EMS Pre-Planning Session SWOT Analysis/EMS System Assessment Report As Of 8/14/2009

Nr	1.1 - What does your subcommittee, constituency group, or stakeholder group believe are the most significant risks in leadership, evaluation, and benchmarking:	1.2 - Please identify any potential best practices in leadership, evaluation, and benchmarking from your subcommittee, constituency group, or stakeholder group:	1.3 - Please identify any specific steps that your subcommittee, constituency group, or stakeholder group believes would strengthen and improve EMS system leadership, evaluation, and benchmarking:	2.1 - What does your subcommittee, constituency group, or stakeholder group believe are the most significant risks in customer satisfaction:	2.2 - Please identify any potential best practices in customer satisfaction from your subcommittee, constituency group, or stakeholder group:	2.3 - Please identify any specific steps that your subcommittee, constituency group, or stakeholder group believes would strengthen and improve customer satisfaction:	3.1 - What does your subcommittee, constituency group, or stakeholder group believe are the most significant risks in workforce safety, education, performance, and satisfaction (both in rural and urban settings):	3.2 - Please identify any potential best practices in workforce safety, education, performance, and satisfaction (both in rural and urban settings) from your subcommittee, constituency group, or stakeholder group:	3.3 - Please identify any specific steps that your subcommittee, constituency group, or stakeholder group believes would strengthen workforce safety, education, performance, and satisfaction (both in urban and rural settings):	4.1 - What does your subcommittee, constituency group, or stakeholder group feel are the most significant risks to the economic sustainability of the EMS system:	4.2 - Please identify any potential best practices for the economic sustainability of the EMS system from your subcommittee, constituency group, or stakeholder group:	4.3 - Please identify any specific steps that your subcommittee, constituency group, or stakeholder group believes would strengthen and improve the economic sustainability of Florida's EMS System:	5.1 - What does your subcommittee, constituency group, or stakeholder group feel are the most significant risks to the performance of key EMS processes:	5.2 - Please identify any potential best practices for the improvement of key EMS processes from your subcommittee, constituency group, or stakeholder group:	5.3 - Please identify any specific steps that your subcommittee, constituency group, or stakeholder group believes would strengthen and improve the performance of key EMS processes:	6.1 - What does your subcommittee, constituency group, or stakeholder group feel are the most significant risks to the EMS System's ability to respond to all-hazard events in coordination with the Public Health and Medical Preparedness (PHMP) Strategic Plan:	6.2 - Please identify any potential best practices for the EMS System's ability to respond to all-hazard events in coordination with the Public Health and Medical Preparedness (PHMP) Strategic Plan:	6.3 - Please identify any specific steps that your subcommittee, constituency group, or stakeholder group believes would strengthen the EMS System's ability to respond to all-hazard events in coordination with the Public Health and Medical Preparedness (PHMP) Strategic Plan:	7.1 - What does your subcommittee, constituency group, or stakeholder group feel are the most significant risks to the safe and appropriate utilization of Florida air assets:	7.2 - Please identify any potential best practices for the safe and appropriate utilization of Florida air assets:	7.3 - Please identify any specific steps that your subcommittee, constituency group, or stakeholder group believes would strengthen and improve the safe and appropriate utilization of Florida air assets:	I acknowledge that I am completing this assessment on behalf of the following state agency, Department of Health office, EMS Advisory Council subcommittee, constituency group, or other EMS stakeholder group (select one answer	Your Name:
1																			Transportation of patients that do not meet a basic criteria for transport. Dispatching a geographically closer aircraft while disregarding the capabilities of aircraft or flight crew (ex. neonatal nurse vs. paramedic) that may be further away with relationship to distance, yet quicker related to total time en route to a higher level of care.	Identifying criteria for aeromedical transport to include trauma/stroke/STEMI alerts, and excessive ground based transport times.	Identify air medical asset with relationship to time enroute rather than distance, also include the capabilities of the medical crew as it pertains to specific patient care. (match the needs of the patient to the capabilities of the aircrew.)	Florida EMS Pilots Association	Mark Womack
2	lack of participation and transparency in evaluations		statewide leadership development program	lack of communication between and among constituency groups						lack of understanding/commitment from policymakers changes in state tax structure/rules			lack of quality improvement measures statewide									Florida Association of Rural EMS Providers	Tracy Burger
3	The most significant risks are capturing clean data and consistent processes to evaluate the data.	Those agencies that utilize the proper tools, such as charts, diagrams, and key indicators, to consistently measure their system(s) against their agencies goals and objectives, as well as any other like agency with similar goals and objectives, for the purpose of improvement and quality service delivery.	The use of common key indicators, as well as common methods of data analysis is the key to improvement in all the areas mentioned.	The lack of understanding who all the potential customers are, and what they expect from an EMS System.	The use of the following methods of data gathering are examples of best practices; customer satisfaction surveys, phone interviews, face-to-face interviews, and town hall meetings.	Identifying a method in which the state has the capability of capturing a global view of EMS service delivery customer satisfaction for the purpose of analyzing common issues and providing linkage to best practices.	The lack of the use of a common method of capturing clean, concise data, for the purpose of trending and program development for both in-house and public awareness.	Collaboration with local hospitals, other response agencies, and educational institutions for the purpose of improvement through process review.	Collaboration with local hospitals, other response agencies, and educational institutions for the purpose of improvement through process review.	Lack of clean quality data to determine the validity of current programs, guidelines, processes and equipment.	The utilization of data to distinguish root causes as well as measure program efficiency.	The development and use of a common clean quality data collection system to determine the validity of current programs, guidelines, processes and equipment.	Lack of clean quality data to determine the validity of current programs, guidelines, processes and equipment.	The utilization of data to distinguish root causes as well as measure program efficiency.	The utilization of data to distinguish root causes as well as measure program efficiency.	A lack of understanding of the goals of this plan.	None at this time.	None at this time.	Proper use and in flight tracking of Air assets	None at this time.	None at this time.	EMS Quality Managers Association	Art Garcia

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4	1. Consistency: Chairperson change every year vs. 2 years or more does not promote follow through and implementation of strategic plan work. 2. Accountability: All EMSAC members should be evaluated on their work, participation, etc. If not participating according to established minimum standards, they should be removed.	1. Formal reporting of outcomes: Unless you can objectively look at what goals and objectives have been met, you cannot revise or update the next strategic plan appropriately. 2. Leadership Conferences/Education: I don't think many groups have a clear understanding of EMSAC terms, roles, minimum requirements, appointment, etc. Establish clear guidelines for expected participation, work, etc with means to hold people accountable.	1. Minimum 2 year EMSAC Chair term to promote consistent implementation of the strategic plan. 2. Peer review of EMSAC members	1. Lack of consistent communication 2. Lack of data to evidence customer satisfaction or dissatisfaction 3. Lack of customer satisfaction tool utilization	1. Utilization Review processes with customers to evaluate patient outcomes, standards of care, and appropriate utilization of assets. 2. Regular communication with customers to discuss positive and negative aspects of service (ie patient follow up information, follow up with patient regarding service rendered)	1. EMSAC, Bureau of EMS promoting utilization of customer satisfaction tools
5	Accountability for leaders and accurate data collection to create proper benchmarking.	Utilizing standard business practices and creating goals and objectives to improve the delivery of service.	More consistency with business practices and data collection to form an even plain across the state, equal benchmarking and base data sets to look at all data the same.	Defining who is the customer and establishing common expectations.	Establishing programs that put your agency in the public eye, following through on feedback from customer service surveys. Public meetings with individual communities.	Being able to compare to other agencies and establishing best practices through evaluation.

Nr	3.1 - What does your subcommittee, constituency group, or stakeholder group believe are the most significant risks in workforce safety, education, performance, and satisfaction (both in rural and urban settings):	3.2 - Please identify any potential best practices in workforce safety, education, performance, and satisfaction (both in rural and urban settings) from your subcommittee, constituency group, or stakeholder group:	3.3 - Please identify any specific steps that your subcommittee, constituency group, or stakeholder group believes would strengthen and improve workforce safety, education, performance, and satisfaction (both in urban and rural settings):	4.1 - What does your subcommittee, constituency group, or stakeholder group feel are the most significant risks to the economic sustainability of the EMS system:	4.2 - Please identify any potential best practices for the economic sustainability of the EMS system from your subcommittee, constituency group, or stakeholder group:	4.3 - Please identify any specific steps that your subcommittee, constituency group, or stakeholder group believes would strengthen and improve the economic sustainability of Florida's EMS System:
4	1. Appropriate utilization of assets/services 2. Utilization of national or established standards for dispatch of assets/services 3. Establish clear standards for initial and continuing education for BLS, ALS, specialty team, and air medical providers. 4. Poor communications: lack of interoperability.	1. Air Medical Safety Summit 2. Strategic Plan Goal #7 3. Active utilization review process 4. Active Quality Improvement processes (including customers)	1. EMSAC and Bureau of EMS support of higher safety standards for ground, air, and fixed wing transport. 2. Defining initial and recurrent education requirements for providers. Goal is not to just add additional requirements (cost concern), but to identify certain needs and establish minimum education objectives to address those needs (pediatrics, OB, cardiac, stroke, safety, air medical specific, infectious disease, etc.). Define number of hours in each pertinent category out of current required	1. Reimbursement 2. Financial support for data/EMSTARS	1. Partnerships with multiple EMS providers to share services/personnel 2. Shared medical direction 3. Utilization of systems like EMSystem to track assets, bed availability, etc as provided by the state 4. Shared Educational offerings at low to no cost to providers	1. Partnerships 2. Information sharing/best practice
5	Not enough data collected on a state wide basis to track this accurately	looking for and/or creating best practices towards workforce safety, look at any national standards, collection of data to start a benchmark on a statewide basis.	Identify common safety issues on a state wide basis and create best practices to alleviate them through education and collaboration of all agencies involved.	Not enough good data from EMS to make major changes, EMSTARS is the start of this and should do to EMS what NFIRS has done for the Fire service, need more support for EMSTARS.	Need good clean data, EMSTARS is a step in the right direction.	Need good clean data, EMSTARS is a step in the right direction but still needs work to catch up to NFIRS.

Nr	5.1 - What does your subcommittee, constituency group, or stakeholder group feel are the most significant risks to the performance of key EMS processes:	5.2 - Please identify any potential best practices for the improvement of key EMS processes from your subcommittee, constituency group, or stakeholder group:	5.3 - Please identify any specific steps that your subcommittee, constituency group, or stakeholder group believes would strengthen and improve the performance of key EMS processes:	6.1 - What does your subcommittee, constituency group, or stakeholder group feel are the most significant risks to the EMS System's ability to respond to all-hazard events in coordination with the Public Health and Medical Preparedness (PHMP) Strategic Plan:	6.2 - Please identify any potential best practices for the EMS System's ability to respond to all-hazard events in coordination with the Public Health and Medical Preparedness (PHMP) Strategic Plan:	6.3 - Please identify any specific steps that your subcommittee, constituency group, or stakeholder group believes would strengthen and improve the EMS System's ability to respond to all-hazard events in coordination with the Public Health and Medical Preparedness (PHMP) Strategic Plan:
4	1. Stroke transport/treatment protocols are weak. We are seeing a significant number of patients being transported to primary stroke centers, losing valuable time and being medically managed incorrectly, then requiring transport to comprehensive stroke centers for treatment. This is resulting in poor patient outcomes. 2. Cardiac transport/treatment: As this is being developed, we are seeing "cardiac centers" with cath labs operating with no planned, established transport (to include training, education, etc.) for	1. Utilization of air assets or specialty care teams for specific patient populations (pediatric, neonatal, high risk OB, complex cardiac & stroke, etc.) 2. Active QI processes 3. Active Utilization review processes 4. Clearly defined transport protocols for specific patient populations to appropriate destination facilities (esp. trauma, cardiac, and stroke)	1. Promote utilization of comprehensive stroke centers for patient with clinical indications of bleeds vs. stroke 2. Promote adherence to standards established for primary stroke centers and monitor compliance 3. Promote Communication interoperability 4. Require, inspect for active QI processes	1. lack of feedback from all sectors that would participate in disaster response 2. lack of integration of private sector providers in disaster plan 3. Overall, feel we have a pretty strong disaster plan that could use more participation	1. Update of air medical disaster response plan in conjunction with the EMSAC disaster committee 2. Including EMSAC Air ambulance operator and constituency group members in disaster response planning	1. updating air medical disaster response plan to work more effectively with the state disaster plan.
5	Need a state wide QA template with minimum standards so agencies are looking at the same things, good data to evaluate the processes and interventions in place for relevancy.	Establishing best practices through common data collection sets, emphasis on better documentation in EMS reports to get a better grasp on any potential problems or pitfalls in current EMS care.	Establishing best practices through common data collection sets, emphasis on better documentation in EMS reports to get a better grasp on any potential problems or pitfalls in current EMS care.	I think there is a lack of buy in from most agencies and they think it can not happen in there area so most are not familiar with the plan. Funding may be a problem they are not able to go above what is being done right now.	More training but above that buy in from the upper management to follow through on disaster planning	Having a common management tool for all agencies to use on a state wide basis, partnering with local health care agencies (Health Departments, Hospitals) to make sure everyone knows their responsibility and capabilities if a disaster strikes.

Nr	7.1 - What does your subcommittee, constituency group, or stakeholder group feel are the most significant risks to the safe and appropriate utilization of Florida air assets:	7.2 - Please identify any potential best practices for the safe and appropriate utilization of Florida air assets:	7.3 - Please identify any specific steps that your subcommittee, constituency group, or stakeholder group believes would strengthen and improve the safe and appropriate utilization of Florida air assets:	I acknowledge that I am completing this assessment on behalf of the following state agency, Department of Health office, EMS Advisory Council subcommittee, constituency group, or other EMS stakeholder group (select one answer	Your Name:
4	1. Current underutilization of air assets 2. Lack of established criteria for utilization of air assets 3. Lack of resource defining services, capabilities of specialty care providers 4. Lack of consistent standards for air medical communication centers 5. Communications: interoperability issues 6. Lack of clear standards for air medical provider initial and recurrent education 7. Lack of state standards regarding safety procedures/requirements for air medical providers	1. Advanced training for complex transport and specialty populations 2. Education sharing amongst air medical providers 3. Communications amongst air medical communication centers to share weather turn down information, flight following for other programs when a/c out of their usual response area. 4. Active utilization review process with customers to provide patient outcome information, evaluate if the appropriate	1. Adopt minimum standards for Florida air medical providers 2. Update rule to reflect education requirements 3. Establish statewide criteria for appropriate air asset utilization 4. Promote active utilization review processes to address appropriate and inappropriate utilization 5. Adopt standards for air medical dispatch centers 6. Adopt more rigorous safety standards	Florida Aeromedical Association	Kathleen Koch
5	Over use of HEMS when the patient could go by ground (soft traumas), HEMS shopping, stronger standards for when to fly and when not to, or at least state wide minimums to even the field.	Thinking safety first, if not optimal conditions do not take the flight. Patient condition should be considered if not optimal conditions.	Night vision, terrain warning, minimum flight standards in relation to weather. LZ safety	EMS Advisory Council PIER Committee	Cory Richter

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6	- Lack of coordination, data integration, and system outcome evaluation between EMSTARS/Trauma Registry/BSCI Central Registry. Because of this lack of coordination and integration of data, we have no available continuum-of-care outcome data for the eval	The Florida Trauma System Plan Committee and Planning Teams have begun to evaluate the Florida trauma system patient outcome data, the injury prevention programs, and research projects of Florida's trauma centers to identify best practices and opportunities for improvement. Examples of these evidenced based injury prevention and outreach programs are Prom Night, WalkSafe, and motorcycle awareness. Examples of research are Pediatric Rehabiltiation Study, TBI Research,	#NAME?	#NAME?	The Florida Statutes and rules provide the authority and responsibility of this quality assurance and state and regional evaluation of the trauma system to the DOH, Office of Trauma. The Florida trauma system Injury Prevention/Research/Registry Planning Teams have begun to track and evaluate injury prevention projects, research and the trauma systems' performance improvement system to identify best practices to implement statewide as evidence-based programs and the ensure medical	- Obtain legal authority and responsibility in statute to implement performance improvement system and ensure medical appropriateness of the EMS system. - Improve collaboration efforts between EMSC/EMS providers, trauma center, acute care hospitals, B	The Office of Trauma shares information on high risk problem prone issues identified by the trauma centers by the EMS providers on transport. Examples are ensuring safety of patients on transport, lack of pediatric equipment on ALS ground transporting units.	The Florida Trauma System statutes and rule provide the authority to the Office of Trauma to develop and implement uniform trauma transport protocols and adult and pediatric trauma triage criteria and to evaluate and revise as needed. The statutes and rule also provide for a mandated system-wide pre-hospital triage criteria to ensure that trauma patients are transported to an appropriate facility based on their injuries.	#NAME?	Lack of financial support at the local level for increasing staff, equipment, and education to address current and emerging health care issues.	Refer to Chapter ____, Laws of Florida (SB 1762), which provided funding to the Department of Health to conduct a comprehensive assessment of the Florida trauma system. This assessment included findings and recommendations for system improvements, financing EMS and Trauma systems in Florida, pre-hospital care resource analysis and more. The comprehensive assessment is available on the Office of Trauma Website at: http://www.doh.state.fl.us/demo/Trauma/forms.htm under "forms and	Statewide system evaluation for EMS and surrounding continuum of care partners in the areas of legislative intent, statute & Rule, statewide standards for EMS protocols, triage criteria, communication, treatment and transport for ground and air units.	#NAME?	#NAME?	- Assurance of 911 dispatcher certification statewide. - Integration with acute care facilities to form a resource-efficient, inclusive network that meets required standards and that provides optimal care for all patients.	- Lack of a needs assessment to identify if EMS providers have the workforce to surge in the event of a mass casualty incident (MCI).	- The Trauma Centers from 2004 - 2008 have completed an annual statewide assessment and gap analysis of the trauma center's capacity to respond to an MCI. Education and Training has been conducted and 46,000 EMTs/Paramedics and 28,000 hospital health ca	Conduct a needs assessment of the current status and future needs of the EMS and Trauma systems to be able to respond to mass casualty incidents. The Office of Trauma can assist the Bureau and EMS providers for resources and consultation through our external disaster physicians to assist EMS with the assessment.	#NAME?	The Florida Aeromedical constituency group leadership and committee participation in strategic planning has been outstanding. They are true national leaders.	Needs assessment to evaluate the air assets available statewide. Review statute and rule, especially for supplies and equipment needs for the air units. Develop policy and procedures for safety to ensure resources are dispatched consistent with the needs of the trauma or other patients. Develop statewide policies to ensure environmental and other safety procedures are adhere to by policy established by the local EMS System medical directors.	DOH, Office of Trauma	Susan McDevitt
7	The most significant risks are: 1. capturing clean data 2. developing consistent processes to evaluate the data 3. developing a reporting mechanism to share the data Loss of credibility for the EMRC within the EMS community due to a perception of inaction or political agendas Lack of EMS agency participation in EMSTARS that will skew the data available to the EMRC Accountability for leaders and accurate data collection to create proper benchmarking.	Those agencies that utilize the proper tools, such as charts, diagrams, and key indicators, to consistently measure their system(s) against their agencies goals and objectives, as well as any other like agency with similar goals and objectives, for the purpose of improvement and quality service delivery. EMRC meetings are well organized, orderly and productive The Bureau supports the EMRC very well Utilizing standard business practices and creating goals and objectives to improve the delivery of service.	The use of common key indicators, as well as common methods of data analysis is the key to improvement in all the areas mentioned. Inclusion of a statistician in support of the EMRC, perhaps even as a member of the EMRC itself The EMRC should benchmark and track it's progress in terms of productivity Better communication with EMS stakeholders More consistency with business practices and data collection to form an even plain across the state, equal benchmarking and base data sets to	The lack of understanding who all the potential customers are, and what they expect from an EMS System. Lack of data that truly represents all FL EMS agencies due to the fact that half of EMS agencies do not submit to EMSTARS Defining who is the customer and establishing common expectations.	The use of the following methods of data gathering are examples of best practices; customer satisfaction surveys, phone interviews, face-to-face interviews, and town hall meetings. Methodology for insuring that EMRC members are "blinded" concerning the origins of data presented before them. Establishing programs that put your agency in the public eye, following through on feedback from customer service surveys. Public meetings with individual communities.	Identifying a method in which the state has the capability of capturing a global view of EMS service delivery customer satisfaction for the purpose of analyzing common issues and providing linkage to best practices. Improve communication with the EMS groups explaining what the EMRC does and the progress it is making Being able to compare to other agencies and establishing best practices through evaluation.	The lack of the use of a common method of capturing clean, concise data, for the purpose of trending, reporting, and program development for both in-house and public awareness. Identify gaps in workforce education concerning clinical and safety issues Not enough data collected on a state wide basis to track this accurately	Development of a report delivery system for the purpose of improvement through process review. The EMRC has been focusing on issues such as airway management, although we are in the early stages Looking for and/or creating best practices towards workforce safety, look at any national standards, collection of data to start a benchmark on a statewide basis.	Development of a report delivery system for the purpose of improvement through process review. Identify other data sources that would be useful in identifying gaps in workforce education concerning clinical and safety issues Identify common safety issues on a state wide basis and create best practices to alleviate them through education and collaboration of all agencies involved.	Lack of clean quality data to determine the validity of current programs, guidelines, processes and equipment. Identifying cost effective care that still provides safe care for the patient. Not enough good data from EMS to make major changes, EMSTARS is the start of this and should do to EMS what NFIRS has done for the Fire service, need more support for EMSTARS.	The utilization of data to distinguish root causes as well as measure program efficiency. Need good clean data, EMSTARS is a step in the right direction.	The development and use of a common clean quality data collection system to determine the validity of current programs, guidelines, processes and equipment. Continuing to identify safe practices and comparing differing practices to help determine the most cost effective models of care. Need good clean data, EMSTARS is a step in the right direction but still needs work to catch up to NFIRS.	Lack of clean quality data to determine the validity of current programs, guidelines, processes and equipment. Identifying benchmarks for best practices. Need a state wide QA template with minimum standards so agencies are looking at the same things, good data to evaluate the processes and interventions in place for relevancy.	The utilization of data to distinguish root causes as well as measure program efficiency. The EMRC process is designed to benchmark quality and compare data in an environment free of influences that would skew the data evaluation. Establishing best practices through common data collection sets, emphasis on better documentation in EMS reports to get a better grasp on any potential problems or pitfalls in current EMS care.	The utilization of data to distinguish root causes as well as measure program efficiency. Give feedback to EMS agencies to improve practices and processes. Establishing best practices through common data collection sets, emphasis on better documentation in EMS reports to get a better grasp on any potential problems or pitfalls in current EMS care.	A lack of understanding of the goals of this plan. Not understanding the effects of large scale events on the ability of the EMS system response. There is a lack of buy in from most agencies and they think it can not happen in there area so most are not familiar with the plan. Funding may be a problem they are not able to go above what is being done right now.	Using EMRC to look at data on the potential effects of a disaster such as the effects of not having adequate ventilators in an EMS system. More training but above that buy in from the upper management to follow through on disaster planning	We need to determine sources of valid data appropriate for the study of large scale events, and correlate that data to routine daily EMS practice. Having a common management tool for all agencies to use on a state wide basis, partnering with local health care agencies (Health Departments, Hospitals) to make sure everyone knows their responsibility and capabilities if a disaster strikes.	Proper use and in flight tracking of Air assets. Utilizing air assets when they are not needed or will not make a difference in outcome of the patient. Over use of HEMS when the patient could go by ground (soft traumas), HEMS shopping, stronger standards for when to fly and when not to, or at least state wide minimums to even the field.	Prevention of helicopter shopping determination of clinical guideline best practices for helicopter utilization based on patient data. Thinking safety first, if not optimal conditions do not take the flight. Patient condition should be considered if not optimal conditions.	Examination of comparable patients transported by air vs ground to determine if the air asset utilized had a positive impact on patient outcome. Night vision, terrain warning, minimum flight standards in relation to weather. LZ safety	Other: EMRC	Steve McCoy

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8	Lack of communication between committees and constituency groups. Not everyone attends the council meeting to hear the subcommittee reports.	Successful programs such as the Prehospital Pediatric Education Symposium; structure of the EMSC Advisory Committee Meetings where we have established working groups to address specific objectives and establishing liaisons to attend other subcommittees during the EMS Advisory Council meetings such as data, medical care, disaster, education, and PIER.	Committees and Constituency Groups forming workgroups to work on Strategic Goals verses working in their designated silos. Each workgroup would have a facilitator and should conduct mid-quarter conferences and perhaps a conference call prior to each state meeting to address objectives for the upcoming meeting.	Lack of understanding of EMS continuum of care.	Proving a customer survey tool and in-house events to educate the community.	Providing more prevention programs that are accessible to the customer. Have programs that reach out to the public that educate them on the role of EMS providers.	Unable to provide uniformed statewide baseline data to indicate workforce safety, education, performance and satisfaction. 3.1 (2008-2010 EMS Strategic Plan)- no "approved" child restraint device in transport vehicles.		Lack of statewide uniformed baseline data to capture what areas need improvement and where we can utilize best practices to assist other agencies. 3.1 (2008-2010 EMS Strategic Plan)- Identifying the number of pediatric patients transported in crash protection devices.	Policy makers creating change to taxes/rules without understanding the impact on the EMS community.			Lack of statewide uniformed baseline data to capture what areas need improvement and where we can utilize best practices to assist other agencies.			Knowledge of identified resources and assets in the field and ability to know and communicate with key partners.						EMS for Children	Patricia Kenyon
9	Multiple time commitments placed on the leadership. Leadership turnover. Lack of agency commitment to data collection or a quality improvement process due to insufficient funding or interest.	Establishing a mentoring program. Making leadership retention a priority. Supporting EMSTARS project. Establishing a dedicated quality improvement process	Open forums or conferences that bring groups together to share ideas. EMS MCI Trailer rodeo was very successful in providing a means for the recipients to exchange best practices for load plans and necessary equipment.	Inconsistent or conflicting messages.	Clear and concise messages. Literacy appropriate messages. Multiple languages represented.	As in 2.2	Turnover among workforce. Insufficient funding	Timely and appropriate promotions.	Appropriate knowledge of best safety practices. Involvement in regional and state committees.	Continued overall decline in the economy. Lack of insurance re-imbursement, increased use of EMS by the uninsured. Reduced Federal and State funding	Cost containment through appropriate medication and asset utilization.	Clearing house for equipment and supplies so agencies can share positive and negative experiences, avoiding unnecessary purchases.	Over legislation. Lack of knowledge of current standards of care	Involvement in regional and state committees. Understanding the literature.	As in 5.2	Lack of training. Lack of appropriate PPE and essential countermeasures. Not considered a priority.	Agency involvement in regional and state planning, and participating in exercises. Involved with local UASI and MMRS planning to secure funding. Commitment by EMS leadership and medical director	Getting involved locally with multi-discipline agencies to improve overall local medical system. Partner with EM and Hospitals on system projects, such as EMSYSTEMS	Helicopter shopping. Lack of feedback mechanism back to ground agency regarding the appropriateness of the flight requests. Costs associated with safety measures	Blinding pilot to nature of call when regarding weather availability. Ability of any crew member to indicate flight should be aborted.	Terrain warning systems. Night vision technology	EMS Advisory Council Disaster Response Committee	Brad Elias

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10	1.) Various lifeguard agencies throughout the state may not be under medical direction, as per F.S. 401.435. 2.) There are inconsistencies in levels of training within various coastal lifeguard agencies throughout the state. 3.) It is unknown to what level coastal lifeguard agencies are evaluating lifeguard data, or sharing best practices, etc.	1.) Evaluate the operating standards employed by all Florida coastal lifeguard agencies in order to achieve the goal of assuring that lifeguard agencies come into compliance with the minimum standards recommended by the United States Lifesaving Association. 2.) Evaluate existing lifeguard agency Standard Operating Procedures or Guidelines in order to achieve the goal of establishing a recommended Best Practices document for Florida Lifeguard agencies.	1.) Create a lifeguard agency database to determine if coastal lifeguard agencies operate through a medical memorandum of understanding, pursuant to F.S. 401.435. 2.) Create database identifying coastal bathing places as defined in F.S. 514. 3.) Create database regarding key aspects of how coastal lifeguard agencies conduct business, including: departmental organization, chain of command, length of season, days/hours of operation, level of EMS training/certificatio n, types of	1.) A significant risk is the common perception of lifeguards as recreational aides, as opposed to ems providers and rescuers, thereby perpetuating the perception that swimming in an unguarded area poses little risk. 2.) Another significant risk is the inability, through lack of resources, to disseminate existing public education material regarding rip currents and other marine hazards. 3.) Another risk is the lack of a statewide list of lifeguarded beaches that is easily accessible to the public.	1.) Beach Safety flyer templates (for Rip Currents and Beach Safety Awareness) exist and are circulated to the extent made possible by available funding and existing agency policy. 2.) Local USLA chapters engage in classroom visits for beach safety education. 3.) Statistics of crowd counts, preventive actions, rescues, major and minor medicals, etc., are submitted to USLA by certified agencies in Florida. These are posted on the USLA website, along with other educational information. (usla.org) 4.) The constituency group	1.) Secure grant based funding for the printing and circulation of beach safety flyers. 2.) Create a beach safety website through DOH listing guarded and unguarded beaches, certified lifeguard agencies, etc. 3.) Pursue legislative amendments to broaden the responsibilities of county TDCs to include funding for beach safety programs. 4.) Broaden and coordinate public awareness campaigns including National Beach Safety Week and National Rip Current Awareness Week.	1.) Safety: exposure to UV rays, blood-borne pathogens, lightning strikes, equipment needs, and other work related hazards, including age. 2.) Education: There are inconsistencies in levels of required education/training within various coastal lifeguard agencies throughout the state. 3.) Performance: There are inconsistencies in operational structure, standard operating policies, incident command, and inter departmental cooperation. 4.) Satisfaction: There are inconsistencies in	1.) Safety: UV protective uniforms; enclosed, lightning-bonded lifeguard towers; all terrain vehicles equipped for beach transport; personal rescue watercraft equipped for patient transport to shore; rescue paddleboards; beach access points for land based transport. 2.) Education: Full-time personnel trained to emt-b; part-time/seasonal personnel trained to first responder; agencies certified to minimum standards recommended by USLA 3.) Performance: Coordinate lifeguard operations with	1.) Pursue legislation that defines the responsibilities of the surf lifeguard and the value of the service provided. 2.) Identify public funding options for safe lifeguard stations. 3.) Encourage EMS tuition reimbursement programs from public employers.	Lower tax base due to recession, plus increasing costs that demand higher wages. Dependence upon public funding when public unemployment is increasing. The lack of private funding sources for education and prevention programs. The lack of positive public relations campaigns, including a lack of marketing of EMS milestones and accomplishments.	Documentation, comprehensive report writing, giving statewide statistics. Pursuit of private funding for prevention and education.	Utilize TDC data to legislate additional percent tax to help fund EMS services. Offer fee based first responder certification courses to local populations.	Recruitment and retention of skilled, dedicated ems providers. Preparedness for natural and man-made disasters.	Recruit nationally for skilled EMS workers. Identify, coordinate and utilize EMS certified citizen responders on a local level when public systems are stressed due to special events or circumstances.	Work towards assuring that existing coastal lifeguard agencies are either notified of or dispatched to an aquatic or beach related emergency scene.	State certified lifeguard/EMTs are not aware of how they can contribute in coordinated responses to all-hazards events.	Develop and utilize database of all state certified lifeguard/EMTs in a response to an all-hazard event.	State licensed Lifeguard/EMTs can be placed on call around the clock for all hazard events.	N/A	N/A	N/A	United States Lifesaving Association	Joe McManus
11	Ensuring that the correct data/information is being utilized to base decisions on leadership, evaluation and benchmarking	Working on standardizing training and certification process for 9-1-1 dispatchers		Unprofessional service, not providing DLS instructions in the dispatch environment	Survey of 9-1-1 Coordinators group to explore current status of EMD in Florida	More focus on dealing with non emergency/social intervention situations	Over sending of resources (too many, too many emergency)-emergency vehicle collisions still prominent killer of public safety personnel	Medical director involvement is critical for efficient EMD program	Mandatory dispatcher training and certification with standardized process (and funding!) Establish some type of dispatcher (Public Safety Telecommunicator) position at Bureau or on Advisory Council				Unpure data for measurement of data points/processes. Pushing one size fits all solutions to complex problems	Proper training of public safety telecommunicators	Quality Improvement processes in Communications Centers reference call processing AND dispatch procedures			Better interoperability between PSAP's and field responders	Lack of training in Communications Centers	Adopt national curriculum models-or adopt portions to educate personnel with pertinent air asset information even if not directly dispatching them. Incorporate into required dispatcher certification curriculum for certification by State	See above	Emergency Medical Dispatch	Jim Lanier

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12	Reduction in local funding could limit participation of many persons in the group. Public opposition to programs were tax dollars are being spent, because of real or perceived waste. Disruption of state DOH/EMS operations related to changing priorities.	EMS data will be compiled to show its usefulness within the community and show how EMS providers are managing their call volume and identify best practices through patient care and analysis of data.	Taking a strong position and opposing changes in NEMSIS that will disrupt existing EMSTARS reporting. The use of common key indicators and common methods of data analysis is the key to improvement in all the areas mentioned.	The lack of awareness and public education in both rural and urban areas and highly populated elderly areas. Poor performance and lack of adequate local supervision. Longer waits for EMS response.	The use of the following methods of data gathering are examples of best practices, customer satisfaction surveys, phone interviews, face to face interviews, and town hall meetings.	Identifying a method in which the state has the capability of capturing a global view of EMS service delivery customer satisfaction for the purpose of analyzing common issues and providing linkage to best practices.	Interference by regulations that inhibit good programs. Allowing special interest groups who are not EMS providers have extraordinary representation and input and push issues that do little for EMS or the majority of citizens. The possibility of discontinuation of EMS grant	Annual / semi-annual remedial refresher training.	Statewide programs of educational and safety courses.	Lack of clean quality data to determine the validity of current programs, guidelines, processes, and equipment.	The utilization of data to distinguish root causes as well as measure program efficiency.	Have Bureau of EMS provide education to legislature on how EMS is funded and the consequences of tax reductions at the local level for EMS.	The lack of QA/QI in many agencies that simply do not have adequate funding or personnel to provide and maintain a true QA/QI process.	The utilization of data to distinguish root causes as well as measure program efficiency. Identify excessive bureaucracy and identify best practices. Keep solutions at the local level.	Sharing solutions with constituency groups, however allow local agencies to handle it.	Public Health not aware of EMS limitations and a lack of understanding of the goals of this plan.	Communications	Develop a pre-disaster plan for state and local agencies.	Proper use and in-flight tracking of Air assets.	None at this time.	Paramedic training on appropriate patients to be flown.	EMS Advisory Council Data Committee	Charles E. Moreland
13	We believe that the most significant risks in leadership is the lack of willingness of qualified leaders to step forward and accept leadership roles in regards to local and State EMS needs. It seems that everyone is too busy to see a project completely through or never volunteers at all. It also seems that many leaders that do in fact volunteer for projects neglect them and/or make no efforts prior to constituency group or EMSAC meetings. Some leaders fly by the seat of their pants at the actual meeting and often	Best practices in leadership is leadership by example and facilitation of bottom to top/top to bottom communication. Evaluation is ongoing as all committee members submit best practices, suggestions, and comments in writing on a regular basis. Benchmarking has not been a priority but we feel that it will be when (and if) the EMSAC endorses the Access to Care Committee Best Practices/Position Paper.	Recruit and train competent leaders who are willing to take the time (and actually have the time) to work on and maintain their goals and projects. Set obtainable goals and objectives that mirror with the overall mission of each group. If leadership does not appear to be doing their respective jobs and/or if the mission of the group is being ignored by the leadership, replacing the leader may be in the committee's best interest. EMS systems in general need to return to basics and set measurable goals for each individual	The single largest risk to Public Health that EMS has control over is treat and release or cancellation calls. Not transporting what may be considered as a low acuity patient is a dangerous practice and presents the highest degree of litigation exposure to an EMS agency than any other practice. When EMS refuses to transport a patient it often results in poor customer satisfaction and high-risk liability to the EMS service.	Transport and pay serious attention to what is sometimes considered low-acuity patients. Work towards ensuring that chute or turnout times are in-line with customer expectations and national standards. Administer patient care equally and consistently to all patients and visitors.	Begin to measure drop times at hospitals using realistic data and actual measurement tools such as a swipe card or clock in system. For patients that were treated in the field and not transported for whatever reason, ensure they receive discharge instructions and same day follow-up. Set standards for dispatch centers that ensure that they are trained to place units on alert so that they are enroute to the emergency while at the same time the dispatcher is collecting patient information. Perform EMS	Lack of standards in ambulance construction. Lack of or cost prohibitive crew restraint devices. Lack of or cost prohibitive equipment designed to secure loose items and equipment inside both the patient and driver's compartment. Inadequate standards for driver training and no real recertification requirements for drivers.	Mandate safety standards in ambulance construction and patient care/movement devices. Ensure crew restraint and safety devices are up-to-date using the latest standards and equipment. Improve driver training programs and recertification standards.	See 3.2	Tax cutting measures enacted by the legislature which drop the economic tax base for EMS. Enacting laws that prohibit or make it difficult for local governments to make efforts towards becoming self sustaining. Taking monies from the EMS Trust Fund.	Support local government's efforts and do not interfere with fees and/or taxes to support EMS. Do not borrow or take monies from the EMS Trust Fund.	See 4.2	See goal 2.1 û Also inadequate dispatch services in many areas or dispatch centers that consider EMS a low priority. Uniform Stemi, Stroke Alert, and Pediatric transport destinations. Another risk is no office for Cardiac, Stroke, or Pediatric û (Trauma has an office and it is managed well)	See goal 2.2 û Also implement EMS dispatch as a specialty more than it is now. Ensure that all ambulances in the state can communicate and that all hospitals (including VA) can communicate with all EMS units. Promote EMS driver training (see 3.2) and ambulance safety standards that are in-line globally. Promote physician controlled telecommunication and regional medical control for patient care. Create and fund an office of Cardiac, Stroke, and Pediatrics.	See all of the above	Lack of intersystem communications with EMS and Fire units statewide. Lack of communications and cooperation between agencies including but not limited to EMS, Fire, and Public Health across the State. Delay in obtaining needed medications and treatment kits in advance for disaster response.	Improve communications among all stakeholders. Mandate EMS and Fire communication system improvements. Improve mechanisms for distribution of needed medications and treatment kits for disaster and all hazard response purposes.	See 6.2	Inappropriate use and abuse when not needed.	Only dispatch air ambulances for necessary situations and incidents. Assess distances and patient transport times in advance to confirm that an air ambulance is actually more expedient.	Carefully review all calls for air ambulance services. Provide feedback and follow-up in as close to real time as possible for ground EMS crews to educate them on what happened to the patient post-air transport. Carefully evaluate all air ambulance locations and ensure that they are located in the best locations.	EMS Advisory Council Access to Care Committee	Michael Patterson

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14	Not establishing best practice guidelines for neonatal transport that could be used by EMS and specialty teams. Ensuring that State programs such as EMS and RIPCC all have the same criteria and definition regarding neonates and neonatal transport.	Create neonatal benchmarking criteria to be used to establish best practice guidelines.	Continue to increase data collection on neonates through EMSTARS	Establish customer satisfaction criteria for referring and accepting hospitals Personal and team development	Transport surveys and follow-up	Compare with similar programs to establish best practices.	Lack of knowledge of EMS system in hospital based neonatal medical directors. Create a data base of hospital based neonatal medical directors.	Reach out to hospital based neonatal medical directors to provide education on transport criteria, rules and regulations, job responsibility.	Create best practices for neonatal medical director orientation.	Improve reimbursement for back transports of neonates.	Many neonates are transported back to their referring hospital and region so the family and patient can be integrated into the health care system for follow up post-hospitalization.	Partner with the State EMS system to benchmark with other states on how back transports are reimbursed as well as the practice, benefits and limitations.	Continue to integrate neonatal criteria into EMSTARS data base.	Establish a neonatal section under measures to capture neonatal data.	Partner with the Data Committee to establish further criteria to capture information on neonates. This will assist in benchmarking to identify best practices.	Address patients less than 28 days in this goal û pediatric and pregnant women are listed and newborns (neonates) need to be included.	Review other State and national criteria for best practices.	Use the FNPTNA and EMSC as key stakeholders.	Develop minimum requirements for air safety programs which includes both rotor and fixed-wing. Key stakeholders work with manufacturers and the industry to develop safer and better designed equipment for flights, ie universal stretcher lock bar that can be used in both the ambulance and helicopter.	Review HEMS and AAMS for best practice models.		Florida Neonatal & Pediatric Transport Network Association	Louise Bowen
15	1) Inconsistent practices and standards across jurisdictional boundaries. 2) Slow progression in EMS to commit to evidence-based practice. 3) Outcomes in EMS very difficult to track due to weak data collection practices.	AHA process for development of ACLS guidelines	1) Development of an EMS best practice consortium which reviews and interprets the latest medical literature; this group would public evidence-based guidelines for high risk/high frequency conditions. EMS systems would (should) develop protocols consistent with these guidelines. 2) EMSTARS 3) EMS should be recognized as a discipline of medicine, and decision-making for how patients are cared for should be the responsibility of the Medical Director. EMS agency contracting and hiring	1) Paramedic directed non-transport	N/A	N/A	1) Poor career track for EMS outside of Fire-based systems.	N/A	N/A	Public safety funding decreasing	N/A	N/A	1) Lack of State leadership for cardiovascular disease managed by EMS. 2) Insufficient initial and ongoing training in emergency airway management. Over-reliance on outdated information and strategies on airway management, and airway emergencies outcomes. 3) Insufficient pediatric training for most EMS personnel.	Office of Trauma, which supports the trauma system.	1) Create a State Office of Cardiovascular Care 2) Create an evidenced based airway management algorithm which is replicated in protocols throughout the state. 3) Increase (create) the required training in pediatrics for recertification.	Lack of training and difficulty in skill retention for unusual events.	N/A	N/A	Over-reliance on air transport for transports that could be done by ground in a reasonable amount of time; overuse equals increased risks.	Defer to the literature when possible.	N/A		George A. Ralls, M.D

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Nr	1.1 - What does your subcommittee, constituency group, or stakeholder group believe are the most significant risks in leadership, evaluation, and benchmarking:	1.2 - Please identify any potential best practices in leadership, evaluation, and benchmarking from your subcommittee, constituency group, or stakeholder group:	1.3 - Please identify any specific steps that your subcommittee, constituency group, or stakeholder group believes would strengthen and improve EMS system leadership, evaluation, and benchmarking:	2.1 - What does your subcommittee, constituency group, or stakeholder group believe are the most significant risks customer satisfaction:	2.2 - Please identify any potential best practices in customer satisfaction from your subcommittee, constituency group, or stakeholder group:	2.3 - Please identify any specific steps that your subcommittee, constituency group, or stakeholder group believes would strengthen and improve customer satisfaction:	3.1 - What does your subcommittee, constituency group, or stakeholder group believe are the most significant risks in workforce safety, education, performance, and satisfaction (both in rural and urban settings):	3.2 - Please identify any potential best practices in workforce safety, education, performance, and satisfaction (both in rural and urban settings) from your subcommittee, constituency group, or stakeholder group:	3.3 - Please identify any specific steps that your subcommittee, constituency group, or stakeholder group believes would strengthen and improve workforce safety, education, performance, and satisfaction (both in urban and rural settings):	4.1 - What does your subcommittee, constituency group, or stakeholder group feel are the most significant risks to the economic sustainability of the EMS system:	4.2 - Please identify any potential best practices for the economic sustainability of the EMS system from your subcommittee, constituency group, or stakeholder group:	4.3 - Please identify any specific steps that your subcommittee, constituency group, or stakeholder group believes would strengthen and improve the economic sustainability of Florida's EMS System:	5.1 - What does your subcommittee, constituency group, or stakeholder group feel are the most significant risks to the performance of key EMS processes:	5.2 - Please identify any potential best practices for the improvement of key EMS processes from your subcommittee, constituency group, or stakeholder group:	5.3 - Please identify any specific steps that your subcommittee, constituency group, or stakeholder group believes would strengthen and improve the performance of key EMS processes:	6.1 - What does your subcommittee, constituency group, or stakeholder group feel are the most significant risks to the EMS System's ability to respond to all-hazard events in coordination with the Public Health and Medical Preparedness (PHMP) Strategic Plan:	6.2 - Please identify any potential best practices for the EMS System's ability to respond to all-hazard events in coordination with the Public Health and Medical Preparedness (PHMP) Strategic Plan:	6.3 - Please identify any specific steps that your subcommittee, constituency group, or stakeholder group believes would strengthen and improve the EMS System's ability to respond to all-hazard events in coordination with the Public Health and Medical Preparedness (PHMP) Strategic Plan:	7.1 - What does your subcommittee, constituency group, or stakeholder group feel are the most significant risks to the safe and appropriate utilization of Florida air assets:	7.2 - Please identify any potential best practices for the safe and appropriate utilization of Florida air assets:	7.3 - Please identify any specific steps that your subcommittee, constituency group, or stakeholder group believes would strengthen and improve the safe and appropriate utilization of Florida air assets:	I acknowledge that I am completing this assessment on behalf of the following state agency, Department of Health office, EMS Advisory Council subcommittee, constituency group, or other EMS stakeholder group (select	Your Name:
16	Lack of a complete patient level statewide electronic data collection system. Such system would include pre-event/event information as well as post event.		Complete patient level statewide electronic data collection system. Part of the patient data collected should be pre-event/event information to the extent possible. Pre-event information helps to better design and implement injury prevention strategies. For example, texting while driving is being banned in a growing number of states due to data collected at the scene.	Failure of the EMS system to promote injury prevention policies such as: utilization of pool barriers, booster seats, helmets, safe home environment, no texting or cell phone use while driving, etc. In short, more injury prevention "411" (information) will result in less injury 911.		Ensure that each EMS system has an injury prevention infrastructure in place. This means personnel, budget, training materials and other resources will be dedicated to prevention.			Train the EMS workforce to become broad-based health care professionals. This will require training in public health, injury prevention and wellness awareness, professionalism and role-modeling as well as traditional emergency medical care training.	Unintentional injuries are the leading cause of death for Floridians ages 1-44 and the leading cause of death overall, after heart disease and cancer. Many injury victims are young, uninsured or underinsured males. Injury prevention would be in their best interest and the health care system.		Injury prevention pays.			Promote patient and EMS personnel wellness and injury prevention.	The public should be better educated concerning the hazards posed by the post disaster environment.		EMS personnel should be aware of the kinds of hazards that are common in the post disaster environment such as falls from roofs and ladders, carbon monoxide poisoning and cuts/piercings. They should also be aware of injury prevention resources related to these injuries and provide information to the public.				DOH, Office of Injury Prevention	Freida Travis
17	Standardization of processes and definitions of what is to be measured and benchmarked to enable adequate comparison from agency to agency.			Understanding the customer's needs and expectations.			Lack of knowledge regarding this topic.						Inadequate communication with hospitals to enable exchange of essential information (e.g., pressures experienced by hospitals related to patient flow, ED Crowding).									Emergency Nurses Association, Florida Chapter	Keith M. McKernan, RN
18	Leadership is an essential component for healthcare. Under the right kind of leadership potentially great things can become reality. Risks include adequate data collection, that is usable for all levels, communication, placing patients best interests as the priority, resources (everything comes at a cost, you have to be able to fund these measures)	Development of published, available best practices or Standards for all levels of care, Leadership training. Reviewing Accreditation standards.	Availability of valid data for area of review. More freq communication between systems. More task groups to allow better interaction and exchange of ideas as well as ability to establish best practices	Patients perceived notions and expectations of emergency care. Public knowledge of the reality of emergency care and all it entails, especially with air transport.	Communication during as well as after provided an intervention for these individuals, as air transport freq involves long distances. Education for others about air transport	Public education, including at an international level. Sensitivity to differences (cultural and political etc on one side and care obtained and limitations on the other)	Especially and critically for air, Complacency! Budget and time constraints.	Pursuing alternate methods for achieving goals, not just nec traditional models (PEER driven options, computer, remote access, self-study, or other opportunities. Drawing from other programs. Follow-up with outcomes to see if issues. Operational Risk Assessment tools.	A better understanding, by all disciplines and levels of care-givers about processes, data, best practices. A model of accountability with realistic goals (allowing a quota of governance on their part) All players should have a say in how things work, although final practices should be determined by those that perform air transports as they are the experts.	Cost can too freq be a driving force for care, A way to provide 'adequate' care while being able to fund nec goods (durable and non-durable), personnel, and general cost containment measures. Reimbursement is huge risk especially for air where everything costs more. Insurance and Assist companies do not understand costs (we are not hospital or ground unit)	Utilize existing resources, whether it be equipment already available or provided by a lower cost alternative. Evaluating each issue or test or item or transport to determine truly nec using of supplies vs those performed bec 'it's always done that way'!, and sometimes despite evidence that may not be necessary. For air, accredited programs, which have established benchmarks of care.	Availability of standards everyone would be accountable for, instead of 'cookbook' of tests and interventions and air transports.	Coming to agreement on priorities for patients, identifying the most appropriate mode of transport (yes, freq it's by air)	Communication especially between groups and disciplines is essential to coming to understand the scope of issues, especially involving air transports	Continuing education, Drills to identify good and opportunities, and Data to support practices	Awareness of event with scope along with needs, Communication between EMS and others continues to be problematic, Time of day, weather, etc may affect ability to do air transport Will event impact, or pose a risk to responders?	Coordinated efforts ahead of time for worst case scenarios so may plan for events, which requires significant ahead of time planning for air assets	Communication with others involved (Police, Gov't, Federal/National/State, etc) for phones and radios	Vision Zero. That Safety Culture is a 24 hour responsibility, not just when on duty	Checklists Adequate rest, nutrition, overall wellness program's Utilization: development of Guidelines for use, utilizing Medicare/Medicaid, and Insurance and Assist companies in process, since they dramatically affect this	Clear and concise Guidelines, reviewed at a minimum yearly as well as an evaluation process to monitor progress, and access effectiveness	Air Surface & Transport Nurses Association, Florida Chapter	Karen Chamberlin