

Priority 1: National Leader in Quality Clinical Care

Goal 1.1: Safe and Effective

Objective 1.1.A – Increase the percentage of Emergency Medical Services (EMS) providers participating in the Florida State EMS Quality Coaching Program from 1% to 40% by December 31, 2028.

Objective 1.1.B – Increase the number of providers earning Florida State EMS Quality First recognition from 0 to 100 by December 31, 2028.

Objective 1.1.C – Increase the percentage of data submission quality, specifically fully validated submissions, from 38% to 90% by December 31, 2028.

Objective 1.1.D – Increase the percentage of electronic patient care records (ePCR) submitted to the EMS Tracking and Reporting System (EMSTARS) from 79% to 95% by December 31, 2028.

Objective 1.1.E – Increase the percentage of EMS transports originating from a 911 request for patients with suspected ST-elevation myocardial infarction (STEMI) during which aspirin is administered during or before the EMS encounter from 64% to 90% by December 31, 2028.

Objective 1.1.F – Increase the percentage of non-traumatic cardiac arrest patients who received bystander cardiopulmonary resuscitation (CPR) from 30% to 50% by December 31, 2028.

Objective 1.1.G – Increase the percentage of non-traumatic cardiac arrest patients who achieved a return of spontaneous circulation (ROSC), both prehospital and upon arrival to the Emergency Department, from 22% to 30% by December 31, 2028.

Objective 1.1.H – Increase the percentage of EMS transports originating from a 911 request for patients suffering from suspected sepsis during which a sepsis pre-arrival (Pre-Alert) notification is made from 45% to 90% by December 31, 2028.

Objective 1.1.I – Increase the percentage of EMS transports originating from a 911 request for patients with suspected sepsis in which ET_{CO2} is documented from 79% to 90% by December 31, 2028.

Objective 1.1.J – Increase the percentage of EMS transports originating from 911 requests in which SP_{O2} is documented during and after intubation from 12% to 90% by December 31, 2028.

Objective 1.1.K – Increase the percentage of advanced airway procedures performed during an EMS response originating from a 911 request in which placement was verified with ET_{CO2} from 84% to 100% by December 31, 2028.

Objective 1.1.L – Increase the percentage of EMS responses originating from 911 requests for non-cardiac arrest patients who successfully receive advanced airway placement without hypoxia or hypotension on first attempt (FAIR Measure Airway 19) from 26% to 80% by December 31, 2028.

Goal 1.2: Timely and Efficient

Objective 1.2.A – Increase the percentage of patients, ages 35 and up, with initial complaint non-traumatic chest pain/acute coronary syndrome (ACS) symptoms to receive a 12 Lead electrocardiogram (ECG) in 10 minutes or less of arrival or EMS First Medical Contact from 82% to 90% by December 31, 2028.

Objective 1.2.B – Increase the percentage of ST-elevation myocardial infarction (STEMI) alert events, in which the on-scene time is less than or equal to 15 minutes, from 82% to 90% by December 31, 2028.

Objective 1.2.C – Increase the percentage of stroke alert events, in which the on-scene time is less than or equal to 15 minutes, from 84% to 90% by December 31, 2028.

Objective 1.2.D – Increase the percentage of trauma alert events, in which the on-scene time is less than or equal to 10 minutes, from 13% to 50% by December 31, 2028.

Objective 1.2.E – Increase the percentage of incidents where Telecommunicator CPR (T-CPR) was utilized in which compressions were initiated from 67% to 80% by December 31, 2028.

Objective 1.2.F – Increase the percentage of trauma alert patients in which the total time from unit notified by dispatch time to patient arrived at destination time is less than or equal to 60 minutes from 89% to 95% by December 31, 2028.

Goal 1.3: Patient-Centered

Objective 1.3.A – Increase the percentage of providers utilizing patient satisfaction surveys from 46% to 80% by December 31, 2028.

Goal 1.4: Enhance Data Systems and Linkages to Provide the Infrastructure to Facilitate Data Driven Advancement of EMS Care

Objective 1.4.A – Increase the percentage of Health Information Exchange (HIE) outcome data matching to EMS records from 21% to 75% by December 31, 2028.

Goal 1.5: Support Development and Implementation of Evidence-Based EMS Practices

Objective 1.5.A – Increase the number of peer-reviewed EMS-related journal articles to which the Department contributed from 0 to 25 by December 31, 2028.

Objective 1.5.B – Increase the number of evidence-based model resources developed by the Medical Care Committee from 0 to 2 per year by December 31, 2028.

Objective 1.5.C – Increase the percentage of providers using prescriptive learning based upon quality improvement data from 0% to 80% by December 31, 2028.

Priority 2: Improving Community Health

Goal 2.1: Injury Reduction and Community Health Promotion

Objective 2.1.A – Increase the percentage of EMS providers participating in injury prevention and community health promotion efforts from 23% to 50% by December 31, 2028.

Objective 2.1.B – Increase the percentage of EMS providers providing mobile integrated healthcare (MIH) from 16% to 33% by December 31, 2028.

Goal 2.2: EMS Engagement with Substance Use Disorder (SUD) Programs

Objective 2.2.A – Increase the percentage of counties where at least one EMS provider is participating in a community-based SUD program from 13% to 100% by December 31, 2028.

Objective 2.2.B – Increase the percentage of ground EMS providers with the treatment and transportation protocol that addresses SUD patients from 7% to 90% by December 31, 2028.

Objective 2.2.C – Increase the percentage of ground-based 911 EMS providers that participate in the naloxone (Narcan) leave-behind program from 17% to 70% by December 31, 2028.

Priority 3: Sustainable EMS Systems

Goal 3.1: EMS Workforce that Meets the Demands of the System

Objective 3.1.A – Decrease the percentage of licensure attrition rate of certified paramedics from 9% to 4% by December 31, 2028.

Objective 3.1.B – Decrease the percentage of licensure attrition rate of certified emergency medical technicians from 21% to 15% by December 31, 2028.

Objective 3.1.C – Increase the percentage of paramedic first-time National Registry pass rate from the state average of 58% to 80% by December 31, 2028.

Objective 3.1.D – Increase the percentage of emergency medical technician first-time National Registry pass rate from the state of 69% to 80% by December 31, 2028.

Goal 3.2: Improve the Utilization of EMS Resources

Objective 3.2.A – Decrease the percentage of low acuity 911 transports to an emergency department, including free-standing, from 15% to 8% by December 31, 2028.

Goal 3.3: Improve Public Safety Telecommunicator (PST) System Resiliency

Objective 3.3.A – Decrease the percentage of attrition rate certified PST from 27% to 15% by December 31, 2028.

Priority 4: Protecting the Public and Providers

Goal 4.1: Improve Provider Safety and Wellness

Objective 4.1.A – Decrease the percentage of reported incidences of threats or use of physical force against EMS workers that results in or has a high likelihood of resulting in injury, psychological trauma, or stress from 65% to 50% by December 31, 2028.

Objective 4.1.B – Increase the percentage of EMS providers that participate in a Behavioral Health Assistance Program (BHAP) from 56% to 80% by December 31, 2028.

Objective 4.1.C – Decrease the number of annual suicides within the EMS workforce, including PST, from 18 to 0 by December 31, 2028.

Priority 5: Promoting Innovation in EMS

Goal 5.1: Utilize the Department's Data Sources to Advance Patient Care

Objective 5.1.A – Increase the number of EMS research projects that the Department participates in from 3 to 5 by December 31, 2028.

Goal 5.2: Integrate Emerging Technologies to Improve Patient Care Delivery

Objective 5.2.A – Increase the percentage of providers utilizing telehealth from 10% to 70% by December 31, 2028.

Objective 5.2.B – Increase the number of predictive analytical reports from 0 to 10 by December 31, 2028.

Objective 5.2.C – Increase the number of collaborative programs with county health departments bi-directionally exchanging bio-surveillance data with EMS providers to identify emerging health threats from 1 to 67 by December 31, 2028.

Priority 6: Preparedness, Response, and Recovery to Disasters and Emerging Public Health Threats

Goal 6.1: Build and Enhance a Sustainable System for Preparedness, Response, and Recovery for Disasters and Emerging Public Health Threats

Objective 6.1.A – Increase the number of ambulance services pre-registered for response in the ESF-8 state ambulance deployment plan (Ambulance Deployment Standard Operating Guidelines) from 0 to 50 by December 31, 2028.

Objective 6.1.B – Increase the number of EMS pre-staging areas from 0 to 20 by December 31, 2028.

Objective 6.1.C – Increase the percentage of EMS providers who participate in regional healthcare coalition activities from 54% to 75% by December 31, 2028.

Objective 6.1.D – Increase the percentage of licensed 911 ground EMS providers who use an active shooter/hostile events response guideline that is substantially similar to the National Fire Protection Association (NFPA) 3000 standard on for preparedness, response, and recovery from an active shooter/hostile event from 55% to 95% by December 31, 2028.

Goal 6.2: Community Preparedness and Education

Objective 6.2.A – Increase the percentage of licensed 911 ground EMS providers providing public outreach for hemorrhage control programs/tourniquet usage substantially similar to Stop the Bleed from 40% to 80% by December 31, 2028.

Objective 6.2.B – Increase the percentage of EMS providers who have a written agreement with a county health department to provide immunization or public health countermeasure programs from 36% to 75% by December 31, 2028.