

DRAFT
Broward Hospital Collaborative on Ambulance Transport Needs
April 23, 2026
9:30 AM
MINUTES

Call to Order

Alison Zerbe called meeting to order at 9:33AM

Self-Introductions

Presentation – Ambulance Transport Needs

PowerPoint presentation by Alison Zerbe

At the request of the Board of County Commissioners, they (EMS Council, Agencies, Providers, Public) are undertaking a comprehensive review of Broward County Ordinance Chapter 3 ½. The EMS Council has conducted multiple workshops. They have heard from EMS Council (from hospital administrators to clinicians in the field), fire rescue, licensed private ambulance providers, and now hospitals.

They want to produce framework that the Board may adopt that encompasses the entire healthcare network and promotes excellent patient outcomes.

The EMS Council has a subcommittee, EMS Review Committee, that reviews the COPCN applications and makes recommendations to the Board. They changed one of the positions on the EMS Review Committee to include a hospital administrator.

They recommended quantitative formulas for determining the need for ambulances in Broward County: unit hour utilization, ambulance to trip ratio, and ambulance to population ratio. It is recommended to use all three at the same time.

They have identified a qualitative gap, and they want to know from the hospital's perspective how to fill that gap moving forward.

- The current contract with ambulances is a five-year contract with the county. Before they issued those contracts they did a need assessment survey in Broward County. The survey indicated that the hospital systems only contracted with one or two ambulance companies when Broward has four providers.

Presentation is available upon request.

Key Discussion Points

1. Broward County needs standardized objective data on a consistent basis.

The quantitative formula for determining the need for ambulances in Broward County: unit hour utilization, ambulance to trip ratio, and ambulance to population ratio. Use all three at the same time.

Traffic patterns in south Florida have shown traffic delays at particular times of the day and locations. Broward Health pushed their main provider, MCT Express, to strategically place ambulances in locations to address these traffic delays. Commissioner Geller said that staging should be put into code.

There is a need to have the same standards for private ambulance providers across the

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board.

Hospitals need to coordinate a standard KPI. (level of patient need).

UHU is a popular industry key performance indicator (KPI) (UHU= # of transports / number of unit hours. Fitch & Associates, public service consultant popular in EMS industry suggestion (.30-.50).

Hospitals should meet with private ambulance companies monthly (regular basis) and share the KPI to resolve issues as they happen.

To develop a standard, Dr. MacDougall needs every hospital's contract with the four ambulance companies that dictate their response times.

On a quarterly basis, Dr. MacDougall wants the level of service and patient data for each call from the hospitals.

If the hospitals are looking for qualitative improvement for a specific class of individuals, they will need a large amount of hospital data on a consistent basis.

2. Hospitals probably have the data, but it needs to be put in a useful format.

Hospitals need to give Alison Zerbe three years of hospital transfer data.

Michael Ruiz wants to work through how data is provided and at what level. A shared unidentifiable dashboard would be preferred.

3. Time periods 20-40-60-(80) conceptual agreement on these numbers. Using four 'buckets':

- a. EMERGENT – most sensitive; some emergent falls under 911, and for those that don't they'd like to see 80-85% of the time being done in 20 minutes.
- b. URGENT – 80-85% of the time in 40 minutes.
- c. NON-EMERGENT – majority of the runs are taking a patient from one shop to another shop. 80-85% of the time 60-90 minutes.
- d. SCHEDULED – is a separate category that they pick up at time agreed with a 60-minute cushion (i.e., time is 5:00 and if not there by 5:59 that's a fall out).

Alison Zerbe asked if hospital were able to break down their data in each *bucket* list to show response times and the percentage break down. Dr. Boyar said the data is available but may take some time.

Conceptually 20-40-60-(80) works for now but could be refined over time. To refine this information without going to commission, this would not be under Chapter 3½, but directed to a reference table.

4. Ambulance companies held accountable if they don't meet time standards.

If ambulance providers consistently underperform the metrics, that will be a renewal consideration. Ambulance companies could be fined, have payments withheld, and may not

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be eligible for renewal.

5. Hospitals need (at least) a secondary contract with private ambulance companies as a backup. There are four ambulance companies.

If a hospital needs an ambulance in 2-3 hours but the ambulance company can't be there for five hours, hospital staff need to know to call the backup ambulance company(s).

6. Private ambulance shows up at the scheduled time and if the call is misclassified or the ambulance must wait a long time, hospitals need to be accountable.

The ambulance company needs to document their time waiting and the hospital should pay a compensation to the ambulance company. Hospital also could be fined.

Ambulance companies need to hold hospitals accountable. If the hospital calls something emergent/urgent it needs to be urgent due to the patient's medical needs and not due to the needs of the transferring facility.

7. Adding 3-6 ambulance companies would not be helpful but detrimental to the system.

Commissioner Geller is concerned that if they add 3-6 small companies, they won't survive and that would take away sufficient numbers from the existing providers.

They looked at national standards for how many ambulances may be needed in Broward County using 70,000 calls per year. Whatever model they looked at showed, Broward currently has an adequate number of ambulances.

In Broward County there are 121 licensed ambulances and 66,490 transports a year. $66,490 \text{ trips} / 365 / 121 \text{ ambulances} = 1.5 \text{ trips-to-car ratio}$.

$66,490 \text{ trips} / 365 / 60 \text{ ambulances} = 3.03 \text{ trips-to-car ratio}$

Hospitals are competing over the same EMTs and paramedics (hospitals, ambulance companies, fire rescue). In Florida and nationwide there is a shortage of EMTs and paramedics. If they bring in more companies that is going to further dilute the pool of available candidates.

Another concern is that fire rescue may be making moves from 24/48 to 24/72. This will require additional EMTs and paramedics, further reducing the work force.

Commissioner Geller confirmed that all hospital leadership in attendance agreed with all discussion points.

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Executive Summary of Minutes

The minutes reflect a Broward Hospital Collaborative meeting on April 23, 2026, focused on ambulance transport needs, data standardization, performance metrics, accountability, and potential policy updates in Broward County.

Commissioner Steve Geller, Broward County Commissioner, with hospital leaders discussed how to improve interfacility transport performance, how to determine ambulance need, and how to ensure fairness across both hospitals and private providers.

Key Points

1. Need for Standardized Data

Hospitals, ambulance companies, and the county agree that:

- Broward County needs consistent, objective data to determine ambulance needs.
- Hospitals must provide three years of transfer data and quarterly equity-level classifications.
- There is a desire for a shared, unidentifiable dashboard of data.

2. Quantitative Formula

A formula has been recommended by EMS Council to determine ambulance need, using:

- Unit Hour Utilization (UHU)
 - Ambulance-to-trip ratio
 - Ambulance-to-population
- All three should be used simultaneously.

3. Response Time “Bucket” Standards

Consensus emerged around **20-40-60 (and sometimes 80) minutes** depending on urgency:

- **Emergent:** 80–85% in **20 minutes**
- **Urgent:** 80–85% in **40 minutes**
- **Non-Emergent:** 80–85% in **60–90 minutes**
- **Scheduled:** Pickup at agreed time with a **60-minute cushion**

Hospitals say the data exists; the county wants this consistently reported.

4. Mutual Accountability

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Both ambulance companies and hospitals should be held accountable:

- Hospitals should have backup private ambulance contracts.
- Ambulance providers should be fined or ineligible for renewal if they routinely miss standards.
- Hospitals should compensate providers if hospitals cause delays (e.g., paperwork is not ready).
- Misclassification of patient priority by hospitals must be addressed.

5. Adding More Ambulance Companies

There is broad concern about:

- Diluting an already limited pool of EMTs/paramedics.
- Weakening existing companies.
- Reducing system stability. Consensus: Adding 3–6 companies may hurt rather than help.

6. Workforce Shortage

Everyone agreed:

- EMT and paramedic shortages are statewide and national.
- New companies require more staffing, which the region cannot support currently.
- Not all 121 licensed ambulances are staffed every day.

7. Interfacility Transfers vs 911 Priority

Discussion emphasized:

- High-equity hospital-to-hospital transfers must be prioritized.
- Private companies sometimes deprioritize these because they are not volume-based.
- Trauma transfers technically fall under 911 interfacility protocol.

8. Policy and Ordinance Updates

- The county is reviewing Chapter 3½, but it is not yet official.
- Standards like the 20-40-60 framework may be housed in reference tables for easy refinement, not locked into ordinance.
- Commissioner Geller is concerned about making decisions based on anecdotal reports; he wants objective evidence.

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Overall Consensus Points

- Standard metrics and data reporting must be adopted across all hospitals.
- The 20-40-60 response structure is a workable starting place.
- Accountability is needed on both sides (hospitals and ambulance providers).
- More ambulance companies are not the answer currently.
- Workforce shortages must be considered in all decisions.
- Back-up contracts for hospitals are essential.
- The county needs clear, objective data before making policy changes.
- Strategic ambulance staging could assist

Adjourn 10:50AM