



NORTH CENTRAL FLORIDA TRAUMA AGENCY

TRAUMA PLAN 2023-2028





Table of Contents

Introduction _____	8
Population and Geographic Areas Served _____	10
Population Characteristics _____	10
Economic Characteristics _____	18
Geographic Area _____	24
Area Hospitals _____	27
Nursing Homes/Rehabilitation Centers _____	30
Pre-Hospital Providers _____	35
Leading Causes of Trauma _____	37
Historical Patient Flow Patterns _____	37
Agency Organizational Structure _____	39
North Central Florida Trauma Agency History _____	39
Organization _____	41
Membership _____	41
Responsibility of the Board of Directors _____	42
Compensation _____	42
Committees _____	43
Organizational Chart _____	44
Role of WellFlorida Council _____	44
Trauma System Structure _____	45
Quality Control and Systems Evaluation _____	46
Traumatic Deaths _____	47
Over and Under Triage Data _____	48
Appropriateness of Helicopter Utilization _____	48
Scene Time _____	48
Other Identified Issues _____	48
Transportation System Design _____	50

NORTH CENTRAL FLORIDA TRAUMA AGENCY



EMS Ground Transportation _____	50
EMS Air Transportation _____	50
EMS Water Transportation _____	50
Patient Flow _____	50
Inter-Facility Transer Agreements _____	51
Hospital Services Profile _____	52
Current Need for Level I and Level II Trauma Centers in the Region _____	70
Trauma Transport Protocols _____	71
Medical Control and Accountability _____	72
Emergency Medical Services Communications _____	73
EMS Communications Design Criteria General Provisions of an EMS Communications System _____	73
Citizen Access _____	73
Vehicle Dispatch and Response (VDR) _____	73
Local Medical Corrdnation (LMC) _____	73
Statewide Medical Coordination _____	74
Medical Resource Coordination (MRC) _____	74
Mutual Aid Agreement _____	74
Mass Casualty and Disaster Plan _____	74
Data Collection _____	76
Trauma System Evaluation _____	77
Public Information and Education _____	82
Appendix A – Interlocal Agreement Creating the North Central Florida Trauma Agency _____	84
Appendix B – Recommended Trauma Transport Protocols _____	86
Appendix C – Organizational Structure _____	88
Appendix D – WellFlorida Service Agreement _____	90
Appendix E – Publix Meeting Announcements _____	92



List of Tables

Table 1. Total Estimated Population, Land Area and Density Per Square Mile by County and Florida, 2020.....	11
Table 2. Total Estimated Population by Selected Age Group, By County and Florida, 2017-2021.....	12
Table 3. Total Estimated Population By Selected Races, By County And Florida, 2017-2021.....	14
Table 4. Total Estimated Population By Ethnicity, By County and Florida, 2017-2021.....	15
Table 5. Total Estimated Population by Gender, By County and Florida, 2017-2021.....	16
Table 6. Total Estimated Veteran Population, By County and Florida, 2017-2021.....	17
Table 7. Number and Percent of All Persons In Poverty, By County and Florida, 2017-2021.....	19
Table 8. Per Capita Income, Median Household Income by County and Florida, 2017-2021.....	20
Table 9. Unemployment Rates By Year, By County and Florida, 2018-2022.....	21
Table 10. Estimated Number and Percent of The Population 25+ Years of Age That Have Bachelor's Degrees or Higher by County and Florida, 2017-2021.....	22
Table 11. Estimated Number and Percent of the Civilian Noninstitutionalized Population That Are Uninsured, By County and Florida, 2017-2021.....	23
Table 12. Acute Care Hospitals by County, 2023.....	28
Table 13. List of Nursing Homes and Rehabilitation Centers by County As of April, 2023.....	31
Table 14. EMS Agencies by County and Type of Care, 2023.....	36
Table 15. Most Common Mechanisms of Injury at UF Health Shands Hospital and HCA Florida Ocala Hospital, 2022.....	37
Table 16. Non-Government Hospitals and Hospital Based Off-Campus ED Facilities in the NCFTA Service Area and Surrounding Counties, 2021.....	53
Table 17. 10-County NCFTA Service Area and Surrounding County Residents and What Hospital They Went To For Trauma-Related Discharges, 2021. *	56
Table 18. Total Trauma-Related Discharges at the Trauma Centers in Florida and What Percent of the Total Trauma Related Discharges Are From the Original 10 NCFTA SA Counties and What Percent are of the 18 NCFTA SA and Surrounding Counties, 2021. *	57
Table 19. 10 NCFTA SA Counties and Surrounding Counties Acute Care Hospital and Rehab Hospital Trauma-Related Discharges, 2021. *	61
Table 20. Acute Care Hospital and Rehab Hospital Trauma-Related Discharges by Age Group, 2021. *	63
Table 21. Trauma-Related Discharges and Number That Patients Received Treatment in the Facility's Emergency Department and Those Not Admitted From the Emergency Department, by Acute Care and Rehab Hospital, 2021. *	64
Table 22. NCFTA Trauma-Related Discharges Where Patient Was Admitted From the Hospital's Emergency Department by Principal Payor, 2021. *	66
Table 23. Registry Reporting Schedule.....	76
Table 24. Top Referring Hospitals For UF Health Shands Hospital and HCA Florida Ocala Hospital, 2022.....	79



Table 25. Trauma Alert Patients Transported to UF Health Shands Hospital by Agency, 2022..... 80

Table 26. Trauma Alert Patients Transported to HCA Florida Ocala Hospital by Agency, 2022..... 81

Table 27. Emergency Department Disposition, HCA Florida Ocala Hospital and UF Health Shands Hospital, 2022.
..... 81



List of Figures

Figure 1. Trauma Centers, Hospitals, and Free-Standing ERs in the 10-County NCFTA Region, April 2023..... 24

Figure 2. Trauma Discharges by County of Residence for UF Health Shands Hospital for the 10-County NCFTA Region and Selected Surrounding Counties, 2021..... 25

Figure 3. Trauma Discharges by County of Residency For HCA Florida Ocala Hospital for the 10-County NCFTA Region and Select Surrounding Counties, 2021. 26



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. The official NCFTA counties are those that signed the original interlocal agreement (see the 10 above) and over the years up to 18 counties total have participated in the NCFTA as a mix of official and unofficial counties. These counties represent the counties of TSAs 4 and 6 as well as some counties bordering TSA 4 and TSA 6 that utilize receiving facility and trauma center resources in the official NCFTA region. 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).

In addition, after the designation of a Level I trauma center in Gainesville (at UF Health Shands Gainesville in 2004-05), and then the designation of a Level II trauma center in Ocala (at Ocala Regional Medical Center, now HCA Florida Ocala Hospital, 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 2020 NCFTA service area population was 2,093,657 people—which represents a 3.7% 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. Gilchrist, Lafayette, Lake, and Sumter Counties experienced the greatest population growth between 2015 and 2020 all with rates over 5.0%. Sumter experienced the greatest population growth with an increase of 9.0%. Baker, Bradford, Hamilton, and Lafayette Counties all experienced decreases in population with rates of change under 5.1 percent. Lafayette County had the largest decrease in population (5.1%).

In general, NCFTA's service area is not densely or uniformly populated. The average density of the region is 178.30 people per square mile and increase from 156.1 people per square mile in 2015. Hernando and Lake Counties are the most densely populated county in the 18-county NCFTA service area, and the only counties that exceeds the state average density of 413.1 people per square mile. Meanwhile, Lafayette County is the least densely populated area with 14.4 people per square mile.



TABLE 1. TOTAL ESTIMATED POPULATION, LAND AREA AND DENSITY PER SQUARE MILE BY COUNTY AND FLORIDA, 2020.

Area	2020 Census Population	2022 Estimate Population	Percent Change	2020 Land Area (Square Miles)	Density (Persons/ Square Mile)
Alachua *	278,468	287,872	3.4	874.0	329.4
Baker	28,259	27,881	(1.3)	585.0	47.7
Bradford *	28,303	27,013	(4.6)	293.0	92.2
Citrus *	153,843	158,009	2.7	584.0	270.6
Clay	218,245	225,553	3.3	601.0	375.3
Columbia *	69,698	71,525	2.6	797.0	89.7
Dixie *	16,759	16,988	1.4	704.0	24.1
Gilchrist *	17,864	18,841	5.5	349.0	54.0
Hamilton	14,004	13,395	(4.3)	515.0	26.0
Hernando	194,515	199,207	2.4	478.0	416.8
Lafayette *	8,226	7,808	(5.1)	543.0	14.4
Lake	383,956	403,857	5.2	953.0	423.8
Levy *	42,915	44,288	3.2	1,118.0	39.6
Marion *	375,908	391,983	4.3	1,579.0	248.2
Putnam	73,321	74,249	1.3	722.0	102.8
Sumter	129,752	141,420	9.0	546.0	259.0
Suwannee *	43,474	44,688	2.8	688.0	65.0
Union	16,147	15,550	(3.7)	240.0	64.8
NCFTA SA	2,093,657	2,170,127	3.7	12,169	178.3
Florida	21,538,187	22,276,132	3.4	53,927.0	413.1

* These are the original 10 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, 2022 Estimates of Population ; en.wikipedia.org/wiki/List_of_counties_in_Florida; (US Census, 2020)

Prepared by: WellFlorida Council, 2023.

The age of the population varies throughout the region. As indicated in Table 2, eight NCFTA counties surpass the state in the percentage of residents ages 65 and older. The highest rates of older adults are in Clay, Dixie, Hernando, Lake, Levy, Marion, Putnam, and Sumter Counties. Slightly less than 75% of the population in NCFTA's service area is under the age of 65.

NORTH CENTRAL FLORIDA TRAUMA AGENCY



TABLE 2. TOTAL ESTIMATED POPULATION BY SELECTED AGE GROUP, BY COUNTY AND FLORIDA, 2017-2021.

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 County	Number	Percent of County	Number	Percent of County	Number	Percent of County
Alachua *	276,171	14,036	5.1	50,176	18.2	186,345	67.5	39,650	14.4
Baker	28,003	1,724	6.2	6,650	23.7	17,295	61.8	4,058	14.5
Bradford *	27,928	1,409	5.0	5,496	19.7	17,528	62.8	4,904	17.6
Citrus *	151,888	5,229	3.4	22,811	15.0	74,386	49.0	54,691	36.0
Clay	216,308	11,642	5.4	50,538	23.4	131,503	60.8	34,267	15.8
Columbia *	69,265	4,016	5.8	15,160	21.9	41,075	59.3	13,030	18.8
Dixie *	16,701	671	4.0	3,082	18.5	9,783	58.6	3,836	23.0
Gilchrist *	17,759	913	5.1	3,629	20.4	10,585	59.6	3,545	20.0
Hamilton	13,973	626	4.5	2,723	19.5	8,810	63.1	2,440	17.5
Hernando	192,128	8,597	4.5	35,729	18.6	104,754	54.5	51,645	26.9
Lafayette *	8,343	307	3.7	1,597	19.1	5,395	64.7	1,351	16.2
Lake	375,059	17,993	4.8	72,411	19.3	203,875	54.4	98,773	26.3
Levy *	42,392	2,113	5.0	8,345	19.7	23,682	55.9	10,365	24.5
Marion *	370,372	18,173	4.9	69,875	18.9	195,058	52.7	105,439	28.5
Putnam	73,147	4,173	5.7	15,803	21.6	40,604	55.5	16,740	22.9
Sumter	127,335	2,351	1.8	9,129	7.2	44,828	35.2	73,378	57.6
Suwannee *	43,514	2,240	5.1	9,387	21.6	25,300	58.1	8,827	20.3
Union	16,141	825	5.1	3,203	19.8	10,444	64.7	2,494	15.5
NCFTA SA	2,066,427	97,038	4.7	385,744	18.7	1,151,250	55.7	529,433	25.6
Florida	21,339,762	1,118,794	5.2	4,261,313	20.0	12,731,484	59.7	4,346,965	20.4

* These are the original 10 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 2017-2021, the 2020 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, 2017-2021 5-Year Estimates, Table B01001.

Prepared by: WellFlorida Council, 2023.

As reported in Table 3, the black population of the region is greater to that of the state; 77.9 percent compared to the state rate of 67.7 percent. The region's white population is less than that of the state; 11.8% compared to the state rate of 15.7%. However, at the county level, racial composition is variable. In



Hamilton County for example, 34.3% of the county is comprised of black residents—over two times the percentage of black residents in the state. Citrus (90.9%) and Gilchrist (89.1%) Counties have the highest populations of white residents. Only 11.7% of the population in the NCFTA service area is of Hispanic or Latino origin, as compared to 26.2% residents in the state of Florida who report Hispanic/Latino ethnicities (Table 4).

Table 5 shows a lower percentage of females in the region than that of the state; females represent 50.6% of the total population in the NCFTA service area. Twelve 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. Alachua and Marion Counties have the highest percentage of female residents (52.0%).

Nearly 200,000 (198,090) of Florida’s veteran population live in the NCFTA service area. Nearly 11.8% of the region’s population is a veteran. Marion, Lake, and Clay Counties all have over 25,000 veterans (Table 6).

NORTH CENTRAL FLORIDA TRAUMA AGENCY



TABLE 3. TOTAL ESTIMATED POPULATION BY SELECTED RACES, BY COUNTY AND FLORIDA, 2017-2021.

Area	Total Estimated Population	White		Black		All Others	
		Number	Percent of County	Number	Percent of County	Number	Percent of County
Alachua *	276,171	181,316	65.7	54,829	19.9	40,026	14.5
Baker	28,003	22,150	79.1	3,527	12.6	2,326	8.3
Bradford *	27,928	21,143	75.7	5,404	19.3	1,381	4.9
Citrus *	151,888	138,116	90.9	3,824	2.5	9,948	6.5
Clay	216,308	162,749	75.2	23,819	11.0	29,740	13.7
Columbia *	69,265	51,038	73.7	12,289	17.7	5,938	8.6
Dixie *	16,701	14,295	85.6	1,269	7.6	1,137	6.8
Gilchrist *	17,759	15,823	89.1	875	4.9	1,061	6.0
Hamilton	13,973	8,344	59.7	4,791	34.3	838	6.0
Hernando	192,128	160,241	83.4	9,919	5.2	21,968	11.4
Lafayette *	8,343	6,441	77.2	1,382	16.6	520	6.2
Lake	375,059	289,693	77.2	39,451	10.5	45,915	12.2
Levy *	42,392	36,089	85.1	3,549	8.4	2,754	6.5
Marion *	370,372	287,545	77.6	46,686	12.6	36,141	9.8
Putnam	73,147	55,904	76.4	11,690	16.0	5,553	7.6
Sumter	127,335	112,096	88.0	9,308	7.3	5,931	4.7
Suwannee *	43,514	34,479	79.2	5,099	11.7	3,936	9.0
Union	16,141	11,610	71.9	2,957	18.3	1,574	9.8
NCFTA SA	2,066,427	1,609,072	77.9	240,668	11.6	216,687	10.5
Florida	21,339,762	14,449,017	67.7	3,358,469	15.7	3,532,276	16.6

* These are the original 10 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 2017-2021, the 2020 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, 2017-2021 5-Year Estimates, Table B01001, B01001A, B01001B.

Prepared by: WellFlorida Council, 2023.



TABLE 4. TOTAL ESTIMATED POPULATION BY ETHNICITY, BY COUNTY AND FLORIDA, 2017-202

Area	Total Estimated Population	Hispanic or Latino		Non Hispanic or Latino	
		Estimated Number	Percent of County	Estimated Number	Percent of County
Alachua *	276,171	28,991	10.5	247,180	89.5
Baker	28,003	812	2.9	27,191	97.1
Bradford *	27,928	1,273	4.6	26,655	95.4
Citrus *	151,888	9,368	6.2	142,520	93.8
Clay	216,308	22,737	10.5	193,571	89.5
Columbia *	69,265	4,590	6.6	64,675	93.4
Dixie *	16,701	724	4.3	15,977	95.7
Gilchrist *	17,759	1,115	6.3	16,644	93.7
Hamilton	13,973	1,426	10.2	12,547	89.8
Hernando	192,128	28,638	14.9	163,490	85.1
Lafayette *	8,343	1,209	14.5	7,134	85.5
Lake	375,059	62,917	16.8	312,142	83.2
Levy *	42,392	3,780	8.9	38,612	91.1
Marion *	370,372	53,146	14.3	317,226	85.7
Putnam	73,147	7,555	10.3	65,592	89.7
Sumter	127,335	7,620	6.0	119,715	94.0
Suwannee *	43,514	4,344	10.0	39,170	90.0
Union	16,141	948	5.9	15,193	94.1
NCFTA SA	2,066,427	241,193	11.7	1,825,234	88.3
Florida	21,339,762	5,593,090	26.2	15,746,672	73.8

* These are the original 10 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 2017-2021, the 2020 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, 2017-2021 5-Year Estimates, Table B01001I.

Prepared by: WellFlorida Council, 2023.



TABLE 5. TOTAL ESTIMATED POPULATION BY GENDER, BY COUNTY AND FLORIDA, 2017-2021.

Area	Total Estimated Population	Males		Females	
		Estimated Number	Percent of County	Estimated Number	Percent of County
Alachua *	276,171	133,446	48.3	142,725	51.7
Baker	28,003	14,978	53.5	13,025	46.5
Bradford *	27,928	15,612	55.9	12,316	44.1
Citrus *	151,888	74,221	48.9	77,667	51.1
Clay	216,308	106,993	49.5	109,315	50.5
Columbia *	69,265	36,077	52.1	33,188	47.9
Dixie *	16,701	9,392	56.2	7,309	43.8
Gilchrist *	17,759	9,257	52.1	8,502	47.9
Hamilton	13,973	8,290	59.3	5,683	40.7
Hernando	192,128	93,181	48.5	98,947	51.5
Lafayette *	8,343	5,148	61.7	3,195	38.3
Lake	375,059	182,652	48.7	192,407	51.3
Levy *	42,392	20,737	48.9	21,655	51.1
Marion *	370,372	178,543	48.2	191,829	51.8
Putnam	73,147	36,381	49.7	36,766	50.3
Sumter	127,335	63,324	49.7	64,011	50.3
Suwannee *	43,514	22,620	52.0	20,894	48.0
Union	16,141	10,575	65.5	5,566	34.5
NCFTA SA	2,066,427	1,021,427	49.4	1,045,000	50.6
Florida	21,339,762	10,489,548	49.2	10,850,214	50.8

* These are the original 10 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 2017-2021, the 2020 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, 2017-2021 5-Year Estimates, Table B01001.

Prepared by: WellFlorida Council, 2023.



TABLE 6. TOTAL ESTIMATED VETERAN POPULATION, BY COUNTY AND FLORIDA, 2017-2021.

Area	Total Civilian Population 18 Years and Over	Total Veterans Population	Percent Veterans Population
Alachua *	225,877	15,660	6.9
Baker	21,265	1,799	8.5
Bradford *	22,399	1,980	8.8
Citrus *	129,046	17,976	13.9
Clay	163,658	27,418	16.8
Columbia *	54,051	6,291	11.6
Dixie *	13,619	1,693	12.4
Gilchrist *	14,130	1,328	9.4
Hamilton	11,250	710	6.3
Hernando	156,354	18,795	12.0
Lafayette *	6,703	489	7.3
Lake	302,362	33,107	10.9
Levy *	34,047	4,151	12.2
Marion *	300,330	36,231	12.1
Putnam	57,344	6,630	11.6
Sumter	118,116	18,659	15.8
Suwannee *	34,127	3,737	11.0
Union	12,911	1,436	11.1
NCFTA SA	1,677,589	198,090	11.8
Florida	17,007,209	1,389,309	8.2

* These are the original 10 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 2017-2021, the 2020 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, 2017-2021 5-Year Estimates, Table S2101.

Prepared by: WellFlorida Council, 2023



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 Sumter County has a median household incomes greater than the state (Table 8).

For the NCFTA service area, 13.8% of residents live below the poverty level, which is slightly greater than the state average (13.1%). Hamilton County has the highest poverty rate in the region (25.7%). Only 4 counties in the NCFTA service area, fully half, have poverty rates below the state average (Clay, Hernando, Lake, and Sumter). While nationally and in Florida unemployment rates overall have stabilized in recent years, many counties in north central Florida still face unemployment challenges. As seen in Table 9, the unemployment rate for 2022 was only slightly higher in the NCFTA service area than for the state as a whole. However, 8 of the 18 counties in the service area had higher rates of unemployment than the state.



TABLE 7. NUMBER AND PERCENT OF ALL PERSONS IN POVERTY, BY COUNTY AND FLORIDA, 2017-2021.

Area	2017	2018	2019	2020	2021
Alachua *	21.2	19.8	18.4	17.2	19.1
Baker	15.3	15.4	14.9	12.8	16.1
Bradford *	19.1	19.5	21.0	17.5	19.1
Citrus *	14.4	15.2	15.2	12.6	15.5
Clay	9.9	8.8	8.3	8.9	8.0
Columbia *	16.5	17.3	15.6	15.6	16.5
Dixie *	24.4	24.7	22.2	23.2	23.4
Gilchrist *	16.1	16.8	15.0	14.5	15.3
Hamilton	24.0	27.6	32.5	24.2	25.7
Hernando	14.0	14.1	12.4	12.5	12.0
Lafayette *	22.7	21.0	18.0	20.7	18.9
Lake	12.6	11.5	10.9	9.2	10.0
Levy *	20.8	16.1	18.2	16.9	18.8
Marion *	16.2	15.1	14.9	15.3	13.6
Putnam	26.3	18.8	22.4	24.3	26.3
Sumter	9.1	9.3	8.9	12.3	9.5
Suwannee *	20.3	19.3	17.1	17.7	20.6
Union	22.2	20.6	19.9	20.7	22.7
NCFTA SA	15.5	14.5	14.0	13.6	13.8
Florida	14.1	13.7	12.7	12.4	13.2

* These are the original 10 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, 2017-2021.

Prepared by: WellFlorida Council, 2023.



TABLE 8. PER CAPITA INCOME, MEDIAN HOUSEHOLD INCOME BY COUNTY AND FLORIDA, 2017-2021.

Area	Per Capita Income	Median Household Income
Alachua *	32,323	53,314
Baker	25,689	63,860
Bradford *	22,656	48,803
Citrus *	29,948	48,664
Clay	33,670	74,059
Columbia *	25,912	47,750
Dixie *	20,320	44,287
Gilchrist *	24,959	50,983
Hamilton	15,624	39,346
Hernando	28,400	53,301
Lafayette *	20,437	56,458
Lake	31,968	60,013
Levy *	24,553	43,029
Marion *	28,969	50,808
Putnam	22,814	39,975
Sumter	39,922	63,323
Suwannee *	24,302	47,218
Union	20,226	55,463
NCFTA SA	---	---
Florida	35,216	61,777

* These are the original 10 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 2017-2021, the 2020 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, 2017-2021 5-Year Estimates, Table S1903 and B19301.

Prepared by: WellFlorida Council, 2023.



TABLE 9. UNEMPLOYMENT RATES BY YEAR, BY COUNTY AND FLORIDA, 2018-2022.

Area	2018	2019	2020	2021	2022
Alachua *	3.3	3.0	5.7	3.8	2.8
Baker	3.5	3.2	5.3	3.8	2.8
Bradford *	3.4	3.3	6.3	4.3	3.1
Citrus *	5.4	5.0	8.9	5.8	4.1
Clay	3.4	3.1	5.6	3.6	2.6
Columbia *	3.9	3.3	6.3	4.6	3.2
Dixie *	4.3	3.9	5.8	4.5	3.3
Gilchrist *	3.8	3.5	5.2	3.8	3.0
Hamilton	4.3	4.2	8.2	6.0	4.0
Hernando	4.7	4.3	8.4	5.2	3.6
Lafayette *	3.5	3.0	4.5	4.0	3.1
Lake	3.6	3.3	9.2	4.7	3.0
Levy *	4.0	3.8	6.4	4.6	3.5
Marion *	4.4	3.9	7.4	5.0	3.4
Putnam	5.0	4.4	8.4	6.0	4.1
Sumter	5.3	4.8	8.3	5.4	4.1
Suwannee *	3.8	3.5	6.0	4.6	3.2
Union	3.3	3.1	5.0	3.8	2.9
NCFTA SA	4.0	3.6	7.3	4.6	3.2
Florida	3.6	3.2	8.1	4.6	2.9

* These are the original 10 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>, April 10, 2023..

Prepared by: WellFlorida Council, 2023.

The state percentage of persons ages 25 and older with Bachelor's degrees is 31.5% (Table 10); in the NCFTA service area this rate is dramatically lower (24.5%). Of all NCFTA counties, only Alachua and Sumter have higher rates of persons with bachelor's degrees (45.2% and 32.8%, respectively) than that of the state.



TABLE 10. ESTIMATED NUMBER AND PERCENT OF THE POPULATION 25+ YEARS OF AGE THAT HAVE BACHELOR'S DEGREES OR HIGHER BY COUNTY AND FLORIDA, 2017-2021.

Area	Estimated Total Population 25 + Years of Age	Estimated Number	Estimated Percent
Alachua *	169,822	76,720	45.2
Baker	18,947	2,878	15.2
Bradford *	20,339	2,396	11.8
Citrus *	121,075	23,478	19.4
Clay	149,019	39,934	26.8
Columbia *	47,698	7,348	15.4
Dixie *	12,472	1,353	10.8
Gilchrist *	12,359	1,548	12.5
Hamilton	10,398	941	9.0
Hernando	143,751	27,894	19.4
Lafayette *	5,978	437	7.3
Lake	278,005	70,206	25.3
Levy *	31,164	4,708	15.1
Marion *	275,914	59,174	21.4
Putnam	52,347	6,673	12.7
Sumter	114,717	37,682	32.8
Suwannee *	30,796	4,918	16.0
Union	11,772	1,292	11.0
NCFTA SA	1,506,573	369,580	24.5
Florida	15,349,290	4,839,956	31.5

* These are the original 10 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 2017-2021, the 2020 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, 2017-2021 5-Year Estimates, Table B15002.

Prepared by: WellFlorida Council, 2023.



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. Nine of the 18 counties in the service area have uninsured rates at 13%.0% or higher, compared to the region rate of 11% and the state rate of 12.6%.

TABLE 11. ESTIMATED NUMBER AND PERCENT OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION THAT ARE UNINSURED, BY COUNTY AND FLORIDA, 2017-2021.

Area	Total Estimate of Civilian Noninstitutionalized Population	Estimated Number Uninsured	Estimated Percent Uninsured
Alachua *	273,843	22,470	8.2
Baker	24,848	2,759	11.1
Bradford *	24,075	2,863	11.9
Citrus *	149,683	16,857	11.3
Clay	213,172	19,541	9.2
Columbia *	64,429	9,045	14.0
Dixie *	15,154	2,251	14.9
Gilchrist *	16,534	2,583	15.6
Hamilton	10,969	1,997	18.2
Hernando	190,276	24,629	12.9
Lafayette *	6,924	890	12.9
Lake	371,566	39,555	10.6
Levy *	42,133	6,832	16.2
Marion *	362,151	43,031	11.9
Putnam	72,167	12,308	17.1
Sumter	118,351	6,734	5.7
Suwannee *	42,153	5,479	13.0
Union	10,360	1,033	10.0
NCFTA SA	2,008,788	220,857	11.0
Florida	21,027,201	2,657,226	12.6

* These are the original 10 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 2017-2021, the 2020 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, 2017-2021 5-Year Estimates, Table S2701.

Prepared by: WellFlorida Council, 2023.



GEOGRAPHIC AREA

FIGURE 1. TRAUMA CENTERS, HOSPITALS, AND FREE-STANDING ERS IN THE 10-COUNTY NCFTA REGION, APRIL 2023.

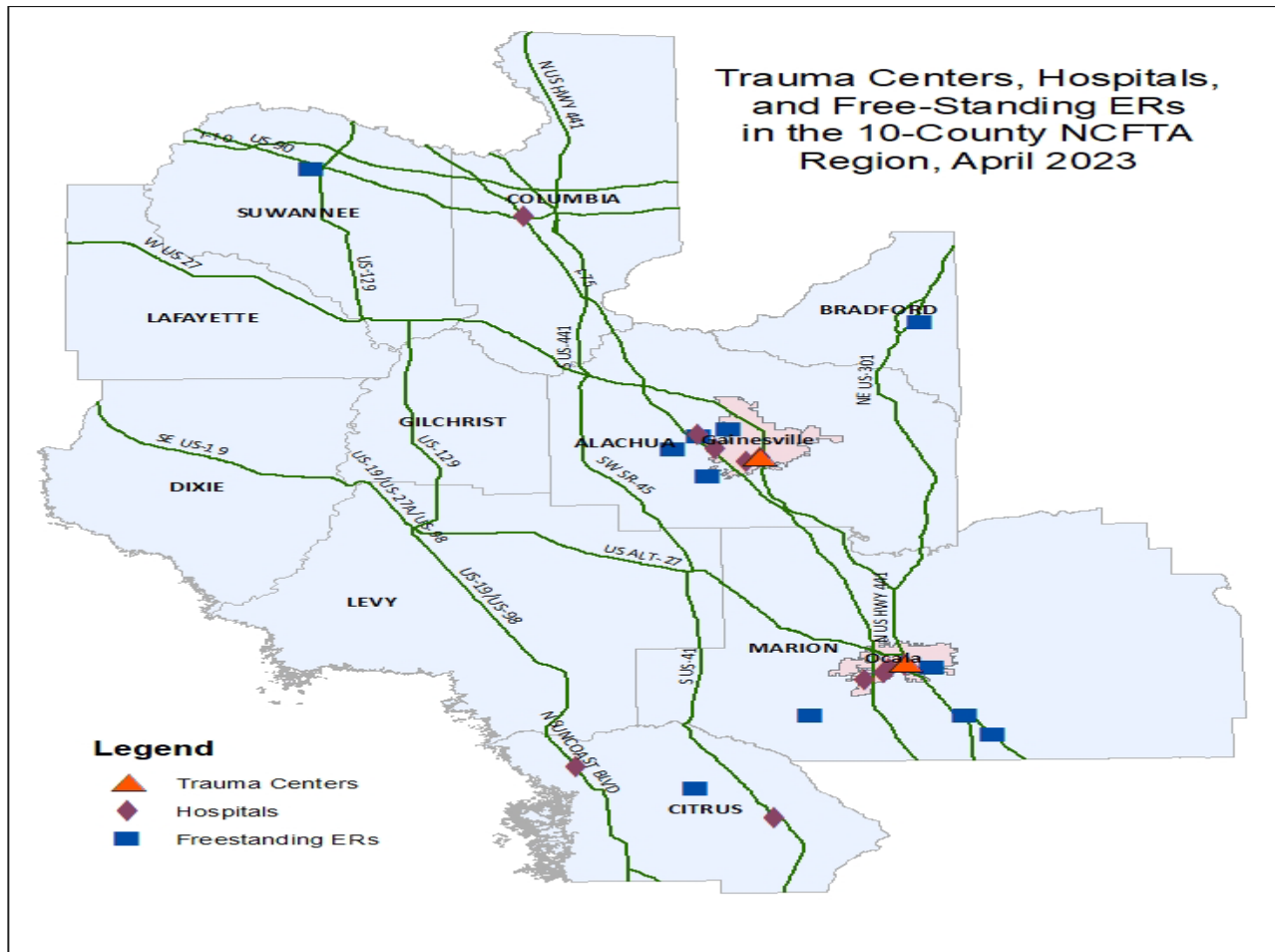




FIGURE 2. TRAUMA DISCHARGES BY COUNTY OF RESIDENCE FOR UF HEALTH SHANDS HOSPITAL FOR THE 10-COUNTY NCFTA REGION AND SELECTED SURROUNDING COUNTIES, 2021.

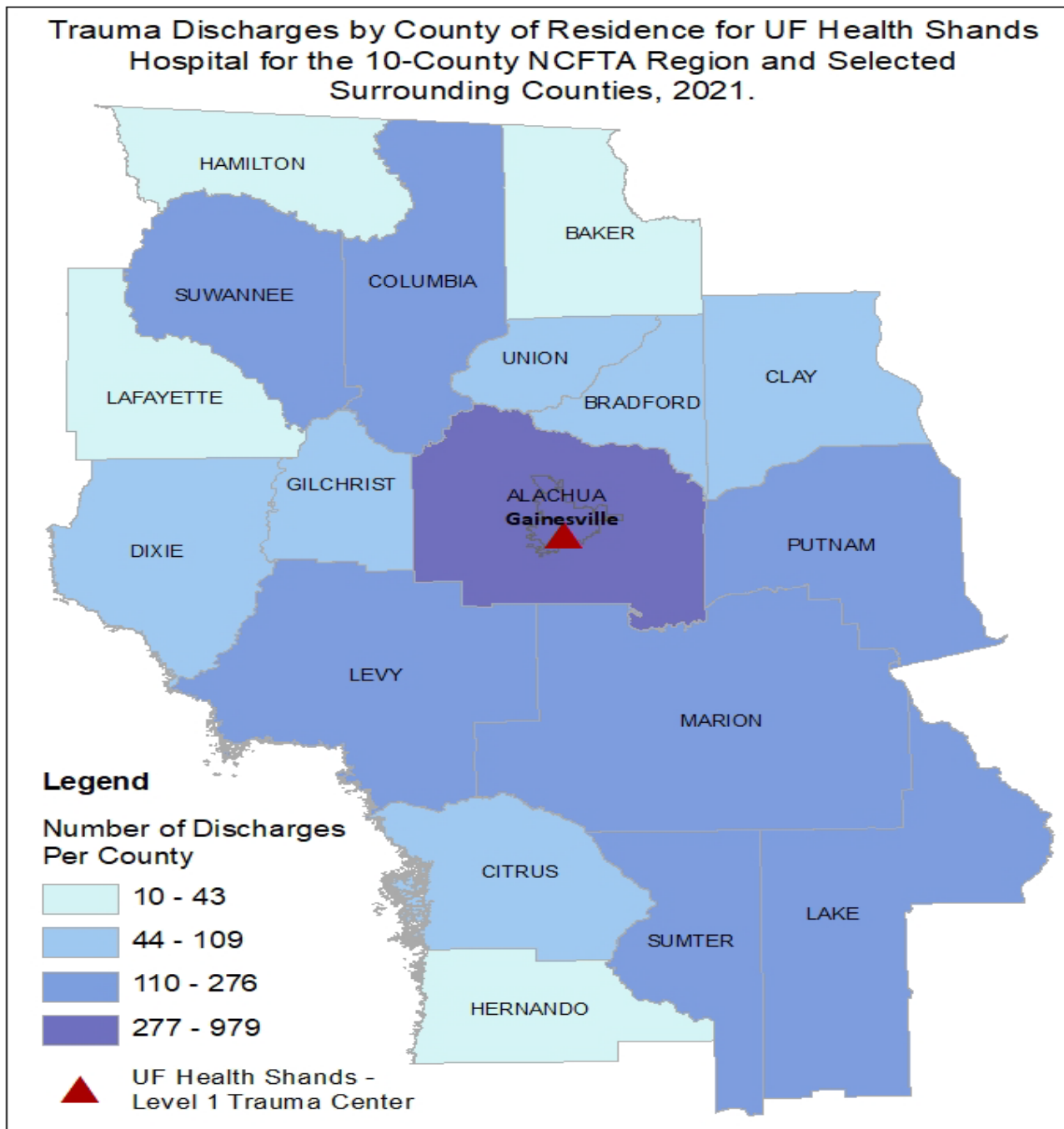
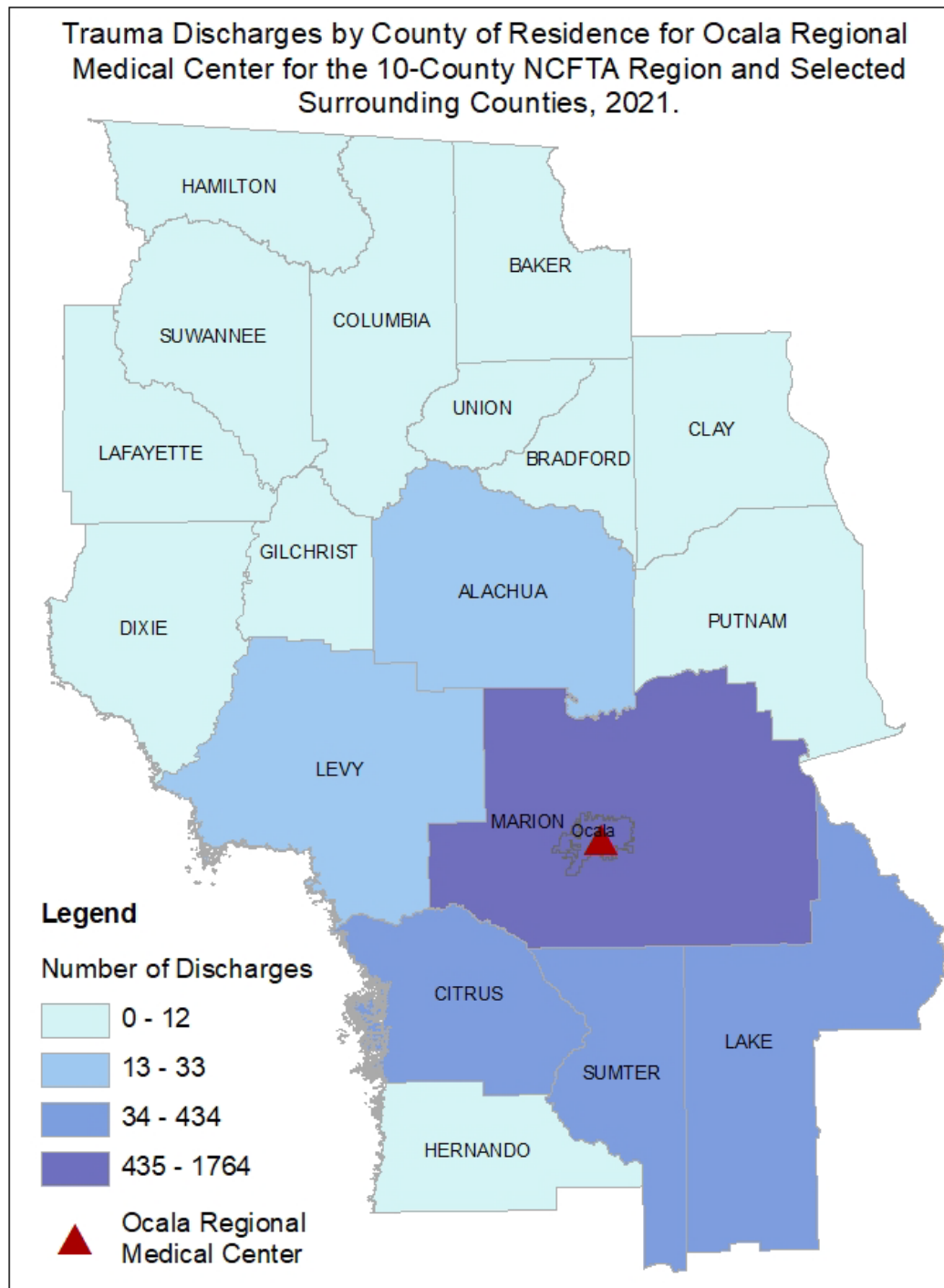




FIGURE 3. TRAUMA DISCHARGES BY COUNTY OF RESIDENCY FOR HCA FLORIDA OCALA HOSPITAL FOR THE 10-COUNTY NCFTA REGION AND SELECT SURROUNDING COUNTIES, 2021.





AREA HOSPITALS

Ten (10) acute care hospitals serve residents and visitors of the original 10-county NCFTA service area and 22 serve the enhanced 18-county service area (Table 12). UF Health Shands at the University of Florida in Gainesville is a Level I Trauma Center (UF Health Shands Gainesville) and HCA Florida Ocala Hospital is a Level II Trauma Center. Five of the counties in the 18 county service area (Dixie, Gilchrist, Hamilton, Lafayette, and Levy) do not have acute care hospitals.



TABLE 12. ACUTE CARE HOSPITALS BY COUNTY, 2023.

Area	Hospital Name	Nearest Major Routes		
		Federal Interstates	Federal Highways	State Highways
Alachua *	UF Health Shands Hospital	I-10, I-75	US-27, US-41, US-301, US-441	SR-20, SR-24, SR-26
	HCA Florida North Florida Hospital	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 *	HCA Florida Starke Emergency A Part of HCA Florida North FL Hospital	I-10, I-75, I-95	US-301	SR-16, SR-100, SR-21, SR-230
Citrus *	HCA Florida Citrus Hospital	I-75	US-19, US-98	SR-41, SR-44, SR-200, Sunshine Parkway
	Bravera Health Seven Rivers	I-75	US-19, US-98	SR-41, SR-44, SR-200, Sunshine Parkway
Clay	HCA Florida Orange Park Hospital	I-295	US-17	First Coast Outer Beltway, SR-100, SR-16, SR-21, SR-224, SR-230
	Ascension St. Vincent's Clay County, Inc.	I-295	US-17	First Coast Outer Beltway, SR-100, SR-16, SR-21, SR-224, SR-230
Columbia *	HCA Florida Lake City Hospital	I-10, I-75	US-41, US-90, US-44	SR-25, SR-47, SR-100, SR-247
	Shands Lake Shore RMC Closed in 2020.			
Dixie *	No hospitals in this county			
Gilchrist *	No hospitals in this county			
Hamilton	No hospitals in this county			

* These are the original 10 counties that comprised the North Central Florida Trauma Agency (NCFTA) Service Area. The NCFTA SA includes all 18 counties.

Source: <https://quality.healthfinder.fl.gov/facilitylocator/facloc.aspx>

Prepared by: WellFlorida Council, 2023.



TABLE 12 CONT. ACUTE CARE HOSPITALS BY COUNTY, 2023.

Area	Hospital Name	Nearest Major Routes		
		Federal Interstates	Federal Highways	State Highways
Hernando	HCA Florida Oak Hill Hospital	I-75	US-19, US-41, US-98	SR-50, SR-589
	Brevard Health Brooksville	I-75	US-19, US-41, US-98	SR-50, SR-589
	Brevard Health Spring Hill	I-75	US-19, US-41, US-98	SR-50, SR-589
Lafayette *	No hospitals in this county			
Lake	AdventHealth Waterman	I-75	Florida's Turnpike, US-27, US-441, Wekiva Parkway	SR-40, SR-44, SR-33, SR-19
	UF Health Leesburg Hospital	I-75	Florida's Turnpike, US-27, US-441, Wekiva Parkway	SR-40, SR-44, SR-33, SR-19
	Orlando Health South Lake Hospital	I-75	Florida's Turnpike, US-27, US-441, Wekiva Parkway	SR-40, SR-44, SR-33, SR-19
Levy *	Regional General Hospital - Williston(formerly Tri- County Hospital Williston) Closed in 2019			
Marion *	Advent Health Ocala	I-75	US-27, US-301, US-441	SR-40, SR-200, SR-464, SR-326, SR-35
	HCA Florida West Marion Hospital	I-75	US-27, US-301, US-441	SR-40, SR-200, SR-464, SR-326, SR-35
	HCA Florida Ocala Hospital	I-75	US-27, US-301, US-441	SR-40, SR-200, SR-464, SR-326, SR-35

* These are the original 10 counties that comprised the North Central Florida Trauma Agency (NCFTA) Service Area. The NCFTA SA includes all 18 counties.

Source: <https://quality.healthfinder.fl.gov/facilitylocator/facloc.aspx>

Prepared by: WellFlorida Council, 2023.



TABLE 12 CONT. ACUTE CARE HOSPITALS BY COUNTY, 2023.

Area	Hospital Name	Nearest Major Routes		
		Federal Interstates	Federal Highways	State Highways
Putnam	HCA Florida Putnam Hospital	I-95	US-17	SR-19, SR-20, SR-21, SR-26, SR-100, SR-207
Sumter	UF Health The Villages Hospital Select Specialty Hospital The Villages	I-75	Florida's Turnpike, US-301	SR-44, SR-471, SR-50-SR25
Suwannee *	Shands Live Oak Regional Medical Center ER Only HCA Florida Suwannee Emergency	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 10 counties that comprised the North Central Florida Trauma Agency (NCFTA) Service Area. The NCFTA SA includes all 18 counties.

Source: <https://quality.healthfinder.fl.gov/facilitylocator/facloc.aspx>

Prepared by: WellFlorida Council, 2023.

NURSING HOMES/REHABILITATION CENTERS

Table 13 lists the 86 nursing homes and rehabilitation centers in the enhanced 18-county NCFTA service area. Forty-four (44) of these 74 nursing homes and rehabilitation centers are located in the original 10-county NCFTA service area.



TABLE 13. LIST OF NURSING HOMES AND REHABILITATION CENTERS BY COUNTY AS OF APRIL, 2023.

County	Nursing Home
Alachua *	Gainesville Health & Rehabilitation
	Magnolia Ridge Health and Rehabilitation 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
	Plaza Health and Rehab
	Terrace Healthcare & Rehabilitation Center
Baker	Macclenny Nursing And Rehab Center
	W Frank Wells Nursing Home
Bradford *	Riverwood Healthcare & Rehabilitation Center
	Windsor Health And Rehabilitation Center
Citrus *	Arbor Trail Rehab And Skilled Nursing Center
	Avante At Inverness Inc
	Citrus Health And Rehabilitation Center
	Crystal River Health And Rehabilitation Center
	Cypress Cove Care Center
	Diamond Ridge Health And Rehabilitation Center
	Grove Healthcare and Rehabilitation Center
	Health Center At Brentwood
	Life Care Center Of Citrus County

* These are the original 10 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>; April 11, 2023.

Prepared by: WellFlorida Council, 2023.



TABLE 13 CONT. LIST OF NURSING HOMES AND REHABILITATION CENTERS BY COUNTY AS OF APRIL, 2023.

County	Nursing Home
Clay	Green Cove Springs Rehabilitation and Care Center
	Isle Health & Rehabilitation Center
	Life Care Center At Wells Crossing
	Life Care Center Of Orange Park
	Middleburg Rehabilitation and Nursing Center
	Orange Park Rehabilitation and Nursing Center
	Palms Nursing and Rehab at Orange Park
	Pavilion For Health Care The
	Pruitthealth - Fleming Island
	Raydiant Health Care of Orange Park
	Vivo Healthcare Orange Park
Columbia *	Baya Pointe Nursing And Rehabilitation Center
	Bedrock Rehabilitation and Nursing Center at Lake City
	Solaris Healthcare Lake City
	The Palms Nursing and Rehab at Lake City
Dixie *	Cross City Nursing And Rehabilitation Center
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 Center for Rehabilitation and Healing
	Oak Hill Health and Rehabilitation
	Spring Hill Health And Rehabilitation Center

* These are the original 10 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>; April 11, 2023.

Prepared by: WellFlorida Council, 2023.



TABLE 13 CONT. LIST OF NURSING HOMES AND REHABILITATION CENTERS BY COUNTY AS OF APRIL, 2023.

County	Nursing Home
Lafayette *	Lafayette Nursing And Rehabilitation Center
Lake	Adventhealth Care Center Waterman
	Avante At Leesburg Inc
	Avante At Mt Dora Inc.
	Bayview Center
	Bedrock Rehabilitation and Nursing Center at lake Eustis
	Clermont Health And Rehabilitation Center
	Freedom Pointe Health Center
	Lady Lake Specialty Care Center
	Lake Port Square Health Center
	Lakes of Clermont Health and Rehabilitation Center The
	Lakeview Terrace Rehabilitation and Health Care Center
	North Campus Rehabilitation And Nursing Center
	Ruleme Center
	South Campus Care Center and Rehab
	The Edgewater At Waterman Village
	Villages Rehabilitation And Nursing Center The
Levy *	Williston Care Center
Marion *	Arbor Springs Health and Rehabilitation Center
	Avante At Ocala Inc
	Bridgewater Park Health and Rehabilitation Center
	Chatham Glen Healthcare and Rehabilitation Center
	Club Health And Rehabilitation Center At The Villages (The)
	Hawthorne Center for Rehabilitation and Healing of Ocala
	Life Care Center Of Ocala
	Ocala Health And Rehabilitation Center
	Ocala Oaks Rehabilitation Center
	Palm Garden Of Ocala
	The Lodge Health And Rehabilitation Center
	Timberridge Nursing & Rehabilitation Center

* These are the original 10 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>; April 11, 2023.

Prepared by: WellFlorida Council, 2023.



TABLE 13 CONT. LIST OF NURSING HOMES AND REHABILITATION CENTERS BY COUNTY AS OF APRIL, 2023.

County	Nursing Home
Putnam	Palatka Center for Rehabilitation and Healing
	Radiant Nursing and Rehab at Palatka
	The Pavilion at Crescent Lake
Sumter	Buffalo Crossings Healthcare and Rehabilitation Center
	Cypress Care Center and Rehab
	Osprey Point Nursing Center
Suwannee *	Bedrock Rehabilitation and Nursing Center at Suwannee
	Good Samaritan Center
	Surrey Place Nursing Center
Union	Does Not Have Any Nursing Homes

* These are the original 10 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>; April 11, 2023.

Prepared by: WellFlorida Council, 2023.



PRE-HOSPITAL PROVIDERS

Table 14 shows EMS providers and type of care. There are 30 ground EMS agencies and five 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 five flight programs that provide service in the NCFTA trauma region are:

- Rocky Mountain Holdings LLC
- Rocky Mountain Holdings LLC/DBA/AirCare
- Rocky Mountain Holdings LLC/DBA/Bayflight
- Global Jet Care
- ShandsCair



TABLE 14. EMS AGENCIES BY COUNTY AND TYPE OF CARE, 2023.

County	Agency Name	Type/Levels of Care
Alachua	Alachua County Fire Rescue	ALS/T
Alachua	Gainesville Fire Rescue	ALS/N
Alachua	High Springs Fire Department	ALS/N
Alachua	North Florida Regional Medical Center	ALS/T
Alachua	Rocky Mountain Holdings LLC	AIR/IP
Alachua	Rocky Mountain Holdings LLC DBA AirCare	ALS/T
Alachua	Rocky Mountain Holdings LLC DBA Bayflite	AIR/IP
Alachua	ShandsCair	AIR/ALS/T
Baker	Baker County Fire Rescue	ALS/T
Bradford	Bradford County EMS	ALS/T
Citrus	Citrus Fire Rescue	ALS/T
Clay	Clay County Fire Rescue	ALS/T
Clay	Orange Park Fire	ALS/T
Columbia	Columbia County Fire Rescue	ALS/N
Columbia	Excelsior Ambulance Service	ALS/T
Columbia	Legacy of North Florida	ALS/T
Dixie	Dixie County EMS	ALS/T
Gilchrist	Gilchrist County EMS	ALS/T
Hamilton	Hamilton County EMS	ALS/T
Hernando	Global Jetcare	AIR/I
Hernando	Hernando County Fire and Emergency Services	ALS/T
Hernando	Med-Trans Corporation DBA Med-Trans Florida	AIR/IP
Lafayette	Lafayette County Rescue	ALS/T
Lake	Lake County Board of County Commissioners	ALS/T
Levy	Levy County Department of Public Safety AKA EMS Dept	ALS/T
Marion	Courtesy Transport Services	BLS/T
Marion	HCA Florida Ocala Hospital	ALS/T
Marion	Leopard Medical Transport	BLS/T
Marion	Marion County Fire Rescue	ALS/T
Marion	Ocala Fire Rescue Service	ALS/N
Putnam	Putnam County Fire Rescue	ALS/T
Sumter	Sumter County Board of County Commissioners	ALS/N
Sumter	Village Center Community Development District	ALS/T
Suwannee	Suwannee County Fire Rescue	ALS/T
Union	Union County Department of Emergency Services	ALS/T

Source: https://www.floridahealth.gov/licensing-and-regulation/ems-service-provider-regulation-and-compliance/_documents/ems-providers.pdf, as of 4/18/2023

Prepared by: WellFlorida Council, 2023.



LEADING CAUSES OF TRAUMA

Table 15 shows the major mechanisms of traumatic injury that present at UF Health Shands Gainesville Hospital and HCA Florida Ocala Hospital (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 15. MOST COMMON MECHANISMS OF INJURY AT UF HEALTH SHANDS HOSPITAL AND HCA FLORIDA OCALA HOSPITAL, 2022.

UF Health Shands Hospital		HCA Florida Ocala Hospital		
Top 10 Mechanisms of Injury	Percent of All Trauma-Related Causes of Injury	Top 10 Mechanisms of Injury	Number	Percent of All Trauma-Related Causes of Injury
1. Fall	39.0	1. Falls	2498	55.5
2. Motor Vehicle Crash	21.0	2. Motor Vehicle Crash	800	17.8
3. Burn	4.0	3. Motorcycle Crash	239	5.3
4. Motorcycle Crash	4.0	4. ATV/Golf Cart	114	2.5
5. Assault	4.0	5. Gun Shot Wound	110	2.4
6. (Tie) Gun Shot Wound	4.0	6. Animal	105	2.3
7. (Tie) Pedestrian	2.0	7. Assault	104	2.3
8. Penetrating	1.0	8. Bicycle	90	2.0
9. Self Inflicted	1.0	9. Pedestrian VS Auto	79	1.8
10. Crushing	1.0	10. Stabbing	37	0.8
All Others	19.0	All Others	324	7.2

Source: UF Health Shands Trauma Department, HCA Florida Ocala Hospital Trauma Department, 2023.

Prepared by: WellFlorida Council, 2023.

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 UF Health 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 UF Health Shands Gainesville on July 1, 2005. The patient flow for all trauma alerts for the original NCFTA trauma service area changed again in December 2012 when HCA Florida Ocala Hospital (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 UF Health Shands Gainesville.



Transport may be by ground or air. The original 10-county NCF trauma region has 30 ground EMS operators and five 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 30 ground EMS operators and the same 4 aeromedical teams. In general, counties in the original 10-county regional use one of the 30 EMS providers or 5 aeromedical providers serving those counties; and the counties in the enhanced 18-county service area use one of the other listed ground EMS providers and the same 4 aeromedical teams.

Even if patients do not meet the trauma alert triage criteria, they may be transported to UF Health Shands Gainesville, HCA Florida Ocala Hospital 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 UF Health Shands Gainesville, HCA Florida Ocala Hospital 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 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 UF Health 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 UF Health Shands Gainesville on July 1, 2005. Victims within the UF Health Shands Gainesville catchment area that meet the triage criteria are transported to the Level I Trauma Center. This flow changed dramatically in December 2012 when HCA Florida Ocala Hospital was provisionally designated a Level II Trauma Center.

Shortly after the designation of UF Health Shands Gainesville 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 and have been approved by the NCFTA Medical Director.

NOTE: In February 2019, Bylaws Committee drafted and approved new bylaws f(Appendix

A) for the NCFTA. These bylaws were reviewed by Board/General Members during a 4-week open review period and were submitted to FDOH as a revision to the 2017-2022 5-year plan on April 5, 2019.



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 is comprised of the following members:

EMS Agency

Carl Kaufman (Marion)
Eddie Hand (Suwannee)
Elizabeth Braun (Alachua)
Vacant

Hospital

Michael Gleason (Marion)
Vacant
Michael O'Conner (Marion)
Cory Hewitt (Alachua)

Physician

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

BOCC Appointee

Mitch Harrell (Levy)
Darian Brown (Dixie)
James Campbell (Gilchrist)
Jeffrey Crawford 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 executive leadership team: President; Vice President; Secretary/Treasurer; and Medical Director. The current leadership team) is comprised as follows:

President – Gary Gillette. North Florida Regional Medical Center

Vice President – Carl Kaufman, Marion County Fire Rescue

Secretary/Treasurer – Cory Hewitt, 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 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.

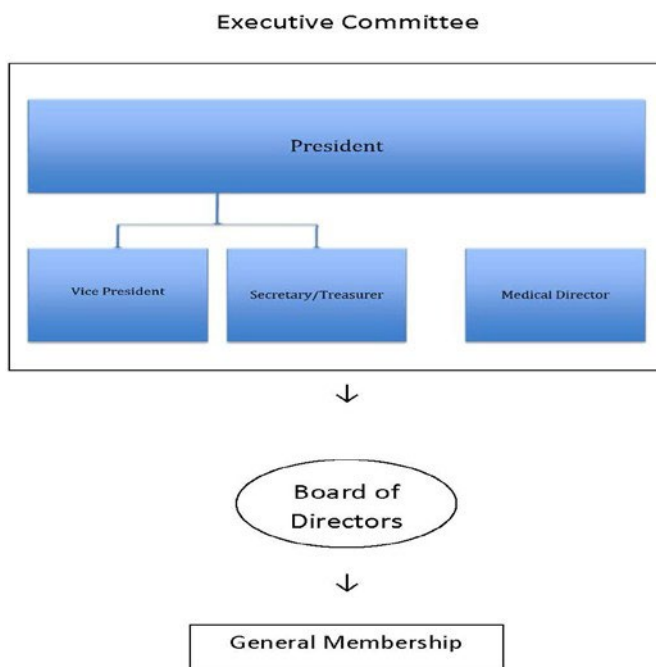
Quality Assurance Committee: This committee oversees activities related to quality management of the District's trauma system.

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, UF Health Shands Gainesville 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 UF Health Shands Gainesville. Now the region is served by both a Level I Trauma Center at UF Health Shands Gainesville and a Level II Trauma Center at HCA Ocala Florida Hospital 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 UF Health Shands Gainesville, UF Health Jacksonville, or Tampa General Hospital. Referral calls for acceptance to the UF Health Shands Gainesville 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 HCA Ocala Florida Hospital 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 2023-2028 Trauma Plan, the NCFTA Board of Directors and general members identified the four objectives below which are still highly relevant for the 2023-2028 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 stem and stroke educational materials and cases. (ongoing) 4. Create a strategic plan to more formally integrate CoREMS into NCFTA. (Spring 2023 - Spring 2028) 	<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 counsel 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 2023-Fall 2024) 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 2024) 	<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.



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 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.	<p>In Spring 2024, 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 2024) 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 UF Health Shands Hospital and HCA Florida Ocala Hospital, 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, UF Health Shands Hospital or HCA Florida Ocala Hospital for loop closure.

For 2023-2028, 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 UF Health Shands Hospital by retrospective review of pre-hospital and inpatient documentation. This review is conducted by the UF Health Shands Hospital 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 UF Health Shands Hospital 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 UF Health Shands Hospital, 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.

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, UF Health Shands Hospital, HCA Florida Ocala Hospital, 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.

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 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 UF Health Shands Hospital 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 a listing of agencies within the region who can voluntarily adopt the rTTPs.

EMS GROUND TRANSPORTATION

There are 30 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:

- Rocky Mountain Holdings LLC
- Rocky Mountain Holdings LLC/DBA/AirCare
- Rocky Mountain Holdings LLC/DBA/Bayflight
- Global Jet Care
- Shands Cair

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

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.

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 HCA Florida Ocala Hospital be taken to other Trauma Centers than UF Health Shands Hospital or HCA Florida Ocala Hospital UF Health 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, UF Health Shands Hospital 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.



Hospital Services Profile

Ten (10) acute care hospitals serve residents and visitors of the original 10-county NCFTA service area and 31 serve the enhanced 18-county service area (Table 12). UF Health Shands Hospital in Gainesville is a Level I Trauma Center (UF Health Shands Hospital) and HCA Florida Ocala Hospital is a Level II Trauma Center. Five of the counties in the 18-county service area (Dixie, Gilchrist, Hamilton, Lafayette, and Levy) do not have acute care hospitals.

These acute care hospitals (as seen in Table 16), ranging in size from 2 to 1,054 beds had between 9,750 to 121,159 ED visits in 2021. 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.

Tables ,17-22 show trauma-related discharges were identified as those admissions with a principal diagnosis ICD-10 code of S00-S99, T07, T14-T28 and T30-T34 (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-10 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 16. NON-GOVERNMENT HOSPITALS AND HOSPITAL BASED OFF-CAMPUS ED FACILITIES IN THE NCFTA SERVICE AREA AND SURROUNDING COUNTIES, 2021.

County	Hospital and Hospital Based Off-Campus ED Facility	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 and UF Health Shands Emergency Center - Springhill and UF Health Emergency Center - Kanapaha	1,054	29,095	92,064	121,159	24.0
	HCA Florida North Florida Hospital and HCA Florida Millhopper Emergency A Part of HCA North FL Hospital and HCA Florida West End Emergency A Part of HCA FL North FL Hospital	523	22,615	66,023	88,638	25.5
Baker	Ed Fraser Memorial Hospital	25	273	9,297	9,570	2.9
Bradford *	HCA Florida Starke Emergency A Part of HCA Florida North FL Hospital (4)	5	670	18,642	19,312	3.5
Citrus *	HCA Florida Citrus Hospital	204	9,001	27,811	36,812	24.5
	Bravera Health Seven Rivers and Bravera Health ER Citrus Hills	128	5,613	31,281	36,894	15.2

* These are the original 10 counties that comprised the North Central Florida Trauma Agency (NCFTA) Service Area. Dixie, Gilchrist, Hamilton, Lafayette and Levy 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) <https://quality.healthfinder.fl.gov/facilitylocator/facloc.aspx>. April 14, 2023.

(2) <https://quality.healthfinder.fl.gov/researchers/QuickStat/quickstat.aspx>, Calendar Year 2021 Data.

(3) Does not have an inpatient facility

Prepared by: WellFlorida Council, 2023.



TABLE 16 CONT. NON-GOVERNMENT HOSPITALS AND HOSPITAL BASED OFF-CAMPUS ED FACILITIES IN THE NCFTA SERVICE AREA AND SURROUNDING COUNTIES, 2021.

County	Hospital and Hospital Based Off-Campus ED Facility	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						
Clay	HCA Florida Orange Park Hospital and HCA Florida Normandy Park Emergency, A Part of HCA Florida Orange and HCA Florida Park West Emergency, A Part of HCA Florida Orange PA	363	16,387	94,767	111,154	14.7
	Ascension St. Vincent's Clay County, Inc.	134	6,029	29,009	35,038	17.2
Columbia *	HCA Florida Lake City Hospital	113	7,059	54,367	61,426	11.5
Dixie *	No hospital or ER in this county					
Gilchrist *	No hospital or ER in this county					
Hamilton *	No hospital or ER in this county					
Hernando	Brevara Health Brooksville	120	3,427	17,455	20,882	16.4
	HCA Florida Oak Hill Hospital	350	18,211	43,100	61,311	29.7
	Brevara Health Spring Hill	124	3,403	21,057	24,460	13.9
Lafayette *	No hospital or ER in this county					

* These are the original 10 counties that comprised the North Central Florida Trauma Agency (NCFTA) Service Area. Dixie, Gilchrist, Hamilton, Lafayette and Levy 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 area 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) <https://quality.healthfinder.fl.gov/facilitylocator/facloc.aspx>, April 14, 2023.

(2) <https://quality.healthfinder.fl.gov/researchers/QuickStat/quickstat.aspx>, Calendar Year 2021 Data.

(3) Does not have an inpatient facility

Prepared by: WellFlorida Council, 2023.



TABLE 16 CONT. NON-GOVERNMENT HOSPITALS AND HOSPITAL BASED OFF-CAMPUS ED FACILITIES IN THE NCFTA SERVICE AREA AND SURROUNDING COUNTIES, 2021.

County	Hospital and Hospital Based Off-Campus ED Facility	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						
Lake	AdventHealth Waterman	300	12,783	54,857	67,640	18.9
	UF Health Leesburg Hospital	330	9,845	28,583	38,428	25.6
	Orlando Health South Lake Hospital and Orlando Health south Lake Hospital Emergency Room and Medical PA and Orlando Health south Lake Hospital Joe H & Loretta Scott Emergency Room	147	12,829	69,049	81,878	15.7
Levy *	No hospital or ER in this county					
Marion *	Advent Health Ocala and Advent Health Belleview ER and Advent Health Timberridge ER	385	13,789	77,437	91,226	15.1
	HCA Florida West Marion Hospital A Part of HCA FL Ocala Hospital	222	10,734	35,407	46,141	23.3
	HCA Florida Ocala Hospital and HCA Florida Maricamp Emergency, HCA Florid Summerfield Emergency and HCA Florida Trailwinds Village Emergency	323	19,921	93,536	113,457	17.6

* These are the original 10 counties that comprised the North Central Florida Trauma Agency (NCFTA) Service Area. Dixie, Gilchrist, Hamilton, Lafayette and Levy 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) <https://quality.healthfinder.fl.gov/facilitylocator/facloc.aspx>, April 14, 2023.

(2) <https://quality.healthfinder.fl.gov/researchers/QuickStat/quickstat.aspx>, Calendar Year 2021 Data.

(3) Does not have an inpatient facility

Prepared by: WellFlorida Council, 2023.



TABLE 17. 10-COUNTY NCFTA SERVICE AREA AND SURROUNDING COUNTY RESIDENTS AND WHAT HOSPITAL THEY WENT TO FOR TRAUMA-RELATED DISCHARGES, 2021. *

Hospital	Discharges	Percent of Total
UF Health Shands Hospital	2,870	17.3
HCA Florida Ocala Hospital	2,841	17.1
HCA Florida Orange Park Hospital	937	5.6
HCA Florida North Florida Hospital	892	5.4
HCA Florida Bayonet Point Hospital	747	4.5
Orlando Health Orlando Regional Medical Center	685	4.1
Adventhealth Waterman	682	4.1
HCA Florida Oak Hill Hospital	660	4.0
HCA Florida West Marion Hospital A Part of HCA FL Ocala Hospital	519	3.1
UF Health The Villages Hospital	502	3.0
UF Health Leesburg Hospital	477	2.9
Adventhealth Ocala	475	2.9
HCA Florida Citrus Hospital	396	2.4
Orlando Health South Lake Hospital	314	1.9
Bravera Health Seven Rivers	309	1.9
Encompass Health Rehabilitation Hospital of Ocala	287	1.7
Encompass Health Rehabilitation Hospital of Spring Hill	262	1.6
HCA Florida Memorial Hospital	223	1.3
UF Health Rehab Hospital	169	1.0
Ascension St. Vincent's Riverside	165	1.0
All Others	2,177	13.1
Total	16,589	100.0

* As Per the Florida Bureau of Emergency Services, trauma -related discharges are identified as those admissions with a principal diagnosis of ICD10 codes 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 18 NCFTA SA and surrounding counties.

Source: AHCA Hospital Inpatient Data, calendar year 2021.

Prepared by: WellFlorida Council, 2023.



TABLE 18. TOTAL TRAUMA-RELATED DISCHARGES AT THE TRAUMA CENTERS IN FLORIDA AND WHAT PERCENT OF THE TOTAL TRAUMA RELATED DISCHARGES ARE FROM THE ORIGINAL 10 NCFTA SA COUNTIES AND WHAT PERCENT ARE OF THE 18 NCFTA SA AND SURROUNDING COUNTIES, 2021. *

Hospital(County)	Trauma Center Location	Total Trauma Related Discharges at Trauma Centers in Florida	Percent of Total Discharges
Orlando Regional Hospital (Orange)	Border County of NCFTA SA	5,406	3.7
UF Health Shands (Alachua)	10 Original NCFTA SA	3,754	2.6
HCA Florida Ocala Hospital (Marion)	10 Original NCFTA SA	3,126	2.1
Halifax Hospital Medical Center (Volusia)	Border County of NCFTA SA	2,326	1.6
HCA West Florida at Bayonet Point (Pasco)	Border County of NCFTA SA	2,324	1.6
UF Health Jacksonville (Duval)	Border County of NCFTA SA	2,286	1.6
HCA Florida Osceola Hospital (Osceola)	Border County of NCFTA SA	2,104	1.4
HCA Florida Orange Park Hospital (Clay)	18 Original NCFTA SA	1,735	1.2
HCA Florida Memorial Hospital (Duval)	Border County of NCFTA SA	1,649	1.1
HCA Florida Lake Monroe (Seminole)	Border County of NCFTA SA	1,244	0.8
Wolfson's Childrens Hospital (Duval)	Border County of NCFTA SA	464	0.3
All Other Trauma Centers in Florida	All Others	120,122	82.0
Total		146,540	100.0

* As Per the Florida Bureau of Emergency Services, trauma -related discharges are identified as those admissions with a principal diagnosis of ICD10 codes 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 2021.

Prepared by: WellFlorida Council, 2023.



TABLE 18 CONT. TOTAL TRAUMA-RELATED DISCHARGES AT THE TRAUMA CENTERS IN FLORIDA AND WHAT PERCENT OF THE TOTAL TRAUMA RELATED DISCHARGES ARE FROM THE ORIGINAL 10 NCFTA SA COUNTIES AND WHAT PERCENT ARE OF THE 18 NCFTA SA AND SURROUNDING COUNTIES, 2021. *

Hospital(County)	Total Trauma Related Discharges at Trauma Centers in Florida	Trauma Related Discharges from Residents in the 10 Original NCFTA SA Counties	Percent of Trauma Center
Orlando Regional Hospital (Orange)	5,406	39	0.7
UF Health Shands (Alachua)	3,754	2,186	58.2
HCA Florida Ocala Hospital (Marion)	3,126	2,163	69.2
Halifax Hospital Medical Center (Volusia)	2,326	19	0.8
HCA West Florida at Bayonet Point (Pasco)	2,324	139	6.0
UF Health Jacksonville (Duval)	2,286	19	0.8
HCA Florida Osceola Hospital (Osceola)	2,104	7	0.3
HCA Florida Orange Park Hospital (Clay)	1,735	62	3.6
HCA Florida Memorial Hospital (Duval)	1,649	24	1.5
HCA Florida Lake Monroe (Seminole)	1,244	7	0.6
Wolfson's Childrens Hospital (Duval)	464	0	0.0
All Other Trauma Centers in Florida	120,122	3,458	2.9
Total	146,540	8,123	5.5

* As Per the Florida Bureau of Emergency Services, trauma -related discharges are identified as those admissions with a principal diagnosis of ICD10 codes 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 2021.

Prepared by: WellFlorida Council, 2023.



TABLE 18 CONT. TOTAL TRAUMA-RELATED DISCHARGES AT THE TRAUMA CENTERS IN FLORIDA AND WHAT PERCENT OF THE TOTAL TRAUMA RELATED DISCHARGES ARE FROM THE ORIGINAL 10 NCFTA SA COUNTIES AND WHAT PERCENT ARE OF THE 18 NCFTA SA AND SURROUNDING COUNTIES, 2021. *

Hospital(County)	Total Trauma Related Discharges at Trauma Centers in Florida	Trauma Related Discharges from Residents in the 18 NCFTA SA Counties	Percent of Trauma Center
Orlando Regional Hospital (Orange)	5,406	685	12.7
UF Health Shands (Alachua)	3,754	2,870	76.5
HCA Florida Ocala Hospital (Marion)	3,126	2,841	90.9
Halifax Hospital Medical Center (Volusia)	2,326	72	3.1
HCA West Florida at Bayonet Point (Pasco)	2,324	747	32.1
UF Health Jacksonville (Duval)	2,286	135	5.9
HCA Florida Osceola Hospital (Osceola)	2,104	41	1.9
HCA Florida Orange Park Hospital (Clay)	1,735	937	54.0
HCA Florida Memorial Hospital (Duval)	1,649	223	13.5
HCA Florida Lake Monroe (Seminole)	1,244	157	12.6
Wolfson's Childrens Hospital (Duval)	464	48	10.3
All Other Trauma Centers in Florida	120,122	7,833	6.5
Total	146,540	16,589	11.3

* As Per the Florida Bureau of Emergency Services, trauma -related discharges are identified as those admissions with a principal diagnosis of ICD10 codes 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 2021.
Prepared by: WellFlorida Council, 2023.



TABLE 18 CONT. TOTAL TRAUMA-RELATED DISCHARGES AT THE TRAUMA CENTERS IN FLORIDA AND WHAT PERCENT OF THE TOTAL TRAUMA RELATED DISCHARGES ARE FROM THE ORIGINAL 10 NCFTA SA COUNTIES AND WHAT PERCENT ARE OF THE 18 NCFTA SA AND SURROUNDING COUNTIES, 2021. *

Hospital(County)	Total Trauma Related Discharges at Trauma Centers in Florida	Out of State Residents	Percent of Trauma Center
Orlando Regional Hospital (Orange)	5,406	307	5.7
UF Health Shands (Alachua)	3,754	326	8.7
HCA Florida Ocala Hospital (Marion)	3,126	139	4.4
Halifax Hospital Medical Center (Volusia)	2,326	213	9.2
HCA West Florida at Bayonet Point (Pasco)	2,324	92	4.0
UF Health Jacksonville (Duval)	2,286	456	19.9
HCA Florida Osceola Hospital (Osceola)	2,104	193	9.2
HCA Florida Orange Park Hospital (Clay)	1,735	107	6.2
HCA Florida Memorial Hospital (Duval)	1,649	163	9.9
HCA Florida Lake Monroe (Seminole)	1,244	48	3.9
Wolfson's Childrens Hospital (Duval)	464	84	18.1
All Other Trauma Centers in Florida	120,122	7,737	6.4
Total	146,540	9,865	6.7

* As Per the Florida Bureau of Emergency Services, trauma -related discharges are identified as those admissions with a principal diagnosis of ICD10 codes 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 2021.

Prepared by: WellFlorida Council, 2023.



TABLE 19. 10 NCFTA SA COUNTIES AND SURROUNDING COUNTIES ACUTE CARE HOSPITAL AND REHAB HOSPITAL TRAUMA-RELATED DISCHARGES, 2021. *

Hospital	Total Discharges	Percent of 10 County NCFTA SA Discharges	Percent of 18 County NCFTA SA Discharges	Total Patient Days	ALOS	Total Charges	Average Charge
UF Health Shands Hospital (1)	3,754	36.5	27.0	24,455	6.5	341,413,360	90,946.6
HCA Florida Ocala Hospital (1)	3,126	30.4	22.5	17,254	5.5	459,329,279	146,938.3
HCA Florida North Florida Hospital (1)	948	9.2	6.8	4,907	5.2	114,091,706	120,349.9
Adventhealth Waterman	739	---	5.3	3,784	5.1	45,865,283	62,064.0
HCA Florida Oak Hill Hospital	711	---	5.1	2,960	4.2	77,032,583	108,344.0
HCA Florida West Marion Hospital A Part Of HCA Florida Ocala Hospital (1)	556	5.4	4.0	2,006	3.6	50,310,263	90,486.1
UF Health The Villages Hospital	526	---	3.8	3,293	6.3	21,903,833	41,642.3
Adventhealth Ocala (1)	503	4.9	3.6	2,230	4.4	38,965,908	77,467.0
UF Health Leesburg Hospital	498	---	3.6	2,872	5.8	20,729,630	41,625.8
HCA Florida Citrus Hospital (1)	405	3.9	2.9	1,843	4.6	48,818,210	120,538.8
Encompass Health Rehabilitation Hospital Of Spring Hill	372	---	2.7	5,448	14.6	10,016,586	26,926.3
Orlando Health South Lake Hospital	362	---	2.6	1,407	3.9	28,226,261	77,973.1
Bravera Health Seven Rivers (1)	322	3.1	2.3	1,420	4.4	30,579,031	94,965.9
Encompass Health Rehabilitation Hospital Of Ocala (1)	294	2.9	2.1	3,886	13.2	6,809,979	23,163.2
UF Health Rehab Hospital (1)	200	1.9	1.4	2,892	14.5	14,147,169	70,735.8
HCA Florida Lake City Hospital (1)	171	1.7	1.2	673	3.9	13,168,164	77,006.8
Bravera Health Brooksville	148	---	1.1	684	4.6	15,916,839	107,546.2
Bravera Health Spring Hill	140	---	1.0	559	4.0	11,915,582	85,111.3

* As Per the Florida Bureau of Emergency Services, trauma -related discharges are identified as those admissions with a principal diagnosis of ICD10 codes 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 10 counties that comprised the North Central Florida Trauma Agency (NCFTA) Service Area. The NCFTA SA now includes all 18 counties hospitals. Both service area totals are shown for comparison.

Source: AHCA Hospital Inpatient Data, Calendar year 2021.

Prepared by: WellFlorida Council, 2023.



TABLE 19 CONT. 10 NCFTA SA COUNTIES AND SURROUNDING COUNTIES ACUTE CARE AND REHAB HOSPITAL TRAUMA-RELATED DISCHARGES ,2021. *

Hospital	Total Discharges	Percent of 10 County NCFTA SA Discharges	Percent of 18 County NCFTA SA Discharges	Total Patient Days	ALOS	Total Charges	Average Charge
HCA Florida Putnam Hospital	98	---	0.7	431	4.4	5,927,369	60,483.4
Ed Fraser Memorial Hospital	4	---	0.0	13	3.3	77,293	19,323.3
Lake Butler Hospital	2	---	0.0	8	4.0	70,661	35,330.5
Kindred Hospital Ocala (1)	2	0.0	0.0	44	22.0	215,252	107,626.0
Select Specialty Hospital-The Villages	2	---	0.0	96	48.0	358,500	179,250.0
10 County NCFTA SA - Acute Care Hospitals Total	9,787	95.2	70.5	54,832	60.1	1,096,891,173	926,325.4
10 County NCFTA SA - Rehab Hospitals Total	494	4.8	3.6	6,778	27.7	20,957,148	93,899.0
10 County NCFTA SA - All Hospitals Total	10,281	100.0	74.1	61,610	87.8	1,117,848,321	1,020,224.5
18 County NCFTA SA - Acute Care Hospitals Total	13,017	---	93.8	70,939	5.4	1,324,915,007	101,783.4
18 County NCFTA SA - Rehab Hospitals Total	866	---	6.2	12,226	14.1	30,973,734	35,766.4
18 County NCFTA SA - All Hospitals Total	13,883	---	100.0	83,165	6.0	1,355,888,741	97,665.4

* As Per the Florida Bureau of Emergency Services, trauma -related discharges are identified as those admissions with a principal diagnosis of ICD10 codes 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 10 counties that comprised the North Central Florida Trauma Agency (NCFTA) Service Area. The NCFTA SA now includes all 18 counties hospitals. Both service area totals are shown for comparison.

Source: AHCA Hospital Inpatient Data, Calendar year 2021.

Prepared by: WellFlorida Council, 2023.



TABLE 20. ACUTE CARE HOSPITAL AND REHAB HOSPITAL TRAUMA-RELATED DISCHARGES BY AGE GROUP, 2021. *

Age	Original 10 County NCFTA SA					
	Acute Care Hospital Totals		Rehab Hospital Totals		Total Discharges	
	Number	Percent of Total	Number	Percent of Total	Number	Percent of Total
0-4	151	1.5	0	0.0	151	1.4
5-14	267	2.6	0	0.0	267	2.5
15-24	673	6.5	20	4.0	693	6.4
25-34	758	7.4	19	3.8	777	7.2
35-44	704	6.8	24	4.9	728	6.8
45-54	750	7.3	19	3.8	769	7.1
55-64	1,251	12.2	66	13.4	1,317	12.2
65-74	1,810	17.6	103	20.9	1,913	17.8
75-84	2,213	21.5	146	29.6	2,359	21.9
85+	1,704	16.6	97	19.6	1,801	16.7
Total	10,281	100.0	494	100.0	10,775	100.0
Age	18 County NCFTA SA					
	Acute Care Hospital Totals		Rehab Hospital Totals		Total Discharges	
	Number	Percent of Total	Number	Percent of Total	Number	Percent of Total
0-4	151	1.1	0	0.0	151	1.0
5-14	268	1.9	0	0.0	268	1.8
15-24	696	5.0	20	2.3	716	4.9
25-34	808	5.8	24	2.8	832	5.6
35-44	778	5.6	30	3.5	808	5.5
45-54	864	6.2	27	3.1	891	6.0
55-64	1,598	11.5	97	11.2	1,695	11.5
65-74	2,521	18.2	175	20.2	2,696	18.3
75-84	3,439	24.8	277	32.0	3,716	25.2
85+	2,760	19.9	216	24.9	2,976	20.2
Total	13,883	100.0	866	100.0	14,749	100.0

* As Per the Florida Bureau of Emergency Services, trauma -related discharges are identified as those admissions with a principal diagnosis of ICD10 codes 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 2021.

Prepared by: WellFlorida Council, 2023.



TABLE 21, TRAUMA-RELATED DISCHARGES AND NUMBER THAT PATIENTS RECEIVED TREATMENT IN THE FACILITY'S EMERGENCY DEPARTMENT AND THOSE NOT ADMITTED FROM THE EMERGENCY DEPARTMENT, BY ACUTE CARE AND REHAB HOSPITAL, 2021. *

Hospital	Total Discharges	Patient Received Treatment In the Facility's Emergency Department		Not Admitted From Facility's Emergency Department	
		Number	Percent	Number	Percent
UF Health Shands Hospital (1)	3,754	3,420	91.1	334	8.9
HCA Florida Ocala Hospital (1)	3,126	2,999	95.9	127	4.1
HCA Florida North Florida Hospital (1)	948	879	92.7	69	7.3
Adventhealth Waterman	739	664	89.9	75	10.1
HCA Florida Oak Hill Hospital	711	681	95.8	30	4.2
HCA Florida West Marion Hospital A Part Of HCA Florida Ocala Hospital (1)	556	524	94.2	32	5.8
UF Health The Villages Hospital	526	421	80.0	105	20.0
Adventhealth Ocala (1)	503	498	99.0	5	1.0
UF Health Leesburg Hospital	498	444	89.2	54	10.8
HCA Florida Citrus Hospital (1)	405	389	96.0	16	4.0
Encompass Health Rehabilitation Hospital Of Spring Hill	372	0	0.0	372	100.0
Orlando Health South Lake Hospital	362	346	95.6	16	4.4
Bravera Health Seven Rivers (1)	322	309	96.0	13	4.0
Encompass Health Rehabilitation Hospital Of Ocala (1)	294	0	0.0	294	100.0

* As Per the Florida Bureau of Emergency Services, trauma -related discharges are identified as those admissions with a principal diagnosis of ICD10 codes 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 includes in this data.

(1) These hospitals are from the original 10 counties that comprised the North Central Florida Trauma Agency (NCFTA) Service Area. The NCFTA now includes all 18 counties hospitals.

Source: AHCA Hospital Inpatient Data, calendar year 2021.

Prepared by: WellFlorida Council, 2023.



TABLE 21 CONT. TRAUMA RELATED SICHARGES AND NUMBER THAT WERE ADMITTED FROM THE EMERGENCY DEPARTMENT, BY ACUTE CARE AND REHAB HOSPITAL, 2021. *

Hospital	Total Discharges	Patient Received Treatment In the Facility's Emergency Department		Not Admitted From Facility's Emergency Department	
		Number	Percent	Number	Percent
UF Health Rehab Hospital (1)	200	0	0.0	200	100.0
HCA Florida Lake City Hospital (1)	171	168	98.2	3	1.8
Bravera Health Brooksville	148	129	87.2	19	12.8
Bravera Health Spring Hill	140	133	95.0	7	5.0
HCA Florida Putnam Hospital	98	96	98.0	2	2.0
Ed Fraser Memorial Hospital	4	4	100.0	0	0.0
Lake Butler Hospital	2	1	50.0	1	50.0
Kindred Hospital Ocala (1)	2	0	0.0	2	100.0
Select Specialty Hospital-The Villages	2	0	0.0	2	100.0
NCFTA SA - Acute Care Hospitals	13,017	12,105	93.0	912	7.0
NCFTA SA - Rehab Hospitals	866	0	0.0	866	100.0
NCFTA SA - All Hospitals	13,883	12,105	87.2	1,778	12.8

* As Per the Florida Bureau of Emergency Services, trauma -related discharges are identified as those admissions with a principal diagnosis of ICD10 codes 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 10 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 2021.

Prepared by: WellFlorida Council, 2023.



TABLE 22. NCFTA TRAUMA-RELATED DISCHARGES WHERE PATIENT WAS ADMITTED FROM THE HOSPITAL'S EMERGENCY DEPARTMENT BY PRINCIPAL PAYOR, 2021. *

Hospital	Payor	Discharges	Total Length of Stay	Average Length of Stay (ALOS)
UF Health Shands Hospital (1)	Commercial Insurance	593	3,173	5.4
	Medicaid	521	3,948	7.6
	Medicare	1,139	7,625	6.7
	Self Pay-No Payment	396	2,063	5.2
	Other	771	5,348	6.9
	Total	3,420	22,157	6.5
HCA Florida Ocala Hospital (1)	Commercial Insurance	658	3,444	5.2
	Medicaid	248	3,036	12.2
	Medicare	1,580	8,006	5.1
	Self Pay-No Payment	326	1,275	3.9
	Other	187	1,078	5.8
	Total	2,999	16,839	5.6
HCA Florida North Florida Hospital (1)	Commercial Insurance	66	321	4.9
	Medicaid	36	246	6.8
	Medicare	728	3,909	5.4
	Self Pay-No Payment	30	115	3.8
	Other	19	85	4.5
	Total	879	4,676	5.3
Adventhealth Waterman	Commercial Insurance	46	183	4.0
	Medicaid	20	116	5.8
	Medicare	513	2,412	4.7
	Self Pay-No Payment	22	53	2.4
	Other	63	279	4.4
	Total	664	3,043	4.6
HCA Florida Oak Hill Hospital	Commercial Insurance	49	129	2.6
	Medicaid	23	112	4.9
	Medicare	562	2,451	4.4
	Self Pay-No Payment	22	57	2.6
	Other	25	84	3.4
	Total	681	2,833	4.2

* As Per the Florida Bureau of Emergency Services, trauma -related discharges are identified as those admissions with a principal diagnosis of ICD10 codes 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 10 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 2021.

Prepared by: WellFlorida Council, 2023.



TABLE 22 CONT. NCFTA TRAUMA-RELATED DISCHARGES WHERE PATIENT RECEIVED TREATMENT IN THE HOSPITAL'S EMERGENCY DEPARTMENT BY PRINCIPAL PAYOR, 2021. *

Hospital	Payor	Discharges	Total Length of Stay	Average Length of Stay (ALOS)
HCA Florida West Marion Hospital A Part Of HCA Florida Ocala Hospital (1)	Commercial Insurance	37	90	2.4
	Medicaid	13	62	4.8
	Medicare	426	1,648	3.9
	Self Pay-No Payment	22	60	2.7
	Other	26	112	4.3
	Total	524	1,972	3.8
UF Health The Villages Hospital	Commercial Insurance	10	47	4.7
	Medicaid	5	22	4.4
	Medicare	393	2,094	5.3
	Self Pay-No Payment	5	17	3.4
	Other	8	40	5.0
	Total	421	2,220	5.3
Adventhealth Ocala (1)	Commercial Insurance	49	174	3.6
	Medicaid	32	206	6.4
	Medicare	328	1,552	4.7
	Self Pay-No Payment	42	115	2.7
	Other	47	158	3.4
	Total	498	2,205	4.4
UF Health Leesburg Hospital	Commercial Insurance	29	94	3.2
	Medicaid	10	67	6.7
	Medicare	378	2,222	5.9
	Self Pay-No Payment	8	36	4.5
	Other	19	110	5.8
	Total	444	2,529	5.7
HCA Florida Citrus Hospital (1)	Commercial Insurance	23	103	4.5
	Medicaid	13	130	10.0
	Medicare	323	1,479	4.6
	Self Pay-No Payment	8	26	3.3
	Other	22	77	3.5
	Total	389	1,815	4.7

* As Per the Florida Bureau of Emergency Services, trauma -related discharges are identified as those admissions with a principal diagnosis of ICD10 codes 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 10 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 2021.

Prepared by: WellFlorida Council, 2023.



TABLE 22 CONT. NCFTA TRAUMA-RELATED DISCHARGES WHERE PATIENT RECEIVED TREATMENT IN THE HOSPITAL'S EMERGENCY DEPARTMENT BY PRINCIPAL PAYOR, 2021. *

Hospital	Payor	Discharges	Total Length of Stay	Average Length of Stay (ALOS)
Orlando Health South Lake Hospital	Commercial Insurance	30	88	2.9
	Medicaid	8	31	3.9
	Medicare	287	1,163	4.1
	Self Pay-No Payment	11	23	2.1
	Other	10	33	3.3
	Total	346	1,338	3.9
Bravera Health Seven Rivers (1)	Commercial Insurance	25	117	4.7
	Medicaid	9	47	5.2
	Medicare	253	1,139	4.5
	Self Pay-No Payment	11	50	4.5
	Other	11	37	3.4
	Total	309	1,390	4.5
HCA Florida Lake City Hospital (1)	Commercial Insurance	11	40	3.6
	Medicaid	4	22	5.5
	Medicare	143	566	4.0
	Self Pay-No Payment	3	15	5.0
	Other	7	17	2.4
	Total	168	660	3.9
Bravera Health Brooksville	Commercial Insurance	10	30	3.0
	Medicaid	8	33	4.1
	Medicare	94	457	4.9
	Self Pay-No Payment	4	10	2.5
	Other	13	63	4.8
	Total	129	593	4.6
Bravera Health Spring Hill	Commercial Insurance	8	28	3.5
	Medicaid	8	30	3.8
	Medicare	106	437	4.1
	Self Pay-No Payment	3	7	2.3
	Other	8	28	3.5
	Total	133	530	4.0

* As Per the Florida Bureau of Emergency Services, trauma -related discharges are identified as those admissions with a principal diagnosis of ICD10 codes 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 10 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 2021.

Prepared by: WellFlorida Council, 2023.



TABLE 22 CONT. NCFTA TRAUMA-RELATED DISCHARGES WHERE PATIENT RECEIVED TREATMENT IN THE HOSPITAL'S EMERGENCY DEPARTMENT BY PRINCIPAL PAYOR, 2021. *

Hospital	Payor	Discharges	Total Length of Stay	Average Length of Stay (ALOS)
HCA Florida Putnam Hospital	Commercial Insurance	10	38	3.8
	Medicaid	9	39	4.3
	Medicare	72	336	4.7
	Self Pay-No Payment	2	3	1.5
	Other	3	11	3.7
	Total	96	427	4.4
Ed Fraser Memorial Hospital	Commercial Insurance	0	0	0.1
	Medicaid	0	0	0.1
	Medicare	4	13	3.3
	Self Pay-No Payment	0	0	1.0
	Other	0	0	1.0
	Total	4	13	3.2
Lake Butler Hospital	Commercial Insurance	0	0	0.0
	Medicaid	0	0	0.0
	Medicare	0	0	0.0
	Self Pay-No Payment	0	0	0.0
	Other	1	6	6.0
	Total	1	6	6.0
NCFTA Service Area Hospitals	Commercial Insurance	1,654	8,099	4.9
	Medicaid	967	8,147	8.4
	Medicare	7,329	37,509	5.1
	Self Pay-No Payment	915	3,925	4.3
	Other	1,240	7,566	6.1
	Total	12,105	65,246	5.4

* As Per the Florida Bureau of Emergency Services, trauma -related discharges are identified as those admissions with a principal diagnosis of ICD10 codes 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 10 counties that comprised the North Central Florida Trauma Agency (NCFTA) Service Area. The NCFTASA 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 2021.

Prepared by: WellFlorida Council, 2023.



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

Currently, 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.

The North Central Florida Trauma Agency will review the State of Florida triennial Trauma System Assessment as they are released. NCFTA will review this report for current analysis of population growth, growth of high acuity patients and the location of their definitive treatment.

State of Florida Triennial Trauma System Assessment

Authority and Intent

Section 395.4025 (2)(a), F.S., requires the Florida Department of Health (Department) to prepare an analysis of the state's trauma system by August 31, 2020, and every three years thereafter, using the hospital discharge database described in section 408.061, F.S., for the most current year. In addition, the Department must use the most recent five years of population data for the state available from the United States Census Bureau. The statute directs that the Department's report must, at a minimum, include all of the following:

- The population growth for each trauma service area (TSA) and for the state.
- The number of high-risk patients treated at each trauma center within each TSA, including pediatric trauma centers.
- The total number of high-risk patients treated at all acute care hospitals, including non-trauma centers, in each TSA.
- The percentage of each trauma center's sufficient volume of trauma patients, as described in section 395.4025 (3)(d)2, F.S., in accordance with the International Classification Injury Severity Score (ICISS) for the trauma center's designation, inclusive of the additional caseload volume required for those trauma centers with graduate medical education programs.



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 CORRDNATION (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 HCA Florida Ocala Hospital 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 23 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 23. 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 patientcare
- 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 HCA Florida Ocala Hospital 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.
- 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 -2023-2028 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



TABLE 24. TOP REFERRING HOSPITALS FOR UF HEALTH SHANDS HOSPITAL AND HCA FLORIDA OCALA HOSPITAL, 2022.

UF Health Shands Hospital	
Referring Hospital	Percent
UF Health The Villages Hospital	20.0
UF Health Leesburg Hospital	16.0
HCA Florida Lake City Hospital	12.0
HCA Florida North Florida Hospital	9.0
Bravera Seven Rivers	6.0
South Georgia Regional	4.0
HCA Florida Putnam Hospital	3.0
HCA Florida Suwannee Emergency	3.0
UF Health Jacksonville	3.0
HCA Florida Ocala Hospital	2.0
All Others	22.0
Total	100.0
HCA Florida Ocala Hospital	
Referring Hospital	Percent
HCA Florida West Marion	44.3
HCA Florida Citrus Hospital	22.3
Adventhealth Ocala	13.0
Bravera Seven Rivers	12.1
UF Health The Villages Hospital	3.0
UF Health Leesburg Hospital	2.0
HCA Florida North Florida Hospital	1.2
HCA Florida Putnam Hospital	0.9
HCA Florida Lake City Hospital	0.3
All Others	0.9
Total	100.0

Source: UF Health Shands Trauma Department, HCA Florida Ocala Hospital Trauma Department, 2023.

Prepared by: WellFlorida Council, 2023.



TABLE 25. TRAUMA ALERT PATIENTS TRANSPORTED TO UF HEALTH SHANDS HOSPITAL BY AGENCY, 2022.

Agency Name	Percent Trauma Alerts
ACFR	30.0
Century	7.0
Levy County	5.0
Shandscair Helo	6.0
Shandscair Ground	5.0
Trauma 1 Helo	4.0
MCFR	3.0
Airlife 7	2.0
All Others	38.0
Total	100.0

Source: UF Health Shands, Trauma Program, 2022.

Prepared by: WellFlorida Council, 2023.



TABLE 26. TRAUMA ALERT PATIENTS TRANSPORTED TO HCA FLORIDA OCALA HOSPITAL BY AGENCY, 2022.

Agency Name	Number	Percent
Marion County	2,637	75.4
AMR	372	10.6
Citrus County	185	5.3
Medfleet	105	3.0
Lake County	89	2.5
Villages F/R	57	1.6
Sumter County	36	1.0
Levy County	11	0.3
Putnam County	4	0.1
Alachua County	2	0.1
Total	3,498	100.0

Source: HCA Florida Ocala Hospital Trauma Department, 2023.

Prepared by: WellFlorida Council, 2023.

TABLE 27. EMERGENCY DEPARTMENT DISPOSITION, HCA FLORIDA OCALA HOSPITAL AND UF HEALTH SHANDS HOSPITAL, 2022.

Disposition	HCA Florida Ocala Hospital		UF Health Shands Hospital	
	Number	Percent	Number	Percent
Floor	1,653	37.0	36	41.4
ICU	1,135	25.4	19	21.8
TPU	970	21.7	0	0.0
Home	439	9.8	20	23.0
OR	170	3.8	7	8.0
Step Down Unit	0	0.0	4	4.6
Transfer Out	63	1.4	0	0.0
Death	34	0.8	1	1.1
Total	4,464	100.0	87	100.0

Source: UF Health Shands Trauma Department, HCA Florida Ocala Hospital Trauma Department, 2023.

Prepared by: WellFlorida Council, 2023.



Public Information and Education

NCFTA recognizes the important function of trauma education 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 UF Health Shands Hospital and HCA Florida Ocala Hospital 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.

Historically, these activities and outreach have included the following:

- 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 HealthAlliance.
- 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

The NCFTA itself is also a vehicle of public education itself via its quality round tables and Agency activities which have included:

- Trauma resiliency training seminar for first responders
- Review of American College of Surgeons trauma center standard recommendations
- Presentation on best practices on upper extremity trauma
- Presentation on coordinated opioid recovery using community integrated medicine (community paramedicine)
- Review of best practices of geriatric indications for CT in trauma
- Ongoing review of regional trauma services statistics at the region's two trauma centers
- Coordination and information sharing with the North Central Florida Health Care Coalition
- Coordination and information sharing with the Office of Trauma in the Florida Department of Health
- Investigation of trauma alert trends among senior patients
- Demonstration of use and discussion of performance of ResQCPR: a mechanical CPR device
- Discussion of protocols for and use of tranexamic acid (TXA) for hemorrhaging trauma patients
- Assessment of emerging issues and practices in pediatric trauma care
- Overview of development of community para-medicine programs in North Central Florida



- Study of potential development of recommended trauma transport protocols for hanging and suffocation incidents
- Impact of COVID on trauma hospitals and trauma system performance
- Quality improvement discussions with pre-hospital and hospital providers through our quality round table



Appendix A – Interlocal Agreement Creating the North Central Florida Trauma Agency



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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 Harrison
(Seal)

BY:

Wilbur 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 Alexander, Chairman~~
Dixie County Commission
C. W. (Johnny) Stephenson, Chairman

ATTEST:

Joe Perkins Allen
(Seal)



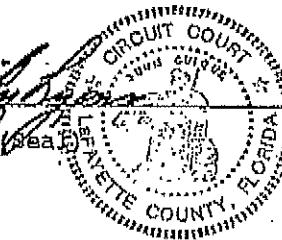
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Interlocal Agreement
Cont.

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

ATTEST: *Joseph R. Baker*
(Seal)

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

ATTEST: *Shirley Taylor*
(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



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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.

TABLE OF CONTENTS

<u>Section</u>	<u>Page</u>
I. Dispatch Procedures	5
II. Trauma Patient Assessment for Adult and Pediatrics	6
III. Trauma Destination Requirements	6
IV. Transfer of Patient Care Information	8
V. Emergency Inter-facility Transfers	9
VI. EMS Agency Medical Director Attestation	10
VII. NCFTA Medical Director Attestation	11
VII. APPENDIX 1: Initial Receiving Hospital Attestation Form	12

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

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 _____



North Central Florida Trauma Agency

1785 NW 80th Boulevard
Gainesville, Florida 32606
Phone: 352-313-6500, ext. 108

Planning Together for a Safer and Healthier North Central Florida since 1990

PRE-HOSPITAL ELDER GRAY-AREA NON-TRAUMA ALERT CRITERIA

Purpose: Identify “at risk” older/geriatric patients that may benefit from a trauma center

First, check to see if the patient already meets trauma alert criteria and call an alert as appropriate.

If not a trauma alert, but the patient is 65 years or older, **consider transporting the individual to a trauma center** if one or more of the following conditions are satisfied:

Mechanism of Injury:

Motor vehicle collision associated with:

- Significant Passenger Space Invasion
- Prolonged extrication greater than 20 minutes
- Rollover
- Fatality (other occupant)

Injuries Associated with an above mechanism:

- Evidence of obvious head injury

Other events associated with high-energy dissipation:

- Fall (> above 2 feet)

Traumatic injury and currently taking:

- Anticoagulants and blood thinners (excluding aspirin or Plavix)

Approved: January 26, 2022



North Central Florida Trauma Agency

1785 NW 80th Boulevard
Gainesville, Florida 32606
Phone: 352-313-6500, ext. 108

Planning Together for a Safer and Healthier North Central Florida since 1990

Addendum to NCFTA Recommended Trauma Transport Protocol (RTTP) Proposed Strangulation or Hanging Criteria

Any evidence of significant strangulation or hanging should be transported to the closest trauma center. Any history of significant strangulation or hanging should be transported to the closest trauma center.

Approved: January 26, 2022



Appendix C – Organizational Structure



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Appendix C

Organizational Structure

North Central Florida Trauma Agency General Membership and Board of Directors As of May 1, 2023

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

Carl Kaufman (Marion)
Eddie Hand (Suwannee)
Elizabeth Braun (Alachua)
Vacant

Hospital

Michael Gleason (Marion)
Vacant
Michael O'Conner (Marion)
Cory Hewitt (Alachua)

Physician

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

BOCC Appointee

Mitch Harrell (Levy)
Darian Brown (Dixie)
James Campbell (Gilchrist)
Jeffrey Crawford Columbia)

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 – Cory Hewitt
Medical Director – Richard Petrik

Appendix C
Organizational Structure

First Name	Last Name	Position	Term Starts	Term Ends	Officer Position	Officer Term Starts	Officer Term Ends	Note
Gary	Gillette	PHYS 1	10/20/2021	10/20/2024	President	10/20/2021	10/20/2023	
Carl	Kaufman	EMS 1	10/20/2021	10/20/2024	Vice President	10/20/2021	10/20/2023	
Michael	Gleason	HOSP 1	10/20/2021	10/20/2024				
Darian	Brown	BOCC 1	10/20/2021	10/20/2024				
Frank	Fraunfelter	PHYS 3	10/20/2021	10/20/2024				
Michael	O'Connor	HOSP 3	10/20/2021	10/20/2024				
James	Campbell	BOCC 3	10/20/2021	10/20/2024				
Elizabeth	Braun	EMS 3	10/20/2021	10/20/2024				
Richard	Petrik	PHYS 2	10/20/2021	10/20/2023	Medical Director	10/20/2021	10/20/2023	
Vacant	Vacant	HOSP 2	10/20/2021	10/20/2023				
Eddie	Hand	EMS 2	10/20/2021	10/20/2023				
Cory	Hewitt	HOSP 4	10/20/2021	10/20/2023	Secretary/Treasurer	10/20/2021	10/20/2023	
Vacant	Vacant	EMS 4	10/20/2021	10/20/2023				
Mitch	Harrell	BOCC 2	10/20/2021	10/20/2023				
Jeffrey	Crawford	BOCC 4	10/20/2021	10/20/2023				
David	Meurer	PHYS 4	10/20/2021	10/20/2023				

Appendix C Organizational Structure

County	Last Name	First Name	Membership Category EMS- EMS Agency, PH- Physician, H- Hospital, BOCC- Board of County Commission, IP- Interested Party	Email	Phone/Cell	Phone/Work	Agency	Address	City	St	Zip	Board Appt. Expires (3-Year Term)	Officer Appt (2 Year Term)	Initial Letter of Appointment Received	Contact Form Received	NCFTA Covered Region
Alachua	Bak	Ariella	IP	bakan@cityofgainesville.org		352-339-6375	City of Gainesville/ GFR CPR Program			FL				n/a		Yes
Alachua	Berger	Amy	IP	bergea@shands.ufl.edu	352-281-0607	352-733-1089	Pediatric Trauma Program Manager, UF Shands	PO Box 100108	Gainesville	FL	32610			n/a	3/11/2021	Yes
Alachua	Braun	Elizabeth	EMS	braunei@cityofgainesville.org		352-334-5075	Leutenant, Gaiensville Fire Rescue	1026 NE 14th Street	Gainesville	FL	32601	10/20/2021		3/5/2019	3/3/2021	Yes
Alachua	Brooks	Todd	IP	brookt@shands.ufl.edu		352-538-9393	ShandsCair (Chief Flight Nurse)			FL				n/a		Yes
Alachua	Caron	Brad	IP	brad.caron@fhealth.gov	352-258-0442	352-334-7913	Florida Department of Health in Alachua County	224 SE 24th Street	Gainesville	FL	32641			n/a		Yes
Alachua	Cochran	Terri	IP	tcochran@amsurg.com	352-538-7590	352-367-2310	Orthopaedic Surgery Center	4600 West newberry Road	Gainesville	FL	32607			n/a	3/11/2021	Yes
Alachua	Crews	Edward	IP	crewed@shands.ufl.edu		352-265-0222	ShandsCair Critical Care Transport Program	PO Box 100332	Gainesville	FL	32610			n/a	3/3/2021	Yes
Alachua	Drum	Chris	IP	drumcd@shands.ufl.edu		352-672-8783	UF Health Gainesville ShandCair	1329 SW 16th Street	Gainesville	FL	32610			n/a		Yes
Alachua	Gillette	Gary	H	gary.gillette@hcahealthcare.com		352-317-2541	North Florida Regional Healthcare	8858 SW 11th Avenue	Gainesville	FL	32607	10/20/2021	10/20/2021	3/14/2018	2/24/2021	Yes
Alachua	Gillette	Karen	IP	karengill@aol.com				8858 SW 11th Avenue	Gainesville	FL	32607			n/a		Yes
Alachua	Gleason	Mitch	H	mjgle0004@shands.ufl.edu	801-391-2839	382-733-0879	UF Health Shands	PO Box 100108	Gainesville	FL	32610	10/20/2021		2/1/2021	2/24/2021	Yes
Alachua	Howard	Tracy	IP	howat@shands.ufl.edu	816-225-2338	352-733-0877	UF Health Shands	PO Box 100186	Gainesville	FL	32610			n/a		Yes
Alachua	Huesgen	Karl	IP	karlhuesgen@ufl.edu	616-438-2374	352-265-5911	UF Department of Emergency Medicine; ShandsCair	Dept. of ER Medicine, 1329 SW 16th Street	Gainesville	FL	32607			n/a		Yes
Alachua	Jones	Jason	PH	jasonjones@ufl.edu		281-841-8388	UF Division of EMS & Alachua County Fire Rescue	1329 SW 16th Street, Suite 5270	Gainesville	FL	32610			8/10/2018		Yes
Alachua	Justice	Brett Taylor	EMS	bjustice@alachuaucounty.us	352-283-0757	352-384-3101	Alachua County Fire Rescue	PO Box 5038	Gainesville	FL	32627			2/3/2021	2/24/2021	Yes
Alachua	Meurer	David	PH	meurer@ufl.edu	352-494-9615		ShandsCair, Gainesville Fire Rescue, UF Health	7823 SW 22nd Ave	Gainesville	FL	32607			3/14/2018	3/3/2021	Yes
Alachua	Michael	Cowart	IP	mcowart@alachuaucounty.us	386-397-5174	352-384-3114	Alachua County Fire Rescue, Assistant Chief	911 SE 5th Street	Gainesville	FL	32601			n/a	3/11/2021	Yes
Alachua	Pate	Elizabeth	IP	epate@srhac.org		386-462-1551	Suwannee River Area Health Education Center	14646 NW 151st Blvd.	Alachua	FL	32615			n/a		Yes
Alachua	Shay	Julie	IP	julie.shay@stcollege.edu	352-231-3743	352-395-5024	Santa Fe College	3000 NW 83rd Street	Gainesville	FL	32606			n/a		Yes
Alachua	Steele	Michael	IP	steelmw@cityofgainesville.org	386-433-0185	352-334-5075	Gainesville Fire Rescue- District Chief	1026 NE 14th Street	Gainesville	FL	32601			n/a		Yes
Alachua	Stedley	Kathy	IP	stedio@cityofgainesville.org		352-334-5078	Office of the Fire Chief - Gainesville Fire Rescue	1025 NE 13th Street	Gainesville	FL	32601			n/a		Yes
Alachua	Sullivan	Robert	IP	rsullivan@alachuaucounty.us			District Chief 8, Alachau County Fire Rescue	911 SE 5th Street	Gainesville	FL	32601			n/a		Yes
Alachua	Sullivan	Vicki	H				North Florida Regional Healthcare	8858 SW 11th Avenue	Gainesville	FL	32607			1/29/2018		Yes
Alachua	Taylor	Jeff	BOCC- Designee	jtaylor@alachuaucounty.us	321-243-5034	352-384-3131	Alachua County Fire Rescue	911 SE 5th Street	Gainesville	FL	32601					Yes
Alachua	Theus	Harold	BOCC	hmt@alachuaucounty.us	904-384-3132	352-384-3132	Alachua County Fire Rescue	911 SE 5th Street	Gainesville	FL	32601					Yes
Alachua	Withers	Sean	IP	witherssl@cityofgainesville.org	352-339-6291	352-334-5075	EMS Captain, Gainesville Fire Rescue	1026 NE 14th Street	Gainesville	FL	32601			n/a	3/3/2021	Yes
Alachua	Woods	Misty	IP	mwoods@alachuaucounty.us			EMS Chief, Alachua County Fire Rescue	911 SE 5th Street	Gainesville	FL	32601			n/a		Yes
Alachua	York	Donna	IP	yorkd@shands.ufl.edu	352-519-9163	352-733-0872	UF Health Shands Hospital	1600 SW Archer Road, Box 100108	Gainesville	FL	32610			n/a		Yes
Bradford	Lyons	Jim	IP	james.lyons@fhealth.gov	904-796-2654	904-964-7732 x 1605	FDOH Union	495 East Main Street	Lake Butler	FL				n/a		Yes
Bradford	Mann	Dan	IP	john.mann@fhealth.gov	904-263-2993	904-964-7732 x 1602	FDOH Bradford	1801 North Temple Avenue	Starke	FL	32091			n/a		Yes
Citrus	Morgan	Jason	BOCC	jason.morgan@citruscountytire.com	352-586-0689	352-527-7612	Citrus County Fire Rescue	3600 SW Sovereign Path	Lecanto	FL	34461				4/27/2021	Yes
Citrus	Mavros	George	H	george.mavros@hcahealthcare.com	352-212-0306	352-344-6547	Citrus Memorial Hospital	502 West Highland Blvd	Inverness	FL	34452			1/25/2018		Yes
Citrus	Rubin, MD	Bradley	IP	bradrik5@gmail.com	352-212-1259			2299 N. Overlook Path	Hernando	FL	34442			n/a	3/5/2021	Yes
Citrus	Stevens	Craig	BOCC	craig.stevens@citruscountytire.com	352-697-0440	352-527-5406	Citrus County Fire Rescue	3600 West Sovereign Path, Suite 141	Lecanto	FL	34461			3/13/2018		Yes
Clay	Deaton	Keri	IP	keri.deaton@hcahealthcare.com	901-484-4265	904-639-2849	Orange Park Medical Center	2001 Kingsley Avenue	Orange Park	FL	32073			n/a		No
Clay	Devin	Timothy	IP	timothy.devin@hcahealthcare.com		904-838-2202	EMS Coordinator, Orange Park Medical Center			FL				n/a		No
Clay	Motes	David	IP	david.motes@claycountygov.com	904-449-5807	904-541-2778	Clay County Fire Rescue	PO Box 1366	Green Cove Sp	FL	32043			n/a		No
Columbia	Crawford	Jeff	BOCC	jeff_crawford@columbiacountyfla.com	386-623-6048	386-758-3907	Columbia County Fire Rescue	509 SW Bascom Norris Drive	Lake City	FL	32025	10/20/2021		3/15/2018	3/9/2021	Yes
Columbia	Morgan	Shayne	IP	shayne_morgan@columbiacountyfla.com	386-623-2248	386-758-1383	Columbia County Emergency Management	PO Box 1787		FL						Yes
Columbia	Skeath	Craig	H	craig.skeath@hcahealthcare.com	352-262-1928	352-262-1928	Lake City Medical Center	340 NW Commerce Drive	Lake City	FL	32055			11/16/2018	2/24/2021	Yes
Columbia	Stith	Steven	EMS	steve.stith@centuryamb.com	904-759-4124	386-243-8161	Century Ambulance Service	2110 Herschel Street	Jacksonville	FL	32204			1/26/2018		Yes
Dixie	Brown	Darian	BOCC	darian.brown@dixie.fl.gov	352-578-5020	352-498-4562	Dixie County Emergency Services	17600 SE Highway 19	Cross City	FL	32628	10/20/2021		3/14/2018	3/3/2021	Yes
Dixie	Ferguson	Matthew	EMS	matt.ferguson@dixie.fl.gov	352-359-5482	352-498-4560	Dixie County Emergency Services	17600 SE Highway 19	Cross City	FL	32628			3/3/2021	3/3/2021	Yes
Dixie	Butler	Lola	IP	lola.butler@fhealth.gov		352-498-4584 or lola.butler@dixie.fl.gov	Florida Department of Health/ Dixie County EMS			FL				n/a		Yes
Gilchrist	Campbell	James	BOCC	jcampbell@gcfr.org	352-758-4650	386-935-5400	Gilchrist County EMS	3250 N US Hwy 129	Bell	FL	32619	10/20/2021		4/2/2018		Yes
Hamilton	Miller	Helen	IP	helenbmiller@windstream.net	734-308-6741	386-397-1111	Town of White Springs	PO Box 487	White Springs	FL	32096			n/a		Yes
Lafayette	Lawson	JC	BOCC	nogator@hotmail.com		386-266-8298		1979 NW 75th Trail	Bell	FL	32619			1/25/2019		Yes
Lafayette	Long	Jason	IP	jason.long@fhealth.gov			Planner, Lafayette Department of Health			FL				n/a		Yes
Lafayette & Suwannee	Waldron	Kerry	IP	kerry.waldron@fhealth.gov		386-362-2708	DOH- Lafayette and Suwannee Counties	915 Nobles Ferry Road	Live Oak	FL	32064			n/a	3/29/2021	Yes
Levy	Harrell	James "Mitch"	BOCC	mharrell@levydcps.com	352-745-1498	352-486-5209	Levy County Department of Public Safety	PO Box 448	Bronson	FL	32621	10/20/2021		2/6/2018	3/11/2021	Yes
Levy	Hughes	Jason	EMS	jhughes@levydcps.com			Levy County Department of Public Safety			FL				1/25/2018		Yes
Levy	Rinaudo	Alesha	IP	aarnold@levydcps.com		352-486-5209	Levy County Department of Public Safety	PO Box 448	Bronson	FL	32621			n/a		Yes
Marion	Blair	Jesse		jblair@ocalafla.org	352-266-4769		Ocala Fire Rescue		Ocala	FL						Yes
Marion	Borum	Phillip	IP	phillip.borum@hcahealthcare.com	352-615-7962	352-401-1387	Nurse Manager Emergency Services, HCA Florida- Ocala	1431 SW 1st Avenue	Ocala	FL	34471					Yes
Marion	Bowlin	Wanda	H	wanda.bowlin@adventhealth.com	352-572-0953	352-690-5651	Advent Health Ocala, EMS Coordinator	1500 SW 1st Avenue	Ocala	FL	34471	10/20/2021				Yes
Marion	Fraunfelder	Frank	PH	fraunfelder@cox.net						FL		10/20/2021		3/14/2018		Yes
Marion	Garcia	Alejandro	PH	alejandro.garcia2@hcahealthcare.com			Ocala Regional Medical Center			FL				1/25/2018		Yes
Marion	Hewitt	Cory	H	cory.hewitt@hcahealthcare.com	352-817-5899	352-401-1022	Ocala Regional Medical Center	1431 SW 1st Avenue	Ocala	FL	34471	10/20/2021	10/20/2021		2/24/2021	Yes
Marion	Kaufman	Carl	EMS	carl.kaufman@marioncountytfla.org			QA Specialist (Marion County Fire Rescue)			FL		10/20/2021	10/20/2021	1/25/2018		Yes
Marion	Mascho	Rodney	IP	rodney.mascho@marioncountytfla.org	352-502-6999	352-291-8097	Marion County Fire Rescue	2631 SE 3rd Street	Ocala	FL	34471			n/a		Yes
Marion	Muthu	Karthik	H	karthikayan.muthu@healthsouth.com	480-721-6045	480-721-6045	HealthSouth Rehabilitation Hospital of Ocala	2275 SW 22nd Lane	Ocala	FL	34471					Yes
Marion	Nayduch	Donna	IP	donna.nayduch@hcahealthcare.com	352-598-0374	352-598-0374	HCA NF Division for Ocala Regional Medical Center	315 NW 113th Circle	Ocala	FL	34482			n/a		Yes
Marion	O'Connor	Michael	H	michael.oconnor@adventhealth.com	352-789-4574	352-401-1387	Advent Health Ocala	1500 SW 1st Avenue	Ocala	FL	34471	8/24/2022			2/24/2021	Yes
Marion	Osberg	Arthur	PH	arthur.osberg@hcahealthcare.com		352-401-1064	Chief Medical Officer, Ocala Regional Medical Center	1431 SW 1st Avenue	Ocala	FL	34471			1/25/2018		Yes
Marion	Peppard	Samuel	IP	samuel.peppard@hcahealthcare.com		352-789-4574	EMS Manager- HCA Florida Ocala Hospital									
Marion	Petrik	Richard	PH	richard.petrik@shcr.com			Ocala Regional Medical Center	1432 SW 1st Avenue	Ocala	FL	34471	10/20/2021	10/20/2021	1/25/2018		Yes
Marion	Pittman	Michael	H	michael_pittman@munroregional.com			Munroe Regional Medical Center	1401 SE 30th Avenue	Ocala	FL	34471			1/25/2018		Yes

Appendix C Organizational Structure

Marion	Powell	Jimmy	IP	james.powell@adventhealth.com	813-404-8743	352-671-2373	Advent Health Ocala, EMS Coordinator		Ocala	FL						n/a	Yes	
Marion	Silas	Daniel	BOCC	silas.daniel@marioncountyl.org		352-438-2323	Director of Public Safety Communication	601 SE 25th Avenue	Ocala	FL	34471					3/20/2018	Yes	
Putnam	Cianfrocco	Rita	IP	rita.cianfrocco@flhealth.gov	386-983-2830	386-326-3281	DOH- Putnam County	2801 Kennedy Street	Palatka	FL	32177					n/a	3/3/2021	No
Putnam	Garcia	Mary	IP	mary.garcia2@flhealth.gov	386-937-0962	386-326-3200	DOH-Putnam County	2801 Kennedy Street	Palatka	FL	32177					n/a	No	
Putnam	Milanick	John	IP	jcmilanick@hotmail.com	386-569-6965	386-569-6965	Putnam County Fire EMS	PO Box 1601	Palatka	FL	32178					n/a	No	
Putnam	Turnipseed	Steffen	IP	steffen.turnipseed@putnam-fl.com						FL						n/a	No	
RDSF Regions 3	Linnens	Robert	IP	robert.linnens@flhealth.gov	352-339-3944		Florida Department of Health	224 SE 24th Street	Gainesville	FL	32641					n/a	Yes	
Region 3 NE Florida	Courson	Sandi	IP	sandi.courson@flhealth.gov	904-626-1674	904-626-1674	Florida Department of Health	224 SE 24th Street	Gainesville	FL	32641					n/a	Yes	
Suwannee	Perea	Aurelio "Rel"	IP	aurelio.pera@flhealth.gov	352-316-2351	386-362-2708	Preparedness Planner- DOH Suwannee County	915 Nobles Ferry Road	Live Oak	FL	32064					n/a	3/11/2021	Yes
Suwannee	Hill	Lance	EMS				Suwannee County Fire Rescue	13530 80th Terrace	Live Oak	FL	32060					3/11/2021	Yes	
Suwannee	Hand	Eddie	BOCC	eddieh@suwcountyl.org			Fire Chief, Suwannee County Fire Rescue	13530 80th Terrace	Live Oak	FL	32060	10/20/2021				3/11/2021	Yes	
Taylor	Pendarvis	Scott	IP	scott.pendarvis@centuryamb.com	850-843-0150		Operations Manager, Century Ambulance Taylor County										No	
Union	Howard	Pamela	IP	phoward@lakebutlerhospital.com	352-231-3092	386-496-2323	Lake Butler Hospital	PO Box 748	Lake Butler	FL	32054					n/a	No	
Union	Webb	Paula	IP	pwebb@lakebutlerhospital.com	352-231-3093	386-486-2323	Lake Butler Hospital	PO Box 748	Lake Butler	FL	32054					n/a	No	
	Young	Rick	IP	youngr1999@gmail.com			Young Consulting Group			FL						n/a		

Appendix C Organizational Structure

County	Last Name	First Name	Membership Category EMS-EMS Agency, PH-Physician, H-Hospital, BOCC-Board of County Commission, IP-Interested Party	Email	Phone/Cell	Phone/Work	Agency	Address	City	St	Zip
Alachua	Bak	Ariella	IP	bakan@cityofgainesville.org		352-339-6375	City of Gainesville/ GFR CPR Program			FL	
Alachua	Berger	Amy	IP	bergea@shands.ufl.edu	352-281-0607	352-733-1089	Pediatric Trauma Program Manager, UF Shands	PO Box 100108	Gainesville	FL	32610
Alachua	Braun	Elizabeth	EMS	braunej@cityofgainesville.org		352-334-5075	Leutenant, Gaiensville Fire Rescue	1026 NE 14th Street	Gainesville	FL	32601
Alachua	Brooks	Todd	IP	brookt@shands.ufl.edu		352-538-9393	ShandsCair (Chief Flight Nurse)			FL	
Alachua	Caron	Brad	IP	brad.caron@flhealth.gov	352-258-0442	352-334-7913	Florida Department of Health in Alachua County	224 SE 24th Street	Gainesville	FL	32641
Alachua	Cochran	Terri	IP	tcochran@amsurg.com	352-538-7590	352-367-2310	Orthopaedic Surgery Center	4600 West newberry Road	Gainesville	FL	32607
Alachua	Crews	Edward	IP	crewed@shands.ufl.edu		352-265-0222	ShandsCair Critical Care Transport Program	PO Box 100332	Gainesville	FL	32610
Alachua	Drum	Chris	IP	drumcd@shands.ufl.edu		352-672-8783	UF Health Gainesville ShandCair	1329 SW 16th Street	Gainesville	FL	32610
Alachua	Gillette	Gary	H	gary.gillette@hcahealthcare.com		352-317-2541	North Florida Regional Healthcare	8858 SW 11th Avenue	Gainesville	FL	32607
Alachua	Gillette	Karen	IP	karengill@aol.com				8858 SW 11th Avenue	Gainesville	FL	32607
Alachua	Gleason	Mitch	H	mgle0004@shands.ufl.edu	801-391-2839	382-733-0879	UF Health Shands	PO Box 100108	Gainesville	FL	32610
Alachua	Howard	Tracy	IP	howatt@shands.ufl.edu	816-225-2338	352-733-0877	UF Health Shands	PO Box 100186	Gainesville	FL	32610
Alachua	Huesgen	Karl	IP	karlhuesgen@ufl.edu	616-438-2374	352-265-5911	UF Department of Emergency Medicine; ShandsCair	Dept. of ER Medicine, 1329 SW 16th Street	Gainesville	FL	32607
Alachua	Jones	Jason	PH	jasonjones@ufl.edu		281-841-8388	UF Division of EMS & Alachua County Fire Rescue	1329 SW 16th Street, Suite 5270	Gainesville	FL	32610
Alachua	Justice	Brett Taylor	EMS	bjustice@alachuacounty.us	352-283-0757	352-384-3101	Alachua County Fire Rescue	PO Box 5038	Gainesville	FL	32627
Alachua	Meurer	David	PH	meurer@ufl.edu	352-494-9615		ShandsCair, Gainesville Fire Rescue, UF Health	7823 SW 22nd Ave	Gainesville	FL	32607
Alachua	Michael	Cowart	IP	mcowart@alachuacounty.us	386-397-5174	352-384-3114	Alachua County Fire Rescue, Assistant Chief	911 SE 5th Street	Gainesville	FL	32601
Alachua	Pate	Elizabeth	IP	epate@srahec.org		386-462-1551	Suwannee River Area Health Education Center	14646 NW 151st Blvd.	Alachua	FL	32615
Alachua	Shay	Julie	IP	julie.shay@sfcollge.edu	352-231-3743	352-395-5024	Santa Fe College	3000 NW 83rd Street	Gainesville	FL	32606
Alachua	Steele	Michael	IP	steelemw@cityofgainesville.org	386-433-0185	352-334-5075	Gainesville Fire Rescue- District Chief	1026 NE 14th Street	Gainesville	FL	32601
Alachua	Steidley	Kathy	IP	gfrpio@cityofgainesville.org		352-334-5078	Office of the Fire Chief - Gainesville Fire Rescue	1025 NE 13th Street	Gainesville	FL	32601
Alachua	Sullivan	Robert	IP	rsullivan@alachuacounty.us			District Chief 8, Alachau County Fire Rescue	911 SE 5th Street	Gainesville	FL	32601
Alachua	Sullivan	Vicki	H				North Florida Regional Healthcare	8858 SW 11th Avenue	Gainesville	FL	32607
Alachua	Taylor	Jeff	BOCC- Designee	jetaylor@alachuacounty.us	321-243-5034	352-384-3131	Alachua County Fire Rescue	911 SE 5th Street	Gainesville	FL	32601
Alachua	Theus	Harold	BOCC	hmt@alachuacounty.us	904-384-3132	352-384-3132	Alachua County Fire Rescue	911 SE 5th Street	Gainesville	FL	32601
Alachua	Withers	Sean	IP	witherssl@cityofgainesville.org	352-339-6291	352-334-5075	EMS Captain, Gainesville Fire Rescue	1026 NE 14th Street	Gainesville	FL	32601
Alachua	Woods	Misty	IP	mwoods@alachuacounty.us			EMS Chief, Alachua County Fire Rescue	911 SE 5th Street	Gainesville	FL	32601
Alachua	York	Donna	IP	yorkd@shands.ufl.edu	352-519-9163	352-733-0872	UF Health Shands Hospital	1600 SW Archer Road, Box 100108	Gainesville	FL	32610
Bradford	Lyons	Jim	IP	james.lyons@flhealth.gov	904-796-2654	904-964-7732 x 1605	FDOH Union	495 East Main Street	Lake Butler	FL	
Bradford	Mann	Dan	IP	john.mann@flhealth.gov	904-263-2993	904-964-7732 x 1602	FDOH Bradford	1801 North Temple Avenue	Starke	FL	32091
Citrus	Morgan	Jason	BOCC	jason.morgan@citruscountyfire.com	352-586-0689	352-527-7612	Citrus County Fire Rescue	3600 SW Sovereign Path	Lecanto	FL	34461
Citrus	Mavros	George	H	george.mavros@hcahealthcare.com	352-212-0306	352-344-6547	Citrus Memorial Hospital	502 West Highland Blvd	Inverness	FL	34452
Citrus	Rubin, MD	Bradley	IP	bradark5@gmail.com	352-212-1259			2299 N. Overlook Path	Hernando	FL	34442
Citrus	Stevens	Craig	BOCC	craig.stevens@citruscountyfire.com	352-697-0440	352-527-5406	Citrus County Fire Rescue	3600 West Sovereign Path, Suite 141	Lecanto	FL	34461
Clay	Deaton	Keri	IP	keri.deaton@hcahealthcare.com	901-484-4265	904-639-2849	Orange Park Medical Center	2001 Kingsley Avenue	Orange Park	FL	32073
Clay	Devin	Timothy	IP	timothy.devin@hcahealthcare.com		904-838-2202	EMS Coordinator, Orange Park Medical Center			FL	
Clay	Motes	David	IP	david.motes@claycountygov.com	904-449-5807	904-541-2778	Clay County Fire Rescue	PO Box 1366	Green Cove Springs	FL	32043
Columbia	Crawford	Jeff	BOCC	jeff_crawford@columbiacountyfla.com	386-623-6048	386-758-3907	Columbia County Fire Rescue	509 SW Bascom Norris Drive	Lake City	FL	32025
Columbia	Morgan	Shayne	IP	shayne_morgan@columbiacountyfla.com	386-623-2248	386-758-1383	Columbia County Emergency Management	PO Box 1787		FL	
Columbia	Skeath	Craig	H	craig.skeath@hcahealthcare.com	352-262-1928	352-262-1928	Lake City Medical Center	340 NW Commerce Drive	Lake City	FL	32055
Columbia	Stith	Steven	EMS	steve.stith@centuryamb.com	904-759-4124	386-243-8161	Century Ambulance Service	2110 Herschel Street	Jacksonville	FL	32204
Dixie	Brown	Darian	BOCC	darian.brown@dixie.fl.gov	352-578-5020	352-498-4562	Dixie County Emergency Services	17600 SE Highway 19	Cross City	FL	32628
Dixie	Ferguson	Matthew	EMS	matt.ferguson@dixie.fl.gov	352-359-5482	352-498-4560	Dixie County Emergency Services	17600 SE Highway 19	Cross City	FL	32628
Dixie	Butler	Lola	IP	lola.butler@flhealth.gov or lola.butler@dixie.fl.gov	352-578-4650	352-498-4584 or 352-498-1240 x 221	Florida Department of Health/ Dixie County EMS			FL	
Gilchrist	Campbell	James	BOCC	fcampbell@gcfr.org		386-935-5400	Gilchrist County EMS	3250 N US Hwy 129	Bell	FL	32619
Hamilton	Miller	Helen	IP	helenbmiller@windstream.net	734-308-6741	386-397-1111	Town of White Springs	PO Box 487	White Springs	FL	32096
Lafayette	Lawson	JC	BOCC	nogator@hotmail.com		386-266-8298		1979 NW 75th Trail	Bell	FL	32619
Lafayette	Long	Jason	IP	jason.long@flhealth.gov			Planner, Lafayette Department of Health			FL	
Lafayette & Suwannee	Waldron	Kerry	IP	kerry.waldron@flhealth.gov		386-362-2708	DOH- Lafayette and Suwannee Counties	915 Nobles Ferry Road	Live Oak	FL	32064

Appendix C Organizational Structure

Levy	Harrell	James "Mitch"	BOCC	mharrell@levydds.com	352-745-1498	352-486-5209	Levy County Department of Public Safety	PO Box 448	Bronson	FL	32621
Levy	Hughes	Jason	EMS	hughes@levydds.com			Levy County Department of Public Safety			FL	
Levy	Rinaudo	Alesha	IP	aarnold@levydds.com		352-486-5209	Levy County Department of Public Safety	PO Box 448	Bronson	FL	32621
Marion	Blaire	Jesse		blaire@ocalafl.org	352-266-4769		Ocala Fire Rescue		Ocala	FL	
Marion	Borum	Phillip	IP	phillip.borum@hcahealthcare.com	352-615-7962	352-401-1387	Nurse Manager Emergency Services, HCA Florida- Ocala Hospital	1431 SW 1st Avenue	Ocala	FL	34471
Marion	Bowlin	Wanda	H	wanda.bowlin@adventhealth.com	352-572-0953	352-690-5651	Advent Health Ocala, EMS Coordinator	1500 SW 1st Avenue	Ocala	FL	34471
Marion	Fraunfelter	Frank	PH	fraunfelter@cox.net						FL	
Marion	Garcia	Alejandro	PH	alejandro.garcia2@hcahealthcare.com			Ocala Regional Medical Center			FL	
Marion	Hewitt	Cory	H	cory.hewitt@hcahealthcare.com	352-817-5899	352-401-1022	Ocala Regional Medical Center	1431 SW 1st Avenue	Ocala	FL	34471
Marion	Kaufman	Carl	EMS	carl.kaufman@marioncountycl.org			QA Specialist (Marion County Fire Rescue)			FL	
Marion	Mascho	Rodney	IP	rodney.mascho@marioncountycl.org	352-502-6999	352-291-8097	Marion County Fire Rescue	2631 SE 3rd Street	Ocala	FL	34471
Marion	Muthu	Karthik	H	karthikeyan.muthu@healthsouth.com	480-721-6045	480-721-6045	HealthSouth Rehabilitation Hospital of Ocala	2275 SW 22nd Lane	Ocala	FL	34471
Marion	Nayduch	Donna	IP	donna.nayduch@hcahealthcare.com	352-598-0374	352-598-0374	HCA NF Division for Ocala Regional Medical Center	315 NW 113th Circle	Ocala	FL	34482
Marion	O'Connor	Michael	H	michael.oconnor@adventhealth.com	352-789-4574	352-401-1387	Advent Health Ocala	1500 SW 1st Avenue	Ocala	FL	34471
Marion	Osberg	Arthur	PH	arthur.osberg@hcahealthcare.com		352-401-1064	Chief Medical Officer, Ocala Regional Medical Center	1431 SW 1st Avenue	Ocala	FL	34471
Marion	Peppard	Samuel	IP	samuel.peppard@hcahealthcare.com		352-789-4574	EMS Manager- HCA Florida Ocala Hospital				
Marion	Petrik	Richard	PH	richard.petrik@shcr.com			Ocala Regional Medical Center	1432 SW 1st Avenue	Ocala	FL	34471
Marion	Pittman	Michael	H	michael_pittman@munroeregional.com			Munroe Regional Medical Center	1401 SE 30th Avenue	Ocala	FL	34471
Marion	Powell	Jimmy	IP	james.powell@adventhealth.com	813-404-8743	352-671-2373	Advent Health Ocala, EMS Coordinator		Ocala	FL	
Marion	Silas	Daniel	BOCC	silas.daniel@marioncountycl.org		352-438-2323	Director of Public Safety Communication	601 SE 25th Avenue	Ocala	FL	34471
Putnam	Cianfrocco	Rita	IP	rita.cianfrocco@flhealth.gov	386-983-2830	386-326-3281	DOH- Putnam County	2801 Kennedy Street	Palatka	FL	32177
Putnam	Garcia	Mary	IP	mary.garcia2@flhealth.gov	386-937-0962	386-326-3200	DOH-Putnam County	2801 Kennedy Street	Palatka	FL	32177
Putnam	Milanick	John	IP	jcmilanick@hotmail.com	386-569-6965	386-569-6965	Putnam County Fire EMS	PO Box 1601	Palatka	FL	32178
Putnam	Turnipseed	Steffen	IP	steffen.turnipseed@putnam-fl.com						FL	
RDSTF Regions 3	Linnens	Robert	IP	robert.linnens@flhealth.gov	352-339-3944		Florida Department of Health	224 SE 24th Street	Gainesville	FL	32641
Region 3 NE Florida	Courson	Sandi	IP	sandi.courson@flhealth.gov	904-626-1674	904-626-1674	Florida Department of Health	224 SE 24th Street	Gainesville	FL	32641
Suwannee	Perea	Aurelio "Rel"	IP	aurelio.pera@flhealth.gov	352-316-2351	386-362-2708	Preparedness Planner- DOH Suwannee County	915 Nobles Ferry Road	Live Oak	FL	32064
Suwannee	Hill	Lance	EMS				Suwannee County Fire Rescue	13530 80th Terrace	Live Oak	FL	32060
Suwannee	Hand	Eddie	BOCC	eddieh@suwcountycl.org			Fire Chief, Suwannee County Fire Rescue	13530 80th Terrace	Live Oak	FL	32060
Taylor	Pendarvis	Scott	IP	scott.pendarvis@centuryamb.com	850-843-0150		Operations Manager, Century Ambulance Taylor County				
Union	Howard	Pamela	IP	Phoward@lakebutlerhospital.com	352-231-3092	386-496-2323	Lake Butler Hospital	PO Box 748	Lake Butler	FL	32054
Union	Webb	Paula	IP	pwebb@lakebutlerhospital.com	352-231-3093	386-486-2323	Lake Butler Hospital	PO Box 748	Lake Butler	FL	32054
	Young	Rick	IP	youngr1999@gmail.com			Young Consulting Group			FL	



Appendix D – WellFlorida Service Agreement



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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:

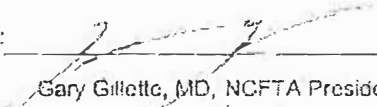
- (a) on the date e-mailed if by email,
 - (b) on the date delivered if by personal delivery,
 - (c) on the date faxed if by fax, and
 - (d) on the date upon which the Return Receipt is signed or delivery is refused or the notice is designated by the postal authorities as not delivered, as the case may 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.

Appendix D
WellFlorida Service Agreement

Contract

NORTH CENTRAL FLORIDA TRAUMA AGENCY

BY: 

Gary Gillette, MD, NCFTA President

DATE: 3/15/18

WELLFLORIDA COUNCIL, INC.

BY: 

Jeff Heller, Chief Executive Officer

DATE: 3/16/18

2023-2028 North Central Florida trauma Plan

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

BYLAWS
NORTH CENTRAL FLORIDA TRAUMA AGENCY

ARTICLE 1

This Agency shall be known as the North Central Florida Trauma Agency, a legal entity existing under the law of Florida, hereinafter referred to as “Agency” and was formed through interlocal agreement on May 29, 1990. The formal designated service area and member counties of the Agency are comprised of counties who signed the original interlocal agreement to form the Agency in May 1990 pursuant to the authority of Florida Statutes, Section 163.01 and among the units of local government passing resolutions to that affect. These counties, referred to as the “service area,” include: Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Lafayette, Levy, Marion and Suwannee Counties.

ARTICLE II
PURPOSES OF THE AGENCY

Subject to the purposes stated in the original interlocal agreement and amendments, and as a supplement thereto, the purposes of this Agency are the following:

- A. To carry out regional trauma planning in the participating counties in accordance with Chapter 395.031, F.S., known as the Trauma Care Act of 1987, and rules and regulations as may from time to time be adopted pursuant to such legislation;
- B. To develop, review, and revise as necessary a regional trauma plan;
- C. To assemble and analyze data concerning the incidence of trauma and trauma-related death and disability in the service area;
- D. To assemble and analyze data concerning the status of the trauma care system in the service area;
- E. To facilitate coordination between emergency medical services (EMS) providers, hospitals and trauma centers within the service area in accordance with state rules and regulations;
- F. To develop and foster the use of recommended uniform trauma transport protocols for the service area;
- G. To provide assistance to the Florida Department of Health, Division of Emergency Medical Operations, as is customary, necessary, and as may be delegated by law of regulation to the regional trauma agencies;
- H. To implement activities to increase public awareness of trauma care services and emphasize advantages of personal habits that help prevent accidental injury and death;

- I. To inform the public and appropriate agencies and organizations about the Agency's process and activities;
- J. To perpetuate the spirit of the Council of Rural EMS (COREMS) by integrating COREMS' activities into those of the Agency. COREMS was the voluntary, nonprofit organization of rural EMS professionals and those of the surrounding urban communities that also serviced the rural areas that motivated formation of the Agency and whose purpose was folded into that of the Agency. COREMS' purpose was and now the Agency purpose includes: 1) provide a means for the region's rural and urban stakeholders to cohesively participate and coordinate their efforts; 2) bring more comprehensive information to agency meetings on behalf of EMS professionals; and, 3) increase attendance and participation of the region's EMS professionals and EMS stakeholders.

ARTICLE III AGENCY ORGANIZATIONAL STRUCTURE

- A. The agency shall be organized into two levels of participation: general membership and the governing body. The governing body may be referred to in these Bylaws as the Board of Directors."
- B. The general membership shall consist of the following membership classes: one (1) Board of County Commissioners endorsed representative from each county in the service area; one (1) representative from each emergency medical services agency in the service area licensed under Chapter 401, F.S.; one (1) representative, appointed from each hospital in the service area licensed under Chapter 395, F.S.; one (1) representative from each Level I or Level II trauma center in the service area; and an unlimited number of self-appointed physicians who either work in one of the hospitals or trauma centers in the service area or practice medicine in the services area. A single individual on the governing body may represent only a single membership class and a single institution at one time, although an individual may represent different institutions at different times during his or her entire tenure on the Board of Directors.
- C. The governing body, hereafter referred to as "Board of Directors," shall consist of sixteen (16) members chosen from and elected by the general membership as follows:
 - 1. Four (4) representatives that are appointees of the Board of County Commissioners;
 - 2. Four (4) representatives who are emergency medical services agency appointees;
 - 3. Four (4) representatives who are licensed hospital or Level I or Level II trauma center appointees; and
 - 4. Four (4) self-appointed physician representatives one of whom must be the Medical Director of the Agency.

- D. The counties, hospitals, trauma centers and EMS providers within the service area shall select within their individual organizations the individual who shall represent such organizations in the Agency. Physicians shall self-appoint themselves.
- E. 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. Annual membership dues are as follows:
- 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
 - Suggested dues of self-appointed physicians is \$30

ARTICLE IV BOARD OF DIRECTORS

Section 1. Board Member Duties and Responsibilities

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. It shall be the duty of the directors to do the following:

- A. Perform all duties imposed upon them collectively or individually by law or by these Bylaws;
- B. Employ or contract with staff to manage the agency and realize the objectives and purposes of the Agency;
- C. Supervise the staff of the Agency to assure that staff functions are properly performed;
- D. Approve the annual work program and budget of the Agency;
- E. Meet at such times and places as required by these Bylaws;
- F. Register their addresses with the secretary of the governing body with notices of meetings mailed to them at such address shall be valid notices thereof;
- G. Enter into contracts, working agreements or statements of agreements with such agencies and organizations as from time to time may be deemed necessary or useful to carry out the functions, plans, and purposes of the Agency.

Section 2. Number of Board Members

The number of directors may be changed by amendment to these Bylaws or by Federal or State law or regulation. However, the structure of at least 50% of the seats on the Board of Directors must be allocated to BOCC appointed and EMS agency appointed members.

Section 3. Board Member Qualifications

Any person who is a general member of the Agency is eligible to be a Board Member.

Section 4. Board Member Term

Except as provided in Section 6 below, the term of office of each board member shall be three (3) years. Board members shall be eligible for re-election.

Section 5. Board Member Compensation

Board members 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.

Section 6. Board Member Vacancies

Vacancies on the Board of Directors shall exist on the death, resignation, or removal of any director.

- A. The resignation of a Director shall take effect upon the date of acceptance by the Board of Directors.
- B. Any Board vacancy caused by the death, resignation, removal, disqualification, or otherwise, of any Board Member may be filled by the Board of Directors for the unexpired portion of the term or until such time as the general membership shall vote to fill the vacancy.
- C. Termination of an individual's membership from the Board of Directors shall result from the member's resignation or death, action by the Board of Directors, or termination of a member's term in accordance with the provisions of paragraph D of this section. Anything in these Bylaws to the contrary notwithstanding, the term of board member may be terminated in the event that the board member fails to attend any three (3) consecutive meetings or the director fails to attend more than 50 percent of all announced meetings in any 12-month period. A courtesy notification of change in status of such member may be sent by letter indicating that another absence may result in a request for termination by the Board of Directors, the agency, or institution represented by the board member.

- D. A board member 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.
- E. A board member may be terminated by an action of the Board of Directors for behavior contrary to adopted policies or other abuse of membership policies.
- F. Prior to termination of a member's term, s/he shall be notified in writing of the pending termination and be given the opportunity to request the Board of Directors to grant an exemption from this provision due to special and mitigating circumstances.

Section 7. Board Member Liability

The members of the Board of Directors shall not be personally liable for debts, liabilities, or other obligations of the agency. No individual board member shall, by reason of his or her 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 States or any state (or political subdivision of any state) if the director himself or herself to be acting with the scope of the duty, function, or activity of a board member, and with respect to such performance, acted without gross negligence or malice toward any person affected by it.

Section 8. Board Member Indemnification

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 or any other rights to which such board member or employee may be entitled under any Bylaw, agreement, board action, or otherwise.

Section 9. Abuse of Board Membership Privileges

No board member shall use his or her membership in the Agency for personal or professional gain or advantage.

Section 10. Board Member Quorum

The presence of one-half (1/2) of the members of the Board of Directors at a duly scheduled meeting shall constitute a quorum for the transaction of business. Wherever this section conflicts with a state or federal statute or regulations, such statute or regulation shall supersede this section. Except as otherwise expressly provided for in these Bylaws, or by law, no business shall be considered by the board at any meeting of the board at which a quorum, as herein defined, is not present.

Section 11. Board Member Meeting Attendance

Board Members shall attend all duly scheduled regular and special meetings. A Board Member may be removed from her/his seat on the Board for failure to attend Board meetings regularly.

ARTICLE V GENERAL MEMBERSHIP

Section 1. General Members Duties and Responsibilities

It shall be the duty of the general members to do the following:

- A. Elect the Board of Directors as required by these Bylaws;
- B. Meet at such times and places as required by these Bylaws;
- C. Register their mailing and e-mail addresses and all pertinent contact information with the Secretary/Treasurer of the governing body with notices of meetings mailed and/or e-mailed to them at such addresses shall be valid notices thereof;
- D. Provide information and guidance to the Board of Directors regarding all aspects of and relating to the trauma system.
- E. Provide staff with a liaison to the agency which the member represents for the purposes of addressing membership, attendance and dues issues when necessary.

Section 2. Number of General Members

- F. The general membership shall consist of the following membership classes: one (1) Board of County Commissioners endorsed representative from each county in the service area; one (1) representative from each emergency medical services agency in the service area licensed under Chapter 401, F.S.; one (1) representative, appointed from each hospital in the service area licensed under Chapter 395, F.S.; one (1) representative from each Level I or Level II trauma center in the service area; and an unlimited number of self-appointed physicians who either work in one of the hospitals or trauma centers in the service area or practice medicine in the services area. A single individual on the governing body may represent only a single membership class and a single institution at one time, although an individual may represent different institutions at different times during his or her entire tenure on the Board of Directors. The number of general members may be changed by amendment to these Bylaws or by Federal or State law or regulation.

Section 3. General Member Term

General members shall serve at the discretion of their appointing agencies.

Section 4. Abuse of General Membership Privileges

No general member or board member shall use his or her membership in the agency for personal or professional gain or advantage.

Section 5. General Member Vacancies

Vacancies in general membership shall be the responsibility of the Executive Committee and staff who will work with corresponding agencies, county governments, hospitals and trauma centers or the physician community until vacancies are filled.

Section 6. General Member Quorum

The presence of one-third (1/3) of the General Members shall constitute a quorum for general membership meetings. Wherever this section conflicts with a state or federal statute or regulations, such statute or regulation shall supersede this section. Except as otherwise expressly provided for in these Bylaws, or by law, no business shall be considered by the members at any meeting of the members at which a quorum, as herein defined, is not present.

Section. 7 General Member Meetings

General Members should attend a minimum of 50 percent of all duly scheduled meetings within a 12-month time period in order to remain in good standing.

ARTICLE VI MEETINGS

Section 1. Regular and Special Meetings

- A. The Agency shall hold an Annual Meeting each year at a time and place to be designated by the Board of Directors for the purposes of electing Board Members and Officers as necessary. Members shall be given written/email notice thirty (30) days in advance of the annual meeting and directors shall be given written notice thirty (30) days in advance of each board meeting. Written notice of the time and place of meetings shall be addressed to the members or directors at the address and/or email address shown on the records of the Secretary.
- B. Special meetings of the Board of Directors shall be held whenever called by the President or three (3) or more members of the board. Directors shall be notified of such special meetings by mail or in person at least forty-eight (48) hours prior to the time of holding such meetings and said notice shall specify the nature of any business to be conducted at such meeting.

- C. All business meetings of the Agency, whether regular or special, shall be open to the public and publicly noticed except those that are exempted by Florida Statutes from public participation as private medical and personal information may be discussed as part of Agency quality improvement activities. Meetings may be held live and in-person and/or via teleconference or web-based platform.
- D. The Board of Directors may meet at least once during each quarter of the year.

Section 2. Quorum

The presence of one-half (1/2) of the members of the Board of Directors at a duly scheduled meeting shall constitute a quorum for the transaction of business. The presence of one-half (1/2) of the general members shall constitute a quorum for membership meetings. Wherever this section conflicts with a state or federal statute or regulations, such statute or regulation shall supersede this section. Except as otherwise expressly provided for in these Bylaws, or by law, no business shall be considered by the board at any meeting of the board at which a quorum, as herein defined, is not present. However, a majority of Directors present at such meetings may adjourn to a certain time or until the time fixed for the next regular meeting. A majority of Directors present at a Board meeting that lacks a quorum as herein defined also may agree to meet as an Ad Hoc Committee of the board for the purposes of developing and delivering recommended action to the full Board at its next regularly scheduled meeting.

Section 3. Presiding Officer

Meetings of the Board of Directors shall be presided over by the President, if present. If the President is not present, the meeting shall be presided over by, in ranking order, the Vice President, the Secretary/Treasurer, Medical Director or an ad hoc chairperson (which may include a member of staff) selected by a majority of Directors present.

Section 4. Voting

Each director shall have one (1) vote. There shall be no voting by proxy. Each act of decision done or made by a majority of the Directors present and voting at a meeting duly held at which a quorum is present is the act of the Board of Directors, unless the law or these Bylaws require a greater number.

ARTICLE VII OFFICERS

Section 1. Agency Officers

The officers of the agency shall be President, Vice President, Secretary/Treasurer, and a Medical Director.

Section 2. Election of Officers

Any member of the Board of Directors is qualified to be an officer of the agency. Officers, other than those appointed pursuant to Section 3 or Section 5 of this article, shall be elected annually by the Board of Directors at the annual meeting of the agency, and each such officer shall hold office until he or she resigns or is removed or is otherwise disqualified to serve, or until his or her successor shall be elected and qualified, whichever comes first. The term of President, Vice President, and Secretary/Treasurer shall be two (2) years, and no person shall serve more than two (2) consecutive terms in the same capacity as an officer of the agency, without unanimous consent of the board members present at a duly constituted meeting. If an officers' term on the Board of Directors is shorter than the two-year term of his elected office, his term on the Board of Directors is automatically extended to the length of his term as an officer. There is no limit to the consecutive terms in office of the Medical Director.

- A. Nomination of Officers. Not less than thirty (30) days preceding the annual meeting, the Nominating Committee established pursuant to Article VII, Section 1, C shall meet and nominate persons to serve as officers of the Agency.
- B. Notification. The names of persons nominated to be officers shall be provided to the membership not less than fourteen (14) days prior to the annual meeting.
- C. Nominations by Members. Any member of the Board of Directors may nominate additional persons as officers by submitting such names, in writing, to the lead staff member at least three (3) days prior to the annual meeting.
- D. Election. The election shall be conducted by written or voice ballot or by acclamation of the slate presented by the Nominating Committee.

Section 3. Appointed Officers

The Board of Directors may appoint such other officers as it may deem desirable, and such officers shall serve such terms, have such authority, and perform such duties as may be prescribed from time to time by the Board of Directors.

Section 4. Removal and Resignation of Officers

Any officer may be removed should he or she cease to be qualified for the office as herein required, or for cause, by action of a majority of the Directors at any regular or special meeting of the Board of Directors. Any officer may resign at any time by giving written notice to the Board of Directors or to the president of the agency. Any such resignation shall take effect on the date of the receipt of such notice or at any later time specified therein, and, unless otherwise specified therein, the acceptance of such resignation shall not be necessary to make it effective.

Section 5. Filling Vacancies

Any vacancy caused by the death, resignation, removal, disqualification, or otherwise, of any officer shall be filled by the Board of Directors for the unexpired portion of the term. In the event of a vacancy in any office other than that of the President, such vacancy may be filled temporarily by appointment by the President until such time as the Board shall fill the vacancy. Vacancies occurring among the officers appointed at the discretion of the Board may or may not be filled as the board shall determine.

Section 6. Duties of the President

The President shall be the chief executive officer of the agency. It shall be his or her duty to do the following:

- A. Perform all such duties as are incident to this office and such other duties as may be required by law, these Bylaws, or which may be prescribed from time to time by the Board of Directors;
- B. Preside at meetings of the general membership and Board of Directors;
- C. Make and execute contracts in the ordinary course of business of the agency, to execute other legal instruments when authorized by the Board of Directors, except as otherwise expressly provided by law, or by these Bylaws;
- D. Appoint all committee chairpersons subject to the approval of the Board of Directors, except as otherwise provided in these Bylaws;
- E. Serve as an ex-officio non-voting member of all standing and ad hoc committees except the Nominating Committee;
- F. Present at the annual meeting a report of the activities of the agency during the preceding year and a statement of plans for the ensuing year with a copy of such report attached to the minutes of the annual meeting;
- G. Have such other powers and perform such other duties as may be assigned to this office from time to time by the Board of Directors.

Section 7. Duties of the Vice President

In the absence of the President, or in event of inability or refusal to act, or if the office be vacant, the Vice President shall perform all duties of the president, and when so acting shall have all the power, and be subject to all the restrictions of the president. The vice president shall have such other powers and perform such other duties as may be prescribed by law, or by these Bylaws, or as may be assigned to this office from time to time by the Board of Directors.

Section 8. Duties of the Secretary/Treasurer

It shall be the duty of the Secretary/Treasurer to do the following:

- A. Certify and keep at the principal office of the agency the original or a copy of these Bylaws as amended or otherwise altered to date;
- B. Keep or cause to be kept at the principal office of the agency or such other place as the Board of Directors may direct, a book of minutes of all meetings of the directors, recording therein the time and place of holding, names of those present, and the proceedings thereof, whether regular or special, and if special, how authorized and advertised;
- C. See that all notices are duly given in accordance with the provision of these Bylaws or as required by law;
- D. Keep or cause to be kept at the principal office of the agency a membership book containing the names and addresses of each member, and, in any case where membership has been terminated, such facts shall be recorded in the book with the date on which the membership ceased;
- E. Exhibit at any reasonable time, to any director or member of the general public, on request, the Bylaws, the membership book, the minutes of the proceedings, and other such data and records of the agency which the requester has the right, by law or regulation, to view;
- F. Keep or cause to be kept and maintained adequate and correct accounts of the Agency's properties and business transactions, including account of its assets, liabilities, receipts, disbursements, surpluses, and deficits;
- G. Exhibit at any reasonable time to any director or member of the general public, on request, the books of account and financial records which the requestor has the right, by law or regulation, to view;
- H. Render to the President and Directors, whenever requested by either party, an account of any or all of the transactions of the agency and of the financial condition of the agency;
- I. Prepare or cause to be prepared an annual financial review by an outside source. This review of the financial status of the agency along with a written copy of the review shall be attached to the minutes of such meeting at which it is reported;
- J. Conduct or cause to be conducted an annual equipment inventory and present an inventory report to the Board of Directors;
- K. Perform all duties incident to the office of Secretary/Treasurer and such other duties as may be required by law, by these Bylaws, or which may be assigned to this office

from time to time by the Board of Directors.

Section 9. Duties of the Medical Director

The duties of the Medical Director may include the following as resources become available:

- A. Assist with the design, implementation, and continuous monitoring and evaluation of the quality management program for the District's trauma system;
- B. Monitor trauma system activities with both public and private entities, to include injury prevention/risk reduction program;
- C. Work collaboratively with the Medical Director's Association in development of prehospital trauma guidelines;
- D. Advise agency on all medical aspects of the trauma program; serve as liaison between District medical and trauma advisory committees; advise non-trauma hospital physicians on providing trauma care;
- E. Prioritize problems for evaluation/action as necessary and for the purpose of recommending resolution;
- F. Render final medical determinations on identified cases through prospective, concurrent and retrospective review.

The omission of an essential function does not preclude the Board of Directors from assigning duties not listed herein if such functions are a logical assignment to the position. The Medical Director must be a physician licensed in Florida.

Section 10. Compensation

Officers of the agency shall serve without compensation.

ARTICLE VIII COMMITTEES

Section 1. Standing Committees

Members of standing committees of the agency shall be drawn from the general membership and the governing body. Unless otherwise specified in this section, the president of the Board of Directors shall appoint the chair of all committees, standing and otherwise. The committee chair shall select members of the committee, with the restriction that they shall come from the general membership of the agency. The selection of the committee chair and committee members shall be subject to approval by the Board of Directors. The term of a committee chair and member is one (1) year, and may be renewed. Each standing committee, with the exception of the Executive Committee, shall

have a minimum of five members. The standing committees established by these Bylaws are:

- A. Executive Committee. The Executive Committee shall be composed of the President, Vice President, Secretary/Treasurer, and Medical Director. The committee shall be chaired by the President and empowered to act on behalf of the Board of Directors between regular meetings of the Board and/or in emergency situations. One-half (1/2) of the members present shall constitute a quorum of the Executive Committee. The actions of the committee are subject to review and approval by the Board of Directors.
- B. The Trauma Planning Committee shall, when necessary, oversee the development of a regional trauma plan. The committee will also oversee the maintenance of trauma transport protocols. The President of the Board of Directors shall not be the chair of the Trauma Planning Committee.
- C. Nominating Committee. The nominating committee shall nominate members to be directors of the agency and nominate directors to be officers of the Board of Directors.
- D. Bylaws Committee. The Bylaws committee will maintain and revise these Bylaws annually, if needed.
- E. Quality Assurance Committee. The Quality Assurance Committee will be chaired by the Medical Director and will oversee activities related to quality management of the District's trauma system.

Section 2. Study, Ad Hoc, and Other Standing Committees

The Board of Directors may authorize the creation, prescribe the terms and define the powers and duties of such study, ad hoc, and other standing committees not specifically created by these Bylaws as may from time to time be necessary or useful in the conduct of agency business.

Section 3. Committee Definition

When establishing a new committee under Section 2 above, the Board of Directors shall specify the purpose and charge of such committee.

Section 4. Powers and Duties

The committees created by this article shall have such powers and duties as are specifically provided in these Bylaws and such as may be given to them from time to time by the Board of Directors. Each committee may conduct hearings, perform studies, and will make written reports on all such activities, provided, however, all such committee work shall be in accordance with the purposes and work programs of the

agency as defined in the (interlocal agreement), by these Bylaws, or from time to time by resolution of the Board of Directors. Committees shall be advisory and recommendations shall not be binding on the agency until ratified by the board. The committee may submit such reports on such dates as may be specified by the Board of Directors.

Section 5. Vacancies

Vacancies on any committee may be filled for the unexpired portion of the term in the same manner as provided in the case of original appointments. The term of a committee member may be terminated in the event that he or she fails to attend any three (3) consecutive meetings or any four (4) in any twelve (12) month period; provided, however that within thirty (30) days of a meeting at which a committee member was absent to the second consecutive time or third time in any eleven (11) month period, a letter shall be sent to such committee member setting forth the provisions of these Bylaws and informing said committee member that another consecutive absence or another absence in the twelve (12) month period may result in his or her termination from the committee.

Section 6. Quorum

The presence of 50% of the designated members of a committee shall constitute a quorum for the transaction of business of the committee and the act of a majority of the members present and voting at a meeting in which a quorum is present shall be the act of the committee.

Section 7. Meetings

The committee shall meet on call of the President or the committee chairperson. A notice of at least forty-eight (48) hours shall be given to all committee members by the person calling the meeting.

ARTICLE IX APPOINTMENT OF BOARD MEMBERS

The Board of Directors shall be elected by written ballot or acclamation at the annual meeting by majority of a quorum of the general membership of the agency.

Section 1. Notification of Vacancies

Not less than thirty (30) days preceding the annual meeting, the agency shall provide written notification to the general membership of board members' terms scheduled to expire.

Section 2. Composition

Election of board members shall meet the characteristics needed to comply with Article III of these Bylaws.

Section 3. Vacancies

Any vacancy created by the death, resignation, change of status, removal, or other reason of a board member may be filled until the next annual meeting by the Board of Directors. The replacement shall satisfy the same compositional requirements as the member who is being replaced. At the next annual meeting, the unexpired term shall be filled by election with written ballot of the general membership.

ARTICLE X CONFLICTS OF INTEREST

No member of the North Central Florida Trauma Agency or any committee shall vote on any matter in which that individual has a personal, financial, or fiduciary interest. Individuals deemed to have a conflict of interest when voting on a particular item include but may not be limited to owners, investors, or others who have a financial or capital interest, employees, and medical staff members, members of an advisory or policymaking board, whether salaried or voluntary, persons under contract including but not limited to attorneys, architects, accountants, and consultants and relatives of individuals in any of the above-referenced categories. Members who have or have had such a relationship with any individual or entity involved in any matter before the North Central Florida Trauma Agency or an entity appointed by the membership must make public disclosure of such relationship before any action is taken.

ARTICLE XI GENERAL PROVISIONS

Section 1. Fiscal Year

The fiscal year of the agency shall begin July 1 and end June 30 of the following year.

Section 2. Parliamentary Procedure

Parliamentary procedure for all meetings of directors and committees shall be in accordance with commonly accepted rules of order.

Section 3. Notice to Members and Directors

Wherever in these Bylaws notice is required to be given to directors, it shall be deemed that proper notice is given by deposit of such notice in the United States mail at the address registered in the agency books for each director.

Section 4. Definitions

For the purposes of these Bylaws, the following definitions are used:

- A. Service district or service area shall mean the geographic area covered by the counties that are party to the interlocal agreement establishing the North Central Florida Trauma Agency as specified in Article I.
- B. Members of the Board of Directors are referred to as "directors," or "board members," or members of the "governing body."
- C. General members are all those representatives of hospitals, EMS providers, and county governments as defined in Article III, Paragraph B of these Bylaws.

ARTICLE XII AMENDMENT OF THE BYLAWS

These Bylaws may be revised or amended by a majority vote of all Directors present at a duly constituted meeting provided that each director receives written notice of the proposed changes no less than fourteen (14) days prior to the voting.

ARTICLE XIII PROHIBITION AGAINST SHARING AGENCY ASSETS

No director, officer, employee, or other person connected with this agency, or any other private individual shall receive, at any time, any revenue from the operation of this agency, provided that this provision shall not prevent payment to any such of reasonable compensation for services rendered to or for the agency in effecting any of its purposes as shall be fixed by resolutions of the Board of Directors; and no such person or person shall be entitled to share in the distribution of, and shall not receive any of the agency assets on the dissolution of the agency. All members of the agency shall be deemed to have expressly consented and agreed that in such dissolution or winding up of the affairs of the corporation, whether voluntary or involuntary, the assets of the agency, after all debts have been satisfied, then remaining in the hands of the Board of Directors shall be distributed as required by the interlocal agreement of this agency and not otherwise.

ARTICLE XIV PRIVATE CONTRIBUTIONS

The Board of Directors may establish annual membership due to support the activities of the agency. Such dues shall be fixed according to a schedule approved by the Board of Directors at the annual meeting for the fiscal year beginning the forthcoming July 1. No other private contributions will be accepted without prior presentation to the general membership and prior approval by the Board of Directors.

ARTICLE XV
EFFECTIVE DATE

These Bylaws shall become effective upon adoption or revision by the Board of Directors.

Draft reviewed by Bylaws Committee February 13, 2019
Draft approved by Bylaws Committee February 18, 2019
Draft reviewed by Board and General Members February 21 – March 8, 2019



Appendix E – Publix Meeting Announcements



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North Central Florida Trauma Agency

ZOOM Meeting (details provided below)

Planning Together for a Safer and Healthier North Central Florida since 1990

NCFTA BOARD OF DIRECTORS/GENERAL AGENDA

Monday, May 1, 1:00 - 2:30 pm
ZOOM ONLY

PUBLIC HEARING – Draft 2023-2028 NCFTA Trauma Plan

Join Zoom Meeting

<https://us06web.zoom.us/j/83066927847?pwd=Q2trZ2ZpZHIIBb1owZkREUFRxbGM5UT09>

Meeting ID: 830 6692 7847

Passcode: 790815

One tap mobile

+1 305 224 1968,,83066927847#,,,,*790815# US

+1 646 558 8656,,83066927847#,,,,*790815# US (New York)

Dial by your location

+1 305 224 1968 US

+1 646 558 8656 US (New York)

+1 646 931 3860 US

+1 301 715 8592 US (Washington DC)

+1 309 205 3325 US

+1 312 626 6799 US (Chicago)

+1 719 359 4580 US

+1 720 707 2699 US (Denver)

+1 253 205 0468 US

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

+1 360 209 5623 US

+1 386 347 5053 US

+1 507 473 4847 US

+1 564 217 2000 US

+1 669 444 9171 US

+1 689 278 1000 US

Meeting ID: 830 6692 7847

Passcode: 790815

Find your local number: <https://us06web.zoom.us/j/83066927847?pwd=Q2trZ2ZpZHIIBb1owZkREUFRxbGM5UT09>



WHY YOU SHOULD BEC

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COMMUNITY H

WellFlorida Council is cor

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Visit "Surveys" to take a s

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For more information abo

COMMUNITY I

NCFTA GENERAL AND BOARD MEETING



DATE

May 01 2023



TIME

1:00 pm - 2:30 pm

ORGANIZER



JEFF FELLER



EMAIL

jfeller@wellflorida.org

North Central Florida Trauma Agency board of directors, general members and staff are invited to attend the meeting via Zoom. Contact jfeller@wellflorida.org



CATEGORY

> Public Meeting

SHARE THIS EVENT



Join us May 1, 2023 from 1 to 2:30 p.m. for a Zoom meeting. Email jfeller@wellflorida.org for info.

Appendix E
Public Meeting Announcements





North Central Florida Trauma Agency General and Board Members Meeting Summary

Date: May 1, 2023

Location: WellFlorida Council, 1785 NW 85th Boulevard, Gainesville, Florida 32606 and ZOOM

Directors Present: Gary Gillette, Carl Kaufman, Cory Hewitt

General Members and Interested Parties Present: Travis Wood, Amy Berger, Cynthia Coulter, Ed Crews, Tina Lloyd, Dave Motes, Jordyn Zygier

Guests: None

Staff Present: Jeff Feller and Jessica Lam-Kuo

TOPIC	SUMMARY/DISCUSSION	ACTION
Call to Order	Gary Gillette calls the meeting to order.	The meeting was called to order at approximately 1:05 pm.
Introductions	Gary Gillette (and Jeff Feller) request everyone to type name and agency in chat. Jeff Feller calls out names for board member roll call and attendance.	Jeff Feller took roll and attendance.
Conflict of Interest Statement	Jeff Feller briefly reminds Board and General Members that the Conflict-of-Interest Statement was sent in the advanced mail out to everyone prior to the online meeting and to read and declare any conflicts as each member sees fit according to the policy.	For information only.
Consideration of Meeting Summary for January 25, 2023	Mr. Feller distributed the meeting summary January 25, 2023, to attendees prior to the meeting for review and consideration. Mr. Feller asks members if they have any questions or changes that should be made.	Cory Hewitt moved to accept the meeting summaries as presented. Carl Kaufman seconded the motion. The motion carried unanimously.

TOPIC	SUMMARY/DISCUSSION	ACTION
<p>Review of March 31, 2023 Financial Report</p>	<p>Mr. Feller distributed the Financial Report for March 31, 2023, to attendees prior to the meeting for review and consideration. Mr. Feller quickly discusses the financial report including the net income which includes the monthly service fee and the \$100 per month hold back for extra work on the trauma plan. Mr. Feller explains that they have slightly more than \$28,000 in cash assets. Mr. Feller then also notes that this amount does not include the \$7,500 in cost for the trauma plan which will be billed in May. Mr. Feller also noted that the dues report is attached. Mr. Feller asks members if they have any questions.</p>	<p>Carl Kaufman moved to accept the financial report as presented. Cory Hewitt seconded the motion. The motion carried unanimously</p>
<p>Quality Round Table-Open Forum: PUBLIC HEARING – Review of 2023-2028 NCFTA Trauma Plan</p>	<p>Mr. Feller began by reminding members that the NCFTA, as a trauma agency designated and certified by the Florida Department of Health, is required to update its trauma plan every five (5) years. The trauma plan lays out the basic organization and activities of a trauma agency along with its membership, key areas of focus, and basic statistics on the system. The guidelines for the trauma plan from the FDOH have changed little in the last 10-15 years so each 5-year update is a tweaking of the previous plan unless an agency has a major overhaul or change in direction. For those members who were here and part of the 2017-2022 planning process, we were required to do a major overhaul due to some structural issues that the FDOH identified. This year, Mr. Feller indicated there were no such issues and the plan was just updated rather than overhauled.</p> <p>Mr. Feller then summarized/highlighted the changes that occurred as follows:</p> <ul style="list-style-type: none"> - Three new maps showing the agency region and trauma discharges by county of residency for both trauma centers - New demographic and socioeconomic data for the 10-county NCFTA membership region - New trauma center data from both of the trauma centers - Updated Board and General membership information - Updates to the Recommended Trauma Transport Protocols (including the gray criteria and hanging/suffocation guidelines) - Updated bylaws (changed in 2019) 	<p>Cory Hewitt moved to accept the 2023-2028 NCFTA 5- Year Trauma Plan as presented. Carl Kaufman seconded the motion. The motion carried unanimously.</p>

TOPIC	SUMMARY/DISCUSSION	ACTION
	<ul style="list-style-type: none"> - Updates to public education activities of the NCFTA (summary of the last few years of the Quality Round Tables) - Meeting minutes to highlight approval of changes to the Recommended Trauma Transport Protocols as well as the decision to approve the 2023-2028 Trauma Plan (i.e. the minutes from the May 1, 2023 meeting) <p>Mr. Feller concluded his presentation by saying that this draft plan will be submitted to the FDOH by Tuesday, May 2, 2023, in order for the NCFTA to remain compliant with its certification/designation requirements. He indicated that he would post the draft on the WellFlorida home page (www.wellflorida.org) under publications and it will be there for review by members. He further noted that as long as we have an updated plan for 2023-2028 on file, we can change or tweak the plan anytime before the next plan (2029-2034) is due, and that if members desire changes, we can make changes accordingly.</p> <p>There was then various discussion and questions by members prior to taking action to accept the 2023-2028 plan.</p>	
<p>Discussion on Upcoming Meetings Schedules</p>	<p>Mr. Feller noted that the NCFTA will most likely want to hold meetings in July, September, and November and that we need to identify host sites, dates, and times for each meeting. Members discussed and thought it would be better to hold the meetings in August, October and December. Member chose August 16, October 25, and December 13 as the meeting dates for the remainder of the year. The August meeting will either be held in Levy County or at WellFlorida, and the October meeting will be in Ocala/Marion County. The December meeting is to be determined. The focus of the August Quality Round Table will be a TQIP Collaborative update/presentation from Cory Hewitt and an in-depth discussion on the content of a Winter 2024 training/educational event. Dr. Gillette also asked Jeff Feller to send email out in July asking members if there are other topics they may want to include in the August or upcoming Quality Round Tables.</p>	<p>For information and discussion</p>

TOPIC	SUMMARY/DISCUSSION	ACTION
<p>Staff Update by Jeff Feller</p>	<p>Mr. Feller reiterated that the Trauma Plan will be sent to the FDOH on Tuesday, May 2, 2023 (electronic link and hard copy over-nighted).</p> <p>Mr. Feller also noted that he would like to survey the members as soon as possible on what the priorities would be for an education or training event in the winter. Then, he would like to convene the Board as soon as possible to outline and finalize plans for such an event.</p> <p>To conclude, Mr. Feller noted that Mitchell Gleason is no longer in his position at UF Health Shands Hospital and as such, he needs to be replaced on the Board. Mr. Feller recommends that Travis Wood, who replaced Mr. Gleason in his position, be voted on to replace Mr. Gleason's position on the Board. After some discussion, it was noted that Travis Wood was in an interim position and that perhaps Amy Berger would be a better fit or General Member and Board Member for UF Health Shands. Jeff Feller said he would forward Ms. Berger the General Membership appointment directions and work to have her appointed as Board members at the August meeting.</p>	<p>For information and discussion and official action.</p>
<p>Next Meeting</p>	<p>As previously discussed during the meeting, Gary Gillette and Jeff Feller reminded members that the next meeting will be held on August 16 from 1:00 pm – 2:30 pm. Meeting to be held at either at WellFlorida or in Levy County, and WellFlorida will provide lunch no matter which location is chosen.</p> <p>Topics to Discuss and Items to Focus On:</p> <ol style="list-style-type: none"> 1. Quality Round Table: TQIP Collaborative 2. Training/Education Event Discussion to set up goals, come up with topics and possibly set up a sub-committee. <ol style="list-style-type: none"> a. Survey results of members for topics to hold training on 	<p>For information only.</p>

TOPIC	SUMMARY/DISCUSSION	ACTION
	b. Ideas identified by Board members	
Other Business	No other business	For information only.
Adjournment	The meeting adjourned.	With no further business, Dr. Gillette adjourned the meeting, meeting adjourned at around 1:51 pm.