

**Broward Regional Emergency Medical Services (EMS) Council**  
**March 3, 2022**  
**1:30 p.m.**  
**MINUTES – Skype**

## Call to Order

Alison Zerbe, Staff, called Skype regular meeting to order at 1:30 pm.

## Roll Call

Alison Zerbe called roll and quorum established.

## Announcements:

Approval of Minutes from December 2, 2021

**MOTION TO** Accept the minutes of December 2, 2021.

Motion made by: Dr. Frederick Keroff

Seconded: Chief Jon Frasher

**MOTION passed unanimously**

## Presentation by Adam Katzman on Chapter 3½ Ordinance Proposal

Alison Zerbe:

- Amendment to County Ordinance 3½
- In December Coastal Care d/b/a Cleveland Clinic applied for Class 2 and Class 3 COPCN with the Broward County Commission. The Commission meeting took place in December. The application was denied but the Commission directed the County Attorney's Office to investigate a solution to address some of the concerns Cleveland Clinic had about transporting their patients.
- As a result, the County Attorney's office proposed an amendment to Chapter 3½.

Adam Katzman:

- In the December Commission meeting, Cleveland Clinic brought up specific transport issues. Some of the Commissioners wanted to explore and provide a potential solution. The County Attorney's office looked at the Ordinance language and tried to address Cleveland Clinic's issues. We created a proposed amendment to the Ordinance. Some of the Commissioners wanted to have this reviewed by the EMS Council before it went to Commission. On page 2 of the proposed Ordinance, it has definitions. We've added the definition of *physician* which wasn't previously defined in the Ordinance. They also created a *specialty transport* not to be confused with the *specialty medical transport* under Medicare. It is a limited *specialty transport*. There are currently four classifications of service. This would be a Class 5 This Class 5 is an ALS *specialty transport* and functions like a routine transfer, however, it is limited to

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organ transplant or extracorporeal membrane oxygenation (ECMO) patients transferred to or from an airport or two facilities licensed under Chapter 395. Class 1 or Class 2 are able to perform any service a *specialty transport* could perform. Class 5 would address the narrow issues Cleveland Clinic raised at the Commission meeting, in part, why they wanted the Class 2 and Class 3 Certificate. The rest of the Ordinance is conforming the application for Class 5 to be like Class 2. The other main piece is regarding personnel for Class 5. The proposal includes one state licensed paramedic and one physician under the Ordinance, which is different from Class 1 and Class 2. Cleveland Clinic reviewed this. They proposed that rather than the requirement of the physician, they wanted the Class 5 to be one licensed paramedic and one licensed emergency medical technician. Additionally, Cleveland Clinic proposed the team may include a Registered Nurse, Perfusionist, Respiratory Therapist, or additional paramedic based on the patient's condition. Cleveland Clinic proposed more flexibility with less staffing requirements. The County Attorney is writing this from a legal perspective based on what the Commission had suggested. They are not creating policy. That's for the Commission to decide.

- Jennifer Michalowski from the Cleveland Clinic stated she and Dr. Roach from Cleveland Clinic, BSO, Ft. Lauderdale, and Sunrise, were here to answer any questions.

Dr. Roach stressed that these patients coming from the airport who need an organ transplant or ECMO should be left in the hands of Cleveland Clinic, and they will exercise their own judgement on what/who is needed in the ambulance to provide the best care for the patient.

Question from Candace Pineda, EMS Council, Memorial Hospital: Regarding patients of *specialty transport*, do they currently call the private ambulances? If they are unavailable, do they call 911? How will that differ if Cleveland Clinic has the COPCN?

Ms. Michalowski answered that currently they rely on private ambulance to provide this service and Cleveland Clinic is experiencing long wait times or they are unavailable to provide service especially with aircraft pickups.

Dr. Roach expanded on Ms. Michalowski's answer by expressing concern about the original ambulance survey's methodology and suggested that the EMS Council get this information from the hospitals in a way that is without bias and report it back to Broward County Commission.

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Chief Jonathan Frasher, EMS Council, Tamarac, agrees with Dr. Roach and wants to know how the data was collected before any further discussions are implemented.

Alison Zerbe stated that the Ordinance states that one of the items that the Board will consider regarding the approval or denial of a COPCN application is the results of a County-conducted survey of the Community's needs. The survey was conducted in mid-2020 before there was an active application for COPCN in the County. It was a brief five-question survey paired with response times and call volumes of the current private providers, as well as information regarding our neighboring Counties. It was intentionally brief to encourage people to answer it. The survey was sent out through the Healthcare Coalition, third party, to prevent bias. It was also sent to the CEOs of all Broward County hospitals and other healthcare partners. Survey results showed that not everyone would contact another provider if they received an unacceptable response time from the provider they contract with, so, if they are not receiving an appropriate response for the facility, they may want to inquire with another provider. Survey is provided for your reference.

As a reminder, Broward County has an Inter-Facility Transfer Protocol. If the facility is dealing with a STEMI patient, aortic dissection, neurosurgical, or something similar that requires immediate intervention that is not provided at the facility and the facility is not getting an acceptable (deemed by patient's medical care) response time, 911 should be called. 911 needs to be called immediately for all Trauma Alert patients if the facility is not a Trauma Center. No private ambulance should be responding to those calls. That is a county-wide inter-facility protocol.

Dr. Roach stated that this (the above) was brought up in EMS subcommittee (Fire Chiefs Association of Broward County) and was addressed there. This issue with Cleveland Clinic having their own ambulance transport and COPCN is somewhat related to that specific discussion. The concern is getting these 911 calls when the private ambulances are not available and the EMS system getting overrun with inter-facility calls which is what he believes has happened.

Ms. Michalowski asked for clarification from Ms. Zerbe regarding fixed wing transfers from other countries and whether 911 should be called for those and expressed concern about fire rescue having to wait extended periods of time if called for those patients as sometimes the aircraft will have an estimated time of arrival but will exceed it.

Dr. Keroff asked Ms. Michalowski about their current process for aircraft calls, and she stated that she must continually call around for private ambulance transport for these patients. If she can't get an acceptable estimated time of arrival, she must call the owners and keep calling to ask around.

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Jason Smith, EMS Council, Fire/Paramedic, Union Representative, elaborated on the question of whether fire rescue would wait on standby. He said that fire rescue throughout the county always make themselves available. The only difference is they have a process through private ambulances that hold COPCNs purposely for the needs of what is being requested. It's following the Ordinance. If private ambulances were unable to provide the needs of the hospital, then 911 is called. 911 is available for the next acute call to be able to respond and not to be on the tarmac for an hour or two unless it's a scheduled detail.

Ms. Zerbe clarified the protocol. The inter-facility protocol is intended for transfers of acute emergent and urgent patients that present to a facility that needs to transfer the patient out for the patient to receive optimum care. If the facility does not receive an acceptable (acceptable response time is determined by medical needs and not the needs of the transferring facility) response time from a private ambulance provider, they must call 911. The airport calls are different. We continue to work with the fixed-wing providers. It's still a work in progress. Sometimes international fixed-wing air transports are arriving without letting anyone know ahead of time or with not enough lead time. For example, a Mexican fixed-wing air transport was unaware they can't just land here and call 911. We have been working through these issues as they arise.

Ms. Michalowski stated that they want to avoid using 911 and they don't want them using the units for that purpose. They want them using private ambulances but what are they supposed to do when they won't schedule them?

Ms. Zerbe said that they need to continue to educate the fixed-wing providers and handle any issues real time.

Dr. Keroff to Ms. Michalowski and Dr. Roach: The proposed language has been about transports to and from airports. It also says *specialty transports* and EMS transport vehicles between two facilities licensed under Chapter 395. The proposed language also refers to organ transplants or ECMO. What does Cleveland Clinic currently do in those circumstances? Use private agencies?

Ms. Michalowski said that those were examples, at the Commission meeting, of patients Cleveland Clinic is having gaps with now. They want to provide services to all Cleveland Clinic patients between their Cleveland Clinic hospitals. Cleveland Clinic is a COPCN holder in Martin and Indian River County and currently provides services there.

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Dr. Keroff said the proposed language in the Ordinance is limited to organ patients and patients on ECMO. There wouldn't be any kind of wiggle room for other patients.

Ms. Michalowski acknowledged that the way it's written they would only be able to help a handful of patients a year.

Dr. Randy Katz, EMS Council, Physicians: Prehospital Medical Director, commented that as the Regional Medical Director for American Medical Response (AMR), they do have contracts with healthcare systems where they designate an ambulance to that facility and the hospital can provide whatever extra personnel or equipment is warranted. They will often brand the ambulance if requested. This could be another way to achieve Cleveland Clinic's goal. Work closely with a current private ambulance provider that has a COPCN. He asked if Cleveland Clinic had investigated this option.

Ms. Michalowski said that she has been offered that several times from one of the for-profit agencies. The denominator is so incredibly low at Weston that it would not make sense from the business side to do it that way. Most of their patients go to Weston. There isn't a very large number of patients that come out of Weston. Most months, there are only 30 or 40 discharges out of Weston a month. A very low denominator but, logistically, they have patients that are inconvenienced. They have many hours and patient days that rack up over the years because they are not able to get to their destination. It's not enough to hire someone to have 24-hour coverage there. It wouldn't be a responsible use of hospital funds.

Ms. Zerbe summarized and said that all stakeholders will be notified of the Commission hearing.

Dr. Roach wanted to know the final discussion points and goal.

Alison Zerbe stated that the proposal will go to a Commission hearing.

Dr. Evan Boyar, EMS Council, Physicians: Emergency Department Director, Broward Health, stated that the way the proposal is written now doesn't seem to help the hospital's initiative and asked why it would move forward.

Ms. Zerbe responded that she sent out the link to the Commission meeting where the original applications were denied. Referring to the link should make the process clearer.

Ms. Michalowski would like the language to say: private ambulance COPCN for hospital transfers that would allow them to transport patients from a Cleveland Clinic

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entity to a Cleveland Clinic entity by Cleveland Clinic. She believes this would suffice the Commissioner's request.

Ms. Zerbe stated the transcripts from this EMS Council meeting will be provided to the Commissioners for their review.

Dr. Roach, for the record, said that the EMS Council voted on a particular issue and that issue was denied by the Commission. When experts in this Council watch the video link it shows the people against this COPCN were lobbyist who had connections with the private ambulance companies. He said that it was very dubious, and the process was very concerning to him. He wanted this Council to know and reflect on that. He is asking this Council to send a statement to the County Commission with respect to that. He continued that there must have been a purpose of the initial recommendation and vote. The idea that they can then go to a Commission meeting and have lobbyist sitting in front of politicians to counter the public good of this Council seems concerning to him. He said that something doesn't sit right with this whole process. He requested to be on the record stating that.

Matt Whitton, EMS Council, Appointee of Commissioner Fisher, said that he watched the Commission meeting and he agreed that the County should propose it with the least restrictions as possible. Let the Commission apply restrictions as they feel appropriate. He commented that the Fire Chiefs' Association backed the application without hesitation.

Chief Joel Gordon, EMS Council, ALS Municipal Provider, said that he served as the previous Chair that recommended licensing and the different classifications to the County Commission. These things have come up before in conversation. It's always been the role of the EMS Council to make recommendations. It appears that this amendment has been brought forward to the Council to make recommendations to the Commission on what to do. He is not sure if this forum is the right forum to have that discussion. He suggested this go before Medical Issues to determine what the need is. The conversation is about Cleveland Clinic, but, if this was to go into Ordinance, any hospital or any provider under the statute could file.

Dr. Keroff agreed with Chief Gordon. He is not clear what the true need is within the County. He understands the Fire Chiefs' have supported it, but he doesn't understand the need to change the classification system that has been in place for a significant period of time. He agrees it should be passed on to a subcommittee whether Medical Issues or another.

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Ms. Zerbe asked Adam Katzman to advise if they can wait for the subcommittee's recommendation before the proposed Ordinance change goes before the Commission.

Adam Katzman said that any member can make a motion to make a subcommittee or send to Medical Issues. They need to report back to the sponsoring Commissioner to see if the Commissioner thinks it's better to investigate further or push forward with the Ordinance. He suggests that it be made into a formal motion.

- **MOTION TO** take up this issue and assign it to an appropriate subcommittee to review and make recommendations back to the Council as to how to move forward.

Motion made by Chief Joel Gordon

Second the motion by Dr. Fred Keroff

**MOTION passed unanimously following discussion**

Discussion:

Dr. Wayne Lee suggested an ad hoc Committee. Dr. Keroff said it was probably best to do it through one of the standing Committees. They can do it ad hoc under Medical Issues, then report it to the Council. They don't need to wait until the Council's next quarterly meeting to report it back to the EMS Council.

Dr. Lee said EMS Council has a Chair for Medical Issues but he's unaware of a Medical Issues Committee. Dr. Keroff said that since the pandemic, they haven't had Medical Issues Committee meetings. It would consist of the members of EMS Council who want to participate on it and open to the public through sunshine.

Ms. Zerbe will send out a notice to create a group to get this done before the next quarterly meeting. They can have a special meeting if the Vice Chair calls it or if more than half the Council agrees to a special meeting at today's meeting. Dr. Keroff wanted to have it under Medical Issues and invite everyone interested from the EMS Council.

### **Recommendation for Appointment/Reappointment:**

Physicians: Emergency Medicine, Reappointment, Dr. Wayne Lee 4-13-2022

**MOTION TO RECOMMEND** Dr. Wayne Lee, Reappointment

Motion made by Dr. Frederick Keroff

Seconded by Dr. Randy Katz

**MOTION passed unanimously**

American Red Cross, Broward County Chapter, Appointment, Ryan Logan

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Hospitals: Memorial Healthcare System, Administration, Appointment, Peter Powers

**MOTION TO RECOMMEND** Ryan Logan and Peter Powers, Appointments

Motion Made by Dr. Frederick Keroff

Seconded Jonathan Frasher

**MOTION passed unanimously**

**Recently Approved Appointments/Reappointments by  
Commission:**

Chief Bruce Caruso, Retired, BSO Cooper City, appointed by Beam Furr  
2-22-2022

**Vacancies:**

Advanced Life Support (ALS): County Provider

Advanced Life Support (ALS): Private Provider

American Heart Association, Broward County Chapter

Appointee of Commissioner Mark D. Bogen

Appointee of Commissioner Tim Ryan

Appointee of Commissioner Michael Udine

Broward Regional Health Planning Council, Inc.

Law Enforcement Representative, Union Representative

Transport: Aircraft

Contact Alison Zerbe with nominees or recommendations for the vacant positions.

**Committee Reports:**

**Legislative Update – Alison Zerbe reported- (We are in the last two weeks of the  
Legislative Session – ends on March 11, 2022)**

- SB502 – (COPCN) Certificates of Public Convenience and Necessity. This requires a county with a population exceeding one million people to approve any applicant if the applicant has been operating in the state for ten years or more. Last meeting it was postponed; introduced in SJ29 on 1/11/2022. Bill may be killed but following it for the next two weeks.
- SB1144 – ALS non-transport and medical countermeasures bill. This would exempt certain government entities from requirements to obtain a COPCN for ALS non-transport services. This is in Health Policies since February 23<sup>rd</sup>.
- SB330 – Medicaid modernization. This authorizes Medicaid to reimburse for certain remote evaluations and patient monitoring services. Introduced since 1/11/2022.



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- SB200 – First Responder employment related accidents and injuries. This would expand eligibility for certain workers compensation benefits to include correction officers and 911 dispatchers. Introduced as SJ11 on 1/11/2022.

**Executive Committee – Dr. Frederick Keroff reported**

- No report. Alison Zerbe said that we need to select a Chair, per the bylaw, at the annual meeting in September.

**Public Information, Education – Chief Joel Gordon reported**

- The mobile JIC project is ongoing and will be a long-term project.
- The Florida Association of PIOs had their annual well-attended symposium in January 2022. Simultaneous to this, they provided the L105 which is the new FEMA basic PIO class and advanced skills class at the conference. One of the topics was the Surfside issues.
- Save Haven for Newborns: The Florida Fire Chiefs which Safe Haven has been a partner with has assigned a liaison recently, Deputy Fire Chief Chantal Botting from Fort Lauderdale Fire Rescue.

**EMS Conference – Chief Bruce Caruso reported**

- 25<sup>th</sup> Anniversary theme is *Honoring the Past, Connecting the Present, Developing the Future*. Dates are June 13-17, 2022, along with Gathering of Eagles.
  - the State of Florida EMS meetings confirmed that they are being held in conjunction with the conference, June 15-17.
  - Conference website is almost complete, ADA compliant, and mobile-friendly
  - Conference advertising running in a couple of publications
  - An agreement with *EMS World* will be sending out email blasts
  - EMS Awards
  - Registration just opened and received registrations as far away as Washington State.
  - International Medical Directors from Gathering of Eagles, June 13-17
  - Discount codes covered under grant will be coming out soon for Broward paramedics, nurses, and private providers. Those agencies should not be registering yet because they will ask for payment and that's what the grant is for.

**Medical Issues – Dr. Frederick Keroff reported**

- No report

**Critical Incident Stress Management (CISM)– Andrew Masters reported**

- No report.

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#### EMS Review – Alison Zerbe reported

- Alison Zerbe commented that the private ambulance COPCNs and their Emergency Backup Agreements were successfully renewed. She thanked the EMS Review Committee for assisting with this.

#### Grant Committee – Alison Zerbe reported

- Grant agreements between Broward County and the recipients of the 2022 EMS County Grant Funds have been distributed for signature. Ms. Zerbe needs three original signature documents from the recipients. Once fully executed, then spending can begin to be reimbursed.
- The 2021 funds expired in December. A request was sent to the State to rollover those funds to 2022 to continue the projects previously agreed upon. Permission is pending.
- Leadership at the State level has changed. Alan Van Lewen retired, and Ms. Zerbe will send out an email with the new State contact.
- Matching grant deadline passed. Those who applied, Ranking Committee must have scores in by March 18, decisions end of May or early June.

#### Nominating Committee – A. Zerbe reported

- Ms. Zerbe said they were forming a nomination committee before September so they can have some nominations presented at that meeting. At that meeting they can elect a Chair; Dr. Keroff has been Interim Chair since Mr. Marrinson left. Need to nominate a Chair and Secretary.

#### Old Business – Alison Zerbe

- Subcommittees need participation and Chairs. Alison will be reaching out to get these filled.

#### New Business – Alison Zerbe

- In conjunction with the Fire Chiefs' Association of Broward County and the EMS subcommittee they put together a hospital matrix that was emailed to the Council. This matrix lets the EMS agencies know the hospital's capabilities to assist in making patient destination decisions. Some definitions are provided on the second page for clarification. Alison reached out to every hospital CEO for this information. If anyone has any comments or proposed revisions reach out to Alison.

#### Good of the Order

- Nothing to report.

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**Next Meeting Dates**

June 2, 2022

September 1, 2022

December 1, 2022

**Adjourned**

2:27 p.m.