



NORTH CENTRAL FLORIDA TRAUMA AGENCY

TRAUMA PLAN 2017-2022



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Introduction

The North Central Florida Trauma Agency (NCFTA), established in 1990 through an Interlocal Agreement (see Appendix A), is a partnership of healthcare professionals whose mission is *to support and promote excellence in trauma care for residents and visitors of North Central Florida*. NCFTA's vision is a fully integrated system of trauma care that minimizes preventable injury, reduces mortality and morbidity, and provides optimal care through evidence-based practice, education, and clinical research.

The following 10 counties participated in the original NCFTA interlocal agreement and comprise the official and current ten (10) counties of the NCFTA:

1. Alachua
2. Bradford
3. Citrus
4. Columbia
5. Dixie
6. Gilchrist
7. Lafayette
8. Levy
9. Marion
10. Suwannee

Many other counties bordering and near the 10 counties of the NCFTA and their BOCCs, hospitals, EMS providers and physicians have long been interested in the work of the NCFTA and have participated in the NCFTA activities as unofficial, adjunct members of the NCFTA but are not part of the General Membership or Board of Directors as specified in the Interlocal Agreement. These unofficial, adjunct counties have come to participate in the NCFTA via a variety of avenues. For example, a mutual aid agreement was signed after the original Interlocal Agreement was executed with Putnam County, and thus Putnam County that became recognized as an unofficial, adjunct member county of the NCFTA.

While all of the original ten NCFTA counties and Putnam utilize the Recommended Trauma Transport Protocols (rTTPs) template developed by NCFTA (see Appendix B). Two surrounding counties, Hamilton and Union, also have used the rTTPs template, and thus Hamilton and Union Counties because of their use of the rTTPs and ongoing and regular participation in NCFTA activities and meetings are considered unofficial, adjunct members of the NCFTA. Historically speaking, the NCFTA has served predominantly the counties in Trauma Service Areas 4 and 6 (TSAs 4 and 6).



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In addition, after the designation of a Level I trauma center in Gainesville (at Shands-UF in 2004-05), and then the designation of a Level II trauma center in Ocala (at Ocala Regional Medical Center in 2012), additional partners from other counties whose trauma systems felt the impact of the Level I and Level II trauma centers also began to participate in the NCFTA. These counties again participate as unofficial, adjunct partner counties and include: Baker, Clay, Hernando, Lake and Sumter Counties. For the purposes of this report and the various data tables presented, data is provided for all ten (10) original and current counties that officially comprise the NCFTA as well as for the other unofficial, adjunct partner counties that have been so-described. Data, when applicable, is provided for each of these 18 counties and for this 18-county region as a whole.



Population and Geographic Areas Served

POPULATION CHARACTERISTICS

Within the 18-county NCFTA impact region for this plan (the area that includes the original and current 10 official counties of the NCFTA as well as unofficial, adjunct counties) two areas are designated metropolitan statistical areas (MSAs): the Gainesville MSA and the Ocala MSA. The Gainesville MSA is comprised of Alachua and Gilchrist County communities, and the Ocala MSA is contained within Marion County. The U.S. Census Bureau classifies the remaining communities in the NCFTA service area as "non- metropolitan." Although the NCFTA service area covers 22.7% of the state's total land area, it constitutes only 9.6% of the state's total population.

Table 1 shows the NCFTA service area's population, land area, and density characteristics. The 2015 NCFTA service area population was 1,900,586 people—which represents a 4.1% increase since 2000. Marion, Alachua, and Citrus Counties are the region's three most highly populated counties; these counties account for 38.8% of the region's total population. Sumter, Suwannee, Lake, Clay, Alachua and Marion Counties experienced the greatest population growth between 2010 and 2015 all with rates over 3.0%.

In general, NCFTA's service area is not densely or uniformly populated. The average density of the region is 156.1 people per square mile. Hernando County, the most densely populated county in the 18-county NCFTA service area, is the only county that exceeds the state average density of 369.5 people per square mile. Meanwhile, Lafayette County is the least densely populated area with 15.9 people per square mile.



TABLE 1. TOTAL ESTIMATED POPULATION, LAND AREA AND DENSITY PER SQUARE MILE BY COUNTY AND FLORIDA, 2015.

Area	2010 Census Population	2015 Estimate Population	Percent Change	2014 Land Area (Square Miles)	Density (Persons/ Square Mile)
Alachua *	247,336	254,893	3.1	875.1	291.3
Baker	27,115	27,017	(0.4)	585.2	46.2
Bradford *	28,520	27,310	(4.2)	294.0	92.9
Citrus *	141,236	141,501	0.2	581.9	243.2
Clay	190,865	201,277	5.5	604.8	332.8
Columbia *	67,531	68,163	0.9	797.5	85.5
Dixie *	16,422	16,468	0.3	705.1	23.4
Gilchrist *	16,939	16,839	(0.6)	349.7	48.2
Hamilton *	14,799	14,630	(1.1)	513.8	28.5
Hernando	172,778	176,819	2.3	472.8	374.0
Lafayette *	8,870	8,664	(2.3)	543.4	15.9
Lake	297,047	316,569	6.6	939.1	337.1
Levy *	40,801	40,448	(0.9)	1,118.2	36.2
Marion *	331,303	341,205	3.0	1,588.0	214.9
Putnam *	74,364	72,756	(2.2)	727.9	100.0
Sumter	93,420	115,657	23.8	547.3	211.3
Suwannee *	41,551	44,452	7.0	688.6	64.6
Union *	15,535	15,918	2.5	243.6	65.4
NCFTA SA	1,826,432	1,900,586	4.1	12,176	156.1
Florida	18,802,847	19,815,183	5.4	53,631.5	369.5

* These are the original 13 counties that comprised the North Central Florida Trauma Agency (NCFTA) Service Area. The NCFTA SA includes all 18 counties.

Source: Bureau of Economic Business Resources: University of Florida, Population Projections by Age, Sex, Race and Hispanic Origin for Florida and Its Counties, 2015-2045; <https://www.bebr.ufl.edu/data/localities/617/county>
Prepared by: WellFlorida Council, 2017.

The age of the population varies throughout the region. As indicated in Table 2, ten NCFTA counties surpass the state in the percentage of residents ages 65 and older. The highest rates of older adults are in Sumter, Citrus and Marion Counties (these counties are adjacent to one another). Slightly more than 72% of the population in NCFTA's service area is under the age of 65.



TABLE 2. TOTAL ESTIMATED POPULATION BY AGE GROUP, BY COUNTY AND FLORIDA, 2011-2015.

Area	Total Estimated Population	0 - 4 Years of Age		0 - 17 Years of Age		18 - 64 Years of Age		65+ Years of Age	
		Number	Percent of Zip Code	Number	Percent of Zip Code	Number	Percent of Zip Code	Number	Percent of Zip Code
Alachua *	254,218	14,056	5.5	45,669	18.0	178,201	70.1	30,348	11.9
Baker	27,135	1,657	6.1	6,766	24.9	16,968	62.5	3,401	12.5
Bradford *	27,223	1,519	5.6	5,400	19.8	17,190	63.1	4,633	17.0
Citrus *	139,654	5,387	3.9	21,209	15.2	70,356	50.4	48,089	34.4
Clay	197,417	11,053	5.6	48,855	24.7	121,727	61.7	26,835	13.6
Columbia *	67,806	4,016	5.9	14,815	21.8	41,592	61.3	11,399	16.8
Dixie *	16,091	816	5.1	2,955	18.4	9,693	60.2	3,443	21.4
Gilchrist *	16,992	881	5.2	3,522	20.7	10,211	60.1	3,259	19.2
Hamilton *	14,395	685	4.8	2,740	19.0	9,505	66.0	2,150	14.9
Hernando	174,809	7,791	4.5	33,322	19.1	94,213	53.9	47,274	27.0
Lafayette *	8,801	426	4.8	1,890	21.5	5,749	65.3	1,162	13.2
Lake	310,561	15,961	5.1	62,389	20.1	168,962	54.4	79,210	25.5
Levy *	39,821	2,030	5.1	8,039	20.2	23,039	57.9	8,743	22.0
Marion *	336,811	16,836	5.0	63,431	18.8	181,344	53.8	92,036	27.3
Putnam *	72,696	4,269	5.9	16,023	22.0	41,702	57.4	14,971	20.6
Sumter	108,501	2,244	2.1	8,412	7.8	44,878	41.4	55,211	50.9
Suwannee *	43,595	2,538	5.8	9,385	21.5	25,679	58.9	8,531	19.6
Union *	15,191	751	4.9	2,909	19.1	10,484	69.0	1,798	11.8
NCFTA SA	1,871,717	92,916	5.0	357,731	19.1	1,071,493	57.2	442,493	23.6
Florida	19,645,772	1,081,057	5.5	4,041,123	20.6	11,953,658	60.8	3,650,991	18.6

* These are the original 13 counties that comprised the North Central Florida Trauma Agency (NCFTA) Service Area. The NCFTA SA includes all 18 counties.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates for 2011-2015, the 2010 Census provides the official counts of the population and housing units for the nation, counties, cities, and towns. The American Community Survey is a sample of data taken over a time period and should not be compared to other sources of data.

BOLD numbers represent county percentages that are greater than those of the state of Florida as a whole in each respective column.

Source: US Census Bureau, American Community Survey, 2011-2015 5-Year Estimates, Table B01001.

Prepared by: WellFlorida Council, 2017.

As reported in Table 3, the racial composition of the region is fairly similar to that of the state; however, at the county level, racial composition is variable. In Hamilton County for example, 34.1% of the county is comprised of black residents—over two times the percentage of black residents in the state. Citrus (93.3%) and Gilchrist (91.6%) Counties have the highest populations of white residents. Only 9.5% of the population in the NCFTA service area is of Hispanic or Latino origin, as compared to 23.7% residents in the state of Florida who report Hispanic/Latino ethnicities (Table 4).



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Table 3 shows a lower percentage of females in the region than that of the state; females represent only 50.8% of the total population in the NCFTA service area. 9 of the 18 NCFTA service area counties have more male residents than female. Many of these counties have male correctional institutions, which may account for the higher percentage of males. Hernando and Marion Counties have the highest percentage of female residents (52.0%).

More than 200,000 of Florida's veteran population live in the NCFTA service area. Nearly 14% of the region's population is a veteran. Marion, Lake and Clay Counties all have over 25,000 veterans (Table 6).

TABLE 3. TOTAL ESTIMATED POPULATION BY SELECTED RACES, BY COUNTY AND FLORIDA, 2011-2015.

Area	Total Estimated Population	White		Black		All Others	
		Number	Percent of Zip Code	Number	Percent of Zip Code	Number	Percent of Zip Code
Alachua *	254,218	177,612	69.9	50,580	19.9	26,026	10.2
Baker	27,135	22,649	83.5	3,938	14.5	548	2.0
Bradford *	27,223	21,123	77.6	5,457	20.0	643	2.4
Citrus *	139,654	130,285	93.3	4,179	3.0	5,190	3.7
Clay	197,417	161,899	82.0	19,275	9.8	16,243	8.2
Columbia *	67,806	52,347	77.2	12,153	17.9	3,306	4.9
Dixie *	16,091	14,177	88.1	1,416	8.8	498	3.1
Gilchrist *	16,992	15,563	91.6	1,037	6.1	392	2.3
Hamilton *	14,395	8,741	60.7	4,908	34.1	746	5.2
Hernando	174,809	157,227	89.9	9,405	5.4	8,177	4.7
Lafayette *	8,801	6,805	77.3	1,596	18.1	400	4.5
Lake	310,561	258,871	83.4	30,316	9.8	21,374	6.9
Levy *	39,821	34,782	87.3	3,643	9.1	1,396	3.5
Marion *	336,811	275,115	81.7	43,498	12.9	18,198	5.4
Putnam *	72,696	56,529	77.8	11,969	16.5	4,198	5.8
Sumter	108,501	95,851	88.3	9,051	8.3	3,599	3.3
Suwannee *	43,595	36,081	82.8	5,901	13.5	1,613	3.7
Union *	15,191	11,236	74.0	3,280	21.6	675	4.4
NCFTA SA	1,023,708	820,419	80.1	141,429	13.8	61,860	6.0
Florida	19,645,772	14,934,702	76.0	3,171,108	16.1	1,539,962	7.8

* These are the original 13 counties that comprised the North Central Florida Trauma Agency (NCFTA) Service Area. The NCFTA SA includes all 18 counties.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates for 2011-2015, the 2010 Census provides the official counts of the population and housing units for the nation, counties, cities, and towns. The American Community Survey is a sample of data taken over a time period and should not be compared to other sources of data.

BOLD numbers represent county percentages that are greater than those of the state of Florida as a whole in each respective column.

Source: US Census Bureau, American Community Survey, 2011-2015 5-Year Estimates, Table B01001, B01001A, B01001B.

Prepared by: WellFlorida Council, 2017.



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TABLE 4. TOTAL ESTIMATED POPULATION BY ETHNICITY, BY COUNTY AND FLORIDA, 2011-2015.

Area	Total Estimated Population	Hispanic or Latino		Non Hispanic or Latino	
		Estimated Number	Percent of Zip Code	Estimated Number	Percent of Zip Code
Alachua *	254,218	22,548	8.9	231,670	91.1
Baker	27,135	638	2.4	26,497	97.6
Bradford *	27,223	1,030	3.8	26,193	96.2
Citrus *	139,654	7,068	5.1	132,586	94.9
Clay	197,417	17,464	8.8	179,953	91.2
Columbia *	67,806	3,649	5.4	64,157	94.6
Dixie *	16,091	591	3.7	15,500	96.3
Gilchrist *	16,992	864	5.1	16,128	94.9
Hamilton *	14,395	1,322	9.2	13,073	90.8
Hernando	174,809	19,813	11.3	154,996	88.7
Lafayette *	8,801	1,058	12.0	7,743	88.0
Lake	310,561	41,936	13.5	268,625	86.5
Levy *	39,821	3,180	8.0	36,641	92.0
Marion *	336,811	39,313	11.7	297,498	88.3
Putnam *	72,696	6,861	9.4	65,835	90.6
Sumter	108,501	6,237	5.7	102,264	94.3
Suwannee *	43,595	3,859	8.9	39,736	91.1
Union *	15,191	807	5.3	14,384	94.7
NCFTA SA	1,871,717	178,238	9.5	1,693,479	90.5
Florida	19,645,772	4,660,733	23.7	14,985,039	76.3

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BOLD numbers represent county percentages that are greater than those of the state of Florida as a whole in each respective column.

Source: US Census Bureau, American Community Survey, 2011-2015 5-Year Estimates, Table B3003.

Prepared by: WellFlorida Council, 2017.



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TABLE 5. TOTAL ESTIMATED POPULATION BY GENDER, BY COUNTY AND FLORIDA, 2011-2015.

Area	Total Estimated Population	Males		Females	
		Estimated Number	Percent of Zip Code	Estimated Number	Percent of Zip Code
Alachua *	254,218	122,968	48.4	131,250	51.6
Baker	27,135	14,277	52.6	12,858	47.4
Bradford *	27,223	15,150	55.7	12,073	44.3
Citrus *	139,654	67,381	48.2	72,273	51.8
Clay	197,417	96,931	49.1	100,486	50.9
Columbia *	67,806	35,080	51.7	32,726	48.3
Dixie *	16,091	8,746	54.4	7,345	45.6
Gilchrist *	16,992	8,946	52.6	8,046	47.4
Hamilton *	14,395	8,671	60.2	5,724	39.8
Hernando	174,809	83,978	48.0	90,831	52.0
Lafayette *	8,801	5,265	59.8	3,536	40.2
Lake	310,561	150,126	48.3	160,435	51.7
Levy *	39,821	19,649	49.3	20,172	50.7
Marion *	336,811	161,696	48.0	175,115	52.0
Putnam *	72,696	35,825	49.3	36,871	50.7
Sumter	108,501	55,190	50.9	53,311	49.1
Suwannee *	43,595	21,647	49.7	21,948	50.3
Union *	15,191	9,830	64.7	5,361	35.3
NCFTA SA	1,871,717	921,356	49.2	950,361	50.8
Florida	19,645,772	9,600,009	48.9	10,045,763	51.1

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Although the American Community Survey (ACS) produces population, demographic and housing unit estimates for 2011-2015, the 2010 Census provides the official counts of the population and housing units for the nation, counties, cities, and towns. The American Community Survey is a sample of data taken over a time period and should not be compared to other sources of data.

BOLD numbers represent county percentages that are greater than those of the state of Florida as a whole in each respective column.

Source: US Census Bureau, American Community Survey, 2011-2015 5-Year Estimates, Table B01001.

Prepared by: WellFlorida Council, 2017.



TABLE 6. TOTAL ESTIMATED VETERAN POPULATION, BY COUNTY AND FLORIDA, 2011-2015.

Area	Total Civilian Population 18 Years and Over	Total Veterans Population	Percent Veterans Population
Alachua *	208,447	16,306	7.8
Baker	20,369	2,014	9.9
Bradford *	21,814	2,442	11.2
Citrus *	118,430	19,982	16.9
Clay	146,654	25,229	17.2
Columbia *	52,970	7,942	15.0
Dixie *	13,136	1,801	13.7
Gilchrist *	13,470	1,739	12.9
Hamilton *	11,652	1,161	10.0
Hernando	141,400	20,267	14.3
Lafayette *	6,911	516	7.5
Lake	248,025	32,903	13.3
Levy *	31,782	4,534	14.3
Marion *	273,268	37,477	13.7
Putnam *	56,609	7,110	12.6
Sumter	100,081	19,045	19.0
Suwannee *	34,210	4,271	12.5
Union *	12,277	1,806	14.7
NCFTA SA	1,511,505	206,545	13.7
Florida	15,551,250	1,507,738	9.7

* These are the original 13 counties that comprised the North Central Florida Trauma Agency (NCFTA) Service Area. The NCFTA SA includes all 18 counties.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates for 2011-2015, the 2010 Census provides the official counts of the population and housing units for the nation, counties, cities, and towns. The American Community Survey is a sample of data taken over a time period and should not be compared to other sources of data.

BOLD numbers represent county percentages that are greater than those of the state of Florida as a whole in each respective column.

Source: US Census Bureau, American Community Survey, 2011-2015 5-Year Estimates, Table S2101.

Prepared by: WellFlorida Council, 2017



ECONOMIC CHARACTERISTICS

Table 7 shows that residents in NCFTA's service area are generally poorer than state residents as a whole. The poverty rate in the NCFTA service area is higher than that of Florida and 14 of the 18 counties have poverty rates higher than the state. Only one county (Sumter) has a higher per capita income than the state, and only two counties (Clay and Sumter) have median household incomes greater than the state (Table 8).

For the NCFTA service area, 17.0% of residents live below the poverty level, which is greater than the state average (15.8%). Hamilton County has highest poverty rate in the region (31.8%). In fact, 9 counties in the NCFTA service area, fully half, have poverty rates below the state average. While nationally and in Florida unemployment rates overall have begun to stabilize, many counties in north central Florida still face unemployment challenges. As seen in Table 9, the unemployment rate for 2015 was only slightly higher in the NCFTA service area than for the state as a whole. However, 9 of the 18 counties in the service area had higher rates of unemployment than the state.

TABLE 7. NUMBER AND PERCENT OF PERSONS IN POVERTY, BY COUNTY AND FLORIDA, 2010-2015.

Area	2010	2011	2012	2013	2014	2015
Alachua *	25.3	23.5	26.6	25.7	21.6	21.1
Baker	17.5	18.6	18.8	18.8	19.6	16.8
Bradford *	19.4	23.1	23.1	21.8	22.6	21.3
Citrus *	17.2	17.3	18.7	17.3	20.1	17.5
Clay	11.3	10.9	10.9	9.9	10.9	11.6
Columbia *	19.5	21.7	23.4	18.8	21.7	19.7
Dixie *	26.6	25.2	27.3	27.1	27.1	29.3
Gilchrist *	21.0	19.5	22.0	21.9	19.8	19.2
Hamilton *	30.8	31.9	28.9	29.2	31.7	31.8
Hernando	15.1	16.6	18.5	15.6	15.3	14.3
Lafayette *	26.0	23.8	26.4	25.2	25.6	23.8
Lake	13.5	13.9	15.6	14.5	13.8	12.8
Levy *	27.0	22.0	22.7	23.6	21.2	22.1
Marion *	19.6	17.6	18.6	19.6	17.8	18.7
Putnam *	26.7	27.9	25.7	26.9	28.5	27.3
Sumter	13.0	14.5	13.7	12.0	10.9	10.1
Suwannee *	20.9	24.7	28.1	24.6	23.7	23.6
Union *	24.3	25.3	26.2	23.8	24.3	26.2
NCFTA SA	18.2	17.9	19.2	18.2	17.5	17.0
Florida	16.5	17.0	17.2	17.1	16.6	15.8

* These are the original 13 counties that comprised the North Central Florida Trauma Agency (NCFTA) Service Area. The NCFTA SA includes all 18 counties.

BOLD numbers represent county percentages that are greater than those of the state of Florida as a whole in each respective column.

Source: US Census Bureau, Small Area Income and Poverty Estimates, 2010-2015.

Prepared by: WellFlorida Council, 2017.



NORTH CENTRAL FLORIDA TRAUMA AGENCY

The state percentage of persons ages 25 and older with Bachelor's degrees is 27.3% (Table 10); in the NCFTA service area this rate is dramatically lower (21.1.1%). Of all NCFTA counties, only Alachua and Sumter have higher rates of persons with Bachelor's degrees (41.6% and 28.0%, respectively) than that of the state.

TABLE 8. PER CAPITA INCOME, MEDIAN HOUSEHOLD INCOME, BY COUNTY AND FLORIDA, 2011-2015.

Area	Per Capita Income	Median Household Income
Alachua *	25,498	43,073
Baker	20,471	47,121
Bradford *	19,739	41,606
Citrus *	23,979	38,312
Clay	26,464	58,290
Columbia *	20,563	41,926
Dixie *	17,850	36,292
Gilchrist *	21,436	40,623
Hamilton *	14,742	35,048
Hernando	21,586	40,945
Lafayette *	19,404	35,864
Lake	24,236	46,403
Levy *	20,299	35,782
Marion *	21,675	39,459
Putnam *	18,082	31,715
Sumter	30,145	50,350
Suwannee *	18,573	36,289
Union *	12,291	39,163
NCFTA SA	---	---
Florida	26,829	47,507

* These are the original 13 counties that comprised the North Central Florida Trauma Agency (NCFTA) Service Area. The NCFTA SA includes all 18 counties.

--- Data Not Available to Calculate. Although the American Community Survey (ACS) produces population, demographic and housing unit estimates for 2011-2015, the 2010 Census provides the official counts of the population and housing units for the nation, counties, cities, and towns. The American Community Survey is a sample of data taken over a time period and should not be compared to other sources of data. **BOLD** numbers represent county percentages that are **LESS** than those of the state of Florida as a whole in each respective column.

Source: US Census Bureau, American Community Survey, 2011-2015 5-Year Estimates, Table S1903 and B19301.

Prepared by: WellFlorida Council, 2017.



TABLE 9. UNEMPLOYMENT RATES BY YEAR, BY COUNTY AND FLORIDA, 2011-2015.

Area	2011	2012	2013	2014	2015
Alachua *	7.7	6.6	5.4	4.9	4.5
Baker	9.9	7.8	6.7	5.4	5.4
Bradford *	8.8	7.2	5.7	5.1	4.8
Citrus *	11.9	9.8	8.4	7.4	7.4
Clay	9.3	7.6	6.3	5.4	4.9
Columbia *	9.7	8.1	6.7	6.0	5.4
Dixie *	12.8	10.9	8.9	7.3	6.1
Gilchrist *	9.8	8.0	6.8	5.9	5.5
Hamilton *	11.3	10.3	8.8	8.5	5.1
Hernando	13.4	10.9	9.0	8.0	6.8
Lafayette *	8.1	7.4	6.6	6.3	4.5
Lake	11.2	9.0	7.5	6.3	5.4
Levy *	11.3	9.5	8.1	6.9	5.7
Marion *	12.3	10.0	8.3	7.2	6.4
Putnam *	11.9	11.2	9.4	8.1	7.2
Sumter	8.5	7.4	5.9	5.1	7.5
Suwannee *	9.3	7.7	6.6	6.0	5.5
Union *	8.2	7.3	6.1	5.6	4.8
NCFTA SA	10.5	8.7	7.2	6.3	5.7
Florida	10.5	8.6	7.2	6.1	5.4

* These are the original 13 counties that comprised the North Central Florida Trauma Agency (NCFTA) Service Area. The NCFTA SA includes all 18 counties.

BOLD numbers represent county percentages that are greater than those of the state of Florida as a whole in each respective column.

Source: Florida Research and Economic Database; Data generated by WellFlorida; using Labor Market Analysis; <http://fred.labormarketinfo.com>, January 30, 2017.

Prepared by: WellFlorida Council, 2017.



TABLE 10. ESTIMATED NUMBER AND PERCENT OF THE POPULATION 25+ YEARS OF AGE THAT HAVE A BACHELOR'S DEGREE OR HIGHER, BY COUNTY AND FLORIDA, 2011-2015.

Area	Estimated Total Population 25 + Years of Age	Estimated Number	Estimated Percent
Alachua *	151,184	62,842	41.6
Baker	17,786	2,043	11.5
Bradford *	19,499	2,120	10.9
Citrus *	110,144	18,660	16.9
Clay	131,378	31,217	23.8
Columbia *	46,593	7,034	15.1
Dixie *	11,981	942	7.9
Gilchrist *	11,298	1,292	11.4
Hamilton *	9,611	952	9.9
Hernando	129,497	20,259	15.6
Lafayette *	5,946	691	11.6
Lake	226,558	48,729	21.5
Levy *	28,861	3,143	10.9
Marion *	248,893	44,325	17.8
Putnam *	51,118	6,044	11.8
Sumter	96,219	26,953	28.0
Suwannee *	30,323	3,526	11.6
Union *	11,003	862	7.8
NCFTA SA	1,337,892	281,634	21.1
Florida	13,824,205	3,780,148	27.3

* These are the original 13 counties that comprised the North Central Florida Trauma Agency (NCFTA) Service Area. The NCFTA SA includes all 18 counties. Although the American Community Survey (ACS) produces population, demographic and housing unit estimates for 2011-2015, the 2010 Census provides the official counts of the population and housing units for the nation, counties, cities, and towns. The American Community Survey is a sample of data taken over a time period and should not be compared to other sources of data. Bachelor's Degrees or Higher includes Master's Degrees, Professional School Degrees and Doctorate Degrees. **BOLD** numbers represent county percentages that are LESS than those of the state of Florida as a whole in each respective column.

Source: US Census Bureau, American Community Survey, 2011-2015 5-Year Estimates, Table B15002.

Prepared by: WellFlorida Council, 2017.

The uninsured rate is also a telling statistic for both the economic and overall health of a region's population. As seen in Table 11, while the rate of the uninsured in the NCFTA service area is below the state rate, there are disparities in these rates. Six of the 18 counties in the service area have uninsured rates at 18.0% or higher.



TABLE 11. ESTIMATED NUMBER AND PERCENT OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION THAT ARE UNINSURED, BY COUNTY AND FLORIDA, 2011-2015.

Area	Total Estimate of Civilian Noninstitutionalized Population	Estimated Number Uninsured	Estimated Percent Uninsured
Alachua *	251,519	33,693	13.4
Baker	24,631	3,252	13.2
Bradford *	23,903	4,308	18.0
Citrus *	137,765	18,149	13.2
Clay	194,380	24,632	12.7
Columbia *	63,166	10,198	16.1
Dixie *	14,574	2,826	19.4
Gilchrist *	15,808	3,446	21.8
Hamilton *	11,047	1,731	15.7
Hernando	172,961	25,901	15.0
Lafayette *	7,014	1,574	22.4
Lake	307,095	43,793	14.3
Levy *	39,380	8,117	20.6
Marion *	328,847	55,393	16.8
Putnam *	71,452	14,793	20.7
Sumter	99,400	8,681	8.7
Suwannee *	42,115	7,594	18.0
Union *	10,019	1,394	13.9
NCFTA SA	1,815,076	269,475	14.8
Florida	19,335,250	3,474,482	18.0

* These are the original 13 counties that comprised the North Central Florida Trauma Agency (NCFTA) Service Area. The NCFTA SA includes all 18 counties.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates for 2011-2015, the 2010 Census provides the official counts of the population and housing units for the nation, counties, cities, and towns. The American Community Survey is a sample of data taken over a time period and should not be compared to other sources of data. **BOLD** numbers represent county percentages that are greater than those of the state of Florida as a whole in each respective column.

Source: US Census Bureau, American Community Survey, 2011-2015 5-Year Estimates, Table S2701.

Prepared by: WellFlorida Council, 2017.



GEOGRAPHIC AREA

Figure 1 shows the ten (10) official (original) counties in the NCFTA and three (3) other counties that have long ago affiliated with the region by either signing a mutual aid agreement or utilizing the RTTPs. The area of these 13 counties approximately totals 9,006 square miles. The counties are bordered by the Gulf of Mexico on the southwest and surrounded by other rural counties on the remaining sides.

FIGURE 1. NCFTA ORIGINAL SERVICE AREA , 2017



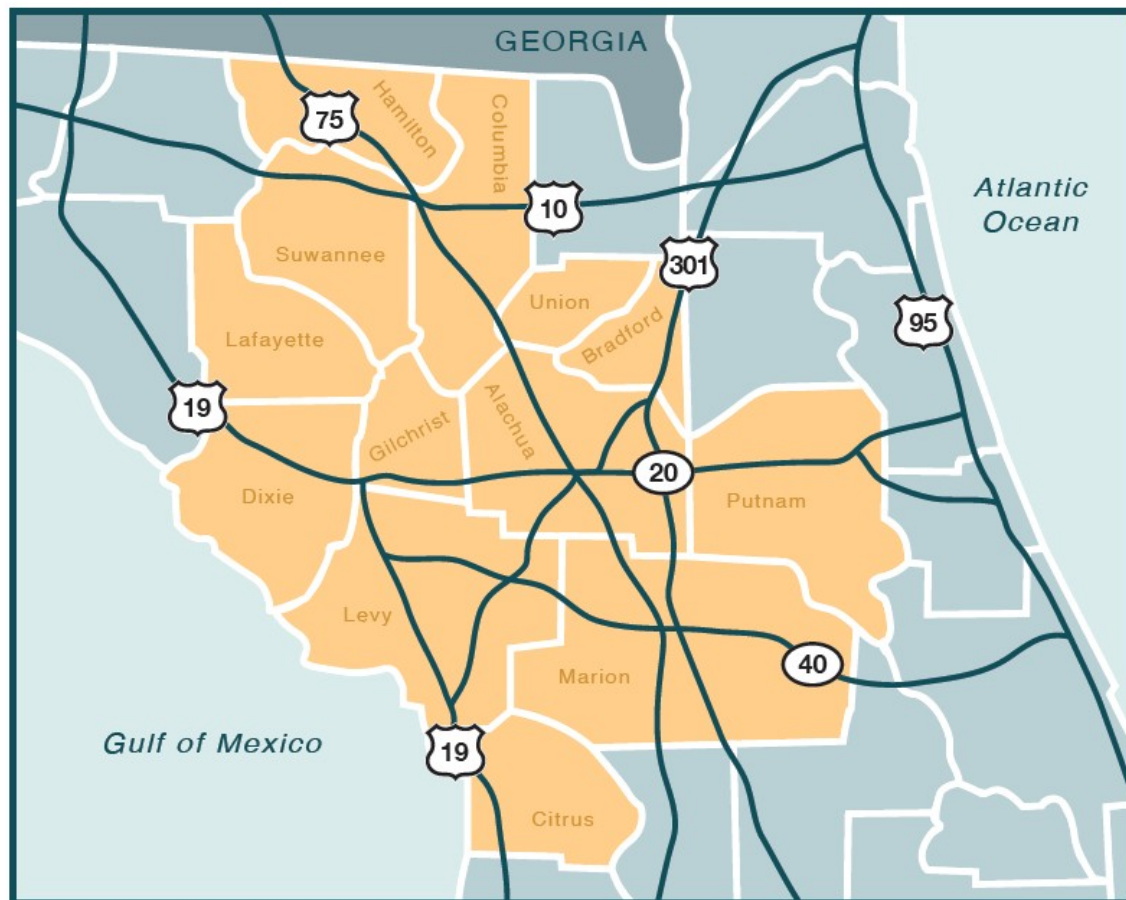
Many types of landforms are found in North Central Florida (NCF). The northern and eastern portions of the region are dotted with lakes and sinkholes, while the western areas and southwestern border are generally coastal swamp and marsh. The remaining portion of the region is generally low land with some ridges and intermediate plains in the southernmost portion.

Interstate 75 is the major North-South route passing through the NCFTA service area.



U.S. Highways 19, 27, 41, 441, and 301 also provide automobile and truck access within the region (Figure 2). There is a regional airport in Gainesville and smaller executive airports in Ocala and other communities. There are no major physical geographic barriers to access in the region.

FIGURE 2. MAJOR ROADWAYS, NCFTA ORIGINAL SERVICE AREA, 2017.



AREA HOSPITALS

Fourteen (14) acute care hospitals serve residents and visitors of the original 13-county NCFTA service area and 24 serve the enhanced 18-county service area (Table 12). Shands at the University of Florida in Gainesville is a Level I Trauma Center (Shands at UF) and Ocala Regional Medical Center is a Level II Trauma Center. Four of the counties (Dixie, Gilchrist, Hamilton, and Lafayette) do not have acute care hospitals.



TABLE 12. ACUTE CARE HOSPITALS BY COUNTY, 2017.

Area	Hospital Name	Nearest Major Routes		
		Federal Interstates	Federal Highways	State Highways
Alachua *	Shands at UF	I-10, I-75	US-27, US-41, US-301, US-441	SR-20, SR-24, SR-26
Alachua *	North Florida RMC	I-10, I-75	US-27, US-41, US-301, US-441	SR-20, SR-24, SR-26
Baker	Ed Fraser Memorial Hospital	I-10	US-90	SR-121
Bradford *	Shands Starke RMC	I-10, I-75, I-95	US-301	SR-16, SR-100, SR-21, SR-230
Citrus *	Citrus Memorial Hospital	I-75	US-19, US-98	SR-41, SR-44, SR-200, Sunshine Parkway
Citrus *	Seven Rivers Community Hospital	I-75	US-19, US-98	SR-41, SR-44, SR-200, Sunshine Parkway
Clay	Orange Park Medical Center	I-295	US-17	First Coast Outer Beltway, SR-100, SR-16, SR-21, SR-224, SR-230
Clay	St. Vincents Medical Center - Clay County	I-295	US-17	First Coast Outer Beltway, SR-100, SR-16, SR-21, SR-224, SR-230
Columbia *	Lake City MC	I-10, I-75	US-41, US-90, US-44	SR-25, SR-47, SR-100, SR-247
Columbia *	Shands Lake Shore RMC	I-10, I-75	US-41, US-90, US-44	SR-25, SR-47, SR-100, SR-247
Hernando	Oak Hill Hospital	I-75	US-19, US-41, US-98	SR-50, SR-589
Hernando	Bayfront Health Brooksville	I-75	US-19, US-41, US-98	SR-50, SR-589
Hernando	Bayfront Health Spring Hill	I-75	US-19, US-41, US-98	SR-50, SR-589
Lake	Florida Hospital Waterman	I-75	Florida's Turnpike, US-27, US-441, Wekiva Parkway	SR-40, SR-44, SR-33, SR-19
Lake	Leesburg Regional Medical Center	I-75	Florida's Turnpike, US-27, US-441, Wekiva Parkway	SR-40, SR-44, SR-33, SR-19
Lake	South Lake Hospital	I-75	Florida's Turnpike, US-27, US-441, Wekiva Parkway	SR-40, SR-44, SR-33, SR-19

* These are the original 13 counties that comprised the North Central Florida Trauma Agency (NCFTA) Service Area. The NCFTA SA includes all 18 counties.

Source: <http://www.fdot.gov/planning/systems/programs/mspi/pdf/Freight/onlineviewing/countyname.pdf>.

Prepared by: WellFlorida Council, 2017.



TABLE 12 CONT. ACUTE CARE HOSPITALS BY COUNTY, 2017.

Area	Hospital Name	Nearest Major Routes		
		Federal Interstates	Federal Highways	State Highways
Levy *	Tri County Hospital Williston (formerly Nature Coast)	I-75	US-19/98, US-27, US-27A, US-41, US-129	SR-24, SR-121
Marion *	Munroe RMC	I-75	US-27, US-301, US-441	SR-40, SR-200, SR-464, SR-326, SR-35
Marion *	West Marion Community Hospital	I-75	US-27, US-301, US-441	SR-40, SR-200, SR-464, SR-326, SR-35
Marion *	Ocala RMC	I-75	US-27, US-301, US-441	SR-40, SR-200, SR-464, SR-326, SR-35
Putnam *	Putnam Community MC	I-95	US-17	SR-19, SR-20, SR-21, SR-26, SR-100, SR-207
Sumter	The Villages Regional Hospital	I-75	Florida's Turnpike, US-301	SR-44, SR-471, SR-50
Suwannee *	Shands Live Oak RMC	I-10, I-75	US-90, US-129, US-27	SR-51
Union *	Lake Butler Hospital	I-10, I-75	US-301	SR-100, SR-121

* These are the original 13 counties that comprised the North Central Florida Trauma Agency (NCFTA) Service Area. The NCFTA SA includes all 18 counties.

Source: <http://www.fdot.gov/planning/systems/programs/mspi/pdf/Freight/onlineviewing/countyname.pdf>.

Prepared by: WellFlorida Council, 2017.

NURSING HOMES/REHABILITATION CENTERS

Table 13 lists the 67 nursing homes and rehabilitation centers in the enhanced 18-county NCFTA service area. Fifty-seven (57) of these 67 nursing homes and rehabilitation centers are located in the original 13-county NCFTA service area.



TABLE 13. NURSING HOMES AND REHABILITATION CENTERS, 2017.

County	Nursing Home
Alachua *	Gainesville Health Care Center
	North Florida Rehabilitation And Specialty Care
	Oak Hammock At The University Of Florida Inc
	Palm Garden Of Gainesville
	Park Meadows Health And Rehabilitation Center
	Parklands Care Center
	Signature Healthcare Of Gainesville
	Terrace Health & Rehabilitation Center
Baker	Macclenny Nursing And Rehab Center
	W Frank Wells Nursing Home
Bradford *	Riverwood Health & Rehabilitation Center
	Windsor Health And Rehabilitation Center
Citrus *	Arbor Trail Rehab And Skilled Nursing Center
	Avante At Inverness Inc
	Citrus Health And Rehabilitation Center
	Citrus Hills Health & Rehabilitation Center
	Crystal River Health And Rehabilitation Center
	Cypress Cove Care Center
	Diamond Ridge Health And Rehabilitation Center
	Health Center At Brentwood
Clay	Life Care Center Of Citrus County
	Consulate Health Care Of Orange Park
	Governors Creek Health And Rehabilitation
	Heartland Health Care Center - Orange Park
	Isle Health & Rehabilitation Center
	Life Care Center At Wells Crossing
	Life Care Center Of Orange Park
	Oak View Rehabilitation Center
	Pavilion For Health Care The
Columbia *	Signature Healthcare Of Orange Park
	Avalon Healthcare Center
	Baya Pointe Nursing And Rehabilitation Center
Dixie *	Solaris Healthcare Lake City
	Cross City Nursing And Rehabilitation Center

* These are the original 13 counties that comprised the North Central Florida Trauma Agency (NCFTA) Service Area. The NCFTA SA includes all 18 counties.

Source: <http://www.floridahealthfinder.gov/facilitylocator/ListFacilities.aspx>

Prepared by: WellFlorida Council, 2017.



TABLE 13 CONT. LIST OF NURSING HOMES AND REHABILITATION CENTERS BY COUNTY AS OF JANUARY, 2017.

County	Nursing Home
Gilchrist *	Ayers Health And Rehabilitation Center
	Tri-County Nursing Home
Hamilton *	Suwannee Valley Nursing Center
Hernando	Brooksville Healthcare Center
	Evergreen Woods
	Heron Pointe Health And Rehabilitation
	Northbrook Health And Rehabilitation Center
	Spring Hill Health And Rehabilitation Center
Lafayette *	Lafayette Nursing And Rehabilitation Center
Lake *	Avante At Leesburg Inc
	Avante At Mt Dora Inc.
	Bayview Center
	Clermont Health And Rehabilitation Center
	Lady Lake Specialty Care Center
	Lake Eustis Health And Rehabilitation Center
	Lake Harris Health Center
	North Campus Rehabilitation And Nursing Center
	Rehabilitation And Health Care Center
	Ruleme Center
	South Campus Care Center
	The Edgewater At Waterman Village
	Villages Rehabilitation And Nursing Center The
Levy *	Williston Care Center
Marion *	Avante At Ocala Inc
	Club Health And Rehabilitation Center At The Villages (The)
	Hawthorne Health And Rehab Of Ocala
	Life Care Center Of Ocala
	Oakhurst Center
	Ocala Health And Rehabilitation Center
	Ocala Oaks Rehabilitation Center
	Palm Garden Of Ocala
	The Lodge Health And Rehabilitation Center
	Timberidge Nursing & Rehabilitation Center

* These are the original 13 counties that comprised the North Central Florida Trauma Agency (NCFTA) Service Area. The NCFTA SA includes all 18 counties.

Source: <http://www.floridahealthfinder.gov/facilitylocator/ListFacilities.aspx>

Prepared by: WellFlorida Council, 2017.



TABLE 13 CONT. LIST OF NURSING HOMES AND REHABILITATION CENTERS BY COUNTY AS OF JANUARY, 2017.

County	Nursing Home
Putnam *	Crestwood Nursing Center
	Lakewood Nursing Center
	Palatka Health Care Center
Sumter	Brownwood Care Center
	Freedom Pointe At The Villages Rehabilitation And Healthcare Ctr
	Osprey Point Nursing Center
Suwannee *	Good Samaritan Center
	Surrey Place Care Center
	Suwannee Health And Rehabilitation Center

* These are the original 13 counties that comprised the North Central Florida Trauma Agency (NCFTA) Service Area. The NCFTA SA includes all 18 counties.

Source: <http://www.floridahealthfinder.gov/facilitylocator/ListFacilities.aspx>

Prepared by: WellFlorida Council, 2017.

PRE-HOSPITAL PROVIDERS

There are 22 ground EMS agencies and seven flight programs that generally serve the 18-county region that serves the official ten (10) counties of the NCFTA and the counties of the adjunct members of the NCFTA ; thirteen (13) of these agencies serve the official 10-county NCFTA trauma service area. The ground EMS agencies that serve in the official 10 counties and the counties of the adjunct members are (County location is indicated if the county is **not** part of the agency name):

- Gainesville Fire Rescue (Alachua County)
- Alachua County Fire Rescue
- Bradford County EMS
- Nature Coast (Citrus County)
- Dixie County EMS
- Gilchrist County EMS
- Hamilton County EMS
- Lafayette County EMS
- Levy County EMS
- Marion County Fire Rescue
- Ocala Fire Rescue (Marion County)
- Putnam County EMS
- Suwannee County Fire Rescue
- Union County EMS
- Century Ambulance (Multi-county)



NORTH CENTRAL FLORIDA TRAUMA AGENCY

- Rural/Metro of Central Florida (Sumter County)
- American Medical Response (Sumter County)
- Ocala Fire Rescue
- Hernando County Fire Rescue
- Spring Hill Fire Rescue (Hernando County)
- Brooksville Fire Department (Hernando County)
- Citrus County EMS

Because three of the seven flight programs are also close to other trauma centers, they do not routinely fly trauma patients to Shands at UF (these flight programs are indicated by an asterisk). The seven flight programs that provide service in the NCFTA trauma region are:

- Trauma One (Jacksonville/Lake City)
- ShandsCair (Gainesville)
- Bayflite (Tampa Bay Area)*
- AirLife (Valdosta, Georgia)*
- Aircare (Orlando)*

LEADING CAUSES OF TRAUMA

Table 7 shows the major mechanisms of traumatic injury that present to UF Health Shands Hospital and Ocala Regional Medical Center (the two designated trauma centers from the original NCFTA service area that fall under the purview of NCFTA). In NCFTA's service area, major causes of injury are led by motor vehicle crashes and falls. Primarily through the trauma centers and the strategic partnerships afforded the trauma centers through their involvement in the NCFTA, the NCFTA educates NCF residents about motor vehicle crash and fall prevention. These efforts will be discussed in the "Public Information and Education" section.



TABLE 14. MOST COMMON MECHANISMS OF INJURY AT UF HEALTH SHANDS HOSPITAL AND OCALA REGIONAL MEDICAL CENTER, 2016.

UF Health Shands		Ocala Regional Medical Center	
Top 10 Mechanisms of Injury	Percent of All Trauma-Related Causes of Injury	Top 10 Mechanisms of Injury	Percent of All Trauma-Related Causes of Injury
1. Fall	27.4	1. Falls	42.5
2. Motor Vehicle Crash	26.5	2. Motor Vehicle Crash	21.1
3. Burn	15.5	3. Motorcycle Crash	7.3
4. Motorcycle Crash	3.6	4. Assault	3.6
5. Assault	3.1	5. Gun Shot Wound	3.6
6. (Tie) Gun Shot Wound	2.6	6. Animal	3.4
7. (Tie) Pedestrian	2.6	7. Bicycle	2.8
8. Stab	2.4	8. Pedestrian vs Auto	2.6
9. All Terrain Vehicle	2.1	9. ATV/Golf Cart	2.4
10. Bicycle	1.2	10. Stabbing	1.0
All Others	13.0	All Others	9.7

Source: Ocala Regional Medical Center, Cory Hewitt, VP of Trauma Services; UF Health Shands Hospital, Donna York, Trauma Program Manager. Data provided as of Calendar Year 2016..

Prepared by: WellFlorida Council, 2017.

HISTORICAL PATIENT FLOW PATTERNS

Prior to July 2005, NCF did not have a designated Level I Trauma Center. Trauma alert victims were either driven long distances or flown to an initial receiving hospital or the closest appropriate hospital. Most often victims of significant trauma were transported to one of the three initial receiving hospitals in Gainesville or the two initial receiving hospitals in Ocala. Patients who were equidistant or closer to the Shands at Jacksonville Trauma Center were driven or flown to that facility.

The patient flow for all trauma alerts changed significantly with the formal opening of a Level I Trauma Center at Shands at UF on July 1, 2005. The patient flow for all trauma alerts for the original NCFTA trauma service area changed again in December 2012 when Ocala Regional Medical Center was provisionally designated a Level II trauma center. Patients within the NCFTA service area that meet the triage criteria are transported to Shands at UF.

Transport may be by ground or air. The original 10-county NCF trauma region has 13 ground EMS operators and three aeromedical teams as detailed previously. The enhanced 18-county service (i.e. the official 10-county NCFTA region and counties of adjunct members) area has 22 ground EMS operators and the same 5 aeromedical teams. In general, counties in the original 10-county region use one of the 15 EMS providers



or 5 aeromedical providers serving those counties; and the counties in the enhanced 18-county service area use one of the other 7 listed ground EMS providers and the same 5 aeromedical teams.

Even if patients do not meet the trauma alert triage criteria, they may be transported to Shands at UF, Ocala Regional Medical Center or another equidistant trauma center based on paramedic discretion (three such discretionary protocols are being considered for formal adoption by the NCFTA partners). If a victim has lost vital signs, the victim may be initially taken to the closest area hospital for stabilization prior to transfer to Shands at UF, Ocala Regional Medical Center or another equidistant trauma center..



Agency Organizational Structure

NORTH CENTRAL FLORIDA TRAUMA AGENCY HISTORY

As defined in Chapter 395.4001, F.S., a trauma agency is “a department-approved agency established and operated by one or more counties, or a department-approved entity with which one or more counties contract, for the purpose of administering an inclusive regional trauma system.” Currently, Florida has four trauma agencies approved by the Department of Health. Three trauma agencies cover a single county and the fourth Agency—the North Central Florida Trauma Agency (NCFTA)—covers officially ten (10) North Central Florida counties (but impacts a total of eighteen (18) counties as there are eight unofficial, adjunct partner counties that have been participating with the NCFTA through the years).

Planning for the largest trauma agency in the state of Florida, NCFTA, began in October 1988 as a project of the Council on Rural Emergency Medical Services (CoREMS)—a voluntary, nonprofit organization of emergency medical services (EMS) professionals. Under contract to the state Office of Emergency Medical Services, the regional trauma planning committee of CoREMS produced prototype bylaws, articles of incorporation, an inter-local agreement, and other materials essential to the development of a regional trauma agency. General guidelines and direction for trauma agencies in Florida are given in Chapter 395.401, F.S., which states in part that “the local or regional trauma agencies shall plan, implement, and evaluate trauma service systems...which consist of organized patterns of readiness and response services based on public and private agreements and operational procedures.”

The Inter-local Agreement (Appendix A) is essential for agencies providing services to multiple counties.

The agreement charges NCFTA with working with federal, state, local, and private organizations to accomplish the following three objectives:

1. Work to ensure that trauma victims have access to prompt diagnosis and definitive treatment through a regional system of emergency medical services and hospital care.
2. Work to improve triage and referral to the type and level of care needed by a trauma victim.
3. Assist with the regional coordination of trauma care services.

The committee developed the NCFTA bylaws which were formally adopted by the Board of Directors at the inaugural meeting. The bylaws ultimately became the enabling language of the Interlocal Agreement. The bylaws state that the Agency will carry out regional trauma planning, develop a regional trauma plan, gather and analyze data on the incidence of trauma in the area, act as the agent of the state in ensuring that providers meet trauma scorecard and trauma transport requirements, and provide activities to increase public awareness of trauma care services.

Although the bylaws set forth NCFTA’s purpose, inadequate funding has continued to make execution of its duties difficult. Attempts have been made to secure grants and financial support, but all have proved



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unsuccessful. As a result, few NCFTA meetings were held during 1994-1995, but a renewed interest began that sought to revitalize NCFTA.

During 1996, the North Central Florida Health Planning Council, one of the state's 11 local health councils as designated in F.S. 408.033 (and now known as WellFlorida Council) contacted hospitals, regional emergency medical services providers, physicians, and county governments to solicit interest and new appointments to NCFTA. A meeting of the newly appointed general membership was held on February 6, 1997. The final draft of the plan update was reviewed and approved by the NCFTA Board of Directors on March 17, 1997.

The 1997 plan encouraged NCFTA members to seek grant funds for operations. A grant was secured through the Florida Bureau of Emergency Medical Services (EMS) and was used to support a quality assurance (QA) initiative in the trauma region, which helped lay the foundation for an ongoing QA process. After the 1997 plan revision process, once again due to lack of funding, NCFTA activities diminished. In 2000, the recommendations set forth in the statewide Trauma Systems Study and impending legislation led members of the Alachua County EMS Advisory Council (ACEMSAC) to study trauma issues in Alachua and its surrounding counties. The ACEMSAC allocated funding to the North Central Florida Health Planning Council to update the regional trauma plan with hopes that the new plan could become the cornerstone of trauma education and awareness and help motivate the community to address these impending trauma issues.

Prior to July 2005, NCF (TSAs 4 and 6) lacked a designated Level I Trauma Center; consequently, trauma victims were driven long distances or flown to an initial receiving hospital or the closest appropriate hospital. Most often victims of significant trauma were transported to one of the three initial receiving hospitals in Gainesville or the two initial receiving hospitals in Ocala. Patients who were equal distance or closer to the Trauma Center at Shands Jacksonville were driven or flown to that facility.

The patient flow for all trauma alerts changed significantly with the formal opening of a Level I Trauma Center at Shands at The University of Florida on July 1, 2005. Victims within the Shands at UF catchment area that meet the triage criteria are transported to the Level I Trauma Center. This flow changed dramatically in December 2012 when Ocala Regional Medical Center was provisionally designated a Level II Trauma Center.

Shortly after the designation of Shands at UF as a Trauma Center in 2005, NCFTA developed a Recommended Trauma Transport Protocols template (RTTPs; Appendix B; updated in October 2016) for voluntary (though highly suggested) use by NCFTA members. These RTTPs have been reviewed in various iterations of the regional trauma plan throughout the years and have been approved by the NCFTA Medical Director.

ORGANIZATION

The following section reviews the items in the NCFTA Bylaws as they apply to the organization of NCFTA.



MEMBERSHIP

The Interlocal Agreement specifies that General Membership shall be comprised of representatives of the ten (10) original counties: Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Lafayette, Levy, Marion and Suwannee; and of four (4) membership categories within those counties: BOCC Appointees, Hospitals, EMS Agencies and Physicians.

Thus, the General Membership is comprised of the following:

- One (1) appointee from each Boards of County Commissioners in each of the ten (10) official/original NCFTA counties;
- One (1) appointee from each licensed acute care hospital in each of the ten (10) official/original NCFTA counties;
- One (1) appointee from each of the licensed EMS agencies in each of the ten (10) official/original NCFTA counties; and
- Any physician working in or interested in the regional trauma system and practicing primarily within the ten (10) official original NCFTA counties.

The enabling/original Interlocal Agreement and Bylaws that formed the North Central Florida Trauma Agency (NCFTA) called for a sixteen (16) member Board of Directors with four (4) general members elected to the Board from each of the four (4) general membership categories: BOCC Appointee; Physician; EMS Agency; and Hospital. The current NCFTA Board (as of the March 2018 submission of this document) is comprised of the following members:

EMS Agency

Charles Tannachion (Alachua)

Carl Kaufman (Marion)

David Sutton (Alachua)

Scott Pendarvis (Dixie)

Physician

David Meurer (Alachua)

Frank Fraunfelter (Marion)

Gary Gillette (Alachua)

Richard Petrik (Marion)

Hospital

Donna Nayduch (Marion)

Donna York (Alachua)

Peter Kaminski (Marion)

Tracy Howard (Alachua)

BOCC Appointee

Mitch Harrell (Levy)

Darian Brown (Dixie)

Vacant – Awaiting Appointment (Bradford)

Vacant – Awaiting Appointment (Citrus or Columbia)

The original Interlocal Agreement and Bylaws (the original Interlocal Agreement serves as the NCFTA Bylaws) also call for the election from among the Board Members by the Board Members of a four-person



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executive leadership team: President; Vice President; Secretary/Treasurer; and Medical Director. The current leadership team (as of the March 2018 submission of this document) is comprised as follows:

President – Gary Gillette. North Florida Regional Medical Center

Vice President – Carl Kaufman, Marion County Fire Rescue

Secretary/Treasurer – Tracy Howard, UF Health

Medical Director – Richard Petrik, Ocala Regional Health System

RESPONSIBILITY OF THE BOARD OF DIRECTORS

As written in the Bylaws (as codified in the original Interlocal Agreement), the Board of Directors exercises the power of NCFTA, controls its property, and conducts its affairs. As the sole NCFTA policymaking authority, the duty of the Board of Directors is to perform all duties imposed upon them by law, manage and supervise NCFTA to assure that staff functions are properly performed, approve the annual work program and budget, and meet at the times and places required by the bylaws. Furthermore, the Board of Directors has the authority to enter into contracts, working agreements, or statements of agreement with agencies and organizations deemed necessary or useful to carry out NCFTA functions, plans, and purposes.

Duties of the President

The President is NCFTA's Chief Executive Officer. It is his or her duty to preside at meetings of the general membership and Board of Directors, make and execute contracts, appoint all committee chairpersons, serve as an *ex-officio* non-voting member of all standing and ad hoc committees, and present a summary report for the current year and a statement of plans for the ensuing year.

Duties of the Vice President

In the absence of the President, the Vice President performs all the duties of the president and any other duties prescribed by law, by the bylaws, or by the Board of Directors.

Duties of the Secretary/Treasurer

The Secretary/Treasurer keeps a certified copy of the bylaws with any amendments; keeps or causes to be kept a book of minutes of all meetings; keeps or causes to be kept a list of the membership in NCFTA; keeps or causes to be kept all accounts of NCFTA properties and business transactions; prepares or causes to be prepared an annual financial review by outside sources; conducts or causes to be conducted an annual equipment inventory report; and performs other duties as required by law, the bylaws, or as assigned by the Board of Directors.

Duties of the Medical Director

The Medical Director, who must be a licensed physician in Florida, assists in the design, implementation, and evaluation of the quality management program; monitors the trauma system activities; works with the Medical Director's Association to develop pre-hospital trauma guidelines; advises NCFTA on all medical



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aspects of the trauma program; prioritizes problems for evaluation; and renders the final medical determination on identified cases through prospective, concurrent, and retrospective review.

COMPENSATION

Board members and officers serve without compensation; however, Directors may receive reimbursement for actual expenses as approved by the Board of Directors.

COMMITTEES

The Bylaws allow for standing committees. Members of standing committees will be drawn from the general membership and Board of Directors. The President of the Board of Directors shall appoint the chair of all committees. Each committee chair selects members of the committee from NCFTA's general membership. The selection of the committee chair and committee members shall be subject to approval by the Board of Directors. Each standing committee has a minimum of three members. The standing committees established by the bylaws are below:

Executive Committee: President, Vice President, Secretary/Treasurer, and Medical Director.

Trauma Planning Committee: This committee oversees the development of a regional trauma plan and the maintenance of the trauma transport protocols.

Nominating Committee: This committee nominates members to be directors of the Agency and nominates directors to be officers of the Board of Directors.

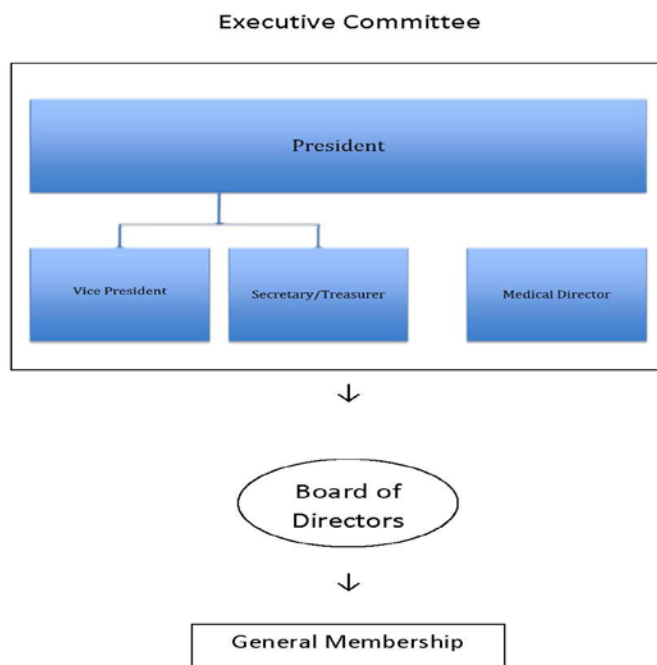
Bylaws Committee: This committee maintains and revises the bylaws.

Quality Assurance Committee: This committee oversees activities related to quality management of the District's trauma system.

Each committee may conduct hearings, perform studies, and make written reports on all activities. Committees are advisory and recommendations are not binding until ratified by the NCFTA Board of Directors.

ORGANIZATIONAL CHART

The below chart shows the 2017 NCFTA organizational structure. Appendix C provides lists of the names of the general members and Board members and their affiliations and a list of participating agencies.



ROLE OF WELLFLORIDA COUNCIL

Since the inception of the NCFTA, WellFlorida Council, formerly known as the North Central Florida Health Planning Council, has provided the fiscal and administrative oversight and coordination for the agency as well as technical assistance in plan and grant development. WellFlorida is one of Florida's 11 statutorily designated local health councils (F.S. 408.033) mandated to offer health and health-related planning and development services. Initially, these services were provided as pro bono to the NCFTA as, unlike many of the other trauma agencies in Florida, there is no funding mechanism to fund this agency. Over the years, the NCFTA initiated a small dues structure (also managed and overseen by WellFlorida) in order to create a limited pool of annual resources, some of which go to WellFlorida to support the fiscal, administrative, management and oversight services provided by WellFlorida. This contract typically does not exceed \$10,000 per year. Copies of recent agreements between the NCFTA and WellFlorida can be seen in Appendix D.



Trauma System Structure

In 2005, Shands Hospital at the University of Florida became this region's only Trauma Center and Pediatric Trauma Referral Center. Adult and pediatric trauma alert victims within TSAs 4 and 6 were driven by one of the nearly 20 ground EMS member agencies or flown by five-member flight programs to Shands at UF. Now the region is served by both a Level I Trauma Center at Shands UF in Gainesville and a Level II Trauma Center at Ocala Regional Medical Center in Ocala.

In incidents of inclement weather or other factors that prohibit the use of area helicopters, trauma victims may receive initial stabilization and care in one of the 14 NCFTA acute care hospitals. Depending on the hospital's location, arrangements are made to transfer the trauma alert victim to the closest trauma center, which may be Shands at UF, Shands Jacksonville, or Tampa General Hospital. Referral calls for acceptance to the Shands at UF are received via a centralized Transfer Center in collaboration between the Trauma Center/Emergency Department Physician in Charge and a Trauma Surgeon Attending. Transfer may also be made to Ocala Regional Medical Center as well.

NCFTA is an active participant in the trauma system structure by providing a forum open to all hospitals, pre-hospital providers, ground and air programs, and training centers to discuss quality improvement initiatives, relevant issues such as over/under triage, and legislative updates related to trauma care. Bi-monthly meetings are held where quality assurance and protocol issues are discussed.

The standardized quality improvement indicators discussed include traumatic deaths, over/under triage, airway issues, appropriateness of helicopter utilization, and other quality issues brought to the attention of NCFTA. Focusing on these indicators provides structure to the feedback provided to the general NCFTA membership.



Quality Control and Systems Evaluation

For the 2012-17 Trauma Plan, the NCFTA Board of Directors and general members identified the four objectives below which are still highly relevant for the 2017-22 Trauma Plan and for upgrading the agency's capacity to conduct quality control and systems evaluation initiatives. New deadlines are being studied.

Objectives	Action/Schedule	Advantages
1. Reintegrate the Council of Rural EMS Providers (CoREMS) - which founded NCFTA - and change the "R" in the CoREMS to stand for "Regional" instead of "Rural"	<ol style="list-style-type: none"> 1. Decision to open NCFTA to CoREMS was made at the July 2011 NCFTA Board meeting. 2. Have first NCFTA/CoREMS meeting. (Jan 2012) 3. Create a CoREMS Task Force to review stemi and stroke educational materials and cases. (ongoing) 4. Create a strategic plan to more formally integrate CoREMS into NCFTA. (Winter 2012-Spring 2013.) 	<ol style="list-style-type: none"> 1. Provides a means for rural and urban stakeholders to cohesively participate and coordinate their efforts. 2. Brings more comprehensive information to the meetings for EMS providers.
2. Participate in the state's Direct Secure Messaging (DSM) system and the Florida Health Information Exchange (HIE) to improve pre-hospital and hospital communications, quality reporting, and documentation. <i>(DSM is a free, secure email system.)</i>	<ol style="list-style-type: none"> 1. Provide weekly feedback via fax on trauma alert patients. Provide other feedback as requested. (Immediately). 2. Have legal council at each NCFTA stakeholder facility review DSM use conditions. (Immediately). 3. Work with Rural Health Partnership (RHP) - a quasi-governmental entity working with the state to connect facility networks to DSM - to register NCFTA facilities for DSM. (Fall 2011-Fall 2012) Develop and NCFTA Health Information Technology (HIT) Task Force to perform QI on the DSM Trauma Feedback System and find ways that the trauma system can benefit from increased and diversified HIT use (Spring 2012) 	<ol style="list-style-type: none"> 1. Provides and efficient "feedback loop" to improve trauma care. 2. DSM and HIE can be used to transfer patient information needed in real time at all levels of trauma care delivery and provide quality assurance in an electronic documented format.



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Objectives	Action/Schedule	Advantages
3. Develop and NCFTA website that is adjoined to the CommunityHealth IT website to improve NCFTA's reach	<ol style="list-style-type: none">1. The framework for a new NCFTA website was created before the last NCFTA meeting (Aug 2011).2. Work with CommunityHealth IT coordinating body (Healthy Ocala, Marion County Medical Society, RHP) to develop learning communities and identify social marketing tools that may be of value to NCFTA on the CommunityHealth IT Your Membership website. (ongoing)3. Create a Task Force to monitor the timeliness of the trauma website information and perform QI for web presence. (ongoing)	<ol style="list-style-type: none">1. Fosters the development of an interactive learning community.2. Shares important trauma care-related data with the public.
4. Identify ways that NCF's trauma system can be incorporated into the region's and state's Public Health Emergency Preparedness plans based on CDC's Public Health Preparedness Capabilities National Standards for State and Local Planning. (www.cdc.gov/phpr/capabilities/Capabilities_March_2011.pdf)	<p>In Spring 2012, create a Task Force to:</p> <ol style="list-style-type: none">1. Explore the state's and region's status with Public Health Emergency Preparedness as it relates to trauma as well as the CDC's standards. (Spring-Summer 2012)2. Assess how the NCF trauma system can fit in region-and state-wide plans and work to become incorporated into those plans. (ongoing)3. Inform interested regional stakeholders about CDC Public Preparedness capabilities and regional/state Public Emergency Preparedness Plans as they apply to trauma care. (Ongoing)	<ol style="list-style-type: none">1. Works with a variety of organizations to encourage a unified response to public health emergency (which may require trauma care).2. Shares the CDC's valuable planning resource that can be used to plan for many aspects of public health preparedness.3. Fits into the planning phase of the U.S. Department of Homeland Security Preparedness Cycle.



Based on the educational merits of learning trauma cases transported to Shands at UF and Ocala Regional Medical Center, NCFTA will continue to select and review select trauma cases. Findings of the committee that are reported back to the general membership may include case reviews requested by members, Shands at UF or Ocala Regional Medical Center for loop closure.

For 2017-2022, NCFTA cases reviews will focus on ways to improve the following indicators:

TRAUMATIC DEATHS

All reported traumatic deaths occurring after arrival at the trauma center will be reviewed to determine if they are:

- Unanticipated mortality with opportunity for improvement
- Anticipated mortality with opportunity for improvement
- Mortality without opportunity for improvement.

These deaths are initially reviewed internally within the trauma department in a peer review setting followed by the Total Quality Management (TQM) meeting review. Cases that need additional follow-up related to pre-hospital care components are referred to NCFTA and the appropriate EMS for review and to facilitate loop closure to the pre-hospital providers.

OVER AND UNDER TRIAGE DATA

Over and under triage data is collected on all trauma patients arriving at Shands at UF by retrospective review of pre-hospital and inpatient documentation. This review is conducted by the Shands at UF personnel and shared with NCFTA to review on a bi-monthly basis. The information can be broken down by individual counties or presented as a region. Trends related to over-triage rates of greater than 20% are monitored for each member county and reported back as necessary constructive feedback. Under-triage cases are reviewed by Shands at UF and then to the appropriate agency for loop closure. Any trends are reported back to NCFTA for further education.

APPROPRIATENESS OF HELICOPTER UTILIZATION

Identification of inappropriate helicopter utilization may include over-utilization for patients not meeting trauma alert criteria or not requiring time-urgent transport and under-utilization when the resource is not used. Improper helicopter utilization is identified retrospectively through medical record review. Obvious instances of poor utilization would include patients flown to the trauma center and subsequently released or released within 24 hours. The trauma service tracks: all patients flown to Shands at UF, county of origin, and the flight program used. Trends related to specific agencies can be tracked and reported back on an individual basis. Reports may also reflect regional trends and be presented in the general session.

Educational presentations related to proper helicopter utilization are provided on an ongoing basis to support their safe and effective use.



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SCENE TIME

This indicator will be used to help the NCFTA member agencies gauge themselves in their performance and to help paramedics get trauma patients out of the field and to the ED and OR within the golden hour of trauma. Scene time encompasses many pre-hospital decision points, including patient care, destination, and method of transport as well as extrication, stabilization, and the packaging of the patient. A scene times of 10 minutes or less is the current recommendation from the American College of Surgery and both PHTLS and ITLS.

OTHER IDENTIFIED ISSUES

Additional quality items may be identified, from time to time, by NCFTA, Shands at UF, Ocala Regional Medical Center, any EMS, or any flight team. These items will be reviewed and investigated with results submitted to NCFTA and to the identifying team. However, the NCFTA also has organizational/structural issues that impede its ability to conduct meaningful and lasting quality improvement initiatives.

The sole source of funding to the NCFTA is dues collection. Because of NCFTA's minimal budget, it can, unfortunately, have little fiscal impact on the trauma system.

Annual NCFTA dues for member types are:

- EMS agencies are 2% of County Award funds or \$250 (whichever is greater)
- Hospitals that have fewer than 100 beds are \$375
- Hospitals that have equal to or greater than 100 beds are \$1,500
- Trauma Centers (Level I or II) are \$3,000
- Flight programs are \$250

The NCFTA functions under the 501(c)(3) status of the WellFlorida Council. This organization also acts as NCFTA's fiscal intermediary. All funds collected are deposited and accounted for through WellFlorida's accounting division. Statements are provided to NCFTA monthly and include collections, balance and expenditures. Treasury reports are presented in the general membership meetings. Expenditures must be approved by the NCFTA Board and presented to the general membership for amounts exceeding \$100.00.

Because other trauma agencies are not multi-county, financial sustainability can be more easily accomplished through their single-county budgets. For instance:

Hillsborough County Trauma Agency (HCTA): a recent \$135,687 budget was entirely supported by county general revenue funds.

Palm Beach County Trauma Agency (PBCTA): at its apex PBCTA had six full-time personnel at an operating cost of under \$500,000. PBCTA is considered a model for trauma systems in Florida as it embraces an enabling state and local legislation funding mechanism: the Health Care District of Palm Beach County.

Although being a multi-county Trauma Agency has great benefits for coordinating trauma care in the region, it is a disadvantage to acquiring sustainable funding through local governments. The NCFTA and any of its activities exist entirely due to the voluntary commitment of its members and a small allocation to



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WellFlorida for fiscal, management and oversight of day-to-day activities. The NCFTA has never had the luxury or support of paid professional staff positions to coordinate regular and ongoing trauma system development and improvement activities.

Finally, the NCFTA is working to determine the extent to which its rTTPs and triage criteria should reflect emerging paramedic preferences in the handling of seniors, ejection from non-enclosed vehicles and women who are pregnant.



Transportation System Design

During the provisional status for the Shands at UF Trauma Center (October 1, 2004 through June 30, 2005), the NCFTA developed recommended Trauma Transport Protocols (rTTPs) for participating agencies. These guidelines set out to simplify the process of defining the most appropriate destinations of trauma alert patients based on geographic location and proximity to the nearest trauma center. They have been continuously reviewed and updated accordingly by the NCFTA. Appendix B provides the current rTTPs document that includes the a listing of agencies within the region who can voluntarily adopt the rTTPs.

EMS GROUND TRANSPORTATION

There are 15 ground EMS operators located in the NCFTA trauma region. All agencies are Advanced Life Support (ALS) certified and dispatched via enhanced 911. Fire rescue response is provided in Alachua, Marion and Columbia counties. Century Ambulance Service, a private ambulance provider, provides inter-facility ground transports in Suwannee and Columbia counties.

EMS AIR TRANSPORTATION

Within the region, NCFTA has five primary air ambulance operators:

- ShandsCair Flight Program is located in Gainesville and operated by Shands Hospital at The University of Florida
- TraumaOne Lake City Flight Program is located in Lake City and operated by Shands Jacksonville also TraumaOne in Jacksonville

In some instances, other air ambulances operating on the region's periphery may transport a trauma victim within this region. These include:

- AirLife (Valdosta, Georgia)
- Aircare (Orlando area)
- Bayflite (located in Odessa operated by Bayfront Medical Center).

EMS WATER TRANSPORTATION

Given the location of the Level I Trauma Center in Gainesville and the Level II Trauma Center is Ocala, water transportation is unnecessary.

PATIENT FLOW

For adult and pediatric trauma patients, a scorecard assessment is used to determine if the patient meets the trauma triage criteria (Appendix E). As indicated in Section III of the rTTPs, all trauma alert patients must be transported to a Trauma Center nearest the location of the incident if the incident is within 30 minutes by ground or within 50 miles by air transport.



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Situations where the EMS providers and medical directors have determined it would be in the best medical interest of the trauma alert patient to be transported to a hospital other than those specified as trauma centers include the following situations:

- A mass casualty incident in which trauma centers are overwhelmed.
- Critical condition of a patient requiring immediate intervention of a physician such as airway control, tension pneumothorax or cardiac arrest in which the patient would benefit from stabilization at a closer receiving hospital.
- Distance to the nearest trauma center is so great that the extended time in the field is detrimental to the patient's outcome.
- Weather

Patients can be taken to other Trauma Centers than Shands at UF or Ocala Regional Medical Center (Shands Jacksonville, Orlando Regional Medical Center, or Tampa General Hospital) if trauma alert patients' location meets one of the following criteria:

- Equidistant or closer to a trauma center located in Jacksonville, Orlando, or Tampa
- Within 30 minutes by ground or air transport to a trauma center
- Within 50 miles by air

For burn patients, Shands at UF is the Regional Burn Center for North and Central Florida. Orlando Regional Medical Center and TGH are two other Regional Burn Centers.

Non-trauma alert patients not requiring care at a trauma center are encouraged to seek treatment at initial receiving hospitals or other capable acute care hospitals. Yet, trauma is a dynamic process. What may initially appear to be a stable condition can quickly deteriorate and become a trauma alert. In those cases, patients are transferred to the nearest Level I Trauma Center or Level II Trauma Center.

INTER-FACILITY TRANSFER AGREEMENTS

NCFTA's Inter-facility Transfer Guidelines can be found in Appendix F. These guidelines seek to assist in the appropriate transfer and delivery of trauma patients between non-trauma centers and trauma centers. Nevertheless, due to geographical unavailability, there are circumstances that would necessitate a patient transfer to a community hospital rather than a trauma center.



Pre-Hospital Provider Profile

Shands at the University of Florida conducted a 2006 Pre-Hospital Provider Survey with all NCFTA pre-hospital providers. The survey's purpose was to gather information about communication, types of transportation provided, and transport and response times. The survey responses were updated for the 2011-2017 Five-year Plan. The survey responses were again updated by WellFlorida Council for the 2017-2022 plan.

All NCFTA agencies comply with the EMS Communications Plan Volumes 1 and 2, and each county describes its communication system in Section I of the rTTPs. As part of the criteria, communications systems must have the capacity to receive and process requests for emergency medical assistance. Enhanced 911-telephone access is available in all NCFTA counties (Table 15). Additionally, Phase II capabilities are available, partially available, or have been requested in all of these counties. Phase II enables EMS providers to pinpoint the coordinates of a call's origin; Phase I only identify the location of the tower used for the call.

Tables 15-18 provide a summary of the survey responses from pre-hospital providers in the NCFTA service area.



TABLE 15. REGIONAL 911 EMERGENCY ACCESS COVERAGE, 2017.

Agency Name	Levels of Care	TTPs approved	City or County ordinance for trauma patients	Type of emergency access coverage	Phase I or Phase II
Gainesville Fire Rescue	ALS Non Transport Provider	Yes	Yes	Enhanced	Phase II
Alachua County Fire Rescue	ALS	Yes	Yes	Enhanced	Phase II
Baker County EMS	ALS	Yes	No	Enhanced	Phase II
Bradford County EMS	ALS	Yes	No	Enhanced	Phase II
Clay County Fire Rescue	ALS	Yes	No	Enhanced	Phase II
Excelsior Ambulance Service	ALS/BLS/CC	No	No	N/A (Interfacility Transfers Only)	N/A (Interfacility Transfers Only)
Hernando County Fire and Rescue	ALS	Yes	No	Enhanced	Phase II
Lake EMS	ALS/BLS	Yes	No	Enhanced	Phase I and II
Nature Coast EMS	ALS/CC	Yes	No	Enhanced	Phase II
Dixie County EMS	ALS/BLS	Yes	No	Enhanced	Partial Phase II
Gilchrist County EMS	ALS	Yes	No	Enhanced	Phase II
Hamilton County Ambulance Service	ALS/BLS	Yes	No	Enhanced	Phase II
Lafayette County Rescue	ALS/BLS	Yes	No	Enhanced	Phase II
Levy County EMS	ALS	Yes	No	Enhanced	Phase II
Marion County Fire Rescue	ALS/CC	Yes	No	Enhanced	Phase II
Ocala Fire Rescue	Transport	Yes	No	Enhanced	Phase II
Putnam County EMS	ALS/BLS	Yes	No	Enhanced	Phase II
St. Vincent's Ambulance Service	ALS/BLS	Yes	Yes	Called ID	No
Suwannee County Fire Rescue	ALS	Yes	No	Enhanced	Partial Phase 1 and Requested Phase II
Sumter County Fire and EMS	ALS Non Transport Provider	Yes	No	Enhanced	Phase II
The Villages Public Safety Department	ALS	Yes	No	Enhanced	Phase II
Union County EMS	ALS	Yes	No	Enhanced	Partial Phase I and II
Century EMS	ALS	Yes	No	N/A (Interfacility Transfers Only)	N/A (Interfacility Transfers Only)
Jet I.C.U	ALS	Yes	No	N/A (Interfacility Transfers Only)	N/A (Interfacility Transfers Only)
ShandsCair	ALS/CC	Yes	Yes	N/A (Interfacility Transfers Only)	N/A (Interfacility Transfers Only)

Prepared by: WellFlorida Council, 2017.



The communications system must also provide for prompt dispatch of ground and air EMS units to the emergency's location. The system must allow dispatchers to communicate with responding units in route to the scene, on scene, in route to the hospital, during the return to availability for further assignment, and for administrative purposes.

The dispatch function variability for each EMS agency is provided in Table 16.

TABLE 16. EMS DISPATCH FUNCTIONS, 2017.

Agency Name	Does your agency own the dispatch service?	Does your agency accept non-EMS dispatch?	Do your dispatchers have EMS training?	Is there any structured dispatch training
Gainesville Fire Rescue	N	Y	Some	Y
Alachua County Fire Rescue	N	Y	Some	Y
Baker County EMS	N	Y	N	Y
Bradford County EMS	N	Y	EMD	Y
Clay County Fire Rescue	Y	Y	EMD	Y
Excelsior Ambulance Service	N	Y	Y	Y
Hernando County Fire and Rescue	N	Y	EMD	Y
Lake EMS	Y	N	Y	Y
Nature Coast	N	N	N	Y
Dixie County EMS	N	Y	EMD	Y
Gilchrist County EMS	N	Y	EMD	Y
Hamilton County Ambulance Service	N	N	N	Y
Lafayette County EMS	N	Y	EMD	Y
Levy County EMS	N	Y	EMD/EFD	Y
Marion County Fire Rescue	Y	Y	Some	Y
Ocala Fire Rescue	N	Y	Some	Y
Putnam County EMS	N	Y	Y	Y
St. Vincent's Ambulance Service	Y	Y	Y	N
Suwannee County Fire Rescue	N	N	N	Y
Sumter County Fire and EMS	N	Y	EMD/EFD	Y
The Villages Public Safety Department	N	Y	Y	Y
Union County EMS	N	Y	Some	Y
Century EMS	Y	Y	Y	Y
	N/A	N/A	N/A	N/A
Jet I.C.U	(Interfacility Transfers Only)	(Interfacility Transfers Only)	(Interfacility Transfers Only)	(Interfacility Transfers Only)
ShandsCair	Y	Y	Y	Y

Source: Prepared by: WellFlorida Council, 2017.

Ambulances are classified as Type I, II, or III. The majority of the vehicles in use by the pre-hospital providers are Type I or Type II modular units (Table 17). Type I ambulances have a built-on chassis with a



modular, all-aluminum body. Type II ambulances are vans with raised fiberglass roofs. Regardless of the transport unit type, all are designed to meet performance requirements.

TABLE 17. AGENCY TRANSPORT, 2017.

Agency Name	Transport Type	Transport Unit Type
Gainesville Fire Rescue	None (Non Transport Provider)	None (Non Transport Provider)
Alachua County Fire Rescue	Ground	Heavy Rescue and Medium Duty
Baker County EMS	Ground	Type I and Medium Duty
Bradford County EMS	Ground	Type I
Clay County Fire Rescue	Ground	Type I
Excelsior Ambulance Service	Ground	Type II
Hernando County Fire and Rescue	Ground	Medium Duty
Lake EMS	Ground	Type I
Nature Coast	Ground	Type I and II
Dixie County EMS	Ground	Type I
Gilchrist County EMS	Ground	Type I
Hamilton County Ambulance Service	Ground	Type I
Lafayette County EMS	Ground	Type I
Levy County EMS	Ground	Type III
Marion County Fire Rescue	Ground	Type II
Ocala Fire Rescue	None (Non Transport Provider)	None (Non Transport Provider)
Putnam County EMS	Ground	Type I and II
St. Vincent's Ambulance Service	Ground	Type I, II, and III
Suwannee County Fire Rescue	Ground	Type I
Sumter County Fire and EMS	None (Non Transport Provider)	None (Non Transport Provider)
The Villages Public Safety Department	None (Non Transport Provider)	None (Non Transport Provider)
Union County EMS	Ground	Type I
Century EMS	Ground	Type I, II, and III
Jet I.C.U	Air, Ground	Fixed Wing Air Ambulance
ShandsCair	Air, Ground	Type I, Helicopter, Jet

Prepared by: WellFlorida Council, 2017.

Table 18 shows the 2016 Trauma Alert transports to the Level I Trauma Center, Shands at UF. The vast majority of agencies that transported Trauma Alert patients to Shands at UF in 2016 participate in the NCFTA rTTPs (Appendix B). NOTE: Table 18 does not include transported patients that are not trauma alerts and are discharged within 24 hours.



TABLE 18. TRAUMA ALERT PATIENT TRANSPORT TO UF HEALTH SHANDS HOSPITAL BY AGENCY, 2016.

Agency Name	Patients Transported	Percent Trauma Alerts
Alachua County Fire Rescue	746	24.60
ShandsCair	219	7.22
Bradford County EMS	77	2.54
Clay County Fire Rescue	29	0.96
Century EMS	312	10.30
Columbia County EMS	108	3.56
TraumaOne	189	6.24
AirLife	52	1.71
AirMethods	125	4.12
Dixie County EMS	48	1.58
Gilchrist County EMS	38	1.25
Levy County EMS	139	4.58
Marion County Fire Rescue	168	5.54
Putnam County EMS	106	3.49
Suwannee County Fire Rescue	47	1.55
Union County EMS	50	1.64
Other	33	1.08
Total	2,486	81.96

Source: Shands at UF, Donna York, Trauma Program Manager, Data provided June 2017.

Prepared by: WellFlorida Council, 2017.



Hospital Services Profile

Fourteen (14) acute care hospitals serve residents and visitors of the original 13-county NCFTA service area and 24 serve the enhanced 18-county service area (Table 12). Shands at the University of Florida in Gainesville is a Level I Trauma Center (Shands at UF) and Ocala Regional Medical Center is a Level II Trauma Center. Four of the counties (Dixie, Gilchrist, Hamilton, and Lafayette) do not have acute care hospitals. These acute care hospitals (as seen in Table 19), ranging in size from 15 to 875 beds had between 5,000 to 117,000 ED visits in 2015. Eight of these hospitals has 20% or more of their ED visits ultimately become inpatient admissions. Tables 19-26 provide insight to traumatically injured patient flow throughout the system.

This Hospital Services Profile section reviews trauma ED visits and discharges in order to gauge regional trauma patient flow and quantify the impact of trauma patient volumes at hospitals.

For the following Tables 19-26, trauma-related discharges were identified as those admissions with a principal diagnosis ICD-9 code of 800-904.9, 925-929.9 or 940-959.9 (as defined by the Florida Bureau of Emergency Services). Please note that aside from these traditional trauma discharges, other discharges or discharges may be trauma-related that are not classified with a principal diagnosis ICD-9 code in the above-listed ranges.

Discharges with other principal diagnoses may be trauma-related or have additional complications from trauma indicated by the presence of an E-code.



TABLE 19. NON-GOVERNMENT HOSPITALS IN THE NCFTA REGION, 2015.

County	Hospital	Licensed Bed Total (1)	Number of Inpatient ED Admits (2)	ED Visits and Offsite ED Visits (2)	Total ED Visits (2)	Percent of Total ED Visits That Were Inpatient Admits (2)
Acute Care Hospitals						
Alachua *	UF Health Shands Hospital	875	24,379	93,072	117,451	20.8
	North Florida Regional Medical Center	432	18,502	50,226	68,728	26.9
Baker **	Ed Fraser Memorial Hospital	25	128	12,012	12,140	1.1
Bradford *	Shands Starke Regional Medical Center	49	670	18,642	19,312	3.5
Citrus *	Citrus Memorial Hospital	204	9,113	27,055	36,168	25.2
	Seven Rivers Community Hospital	128	4,037	18,421	22,458	18.0
Clay	Orange Park Medical Center	317	14,935	73,321	88,256	16.9
	St. Vincent's Medical Center - Clay County, Inc.	106	4,828	29,647	34,475	14.0
Columbia *	Lake City Medical Center	91	3,615	28,177	31,792	11.4
	Shands Lake Shore Regional Medical Center	99	1,896	25,593	27,489	6.9

* These are the original 13 counties that comprised the North Central Florida Trauma Agency (NCFTA) Service Area. Dixie, Gilchrist, Hamilton, Lafayette Counties do not have any hospitals located in them. The NCFTA SA includes all 18 counties.

--- = Not Applicable. LTC = Long-term Care.

NOTE: The three government hospitals in the NCFTA service are two federal hospitals (VA Medical Center Lake City and the Malcom Randall VA Medical Center in Gainesville) and one state hospital (North Florida Reception Center Hospital). ** There is one government hospital in Baker County(Northeast Florida State Hospital).

Source: (1) AHCA Certificate of Need Office - Hospital Beds and Services List, January 2017.

(2) <http://www.floridahealthfinder.gov/researchers/QuickStat/quickstat.aspx>, Calendar Year 2015 data.

Prepared by: WellFlorida Council, 2017.



NORTH CENTRAL FLORIDA TRAUMA AGENCY

TABLE 19 CONT. NON-GOVERNMENT HOSPITAL IN THE NCFTA REGION, 2015.

County	Hospital	Licensed Bed Total (1)	Number of Inpatient ED Admits (2)	ED Visits and Offsite ED Visits (2)	Total ED Visits (2)	Percent of Total ED Visits That Were Inpatient Admits (2)
Acute Care Hospitals						
Hernando	Bayfront Health Brooksville	120	4,027	16,653	20,680	19.5
	Oak Hill Hospital	280	12,184	39,078	51,262	23.8
	Bayfront Spring Hill	124	3,313	24,693	28,006	11.8
Lake	Florida Hospital Waterman	269	12,963	50,639	63,602	20.4
	Leesburg Regional Medical Center	308	10,360	37,859	48,219	21.5
	South Lake Hospital	170	7,580	47,585	55,165	13.7
Levy *	Regional General Hospital - Williston(formerly Tri- County Hospital Williston)	40	193	6,057	6,250	3.1
Marion *	Munroe Regional Medical Center	421	14,089	88,355	102,444	13.8
	West Marion Community Hospital	70	5,018	39,840	44,858	11.2
	Ocala Regional Medical Center	200	10,107	32,833	42,940	23.5
Putnam *	Putnam Community Medical Center	99	3,767	34,147	37,914	9.9
Sumter	The Villages Regional Hospital	277	12,498	29,702	42,200	29.6
Suwannee *	Shands Live Oak Regional Medical Center	15	449	21,552	22,001	2.0
Union *	Lake Butler Hospital	25	29	5,267	5,296	0.5
LTC Hospitals						
Alachua *	Select Specialty Hospital	44	---	---	---	---
Clay	Kindred Hospital - North Florida	80	---	---	---	---
Marion *	Kindred Hospital Ocala	31	---	---	---	---
Sumter	Promise Hospital of Florida at the Villages	40	---	---	---	---

* These are the original 13 counties that comprised the North Central Florida Trauma Agency (NCFTA) Service Area. Dixie, Gilchrist, Hamilton, Lafayette Counties do not have any hospitals located in them. The NCFTA SA includes all 18 counties.

--- = Not Applicable. LTC = Long-term Care.

NOTE: The three government hospitals in the NCFTA service are two federal hospitals (VA Medical Center Lake City and the Malcom Randall VA Medical Center in Gainesville) and one state hospital (North Florida Reception Center Hospital). ** There is one government hospital in Baker County(Northeast Florida State Hospital).

Source: (1) AHCA Certificate of Need Office - Hospital Beds and Services List, January 2017.

(2) <http://www.floridahealthfinder.gov/researchers/QuickStat/quickstat.aspx>, Calendar Year 2015 data.

Prepared by: WellFlorida Council, 2017.



NORTH CENTRAL FLORIDA TRAUMA AGENCY

TABLE 19 CONT. NON-GOVERNMENT HOSPITAL IN THE NCFTA REGION, 2015.

County	Hospital	Licensed Bed Total (1)	Number of Inpatient ED Admits (2)	ED Visits and Offsite ED Visits (2)	Total ED Visits (2)	Percent of Total ED Visits That Were Inpatient Admits (2)
Psychiatric Hospitals						
Alachua *	UF Health Shands Psychiatric Hospital	81	---	---	---	---
Hernando	Springbrook Hospital	66	---	---	---	---
Lake	Lifestream Behavioral Center	46	---	---	---	---
Marion *	The Centers, Inc.	15	---	---	---	---
	The Vines, Inc	48	---	---	---	---
Rehabilitation Hospitals						
Alachua *	Shands Rehab Hospital	40	---	---	---	---
Hernando	Healthsouth Rehabilitation Hospital of Spring Hill	80	---	---	---	---
Lake	Leesburg Rehabilitation Hospital	2	---	---	---	---
Marion *	Healthsouth Rehabilitation Hospital of Ocala	60	---	---	---	---
Total		5,377	178,680	850,426	1,029,106	17.4

* These are the original 13 counties that comprised the North Central Florida Trauma Agency (NCFTA) Service Area. Dixie, Gilchrist, Hamilton, Lafayette Counties do not have any hospitals located in them. The NCFTA SA includes all 18 counties.

--- = Not Applicable. LTC = Long-term Care.

NOTE: The three government hospitals in the NCFTA service are two federal hospitals (VA Medical Center Lake City and the Malcom Randall VA Medical Center in Gainesville) and one state hospital (North Florida Reception Center Hospital). ** There is one government hospital in Baker County(Northeast Florida State Hospital).

Source: (1) AHCA Certificate of Need Office - Hospital Beds and Services List, January 2017.

(2) <http://www.floridahealthfinder.gov/researchers/QuickStat/quickstat.aspx>, Calendar Year 2015 data.

Prepared by: WellFlorida Council, 2017.



TABLE 20. NCFTA SERVICE AREA COUNTY RESIDENTS AND WHAT HOSPITAL THEY WENT TO FOR TRAUMA-RELATED DISCHARGES, 2015. *

Hospital	Discharges	Percent of Total
UF Health Shands Hospital	1,830	18.3
Ocala Regional Medical Center	1,284	12.9
North Florida Regional Medical Center	703	7.0
The Villages Regional Hospital	513	5.1
Leesburg Regional Medical Center	443	4.4
Florida Hospital Waterman	429	4.3
Munroe Regional Medical Center	424	4.3
Oak Hill Hospital	419	4.2
Orange Park Medical Center	371	3.7
Citrus Memorial Hospital	331	3.3
Regional Medical Center Bayonet Point	298	3.0
Orlando Regional Medical Center	266	2.7
UF Health Jacksonville	202	2.0
Seven Rivers Regional Medical Center	192	1.9
South Lake Hospital	183	1.8
West Marion Community Hospital	175	1.8
Florida Hospital	137	1.4
Bayfront Health Brooksville	134	1.3
St. Vincent's Medical Center - Clay County, Inc.	99	1.0
All Others	1,541	15.5
Total	9,974	100.0

* As Per the Florida Bureau of Emergency Services, trauma -related discharges are identified as those admissions with a principal diagnosis of ICD9 code of 800-904.9, 925-929.9 or 940-959.9. These codes were used for the first three quarters of 2015. In October 2015, the ICD10 codes were reported. Those ICD10 codes were S00-S99, T07, T14-T28, T30-T34. Only codes in the principal diagnosis were pulled for trauma-related discharges. There could be other "trauma related" discharges in the "other diagnosis" codes that are not included in this data.

This data is based on the residents in the NCFTA SA Counties.

Source: AHCA Hospital Inpatient Data, calendar year 2015.

Prepared by: WellFlorida Council, 2017.



TABLE 21. TOTAL TRAUMA-RELATED DISCHARGES AT THE TRAUMA CENTERS AND WHAT PERCENT OF THE TOTAL TRAUMA-RELATED DISCHARGES ARE FROM THE NCFTA SERVICE AREA COUNTIES, 2015. *

Hospital	Total Trauma Related Discharges	Percent of Total	Trauma Related Discharges from Residents in the NCFTA SA Counties	Percent of Trauma Center
UF Health Shands Hospital	2,355	20.0	1,830	77.7
Orlando Regional Medical Center	2,239	19.0	266	11.9
Tampa General Hospital	2,100	17.8	89	4.2
UF Health Jacksonville	1,856	15.7	202	10.9
Ocala Regional Medical Center	1,415	12.0	1,284	90.7
Regional Medical Center Bayonet Point	1,259	10.7	298	23.7
Orange Park Medical Center	575	4.9	371	64.5
Total	11,799	100.0	4,340	36.8

* As Per the Florida Bureau of Emergency Services, trauma -related discharges are identified as those admissions with a principal diagnosis of ICD9 code of 800-904.9, 925-929.9 or 940-959.9. These codes were used for the first three quarters of 2015. In October 2015, the ICD10 codes were reported. Those ICD10 codes were S00-S99, T07, T14-T28, T30-T34. Only codes in the principal diagnosis were pulled for trauma-related discharges. There could be other "trauma related" discharges in the "other diagnosis" codes that are not included in this data.

Source: AHCA Hospital Inpatient Data, calendar year 2015.

Prepared by: WellFlorida Council, 2017.



TABLE 22. NCFTA REGION ACUTE CARE HOSPITAL TRAUMA-RELATED DISCHARGES, 2015. *

Hospital	Total Discharges	Percent of Total	Patient Days	ALOS	Total Charges	Average Charge
UF Health Shands Hospital(1)	2,355	26.2	15,913	6.8	194,349,918	82,526.5
North Florida Regional Medical Center(1)	752	8.4	2,925	3.9	65,180,027	86,675.6
Ed Fraser Memorial Hospital	1	0.0	3	3.0	20,093	20,093.0
Shands Starke Regional Medical Center(1)	57	0.6	205	3.6	1,646,575	28,887.3
Citrus Memorial Hospital(1)	347	3.9	1,490	4.3	31,491,617	90,753.9
Seven Rivers Community Hospital(1)	199	2.2	872	4.4	16,787,196	84,357.8
Orange Park Medical Center	575	6.4	2,357	4.1	58,533,624	101,797.6
St. Vincent's Medical Center - Clay County, Inc.	131	1.5	464	3.5	6,943,301	53,002.3
Lake City Medical Center(1)	42	0.5	164	3.9	2,117,667	50,420.6
Shands Lake Shore Regional Medical Center(1)	10	0.1	53	5.3	459,847	45,984.7
Bayfront Health Brooksville	144	1.6	597	4.1	13,479,162	93,605.3
Oak Hill Hospital	456	5.1	2,111	4.6	46,185,614	101,284.2
Bayfront Spring Hill	117	1.3	483	4.1	11,208,388	95,798.2
Florida Hospital Waterman	465	5.2	2,270	4.9	23,689,795	50,945.8
Leesburg Regional Medical Center	464	5.2	2,751	5.9	21,374,029	46,064.7
South Lake Hospital	213	2.4	1,038	4.9	12,926,829	60,689.3

* As Per the Florida Bureau of Emergency Services, trauma -related discharges are identified as those admissions with a principal diagnosis of ICD9 code of 800-904.9, 925-929.9 or 940-959.9. These codes were used for the first three quarters of 2015. In October 2015, the ICD10 codes were reported. Those ICD10 codes were S00-S99, T07, T14-T28, T30-T34. Only codes in the principal diagnosis were pulled for trauma-related discharges. There could be other "trauma related" discharges in the "other diagnosis" codes that are not included in this data.

(1) These hospitals are from the original 13 counties that comprised the North Central Florida Trauma Agency (NCFTA) Service Area. The NCFTA SA now includes all 18 counties hospitals.

Source: AHCA Hospital Inpatient Data, calendar year 2015.

Prepared by: WellFlorida Council, 2017.



TABLE 22 CONT. NCFTA REGION ACUTE CARE HOSPITAL TRAUMA-RELATED DISCHARGES ,2015. *

Hospital	Total Discharges	Percent of Total	Patient Days	ALOS	Total Charges	Average Charge
Regional General Hospital - Williston(formerly Tri- County Hospital Williston)(1)	2	0.0	8	4.0	20,119	10,059.5
Munroe Regional Medical Center(1)	439	4.9	2,026	4.6	24,995,991	56,938.5
West Marion Community Hospital(1)	185	2.1	763	4.1	13,078,232	70,693.1
Ocala Regional Medical Center(1)	1,415	15.8	8,750	6.2	214,090,698	151,300.8
Putnam Community Medical Center(1)	71	0.8	283	4.0	2,318,138	32,649.8
The Villages Regional Hospital	531	5.9	2,956	5.6	21,629,077	40,732.7
Shands Live Oak Regional Medical Center(1)	7	0.1	22	3.1	122,078	17,439.7
Lake Butler Hospital(1)	1	0.0	2	2.0	7,877	7,877.0
NCFTA SA - Acute Care Hospitals	8,979	97.1	48,506	5.4	782,655,892	87,165.2
NCFTA SA - Rehab Hospitals	265	2.9	3,793	14.3	8,776,889	33,120.3
NCFTA SA - All Hospitals	9,244		52,299	5.7	791,432,781	85,615.8

* As Per the Florida Bureau of Emergency Services, trauma -related discharges are identified as those admissions with a principal diagnosis of ICD9 code of 800-904.9, 925-929.9 or 940-959.9. These codes were used for the first three quarters of 2015. In October 2015, the ICD10 codes were reported. Those ICD10 codes were S00-S99, T07, T14-T28, T30-T34. Only codes in the principal diagnosis were pulled for trauma-related discharges. There could be other "trauma related" discharges in the "other diagnosis" codes that are not included in this data.

(1) These hospitals are from the original 13 counties that comprised the North Central Florida Trauma Agency (NCFTA) Service Area. The NCFTA SA now includes all 18 counties hospitals.

Source: AHCA Hospital Inpatient Data, calendar year 2015.

Prepared by: WellFlorida Council, 2017.



TABLE 23. ACUTE CARE HOSPITAL AND REHAB HOSPITAL TRAUMA-RELATED DISCHARGES BY AGE, 2015. *

Age	Acute Care Hospital Totals	Rehab Hospital Totals	Total Discharges
0-4	168	0	168
5-14	219	1	220
15-24	519	3	522
25-34	555	11	566
35-44	489	11	500
45-54	705	10	715
55-64	1,063	32	1,095
65-74	1,525	55	1,580
75-84	1,887	70	1,957
85+	1,849	72	1,921
Total	8,979	265	9,244

* As Per the Florida Bureau of Emergency Services, trauma -related discharges are identified as those admissions with a principal diagnosis of ICD9 code of 800-904.9, 925-929.9 or 940-959.9. These codes were used for the first three quarters of 2015. In October 2015, the ICD10 codes were reported. Those ICD10 codes were S00-S99, T07, T14-T28, T30-T34. Only codes in the principal diagnosis were pulled for trauma-related discharges. There could be other "trauma related" discharges in the "other diagnosis" codes that are not included in this data.

Source: AHCA Hospital Inpatient Data, calendar year 2015.

Prepared by: WellFlorida Council, 2017.



NORTH CENTRAL FLORIDA TRAUMA AGENCY

TABLE 24. TRAUMA-RELATED DISCHARGES AND NUMBER THAT WERE ADMITTED FROM THE EMERGENCY DEPARTMENT, BY ACUTE CARE HOSPITAL, 2015. *

Hospital	Total Discharges	Admitted from Facility's Emergency Department		Not Admitted From Facility's Emergency Department	
		Number	Percent	Number	Percent
UF Health Shands Hospital(1)	2,355	2,097	89.0	258	11.0
North Florida Regional Medical Center(1)	752	680	90.4	72	9.6
Ed Fraser Memorial Hospital	1	1	100.0	-	-
Shands Starke Regional Medical Center(1)	57	30	52.6	27	47.4
Citrus Memorial Hospital(1)	347	326	93.9	21	6.1
Seven Rivers Community Hospital(1)	199	177	88.9	22	11.1
Orange Park Medical Center	575	544	94.6	31	5.4
St. Vincent's Medical Center - Clay County, Inc.	131	108	82.4	23	17.6
Lake City Medical Center(1)	42	39	92.9	3	7.1
Shands Lake Shore Regional Medical Center(1)	10	7	70.0	3	30.0
Bayfront Health Brooksville	144	134	93.1	10	6.9
Oak Hill Hospital	456	409	89.7	47	10.3
Bayfront Spring Hill	117	113	96.6	4	3.4
Florida Hospital Waterman	465	433	93.1	32	6.9
Leesburg Regional Medical Center	464	383	82.5	81	17.5
South Lake Hospital	213	192	90.1	21	9.9
Regional General Hospital - Williston(formerly Tri- County Hospital Williston)(1)	2	2	100.0	-	-
Munroe Regional Medical Center(1)	439	402	91.6	37	8.4
West Marion Community Hospital(1)	185	175	94.6	10	5.4
Ocala Regional Medical Center(1)	1,415	1,350	95.4	65	4.6
Putnam Community Medical Center(1)	71	57	80.3	14	19.7
The Villages Regional Hospital	531	508	95.7	23	4.3
Shands Live Oak Regional Medical Center(1)	7	2	28.6	5	71.4
Lake Butler Hospital(1)	1	1	100.0	-	-
NCFTA SA - Acute Care Hospitals	8,979	8,170	91.0	809	9.0
NCFTA SA - Rehab Hospitals	265	-	-	265	100.0
NCFTA SA - All Hospitals	9,244	8,170	88.4	1,074	11.6

* As Per the Florida Bureau of Emergency Services, trauma -related discharges are identified as those admissions with a principal diagnosis of ICD9 code of 800-904.9, 925-929.9 or 940-959.9. These codes were used for the first three quarters of 2015. In October 2015, the ICD10 codes were reported. Those ICD10 codes were S00-S99, T07, T14-T28, T30-T34. Only codes in the principal diagnosis were pulled for trauma-related discharges. There could be other "trauma related" discharges in the "other diagnosis" codes that are not included in this data.

(1) These hospitals are from the original 13 counties that comprised the North Central Florida Trauma Agency (NCFTA) Service Area. The NCFTA SA now includes all 18 counties hospitals.

Source: AHCA Hospital Inpatient Data, calendar year 2015.

Prepared by: WellFlorida Council, 2017.



TABLE 25. NCFTA TRAUMA-RELATED DISCHARGES WHERE PATIENT WAS ADMITTED FROM THE HOSPITAL'S EMERGENCY DEPARTMENT BY PRINCIPAL PAYOR, 2015. *

Hospital	Payor	Discharges	Total Length of Stay	Average Length of Stay (ALOS)
UF Health Shands Hospital(1)	Commercial Insurance	368	1,762	4.8
	Medicaid	392	2,731	7.0
	Medicare	571	3,916	6.9
	Other	516	3,888	7.5
	Self Pay-No Payment	250	1,292	5.2
	Total	2,097	13,589	6.5
North Florida Regional Medical Center(1)	Commercial Insurance	64	195	3.0
	Medicaid	24	116	4.8
	Medicare	564	2,328	4.1
	Other	8	32	4.0
	Self Pay-No Payment	20	48	2.4
	Total	680	2,719	4.0
Ed Fraser Memorial Hospital	Commercial Insurance	0	0	0.0
	Medicaid	0	0	0.0
	Medicare	1	3	3.0
	Other	0	0	0.0
	Self Pay-No Payment	0	0	0.0
	Total	1	3	3.0
Shands Starke Regional Medical Center(1)	Commercial Insurance	5	12	2.4
	Medicaid	4	11	2.8
	Medicare	14	54	3.9
	Other	3	5	1.7
	Self Pay-No Payment	4	4	1.0
	Total	30	86	2.9
Citrus Memorial Hospital(1)	Commercial Insurance	16	60	3.8
	Medicaid	13	57	4.4
	Medicare	271	1,204	4.4
	Other	7	23	3.3
	Self Pay-No Payment	19	89	4.7
	Total	326	1,433	4.4

* As Per the Florida Bureau of Emergency Services, trauma -related discharges are identified as those admissions with a principal diagnosis of ICD9 code of 800-904.9, 925-929.9 or 940-959.9. These codes were used for the first three quarters of 2015. In October 2015, the ICD10 codes were reported. Those ICD10 codes were S00-S99, T07, T14-T28, T30-T34. Only codes in the principal diagnosis were pulled for trauma-related discharges. There could be other "trauma related" discharges in the "other diagnosis" codes that are not included in this data.

(1) These hospitals are from the original 13 counties that comprised the North Central Florida Trauma Agency (NCFTA) Service Area. The NCFTA SA now includes all 18 counties hospitals.

These are only hospital inpatients that were admitted from their emergency department.

Source: AHCA Hospital Inpatient Data, calendar year 2015.

Prepared by: WellFlorida Council, 2017.



TABLE 25 CONT. NCFTA TRAUMA-RELATED DISCHARGES WHERE PATIENT WAS ADMITTED FROM THE HOSPITAL'S EMERGENCY DEPARTMENT BY PRINCIPAL PAYOR, 2015. *

Hospital	Payor	Discharges	Total Length of Stay	Average Length of Stay (ALOS)
Seven Rivers Community Hospital(1)	Commercial Insurance	15	55	3.7
	Medicaid	7	27	3.9
	Medicare	149	672	4.5
	Other	1	2	2.0
	Self Pay-No Payment	5	32	6.4
	Total	177	788	4.5
Orange Park Medical Center	Commercial Insurance	81	285	3.5
	Medicaid	43	224	5.2
	Medicare	332	1,462	4.4
	Other	19	65	3.4
	Self Pay-No Payment	69	218	3.2
	Total	544	2,254	4.1
St. Vincent's Medical Center - Clay County, Inc.	Commercial Insurance	15	56	3.7
	Medicaid	4	23	5.8
	Medicare	74	285	3.9
	Other	6	18	3.0
	Self Pay-No Payment	9	24	2.7
	Total	108	406	3.8
Lake City Medical Center(1)	Commercial Insurance	6	14	2.3
	Medicaid	0	0	0.0
	Medicare	31	142	4.6
	Other	0	0	0.0
	Self Pay-No Payment	2	4	2.0
	Total	39	160	4.1
Shands Lake Shore Regional Medical Center(1)	Commercial Insurance	2	5	2.5
	Medicaid	0	0	0.0
	Medicare	5	42	8.4
	Other	0	0	0.0
	Self Pay-No Payment	0	0	0.0
	Total	7	47	6.7

* As Per the Florida Bureau of Emergency Services, trauma -related discharges are identified as those admissions with a principal diagnosis of ICD9 code of 800-904.9, 925-929.9 or 940-959.9. These codes were used for the first three quarters of 2015. In October 2015, the ICD10 codes were reported. Those ICD10 codes were S00-S99, T07, T14-T28, T30-T34. Only codes in the principal diagnosis were pulled for trauma-related discharges. There could be other "trauma related" discharges in the "other diagnosis" codes that are not included in this data.

(1) These hospitals are from the original 13 counties that comprised the North Central Florida Trauma Agency (NCFTA) Service Area. The NCFTA SA now includes all 18 counties hospitals.

These are only hospital inpatients that were admitted from their emergency department.

Source: AHCA Hospital Inpatient Data, calendar year 2015.

Prepared by: WellFlorida Council, 2017.



TABLE 25 CONT. NCFTA TRAUMA-RELATED DISCHARGES WHERE PATIENT WAS ADMITTED FROM THE HOSPITAL'S EMERGENCY DEPARTMENT BY PRINCIPAL PAYOR, 2015. *

Hospital	Payor	Discharges	Total Length of Stay	Average Length of Stay (ALOS)
Bayfront Health Brooksville	Commercial Insurance	12	39	3.3
	Medicaid	14	64	4.6
	Medicare	96	419	4.4
	Other	4	12	3.0
	Self Pay-No Payment	8	38	4.8
	Total	134	572	4.3
Oak Hill Hospital	Commercial Insurance	26	93	3.6
	Medicaid	6	37	6.2
	Medicare	359	1,727	4.8
	Other	8	48	6.0
	Self Pay-No Payment	10	54	5.4
	Total	409	1,959	4.8
Bayfront Spring Hill	Commercial Insurance	11	32	2.9
	Medicaid	3	32	10.7
	Medicare	90	387	4.3
	Other	2	6	3.0
	Self Pay-No Payment	7	19	2.7
	Total	113	476	4.2
Florida Hospital Waterman	Commercial Insurance	32	122	3.8
	Medicaid	22	72	3.3
	Medicare	335	1,788	5.3
	Other	25	79	3.2
	Self Pay-No Payment	19	74	3.9
	Total	433	2,135	4.9
Leesburg Regional Medical Center	Commercial Insurance	43	196	4.6
	Medicaid	9	75	8.3
	Medicare	304	1,951	6.4
	Other	12	71	5.9
	Self Pay-No Payment	15	72	4.8
	Total	383	2,365	6.2

* As Per the Florida Bureau of Emergency Services, trauma -related discharges are identified as those admissions with a principal diagnosis of ICD9 code of 800-904.9, 925-929.9 or 940-959.9. These codes were used for the first three quarters of 2015. In October 2015, the ICD10 codes were reported. Those ICD10 codes were S00-S99, T07, T14-T28, T30-T34. Only codes in the principal diagnosis were pulled for trauma-related discharges. There could be other "trauma related" discharges in the "other diagnosis" codes that are not included in this data.

(1) These hospitals are from the original 13 counties that comprised the North Central Florida Trauma Agency (NCFTA) Service Area. The NCFTA SA now includes all 18 counties hospitals.

These are only hospital inpatients that were admitted from their emergency department.

Source: AHCA Hospital Inpatient Data, calendar year 2015.

Prepared by: WellFlorida Council, 2017.



TABLE 25 CONT. NCFTA TRAUMA-RELATED DISCHARGES WHERE PATIENT WAS ADMITTED FROM THE HOSPITAL'S EMERGENCY DEPARTMENT BY PRINCIPAL PAYOR, 2015. *

Hospital	Payor	Discharges	Total Length of Stay	Average Length of Stay (ALOS)
South Lake Hospital	Commercial Insurance	26	106	4.1
	Medicaid	3	10	3.3
	Medicare	139	756	5.4
	Other	19	83	4.4
	Self Pay-No Payment	5	13	2.6
	Total	192	968	5.0
Regional General Hospital - Williston(formerly Tri-County Hospital Williston)(1)	Commercial Insurance	1	2	2.0
	Medicaid	0	0	0.0
	Medicare	0	0	0.0
	Other	0	0	0.0
	Self Pay-No Payment	1	6	6.0
	Total	2	8	4.0
Munroe Regional Medical Center(1)	Commercial Insurance	88	440	5.0
	Medicaid	15	45	3.0
	Medicare	270	1,302	4.8
	Other	15	60	4.0
	Self Pay-No Payment	14	40	2.9
	Total	402	1,887	4.7
West Marion Community Hospital(1)	Commercial Insurance	10	26	2.6
	Medicaid	3	18	6.0
	Medicare	150	660	4.4
	Other	3	6	2.0
	Self Pay-No Payment	9	28	3.1
	Total	175	738	4.2
Ocala Regional Medical Center(1)	Commercial Insurance	359	2,241	6.2
	Medicaid	86	905	10.5
	Medicare	579	3,531	6.1
	Other	103	695	6.7
	Self Pay-No Payment	223	1,099	4.9
	Total	1,350	8,471	6.3

* As Per the Florida Bureau of Emergency Services, trauma -related discharges are identified as those admissions with a principal diagnosis of ICD9 code of 800-904.9, 925-929.9 or 940-959.9. These codes were used for the first three quarters of 2015. In October 2015, the ICD10 codes were reported. Those ICD10 codes were S00-S99, T07, T14-T28, T30-T34. Only codes in the principal diagnosis were pulled for trauma-related discharges. There could be other "trauma related" discharges in the "other diagnosis" codes that are not included in this data.

(1) These hospitals are from the original 13 counties that comprised the North Central Florida Trauma Agency (NCFTA) Service Area. The NCFTA SA now includes all 18 counties hospitals.

These are only hospital inpatients that were admitted from their emergency department.

Source: AHCA Hospital Inpatient Data, calendar year 2015.

Prepared by: WellFlorida Council, 2017.



TABLE 25 CONT. NCFTA TRAUMA-RELATED DISCHARGES WHERE PATIENT WAS ADMITTED FROM THE HOSPITAL'S EMERGENCY DEPARTMENT BY PRINCIPAL PAYOR, 2015. *

Hospital	Payor	Discharges	Total Length of Stay	Average Length of Stay (ALOS)
Putnam Community Medical Center(1)	Commercial Insurance	1	4	4.0
	Medicaid	1	1	1.0
	Medicare	48	207	4.3
	Other	4	17	4.3
	Self Pay-No Payment	3	5	1.7
	Total	57	234	4.1
The Villages Regional Hospital	Commercial Insurance	21	112	5.3
	Medicaid	4	30	7.5
	Medicare	465	2,661	5.7
	Other	10	52	5.2
	Self Pay-No Payment	8	22	2.8
	Total	508	2,877	5.7
Shands Live Oak Regional Medical Center(1)	Commercial Insurance	0	0	0.0
	Medicaid	0	0	0.0
	Medicare	2	6	3.0
	Other	0	0	0.0
	Self Pay-No Payment	0	0	0.0
	Total	2	6	3.0
Lake Butler Hospital(1)	Commercial Insurance	0	0	0.0
	Medicaid	0	0	0.0
	Medicare	0	0	0.0
	Other	1	2	2.0
	Self Pay-No Payment	0	0	0.0
	Total	1	2	2.0
NCFTA Service Area Hospitals	Commercial Insurance	1,202	5,857	4.9
	Medicaid	653	4,478	6.9
	Medicare	4,849	25,503	5.3
	Other	766	5,164	6.7
	Self Pay-No Payment	700	3,181	4.5
	Total	8,170	44,183	5.4

* As Per the Florida Bureau of Emergency Services, trauma -related discharges are identified as those admissions with a principal diagnosis of ICD9 code of 800-904.9, 925-929.9 or 940-959.9. These codes were used for the first three quarters of 2015. In October 2015, the ICD10 codes were reported. Those ICD10 codes were S00-S99, T07, T14-T28, T30-T34. Only codes in the principal diagnosis were pulled for trauma-related discharges. There could be other "trauma related" discharges in the "other diagnosis" codes that are not included in this data.

(1) These hospitals are from the original 13 counties that comprised the North Central Florida Trauma Agency (NCFTA) Service Area. The NCFTA SA now includes all 18 counties hospitals.

These are only hospital inpatients that were admitted from their emergency department.

Source: AHCA Hospital Inpatient Data, calendar year 2015.

Prepared by: WellFlorida Council, 2017.



As Shands at UF and Ocala Regional Medical Center are the hubs of the NCF trauma care delivery system, Table 26 provides a snapshot of 2016 trauma patient discharges at Shands at UF and Ocala Regional Medical Center. More than 26% of patients at Ocala Regional Medical Center have and 15.3% at Shands at UF have an Injury Severity Score of greater than 16 (severe injury). Meanwhile, blunt traumas account for more than 78% of traumas seen at Shands at UF and 90% of those seen at Ocala Regional Medical Center.

TABLE 26. TRAUMA PATIENT DISCHARGE PROFILE AT OCALA REGIONAL MEDICAL CENTER AND UF HEALTH SHANDS HOSPITAL IN 2016.

Group	Ocala Regional Medical Center (Percent of Discharges)	UF Health Shands Hospital (Percent Discharges)
Adult	100	82.5
Pediatric Patient (Ages 0-16)	0	17.5
Scene	75.6	59.7
Transfer From Outside Hospital	22.3	30.4
Other (Walk-In, Privately-Owned Vehicle, Clinic)	2.1	6.9
SHED, KED, Urgent Care	0	2.9
Ambulance	83	75.2
Ambulance & Helicopter	0	0.8
Private/Other	9	7.6
Helicopter	8	15.9
Fixed Wing	0	0.6
Adult Trauma Alerts	40.1	41.8
Pediatric Trauma Alerts	0.5	4.7
Non-Alerts	58.4	52.3
Blunt	90	78.7
Burn	0.3	15.4
Penetrating	9.7	5.8
ISS Score < 16	73.5	84.6
ISS Score > 15	26.5	15.3
Deaths	4.1	3.9
Lived	95.9	96.0

Source: Ocala Regional Medical Center, Cory Hewitt, VP of Trauma Services; UF Health Shands Hospital , Donna York, Trauma Program Manager. Data is for Calendar Year 2016..
Prepared by: WellFlorida Council, 2017.



Current Need for Level I and Level II Trauma Centers in the Region

Currently, in the official, ten (10) county NCFTA service area is served by one (1) Level I trauma center and one (1) Level II trauma center. Utilizing data such as that presented in the ensuing sections, the NCFTA monitors the utilization of trauma center services in the region in order to better understand the current and emergent need for trauma services throughout the region. At this time, the NCFTA believes the numbers of trauma centers and trauma services in the region are adequate. However, the NCFTA reserves the right to study and evaluate this need at any time pursuant to the applicable provisions of the Florida Statutes and Florida Administrative Code.



Trauma Transport Protocols

As required by Florida law, all licensed EMS providers and trauma agencies are required to comply with Section 64E and other Florida Administrative Code rules, and Chapter 395, Part II and Chapter 401 Florida Statutes. In recognition of agency-specific challenges, approved trauma agencies may develop individualized uniform trauma transport protocols (rTTPs) for their region. While the NCFTA has not developed a uniform Trauma Transport Protocol for the entire agency, the NCFTA has developed a recommended Trauma Transport Protocol (rTTP) template for the region. The NCFTA encourages the ten (10) official NCFTA member counties as well as the eight (8) unofficial, adjunct partner counties to adopt these rTTPs voluntarily. These protocols were reviewed and approved by the NCFTA Medical Director prior to their submission via the 2017-2022 NCFTA Regional Trauma Plan. Please refer to Appendix B to review the rTTPs.



Medical Control and Accountability

Florida Statutes define the medical direction requirements for all Advanced Life Support (ALS) and Basic Life Support (BLS) providers. Chapter 401.23, F.S., defines ALS and BLS as follows:

“Advanced life support means treatment of life-threatening medical emergencies through the use of techniques such as endotracheal intubation, the administration of drugs or intravenous fluids, telemetry, cardiac monitoring, and cardiac defibrillation by a qualified person, pursuant to rules of the department.”

“Basic life support means treatment of medical emergencies by a qualified person through the use of techniques such as patient assessment, cardiopulmonary resuscitation (CPR), splinting, obstetrical assistance, bandaging, administration of oxygen, application of medical antishock trousers, administration of a subcutaneous injection using a premeasured autoinjector of epinephrine to a person suffering an anaphylactic reaction, and other techniques described in the Emergency Medical Technician Basic Training Course Curriculum of the United States Department of Transportation. The term “basic life support” also includes other techniques which have been approved and are performed under conditions specified by rules of the department.”

All pre-hospital providers in the region have contracted with a physician to provide medical direction consistent with these requirements.*

As delineated in the statutes, each medical director handles all off-line medical control issues for their respective services. Off-line services include, but are not limited to, medical protocol development, continuing education, remedial education, quality assurance activities, and participation in hiring and orienting of new healthcare providers. On-line medical control is also provided. On-line medical control includes the 24-hour availability for quick patient-specific consults. Air and ground ALS services contract with emergency physicians for 24-hour on-line medical control activities.

There are no region-wide medical control and accountability initiatives formally in place within NCFTA. These types of initiatives within NCFTA have been limited due to the lack of funding.

NCFTA members are in compliance with the statute, yet mounting data suggest that the application of anti-shock trousers doesn't provide a clear benefit and in the vast majority of cases, is no longer a recommended practice. This aspect of the definition of “basic life support” in Florida Statutes should be reviewed.



Emergency Medical Services Communications

NCFTA has not yet had a role in communication system planning, implementation, or development. Nevertheless, all agencies within this region are in compliance with the EMS Communications Plan (Volumes 1 and 2), including the conversion to narrow band frequencies. NCFTA county communication systems are described in Section I of the rTTPs (Appendix B).

EMS COMMUNICATIONS DESIGN CRITERIA GENERAL PROVISIONS OF AN EMS COMMUNICATIONS SYSTEM

An EMS communications system must provide the means by which emergency medical resources can be accessed, mobilized, managed, and coordinated in both normal and adverse situations. An EMS communications system must therefore employ sufficient communications paths and operational capabilities among all participants to facilitate the functional EMS communications concepts described in this section.

CITIZEN ACCESS

The EMS communications system must have the ability to receive and process all incoming requests that report emergencies and require emergency medical assistance. All individuals shall be able to summon help rapidly in an emergency situation whether for medical, police, fire, rescue, or other emergency need. Local, statewide, and national uniformity is required to fully enable this concept.

The State of Florida 911 Emergency Telephone Number Plan has provided for a cohesive statewide emergency telephone number 911 system to provide citizens with this rapid direct access to public safety agencies. The 911 Plan was developed in response to the Florida Emergency Telephone Act of 1974.

VEHICLE DISPATCH AND RESPONSE (VDR)

On notification of need for emergency medical assistance, the communications system must enable prompt dispatch of EMS vehicles (including notification of rotor-wing aircraft) to the location of the emergency. The communications system must further enable dispatchers to communicate with responding vehicles while en route to the scene, while at the scene, while en route to the hospital, and during their return to availability for further assignment.

As a sub-concept to VDR, some EMS communications systems, as determined by local procedure, may require the direct alerting of EMS personnel, either individually or in groups, through the use of either monitor or paging receivers, or by means of two-way hand-held portable radios with a selective call capability. This concept is limited only to such alert paging required to facilitate the immediate response and action of personnel resulting from a request for emergency medical services.



LOCAL MEDICAL COORDINATION (LMC)

The EMS communications system must provide EMS field personnel (ALS and BLS) with a channel of communications. This LMC permits the exchange of vital information between both EMS field personnel and ED personnel while the patient is at the scene of the medical emergency and while en route to an ED.

STATEWIDE MEDICAL COORDINATION

In addition to LMC capability, the EMS communications system must provide a communications channel to enable statewide medical coordination (SMC) between EMS field personnel and ED personnel during situations in which a vehicle is out of its prime area and unable to access an ED using the LMC channel of that area, and in isolated critical situations during which prolonged use of the LMC channel would not be feasible due to other communications traffic. Such uses of the SMC channel must be limited only to the temporary duration of such situations. The channel specifically assigned for SMC is MED-8.

MEDICAL RESOURCE COORDINATION (MRC)

The EMS communications system must provide for point-to-point coordination of EMS resources between hospitals, providers, and communications control centers for response to a disaster or mass casualty incident for MRC. Telephone lines between communications control centers can be used for resource coordination during normal operations. However, radio communications are needed during situations following hurricanes, tornadoes, floods, fires, etc., when telephone lines are inoperative, or when telephone central switching facilities are jammed or disabled.

Through use of communication systems meeting the above-mentioned design criteria, notification of trauma alerts inbound to Shands at UF are made from the field through the ShandsCair Communication Center and subsequently paged to the trauma team.

MUTUAL AID AGREEMENT

A mutual aid agreement was adopted in 1994 that enables one licensed EMS provider to request aid from another licensed EMS provider for emergency response outside of the Agency's normal service area.

Requests may be made when one or more of the following occur:

- Equipment malfunction
- Ambulance units are unavailable due to resource depletion
- Anticipated prolonged response time
- Multi-casualty incident
- Disaster
- Need for specialized equipment or personnel.

Not all of the NCFTA counties participate in the mutual aid agreement whose provisions were outside of the scope of the original enabling Interlocal Agreement.



MASS CASUALTY AND DISASTER PLAN

Depending on the severity and extent of the incident, providers within the trauma region do have informal agreements and approaches that they utilize to solicit additional assistance when local emergency medical response need exceeds the capacity of the requested ground emergency medical transport services.

Although NCFTA has no official responsibilities in the coordination of mass casualty and disaster plans, it once again plans to play a larger role in Public Health Emergency Preparedness in the next five years. This will most likely occur through the North Central Florida Regional Health Care Coalition which is a regional body whose sole focus is to coordinate development and training around regional emergency preparedness issues.



Data Collection

Using Trauma One, data collection is performed through the National Trauma Registry of the American College of Surgeons (TRACS). By definition (Chapter 64E-2, Florida Administrative Code), the Trauma Registry is a “statewide database, which integrates medical and system information related to trauma patient diagnosis and the provision of trauma care by pre-hospital, hospital, and medical examiners.” As set forth by the

Florida Trauma Registry Manual, any patient meeting the following criteria must be entered into the trauma center’s registry:

- All trauma alert patients presented to the hospital—regardless of disposition.
- All deaths from injury, including patients who are dead on arrival, those that died in the emergency department or trauma resuscitation, or in the hospital.
- Any patient admitted to the hospital for 24 hours or more, transferred to the hospital, or transferred from the hospital due to an injury diagnosis of 800-959.9 (excluding: 905-909.9, 910-924.9, and 930-939.9).

Once a trauma patient has been identified, the registrar manually enters the information into the Trauma Registry. The information entered must meet the minimum data set (MDS) requirement set forth by the Florida Trauma Registry Manual. As stated in the manual, a trauma patient is not properly entered into the system until the MDS requirement is completed and verified. Table 27 is the Department of Health Registry Reporting Schedule. This submission requires a trauma center to enter all records of trauma patients with a death or discharge from the trauma center within 90 days of the close of the quarter.

TABLE 27. REGISTRY REPORTING SCHEDULE.

Quarter	Reporting Period	Due Date
1	January 1 - March 31	July 1
2	April 1 - June 30	October 1
3	July 1 - September 30	January 1
4	October 1 - December 31	April 1



Trauma System Evaluation

The Performance Improvement (PI) Plan outlines the quality infrastructure and improvement methodology. The performance improvement initiative seeks to operationalize the vision, values, and mission identified in the strategic plan through the following activities:

- Objective, systematic monitoring and evaluation of patient care
- Identification of opportunities for improved outcomes
- Pursuit of enhancement in patient care services
- Promoting excellence in care.

The monitoring and evaluation performed by the Trauma Department at Shands at UF serves as the basis for evaluating the trauma system. Data is collected from Trauma One and Shands HealthCare Decision Support Services and organized for review under the direction of the Trauma Medical Director and Trauma Program Manager. The Trauma Quality Management (TQM) Committee analyzes this performance data to determine the root cause of identified issues, which leads to a course of action aimed directly at improving overall quality. Data are also presented and discussed at bimonthly NCFTA meetings.

The review process examines the appropriateness of care, effectiveness of care, responsiveness of the system, and identifies opportunities for improvement. Although reviews can occur for many issues, the PI plan specifies that the Trauma Medical Director and Trauma Program Manager must review all trauma patient records for the following categories:

All trauma alert cases admitted to the hospital (patients identified by the state trauma scorecard criteria in Rules 64E – 2.017 and 64E – 2.0175, Florida Administrative Code). See Appendix E for detailed criteria.

- All critical or intensive care unit admissions for traumatic injury.
- All OR admissions for traumatic injury from the emergency department and/or state-approved trauma center.
- Any critical trauma transfers into or out of the hospital.
- All in-hospital traumatic deaths, including deaths in the trauma resuscitation area.
- Over/under triage, airway issues, appropriateness of helicopter utilization and other quality issues that may occur.

The following nine indicators are monitored to identify potential problems:

- Deaths (state requirement).
- Any trauma patient with an unplanned re-admittance to the hospital within 30 days of discharge (state requirement).
- Any trauma patient readmitted to the ICU, or an unplanned admission to the ICU from a medical/surgical unit (state requirement).
- Timeliness of the trauma surgeon.



NORTH CENTRAL FLORIDA TRAUMA AGENCY

- Missed injuries and/or delay in diagnosis.
- Timeliness of inter-facility transfers.
- High-risk complications: iatrogenic pneumothorax, aspiration pneumonia, DVT, PE, pressure ulcer, decubitus, and post-operation wound infection.
- Appropriateness of field triage.
- Airway complication in the field

Additional processes and outcomes monitored may include timeliness to the OR from the Trauma Resuscitation Room for emergent operations, timeliness of final reading of flexion and extension x-ray films, and number of trauma alert diversions. All of these clinical and process-related issues are set forth to improve the quality of care and provide a means by which the Trauma System can monitor and evaluate itself. Findings are communicated through a variety of methods such as:

- Quarterly reports to the state for every case selected for corrective action.
- TQM Committee meetings, which meet a minimum of ten times a year.
- Quality Improvement Forums, which include clinical walk rounds, trauma sit-down rounds, a multidisciplinary trauma conference, the Department of Surgery morbidity and mortality conference, and physician peer review.

Additional program improvement areas being considered for study as the NCFTA launches the 2017-2022 plan include:

- Monitoring for problems with airway
- Scene time prolonged over 20 minutes without justification
- Use of backboards
- Aircraft, if needed, requested within 5 minutes on scene
- Continue to evaluate over/under triage based on some criteria
- Inability to get IV access or I/O
- Aspiration documented at the scene
- Arrive without C-collar
- No notification to ED of trauma alert
- Elderly patients on anticoagulants not identified
- Incomplete EMS forms
- Other prehospital issues as members identify them
- Ongoing review of outcomes database

Shands at UF and Ocala Regional Medical Center jointly track and facilitate the evaluation of trauma-related data with their fellow NCFTA members. Tables 28-35 and Figures 4-8 provide a snapshot of data discussed with NCFTA. These particular data have been identified by the NCFTA as stimulating to discussion on system-wide trauma services discussions.



TABLE 28. TOP REFERRING HOSPITALS FOR UF HEALTH SHANDS HOSPITAL, 2016.

Agency Name	Percent
Shands at Lake Shore (Lake City)	9.7
UF Health Jacksonville	9.6
Lake City Medical Center	7.4
North Florida Regional Medical Center	7.2
Munroe Regional Medical Center (Ocala)	6.0
Orange Park Medical Center	3.3
South Georgia Medical Center	3.2
Shands at Starke	3.2
Putnam Community Medical Center	2.9
Tallahassee Memorial Hospital	2.8
Ocala Regional Medical Center	2.7
All Others	42.0
Total	100.0

These are patients referred to UF and meet the criteria for a trauma patient, not all are alerted.

Source: UF Health Shands Hospital, Donna York, Trauma Program Manager, Data provided August 2011.

Prepared by: WellFlorida Council, 2017.



TABLE 29. TRAUMA ALERT PATIENTS TRANSPORTED TO OCALA REGIONAL MEDICAL CENTER AND UF HEALTH SHANDS HOSPITAL BY AGENCY, 2016.

Agency Name	Number	Percent
Ocala Regional Medical Center		
Marion County EMS	1414	60.4
Rural Metro EMS	322	13.8
Nature Coast EMS	227	9.7
ShandsCAIR	173	7.4
Lake County EMS	136	5.8
Bayflite	28	1.2
AirCare	21	0.9
Levy County EMS	13	0.6
Alachua County EMS	5	0.2
Putnam County EMS	1	0.1
Total	2340	100.1
UF Health Shands Hospital		
Alachua County Fire Rescue	746	24.60
Century Ambuland	312	10.30
ShandsCAIR Flights	219	7.22
Trauma1 Flights	189	6.24
Marion County Fire Rescue	168	5.54
Levy County	139	4.58
Airmethods Flight	125	4.12
Columbia County	108	3.56
Putnam County	106	3.49
Braford County	77	2.54
Airlife Flight	52	1.71
Union County	50	1.64
Dixie County	48	1.58
Suwannee County	47	1.55
Gilchrist County	38	1.25
Other flight	33	1.08
Clay County EMS	29	0.96

Source: Ocala Regional Medical Center, Cory Hewitt, VP of Trauma Services, UF Health Shands Hospital, Donna York, Trauma Program Manager, Calendar Year 2016.

Prepared by: WellFlorida Council, 2017.



TABLE 30. EMERGENCY DEPARTMENT DISPOSITION, OCALA REGIONAL MEDICAL CENTER AND UF HEALTH SHANDS HOSPITAL, 2016.

Disposition	Ocala Regional Medical Center		UF Health Shands Hospital	
	Number	Percent	Number	Percent
Step Down	818	32.3	55	1.8
ICU	669	26.4	792	26.6
Med Surg	628	24.8	1,586	53.3
OR	184	7.3	274	9.2
Home	202	8.0	186	6.2
Transfer Out	31	1.2	NA	---
Observation	NA	---	84	2.8
Total	2532	100.0	2,977	100.0

Source: Ocala Regional Medical Center, Cory Hewitt, VP of Trauma Services, Calendar Year 2016. UF Health Shands Hospital, Donna York, Trauma Program Manager. UF Health Shands data provided as of Calendar Year 2016.

Prepared by: WellFlorida Council, 2017.

TABLE 31. TRAUMA BURN PATIENTS AT UF HEALTH SHANDS HOSPITAL BY AGE GROUP, 2016.

Age	Total Burn Discharges	Percent Discharges
Adult	323	65.7
Pediatric *	169	34.3
Total	492	100.0

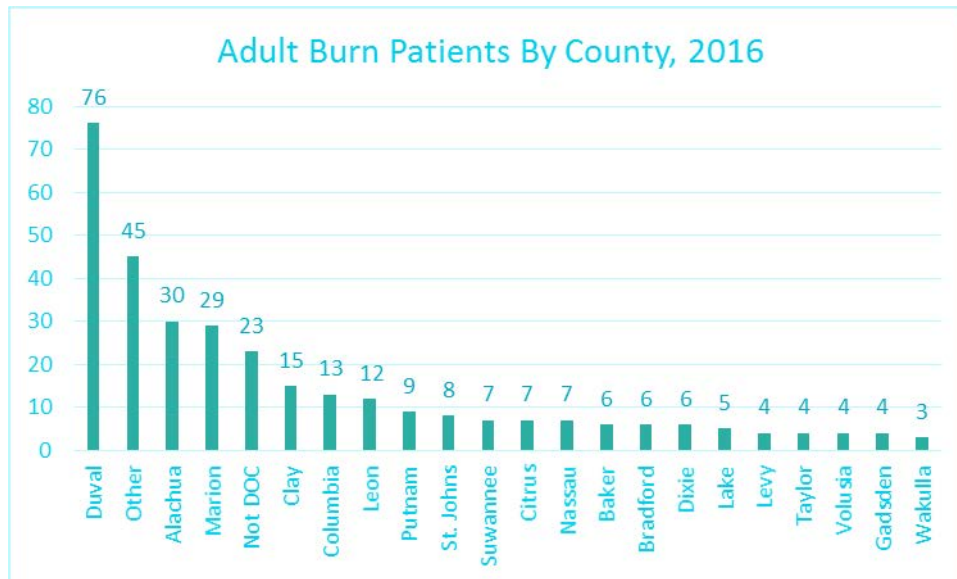
* Pediatric are ages less than 16 years.

Source: UF Health Shands Hospital, Donna York, Trauma Program Manager. UF Health Shands data provided as of Calendar Year 2016.

Prepared by: WellFlorida Council, 2017.



FIGURE 3. ADULT BURN PATIENTS BY COUNTY, 2016.



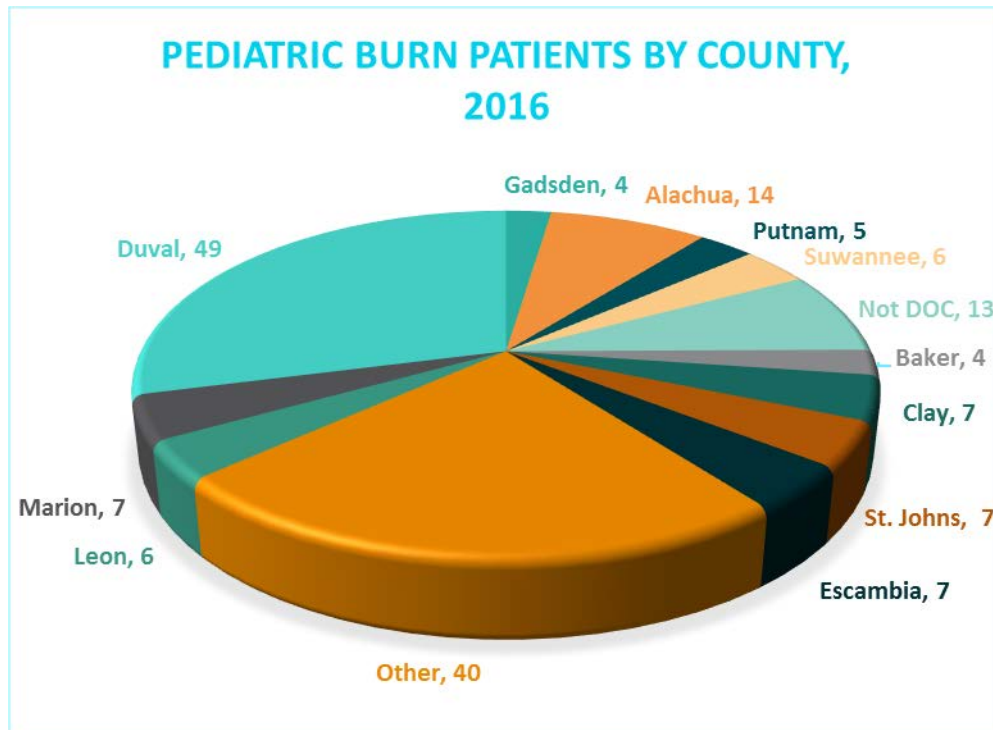
Not Doc = The registry did not know where the burn occurred if the patient is burned and doesn't come from the scene.

Source: UF Health Shands Hospital, Donna York, Trauma Program Manager. UF Health Shands data provided as of Calendar Year 2016.

Prepared by: WellFlorida Council, 2017.



FIGURE 4. PEDIATRIC BURN PATIENTS BY COUNTY, 2016.



Not Doc = The registry did not know where the burn occurred if the patient is burned and doesn't come from the scene.

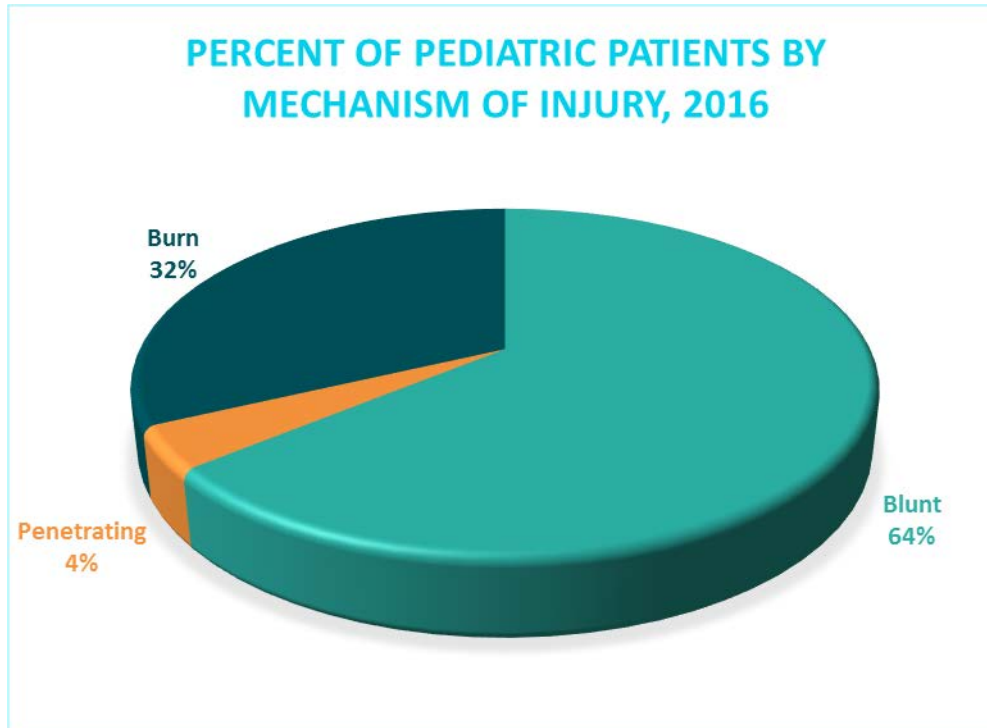
Pediatric are patients less than 16 years of age.

Source: UF Health Shands Hospital , Donna York, Trauma Program Manager. UF Health Shands data provided as of Calendar Year 2016.

Prepared by: WellFlorida Council, 2017.



FIGURE 5. PERCENT OF PEDIATRIC PATIENTS BY MECHANISM OF INJURY, 2016.



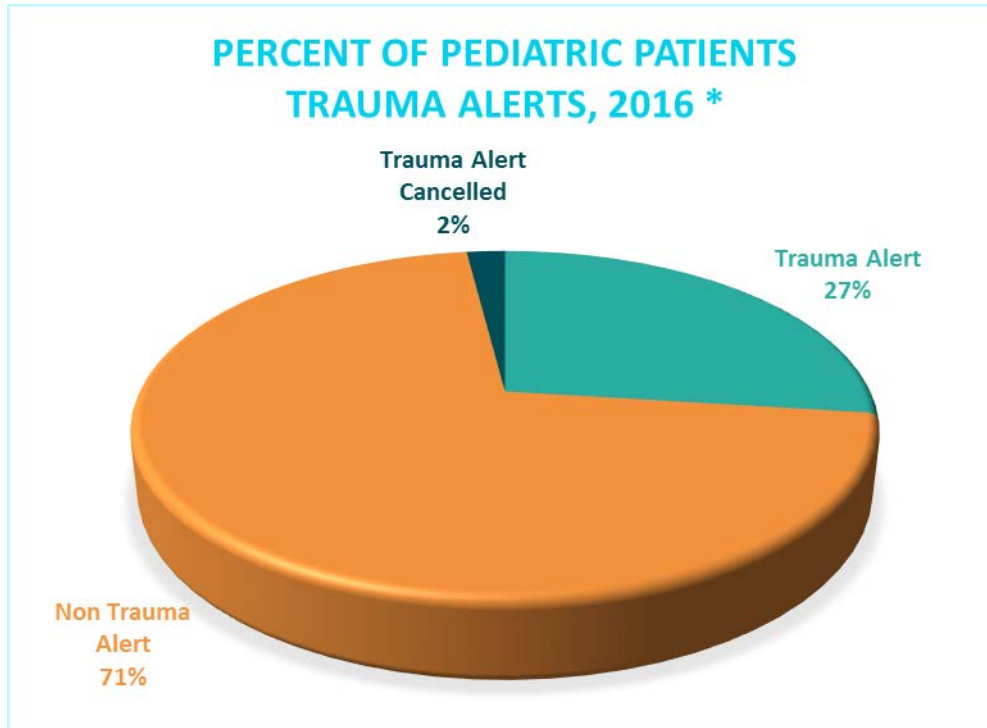
Pediatric are patients less than 16 years of age.

Source: UF Health Shands Hospital, Donna York, Trauma Program Manager. UF Health Shands data provided as of Calendar Year 2016.

Prepared by: WellFlorida Council, 2017.



FIGURE 6. PERCENT OF PEDIATRIC PATIENTS TRAUMA ALERTS, 2016 *



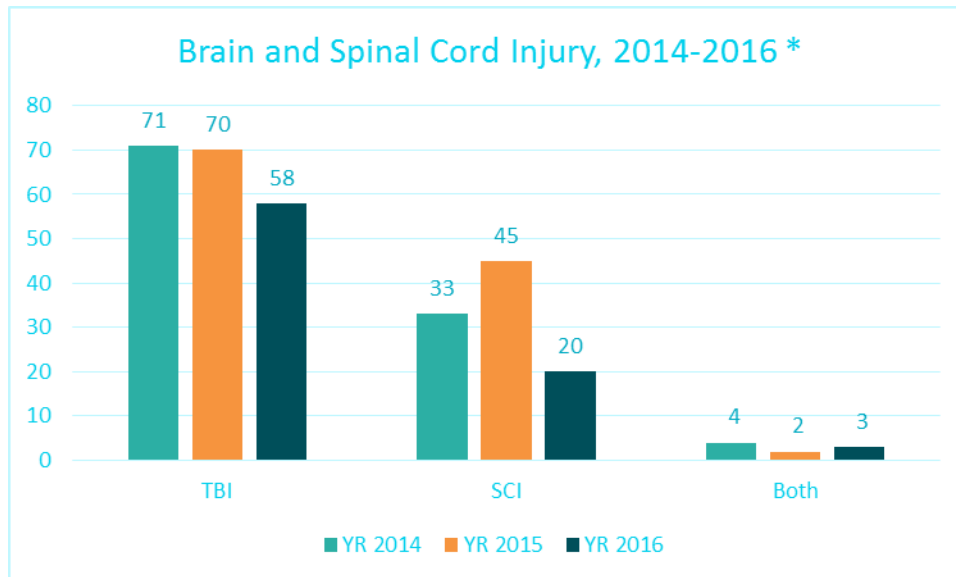
Pediatric are patients less than 16 years of age.

Source: UF Health Shands Hospital , Donna York, Trauma Program Manager. UF Health Shands data provided as of Calendar Year 2016.

Prepared by: WellFlorida Council, 2017.



FIGURE 7. BRAIN AND SPINAL CORD INJURED PATIENTS, 2014-2016.



* These are patients that meet the definition of brain injury and SCI based on state definition and they live in state.

Source: UF Health Shands Hospital, Donna York, Trauma Program Manager. UF Health Shands data provided as of Calendar Year 2016..

Prepared by: WellFlorida Council, 2017.



TABLE 32. PREGNANT OVER 20 WEEKS TRAUMA ALERT PATIENTS AT UF HEALTH SHANDS HOSPITAL BY VARIOUS INFORMATION, 2016.

Number of Weeks Gestation	Total Discharges	Percent Discharges	Outcomes
< 20 Weeks	8	17.8	1 Fetal Demise
20 Weeks	2	4.4	
21 - 35 Weeks	23	51.1	
36 Weeks +	10	22.2	2 Deliveries
Not Doc	2	4.4	
Total	45	100.0	
Hospital Length of Stay	Total Discharges	Percent Discharges	
1 Day	27	60.0	
2 Days	7	15.6	
3 Days	3	6.7	
4 Days	4	8.9	
5 Days	2	4.4	
10 Days	1	2.2	
34 Days	1	2.2	
Total	45	100.0	
Mechanism of Injury	Total Discharges	Percent Discharges	
MVC	41	91.1	
ATV	2	4.4	
GSW	1	2.2	
Pedestrian	1	2.2	
Total	45	100.0	
Discharge MD	Total Discharges	Percent Discharges	
Trauma	14	31.1	
Burn	1	2.2	
Orthopedics	3	6.7	
Obstetrics	27	60.0	
Total	45	100	

Most were admitted to Labor and Delivery for monitoring and then discharged still pregnant.

Source: UF Health Shands Hospital , Donna York, Trauma Program Manager. UF Health Shands data provided as of Calendar Year 2016.

Prepared by: WellFlorida Council, 2017.



TABLE 33. RISK-ADJUSTED MORTALITY FOR FLORIDA TQIP COLLABORATIVE BY SELECTED HOSPITAL AND FLORIDA, JANUARY 2015 – MARCH 2016.

Cohort	Florida			UF Health Shands			Ocala Regional		
	All Patients	Blunt Multisystem	Elderly	All Patients	Blunt Multisystem	Elderly	All Patients	Blunt Multisystem	Elderly
Number	17,679	3,195	6,068	909	235	236	1,042	198	485
Observed Events	1,480	571	697	66	26	33	107	38	66
Observed Percent	8.4	17.9	11.5	7.3	11.1	14.0	10.3	19.2	13.6
Expected Percent	7.4	15.7	10.6	6.6	11.6	12.9	7.1	15.7	11.7
Mean Age (years)	53	47	79	48	46	76	59	53	79
Transfer Patients Percent	20.5	11.6	28.9	23.1	17.0	31.8	28.6	16.7	38.4
Median ISS	14	27	14	14	24	14	14	26	14.0
Withdrawal of Life Supporting Treatment	32.9	31.2	38.5	63.6	53.8	60.6	32.7	28.9	46.6

Fall 2016 Report to the Florida Collaborative and above institutions. These are not inclusive of all trauma patients seen, these are patients that meet the inclusion criteria based upon specific patient or injury characteristics seen from 2015 and the first quarter of 2016.

Source: Ocala Regional Medical Center, Cory Hewitt, VP of Trauma Services; UF Health Shands Hospital, Donna York, Trauma Program Manager.

Prepared by: WellFlorida Council, 2017.



TABLE 34. FLORIDA TQIP COLLABORATIVE, PERCENT BY COHORT.

Cohort	Number	Percent
All Patients	20,007	100.0
Blunt Multisystem	3,522	17.6
Penetrating	1,045	5.2
Elderly	7,230	36.1
Elderly Blunt Multisystem	790	4.0
Isolated Hip Fracture	2,593	11.5
Other (severe TBI, Shock)	1,621	8.1

Source: UF Health Shands Hospital , Donna York, Trauma Program Manager. Spring 2017 Report to the Florida Collaborative and above institutions. Note that not all patients are part of the cohorts listed, therefore the numbers will not add up to the total.

Prepared by: WellFlorida Council, 2017.



TABLE 35. ELDERLY (65+) TRAUMA PATIENTS AT OCALA REGIONAL MEDICAL CENTER AND UF HEALTH SHANDS HOSPITAL BY ACTIVATION LEVEL AND DISCHARGE STATUS, 2016.

	Ocala Regional Medical Center		UF Health Shands**	
	Number	Percent	Number	Percent
Total Elderly	1,065		577	
Activation Status				
Full Activation/Trauma Alert *	749	70.3	212	36.7
Consult	313	29.4	365	63.3
Discharge Status				
Lived	1,011	94.9	542	93.9
Died	54	5.1	35	6.1

* Ocala Regional Medical Center called it Full Activation, Shands UF Health called it Trauma Alert.

** These are the total patients 65+ admitted in 2016 to Shands UF Health, this is different than TQIP data as these don't have to meet the cohort criteria.

Source: Ocala Regional Medical Center, Cory Hewitt, VP of Trauma Services, Calendar Year 2016. UF Health Shands Hospital, Donna York, Trauma Program Manager. UF Health Shands data provided as of Calendar Year 2016.

Prepared by: WellFlorida Council, 2017.



Public Information and Education

NCFTA recognizes the important function of trauma prevention activities. While many of the NCFTA partners are involved in a variety of trauma and injury prevention and awareness initiatives in their communities, the epicenter of education on trauma and injury prevention and public information on the widespread impact of a wholly integrated regional trauma system. Both Shands at UF and Ocala Regional Medical Center provide an array of activities and outreach unique both to their roles as Level I and Level II Trauma Centers, respectively, and the communities that surround them.

In 2016, staff at Ocala Regional Medical Center provided more than 350 hours to develop, plan and implement event, activities and outreach that touched more than 600 participants and professionals such as:

- Fall Prevention Day Fair
- Fall Prevention Symposia
- Matter of Balance Courses
- Senior Safety and Lifestyle Courses
- STRIVE Balance Screenings
- Save a Life Tour
- Emergency Preparedness
- Ocala SNF and ALF Geriatric Symposium
- HCA Injury Prevention Symposium
- Media and Community Awareness on local radio stations, through health system Facebook and Twitter applications, flyers, posters, brochures and working with the Marion County Health Alliance.

Shands at UF touched hundreds of individuals through hundreds of staff hours at events such as:

- Bike Rodeo
- UF Spring Break Safety Fair
- UF Healthy Community Health and Wellness Expo
- Oak Hammock Retirement Community Ambulance Education
- Tallahassee Community College Education for EMS Program
- Trauma Tracks (Staff Orientation to Trauma)
- Other Courses such as ASSET, ATLS, and TNCC

In 2017, both hospitals continue their outreach and education work in these areas as well as fall prevention programs, bicycle and pedestrian safety, motor vehicle and motorcycle safety, childhood injury prevention and trauma transitional care networks.



Appendix A

INTER-LOCAL AGREEMENT

INTERLOCAL AGREEMENT CREATING THE
NORTH CENTRAL FLORIDA TRAUMA AGENCY

This agreement is made and entered into this 29th day of May, 1990 pursuant to the authority of Section 163.01, Florida Statutes, by and among the units of local government passing resolutions to that effect.

WITNESSETH:

WHEREAS, the parties hereto desire to make the most efficient use of their powers to ensure that trauma victims have access to prompt diagnosis and appropriate treatment through a regional system of emergency medical services and hospital care; and,

WHEREAS, Section 163.01(4) of the Florida Statutes provides that "a public agency of this state may exercise jointly with any other public agency of the state, of any other state, or of the United States Government any power, privilege, or authority which such agencies share in common and which each might exercise separately;" and,

WHEREAS, Section 395.031(1)(b) of the Florida Statutes allows counties to share the responsibility of planning and administering of trauma services by defining a regional trauma agency as one that may be one "created for the administration of trauma medical services by agreement between counties;" and,

WHEREAS, Section 395.031(2)(h) of the Florida Statutes mandates that "local or regional trauma agencies providing service for more than one county shall, as part of their formation, establish interlocal agreements between or among the several counties in the regional system;"

NOW, THEREFORE, for and in consideration of the mutual promises, covenants, benefits to accrue and agreements herein contained and set forth, the parties signatory hereto do hereby establish the North Central Florida Regional Trauma Agency, hereinafter referred to as the Agency, a separate legal entity, and do further agree as follows:

1. Purpose. This agreement is enacted for the following reasons:

a. To provide a means of exercising the rights, duties, and powers of a regional trauma agency as set forth by Chapters 163 and 395 of the Florida Statutes, including those functions enumerated in other applicable Florida, federal, and local laws;

b. To ensure that trauma victims have access to prompt diagnosis and prompt treatment through a regional system of emergency medical services and hospital care; and,

c. To establish an efficient and effective means of triage and referral to the type and level of care required by a trauma patient's condition; and,

d. To serve as a regional coordinator for trauma care services; and,

e. To promote communication among member counties and agencies for the effective and compatible development of trauma care services within the area served by the trauma agency; and,

f. To cooperate with federal, state, local, and non-governmental agencies to accomplish these objectives.

2. Effective Date, Duration, Termination, and Withdrawal.

a. The participating counties of the agency will include those units of county government as may agree to enter into this interlocal agreement by resolution. Officers shall be elected and Bylaws adopted and the agency shall be deemed to be in effect at that time. The organizational meeting shall be convened by the chairman of the Regional Trauma Committee of the Council on Rural Emergency Medical Services, and notice of the time and place thereof shall be given to the general and board members of the agency and the chief elected official of the units of county government signatory hereto in writing by regular mail mailed at least ten (10) working days prior to the date set for said Organizational meeting.

b. This agreement shall be effective from the effective date hereto and shall continue thereafter from year to year without the

necessity of a formal renewal by any party hereto, unless terminated as hereinafter provided.

c. Amendments to this agreement shall be made effective by an affirmative vote of not less than three-fourths (3/4) of the governing bodies of the county members.

d. Any party hereto may withdraw its membership by resolution duly adopted by its governing body and upon giving ninety (90) days written notice of withdrawal to the chairman of the governing body of each other principal member unit. Contractual obligations of the withdrawing member shall continue until such obligation has been satisfactorily terminated. All property, real or personal, of the agency on the effective date of withdrawal shall remain the property of the agency and the withdrawing principal member unit shall have no right thereto.

e. In the event of a complete termination of this agreement which would involve the disposition of the property of the agency, such property shall be liquidated and each member holding membership at the time of termination shall be entitled to a share of the proceeds bearing the same ratio to the total proceeds as the contribution of the member bore to the total contributions made by all members from the time of the creation of the agency; provided, however, the preceding provisions notwithstanding, that in the event any member withdraws as a member of the agency and subsequently rejoins at a later date, said withdrawing member shall be eligible to share in the proceeds of the liquidation of property only to the extent of its proportionate share of contributions made since it last became a member of the agency.

f. In case of a complete termination of this agreement, the non-federal matching contribution of any approved federal grant shall be firm. The project shall be completed and the required reports and accounting shall be completed.

g. This agreement may be terminated at any time by resolution duly adopted by the governing body of each and every county member.

3. Membership and Governance.

a. Membership.

1. The agency shall be organized into two levels of participation; general membership and the governing body. The governing body may be referred to in this interlocal agreement as the "Board of Directors."

2. The general membership shall consist of one representative appointed by the county commission of each county participating in the agency, one physician from each county in the agency, a representative from each emergency medical services provider licensed under Chapter 401, F.S. based in the service area, and one representative from each licensed community hospital based in the service area. A single individual in the general membership shall not represent more than general membership category concurrently.

3. The governing body shall consist of 16 members chosen from the general membership. The governing body shall consist of one representative each from four licensed emergency medical services agencies in the general membership, four physicians from the general membership, one representative each from four licensed community hospitals in the general membership, and four representatives from among the general members appointed by the county commissions in the agency. A single individual on the Board of Directors shall not represent more than one Board membership category concurrently.

4. The community hospitals and EMS providers represented in the general membership shall select and nominate within their individual organizations the individual who shall represent such organizations in the agency.

5. The governing body shall have the authority to assess membership dues to the general membership and/or the governing body members as it deems appropriate to support the activities of the agency.

b. Governance.

1. The Board of Directors shall exercise the power of the agency, control its property, and conduct its affairs. It shall be

the sole policymaking authority of the agency and shall perform any and all duties imposed upon it collectively or individually by this interlocal agreement, by law, or by the agency Bylaws.

2. The Board of Directors shall consist of sixteen (16) members. The number of directors may be changed by amendment to this interlocal agreement, to the agency Bylaws, or by Federal or State law or regulation.

3. Any person who is a general member of the agency shall be eligible to serve as a director.

4. Each member of the governing body shall have one vote on matters considered by the agency.

5. Terms for board members and general members are described as follows:

(a) Except as provided in Section 3.b.5 below, the term of office of each director shall be two (2) years. All full terms shall begin on the fourth Wednesday in May of each year. Directors may serve two full terms of two years each for a total of four (4) years. Directors filling unexpired terms may serve the remainder of the unexpired term plus two (2) full terms.

(b) The term of each general member shall be two (2) years. All full terms shall begin on the fourth Wednesday in May of each year. General members may be reappointed indefinitely on behalf of the organization, county, or membership category they represent.

6. At a designated organizational meeting following the adoption of agency Bylaws, the Board of Directors shall be divided into two (2) groups so that one group shall have terms ending after one year and the other group shall have terms ending after two years. All subsequent terms shall be two (2) years as provided in Section 3.b.4 above.

7. Directors shall serve without compensation; however, nothing in this section shall prohibit reimbursement of a director for his or her actual expenses which have been approved by the Board of Directors.

8. A director's term may be terminated by an action of the Board of Directors if a change in the status of his or her

affiliation jeopardizes the prescribed constitution of the governing body.

9. A director's term may be terminated by an action of the Board of Directors for behavior contrary to adopted policies or other abuses of membership policies.

10. An entity represented by a director removed from the Board of Directors under the provisions of this interlocal agreement, agency Bylaws, or applicable State or Federal law, shall have the responsibility of selecting and nominating an individual to serve the remainder of the unexpired term on the Board of Directors.

11. The directors shall not be personally liable for debts, liabilities, or other obligations of the agency. No individual director shall, by reason of his performance on behalf of the agency or any duty, function, or activity required, or authorized to be undertaken by the agency, be liable for the payment of damages under any law of the United State or any state (or political subdivision of any state) if the director himself or herself to be to be acting within the scope of the duty, function, or activity of a director, and with respect to such performance, acted without gross negligence or malice toward any person affected by it.

12. The agency shall indemnify any board member, officer, or employee against expenses actually and necessarily incurred in connection with the defense of any action, suit, or proceeding in which he is made a part by reason of being or having been such board member, officer, or employee except in relation to matters as to which he or she shall be adjudged in such action, suit, or proceeding to be liable for negligence or misconduct in the performance of a duty. Such indemnification shall not be exclusive of any other rights to which such board member or employee may be entitled under any Bylaw, agreement, board action, or otherwise.

4. Scope of Agreement.

It is expressly understood that the terms and conditions of this agreement shall be effective between and among the parties passing resolutions to become members of the agency; and that the

validity, force, and effect of their agreement shall not be affected by one or more of the parties named hereinbefore not joining in this agreement, any other provision of this agreement to the contrary notwithstanding.

APPROVED AS TO FORM

Mary G. Marshall
Alachua County Attorney

BY: *Kate Barnes*
Kate Barnes, Chairman
Alachua County Commission

ATTEST: *a. Curtis Romero*
(Seal)

BY: *Maxie Carter, Jr.*
Maxie Carter, Jr., Chairman
Bradford County Commission

ATTEST: *Ray Freeman*
(Seal)

BY: *Wilbur H. Langley*
Wilbur Langley, Chairman
Citrus County Commission

ATTEST: *Betty Stripling*
(Seal)

BY: *Ludie Shipp*
Ludie Shipp, Chairman
Columbia County Commission

ATTEST: *R. Dewitt Carr*
(Seal)

BY: *C. W. (Johnny) Stephenson*
~~Allyson A. Anderson, Chairman~~
Dixie County Commission
C. W. (Johnny) Stephenson, Chairman

ATTEST: *Joe Perkins Allen*
(Seal)



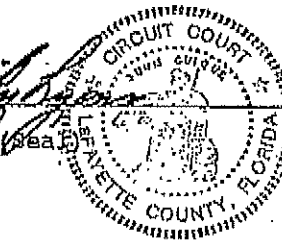
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Interlocal Agreement
Cont.

BY: *Addy Jones*
Addy Jones, Chairman
Gilchrist County Commission

ATTEST: *Joseph R. B...*
(Seal)

BY: *Norman Jackson*
Norman Jackson, Chairman
Lafayette County Commission

ATTEST: *Shirley...*
(Seal)


BY: *Elmer Smith*
Elmer Smith, Chairman
Levy County Commission

ATTEST: *Sheila Lee*
(Seal)

BY: *Glen Charles Fiorello*
Glen Charles Fiorello, Chairman
Marion County Commission

ATTEST: *Frances E. Higgins*
(Seal)

BY: *Laure B. Roberson*
Laure B. Roberson, Chairman
Suwannee County Commission

ATTEST: *John D. Wadley*
(Seal)



Appendix B

RECOMMENDED TRAUMA TRANSPORT PROTOCOLS (RTTPS)

NORTH CENTRAL FLORIDA TRAUMA AGENCY
Recommended Trauma Transport Protocols

January 31, 2012 NCFTA submission to DOH for review

February 3, 2012 Revised version with changes suggested by DOH General Counsel Office

February 8, 2012 Revised version with changes suggested by DOH Bureau of EMS Deputy Chief of Operations

February 10, 2012 Revised version with changes suggested by DOH Bureau of EMS Deputy Chief of Operations

February 20, 2014 Revised version with changes suggested by DOH EMS Provider Licensure and Compliance

September 24, 2014 Revised version with changes suggested by DOH EMS Provider Licensure and Compliance

December 10, 2014 NCFTA Update of Flight Program List, Trauma Centers and Initial Receiving Hospitals List, and Initial Receiving Hospital Attestation Form. Addition of Pregnant Patient recommendation.

October 12, 2016 NCFTA Update of Ground EMS Agency List, Trauma Centers and Initial Receiving Hospitals List.

October 25, 2017 Re-affirmation of RTTPs with slight additions, deletions, corrections to EMS Agencyt, Trauma Centers and Initial Receiving Hospitals Lists

The ground EMS agencies (ALS) in NCFTA's Service Area are (County location is indicated if the county is not part of the agency name):

1. Gainesville Fire Rescue (Alachua County)
2. Alachua County Fire Rescue
3. Bradford County EMS
4. Nature Coast (Citrus County)
5. Dixie County EMS
6. Gilchrist County EMS
7. Hamilton County EMS
8. Lafayette County EMS
9. Levy County EMS
10. Marion County Fire Rescue
11. Ocala Fire Rescue (Marion County)
12. Putnam County EMS
13. Suwannee County Fire Rescue
14. Union County EMS
15. Century Ambulance (Multi-county)
16. Rural/Metro of Central Florida (Sumter County)
17. American Medical Response (Sumter County)
18. Ocala Fire Rescue
19. Hernando County Fire Rescue
20. Spring Hill Fire Rescue (Hernando County)
21. Brooksville Fire Department (Hernando County)
22. Citrus County EMS

The flight programs that provide service in the NCFTA trauma region are:

1. Trauma One (Jacksonville)
2. ShandsCair (Gainesville)
3. Bayflite (Tampa Bay Area)
4. AirLife (Valdosta, Georgia)
5. Aircare (Orlando)

PURPOSE:

Recommended Trauma Transport Protocols (RTTPs) were developed by the North Central Florida Trauma Agency (NCFTA) to provide guidelines to member agencies for submission of protocols to the Department of Health (DOH). These guidelines attempt to simplify the process by defining the most appropriate destinations of trauma alert patients based on geographical location and proximity to the nearest trauma center. It is recognized that each agency residing within this region is unique.

All local trauma agencies using RTTPs: Before you send this RTTP packet to DOH, *all* local agencies will need to complete **Section I Dispatch Procedures**.

The required form specifying the five hospital requirements (Rule 64J-2.002, F.A.C.) of initial receiving hospitals to receive trauma alert patients will be filed with the trauma agency and the DOH, pending completion by the initial receiving hospitals.

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Section I Dispatch Procedures

All local trauma agencies using RTTPs: You MUST complete this section before you send your TTPs to DOH.

A. Requirement for Soliciting Information

- Describe the system that allows the public and other agencies to notify an EMS provider that EMS services are needed. (911, Enhanced 911, other)
- Identify the agency responsible for operating the system. (EMS operated, County Sheriff, Cooperative Dispatch, other)
- Describe the information to be solicited from the individual requesting emergency medical assistance in order to determine number of patients, location of the incident, extent and severity of reported injuries. (Nature of problem, is this an emergency, criminal activity)

B. Requirements for Dispatching Emergency Vehicle

- Describe methods used to ensure that appropriately staffed and equipped EMS ground or air vehicle most readily available is identified.
- Describe the system used to provide coverage to your county. (Number of staffed vehicles, first responders, other agencies, backup systems in place)

C. Requirement for Emergency Agency Assistance

- Describe the criteria and process your agency uses to request additional EMS ground or air vehicles or other resources including LEA, fire, hazardous materials, water rescue, specialized rescue, emergency management or other.

D. Requirements for Transport Assistance

- Describe your agency's criteria to differentiate between need for air or ground services. (Time, distance, proximity to Initial Receiving Hospitals, Trauma Centers, Medical Centers)
- List the agencies in your area that are available to provide transport assistance.
- Describe your agency's process for obtaining assistance.
- Describe under what conditions you would potentially need additional ground transport.
- **To describe your requirements for the nearest Trauma Center, DOH's General Counsel asks that you simply state (and follow) the following sentence:** All trauma alert patients must be transported to a State Approved Trauma Center (SATC) or State Approved Pediatric Trauma Center nearest the location of the incident if the incident is within 30 minutes by ground or air transport or within 50 miles by air transport.

Section II Trauma Patient Assessment for Adult and Pediatrics

Requirement for Adult Assessment

The adult and pediatric scorecard assessment shall be documented in accordance with the requirements of Rules 64J-2.004, F.A.C. and 64J-2.005, F.A.C.

Upon arrival at an accident scene the EMT, paramedic, flight paramedic or flight nurse/paramedic will assess the condition of each **adult** trauma patient using the adult trauma scorecard methodology to determine if the patient meets criteria to be a trauma alert. Evaluation of the following components will determine if the patient meets the requirements of a trauma alert utilizing the Adult Scorecard Methodology (Appendix E of the 2012-2017 Five-year Plan):

- Airway
- Circulation
- Best Motor Response
- Cutaneous
- Long Bone Fracture
- Patient's Age
- Mechanism of Injury

All adult patients that meet the requirement as a trauma alert will be transported to the trauma center nearest to the scene of the incident.

Requirement for Pediatric Assessment

Pediatric trauma patients are identified as those with the physical and anatomical characteristics of a person 15 years or less. All pediatric patients that meet the criteria of a pediatric trauma alert scorecard will be transported to the pediatric trauma center nearest to the scene of the incident.

Upon arrival at a scene the EMT, paramedic, flight paramedic or flight nurse/paramedic shall assess the condition of each pediatric trauma victim using the **pediatric** trauma scorecard methodology to determine if the patient meets criteria to be a trauma alert. Evaluation of the following components will determine if the patient meets the requirements of a trauma alert utilizing the Pediatric Scorecard Methodology (Appendix E of the 2012-2017 Five-year Plan):

- Airway
- Consciousness
- Circulation
- Long Bone Fracture
- Cutaneous
- Patient's size

Section III Trauma Destination Requirements

All trauma alert patients must be transported to a State Approved Trauma Center or State Approved Pediatric Trauma Center nearest the location of the incident if the incident is within 30 minutes by ground or air transport or within 50 miles by air transport.

Situations where the EMS providers or medical directors have determined it would be in the best medical interest of the trauma alert patient to be transported to a hospital other than those specified as trauma centers include the following situations:

1. A mass casualty incident in which trauma centers are overwhelmed.
2. Critical condition of a patient requiring immediate intervention of a physician such as airway control, tension pneumothorax or cardiac arrest in which the patient would benefit from stabilization at a closer receiving hospital.
3. Mechanical.
4. Distance to the nearest trauma center is so great that the extended time in the field is detrimental to the patients' outcome.
5. Weather.

Copies of these Recommended Trauma Transport Protocols are to be provided and are to be on file at the following Trauma Centers and Initial Receiving Hospitals:

Citrus Memorial Hospital – Initial Receiving Hospital
Lake City Medical Center – Initial Receiving Hospital
Lake Butler Hand Hospital – Initial Receiving Hospital
Memorial Hospital (Jacksonville) – Provisional Level Two
Munroe Regional Medical Center – Initial Receiving Hospital
North Florida Regional Medical Center – Initial Receiving Hospital
Oak Hill Hospital – Initial Receiving Hospital
Putnam Community Hospital – Initial Receiving Hospital
Regional Medical Center (Williston) – Initial Receiving Hospital
Seven Rivers Community Hospital – Initial Receiving Hospital
Shands Lakeshore Regional Medical Center – Initial Receiving Hospital
Shands Live Oak Regional Medical Center – Initial Receiving Hospital
Shands Starke Regional Medical Center – Initial Receiving Hospital
Springhill Hospital – Initial Receiving Hospital
West Marion Community Hospital- Initial Receiving Hospital
Ocala Regional Medical Center – Level Two Trauma Center
Orange Park Medical Center – Level Two Trauma Center
Orlando Regional Medical Center – Level One Trauma Center
Regional Medical Center Bayonet Point – Level Two Trauma Center
Tampa General Hospital – Level One Trauma Center
UFHealth – Level One Trauma Center
UFHealth Jacksonville – Level One Trauma Center

North Central Florida Trauma Agency serves the following counties:

- Alachua
- Bradford

- Citrus
- Columbia
- Dixie
- Gilchrist
- Lafayette
- Levy
- Marion
- Suwannee

The North Central Florida Trauma Agency also partners with the following enhanced list of counties due to their unofficial, adjunct participation in the general membership of the agency:

- Baker
- Clay
- Hamilton
- Hernando
- Lake
- Putnam
- Sumter
- Union

The following Trauma Centers may serve one or more of the counties within the North Central Florida Trauma Agency service area:

- UF Health (Jacksonville)
- UF Health Shands Hospital (Gainesville)
- Orlando Regional Medical Center
- Tampa General Hospital
- Ocala Regional Medical Center
- Orange Park Medical Center
- Regional Medical Center Bayonet Point
- Memorial Hospital (Jacksonville)

All trauma alert patients must be transported to a State Approved Trauma Center or State Approved Pediatric Trauma Center nearest the location of the incident if the incident is within 30 minutes by ground or air transport or within 50 miles by air transport.

FOR PATIENTS WITH BURNS: UF Health (Gainesville, FL) is the Regional Burn Center serving the North Central Florida area. Other Regional Burn Centers are located at Orlando Regional Medical Center and Tampa General Hospital.

FOR PEDIATRIC PATIENTS (<16 years of age): UF Health (Gainesville, FL) and UF Health Jacksonville are the Pediatric Trauma Centers serving the North Central Florida area.

FOR PREGNANT PATIENTS: Women who are pregnant greater than 20 weeks in accidents at speeds greater than 35 mph should be trauma alerted.

Section IV Transfer of Patient Care Information

Transporting agencies participating in the NCFTA RTTPs adhere to the requirements as defined under Rules 64J-2.001(17), F.A.C. and 64J-2.014, F.A.C., and the trauma information as required under Rule 64J-2.002(5), F.A.C. Delivery of such information is made in writing with the trauma patient to the SATC, SAPTC or hospital at the time the patient is presented for care.

Transporting vehicle personnel shall provide recorded information to the receiving hospital personnel at the time the patient is transferred with all known pertinent incident, patient identification, and patient care information.

A complete patient care record will be provided within 24 hours.

Section V Emergency Inter-facility Transfers

Emergency Inter-facility Transfers will be through EMS providers who are available within 30 minutes of receiving a call from the requesting hospital to provide inter-facility emergency medical service transfer of a trauma alert patient.

Section VI EMS Agency Medical Director Attestation

As the medical director of the _____(INSERT AGENCY NAME
HERE)_____, I, (INSERT MEDICAL DIRECTOR NAME HERE),
M.D. have reviewed and adopted the North Central Florida Recommended Trauma
Transport Protocols as presented in this document.

Printed Name

Signature

Date

M.D./D.O. License Number

Section VII North Central Florida Trauma Agency Medical Director Attestation

As the medical director of the North Central Florida Trauma Agency, I,
Richard Petrik, M.D. have reviewed and recommended for voluntary regional adoption
the North Central Florida Recommended Trauma Transport Protocols (RTTPs) as
presented in this document.

Richard Petrik

Printed Name

Richard Petrik

Signature

3/20/18

Date

ME98829

M.D./D.O. License Number

APPENDIX 1: Initial Receiving Hospital Attestation Form

ALL LOCAL AGENCIES: PLEASE PUT THIS FORM ON YOUR LETTERHEAD

I, _____, certify to the North Central
(CEO)

Trauma Agency that _____ meets the following pre-

hospital trauma alert hospital transport requirements specified in Rule 64J-2.002, F.A.C.:

1. Is staffed 24 hours a day with a physician and other personnel who are qualified in emergency:
 - a. Airway management
 - b. Ventilator support
 - c. Control of life-threatening circulatory problems
 - d. Personnel should be proficient in placement of:
 - Endotracheal tubes
 - Establishment of central intravenous lines
 - Insertion of chest tubes
2. Has equipment and staff in-hospital and available to conduct chest, pelvis, and other extremity x-rays, as appropriate.
3. Has laboratory facilities, equipment, and staff in-hospital and available to analyze and report laboratory results.
4. Has equipment and staff on-call and available to initiate definitive care required by a trauma alert patient within 30 minutes of that patient's arrival at the hospital, or can initiate procedures within 30 minutes of the patient's arrival to transfer the trauma alert patient to a State-Approved Trauma Center (SATC) or a State-Approved Pediatric Trauma Center (SAPTC).
5. Has a written transfer agreement with at least one SATC or SAPTC. The transfer agreement shall provide specific procedures to ensure the timely transfer of the trauma alert patient to the SATC or SAPTC.

Signature _____
CEO

Date _____



Appendix C

GENERAL MEMBERS, BOARD MEMBERS, AND ACTIVE AGENCIES

***North Central Florida Trauma Agency General Membership and
Board of Directors
(as of 3/15/18)***

The Interlocal Agreement specifies that General Membership shall be comprised of representatives of the ten (10) original counties: Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Lafayette, Levy, Marion and Suwannee; and of four (4) membership categories within those counties: BOCC Appointees, Hospitals, EMS Agencies and Physicians.

Thus, the General Membership is comprised of the following:

- One (1) appointee from each Boards of County Commissioners in each of the ten (10) official/original NCFTA counties;
- One (1) appointee from each licensed acute care hospital in each of the ten (10) official/original NCFTA counties;
- One (1) appointee from each of the licensed EMS agencies in each of the ten (10) official/original NCFTA counties; and
- Any physician working in or interested in the regional trauma system and practicing primarily within the ten (10) official original NCFTA counties.

The enabling/original Interlocal Agreement and Bylaws that formed the North Central Florida Trauma Agency (NCFTA) called for a sixteen (16) member Board of Directors with four (4) general members elected to the Board from each of the four (4) general membership categories: BOCC Appointee; Physician; EMS Agency; and Hospital. The current NCFTA Board is comprised of the following members:

EMS Agency

Charles Tannachion (Alachua)
Carl Kaufman (Marion)
David Sutton (Alachua)
Scott Pendarvis (Dixie)

Hospital

Donna Nayduch (Marion)
Donna York (Alachua)
Peter Kaminski (Marion)
Tracy Howard (Alachua)

Physician

David Meurer (Alachua)
Frank Fraunfelter (Marion)
Gary Gillette (Alachua)
Richard Petrik (Marion)

BOCC Appointee

Mitch Harrell (Levy)
Darian Brown (Dixie)
Vacant – Awaiting Appointment (Targeting Bradford)
Vacant – Awaiting Appointment (Targeting Citrus)

The original Interlocal Agreement and Bylaws also call for the election from among the Board Members by the Board Members of a four-person executive leadership team: President; Vice President; Secretary/Treasurer; and Medical Director. The current leadership team is comprised as follows:

President – Gary Gillette
Vice President – Carl Kaufman
Secretary/Treasurer – Tracy Howard
Medical Director – Richard Petrik

Appendix C

2017-18 NCFTA General and Adjunct Membership List

Name	Contact	Email	Address	City	State	Zip
AirLife Suwannee County 7	Trevor Hicks	Trevor.hicks@airmethods.com				
AirLife Valdosta 9	Trevor Hicks	Trevor.hicks@airmethods.com				
Alachua BOCC	Awaiting Appointment					
Alachua County Fire/Rescue	Charles Tannachion	ctannachion@alachuacounty.us	PO Box 5038	Gainesville	FL	32627
Baker County EMS	David Richardson	drichardson@nefcom.net	PO Box 67	MacClenny	FL	32063
Bayflite	David Duke	David.Duke@airmethods.com				
Bradford BOCC	Awaiting Appointment					
Bradford County EMS	Allen Parrish	Allen_Parrish@bradford-co-fla.org	945 N. Temple Ave., Ste C	Starke	FL	32091
Century Ambulance	Marsha Morrel	marsha_m@casjax.com	2144 Rosselle Street	Jacksonville	FL	32204
Century Ambulance - Columbia County	Steven Stith					
Citrus BOCC	Craig Stevens					
Citrus County Fire Rescue						
Citrus Memorial Hospital	George Mavros	george.mavros@hcahealthcare.com	502 W. Highland Blvd.	Inverness	FL	34452
Clay County Fire/Rescue	David Motes	david.motes@claycountygov.com	2519 State Road 16 West	Green Cove Springs	FL	32043
Columbia BOCC	Jeffrey Crawford	jeff_crawford@columbiacountyfla.com				
Columbia County EMS	James Brinkley	James.Brinkley@lifeguardambulance.com	PO Box 2949	Lake City	FL	32056
Dixie BOCC	Darian Brown					
Dixie County EMS	Scott Pendarvis	John.Blauser@dixieemergency.com ; scott.pendarvis@cityofgainesville.org	PO Box 2009	Cross City	FL	32628
Gainesville Fire/Rescue	Jeff Lane	lanejj@cityofgainesville.org	200 E. University Avenue	Gainesville	FL	32601
Gainesville Fire/Rescue	David Sutton	davidsuttonems@yahoo.com				
Gilchrist BOCC	Awaiting Appointment					
Gilchrist County EMS	Mitch Harrell	mharrell@gilchrist.fl.us	PO Box 367	Trenton	FL	32693
Hamilton County EMS	Toby Witt	hamiltonems@windstream.net	902 US Hwy 41 NW	Jasper	FL	32052
Lafayette BOCC	Awaiting Appointment					
Lafayette County EMS	Marty Tompkins	Marty@lafayettecountyrescue.com	PO Box 128	Mayo	FL	32066
Lake Butler Hospital	Diane Cason	dcason@lakebutlerhospital.com				
Lake City Medical Center	Craig Skeath	Craig.skeath@hcahealthcare.com	340 NW Commerce Drive	Lake City	FL	32055
Lake County EMS	Jerry Smith	jsmith@lakeems.org	2761 W. Old Hwy 441	Mt. Dora	FL	32757
Levy BOCC	Mitch Harrell					
Levy County Dept. of Public Safety	Jason Hughes					
Lifeguard (Columbia County)	James Brinkley	James.Brinkley@lifeguardambulance.com				
Marion BOCC	Silas Daniel	silas.daniel@marioncountyfla.org				
Marion County EMS	Carl Kaufman	carl.kaufman@marioncountyfla.org	2631 SE 3rd Street	Ocala	FL	34471
Munroe Regional Medical Center	Michael Pittman					
Nature Coast EMS	Jane Bedford	janeb@naturecoastems.org	3876 W. County Hill Drive	Lecanto	FL	34461
North Florida Regional Medical Center	Vickie Sullivan					
Oak Hill Hospital	Jack Badget	jack.badget@hcahealthcare.com				
Ocala Fire/Rescue	Anthony Ortiz	aortiz@ocalafla.org	151 SE Osceola Avenue	Ocala	FL	34471
Ocala Regional Medical Center	Peter Kaminski	Peter.Kaminski@HCAHealthcare.com	PO Box 2200	Ocala	FL	34478
Ocala Regional Medical Center	Donna Naydich	Donna.Naydich@HCAHealthcare.com	PO Box 2200	Ocala	FL	34478
Orange Park Medical Center	Keri Deaton	Keri.Deaton@hcahealthcare.com	2001 Kingsley Avenue	Orange Park	FL	32073
Physician	Frank Fraunfelner	fraunfelner@cox.net	1500 SW 1st Avenue	Ocala	FL	34471
Physician	Gary Gillette	karengill@aol.com				
Physician	Richard Petrik	Richard.Petrik@HCAHealthcare.com	PO Box 2200	Ocala	FL	34478
Physician	Alejandro Garcia					
Physician	Art Osberg					
Physician	David Meurer	meurer@ufl.edu	Box 100108	Gainesville	FL	32610
Putnam Community Medical Center	Dan McLean	Daniel.McLean@pnt.net	PO Box 778	Palatka	FL	32177
Putnam County EMS	Michael Patterson	mike.patterson@putnam-fl.com	410 S Highway 19	Palatka	FL	32177
Regional Medical Center (Williston)	Davaiah Pagidipati	E-drp@freedomh.com				
Regional Medical Center at Bayonet Point	Joe Mastandrea	joseph.mastandrea@hcahealthcare.com				
Rural Metro of Sumter County	Tim Porter	timothy.porter@rmetro.com	950 N. Main Street	Bushnell	FL	33513
Seven Rivers Regional Medical Center	Judy Baughman	judy.baughman@hma.com	6201 N. Suncoast Blvd.	Crystal River	FL	34428
Shands Lake Shore	Rhonda Sherrod	Rhonda.Sherrod@hma.com	368 NE Franklin Street	Lake City	FL	32055
Shands Live Oak	Richard Huth	richard.huth@hma.com	1100 11th Street	Live Oak	FL	32060
Shands Starke	Charles Nasem	Charles.Nasem@shandsstarke.com	922 E. Call Street	Starke	FL	32091
ShandsCair	Edward Crews		Box 100332	Gainesville	FL	32610
Spring Hill Regional Hospital	Jennifer Borgia	jennifer.borgia@bayfronthealth.com	10461 Quality Drive	Spring Hill	FL	34609
Suwannee BOCC	Awaiting Appointment					
Suwannee County EMS	Jamie Summers	jamies@suwcounty.org	13530 80th Terrace	Live Oak	FL	32060
Trauma One	Chad McIntyre	chad.mcintyre@jax.ufl.edu	655 W. 8th Street, C251	Jacksonville	FL	32209
UFHealth Gainesville	Donna York	Yorkdi@shands.ufl.edu	Box 100108	Gainesville	FL	32610
UFHealth Gainesville	Tracy Howard	howat@shands.ufl.edu	Box 100108	Gainesville	FL	32610
UFHealth Jacksonville	Chad McIntyre	chad.mcintyre@jax.ufl.edu	655 W 8th Street, C251	Jacksonville	FL	32209
Union County EMS	Mitch Andrews	mandrews@union-ems.net	PO Box 266	Lake Butler	FL	32054
West Marion Community Hospital	Peter Kaminski	Peter.Kaminski@HCAHealthcare.com	4600 SW 46th Court	Ocala	FL	34474

Appendix C

NCFTA ACTIVE MEMBER AGENCIES			
<i>Invoice Date</i>	<i>Invoice #</i>	<i>Agency</i>	<i>Reason</i>
02/03/17	1208	Alachua County Fire/Rescue	NCFTA 2017 Membership Dues
02/03/17	1209	AirLife Suwannee County 7	NCFTA 2017 Membership Dues
02/03/17	1210	AirLife Valdosta 9	NCFTA 2017 Membership Dues
02/03/17	1211	Baker County EMS	NCFTA 2017 Membership Dues
02/03/17	1212	Bayflite	NCFTA 2017 Membership Dues
02/03/17	1213	Bradford County EMS	NCFTA 2017 Membership Dues
02/03/17	1214	Century Ambulance	NCFTA 2017 Membership Dues
02/03/17	1215	Citrus Memorial Hospital	NCFTA 2017 Membership Dues
02/03/17	1216	Clay County Fire/Rescue	NCFTA 2017 Membership Dues
02/03/17	1217	Columbia County EMS	NCFTA 2017 Membership Dues
02/03/17	1218	Dixie County EMS	NCFTA 2017 Membership Dues
02/03/17	1219	Gainesville Fire/Rescue	NCFTA 2017 Membership Dues
02/03/17	1220	Gilchrist County EMS	NCFTA 2017 Membership Dues
02/03/17	1221	Hamilton County EMS	NCFTA 2017 Membership Dues
02/03/17	1222	Lake Butler Hospital	NCFTA 2017 Membership Dues
02/03/17	1223	Lake City Medical Center	NCFTA 2017 Membership Dues
02/03/17	1224	Lake County EMS	NCFTA 2017 Membership Dues
02/03/17	1225	Lafayette County EMS	NCFTA 2017 Membership Dues
02/03/17	1226	Levy County EMS	NCFTA 2017 Membership Dues
02/03/17	1227	Lifeguard (Columbia County)	NCFTA 2017 Membership Dues
02/03/17	1228	Marion County EMS	NCFTA 2017 Membership Dues
02/03/17	1229	Munroe Reginal Medical Center	NCFTA 2017 Membership Dues
02/03/17	1230	North Florida Reginal Medical Center	NCFTA 2017 Membership Dues
02/03/17	1231	Nature Coast EMS	NCFTA 2017 Membership Dues
02/03/17	1232	Oak Hill Hospital	NCFTA 2017 Membership Dues
02/03/17	1233	Ocala Regional Medical Center	NCFTA 2017 Membership Dues
02/03/17	1234	Ocala Fire/Rescue	NCFTA 2017 Membership Dues
02/03/17	1235	Orange Park Medical Center	NCFTA 2017 Membership Dues
02/03/17	1236	Putnam County EMS	NCFTA 2017 Membership Dues
02/03/17	1237	Putnam Community Medical Center	NCFTA 2017 Membership Dues
02/03/17	1238	Regional Medical Center (Bayonet Point)	NCFTA 2017 Membership Dues
02/03/17	1239	Regional Medical Center (Williston)	NCFTA 2017 Membership Dues
02/03/17	1240	Rural Metro of Sumter County	NCFTA 2017 Membership Dues
02/03/17	1241	Seven Rivers Regional Medical Center	NCFTA 2017 Membership Dues
02/03/17	1242	ShandsCair	NCFTA 2017 Membership Dues
02/03/17	1243	Shands Lake Shore	NCFTA 2017 Membership Dues
02/03/17	1244	Shands Live Oak	NCFTA 2017 Membership Dues
02/03/17	1245	ShandsStarke	NCFTA 2017 Membership Dues
02/03/17	1246	Springhill Hospital	NCFTA 2017 Membership Dues
02/03/17	1247	Suwannee County EMS	NCFTA 2017 Membership Dues
02/03/17	1248	TraumaOne	NCFTA 2017 Membership Dues
02/03/17	1249	UFHealth Gainesville	NCFTA 2017 Membership Dues
02/03/17	1250	UFHealth Jacksonville	NCFTA 2017 Membership Dues
02/03/17	1251	Union County EMS	NCFTA 2017 Membership Dues
02/03/17	1252	West Marion Community Hospital	NCFTA 2017 Membership Dues



Appendix D

AGREEMENTS WITH WELLFLORIDA COUNCIL

WELLFLORIDA SERVICES AGREEMENT

This is a contract by and between the NORTH CENTRAL FLORIDA TRAUMA AGENCY (hereinafter referred to as NCFTA), 1785 N.W. 80th Boulevard, Gainesville, Florida, 32606 and the NORTH CENTRAL FLORIDA HEALTH PLANNING COUNCIL, INC. (doing business as WellFlorida Council and hereinafter referred to as WELLFLORIDA), 1785 NW 80th Blvd, Gainesville, Florida 32606.

RECITALS

WHEREAS, the NCFTA wishes to engage WELLFLORIDA to review the operations of the NCFTA and propose recommendations for re-structuring of membership and activities as well as identify opportunities for sustainability; and

WHEREAS, WELLFLORIDA possesses the necessary qualifications and expertise to perform the services required by the NCFTA;

NOW, THEREFORE, for and in consideration of the mutual promises contained herein and intending to be legally bound thereby, the parties agree as follows:

1. WELLFLORIDA agrees to perform all activities and tasks represented in Attachment A listing WELLFLORIDA as the responsible party for a specific activity/task.
2. NCFTA agrees to perform all activities and tasks represented in Attachment A listing the NCFTA as the responsible party for a specific activity/task.
3. The term of this agreement will be from July 1, 2017 through June 30, 2018.
4. NCFTA agrees to pay the WELLFLORIDA the amount of \$1000/month to perform those duties described and itemized in Attachment A of this agreement.
5. The NCFTA will not be responsible for providing any materials, services or equipment to WELLFLORIDA, nor will WELLFLORIDA be reimbursed by the NCFTA for travel expenses or any related expenses of any type.
6. This contract cannot be assigned by either party.
7. The parties to this contract agree that WELLFLORIDA is an independent contractor and that neither WELLFLORIDA nor WELLFLORIDA'S employees are agents or employees of the NCFTA, and they are not

entitled to the benefits provided by the NCFTA to its employees, including but not limited to compensation, insurance and unemployment insurance.

8. The NCFTA is interested only in the results achieved by the WELLFLORIDA, and WELLFLORIDA will be in control of the means by which the results are achieved. WELLFLORIDA will adhere to professional standards and perform all services required under this agreement in a manner consistent with the generally accepted procedures for the preparation of the deliverables and all technical support provided.
9. WELLFLORIDA has reviewed and is familiar with the confidentiality requirements imposed by state and federal law and NCFTA policy on data and agrees to notify its employees of these confidentiality requirements and to strictly enforce its employees' compliance with these requirements.

10. The NCFTA shall have the right to terminate this contract in the event that WELLFLORIDA defaults under the terms of this contract and fails to cure the default within five (5) days of written notice by NCFTA to WELLFLORIDA. In the event that the NCFTA terminates the WELLFLORIDA as a result of WELLFLORIDA'S default under the terms of this contract, WELLFLORIDA will deliver all work that it has produced pursuant to the terms of this agreement to the NCFTA within five (5) business days of termination. The NCFTA will compensate WELLFLORIDA for the value of the work performed and delivered only if the amount it must pay to other WELLFLORIDAS to complete the obligations under the terms of this contract is less than the amount contracted for under this contract and then only in an amount equal to the difference between the contract price to complete the obligations of this contract and the contract price established by the terms of this contract.
11. This agreement represents the entire understanding and agreement between the parties with respect to the subject matter hereof, and supersedes all other negotiations (if any) made by and between the parties.
12. The provisions of this agreement may not be amended, supplemented, waived, or changed orally but only by a writing making specific reference to this agreement signed by the party as to whom enforcement of any such amendment, supplement, waiver or modification is sought.
13. All of the terms and provisions of the agreement, whether so expressed or not, shall be binding upon, inure to the benefit of, and be enforceable by the parties and their respective legal representatives, heirs, estates, successors and permitted assigns.
14. All notices, requests, consents and other communications required or permitted under this agreement shall be in writing (including faxed communication) and shall be (as elected by the person giving such notice) sent via electronic mail, hand delivered by messenger or courier service, faxed, or mailed by Registered or Certified Mail (postage pre-paid), Return Receipt Requested, addressed to:

Gary Gillette, M.D., President
North Central Florida Trauma Agency
1785 N.W. 80th Boulevard
Gainesville, Florida 32606
(352) 313-6500
Fax: (352) 313-6515

Jeff Feller, Chief Executive Officer
North Central Florida Health Planning Council, Inc.
(d/b/a WellFlorida Council)
1785 NW 80th Boulevard
Gainesville, Florida 32606
(352) 313-6500 x108
Fax: (352) 313-6515

or to such other addresses as any party may designate by notice complying with the terms of this section. Each such notice shall be deemed delivered:

- (a) on the date e-mailed if by email,
 - (b) on the date delivered if by personal delivery,
 - (c) on the date faxed if by fax, and
 - (d) on the date upon which the Return Receipt is signed or delivery is refused or the notice is designated by the postal authorities as not delivered, as the case may be, if mailed.
15. This agreement and all transactions contemplated by this agreement shall be governed by, and construed and enforced in accordance with, the laws of the State of Florida without regard to principles of conflicts of laws.
16. All covenants, agreements, representations and warranties made herein or otherwise made in writing by any party pursuant hereto shall survive the execution and delivery of this agreement and the consummation of the transactions contemplated hereby.
17. No remedy herein conferred upon any party is intended to be exclusive of any other remedy, and each and every such remedy shall be cumulative and shall be in addition to every other remedy given hereunder or now or hereafter existing at law or in equity or by statute or otherwise. No single or partial exercise by any party of any right, power or remedy hereunder shall preclude any other or further exercise thereof.
18. Provisions contained in this agreement which are contrary to, prohibited by or invalid under applicable laws or regulations shall be deemed omitted from this document and shall not invalidate the remaining provisions thereof.
19. A failure to assert any rights or remedies available to a party under the terms of this agreement, or a waiver of the right to remedies available to a party by a course of dealing or otherwise shall not be deemed to be a waiver of any other right or remedy under this agreement, unless such a waiver of such right or remedy is contained in a writing signed by the party alleged to have waived his other rights or remedies.

20. Any and all original ideas, discoveries, developments, and innovations conceived by WELLFLORIDA during this engagement relative to the duties under this Agreement shall be the exclusive property of the WELLFLORIDA; and the NCFTA hereby assigns all right, title, and interest in the same to WELLFLORIDA.
20. This agreement is executed and entered into in the State of Florida, and shall be construed, performed, and enforced in all respects in accordance with the laws, rules, and regulations of the State of Florida. Each party shall perform its obligations herein in accordance with the terms and conditions of the agreement.
21. HIPAA: Where applicable, Well Florida Council, Inc., will comply with the Health Insurance Portability and Accountability Act (42 U.S.C. section 210 et seq.). As well as all regulations promulgated there under (45CFR Parts 160,162, and 164).
22. SECURITY: WellFlorida Council, Inc. shall maintain confidentiality of all data, files, and client records related to the services provided pursuant to this agreement and shall comply with state and federal laws, including, but not limited to, Sections 384.29, 381.004, 392.65, and 456.057, Florida Statutes. Procedures must be implemented by WellFlorida Council, Inc. to ensure the protection and confidentiality of all confidential matters the WellFlorida Council, Inc. observes. These procedures shall be consistent with the Department of Health Information Security Policies, Protocols, and Procedures, September 1999-2000, as amended, which is incorporated herein by reference and the receipt of which is acknowledged by WellFlorida Council, Inc. upon execution of this agreement. The WellFlorida Council, Inc. will adhere to any amendments to the Department's security requirements provided to it during the period of this agreement. The WellFlorida Council, Inc. must also comply with any applicable professional standards of practice with respect to client confidentiality.

Contract

NORTH CENTRAL FLORIDA TRAUMA AGENCY

BY:  _____

Gary Gillette, MD, NCFTA President

DATE: 3/15/18

WELLFLORIDA COUNCIL, INC.

BY:  _____

Jeff Miller, Chief Executive Officer

DATE: 3/16/18

Attachment A Amendment

Deliverables

WELLFLORIDA will perform the following services:

- Provide technical and administrative support at bi-monthly board meetings
- Provide technical and administrative support related to the NCFTA 5-year trauma plan and updates as necessary
- Complete the membership drive if directed
- Provide technical support in the organizational development of NCFTA and CoREMS

The above services will be completed by WELLFLORIDA for the amount of \$1,000/month from July 1, 2017 to June 30, 2018.

The NCFTA will be responsible for:

1. Providing access to all key organizational data required by WELLFLORIDA to achieve WELLFLORIDA deliverables and activities above.
2. Reviewing and approving all fiduciary or corporate activity that WellFlorida performs on behalf of the NCFTA



Appendix E

TRAUMA TRIAGE SCORE AND ASSESSMENT

Adult Trauma Triage Criteria & Methodology

The EMT or paramedic shall assess the condition of those injured persons with anatomical and physiological characteristics of a person sixteen (16) years of age or older for the presence of at least one of the following four (4) criteria to determine whether to transport as a trauma alert. These four criteria are to be applied in the order listed, and once any one criterion is met that identifies the patient as a trauma alert; no further assessment is required to determine the transport destination.


Criteria:

- ☐ 1. Meets color-coded triage system (see below)
- ☐ 2. GCS \leq 12 (Patient must be evaluated via GCS if not identified as a trauma alert after application of criterion 1.)
- ☐ 3. Meets local criteria (specify): _____
- ☐ 4. Patient does not meet any of the trauma criteria listed above but, in the judgement of the EMT or paramedic, should be transported as a trauma alert (document) _____

COMPONENT

AIRWAY	RESPIRATORY RATE OF 30 or GREATER <input type="checkbox"/> B	ACTIVE AIRWAY ASSISTANCE ¹ <input type="checkbox"/> R
CIRCULATION	SUSTAINED HR OF 120 BEATS PER MINUTE or GREATER <input type="checkbox"/> B	LACK OF RADIAL PULSE WITH SUSTAINED HEART RATE (>120) or BP <90 mmHg <input type="checkbox"/> R
BEST MOTOR RESPONSE	BMR =5 <input type="checkbox"/> B	BMR = 4 or LESS or PRESENCE OF PARALYSIS, or SUSPICION OF SPINAL CORD INJURY or LOSS OF SENSATION <input type="checkbox"/> R
CUTANEOUS	SOFT TISSUE LOSS ² or GSW TO THE EXTREMITIES <input type="checkbox"/> B	2ND OR 3RD ° BURNS TO 15% or MORE TBSA or AMPUTATION PROXIMAL TO THE WRIST or ANKLE or ANY PENETRATING INJURY TO HEAD, NECK, or TORSO ³ <input type="checkbox"/> R
Longbone FRACTURE ⁴	SINGLE FX SITE DUE TO MVA or FALL 10' or MORE <input type="checkbox"/> B	FRACTURE OF TWO or MORE Longbones <input type="checkbox"/> R
AGE	55 YEARS or OLDER <input type="checkbox"/> B	
MECHANISM OF INJURY	EJECTION FROM VEHICLE ⁵ or DEFORMED STEERING WHEEL ⁶ <input type="checkbox"/> B	

 R = any one (1) - transport as a trauma alert

 B = any two (2) - transport as a trauma alert

1. Airway assistance beyond administration of oxygen
2. Major degloving injuries, or major flap avulsion (>5 in.)
3. Excluding superficial wounds in which the depth of the wound can be determined
4. Longbone (Including humerus, (radius, ulna), femur, (tibia or fibula).
5. Excluding motorcycle, moped, all terrain vehicle, bicycle, or open body of a pickup truck
6. Only applies to driver of vehicle)

12/4/2002

Pediatric Trauma Scorecard Methodology

The EMT or Paramedic shall assess the condition of those injured individuals with anatomical and physical characteristics of a person fifteen (15) years of age or younger for the presence of one or more of the following three (3) criteria to determine the transport destination per 64E-2.001, Florida Administrative Code, (F.A.C.):



- 1) Pediatric Trauma Triage Checklist: The individual is assessed based on each of the six (6) physiologic components listed below (left column). The single, most appropriate criterion for each components is selected (along the row to the right). Refer to the color-coding of each criteria and legend below to determine the transport destination:

COMPONENT

SIZE	> 20 Kg (44+ lbs.) <input type="checkbox"/> G	>11-20 Kg (24-44 lbs.) <input type="checkbox"/> G	WEIGHT ≤ 11 Kg or LENGTH ≤ 33 INCHES ON A PEDIATRIC LENGTH AND WEIGHT EMERGENCY TAPE <input type="checkbox"/> B
AIRWAY	NORMAL <input type="checkbox"/> G	SUPPLEMENTED O ₂ <input type="checkbox"/> G	ASSISTED OR INTUBATED (1) <input type="checkbox"/> R
CONSCIOUSNESS	AWAKE <input type="checkbox"/> G	AMNESIA OR LOSS OF CONSCIOUSNESS <input type="checkbox"/> B	ALTERED MENTAL STATUS (2) OR COMA OR PRESENCE OF PARALYSIS OR SUSPICION OF SPINAL CORD INJURY OR LOSS OF SENSATION <input type="checkbox"/> R
CIRCULATION	GOOD PERIPHERAL PULSES; SBP > 90 mmHg <input type="checkbox"/> G	CAROTID OR FEMORAL PULSES PALPABLE, BUT THE RADIAL OR PEDAL PULSE NOT PALPABLE OR SBP < 90-mmHg <input type="checkbox"/> B	FAINT OR NON-PALPABLE CAROTID OR FEMORAL PULSE OR SBP < 50 mmHg <input type="checkbox"/> R
FRACTURE	NONE SEEN OR SUSPECTED <input type="checkbox"/> G	SINGLE CLOSED LONG BONE (3) FRACTURE (4) <input type="checkbox"/> B	OPEN LONG BONE (3) FRACTURE (5) OR MULTIPLE FRACTURE SITES OR MULTIPLE DISLOCATIONS (5) <input type="checkbox"/> R
CUTANEOUS	NO VISIBLE INJURY <input type="checkbox"/> G	CONTUSION OR ABRASION <input type="checkbox"/> G	MAJOR SOFT TISSUE DISRUPTION (6) OR MAJOR FLAP AVULSION OR 2 ⁰ OR 3 ⁰ BURNS TO ≥10% TBSA OR AMPUTATION (7) OR ANY PENETRATING INJURY TO HEAD, NECK, OR TORSO (8) <input type="checkbox"/> R



R = RED, any one (1) - transport as a trauma alert



B = BLUE, any two (2) - transport as a trauma alert



G = GREEN, follow local protocols



- 2) Meets local criteria (specify):



- 3) Patient does not meet any of the trauma criteria listed above, but the EMT or Paramedic can call a "Trauma Alert" if, in his or her judgement, the trauma patient's condition warrants such action. Must be documented on run report pursuant to 64E-2.013, (F.A.C.)

- Airway assistance includes manual jaw thrust, continuous suctioning, or use of other adjuncts to assist ventilatory efforts.
- Altered mental states include drowsiness, lethargy, inability to follow commands, unresponsiveness to voice, totally unresponsive.
- Long bones include the humerus, (radius, ulna), femur, (tibia or fibula).
- Long bone fractures do not include isolated wrist or ankle fractures.
- Long bone fractures do not include isolated wrist or ankle fractures or dislocations.
- Includes major degloving injury.
- Amputation proximal to wrist or ankle.
- Excluding superficial wounds where the depth of the wound can be determined.

m:operations/jcruce

12/4/2002



Appendix F

INTER-FACILITY TRANSFER GUIDELINES

INTERFACILITY TRANSFER GUIDELINES

Patients with any of the following trauma related diagnoses should be transferred to a trauma center.

HEAD INJURIES	ABDOMINAL INJURIES
<ul style="list-style-type: none"> ♦ GCS less than 12 or a decrease of 2 or more points from the time of injury ♦ Open or depressed skull fracture ♦ Brain hemorrhage ♦ Meningeal hemorrhage ♦ Presentation of new neurological deficits ♦ Lateralized extremity weakness 	<p>Conditions requiring celiotomy:</p> <ul style="list-style-type: none"> ♦ Hemodynamically unstable patient with physical evidence of abdominal trauma ♦ Evidence of peritoneal hemorrhage via ultrasound, DPL, or CT ♦ Penetrating wound of abdomen with suspicion of penetration of the peritoneum ♦ Ruptured hollow viscous
THORACIC INJURIES	BURN INJURIES
<ul style="list-style-type: none"> ♦ Tension pneumothorax with respiratory failure ♦ Open pneumothorax with respiratory failure ♦ Hemothorax with respiratory failure ♦ Flail chest with respiratory failure ♦ Pulmonary contusion with respiratory failure ♦ Cardiac tamponade ♦ Aortic disruption ♦ Diaphragmatic rupture ♦ Tracheobronchial tree injuries ♦ Esophageal trauma <p><i>“With respiratory failure” means requiring ventilator support</i></p>	<ul style="list-style-type: none"> ♦ Second or third-degree thermal or chemical burns involving more than *10% of the total body surface area in patient under **15 years or over 55 years of age ♦ Second or third-degree thermal or chemical burns involving the face, eyes, ears, hands, feet, genitalia, perineum, and major joints ♦ Third-degree burns greater than 5% of the body surface area in any age group ♦ Electrical burns, including lightning injury ♦ Burns associated with other significant major injury or pre-existing disease ♦ Burn injury with inhalation injury <p><i>* Taken from the Adult Trauma Triage Criteria Methodology (Criteria for burns are $\geq 15\%$ for adults)</i> <i>**Taken from the Pediatric Trauma Triage Criteria Methodology</i> <i>Burn injuries are to be transferred to a burn center</i></p>
EXTREMITY INJURIES	SPINE & SPINAL CORD INJURIES
<ul style="list-style-type: none"> ♦ Amputation of extremity proximal to wrist or ankle ♦ Pelvic fractures with hemodynamic instability ♦ Two or more long bone fracture sites ♦ Major vascular injuries documented by arteriogram or loss of distal pulses <p><i>Long bone sites are defined as the (1) shaft of the humerus, (2) radius and ulna, (3) shaft of the femur, (4) tibia and fibula</i></p>	<ul style="list-style-type: none"> ♦ Fractures, unstable or potentially unstable ♦ Subluxations ♦ Neurogenic shock ♦ Open spinal wounds ♦ Paralysis or any loss of sensory or motor function
HEMODYNAMIC INSTABILITY	
<ul style="list-style-type: none"> ♦ For an adult, a blood pressure consistently less than 90 systolic after 2 liters of normal saline and/or 2 units of blood after 2 readings, 5 minutes apart ♦ For a child, a blood pressure consistently less than 90 systolic after 20cc per kilogram of resuscitation fluid after 2 readings, 5 minutes apart 	

Notes:

All transfers should be initiated with a physician-to-physician phone call to the SATC or SAPTRC

All transfers must be in accordance with both state and federal EMTALA laws



Appendix G

PUBLIC HEARING NOTICES AND MINUTES

During the December 2016 pre-hearing meeting of the NCFTA, members established February 22, 2017 as the draft public hearing. Immediately, a blast email went out to the NCFTA general members, Board members and interested parties lists. In addition, the meeting was marketed and announced via the WellFlorida Council website, the WellFlorida Council public meeting display that is publicly available at its offices, and via Twitter. Copies of all of these methods of dissemination of public hearing announcement are attached. A meeting synopsis/minutes of the public hearing is also attached. This meeting solicited input from the region on the content, layout and format of the 2017-2022 NCFTA Regional Trauma Plan.

Jeff Feller

From: Jeff Feller
Sent: Thursday, December 22, 2016 9:54 AM
To: paul.myers@flhealth.gov; joseph.pietrangelo@flhealth.gov; mark.lander@flhealth.gov; barbara.locke@flhealth.gov; karengill@aol.com; aarnold@levydps.com; twitt@airmethods.com; allen_parrish@bradfordcountyfl.gov; arthur.osberg@hcahealthcare.com; brian.bentley@naturecoastems.org; Carl.kaufman@marioncountyfl.org; chad.mcintyre@jax.ufl.edu; Deborah.Wingate@HCAHealthcare.com; ctannachion@alachuacounty.us; Charles.Walsh@hcahealthcare.com; c.vandillen@ufl.edu; craig.skeath@hcahealthcare.com; Daniel.McLean@lpnt.net; Darwin.ang@hcahealthcare.com; tghaeromed@msn.com; mcintiredw@cityofgainesville.org; drichardson@nefcom.net; Donna.Nayduch@hcahealthcare.com; yorkdl@shands.ufl.edu; hamiltonems@windstream.net; JIMEDW@shands.ufl.edu; ernie.parker@jax.ufl.edu; gfrpio@cityofgainesville.org; Ginger.Carroll@HCAhealthcare.com; THOMMA@shands.ufl.edu; hmt@alachuacounty.us; james.brinkley@lifeguardambulance.com; janeb@naturecoastems.org; jcmilanick@hotmail.com; Jimmieenderle@mrhs.org; fire@ocalafl.org; jscott@tgh.org; tyndall@UFL.EDU; joyce.brancato@hma.com; jve@AlachuaCounty.US; LGray@Ocalafl.org; llottenber@aol.com; loren.neeley@hcahealthcare.com; marsha_m@casjax.com; burtmj@pathology.ufl.edu; Matthew_maloney@bradfordcountyfl.gov; mgh@alachuacounty.us; mharrell@gilchrist.fl.us; mike.patterson@putnam-fl.com; pamela.thornton@hcahealthcare.com; gianasp@gmail.com; peter.kaminski@hcahealthcare.com; preetijois@ufl.edu; randy.mcvay@hcahealthcare.com; rwolf@citycollege.edu; richard.petrik@shcr.com; rje148@windstream.net; rbeaty@citrusmh.org; shari.hall@marioncountyfl.org; Stashar.Sammy@hcahealthcare.com; teresamurphy@mrhs.org; Kathryn.Hester@hcahealthcare.com; tonya.evans@hcahealthcare.com; trevor@lafayettecountyrescue.com; vickiesullivan@mrhs.org; wayne.marshall@jax.ufl.edu; waynem@naturecoastems.org; allesa@shands.ufl.edu; marsha_morrell@casjax.com; mcreaob@cityofgainesville.org; thommj@shands.ufl.edu; crewed@shands.ufl.edu; Brad.caron@flhealth.gov; John.mann@flhealth.gov; drumcd@shands.ufl.edu; nelson.green@putnam-fl.com; Judith Brissette; leah.colston@flhealth.gov; Nina.Mattei@flhealth.gov; robin.napier@flhealth.gov; howatl@shands.ufl.edu; mark.anderson2@hcahealthcare.com; drd@alachuacounty.us; Rodney.Mascho@marioncountyfl.org; Michael_Pittman@munroeregional.com; mcalhoun@ocalafl.org; Dknowles@levydps.com; schmcb@shands.ufl.edu; Keri.Deaton@hcahealthcare.com; alejandro.garcia2@HCAhealthcare.com; wilsnm@shands.ufl.edu; David.Kuykendall@hcahealthcare.com; craig.wilson@flhealth.gov; james.lyons@flhealth.gov; jasonjones@ufl.edu; steve_s@casjax.com; gary.oconor@claycountygov.com; jeffrey.levine@hcahealthcare.com; elizabeth.powers@flhealth.gov; uzenoffB@hillsboroughcounty.org; davehartzell75@gmail.com; jasonjones@ufl.edu; steve_s@casjax.com; gary.oconor@claycountygov.com; jeffrey.levine@hcahealthcare.com; jerry.fortner@jax.ufl.edu; Judith Brissette; meurer@ufl.edu; thomma@shands.ufl.edu; fraunfelter@cox.net; mharrell@levydps.com; Judith Brissette; Jeff Feller; Tiffany Knagge
Subject: 2017-2022 NCFTA Trauma Plan Public Hearing - February 22, 2017

Dear North Central Florida Trauma Agency (NCFTA) Board Members, General Members and Interested Parties:

As you know, the 2017-2022 NCFTA Trauma Plan public hearing scheduled for December 14 was not held and a Board planning session was held in its place. However, at that planning session, the timeline for completion of the plan was established as was the official date of the public hearing.

The 2017-2022 NCFTA Trauma Plan public hearing will now be held on **Wednesday, February 22, 2017** from 1:00 pm until 4:00 pm at the offices of WellFlorida Council located at 1785 NW 80th Boulevard in Gainesville, Florida. The hearing will be preceded by a brief business meeting of the NCFTA.

The following call-in number will be available for this meeting but this will be a listening-only opportunity as the required logistics of the public hearing necessitate listening and recording public comments and discussion of those physically present at the meeting.

CALL-IN NUMBER: 1-888-670-3525

CONFERENCE CODE: 554-736-5244

We will also be sending out an Outlook calendar invitation for the hearing date.

If you have any questions, please do not hesitate to contact me.

Jeff Feller

Chief Executive Officer | WellFlorida Council

1785 NW 80th Blvd., Gainesville, FL 32606

P: 352-313-6500 x108 | F: 352-313-6514

jfeller@wellflorida.org | www.WellFlorida.org

NCFTA Trauma Plan Public Hearing

WHEN: February 22, 2017 @ 1:00 pm – 4:00 pm

WHERE: WellFlorida Council
1785 NW 80th Blvd
Gainesville, FL 32606
USA

 Calendar

 Add to Calendar ▼



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Proudly serving the following Florida counties:

Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee and Union.

Contact Us

WellFlorida Council

1785 NW 80th Blvd.

Gainesville, FL 32606

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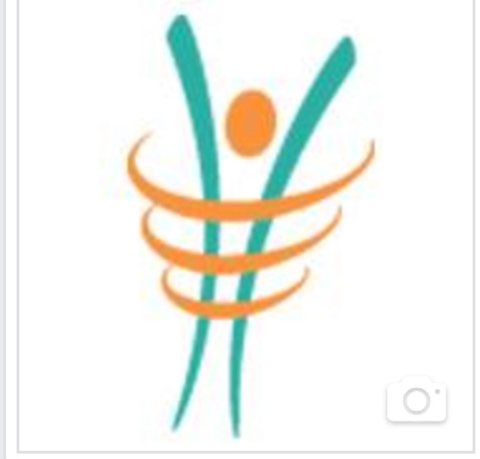
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2017-2022 North Central Florida Trauma Agency Trauma Plan



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Appendix G

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21 Feb



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NCFTA Trauma Plan Public Hearing
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21 Feb

2017-2022 North Central Florida Trauma Agency Trauma Plan

Jeff Feller

From: Jeff Feller
Sent: Thursday, February 09, 2017 11:07 AM
To: meurer@ufl.edu; carl.kaufman@marioncountyfl.org; yorkdl@shands.ufl.edu; jimmieenderle@mrhs.org; thomma@shands.ufl.edu; fraunfelter@cox.net; karengill@aol.com; mharrell@levydps.com; allesa@shands.ufl.edu; peter.kaminski@hcahealthcare.com; gary.gillette@hcahealthcare.com; MGH@alachuacounty.us; Trevor.Hicks@airmethods.com; drichardson@nefcom.net; David.Duke@airmethods.com; Allen_Parrish@bradford-co-fla.org; marsha_m@casjax.com; george.mavros@hcahealthcare.com; david.motes@claycountygov.com; James.Brinkley@lifeguardambulance.com; John.Blauser@dixieemergency.com; Scott.Pendarvis@dixieemergency.com; lanejj@cityofgainesville.org; mharrell@gilchrist.fl.us; hamiltonems@windstream.net; dcason@lakebutlerhospital.com; Craig.skeath@hcahealthcare.com; jsmith@lakeems.org; Marty@lafayettecountyrescue.com; phiers@levycountyems.com; James.Brinkley@lifeguardambulance.com; rodney.mascho@marioncountyfl.org; jimmieenderle@mrhs.org; karengill@aol.com; janeb@naturecoastems.org; jack.badget@hcahealthcare.com; Donna.Nayduch@hcahealthcare.com; aortiz@ocalafl.org; Keri.Deaton@hcahealthcare.com; DavidKuykendall@hcahealthcare.com; Mike Patterson; Daniel.McLean@lpnt.net; joseph.mastandrea@hcahealthcare.com; E-drp@freedomh.com; Timothy.Porter@metro.com; Judy.baughman@hma.com; allesa@shands.ufl.edu; rhonda.sherrod@hma.com; richard.huth@hma.com; kathy.avriett@hma.com; Andrew.Emery@shandsstarke.com; Wendy.Martin@shandsstarke.com; jennifer.borgia@bayfronthealth.com; Jamies@suwcounty.org; chad.mcintyre@jax.ufl.edu; Yorkdl@shands.ufl.edu; chad.mcintyre@jax.ufl.edu; mandrews@union-ems.net; Peter.Kaminski@HCAHealthcare.com; paul.myers@flhealth.gov; joseph.pietrangelo@flhealth.gov; mark.lander@flhealth.gov; barbara.locke@flhealth.gov; karengill@aol.com; aarnold@levydps.com; twitt@airmethods.com; allen_parrish@bradfordcountyfl.gov; arthur.osberg@hcahealthcare.com; brian.bentley@naturecoastems.org; Carl.kaufman@marioncountyfl.org; chad.mcintyre@jax.ufl.edu; Deborah.Wingate@HCAHealthcare.com; ctannachion@alachuacounty.us; Charles.Walsh@hcahealthcare.com; c.vandillen@ufl.edu; craig.skeath@hcahealthcare.com; Daniel.McLean@lpnt.net; Darwin.ang@hcahealthcare.com; tghaeromed@msn.com; mcintiredw@cityofgainesville.org; drichardson@nefcom.net; Donna.Nayduch@hcahealthcare.com; yorkdl@shands.ufl.edu; hamiltonems@windstream.net; JIMEDW@shands.ufl.edu; ernie.parker@jax.ufl.edu; gfrpio@cityofgainesville.org; Ginger Carroll; THOMMA@shands.ufl.edu; hmt@alachuacounty.us; james.brinkley@lifeguardambulance.com; janeb@naturecoastems.org; jcmilanick@hotmail.com; Jimmieenderle@mrhs.org; fire@ocalafl.org; jscott@tgh.org; tyndall@UFL.EDU; joyce.brancato@hma.com; jve@AlachuaCounty.US; LGray@Ocalafl.org; Lawrence Lottenberg MD; loren.neeley@hcahealthcare.com; marsha_m@casjax.com; burtmj@pathology.ufl.edu; Matthew_maloney@bradfordcountyfl.gov; mgh@alachuacounty.us; mharrell@gilchrist.fl.us; Mike Patterson; pamela.thornton@hcahealthcare.com; gianasp@gmail.com; peter.kaminski@hcahealthcare.com; preetijois@ufl.edu; Randy McVay; rwolf@citycollege.edu; richard.petrik@shcr.com; rje148@windstream.net; rbeaty@citrusmh.org; shari.hall@marioncountyfl.org; Stashar.Sammy@hcahealthcare.com; teresamurphy@mrhs.org;

To: Kathryn.Hester@hcahealthcare.com; tonya.evans@hcahealthcare.com; trevor@lafayettecountyrescue.com; vickiesullivan@mrhs.org; wayne.marshall@jax.ufl.edu; waynem@naturecoastems.org; allesa@shands.ufl.edu; marsha_morrell@casjax.com; mcreaob@cityofgainesville.org; thommj@shands.ufl.edu; crewed@shands.ufl.edu; Brad.caron@flhealth.gov; John.mann@flhealth.gov; drumcd@shands.ufl.edu; nelson.green@putnam-fl.com; Judith Brissette; leah.colston@flhealth.gov; Nina.Mattei@flhealth.gov; robin.napier@flhealth.gov; howatl@shands.ufl.edu; mark.anderson2@hcahealthcare.com; drd@alachuacounty.us; Rodney.Mascho@marioncountyfl.org; Michael_Pittman@munroeregional.com; mcalhoun@ocalafl.org; Dknowles@levydps.com; schmcb@shands.ufl.edu; Keri.Deaton@hcahealthcare.com; alejandro.garcia2@HCAhealthcare.com; wilsnm@shands.ufl.edu; David.Kuykendall@hcahealthcare.com; craig.wilson@flhealth.gov; james.lyons@flhealth.gov; jasonjones@ufl.edu; steve_s@casjax.com; gary.oconor@claycountygov.com; jeffrey.levine@hcahealthcare.com; elizabeth.powers@flhealth.gov; Barbara Uzenoff; davehartzell75@gmail.com; jasonjones@ufl.edu; steve_s@casjax.com; gary.oconor@claycountygov.com; jeffrey.levine@hcahealthcare.com; jerry.fortner@jax.ufl.edu; Judith Brissette; meurer@ufl.edu; thomma@shands.ufl.edu; fraunfelter@cox.net; mharrell@levydps.com

Cc: Jeff Feller; Judith Brissette

Subject: 2017-2022 NCFTA Trauma Plan Public Workshop Reminder

North Central Florida Trauma Agency Board Members, General Members and Interested Parties:

This is a reminder that the 2017-2022 NCFTA Trauma Plan Public Workshop will be held on **Wednesday, February 22 from 1:00 pm to 4:00 pm at the offices of WellFlorida Council in Gainesville at 1785 NW 80th Boulevard**. This Public Workshop, will be largely informal in nature in order to solicit perspective on the proposed structure and content of the plan; a draft of which will be submitted to the state by March 1, 2017 for preliminary review. Comments, concerns and discussion on components of the plan will be considered by the Board for inclusion in the plan during the process to complete the final draft which is due to the state not later than May 1, 2017.

The tentative agenda is below and any materials needed for the meeting will be distributed at the meeting (however, proposed bylaws changes will be distributed to Board and general members in advance). Please note that a brief NCFTA business meeting will precede the Public Workshop. Refreshments will be served. You should have already previously received an Outlook invite for this meeting. If you did not receive the Outlook invitation or you are not able to receive/acknowledge Outlook invitations, please mark your calendar accordingly.

- I. NCFTA Business Meeting Call to Order
- II. Consideration of Previous Meeting Minutes (if any)
- III. Financial Report - As of January 31, 2017
- IV. Discussion on Proposed Bylaws Changes (for Review and Recommendation Purposes; will be Considered by Board at Future Meeting with Appropriate Advanced Notification)
- V. Update on 2017 NCFTA Dues Request Process
- VI. Adjournment of NCFTA Business Meeting
- VII. Call to Order of 2017-2022 NCFTA Trauma Plan Public Workshop
- VIII. Discussion of the 2017-2022 NCFTA Trauma Plan:
 - Review of Current Plan Requirements
 - Brief Overview of Elements of 2012-2017 NCFTA Trauma Plan
 - Review of Elements to Preserve from Previous Plan
 - Review and Update of Processes to Update Data/Information for 2017-2022 NCFTA Trauma Plan
 - Discussion on Any Additional (though not required) Data or Information Recommended for Inclusion into the 2017-2022 NCFTA Trauma Plan
 - Discussion on Any Policies or Regional Preferences for Inclusion into the 2017-2022 NCFTA Trauma Plan

- Updating the NCFTA Bylaws
- Updating the NCFTA Inter-local Agreement
- Any Additional Discussion

IX. Adjournment of the 2017-2022 NCFTA Trauma Plan Public Workshop

If you have any questions, please do not hesitate to contact Jeff Feller at 352-313-6500, x108 or by cell at 352-214-2164.

I look forward to meeting with everyone on Wednesday, February 22.

Jeff Feller, CEO
WellFlorida Council
Coordinator of the North Central Florida Trauma Agency

2017-2022 NCFTA Trauma Plan Public Hearing/Workshop

February 22, 2017

1:00 pm – 4:00 pm

Agenda

- I. NCFTA Business Meeting Call to Order
- II. Consideration of Previous Meeting Minutes (if any, distributed at meeting)
- III. Financial Report - As of January 31, 2017 (distributed at meeting)
- IV. Discussion on Proposed Bylaws Changes (for Review and Recommendation Purposes; will be Considered by Board at Future Meeting with Appropriate Advanced Notification) - Changes to the Bylaws are potentially a major component of the Trauma Plan Update so these may be discussed as part of the update process.
- V. Update on 2017 NCFTA Dues Request Process
- VI. Adjournment of NCFTA Business Meeting
- VII. Call to Order of 2017-2022 NCFTA Trauma Plan Public Workshop
- VIII. Discussion of the 2017-2022 NCFTA Trauma Plan:

- Review of Current Plan Requirements
- Brief Overview of Elements of 2012-2017 NCFTA Trauma Plan
- Review of Elements to Preserve from Previous Plan
- Review and Update of Processes to Update Data/Information for 2017-2022 NCFTA Trauma Plan
- Discussion on Any Additional (though not required) Data or Information Recommended for Inclusion into the 2017-2022 NCFTA Trauma Plan
- Discussion on Any Policies or Regional Preferences for Inclusion into the 2017-2022 NCFTA Trauma Plan
- Updating the NCFTA Bylaws
- Updating the NCFTA Inter-local Agreement
- Updating the Mutual Aid Agreement
- Any Additional Discussion

- IX. Adjournment of the 2017-2022 NCFTA Trauma Plan Public Workshop

There will be a listen-only option for those who cannot attend in person. To listen into the Trauma Plan Update Workshop, please use the following:

CALL-IN NUMBER: 1-888-670-3525

CONFERENCE CODE: 554-736-5244



North Central Florida Trauma Agency 2017-2022 NCFTA Trauma Plan Public Hearing Meeting Summary

Date: February 22, 2017

Location: WellFlorida Council, Main Conference Room, Gainesville, FL

Those Attending: Gary Gillette, President of the NCFTA, presided over the meeting with many Board and General members as well as interested parties participating in-person and via phone.

TOPIC	SUMMARY/DISCUSSION	ACTION
Call to Order	Hearing officially opened after the business meeting of the North Central Florida Trauma Agency.	Gary Gillette, NCFTA President, opened the public hearing at 1:20 p.m.
Introductions	Participants introduced himself/herself.	Introductions.
Review of Current Plan Requirements	Jeff Feller from WellFlorida Council, staff to the NCFTA, reviewed current plan requirements	Informational Item.
Brief Overview of 2012-2017 Plan Elements (Previous Plan)	Mr. Feller distributed copies of the 2012-17 plan to be used as an initial draft for discussion of the 2017-2022 plan.	Review of materials.
Review and Update of Processes to Update Data/Information for 2017-2022 NCFTA Trauma Plan	Mr. Feller presented progress on updating data tables from the 2012-2017 to participants. Participants then discussed how much of data presented to include or not include in the 2017-2022 plan based on current plan requirements.	Information and discussion.

Discussion on Any Policies or Regional Preferences for Inclusion into the 2017-2022 NCFTA Trauma Plan	<p>Participants discussed any regional preferences for data that should be included in the plan. Members discussed the discrepancy between the original/designated members of the NCFTA versus the formal and informal members currently participating in the NCFTA and how this should be reflected in presentation of data for the “NCFTA region”.</p>	
<p>Potential Updates:</p> <ul style="list-style-type: none"> • Updating the NCFTA Bylaws • Updating the NCFTA Inter-local Agreement • Updating the Mutual Aid Agreement • Updating or Creating Any Additional Agreements to Bring Other Counties into NCFTA (if permitted) 	<p>Participants discussed various updates that could be required in order to reflect current participation in NCFTA activities compared to the original composition reflected in the original interlocal agreement.</p> <p>Participants referred to the copy of the trauma plan provided to initiate the following discussion:</p> <p>1. What is the actual region of the NCFTA?</p> <p>The 2012-2017 NCFTA Trauma plan delineates 10 counties (see pg. 4) which signed the original inter-local agreement. The plan also mentions Putnam was rolled into the region via a mutual aid agreement. Also, two additional counties, Hamilton and Union, are identified as participating in the uTTPs and therefore have been considered members of NCFTA historically.</p> <p>However, in the five years since this plan was produced, trauma centers in Duval and Clay as well as pre-hospital providers in Lake, Sumter, Baker and Clay counties have participated and even some have paid annual dues. In addition, at previous meetings in October and December of 2016, members discussed adding Hernando County Fire Rescue (Hernando), Spring Hill Fire Rescue (Hernando), Brooksville Fire Department (Hernando) and Citrus County EMS to the uTTPs.</p> <p>In addition, in the listing of hospitals and trauma centers serving the NCFTA, many of these facilities are outside of the original 10 counties in the inter-local agreement. While it is rational that some hospitals and centers outside the agency region serve agency counties, many of these facilities listed as serving the trauma agency service area (see pgs. 7-8 of the uTTPs) appear to be participating as members of the Agency itself.</p> <p>Complicating matters, despite the fact that the original NCFTA region has been grandfathered in since at least 2004 through a variety of statutory and rule changes that delineates trauma agency boundaries, these grandfathering provisions appear to have permitted the original construct of the 10 counties that signed the inter-local agreement; HOWEVER, the grandfather provisions appear to NOT apply to adding other counties outside of the original 10 counties.</p> <p>These decisions on what counties constitute the NCFTA trauma agency service area affect what counties to include on many of the tables in the Trauma Plan (see various examples in the 2012-2017 NCFTA Trauma Plan) as well as various maps that are included</p>	<p>A variety of bylaws updates were specified and changes recommended. Participants acknowledged that it may require some state DOH approval or some other process to officially change the composition or service area of the NCFTA.</p>

	<p>in the Plan as well.</p> <p>2. If there are indeed limitations to the agency region that restrict us to the original 10 counties that signed the inter-local agreement, do we want to identify a class of non-voting, interested parties to the trauma agency structure?</p> <p>This would be a bylaws change. Would this new class of entities be required to pay dues (though in theory no one is required to pay dues as this is a voluntary request).</p> <p>3. Currently, bylaws create a general membership category and a Board of Directors. The size of the general membership is affected by considerations in Item 1 above. In addition, the rules for tracking attendance and eligibility of general members to continue to be a general member are very intensive to track.</p> <p>The NCFTA must settle on the trauma agency service area as this impacts the size of the general membership. Also, with little staffing resource, the labor intensive tracing of attendance and monitoring of attendance at meetings to ensure that the general member is a “valid” voting member at each meeting is a burden. The general membership requirement should be relaxed so that there is not this intense bookkeeping and monitoring required with limited staffing. For example, there may be no attendance requirement for a general member (he or she just needs to meet the appointment requirements). Or perhaps consider only valid general members are those persons from general membership agencies that have paid their dues for the current year.</p> <p>Various considerations dealing with general membership and Board of Directors is discussed in the question on bylaws changes.</p> <p>4. Trauma System Structure, pg. 20</p> <p>This structure must be updated for, at a minimum, Ocala Regional Medical Center (Level II).</p> <p>Depending on how we define the NCFTA trauma service area, we may also have to include other hospital and pre-hospital resources in this discussion.</p> <p>The listing of EMS ground transportation and air transportation must be updated according to whatever decision that is made regarding what counties constitute the NCFTA trauma service area.</p> <p>The Patient Flow section on pg. 27 should be validated as well to ensure it is consistent with the updates that have been made to the uTTPs since the 2012-2017 NCFTA Trauma Plan was produced.</p> <p>5. The Pre-Hospital Provider Profile (pgs. 29-32) and the Hospital Services Profile (pgs.</p>	
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	<p>33-39) must be updated according to the designated NCFTA trauma service area.</p> <p>The agencies that are listed on these tables are contingent upon the service area that is selected.</p> <p>At a minimum, however, the trauma center data (for trauma centers IN the 10-county trauma service area based on the original inter-local agreement) must be updated for Ocala Regional Medical Center.</p> <p>6. Trauma Transport Protocols, pg. 40</p> <p>These have been updated in October 2016. They should be looked at one more time to see if the service area and resources that impact the service area are categorized given the service area that is selected based on the concerns in Item 1 above.</p> <p>7. The Inter-local Agreement (Appendix A) and the Mutual Aid Agreement (Appendix G) are the originals. The NCFTA should consider creating updated MOUs and base it on agencies participating in the NCFTA and not just the counties within the NCFTA.</p> <p>8. Are the Trauma Triage Criteria (Appendix E) and the Inter-Facility Transfer Guidelines (Appendix F) still applicable or do they need to be updated in any way? Participants indicated they were still relevant.</p> <p>9. Major Items to Consider Adding, Deleting or Altering in the Bylaws</p> <ul style="list-style-type: none"> • Article I – Counties in the NCFTA service area • Article II – Is CoREMS still active? Should it be a part of these bylaws? And if so, should it be perhaps a subcommittee and not elevated to a “purpose” of the agency. • Article III <ul style="list-style-type: none"> ○ Language needs tightening up in various areas to more accurately reflect who comprises the general membership (and of course the size of the general membership changes depending on how the service area is delineated). ○ It has been recommended that the governing body or Board of Directors be changed from 11 to 14 members (with an indication that the President votes to break ties). • Article IV – This article needs to be updated to be consistent with size of the Board as well as being clear on how vacancies on the Board are handled. • we want to go with four (4) as the limit for trauma center representation? • Article VI <ul style="list-style-type: none"> ○ Some of these notification requirements are burdensome when the staff support is limited for the NCFTA. ○ Is it the intent that the Board of Directors presides over all meetings 	
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	<p>(except the meeting where the general membership votes for the Board of Directors)?</p> <ul style="list-style-type: none"> ○ Having the annual meeting in the bylaws in a specified month makes it much more possible to be in violation of the bylaws as that May meeting may not occur on time. A better approach would be to consider defining the annual meeting and what is accomplished at that annual meeting and noting that the annual meeting will be held once per year (or at the very least...do not restrict the meeting date to just one month but perhaps one quarter or the final quarter of the year). ○ Article VIII – Removal from committee attendance requirements are onerous. These are burdensome to an agency with limited administrative support. ○ Article IX – The section seems superfluous in some ways, and the ninety (90) day expiration of terms notice is onerous as well for an agency with limited staffing support. <p>10. Medical Control and Accountability (pg. 41) must be updated accordingly to account for the NCFTA medical director position as well as the construct of local medical direction. The Trauma System Evaluation (pg. 46) has to be updated, at a minimum, to reflect Ocala Regional Medical Center's sharing of performance evaluation and quality measures (that is currently only reflected by Shands UF – Gainesville). Participants expressed desire to continue to enhance trauma system evaluation.</p> <p>11. During the unofficial, ad hoc trauma planning meeting held in December 2016, attendees discussed various paramedic discretion triage issues that may needed to be in the Trauma Plan update that included the following:</p> <ul style="list-style-type: none"> • Red criteria (pregnancy) • Gray criteria (issues of the elderly) • Blue criteria (ejection from non-enclosed vehicle) <p>These items should be discussed to determine how and in what sections they should be included in the NCFTA Trauma Plan update. They may be indicated informally in the Trauma Plan but there will probably need to be some development on these items in the future before formal adoption.</p> <p>Also during the December meeting, various mentions were made of freestanding emergency rooms. While these may not be included in this update of the trauma plan, Members should discuss as part of ongoing discussions of trauma service area activities where and how freestanding emergency rooms should be incorporated into the overall trauma agency and best practices for how they interact with the regional trauma system.</p> <p>11. Proposed 2017 SB 746 fundamentally changes the way trauma centers and trauma agencies can be developed, and, if passed, would provide many potential areas or opportunities for changing the plan as we are articulating it now during the update period.</p>	
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Appendix G

	<p>Some of the biggest changes for trauma agencies in SB 746 include:</p> <ul style="list-style-type: none"> • Agencies can be multi-county and do not have to adhere to or overlap any specific geographic construct. • Agencies will be required to conduct an annual performance evaluation and submit results to the DOH. • Instead of every 5 years trauma plans/updates will be due by July 1 of every even-numbered year. • Updates to what quality assurance activities must be pursued by trauma agencies. • Updates to certain aspects of uniform trauma transport protocols that trauma agencies must follow. 	
Adjournment	The public hearing was adjourned.	Dr. Gillette closed the hearing at 2:45 p.m.



Appendix H

CORRESPONDENCE WITH BOARDS OF COUNTY COMMISSIONERS REGARDING BOCC
APPOINTMENTS TO NCFTA

Appendix H

Need to Get County Appointment to the North Central Florida Trauma Agency

Jeff Feller

Sun 1/21/2018 2:20 PM

To: denise.gallagher@citrusbocc.com <denise.gallagher@citrusbocc.com>;

Cc: Gary.Gillette@hcahealthcare.com <Gary.Gillette@hcahealthcare.com>;

 2 attachments

Original_NCFTA_Interlocal_Agreement_with_Signatures.pdf; NCFTA BYLAWS - 2017 Current.pdf;

Dear Ms. Gallagher:

I am writing you this letter on behalf of Gary Gillette, MD who is the current President of the North Central Florida Trauma Agency (NCFTA). The NCFTA was formed to be a public forum among counties, EMS agencies, community hospitals and physicians in the region to discuss trauma medical care coordination and issues. The NCFTA was formed by Interlocal Agreement (see attached) of the following 10 north central Florida counties in May of 1990:

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Citrus
Columbia
Dixie
Gilchrist
Lafayette
Levy
Marion
Suwannee

There are four membership categories in our general membership: 1) individuals appointed by each community hospital in the 10-county region; 2) individuals appointed by each emergency medical services agency in the region; 3) individual physicians in the 10 counties who self-appoint as independent physicians; and finally 4) individuals appointed by each Board of County Commissioners (BOCC) in each of the 10 counties.

Over the last 8-10 years, very little effort has been made to ensure that the BOCCs were contacted in order to appointment members to the NCFTA. As such, we are now reaching out to your county to seek an appointment to the NCFTA by your BOCC. I have attached a copy of the original Interlocal Agreement as well as the current Bylaws so that you could have a bit more background. Again, this agency was created to strictly provide a forum on medical trauma services issues and has no taxing,

Appendix H

spending or rulemaking authority. Traditionally, when the BOCC appointments were kept current, the BOCCs would choose a representative of their county EMS service or someone who currently worked with emergency preparedness.

I would like to schedule some time during the week of January 22 (this week) to discuss the request for appointment to our NCFTA general membership by your county. I look forward to chatting and answering any questions that you may have.

Thanks so very much.

Jeff Feller, Coordinator
North Central Florida Trauma Agency
Cell: 352-214-2164

Appendix H

Request from the North Central Florida Trauma Agency

Jeff Feller

Sun 1/21/2018 2:22 PM

To: lisa_roberts@columbiacountyfla.com <lisa_roberts@columbiacountyfla.com>;

Cc: Gary.Gillette@hcahealthcare.com <Gary.Gillette@hcahealthcare.com>;

 2 attachments

Original_NCFTA_Interlocal_Agreement_with_Signatures.pdf; NCFTA BYLAWS - 2017 Current.pdf;

Dear Ms. Roberts:

I am writing you this letter on behalf of Gary Gillette, MD who is the current President of the North Central Florida Trauma Agency (NCFTA). The NCFTA was formed to be a public forum among counties, EMS agencies, community hospitals and physicians in the region to discuss trauma medical care coordination and issues. The NCFTA was formed by Interlocal Agreement (see attached) of the following 10 north central Florida counties in May of 1990:

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Thanks so very much.

Jeff Feller, Coordinator
North Central Florida Trauma Agency
Cell: 352-214-2164

Request from the North Central Florida Trauma Agency

Jeff Feller

Sun 1/21/2018 2:24 PM

To: Cheyenne.stemple@dixie.fl.gov <Cheyenne.stemple@dixie.fl.gov>;

Cc: Gary.Gillette@hcahealthcare.com <Gary.Gillette@hcahealthcare.com>;

 2 attachments

Original_NCFTA_Interlocal_Agreement_with_Signatures.pdf; NCFTA BYLAWS - 2017 Current.pdf;

Dear Ms. Stemple:

I am writing you this letter on behalf of Gary Gillette, MD who is the current President of the North Central Florida Trauma Agency (NCFTA). The NCFTA was formed to be a public forum among counties, EMS agencies, community hospitals and physicians in the region to discuss trauma medical care coordination and issues. The NCFTA was formed by Interlocal Agreement (see attached) of the following 10 north central Florida counties in May of 1990:

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Thanks so very much.

Jeff Feller, Coordinator
North Central Florida Trauma Agency
Cell: 352-214-2164

Request from North Central Florida Trauma Agency

Jeff Feller

Sun 1/21/2018 2:26 PM

To:bcrosby@gilchrist.fl.us <bcrosby@gilchrist.fl.us>;

Cc:Gary.Gillette@hcahealthcare.com <Gary.Gillette@hcahealthcare.com>;

 2 attachments

Original_NCFTA_Interlocal_Agreement_with_Signatures.pdf; NCFTA BYLAWS - 2017 Current.pdf;

Dear Mr. Crosby:

I am writing you this letter on behalf of Gary Gillette, MD who is the current President of the North Central Florida Trauma Agency (NCFTA). The NCFTA was formed to be a public forum among counties, EMS agencies, community hospitals and physicians in the region to discuss trauma medical care coordination and issues. The NCFTA was formed by Interlocal Agreement (see attached) of the following 10 north central Florida counties in May of 1990:

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Thanks so very much.

Jeff Feller, Coordinator
North Central Florida Trauma Agency
Cell: 352-214-2164

Request from North Central Florida Trauma Agency

Jeff Feller

Sun 1/21/2018 2:28 PM

To:sland@lafayetteclerk.com <sland@lafayetteclerk.com>;

 2 attachments

Original_NCFTA_Interlocal_Agreement_with_Signatures.pdf; NCFTA BYLAWS - 2017 Current.pdf;

Dear Mr. Land:

I am writing you this letter on behalf of Gary Gillette, MD who is the current President of the North Central Florida Trauma Agency (NCFTA). The NCFTA was formed to be a public forum among counties, EMS agencies, community hospitals and physicians in the region to discuss trauma medical care coordination and issues. The NCFTA was formed by Interlocal Agreement (see attached) of the following 10 north central Florida counties in May of 1990:

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Thanks so very much.

Jeff Feller, Coordinator
North Central Florida Trauma Agency
Cell: 352-214-2164

Request from North Central Florida Trauma Agency

Jeff Feller

Sun 1/21/2018 2:30 PM

To:levybocc@levycounty.org <levybocc@levycounty.org>;

Cc:Gary.Gillette@hcahealthcare.com <Gary.Gillette@hcahealthcare.com>;

 2 attachments

Original_NCFTA_Interlocal_Agreement_with_Signatures.pdf; NCFTA BYLAWS - 2017 Current.pdf;

Dear Ms. Allie Trethrey:

I am writing you this letter on behalf of Gary Gillette, MD who is the current President of the North Central Florida Trauma Agency (NCFTA). The NCFTA was formed to be a public forum among counties, EMS agencies, community hospitals and physicians in the region to discuss trauma medical care coordination and issues. The NCFTA was formed by Interlocal Agreement (see attached) of the following 10 north central Florida counties in May of 1990:

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Thanks so very much.

Jeff Feller, Coordinator
North Central Florida Trauma Agency
Cell: 352-214-2164

Request from North Central Florida Trauma Agency

Jeff Feller

Sun 1/21/2018 2:31 PM

To:nadja.griffis@marioncountyfl.org <nadja.griffis@marioncountyfl.org>;

Cc:Gary.Gillette@hcahealthcare.com <Gary.Gillette@hcahealthcare.com>;

 2 attachments

Original_NCFTA_Interlocal_Agreement_with_Signatures.pdf; NCFTA BYLAWS - 2017 Current.pdf;

Dear Ms. Griffis:

I am writing you this letter on behalf of Gary Gillette, MD who is the current President of the North Central Florida Trauma Agency (NCFTA). The NCFTA was formed to be a public forum among counties, EMS agencies, community hospitals and physicians in the region to discuss trauma medical care coordination and issues. The NCFTA was formed by Interlocal Agreement (see attached) of the following 10 north central Florida counties in May of 1990:

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Thanks so very much.

Jeff Feller, Coordinator
North Central Florida Trauma Agency
Cell: 352-214-2164

Request from North Central Florida Trauma Agency

Jeff Feller

Sun 1/21/2018 2:33 PM

To:mandym@suwgov.org <mandym@suwgov.org>;

Cc:Gary.Gillette@hcahealthcare.com <Gary.Gillette@hcahealthcare.com>;

 2 attachments

Original_NCFTA_Interlocal_Agreement_with_Signatures.pdf; NCFTA BYLAWS - 2017 Current.pdf;

Dear Ms. McDonald:

I am writing you this letter on behalf of Gary Gillette, MD who is the current President of the North Central Florida Trauma Agency (NCFTA). The NCFTA was formed to be a public forum among counties, EMS agencies, community hospitals and physicians in the region to discuss trauma medical care coordination and issues. The NCFTA was formed by Interlocal Agreement (see attached) of the following 10 north central Florida counties in May of 1990:

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Thanks so very much.

Jeff Feller, Coordinator
North Central Florida Trauma Agency
Cell: 352-214-2164

Request from the North Central Trauma Agency

Jeff Feller

Mon 1/22/2018 9:26 AM

To:mlieberman@alachuacounty.us <mlieberman@alachuacounty.us>;

Cc:Gary.Gillette@hcahealthcare.com <Gary.Gillette@hcahealthcare.com>;

 2 attachments

Original_NCFTA_Interlocal_Agreement_with_Signatures.pdf; NCFTA BYLAWS - 2017 Current.pdf;

Dear Ms. Lieberman:

I am writing you this letter on behalf of Gary Gillette, MD who is the current President of the North Central Florida Trauma Agency (NCFTA). The NCFTA was formed to be a public forum among counties, EMS agencies, community hospitals and physicians in the region to discuss trauma medical care coordination and issues. The NCFTA was formed by Interlocal Agreement (see attached) of the following 10 north central Florida counties in May of 1990:

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Jeff Feller, Coordinator
North Central Florida Trauma Agency
Cell: 352-214-2164

Request from the North Central Florida Trauma Agency

Jeff Feller

Mon 1/22/2018 9:28 AM

To: rachel_rhoden@bradfordcountyfl.gov <rachel_rhoden@bradfordcountyfl.gov>;

Cc: Gary.Gillette@hcahealthcare.com <Gary.Gillette@hcahealthcare.com>;

 2 attachments

Original_NCFTA_Interlocal_Agreement_with_Signatures.pdf; NCFTA BYLAWS - 2017 Current.pdf;

Dear Ms. Rhoden:

I am writing you this letter on behalf of Gary Gillette, MD who is the current President of the North Central Florida Trauma Agency (NCFTA). The NCFTA was formed to be a public forum among counties, EMS agencies, community hospitals and physicians in the region to discuss trauma medical care coordination and issues. The NCFTA was formed by Interlocal Agreement (see attached) of the following 10 north central Florida counties in May of 1990:

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There are four membership categories in our general membership: 1) individuals appointed by each community hospital in the 10-county region; 2) individuals appointed by each emergency medical services agency in the region; 3) individual physicians in the 10 counties who self-appoint as independent physicians; and finally 4) individuals appointed by each Board of County Commissioners (BOCC) in each of the 10 counties.

Over the last 8-10 years, very little effort has been made to ensure that the BOCCs were contacted in order to appointment members to the NCFTA. As such, we are now reaching out to your county to seek an appointment to the NCFTA by your BOCC. I have attached a copy of the original Interlocal Agreement as well as the current Bylaws so that you could have a bit more background. Again, this agency was created to strictly provide a forum on medical trauma services issues and has no taxing, spending or rulemaking authority. Traditionally, when the BOCC appointments were kept current, the

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BOCCs would choose a representative of their county EMS service or someone who currently worked with emergency preparedness.

I would like to schedule some time during the week of January 22 (this week) to discuss the request for appointment to our NCFTA general membership by your county. I look forward to chatting and answering any questions that you may have.

Thanks so very much.

Jeff Feller, Coordinator
North Central Florida Trauma Agency
Cell: 352-214-2164

Dixie County

Tim Alexander <tim.alexander@dixie.fl.gov>

Mon 1/22/2018 9:45 AM

To: Jeff Feller <jfeller@wellflorida.org>;

Cc: Darian Brown <darian.brown@dixie.fl.gov>;

Jeff,

Hope all is well.

Historically, Dixie County has appointed the Emergency Services Director to serve as the County Representative. At this time, Darian Brown is Director/Chief.

Regards,

Timothy W. Alexander
County Manager
Dixie County Board of County Commissioners
PO. Box 2600
Cross City, Florida 32628
Office (352) 498-1426
Cell (352) 578-5018



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RE: Dixie County

Tim Alexander <tim.alexander@dixie.fl.gov>

Tue 2/20/2018 11:04 AM

To: Jeff Feller <jfeller@wellflorida.org>;

Jeff,

Please accept the email as authorization to appoint Darian Brown.

My apologies, I thought an official letter had been sent.

Darian Brown

Emergency Services Director/Chief

(352)498-1240 #8

Darian.brown@dixie.fl.gov

From: Jeff Feller [mailto:jfeller@wellflorida.org]

Sent: Tuesday, February 20, 2018 9:15 AM

To: Tim Alexander <tim.alexander@dixie.fl.gov>

Cc: Darian Brown <darian.brown@dixie.fl.gov>

Subject: RE: Dixie County

Tim:

May I consider this e-mail communication from last month as an appointment of Darian Brown, Director/Chief Emergency Services on behalf of Dixie County and the BOCC?

Also...Mr. Brown, could I possibly get all of your contact information sent to me so that I can update our records?

Thanks so much.

Jeff Feller

Jeff Feller

Chief Executive Officer | WellFlorida Council

1785 NW 80th Blvd., Gainesville, FL 32606

P: 352-313-6500 x108 | F: 352-313-6514

jfeller@wellflorida.org | www.WellFlorida.org

From: Tim Alexander [<mailto:tim.alexander@dixie.fl.gov>]

Sent: Monday, January 22, 2018 9:46 AM

To: Jeff Feller

Cc: Darian Brown

Subject: Dixie County

Appendix H

Jeff,

Hope all is well.

Historically, Dixie County has appointed the Emergency Services Director to serve as the County Representative. At this time, Darian Brown is Director/Chief.

Regards,

Timothy W. Alexander
County Manager
Dixie County Board of County Commissioners
PO. Box 2600
Cross City, Florida 32628
Office (352) 498-1426
Cell (352) 578-5018



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Appendix H

RE: Request from North Central Florida Trauma Agency

Mitch Harrell <mharrell@levydps.com>

Tue 2/20/2018 11:58 AM

To: Jeff Feller <jfeller@wellflorida.org>;

Jeff,

Levy County Dept of Public Safety is the EMS Agency for Levy County, and Chief Jason Hughes our Agencies General membership appointee. You will be receiving a letter from the Levy County BOCC appointing me as the BOCC representative.

I am available any day next week to discuss the County Attorney's concerns, except Monday. So please choose a day and time for a call, and let me know.

Thanks,

Mitch

James M. Harrell

Director

Levy County Department of Public Safety

PO Box 448

Bronson, FL 32621-0448

352-486-5209

Fax: 352-486-5401

mharrell@levydps.com

From: Jeff Feller [mailto:jfeller@wellflorida.org]

Sent: Tuesday, February 20, 2018 9:26 AM

To: Mitch Harrell <mharrell@levydps.com>

Subject: RE: Request from North Central Florida Trauma Agency

Mitch:

I think I dropped the ball following up on these issues.

Perhaps we can schedule some time next week to chat or I can contact the attorney directly if you think that would help.

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I do have a letter from the Levy Co Dept of Public Safety. It appears that you appointed Jason Hughes as the general member from DPS. Is DPS the EMS agency or does it run Levy County EMS? If so, Jason will be the EMS rep from Levy County to the General Membership.

It appears that the questions below may relate to your potential appointment to the NCFTA general membership as Levy Co BOCC's appointee. Am I correct in that assumption?

Jeff

Jeff Feller

Chief Executive Officer | WellFlorida Council

1785 NW 80th Blvd., Gainesville, FL 32606

P: 352-313-6500 x108 | F: 352-313-6514

jfeller@wellflorida.org | www.WellFlorida.org

From: Mitch Harrell [<mailto:mharrell@levydps.com>]

Sent: Wednesday, January 24, 2018 11:37 AM

To: Jeff Feller

Subject: FW: Request from North Central Florida Trauma Agency

Mr. Feller,

Please see the email below to from Levy County Attorney Mrs. Anne Brown. Could you please provide feedback on the issues raised by Mrs. Brown during her review of the proposed interlocal agreement.

Thanks,

Mitch

James M. Harrell

Director

Levy County Department of Public Safety

PO Box 448

Bronson, FL 32621-0448

352-486-5209

Fax: 352-486-5401

mharrell@levydps.com

From: Anne Brown [<mailto:annebrownlevy@bellsouth.net>]

Sent: Wednesday, January 24, 2018 9:41 AM

To: 'Wilbur Dean' <dean-wilbur@levycounty.org>

Cc: Mitch Harrell <mharrell@levydps.com>; Susan Haines <levylegalsph@bellsouth.net>

Subject: RE: Request from North Central Florida Trauma Agency

Mr. Wilbur,

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Based on our telephone call this morning, I will await additional information from you or Chief Harrell on this matter. As we discussed, at this time it does not appear legal services are required in the review of the agreement and bylaws since they are already approved years ago. As such, these are not up for approval by the BOCC. There are some questions about this agency and how it relates to current statutes.

I did review the Interlocal agreement and the bylaws already. I also reviewed the statutes that currently apply to trauma agencies in Florida. There have no doubt been statutory changes since this Interlocal agreement was approved in 1990. One change is in the statutorily defined trauma area that includes Levy. That area no longer includes Citrus County and it has added Putnam County which is not included in the Interlocal agreement. I am not sure how Mr. Feller interprets this, or how it applies to this North Central Florida Trauma Agency, and I would be interested to hear his view of the purpose of the North Central Florida Trauma Agency in light of statutory changes since its organization. I would advise that Mr. Feller also provide information on the funding requests that may come to the County. There are some funding mechanisms provided in the current statutes, but I do not know how this agency interprets those as they may apply to the member counties.

It is my understanding that you will be asking Chief Harrell to inquire about these issues and someone will get back with me. I look forward to hearing.

-Anne

Anne Bast Brown

Levy County Attorney

612 East Hathaway Avenue

Bronson, FL 32621

(352) 486-3389

(352) 486-3393 (fax)

annebrownlevy@bellsouth.net

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From: Wilbur Dean [<mailto:dean-wilbur@levycounty.org>]

Sent: Tuesday, January 23, 2018 3:00 PM

To: 'Anne Brown'

Cc: Mitch Harrell (mharrell@levydps.com)

Subject: FW: Request from North Central Florida Trauma Agency

Ms. Anne, Could you please review this for our next BoCC meeting . Thank You

Wilbur Dean

Levy County Board of County Commission

P.O. Box 310

Bronson, FL 32621

Appendix H

Office: 352-486-5218
Fax: 352-486-5167
Cell: 352-443-9346
dean-wilbur@levycounty.org

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From: LevyBOCC
Sent: Monday, January 22, 2018 8:10 AM
To: Levy County Commission District 1 <district1@levycounty.org>; Levy County Commission District 2 <district2@levycounty.org>; Levy County Commission District 3 <district3@levycounty.org>; Levy County Commission District 4 <district4@levycounty.org>; Levy County Commission District 5 <district5@levycounty.org>
Cc: Wilbur Dean <dean-wilbur@levycounty.org>; Anne Bast Brown <annebrownlevy@bellsouth.net>; Susan Haines <levylegalsph@bellsouth.net>
Subject: FW: Request from North Central Florida Trauma Agency

Please see attachments and email below.

Alicia Tretheway
Administrative Support Supervisor
Levy County Board of County Commission
355 S. Court Street
P.O. Box 310
Bronson, Florida 32621
Phone: 352-486-5218
Fax: 352-486-5167

From: Jeff Feller [<mailto:jfeller@wellflorida.org>]
Sent: Sunday, January 21, 2018 2:30 PM
To: LevyBOCC <levybocc@levycounty.org>
Cc: Gary.Gillette@hcahealthcare.com
Subject: Request from North Central Florida Trauma Agency

Dear Ms. Allie Trethrey:

I am writing you this letter on behalf of Gary Gillette, MD who is the current President of the North Central Florida Trauma Agency (NCFTA). The NCFTA was formed to be a public forum among counties, EMS agencies, community hospitals and physicians in the region to discuss trauma medical care coordination and issues. The NCFTA was formed by Interlocal Agreement (see attached) of the following 10 north central Florida counties in May of 1990:

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Alachua
Bradford
Citrus
Columbia
Dixie
Gilchrist
Lafayette
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Suwannee

There are four membership categories in our general membership: 1) individuals appointed by each community hospital in the 10-county region; 2) individuals appointed by each emergency medical services agency in the region; 3) individual physicians in the 10 counties who self-appoint as independent physicians; and finally 4) individuals appointed by each Board of County Commissioners (BOCC) in each of the 10 counties.

Over the last 8-10 years, very little effort has been made to ensure that the BOCCs were contacted in order to appointment members to the NCFTA. As such, we are now reaching out to your county to seek an appointment to the NCFTA by your BOCC. I have attached a copy of the original Interlocal Agreement as well as the current Bylaws so that you could have a bit more background. Again, this agency was created to strictly provide a forum on medical trauma services issues and has no taxing, spending or rulemaking authority. Traditionally, when the BOCC appointments were kept current, the BOCCs would choose a representative of their county EMS service or someone who currently worked with emergency preparedness.

I would like to schedule some time during the week of January 22 (this week) to discuss the request for appointment to our NCFTA general membership by your county. I look forward to chatting and answering any questions that you may have.

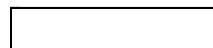
Thanks so very much.

Jeff Feller, Coordinator

North Central Florida Trauma Agency

Cell: 352-214-2164

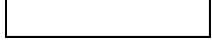
Image
removed
by sender.



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Appendix H

RE: Follow-Up on Appointment to the North Central Florida Trauma Agency

Randy Oliver <Randy.Oliver@citrusbocc.com>

Tue 3/13/2018 1:53 PM

To: Jeff Feller <jfeller@wellflorida.org>;

Cc: Craig Stevens <Craig.Stevens@citruscountyfire.com>;

Mr. Feller:

While we question the need for Citrus County's participation in the North Central Florida Trauma Agency, I have asked the Fire Chief Craig Stevens for Citrus County to participate in the interim until a better assessment can be made.

If you have any questions please feel free to contact me.

Sincerely,

Randy

Charles R. "Randy" Oliver
County Administrator

From: Craig Stevens

Sent: Thursday, March 1, 2018 4:57 PM

To: Randy Oliver <Randy.Oliver@citrusbocc.com>

Subject: FW: Follow-Up on Appointment to the North Central Florida Trauma Agency

Randy,

How would you like me to proceed or answer this request?

Let me know.

Thank you,
Craig

From: Jeff Feller [<mailto:jfeller@wellflorida.org>]

Sent: Thursday, March 01, 2018 11:16 AM

To: Craig Stevens <Craig.Stevens@citruscountyfire.com>

Cc: DENISE L. GALLAGHER <DENISE.GALLAGHER@citrusbocc.com>; Gary.Gillette@hcahealthcare.com

Subject: Follow-Up on Appointment to the North Central Florida Trauma Agency

Appendix H

Chief Stevens:

I was wondering if you all have further considered our request below.

For further clarification, the interlocal agreement states that the BOCC of every county in the NCFTA region may appoint a member to the general membersp AND every hospital in each county in the NCFTA region may appoint a member to the AND each licensed EMS provider in each county of the NCFTA region may appoint a member to the general membership.

Thus, Citrus will have at least four members on the general membership of the Trauma Agency: one appointed by the BOCC; one appointed by Citrus Memorial (George Mavros); one appointed by Seven Rivers; and one appointed by Nature Coast EMS. Since county BOCCs were the original and only signatories to the original interlocal agreement, we are trying to get the BOCC appointees shored away first.

I believe you attended last week's meeting via conference call. If you are intent on moving forward and the BOCC might be considering indeed appointing you to the NCFTA as Citrus BOCC's appointee to the NCFTA general membership, is it possible that I get an email or letter to the effect that, at the very least, your potential appointment is in process.

Once I square away the BOCC appointment from Citrus, I will work on Seven Rivers and Nature Coast (somehow Citrus Memorial submitted without me prodding them to do so).

Thanks so very much for consideration of my request.

Jeff Feller

Cell: 352-214-2164

From: Jeff Feller

Sent: Sunday, January 21, 2018 2:20 PM

To: denise.gallagher@citrusbocc.com

Cc: Gary.Gillette@hcahealthcare.com

Subject: Need to Get County Appointment to the North Central Florida Trauma Agency

Dear Ms. Gallagher:

I am writing you this letter on behalf of Gary Gillette, MD who is the current President of the North Central Florida Trauma Agency (NCFTA). The NCFTA was formed to be a public forum among counties, EMS agencies, community hospitals and physicians in the region to discuss trauma medical care coordination and issues. The NCFTA was formed by Interlocal Agreement (see attached) of the following 10 north central Florida counties in May of 1990:

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Gilchrist
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Over the last 8-10 years, very little effort has been made to ensure that the BOCCs were contacted in order to appointment members to the NCFTA. As such, we are now reaching out to your county to seek an appointment to the NCFTA by your BOCC. I have attached a copy of the original Interlocal Agreement as well as the current Bylaws so that you could have a bit more background. Again, this agency was created to strictly provide a forum on medical trauma services issues and has no taxing, spending or rulemaking authority. Traditionally, when the BOCC appointments were kept current, the BOCCs would choose a representative of their county EMS service or someone who currently worked with emergency preparedness.

I would like to schedule some time during the week of January 22 (this week) to discuss the request for appointment to our NCFTA general membership by your county. I look forward to chatting and answering any questions that you may have.

Thanks so very much.

Jeff Feller, Coordinator
North Central Florida Trauma Agency
Cell: 352-214-2164

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RE: Update on the Request from the North Central Florida Trauma Agency

Rachel A.Rhoden <rachel_rhoden@bradfordcountyfl.gov>

Thu 3/1/2018 10:21 AM

To: Jeff Feller <jfeller@wellflorida.org>;

Good morning, Mr. Feller:

This item has not come before the Board for approval. After discussion with our Medical Director Dr. Peter Gianas, County Manager Brad Carter would request that you contact Dr. Gianas directly regarding this request.

- Dr. Peter Gianas
904/966-3999

Thank you.

Rachel Rhoden
Deputy County Manager
Bradford County, Florida

945 North Temple Avenue
Post Office Drawer B
Starke, Florida 32091
Telephone: (904) 966-6327
Facsimile: (904) 368-3903
Email: rachel_rhoden@bradfordcountyfl.gov
Web: www.bradfordcountyfl.gov

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From: Jeff Feller [mailto:jfeller@wellflorida.org]
Sent: Thursday, March 1, 2018 10:00 AM
To: Rachel A.Rhoden <rachel_rhoden@bradfordcountyfl.gov>
Subject: Update on the Request from the North Central Florida Trauma Agency

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Ms. Rhoden:

I hope I did not miss it in my e-mail, but I was just following up to see whom the Bradford BOCC ultimately appointed to the North Central Florida Trauma Agency?

I apologize if I may have missed it and I am asking for something that you already sent to me.

Thanks so very much.

Jeff

From: Rachel A.Rhoden <rachel_rhoden@bradfordcountyfl.gov>
Sent: Wednesday, January 24, 2018 10:57 AM
To: Jeff Feller
Subject: RE: Request from the North Central Florida Trauma Agency

Perfect. Thank you.

Rachel A. Rhoden

From: Jeff Feller [<mailto:jfeller@wellflorida.org>]
Sent: Wednesday, January 24, 2018 10:50 AM
To: Rachel A.Rhoden <rachel_rhoden@bradfordcountyfl.gov>
Subject: RE: Request from the North Central Florida Trauma Agency

Anyone whom the BOCC appointments qualifies to fill the COUNTY position

Jeff

Jeff Feller
Chief Executive Officer | WellFlorida Council
1785 NW 80th Blvd., Gainesville, FL 32606
P: 352-313-6500 x108 | F: 352-313-6514
jfeller@wellflorida.org | www.WellFlorida.org

From: Rachel A.Rhoden [mailto:rachel_rhoden@bradfordcountyfl.gov]
Sent: Wednesday, January 24, 2018 10:49 AM
To: Jeff Feller
Subject: RE: Request from the North Central Florida Trauma Agency

After looking at your bylaws, can you confirm whether the County Manager qualifies as a member?

Rachel A. Rhoden

From: Jeff Feller [<mailto:jfeller@wellflorida.org>]
Sent: Wednesday, January 24, 2018 10:48 AM

Appendix H

To: Rachel A.Rhoden <rachel_rhoden@bradfordcountyfl.gov>
Subject: RE: Request from the North Central Florida Trauma Agency

Ms. Rhoden:

This is excellent.

I really appreciate your timeliness with this.

Jeff Feller

Jeff Feller

Chief Executive Officer | WellFlorida Council

1785 NW 80th Blvd., Gainesville, FL 32606

P: 352-313-6500 x108 | F: 352-313-6514

jfeller@wellflorida.org | www.WellFlorida.org

From: Rachel A.Rhoden [mailto:rachel_rhoden@bradfordcountyfl.gov]

Sent: Wednesday, January 24, 2018 10:45 AM

To: Jeff Feller

Subject: RE: Request from the North Central Florida Trauma Agency

Good morning, Mr. Feller:

After discussing your email with County Manager Brad Carter, he would like to suggest to our Board that he himself serve as a representative on this board.

Our Board will meet on Feb. 5th to consider this recommendation, after which I will report back to you with their decision.

Thank you.

Rachel Rhoden
Deputy County Manager
Bradford County, Florida

945 North Temple Avenue
Post Office Drawer B
Starke, Florida 32091
Telephone: (904) 966-6327
Facsimile: (904) 368-3903
Email: rachel_rhoden@bradfordcountyfl.gov
Web: www.bradfordcountyfl.gov

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From: Jeff Feller [<mailto:jfeller@wellflorida.org>]
Sent: Monday, January 22, 2018 9:28 AM
To: Rachel A.Rhoden <rachel_rhoden@bradfordcountyfl.gov>
Cc: Gary.Gillette@hcahealthcare.com
Subject: Request from the North Central Florida Trauma Agency

Dear Ms. Rhoden:

I am writing you this letter on behalf of Gary Gillette, MD who is the current President of the North Central Florida Trauma Agency (NCFTA). The NCFTA was formed to be a public forum among counties, EMS agencies, community hospitals and physicians in the region to discuss trauma medical care coordination and issues. The NCFTA was formed by Interlocal Agreement (see attached) of the following 10 north central Florida counties in May of 1990:

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Citrus
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Dixie
Gilchrist
Lafayette
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BOCCs would choose a representative of their county EMS service or someone who currently worked with emergency preparedness.

I would like to schedule some time during the week of January 22 (this week) to discuss the request for appointment to our NCFTA general membership by your county. I look forward to chatting and answering any questions that you may have.

Thanks so very much.

Jeff Feller, Coordinator
North Central Florida Trauma Agency
Cell: 352-214-2164

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Appendix H

RE: Follow-up on Request from North Central Florida Trauma Agency

Bobby Crosby <bcrosby@gilchrist.fl.us>

Thu 3/1/2018 12:18 PM

To: Jeff Feller <jfeller@wellflorida.org>;

Jeff,

Sorry I do not remember seeing this previously. I will have the Attorney view and present to the Commission. I will try to have ready and present at the commission meeting on March 19th.

Bobby Crosby, Jr.
Gilchrist County Administrator
209 SE 1st Street
Trenton, FL 32693
(352) 463-3198 office
(352) 463-3411 fax
bcrosby@gilchrist.fl.us

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From: Jeff Feller [<mailto:jfeller@wellflorida.org>]

Sent: Thursday, March 01, 2018 11:44 AM

To: bcrosby@gilchrist.fl.us

Subject: Follow-up on Request from North Central Florida Trauma Agency

Dear Mr. Crosby:

I am following up on the North Central Florida Trauma Agency's (NCFTA) request in the email below.

We are moving forward with jumpstarting the Agency and the Florida Department of Health, who approves our 5-year regional trauma plan, desires that we get acknowledgment from each of the original ten (10) counties who helped form the NCFTA that they either a) have appointed a new member to the NCFTA general membership (customarily counties have appointed the Chief of the EMS

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or the Director of the Department of Public Safety or someone of that ilk) OR b) that the BOCC is considering appointment and/or the appointment process is in motion.

I humbly request that perhaps we could get some sort of letter or notification from Alachua County covering one of the contingencies a), b) or c) above. Thanks so much for all of your help.

Jeff Feller
Cell: 352-214-2164

From: Jeff Feller
Sent: Sunday, January 21, 2018 2:26 PM
To: bcrosby@gilchrist.fl.us
Cc: Gary.Gillette@hcahealthcare.com
Subject: Request from North Central Florida Trauma Agency

Dear Mr. Crosby:

I am writing you this letter on behalf of Gary Gillette, MD who is the current President of the North Central Florida Trauma Agency (NCFTA). The NCFTA was formed to be a public forum among counties, EMS agencies, community hospitals and physicians in the region to discuss trauma medical care coordination and issues. The NCFTA was formed by Interlocal Agreement (see attached) of the following 10 north central Florida counties in May of 1990:

Alachua
Bradford
Citrus
Columbia
Dixie
Gilchrist
Lafayette
Levy
Marion
Suwannee

There are four membership categories in our general membership: 1) individuals appointed by each community hospital in the 10-county region; 2) individuals appointed by each emergency medical services agency in the region; 3) individual physicians in the 10 counties who self-appoint as independent physicians; and finally 4) individuals appointed by each Board of County Commissioners (BOCC) in each of the 10 counties.

Over the last 8-10 years, very little effort has been made to ensure that the BOCCs were contacted in order to appointment members to the NCFTA. As such, we are now reaching out to your county to seek an appointment to the NCFTA by your BOCC. I have attached a copy of the original Interlocal Agreement as well as the current Bylaws so that you could have a bit more background. Again, this agency was created to strictly provide a forum on medical trauma services issues and has no taxing,

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spending or rulemaking authority. Traditionally, when the BOCC appointments were kept current, the BOCCs would choose a representative of their county EMS service or someone who currently worked with emergency preparedness.

I would like to schedule some time during the week of January 22 (this week) to discuss the request for appointment to our NCFTA general membership by your county. I look forward to chatting and answering any questions that you may have.

Thanks so very much.

Jeff Feller, Coordinator
North Central Florida Trauma Agency
Cell: 352-214-2164

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RE: 2 Things: One from WellFlorida Council and One Follow-up to Request from North Central Florida Trauma Agency

Griffis, Nadja <Nadja.Griffis@marioncountyfl.org>

Wed 3/14/2018 3:53 PM

To: Jeff Feller <jfeller@wellflorida.org>;

The Chair has asked for input from Chief Banta, he has put forth Chief Rodney Mascho as a suggestion but I will inform her of your suggestion as well.

I have it on the March 20th for vote.

~ Nadja

Nadja M. Griffis
Executive Assistant to Commission
Marion County Board of County Commission
601 SE 25th Ave.
Ocala, FL 34471
352-438-2323
352-438-2324 (f)
www.marioncountyfl.org

From: Jeff Feller [mailto:jfeller@wellflorida.org]

Sent: Wednesday, March 14, 2018 3:48 PM

To: Griffis, Nadja <Nadja.Griffis@marioncountyfl.org>

Subject: Re: 2 Things: One from WellFlorida Council and One Follow-up to Request from North Central Florida Trauma Agency

Nadja:

As I mentioned previously regarding the North Central Florida Trauma Agency, the BOCC picks a member to be on the NCFTA general membership directly AND the chief of the EMS picks a person to serve. So Marion County would thus have two reps on the Trauma Agency. Has there been any headway on the BOCC making its appointment to the NCFTA.

Since Carl was MCFR's pick for them, perhaps the BOCC would want to appoint the head of Public Safety or MCFR as the county rep to the NCFTA.

Thanks.

Jeff

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From: Griffis, Nadja <Nadja.Griffis@marioncountyfl.org>

Sent: Thursday, March 1, 2018 1:42 PM

To: Jeff Feller

Subject: RE: 2 Things: One from WellFlorida Council and One Follow-up to Request from North Central Florida Trauma Agency

There are not minutes perse, the commissioners, every year in November with the election of a new Chair, are subject to reorganization to various board as "Commissioner Liaison". It is purely at the will of the current Chair. For the 16-17 he was assigned as the Well Florida Liaison by Chairman Zalak and he was re-assigned by Chairman Kathy Bryant for 17/18. Both of those are attached.

With regards to the NCFTA, based on the last email I was under the impression Marion County Fire rescue was re-appointing Carl Kauffman, is that no the case?

~ Nadja

Nadja M. Griffis
Executive Assistant to Commission
Marion County Board of County Commission
601 SE 25th Ave.
Ocala, FL 34471
352-438-2323
352-438-2324 (f)
www.marioncountyfl.org

From: Jeff Feller [<mailto:jfeller@wellflorida.org>]

Sent: Thursday, March 1, 2018 11:57 AM

To: Griffis, Nadja <Nadja.Griffis@marioncountyfl.org>

Subject: 2 Things: One from WellFlorida Council and One Follow-up to Request from North Central Florida Trauma Agency

Ms. Griffis:

First, I was hoping you could provide me with an e-mail acknowledging and perhaps the minutes from the meeting where it occurred Commissioner Moore's appointment to the WellFlorida Council Board. We just need to keep these for our records and for submission to the state for our quarterly and annual reports.

Second and lastly, I am following up on the North Central Florida Trauma Agency's (NCFTA) request in the email way below this text.

We are moving forward with jumpstarting the Agency and the Florida Department of Health, who approves our 5-year regional trauma plan, desires that we get acknowledgment from each of the original ten (10) counties who helped form the NCFTA that they either a) have appointed a new member to the NCFTA general membership (customarily counties have appointed the Chief of the EMS or the Director of the Department of Public Safety or someone of that ilk) OR b) that the BOCC is considering appointment and/or the appointment process is in motion.

Appendix H

I humbly request that perhaps we could get some sort of letter or notification from Marion County covering one of the contingencies a) or b) above. Thanks so much for all of your help.

Jeff Feller

Cell: 352-214-2164

From: Jeff Feller

Sent: Sunday, January 21, 2018 2:31 PM

To: nadja.griffis@marioncountyfl.org

Cc: Gary.Gillette@hcahealthcare.com

Subject: Request from North Central Florida Trauma Agency

Dear Ms. Griffis:

I am writing you this letter on behalf of Gary Gillette, MD who is the current President of the North Central Florida Trauma Agency (NCFTA). The NCFTA was formed to be a public forum among counties, EMS agencies, community hospitals and physicians in the region to discuss trauma medical care coordination and issues. The NCFTA was formed by Interlocal Agreement (see attached) of the following 10 north central Florida counties in May of 1990:

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Over the last 8-10 years, very little effort has been made to ensure that the BOCCs were contacted in order to appointment members to the NCFTA. As such, we are now reaching out to your county to seek an appointment to the NCFTA by your BOCC. I have attached a copy of the original Interlocal Agreement as well as the current Bylaws so that you could have a bit more background. Again, this agency was created to strictly provide a forum on medical trauma services issues and has no taxing, spending or rulemaking authority. Traditionally, when the BOCC appointments were kept current, the BOCCs would choose a representative of their county EMS service or someone who currently worked with emergency preparedness.

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I would like to schedule some time during the week of January 22 (this week) to discuss the request for appointment to our NCFTA general membership by your county. I look forward to chatting and answering any questions that you may have.

Thanks so very much.

Jeff Feller, Coordinator
North Central Florida Trauma Agency
Cell: 352-214-2164

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RE: Dixie County

Tim Alexander <tim.alexander@dixie.fl.gov>

Tue 2/20/2018 11:04 AM

To: Jeff Feller <jfeller@wellflorida.org>;

Jeff,

Please accept the email as authorization to appoint Darian Brown.

My apologies, I thought an official letter had been sent.

Darian Brown

Emergency Services Director/Chief

(352)498-1240 #8

Darian.brown@dixie.fl.gov

From: Jeff Feller [mailto:jfeller@wellflorida.org]

Sent: Tuesday, February 20, 2018 9:15 AM

To: Tim Alexander <tim.alexander@dixie.fl.gov>

Cc: Darian Brown <darian.brown@dixie.fl.gov>

Subject: RE: Dixie County

Tim:

May I consider this e-mail communication from last month as an appointment of Darian Brown, Director/Chief Emergency Services on behalf of Dixie County and the BOCC?

Also...Mr. Brown, could I possibly get all of your contact information sent to me so that I can update our records?

Thanks so much.

Jeff Feller

Jeff Feller

Chief Executive Officer | WellFlorida Council

1785 NW 80th Blvd., Gainesville, FL 32606

P: 352-313-6500 x108 | F: 352-313-6514

jfeller@wellflorida.org | www.WellFlorida.org

From: Tim Alexander [<mailto:tim.alexander@dixie.fl.gov>]

Sent: Monday, January 22, 2018 9:46 AM

To: Jeff Feller

Cc: Darian Brown

Subject: Dixie County

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Jeff,

Hope all is well.

Historically, Dixie County has appointed the Emergency Services Director to serve as the County Representative. At this time, Darian Brown is Director/Chief.

Regards,

Timothy W. Alexander
County Manager
Dixie County Board of County Commissioners
PO. Box 2600
Cross City, Florida 32628
Office (352) 498-1426
Cell (352) 578-5018



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COUNTY COMMISSIONERS LEVY COUNTY, FLORIDA



GOVERNMENT
SERVING
CITIZENS

John Meeks
District 1

Rock Meeks
District 2

Mike Joyner
District 3

Lilly Rooks
District 4

Matt Brooks
District 5

February 6, 2018

North Central Florida Trauma Agency
Gary Gillette, President
1785 NW 80th Boulevard
Gainesville, Florida 32606

RE: Levy County BOCC General Membership Appointment

Dr. Gillette,

Please accept this letter appointing James "Mitch" Harrell as the Levy County general membership representative for the Levy County Board of County Commissioners (BOCC). This appointment shall remain intact until it is revoked from the Levy County BOCC or Mr. Harrell resigns the position.

Please feel free to contact me if any additional information is needed.

Respectfully,

John Meeks
Chairman

JM/amr



January 29, 2018

Mr. Jeff Feller, CEO
North Central Florida Trauma Agency
1785 Northwest 80th Boulevard
Gainesville, Florida 32606

Dear Mr. Feller:

I am appointing Vickie Sullivan to the North Central Florida Trauma Agency General Membership. Vickie will be the hospital's general membership representative to the North Central Florida Trauma Agency until the appointment is revoked or Vickie resigns from the North Central Florida Trauma Agency.

Sincerely,

A handwritten signature in black ink, appearing to read 'B. Cook'.

Brian T. Cook,
Chief Executive Officer

Appendix H

RE: Follow-up on the Request from the North Central Florida Trauma Agency

Lisa Roberts <lisa_roberts@columbiacountyfla.com>

Thu 3/15/2018 5:23 PM

To: Jeff Feller <jfeller@wellflorida.org>;

Cc: Ben Scott <ben_scott@columbiacountyfla.com>; Jeff Crawford <jeff_crawford@columbiacountyfla.com>;

Mr. Feller:

Please be advised that the Columbia County Board of County Commissioners appointed Jeffery Crawford, Fire Chief to serve as the representative on the North Central Florida Trauma Agency. Chief Crawford's contact information is as follows:

Fire Chief Jeff Crawford
Columbia County Fire Rescue
(386) 758-3907 –Telephone
(386) 754-7064 – Fax
Jeff_crawford@columbiacountyfla.com

If you require additional information, please contact me at (386) 758-1006. Thank you.

Lisa K.B. Roberts
Human Resources Director
Columbia County Board of County Commissioners

From: Jeff Feller [mailto:jfeller@wellflorida.org]
Sent: Thursday, March 01, 2018 11:51 AM
To: Lisa Roberts
Cc: Gary.Gillette@hcahealthcare.com
Subject: Re: Follow-up on the Request from the North Central Florida Trauma Agency

Ms. Roberts:

Sorry...I got the "cut and paste blues" in my email. The last sentence should reference Columbia County and there is no c) contingency.

I am sorry for any confusion.

Jeff Feller

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From: Jeff Feller
Sent: Thursday, March 1, 2018 11:41 AM
To: lisa_roberts@columbiacountyfla.com
Cc: Gary.Gillette@hcahealthcare.com
Subject: Follow-up on the Request from the North Central Florida Trauma Agency

Dear Ms. Roberts:

I am following up on the North Central Florida Trauma Agency's (NCFTA) request below.

We are moving forward with jumpstarting the Agency and the Florida Department of Health, who approves our 5-year regional trauma plan, desires that we get acknowledgment from each of the original ten (10) counties who helped form the NCFTA that they either a) have appointed a new member to the NCFTA general membership (customarily counties have appointed the Chief of the EMS or the Director of the Department of Public Safety or someone of that ilk) OR b) that the BOCC is considering appointment and/or the appointment process is in motion.

I humbly request that perhaps we could get some sort of letter or notification from Alachua County covering one of the contingencies a), b) or c) above. Thanks so much for all of your help.

Jeff Feller
Cell: 352-214-2164

From: Jeff Feller
Sent: Sunday, January 21, 2018 2:22 PM
To: lisa_roberts@columbiacountyfla.com
Cc: Gary.Gillette@hcahealthcare.com
Subject: Request from the North Central Florida Trauma Agency

Dear Ms. Roberts:

I am writing you this letter on behalf of Gary Gillette, MD who is the current President of the North Central Florida Trauma Agency (NCFTA). The NCFTA was formed to be a public forum among counties, EMS agencies, community hospitals and physicians in the region to discuss trauma medical care coordination and issues. The NCFTA was formed by Interlocal Agreement (see attached) of the following 10 north central Florida counties in May of 1990:

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Suwannee

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Over the last 8-10 years, very little effort has been made to ensure that the BOCCs were contacted in order to appointment members to the NCFTA. As such, we are now reaching out to your county to seek an appointment to the NCFTA by your BOCC. I have attached a copy of the original Interlocal Agreement as well as the current Bylaws so that you could have a bit more background. Again, this agency was created to strictly provide a forum on medical trauma services issues and has no taxing, spending or rulemaking authority. Traditionally, when the BOCC appointments were kept current, the BOCCs would choose a representative of their county EMS service or someone who currently worked with emergency preparedness.

I would like to schedule some time during the week of January 22 (this week) to discuss the request for appointment to our NCFTA general membership by your county. I look forward to chatting and answering any questions that you may have.

Thanks so very much.

Jeff Feller, Coordinator
North Central Florida Trauma Agency
Cell: 352-214-2164

[Redacted Signature]

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RE: 2 Things: One from WellFlorida Council and One Follow-up to Request from North Central Florida Trauma Agency

Griffis, Nadja <Nadja.Griffis@marioncountyfl.org>

Tue 3/20/2018 10:43 AM

To: Jeff Feller <jfeller@wellflorida.org>;

They just appointed Silas Daniel, Public Safety Communications Director. Do you need a letter confirming this?

~ Nadja

Nadja M. Griffis
Executive Assistant to Commission
Marion County Board of County Commission
601 SE 25th Ave.
Ocala, FL 34471
352-438-2323
352-438-2324 (f)
www.marioncountyfl.org

From: Jeff Feller [mailto:jfeller@wellflorida.org]
Sent: Wednesday, March 14, 2018 3:56 PM
To: Griffis, Nadja <Nadja.Griffis@marioncountyfl.org>
Subject: Re: 2 Things: One from WellFlorida Council and One Follow-up to Request from North Central Florida Trauma Agency

Thanks Nadja

Jeff

From: Griffis, Nadja <Nadja.Griffis@marioncountyfl.org>
Sent: Wednesday, March 14, 2018 3:52 PM
To: Jeff Feller
Subject: RE: 2 Things: One from WellFlorida Council and One Follow-up to Request from North Central Florida Trauma Agency

The Chair has asked for input from Chief Banta, he has put forth Chief Rodney Mascho as a suggestion but I will inform her of your suggestion as well.

I have it on the March 20th for vote.

~ Nadja

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Nadja M. Griffis
Executive Assistant to Commission
Marion County Board of County Commission
601 SE 25th Ave.
Ocala, FL 34471
352-438-2323
352-438-2324 (f)
www.marioncountyfl.org

From: Jeff Feller [mailto:jfeller@wellflorida.org]
Sent: Wednesday, March 14, 2018 3:48 PM
To: Griffis, Nadja <Nadja.Griffis@marioncountyfl.org>
Subject: Re: 2 Things: One from WellFlorida Council and One Follow-up to Request from North Central Florida Trauma Agency

Nadja:

As I mentioned previously regarding the North Central Florida Trauma Agency, the BOCC picks a member to be on the NCFTA general membership directly AND the chief of the EMS picks a person to serve. So Marion County would thus have two reps on the Trauma Agency. Has there been any headway on the BOCC making its appointment to the NCFTA.

Since Carl was MCFR's pick for them, perhaps the BOCC would want to appoint the head of Public Safety or MCFR as the county rep to the NCFTA.

Thanks.

Jeff

From: Griffis, Nadja <Nadja.Griffis@marioncountyfl.org>
Sent: Thursday, March 1, 2018 1:42 PM
To: Jeff Feller
Subject: RE: 2 Things: One from WellFlorida Council and One Follow-up to Request from North Central Florida Trauma Agency

There are not minutes perse, the commissioners, every year in November with the election of a new Chair, are subject to reorganization to various board as "Commissioner Liaison". It is purely at the will of the current Chair. For the 16-17 he was assigned as the Well Florida Liaison by Chairman Zalak and he was re-assigned by Chairman Kathy Bryant for 17/18. Both of those are attached.

With regards to the NCFTA, based on the last email I was under the impression Marion County Fire rescue was re-appointing Carl Kauffman, is that no the case?

~ Nadja

Nadja M. Griffis

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Executive Assistant to Commission
Marion County Board of County Commission
601 SE 25th Ave.
Ocala, FL 34471
352-438-2323
352-438-2324 (f)
www.marioncountyfl.org

From: Jeff Feller [<mailto:jfeller@wellflorida.org>]
Sent: Thursday, March 1, 2018 11:57 AM
To: Griffis, Nadja <Nadja.Griffis@marioncountyfl.org>
Subject: 2 Things: One from WellFlorida Council and One Follow-up to Request from North Central Florida Trauma Agency

Ms. Griffis:

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I humbly request that perhaps we could get some sort of letter or notification from Marion County covering one of the contingencies a) or b) above. Thanks so much for all of your help.

Jeff Feller
Cell: 352-214-2164

From: Jeff Feller
Sent: Sunday, January 21, 2018 2:31 PM
To: nadja.griffis@marioncountyfl.org
Cc: Gary.Gillette@hcahealthcare.com
Subject: Request from North Central Florida Trauma Agency

Dear Ms. Griffis:

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EMS agencies, community hospitals and physicians in the region to discuss trauma medical care coordination and issues. The NCFTA was formed by Interlocal Agreement (see attached) of the following 10 north central Florida counties in May of 1990:

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I would like to schedule some time during the week of January 22 (this week) to discuss the request for appointment to our NCFTA general membership by your county. I look forward to chatting and answering any questions that you may have.

Thanks so very much.

Jeff Feller, Coordinator
North Central Florida Trauma Agency
Cell: 352-214-2164

[Redacted Signature]

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Appendix H

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Re: Follow-up on Request from North Central Florida Trauma Agency

Mandy McDonald <mandym@suwgov.org>

Wed 3/21/2018 12:23 PM

To: Jeff Feller <jfeller@wellflorida.org>; James Sommers <jameess@suwgov.org>;

 1 attachment

Suwannee Co Adm_20180321_121651.pdf;

Mr. Fellar.

Please see attached.

On Thu, Mar 1, 2018 at 11:47 AM, Jeff Feller <jfeller@wellflorida.org> wrote:

Dear Ms. McDonald:

I am following up on the North Central Florida Trauma Agency's (NCFTA) request in the email below.

We are moving forward with jumpstarting the Agency and the Florida Department of Health, who approves our 5-year regional trauma plan, desires that we get acknowledgment from each of the original ten (10) counties who helped form the NCFTA that they either a) have appointed a new member to the NCFTA general membership (customarily counties have appointed the Chief of the EMS or the Director of the Department of Public Safety or someone of that ilk) OR b) that the BOCC is considering appointment and/or the appointment process is in motion.

I humbly request that perhaps we could get some sort of letter or notification from Suwannee County covering one of the contingencies a) or b). Thanks so much for all of your help.

Jeff Feller

Cell: [352-214-2164](tel:352-214-2164)

Appendix H

From: Jeff Feller
Sent: Sunday, January 21, 2018 2:33 PM
To: mandym@suwgov.org
Cc: Gary.Gillette@hcahealthcare.com
Subject: Request from North Central Florida Trauma Agency

Dear Ms. McDonald:

I am writing you this letter on behalf of Gary Gillette, MD who is the current President of the North Central Florida Trauma Agency (NCFTA). The NCFTA was formed to be a public forum among counties, EMS agencies, community hospitals and physicians in the region to discuss trauma medical care coordination and issues. The NCFTA was formed by Interlocal Agreement (see attached) of the following 10 north central Florida counties in May of 1990:

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Marion

Suwannee

There are four membership categories in our general membership: 1) individuals appointed by each community hospital in the 10-county region; 2) individuals appointed by each emergency medical services agency in the region; 3) individual physicians in the 10 counties who self-appoint as independent physicians; and finally 4) individuals appointed by each Board of County Commissioners (BOCC) in each of the 10 counties.

Over the last 8-10 years, very little effort has been made to ensure that the BOCCs were contacted in order to appointment members to the NCFTA. As such, we are now reaching out to your county to seek an appointment to the NCFTA by your BOCC. I have attached a copy of the original Interlocal Agreement as well as the current Bylaws so that you could have a bit more background. Again, this agency was created to strictly provide a forum on medical trauma services issues and has no taxing,

Appendix H

spending or rulemaking authority. Traditionally, when the BOCC appointments were kept current, the BOCCs would choose a representative of their county EMS service or someone who currently worked with emergency preparedness.

I would like to schedule some time during the week of January 22 (this week) to discuss the request for appointment to our NCFTA general membership by your county. I look forward to chatting and answering any questions that you may have.

Thanks so very much.

Jeff Feller, Coordinator

North Central Florida Trauma Agency

Cell: [352-214-2164](tel:352-214-2164)

Sunshine Law and Public Records Caution: 1) The Florida Government in the Sunshine Law prohibits discussion outside a duly noticed meeting between any two or more WellFlorida Board members regarding any matter that may come before the Board. This prohibition extends to discussions via e-mail. 2) Furthermore, most e-mail communications made or received by WellFlorida members or staff are considered public records that must be retained and, upon request, made available to the public and media.

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Thank you,

Mandy McDonald

*Suwannee County Board of
County Commissioners
13150 80th Terrace
Live Oak, Florida 32060
Phone: (386) 364-3450
Fax: (386) 362-1032*

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Appendix H

Board of County Commissioners

13150 80th Terrace Live Oak, FL 32060

Richard Gamble, Chairman

March 21, 2018

Jeff Fellar, Coordinator
North Central Florida Trauma Agency

Dear Mr. Fellar:

Please be advised that James Sommers, Public Safety Director has been appointed to represent Suwannee County on the North Central Florida Trauma Agency. You may contact him at the following:

13530 80th Terrace
Live Oak, FL 32060
Office: (386) 364-3404
jamess@suwgov.org

Should you have any questions, or need additional information, please do not hesitate to contact our office.

Sincerely yours,

Randy Harris,
Suwannee County Administrator

RH/mm

cc: James Sommers, Public Safety Director