
- A0425 Mileage

- Air Ambulance

- A0430 Fixed Wing
- A0431 Rotary Wing
- A0435 Air Mileage, Fixed Wing
- A0436 Air Mileage, Rotary Wing

# Medicaid

- Fee for Service
- Managed Care - Effective May 1, 2014
  - Non-emergency transports require pre-authorization
  - Managed Care Provider
  - Transportation Broker
- Managed Care Providers
  - Vary by region
  - Not all providers/brokers operate in all counties
- Rates

# Auto Insurance

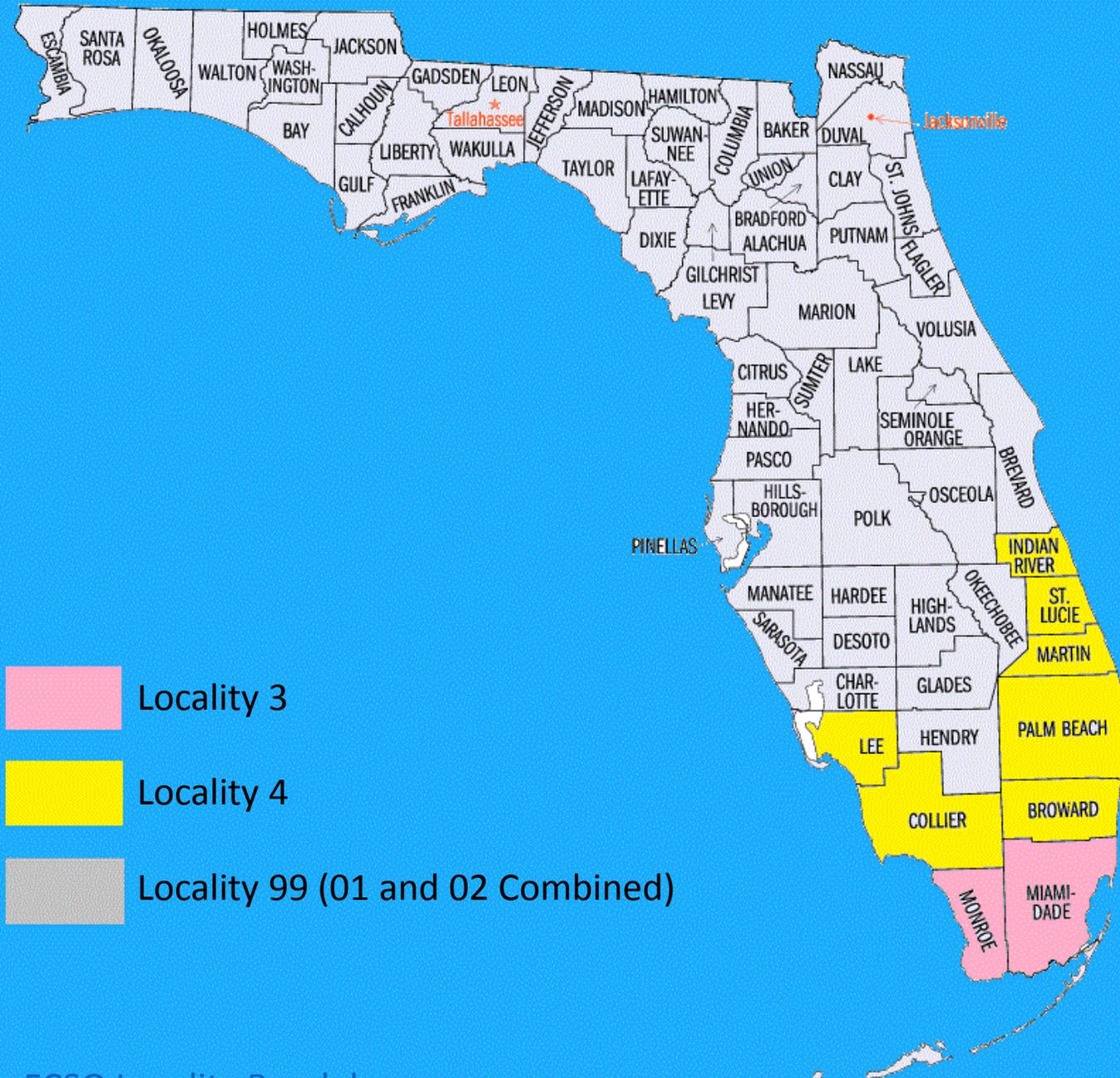
Florida Statute 627.736(5)(a)

(1) The insurer may limit reimbursement to 80 percent of the following schedule of maximum charges:

(a) For emergency transport and treatment by providers licensed under chapter 401, 200 percent of Medicare.



# Collections



[FCSSO Locality Breakdown](#)



# Medicare Example:

<i>Transport Fees:</i>		<i>Medicare Reimbursement:</i>			
	<b>Gross</b>		<b>Allowed</b>	<b>Approved</b>	<b>Co-Pay</b>
Base Rate	\$ 550.00	Base Rate	\$ 415.82	- \$ 332.66	= \$ 83.16
Mileage	\$ 100.00	Mileage	\$ 72.40	- \$ 57.92	= \$ 14.48
	<hr/>		<hr/>		
	\$ 650.00		\$ 488.22	- \$ 390.58	= <b>\$ 97.64</b>

**\$ 161.78** Medicare Write-Off

# Medicaid Example:

<b><i>Transport Fees:</i></b>		<b><i>Medicaid Reimbursement:</i></b>		
	<b>Gross</b>		<b>ALS</b>	<b>BLS</b>
			<b>Amount Paid</b>	<b>Amount Paid</b>
Base Rate:	\$ 550.00	Base Rate:	\$ 190.00	\$ 136.00
Mileage:	\$ 100.00	Mileage:	\$ -	\$ -
	<hr/>		<hr/>	<hr/>
	\$ 650.00		\$ 190.00	\$ 136.00

**\$ 460.00**      **\$ 514.00**

**Medicaid Write-Off**



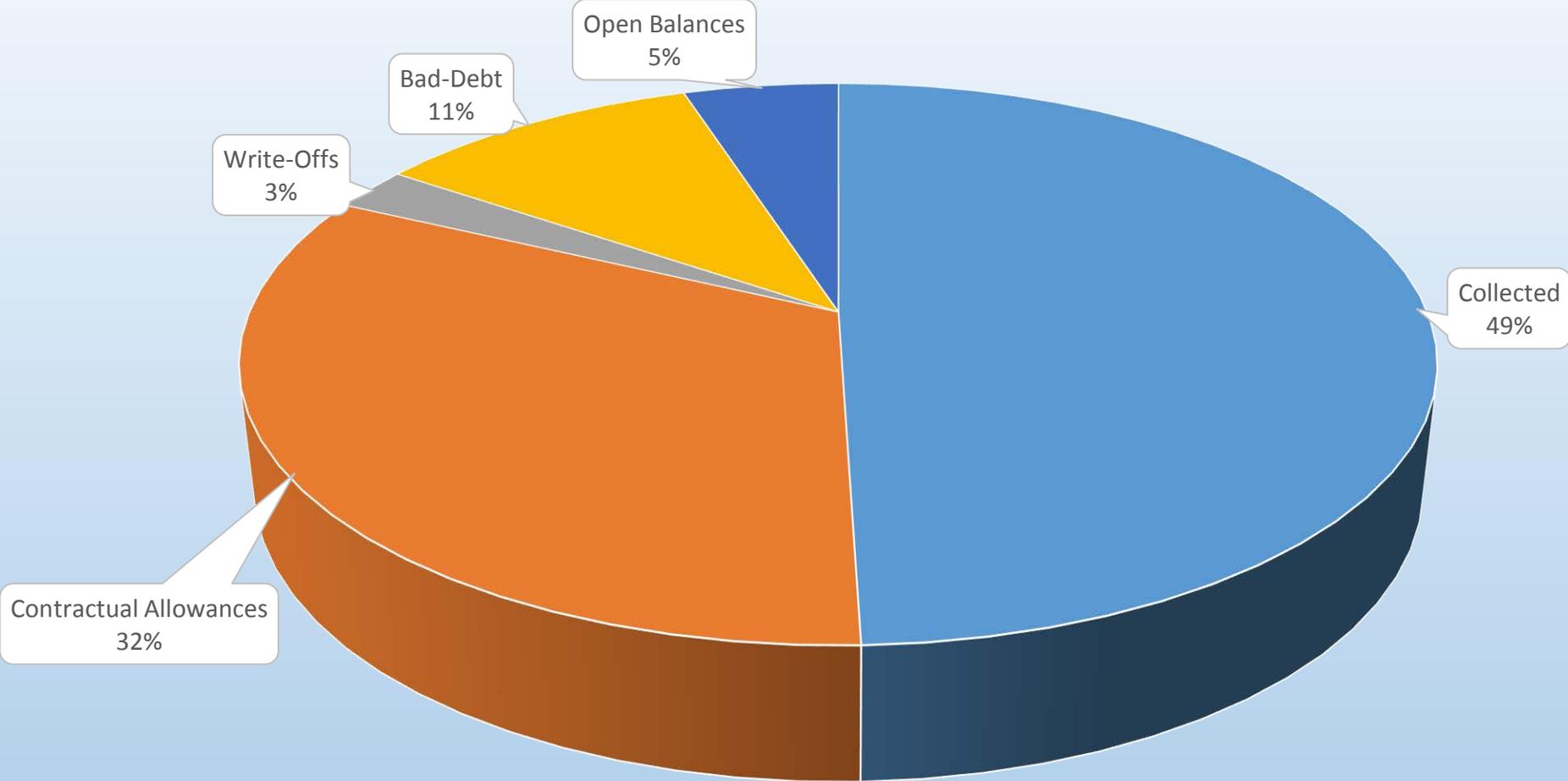


# Data Analysis

# Reporting

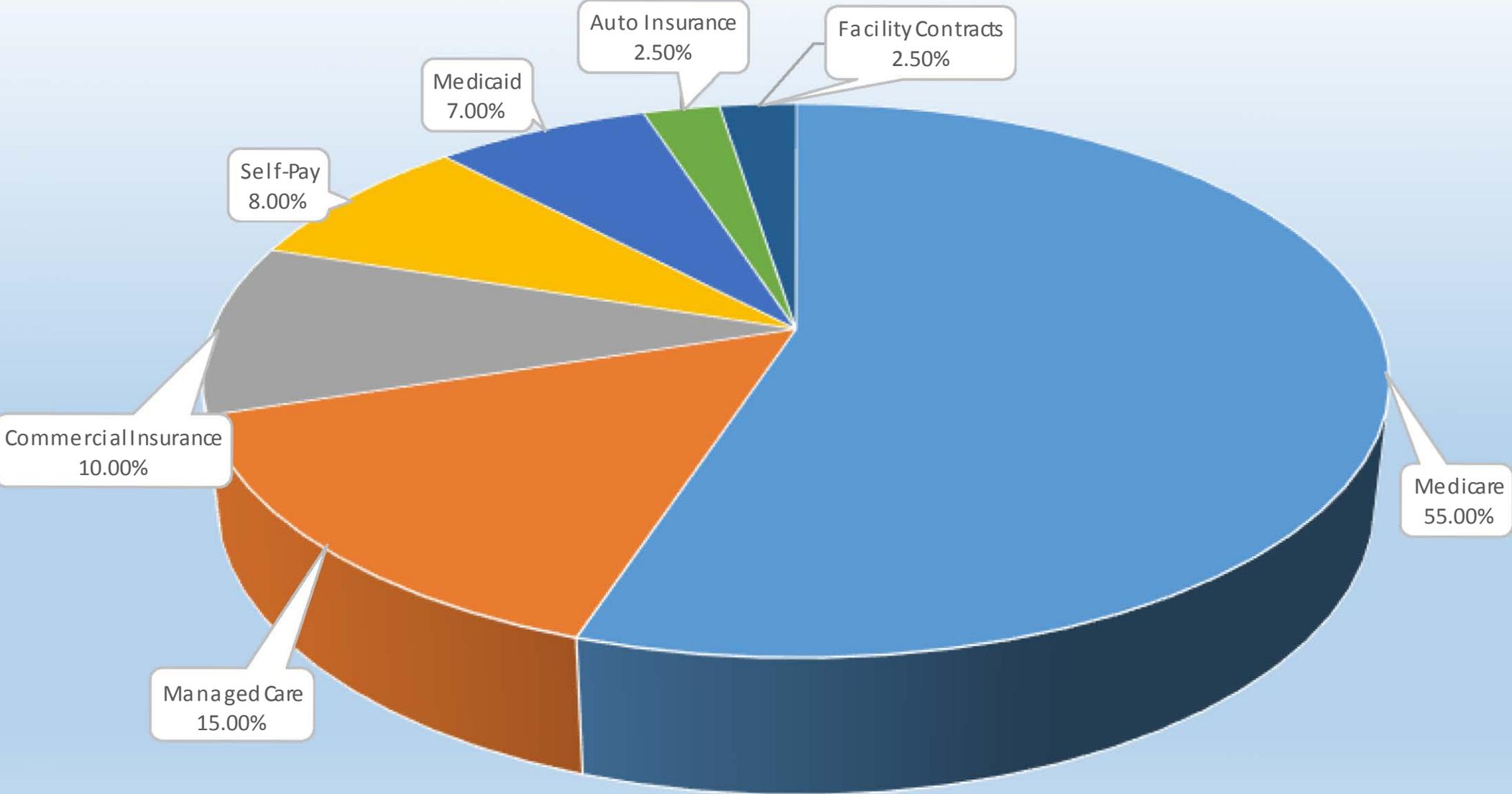
- Breakdown by cash collected vs. adjustments
- Collections by payer source
- Payer mix breakdown
- Transports by level of service
- Aging Reports
- Insurance Denials
- Return Mail

# \$1,000,000 Gross Charges



■ Collected   ■ Contractual Allowances   ■ Write-Offs   ■ Bad-Debt   ■ Open Balances

# Payer Mix Breakdown



# Billing Agent

- Usually percentage driven
- Medicaid MUST be flat rate (not tied to what was collected)
- Provider ultimately responsible for actions of billing agent
- Request for review of medical records
- Audits - Frequency
- Reporting

# References

- [Medicare Manual Chapter 10](#)
- [Medicare Manual Chapter 15](#)
- [First Coast Service Options](#)
- [Florida Statutes](#)
- [Center for Medical Services](#)

# How to Integrate into the Community

**Nature Coast Emergency Medical Service  
Jane Bedford, Education Director**



Florida  
Emergency Medical Services  
Advisory Council



Ideas  
Analysis  
Insight

# Best Practices

## IN EMERGENCY SERVICES



About IAFC  
Governance Relations

Member Center

Renew

Update Profile

Join Today!

Member Benefits

Life Membership

## CH-CH-CH-CHANGES

**Whether by community paramedicine or mobile integrated healthcare, EMS providers nationwide need to deal with the dramatic changes occurring in healthcare—but the question is, how?**

By Jenifer Goodwin



daylong series of panel discussions on community paramedicine and mobile integrated healthcare. Held on Sept. 11 in conjunction with EMS World at the Las Vegas Convention Center,

insurers and the Centers for Medicare & Medicaid, the summit showed that mobile integrated healthcare and community paramedicine have moved beyond the conceptual phase and into the real world, where EMS providers large and small are grappling with the nitty-gritty of getting their programs up and going—including deciding which community health problems to tackle, garnering stakeholder and payer support, dealing with regulatory issues and deciding what training EMS providers need for an enhanced role. “We’ve moved past the discussion phase and into the action phase,” Zavadsky says.

At the summit, J. Brent Myers, M.D., medical director and director of Wake County (N.C.) Department of EMS, discussed his department’s 16 advanced practice paramedic

ings  
ture

[http](#)



# The Value of community paramedicine



HOME >> ADMINISTRATION

***Community paramedicine program proves potential value Preliminary data published in the Journal of the American Geriatrics Society demonstrates early successes of a N.Y. community paramedicine program***

Sep 15, 2016, Making EMS Count with [Catherine R. Counts](#), EMS1.com



<http://www.jems.com/articles/2013/03/envisioning-cor>

<http://www.ncsl.org/research/health/expanding-the-primary-care-role-of-first-responder.aspx>

## I. Introduction

Emergency departments (ED) across the country—from the nation’s largest medical centers to the most remote critical access hospitals—spend a disproportionate share of staff and financial resources providing non-urgent care to patients who often would have been better served in a primary care setting.

- According to a 2010 study by the RAND Corporation, between 14 and 27 percent of all ED visits are for non-urgent care and could take place in a different setting, such as a doctor’s office, after-hours clinic or retail clinic,

Inappropriate use

Federal Actions

State Actions

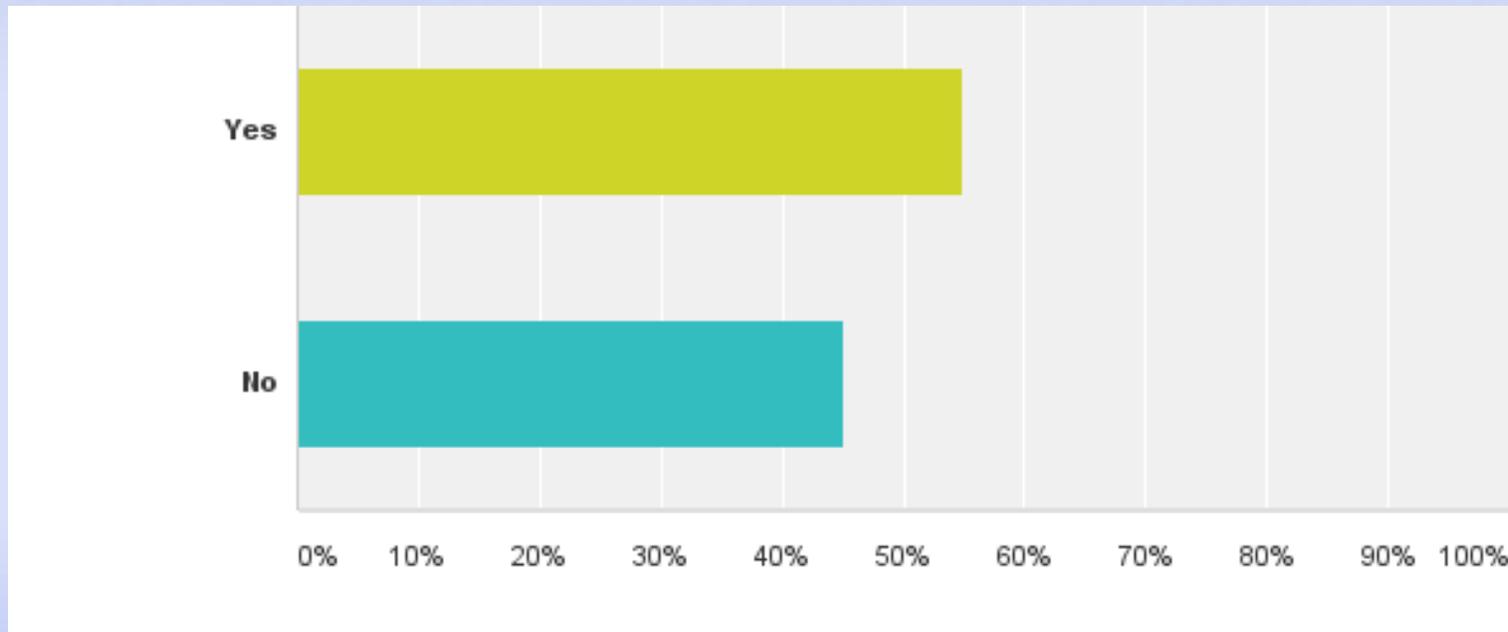
Up Close: Local Initiatives

Moving Forward: Policymaker Considerations

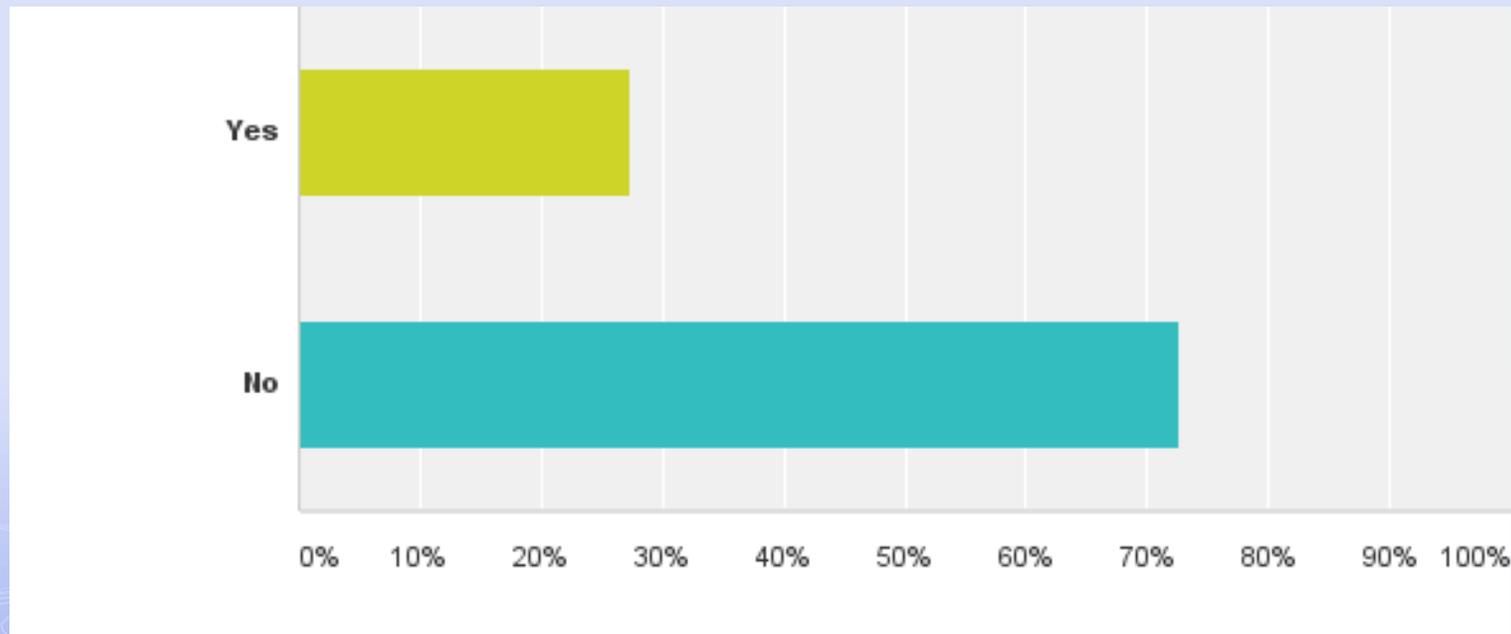
Definitions and Examples

What are Community Paramedics?

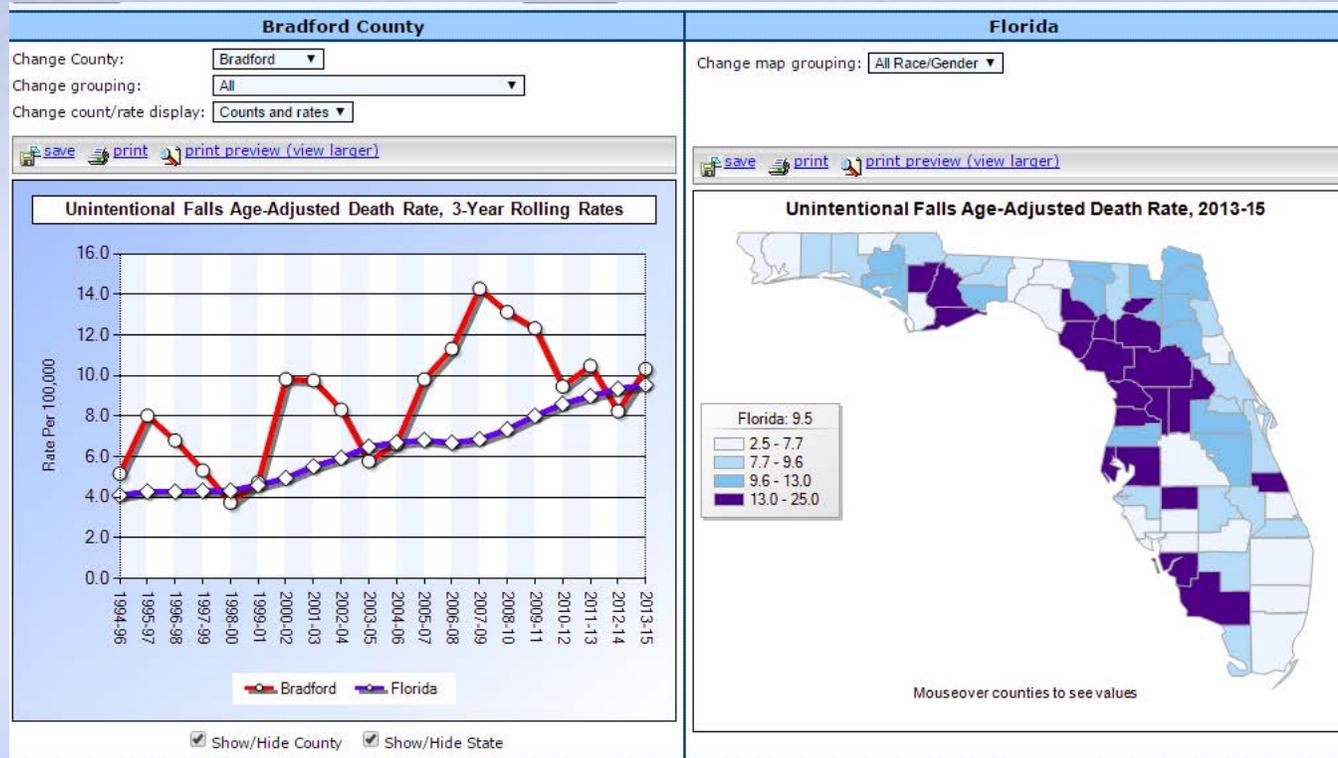
# Q28: Does your EMS agency participate with a health care coalition?



# Q29: Does your EMS agency conduct any type of fall prevention programs?



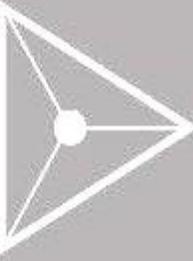
# Florida Charts



<http://www.floridacharts.com/charts/DataViewer/DeathViewer/DeathViewer.aspx?indNumber=0103>

# How to Integrate into the Community

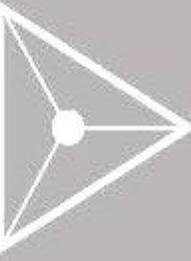
- Community paramedicine programs: development, implementation, evaluation and results
  - **Development:** Community Needs Assessment
  - **Implementation:** Payor groups/partners/sponsors/grants
  - **Evaluation:** Data collection and program evaluation are important considerations for community paramedicine providers and state policymakers in the development of local programs
  - **Results:** Evaluation data on program performance and outcomes are necessary to demonstrate program value to funders, hospitals, and third party payers and build an evidence base for community paramedicine programs



# How to Integrate into the Community

- Achieving the "triple aim" of improving the patient experience, improving the health of populations and reducing the per capita cost of healthcare

IHI  
Triple Aim



**IHI Triple Aim Initiative**

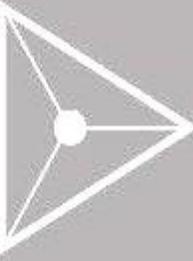
Better Care for Individuals, Better Health for Populations, and Lower Per Capita Costs

# How to Integrate into the Community

- Government relations & finance:

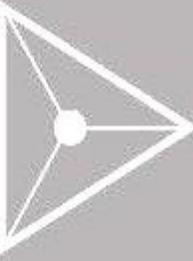
The majority of state EMS directors are opposed to legislative changes regarding the community paramedic's scope of practice, and many note that their current statutes allow for an expanded role—outside of emergency transport—for the paramedic.

However.... securing Medicare/Medicaid reimbursement for services provided by community paramedics may require changes in state legislation or regulation.



# How to Integrate into the Community

- Navigators: Implementing innovation such as dispatch or on-site diversion to the right care the first time
  - nurse-triage system implemented directly in emergency medical services (EMS) communication centers provide **alternative referral options to patients with** non-life-threatening, non-emergency, and low-acuity determinant codes



# Lessons Learned

## Mobile Integrated Healthcare and Community Paramedicine (MIH-CP)

Insights on the development and characteristics of these innovative healthcare initiatives, based on national survey data

<http://www.naemt.org/docs/default-source/community-paramedicine/naemt-mih-cp-report.pdf?sfvrsn=4>

Presented by the National Association of  
Emergency Medical Technicians



naemt.org

# Lessons Learned

## [ ANNUAL OPERATING COSTS OF MIH-CP PROGRAMS ]



Mobile Integrated Healthcare and Community Paramedicine (MIH-CP):  
A National Survey

## Partnerships

## Reimbursement models

## Medicare/Medicaid/ Private Insurance

## Private Insurance

# Paramedic Community Outreach

# Paramedic Community Outreach: Where We've Been

- ❑ First Paramedic Community Outreach training offered by NCEMI
- ❑ Two students enrolled and completed the 350 hour face-to-face training
- ❑ Lessons Learned
  - Paramedics come with a great deal of knowledge and skill
  - Training should complement and build on existing knowledge and skills
  - Forced re-thinking of how to best build on existing knowledge and skills

# Paramedic Community Outreach: Where We're Headed

## NCEMI On-line Paramedic Community Outreach Training

- Builds on existing knowledge and skills
- Defines the various roles of a paramedic working in the community
- Uses the techniques of community assessments to find a niche

# Paramedic Community Outreach: Where We're Headed

## NCEMI On-line Paramedic Community Outreach Training Fast Facts

- ❑ Funded by a grant from the Florida Department of Health
- ❑ Scholarships are available for 20 students for the pilot program
- ❑ Students must be sponsored by their employers
- ❑ Training will be conducted in CY 2017 with an anticipated start date of January 16, 2017
- ❑ Length is 21 weeks with graduation in June 2017
- ❑ Capstone Project to identify community needs

# Paramedic Community Outreach: Where We're Headed

## NCEMI On-line Paramedic Community Outreach Training Fast Facts

- ❑ Weekly time commitment approximately 10 hours and includes reading, researching topics, on-line posting, engaging in on-line discussion and completing assignments
- ❑ Must have reliable internet connection
- ❑ Key Dates
  - November 1, 2016 – applications available
  - November 20, 2016 – applications due
  - December 10, 2016 – successful applicants notified

# Paramedic Community Outreach: Where We're Headed

## Training Modules

- ❑ The Health Care System
- ❑ Defining Paramedic Community Outreach
- ❑ Roles of the paramedic in the community
- ❑ Capstone Project
- ❑ Communication/Learning Styles
- ❑ Legal and Ethical Considerations
- ❑ Prevention and wellness

# Paramedic Community Outreach: Where We're Headed

## Training Modules

- ❑ Mental Health
- ❑ Primary Care and the Lifecycles
  - Pregnant women, infants, children, adults and the geriatric populations
- ❑ Hospice
- ❑ Nutrition
- ❑ Advocacy, Care Coordination
- ❑ Transitions

# Paramedic Community Outreach: Where We've Been

## □ Lessons Learned

- Coming in June 2017!

## □ For more information, call or email Jane Bedford at

- Phone: 352-249-4751
- Email: [JaneB@naturecoastems.org](mailto:JaneB@naturecoastems.org)

The background of the slide is a faded photograph of an EMS scene. In the foreground, a female EMT wearing safety glasses and a yellow reflective vest is focused on a piece of medical equipment. In the background, another EMT is attending to a patient lying on a stretcher next to a red ambulance. A white ambulance with 'sunstar' and the number '72' is parked nearby. The overall scene is an outdoor emergency setting.

# EMS Quality Improvement

Debbie Vass, RN, EMT-P  
Director of Quality Initiatives for  
Paramedics Plus

# Improving Performance in EMS

- First- What are you trying to achieve?
  - What is your Mission and Vision?
- If EMS is to provide effective and high quality patient care, how do you know if your care and actions are effective and high quality?



# Improving Performance in EMS

- What are your objectives and goals?
- How will you measure your performance to see if you are meeting your goals?
  - Process Measures
  - Outcome Measures



# The Start of EMS Performance Measures

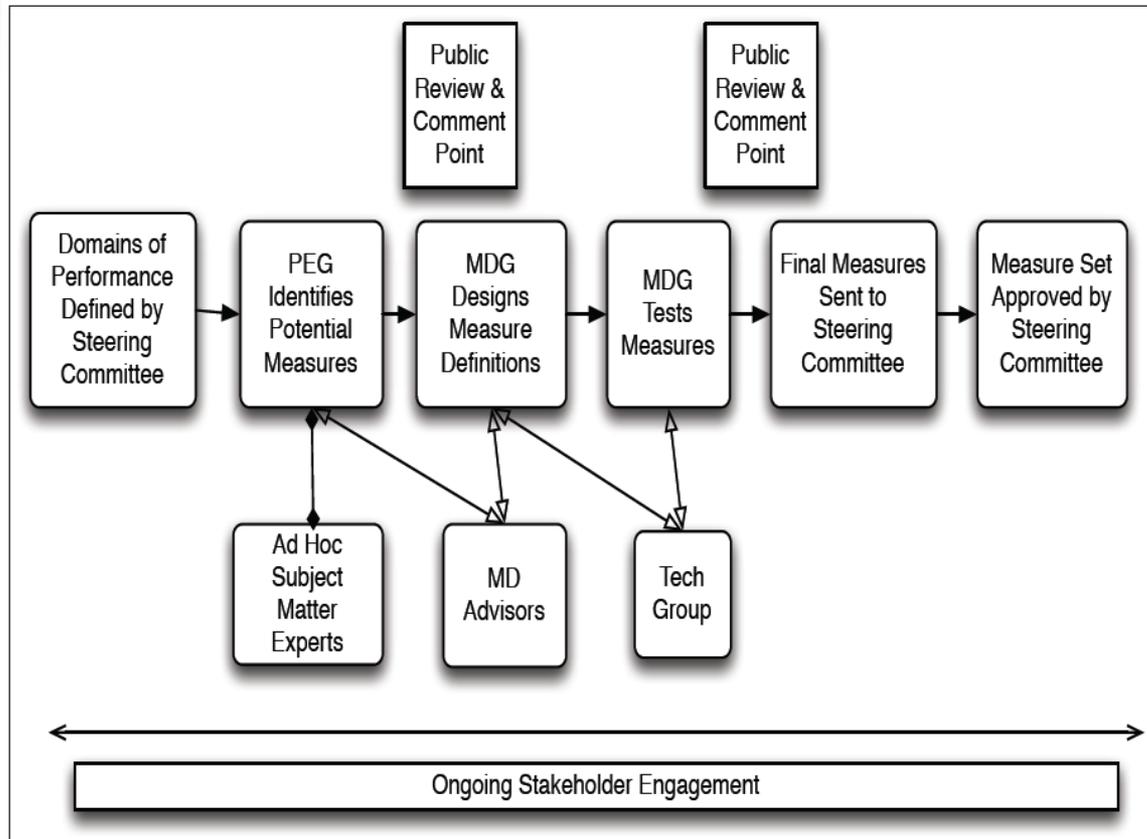
- 2006- Institute of Medicine led committee on Future of Emergency Care in US Health System (“EMS at the Cross Roads”) = “uncertainty of care...no national agreed upon measures.”
- 2009-Publication of the 2002 EMS performance measure project (NHTSA, NASEMSO, NAEMSP, & Health Resources and Services Admin) = 35 consensus based measures

# Measures and Data

- National Sources for Measures:
  - NHTSA (2009 published measures)
  - EMS Compass
    - 2015- largest national effort to develop EMS performance measures
    - Goal is to create a process for performance measurement development and evaluation that will be continuous.
    - “Call for measures”- relevant, evidence-based, & usable

# Measures and Data

## ■ EMS Compass



# Measures and Data

- Other Sources for Measures:
  - State Plan
    - EMS Advisory Council, EMS Constituents, Florida Dept. of Health
  - Local Plan
    - County
    - City
    - Organization

# Measures and Data

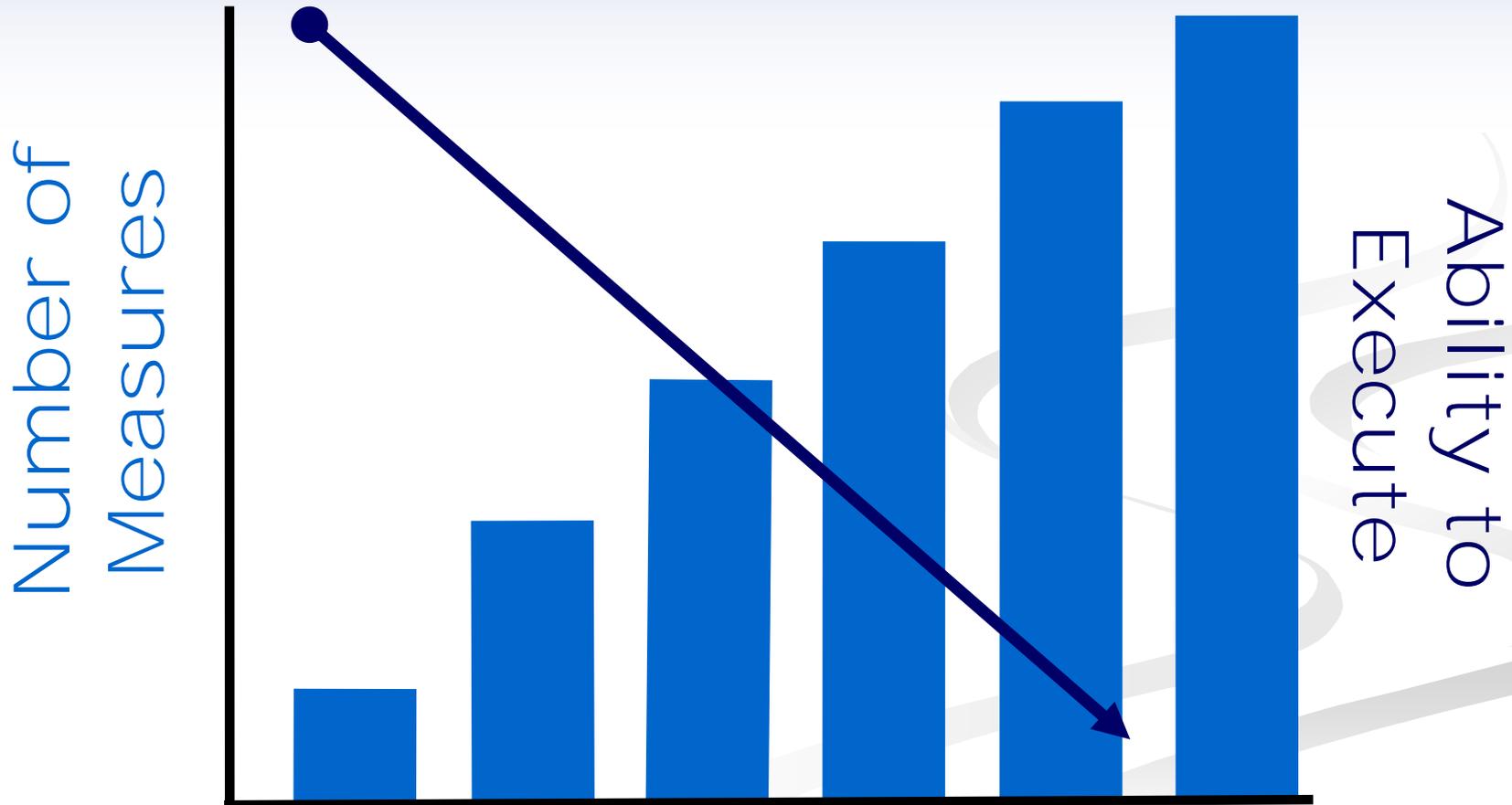
- At the national and state level, measures are vetted and validated to make sure they are relevant and answer the question being asked.
  - National Quality Forum (NQF) endorses performance measures through consensus building, evidence-based practice.
  - EMS Compass following similar process

# Measures and Data

- Every measure should align to what you are trying to accomplish or improve (your objectives and goal).
  - What is important to you
  - What is important to your patients/customers
  - What has been identified in the industry as making a difference

This applies to national level as well as to your individual organization or department

# Strategic Objective Measures



# Measures and Data

- The most meaningful measures are not activity based, but outcome based.
  - Measure: “number of times ETCO<sub>2</sub> was applied to patients with advanced airway”  
(Jan= 25; Feb =18; etc.)

# Measures and Data

- Better Measure: “% of the time, patients with advanced airway had tube placement effectively confirmed with application of ETCO2.”
  - Goal: 100% of patients with an advanced airway placement will be confirmed with waveform capnography / ETCO2.
  - Supported by AHA guidelines to confirm and monitor tube placement (Class 1, Level of Evidence)
- The big measure: “% of unrecognized esophageal intubations”

# Measures and Data

*“I know what I want to measure, where/how do I get the data?”*

## ■ DATA Sources (ePCR):

- NEMESIS (national project for standardization of pre-hospital data collection)
- EMSTARS (State’s contribution to the national plan)
- Local auto reporting (should contribute to the state plan “EMSTARS compliant”)

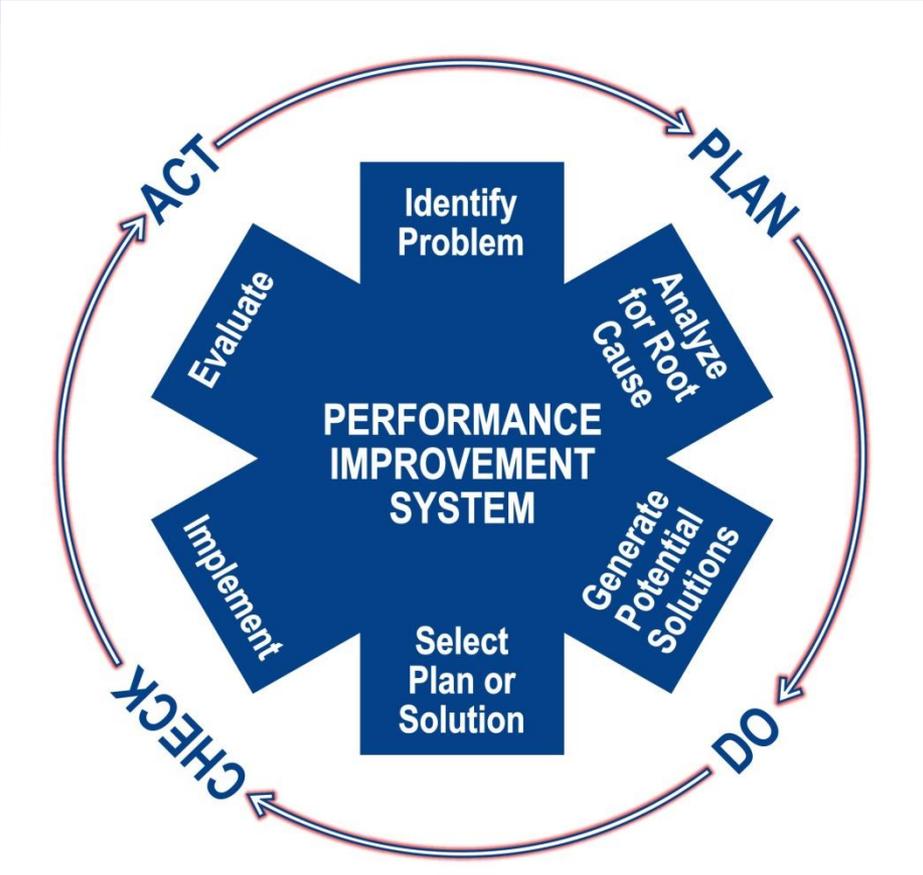
These Standardize data for benchmarking

- Local auto reporting or manual spreadsheet entry

# Improving Performance in EMS

- Start with your performance
  - What should you be measuring?
  - How will you collect the performance data?
  - How will you continually monitor how you are performing?
  - Who owns these measures and performance?
  - How will you improve?
  - How do you know your actions accomplished what you hoped they would?

# System for Process Improvement



# Are You Staying On Course?



# Improving Performance in EMS

- Begin Looking at Other (“like”) EMS Providers’ Performance
  - Let’s you know how you are doing compared to the industry standard (50<sup>th</sup> percentile vs 80<sup>th</sup> percentile)
  - Helps set the goal for performance improvement



# Putting it Together

Strategies

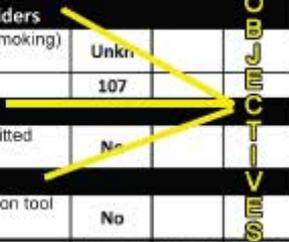
## Florida EMS State Plan

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

Mission & Vision

Vision: To be the healthiest state in the nation

Priority	Objectives and Performance Measures	Current	Feb-16	Mar-16	.....	Nov-16	Dec-16	Jan-17	YTD	Target	Action Plans
Priority 1: EMS Industry Health and Safety	<b>1.1.1 Improve wellness, fitness and safety among EMS providers</b>										
	% of Availability of employee wellness programs (nutrition, weight, smoking) in local EMS agencies	Unkn								+ 5%	by 7/2018
	Average number of vehicle collisions involving ambulances	107								80.0	by 12/2019
	<b>1.1.2 Improve Patient Care Quality and Outcomes</b>										
	Analysis performed of patients under 4 y/o transported in EMS permitted vehicle in a child restraint device	No								Yes	by 12/2018
	<b>1.1.3 Reduce EMS Medical Errors</b>										
	Implement an anonymous statewide EMS medical error data collection tool and process	No								Yes	by 12/2018
Priority	Objectives and Performance Measures	Current	Feb-16	Mar-16	.....	Nov-16	Dec-16	Jan-17	YTD	Target	Action Plans
Priority 2: Clinical and Operational Performance	<b>2.1.1 Increase accessibility and use of EMSTARS data to drive performance improvement initiatives</b>										
	% of Emergency Runs submitted to EMSTARS	75.0%								85.0%	by 6/2019
	Number of Automated Data Linkages with EMSTARS	1								4.00	by 12/2019
	<b>2.1.2 Improve Patient Care Quality and Outcomes</b>										
	% of Non-traumatic Cardiac Arrest Patients with Bystander CPR	16.0%								20.0%	by 12/2018
	% of Non-traumatic Cardiac Arrest Patients with sustained ROSC	16.3%								20.34%	by 12/2018
	% of STEMI Alerts with on-scene time less than or equal to 15 min	61.0%								90.0%	by 12/2018
	% of STEMI Alerts transported to Level I or II Cardio Hospital	68.0%								90.0%	by 12/2018
	% of Stroke Alerts with on-scene time less than or equal to 15 mi	67.0%								90.0%	by 12/2018
	% of Stroke Alerts transported to primary or comp. stroke center	69.0%								90.0%	by 12/2018
% of Trauma Alerts with on-scene time less than or equal to 10 min	40.0%								90.0%	by 12/2018	
% of Trauma Alerts initially transported to trauma center	57.0%								90.0%	by 12/2018	
Rate of deaths related to MVC	3.5									3.40	by 12/2016
Priority	Objectives and Performance Measures	Current	Feb-16	Mar-16	.....	Nov-16	Dec-16	Jan-17	YTD	Target	Action Plans
Priority 3: EMS System Infrastructure and Finance	<b>3.1.1 Increase pool of qualified EMS positions with focus on diversity and veterans</b>										
	# of qualified honorably discharged veterans & military spouse applicants approved for healthcare licensure	0.00								50.00	by 12/2016
	% of racial diversity of EMT and paramedic workforce	Unkn								10%	by 12/2019
	% of gender diversity of EMT and paramedics workforce	Unkn								10%	by 12/2019
	<b>3.1.2 Improve the interoperable communications between counties</b>										
	Complete analysis of counties that have 800 MHz or 700 MHz trunked radio systems aligned with FL's Project 25 ID Numbering Plan	No								Yes	by 6/2017
	% of EMS providers that subscribe to FirstNet/FloridaNet	0.0%								30.0%	by 7/2021



M I S S I O N

S E R V I C E

Targets / Goals

What actions must you take to improve?

# Putting it Together

Priority	Objectives and Performance Measures	Current	Feb-16	Mar-16
Priority 2: Clinical and Operational Performance	<b>2.1.1 Increase accessibility and use of EMSTARS data to drive performance improvement initiatives</b>			
	% of Emergency Runs submitted to EMSTARS	75.0%		
	Number of Automated Data Linkages with EMSTARS	1		
	<b>2.1.2 Improve Patient Care Quality and Outcomes</b>			
	% of Non-traumatic Cardiac Arrest Patients with Bystander CPR	16.0%		
	% of Non-traumatic Cardiac Arrest Patients with sustained ROSC	16.3%		
	% of STEMI Alerts with on-scene time less than or equal to 15 min	61.0%		
	% of STEMI Alerts transported to Level I or II Cardio Hospital	68.0%		
	% of Stroke Alerts with on-scene time less than or equal to 15 min	67.0%		
	% of Stroke Alerts transported to primary or comp. stroke center	69.0%		
	% of Trauma Alerts with on-scene time less than or equal to 10 min	40.0%		
% of Trauma Alerts initially transported to trauma center	57.0%			
Rate of deaths related to MVC	3.5			

S E R V I C E M

			85.0%	by 6/2019
			4.00	by 12/2019
			20.0%	by 12/2018
			20.34%	by 12/2018
			90.0%	by 12/2018
			90.0%	by 12/2018
			90.0%	by 12/2018
			90.0%	by 12/2018
			90.0%	by 12/2018
			75.0%	by 12/2018
			3.40	by 12/2016

Targets / Goals

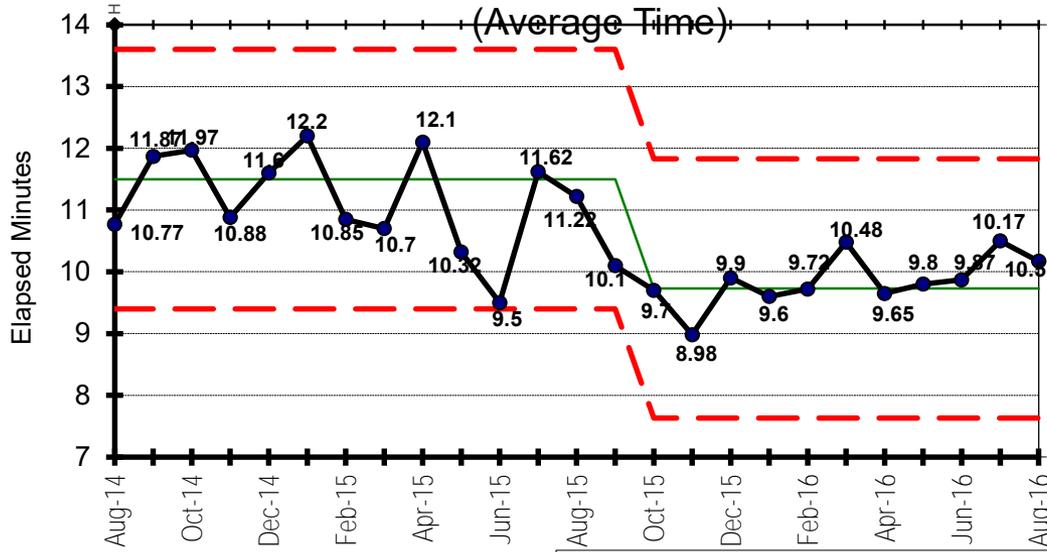
# Putting it Together

Performance Measure
<b>Clinical Outcome</b>
# of Months Before CAAS Accreditation Expires
# of Months Before CAMTS Accreditation Expires
% of the Corporate Clinical Measures Met Target
Cardiac Arrest Survival to Discharge
% of ROSC to hospital
% of STEMI on scene time 15 min or less
% of Stroke on scene time 15 min or less
% of Trauma alert patients on scene time 10 min or less
% of Trauma alert patients arrive at trauma center in 60 min
Medication error rate per 10,000 transports
% of ePCR's printed at hospital
% of Patient Signatures on ePCR

Source: ePCR

# Ambulance OnScene to Ground Transport of Trauma Alerts

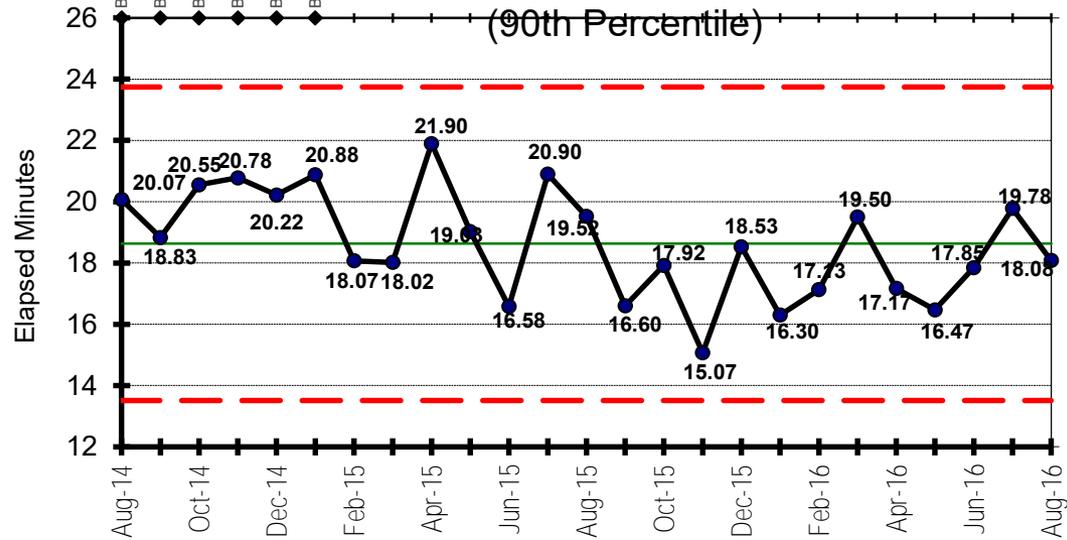
(Average Time)



Source: ePCR Data

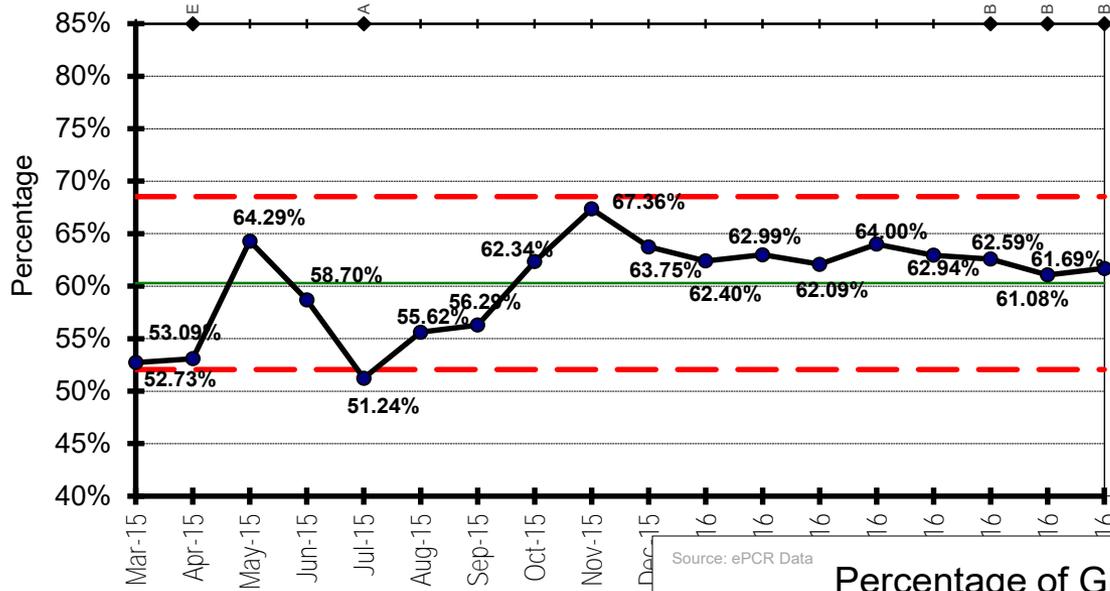
# Ambulance OnScene to Ground Transport of Trauma Alerts

(90th Percentile)



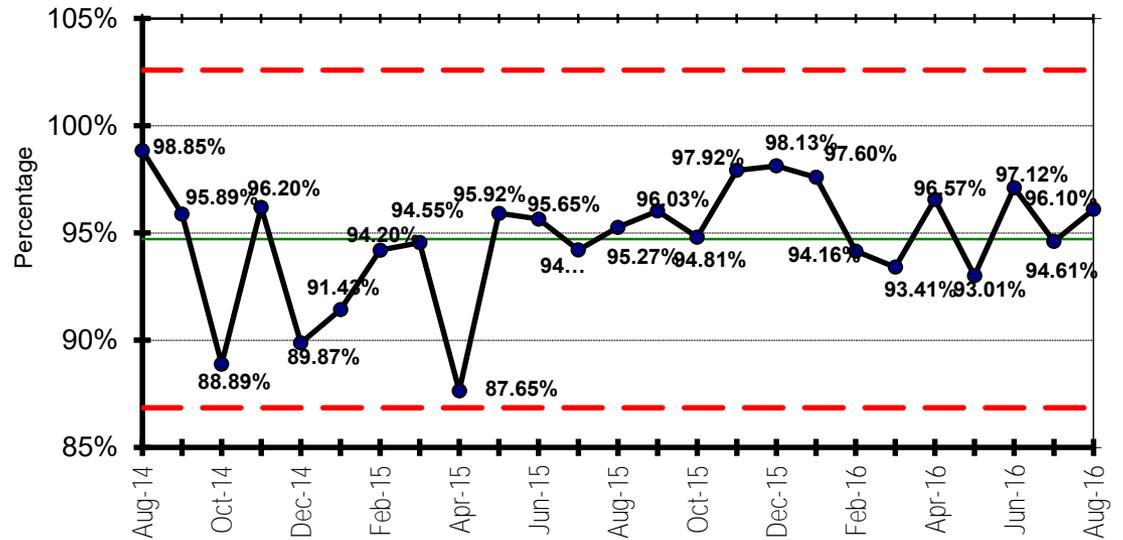
Source: ePCR Data

### Percentage of Ground Transported Trauma Alerts Leaving for Trauma Center within 10 minutes



Source: ePCR Data

### Percentage of Ground Transported Trauma Alerts Arriving at Trauma Center within 60 min



# A Few Final Things

- Tie your Quality Improvement Plan / Initiatives to your continuing education process
- Don't use the data to punish; coach for improvement
- Share your initiatives and goals and how they are doing



# EMS Quality Improvement- From the Top...

**What is your Mission?  
What is your Vision?**

**Who you are... What you do... What you are striving for**

What are your Strategies?

- Employees
- Patient Care
- Operations

What are the objectives for each of these areas/strategies?

What things do you have to do to achieve your Mission /Vision?

**Patient Care**

Patient Care objectives may be:  
**"High Quality"**  
"Effective"  
"Compassionate"

How do you define "High Quality" patient care?

Fast- (How fast)?  
Protocols followed  
Reduction of distress/pain  
**Good/positive outcome at hospital**



**STEMI Patient**

**Segment Patients-**  
Instead of one big bucket of patients, segment out key patient groups

How do you know STEMI pt. care is good & leads to positive outcome?

**Define your measures:**

Process Measures:	Outcome Measure(s):
-Time to 1st 12-lead	-Time to reperfusion
-Time from FMC to rec. facility	(911 call to reperfusion time)
-EMS correctly identified STEMI	

**Set your targets/goals:**

- How long should it take from arrival to 12 lead? - to rec. facility? (Average vs fractiles)
- What % reliability should EMS have to correctly ID a STEMI?

How are you doing compared to your set goal?

**Process/Performance Improvement Plan:**

- Plan-Do-Study (Check)- Act Cycle of Improvement
- Pareto- ID the most important causes/factors (20% of the problems cause 80% of the defects).
- 5 Whys
- Cause and Effect Diagram- visually displays how various factors associated with a process affect it's outcome (Environment, People, Equipment, Training, etc.)

Strategies

# Florida EMS State Plan

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

Mission & Vision

Vision: To be the healthiest state in the nation

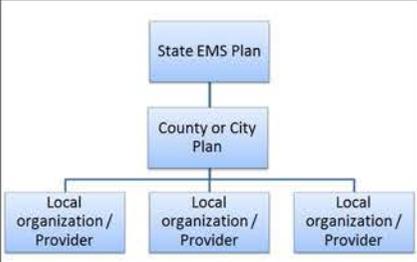
Priority	Objectives and Performance Measures	Current	Feb-16	Mar-16	.....	Nov-16	Dec-16	Jan-17	YTD	Target	Action Plans
Priority 1: EMS Industry Health and Safety	<b>1.1.1 Improve wellness, fitness and safety among EMS providers</b>										
	% of Availability of employee wellness programs (nutrition, weight, smoking) in local EMS agencies	Unkn								+ 5%	by 7/2018
	Average number of vehicle collisions involving ambulances	107								80.0	by 12/2019
	<b>1.1.2 Improve Patient Care Quality and Outcomes</b>										
	Analysis performed of patients under 4 y/o transported in EMS permitted vehicle in a child restraint device	No								Yes	by 12/2018
	<b>1.1.3 Reduce EMS Medical Errors</b>										
	Implement an anonymous statewide EMS medical error data collection tool and process	No								Yes	by 12/2018
Priority	Objectives and Performance Measures	Current	Feb-16	Mar-16	.....	Nov-16	Dec-16	Jan-17	YTD	Target	Action Plans
Priority 2: Clinical and Operational Performance	<b>2.1.1 Increase accessibility and use of EMSTARS data to drive performance improvement initiatives</b>										
	% of Emergency Runs submitted to EMSTARS	75.0%								85.0%	by 6/2019
	Number of Automated Data Linkages with EMSTARS	1								4.00	by 12/2019
	<b>2.1.2 Improve Patient Care Quality and Outcomes</b>										
	% of Non-traumatic Cardiac Arrest Patients with Bystander CPR	16.0%								20.0%	by 12/2018
	% of Non-traumatic Cardiac Arrest Patients with sustained ROSC	16.3%								20.34%	by 12/2018
	% of STEMI Alerts with on-scene time less than or equal to 15 min	61.0%								90.0%	by 12/2018
	% of STEMI Alerts transported to Level I or II Cardio Hospital	68.0%								90.0%	by 12/2018
	% of Stroke Alerts with on-scene time less than or equal to 15 mi	67.0%								90.0%	by 12/2018
	% of Stroke Alerts transported to primary or comp. stroke center	69.0%								90.0%	by 12/2018
% of Trauma Alerts with on-scene time less than or equal to 10 min	40.0%								90.0%	by 12/2018	
% of Trauma Alerts initially transported to trauma center	57.0%								90.0%	by 12/2018	
Rate of deaths related to MVC	3.5								75.0%	by 12/2018	
										3.40	by 12/2016
Priority	Objectives and Performance Measures	Current	Feb-16	Mar-16	.....	Nov-16	Dec-16	Jan-17	YTD	Target	Action Plans
Priority 3: EMS System Infrastructure and Finance	<b>3.1.1 Increase pool of qualified EMS positions with focus on diversity and veterans</b>										
	# of qualified honorably discharged veterans & military spouse applicants approved for healthcare licensure	0.00								50.00	by 12/2016
	% of racial diversity of EMT and paramedic workforce	Unkn								10%	by 12/2019
	% of gender diversity of EMT and paramedics workforce	Unkn								10%	by 12/2019
	<b>3.1.2 Improve the interoperable communications between counties</b>										
	Complete analysis of counties that have 800 MHz or 700 MHz trunked radio systems aligned with FL's Project 25 ID Numbering Plan	No								Yes	by 6/2017
	% of EMS providers that subscribe to FirstNet/FloridaNet	0.0%								30.0%	by 7/2021

OBJECTIVES

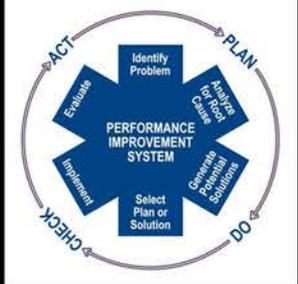
MEASURES

Targets / Goals

What actions must you take to improve?



OBJECTIVES (List of Goals)	TASKS (What you need to do to achieve the goals)	SUCCESS CRITERIA (How you will identify your success)	TIME FRAME (By when you need to complete the tasks)	RESOURCES (What or who can help you complete tasks)





# Human Resources: Issues for the EMS Officer

Steve White

Chief of EMS

Escambia County Emergency Medical Services

# Topics

- Title VII, EEOC, Sexual Harassment, Reasonable Accommodation
- Fair Labor Standards Act
- Policies
- Negligent Hiring and Negligent Retention
- Labor Relations
- Progressive discipline and due process

# HR Issues

- You design a promotional exam for shift commander that includes 50 push-ups, 10 pull-ups and a 1.5 mile run in 10 minutes
- An employee turns in a leave slip that you denied for Yom Kippur with the words “I am off by Federal Law”
- You have an employee who has been accused of stealing medications 7 times in the last year and when questioned by a civil lawyer you have no record of action
- You have an employee who demands their Weingarten rights before writing an information report

# Title VII

- Part of the Civil Rights Act of 1964
- Aims to prevent discrimination based on:
  - Race
  - Color
  - National origin
  - Religion
  - Gender
  - Age (added 1967 Age 40-70)
  - Pregnancy (Added in 1978)

# EEOC

- Equal Employment Opportunity Commission
- Protected classes: women, minorities, Age over 40 and those with disabilities

# EEOC

- Disparate Treatment – treating someone different
- Adverse Impact- Has an adverse impact on a protected class – must be proven to be job related
- Sexual Harassment
- Reasonable Accommodation

# FSLA

- **Exempt**
  - Executive, Administrative, Professional
- **Non-exempt**
  - Must be paid overtime past the 40 hour threshold (53 for line fire)
  - Should have a policy in place for approving OT

# New Final Rule

- Salary change from \$23,660 to \$47,476

# Policies

- Industry standard and prudent coverage

# Negligent HR

- **Negligent Hiring**

- Should have done a background
- Did not do a background
- Employee should not have been hired

- **Negligent Retention**

- Failure to investigate, discharge or reassign

# Labor Relations

- Contract knowledge
- Non-retaliatory/discrimination
- Communication lines

# Weingarten Rights

- Employee representation during investigatory interviews.
- If this discussion could in any way lead to my being disciplined or terminated, or affect my personal working conditions

# Weingarten Rights

Stop the interview

Continue the interview without the representative

Give the employee the option of continuing or stopping

Option 2 results in an unfair labor practice



# Due Process

- Have a fair and open disciplinary process
- Same process for everyone- equitable

# Progressive Discipline

- What the investigation found
- The policy that was violated
- How the action/behavior violated said policy
- Disciplinary action
- Defense was considered
- How to improve

Questions?



# Surviving EMS Public Relations - The Good and The Bad

2016 Florida EMS Leadership Orientation

October 18-20, 2016

Tom McCarthy  
Division Chief of EMS  
Riviera Beach Fire Rescue

# Handling the Bad Side of Public Relations

- Plan, Plan, Plan
- Identify the low frequency, high liability aspects of your program
  - Customer Complaints
  - Medical-Legal Issues
- **Communicate** your plan frequently with Supervisors
  - “if this happens, we will...”*
- Collateral Damage:  
Labor Issues, Political Issues

# Learn From the Lessons of Others

- Washington D.C.
  - Detroit
  - Houston
- (Hint, Decades of “Fire-Only” Culture)
- Culture vs the Court of Public Opinion
  - The pitfalls of Practice vs Policy

# The Good Side of Public Relations

- What are the public's expectations?
- Do we address them?
- Are outreaches our only option?
- Lay-terms will garner support, why?

# Blow Your Own Horn

- Communicate the new
- Relay the innovative
- We surpass “X” standards and have become the Gold Standard for “X”

# Not “One-Size Fits All”

- Your locale has its own sensibilities, LEARN THEM
- However, Some truths are Universal---The Truth
- *“We consistently provide exemplary service because we...”*
- *“We recognize we fell short on...and this is our plan to serve you better.”*

# Questions?????

- Don't be afraid to engage
- No one sells you better than You!

# State of Florida EMS Leadership Orientation

## October 2016

Florida Initial EMS Education and CE

Jaime S. Greene, MS, EMT

Presenter

# Initial EMS Education and CE

- **Statute that governs**

- 401.2701 Emergency Medical Services Training Programs
- 401.435 First Responder Agencies and Training – NOTE: the State of Florida does not certify Emergency Medical Responders (EMR)

- **Rule that governs**

- 64J-1.004 Medical Direction
- 64J-1.020 Training Programs
- 64J-1.0201 EMS Instructor Qualifications

# Initial EMS Education and CE

- A public or private institution may be approved to conduct an approved program of education for emergency medical technicians and paramedics
- shall submit a completed form, Form DH 1698, to the department which must include:
  - Must be in compliance with all applicable requirements of the Florida Department of Education
  - Evidence of an affiliation agreement with a hospital that has an emergency department
  - Evidence of an affiliation agreement with a current emergency medical services provider licensed by the State of Florida

# Initial EMS Education and CE

- Documentation verifying faculty, including
  - Medical director - per Chapter 401.265 and 64J-1.004
  - Program director – per Chapter 401.2701 and 64J-1.0201
- Documentation verifying that the curriculum
  - Meets the most recent Emergency Medical Technician-Basic National Standard Curriculum approved by the department for emergency medical technician programs and/or Emergency Medical Technician-Paramedic National Standard Curriculum approved by the department for paramedics
- **OR**
  - meets the most recent National EMS Education Standards approved by the department for emergency medical technician or paramedic programs.

# Initial EMS Education and CE

## Documentation verifying that the curriculum (continued)

- includes 2 hours of instruction on the trauma scorecard methodologies for assessment of adult trauma patients and pediatric trauma patients
- Additional items
  - Shall demonstrate that EMT and paramedic students are not subject to call while participating in class, clinical or field sessions
  - Shall demonstrate that each EMT and paramedic student function under the direct supervision of an EMS preceptor and shall not be in the patient's compartment alone during transport and shall not be used for to meet staffing requirements
  - Evidence of sufficient medical and educational equipment to meet emergency medical services training needs – 1 piece of equipment for every 6 students

# Initial EMS Education and CE

- Receive a scheduled site visit from the department to the applicant's institution. Shall be conducted within 30 days after notification to the institution that the application has been accepted.
- Any paramedic training program that is accredited by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Profession (CoAEMSP) has the option to request that the department schedule its site visit to the institution with the CoAEMSP site visit.

# Initial EMS Education and CE

- Site visit criteria:
  - EMT Program a minimum of 250 hours
    - 20 hours in supervised clinical
    - 10 hour in a hospital emergency department
    - Not less than 5 patient contacts resulting in the student accompanying the patient to the hospital
    - Student to instructor ratio in the skills lab shall not exceed 6 students to 1 instructor

# Initial EMS Education and CE

- Site visit criteria (continued)
  - Paramedic Program shall be a minimum of 1100 hours for classroom, skills laboratory, hospital clinical, and field internship
    - Must be available only to Florida certified EMTs or an EMT applicant who will obtain Florida certification prior to completion of Phase One of the Paramedic Program.
    - must provide field internship experience aboard and advanced life support permitted ambulance. The program may allow up to 20% of the field internship experience to be satisfied aboard an advanced life support permitted vehicle other than an ambulance.

# Initial EMS Education and CE

- Upon completion of the site visit
  - The department shall prepare a report which will be provided to the institution.
  - If approved, the department must issue the institution a 2 year certificate of approval as an EMT and/or Paramedic program.
  - If deny, the department must notify the applicant of any areas of strength, areas needing improvement and any suggested means for improvement.
    - A denial notification shall be provided to the applicant so as to allow the applicant 5 days prior to the expiration of the application processing time. A plan of correction shall be submitted to the department within 30 days of the notice. The department has 30 days to respond to the plan of correction.

# Initial EMS Education and CE

## **BOTTOM LINE**

You *cannot* begin to advertise or conduct classes until such time you have the approval of the Florida Department of Health.

# Initial EMS Education and CE

- Written records
  - Must be maintained by the approved EMS training program
  - Reports must be maintained by the approved EMS training program
  - Records include, but are not limited to -
    - Student applications
    - Records of attendance
    - Records of participation in hospital clinic and field training
    - Medical records
    - Class outlines
    - Learning objectives

***If it's not written, it did not happen!***

# Initial EMS Education and CE

- The department must be notified within 30 days after any change in the professional and employment status of faculty
- Students must pass a comprehensive final written and practical examination evaluating the skills described in the National EMS Education Standards and approved by the department
- Approved programs must issue a certificate of completion to program graduates within 14 days of completion

# Initial EMS Education and CE

- A. Emergency Medical Technician continuing education
  - 30 hours of refresher training based on the 1996 U.S. DOT EMT-Basic National Standard Refresher Curriculum
    - to include adult and pediatric education with a minimum of 2 hours in pediatric emergencies
  - The department shall accept the following:
    - The affirmation of a licensed EMS provider's medical director
    - Certificate of completion of refresher training from a department approved Florida training program
    - A department approved continuing education provider
- Possess a current BLS CPR provider card. CPR training shall be included in the 30 hours of refresher training so long as
  - 1. the training must be provided by a recognized continuing education provider by the department

# Initial EMS Education and CE

- Emergency Medical Technician continuing education (continued)
- **OR**
  - Successfully pass the EMT certification examination during the current certification cycle
  - Maintain a current BLS CPR card for the professional rescuer
  - Prior to testing must request approval to sit for the examination
- **OR**
  - Satisfactorily complete the first semester of the paramedic training course at a department approved Florida training center within the 2 year cycle

# Initial EMS Education and CE

## *Points of information for EMTs*

- An individual must provide to the department, upon request, proof of compliance with the requirements listed in this section
- In the event an applicant or certified EMT changes the mailing address he or she has provided the department, the applicant or certified EMT shall notify the department **within 10 days** of the address change

# Initial EMS Education and CE

- Paramedic continuing education
  - Complete 30 hours of paramedic refresher training based on the 1998 US DOT EMT-Paramedic National Standard Curriculum
    - To include adult and pediatric education with a minimum of two hours in pediatric emergencies
  - The department shall accept the following:
    - The affirmation of a licensed EMS provider's medical director
    - Certificate of completion of refresher training from a department approved Florida training program
    - A department approved continuing education provider
  - Maintain a current Advanced Cardiac Life Support (ACLS).
    - ACLS shall be included in the 30 hours of refresher training.
      - 1. the training must be provided by a recognized continuing education provider by the department

# Initial EMS Education and CE

- Paramedic continuing education (continued)
- **OR**
  - Successfully pass the paramedic certification examination during the current certification cycle
  - Maintain a current ACLS CPR card
  - Prior to testing must request approval to sit for the examination

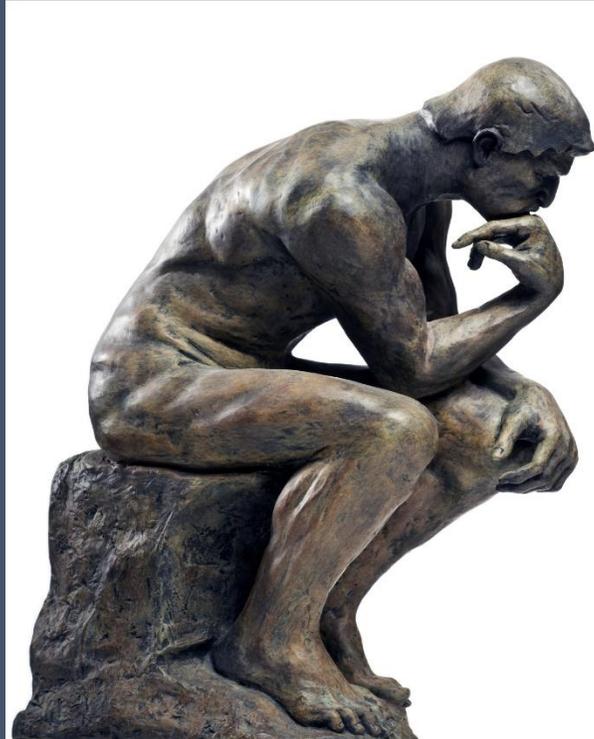
# Initial EMS Education and CE

## *Point of information for Paramedics*

- An individual must provide to the department, upon request, proof of compliance with the requirements listed in this section
- In the event an applicant or certified paramedic changes the mailing address he or she has provided the department, the applicant or certified Paramedic shall notify the department within 10 days of the address change

# Initial EMS Education and CE

Questions, comments, or concerns?



# Initial EMS Education and CE



State of Florida  
EMS Leadership Orientation  
October 2016

**“Florida Initial EMS Education and CE”**

Jaime S. Greene, Presenter

Suggested websites

Florida Department of Education Curriculum Frameworks website:

<http://www.fldoe.org/academics/career-adult-edu/career-tech-edu/curriculum-frameworks/2016-17-frameworks/health-science.stml>

Private schools and institutions:

<http://www.fldoe.org/policy/cie>

U.S. Department of Transportation National Highway Traffic and Safety Administration (NHTSA) website for EMS education:

<http://www.ems.gov/education.html>

State of Florida EMS Forms and Documents:

<http://www.floridahealth.gov/licensing-and-regulation/ems-system/ems-forms-and-docs.html>

Florida Association of Emergency Medical Services Educators (FAEMSE):

[www.faemse.org](http://www.faemse.org)



# DISASTER RESPONSE FOR THE EMS LEADER

BRAD ELIAS MD

OCTOBER 19, 2016

# KEYS TO SUCCESS

- ▶ INVOLVEMENT
- ▶ PARTICIPATION
- ▶ AWARENESS

# INVOLVEMENT

- ▶ BE INVOLVED IN PROTOCOL REVIEWS
- ▶ PROVIDE GUIDANCE AND SET PRIORITIES
  - ▶ UNDERSTAND CURRENT RISKS AND THREATS
  - ▶ PROVIDE MEDICAL SOLUTIONS
  - ▶ TEST AND SELECT EQUIPMENT AND PHARMACEUTICALS
  - ▶ BE INVOLVED IN THE TRAINING
  - ▶ ATTEND LOCAL EXERCISES

# INVOLVEMENT

- ▶ PRIORITIES
  - ▶ ACTIVE SHOOTER /ASSAULT RESPONSE
    - ▶ HEMORRHAGE CONTROL
    - ▶ RAPID VICTIM EXTRACTION
    - ▶ EMS OPERATING IN THE “WARM ZONE”

# INVOLVEMENT

- ▶ INFECTIOUS DISEASE TRANSPORT
  - ▶ MONITORING EMERGING PATHOGENS
  - ▶ UNDERSTANDING RISKS
  - ▶ APPROPRIATE PPE AND PROTOCOLS
  - ▶ ENGAGEMENT WITH DOH AND LOCAL HOSPITALS

# INVOLVEMENT

- ▶ MCI RESPONSE PLANNING
- ▶ PLAN DEVELOPMENT
- ▶ MCI TRAILERS
- ▶ MCI CACHES
- ▶ ENGAGEMENT WITH COMMUNITY
  - ▶ LAW ENFORCEMENT
  - ▶ HOSPITALS
  - ▶ SURROUNDING EMS AGENCIES
  - ▶ DOH

# INVOLVEMENT

- ▶ INTEGRATION WITH LAW ENFORCEMENT
- ▶ CONSULTATION
- ▶ TACTICAL MEDICINE

# PARTICIPATION

- ▶ REGIONAL DOMESTIC SECURITY TASK FORCE
  - ▶ 7 REGIONS ACROSS STATE
  - ▶ HEALTH AND MEDICAL
  - ▶ HOMELAND SECURITY FUNDING PRIORITY MEETINGS
  - ▶ STATE WORKING GROUP
    - ▶ EXECUTIVE BOARD

# PARTICIPATION

- ▶ HEALTHCARE COALITIONS
  - ▶ COVER EVERY PART OF THE STATE
  - ▶ EMS IS INTEGRAL PART OF THE COALITION
  - ▶ POTENTIAL SOURCE OF FUNDING FOR EMS BASED PROJECTS

# PARTICIPATION

- ▶ SPECIAL EVENTS
- ▶ PLANNING PROCESS
- ▶ ON SCENE PRESENCE FOR EVENTS
  - ▶ LARGE COMMUNITY GATHERINGS
  - ▶ SPORTING EVENTS
  - ▶ CONCERTS
  - ▶ FESTIVALS

# PARTICIPATION

- ▶ DISASTER RESPONSE TEAMS
  - ▶ DMAT
  - ▶ SMRT
  - ▶ USAR

# PARTICIPATION

- ▶ LOCAL EMS COUNCIL
- ▶ STATE EMS ADVISORY COUNCIL

# PARTICIPATION

- ▶ PARTICIPATE IN LOCAL RESPONSE
  - ▶ OPERATIONS SECTION
  - ▶ EOC / 911 DISPATCH CENTER CONSULTANT

# AWARENESS

- ▶ LOCAL DISASTER PLANS
- ▶ AMBULANCE DEPLOYMENT PLAN
- ▶ PATIENT MOVEMENT PLAN
- ▶ FLORIDA INFECTIOUS DISEASE TRANSPORT NETWORK (*FIDTN*) PLAN

# QUESTIONS?

- ▶ BRAD ELIAS MD
  - ▶ [BRAD.ELIAS@FLHEALTH.GOV](mailto:BRAD.ELIAS@FLHEALTH.GOV)

# Time sensitive diagnoses systems of care

Benjamin Abes

Deputy Director, Public Safety

Chief, Emergency Medical Services

Lee County Government

# “Time is on my side”

The Rolling Stones  
were wrong!



“Time is on my side”



# We battle against the clock

- Many urgent cases are time sensitive
  - Stroke
  - STEMI
  - Trauma
  - Sepsis
- Still a small number of our actual calls
- Pre-hospital care must balance capability with opportunity cost (time/expense)
- Offers tremendous opportunity for impact



# Goals of critical systems of care

- Screening/enrollment
- Expediting medical care
- Early notification/initiation
- Downstream integration



# Three key concepts

- Process structure
- Compressing time
- Review and improvement

# And a fourth key?

As we discuss these concepts...

- View your process in the continuum
- How does what you do effect others?
- How could their processes be improved?
- Care doesn't end at transfer of care

Who are your partners in this endeavor?



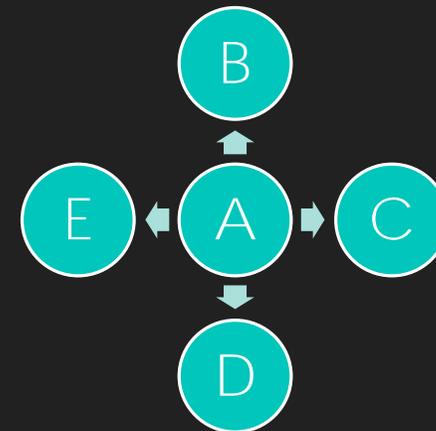
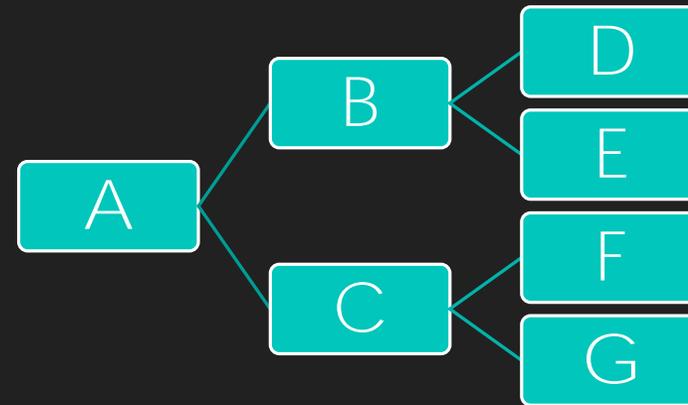
# Process structure

- Most ems processes are serial
- Do A, then B, then C...
- All other components must precede F



# Process structure

- Shift from serial to parallel
- Immense savings downstream
  - Time
  - Cost



# Compressing time

- Opportunities are limitless
  - Helicopter auto-launch
  - Stroke screening
  - Pre-hospital notification tools
  - Video/telemedicine



# Review and improvement

- Examine each individual segment
- What are your goals/benchmarks?
- How do you measure up
- EMSTARS reports

1. Symptom recognition
2. Symptom to 911
3. PSAP to call drop
4. Drop to dispatch
5. Out-of-chute time
6. Travel time (ALS/BLS?)
7. Patient contact time
8. Assessment/scoring
9. Movement to ambulance
10. Patient loaded to departure
11. Travel time
12. Arrival to bed assignment
13. Bed assignment to transfer of care

Remember, the continuum of care!

# Review and improvement

- Screening tools
  - Do they work?
  - Sensitivity/specificity
- How do these tools influence downstream providers?



# Three key concepts

1. Process structure
  2. Compressing time
  3. Review and improvement
- Remember to consider the continuum of care
  - Every move you make impacts providers downstream



# Florida EMS Data

DARREL DONATTO, PALM BEACH FIRE RESCUE

2016 FLORIDA EMERGENCY MEDICAL SERVICES LEADERSHIP ORIENTATION



“Information is the oil of the 21<sup>st</sup> century, and analytics is the combustion engine.” –

Peter Sondergaard



# Objectives

- ▶ Attendees will be able to explain the difference between NEMESIS and EMSTARS.
- ▶ Attendees will be able to explain the Florida Statutes and Florida Administrative Rules related to EMS data collection.
- ▶ Attendees will be able to explain the process for providers to submit EMS data to the State and the tools available to analyze that data.



# SEPARATE BUT INTERRELATED



# National Emergency Medical Services Information System

NEMESIS



# NEMSIS

- ▶ NEMSIS stands for the National Emergency Medical Services Information System.
  - ▶ Began in 2001
  - ▶ national repository to collecting, storing and sharing electronic EMS patient care data from every state in the nation.
  - ▶ NEMSIS standardizes the data that is captured and submitted through approved "datasets."
  - ▶ goal is to use the information to help evaluate and improve EMS systems, and to provide evidence that the resources spent on EMS make a difference for patients
  - ▶ 90% of the states and territories have a NEMSIS compliant data system in place



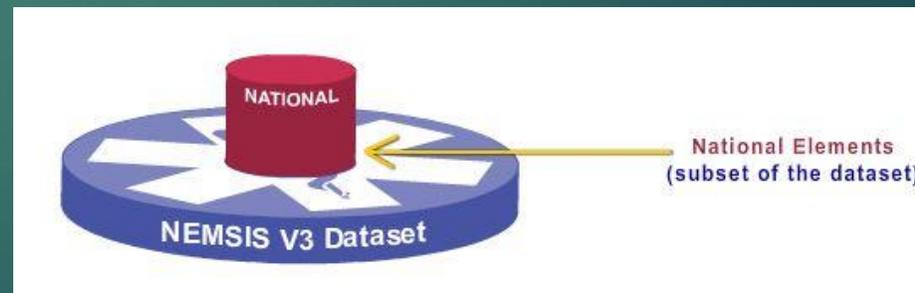
# NEMESIS Datasets

- ▶ Florida is mostly submitting NEMESIS dataset Version 2 (2.2.1) data which has 425 total data elements.
- ▶ NEMESIS dataset V2 is scheduled to be discontinued after December 31, 2016.
- ▶ The current NEMESIS version is V3
- ▶ The goal of the National EMS Information System Technical Assistance Center (NEMESIS TAC) is to have the NEMESIS Version 3 be a **“living” dataset.**
- ▶ Minor releases will occur yearly. Major releases will be scheduled multiple years in advance.
- ▶ V3.3.4 is the current version / and V3.4 is scheduled to be in place before December 2017



# NEMESIS V3

- ▶ There are 578 elements defined in the NEMESIS V3 (3.3.4)
  - ▶ The dataset defines all the possible elements that could be submitted.
  - ▶ NEMESIS version 3 data set includes new data elements associated with performance measures in key areas—cardiac arrest, STEMI, stroke, trauma, airway, pediatrics—where EMS can make a difference.
  - ▶ Only a core set of elements are collected by any agency – not all 578.
  - ▶ A total of 129 elements comprise the National EMS Incident / Patient Care Report Dataset (EMSDataset) submission information.



# Health Level Seven (HL7)



- ▶ HL7 stands for Health Level Seven and it is a standards developing organization that is widely used in the health care industry both in the US and internationally.
- ▶ It uses XML language that hospitals, Dr's offices, labs, and medical devices use to exchange data.
- ▶ The NEMESIS TAC developed NEMESIS version 3 with HL7 compatibility in mind. This means that the data dictionary for NEMESIS V3 (next version) has already translated all of the definitions to make them compatible with HL7.

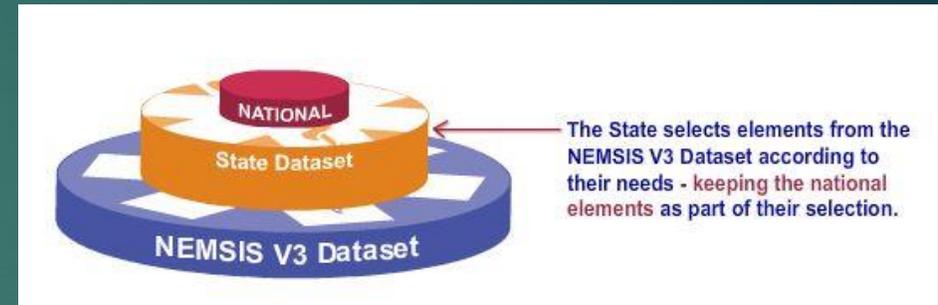


Florida  
Emergency Medical Services  
Tracking and Reporting System  
(EMSTARS)



# EMSTARS

- ▶ Florida's EMS data collection system is known as EMSTARS or Florida Prehospital EMS Tracking and Reporting System.
- ▶ Florida is in the process of transitioning from NEMSIS V2 to NEMSIS V3.
- ▶ While there are 578 elements defined in the NEMSIS V3, Florida has defined its own state specific minimum state data element submission requirements.
- ▶ EMSTARS V3 includes 325 data elements.
- ▶ <http://www.floridaemstars.com/>



DATA SET ELEMENTS	NEMSIS V3.3.4	FLORIDA V3
TOTAL	578	325
Mandatory	37	68
Required / Conditional	129	117
Recommended or Optional	412	140



# EMSTARS Participation

- ▶ Participation in the EMSTARS system, and the transmission of electronic incident level data from EMS Providers to Florida Department of Health, is voluntary.
- ▶ Over 88% of the emergency runs in the state are being captured in EMSTARS.

2016 Quarter	Total 911 Runs	EMSTARS 911 Runs	911 EMSTARS Calls/
			Total 911 Calls
1	769,423	680,637	88.46%
2	705,911	580,279	82.20%

- ▶ EMS Providers whom have chosen to participate in data exchange with the Florida Department of Health and the EMSTARS database must adhere to all the policies and procedures in the EMSTARS Program Manual.



# EMSTARS Validation

- ▶ Software vendors who intend to submit EMSTARS collected data from their systems to the State must go through a validation process.
- ▶ EMSTARS Validated for V3 as of 10/1/2016
  - ▶ Beyond Lucent (no runs in Florida as of today)
  - ▶ Intermedix (313,364 calls per year)
  - ▶ ImageTrend (118,014 calls per year)
  - ▶ Zoll (476,625 calls per year)
- ▶ Currently only 38% of the calls are being recorded in EMSTARS V3. Validate software systems. The remainder are using V2.



# EMS Data Committee

- ▶ EMSTARS was implemented with the guidance a constituency based advisory group: the EMS Advisory Council Data Committee.
- ▶ The Data Committee has defined and maintains the Florida Data Dictionary to ensure the standardized collection of EMS incident data into the state repository.
- ▶ The Data Committee is working on the new V3.4 data element requirements.
- ▶ The Data Committee develops reports that can be run by providers on State level data.



# Florida EMS Strategic Plan



- ▶ GOAL 2.0 - Use health information technology to improve the efficiency, effectiveness and quality of patient care coordination and health care outcomes.
  - ▶ Increase the number of emergency runs submitted to EMSTARS from 75% to 85% by June 2019.
  - ▶ Increase the number of automated data linkages from 1 to 4 by December 2019
  - ▶ Increase the percent of non-traumatic cardiac arrest patients who receive bystander CPR from 16% to 20% by December 2018.
  - ▶ Increase the percentage of non-traumatic cardiac arrest patients who develop a ROSC both prehospital and upon arrival to ED from 16.32% to 20.34% by December 2018
  - ▶ Increase the percentage of STEMI alert events in which the on-scene time is less than or equal to 15 minutes from 61% to 90% by December 2018
  - ▶ Increase the percentage of STEMI alert patients that were transported to a Level I or Level II Cardiovascular Hospital from 68% to 90% by December 2018
  - ▶ Increase the percent of stroke alert events in which the on-scene time is less than or equal to 15 minutes from 67% to 90% by December 2018
  - ▶ Increase the percentage of stroke alert patients that were initially transported to a primary or comprehensive stroke center from 69% to 90% by December 2018
  - ▶ Increase the percentage of trauma alert events in which the total on-scene time is less than or equal to 10 minutes from 40% to 90% by December 2018
  - ▶ Increase the percentage of trauma alert patients that were initially transported to a trauma center from 57% to 75% by December 2018

# Data Linkages

- ▶ Agency for Healthcare Administration (AHCA)
  - ▶ Regulates hospitals
  - ▶ EMSTARS data is linked to emergency department and hospital inpatient data through a data warehouse.
  - ▶ This provides access to patient outcome data.
- ▶ EMSTARS incident level data is being linked to State Trauma Registry Data
- ▶ EMSTARS linkage with death certificate data from Vital Statistics and with traffic crash records from the Department of Transportation is imminent.



FLORIDA  
EMS DATA  
LEGISLATION & RULES



# Florida State Statute

## ▶ 401.30 Records

- ▶ REQUIREMENT TO SUBMIT REPORTS TO STATE – 401.30(1) Each licensee must maintain accurate records of emergency calls on forms that contain such information as is required by the department. These records must be available for inspection by the department at any reasonable time, and copies thereof must be furnished to the department upon request. The department shall give each licensee notice of what information such forms must contain.
- ▶ CONFIDENTIALITY -The entire record of an emergency call (EMSTARS DATA) which contains patient examination and treatment information and is maintained as required by section 401.30(1), Florida Statutes, is made confidential and exempt from the provisions of section 119.07(1), Florida Statutes, by subsection (4) of section 401.30, Florida Statutes.
- ▶ NOTE: EMS Aggregate Prehospital Report and Provider Profile Information would appear to be in the nature of the statistical data and is not confidential and exempt from public records disclosure.



# Florida Administrative Code

## ▶ 64J-1.014

- ▶ (1) Each EMS provider shall be responsible for supervising, preparing, filing and maintaining records and for submitting reports to the department as requested.
- ▶ (2) The transporting vehicle personnel shall at a minimum provide an abbreviated patient record to the receiving hospital personnel at the time the patient is transferred that contains all known pertinent incident information as defined in subsection 64J-1.014(3), F.A.C.
- ▶ (12) Each EMS provider may document and submit to the department an electronic patient care record in accordance with the data format specified in the Emergency Medical Services Tracking and Reporting System (EMSTARS) Data Dictionary Version 1.4.1 (September 1, 2009), and as specified in Florida's Prehospital Emergency Medical Services Tracking & Reporting System Program Manual for Florida EMS Data Dictionary version 1.4.1, Version 2 (February 2, 2016), or an EMS provider may document and submit to the department an electronic patient care record in accordance with the EMSTARS Data Standards, Version 3 (October 16, 2015).



# Florida Administrative Code

- ▶ 64J-1.014
  - ▶ (13) If the provider fails to submit electronic patient care records in accordance with the format and time frame specified in the EMSTARS Version 1.4.1 or Version 3, the provider shall document and submit to the department the information contained on DH Form 1304 (May 2002), "EMS Aggregate Prehospital Report and Provider Profile Information Form."
  - ▶ (14) A patient care record as defined in subsection 64J-1.001(14), F.A.C., or an electronic patient care record containing the same information shall be made available by the EMS provider to the receiving hospital upon request within 48 hours of the time the vehicle is originally dispatched in response to the request for emergency medical assistance.



# EMSTARS Clinical Data eXchange (CDX)

The screenshot displays the EMSTARS CDX Dashboard. At the top, there is a navigation bar with tabs for Home, Records Exchange, Requests, Reports, Notifications, and Administration. The main content area is titled "Dashboard" and contains three sections: "System Message", "Bulletins", and "Department Message".

**System Message**  
TripTix/CDX is updating to version 4.1.2! New features and/or changes for this release include:

- [Transition to NEMESIS 3.4.0 elements](#) (some fields and pick list options have been modified).
- Improved run record PDFs.

To learn more about these updates, and all the additional new or updated features for this release, read the [4.1.2 Product Announcement](#).

**Bulletins**

3 entries

Sent	Subject	Status
03/07/2016 15:25	NEMESIS Compliant/Transition	✓ Acknowledged
04/15/2015 12:35	User Group Assignment	✓ Acknowledged
04/03/2015 14:18	NEMESIS Version 3.3.4 Transition and ePCR Software Validation	✓ Acknowledged

**Department Message**

No department message

# Data Submission

- ▶ EMS Providers must submit either electronic or aggregate reports to the State.
- ▶ Electronic incident-level data from EMS agencies is submitted through EMSTARS CDX.
- ▶ Simple process to upload a data file
  - ▶ Go to Records Exchange: History. The History page opens.
  - ▶ Click Upload File. The Upload File window opens.
  - ▶ Click Browse and select the file to upload from your documents.
  - ▶ Enter a description of the file you are uploading.
  - ▶ Click Upload
- ▶ You must Acknowledge the file after it has been imported. (1-2 days later)

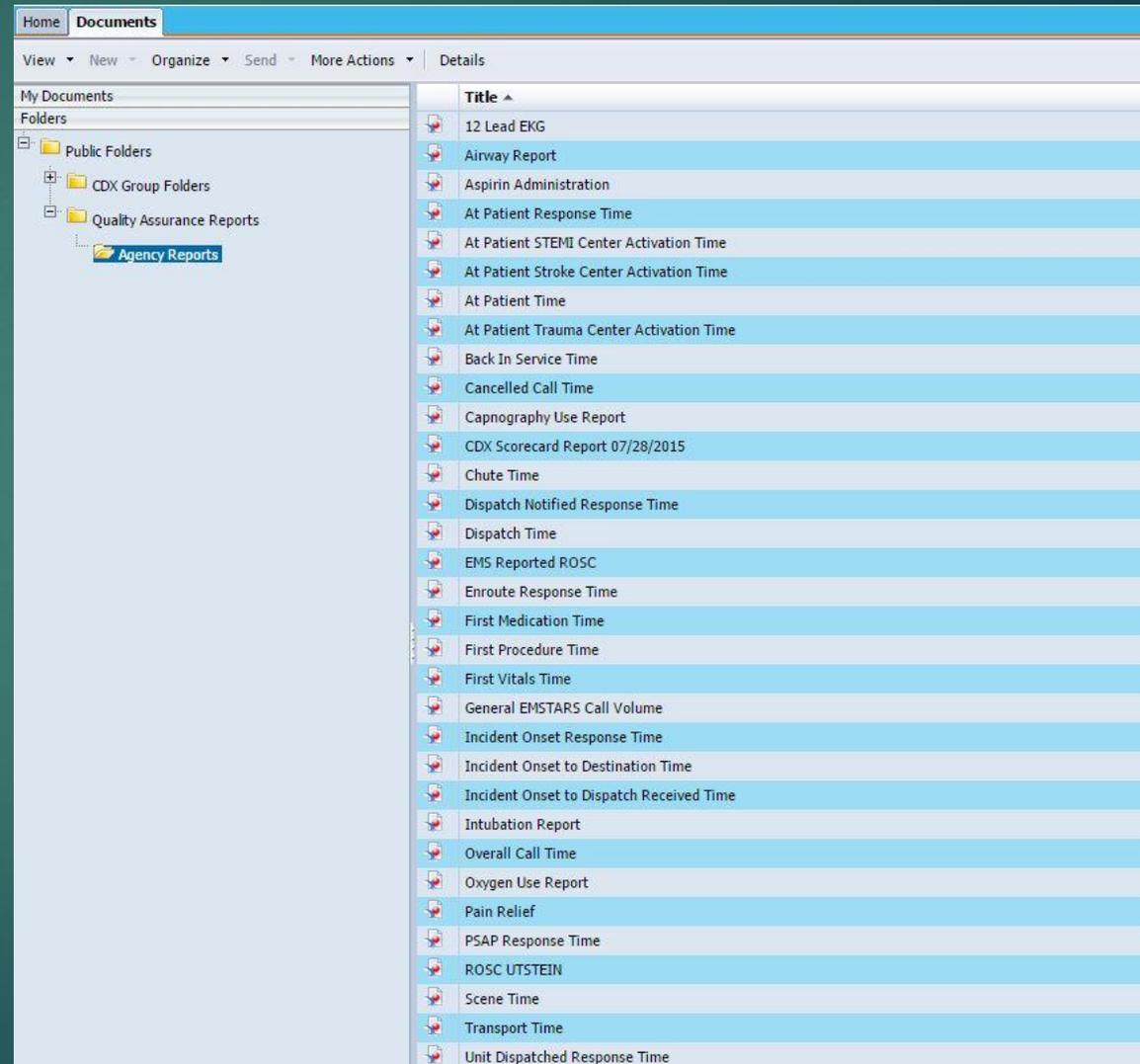


The screenshot shows a web-based 'Upload File' dialog box. It has a title bar with the text 'Upload File' and a close button. The main area contains a 'File:' label, a 'Browse...' button, and the text 'No file selected.' Below this is a 'Description:' label and a text input field. At the bottom right, there are 'Cancel' and 'Upload' buttons.



# CDX Reports

- ▶ EMSTARS CDX allows users to run reports that can be used to benchmark others against your local agencies performance.



QUESTIONS?

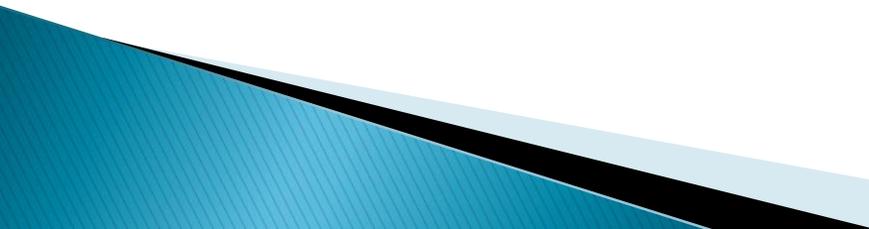


# EMS Leadership Orientation

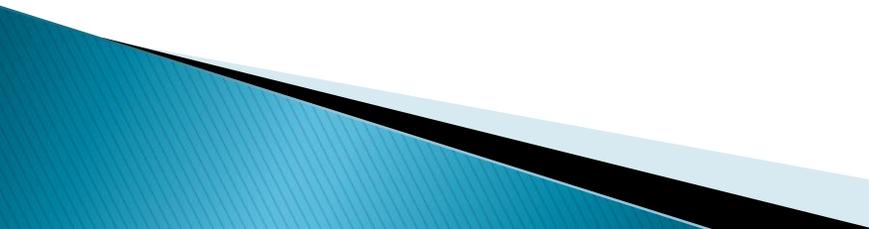
## EMS Medical Direction

Joe A. Nelson, DO, MS, FACOEP-D, FACEP  
State EMS Medical Director  
Florida Dept. of Health

# Legal Standing of Medical Direction—FS 40.265

- ▶ Each basic life support transportation service or advanced life support service must employ or contract with a medical director.
  - ▶ The medical director must be a licensed physician; a corporation, association, or partnership composed of physicians
  - ▶ The medical director must supervise and assume direct responsibility for the medical performance of the emergency medical technicians and paramedics operating for that emergency medical services system.
  - ▶ The medical director must perform duties including advising, consulting, training, counseling, and overseeing of services, including appropriate quality assurance but not including administrative and managerial functions.
- 

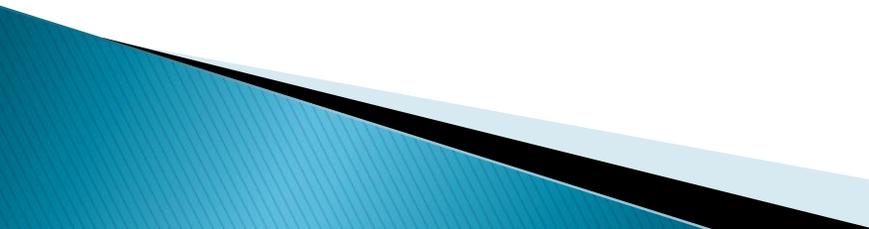
# Quality Assurance

- ▶ Each medical director shall establish a quality assurance committee to provide for quality assurance review of all emergency medical technicians and paramedics operating under his or her supervision.
  - ▶ If the medical director has reasonable belief that conduct by an emergency medical technician or paramedic may constitute one or more grounds for discipline as provided by this part, he or she shall document facts and other information related to the alleged violation.
- 

# Reporting Responsibility

- ▶ The medical director shall report to the department any emergency medical technician or paramedic whom the medical director reasonably believes to have acted in a manner which might constitute grounds for disciplinary action.
  - ▶ Such a report of disciplinary concern must include a statement and documentation of the specific acts of the disciplinary concern.
- 

# Disciplinary Process

- ▶ Within 7 days after receipt of such a report, the department shall provide the emergency medical technician or paramedic a copy of the report of the disciplinary concern and documentation of the specific acts related to the disciplinary concern.
  - ▶ If the department determines that the report is insufficient for disciplinary action against the emergency medical technician or paramedic pursuant to s. 401.411, the report shall be expunged from the record of the emergency medical technician or paramedic.
- 

# Protection/Liability

- ▶ Any medical director who in good faith gives oral or written instructions to certified emergency medical services personnel for the provision of emergency care shall be deemed to be providing emergency medical care or treatment for the purposes of s. [768.13](#)(2). (Good Samaritan Act)
- ▶ Each medical director who uses a paramedic or emergency medical technician to perform blood pressure screening, health promotion, and wellness activities, or to administer immunization on any patient under a protocol as specified in s. [401.272](#), which is not in the provision of emergency care, is **liable** for any act or omission of any paramedic or emergency medical technician acting under his or her supervision and control when performing such services.

# 64J-1.004 Medical Direction Contract

- ▶ Each ALS, BLS or air ambulance provider shall maintain its current contract for a medical director
- ▶ Employs or independently contracts with a physician qualified pursuant to this section to be its medical director.
- ▶ The following provisions may be addressed:
  - Name and relationship of the contracting parties.
  - A list of contracted services inclusive of medical direction, administrative responsibilities, professional membership, basic and advanced life support review responsibilities, and reporting requirements.
  - Monetary consideration inclusive of fees, expenses, reimbursement, fringe benefits, clerical assistance and office space.
  - Termination clause.
  - Renewal clause.
  - Provision for liability coverage.
  - Effective dates of the contract.

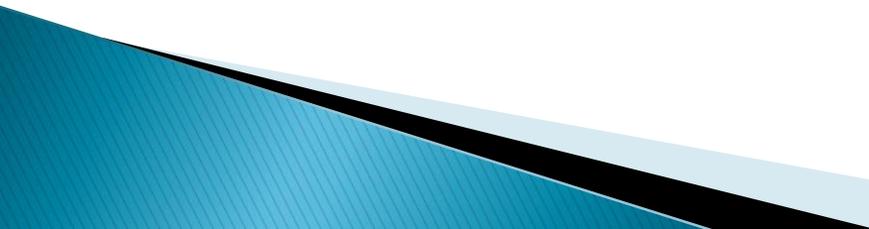
# Qualifications:

- ▶ A medical director shall be a Florida licensed M.D. or D.O.
- ▶ An air ambulance medical director shall be knowledgeable of the aeromedical requirements of patients and shall evaluate each patient in person or by written protocol prior to each interfacility transfer flight for the purpose of determining that the aircraft, flight and medical crew, and equipment meet the patient's needs.
- ▶ A medical director shall be board certified and active in a broad-based clinical medical specialty with demonstrated experience in prehospital care and hold an ACLS certificate or equivalent as determined in Chapter 64J-1.022, F.A.C. Prehospital care experience shall be documented by the provider.
- ▶ A medical director shall demonstrate and have available for review by the department documentation of active participation in a regional or statewide physician group involved in prehospital care.

# Duties and Responsibilities of the Medical Director– Protocols

- ▶ Develop medically correct standing orders or protocols (ALS and BLS) when communication cannot be established with a supervising physician or when any delay in patient care would potentially threaten the life or health of the patient.
- ▶ The medical director shall issue standing orders and protocols that offer a type and level of care appropriate to the patient's medical condition if available within the service region.
- ▶ The medical director or his appointee shall provide continuous 24-hour-per-day, 7-day-per-week medical direction which shall include in addition to the development of protocols and standing orders, direction to personnel of the provider as to availability of medical direction “off-line” service to resolve problems, system conflicts, and provide services in an emergency as that term is defined by Section 252.34(3), F.S. (Disaster situations)

# Duties and Responsibilities of the Medical Director–QA Process

- ▶ Develop and implement a patient care quality assurance system to assess the medical performance of paramedics and EMTs.
  - ▶ The medical director shall audit the performance of system personnel by use of a quality assurance program to include but not be limited to a prompt review of patient care records, direct observation, and comparison of performance standards for drugs, equipment, system protocols and procedures.
  - ▶ The medical director shall be responsible for participating in quality assurance programs developed by the department.
- 

# Medical Director – Medications

- ▶ With the exception of BLS medical directors each ALS or air ambulance service medical director shall possess proof of current registration as a medical director, either individually or through a hospital, with the U.S. Department of Justice, DEA, to provide controlled substances to an EMS provider. DEA registration shall include each address at which controlled substances are stored.
- ▶ Proof of such registration shall be maintained on file with each ALS or air ambulance provider and shall be readily available for inspection.
- ▶ Ensure and certify that security procedures of the EMS provider for medications, fluids and controlled substances are in compliance with Chapters 499 and 893, F.S., and Chapter 64F-12, F.A.C.
- ▶ Create, authorize and ensure adherence to, detailed written operating procedures regarding all aspects of the handling of medications, fluids and controlled substances by the provider.
- ▶ Notify the department in writing of each substitution of equipment or medication.

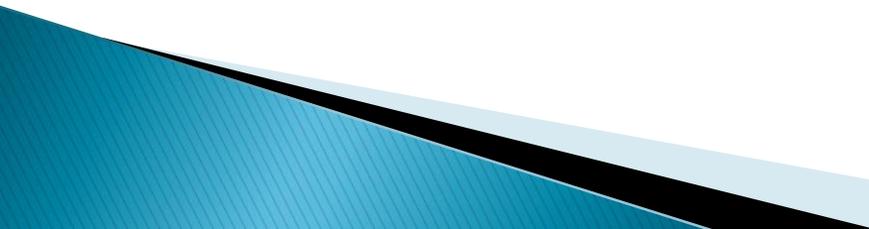
# Medical Director –EMT Procedures

- ▶ Assume direct responsibility for EMT use:
- ▶ Automatic or semi-automatic defibrillator
- ▶ Glucometer
- ▶ Administration of aspirin;
- ▶ Use of any medicated auto injector;
- ▶ Performance of airway patency techniques including airway adjuncts, **not to include endotracheal intubation**
- ▶ On routine interfacility transports, the monitoring and maintenance of non-medicated I.V.s
- ▶ Ensure that the EMT is trained to perform these procedures
- ▶ Establish written protocols for the performance of these procedures

# EMT IV Starts

- ▶ An EMT employed by a licensed ALS provider is authorized to start a **non-medicated IV** under the following conditions:
- ▶ A non-medicated IV is initiated only in accordance with department approved protocols of the licensed ALS provider's medical director. These protocols must include a requirement that the non-medicated IV be initiated in the presence of a Florida certified paramedic (of the same licensed provider) who directs the EMT to initiate the IV.
- ▶ If the licensed ALS provider elects to utilize EMTs in this capacity, the licensed EMS provider shall ensure that the medical director provides training at least equivalent to that required by the 1999 U.S. D.O.T. EMT-Intermediate National Standard Curriculum
- ▶ The licensed EMS provider shall document successful completion of such training in each EMTs training file

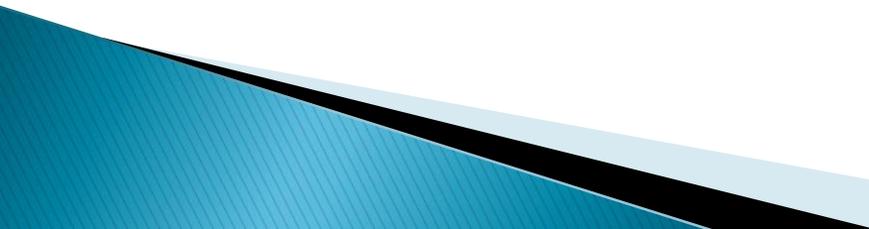
# Medical Director –Additional

- ▶ Ensure that all EMTs and paramedics are trained in the use of the trauma scorecard methodologies for adult trauma patients and pediatric trauma patients.
  - ▶ Develop and revise when necessary TTPs for submission to the department for approval.
  - ▶ Participate in direct contact time with EMS field level providers for a minimum of 10 hours per year. Notwithstanding the number of EMS providers served by the medical director, direct contact time shall be a minimum of 10 hours per year per medical director, not per provider.
- 

# Medical Directors of a training program

- ▶ Be responsible for the instruction of the Department of Transportation (DOT) approved training program for EMTs and paramedics.
- ▶ Have substantial knowledge of the qualifications, training, protocols, and quality assurance programs for the training facility.
- ▶ Maintain current instructor level training in Advanced Cardiac Life Support (ACLS), or equivalent, or Advanced Trauma Life Support (ATLS), maintain provider or instructor level training in International Trauma Life Support (ITLS), Prehospital Trauma Life Support (PHTLS), or Advanced Trauma Life Support (ATLS); and Advanced Pediatric Life Support (APLS), Pediatric Advanced Life Support (PALS), Pediatric Education for Prehospital Professionals (PEPP), or Emergency Pediatric Care (EPC).
- ▶ Act as a liaison between training centers, local EMS providers and hospitals.

# Medical Directors of a training program

- ▶ Participate in state and local quality assurance
  - ▶ Medical director to be available 4 hours per month for classroom teaching or review of student performance
  - ▶ Participate in direct contact time with EMS field level providers for a minimum of 10 hours per year.
  - ▶ Review and approve all policies, procedures, and methods used for the orientation of instructors and preceptors.
- 

# Medical Directors of a training program

- ▶ Review each student's performance on the comprehensive final written (cognitive) and practical examination (psychomotor skills)
  - ▶ Certify student has successfully completed all phase of the educational program and EMTs are proficient in basic life support techniques and paramedics are proficient in advanced life support techniques.
- 

# Immunizations

- ▶ The medical director of a licensed EMS provider may authorize paramedics under his or her supervision to perform immunizations pursuant to a written agreement with a County Health Department in the county in which the immunizations are to be performed.
- ▶ Should the medical director elect to utilize paramedics in this capacity, he or she shall verify on DH Form 1256, Certification of Training, that each paramedic authorized to administer immunizations has completed training consistent with that of other staff giving immunizations in the County Health Department as required by the Director of that County Health Department.

# Q and A

- ▶ Does the Medical Director have to come from a certain specialty?
  - ▶ What about the new Board Certification in EMS?
  - ▶ How much time does it take to be a Medical Director?
  - ▶ Other questions?
- 

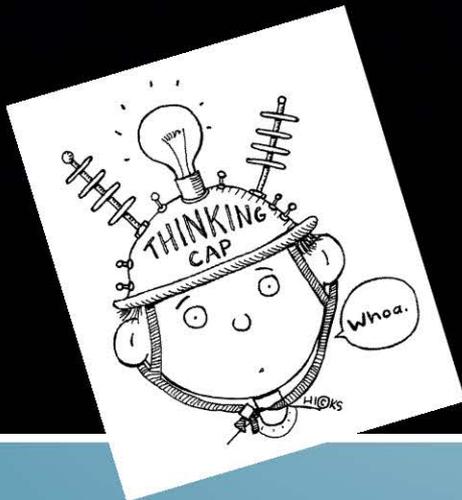
# RISK & SAFETY:

## What can go wrong in EMS?



Kathy Sterling,  
Director of Administrative Services  
Sunstar Paramedics – Pinellas County Florida

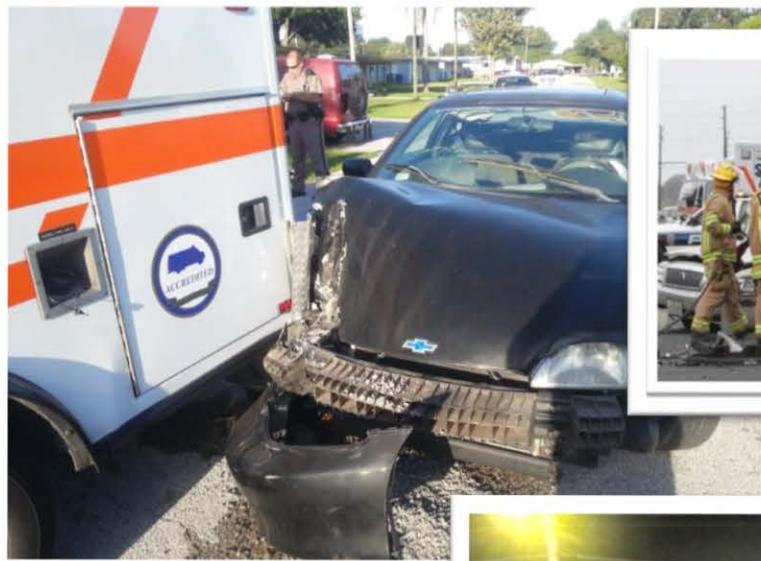
**The first step in the risk management process is to acknowledge the reality of risk. Denial is a common tactic that substitutes deliberate ignorance for thoughtful planning.**



Charles Tremper

3 things needed for EMS  
to be successful:

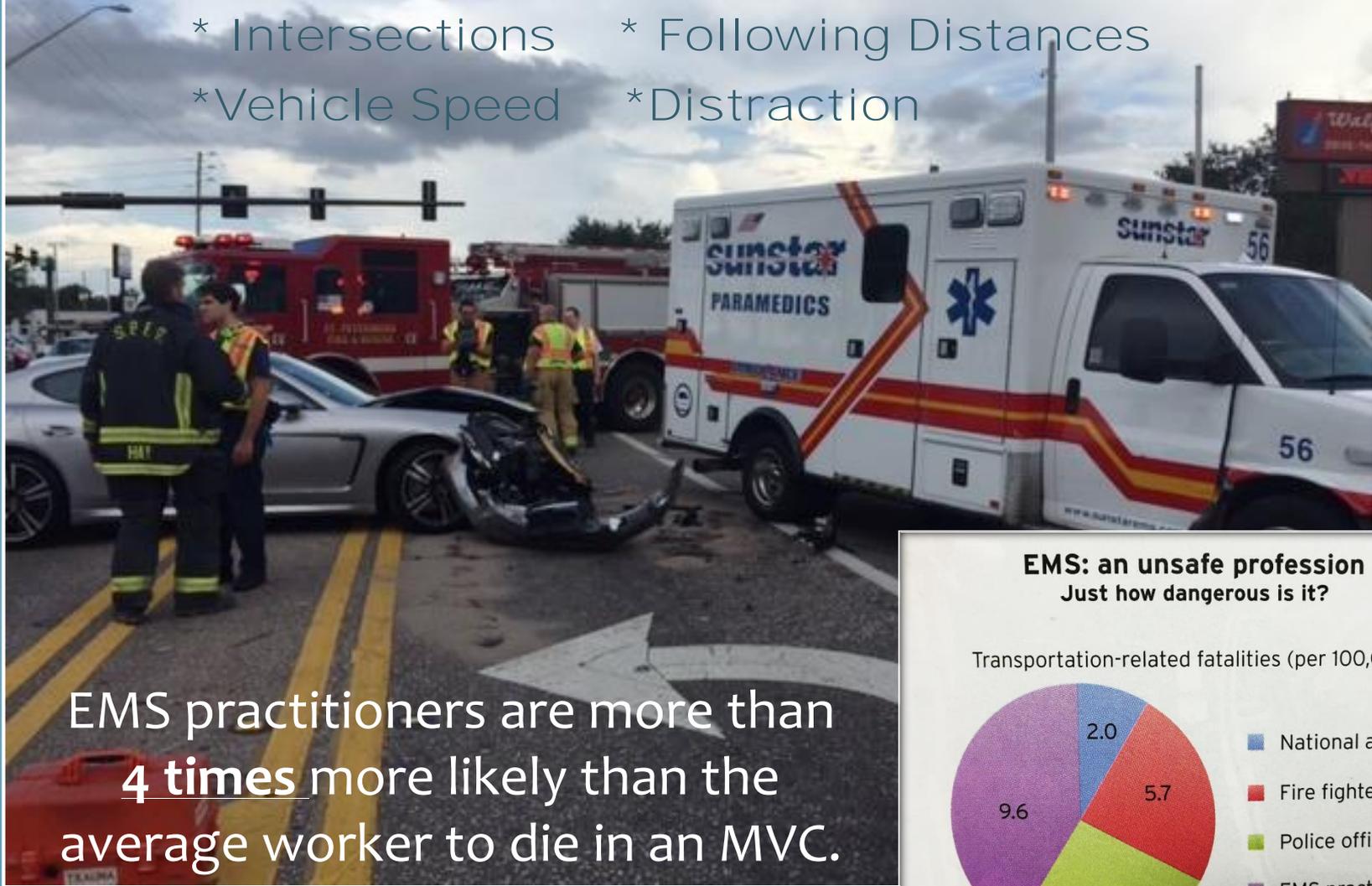
- AMBULANCE
- PERSONNEL
- PATIENTS



# ACCIDENTS

The data on MVCs involving emergency vehicles show that four (4) situations create the highest risks for collision:

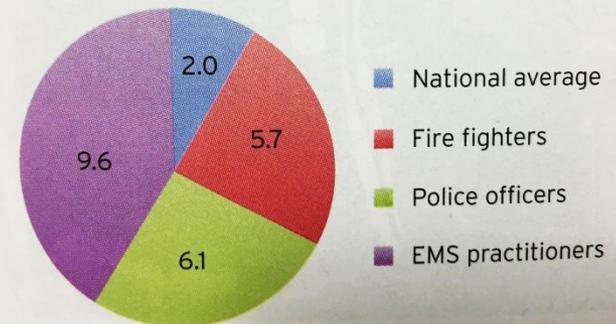
- \* Intersections
- \* Following Distances
- \* Vehicle Speed
- \* Distraction



EMS practitioners are more than **4 times** more likely than the average worker to die in an MVC.

### EMS: an unsafe profession Just how dangerous is it?

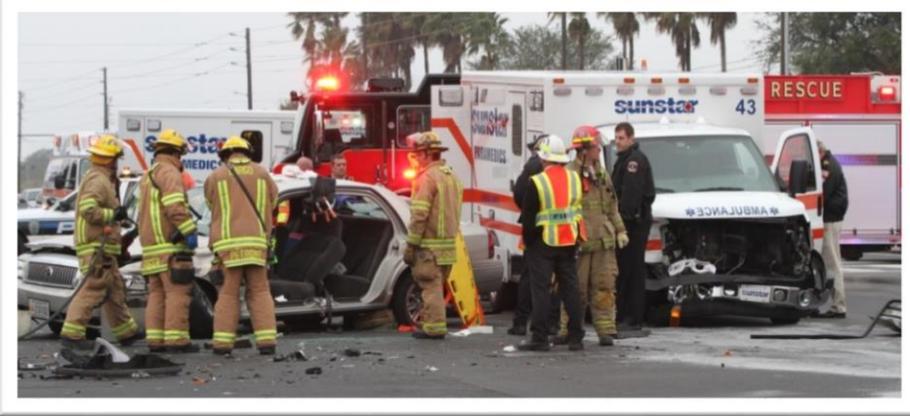
Transportation-related fatalities (per 100,000)



Limited studies performed on MVCs involving ambulances show that the majority of incidents occurred on days with no visibility issues & dry roads. This means that many human factors are involved, as compared with weather and visibility problems.



*The most severe MVCs occur at intersections; however, head-on MVCs are the most deadly type of ambulance crashes.*



# So what can we do?

## EDUCATE

Train EMS providers to identify and remove hazards that lead to vehicle collisions.

Teach practical strategies to reduce the risk of an accident, including defensive driving and vehicle positioning.

Explain the significance of local laws and regulations that govern EMS vehicle operation and how SOPs are central to safe driver behavior

Promote a culture of safety from day one!

## REMEDiate

Utilize driver monitoring to coach employees on poor driving habits, in real time.

Present employees with their driving “score” monthly so they can monitor their progress.

Recreate an accident and walk through each step with all involved. Include photos, maps and incident reports

Place employees back in driver training.

# Emergency Vehicle Operations Course

Classroom instruction = 8 hours

& Driving skills course = 8 hours

Emergency Response

Simulation Training

Crash Prevention

Emergency Vehicle driving laws

Vehicle inspection & Maintenance

Braking

Backing

Evasive maneuvers

3-point turns

Serpentine

E

V

O

C



**CAUTION**  
**STUDENT**  
**DRIVER**



# On-Board Driver Monitoring

- In-cab verbal coaching with speed monitoring and aggressive driving alerts
- Crash & roll-over detection with real-time text/call/email
- Driver scoring and risk profile including seatbelt usage
- Speed-by-Street speed limit database



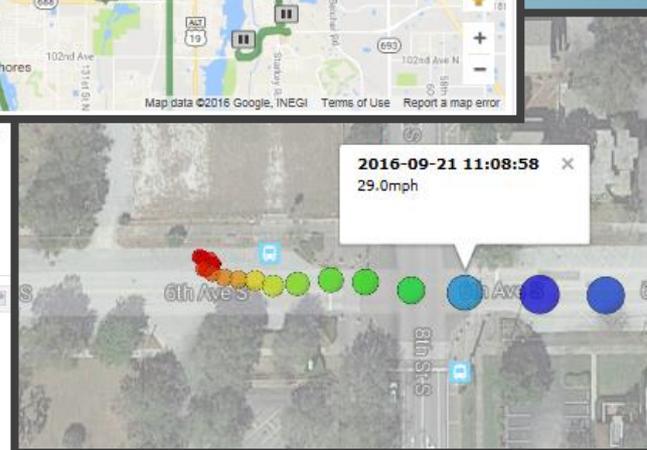
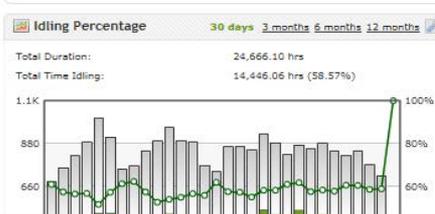
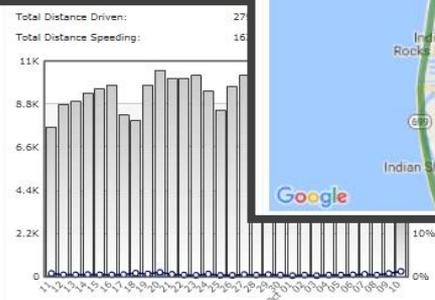
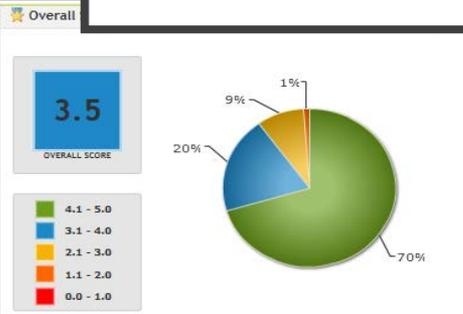
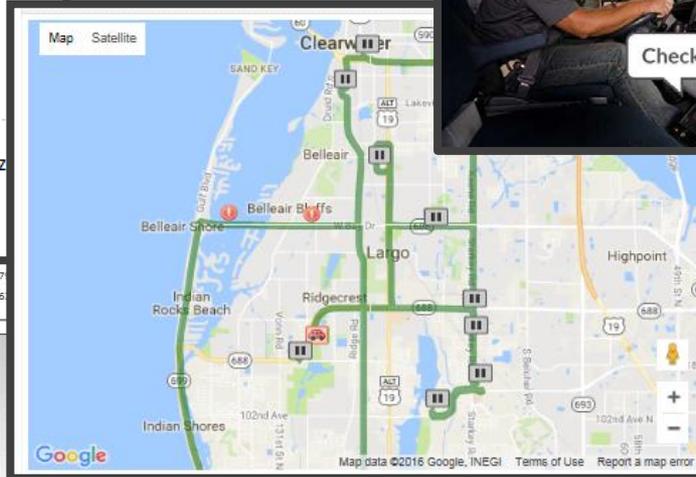
## ALERT: Speeding (+25mph)

DriveAware Support <noreply@my.inthinc.com>

Sent: Mon 10/10/2016 12:48 PM

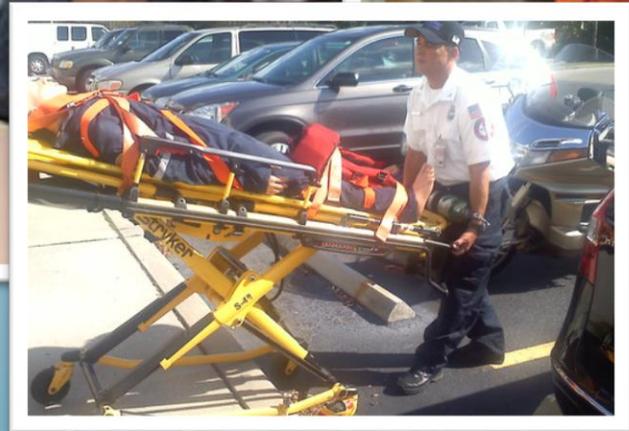
To: Sterling, Kathy

Oct 10, 2016 12:44 PM (EDT) Juan Lebron (85) speeding (57 in 30 s near 267-281 S Belleair Causeway, Largo, FL 33770, USA. inthinc - Paramedics Plus Fleet - Sunstar - Field



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# INJURIES





*When EMS becomes the patient*

- Assaults
- Exposures
- Falls
- Slips
- MVCs
- Carrying patients on a backboard
- Exiting or entering the truck
- Lifting the stretcher
- Transferring patient to bed / stretcher

**The National Association of Emergency Medical Technicians (NAEMT) found four in five medics have experienced some form of injury as a result of the job!**

# Physical & Psychological Harm to EMS Practitioners

There is an epidemic of back injuries in EMS!



- It's the top reason for seeing a doctor and the most common cause of disability
- Half of all EMS practitioners are affected by some degree of back injury & it's the top reason for leaving
- 3 factors put EMS providers at risk for a back injury: **Force, Awkward Positions & Repetition**

Violence against healthcare workers is on the rise!

- The NAEMT found that 52% of paramedics claimed to have been injured by **assault**
- Healthcare workers suffer violent assaults at a rate of four times higher than other industries
- More than 20% ranked personal safety as a primary concern





## EDUCATE

Teach EMS providers the importance of proper lifting and patient moving techniques

Review scene safety and practice methods of mitigating violent encounters

Provide staff with the tools they need to lift, transfer and carry patients safely & securely

Promote a culture of wellness & personal health

# So what can we do?

## RECOGNIZE

Commend safe behavior in real time

Correct poor behavior in real time

Encourage staff to recognize one another when a safe act is witnessed

Maintain an open door policy so employees aren't afraid to bring safety issues forward. Be sure to respond timely.

Use digital and social media to remind staff of safety initiatives daily or weekly.

# Fit Responder



Fit Responder is a targeted soft tissue injury prevention program that reduces the rate and severity of injuries.

## PURPOSE:

1. Reduce injuries and WC claims
2. Establish a safe patient handling & ergonomics guideline which will eventually become a policy for patient & equipment handling
3. Change the culture and behaviors of field employees through behavior modification, wellness & self-care.



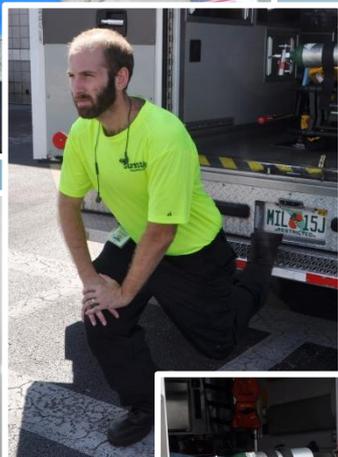
*Stretching*



*Self care*



*Lifting*



*Communication*

## LIFT WITH YOUR LEGS



### Linebacker Stance

- Feet Shoulder width
- Feet Flat (root the floor)
- Hips hinged (mini-squat)
- Head UP
- Shoulders Back

## BACKBOARD LIFT (1-STEP)

- Feet are shoulder width apart
- Feet are flat on the ground
- Palms are UP
- The Initial lift position is close to the end of the board
- Standing up with the board held against the body



## BACKBOARD LIFT (2-STEP)

- The responder at the foot presses DOWN on the foot end
- The responder at the head lifts the board just above the knees and places their elbows on their legs
- Both responders will now lift the board up
- This technique gets the responder at the head out of the danger zone and allows a more efficient lift of the "heavy end"



## DON'T TWIST YOUR BODY



### Warrior Stance

- A split leg stance aka. Lunge Stance
- Taking an extra step to "TURN" the hips
- Pointing the hips in the direction you want the load to go.
- Using your legs NOT your back in a situation where you would normally use your back

## TARPLIFT (4-PERSON)



## TARP LIFT (2-PERSON)



## PASSIVE STRETCHING

- By stretching sporadically but consistently throughout your shift, you will stay loose, move well, feel good and reduce your chance of getting hurt

### HIP FLEXOR



### CHEST



- Stretch at post, at the ER, at HQ or your hub... wherever and as often as you can

### HAMSTRING



### LAT & SHOULDER



- Longer is better: Hold all stretches for at least 45 seconds

- Less is more: Stretching should be mildly uncomfortable but never painful

- Posture is important: Feet square, head up, back flat. If you are looking down, you are doing it wrong

### CALF

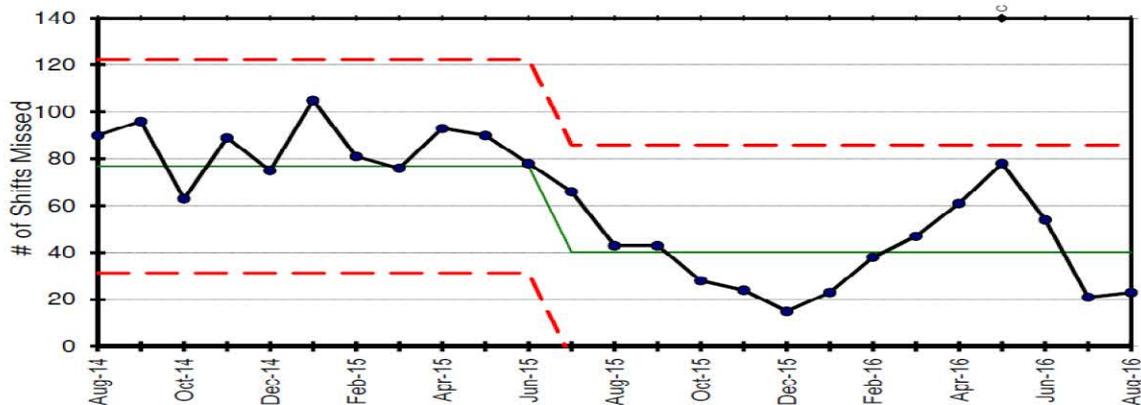


### HIP-PIFFORMIS-GLUTEAL



↓ Good

## Worker's Comp Lost Time



## ACTIVE STRETCHING

- Simply checking off your truck and getting ready to go is enough of a warm up to safely do the active stretches

- With active stretching, we bring movement into the equation. Speed, torque, bouncing or any form of poor control can cause injury

- You want to let the body go through a natural movement
- The first few reps are gentle and the last few reps should involve a greater range of motion

### HAMSTRING WAVE



### THORACIC ROTATION



### HIP FLEXOR ROTATION REACH





# Recognizing Good Behavior

We polled employees, asking “how do you want to be rewarded for good behavior?”

The majority said “A pat on the back! Tell me I’m doing it right and you noticed.”

**YOU DESERVE A P.A.T.** For some Positive Action Taken!

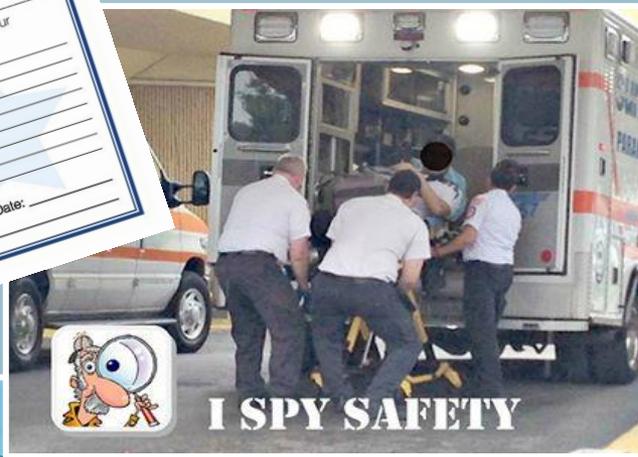
Here at Sunstar Paramedics, we are committed to excellence and will go the extra mile for our coworkers and customers. When you see someone who has performed above and beyond the expected, please let us know!

Which CARE PLUS value did this employee exhibit?

- Customer Accountable
- Attentive to Human Needs
- Respectful
- Ethical
- Partnership
- Lead by Example
- Understanding
- Safe

(Name): \_\_\_\_\_  
deserves recognition for demonstrating one or more of our Sunstar CARE PLUS values! Thank you for... \_\_\_\_\_  
Date: \_\_\_\_\_

From: \_\_\_\_\_  
Supervisor Signature: \_\_\_\_\_



# Safety Climate:

# Showing employees that safety is a priority

- SAFETY MEETINGS
- POSTERS
- SAFETY OFFICERS
- TALKING POINTS
- SAFETY INSPECTIONS
- Is it working?
- SURVEYS
- CRITICAL WORK INDICATORS
- INCIDENT REVIEWS
- DATA TRENDING

Q8 How often do you use the plastic patient slider when moving a patient from bed/stretcher to bed/stretcher?

Answered: 241 Skipped: 23



Q10 If you answered Never, Rarely, or Sometimes to any of the questions related to "moving devices" (plastic, mega-mover), can you please tell us why you don't use them more regularly?

Answered: 123 Skipped: 141

#	Responses	Date
1	Either patient is mobile on their own, or a backboard/bed sheet is used.	7/27/2016 4:03 AM
2	too time consuming	7/26/2016 11:30 PM
3	not all situation require them, also being on a strict time schedule it seems time consuming to roll pt several time to place the slider then again to remove it ( pts feels they are sliding if left under them) then placed again once at destination. Mega mover comes in handy when needed but it not always needed	7/26/2016 11:28 PM
4	Depends on situation	7/25/2016 2:29 PM
5	To date, I have rarely encountered a situation where the slide sheet has been used.	7/25/2016 1:00 PM
6	Used when needed or recommended by any of our providers. I have never transported Pt. via one. One of our providers has used it once.	7/24/2016 5:57 PM
7	When needed	7/23/2016 2:29 PM
8		7/21/2016 8:28 PM
9		7/16/2016 7:54 PM
10		7/13/2016 7:30 PM

Safe Score

Month of Observation

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

Activity: Loading the Stretcher

Location

- Florida
- California
- Texas
- Illinois
- South Dakota

Verbally reassure the patient to let them know what to expect during the process.

- Safe
- At Risk

Adjust the stretcher to appropriate height so the safety latch on stretcher will engage the safety hook on floor of ambulance.

- Safe
- At Risk

Instruct patient to "knee" very still and DO NOT MOVE - keeping arms and legs inside stretcher, between the arms rests, at all times.

- Safe
- At Risk

Roll loading wheels (head-end of stretcher) into the ambulance and then draw it backwards to positively engage the safety hook on the floor of the ambulance. Vary safety hook is engaged.

- Safe
- At Risk

The back-end operator must not activate the undercarriage controls (manual latch or battery operated control arms) until partner (positioned at side of the stretcher) has visualized the stretcher's latch is fully engaged with the safety hook on the floor of the ambulance and verbalized safe to proceed.

- Safe
- At Risk

Partner on side goes to foot-end of stretcher with foot-end operator and each take a corner of stretcher to begin the lift into ambulance.

- Safe
- At Risk

**STEER CLEAR OF FIXED OBJECTS**  
IF IN DOUBT, GET OUT

CAUTION!

The ambulance turning point is at the center of the rear tire.

# Wellness Program = Safety?

- Wellness programs boost employee satisfaction, reduce absenteeism and improve overall productivity
- Instead of implementing a wellness program to save money on insurance, roll out a wellness program as an employee engagement initiative
- Instead of grouping wellness under Human Resources, align it with safety

## Safety starts with personnel health

- Unhealthy people are more likely to be injured
- Unhealthy people are more likely to miss work, causing colleagues to work harder, which increases the likelihood of an injury



**fitlife foods**  
powerfully good.

FRESHLY-PREPARED,  
SUPER-DELICIOUS  
& powerfully  
GOOD TO GO.

Come check out FitLife Foods at our St. Pete Hub locations and enjoy samples of their Chicken Pesto Tortellini, FitSweets and More!

September 21<sup>st</sup> 3pm-7pm  
September 28<sup>th</sup> 3pm-7pm

★ EMS Discounts ★  
Arrange for meals to be delivered directly to the St. Pete Hub!



**CISM**  
Critical Incident Stress Management Team



**Employee Assistance Program**



**Foot Golf for Heart**  
JOIN US FOR FOOT GOLF!

FRIDAY, OCTOBER 7  
Registration 12 Noon  
Starts 1 p.m.

PRIZES AWARDED!  
Largo Golf Course  
32500 Voin Rd.  
Largo, FL 33774  
\$20 per person/Proceeds Benefit the American Heart Association.

Foot golf is like golf... but it's played with a soccer ball. Players line off and aim for 21-inch diameter holes marked with red flags. You kick your way through 18 holes. The person with the lowest score wins!

Want to join our Sunstar Team?  
Call Barry Niemann @ 224-5571

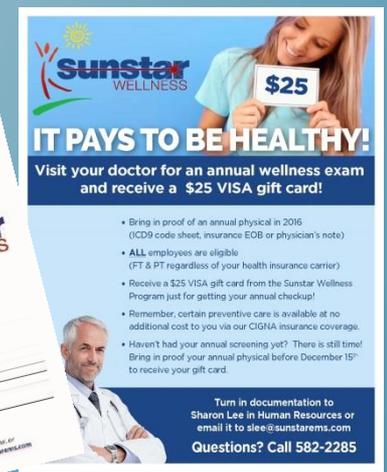
Sunstar will have a team! Please join us on Friday kick out heart disease. Each player needs to bring a #5 soccer ball and \$20 registration fee.



**sunstar CARES**

What's your procedure?  
What's going on and how can we help?

Thank you contributors!  
Please drop off your #5 soccer ball at the Sunstar CARES box or e-mail it to [lee@sunstarems.com](mailto:lee@sunstarems.com)



**sunstar WELLNESS**

**IT PAYS TO BE HEALTHY!**

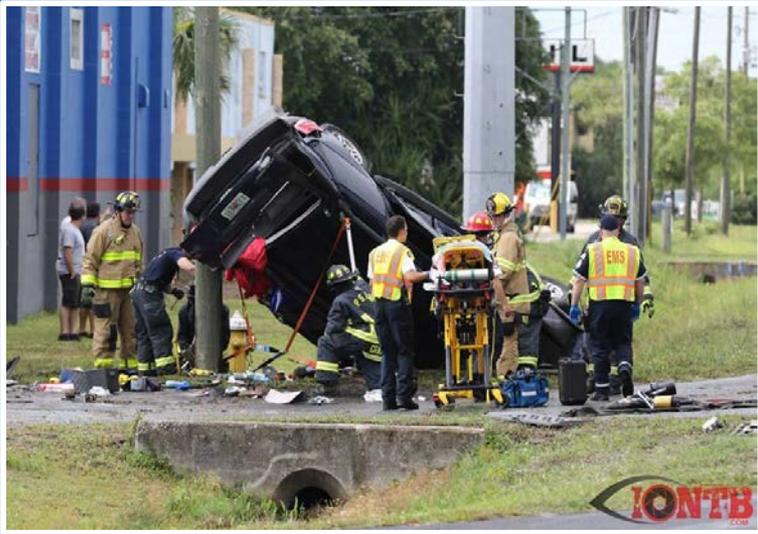
Visit your doctor for an annual wellness exam and receive a \$25 VISA gift card!

- Bring in proof of an annual physical in 2016 (ICD9 code sheet, insurance EOB or physician's note)
- ALL employees are eligible (FT & PT regardless of your health insurance carrier)
- Receive a \$25 VISA gift card from the Sunstar Wellness Program just for getting your annual checkup!
- Remember, certain preventive care is available at no additional cost to you via our CIGNA insurance coverage.
- Haven't had your annual screening yet? There is still time! Bring in proof your annual physical before December 15<sup>th</sup> to receive your gift card.

Turn in documentation to Sharon Lee in Human Resources or email it to [lee@sunstarems.com](mailto:lee@sunstarems.com)

Questions? Call 582-2285

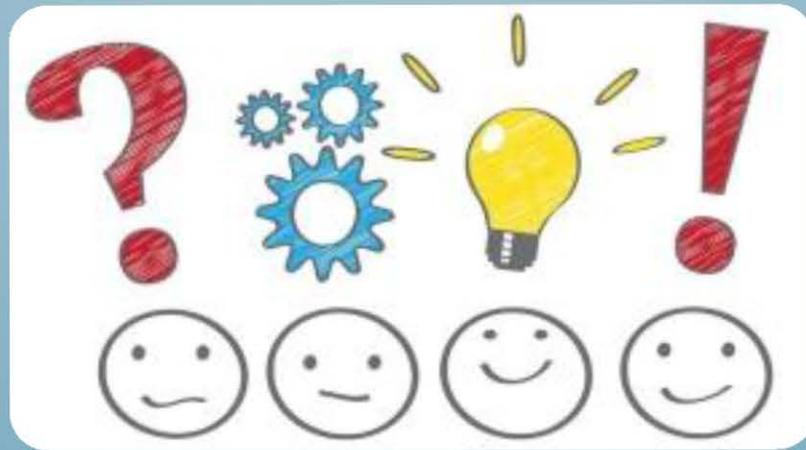
# National Traffic Incident Management (TIM) Responder Training



- A FREE web-based course sponsored by the Federal Highway Administration for on-scene safety of Fire, Law Enforcement, and EMS personnel.
- Designed to teach public safety personnel how to respond to and remove traffic incidents and restore traffic capacity as safely and quickly as possible.
- This training is all about the proven benefits of a unified, multidisciplinary approach to accident scene safety and clearance.

<http://nasemso.org/Projects/HITS/TrafficIncidentManagement.asp>

# Questions?



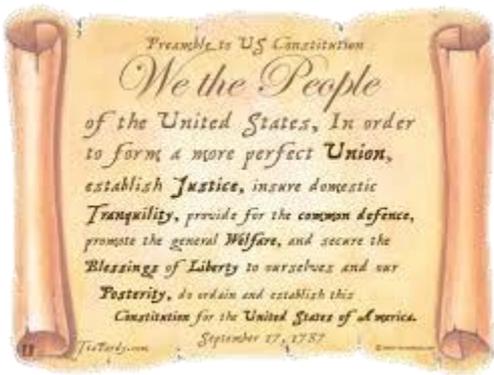
# Florida EMS Regulatory Environment

The most terrifying words in the English language are: I'm from the government and I'm here to help.

*Ronald Reagan*



[www.thequotes.in](http://www.thequotes.in)



# Purpose of Government

- **Form a more perfect union (Everybody to get along)**
- **Establish justice (Create Law/Fairness)**
- **Insure domestic tranquility (Police)**
- **Provide for the common defense (Military)**
- **Promote the general welfare (hmmm...)**
- **Secure the blessings of liberty (Freedom!)**



# **Navigating Florida's Regulatory Environment**



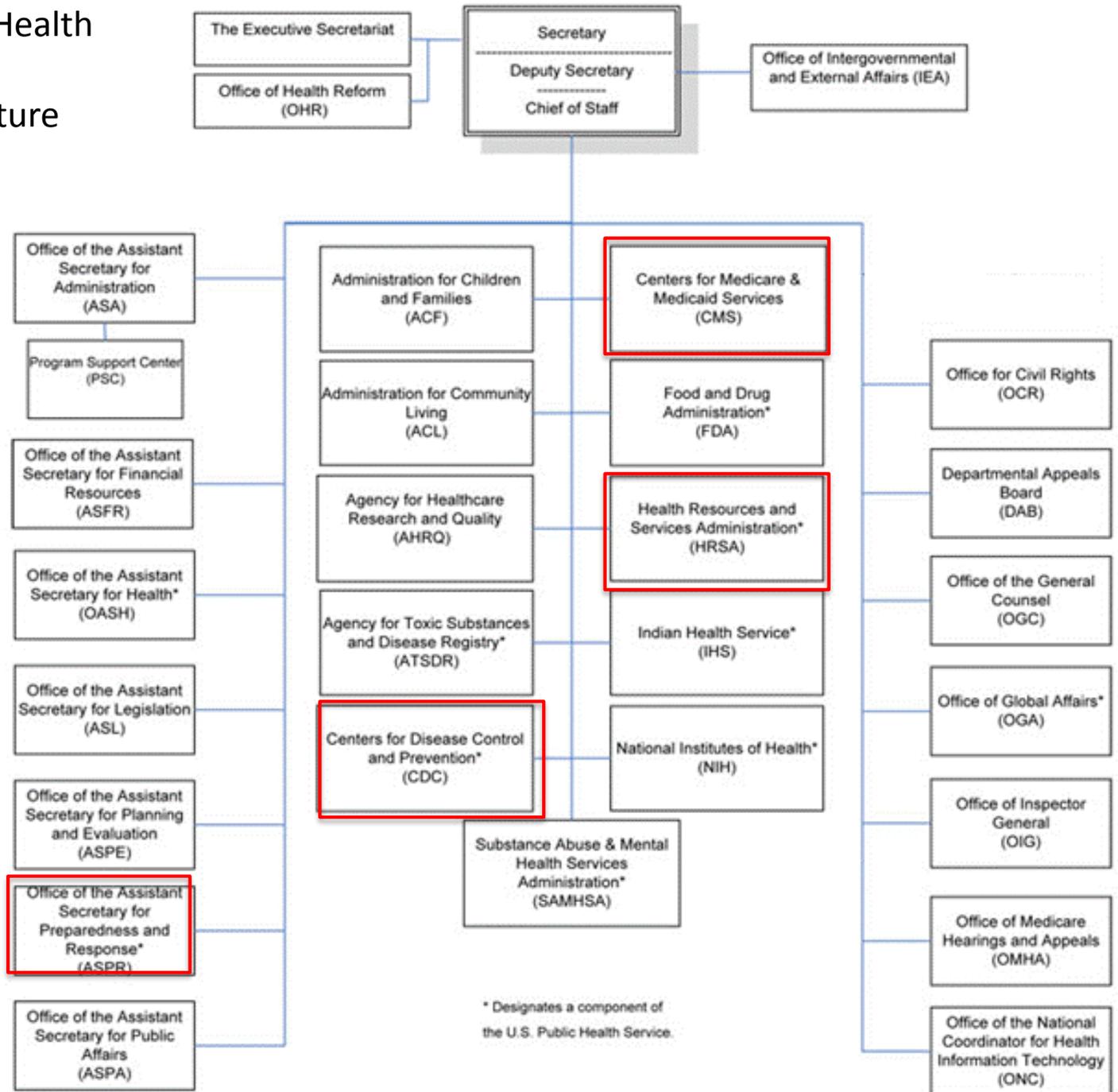
# Federal Cabinet Departments

- Department of State
- Treasury Department
- Department of Defense
- Department of Justice
- Department of the Interior
- Department of Agriculture
- Department of Commerce
- Department of Labor
- Department of Transportation
- Department of Housing and Urban Development
- Department of Health and Human Services
- Department of Energy
- Department of Education
- Department of Veterans Affairs
- Department of Homeland Security

# U.S. Department of Health and Human Services Organizational Structure



<http://www.hhs.gov/about/agencies/orgchart/index.html>



# Centers for Disease Control and Prevention (CDC)

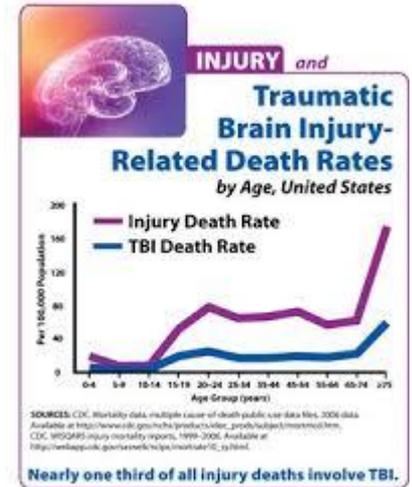
National Center for Injury Prevention and Control

<http://www.cdc.gov/injury/fundedprograms/>



National Institute for Occupational Safety and Health (NIOSH)

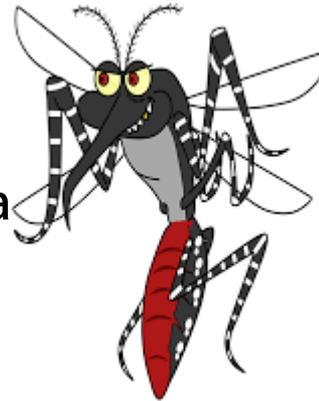
<https://www.cdc.gov/niosh/topics/ems/>



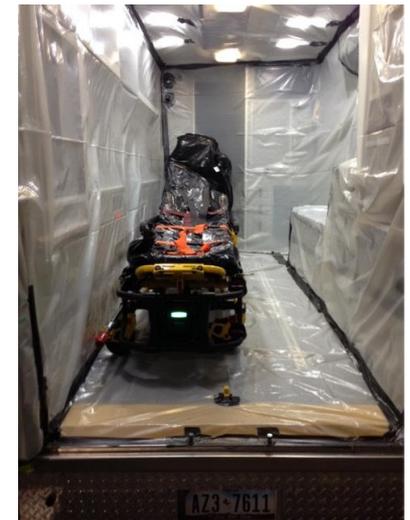
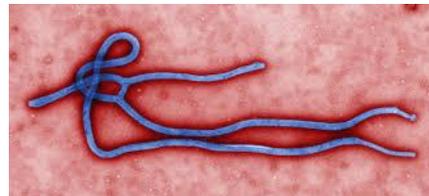
Ambulance Decontamination

<http://www.cdc.gov/vhf/ebola/hcp/guidance-ambulance-service-providers.html>

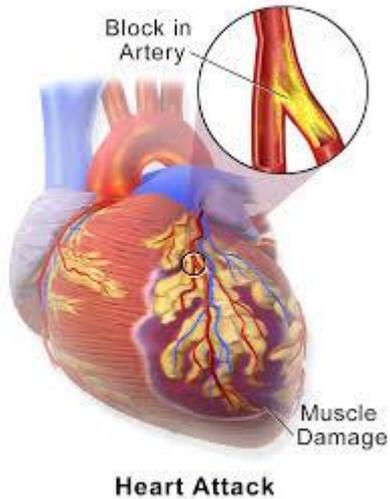
Dengue  
Zika  
Chikungunya



Ebola



# Centers for Disease Control and Prevention (CDC)



National Center for Chronic Disease  
Prevention and Health Promotion,  
Division for heart Disease and Stroke  
Prevention

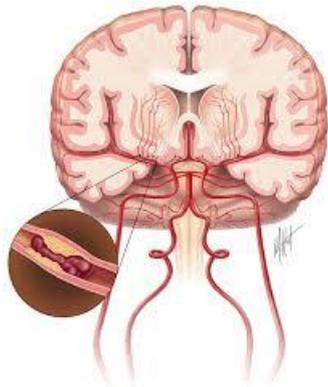
Heart Disease: <http://www.cdc.gov/heartdisease/>

HTN:

[https://www.cdc.gov/bloodpressure/materials\\_for\\_professionals.htm](https://www.cdc.gov/bloodpressure/materials_for_professionals.htm)

Sodium: <https://www.cdc.gov/salt/>

Cholesterol: <https://www.cdc.gov/cholesterol/>



# Think Chronic Disease!

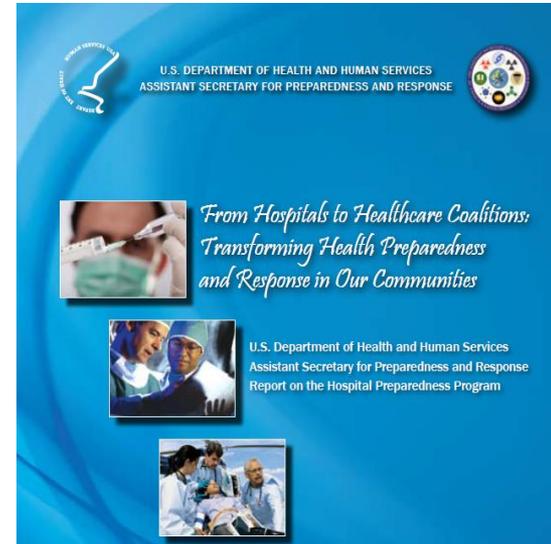
# Office of the Assistant Secretary for Preparedness and Response



ECCC: <http://www.phe.gov/eccc/Pages/default.aspx>

## EMERGENCY SYSTEMS WILL BE:

- Patient focused and community centered.
- Integrated fully into the health care system.
- Efficient (Coordinated, Accountable, and Regionalized) every day.
- Capable of responding to disasters and Public Health Emergencies in a manner that meets the needs of the patient and community.



## Health Care Coalitions:

<http://www.phe.gov/Preparedness/planning/hpp/Pages/overview.aspx>



# Centers for Medicare & Medicaid Services (CMS)



## Ambulance Services Center

<https://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center.html>

## Innovation Center

<https://innovation.cms.gov/Share-Your-Ideas/index.html>

## Research, Statistics, Data & Systems

<https://www.cms.gov/research-statistics-data-and-systems/research-statistics-data-and-systems.html>

The screenshot shows the CMS.gov website interface. At the top, there is a navigation bar with links for Home, About CMS, Newsroom, FAQs, Archive, Share, Help, and Print. Below this is the CMS.gov logo and the text "Centers for Medicare & Medicaid Services". A search bar is present with the text "Learn about your health care options" and a "Search" button. A horizontal menu contains several categories: Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. The main content area is titled "Ambulances Services Center" and features a "Spotlights" section with a sub-heading "MLN Connects Provider eNews Spotlight". A bullet point under this section reads: "Subscribe now to receive the weekly MLN Connects Provider eNews for the latest Fee-For-Service program information, event announcements, claims and pricer information, and MLN educational product updates." Below the spotlight is an "Important Links" section divided into two columns. The left column is titled "Coding/ Billing / Payment" and lists several links: "Ambulance Fee Schedule", "Zip Code to Carrier Locality File - Updated 05/16/2016 [ZIP\_4MB]", "Zip Codes requiring +4 extension - Updated 05/16/2016 [ZIP\_1KB]", "2015 End of Year Zip Code File - Updated 11/17/2015 [ZIP\_4MB]", "Changes to Zip Code File - Updated 05/16/2016 [ZIP\_311B]", "Electronic Billing & EDI Transactions Medicare information on electronic transactions under HIPAA", and "Claim Adjustment Reason and Remittance Advice Remark Codes". The right column is titled "Policies/Regulations" and lists: "Quarterly Provider Updates", "AFS Regulations and Notices", "Guidance on Beneficiary Signature Requirements for Ambulance Claims [PDF, 33KB]", "Information Guidance for Ambulance Suppliers and Providers [PDF, 139KB] : 'The Medicare Ambulance Benefit & Statutory Bases for Denial of Claims' and 'Ambulance Transports & ABNs'", "HIPAA - General Information", and "Service Furnished to Undocumented Aliens". At the bottom, there is a "Reports" section with a link: "Report To Congress, September 2015 [PDF, 1MB]".

# Health Resources and Services Administration



## Administration



HRSA spends an average of \$73 million per year on EMS programs



NC RURAL HEALTH RESEARCH  
& POLICY ANALYSIS CENTER

Becoming an Emergency Medical Technician: Urban-Rural  
Differences in Motivation and Job Satisfaction

Working Paper No. 89

March, 2007

723 MARTIN LUTHER KING JR. BLVD. CB #7590  
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL  
CHAPEL HILL, NC 27599-7590

[www.shepscenter.unc.edu/research/\\_program/rural\\_program/](http://www.shepscenter.unc.edu/research/_program/rural_program/)

EMS supported throughout HRSA:

- Office of Rural Health Policy
- Maternal Child Health Bureau
- Office of Special Health Affairs

## Community Paramedicine

Evaluation Tool

March 2012

U.S. Department of Health and Human Services  
Health Resources and Services Administration  
Office of Rural Health Policy



<http://www.shepscenter.unc.edu/rural/pubs/report/WP89.pdf>

Community Paramedic  
Eval Tool:

<http://www.hrsa.gov/ruralhealth/pdf/paramedicevaltool.pdf>

# Agency for Healthcare Research and Quality (AHRQ)

<https://innovations.ahrq.gov/browse-by-subject>

<https://innovations.ahrq.gov/taxonomy-terms/emsemergency-transport>



## Substance Abuse & Mental Health Services Administration (SAMHSA)

[https://store.samhsa.gov/shin/content/SMA13-4742/Overdose Toolkit 2014 Jan.pdf](https://store.samhsa.gov/shin/content/SMA13-4742/Overdose%20Toolkit%202014%20Jan.pdf)



National Institutes of Health  
*Turning Discovery Into Health*

## National Institutes of Health (NIH)

[http://grants.nih.gov/grants/about\\_grants.htm](http://grants.nih.gov/grants/about_grants.htm)

### NEWS RELEASES

Wednesday, February 4, 2015

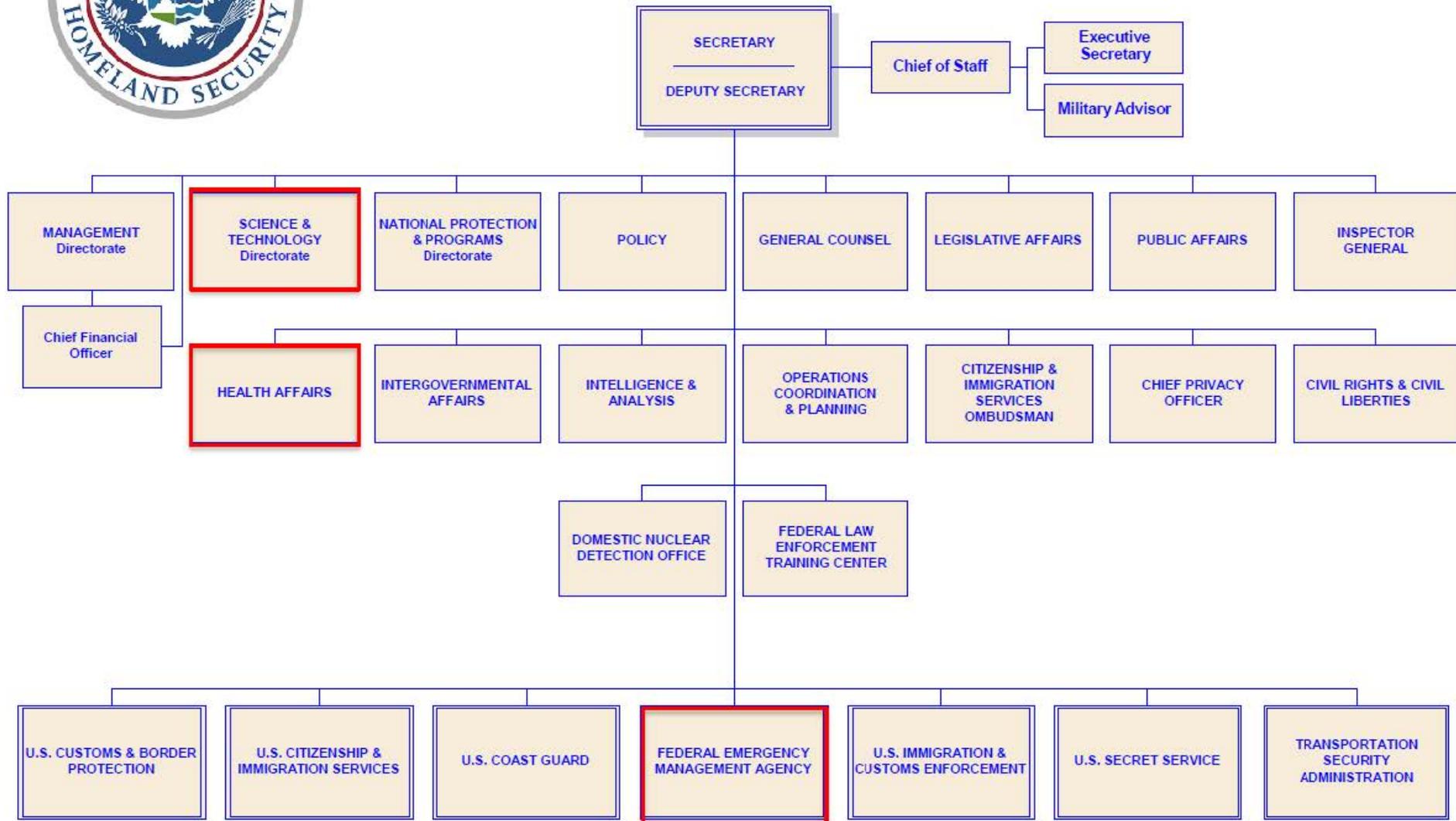
#### Paramedics may be first line of treatment for stroke

*NIH study demonstrates feasibility of getting drugs to stroke patients faster.*





# U.S. DEPARTMENT OF HOMELAND SECURITY



# Department of Homeland Security Federal Emergency Management Agency



# FEMA

U.S. Fire Administration  
**Funding Alternatives for  
Emergency Medical and  
Fire Services**

FA-331/April 2012

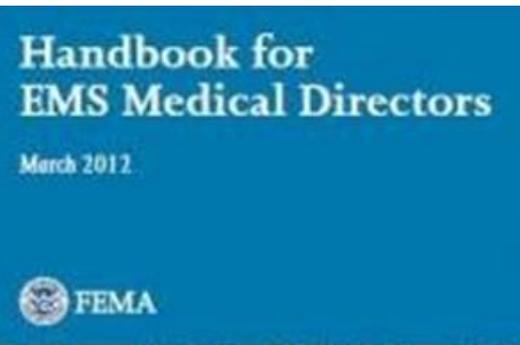


Training:

<https://apps.usfa.fema.gov/nfacourses/catalog/search?&&forget=true&courseCode=Q>

Professional Development:

[https://www.usfa.fema.gov/training/prodev/about\\_feshe.html](https://www.usfa.fema.gov/training/prodev/about_feshe.html)



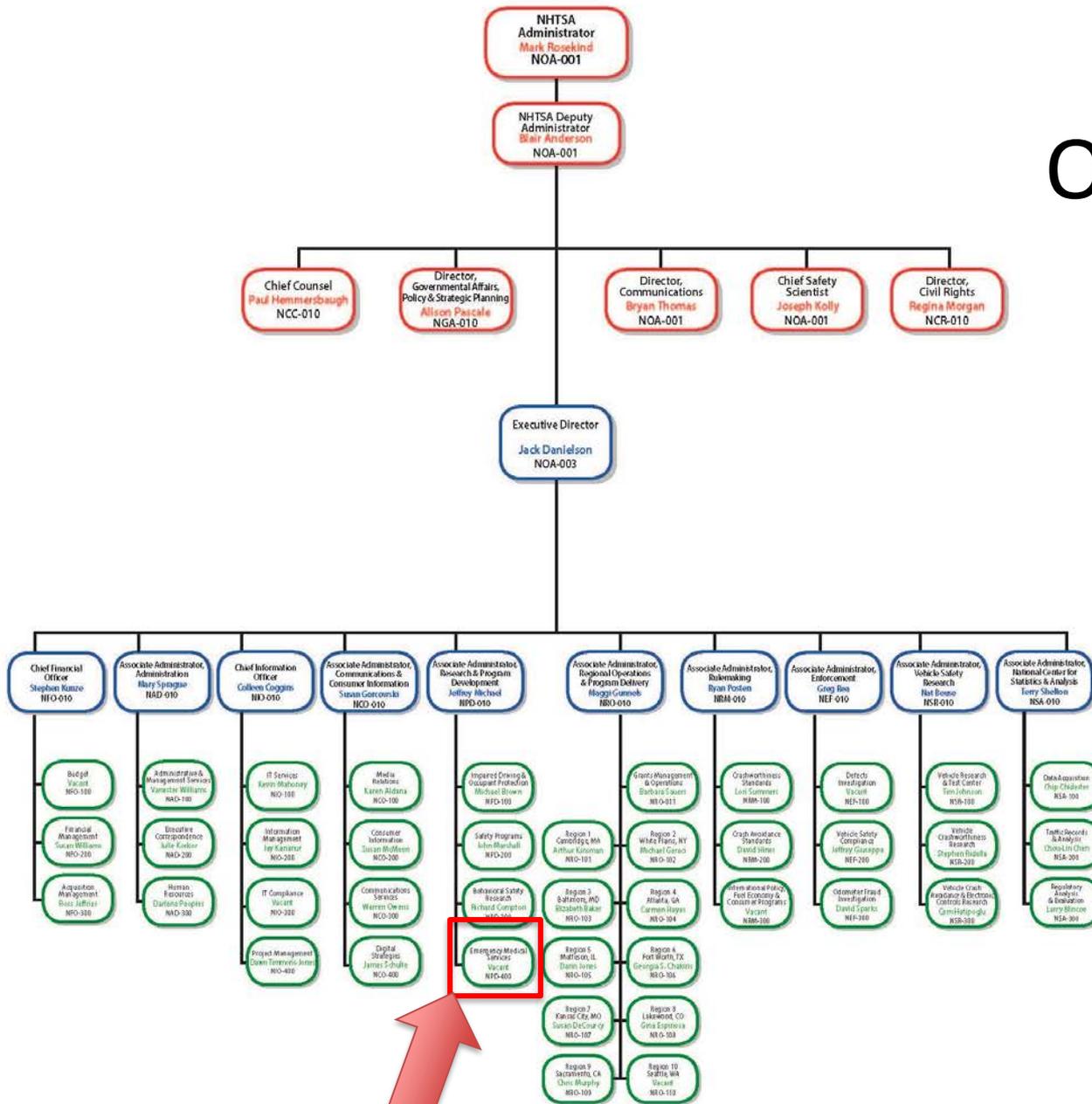
**A Research Study of Ambulance  
Operations and Best Practice  
Considerations for Emergency  
Medical Services Personnel**

First Responders Group

March 2015



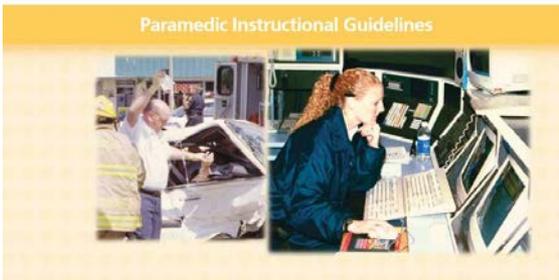
# NHTSA Org Chart



# National Highway Traffic Safety Administration (NHTSA)



NATIONAL EMERGENCY MEDICAL SERVICES  
EDUCATION STANDARDS



Paramedic Instructional Guidelines

Education:

<http://www.ems.gov/education.html>

National Scope of  
Practice:

[http://www.ems.gov/pdf/education/EMS-Education-for-the-Future-A-Systems-Approach/National EMS Scope Practice Model.pdf](http://www.ems.gov/pdf/education/EMS-Education-for-the-Future-A-Systems-Approach/National_EMS_Scope_Practice_Model.pdf)



Data: <http://nemsis.org/>

Data Reports:

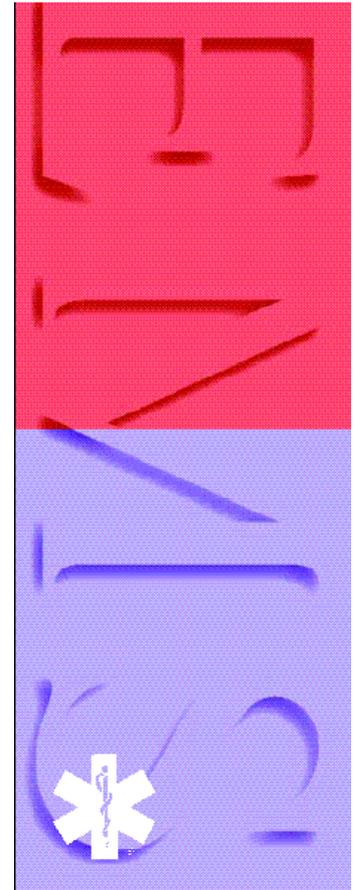
<http://nemsis.org/reportingTools/reports/index.html>



Performance

Measurement:

<http://emscompass.org/>



Advancing EMS:

<http://www.ems.gov/advancing-ems-systems.html>

# National Highway Traffic Safety Administration (NHTSA)

## EMS Pandemic Influenza Guidelines for Statewide Adoption

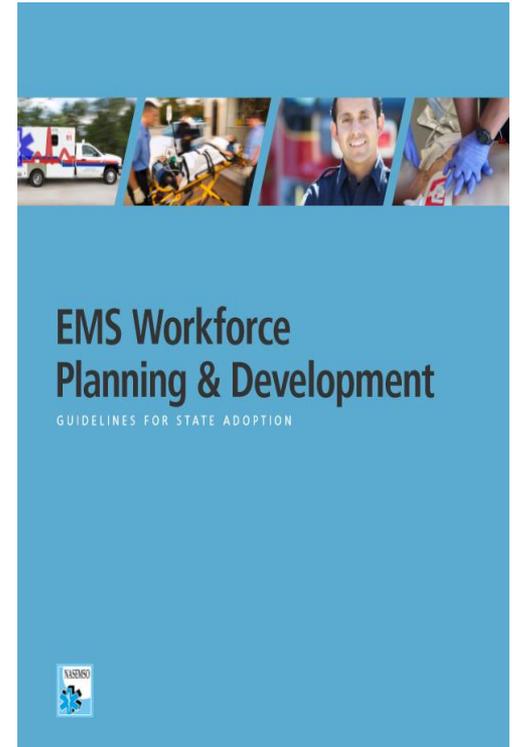
U.S. Department of Transportation  
May 3, 2007

Task 6.1.13.6  
National Strategy for Pandemic Influenza:  
Implementation Plan



Safety:

<http://www.ems.gov/safety.html>



Workforce:

<https://www.nasemso.org/documents/EMS-Workforce-Guidelines-11Oct2013.pdf>

Preparedness:

<http://www.ems.gov/preparedness.html>

# Federal Interagency Committee on EMS

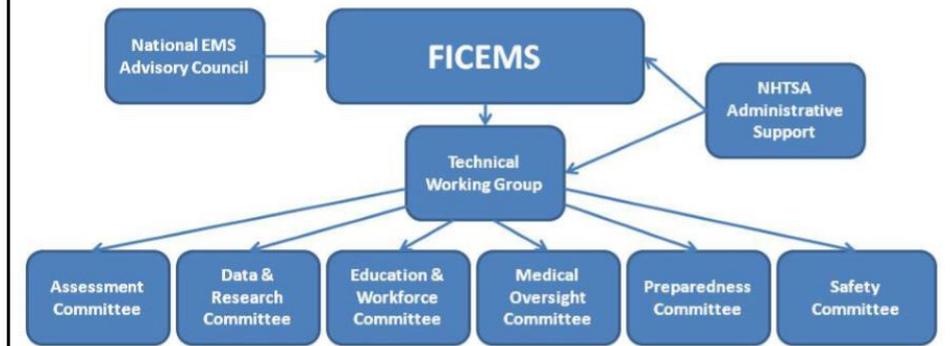


## STRATEGIC PLAN



FICEMS: <http://www.ems.gov/ficems.html>

## FICEMS Organizational Chart



**FICEMS Mission statement:** Ensure coordination among Federal agencies supporting local, regional, State, tribal, and territorial emergency medical services and 9-1-1 systems, to improve the delivery of EMS services throughout the nation.

# National EMS Advisory Council



The National EMS Advisory Council



## **Final Advisory on Community Paramedicine**

Adopted on December 4, 2014

EMS Makes a Difference:  
Improved clinical outcomes and  
downstream healthcare savings

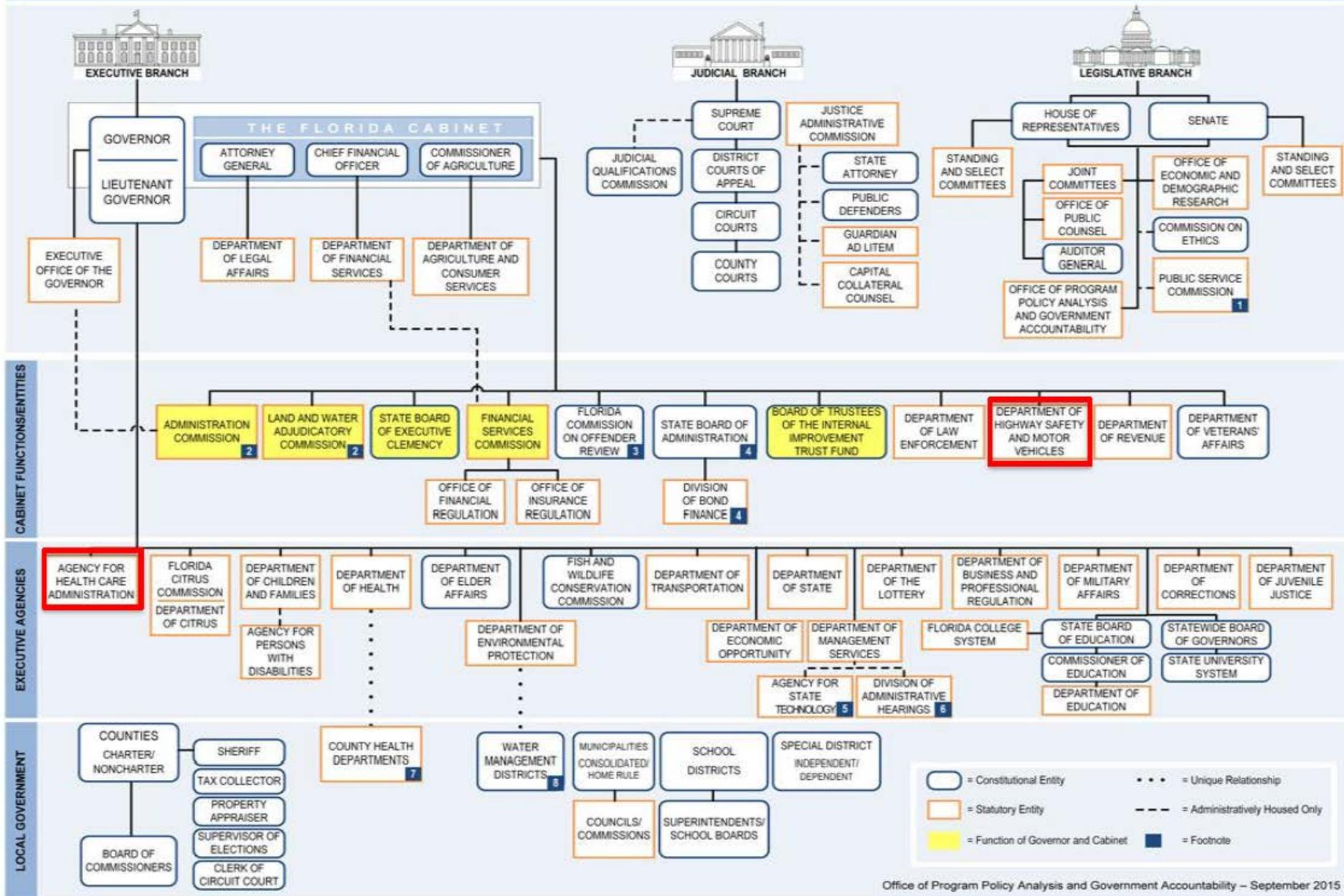
---

A Position Statement of the  
National EMS Advisory Council

December 2009

Recommendations: <http://www.ems.gov/recommendations.html>

# THE FLORIDA ELECTORATE



# Florida Agency for Health Care Administration (AHCA)

FloridaHealthFinder.gov  
Connecting Florida with Health Care Information

Home Researchers and Professionals

Locate

## Facility/Provider Locator

Click **Search by Facility Type/Location** to get a list of Florida health care facilities. Click **Search by Proximity** to find facilities closest to the street address that you enter within the distance you choose.

- **Search by Facility Type/Location**
- **Search by Proximity** (find the nearest facilities to your street address)
- **Search Provider Inspection Reports/Final Orders**
- **Facility Feed Builder**

Smartphone Apps

Find facilities and providers faster. Our facility locator app allows you to find and learn about Florida health care facilities and providers.



Apple™ Android™

FloridaHealthFinder.gov  
Connecting Florida with Health Care Information

Home Researchers and Professionals



**order data**  
Obtain information on ordering patient level data

## Search Health Data

- Hospital Inpatient - **NEW**
- Ambulatory (Outpatient) Surgery - **NEW**
- Emergency Department - **NEW**
- Order Data / Data Dictionary
- State Health Data Directory

## Resources

Links to resources for Researchers and Professionals.

- Boards and Councils
- Florida CHARTS
- Florida Health Information Network
- Florida Medicaid Incentive Program

## Reports and Guides

A listing of reports and guides listed by category.

- Health Outcomes Methodology
- Quick Data Summaries
- Research Studies and Reports
- Infographics

## Health Care Providers

Information for Florida health care facilities and providers.

- Regulated Providers
- Background Screening
- Data Submission/Online Reporting
- Locate Facilities or Providers

AHCA Facility Finder:

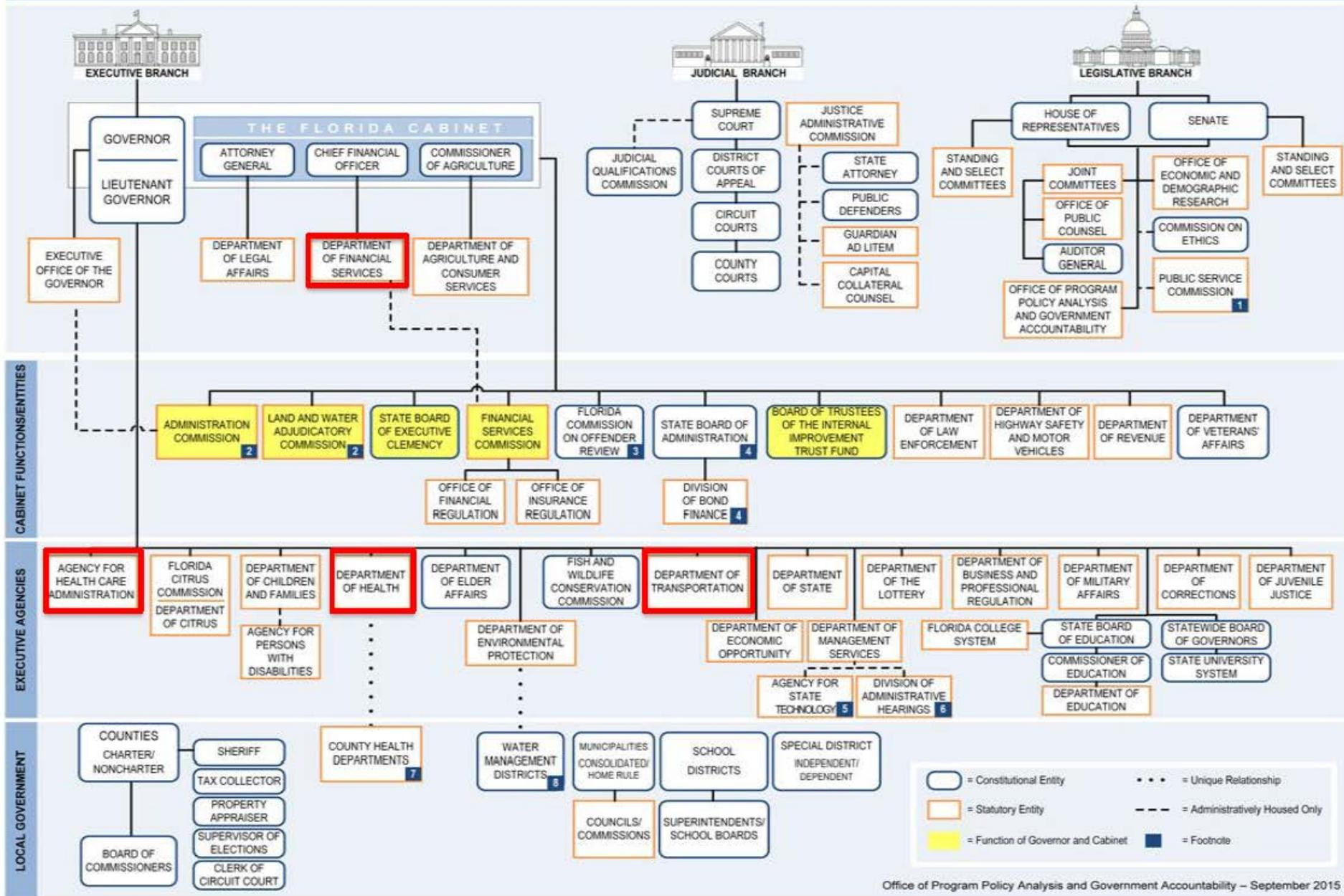
<http://www.floridahealthfinder.gov/facilitylocator/facloc.aspx>



AHCA Information:

<http://www.floridahealthfinder.gov/researchers/researchers.aspx>

# THE FLORIDA ELECTORATE



# Florida Department of Transportation (FLDOT)



FLDOT Resources:  
<http://www.fltrafficrecords.com/resources.html>



FIRES Portal:  
<https://firesportal.com/Pages/Public/Home.aspx>



TRCC Grants:  
<http://www.fltrafficrecords.com/grant.html>

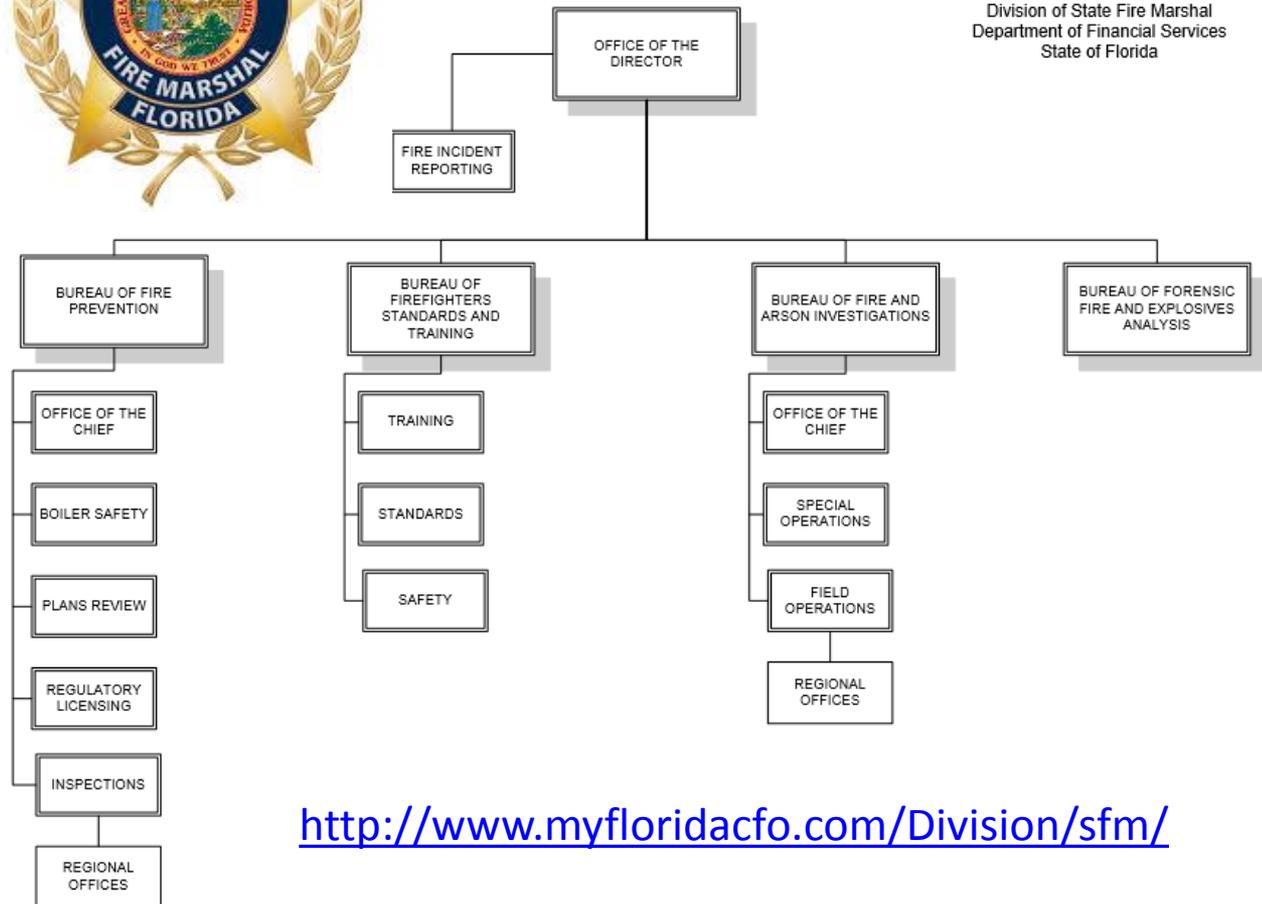
# Division of State Fire Marshal



Bureau of Fire Standards and Training:  
<http://www.fldfs.com/division/sfm/bfst/>



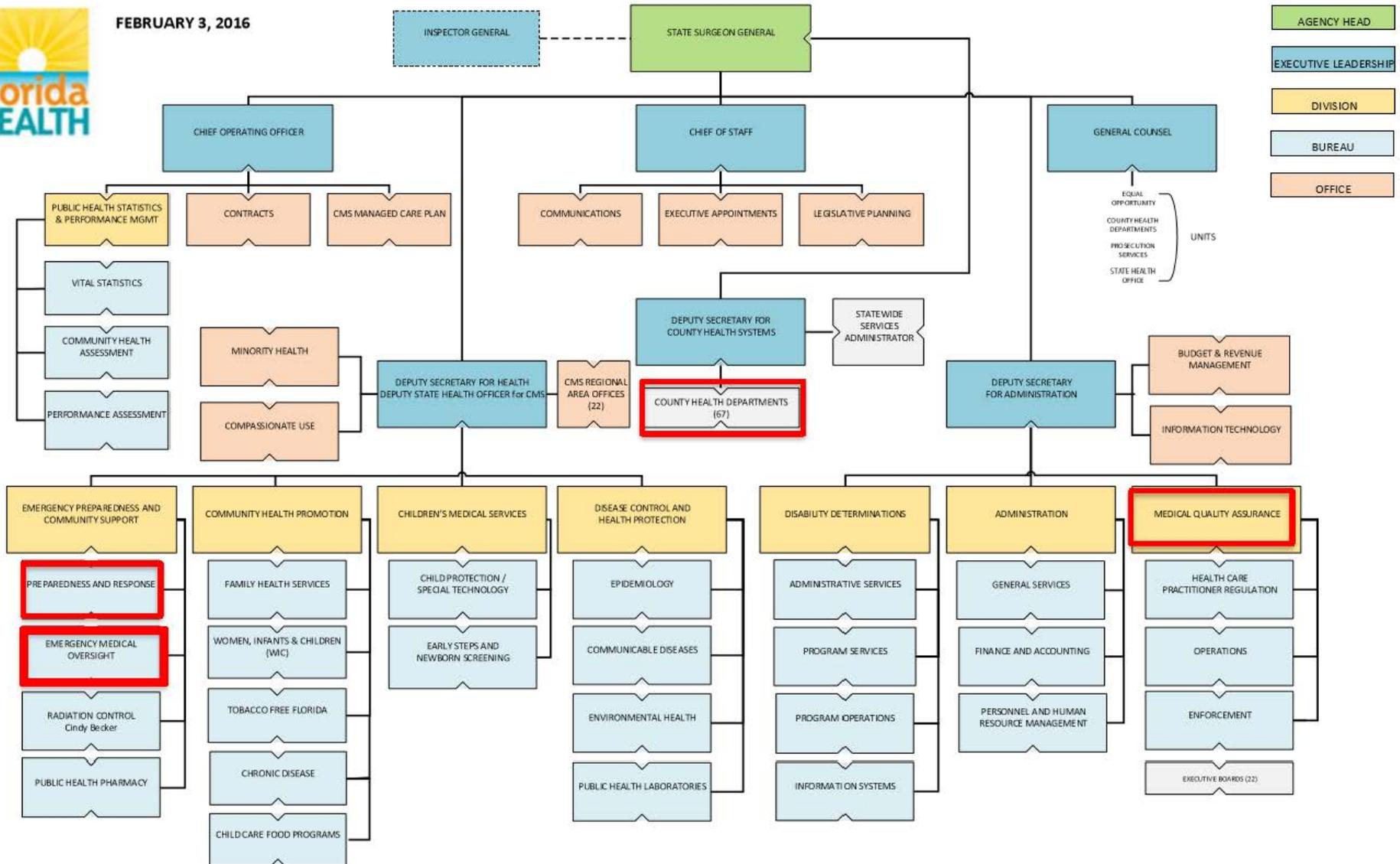
Division of State Fire Marshal  
Department of Financial Services  
State of Florida



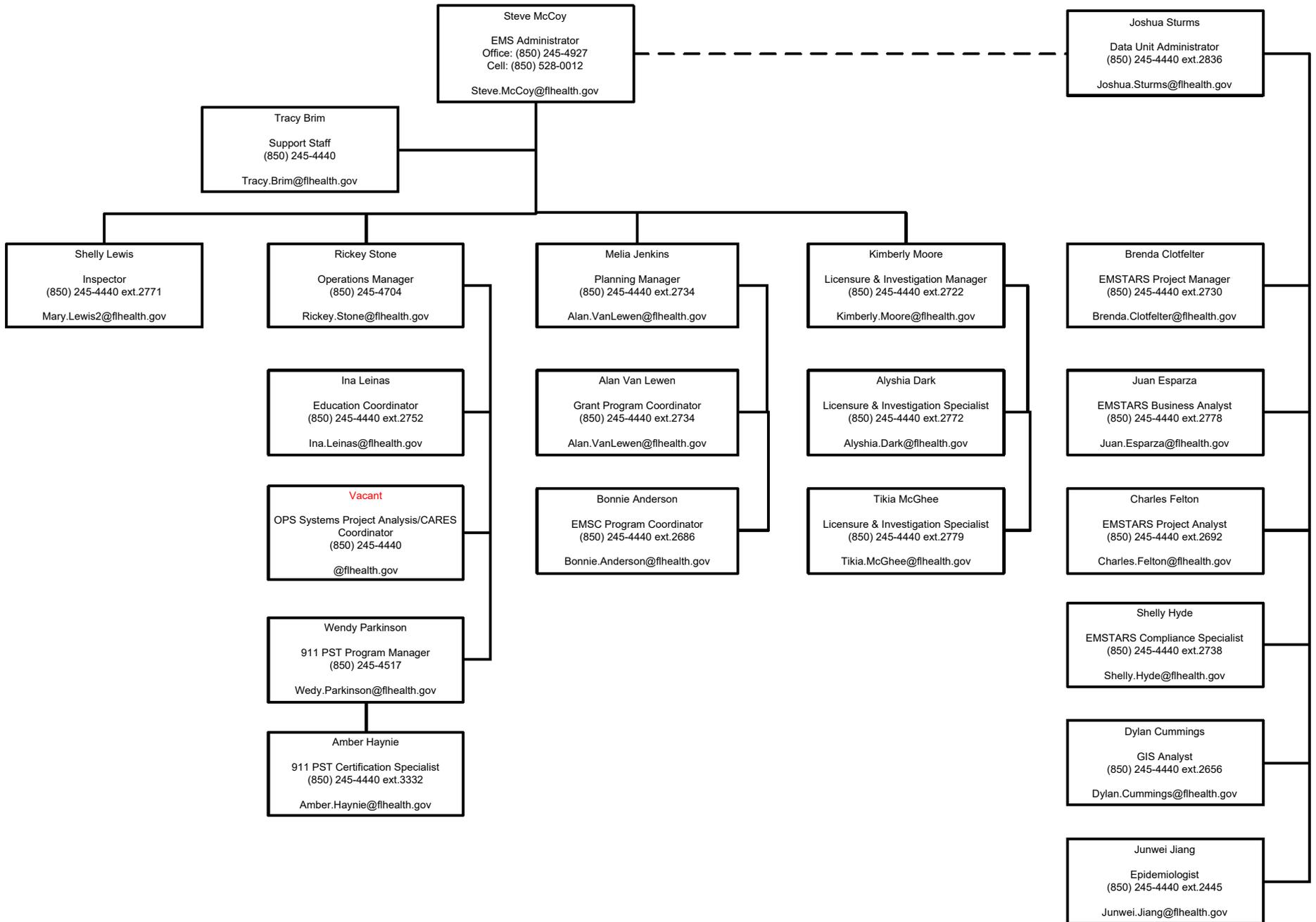
<http://www.myfloridacfo.com/Division/sfm/>

# Florida Department of Health

FEBRUARY 3, 2016



# EMS Section Function Organizational Chart With Contact Information



# EMS Agency License

277 Providers

5,116 Permitted Vehicles

Kimberly Moore  
Licensure & Investigation Manager  
(850) 245-4440 ext.2722  
Kimberly.Moore@flhealth.gov

Alyshia Dark  
Licensure & Investigation Specialist  
(850) 245-4440 ext.2772  
Alyshia.Dark@flhealth.gov

Tikia McGhee  
Licensure & Investigation Specialist  
(850) 245-4440 ext.2779  
Tikia.McGhee@flhealth.gov

<b>173 ALS Transport</b>	<b>2,677 ALS Transport</b>
<b>60 ALS Non-Transport</b>	<b>1,752 ALS Non-Transport</b>
<b>35 Air Ambulance</b>	<b>140 Air Ambulance</b>
<b>9 BLS Transport</b>	<b>547 BLS Transport</b>



# EMS Agency Licensure

- Application Form 631 dated April 2009 (04/09)
- Fee of \$1,375.00 for ALS/AIR and \$660.00 for BLS
- \$25.00 for each vehicle or aircraft
- COPCN
- Medical Director registered with DEA-ALS only
- vehicle liability insurance
- Trauma Transport Protocols
- An approved radio communication system by DOH Communication Office

# EMS Agency Licensure

- Per 401.25(5) Florida Statutes, a licensed EMS provider is required to submit the same documents that were submitted as a new applicant.
- Vehicle Permits



## EMS Section Training Programs

<http://www.floridahealth.gov/licensing-and-regulation/licensing-ems-education/index.html>

Ina Leinas:

[Ina.Leinas@flhealth.gov](mailto:Ina.Leinas@flhealth.gov)

(850) 245-4440 ext. 2752



## Ambulance Service Inspections

<http://www.floridahealth.gov/licensing-and-regulation/ems-inspections/index.html>

Shelly Lewis

[Mary.Lewis2@flhealth.gov](mailto:Mary.Lewis2@flhealth.gov)

(850) 245-4440 ext. 2771

# EMS INVESTIGATIONS

## EMS Service Investigations

<http://www.floridahealth.gov/licensing-and-regulation/ems-complaints-and-investigations/index.html>

Kimberly Moore:

[Kimberly.Moore@flhealth.gov](mailto:Kimberly.Moore@flhealth.gov)

(850) 245-4440 ext. 2759



## EMS Data Submission & Reports

<http://www.floridahealth.gov/statistics-and-data/ems-data-systems/index.html>

Joshua Sturms:

[Joshua.Sturms@flhealth.gov](mailto:Joshua.Sturms@flhealth.gov)

(850) 245-4440 ext. 2736



## EMS for Children

<http://www.floridahealth.gov/provider-and-partner-resources/emsc-program/index.html>

Bonnie Anderson:

[Bonnie.Anderson@flhealth.gov](mailto:Bonnie.Anderson@flhealth.gov)

(850) 245-4440 ext. 2686

# EMS GRANTS

## EMS Grants

<http://www.floridahealth.gov/provider-and-partner-resources/ems-grants/index.html>

Alan Van-Lewen:

[Alan.VanLewen@flhealth.gov](mailto:Alan.VanLewen@flhealth.gov)

(850) 245-4440 ext. 2734



## EMS Rules and Statutes

<http://www.floridahealth.gov/licensing-and-regulation/ems-rules-and-statutes/index.html>

Melia Jenkins:

[Melia.Jenkins@flhealth.gov](mailto:Melia.Jenkins@flhealth.gov)

(850) 245-4440 ext. 2773

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# Florida Department of Health (DOH)

- Asthma
- Cancer
- Diabetes
- Disability
- Epilepsy
- Cardiovascular disease



<http://www.floridahealth.gov/diseases-and-conditions/cardiovascular-disease/index.html>

# Division of Medical Quality Assurance

General Contact Information:

**For general questions about licensure and renewal:**

**Customer Contact Center**

(850) 488-0595

Monday through Friday from 8:00 a.m. to 6:00 p.m. ET

**Office**

Phone: (850) 245-4910

Fax: (850) 921-6365

Email: [mqa.emt-paramedics@flhealth.gov](mailto:mqa.emt-paramedics@flhealth.gov)

**MAILING ADDRESS:**

Department of Health

EMT-Paramedic Certification

4052 Bald Cypress Way

Bin C-85

Tallahassee, FL 32399-3285

**For Applications and Fees (Regular Mail)**

*P.O. Box 6330*

*Tallahassee, Florida 32314-6330*

File a Complaint Against an EMT or Paramedic

<https://www.flhealthcomplaint.gov/>

(850) 245-4339

<mailto:MQA.ConsumerServices@flhealth.gov>

Apply for an EMT or Paramedic License

<http://www.floridahealth.gov/licensing-and-regulation/emt-paramedics/applications-and-forms/index.html>

Email [mqa.emt-paramedics@flhealth.gov](mailto:mqa.emt-paramedics@flhealth.gov)



# Florida Department of Emergency Medical Services Section



<http://www.floridahealth.gov/licensing-and-regulation/ems-system/index.html>



Florida EMS Advisory Council

<http://www.floridahealth.gov/provider-and-partner-resources/advisory-councils-stakeholder-groups/ems-advisory-council/index.html>

What to be on a FLDOH Board or Council?

<http://www.floridahealth.gov/provider-and-partner-resources/advisory-councils-stakeholder-groups/index.html>

## General Contact Information:

Phone: [850-245-4440](tel:850-245-4440)

Email: [EMS@flhealth.gov](mailto:EMS@flhealth.gov)

Fax: 850-245-4378

Mailing Address:

Florida Department of  
Health EMS Section

4052 Bald Cypress Way Bin A-22  
Tallahassee, FL 32399

# Contact Information

Steve McCoy

EMS Section Administrator

Florida Department of Health

Office #: (850) 245-4927

Cell #: (850) 528-0012

[Steve.McCoy@flhealth.gov](mailto:Steve.McCoy@flhealth.gov)