

Emergency Medical Services & Injury Prevention Systems Branch



State of Hawaii Department of Health Emergency Medical Services Advisory Committee (EMSAC)

April 17, 2026 Meeting

09:30 A.M. Hawaii Standard Time (HST)

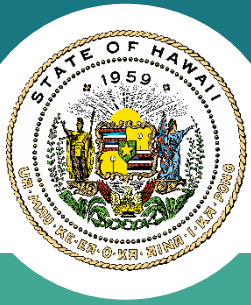
Location: 1250 Punchbowl Street, Honolulu, Hawaii, 96813

Department of Health, Kinau Hale, 1st Floor Boardroom

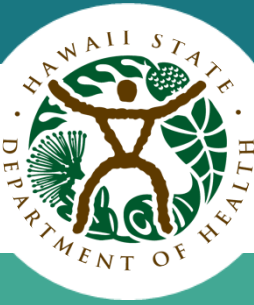
Or Online via Microsoft Teams Link

Right Patient, Right Place, Right Time, Right Now

A Prepared and Safe Hawaii Starts with Trauma and Emergency Medical Services (EMS) Modernization



Call to Order and Roll Call



Marilyn Matsunaga, EMSAC Chair

Meeting called to order on

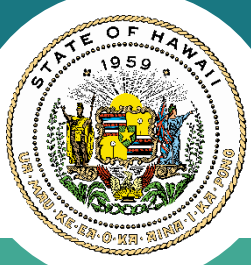
April 17, 2026 at 09:30 AM

Emergency Medical Services Advisory Committee

Roll Call by Andrew Yonemura

Right Patient, Right Place, Right Time, Right Now

A Prepared and Safe Hawaii Starts with Trauma and Emergency Medical Services (EMS) Modernization



Public Testimony



Written Testimony: To ensure the public, as well as EMSAC members, receive testimony in a timely manner, the Committee requests written testimony be submitted two business days prior to the scheduled meeting date and time (Wednesday, April 15, 2026, at 9:30 AM HST). Any written testimony submitted after such time will be distributed at the meeting. Please note any written public testimony submitted to the Committee will be a public record and any contact information will be available for public inspection and copying.

Written testimony may be submitted via:

- E-mail to DOH.emsac@doh.hawaii.gov;
- US Postal Service addressed to Hawaii Department of Health, Emergency Medical Services and Injury Prevention System Branch (EMSIPSB), 3675 Kilauea Avenue, Trotter Building, Honolulu, HI 96816; or
- By facsimile to: (808) 733-9216.

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A Prepared and Safe Hawaii Starts with Trauma and Emergency Medical Services (EMS) Modernization



Public Testimony



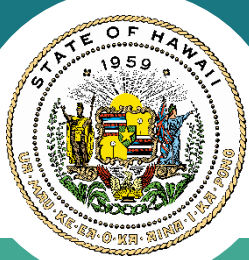
Oral Testimony: The Committee will also consider public testimony given at the meeting on any item relevant to this agenda. Individuals may submit oral testimony during the meeting by sending an email request to DOH.emsac@doh.hawaii.gov by Wednesday, April 15, 2026, at 9:30 AM HST, **or by simply announcing/identifying themselves** and the item they want to testify about during the public testimony portion of the meeting.

Upon recognition of the Committee Chair Individuals may also provide audiovisual oral testimony by using the “**Raise Hand**” feature in Teams, clicking the “Unmute” icon to talk, and clicking the “**Start Video**” icon to turn camera on.

The Committee’s agenda and meeting materials are available for inspection at EMSIPSB’s office and on the Committee’s website at <https://health.hawaii.gov/ems/home/emergency-medicalservices-advisory-committee/>. If you need an auxiliary aid/service or other accommodation due to a disability, contact the Department of Health State Coordinator at doh.nondiscrimination@doh.hawaii.gov or EMSIPSB office at (808) 733-9210 or email DOH.emsac@doh.hawaii.gov

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Meeting Agenda



Public Meetings Calendar - State of Hawaii

The screenshot shows a web browser displaying the Hawaii.gov public meetings calendar. The page title is "Public Meetings / Details". The search filters are set to "State Emergency Medical Services Advisory Com...", "April", "2026", and "April". The calendar view shows the date "Friday, 04/17/2026" selected. The event details are as follows:

- Time:** 09:30 AM - 11:30 AM
- Recurring:** (None listed)
- Event status:** (None listed)
- Calendar:** State Emergency Medical Services Advisory Committee
- Title:** Emergency Medical Services Advisory Committee (EMSAC) 4/17/26 Meeting
- Location:** 1250 Punchbowl St, Honolulu HI 96813; State of Hawaii Department of Health, Kinau Hale, 1st Floor Boardroom
- Posted on:** 04/10/2026 11:58 PM
- Updated on:** 04/10/2026 11:58 PM

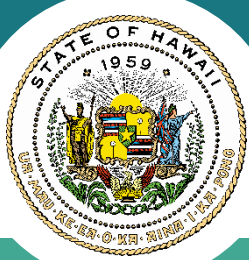
The agenda items listed are:

- I. Call to Order/Roll Call – Marilyn Matsunaga, EMSAC Chair
- II. Approval of January 2026 Meeting Minutes (*Voting Item*)
- III. New Business

<https://calendar.ehawaii.gov/calendar/meeting/76997/details.html>

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Approval of Meeting Minutes

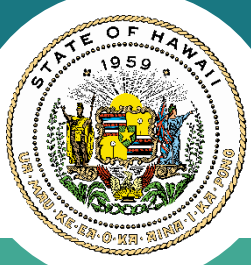


January 2026 Meeting Minutes Approval Motion to Approve Voting

<https://calendar.ehawaii.gov/calendar/meeting/76997/details.html>

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A Prepared and Safe Hawaii Starts with Trauma and Emergency Medical Services (EMS) Modernization



New Business



Guest Speakers

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A Prepared and Safe Hawaii Starts with Trauma and Emergency Medical Services (EMS) Modernization



Guest Speakers



Jack Lewin, MD

Administrator, State Health Planning and Development Agency (SHPDA)
Senior Advisor to Governor Josh Green MD on Healthcare Innovation
State of Hawaii, Hawaii Department of Health

Rafael Sa'adah, BS, MPA, JD

Overdose Data Quality Improvement Project Lead
Volunteer for Emergency Medical Services and Injury Prevention Systems Branch
State of Hawaii, Department of Health

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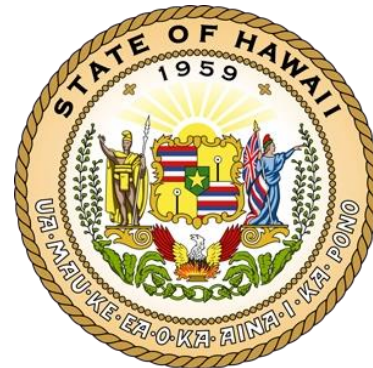
A Prepared and Safe Hawaii Starts with Trauma and Emergency Medical Services (EMS) Modernization

Emergency Medical Services Advisory Committee

Friday, April 17, 2026

Jack Lewin, MD - Administrator, State Health Planning and Development Agency

Senior Advisor to Governor Josh Green on Healthcare Innovation, Hawai'i Department of Health



Disclaimer

This presentation is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as an award totaling \$82,447,890.00 with 100% funded by CMS/HHS. The content of this presentation are those of the authors and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

Agenda

Rural Health Transformation Program

Presenter: Jack Lewin, MD SHPDA

AHEAD General updates, Milestones, and Timeline

Presentation:

Rural Health, AHEAD, and the Future of Hawai'i Healthcare



Rural Health Transformation Program

What is RHTP?

- A CMS program designed to support rural communities transform the healthcare delivery ecosystem.
- \$189 Million Dollars (per year) awarded to the State of Hawai'i
- Divided into 6 initiatives (**RHIN**, RICA, Pili Ola, Home Run, Rural Respite, **RVBI**)

Why it Matters for AHEAD

- Rural providers often lack the scale, infrastructure, and financial flexibility needed to participate successfully in value-based payment arrangements such as AHEAD without additional support.

What Hawai'i Requested

- **Initiative 6, RVBI** – This competitive fund will enable rural providers to adopt care models and succeed under the AHEAD model by financing local value-based innovations. This may include support for quality reporting, advanced analytics, practice transformation coaching, hiring staff.

Status

- SHPDA was awarded RHTP funding. Collaborating with Med-QUEST and DOH on planning and procurements.
- Working closely with the Governors office to coordinate with other initiatives

Initiative 1: **Rural Health Information Network**

- Electronic Health Records Upgrades
- Last Mile Network Infrastructure Solutions
- Care Quality Information Exchange
- Statewide Analytics & Technical Assistance Hub
- Closed Loop Referral System and Care Coordination Hub
- Dual Eligible Data Dashboard Hub

Initiative 6: Rural Value Based Initiative

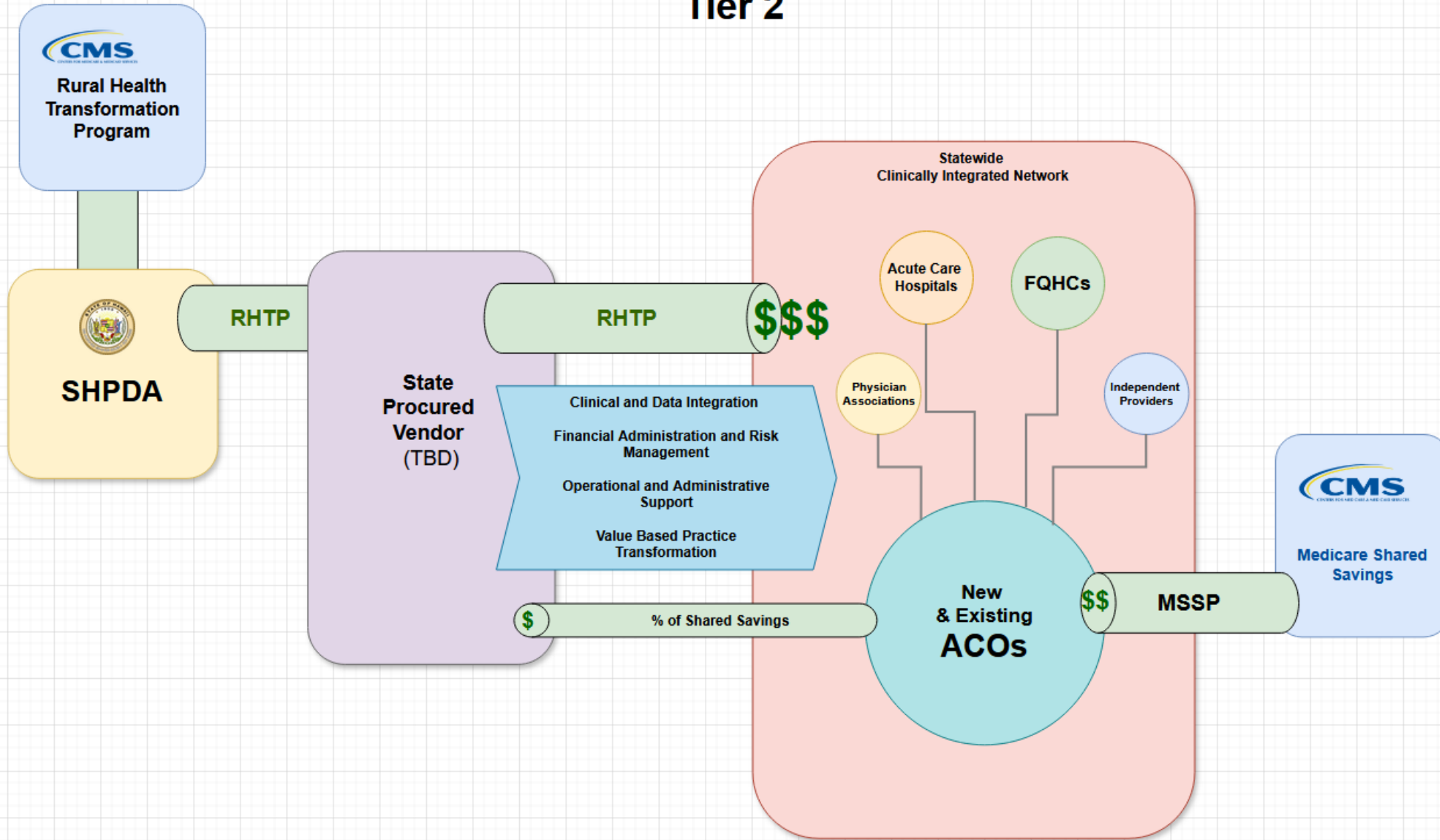
The AHEAD Readiness Fund

Rural Hospitals

**Community
Health Centers**

**Independent
Providers**

RVBI Provider Collaborative Tier 2



State RHTP Application Available Online:

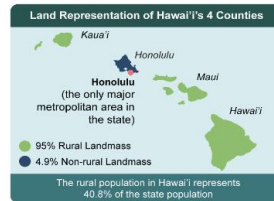
engage.hawaii.gov/rhttp/

State of Hawai'i CMS Rural Health Transformation Plan Project Narrative

1. Rural Health Needs and Target Population

A. Rural Demographics

Hawai'i, an isolated archipelago of Pacific Islands, is the most remote populated landmass on earth. Seven of the Hawaiian island are inhabited with a total population of 1.45 million. Hawai'i is a five to six-hour flight from California and a five to six-hour time zone difference from the nation's capital.¹ The only major metropolitan area in the state (Honolulu) is located on the island of O'ahu. All other areas of O'ahu and all other islands (known as the "neighbor islands") are rural. The state's rural areas are defined in Hawai'i Revised Statutes §1B-1².



Hawai'i is divided into four counties, including Honolulu, Maui, Kaua'i, and Hawai'i (for this application, Kalawao County—a county of less than 90 people and administered by the Hawai'i Department of Health—is considered part of Maui County). The majority (95%) of Hawai'i's land area is considered rural, representing 5,999 square miles. The rurality of Hawai'i

b. Subrecipient Awardees (Initiatives) Initiative 1: Rural Health Information Network (RHIN)

Name of Subrecipient: State Health Planning and Development Agency (SHPDA)

Period of Performance: FY26 – FY31

Scope of Work: SHPDA will lead the establishment and statewide rollout of the Rural Health Information Network (RHIN) initiative, which modernizes Hawai'i's rural health data infrastructure, in coordination with the State's Medicaid office (Med-QUEST Division). SHPDA will procure and manage contracts for electronic health record (EHR) onboarding, in-facility network installations, and interoperability integration for statewide health information exchange. Deliverables include implementation of four RHIN sub-hubs: the Care Quality Information Exchange (CQIE), Community Care Coordination Hub (C-Hub), Analytics & Technical Assistance Hub, and Duals Data Dashboard & Support Hub (DDDASH). Outcomes will include increased data interoperability, expanded closed-loop referrals, and measurable improvements in dual eligible integration, telehealth usage among providers, and value-based readiness.

Method of Oversight: The RHTP Project Director and Oversight Team will oversee SHPDA's implementation of the initiative. RHIN initiative leaders will meet with the RHTP Project Director and relevant members of the Oversight Team monthly. The lead agency (SHPDA) will provide quarterly progress reports and expenditure documentation. RHIN initiative leaders (or their designated representative) will participate in monthly RHTP Stakeholder Advisory Committee meetings, ensuring coordination among initiatives and community leaders, transparency in conduct, and real-time stakeholder feedback on implementation.

Itemized Budget and Justification:

Initiative	Rural Health Information Network (RHIN)				
	BP 1	BP 2	BP 3	BP 4	BP 5
A. Personnel	\$249,696	\$249,696	\$249,696	\$249,696	\$249,696
B. Fringe	\$159,954	\$159,954	\$159,954	\$159,954	\$159,954
C. Travel	\$3,250	\$3,250	\$3,250	\$3,250	\$3,250

b. Subrecipient Awardees (Initiatives) Initiative 1: Rural Health Information Network (RHIN)

Name of Subrecipient: State Health Planning and Development Agency (SHPDA)

Period of Performance: FY26 – FY31

Scope of Work: SHPDA will lead the establishment and statewide rollout of the Rural Health Information Network (RHIN) initiative, which modernizes Hawai'i's rural health data infrastructure, in coordination with the State's Medicaid office (Med-QUEST Division). SHPDA will procure and manage contracts for electronic health record (EHR) onboarding, in-facility network installations, and interoperability integration for statewide health information exchange. Deliverables include implementation of four RHIN sub-hubs: the Care Quality Information Exchange (CQIE), Community Care Coordination Hub (C-Hub), Analytics & Technical Assistance Hub, and Duals Data Dashboard & Support Hub (DDDASH). Outcomes will include increased data interoperability, expanded closed-loop referrals, and measurable improvements in dual eligible integration, telehealth usage among providers, and value-based readiness.

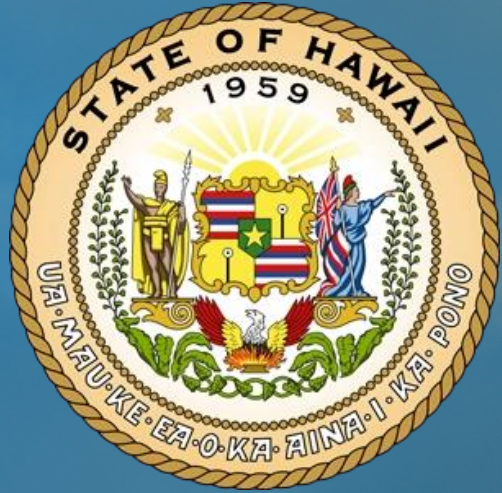
AHEAD Timeline

Activity	2024 - 2026	2027	2028	2029	2030	2031-2035
AHEAD Model Period	Pre-Implementation/Planning Period		Performance Period			
Hospital Global Budgets			Medicare FFS HGBs Starts 1/1/28			
			Medicaid HGB Non-Risk Year Starts	Medicaid HGB Starts 1/1/229		
				Commercial HGB (at least one payer) Starts 1/1/29		
Primary Care AHEAD			Medicaid Advance Primary Care Program Starts 1/1/28			
			Medicare and Commercial Primary Care AHEAD Starts 1/1/28			
RHTP		2026-2031 (Year 1: 1/1/26 – 09/30/26)				

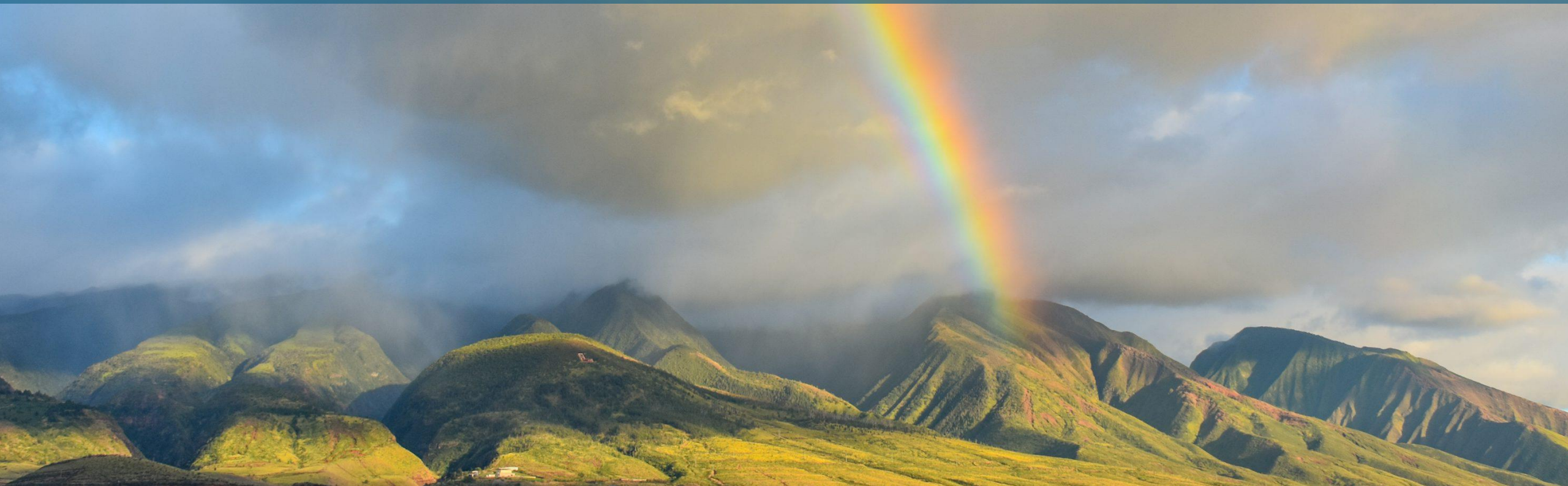
We are here

The Future...





QUESTIONS?
MAHALO



Opioid Peer Review, State of Hawaii Department of Health

Overdose Data Quality Improvement Project

A briefing to the EMS Advisory Committee

Rafael Sa'adah, BS, MPA, JD
rafael.sa'adah.nsw@doh.hawaii.gov

Hawaii State Department of Health
Emergency Medical Services and Injury Prevention Systems Branch
April 17, 2026



Overdose Data Quality Improvement Project

Drug overdose remains a significant cause of death and disability in the State of Hawaii. For the most recent calendar year with full statistics (2024), the State reports:

- **360 unintentional or undetermined overdose deaths**
- **7,102 non-fatal emergency department discharges related to overdose**

Source: HDOH Behavioral Health Dashboard, accessed 04/11/2026: Unintentional and undetermined intent drug overdose death data sourced from the State Unintentional Drug Overdose Reporting System (SUDORS). Overdose death data sourced from the CDC Wide-ranging ONline Data for Epidemiologic Research (WONDER).

Numerous strategic initiatives are underway in our state to address this ongoing public health crisis, including (but not limited to):

- Hawaii Opioid Settlement Program
- Hawaii Overdose Initiative (formerly Hawaii Opioid Initiative) <https://osp.hawaii.gov/hoi/>
- Hawaii State Opioid Response (SOR) Grants (SAMHSA)
- Overdose Data to Action Grants (OD2A) (CDC)
- Substance Abuse Prevention and Treatment Block Grant (SAMHSA)
- Hawaii Coordinated Access Resource Entry System (CARES)
- Crisis Intervention Team Program (HPD)
- Crisis Outreach Response and Engagement Program (CORE) (Honolulu EMS)

Overdose Data Quality Improvement Project

Project Goal: The goal of the HDOH-EMSIPB Overdose Data Quality Improvement Project is to **ensure that the State of Hawaii is fully leveraging its EMS data in order to support its ongoing strategic efforts to reduce death and disability due to drug overdose.**

The project will do this by:

- Reviewing current EMS documentation to **ensure that overdoses and suspected overdoses are being captured accurately**, and that documentation is sufficiently detailed and accurate to support early identification of new overdose surges; post-overdose response (PORT) for overdose survivors; coordination of care with hospitals and community health organizations; fatality reviews; and calculation and reporting of summary statistics by HDOH.
- Identifying areas where the data needed to support statewide response and prevention efforts is being siloed and working to improve data-sharing. **Reviewing existing data-sharing agreements for utility and sufficiency; facilitating the drafting and approval of new data-sharing agreements if needed.**
- **Researching national and international best practices for EMS involvement in overdose prevention initiatives**, such as: Post-Overdose Response (PORT); alternative pathways; field outreach and demand reduction for at-risk and/or high-volume system users; coordinated case conferencing with health system partners; buprenorphine induction; rural health access; community paramedicine and Mobile Integrated Health Care.
- **Supporting and ensuring continued state-level participation of EMS in the Hawaii Overdose Initiative** and related workgroups.

Selected References and Resources:

Hawaii Overdose Initiative: <https://osp.hawaii.gov/hoi/>

State of Hawai'i Department of Health Dashboard, Substance Use Statistics: <https://bh808.hawaii.gov/substance-use/>

PRONTO: Partnerships for Post-Overdose Research: <https://prontopostoverdose.org>

Brandeis Opioid Resource Connector: <https://opioid-resource-connector.org/>

NACo: Post-Overdose Response Teams: <https://www.naco.org/resource/osc-port>

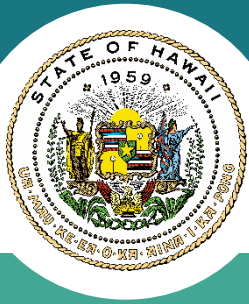
CA Bridge Program: <https://bridgetotreatment.org/addiction-treatment/ca-bridge/>

Centers for Disease Control and Prevention. (2018). *Evidence-based strategies for preventing opioid overdose: What's working in the United States*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. Retrieved from: <http://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf>

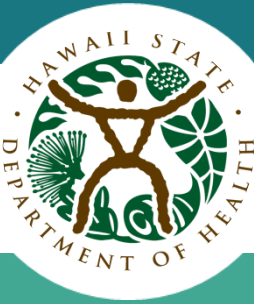
SAMHSA: Evidence Based Practices Resource Center: <https://www.samhsa.gov/libraries/evidence-based-practices-resource-center>

Overdose Response Strategy (HIDTA/CDC Foundation): <https://orsprogram.org/program-overview/>

OD2A Case Studies: Public Safety-Led Post-Overdose Outreach Programs: <https://www.cdc.gov/overdose-prevention/media/pdfs/OD2A-Case-Studies-Public-Safety-Led-Post-Overdose-Outreach-Programs-508.pdf>



Legislative Update



Alive and Going to Conference Committee:

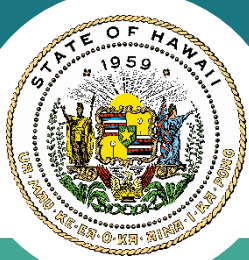
- HB2314 HD2 SD1 – Relating to Emergency Medical Systems of Care
- SB2934 SD1 HD1 – Relating to Ambulances (Maui)
- SB3203 HD1 – Relating to Air Medical Service

Try again next year:

- HB1966 HD1 SD1 – Relating to EMS Special Fund
- HB816 HD1 SD1 – Relating to Emergency Response (Buprenorphine)

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Legislative Update

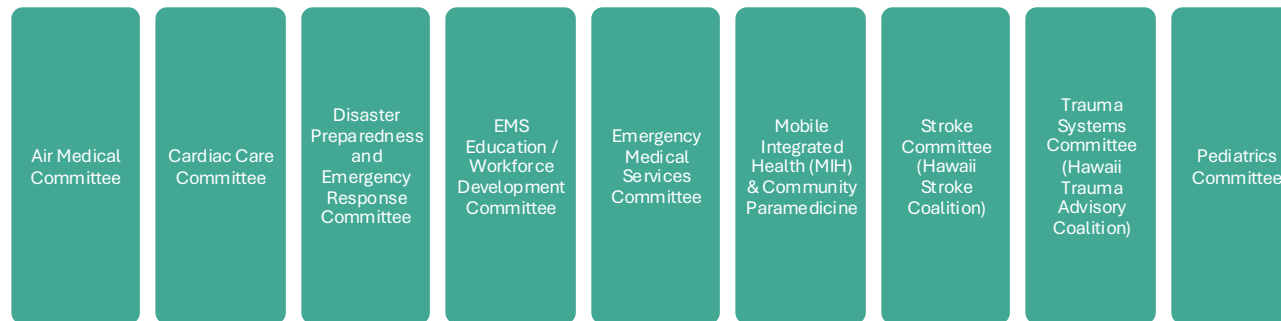


HB2314 HD2 SD1 – Relating to Emergency Medical Systems of Care, Modernization and Committees

- Updates Emergency Medical Services Advisory Committee to the Emergency Medical Services Advisory Council
- Updates the membership of the council
- Allows for the establishment of committees, which report up to the council
- Committees to be established during the rule making process

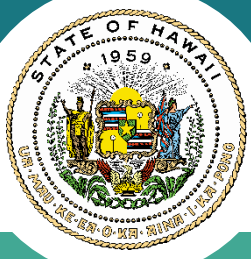
DRAFT of Possible EMSAC Structure

Emergency Medical Systems of Care Advisory Council (EMSAC)



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Strategic Conference – Trauma & EMS

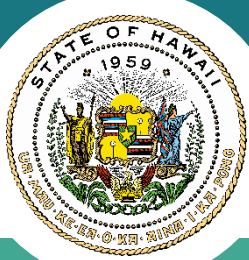


Date, Location, Topics

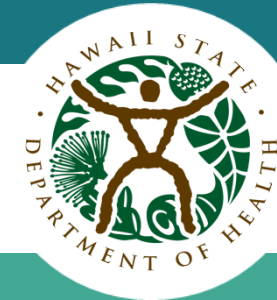


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EMS, Trauma, & Stroke Awareness Month



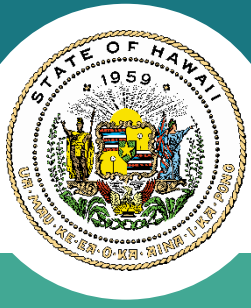
May is EMS Week, Trauma Awareness Month, Stroke Awareness Month

Trauma Registry Professionals Day May 6
National Injury and Violence Professionals Day May 13
EMS Week, May 17-23
National Trauma Survivors Day, May 20



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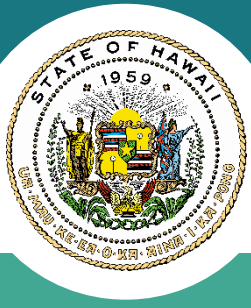
Old Business



Status of Department of Health Medical Operations Coordination Center

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Old Business



Permitted Interaction Group Vote Recommendations

- Overview Emergency Medical Technician (MICT) Standing Order Tiers

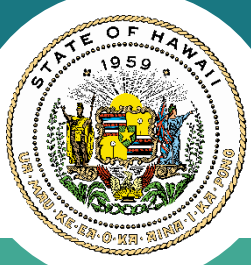
Motion to Adopt Recommendations.... and Vote

- Emergency Air Medical / Medevac Regulatory Standards, Protocols, Triage, and Licensing Requirements

Motion to Recommend... and Vote

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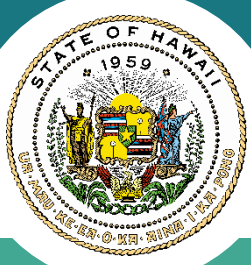
Reports



Emergency Medical Services and Injury Prevention Systems Branch (EMSIPSB) Report

Right Patient, Right Place, Right Time, Right Now

A Prepared and Safe Hawaii Starts with Trauma and Emergency Medical Services (EMS) Modernization



EMSIPSB Report



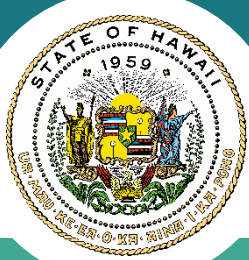
Award for Outstanding Achievement in Statewide Clinical Data Systems and Patient Care Continuum Innovation

Hawaii Department of Health
and State EMS, Air Medical,
Trauma, and Acute Care Partners



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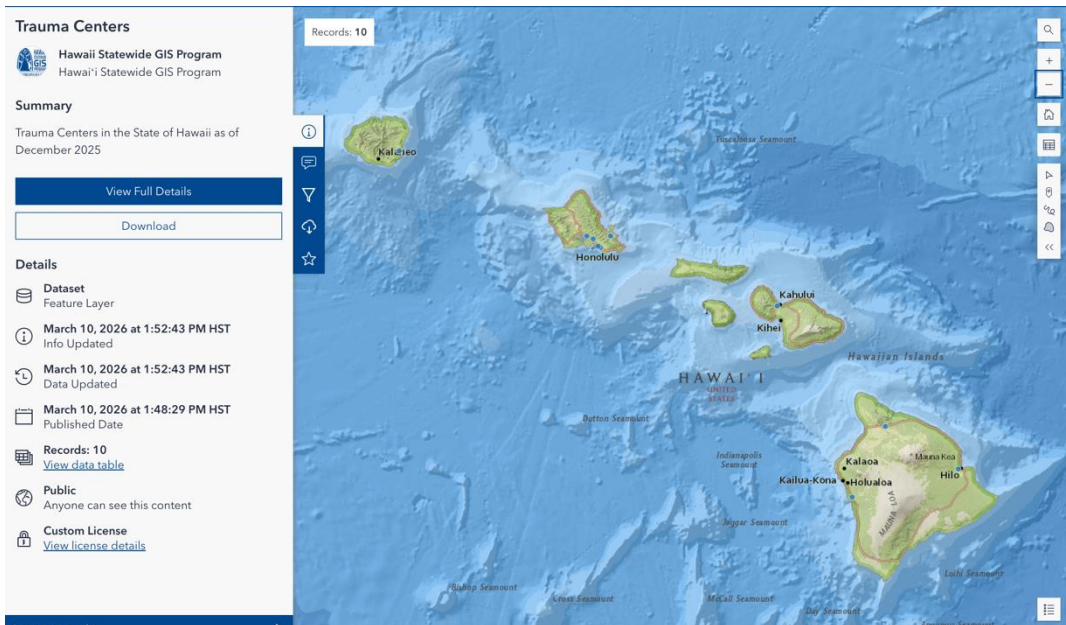
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EMSIPSB Report



GIS Maps for EMS and Trauma Live



Dataset

[Trauma Centers](#)

Hawai'i Statewide GIS Program

Trauma Centers in the State of Hawaii as of December 2025

Type: **Feature Service** Date updated: **3/10/2026**

Tags: **trauma center, hospitals, Kauai, Oahu, Maui, Molokai, ...** Date created: **3/10/2026**

Dataset

[EMS Stations](#)

Hawai'i Statewide GIS Program

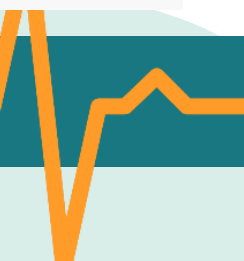
EMS Stations in the State of Hawaii as of December 2025

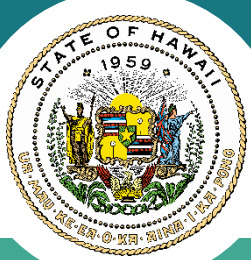
Type: **Feature Service** Date updated: **3/10/2026**

Tags: **EMS, emergency medical service, ambulance, 911, crit...** Date created: **3/10/2026**

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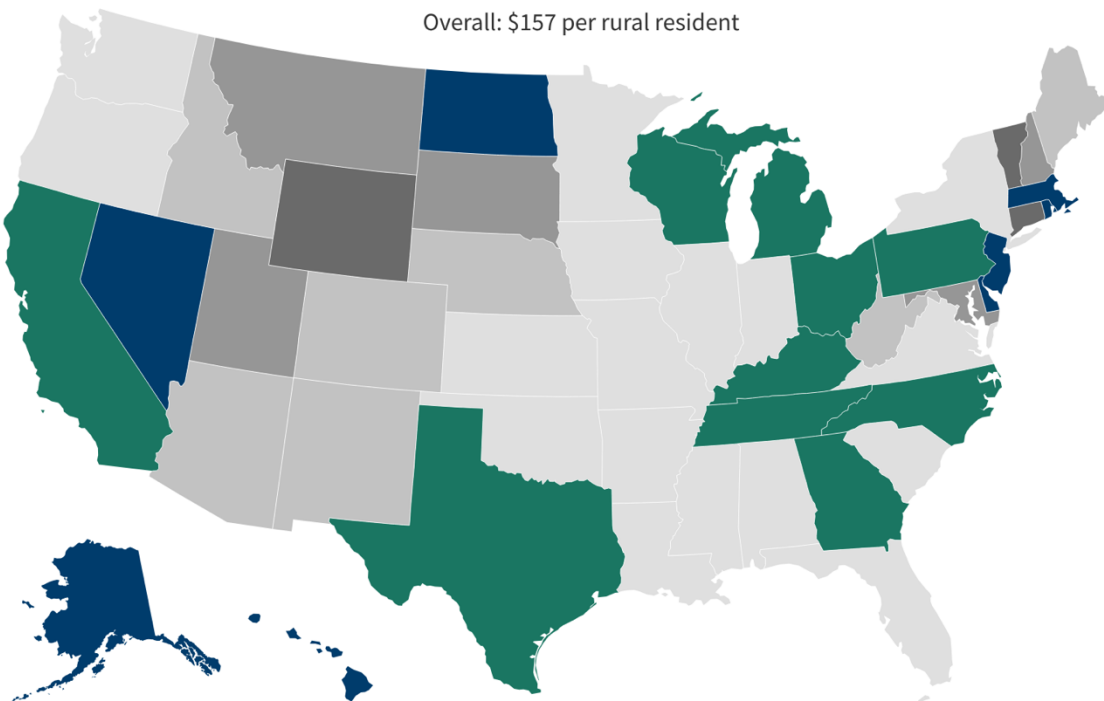
EMSIPSB Report - RHT



Award per rural resident from \$10 billion available through the rural health fund in the first year:

■ <\$100 ■ \$100-\$200 ■ \$200-300 ■ \$300-400 ■ \$400-500 ■ >\$500

Overall: \$157 per rural resident



HAWAII

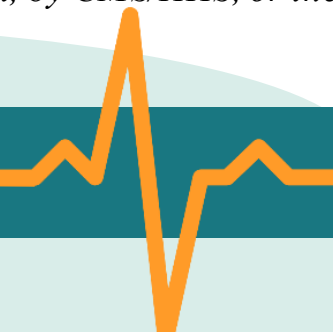
RURAL HEALTH TRANSFORMATION

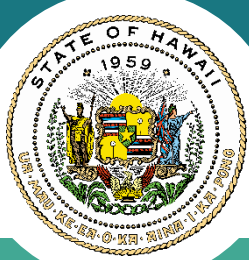
\$188,892,439.75

This project is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$188,892,439.75 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

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EMSIPSB Report - RHT



Rural Health Transformation

Rural Health Information Network (RHIN)
\$45.5 million

Pili Ola Telehealth Network
\$12.5 million

Rural Infrastructure for Care Access (RICA)
\$53 million

Hawaii Outreach for Medical Education in Rural Under-resourced Neighborhoods (HOME RUN)
\$45 million

Rural Respite Network (RRN)
\$3 million

Rural Value-Based Innovation (RVBI) & AHEAD Readiness Fund
\$25 million

Emergency Medical System Transformation to Community Anchored Rural EcoSystem (EMS CARES)
\$31 million

Behavioral Health

Public Health

Medical Communications MEDICOM Center
\$10 million

Mobile Integrated Healthcare (MIH)
\$2.5 million

Community Paramedicine (CP)
\$2.5 million

Technology Enabled Fleet
Ambulances
Rapid Response
Mobile Clinics
\$14 million

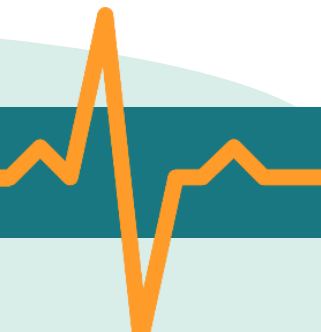
Strengthening Trauma System in Rural Communities
\$2 million

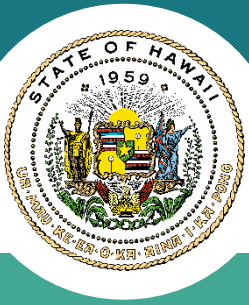
This project is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$188,892,439.75 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

Goal: Shorter Dispatch to arrival times for emergency and trauma transfers, reduction in repeat EMS calls, reduction in avoidable ED visits, reduction in overall hospital utilization.

Right Patient, Right Place, Right Time, Right Now

A Prepared and Safe Hawaii Starts with Trauma and Emergency Medical Services (EMS) Modernization





Emergency Medical System Transformation to Community Anchored Rural EcoSystem of Care (EMS CARES)

Goal: Shorter Dispatch to arrival times for emergency and trauma transfers, reduction in repeat EMS calls, reduction in avoidable ED visits, reduction in overall hospital utilization.

Family, Neighbors, Friends

Kupuna Aloha Program, Local Community Connections

Social Clubs, Book Clubs, Hula Halau

Local Volunteers, Organizations, Church, Foodbanks, Non-Profits, Boy scouts, Girl scouts, Farmers Markets, Grocery Stores, Schools,

Virtual and Community Medical Volunteers

People Caring for People

Licensed Healthcare Volunteers, Trained Community Healthworks
Public Health Worker Med School, Nursing School, Vocational

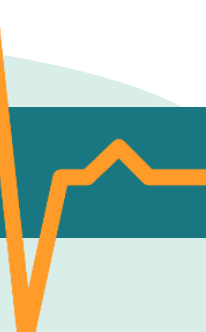
Partner Care

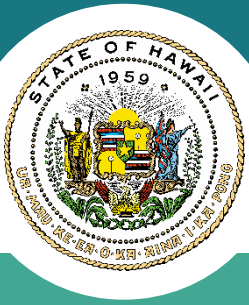
State Boarded and Licensed Providers Community Paramedics, Community Nurse, Community Pharmacist
Telehealth Care, Remote Care

Traditional Acute Care Facility Based

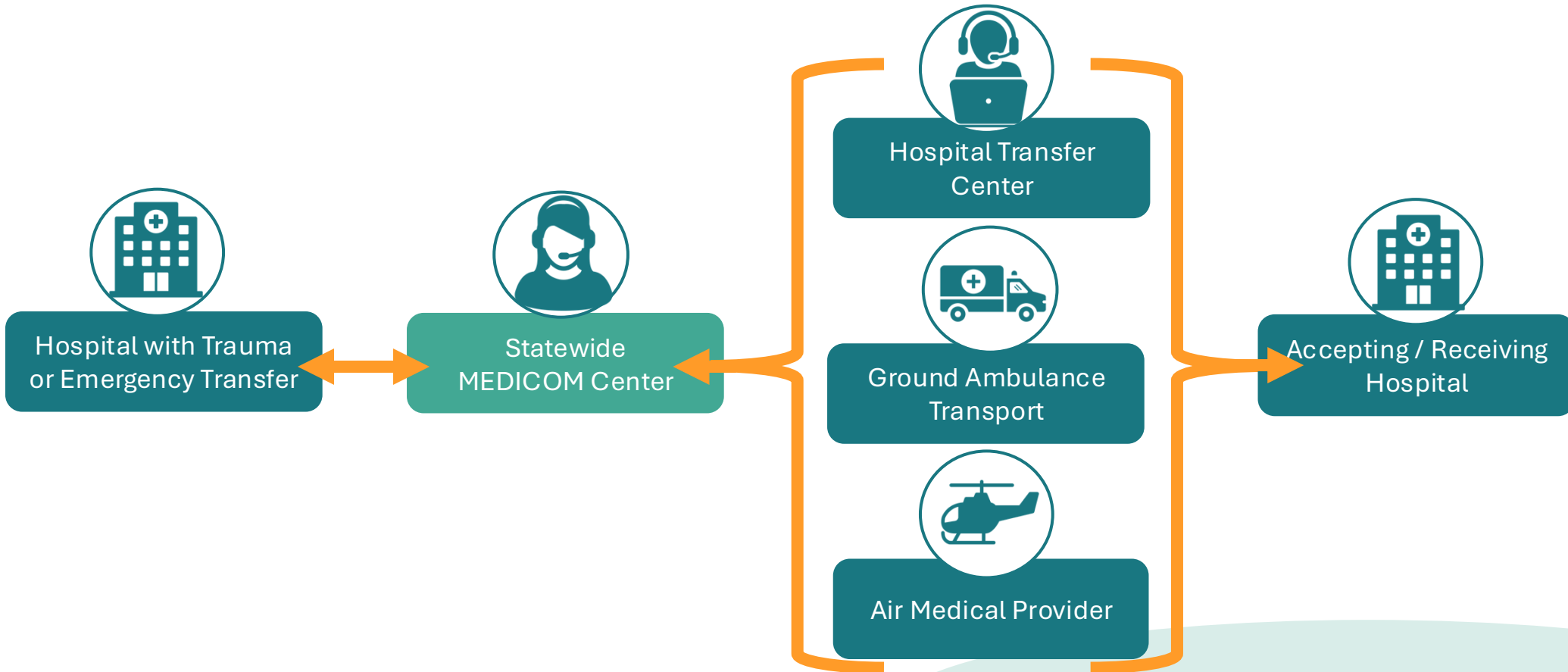
EMS CARES: transforms EMS from focusing on safe and comfortable transport to the nearest hospital. Transforming a traditional 911 emergency and acute care driven health care system into a community and local public health care ecosystem, where community based mobile integrated health care services are provided at the local level in the comfort of your home.

Right Patient, Right Place, Right Time, Right Now

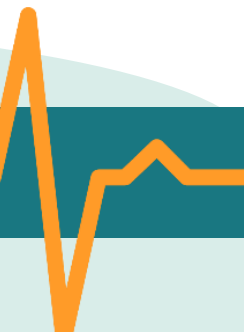


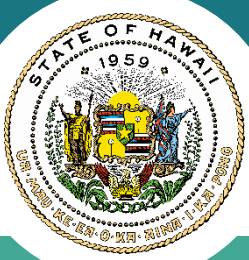


Medical Communications Center (MEDICOM Center)

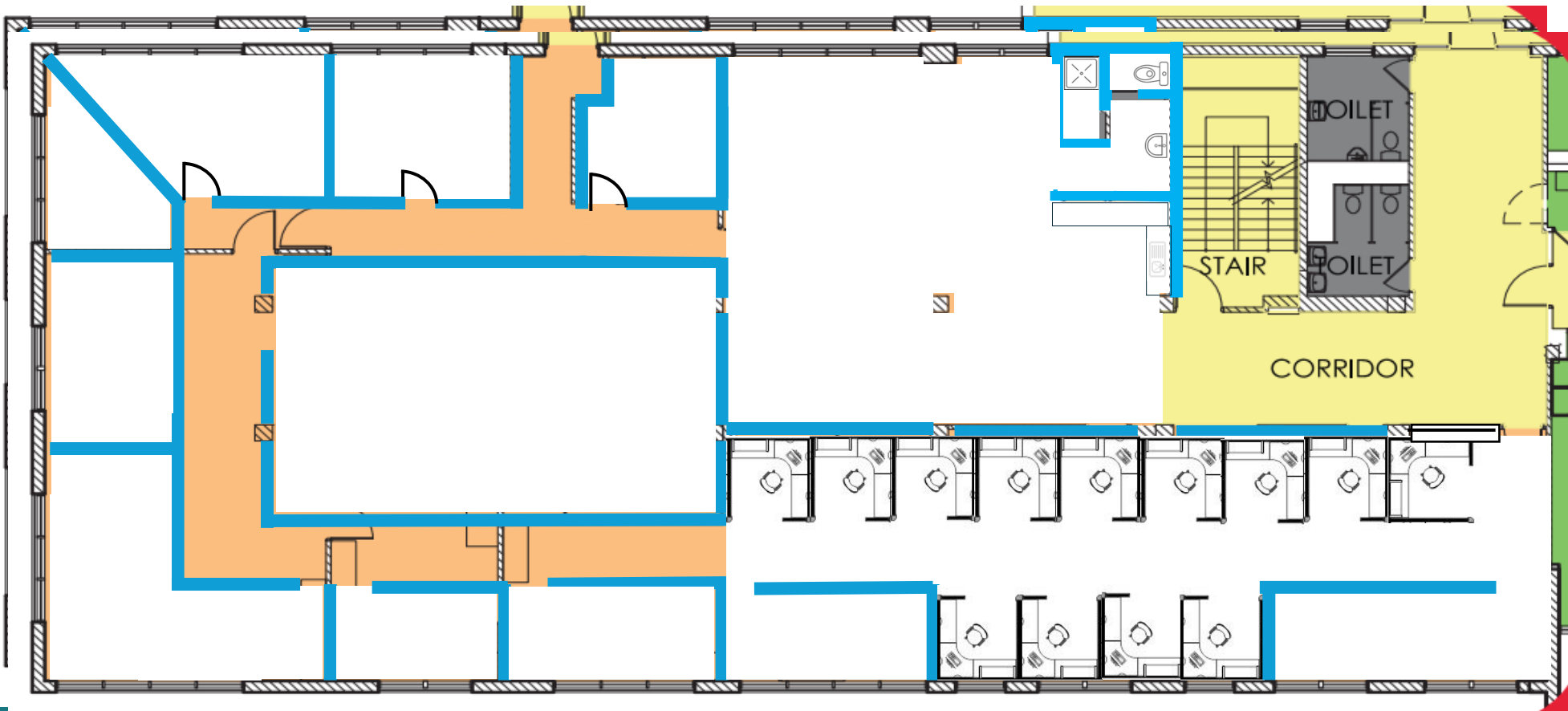
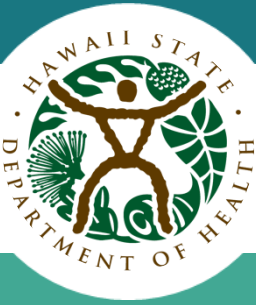


Right Patient, Right Place, Right Time, Right Now

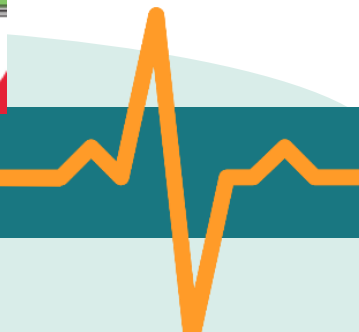


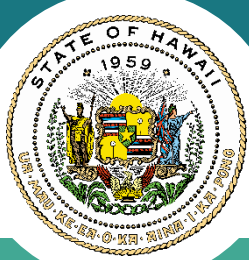


Medical Communications Center (MEDICOM Center)



Right Patient, Right Place, Right Time, Right Now





EMSIPSB Report - RHT



Rural Health Transformation

Rural Health Information Network (RHIN)
\$45.5 million

Pili Ola Telehealth Network
\$12.5 million

Rural Infrastructure for Care Access (RICA)
\$53 million

Hawaii Outreach for Medical Education in Rural Under-resourced Neighborhoods (HOME RUN)
\$45 million

Rural Respite Network (RRN) \$3 million

Rural Value-Based Innovation (RVBI) & AHEAD Readiness Fund \$25 million

Emergency Medical System Transformation to Community Anchored Rural EcoSystem (EMS CARES) \$31 million

Behavioral Health

Public Health

Medical Communications MEDICOM Center
\$10 million

Mobile Integrated Healthcare (MIH)
\$2.5 million

Community Paramedicine (CP)
\$2.5 million

Technology Enabled Fleet
Ambulances
Rapid Response
Mobile Clinics
\$14 million

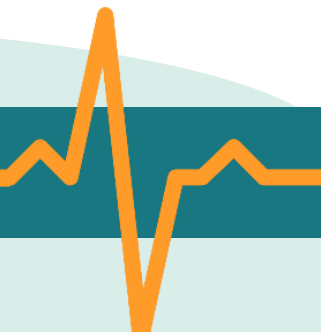
Strengthening Trauma System in Rural Communities
\$2 million

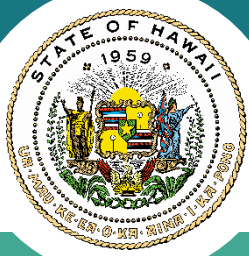
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Right Patient, Right Place, Right Time, Right Now

A Prepared and Safe Hawaii Starts with Trauma and Emergency Medical Services (EMS) Modernization





EMSIPSB Report



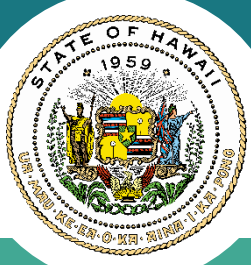
Workforce Development and EMT Education Update

- The University of Hawai'i (UH) and the Department of Health (DOH) working to formalize collaboration on Emergency Medical Services (EMS) education statewide.
- UH and DOH are collaboratively draft and execute a new Memorandum of Agreement (MOA) governing EMS education programs.
- The UH EMS Curriculum Committee will develop and maintain a standardized, system-wide EMS curriculum, subject to DOH review, approval, and final sign-off. I
- individual UH Community Colleges will be responsible for developing program-specific syllabi and operational details, which will require DOH review, approval, and sign-off.
- Subject to approval by the UH EMS Curriculum Committee and DOH, and in accordance with established criteria, Neighbor Island community colleges may be authorized to deliver EMS education programs, including:
 - Emergency Medical Responder (EMR)
 - Emergency Medical Technician (EMT – Transport and Non-Transport)
 - Advanced Emergency Medical Technician (AEMT) (Once new legislation passes and rules established)
 - Paramedic
- A formal process will be established, in accordance with Hawai'i Revised Statutes (HRS), for the evaluation, credentialing, and approval of all EMS faculty. This process will include required DOH review and sign-off.



Right Patient, Right Place, Right Time, Right Now

A Prepared and Safe Hawaii Starts with Trauma and Emergency Medical Services (EMS) Modernization



EMSIPSB Report



Emergency Medical Services Section Update & Dashboards

Right Patient, Right Place, Right Time, Right Now

A Prepared and Safe Hawaii Starts with Trauma and Emergency Medical Services (EMS) Modernization

Peak Benchmark: NEMSQA Airway-18 Waveform Capnography Confirmation of Invasive Airway



Measure Definition:

Successful last invasive airway procedures performed during an EMS response originating from a 911 request in which waveform capnography is used for tube placement confirmation.

(This measure specifically counts records with Placement Verification selected as "Waveform ETCO2" in Flowchart)

Visit www.nemsqa.org for additional information

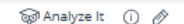
Total Records



Total Records

451

Overall Performance Placement Verification Method - Waveform EtCO2 Documented

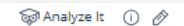


% Patients with Waveform EtCO2

82%

Patients with Waveform EtCO2 368

Patients with Placement Verification Method - Waveform Capnography



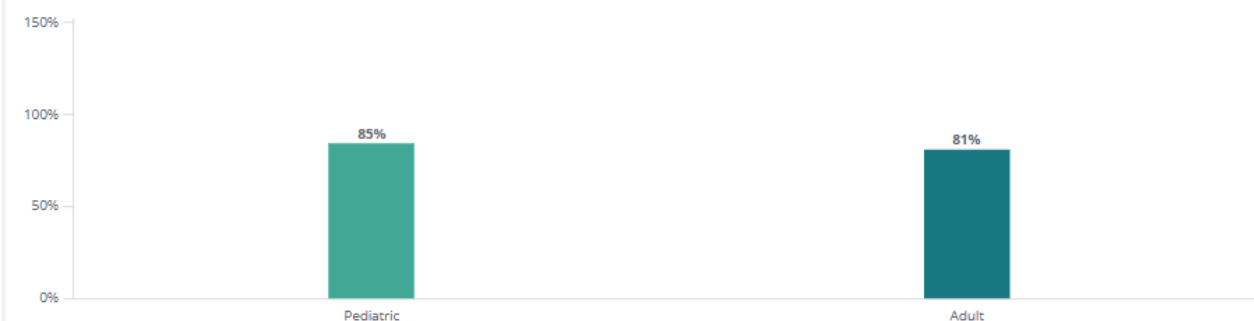
Incident Aggregation by Measure Performance



Placement Verification Method - Waveform EtCO2 Documented



Dispatch Month	Measure Criteria Met	Measure Criteria Not Met	Total
01/2026	134	31	165
02/2026	110	24	134
03/2026	124	28	152
Grand Total	368	83	451



Honolulu EMS Peak Benchmark: NEMSQA Airway-18 Waveform Capnography Confirmation of Invasive Airway



Measure Definition:

Successful last invasive airway procedures performed during an EMS response originating from a 911 request in which waveform capnography is used for tube placement confirmation.

(This measure specifically counts records with Placement Verification selected as "Waveform EtCO2" in Flowchart)
 Visit www.nemsqa.org for additional information

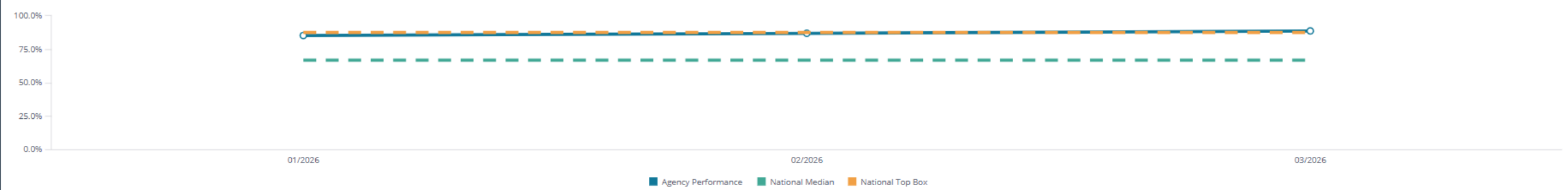
Total Records 🔍 ✎ ⋮

Total Records
311

Overall Performance Placement Verification Method - Waveform EtCO2 Documented 🔍 Analyze It 🔍 ✎ ⋮

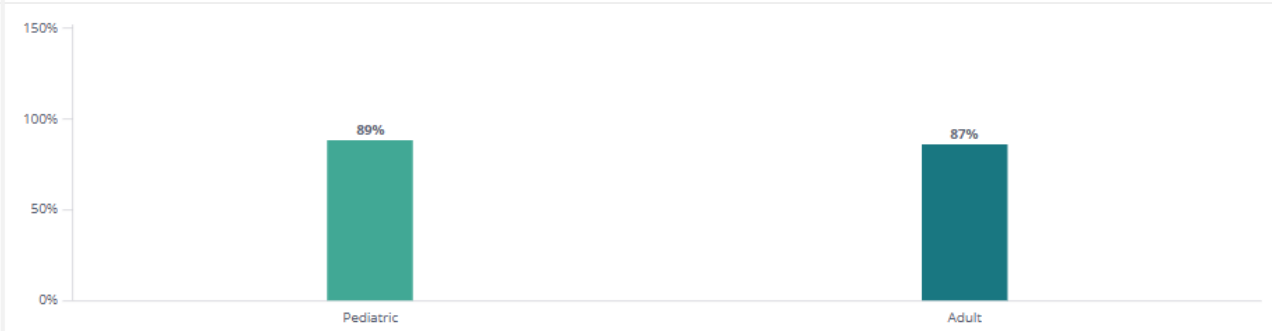
% Patients with Waveform EtCO2
87%
 # Patients with Waveform EtCO2 **270**

Patients with Placement Verification Method - Waveform Capnography 🔍 Analyze It 🔍 ✎ ⋮



Incident Aggregation by Measure Performance 🔍 ✎ ⋮ Placement Verification Method - Waveform EtCO2 Documented 🔍 ✎ ⋮

Dispatch Month	Measure Criteria Met	Measure Criteria Not Met	Total
01/2026	98	17	115
02/2026	79	12	91
03/2026	93	12	105
Grand Total	270	41	311



Hawaii Fire EMS Peak Benchmark: NEMSQA Airway-18 Waveform Capnography Confirmation of Invasive Airway



Measure Definition:

Successful last invasive airway procedures performed during an EMS response originating from a 911 request in which waveform capnography is used for tube placement confirmation.

(This measure specifically counts records with Placement Verification selected as "Waveform ETCO2" in Flowchart)

Visit www.nemsqa.org for additional information

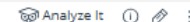
Total Records



Total Records

75

Overall Performance Placement Verification Method - Waveform EtCO2 Documented

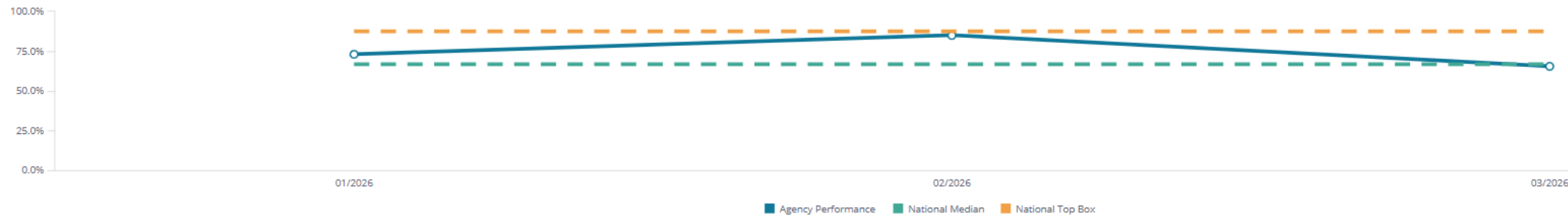
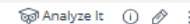


% Patients with Waveform EtCO2

73%

Patients with Waveform EtCO2 55

Patients with Placement Verification Method - Waveform Capnography

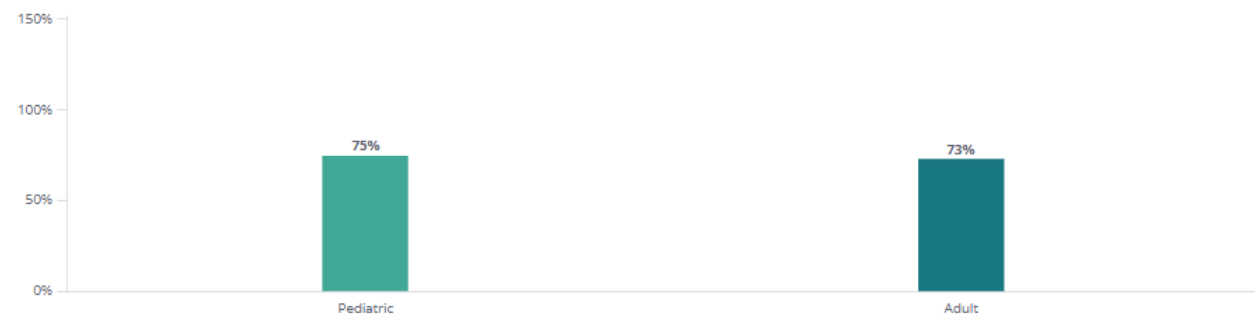


Incident Aggregation by Measure Performance



Dispatch Month	Measure Criteria Met	Measure Criteria Not Met	Total
01/2026	19	7	26
02/2026	17	3	20
03/2026	19	10	29
Grand Total	55	20	75

Placement Verification Method - Waveform EtCO2 Documented



AMR Kauai EMS Peak Benchmark: NEMSQA Airway-18 Waveform Capnography Confirmation of Invasive Airway



Measure Definition:

Successful last invasive airway procedures performed during an EMS response originating from a 911 request in which waveform capnography is used for tube placement confirmation.

(This measure specifically counts records with Placement Verification selected as "Waveform ETCO2" in Flowchart)

Visit www.nemsqa.org for additional information

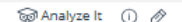
Total Records



Total Records

22

Overall Performance Placement Verification Method - Waveform EtCO2 Documented

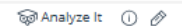


% Patients with Waveform EtCO2

73%

Patients with Waveform EtCO2 16

Patients with Placement Verification Method - Waveform Capnography

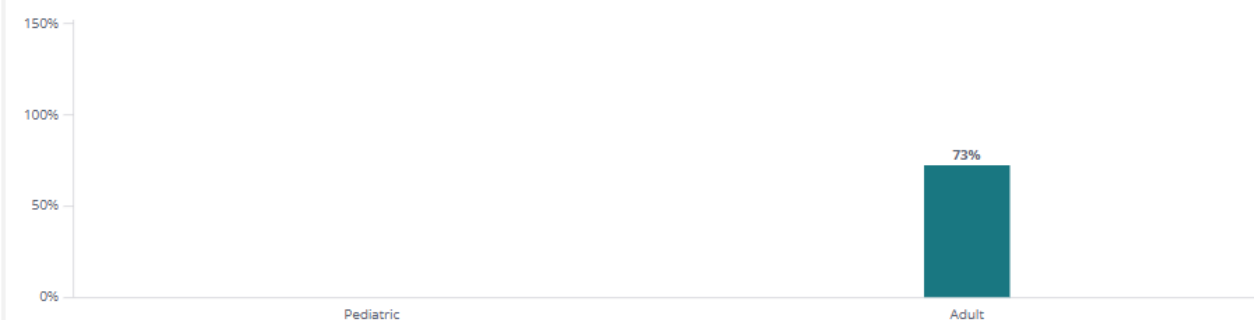


Incident Aggregation by Measure Performance



Dispatch Month	Measure Criteria Met	Measure Criteria Not Met	Total
01/2026	5	2	7
02/2026	8	2	10
03/2026	3	2	5
Grand Total	16	6	22

Placement Verification Method - Waveform EtCO2 Documented



AMR Maui EMS Peak Benchmark: NEMSQA Airway-18 Waveform Capnography Confirmation of Invasive Airway



Measure Definition:

Successful last invasive airway procedures performed during an EMS response originating from a 911 request in which waveform capnography is used for tube placement confirmation.

(This measure specifically counts records with Placement Verification selected as "Waveform ETCO2" in Flowchart)
 Visit www.nemsqa.org for additional information

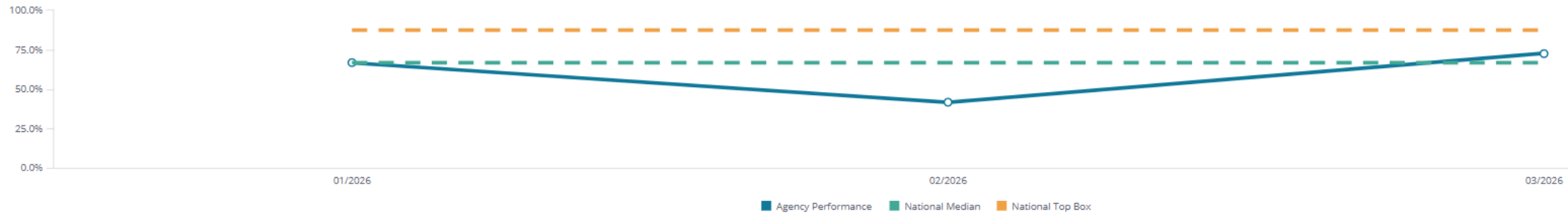
Total Records

Total Records
35

Overall Performance Placement Verification Method - Waveform EtCO2 Documented

% Patients with Waveform EtCO2
60%
 # Patients with Waveform EtCO2 **21**

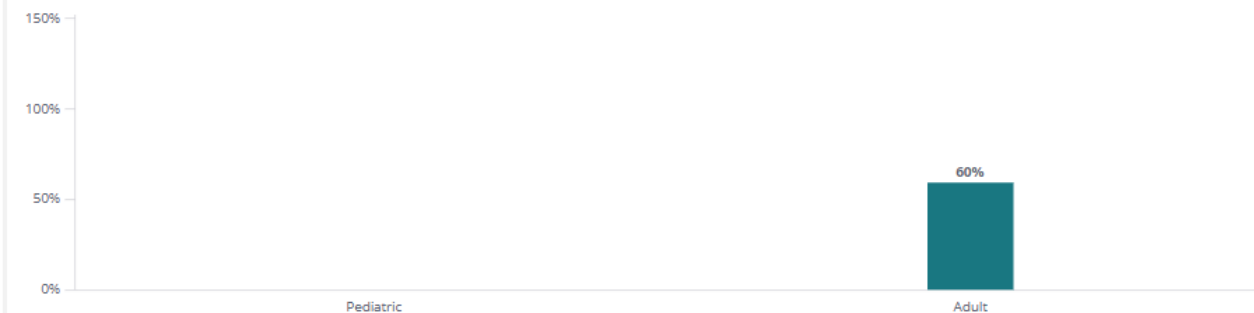
Patients with Placement Verification Method - Waveform Capnography



Incident Aggregation by Measure Performance

Dispatch Month	Measure Criteria Met	Measure Criteria Not Met	Total
01/2026	8	4	12
02/2026	5	7	12
03/2026	8	3	11
Grand Total	21	14	35

Placement Verification Method - Waveform EtCO2 Documented



State of Hawaii EMS Peak Benchmark: NEMSQA Airway-18 Waveform Capnography Confirmation of Invasive Airway



Measure Definition:

Successful last invasive airway procedures performed during an EMS response originating from a 911 request in which waveform capnography is used for tube placement confirmation.

(This measure specifically counts records with Placement Verification selected as "Waveform ETCO2" in Flowchart)
 Visit www.nemsqa.org for additional information

Total Records

Total Records
2,023

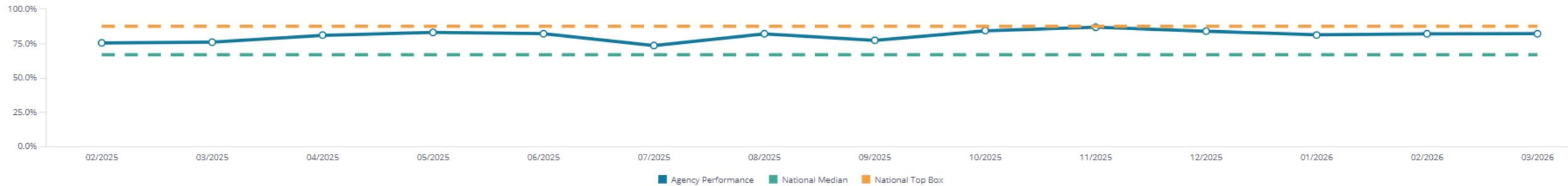
Overall Performance Placement Verification Method - Waveform EtCO2 Documented

% Patients with Waveform EtCO2

81%

Patients with Waveform EtCO2 **1,631**

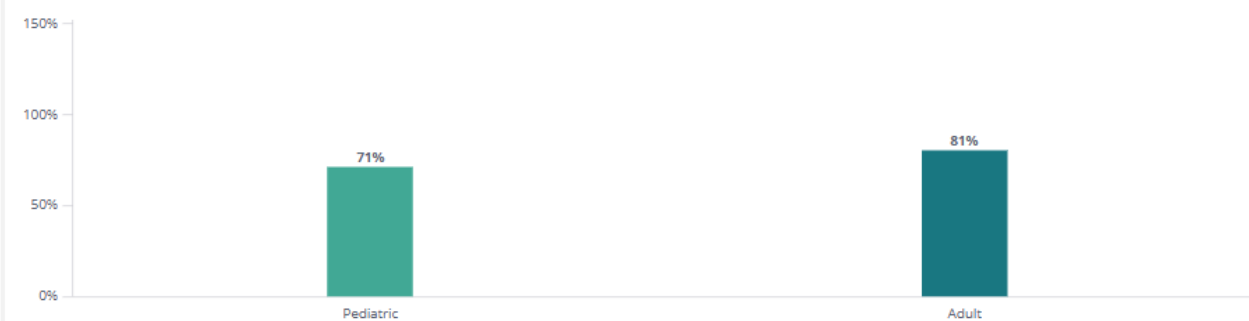
Patients with Placement Verification Method - Waveform Capnography



Incident Aggregation by Measure Performance

Dispatch Month	Measure Criteria Met	Measure Criteria Not Met	Total
02/2025	113	37	150
03/2025	129	41	170
04/2025	114	27	141
05/2025	117	24	141
06/2025	96	21	117
07/2025	102	37	139
08/2025	122	27	149
09/2025	105	31	136
10/2025	122	22	144

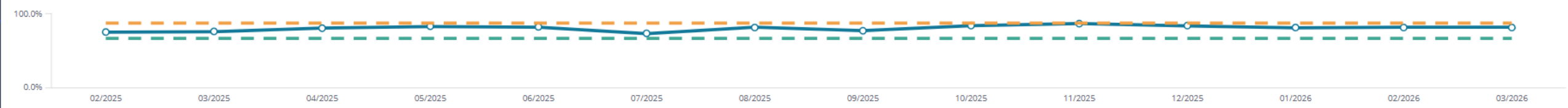
Placement Verification Method - Waveform EtCO2 Documented



State of Hawaii EMS

State of Hawaii Patients with Placement Verification Method - Waveform Capnography

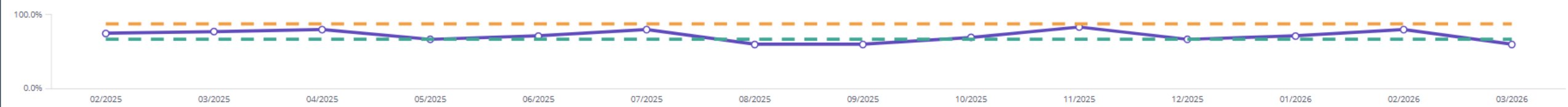
Analyze It ⓘ ✎ ⋮



Kauai EMS

AMR Kauai EMS Patients with Placement Verification Method - Waveform Capnography

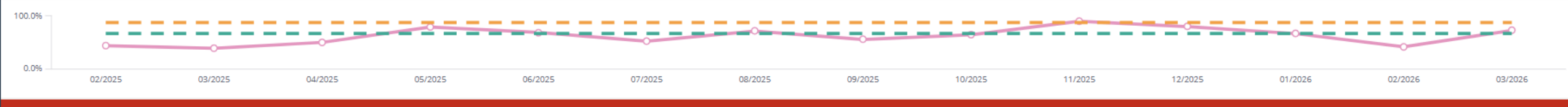
Analyze It ⓘ ✎ ⋮



Maui EMS

AMR Maui EMS Patients with Placement Verification Method - Waveform Capnography

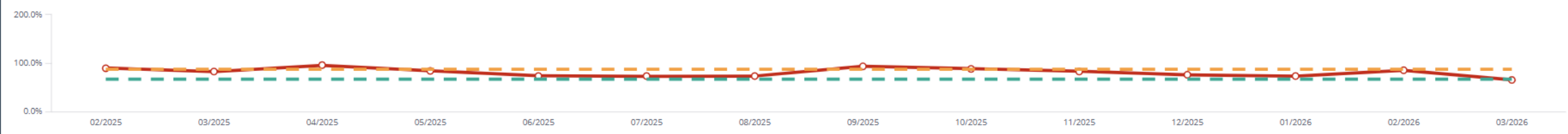
Analyze It ⓘ ✎ ⋮



Hawaii EMS

Hawaii EMS Patients with Placement Verification Method - Waveform Capnography

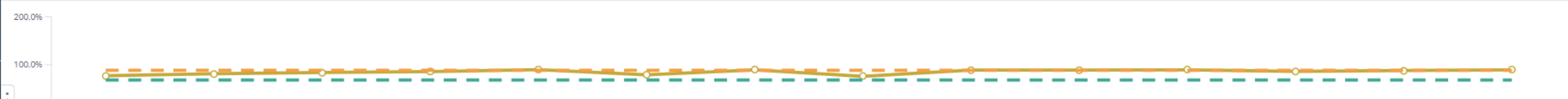
Analyze It ⓘ ✎ ⋮

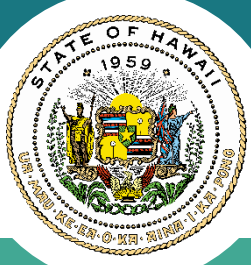


Honolulu EMS

Honolulu EMS Patients with Placement Verification Method - Waveform Capnography

Analyze It ⓘ ✎ ⋮





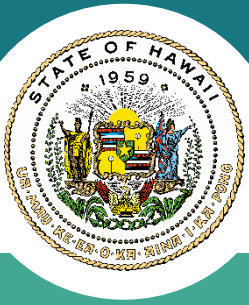
EMSIPSB Report



EMS Licensing

Right Patient, Right Place, Right Time, Right Now

A Prepared and Safe Hawaii Starts with Trauma and Emergency Medical Services (EMS) Modernization



Hawaii 911 EMS Landscape



As of April 2026

**Department of Health
911 Providers**
Maui AMR
DOH / REACH Maui (REACH)
Kauai AMR

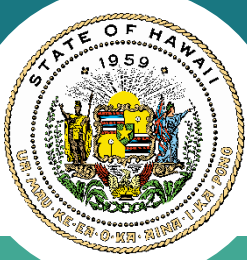
**Department of
Health and County
911 Provider**
Hawaii Fire Department

**County
911 Provider**
Honolulu EMS



Right Patient, Right Place, Right Time, Right Now

A Prepared and Safe Hawaii Starts with Trauma and Emergency Medical Services Modernization



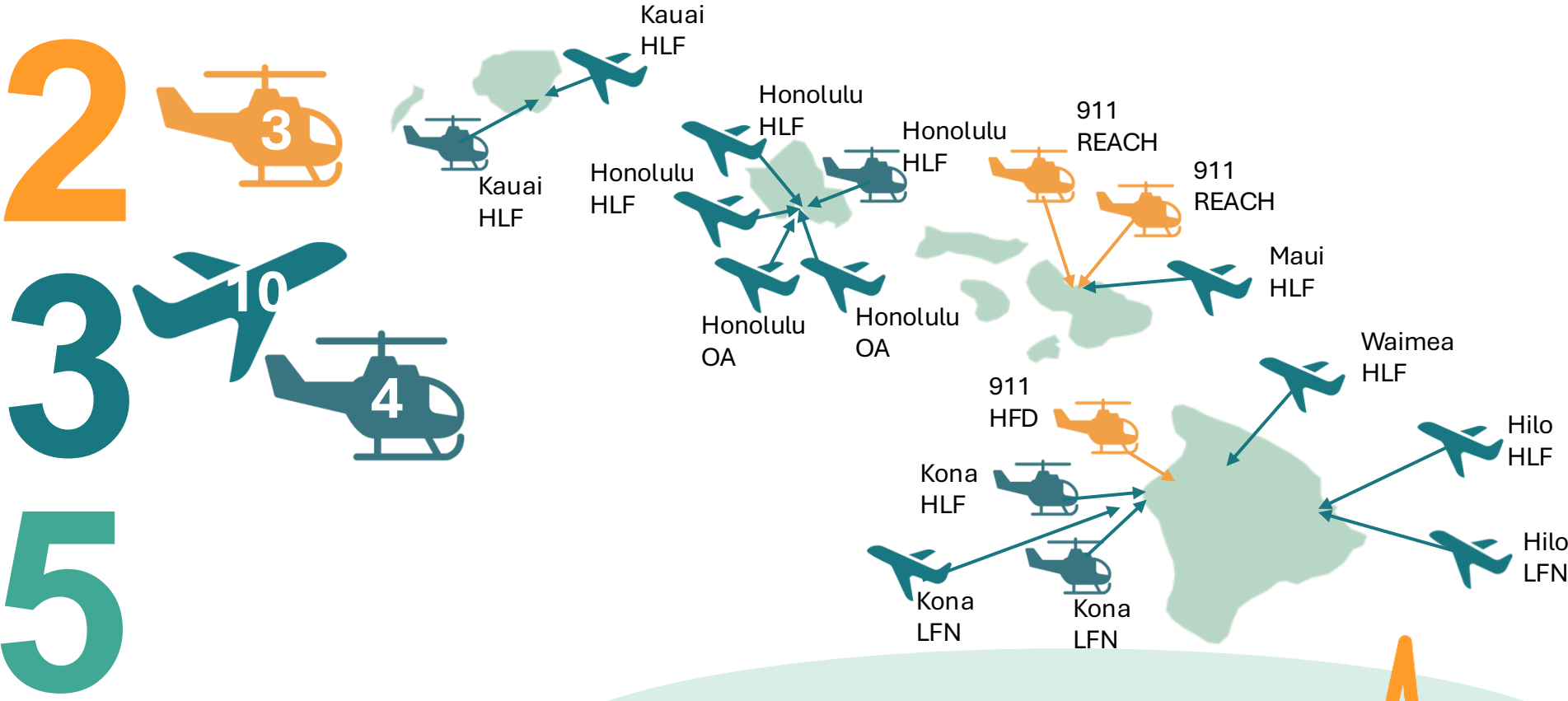
Hawaii Air-Medical Landscape

As of April 2026

2
911 Medevac Providers
Hawaii Fire Department (HFD)
DOH / REACH Maui (REACH)

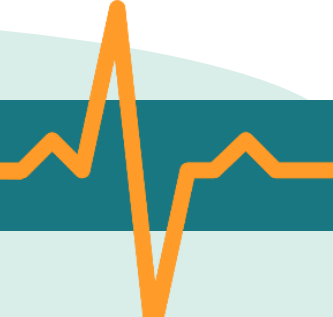
3
Inter-Facility Transport Providers
Hawaii Life Flight (HLF)
Life Flight Network (LFN)
Optimum Air (OA)

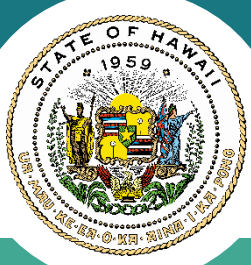
5
Total Air-Medical Providers



Right Patient, Right Place, Right Time, Right Now

A Prepared and Safe Hawaii Starts with Trauma and Emergency Medical Services Modernization





EMSIPSB Report

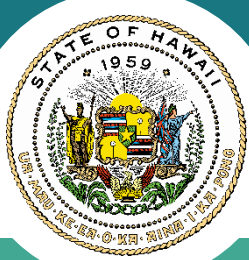


EMS (Ground & Air) Licensing

- Over the next 6 months will be working through new process of phased licensing and in new rules consider extending license period
- 2026 / 2027 Licensing requirements:
 - Unified System – All State EMS Providers required to use state EMS Electronic Health Record (ESO)
 - Band and Scan – All patients treated by EMT must be given a State Band and be scanned into state system (Pulsara)

Right Patient, Right Place, Right Time, Right Now

A Prepared and Safe Hawaii Starts with Trauma and Emergency Medical Services (EMS) Modernization



EMSIPSB Report



Emergency Medical Services (EMS)



Injury Prevention



Trauma System



Poison Center



Hawaii Air Medical Resource Tracking Board for Hospitals

The State of Hawaii Emergency Medical Services and Injury Prevention Systems Branch is pleased to announce the statewide rollout of the Hawaii Air Medical Resource Tracking Board, going live on December 31, 2025. This tool provides hospital partners with real-time visibility into available air medical resources across the state, supporting timely transport decisions, improved coordination, and enhanced situational awareness during routine operations and high-acuity events. We appreciate the continued collaboration of our air medical and hospital partners as we advance statewide readiness and emergency, trauma, and acute care coordination across Hawaii.

[Click Here for live Air Medical Resource Tracking Board](#)

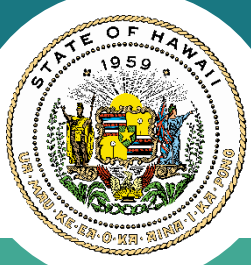
[Click Here for live Air Medical Resource Tracking Board Guide for Hospitals.](#)

- 1
- 2
- 3
- 4
- 5
- 6

Air Medical Resource Tracking Board

Right Patient, Right Place, Right Time, Right Now

A Prepared and Safe Hawaii Starts with Trauma and Emergency Medical Services (EMS) Modernization



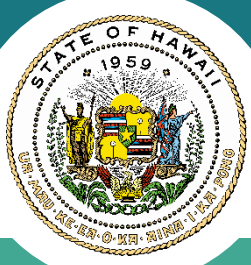
EMSIPSB Report



Trauma Section Update Dashboards

Right Patient, Right Place, Right Time, Right Now

A Prepared and Safe Hawaii Starts with Trauma and Emergency Medical Services (EMS) Modernization



EMSIPSB Report





Emergency Medical Services (EMS)



Injury Prevention

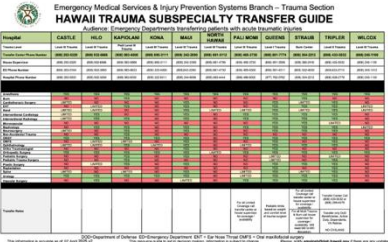


Trauma System



Poison Center

Trauma Subspecialty Transfer Guide Updated

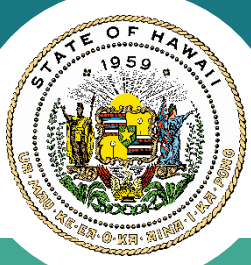


Trauma Subspecialty Transfer Guide

The Hawaii trauma subspecialty transfer guide is published to provide emergency departments who need to transfer patients with acute traumatic injuries a list of hospitals and the trauma subspecialties available at each center. This guide was last updated April 13, 2026.

[Click Here for Trauma Subspecialty Transfer Guide.](#)

1
2
3
4
5
6



EMSIPSB Report



- New State Trauma Program Manager Job Offered start date July 2026
- DOH Trauma Updates with HSTNL every other month with Trauma System
- Hawaii Trauma Advisory Council on hold until new EMSAC committee structure introduced later this year
- Trauma Contract Modifications to include Rural Healthcare Transformation, Health Data Exchange, Hospital Capacity System, and Medical Communications (MEDICOM Center)
- Trauma Designation / Licensing Require coming all hospitals must be on Health Data Exchange by 2027 to receive State Trauma Funding
- Trauma Designation for Level 4 Trauma Centers Working Group Established
- State Trauma Funds need to establish new rules and formula for funding
- Trauma and EMS Statewide PIPS plan placed on hold until new program manager arrives
- RHT year 1 Trauma and EMS Simulation Lab Development at Hilo and Maui

Right Patient, Right Place, Right Time, Right Now

A Prepared and Safe Hawaii Starts with Trauma and Emergency Medical Services (EMS) Modernization



State of Hawaii Department of Health

Emergency Medical Services & Injury Prevention Systems Branch

Trauma System Section

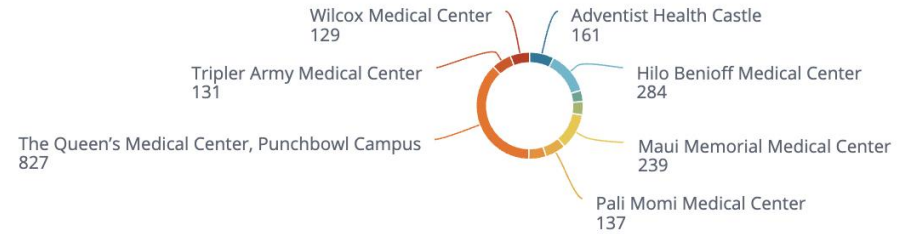
State Trauma Registry Encounters by Month by Facility as of 02/11/2026

Note that some records may have a 60-day delay from the discharge date.

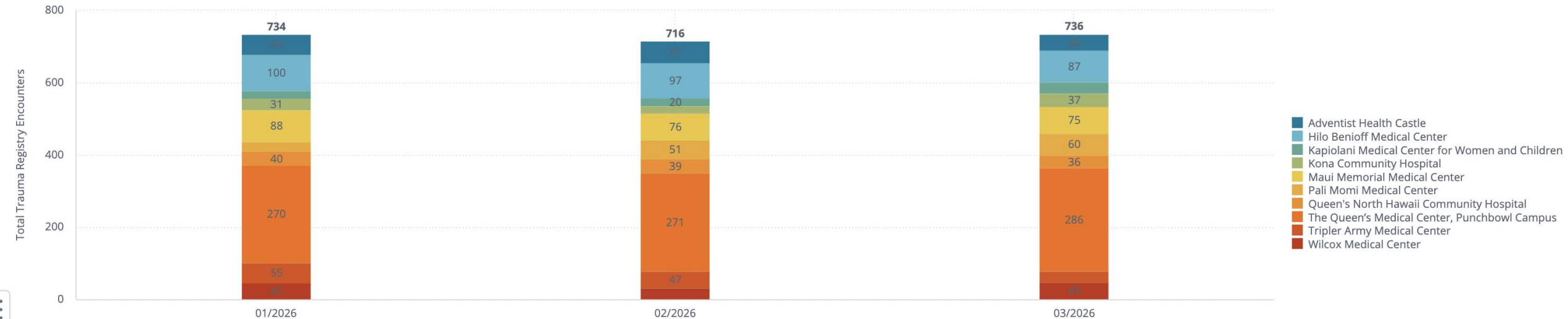
Total State of Hawai'i Trauma Registry Encounters

Analyze It

State of Hawaii Trauma Registry Encounters by Facility and Percent



State of Hawaii Trauma Registry Encounters by Month by Facility



Right Patient, Right Place, Right Time, Right Now

A Prepared and Safe Hawaii Starts with Trauma and Emergency Medical Services (EMS) Modernization

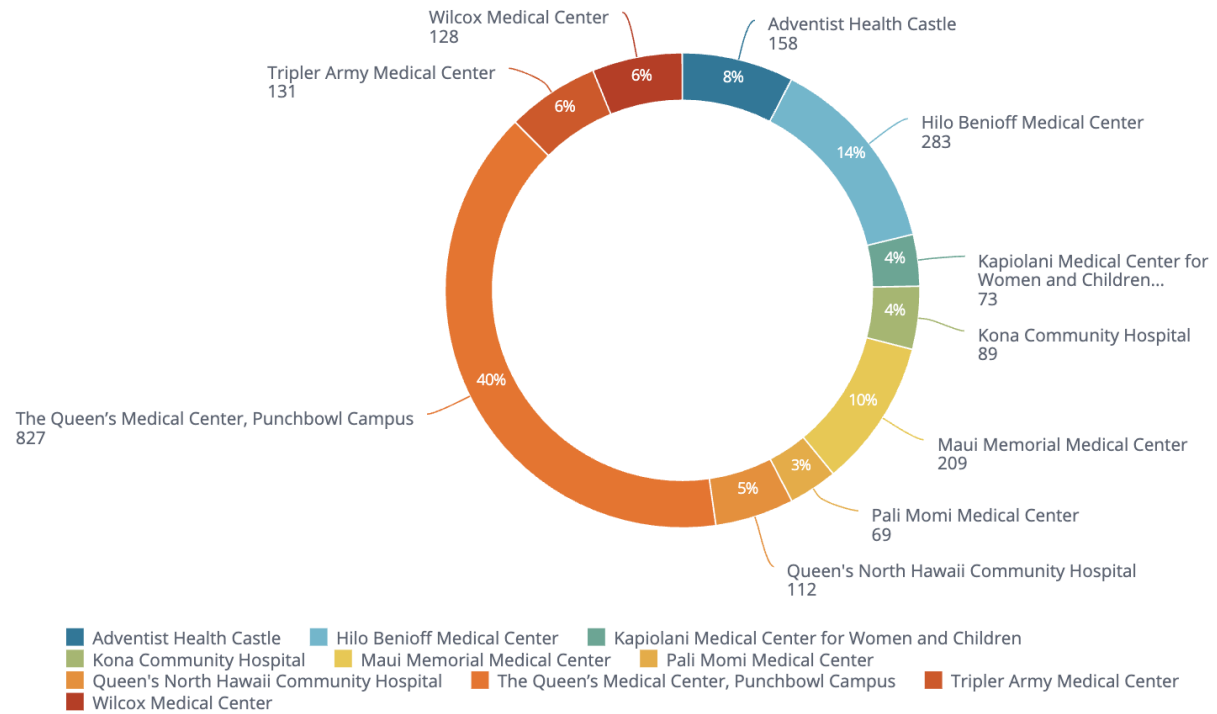
Total Encounters Analyze It

TQIP Incidents Analyze It

Abstraction Distribution Analyze It

Total Incidents
2,188

TQIP Encounters
1,398



Goal <=5 Days of Arrival Analyze It

Best of Class Goal <=10 Days of Discharge (Calculated o... Analyze It

Goal Less Than or Equal To 45 Days of Discharge (C... Analyze It

Average Days to Create Incident
4.3

Average Days to Lock Chart
21.2

Average Days to Lock Chart
21.2

Goal <=5 Days of Arrival

💡 Analyze It ⓘ ✎ ⋮

Best of Class Goal <=10 Days of Discharge (Calculated o... 💡 Analyze It ⓘ ✎ ⋮

Goal Less Than or Equal To 45 Days of Discharge (C... 💡 Analyze It ⓘ ✎ ⋮

Average Days to Create Incident

4.3

Average Days to Lock Chart

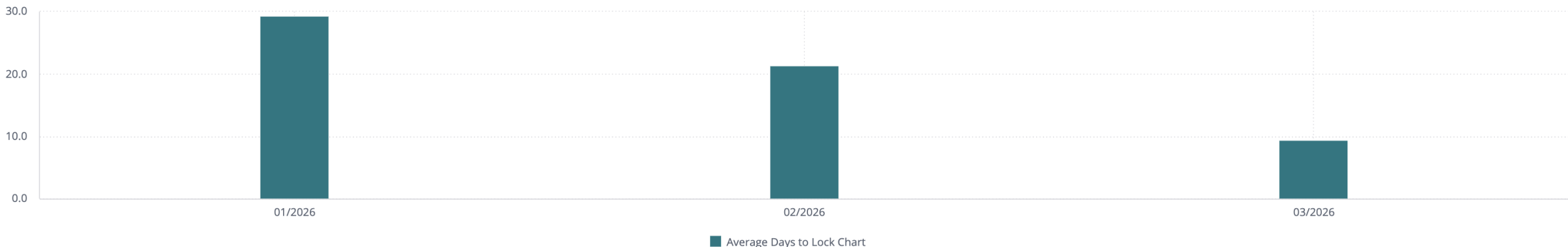
21.2

Average Days to Lock Chart

21.2

Goal Less Than or Equal To 45 Days of Discharge (Calculated on completed abstraction.)

💡 Analyze It ⓘ ✎ ⋮



Incidents Entered <=5 Days of Arrival

💡 Analyze It ⓘ ✎ ⋮

Incidents Completed Less Than or Equal To 60 Days of Discharge

💡 Analyze It ⓘ ✎ ⋮

80.3% (State PI Threshold >=90%)

Incident Count: Created <= 5 Days of Arrival **1,758**

96.5% (Required >= 80%)

Incident Count: Completed <=60 Days of Discharge **1,811**

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State of Hawaii Mortality Rate Review

National Mortality Benchmark is the published National Trauma Data Bank annual mortality number. This number can be pulled by trauma centers accessing the American College of Surgeons Trauma Quality Portal (TQP) and running the mortality report. The user would then plug in this number into the dashboard. This is a static variable placed in the dashboard below called "National Mortality Benchmark", any user can update this number to adjust for your TQIP. ESO Trauma Index Benchmark is based on the most current ESO Trauma Index that has been published is updated by ESO when each Index is published yearly.

Count of Dead Encounters

Analyze It ⓘ ✎ ⋮

Count of Dead Encounters
59

Overall Mortality Rate by Month

ⓘ ✎ ⋮

Month	Mortality Rate
01/2026	2.99%
02/2026	2.69%
03/2026	2.86%

Mortality Rate by month by ISS Group

ⓘ ✎ ⋮

Months in Arrival Date without Time Zone	count([[Registry Number]])				
	ISS 1-9	ISS 10-15	ISS 16-24	ISS >= 25	NVA
01/2026	12	3	1	6	
02/2026	10	1		7	1
03/2026	7	4	3	2	2

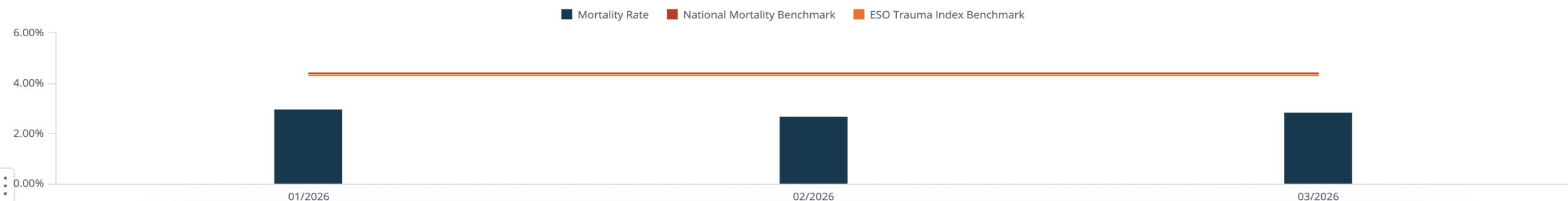
Mortality Rate by month by ISS Group

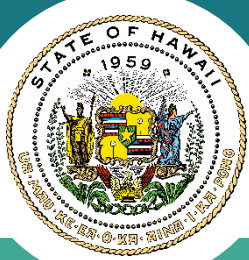
ⓘ ✎ ⋮

Months in Arrival Date without Time Zone	Mortality Rate			
	ISS 1-9	ISS 10-15	ISS 16-24	ISS >= 25
01/2026	2.35%	2.56%	2.08%	17.14%
02/2026	1.98%	1.02%	0.00%	20.00%
03/2026	1.69%	3.67%	7.50%	6.90%

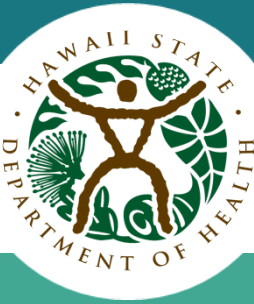
Mortality rate by month

Analyze It ⓘ ✎ ⋮





EMSIPSB Report



ACS PRQ - 2.12 Injury Prevention Summary Hawaii

⚡ Patient Registry - Trauma ▾

+ Widget



Total Encounters

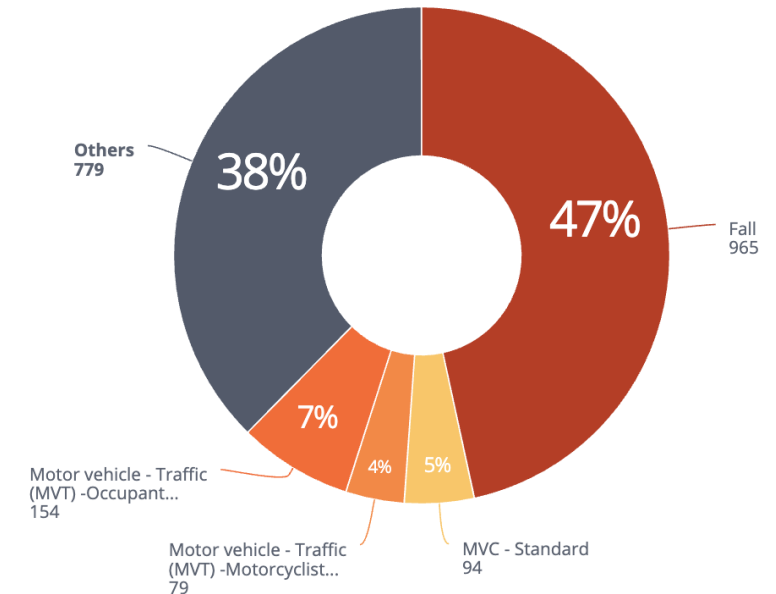
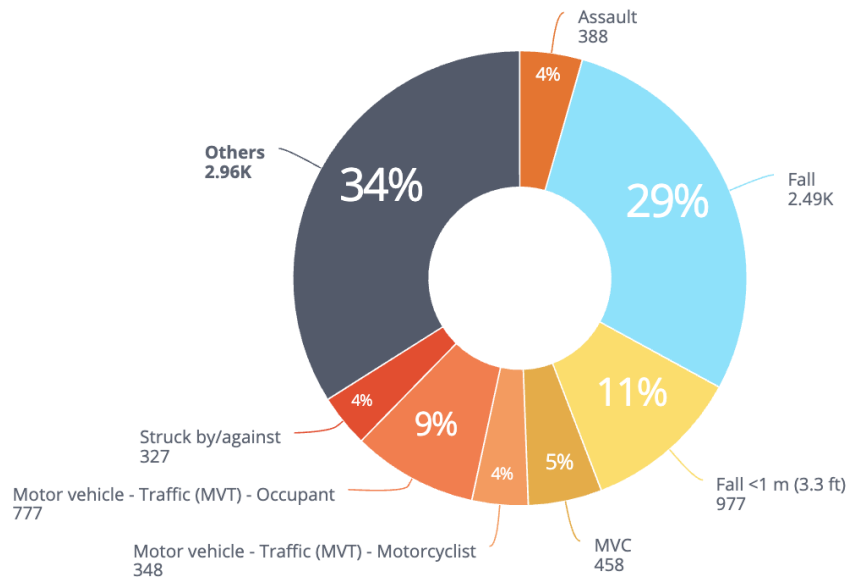


Count of Encounters: **2,188**

Injury Prevention Summary Previous Year



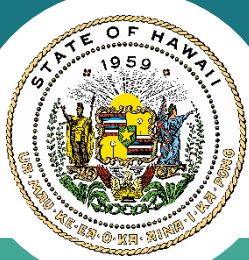
Injury Prevention Summary YTD



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A Prepared and Safe Hawaii Starts with Trauma and Emergency Medical Services (EMS) Modernization





EMSIPSB Report



Emergency Medical Services for Children

- Position Posted and Accepting Applications
- NPRP Assessment as of 4/14/2026 – 62% increased responses (16/25)

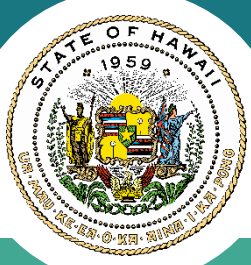


We need the voice of EVERY Emergency Department to make a difference in outcomes for kids!

Welcome to the Official **2026** National Pediatric Readiness Project (NPRP) Assessment for Emergency Departments!

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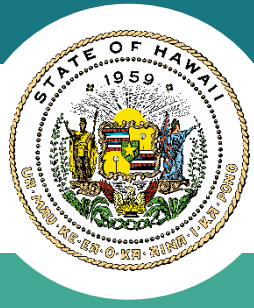
EMSIPSB Report



Data Modernization

Right Patient, Right Place, Right Time, Right Now

A Prepared and Safe Hawaii Starts with Trauma and Emergency Medical Services (EMS) Modernization



Right Patient, Right Place, Right Time, Right Now

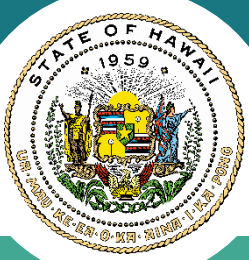


Why Data Modernization and Insights in Action Matters for Hawaii?

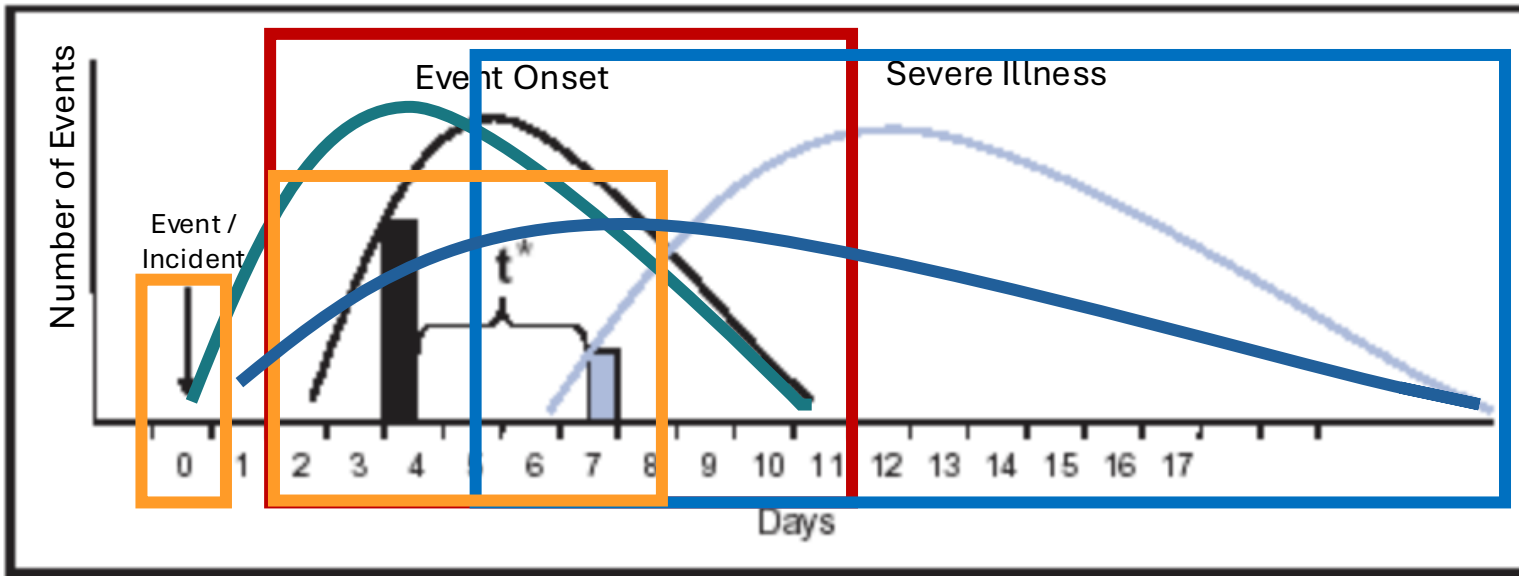
Insights provides the state with the ability to conduct syndromic surveillance using Emergency Medical Systems of Care data, allowing for quick identification of public health and health care events, allowing to data driven actions to improve community outcomes.

Right Patient, Right Place, Right Time, Right Now

A Prepared and Safe Hawaii Starts with Trauma and Emergency Medical Services (EMS) Modernization



Why Data Modernization Matters?

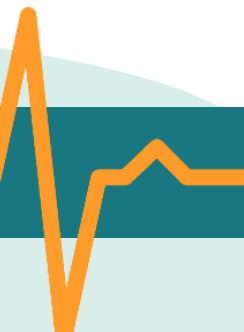


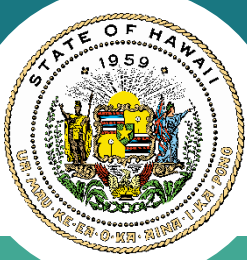
* t = time between detection by syndromic (prediagnostic) surveillance and detection by traditional (diagnosis-based) surveillance.

Modified Figure Obtained from Centers for Disease Control and Prevention. (2004). *Surveillance of certain health behaviors among states and selected local areas—Behavioral Risk Factor Surveillance System, United States, 2002. Morbidity and Mortality Weekly Report*, 53(Supplement 1). <https://www.cdc.gov/mmwr/preview/mmwrhtml/su5301a3.htm>

Right Patient, Right Place, Right Time, Right Now

A Prepared and Safe Hawaii Starts with Trauma and Emergency Medical Services Modernization





Why Data Modernization Matters?

Public Health

Delayed visibility to emerging events and threats to community



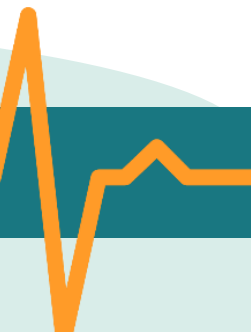
Health Care

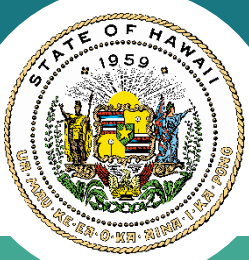
Fragmented Community Based Pre-hospital EMS and Hospital Data

Build an integrated system that is no longer reactive but is proactive system response which uses unified technology data systems designed to keep people in communities vs. facilities

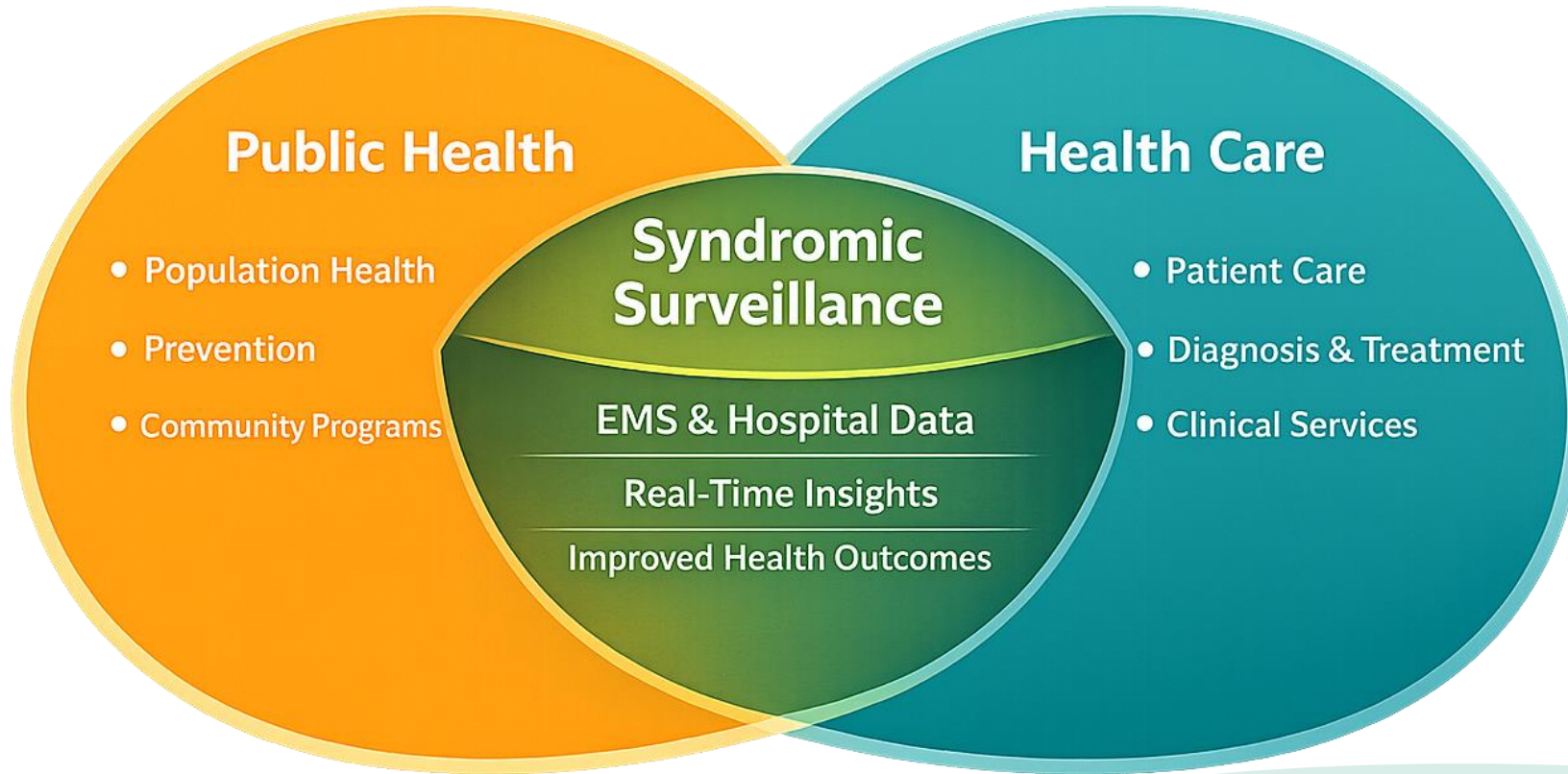
Right Patient, Right Place, Right Time, Right Now

A Prepared and Safe Hawaii Starts with Trauma and Emergency Medical Services Modernization



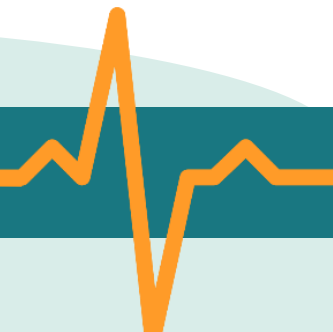


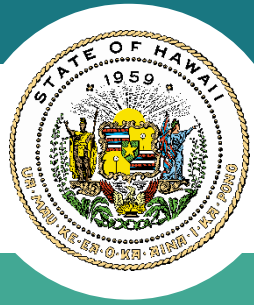
Why Data Modernization Matters?



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A Prepared and Safe Hawaii Starts with Trauma and Emergency Medical Services Modernization





Surveillance Success with Real Time Data



Real-Time Bidirectional Data Exchange



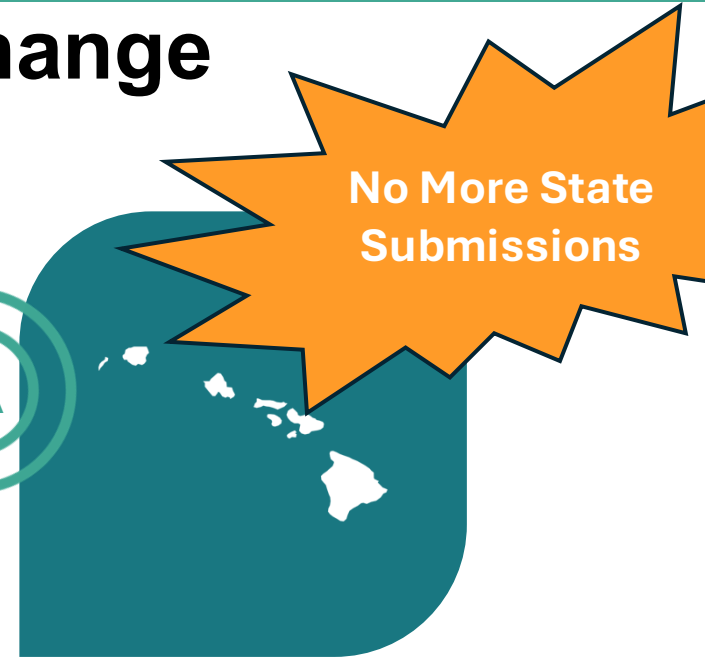
EMERGENCY MEDICAL SERVICES PROVIDERS



HOSPITAL TRAUMA AND ACUTE CARE TEAM

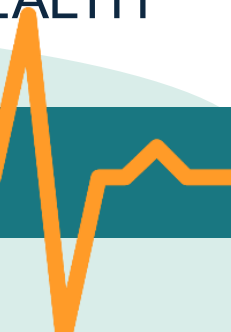


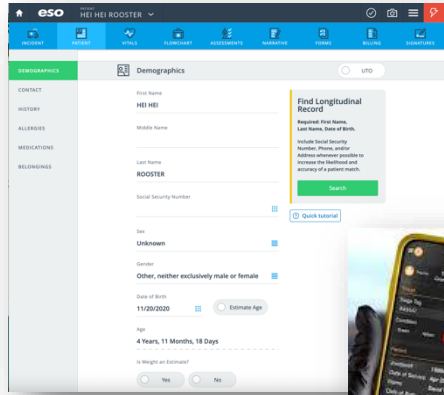
STATE OF HAWAII DEPARTMENT OF HEALTH



No More State Submissions

Right Patient, Right Place, Right Time, Right Now

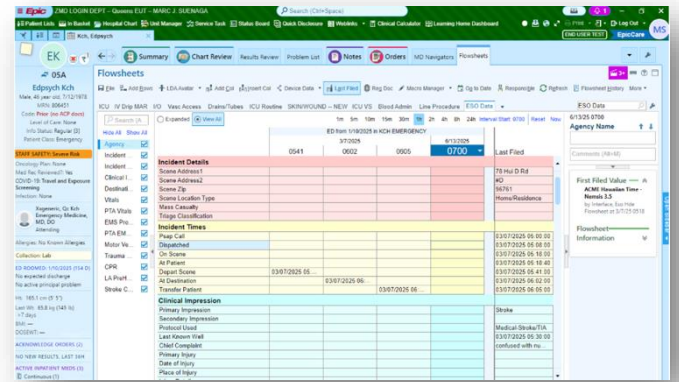




Health Data Exchange



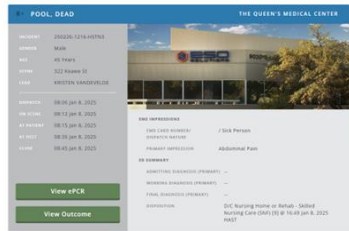
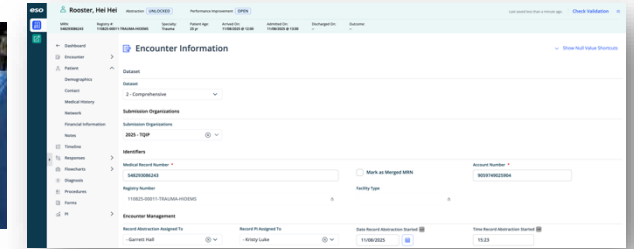
Hospital EHR Epic



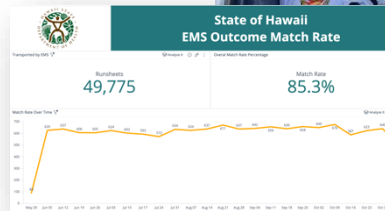
EMS EHR ESO & Pulsara



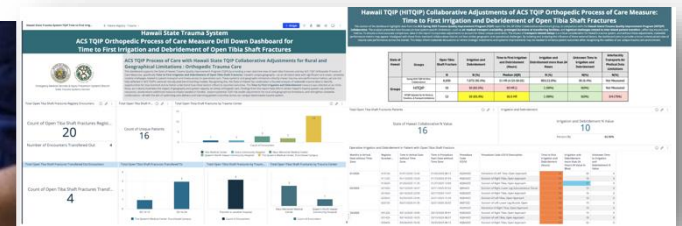
Trauma Registry



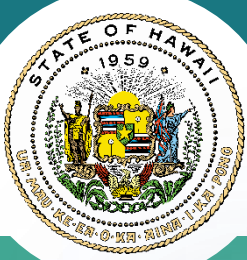
ESO Patient Outcomes Dashboards



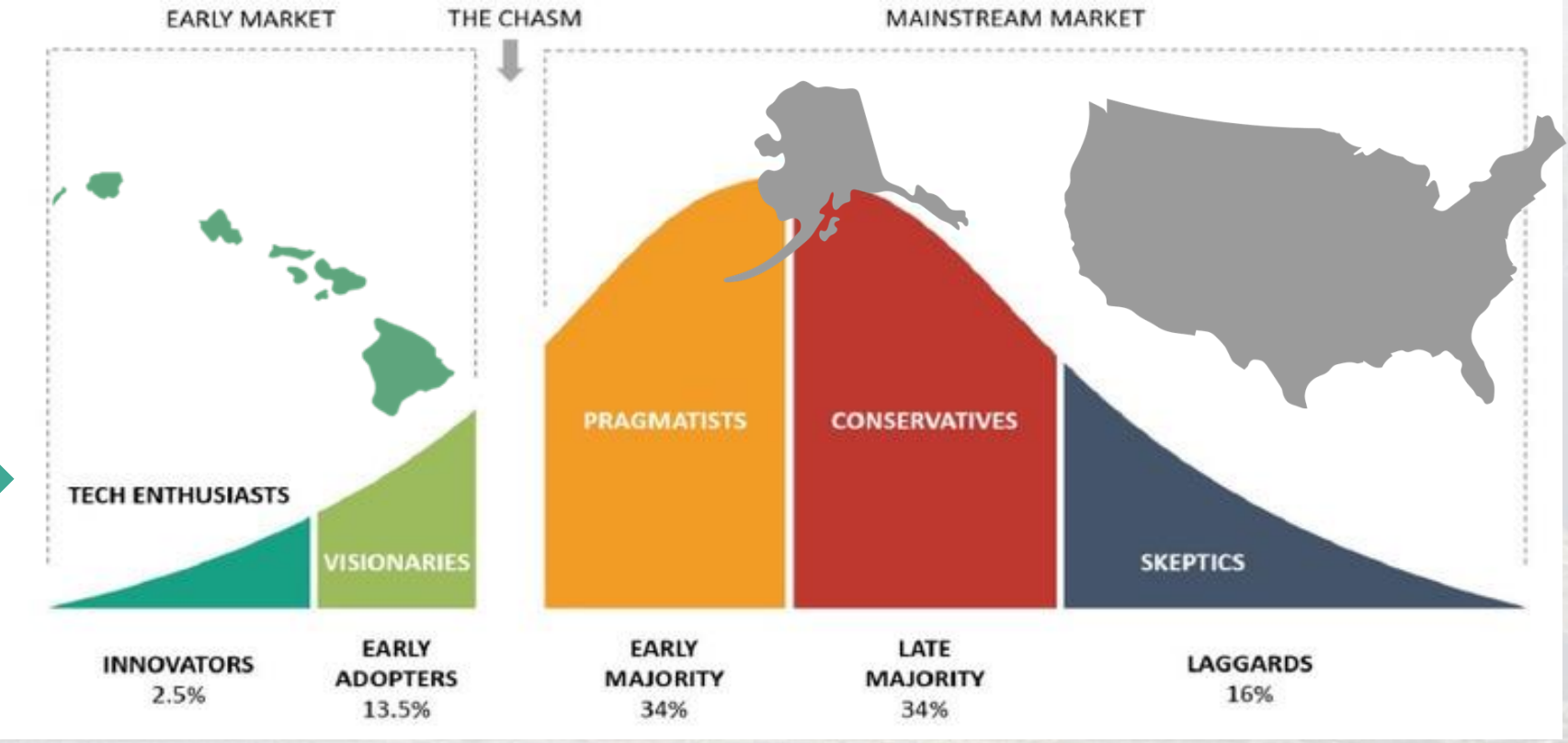
State of Hawaii Emergency Medical Systems of Care and Public Health



Real Time Surveillance Quality TQIP Dashboards



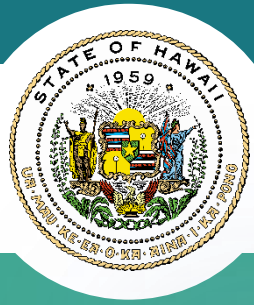
Change – Transformation Journey



Right Patient, Right Place, Right Time, Right Now

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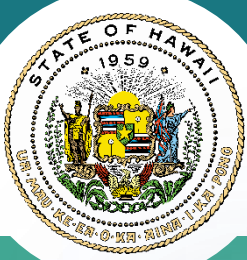
Right Patient, Right Place, Right Time, Right Now



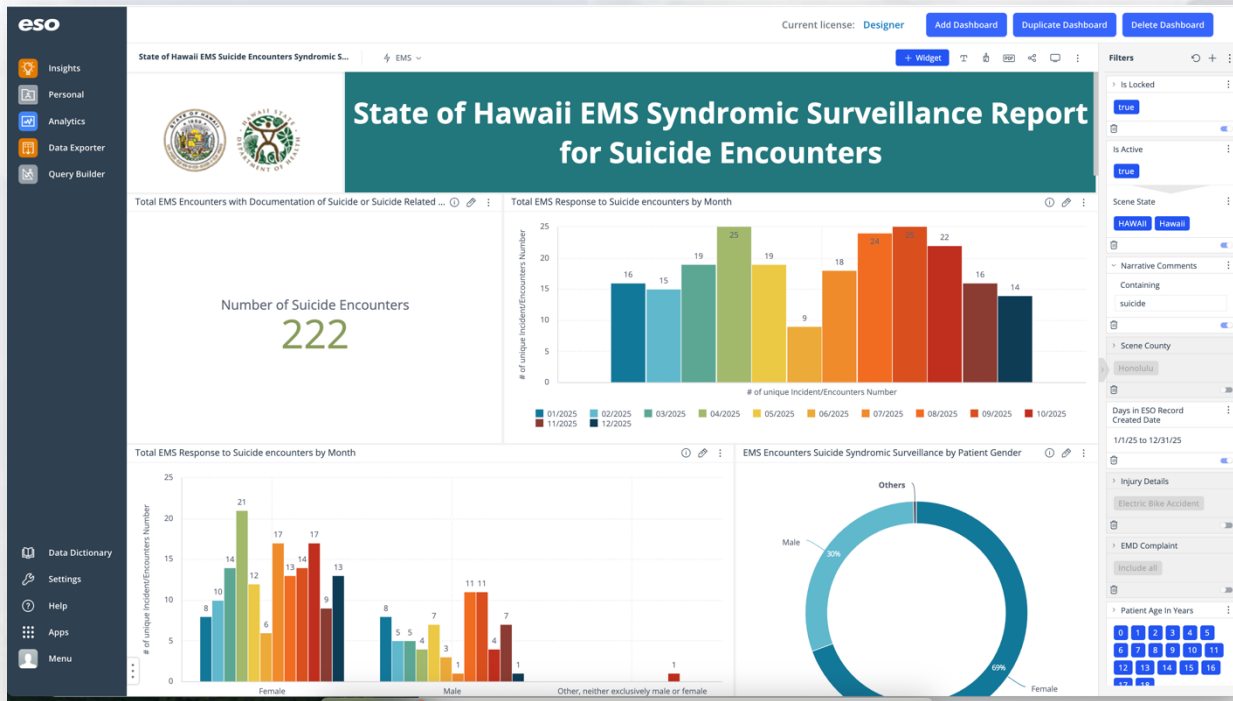
Data Modernization in Action

Right Patient, Right Place, Right Time, Right Now

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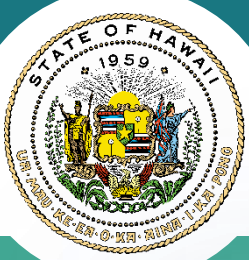
EMS and Public Health Suicide Surveillance



Years to Days for Data On Suicide Data for Hawaii

Right Patient, Right Place, Right Time, Right Now

A Prepared and Safe Hawaii Starts with Trauma and Emergency Medical Services (EMS) Modernization



EMS and Public Health Suicide Surveillance

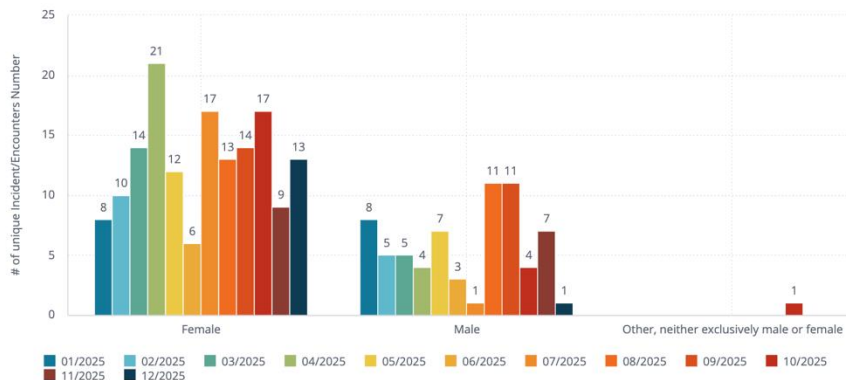


Number of Suicide Encounters

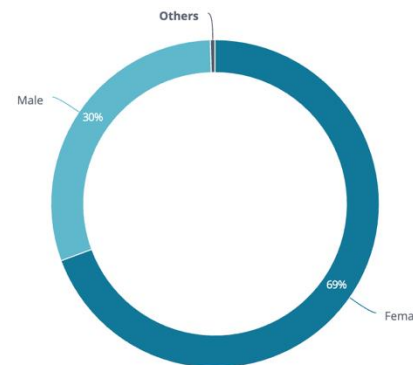
222



Total EMS Response to Suicide encounters by Month

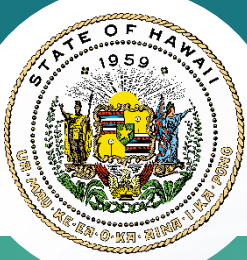


EMS Encounters Suicide Syndromic Surveillance by Patient Gender

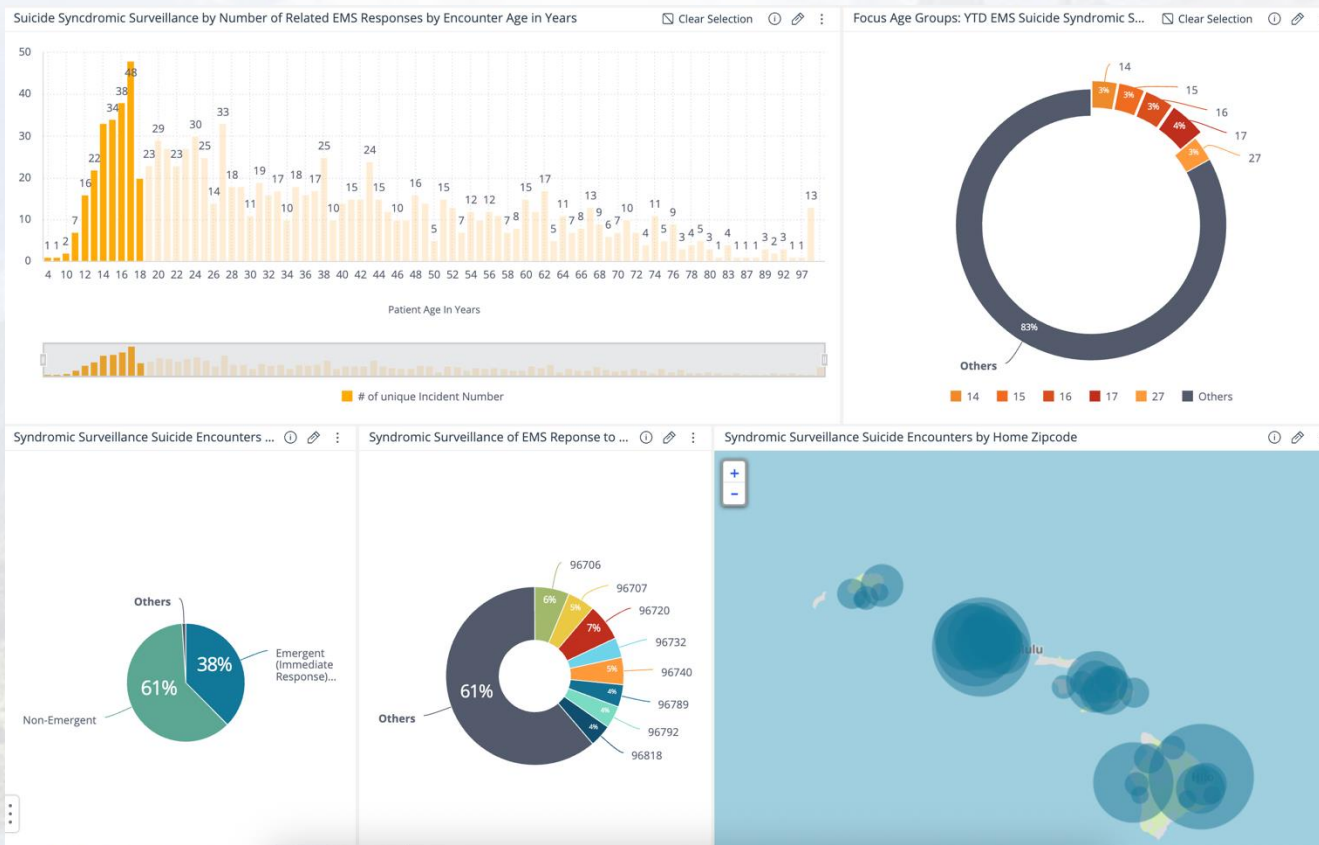


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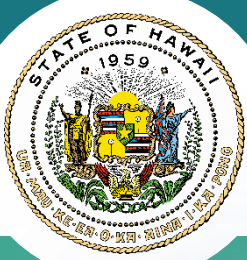


EMS and Public Health Suicide Surveillance

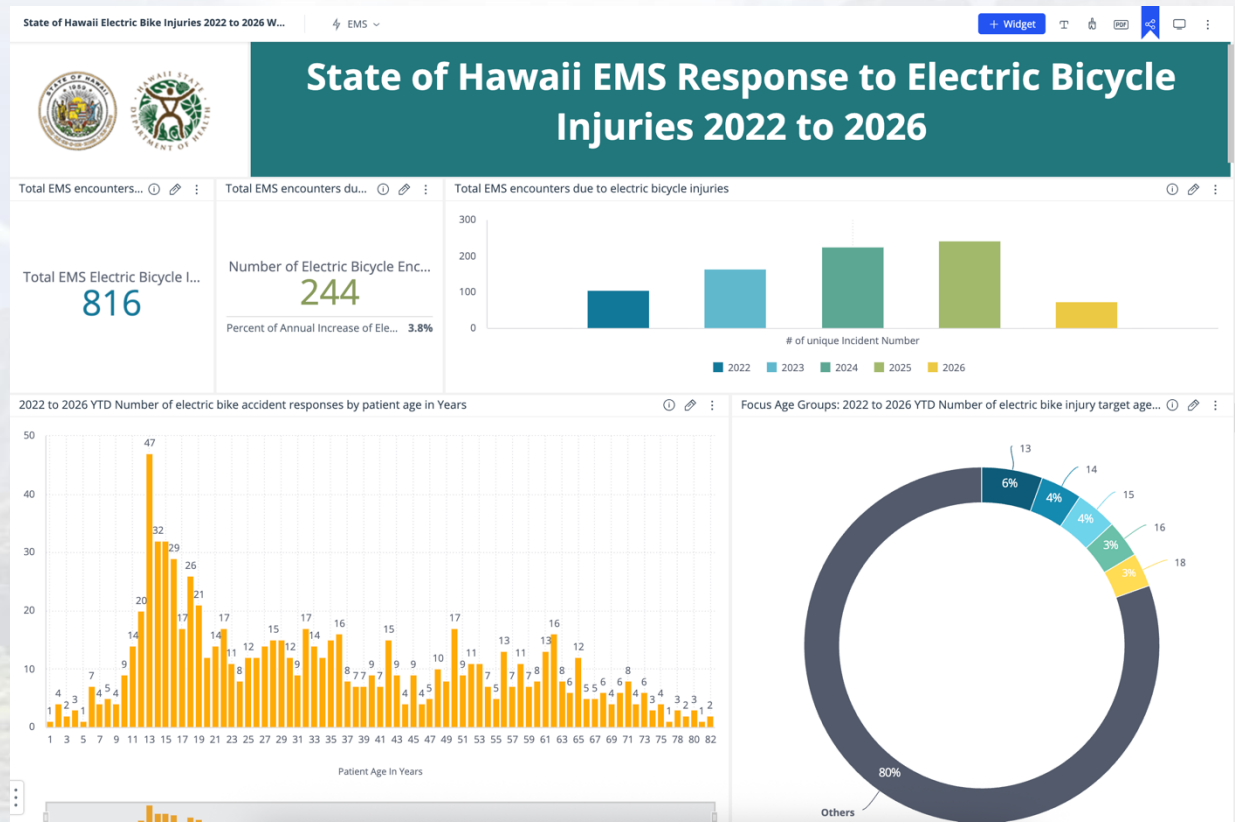
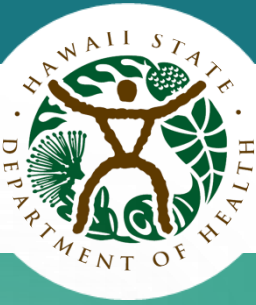


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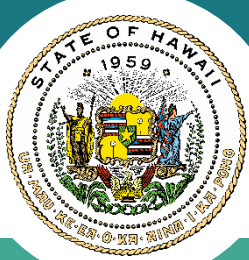
EMS and Public Health E-Bike Surveillance



Right Patient, Right Place, Right Time, Right Now

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EMSIPSB Report

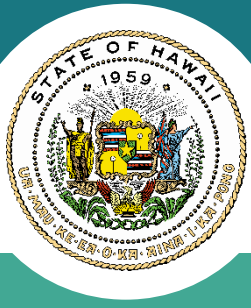


Injury Prevention Section Update

- **Drowning / Water Safety**
 - Amanda – New Public Health Educator Hired and Onboarding
 - State of Hawaii will present Drowning / Water Safety Plan at National Conference
- **Traffic Safety**
 - Motor Vehicle Crash Dashboards now available and shared with DOT
- **Fall Prevention**
 - Establishing a Fall Prevention Campaign Advisory / Working Group for 2026 program
 - UH Center for the Family Partnership
- **Suicide and Violent Death**
 - HAWAII Violent Death Registry Reboot – Exceeding Prior Years data collection goals with 245 Violent Deaths for 2024 with over 55% with Medical Examiners Reports and Legal Reports (Huge success with with hurdles from CDC Terms)
 - Applied for next years funding for NVDRS / HIVDRS
 - New Real Time EMS Suicide Dashboard for monitoring
 - Next step once Trauma Program Manager Hired to work on establishing Suicide Mortality Review with Registry
- **Offer made to new Epi, once finalized will send out notification**

Right Patient, Right Place, Right Time, Right Now

A Prepared and Safe Hawaii Starts with Trauma and Emergency Medical Services (EMS) Modernization



EMSIPSB Report

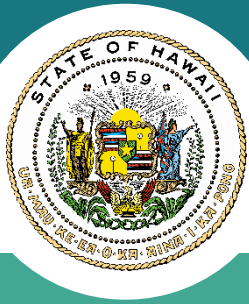


Emergency Preparedness Section

- **Hospital Preparedness Program (HPP) Transitions to EMS, Branch Chief new PI for program**
- **New Staff Member – Casey HPP Coordinator**
- **Looking for New Statewide Hospital Preparedness Coalition Program Operations Manager**
- **Will be issuing RFI for Year 3 HPP Funding Partner**
- **Busy month with 3 Statewide Emergency Responses (Kudos to Everyone)**
- **Medical Operations Communication Calls Established**
- **Medical Operations Communication Center (MOCC) Table Top Drill**
- **Next steps moving forward with MOCC Statewide Plan**

Right Patient, Right Place, Right Time, Right Now

A Prepared and Safe Hawaii Starts with Trauma and Emergency Medical Services (EMS) Modernization



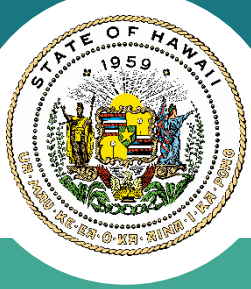
Agency Reports



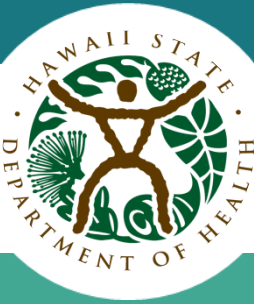
- EMS - Hawaii County (Hawaii Island Fire)
- EMS - C&C of Honolulu
- EMS – Kauai County (AMR)
- EMS – Maui County (AMR)
- Federal Fire
- AMR/GMR / Hawaii Life Flight / REACH
- Optimum Air
- Life Flight Network
- Kapiolani Community College
- Hawaii Community College
- Trauma Centers

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Adjournment



Adjournment Mahalo Nui

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