BOARD OF COUNTY COMMISSIONERS

2025 ANNUAL REPORT

Advisory Board Name: County EMS Advisory Council

Meeting Dates and Attendance Records for 2025:
(See Attachment 1)
The Brevard County EMS Advisory Council meetings were conducted via Teams on:

- March 13, 2025
- September 17, 2025

Meeting Dates for the EMS-ED Stakeholder Group:

- November 20, 2024
- March 4, 2025
- August 27, 2025

The Brevard County Fire Rescue EMS Advisory Council shall convene at the direction of the Board of County Commissioners and Fire Chief, to appoint new members on a biannual basis or if there is an EMS related event that cannot be resolved at the EMS-ED Stakeholder Group (EESG) level. During calendar year 2025 there were no projects assigned to this council, however, the council did meet biannually to ensure that all positions on the council were represented by key stakeholders. With that said, Brevard County Fire Rescue chairs the Emergency Medical Service/Emergency Department Stakeholder Group (EESG) and works in concert with the EMS Advisory Council since many of the council members are also part of the EESG quarterly meetings. The EESG works collaboratively with Brevard County Fire Rescue in addressing Emergency Medical Service (EMS) related concerns, updates, projects, etc. In addition, the meeting dates for the quarterly EESG meetings are included.

Accomplishments or Work Product for 2025:

The calendar year 2025 presented significant challenges for Brevard County Fire Rescue (BCFR) and the broader community, particularly in the realm of emergency medical services (EMS) delivery. A major disruption occurred in February 2025, when BCFR was formally notified that Orlando Health Rockledge Hospital—Brevard County's second busiest receiving facility—would permanently close and cease accepting patients as of April. The hospital's Emergency Department leadership confirmed April 7, 2025, as the final day for ambulance transports.

In response, BCFR rapidly mobilized a strategic mitigation plan centered on a two-pronged approach, shared with the Emergency Medical Services–Emergency Department (EMS-ED) Committee. The strategy focused on:

- Reducing hospital transfer delays ("wall time")
- Preserving Advanced Life Support (ALS) unit availability by transferring low-acuity, nonemergent patients to Basic Life Support (BLS) provider Coastal Health Systems

This response was driven by the EMS-ED Stakeholder Group (EESG), whose collaboration and commitment rendered activation of the Brevard County EMS Advisory Committee unnecessary. The following initiatives reflect a county-wide commitment to not only mitigate the loss of a key hospital but also to realign EMS service delivery to ensure the right resources are dispatched to meet the needs at the scene.

Key Initiatives and Collaborative Efforts

1. **Reducing Hospital Transfer Delays ("Wall Time")**
    a. BCFR partnered with local emergency departments to streamline patient handoffs. Reducing “wall time”—the duration EMS crews wait to transfer patients—was critical to increasing unit availability and improving response times.
    b. BCFR in coordination with hospital leadership teams, have transitioned from monitoring weekly wall time reports to daily reporting for real-time responsiveness
    c. EMS Assistant Chief maintained 24/7 direct contact with hospital administrators
    d. A text alert system notified stakeholders when patient turnover exceeded 20 minutes
    e. See Attachment 2

2. **Development of Nonemergent Transfer Protocols**
    a. In collaboration with the medical direction team, BCFR established protocols allowing Advanced Life Support (ALS) units to transfer low-acuity patients to nonemergency Basic Life Support (BLS) transport units. This preserved ALS availability for high-priority emergencies. *See Attachment 3*

3. **Treat and Transfer Implementation Plan**
    a. On March 24–26, BCFR launched training for the Treat and Transfer program. Multiple sessions followed, supported by a reference video. The program expanded to Port St. John, Canaveral Groves, Merritt Island, Cape Canaveral, Cocoa Beach, and Palm Bay.
    b. To date, over 1,200 transfers have been completed between BCFR and Coastal Health Systems.

4. **Partnership with Coastal Health Systems**
    a. Coastal Health Systems in coordination with BCFR deployed five dedicated BLS ambulance units assigned to the Treat and Transfer program and have been strategically placed throughout Brevard County within the municipalities that have agreed to participate in the program. This strategic move ensured ALS ambulances remained available for emergent calls and were not diverted for long-distance, nonemergent transports.
    b. Originally designed to mitigate the closure of Orlando Health Rockledge, the Treat and Transfer program has evolved into a broader service realignment strategy. It has:
        i. Reduced provider burnout
        ii. Improved patient satisfaction by enabling transport to preferred facilities
        iii. Enhanced system efficiency by matching response level to patient acuity

5. **Alternate Destination Sites**
    a. To prevent ED overloads, BCFR explored alternate destinations such as urgent care centers. This would reduce wall times and improve EMS availability. Extended wall times—sometimes exceeding two hours—can delay emergency response, compromise patient care, and increase organizational liability.

7. Pulsara Patient Tracking System

a. BCFR implemented the Pulsara platform for real-time patient tracking and communication. Endorsed by the Florida Office of Emergency Preparedness and Community Oversight, Pulsara replaces traditional radio communication with a secure digital interface that shares patient condition, vitals, and other critical data—allowing hospitals to better prepare for incoming patients. The Pulsara system may be during day-to-day patient transportation to the hospital, during mass casualty incidents, and is being used as part of the Treat and Transfer workflow process.

8. UCAPIT Medical Inventory System

a. In June 2025, BCFR finalized countywide deployment of the UCAPIT system for medical consumables. Grant-funded UCAPIT machines were placed at hospitals, enabling EMS crews to retrieve one-for-one items used on scene. This initiative:
   i. Reduced inventory waste and expenses
   ii. Improved tracking and accountability
   iii. Replaced manual ordering systems

b. In August 2025 alone, BCFR recorded a $14,000 reduction in EMS supply costs compared to August 2024.

9. Medication Shortage

a. The EMS Advisory Council, along with the EESG, continue to monitor and seek solutions addressing the medication shortage impacting EMS agencies across the country and how they can be of assistance to BCFR.

10. Ongoing Collaboration

a. BCFR continues to work closely with EESG to:
   i. Monitor and improve wall times
   ii. Expand Treat and Transfer program
   iii. Reduce inventory waste and expenses
   iv. Refine protocols and technology to enhance EMS service delivery

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Recommendations or Suggestions for the Board:

- Continue to have the EMS Advisory Council meet and work together with the EESG to resolve county-wide EMS service delivery related issues that cannot be resolved by the EESG. Having the standing committee allows quick coordination and communication for any medical issue involving the entire county wide medical delivery system. In addition, to meeting as required by ordinance and addressing EMS medical related issues, one new appointee was added to the committee as result of current members retiring or being promoted.

The new appointees to the council are:

- Tim Bennett will replace Tammi Mullins for the Orlando Health, previously named "Steward Hospital" seat.

Goals for 2026:

- The EMS Advisory Council will continue to meet at a minimum as scheduled by ordinance; however, if required we will meet as required to complete assignments directed by the board and/or Fire Chief. The goal of the council is to work collaboratively on any current or potential EMS related issues in a timely manner, with the EESG, before they escalate and/or cannot be resolved at the operational level. We will also continue to empower EESG meetings to solve issues at the lowest level possible prior to escalating the Brevard County EMS Advisory Council. These meetings would also serve the purpose of ensuring current appointments to the EMS Advisory Council.

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Attachment 1

Advisory Board Name: Brevard County EMS Advisory Council

Listing of Advisory Board Appointees and their Attendance/Absence at Scheduled Meetings:

Appointee	Appointed By: (District #/At-Large)	3/13/2025	9/17/2025
Patrick Voltaire	BCFR	Present	Present
Orlando Dominguez, Jr.	BCFR	Present	Present
Greg Sutton	TFD	Present	Absent
James Schindler	CBFD	Present	Absent
Keith Maddox	IFD	Present	Present
Nadyra Ingram	Health First	Present	Present
Ericka Jacobs	Parrish Medical	Present	Present
Tammi Mullins	Orlando Health	Resigned	Vacant
Steve Salvo	EFSC	Present	Present
Jeffrey Gilliard	EMETSEEI	Present	Absent

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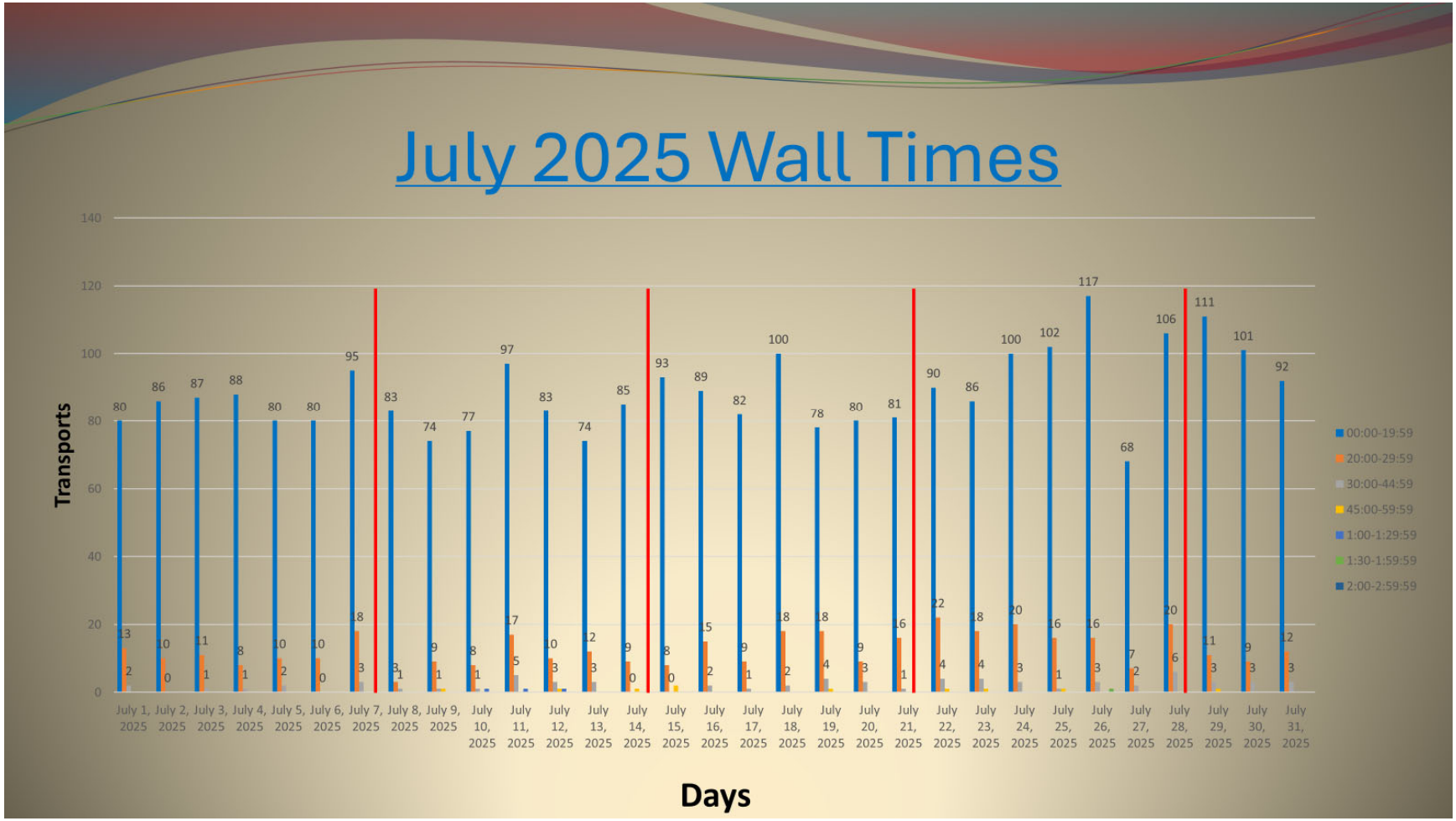
Attachment 2



Attachment 3

TREAT & TRANSFER PROTOCOL

BLS Transport Criteria:(to send with BLS crew of any agency)

- AGE 1 MONTH and older (this is an extended age range compared to TREAT AND RELEASE or TRANSFER TO ALTERNATE DESTINATION protocols)
- Stable vital signs (Two sets of vitals are required prior to transfer: Blood Pressure, Heart Rate and Respiratory Rate) and must be in BLS range

	Age > 12 yr	Age 1month to 12yr
Respiratory Rate	10 to 22	per Handtevy app
Heart Rate	50-130	per Handtevy app
SBP	> 90, <180	per Handtevy app
Glucose	> 60	per Handtevy app
Oxygen Sat	>92% on Room Air or Normal home O2	

- No chest pain that is not clearly chest wall and trauma related
- No acute cardiac event or symptomatic hypertension
- No syncope
- No respiratory distress or risk of airway compromise
- No altered mental status or confirmed loss of consciousness PTA; GCS>13
- No signs of TIA or stroke/ focal neurological deficits
- No seizure (hx seizure disorder ok if not acute)
- No hypoglycemia <60 or hyperglycemia > 250
- No active bleeding that cannot be stopped with direct pressure. This includes GI bleeding, vaginal bleeding, urinary bleeding or wound bleeding.
- No severe injury or severe high-risk mechanism
- No Trauma Alert criteria
- No overdose or severe intoxication (Talk but no walk: BLS; No talk or walk: ALS)
- No imminent childbirth; no immediate postpartum care
- No abdominal pain above the umbilicus
- No angioedema or anaphylaxis
- No neonatal care <1 month
- No need for pain control
- No need for IV, cardiac monitor, or supplemental oxygen above 4 liter/ min.

- Patient can have medical devices that do not require EMS provider intervention, such as PEG tubes or other feeding tubes, CSF shunts, colostomy/ileostomy, insulin pumps, tracheostomy with no respiratory symptoms, etc)

Protocol Adjustment Criteria – No Medical Director Notification Required

Note: Two sets of vital signs must be within the accepted BLS range — **no exceptions.**

- Minor extremity injuries not requiring pain control
- Minor head injuries with no anticoagulants
- Chronic pain
- Upper respiratory infection (URI) symptoms not meeting SIRS criteria
- Urinary tract infection (UTI) symptoms not meeting SIRS criteria
- Rash not related to acute allergic reaction
- Minor lacerations
- Minor contusions/abrasions
- Minor falls with minor or no head injury with no anticoagulants