

INTERNATIONAL SECURITY
TOP SECRET
PLAN

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TO: Debbie Maxwell, HRS/EMS
 FROM: P.A. Norris & Toni Williams *HW*
 SUBJECT: HILLSBOROUGH COUNTY TRAUMA AGENCY PLAN
ERRATA / ADDENDA

We are today FAXing some odds and ends not included in the revision package we mailed 11/29. The only required items are the revised Table of Contents, 10D-66.105(1)(a), and the revised description of PTRCs (p. 40) which we forgot to send. As P.A. Norris mentioned to you by phone, in the rush of getting things in the mail, the pages of the revision were misnumbered, and we weren't able to sort it out and print the revision in time for the mail. We are also sending a key to the remaining page numbers; since we only submitted the revised sections and not the entire Plan, we hope you will not mind making the changes in page numbers on the non-replaced sections.

We are also sending revisions which were not identified as deficiencies, but which reflect some changes in the 60 days since original submission; it seemed reasonable to bring it up to date now. The only substantive change is the very recent change in status of Temple Terrace Fire Department. Although they had received a BLS license at the end of September, they were still functioning as a first responder/backup service when the Plan was written. This month they began to function as a BLS transport service, of which HCTA only became aware in the past week. (TTFD delivered a copy of their protocols on the afternoon of 11/30/89.) We have revised the more obvious sections to reflect the current status as we know it. We will be working closely with this service in the near future to gather more details about their capabilities and operating procedures and to ensure a smooth entry into the integrated trauma system. As we discussed by phone, we will probably be submitting quarterly Plan updates during this early formative period, and you can expect a fuller integration of TTFD in our "Spring Supplement."

Another "non-deficiency" revision is the Information and Education section; the ATLS course for which no date was set is now listed, as are some cooperative efforts with Humana Brandon.

We have also included a nice matrix (thanks to Debbie Griffin of HCEMS!) to summarize the information from our hospital capabilities survey. We think it enhances the Plan although it was not required.

On the page 62 we mailed, the second sentence under "Selection for Audit" should read "...listed following this section." (not "...on the following page.").

In our copies, the HCTA Manual Entry Registry Form ("Hills. Co. Trauma Registry Form") appears at the end of section (m); it should be in the preceding section.

As a final note, the name of South Bay Hospital changed so recently that the correction was not made everywhere in the Plan. Other hospitals have changed names within the past year or so, and may be referred to by older names in some protocols, etc. For your reading pleasure, here is a translation key:

<u>Previous Name(s)</u>	<u>Current Name</u>
Carrollwood Community Hospital	Centurion Hospital of Carrollwood
Centro Espanol Hospital	Doctors' Hospital of Tampa
Palma Ceia Hospital	Westshore Hospital (Vencor)
Interbay Hospital	
Tampa Bay Hospital	
Sun City Hospital	
	South Bay Hospital

This Plan is dedicated to
THE LIVES IT WILL SAVE



This Agency Plan has been compiled and
assembled with pride by the
Hillsborough County Trauma Agency.
We gratefully acknowledge the cooperation
and assistance of many seen and unseen
people in this formidable task.

Thank you --

you know who you are!

INTRODUCTION

The following document combines a description of the trauma system currently functioning in Hillsborough County (with some notes on its development), and plans for the immediate future. This calls for two comments.

First, since the system as a whole is still developing--some segments having been in place for months or years and others not yet in place--it must be understood that these plans are subject to alteration and adjustment. Effective plans cannot be inflexible and incapable of dynamic growth.

Second, the lack of organized, consistent data collection by various services and the lack of a central repository for such data has forced a dearth of hard numbers in this document. In some cases, the figures simply did not exist; in others, the time and effort required to track down the individual original run reports, log entries, etc. and tally them manually would have been a ludicrous misplacement of priorities.

However, discovering the scope of this problem during research for the Plan has led Agency staff to place early and high priority on developing and implementing uniform data reporting. It has been a painful but educational experience for everyone involved.

* * * * *

Initially, we saw this Plan as a limited communication from the Hillsborough County Trauma Agency to the Florida Department of Health and Rehabilitative Services, Emergency Medical Services section. However, we began to realize that others, including community leaders and legislators less familiar with the jargon of medicine and medical bureaucracy, would also be reading it. Therefore we have added a short section of definitions, and have often explained in greater detail and provided more background material than the regulation strictly required.

We hope that everyone will enjoy reading it, will learn from it, and will be stimulated to ask a host of exciting new questions.

BOARD OF COUNTY COMMISSIONERS
HILLSBOROUGH COUNTY, FLORIDA

DEPARTMENT OF EMERGENCY MEDICAL SERVICES

Larry J. Brown
County Administrator

James Algood
Director



P.O. Box 310398
Tampa, Florida 33680
(813) 272-6600

August 29, 1989

P.A. Norris, MSN, RN
Coordinator,
Hillsborough County Trauma Agency
2709 East Hanna Ave
Tampa, Florida 33610

Dear Ms. Norris:

I am writing to you as the Medical Director of Hillsborough County Emergency Medical Services to offer my support for the Hillsborough County Trauma Agency.

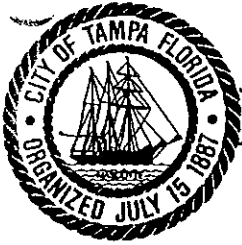
As Medical Director, I feel that your function as a liaison for the State of Florida to the providers of care in the County will have an impact on the delivery of that care in a positive manner. With the growth of the EMS system, an Agency is the answer to insure Quality Assurance yet serve a functionary role through the work of the Medical Audit Committee.

I look forward to working with you, and the Paramedics of the Emergency Medical System in Hillsborough County will be more than happy to assist you. Our ultimate aim is to decrease trauma while providing the highest level of care. This is the Agency goal also, which I concur with entirely.

Sincerely,

A handwritten signature in dark ink, appearing to read 'E. Straub', written over the word 'Sincerely'.

Edward J. Straub, M.D.
Medical Director, Hillsborough County EMS



CITY OF TAMPA

Sandra W. Freedman, Mayor

FIRE DEPARTMENT

William H. Austin
Fire Chief

September 25, 1989

P. A. Norris
Coordinator
Hillsborough County Trauma Agency
2709 E. Hanna Avenue
Tampa, Florida 33610

Dear P.A.:

As Medical Director of Tampa Fire Department Rescue Division,
I extend my wholehearted support for the Hillsborough County
Trauma Agency.

Hopefully, we will be able to prevent trauma but, if not, we'll
be assured of providing the best possible care for these patients.

If we can be of further assistance, please don't hesitate to call.

Sincerely yours,

John C. Siano ^{dm}

John C. Siano, M.D.
Medical Director
Tampa Fire Rescue

JCS:dm

DEFINITIONS AND ABBREVIATIONS USED IN THIS PLAN

Most terms used in this document are defined in F.A.C. 10D-66.0485. For convenience, several definitions are repeated below.

Agency - The entity responsible for the operation and administration of an organized system of trauma medical services in a defined geographic area. When capitalized in this document, "Agency" refers to the Hillsborough County Trauma Agency.

BOCC - Board of County Commissioners, Hillsborough County.

Dispatch - the process from receiving a request for emergency medical assistance to the act of sending an emergency medical services vehicle or air ambulance in response to such a request.

Emergency Trauma Interhospital Transfer - the transportation of a trauma victim, as rapidly as possible, from a hospital which has provided stabilization to a hospital or Trauma Center which has the capability of providing a more intensive level of patient care.

EMPC - Emergency Medical Planning Council.

HCEMS - Hillsborough County Emergency Medical Services.

HCTA - Hillsborough County Trauma Agency.

HRS/EMS - Department of Health and Rehabilitative Services, Emergency Medical Services.

In-Hospital Alert - Notification in the hospital scope of all Trauma Team personnel to respond to, meet, and care for a trauma victim. Issued immediately after notification by EMS/Flight Crew that a patient is en route.

Initial Receiving Hospital - one which:

* is staffed 24 hours a day with personnel qualified in emergency airway management, ventilatory support, and control of life threatening circulatory problems including placement of endotracheal tubes; establishment of central IV lines; and insertion of chest tubes;

* has equipment and staff in-hospital and available to conduct chest and cervical spine x-rays;

* has laboratory facilities, equipment and staff in-hospital and available to analyze and report laboratory results;

* has equipment and staff on call and available to initiate definitive care required by a trauma victim within 30 minutes of the trauma victim's arrival or to initiate procedures to transfer the trauma victim to a trauma center; and

* has a written transfer agreement with at least one Trauma Center. The transfer agreement shall provide specific procedures to ensure the timely transfer of the trauma victim to the Trauma Center.

MAC - Medical Audit Committee.

PTRC - A pediatric trauma referral center shall be located in a pediatric hospital, a tertiary care hospital with a large pediatric unit as a Level I Trauma Center. It will also conduct research studies and disseminate the knowledge throughout the medical community.

TFD/RD - Tampa Fire Department, Rescue Division.

Trauma Center - A hospital which meets the very extensive qualifications set forth in F.A.C. 10D-66 Part II, and which has applied for and received verification from HRS as a trauma center. It is illegal for any hospital to hold itself out as a trauma center if it has not been so designated by this process. Because this was not always true, the words are capitalized in this document to emphasize that these hospitals have met these extensive requirements.

10D-66.105 Agency Plan Criteria.

(1) An agency established to implement a trauma system shall submit a plan to the department which shall contain the following information in the following order:

(a) Table of Contents.

(b) Population and Geographic Areas to be Served. This section shall describe the population and geographic areas to be served by the trauma system. The plan shall include a map showing the defined geographic area of the agency, major geographic barriers, medical facilities, pre-hospital ground and air facilities, and other significant factors that affect the determination of the geographic area boundaries. This section shall also describe the historical patient flow, patient referral, and transfer patterns used to define the geographic area of the agency.

(c) Agency Organizational Structure. This section shall provide a detailed description of the managerial and administrative structure of the agency. A table of organization, names of individuals within the agency, such individual's job descriptions and responsibilities shall be included.

(d) Trauma System Structure. This section shall describe the operational functions of the system; the components of the system; an explanation of the coordination and integration of the activities and responsibilities of trauma centers, PTRCs, non-verified health care facilities, and pre-hospital EMS providers; and other trauma care resources involved in the trauma system. This section shall include a list of all participating and non-participating trauma care resources within the defined geographic area of the agency and documentation showing that the resources have been given the opportunity to participate in the system. Trauma care resources shall include, but not be limited to, hospitals, trauma centers, PTRCs, and pre-hospital providers.

(e) Objectives, Proposed Actions, and Implementation Schedule. This section shall provide a description of the objectives of the plan, a detailed list of the proposed actions necessary to accomplish the objectives, and a timetable for the implementation of the objectives and actions.

(f) Trauma System Budgetary Information and Fiscal Impact. This section shall include a description of the source of income and list of expenses by category. A description of the fiscal impact on the system, including increased costs related to providing trauma care, shall be included.

(g) Transportation System Design. This section shall describe the ground, water, and air transportation system design of the trauma system. This description shall address trauma patient flow patterns, emergency interhospital transfer agreements, and the number, type, and level of service of pre-hospital EMS providers within the trauma system.

(h) Trauma Transport Protocols.

1. This section requires that the agency provide:

a. Certification that existing department approved trauma transport protocols for each EMS provider, within the defined geographic area of the agency, are accurate and have been adopted by the agency; or

b. A copy of department approved trauma transport protocols which have been revised, approved, and adopted by the agency for each EMS provider within the defined geographic area of the agency; or

c. A copy of the agency's uniform transport protocols to be followed by EMS providers within the defined geographic area of the agency.

2. Provide a copy of any county ordinances governing the transport of trauma victims within the geographic area of the agency.

(i) Trauma Center and Pediatric Trauma Referral Center (PTRC) Standards. This section shall document that trauma centers and PTRCs within the trauma system are in compliance with standards provided in Chapter 395, F.S., and rules of the department.

(j) Medical Control and Accountability. This section shall identify the person or persons accountable for medical control and medical management of the trauma system and shall describe the authority and responsibilities of each person.

(k) Emergency Medical Services Communications. This section shall provide documentation that the EMS communications system is in compliance with the state EMS Communications Plan.

(l) Data Collection. This section shall describe the trauma data management system developed for the purpose of documenting and evaluating the trauma system operation.

(m) Trauma System Evaluation. This section shall describe, in detail, the methodology by which the trauma system is evaluated.

(n) Public Information and Education. This section shall describe the programs designed to increase public awareness of the trauma system within the defined geographic area of the agency.

(o) Attachments. The plan shall include the following:

1. A copy of each document which provides evidence of local government approval for the establishment and operation of the agency.

2. A copy of each contract and agreement entered into by the agency for the benefit and operation of the trauma system.

3. Evidence that the public notice requirement provided in Rule 10D-66.104(1)(c) has been met.

4. A copy of the public hearing minutes.

Specific Authority 395.031, 395.032, 395.035, 395.036 FS. Law Implemented 395.031, 395.032, 395.035, 395.036 FS. History—New 8-3-88.

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POPULATION AND GEOGRAPHIC AREAS TO BE SERVED

The purpose of this section is demonstrate that the geographic region defined by the Agency reflects an actual, functioning trauma care region. This seems to be the rationale behind requiring detailed information on the geographically significant boundaries, and the historical patient flow, transfer and referral patterns.

The agency as currently operating and as described in this plan is largely limited to Hillsborough County. While the location of three of the state's 12 verified Trauma Centers (and several regional specialty centers) in this county makes it the hub of a multi-county trauma network, trauma planners felt it best to begin with a more limited scope, for several reasons:

- * An informal trauma system already existed on a county-wide basis, with the county's prehospital providers and Trauma Centers already meeting and working together.
- * The had already approved the concept of a county-based agency, and had entered into a grant agreement with the state to fund such an agency.
- * The knowledge and experience gained in planning and implementing a county system will be invaluable in defining and planning for a broader system, should that be found useful.
- * Even this county system takes account of the effects of adjacent counties, as for example in the inclusion of Bayflite (Pinellas County), Lakeland Regional Medical Center (Polk County) and Manatee Memorial Hospital (Manatee County) as components, the mention of mutual aid agreements with adjacent counties' prehospital providers, and the description of inter-county transfer and referral patterns to the Trauma Centers.

Therefore, the fact that historical patient data is somewhat limited is immaterial to the agency scope as it currently exists. This information will become significant if and when the Agency expands to a more regional scope.

POPULATION CHARACTERISTICS

Hillsborough County has a resident population of approximately 826,000 (based on 1988 figures) and an annual visitor influx of 2.7 million, much of which is concentrated during the winter months.

By far the most populous city is Tampa; approximately 290,000 persons live within the city limits, and much of the surrounding unincorporated area is actually a continuous extension of city and suburbs. Two smaller incorporated cities, Temple Terrace and Plant City, have approximately 15,000 and 21,000 residents respectively.

Hillsborough County is growing, as the following population projections indicate:

1990 - 872,500
1995 - 970,200
2000 - 1,460,000

This growth in population, and the continued development of tourist attractions (such as the planned aquarium) and convention facilities which will increase the number of visitors, is an extremely important factor for any planning of health care.

Two demographic groups pose special challenges to health care providers in Hillsborough County: the large proportion of elderly which is traditional in urban Florida and is concentrated in such large retirement communities as Sun City Center, and the medically indigent which also includes the homeless (especially during winter) and migrant workers on the tomato, strawberry and other agricultural areas. The Health Planning Council uses a figure of 125% of federal poverty level (annual income) to define "medical indigency." By this means, it estimates the medically indigent to constitute just over 19% of the county's population; it is not clear that this includes seasonal visitors and workers. (Migrant workers, according to the Hillsborough County Housing Authority, number about 20,000 between October and March; the *St. Petersburg Times* reports the number at 36,000.) Using the minimum percentage, the 1989 medically indigent population of Hillsborough County is estimated at about 168,000. Data on usage of health services by the medically indigent is limited to visits reimbursed by Medicare or Medicaid, so the Health Planning Council has based estimates on the assumption that usage patterns among the indigent duplicate those for other population segments, which may not be an accurate assumption.

Other demographic characteristics published by the Health Planning Council for Hillsborough County, as of 4/1/88:

Females, other than "white"	64,254
Males, other than "white"	54,128
Total, other than "white"	118,392
Females, "white"	364,525
Males, "white"	344,427
Total, "white"	708,953
Total females	428,790
Total males	398,555
Total population 4/1/88	827,345

GEOGRAPHIC AREA

The most significant geographic factor is Hillsborough County's location on the Gulf Coast of Florida. Its southwestern border is in Tampa Bay, and much of its southwestern coastline consists of small peninsulas, islands, deltas, and bays. Three bridges cross Tampa Bay to Pinellas County on the west: the Gandy, Howard Franklin (I-275) and Courtney Campbell Causeway (SR 60), from south to north. During rush hours, these bridges become almost gridlocked, and access to and from accident scenes, especially where there is no causeway shoulder for vehicle movement, is quite difficult. (The innovative partial solution is for EMS catchment areas on the bridges to be determined not by political boundaries but by traffic flow. That is, Tampa Fire Department handles responses on the westbound segments, and Pinellas County units handle eastbound.)

The other significant geographical factor is the Hillsborough River, which wends its circuitous way through the northern half of the county, including downtown Tampa. This travel barrier is punctuated by occasional bridges (vividly marked on the accompanying map), which serve to funnel traffic and slow responses. During high water (such as from tropical storms or hurricanes) some of the bridges may be impassable.

The location of the Level I Trauma Center on an island (Davis Island) with access by only two side-by-side bridges (each one-way) can create problems during extreme high water, as was experienced during Hurricane Elena in 1985, when the older, lower bridge was underwater and the higher bridge was treacherous. Of course, during that sort of weather, helicopter access is out of the question.

Other waterways (such as the Alafia River, Bullfrog Creek, and the Bypass Canal) represent travel barriers, though to a lesser extent than the Hillsborough River. This is partly because the rivers are smaller, but more because they traverse less densely populated areas.

Numerous small lakes, particularly in the northwest, constitute local traffic barriers and by forcing roads into numerous curves, provide the opportunity for head-on collisions which may become more frequent as urban sprawl encroaches on these areas.

Topographically, the county is extremely flat. The highest point in the county is the phosphate pile built by Gardinier, followed closely by the ancient shoreline terraces of the Polk Uplands physiographic section of eastern Hillsborough County. None of these represent barriers to travel.

EXPLANATION OF MAPS

Most of the maps included in (the original copy of) this Plan are on transparent overlay sheets. This allows any group of factors to be viewed in relation to others. For example, to view the relationship of Trauma Centers to geographical boundaries, those maps may be superimposed. To view any single map, a plain sheet of paper may be placed behind that map. For ease in viewing any combination, the overlay maps have been furnished unbound, in a pocket. In case they become separated, paper photocopies of the maps have also been bound in (and will replace overlay maps in copies of the Plan).

A key to the maps, and brief narrative description of their contents, follows.

1.* Hillsborough County in relation to the rest of Florida, including location of verified Trauma Centers.

2.* Hillsborough County in relation to surrounding counties, with major travel routes and geographic barriers marked. The most important routes are the interstate highways (I-275, I-75, and I-4), and the bridges between Hillsborough and Pinellas counties.

The major geographic barriers are waterways: Tampa Bay (including Old Tampa Bay and Hillsborough Bay) which entirely surrounds Davis Island; home of the Level I Trauma Center, and Harbour Island, rapidly being developed as a major tourist facility and planned home of a major aquarium; the Hillsborough, Alafia and Little Manatee rivers; and innumerable creeks, small bays, inlets and lakes, not all of which have been highlighted.

3. Hillsborough County, the current geographic area of the Agency, showing geographic barriers and routes of travel. On this map, in addition to the features highlighted on Map 2, are major roads other than interstate highways, and more of the smaller bodies of water.

4. Trauma facilities, including Trauma Centers, rehabilitation facilities (which are within hospitals), Initial Receiving Hospitals, and other hospitals. (Note that there are no designated Pediatric Trauma Referral Centers in the county.) Due to the map scale and the number of nursing homes, these are listed but not depicted on the map.

5. Location of prehospital ground transport providers. This includes: location of substations for Hillsborough County Emergency Medical Services and Tampa Fire Department; location of headquarters for private BLS providers (which do not use substations but "float" units as needed) and BLS volunteer units (which operate out of a single headquarters station).

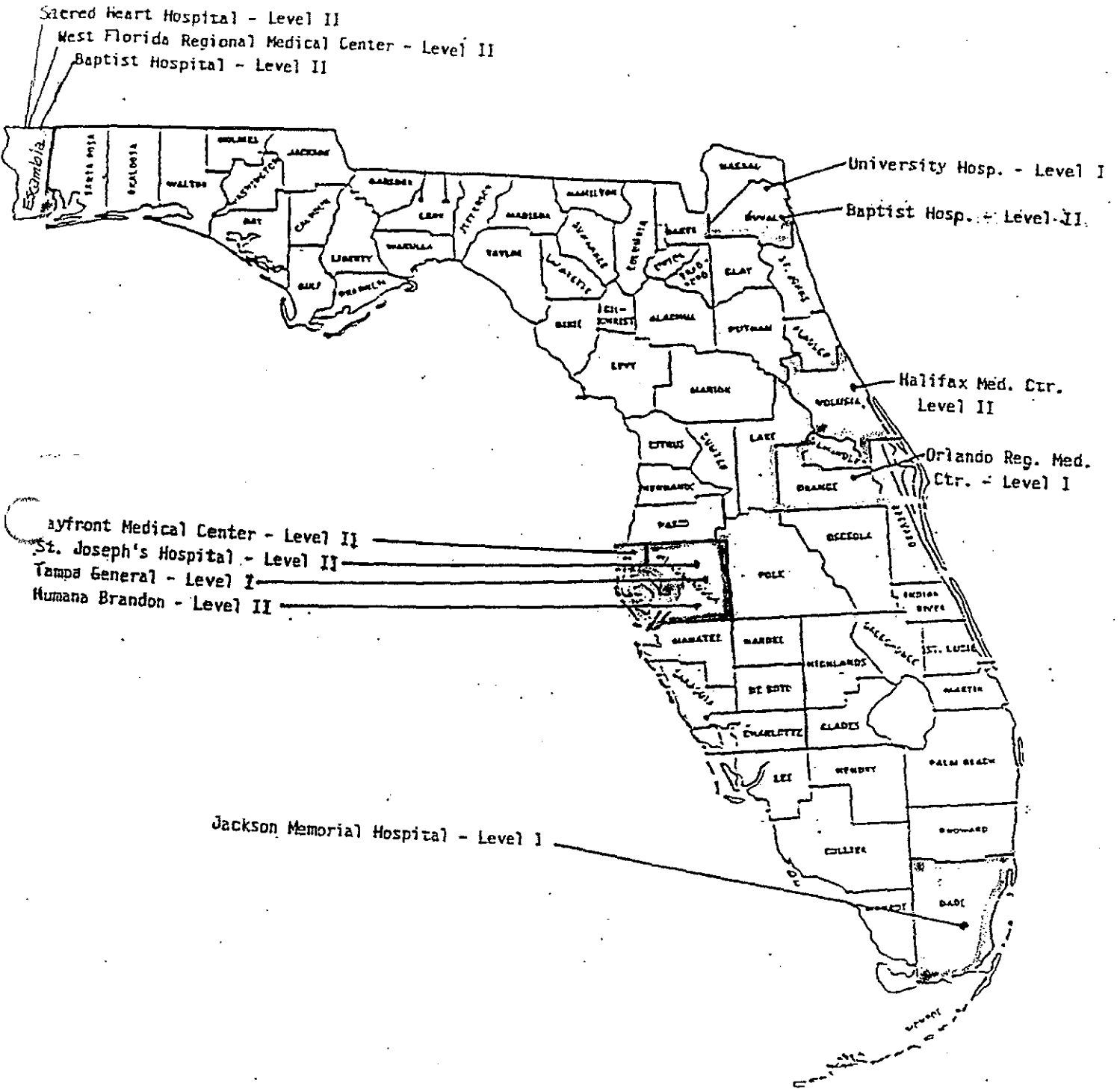
6. Location of prehospital air transport providers and FAA- and DOT-approved hospital helipads (same location as primary air transport providers, at St. Joseph's and Tampa General hospitals).

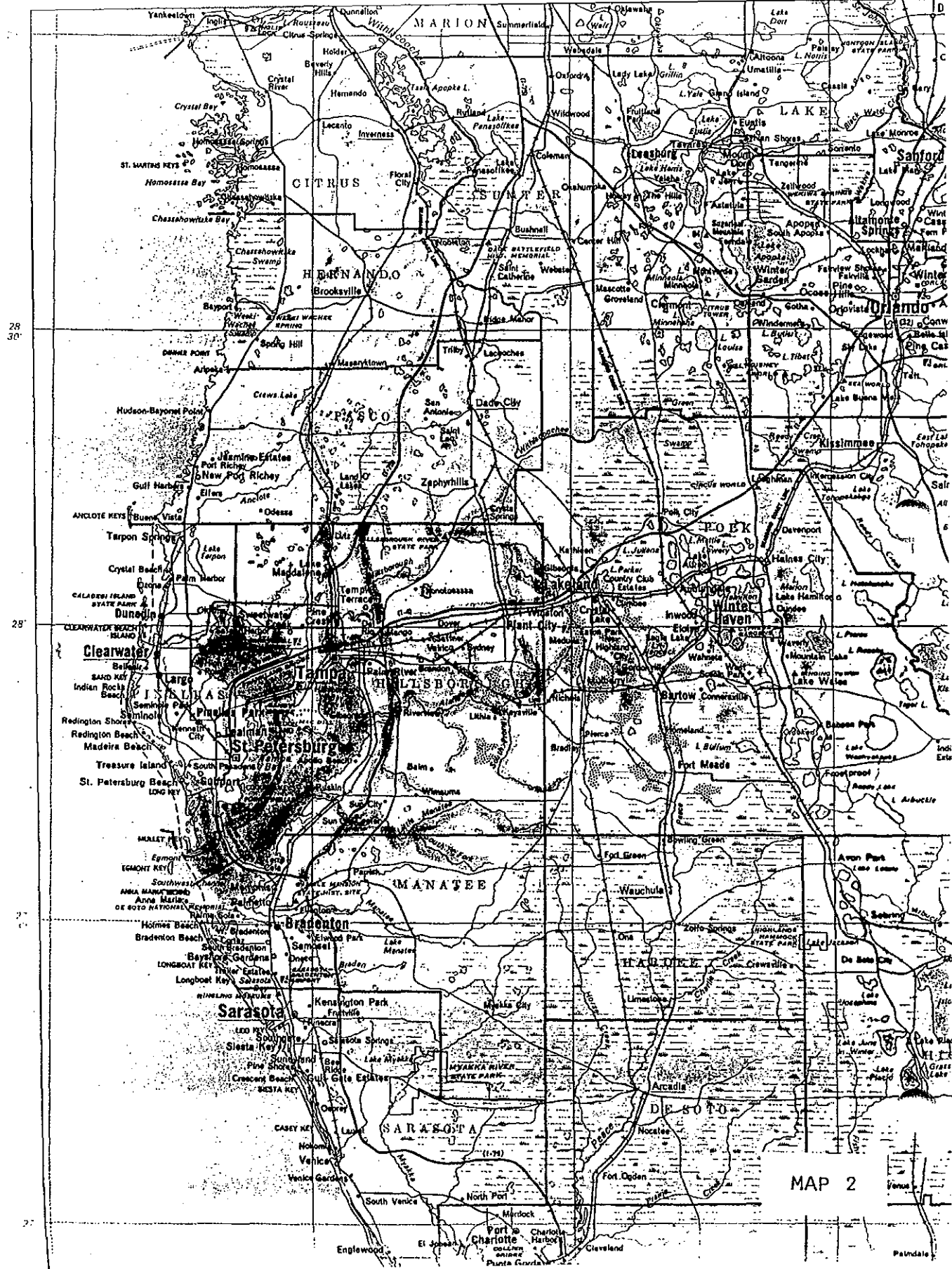
6A.* Smaller-scale map showing above and location of backup air transport provider (Bayflite) and base station of primary water rescue providers (U.S. Coast Guard and Tampa Fire Rescue).

7.* Hurricane evacuation zones, which indicate flood-prone areas. Hospitals are again identified on this map, since the scale does not permit it to be overlaid on other maps. (A list of 70 significant intersections prone to flooding is on file at HCTA headquarters.)

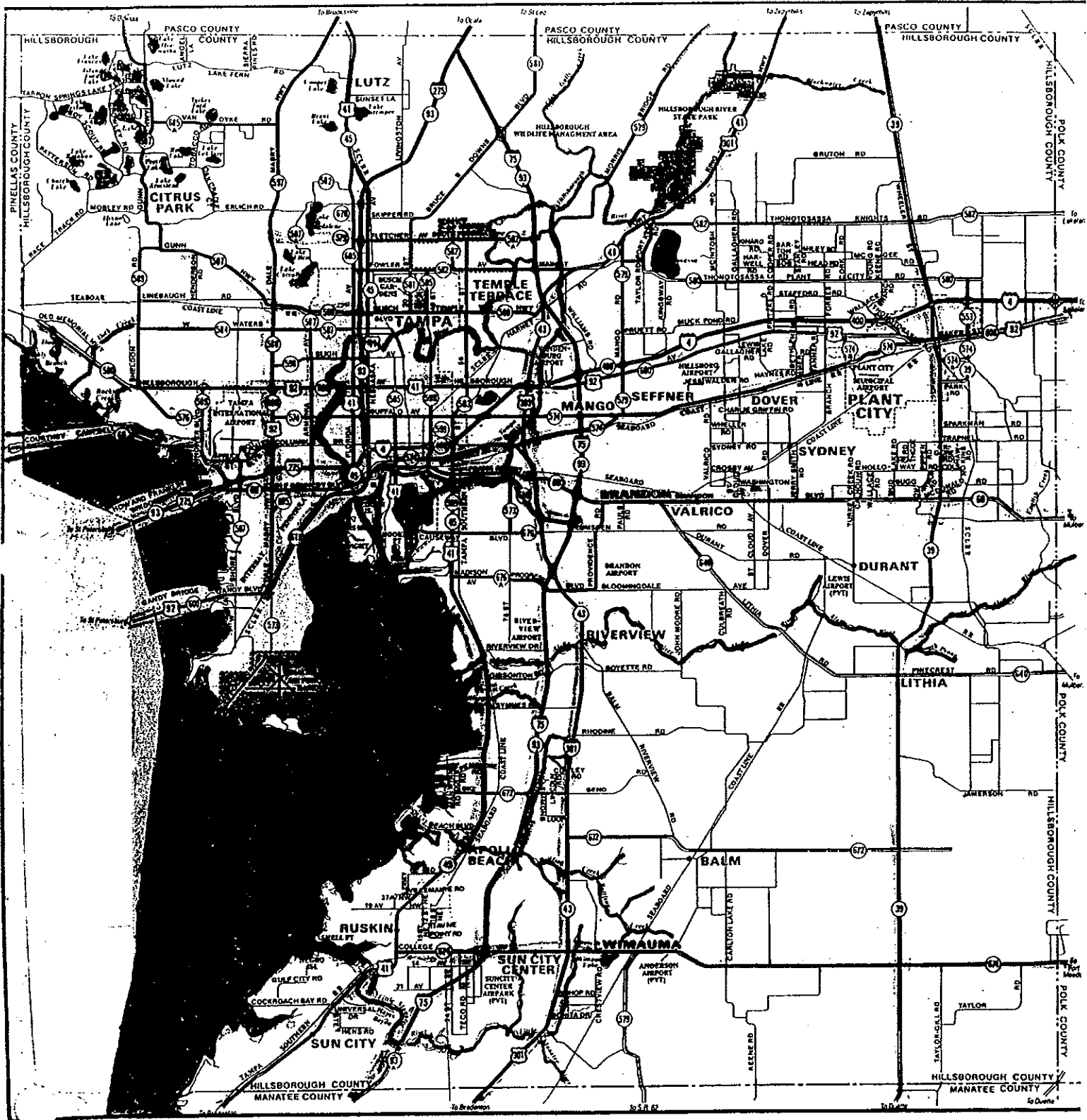
* These maps are not provided on overlay, as their scales differ from the rest of the maps.

VERIFIED TRAUMA CENTERS - Sept. 1989





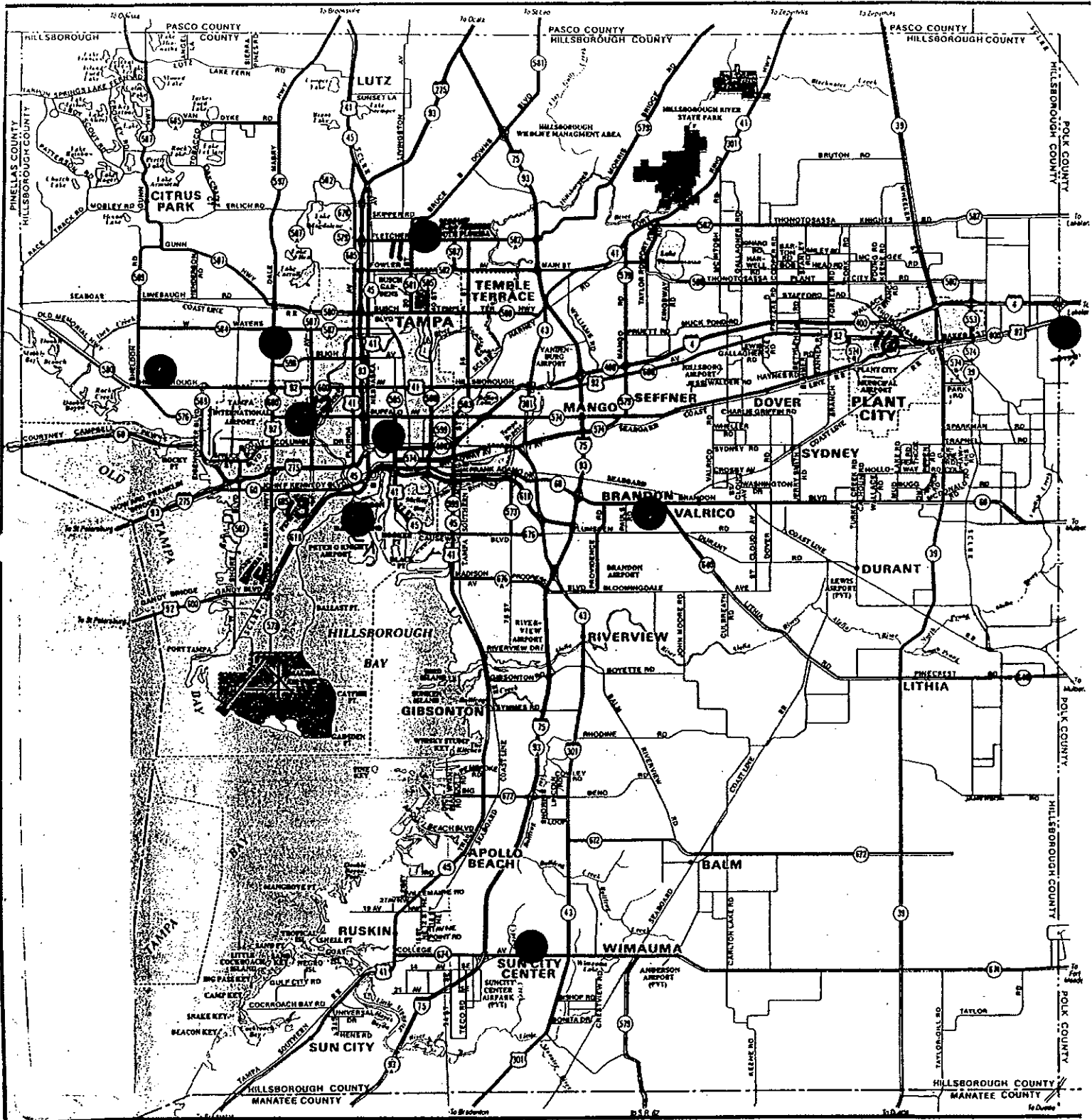
MAP 2



KEY TO MAP 4

- 1 Tampa General Hosp. (& Burn, Spinal Cord Rehab.)
- 2 St. Joseph's Hospital
- 3 Humana Hospital Brandon
- 4 AMI Town & Country Hospital
- 5 Centurion of Carrollwood Hospital (Carrollwood Comm.)
- 6 University Community Hospital
- 7 Centro Asturiano Hospital
- 8 Sun City Hospital
- 9 Manatee Memorial Hospital (Manatee Co.)
- 10 Lakeland Regional Medical Center (Polk Co.)
- 11 James A. Haley VA Hospital (& Spinal Cord Rehab.)
- 12 Doctors' Hospital (Centro Espanol)
- 13 AMI Memorial Hospital of Tampa
- 14 West Shore Hospital (Palma Ceia)
- 15 USAF Regional Hospital, MacDill AFB

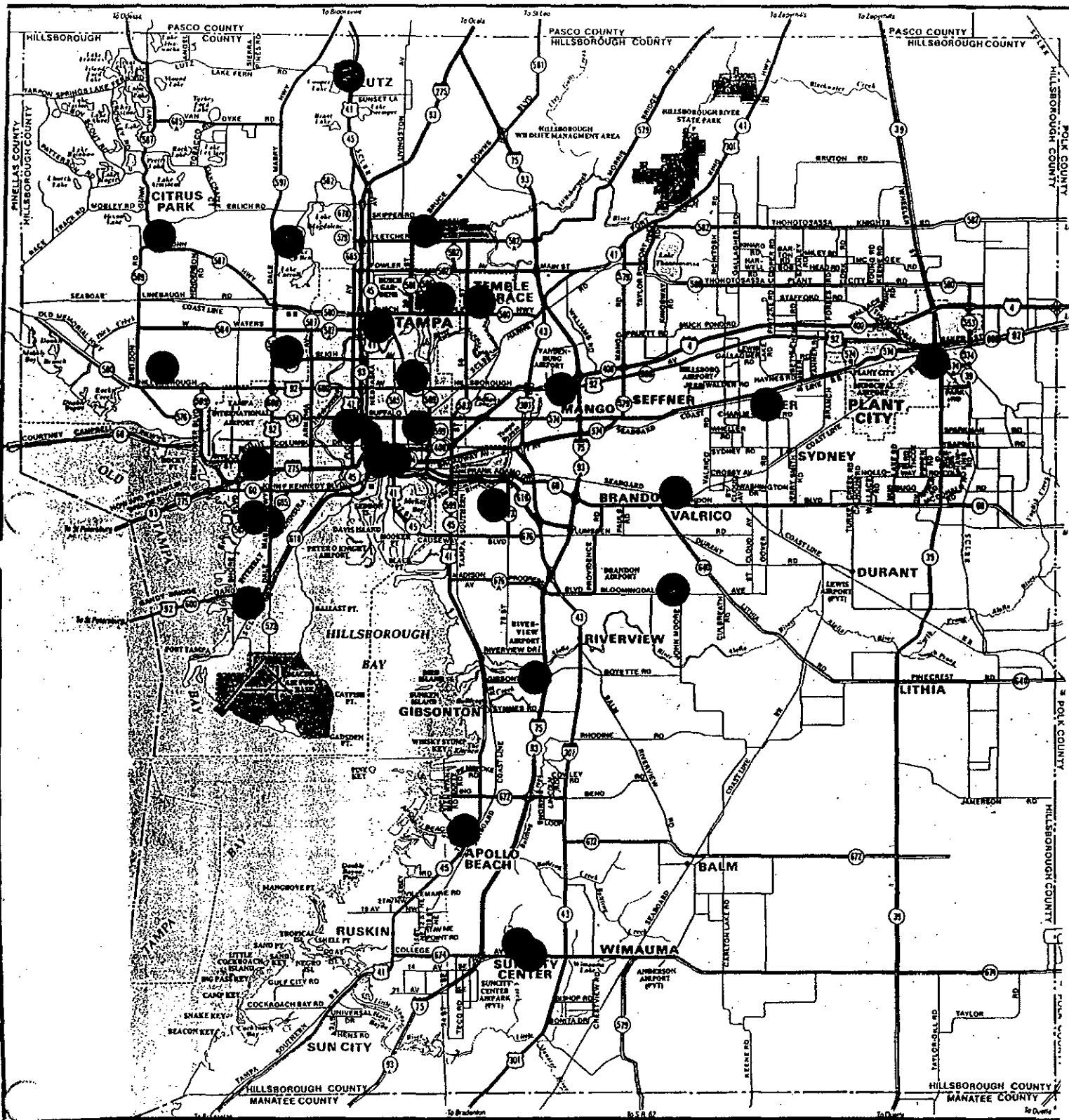
- Trauma Centers
- Initial Receiving Hospitals
- Other Hospitals



Nursing Homes in Hillsborough County

(Source: 1988 District VI Health Plan, Health Council of West Central Florida, Inc.)

Ambrosia Home - 1709 Taliaferro Ave.
Bay to Bay Nursing Center - 3405 Bay to Bay Blvd.
Cambridge Convalescent Center - 9709 N. Nebraska
Canterbury Towers - 3501 Bayshore Blvd.
Carrollwood Care Center - 15002 Hutchinson Rd.
Community Convalescent Center - 2202 W. Oak
Forest Park Nursing Center - (not listed in 1989 telephone directory)
The Home Association - 1203 22nd Ave.
John Knox Village - 4100 E. Fletcher Ave.
Lakeshore Villas Health Center - 16002 Lakeshore Villa Dr.
Lowe's Nursing & Convalescent Center - 12006 McIntosh Rd.
Manhattan Convalescent Center - 4610 S. Manhattan Ave.
Medicenter of Tampa - 4411 N. Habana Ave.
Oakwood Park Su Casa - 1514 E. Chelsea
Padgett's Nursing Home - 5010 N. 40th St.
Plant City Health Center - (not listed in 1989 telephone directory)
Palm Garden of Tampa* - 3612 138th Ave. (NEW)
River Heights Nursing Home - 2730 Ridgewood Ave.
St. Francis Residence - (not listed in 1989 telephone directory)
Sun Terrace Health Care Center - 105 Trinity Lakes Drive
Tampa Health Care Center - (not listed in 1989 telephone directory)
Town & Country Convalescent Center - 8720 Jackson Springs Rd.
University Park Convalescent Center - 1818 E. Fletcher Ave.
University Village Nursing Center* - 12401 N. 22nd St. (NEW)
The Village at Brandon Nursing Center - 701 Victoria St., Brandon
Wellington Manor Nursing Home - 10049 N. Florida Ave.
Woodlands Nursing Center - 13806 N. 46th St.

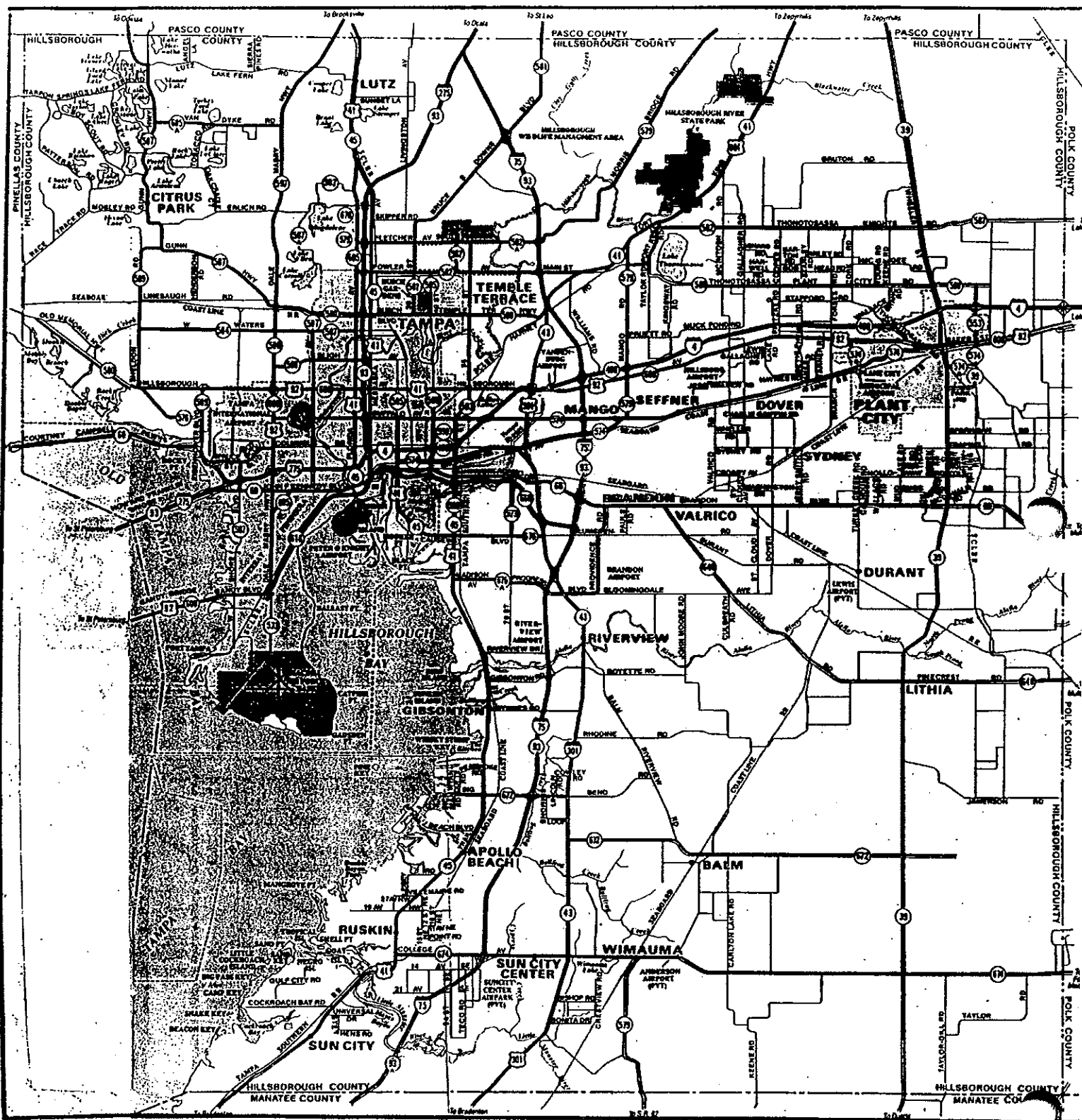


ADVANCED LIFE SUPPORT SUBSTATIONS

- EMS (county)
- TAMPA FIRE RESCUE (city)

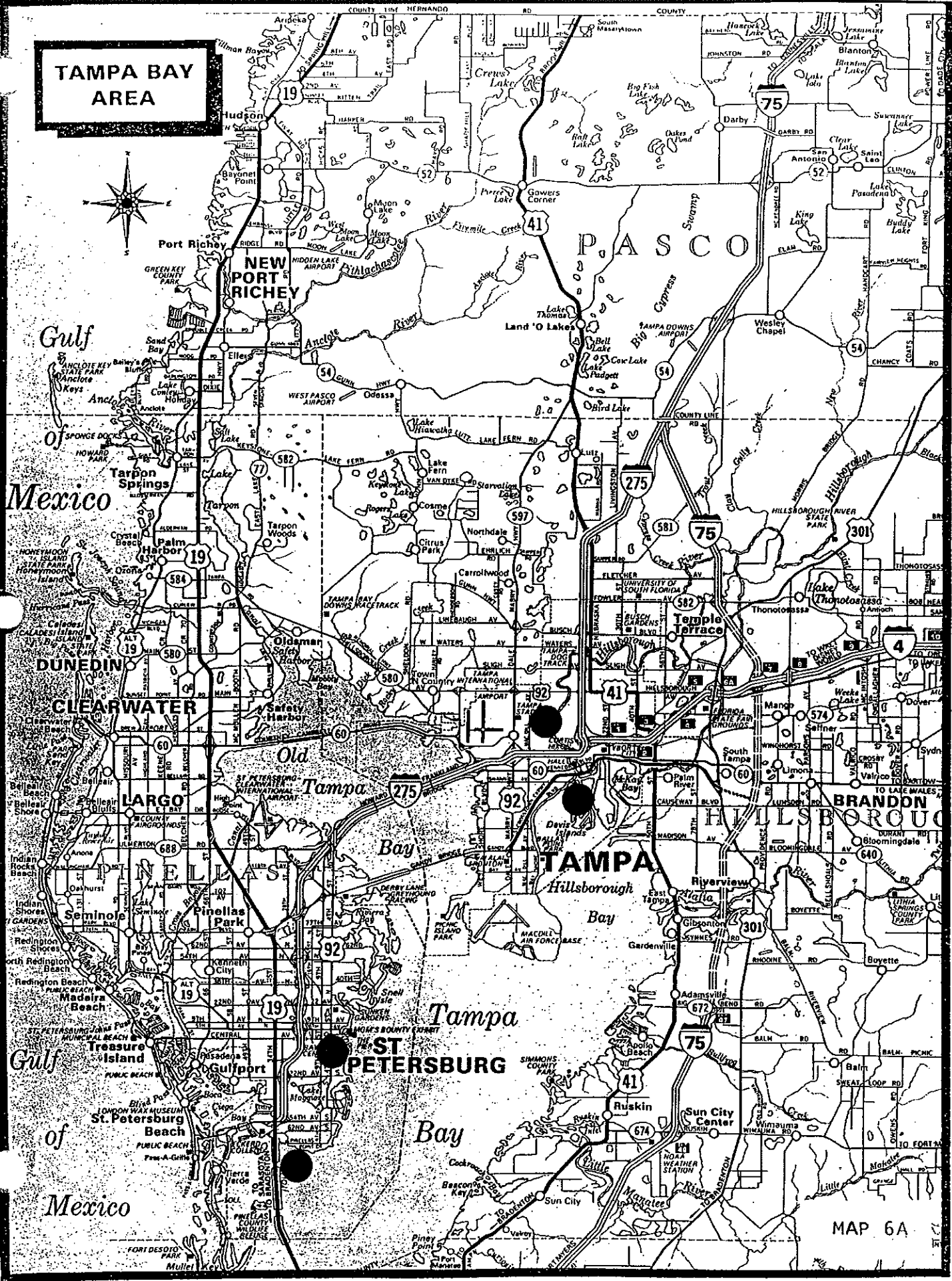
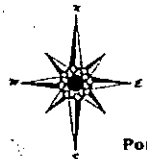
● BASIC LIFE SUPPORT RESCUE SQUADS

◐ (see note in text)



Air ambulances (helicopters):
 St. Joseph's, Tampa General
 Tampa Fire Rescue Boats:
 Davis Islands Marina

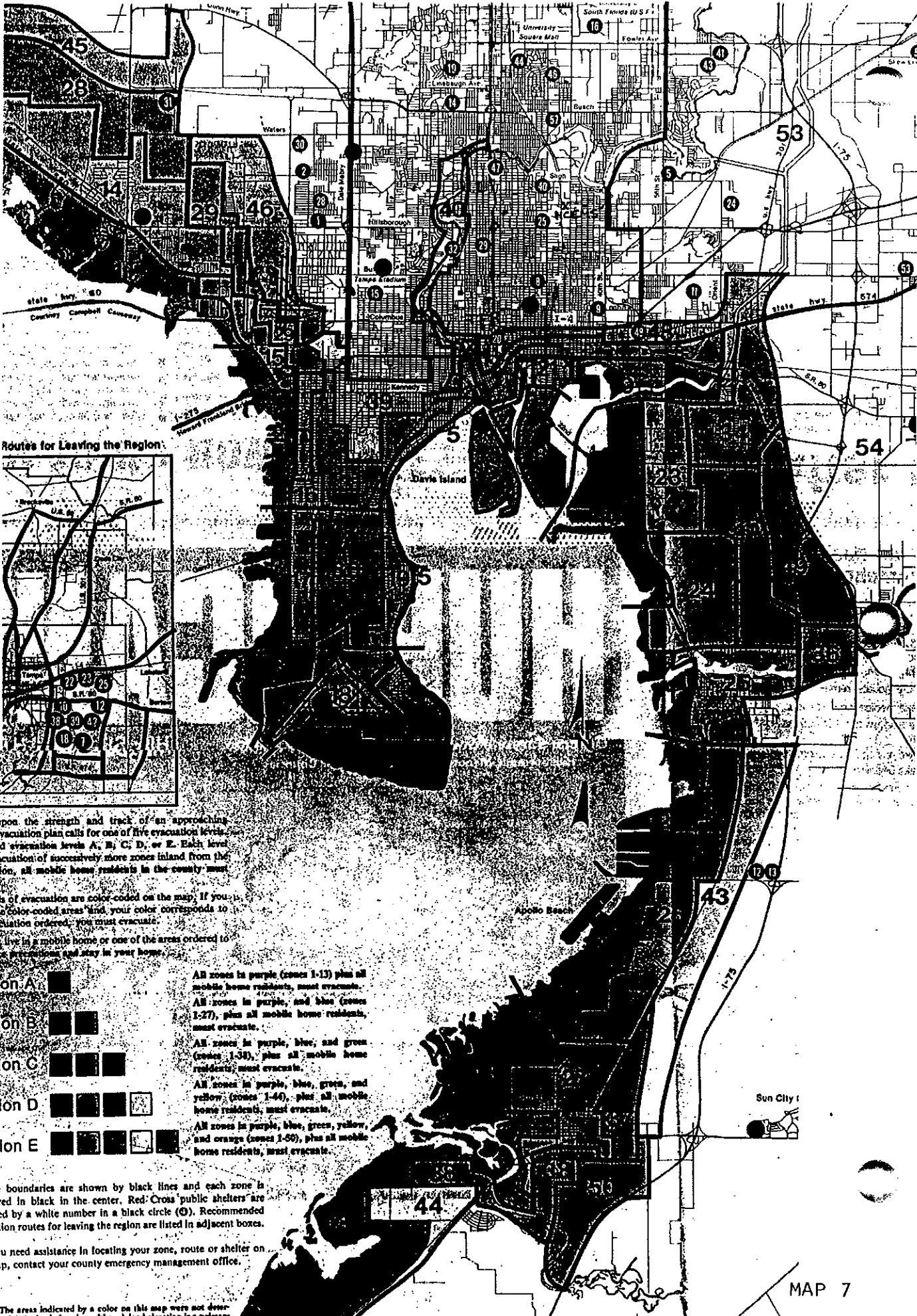
TAMPA BAY AREA



MAP 6A

AIR

WATER



Routes for Leaving the Region



Depending upon the strength and track of an approaching hurricane, the evacuation plan calls for one of five evacuation levels. These are called evacuation levels A, B, C, D, or E. Each level requires the evacuation of successively more zones inland from the coast. In addition, all mobile home residents in the county must evacuate.

The five levels of evacuation are color-coded on the map. If you live in one of the color-coded areas and your color corresponds to the level of evacuation ordered, you must evacuate.

If you do not live in a mobile home or one of the areas ordered to evacuate, make arrangements to stay in your home.

- Evacuation A
- Evacuation B
- Evacuation C
- Evacuation D
- Evacuation E

- All zones in purple (zones 1-13) plus all mobile home residents, must evacuate.
- All zones in purple, and blue (zones 1-27), plus all mobile home residents, must evacuate.
- All zones in purple, blue, and green (zones 1-38), plus all mobile home residents, must evacuate.
- All zones in purple, blue, green, and yellow (zones 1-44), plus all mobile home residents, must evacuate.
- All zones in purple, blue, green, yellow, and orange (zones 1-50), plus all mobile home residents, must evacuate.

Zone boundaries are shown by black lines and each zone is numbered in black in the center. Red Cross public shelters are indicated by a white number in a black circle (O). Recommended evacuation routes for leaving the region are listed in adjacent boxes.

If you need assistance in locating your zone, route or shelter on this map, contact your county emergency management office.

Note: The areas indicated by a color on this map were not determined solely by land elevation, although land elevation is a primary

HISTORICAL INFORMATION

PATIENT FLOW PATTERNS

This information was quite difficult to compile. Hillsborough County Emergency Dispatch Operations (EDO) did not become fully operational on the current computer-aided dispatch system with its current reporting capability until late last year. Hospital destinations for HCEMS transports November 1988 - August 1989 are reported below; there is, however, no differentiation between trauma and other patients. Tampa Fire Rescue's current CAD has very inflexible reporting capabilities; there is no permanent file kept and also no way to generate a report on hospital destinations. They also cannot differentiate trauma patients from other patients. Hospitals generally do not differentiate among prehospital services when logging patients into emergency departments; all are identified as "EMS" or "amb" regardless of which service transported and even of whether the service was from inside or outside of the county; this is true also for transfer patients.

As mentioned elsewhere in the Plan, the Agency is currently working on developing a more consistent and routine reporting of key data. It is not possible, however, to change the past. So for the purposes of this Plan, the Agency has relied largely on data summaries reported back from HRS, based on Form 1728 returns. This data does not represent a full year, and should certainly be taken cautiously because the first months especially were learning experiences for most services and the forms were incomplete and not always accurate.

HCEMS Hospital Destinations for All Patients (trauma and other, emergency and non-emergency), 11/88-8-89

Tampa General Hospital	2227
St. Joseph's Hospital	1547
Humana Hospital Brandon	3362
Centro Asturiano Hospital	141
Doctors' (Centro Espanol) Hospital	30
Centurion Hospital of Carrollwood	709
MacDill AFB - Regional Med. Center	17
AMI Town & Country Hospital	1933
University Community Hospital	2055
Humana Women's Hospital	24
South Florida Baptist Hospital	1160
AMI Memorial Hospital of Tampa	119
Shriners Crippled Children's Hosp.	1
James A. Haley VA Hospital	441
West Shore (Palma Ceia) Hospital	8
Sun City Hospital	598
H. Lee Moffitt Cancer Center	20
Airport	6

Out-of-County Hospitals

Mease Countryside Hospital	15
All Children's Hospital	3
Morton Plant Hospital	4
New Port Richey Community Hosp.	1
Lakeland Regional Medical Center	104
Manatee Memorial Hospital	30
Blake Memorial Hospital	4
Other Out-of-County Hospitals	40

From January to August, 1989, 3,462 trauma patients were transported by HCEMS (destinations not differentiated).

During that period, Tampa Fire Rescue reports 6,513 trauma patients cared for as first response or second response unit; it is not clear whether all of these were transports.

Trauma Patients Transported in Hillsborough County, 11/1/88 - 3/31/89, Based on Form 1728s Submitted to HRS by Hospitals in Catchment Area (see comments in text)

Tampa General Hospital	899
Humana Hospital Brandon	398
St. Joseph's Hospital	803
Centurion Hospital Carrollwood	71
Sun City Hospital	47
University Community Hospital	310
AMI Town & Country Hospital	92
Centro Asturiano Hospital	15
South Florida Baptist Hospital	70
AMI Memorial Hospital of Tampa	12
West Shore Hospital	8
Doctors' (Centro Espanol) Hospital	2
James A. Haley VA Hospital	4
MacDill AFB Regional Med. Center	2
Bayfront Med. Center (Pinellas Co.)	2
Lakeland Reg. Med. Ctr. (Polk Co.)	9
Manatee Mem. Hosp. (Manatee Co.)	2

PATIENT TRANSFER PATTERNS

Designated hospitals reported the following number of transfers to and from their facilities per (recent) year:

	From Within County	From Out of County
Tampa General	126	174
Humana Brandon	(not avail. - "few if any")	12
St. Joseph's	(info not avail - no separate figures kept)	295

PATIENT REFERRAL PATTERNS

Numerical data were not available for number of patients referred to or from specialty centers and rehabilitation centers by any breakdowns useful for this report. Trauma Centers were unable to provide a list of the referral facilities used by doctors for trauma patients.

However, the general patterns are that patients from a multi-county region or state are brought to the following specialty centers in Hillsborough County:

Spinal Cord Rehabilitation - Tampa General, James A. Haley VA Hospital
Regional Burn Center - Tampa General

AGENCY ORGANIZATIONAL STRUCTURE

ORGANIZATIONAL NICHE

Hillsborough County's emergency medical system has developed somewhat differently from those in other areas. The first trauma systems to become widely known developed in systems with a strong county-wide or regional EMS agency with authority over all hospital and prehospital resources. Drs. Jelenko and Frey, in *Emergency Medical Services: An Overview*, describe this sort of agency as having "the authority to collect money and disperse grants and fees; to own and lease property, such as ambulances, communication equipment, and teaching aids; and to enforce their decisions"; that is the niche into which a trauma agency is expected to fit, and in many systems does.

There is no such agency in Hillsborough County. The closest thing to it is the Emergency Medical Planning Council; however, that is an advisory body reporting to the Board of County Commissioners. The Board, through its County Administrator, has authority over its Department of Emergency Medical Services (referred to throughout as Hillsborough County Emergency Medical Services, or HCEMS) which does not operate within the city limits of Tampa. (It operates within the city limits of the other incorporated cities by contractual agreement with those cities.) Tampa Fire Department Rescue Division (Tampa Fire Rescue) operates under the authority of the city of Tampa's mayor. Non-emergency (BLS) services within the county (and city) are answerable to the county's Public Transportation Commission. The hospitals are coordinated through the Hospital Council.

In April, 1988, a team of nationally recognized experts in the field of trauma care systems was assembled in Tampa to study the resources available here and to recommend some guidelines for the establishment of a trauma care agency in Hillsborough County. A copy of their report follows this section. After analyzing the administrative structure, they recommended that "the local trauma agency should be a division within the County EMS Department under the administrative leadership of [EMS Department Director] Jim Algood."

Thus, the Trauma Agency is physically housed at HCEMS headquarters, and staff members receive paychecks through HCEMS channels from the Board of County Commissioners. However, it has been clearly understood from the beginning that the Trauma Agency will function independently and neutrally.

An organizational chart follows which shows where the Trauma Agency fits in the administrative structure. After designation as an agent of HRS, an additional line will be added from HRS/EMS in Tallahassee directly to the Trauma Agency in Tallahassee. The scope and functions of the elements on the organizational chart are:

Board of County Commissioners - Seven members, elected, who approve County budgets, take action on programs in the interest of the County and its residents, and develop legislative policy. The Board appoints a professional County Administrator, who is responsible for implementing the Board's policies. This includes providing "Municipal Services," including emergency medical services and fire protection services, in unincorporated areas of the County (and, by contract, EMS in two of the three incorporated cities).

Mayor, City of Tampa - Responsible for providing municipal services within the city limits of Tampa. Since the City has elected not to contract with the County for Advanced Life Support emergency care, this service is provided by the City's Fire Department.

Emergency Medical Planning Council - An appointed advisory body composed of community leaders, physicians, and representatives of a wide range of emergency medical resources within the county. The EMPC meets monthly to discuss issues affecting the availability and quality

of emergency medical care. Its recommendations (including recommendations on the issuance of Certificates of Need) are forwarded to the Board of County Commissioners.

EMPC Trauma Agency Steering Committee - A committee of the EMPC with special interest in the area of trauma prevention and care. Initially, this group was known as the Ad Hoc Committee on Trauma Agency Development; the name has changed to reflect the shift from a "midwifing" to a "nurturing" role, while the membership has remained essentially the same. The group meets as needed (approximately monthly) to provide guidance to the Trauma Agency's medical director and coordinator, and serves as a highly motivated channel for dispersing the Agency's message into the medical and paramedical community. (This group is also discussed under "Medical Control and Accountability," 10D-66.105(1)(j).) Current members of the Steering Committee are listed below.

Dr. Donald Mellman - EMPC Chair
Dr. Sylvia Campbell - Acting Medical HCTA Director; St. Joseph's, Chief of Trauma
Dr. Alexander Rosemurgy - Tampa General, Chief of Trauma
Dr. Peter Lardizabal - Medical Examiner
Dr. Stewart Siddall - Medical Director, Mass Casualty Planning
Dr. Fred Reddy - Interested EMPC Member
Dr. John Siano - Tampa Fire Rescue Medical Director
Dr. Nicholas Price - Humana Brandon, Chief of Trauma
Gilbert Rodriguez - Hillsborough County Emergency Support Services, Director
James Algood - Hillsborough County EMS, Director
Leo Matti - Tampa Area Hospital Council, Executive Director
Barbara Cordell - Tampa General, Vice President
Chief William Nesmith - Tampa Fire Rescue, Medical Services Manager
Kenneth Miller - Hillsborough County EMS, Medical Services Manager
William Sheubrooks - Interagency Helicopter Working Group

Trauma Agency Medical Director - The BOCC has not yet contracted with a permanent medical director (expected to occur in early FY '89-90). However, Dr. Sylvia Campbell has been a very active acting medical director (without pay) since Agency development began, a situation which was formalized in January 1989. Dr. Campbell is a board certified general surgeon and Medical Director of St. Joseph's Hospital Trauma Service (Level II).

Tampa Fire Department, Rescue Division (TFR) - Prehospital Advanced Life Support direct care service responding in the City of Tampa. Paramedics function as an extension of the medical director.

Medical Director, Tampa Fire Rescue - Dr. John Siano, emergency physician at St. Joseph's Hospital (Level II Trauma Center). His duties and responsibilities are detailed under "Medical Control and Accountability," 10D-66.105(1)(j). His role in relation to the Trauma Agency is to provide liaison, ensure information flow between Fire Rescue and the Agency, and to administer trauma-related training and quality control to meet accepted standards.

Hillsborough County Department of Emergency Medical Services (HCEMS) - Prehospital Advanced Life Support direct care provider for the entire area of Hillsborough County outside of the Tampa city limits. Paramedics function as an extension of the medical director.

Medical Director, Hillsborough County EMS - Dr. Edward Straub, cardiologist. His duties and responsibilities are detailed under "Medical Control and Accountability." His role in relation to the Trauma Agency is to provide liaison, ensure information flow between HCEMS and the Agency, and to administer trauma-related training and quality control to meet accepted standards.

Hillsborough County Trauma Agency - Coordinating agency for prehospital, hospital, and post-hospital trauma care and trauma prevention activities within Hillsborough County. The

Trauma Agency does not provide direct patient care, nor does it fund nor verify Trauma Centers which do provide direct patient care. The overall mission of the Agency is to view the "big picture" of the entire system of trauma prevention and care and ensure that it functions in a coordinated and efficient way. The Agency provides liaison between the county's trauma resources and state and federal government. Upon HRS approval, the Trauma Agency will be designated as an Agent of HRS and will perform certain functions (primarily data collection and analysis) for the state.

Responsibilities and job descriptions for the following Agency personnel/positions follow this section:

Medical Director - Sylvia Campbell, M.D. (acting)
Coordinator - P. A. Norris, RN, MSN
Administrative Assistant - Toni Lewis Williams, BS, REMT-P (acting)
Registrar - (position vacant)

(Full-time administrative assistant and trauma registrar will be hired, and a contract for the professional services of a permanent medical director will be signed, in FY '89-90.)

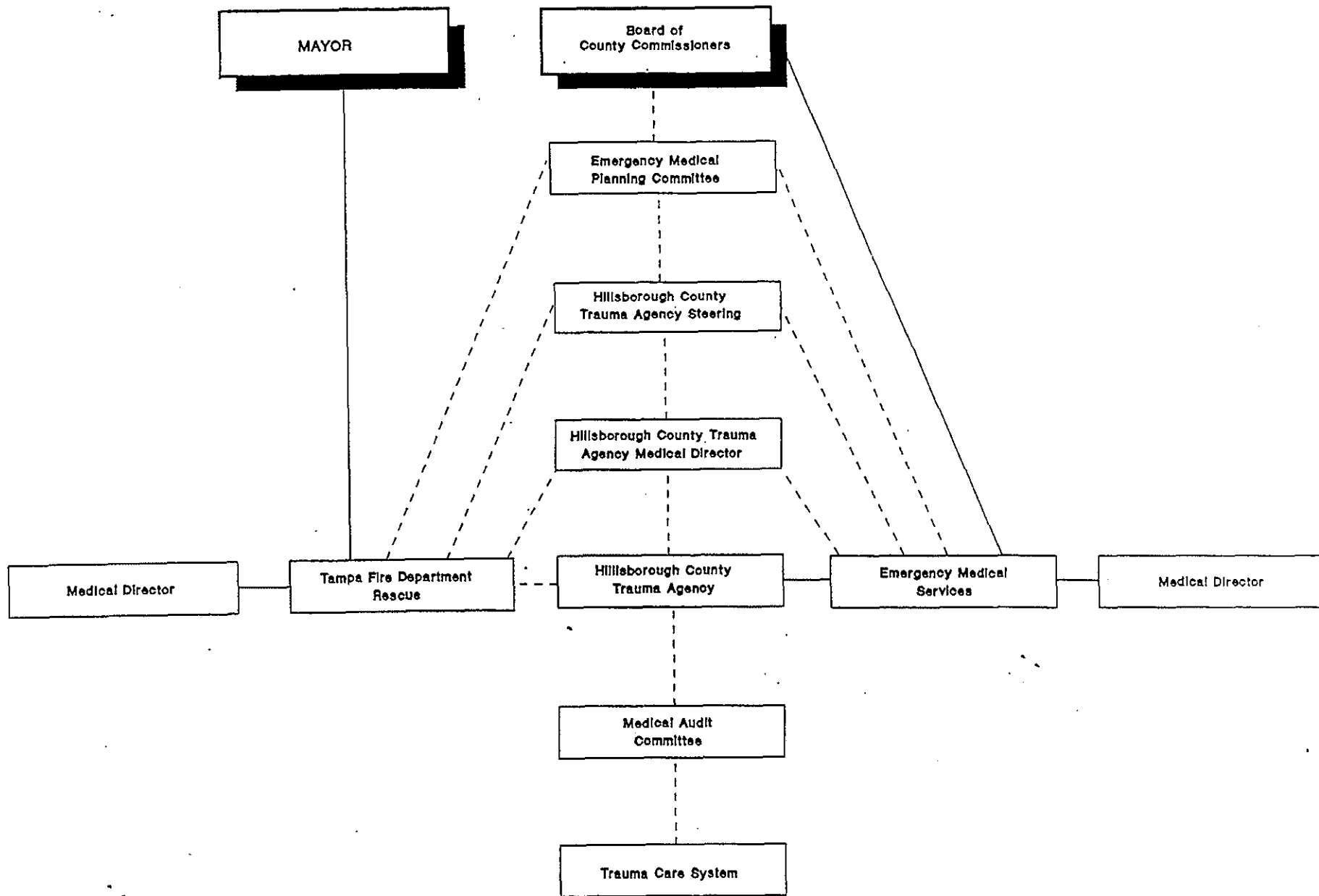
Medical Audit Committee - Quality assurance committee for the trauma system as a whole. The MAC meets approximately monthly to review selected trauma cases (from dispatch through discharge or autopsy) and statistics indicative of system performance. Further details on its functions, and a copy of its operating procedure/protocol, appears under "Medical Control and Accountability," 10D-66.105(1)(j). Current members are:

Medical Audit Committee Members and Positions Represented

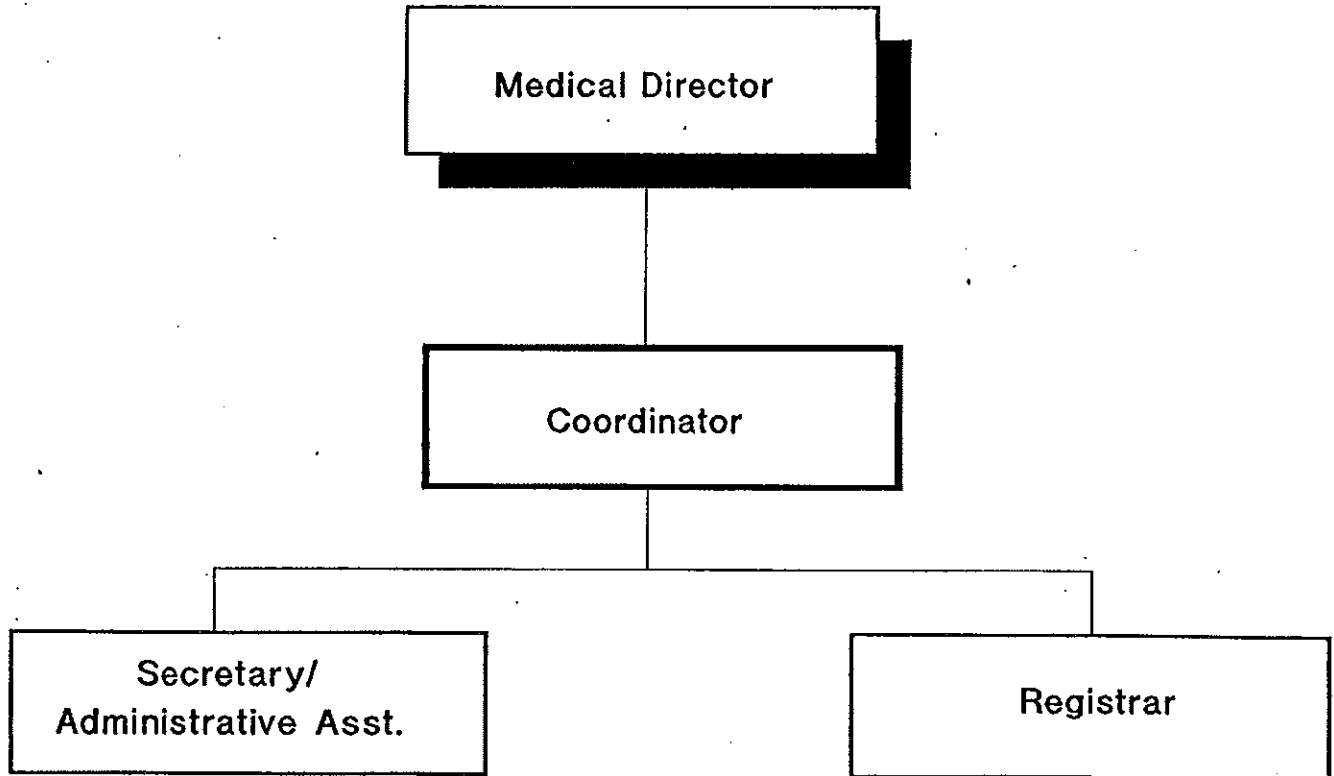
Neurosurgeon - Dr. Gene Balis
Orthopedic Surgeon - Dr. David Helfet
Anesthesiologist - Dr. Malcolm Klein
General Surgeon (not affiliated with a Trauma Center) - Dr. Carl Hakanson
Hillsborough County Medical Association representative - Dr. John Mooney
Emergency Physician (non-Trauma Center) - Dr. Howard Franklin
Chiefs of Trauma, Trauma Centers - Dr. Alexander Rosemurgy
Dr. Sylvia Campbell
Dr. Nicholas Price
Trauma Nurse Coordinators, Trauma Centers - Linda Scott, R.N.
Yolanda Corso, R.N.
Sharon Schaefer, R.N.
Emergency Physicians, Trauma Centers - Dr. James Hillman
Dr. John Mooney
Dr. Ghassan Ksaibati
Trauma Agency Medical Director - Dr. Sylvia Campbell (Acting)
Chief Medical Officers, ALS Services - Kenneth Miller
Chief William Nesmith
Medical Directors, ALS Services - Dr. Edward Straub
Dr. John Siano

(following are non-voting members)

Medical Director, Mass Casualty Planning - Dr. Stewart Siddall
Paramedics, ALS Services - David Pecora
Holly Boggs
Medical Examiner - Dr. Peter Lardizabal
Pediatrician - Dr. Daniel Plasencia
EMPC Chairman - Dr. Donald Mellman
Trauma Agency Coordinator - P.A. Norris
Trauma Agency Administrative Assistant - Toni Lewis Williams (Acting)



**Hillsborough County Trauma Agency
Internal Organization**



TRAUMA SYSTEM COORDINATOR

POSITION DESCRIPTION

This is a professional level managerial position responsible for the effective implementation and operation of the Hillsborough County trauma system. The coordinator will monitor and evaluate the quality of the trauma services provided within the county, as well as the effective and efficient delivery of prehospital emergency medical services to victims of trauma. The coordinator will also be involved with the data collection and verification, research and publishing activities related to the trauma system. The coordinator will report to the Director, Hillsborough County Emergency Medical Services, and to the Medical Director, Hillsborough County Trauma Agency.

DUTIES AND RESPONSIBILITIES

1. Develop guidelines required by state law for implementing the Hillsborough County Trauma Agency.
2. Evaluate trauma services provided in Hillsborough County according to Agency guidelines and standards determined by the medical director and by state law.
3. Develop any necessary county ordinances for the enforcement of trauma system transportation protocols, data collection systems and trauma center hospital catchment areas.
4. Ensure effective operation of the trauma system registry and data collection program.
5. Review and analyze by means of the Medical Audit Committee (MAC) and its working group subcommittee, information on selected trauma patients and their quality of care and report the results as directed.
6. Plan and implement a public awareness/education program, aimed at governmental agencies, prehospital and hospital health care practitioners, and Hillsborough County citizens.
7. Prepare materials, status/progress reports and appropriate fiscal information regarding the treatment of patients with traumatic injuries, using the Agency staff to compile data.
8. Participate on and provide support to the Medical Audit Committee (MAC), Emergency Medical Planning Council (EMPC), EMPC Trauma Agency Steering Committee, and others as advised or requested.
9. Communicate frequently with trauma nurse coordinators from designated Trauma Centers concerning data collection, trauma care statistics, and review and audit information that would affect the Hillsborough County Trauma Agency.
10. Verify the accuracy of and compliance with prehospital trauma transport protocols.
11. Maintain communications with the Hillsborough County Medical Examiner's Office regarding the reporting of information related to trauma patient mortality.
12. Make recommendations to the management of prehospital providers regarding revisions in trauma policies and procedures.

13. Submit to HRS all required reports and any proposed changes in the Agency Plan, as required by state law.
14. Working with the staff and HCEMS Director, plan and submit operational and projected budget information as requested.
15. Provide necessary documentation to the Director to request or support grant monies.
16. Become involved in state, local and national organizations relevant to trauma systems, registries, research and funding projects that will promote the Hillsborough County Trauma Agency, thus ensuring that new and pertinent legislation and standards will be implemented by the Agency.
17. Perform related duties as requested by the Director or the Trauma Agency Medical Director.

TRAUMA SYSTEM REGISTRAR

POSITION DESCRIPTION

This is a professional-level technical position responsible for the development and maintenance of a computerized registry of data on trauma patients and on the operation of the trauma system in Hillsborough County, and for the design and conduct of research projects based on this information.

DUTIES AND RESPONSIBILITIES

1. Evaluate appropriateness and accuracy of initial data entry (chart abstraction and coding, direct paramedic entry, etc.
2. Assist Trauma Centers and prehospital services to provide data via modem or diskette in a format compatible with registry software; manually enter data from non-designated hospitals and other resources without compatible software.
3. Assist in designing data reports to be compatible with a maximal number of other registries, such as Florida HRS, Centers for Disease Control, Major Trauma Outcome Study, etc.
4. Ensure thorough data validation and evaluation throughout the system.
5. Maintain strict confidentiality via control of physical and electronic access to registry data, as required by law.
6. Determine and apply appropriate statistical tests and measures on which to base decisions regarding quality of care, system functioning, target audiences for prevention education, etc.
7. Produce statistical and narrative reports as necessary. Such reports should be presented in language appropriate to the intended audience (physicians, prehospital services, legislators, general public, etc.)
8. Design or help to design prospective and retrospective registry-based research projects.

TRAUMA AGENCY SECRETARY/ADMINISTRATIVE ASSISTANT

POSITION DESCRIPTION

This is a higher-level support staff position responsible for a variety of activities ranging from advanced clerical and executive secretarial through semi-technical. The position assumes familiarity with medical terminology and operations, sensitivity to interpersonal and interagency relations, awareness of legal requirements, and considerable flexibility in carrying out job functions.

The position will serve in the frequent absences of the coordinator to maintain routine activities of the Trauma Agency.

DUTIES AND RESPONSIBILITIES

1. Organize and maintain working and archival files.
2. Record, transcribe and distribute minutes of all HCTA committees, subcommittees and working groups, and of the EMPC Trauma Agency Steering Committee.
3. Set up and notify members of meetings of the above groups.
4. Prepare (as necessary) and distribute all written information required by above groups for their deliberations.
5. Assist coordinator with design, preparation, and implementation of public awareness/education program.
6. Maintain close communication with coordinator so as to be able to function efficiently and handle routine matters in the coordinator's frequent absence.
7. Conduct routine correspondence with minimal supervision or guidance necessary.
8. Maintain and catalog library of trauma-related articles, publications and reports.
9. Arrange travel and accommodations for Trauma Agency staff and visiting experts, etc.
10. Assist with compilation of speaker's bureau of various specialties to present topics to medical and public organizations as requested.

Summary Report for the Trauma System Review Team
Hillsborough County
April 22, 1988

I. Pre-hospital System Observations and Recommendations

A. Pre-hospital Overview

1. The pre-hospital system in both the County and the City is relatively sophisticated with two paramedics, good trauma training, and both air and ground Medevac capabilities. The presence of the Medical Control Officer (MCO) process within the County is an excellent idea and should be a model for other large urban areas. Some of the training concepts utilized in the County are unique as they relate to trauma training and also could function as a model for other large urban areas.
2. We were impressed with the leadership and capability of both City and County EMS services, in particular, as they relate to trauma.

B. Pre-hospital System Recommendations

1. Establish a voluntary medical advisory committee within both the County and City utilizing Physicians other than the Medical Director and giving them some voice in policy making, not just case review. As an example, paramedic audit could be a good function for this committee.
2. Strengthen on-line medical control:
 - 1) Develop established criteria for selection, training, audit, education, past experience, of medical command physicians;
 - 2) Augment commitment of EMS Medical Directors, particularly Tampa Fire;
 - 3) Utilize audits to verify consistent medical direction.
3. Use a field trauma score more consistently in the pre-hospital setting and present the results of that field trauma score as part of radio communication so as to facilitate hospital use of trauma codes and hospital trauma readiness.
4. In conjunction with material presented later in this report, and the number of trauma centers eventually defined in the system, the system should develop defined catchment areas and specific criteria for triage and transfer of trauma patients to trauma centers. The field paramedic should have strict policies for trauma triage decision making.

5. Improve data collection and data analysis in both the County and City for pre-hospital care and quality assurance activities.
6. Improve audits of the above data.
7. Require direct radio communication between all hospitals participating in the trauma system and develop a mechanism for providing pre-hospital providers with feedback information relative to patients delivered to that facility by the system.
8. Continued support for the County's MCO process, as well as, their third person ride-along program for initial field experience.
9. Staff the Sheriff's helicopter with at least one (1) County paramedic for all EMS runs. This requirement should be fulfilled by the County EMS agency.
10. Make the Sheriff's helicopter the primary helicopter for on-scene work in both the County and the City. Make the St. Joseph's helicopter the backup helicopter for on-scene work and the primary helicopter for interfacility transfer. This interfacility transfer operation should be a cooperative effort such that patients can be transferred from any hospital to any other hospital with appropriate "at cost" reimbursement to St. Joseph Hospital from the receiving hospital. This could be done by having St. Joseph's bill the patient directly and then have the receiving hospital make up the difference between insurance payment and direct overhead cost for the helicopter.
11. Make the Pre-Hospital Trauma Life Support or BTLs program a prerequisite component in the trauma training of all City and County paramedics.

II. Hospital Observations and Recommendations

A. Hospital Overview

We are describing the hospital components in a trauma system. This is not by necessity a statement as to the presence or absence of these items in the current hospitals verified as trauma centers in the Hillsborough County region. It is merely a statement of what the committee feels are appropriate trauma hospital components.

1. Commitment - Trauma is a surgical disease and is a continuum of care from the scene of injury to the return to normal life. A well done trauma resuscitation and surgical procedure with inappropriate or inadequate rehabilitation produces perhaps an even worse result than an inadequately done resuscitation with everything else that follows being appropriate.
2. Physician support in all related specialties to include availability, response and expertise.
3. Administrative support to include the financial where-withal to provide the necessary equipment and personnel to meet the current state-of the art standards for trauma care.
4. A strong nursing involvement to include education, experience and audit.
5. An identifiable trauma service to provide leadership within the institution.
6. Quality assurance, data collection, and outcome focused so that proper education related to this information and secondary sanctions as needed take place.

B. Hospital Recommendations

The eventual local trauma regional agency designated by the State should include in their plan the complete capability to verify and evaluate all of the above items including on-site inspections by outside trauma system experts.

III. Questions and Answers

- A. Should Hillsborough County Board of County Commissioners develop a regionalized trauma system?

Yes.

Why?

No study has every been done where a regionalized trauma system did not exist that creating one didn't improve survival.

- B. Does Hillsborough County possess the necessary trauma resources to develop and maintain a regional trauma system?

Yes.

Explain.

The resources are present but they need coordination and guidance from a centralized administrative agency as discussed in a later question.

- C. Does Hillsborough County possess the necessary trauma leadership to develop and maintain a regional trauma system?

Yes.

Explain.

Physicians, nurses, administrators, and pre-hospital personnel all are present. However, without a single identifiable trauma agency to integrate all resources and personnel, individual agendas are allowed to exist.

- D. Should the Hillsborough County Board of County Commissioners designate a local trauma agency?

Yes.

Who?

The local trauma agency should be a division within the County EMS Department under the administrative leadership of Jim Algood.

What should this agency consist of?

Adequate personnel and equipment to include a Program Manager, clinical support personnel such as a Trauma Nurse Coordinator, a part-time trauma physician director, and appropriate secretary help.

Responsibility

1. Facilitate all trauma activities between the County and City EMS personnel relative to trauma and to include all ground and air activities.
2. Establish, maintain and evaluate the components of the Trauma system including monitoring, auditing, data collection, and periodic announced and unannounced trauma center site inspections (including outcome information and chart review).
3. Develop trauma policies and procedures with guidance from the trauma advisory committee of the Emergency Medical Planning Council (EMPC).

4. Report periodically to the Board of Commissioners and the State on the status of the system.
5. Submit regional trauma plan to the State in keeping with the current Florida Statutes and regulations.
6. Define criteria for major trauma patients as recognized in the field and in trauma centers.
7. Develop the guidelines referenced earlier for the triage and transport of major trauma patients.
8. Be accountable to the County Chief Administrative Officer for trauma system management.
9. Integrate non-trauma centers into the trauma system.

E. Should the Hillsborough County Board of County Commissioners appoint a trauma system advisory committee?

No. However, they should hold the aforementioned agency (County EMS Department) responsible for appointing a multidisciplinary trauma system advisory committee. The roles and responsibilities for this advisory committee are to assist and advise the agency in the fulfillment of their responsibilities as mentioned in the previous question. This advisory committee should furthermore bring the community perspective to the agency as regards issue identification and proposed solutions.

F. Identify the elements necessary for EMS/Trauma System integration.

The elements are the aforementioned pre-hospital and hospital networking system and trauma components in conjunction with the aforementioned trauma agency. The agency should bring all the parties together to standardize care, identify issues, develop policy, etc.

G. What specific areas of trauma care are needed to improve system effectiveness?

This question has been answered in the previous areas, Roman numerals I and II.

H. Identify the essential components of the Trauma Quality Assurance System and the mechanism needed for trauma system review.

All of the components necessary for a trauma quality assurance system have been mentioned before. However, there must be within the system the ability to identify system/patient care deficiencies with an analysis that

results in corrective action. This, furthermore, should be individualized by the aforementioned agency for each component of the system. Also included in a trauma Quality Assurance System Program is the need for comprehensive autopsy reports and outcome studies to evaluate system effectiveness and patient care.

- I. How many trauma centers should be designated in Hillsborough County?

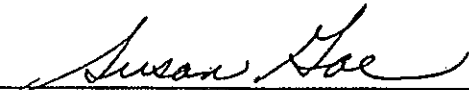
Based on the current projected major trauma cases per year for the population base of Hillsborough County, two trauma centers would be sufficient. However, geography may dictate the need for a third trauma center.




Frank Ehrlich, M.D.



Gail Cooper, Chief
Emergency Medical Services



Susan Goe, R.N.



James Pointer, M.D.

HILLSBOROUGH COUNTY TRAUMA AGENCY
MEDICAL AUDIT COMMITTEE

DRAFT: #4

Operating Procedure / Protocol

I. Authority: Florida Statutes 395.031, 395.032, 395.035, 395.036; HRS Rules Chapter 10D-66.104, 10D-66.105.

II. Purpose: To establish a confidential advisory committee to the Hillsborough County Trauma Agency (HCTA) to monitor and evaluate the care of patients with traumatic injuries.

III. Policy:

A. Trauma System Monitoring Role: To assist the HCTA in the review and evaluation of Hillsborough County's trauma system. This committee shall meet to monitor and assess the effectiveness of the trauma system, and shall make known its findings and recommendations to the Agency. The monitoring and assessment role shall include, but not be limited to:

1. Providing input to the HCTA in:
 - a. development, implementation and evaluation of medical audit criteria
 - b. defining the goals of the Hillsborough County trauma system
2. Identifying errors in medical care
3. Assisting in research projects

4. Assisting in periodic on-site inspections of facilities

B. Scope of Review and Function: The scope of the review to be conducted by the committee shall include, but not be limited to:

1. All trauma deaths in the county
2. Prehospital trauma care
3. Hospital trauma care
4. System function

Criteria for selection of cases and data to be reviewed and of data items to be reported shall be determined, and periodically revised as necessary, by a subcommittee.

C. Membership: Members will be designated according to the following format, and changes in members will normally take place at the end of the calendar year. Members may be reappointed for two-year terms.

Voting Members:

1. Neurosurgeon appointed by the Medical Audit Committee Membership Subcommittee
2. Orthopedic surgeon appointed by the MAC Membership Subcommittee
3. Anesthesiologist appointed by the MAC Membership Subcommittee
4. General surgeon (not affiliated with a Trauma

DRAFT: #4

DRAFT: #4

Center) appointed by the MAC -Membership Subcommittee

5. Physician who is a representative of the HCMA
6. Emergency physician (not affiliated with a Trauma Center) appointed by the MAC Membership Subcommittee
7. Chief of Trauma from each designated Trauma Center
8. Trauma Nurse Coordinator from each designated Trauma Center
9. Emergency physician designee from each designated Trauma Center
10. HCTA Medical Director
11. Chief Medical Officers of HCEMS and TFD
12. Medical Directors of HCEMS and TFD

Non-Voting Members:

13. Medical Director, Mass Casualty Planning
14. Paramedic designee from HCEMS and TFD (one each)
15. Designee from the County Medical Examiner's office
16. Pediatrician appointed by the MAC Membership Subcommittee.
17. HCTA Coordinator
18. HCTA Secretary
19. Chairman, Emergency Medical Planning Council

D. Attendance:

1. Members will notify HCEMS receptionist (272-6600) in advance of any scheduled meeting they will be unable to attend.

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2. After three (3) absences in a calendar year, an appointed member may be terminated from the committee.
3. Designation of an alternate by a member unable to attend is permissible only with advance approval of the MAC chairperson, and only after the alternate has been briefed on confidentiality requirements and has signed a confidentiality agreement. Attendance of an alternate will not count as member attendance for the purpose of Item 2 above.
4. Resignation from the committee may be submitted, in writing, to the HCTA Coordinator, and is effective upon receipt, unless otherwise specified.
5. At the discretion of the MAC chairperson, other invitees may participate in the medical audit review of cases where their expertise is essential to make appropriate determinations. Such invitees might include, but not be limited to:

Nurse Coordinators not affiliated with a
designated Trauma Center
Prehospital providers such as air ambulance
crew members, EMTs, paramedics

E. Election of Officers: The only officer will be a chairperson, to be elected by voting members present

at the first meeting of the calendar year. Term of office will be one year.

F. Voting: Due to the advisory nature of the committee, many issues will require input rather than a vote. Issues to be voted on will be identified as such by the chairperson. When voting is required, a majority of voting members of the committee must be present.

G. Meetings: The committee shall meet at least six times per year, and may meet more often. The usual date will be the first Tuesday of the month.

H. Minutes: Minutes will be recorded by the HCTA secretary or designee and distributed to the members at the following meeting. Due to the confidentiality of the committee, documents will be collected by the staff at the close of each meeting and no copies may be made or possessed by members of the committee.

I. Confidentiality:

1. All proceedings, documents and discussions of the MAC are confidential and are covered under Florida Statutes 395.035. The prohibition relating to discovery of testimony provided to the committee shall be applicable to all proceedings and records of this committee, which is one established by a local government agency to

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monitor, evaluate and report on the necessity, quality and level of specialty health services, including, but not limited to, trauma care services.

2. Guests may be invited to discuss specific cases and issues in order to assist the MAC in making final case or issue determinations. Guests may only be present for the portions of meetings they have been requested to review or testify about.

3. All members shall sign a confidentiality agreement to not divulge nor discuss information that would have been obtained solely through MAC membership. Before guest(s) may participate in a meeting, the chairperson is responsible for explaining, and obtaining, a signed confidentiality agreement from such invited guests.

TRAUMA SYSTEM STRUCTURE

OPERATIONAL DESCRIPTION

The overall objectives of the system are to prevent trauma, or if it occurs to get "the right person to the right place in the right amount of time." This means specifically that victims of serious trauma must be recognized as such (even if it is not externally or immediately apparent), must be directed to the facility which has the highest probability of salvaging life and function, and must arrive at the operating room within the "Golden Hour"--that time period in which the greatest chance for survival exists.

Some aspects of the prevention phase are detailed under "Public Awareness and Education" (F.A.C. 10D-66.105(1)(n)); this phase involves virtually every component of the system.)

Following is a generalized description of typical patient flow through the trauma system. Further details on each aspect appear in other sections of this Plan.

It all begins with recognition of a critical situation by witnesses. If a trained bystander or first responder (police, firefighters, etc.) is present before a licensed ALS or BLS provider arrives, he or she would administer first aid.

Although some patients arrive at emergency rooms by private vehicle (etc.), system entry more typically begins with a telephone or radio call to 9-1-1. Medical calls are either received directly or routed to the appropriate agency, which will dispatch a prehospital unit (BLS or ALS, depending on location and circumstances, usually preceded or backed up by a First Responder unit and perhaps by a BLS unit). Should the accident require water transport, the primary responder would usually be the U.S. Coast Guard, which includes, at least one "advanced EMT"-level medic in each crew.

When the first BLS or ALS provider arrives, the patient is quickly evaluated using the "Trauma Scorecard Methodology" provided in F.A.C. 10D-66.102:

One or more of the following severity of injury measurements*:

- Respiratory rate of less than 10 or greater than 29 per minute; or
- Systolic blood pressure of less than 90 mmHg; or
- Glasgow Coma Scale Score of 12 or less;

(*or, if anatomically/developmentally equivalent to 14 yo or less, has a Pediatric Trauma Score of 8 or less)

Or one or more of the following anatomy or mechanism of injury criteria:

- Penetrating injury to head, neck, chest or groin; or
- Second or third degree burns involving 15% or more body surface area; or
- Paralysis; or
- Amputation proximal to wrist or ankle; or
- Ejection from a motor vehicle.

If the patient meets one or more of these criteria, the destination Trauma Center is immediately informed of a "Trauma Alert" with the number of patients and the general type of injury (e.g. gunshot wound to the head, motor vehicle accident with multiple injuries, etc.). A Trauma Alert may also be called if the senior paramedic thinks the patient will need immediate Trauma Team (i.e. "Trauma Alert-level") care even though not meeting the state-mandated Trauma Alert criteria--for example, a patient from a severely damaged motor vehicle who was not ejected and whose vital signs are initially within normal limits but whose mechanism of injury suggests a strong possibility of ruptured diaphragm, aortic aneurysm, etc.

Trauma Centers have agreed to respect such trauma alerts based on paramedic judgment, unless that privilege is overused when unnecessary.

If it is deemed in the patient's best interest, and if weather permits, aeromedical transport may be requested (usually by the senior medical person at the scene). Examples of situations in which helicopter transport might be appropriate are: critically injured patients from remote scenes where ground transport would take significantly longer than air transport, at times of day and areas of the county where traffic makes ground travel slow and hazardous, and for injuries such as severe fractures or spinal injuries when the route of travel includes rough terrain or roads.

The Southwest Florida Blood Bank has developed a regional blood inventory and compatibility testing process, and a consistent county-wide process so that blood is available on short notice anywhere in the county, not only in the hospitals but even at the scene of lengthy extrications. Special care is being given to positively identifying patients and blood samples at the scene so no time is lost on arrival at the Trauma Center.

The patient's life-threatening injuries are treated, and transport is begun as soon as possible. Unless lengthy extrication or other factors cause unavoidable delay, initiation of IV therapy, EKG monitoring, and treatment of less critical injuries is delayed until the patient is en route.

Patients are transported to one of three trauma centers based on several factors. These are described more fully under "Trauma Transport Protocols," F.A.C. 10D-66.105(1)(h).

The required trauma registry form (HRS Form 1728; see "Data Collection," F.A.C. 10D-66.105(1)(l)) is begun as soon as possible after the patient is stabilized. If the patient is turned over to another prehospital agency for transport (e.g. if the initiating unit is BLS and the patient is turned over to ALS, or if the ground ALS unit gives the patient to an air ALS unit for transport), the form is delivered with the patient. Otherwise, the form is delivered to the receiving hospital with the patient.

As soon as practical, usually en route, the Trauma Center is advised of further details about the patient, his or her injuries, and condition. The minimum information is that in the trauma scorecard section of Form 1728.

When the patient arrives at a Trauma Center, he or she is met by a Trauma Team. The specific membership of the team varies but as an example, the basic team at Tampa General includes three trauma nurses, the ER attending physician, junior and senior surgical residents, anesthesiologist, OR charge nurse, respiratory tech, pulmonary tech, X-ray tech, patient transporter (for blood bank), and security; the attending physician usually meets the patient in the OR. Any required specialists may be present or may arrive shortly. The patient is stabilized as necessary in the Emergency Department and moved expeditiously to the surgical suite. (St. Joseph's Hospital, Level II, has a trauma operating room in the Emergency Department, sealed and ready.)

The trauma surgeon and the trauma nurse coordinator follow the patient's course throughout the hospital stay, including the intensive care unit, inpatient care, in-house therapy/rehabilitation, and discharge planning. The "larger trauma team" will also include specialists in trauma nutrition and the psychological and spiritual counseling of patient and family. The patient may be transferred to a specialized rehabilitation facility, or may continue to receive outpatient rehabilitation as necessary. The patient may also be discharged to home or to a nursing home as appropriate.

Occasionally, a serious trauma patient arrives at a non-Trauma Center hospital ("non-designated hospital"). This may occur for several reasons: the patient arrives other than by ambulance, weather, crowding in Trauma Centers, or other conditions prevent immediate transport to a Trauma Center; or the patient needs some immediate treatment which the prehospital crew is unable to provide (such as tracheostomy or pericardiocentesis) and which

cannot wait until arrival at a Trauma Center. At the non-designated hospital, the emergency physician evaluates the patient, provides immediate care, and if necessary (including if the patient meets trauma scorecard methodology criteria) arranges emergency interhospital transfer to a Trauma Center. All hospitals listed as "Initial Receiving Hospitals" have written transfer agreements with at least one Trauma Center. Interhospital transfers of trauma patients are handled as emergency ALS calls.

The Medical Examiner's Office performs autopsies on all traumatic deaths, whether in or out of hospital. This is the only means of "capturing" deaths which occur without entry into the EMS or hospital system. If a legal investigation is involved, details of the report may not be available to the hospital and the Agency until such investigation is completed.

Evaluation of trauma care occurs at several points. On most serious trauma calls, a prehospital supervisor is on the scene; on-the-spot evaluation/quality assurance continues in the Trauma Center by the trauma surgeon and trauma nurse coordinator. Most components conduct frequent reviews of all trauma calls within their services, with periodic "morbidity and mortality conferences" going into greater depth on selected cases. Finally, evaluation on the system level may occur almost immediately (if, for example, a potential problem is brought to the attention of the Agency coordinator, who will immediately begin investigating), or will occur during review of Form 1728s, at the Medical Audit Subcommittee reviews, at the Medical Audit Committee meetings, and during perusal of the data summaries in the registry. The process is described more fully under "Trauma System Evaluation" (F.A.C. 10D-66.105(1)(m)).

INTEGRATION AND COORDINATION

The integration and coordination of the system is described in narratives under "System Operations" above, under "Agency Organizational Structure" F.A.C. 10D-66.105(1)(c), under "Transportation System Design" (F.A.C. 10D-66.105(1)(g), under "EMS Communications" (F.A.C. 10D-66.105(1)(k), under "Data Collection" F.A.C. 10D-66.105(1)(l), and less prominently in other sections. Integration and coordination are the *raison d'être* of the Agency; these topics therefore underlie all of this document. It is difficult to speak of them separately.

In addition to aspects already described elsewhere:

- * There are mutual aid agreements among all prehospital providers and between them and prehospital providers in adjacent counties.
- * Both Hillsborough County Emergency Medical Services and Tampa Fire Rescue have taken an active role in providing trauma-related training to personnel of other prehospital services (including each other).
- * Similar training cooperation is common between and among Trauma Centers and prehospital services.
- * Several EMS substations are located in or immediately adjacent to hospitals, which of course requires administrative cooperation and involves frequent formal and informal interactions and training between and among paramedics and hospital (especially emergency department) personnel. It is noteworthy that all of these hospitals have demonstrated their commitment by becoming Initial Receiving Hospitals.
- * Trauma Centers have encouraged representatives of ALS services to attend and participate in their trauma quality assurance meetings.

- * Frequent informal interactions and communications occur among staff of most of the system's component organizations, and the number of these is expanding almost daily. Virtually all of these are cooperative, even when problems are being discussed.
- * Cooperation and coordination on a larger, more formal scale is practiced at least once a year in a major disaster drill involving almost every component of the system.
- * All aeromedical and ground ALS providers meet regularly (as the "helicopter group") to discuss plans, solve problems, and review data.
- * A common flight safety training program has been discussed and adopted by all three prehospital aeromedical providers.

Perhaps the only significant lapses in the recent past have been with agencies seldom involved in the daily operations (such as the Coast Guard, or smaller hospitals seldom handling any significant trauma), and with the hospital and ambulances at MacDill AFB, which not only are geographically isolated on a peninsula but also administratively isolated as a Federal Reserve independent of local government. However, in recent months more aggressive effort has been made to incorporate these groups to the extent that we at least understand each others' capabilities and functions within the system, and have developed the contacts and mutual confidence to work together as appropriate. This trend toward closer cooperation and coordination is expected to continue and strengthen.

POTENTIAL TRAUMA SYSTEM RESOURCES

The individual services, organizations, agencies and facilities within Hillsborough County which are providing trauma care, or are capable of assisting (e.g. with hospital beds) in a mass casualty situation, are listed below. This list also includes a few resources adjacent to Hillsborough County, which receive from or transport for county-based services on a fairly regular basis.

An extensive mail and telephone survey was conducted which covered a much wider range of potential resources in surrounding counties. The initial letters, questionnaires, and list of addressees appears at the end of this section. The resulting information is on file and may be used in future investigation of the need for a broader regional Trauma Agency.

Functional components are common to most or all of the physical components: education, evaluation, communication, administration.

ACCESS/COMMUNICATIONS

- Enhanced 9-1-1
 - Primary Answering Points
 - Tampa Fire Department Dispatch (Rescue, Fire)
 - Hillsborough County Sheriff's Department Dispatch
 - Hillsborough County Emergency Dispatch Operations (EMS, Fire)
- Hillsborough County Emergency Planning Operations Dispatch (Mass Casualty)
 - Non-emergency, BLS providers' dispatch
 - Aeromedical services' dispatch (Aeromed, Care Flight, Bayflite)
 - U.S. Coast Guard dispatch
 - Florida Marine Patrol dispatch

PREHOSPITAL PROVIDERS

First Responders

- Hillsborough County Fire Department
- Tampa Fire Department
- Plant City Fire Department
- Temple Terrace Fire Department
- Florida Marine Patrol
- Florida Highway Patrol
- Hillsborough County Sheriff's Department
- Tampa International Airport Security

Basic Life Support Licensed Providers

- Apollo Beach Rescue Squad (volunteer)
- Sun City Center Rescue Squad (volunteer)
- AmStat Ambulance Company (private, profit)
- Medic One Ambulance Company (private, profit)
- Temple Terrace Fire Department (began BLS function 11/3/89; HCTA has just received copy of their protocols and has not had time to review)

Advanced Life Support Licensed Providers (Ground Transport)

- Hillsborough County Emergency Medical Services
- Tampa Fire Rescue

Advanced Life Support Licensed Providers (Air Transport)

- Aeromed 1 (Tampa General Hospital)
- Care Flight (St. Joseph's Hospital)
- Bayflite (Bayfront Medical Center, Pinellas Co. - backup)

Basic/Advanced Life Support Licensed Providers (Water Transport)

- Tampa Fire Rescue (Fire Boat, Amphibious Unit)

Federal Government (not state-licensed) BLS+ Responders

- U.S. Coast Guard
- U.S. Air Force (56th Medical Group TAC)

(Further information on these components will be found under "Transportation System Design," F.A.C. 10D-66.105(1)(g).

NON-DESIGNATED HOSPITALS (i.e., not designated as Trauma Centers)

Initial Receiving Hospitals

- AMI Town & Country Hospital
- Centurion Carrollwood Hospital (formerly Carrollwood Community)
- Doctors' Hospital of Tampa (formerly Centro Espanol)
- Lakeland Regional Medical Center (Polk Co.)
- Manatee Memorial Hospital (Manatee Co.)
- South Bay Hospital (formerly Sun City)
- University Community Hospital

Other Hospitals

- Centro Asturiano Hospital
- Humana Women's Hospital
- James A. Haley Veterans Administration Medical Center
- USAF Regional Hospital (MacDill AFB)
- West Shore Hospital (formerly Palma Ceia)
- South Florida Baptist Hospital

DESIGNATED TRAUMA CENTERS

Level I - Tampa General Hospital
Level II - Humana Hospital Brandon
St. Joseph's Hospital

PEDIATRIC REFERRAL TRAUMA CENTERS

(Tampa General is applying for verification, as required of all Level I Trauma Centers under Florida Law 89-275.)

REGIONAL SPECIALTY CENTERS

Burn Center (Tampa General Hospital)
Poison Control and HazMat Center (Tampa General Hospital)

INPATIENT TRAUMA REHABILITATION FACILITIES

Trauma Center In-House Facilities
Regional Spinal Cord Injury Rehabilitation Center (Tampa General Hospital)
Regional Spinal Cord Injury Rehabilitation Center (James A. Haley VA Hospital)
Shriners Crippled Children's Hospital

OTHER COMPONENTS

Specialty hospitals with potential bed space for mass casualty situations:

Lee Moffitt Cancer Center
Humana Women's Hospital
Shriners Crippled Children's Hospital

Psychiatric facilities for medically cleared patients:

USF Psychiatry Center
Charter Hospital

Hillsborough County Medical Examiner's Office
Southwest Florida Blood Bank
USAF Regional Hospital (MacDill) ambulances
Florida West Coast Organ Procurement Center
Life Link of Florida (Regional Bone & Tissue Bank)

Administrative Resources:

Hillsborough County Mass Casualty Planning Office
Hillsborough County Emergency Medical Planning Council
Health Council of West Central Florida, Inc.
Hillsborough Community College (Paramedic Training Center)
Hillsborough County Industrial Safety Program

PARTICIPATION IN TRAUMA CARE SYSTEM

The offer to participate in the Hillsborough County Trauma System was extended to all potential resources identified within Hillsborough County as well as to resources in the

surrounding counties which transfer or transport trauma patients to facilities within Hillsborough County. A list of letter of invitation addressees follows. A copy of the initial letter, survey forms, and a list of addressees follow this page; returns are on file at Hillsborough County Trauma Agency headquarters. In most cases, actual participation and cooperation existed well before such formal acknowledgement. Many documents showing this are also in HCTA files.

Please note that although a number of resources outside of Hillsborough County were contacted in order to provide some picture of regional interactions and to heighten awareness of the existence of HCTA and the Hillsborough County Trauma System, the focus of the Agency remains at this time on Hillsborough County itself. It is possible that more complete and detailed information will suggest a need for more regional coordination, but no such expansion is anticipated until the Agency has gained solid experience in this county and has gathered substantially more data on intercounty interactions.

The list of currently and actively participating resources within Hillsborough County which appears below is based on survey questionnaires and telephone and personal communications with the Agency Coordinator. The criteria used to define "participation" for this list were willingness to:

- * supply information to the Agency (as requested and as permitted by law) in the form of data sheets such as the HRS Form 1728 or computerized response logs;
- * cooperate with the correction of deficits identified through the review process; and
- * participate in trauma prevention and treatment educational activities.

Participating Hospitals/Trauma Centers

Tampa General
St. Joseph's
Humana Brandon

AMI Memorial
AMI Town & Country
Centro Asturiano
Centurion of Carrollwood (formerly Carrollwood Community)
Doctors' of Tampa (formerly Centro Espanol)
James A. Haley V.A.*
South Bay (formerly Sun City)
South Florida Baptist
USAF Regional (MacDill AFB)*
University Community
Westshore (formerly Palma Ceia)

Participating Agencies/Services

Aeromed (Tampa General-based helicopter)
American Red Cross
AmStat Ambulance (BLS)
Apollo Beach Rescue (BLS)
Care Flight (St. Joseph's-based helicopter)
Florida Highway Patrol
Florida Poison Information Center
Florida Regional Bone & Tissue Bank (LifeLink)
Hillsborough County Emergency Dispatch Operations

Hillsborough County Emergency Medical Services (ALS)
Hillsborough County Emergency Planning Operations Center
Hillsborough County Fire Department (incl. volunteers)
Hillsborough County Medical Examiner's Office
Hillsborough County Sheriff's Office
Medic One (BLS)
Pinellas Park Fire Rescue (ALS - eastbound bridges)
St. Petersburg Fire Rescue (ALS - eastbound bridges)
Southwest Florida Blood Bank
Sun City Center Rescue (BLS)
Tampa Fire Department (ALS & First Responder)
Tampa Police Department
U. S. Coast Guard
56th Medical Group (TAC), MacDill AFB*

(* participation limited by federal agency exemptions from local/state law)

All other potential resources listed as "invitation addressees" either chose not to participate at present, did not return the survey questionnaires, or were not listed above because they were not located in or operating routinely in Hillsborough County. Temple Terrace Fire Department was not operating as a BLS unit when the survey was done; contact is being made to assess their capabilities and interest in participation.

BOARD OF COUNTY COMMISSIONERS
HILLSBOROUGH COUNTY, FLORIDA
DEPARTMENT OF EMERGENCY MEDICAL SERVICES

Larry J. Brown
County Administrator

James Algood
Director



P.O. Box 310398
Tampa, Florida 33680
(813) 272-6600

Hillsborough County Trauma Agency
2709 East Hanna Avenue
Tampa, Florida 33610

August 31, 1989

Dear Administrator:

The Hillsborough County Trauma Agency is applying for designation as an official Agent of the State HRS/EMS Office, to serve as liaison in collecting, evaluating and disseminating trauma care information to and from Hillsborough County and the State.

In order to provide this service, the State mandates that we have pertinent information about all trauma care resources available in our geographic area. Your facility's services are a vital link in the trauma and EMS network because you care for residents of and visitors to our area. "Trauma" includes the whole spectrum of severity, not just the severe or massive injuries requiring Trauma Center care.

As you may know, completion of the Trauma/Head Injury/Spinal Cord Injury Registry form (better known as "Form 1728") on all victims of blunt or penetrating injury has been mandatory since last August. Many hospitals and services--130 at last count--are already voluntarily submitting them (currently required only of Trauma Centers). As of October 1, 1990, submission will be mandatory for all hospitals regardless of size.

These forms are now being sent directly to the State for evaluation and data collection by HRS/EMS. They in turn are (or soon will be) notifying you of the results. As an authorized Agent of the State, we will serve as intermediary, receiving and reviewing forms and then sending data to the State. As an Agent, we will have access to statewide data, and will disseminate it to you. With the Hillsborough County Trauma Agency's understanding of local problems and priorities, problem solving will be much easier and we can more promptly prepare reports tailored to your service's individual needs. As an Agent, we will be able to assure the same confidentiality accorded by law to HRS.

As a core participant in the Hillsborough County Trauma Agency, you will learn of proposed changes in trauma care legislation or rulings which may affect you, and your input into policies and decisions affecting the quality of care in the Hillsborough County Trauma System will be encouraged.

The enclosed list of necessary information should be relatively easy to complete from readily available records. We ask that you return it to us by September 11, 1989, so your information can be incorporated with that from other hospitals and services. We ask you, as administrator/chief executive officer, to sign and date the bottom of this form as a record of your commitment to participation in the Hillsborough County Trauma System.

If you elect not to participate, please send me a statement to this effect on your official stationery; this will be incorporated into our package. We must have a written acceptance or denial from each named facility administrator or service director to achieve Agent status.

As the Hillsborough County Trauma Agency has been designated and sanctioned by the Hillsborough County Board of County Commissioners, we are obligated to send them a list of the participating as well as the non-participating facilities and services. This list will be included in our final report to the Commissioners, and submitted as part of our Agency Plan to the State of Florida.

Our mission is to become your voice to the State as well as their voice to you on issues of trauma prevention, education and care. It is also to provide this county with the distinction of a state-of-the-art system of access to and delivery of optimal trauma care.

If you need further clarification or have questions, please do not hesitate to contact me at 272-6600. I look forward to hearing from you by September 11, 1989.

Let's make Hillsborough County's Trauma System second to none!

Sincerely,



P.A. Norris
Coordinator

ENCLOSURE

SERVICES

1. Name of Organization _____
License Number (ALS/BLS Provider) _____
2. Services Provided (check one or more)
Fire Marine
Rescue Air Support
Ambulance Other: _____
3. Level of Services: 1st Aid BLS ALS
4. Number of members providing these services _____
5. Number and type of vehicles providing these services (check all applicable):
Rescue (truck/car) _____ Helicopter _____
Ambulance _____ Fixed Wing _____
Engine _____ Patrol Car _____
Ladder _____ Quick Response Vehicle _____
Hazmat _____ Other (provide information) _____
Ship/Boat _____
7. Area covered with your services _____
8. Does your service have a 2-way radio link with communications from your vehicle? Yes _____ No _____
9. Number of First Aid/BLS/ALS cases of the following (circle level of care)
08/01/88 through 12/31/88 _____
01/01/89 through 07/31/89 _____
10. Number of the above totals that were trauma patients cared for:
1st Responder: 08/01/88 through 12/31/88 _____
01/01/89 through 07/31/89 _____

2nd Responder: 08/01/88 through 12/31/88 _____
01/01/89 through 07/31/89 _____

Number of patients to each hospital _____
Number of patients to out-of-county hospitals by in-county EMS _____
Number of patients transported from out-of-county hospital to in-county hospital _____
11. Other pertinent information you feel is identifiable with your service and relevant to the Trauma Agency _____

We thank you for your cooperation and time in filling out this information.

NAME

TITLE

DATE

DISTINCTIVE SERVICES

1. Name of organization _____

2. Type of Service Provided _____

3. Number of members providing these services (list if pertinent)

4. Area covered by your services (check one)

City

State

County

Other (specify): _____

5. Number of cases or calls from the following dates (totals please)

8/1/89 through 12/31/88 _____

1/1/89 through 7/31/89 _____

6. Number of "Trauma Category" cases (with cause if possible)

8/1/89 through 12/31/88 _____

1/1/89 through 7/31/89 _____

7. If there is any other pertinent information that you feel is identifiable with your services and relevant to the Trauma Agency, please indicate and briefly describe:

We thank you for your cooperation and time in filling out this information.

_____	_____	_____
Name	Title	Date

BASIC AGENCY HOSPITAL DATA BASE

 Hospital Name License # Telephone # Lic. Bed Capacity Bassinets

1. Circle applicable category:

- a. Private d. Psychiatric
- b. State e. Rehabilitation
- c. Federal

2. Administrator/C.E.O. Name: -----

3. Director of Nursing Name: -----

4. Emergency Department Physician Name: -----

5. Emergency Department Nursing Director: -----

6. Critical Care Physician Director Name: -----

7. Critical Care Nursing Director Name: -----

8. Date Facility Opened: -----

CAPABILITIES AND SERVICES AVAILABLE (if projected, please write date (n):

(circle yes or no)

	<u>24-Hour Availability</u>		<u>MD/RN Staffed</u>		<u>On Call</u>		<u>Resident Program</u>	
	Y	N	Y	N	Y	N	Y	N
9. Emergency Dept.	Y	N	Y	N	Y	N	Y	N
10. Operating Room	Y	N	Y	N	Y	N	Y	N
11. Anesthesia/CRNA	Y	N	Y	N	Y	N	Y	N
12. CCU/Telemetry	Y	N	Y	N	Y	N	Y	N
13. SICU	Y	N	Y	N	Y	N	Y	N
14. Burn ICU	Y	N	Y	N	Y	N	Y	N
15. Trauma ICU	Y	N	Y	N	Y	N	Y	N
16. Pedi ICU	Y	N	Y	N	Y	N	Y	N
17. Neonatal ICU	Y	N	Y	N	Y	N	Y	N
18. OB/GYN	Y	N	Y	N	Y	N	Y	N
19. Nursery	Y	N	Y	N	Y	N	Y	N
20. Pediatrics	Y	N	Y	N	Y	N	Y	N
21. Resp. Therapy	Y	N	Y	N	Y	N	Y	N
22. Poison Control	Y	N	Y	N	Y	N	Y	N
23. Outpatient Dept.	Y	N	Y	N	Y	N	Y	N
24. Nursing Home	Y	N	Y	N	Y	N	Y	N
25. ETOH/Detox Unit	Y	N	Y	N	Y	N	Y	N
26. Neurosurgeon	Y	N	Y	N	Y	N	Y	N
27. Pediatrician	Y	N	Y	N	Y	N	Y	N
28. Neonatologist	Y	N	Y	N	Y	N	Y	N
29. Radiologist	Y	N	Y	N	Y	N	Y	N
30. X-Ray Tech	Y	N	Y	N	Y	N	Y	N
31. Thoracic Surgeon	Y	N	Y	N	Y	N	Y	N
32. Blood Bank	Y	N	Y	N	Y	N	Y	N
33. Lab/Tox Screen	Y	N	Y	N	Y	N	Y	N
34. Psychiatrist	Y	N	Y	N	Y	N	Y	N
35. Social Worker	Y	N	Y	N	Y	N	Y	N
36. Pastoral Care	Y	N	Y	N	Y	N	Y	N
37. Pump By-Pass	Y	N	Y	N	Y	N	Y	N
38. Hemodialysis	Y	N	Y	N	Y	N	Y	N
39. CT Scanner	Y	N	Y	N	Y	N	Y	N
40. PT/OT	Y	N	Y	N	Y	N	Y	N
41. Rehabilitation	Y	N	Y	N	Y	N	Y	N
42. Pacemaker Insert	Y	N	Y	N	Y	N	Y	N
43. Speech Pathology	Y	N	Y	N	Y	N	Y	N

44. Please write in the total number of Emergency Department visits for the following time periods.

August 1, 1988 through December 31, 1988: _____

January 1, 1989 through July 31, 1989: _____

a. Number of patients delivered to your hospital by each in-County EMS provider: _____

b. Number of patients delivered by out-of-county EMS provider _____

c. Number of patients transferred from out-of-county hospital in to you _____

d. Number of patients you transferred to out-of county hospitals _____

45. Please write in the number of Trauma Patients seen for the following time periods.

August 1, 1988 through December 31, 1988: _____

January 1, 1989 through July 31, 1989: _____

46. Does your facility have a 2-way radio link with emergency vehicles and the Dispatch Center? Yes _____ No _____

47. Do you have an Interhospital Receiving Agreement? Yes _____ No _____

48. Do you have an Interhospital Transfer Agreement? Yes _____ No _____

49. Please answer yes or no for the following Quality Assurance questions.

Does your facility have:

a. Special audit committee for trauma deaths Yes _____ No _____

b. Mortality and Morbidity review Yes _____ No _____

c. Multidisciplinary Trauma Conferences Yes _____ No _____

d. Medical Nursing Audit Yes _____ No _____

e. Utilization Review Yes _____ No _____

f. Tissue Review Yes _____ No _____

g. Medical Records Review Yes _____ No _____

h. Physician Consultation/Outreach Program Yes _____ No _____

i. Public Education Programs (i.e., CPR, 1st Aid) Yes _____ No _____

j. Trauma Research Program Yes _____ No _____

k. Formal Training Programs for continuing education provided by hospital for:

Staff MD's Yes _____ No _____

Nurses Yes _____ No _____

Allied Health (ENS) Yes _____ No _____

Community Physicians Yes _____ No _____

50. Do you have a Trauma Nurse Coordinator? Yes _____ No _____

If yes, Name _____

51. Is there any other pertinent information which you feel is identifiable with your with your institution, and relevant to the Trauma Agency? Please briefly describe for us.

52. Member of Southwest Florida Blood Bank? Yes _____ No _____

Thank you for your assistance and cooperation with the completion of the above information.

NAME

TITLE

DATE

Hospital Matrix
Nov. 1989

	# of Beds	# of Bassinets	Type	ED 24-Hour/R	OR 24-Hour/R	Anesthesia/R	CCU/ Telemetry	SICU/R	Burn ICU/R	PEDI/ICU	Neonatal/R	OB/Gyn/R	Nursery/R	Pedi/R	Respiratory Therapy	Poison Control	Out Patient Dept.	Nursing Home	ETOH Detox	Neurosurgery 24-Hour/R
Tampa General	971	84	County	Y/N	Y	Y/R	Y/R	Y/R	Y/Y	Y/Y	Y/Y	Y/Y	Y/Y	Y/Y	Y	Y	Nml	Y	Nml	Y/Y
James A. Haley VA	681	0	Fed	Y/N	Y/Y	Y/N	Y/Y	Y/R	NN	N	N	Gyn/N	N	N	Y	N	Y	Y	Y	Y/N
St. Joseph's	649	0	Private	Y	Y	Y	Y	Y	Y	Y	N	GYN	N	Y	Y	Y	Y	N	N	Y
University Community	404	0	Cnty	Y	Y	Y	Y	N	N	N	N	N	N	Y	Y	N	Y	N	N	Y
Humana Hospital Brandon	220	0	Private	Y	Y	Y	Y	Y	N	Fur '89	Y	Y	Y	Y	Y	N	Y	N	N	Y
AMI Town & Country	201	0	Private	Y	Y	Y	Y	Y	N	Y	N	N	N	Y	Y	N	N	N	Y	N
AMI Memorial	174	0	Private	Y			Y		N	N	N	N	N	N	Y	N	N	N	N	N
Centro Asturiano	144	0	Private	Y	Y	Y	Y	Y	N	N	N	N	N	N	Y	N	Y	N	N	N
South Florida Baptist	132	11	Private	Y	Y	Y	Y	Y	N	N	N	Y	Y	Y	Y	Y	N	11/89	N	Y
Centurion Carrollwood	120	0	Private	Y	Y	Y	Y	N	N	N	N	N	N	N	Y	N	N	N	Y	Y
USF Psychiatry Center	114	0	Psych	N																
South Bay	112	0	Private	Y	Y	Y	Y	Y	N	N	N	N	N	N	Y	?	?	?	N	?
Doctors	102	0	Private	Y	Y	Y	Y	Y	N	N	N	N	N	N	Y	Y	Y	N	N	?
West Shore	73	0	Private	Y	Y	Y	?	?	N	N	N	N	N	N	Y	N	N	N	N	N
MacDill	60	10	Fed	Y	Y	Y/C	Tele/Y	N	N	N	N	Y	Y	Y	Y	Y	Y	N	N	N

Hospital Matrix

Nov. 1989

	Pediatrician 24-Hour	Neonatologist 24-Hour/R	Radiologist 24-Hour/R	X-Ray Technician 24-Hour	Thoracic Surgeon 24-Hour/R	Blood Bank	Lab/Tox Screen	Psychiatrist/R	Social Worker	Pastoral Care	Pump By-Pass	Hemodialysis	C.T. Scanner	Physical Therapy/ Occup. Therapy	Rehabilitation	Pacemaker Insert	Speech Pathology	2-Way Radio EM Vehicle/Dispatch	Inter-Hospital Receiving Agree	Inter-Hospital Transfer Agree
Tampa General	Y	Y/Y	Y/Y	Y	Y/Y	Y	Y	Y	Y	Y	Y	Y	Y	Nml	Y	Y	Y	Y	Y	Y
James A. Haley VA	N	N	Y/Y	Y	Y/N	N	Y	Y/Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N
St. Joseph's	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Nml	N	Y	Y	Y	Y	Y
University Community	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Humana Hospital Brandon						Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y	Y	N	Y
AMI Town & Country	N	N	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y			Y	N	Y	Y	Y
AMI Memorial	N	N	Y	Y	N	Y	N	Y	N	N	N		Y	N	N			Y	?	?
Centro Asturiano	N	N	Y	Y	Y	Y	?	Y	N	N	N	Y	Y	Y	N	Y	N	Y	N	Y
South Florida Baptist	Y	N	Y	Y	Y	Y	Y	N	Y	Y	N	Y	Y	Y	N	Y	Y	Y	N	Y
Centurion Carrollwood	Y	N	Y	Y	Y	N	Y	Y	N	N	N	N	Y	Y	N	Y	Y	Y	Y	Y
USF Psychiatry Center								Y	Y	N							N	Y	Y	Y
Sun City	N	N	N	Y	Y	Y	Y	Y	Y	Y	N	N	Y	?	?	Y	?	Y	?	Y
Doctors	N	N	Y	Y	?	Y	Y	Y	Y	N	N	N	Y	Y	N	Y	Y	Y	?	?
West Shore	N	N	Y/C	Y/C	N	Y/C	Y/C	N	Y/C	Y/C	N	Y/C	N	Y	Y	Y	Y	Y	N	N
MacDill	Y	N	Y	Y	Y	N	Y	Y	Y	Y	N	N	Y	PT	N	Y	N	Y	Y	Y

Hospital Matrix
Nov. 1989

	Audit for Trauma Deaths	Mortality and Morbidity Review	Multi-Disciplinary Trauma Conference	Medical Nursing Audit	Utilization Review	Tissue Review	Medical Records Review	M.D. Consult Outreach	Public Education	Trauma Research	Continuing Education Physicians	Continuing Education R.N.	Continuing Ed Allied Health	Continuing Ed Community M.D.	Trauma Coordinator	Flight Program	Poison Control	Computerized Registry	SWF Blood Bank	Level/Initial Receiving
Tampa General	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	L.Scott	Y	Y	Y	Y	L-I
James A. Haley VA	N	Y	N	Y	Y	Y	Y	N	N	N	Y	Y	Y	N	N				N	
St. Joseph's	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Corso	Y	ED		Y	L-II
University Community	N	Y	N	Y	Y	Y	Y	N	Y	N	Y	Y	Y	Y	N				N	Initial
Humana Hospital Brandon	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Schaefer				Y	L-II
AMI Town & Country	Y	Y	N	Y	Y	Y	Y	N	Y	N	Y	Y	Y	Y	N				N	Initial
AMI Memorial	N/A	Y	N	Y	Y	?	Y	?	Y	N	?	?	?	?	N				Y	
Centro Asturiano	N	Y	N	Y	Y	Y	Y	Y	N	N	Y	Y	N	N	N				Y	
South Florida Baptist	N	Y	N	Y	Y	Y	Y	?	Y	N	N	Y	N	N	N				Y	
Centurion Carrollwood	Y	Y	N	Y	Y	Y	Y	N	Y	N	Y	Y	N	N	N				Y	Initial
USF Psychiatry Center	N/A	Y	N/A	Y	Y	N/A	Y	Y	Y	N	Y	Y	N	Y	N				N	
South Bay	N	Y	N	Y	Y	Y	Y	N	Y	N	Y	Y	Y	Y	N				Y	Initial
Doctors	N/A	Y	N/A	Y	Y	Y	Y	?	Future	N/A	Y	Y	N/A	Y	McDon				Y	Initial
West Shore	N	Y	N	Y	Y	Y	Y	N	N	N	N	N	N	N	N				Y	
MacDill	Y	Y	N	Y	Y	Y	Y	N	Y	N	Y	Y	Y	N	N				Y	

Administrator
VA Medical Center Bay Pines
10000 Bay Pines Blvd.
Bay Pines, FL 33504

Administrator
Mease Hospital Dunedin
833 Milwaukee Avenue
Dunedin, FL 34698

Administrator
H. Lee Moffitt Cancer Center &
Research Institute
12902 Magnolia Drive
Tampa, FL 33682

Administrator
Tampa General Hospital
P.O. Box 1289
Tampa, FL 33601-1289

Administrator
HCA Largo Medical Center
201 14th St. S.W.
Largo, FL 34640

Administrator
Tarpon Springs General
1395 S. Pinellas Avenue
Tarpon Springs, FL 34689

Administrator
Morton Plant Hospital
323 Jeffords Street
Clearwater, FL 34616

Administrator
Humana Hospital Brandon
119 Oakfield Drive
Brandon, FL 33511

Administrator
Charter Hospital of Tampa Bay
4004 Riverside Drive
Tampa, FL 33603

Administrator
James A. Haley Veterans
13000 Bruce B. Downs Blvd.
Tampa, FL 33612

Administrator
Humana Hospital Women's
3030 W. Buffalo Avenue
Tampa, FL 33607

Administrator
Centro Asturiano Hospital
1302 21st Avenue
Tampa, FL 33605

Administrator
St. Joseph's Hospital
3001 W. Buffalo
Tampa, FL 33607

Administrator
Humana Hospital St. Petersburg
6500 38th Avenue North
St. Petersburg, FL 33107

Administrator
University General of Seminole
10200 Seminole Blvd.
Seminole, FL 34648

Administrator
Bayfront Medical Center
701 Sixth St. S.
St. Petersburg, FL 33701

Administrator
AMI Town & Country Medical Ctr.
6001 Webb Road
Tampa, FL 33615

Administrator (WITH TGH)
Hillsborough County Hospital
5906 N. 30th Street
Tampa, FL 33610

Administrator
St. Anthony's Hospital
1200 Seventh Avenue North
St. Petersburg, FL 33705

Administrator
Horizon Hospital
11300 U.S. 19 South
Clearwater, FL 34624

Administrator
South Florida Baptist
301 N. Alexander Street
Plant City, FL 33566

Administrator
University Community Hospital
3100 E. Fletcher Avenue
Tampa, FL 33613-4688

Administrator
Humana Hospital Sun Bay
3030 Sixth Street South
St. Petersburg, FL 33705

Administrator
AMI Anclote Manor
1527 Riverside Drive
Tarpon Springs, FL 34689

Administrator
Palms of Pasadena
1501 Pasadena Avenue South
St. Petersburg, FL 33707

Administrator
AMI Memorial Hospital of Tampa
2901 Swann Avenue
Tampa, FL 33609

Administrator
AMI Clearwater Community
1521 E. Druid Road
Clearwater, FL 34616

Administrator
Humana Hospital Northside
6000 49th St. N.
St. Petersburg, FL 33709

Administrator
Edward White Hospital
2323 Ninth Avenue North
St. Petersburg, FL 33713

Administrator
Centurion Hosp. of Carrollwood
7171 N. Dale Mabry Hwy.
Tampa, FL 33614

Administrator
Sun Coast Hospital
2025 Indian Rocks Road
Largo, FL 34649

Administrator
Metropolitan General
7950 66th Street North
Pinellas Park, FL 34665

Administrator
All Children's Hospital
801 Sixth Street South
St. Petersburg, FL 33701

Administrator
Sun City Hospital
4016 S.R. 674
Sun City Ctr., FL 33570-5298

Administrator
Hardee Memorial Hospital
P.O. Box 1058
Wauchula, FL 33873

Administrator
Bartow Memorial Hospital
P.O. Box 1050
Bartow, FL 33830

Administrator
Harborside Hospital
401 15th Street North
St. Petersburg, FL 33705

Administrator
Highlands Regional Medical Ctr.
P.O. Drawer 2066
Sebring, FL 33871

Administrator
Heart of Florida Hospital
301 S. 10th Street
Haines City, FL 33844

Administrator
DOCTORS HOSPITAL
4801 N. Howard Avenue
Tampa, FL 33603-1484

Administrator
Winter Haven Hospital
200 Avenue F, NE
Winter Haven, FL 33880

Administrator
Lakeland Regional Medical Ctr.
P.O. Box 95448
Lakeland, FL 33804

Administrator
Mease Countryside
3231 McMullen-Booth Road
Safety Harbor, FL 34695

Administrator
Walker Memorial Hospital
P.O. Box 1200
Avon Park, FL 33825

Administrator
Lake Wales Hospital
410 S. 11th Street
Lake Wales, FL 33859

Administrator
Lake Seminole Hospital
9675 Seminole Blvd.
Seminole, FL 34642

Administrator
L.W. Blake Memorial Hospital
P.O. Box 25004
Bradenton, FL 34206

Administrator
Morrow Memorial Hospital
P.O. Box 277
Auburndale, FL 33823

Administrator
USF Psychiatry Center
3515 E. Fletcher Avenue
Tampa, FL 33613

Administrator
Manatee Memorial Hospital
206 Second Street E.
Bradenton, FL 43208

Administrator
Polk General Hospital
P.O. Box 816
Bartow, FL 33830

Administrator
Palma Ceia Hospital
4555 S. Manhattan Avenue
Tampa, FL 33611

Administrator
HCA Bayonet Point
Hudson Medical Center
14000 Fivay Road
Hudson, FL 34667

Munroe Regional Hospital
Ocala, Florida

Administrator
56th Tactical Trng Wing Hosp.
MacDill Air Force Base
Tampa, FL 33608-5300

Administrator
HCA New Port Richey Hospital
205 High Street
New Port Richey, FL 34656

Lykes Memorial Hospital
300 S. State Rd
Brooksville, FL 34601

Administrator
Medfield Center
12891 Seminole Blvd.
Seminole, FL 34648

Administrator
East Pasco Medical Center
7050 Gall Blvd.
Zephyrhills, FL 33541

Administrator
Shriners Hospital
12502 N. Pine Drive
Tampa, FL 33612-9499

Administrator
Humana Hospital of Pasco
1550 Fort King Road
Dade City, FL 33525

Administrator
Northside Centers, Inc.
13301 Bruce B. Downs Blvd.
Tampa, FL 33612

Administrator
Riverside Hospital
500 Indiana Avenue
New Port Richey, FL 34653

Hillsborough County
Sheriff's Office
P.O. Box 3371
Tampa, FL 33601

Florida Highway Patrol
2814 E. Hillsborough Avenue
Tampa, FL 33610

Hillsborough County / and Vol.
Fire Department
3210 S. 78th Street
Tampa, FL 33619

Bayflite
701 6th Street South
St. Petersburg, FL 33701

Aeromed
Tampa General Hospital
P.O. Box 1289
Tampa, FL 33601-1289

Care Flight
3001 W. Buffalo Avenue
P.O. Box 4227
Tampa, FL 33677

Am-Stat Ambulance Service
1224 South Dale Mabry Hwy.
Tampa, FL 33629

Medic One Ambulance Service
5802 E. Fowler Avenue
Suite C
Tampa, FL 33617

Apollo Beach Rescue Squad
P.O. Box 3358
Apollo Beach, FL 33572

Sun City Rescue Squad
401 Ray Watson Drive
Sun City Ctr, FL 33573

Chief Bill Nesmith
Tampa Fire Department
808 E. Zack Street
Tampa, FL 33602

Florida Dept. of Natural Res.
Florida Marine Patrol
District 4
5110 Gandy Blvd
Tampa, FL 33611

United States D.O.T.
Commander Medical Wing
USCG Group
600 8th Avenue S.E.
St. Petersburg, FL 33701-5006

Dr. Peter Lardizabal
Medical Examiner's Officer
401 S. Morgan Street

B.J. Smith
Dept. of Communication
412 Madison Street
Tampa, FL 33601

Hillsborough County
Emergency Planning Operations
309 Brush Street
Tampa, FL 33602

Southwest Florida Blood Bank
P.O. Box 2125
Tampa, FL 33607

Fla. Poison Information Center
Sven A. Normann, Pharm. D.
Tampa General Hospital
P.O. Box 1289
Tampa, FL 33601-1289

Pasco County Fire Rescue
Chief Gonsalvo
530 Sunset Road
New Port Richey, FL 34652

Florida Regional Bone and
Tissue Bank
8510 Sun State Street
Tampa, FL 33634

Tampa Police Department
1710 N. Tampa Street
Tampa, FL 33602

American Red Cross
217 N. Howard Ave
Tampa, FL 33606

Hillsborough County EMS
P.O. Box 310398
Tampa, FL 33680

Sunstar EMS
2190 S. Belcher Rd
Largo, FL 33606

St. Petersburg Fire/Rescue
400 9th St. S.
St. Petersburg, FL 33701

Clearwater Fire Department
610 Franklin St.
Clearwater, FL

Pinellas Park Fire Department
6565 94th Ave. N.
Pinellas Park, FL

OBJECTIVES, PROPOSED ACTIONS, AND IMPLEMENTATION SCHEDULE

OVERALL GOALS

- * Improve the quality and availability of EMS throughout Hillsborough County.
- * Ensure that all who need them will have access to care, continually improving standards of care delivered, and continuity through notification, prehospital and hospital phases.
- * Establish through the HCTA and the medical arm of the Medical Audit Committee/Emergency Medical Planning Council effective quality assurance for all system care providers.
- * Maintain an open communication network throughout the county and surrounding areas to share ideas, promote change and grow together into a highly effective, state-recognized agency and county that is noted for high standards of care and for future-oriented care.

Following is a description of specific goals and actions planned for the next year or so in order to achieve these goals. Most programs, once established, will continue in future years. This being a very yeasty period in system/agency development, objectives and implementation schedules will be frequently reviewed; once some reasonably steady state is achieved, longer-term plans will be appropriate.

The implementation schedule below is approximate. It must remain flexible because certain co-factors are not within HCTA control, and any new system involves unforeseen delays.

OBJECTIVES

- I. Establish the Hillsborough County Trauma Agency as an agency of the Florida Department of Health and Rehabilitative Services.
 - A. Obtain Board approval and matching grant funds (DONE).
 - B. Hire coordinator (DONE).
 - C. Hire additional staff.
 - Jan '90 1. Secretary/administrative assistant
 - Apr '90 2. Trauma registrar
 - Jun '90 D. Contract with medical director (currently volunteer).
 - 1/31/90 E. Achieve Plan approval and designation as Agent of HRS.
- II. Complete in-depth inventory of presently available resources and operating procedures.
 - 1/31/90 A. Complete "clean-up" work on survey questionnaire responders (incomplete or inconsistent information, etc.)

- Apr '90 B. Visit each site within Hillsborough County.
 - 1. Trauma Centers (DONE)
- Feb '90 2. Initial Receiving Hospitals
- Apr '90 3. Other hospitals
- Mar '90 4. Prehospital provider headquarters (ALS DONE)
- Apr '90 5. Rehabilitation facilities
- 6. Medical Examiner's Office (DONE)
- Jun '90 C. Spend at least one 8-hour day responding on calls with each prehospital agency. (EMS, TFD DONE)
- Ongoing D. Repeat above at least annually, and bi-annually if possible.
- E. Work with county's hospitals to develop a method for recording and reporting the source of all trauma patients coming in from other counties.
- Dec '89 1. Trauma Centers
- Jun '90 2. Other hospitals

III. Collect complete data on trauma incidence, care and outcome in Hillsborough County.

- Apr '90 A. Establish computerized trauma registry.
 - 1. Purchase hardware for Agency (DONE)
 - 2. Purchase software for Agency and Trauma Centers (in process)
- Jan/Feb '90 B. Work with software designer/vendor and trauma registrars to revise data collection instrument for compatability with software and inclusion of HRS Form 1728 data elements.
- Apr '90 C. Begin data collection (for detailed implementation, see 10D-66.105(1)(1))
 - 1. Manual (hard copy)
 - Sep '90 2. Electronic (modem or diskette)

IV. Disseminate data in appropriate form to decision-makers, beginning as soon as data becomes available.

- Quarterly A. Activity reports.
- Annually B. Financial summaries.

- Annually C. Geographical distribution of injuries.
- Biannually D. Prehospital call loads (including helicopter).
- Biannually E. Transfers across county lines.
- Annually F. Overall death and disability rates.
- Annually G. Death and disability rates by age, type of injury, etc.
- H. Other reports as deemed useful.

V. Initiate and cooperate with registry-based research as approved by the Agency Medical Director.
Oct '90

VI. Determine and decrease the incidence of trauma in Hillsborough County.

A. Measure the incidence of trauma and set annual goals for reduction.

- Beginning 10/90 1. Compute the incidence of trauma per 1,000 persons per month for at least 12 months, beginning not later than June 1990, based on the most accurate figures retrievable from prehospital providers and hospitals.
- 2. Based on (1) above, determine a reasonable numerical goal for percentage reduction.
- 3. Perform similar computations for the following 12-month period, using comparable data, and compare the two periods.
- 4. Repeat above process annually, setting reduction goals in consultation with selected members of the Emergency Medical Planning Council and public health specialists.

Ongoing B. Conduct educational programs on injury prevention.

(See Information and Education, 10D-66.105(1)(n))

C. Provide data regarding, and actively lobby for, improved traffic patterns, intersection markings, etc.

Beg. 2/90 1. Retrieve information monthly from computer-aided dispatch systems regarding locations of calls.

Ongoing 2. Attend meetings of DOT local working group, and any appropriate sessions of the Hillsborough County Planning Council and similar agencies, monthly and/or as scheduled.

VII. Improve the quality of trauma care.

- Ongoing A. Attend and assist as requested the in-house trauma QA programs of the hospitals and other services.
- Jan '90 B. Restart the monthly Medical Audit Committee meetings, beginning actual medical record reviews when Agency status is granted.
- Jan/Feb '90 C. Develop written guidelines with legal advice on confidentiality aspects of quality assurance within the agency framework.
- Oct '90 D. Perform in-depth review of prehospital trauma transport protocols and communications protocols, including field reviews to determine whether the protocols are being adhered to as written and approved. Repeat at least annually, and any time there is reason for concern.
- Ongoing E. Conduct and coordinate a variety of training and continuing education programs for health professionals.

(See Education, 10D-66.105(1)(n))

TRAUMA SYSTEM BUDGETARY INFORMATION AND FISCAL IMPACT

BUDGET

Funding

The Hillsborough County Board of County Commissioners (BOCC) approved a grant application for establishment of the Trauma Agency in FY 1988-89. The Florida Department of Health and Rehabilitative Services, Emergency Medical Services Division (HRS/EMS) approved this application and contributed \$53,987 towards system development during this period, matched by Hillsborough County MSTU funds and in-kind services.

The operating budget for FY 1989-90 was initially funded by using Hillsborough County MSTU funds, pending approval of a matching grant application submitted to HRS. The state approved the matching grant for FY 1989-90. Funds obtained from the state used to offset local MSTU funds were applied to the Agency budget for FY89-90. Funds appropriated by the county which exceed the projected operating budget recovered through the matching grant were returned to the county general fund for appropriation to other county agencies.

Future funding for the Agency is projected to follow similar procedures, with the entire amount required for operation to be allocated from county funds and as much as possible to be offset by matching HRS grants and other grants. Such funds will be aggressively pursued through the Department of Transportation, various professional trauma-oriented organizations, sporting equipment manufacturers, safety advocacy groups, etc. It is possible that local hospitals may support future funding; however, any proposal concerning fiscal impact on the community would require several years of evaluation before the proposal could be presented to the local medical association, etc.

The Board of County Commissioners has expressed a commitment to the Trauma Agency, and not only intends to continue to approve matching funds, but is prepared to approve whatever funds are necessary should grant monies fail to materialize at some point.

During the coming year, when a full staff is assembled, creative funding strategies will be considered as additions or alternatives to currently anticipated funding (MSTU and grants) so that the vital functions of the Agency may continue despite the possible vicissitudes of governmental spending.

If the Agency should expand to a regional (vs. county) scope in the future, it will then require financial support from counties within the jurisdiction of that regional system.

Expenditures

The coordinator was hired with monies from this '88-89 funding, and started in mid-July 1989. Yet to be hired are a trauma registrar to manage data collection, analysis, and medical audits; and an administrative person to coordinate meetings and perform clerical functions for the Agency. Hiring for these positions is projected for the first quarter 1989-90 budget.

To implement the data collection, tracking and evaluation system, computer hardware has been purchased and was recently installed, and bids have been invited for registry software. Further details on the planned system appear under "Data Collection" and "Evaluation", F.A.C. 10D-66.105(1)(l) and (m).

Public education programs related to trauma prevention and care have been and will continue to be developed, using FY 88-89 and 89-90 monies. Further details on planned programs may be found under "Public Information and Education," F.A.C. 10D-66.105(1)(n).

Other major items to be funded in FY 89-90 are professional services of the Trauma Agency medical director, and various office supplies, equipment, and services. While the Trauma Agency is using space at Hillsborough County Emergency Medical Services headquarters, the offices cannot be completely furnished with available county equipment and supplies.

It should be noted that the members of the Medical Audit Committee and the Emergency Medical Planning Council Trauma Agency Steering Committee serve without pay.

The budgets for 1988-89 and '89-90 are detailed on the following pages.

FISCAL IMPACT

This section refers to fiscal impacts on the trauma care resources of the county resulting from the implementation of a trauma care system.

Studies exist which attempt to put a monetary value on the implementation of trauma systems. These, however, are based on the premise that a trauma care system will be implemented where it did not previously exist. Such is not the case in Hillsborough County, where a trauma care system had been developed and was functioning before the Trauma Care Act of 1987 and before the Agency was developed. "Implementation" here consists of fine-tuning the system, bringing all elements into full compliance with recent laws, and improving the communication amongst the elements.

In some trauma care regions, the trauma agency is responsible for creating a trauma care system, and for funding that system and its component parts. Such is not the case in Hillsborough County. The Agency in this county serves primarily as a coordinator of existing services. Its role in funding will be to assist Trauma Centers and other resources in locating and applying for grants, etc., and to work with legislators seeking solutions to such problems as uncompensated trauma care. Thus, the Agency may well have a positive fiscal impact, but the funds themselves will not be coming from the Agency. It is therefore difficult to precisely quantify that positive impact. There will be savings in some areas in the future; for example, once the Agency has been officially designated an arm of HRS, and computer equipment is in place, prehospital services and Trauma Centers will be able to submit registry data and reports electronically through the Agency, eliminating postage and decreasing processing time and thus salaries paid out.

The negative fiscal impact of trauma system implementation is also minimal. Most of the costs either have existed all along, or are mandated by state law and would continue with or without a Hillsborough County Trauma Agency. An example is the cost of meeting state criteria for verification as a Trauma Center. Perhaps the major (but still insignificant) cost to system components of having an Agency is the cost of sending people to various committee meetings while on duty. This may involve from two to approximately ten hours a month, depending on the individual level of involvement.

It is possible that local hospitals may support future funding; however, any proposal concerning fiscal impact on the community would be evaluated for several years before a proposal is presented to the medical association, hospital association, etc.

* * * * *

In a larger sense, the implementation of an organized, coordinated trauma care system will have a fiscal impact on the community. Trauma accounts for more years of potential life lost than any other cause. Trauma is the leading killer of young people, before or during their most economically productive years. Those it doesn't kill may be left with reduced earning capacity, and may require extensive and expensive rehabilitation which cannot be covered by savings. We all pay the price. Financially, this means increased taxes and increased insurance rates. To those whose friends or family are killed or permanently disfigured or disabled, the price is incalculable. Where trauma care systems have been successfully implemented throughout the country, trauma morbidity and mortality has been significantly reduced.

PLEASE NOTE:

THE ORIGINAL BUDGET SPECIFICATIONS PREVIOUSLY SUBMITTED WITH THE AGENCY PLAN ARE CURRENTLY BEING REWORKED SINCE NEW GRANT APPROVAL.

*cc. L. Neenan
J. Algood
Grants Mgmt.*



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

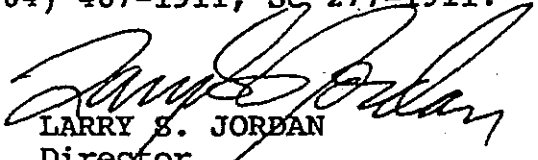
September 19, 1989

SUBJECT: EMS Program Letter 89-12, Notice of Intended
Matching Grant Awards

TO: Matching Grant Applicants - Grant Signer 228

I am pleased to announce that we have completed our evaluation of the 1989-90 emergency medical services matching grant applications. The agencies and organizations listed on the attachment have been selected for intended grant award. Please note, we are not responsible for activities, services, or costs incurred prior to the effective date of a negotiated grant agreement.

We will provide you, upon request, information regarding the selection or grant award processes. Please direct any inquiry to Lawrence Schneider, Health Services and Facilities Consultant, Department of Health and Rehabilitative Services, Office of Emergency Medical Services, 1317 Winewood Boulevard, Tallahassee, Florida 32399-0700: Telephone (904) 487-1911, SC 277-1911.


LARRY S. JORDAN
Director
Emergency Medical Services

5 EMS Program Letter
CR 150 Matching Grants

A:Program Letters/89-12/AS

Attachment

1. Approved EMS Matching Grant Applicants

RECEIVED

SEP 22 1989

CHAIRMAN'S OFFICE
BOCC

TRANSPORTATION SYSTEM DESIGN

GROUND TRANSPORTATION

ADVANCED LIFE SUPPORT

HILLSBOROUGH COUNTY EMERGENCY MEDICAL SERVICES

15 Ambulances stationed throughout the county (outside of Tampa city limits), operating 24 hours a day (or, in a few cases, 16 hours, with surrounding units covering from 2300 hours to 0700 hours). When adjacent units are out of service (on a call, in training, in for maintenance, etc.), a unit may be moved from its substation to "cover zone."

One ambulance, 10 hours per day on weekdays, to handle routine ALS interfacility transports (including within city of Tampa).

When "floater" paramedics are not needed to cover for paramedics on vacation or ill, an additional ambulance may be stationed in an outlying area.

Additional units as needed to cover special functions, such as the Strawberry Festival in Plant City.

All above units are staffed by at least two paramedics at all times. A third paramedic ("floater" or newly hired) may augment these two.

In addition, District Officers (one for each of three districts) patrols in a non-transport vehicles equipped for patient stabilization should they arrive before the transport unit.

TAMPA FIRE RESCUE

Ten rescue units based at fire stations around the city of Tampa, operating 24 hours a day. Normal staffing is two firefighter/paramedics; minimum staffing is one firefighter/paramedic and one firefighter/EMT.

Additional units as needed to cover special functions within the city limits, such as the Super Bowl.

One paramedic shift supervisor available to assist on serious calls, responding in a non-transport unit.

BASIC LIFE SUPPORT

PRIVATE SERVICES

Two private ambulance companies (Medic One and AmStat) provide basic life support throughout the county, except as noted below. The number of their BLS units in service varies; AmStat usually has three or four, Medic One, ten or eleven. These units are staffed by at least two EMTs, and sometimes by paramedics (who, however, are functioning as EMTs while on these BLS units).

MUNICIPAL SERVICE

Temple Terrace Fire Department began operating a BLS transport unit (with second for backup) in November 1989. They had previously served as First Responders. They respond within the city limits of Temple Terrace (which are expanding) and for mutual aid in the adjoining areas. All of their transport unit staff and most fire apparatus staff are Florida-certified EMTs or paramedics.

VOLUNTEER SQUADS

Two licensed BLS volunteer squads operate within their defined geographic response areas, Sun City Center and Apollo Beach. Normally their units are staffed by at least one EMT and one first aider, but usually by two or more EMTs. Sun City Center has three ambulances, although normally only one is in service at a given time. Apollo Beach attempts to have at least one unit in service at all times, but occasionally is unable to staff a unit due to lack of qualified volunteers.

OTHER

There is also at least one (and undoubtedly more) unlicensed transport vehicle operated by industrial first-aid crews which on rare occasion may transport a trauma victim to a hospital. Since these units are not routinely used for patient transport and are never used for transport of victims other than employees of that industrial site, they fall into a category similar to a private-owned vehicle which is not licensed or regulated. As such potential transporters are identified, they will be educated and encouraged to call licensed services for transport.

NON-TRANSPORT FIRST RESPONDERS

In addition to the above transport units, Tampa, Plant City and Hillsborough County fire departments are staffed with First Responders and/or EMTs (and occasionally paramedics) and most carry basic equipment (oxygen, cervical collars, bandages, etc.) to provide immediate first aid while awaiting an ALS or BLS transport unit. Also, Tampa International Airport security officers carry oxygen and function as first responders within the airport. Several large industrial plants have on-site EMTs, nurses and/or doctors who may provide initial treatment but do not transport.

AIR TRANSPORTATION

All air transport of trauma victims within Hillsborough County is by licensed ALS helicopters: Aeromed, based at Tampa General Hospital, and Care Flight, based at St. Joseph's Hospital. (Bayflite, based at Bayfront Medical Center in Pinellas County, provides backup to these Hillsborough County helicopters; in past months, this has averaged about once a month.) All helicopters are staffed by paramedics and/or nurse/paramedics, and are thus capable of providing initial scene care as well as transport. Usually, however, helicopters respond to scenes at the request of ground-unit paramedics, and assume care at the point of loading.

These ALS helicopters also transport trauma victims between facilities, on an emergency or a non-emergency basis depending on the situation.

St. Joseph's Care Flight has applied for a Certificate of Need for a fixed-wing aircraft for ALS transport within the Caribbean Basin, with the possibility of later expansion.

WATER TRANSPORTATION

The U. S. Coast Guard, Florida Marine Patrol, and Tampa Fire Rescue respond to accidents on the water, and may transport trauma victims by helicopter or to the nearest landfall point, where they are met by the appropriate ground or air transport unit (ALS or BLS as required).

U. S. Coast Guard - Two large boats are stationed at Bayboro Harbor, Pinellas County. At least one EMT (Florida or Coast Guard certified, with advanced training for water-related accidents) is on board to provide basic care. The Coast Guard also has a helicopter which can pick up patients with basket hoist and transport to the closest appropriate medical facility with a helipad, or to the Coast Guard station at the St. Petersburg/Clearwater airport to be met by a ground transport unit.

Florida Marine Patrol - While the primary mission of FMP is law enforcement, they do perform water search and rescue. First responder level care is provided as possible within space and equipment limitations.

Tampa Fire Department - While TFD's primary mission is fire suppression, their one large fire boat and one amphibious unit are also available for water rescue patient transport if needed. Three smaller (14-18') boats may also be used for water rescue. All firefighters are at least First Responder level; many are EMTs; and there may be paramedics aboard. Space and equipment limits the treatment provided during water transport. If paramedics are aboard, they will provide whatever ALS treatment is possible with the space and equipment available. Patients are met at closest landfall by BLS or ALS units as appropriate.

* * * * *

Survey responses from most of the above services follow this section. Baylite did not respond, and Florida Marine Patrol will not be a "core" participant and therefore sent a letter in lieu of the questionnaire.

PATIENT FLOW PATTERNS

Patient flow patterns of county prehospital providers consist of two aspects: response and catchment areas, or who picks up the patients and where they take them.

RESPONSE AREAS

Response areas for the ALS services and the volunteer and city BLS squads are geographically defined, as follows:

- Tampa Fire Department - ALS within Tampa city limits
- Hillsborough County Emergency Medical Services - ALS throughout all of the county outside of Tampa city limits
- Sun City Center Rescue Squad - BLS within the confines of Sun City Center and Kings Point retirement communities
- Apollo Beach - BLS in the area of Apollo Beach, Ruskin, Wimauma--essentially, the county south of Gibsonton Drive
- Temple Terrace Fire Department - BLS emergencies within Temple Terrace city limits

The private BLS companies cover the entire county except for areas covered by volunteer and city squads; they get BLS calls in rotation (and all scheduled transports in Temple Terrace).

The three bridges originating in Hillsborough County are half in this and half in Pinellas County. Because of the difficulty in changing direction on the bridges, Tampa Fire Department has written or verbal agreements with Pinellas County services to split the bridge responses by direction of travel rather than by county line; Tampa Fire responds westbound (and may transport to Bayfront) and Pinellas services respond eastbound (and may transport to St. Joseph's (primarily) or to Tampa General). Since the Courtney Campbell Causeway has no emergency phones or mile markers, reports of accidents may be vague as to location; both Tampa Fire and Clearwater Fire Department are often dispatched, and whoever locates the accident first treats the patients. (Placement of phones and mile markers will be an early goal of the Trauma Agency.) Hillsborough County services rarely respond to Sunshine Skyway accidents, since one end of the bridge is in Pinellas County and the other is in Manatee.

Water rescue on the Hillsborough River is handled by Tampa Fire Rescue; the Coast Guard responds to most accidents on the Bay, although Florida Marine Patrol and Tampa Fire Rescue are also available if needed.

The primary response zones for helicopters going to scene calls coincide with the air catchment zones of the Trauma Centers at which they are based: Care Flight, northwest county north and west of I-275; Aeromed 1, remainder of county. However, both helicopters will respond anywhere in the county if requested. Bayflite (Pinellas County) will respond anywhere in the county if neither Care Flight nor Aeromed 1 is available.

The geographic response zones described above are depicted on the maps following.

CATCHMENT AREAS

If the patient does not fit the mandatory trauma center transport criteria, and the ambulance crew doesn't feel the patient needs trauma center care, the patient is taken to the hospital of his or her choice, or the closest appropriate hospital.

If the patient needs trauma center care, the ground transport catchment areas (see maps following) determine to which Trauma Center the patient is transported. The need for specialized care supersedes these catchment areas: serious burns go to the Regional Burn Care Center (Tampa General Hospital), pregnant patients go to a Trauma Center with neonatal-ICU (Humana Brandon or Tampa General), patients with isolated spinal injuries with paralysis to Tampa General (because of their Regional Spinal Cord Injury Rehabilitation Center), and pediatric patients to a hospital with pediatric ICU (currently St. Joseph's and Tampa General). These catchment areas and exceptions for specialized care were agreed upon by administrators of all Trauma Centers and aeromedical services (and realigned by them when University Community Hospital withdrew as a Trauma Center).

The patient's expressed desire to go to a Trauma Center other than the one determined by catchment area will be honored unless it is not in the patient's best medical interest.

PATIENT FLOW

For reasons described elsewhere ("Historical Patient Flow" subsection of F.A.C. 10D-66.105(1)(b)), it has proven extremely difficult to compile statistics to quantitatively describe trauma patient flow. Survey questionnaires provided incomplete and/or insufficiently labeled or detailed figures to permit accurate compilation. The only patient flow statistics at this point must be based on the data sets compiled by HRS from Form 1728 submissions. The destinations of all Form 1728 submissions (that is, trauma patients regardless of severity of injury) originating in Hillsborough County 1/1/89 to 3/31/89 appear on the following page.

DESTINATIONS

 TRAUMA CENTERS: 840 HOSPITALS: 684 EMS: 57

SUN CITY HOSPITAL	25
TAMPA GENERAL HOSPITAL	501
HUMANA HOSPITAL BRANDON	200
HUMANA WOMEN'S HOSPITAL TAMPA	1
UNIVERSITY COMMUNITY HOSPITAL, TAMPA	137
CARROLLWOOD COMMUNITY HOSPITAL	30
ST. JOSEPH'S HOSPITAL	412
TOWN AND COUNTRY MEDICAL CENTER, AMI	48
RURAL METRO-HILLS CO	11
AIR AMBULANCE CARE FLIGHT, INC.	7
SOUTH FLORIDA BAPTIST HOSPITAL	23
MORTON F. PLANT HOSPITAL	1
HILLSBOROUGH COUNTY HOSPITAL	3
MANATEE MEMORIAL HOSPITAL	1
LAKELAND REGIONAL MEDICAL CENTER	6
NEW PORT RICHEY HOSPITAL, HCA	1
BAY FLIGHT	1
WEST BOCA MEDICAL CENTER	1
HUMANA HOSPITAL BISCAYNE	1
HUMANA HOSPITAL BENNETT	2
PALMA CEIA HOSPITAL	3
CENTRO ASTURIANO HOSPITAL	11
CAPE CORAL HOSPITAL	5
MEMORIAL HOSPITAL OF TAMPA, AMI	10
TAMPA FIRE DEPT.	8
BAYFRONT MEDICAL CENTER	2
CENTRO ESPANOL HOSPITAL, INC.	1
COASTAL COMMUNITIES HOSPITAL	1
NEASE HOSPITAL-COUNTRYSIDE	1
VA HOSPITAL	2
MACDILL AIR FORCE BASE, HOSPITAL	2

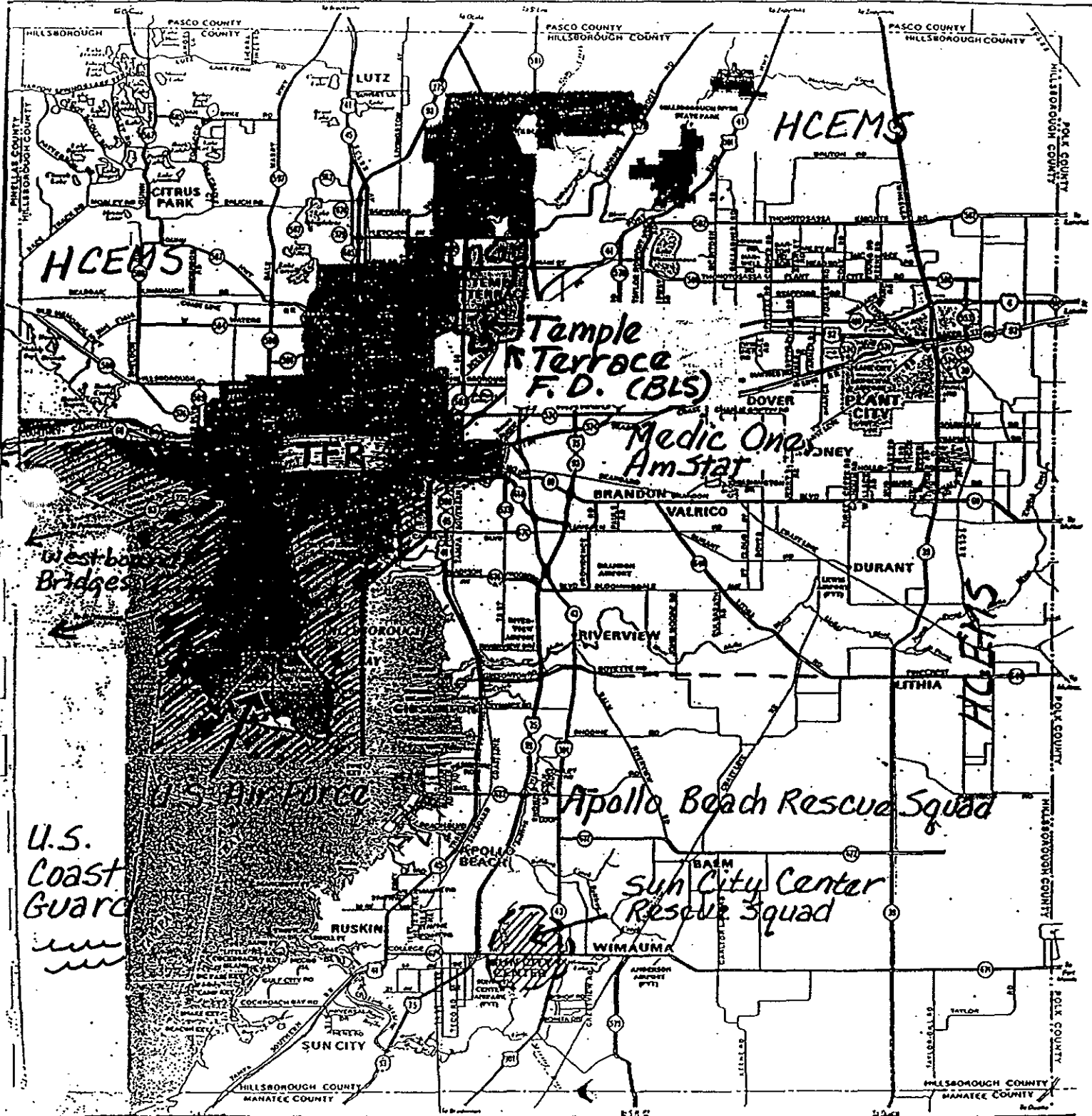
An estimate of the patient flow for trauma patients who met Trauma Alert criteria and were transported by the two major ALS services appears below. This represents the period from 1/1/89 to 3/31/89.

	Tampa Fire Rescue	Hillsborough Co. EMS
Tampa General	123	170
St. Joseph's	102	142
Humana Brandon	--	94

EMERGENCY INTERHOSPITAL TRANSFER AGREEMENTS

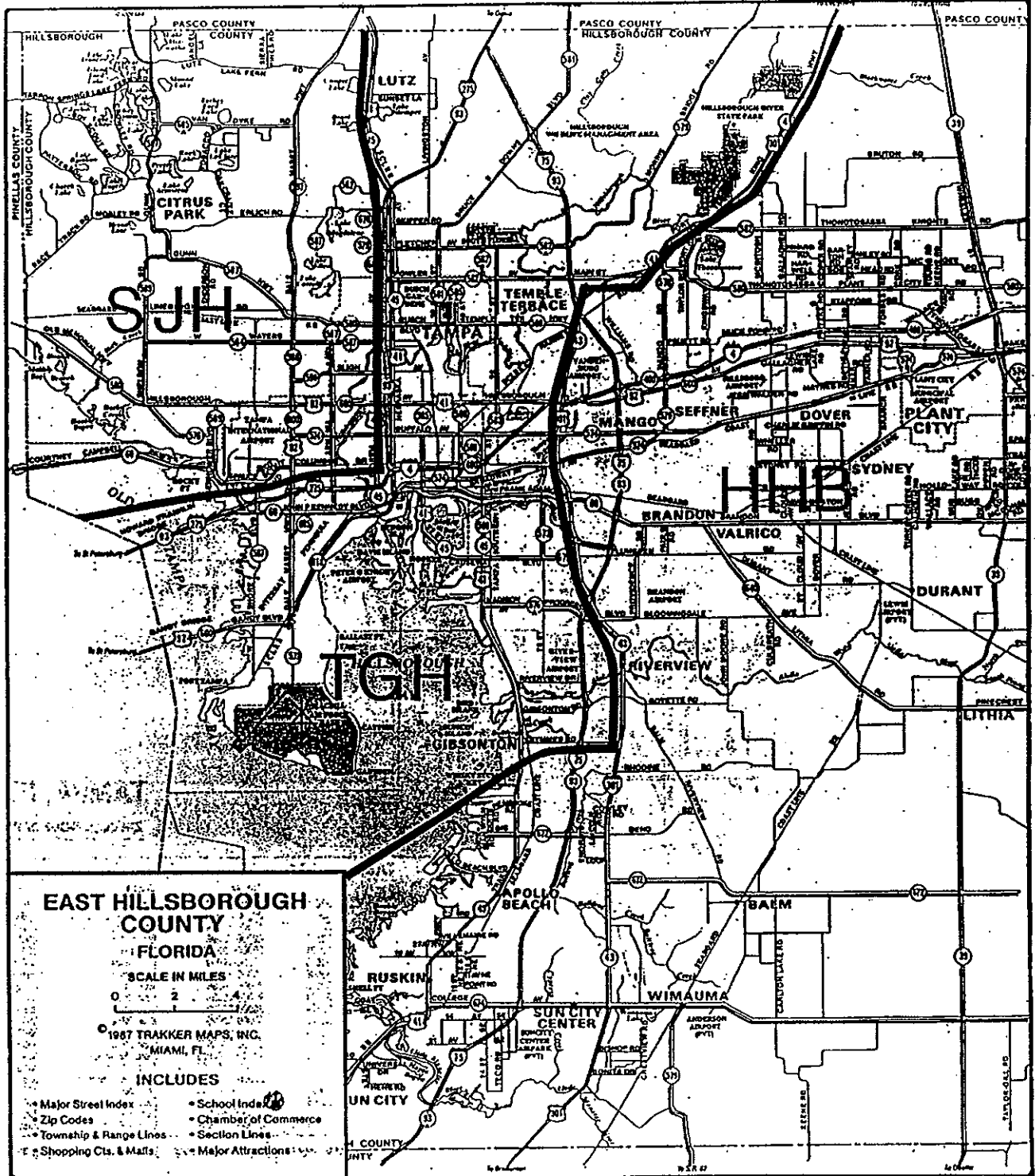
Since it is assumed that any emergency interhospital transfer of a trauma patient will require ALS level care en route, all such calls are handled by the ALS ground or air providers. The transferring physician determines whether ground or air transport is appropriate, and the responder will usually be Tampa Fire Rescue if the transferring hospital is within the city limits of Tampa, and Hillsborough County EMS elsewhere; if the patient needs air transport, the responder will usually be the closest aeromedical service to the transferring hospital. In all cases, if the "usual" responder is unavailable, the other responder is used. Also, Hillsborough County EMS has a routine ALS transfer unit during the weekday hours which covers both city and county and can also be used for emergency transfers when it is the closest available unit.

RESPONSE AREAS
PREHOSPITAL - LAND & WATER

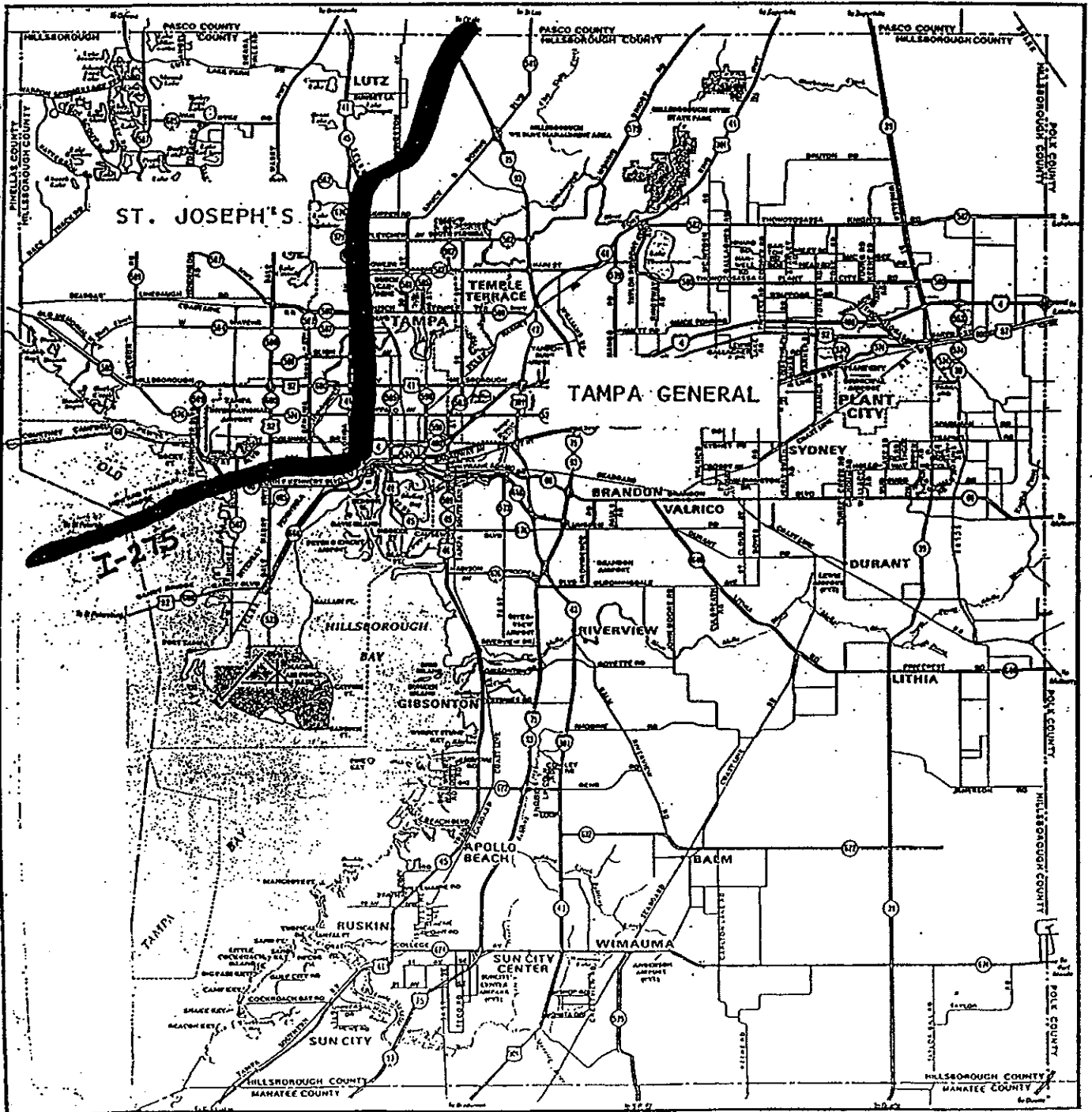


ALS BLS

Ground Trauma Catchment Areas



TRAUMA CENTER
HELICOPTER
CATCHMENT AREAS



SERVICES

1. Name of Organization Hillsborough County EMS
License Number (ALS/BLS Provider) 230

2. Services Provided (check one or more)

Fire Marine
Rescue Air Support
Ambulance Other: _____

3. Level of Services: 1st Aid BLS ALS

4. Number of members providing these services _____

5. Number and type of vehicles providing these services (check all applicable):

Rescue (truck/car) 11 + 3 Helicopter _____
Ambulance _____ Fixed Wing _____
Engine _____ Patrol Car _____
Ladder _____ Quick Response Vehicle _____
Hazmat _____ Other (provide information) _____
Ship/Boat _____

7. Area covered with your services Hillsborough County (1100 sq mi)

8. Does your service have a 2-way radio link with communications from your vehicle? Yes X No _____

9. Number of First Aid/BLS/ALS cases of the following (circle level of care)

01/01/88 through 12/31/88 6585
01/01/89 through 07/31/89 20,000

10. Number of the above totals that were trauma patients cared for:

1st Responder: 01/01/88 through 12/31/88 462
01/01/89 through 07/31/89 4266

2nd Responder: 01/01/88 through 12/31/88 3569
01/01/89 through 07/31/89 3462

Number of patients to each hospital T.C. / T 5 B 760
Number of patients to out-of-county hospitals by in-county EMS 2142 / 110 395 7108
Number of patients transported from out-of-county hospital to in-county hospital 242

11. Other pertinent information you feel is identifiable with your service and relevant to the Trauma Agency ALS TRANSPORTS TO/FROM OUT OF COUNTY FACILITIES. HELISTOP PAD

We thank you for your cooperation and time in filling out this information.

Jim M. Myer DIRECTOR 9/22/89
NAME TITLE DATE

SERVICES

1. Name of Organization SUN CITY CENTRAL Emergency Squad Inc. #1
License Number (ALS/BLS Provider) 147

2. Services Provided (check one or more)

Fire Marine
Rescue Air Support
Ambulance Other: _____

3. Level of Services: 1st Aid BLS ALS

4. Number of members providing these services AVERAGE 85 (25 EMT'S)

5. Number and type of vehicles providing these services (check all applicable):

Rescue (truck/car) _____ Helicopter _____
Ambulance 3 Fixed Wing _____
Engine _____ Patrol Car _____
Ladder _____ Quick Response Vehicle 1
Hazmat _____ Other (provide information) 2 wheel chair vans
Ship/Boat _____

7. Area covered with your services 8 square miles

8. Does your service have a 2-way radio link with communications from your vehicle? Yes No

9. Number of First Aid (BLS/ALS) cases of the following (circle level of care)

08/01/88 through 12/31/88 630
01/01/89 through 07/31/89 1605

10. Number of the above totals that were trauma patients cared for:

1st Responder: 08/01/88 through 12/31/88 1
01/01/89 through 07/31/89 2

2nd Responder: 08/01/88 through 12/31/88 0
01/01/89 through 07/31/89 0

Number of patients to each hospital 3
Number of patients to out-of-county hospitals by in-county EMS 0
Number of patients transported from out-of-county hospital to in-county hospital 0

11. Other pertinent information you feel is identifiable with your service and relevant to the Trauma Agency SEE ATTACHED COMMENTS

We thank you for your cooperation and time in filling out this information.

Dorsey R. Frager Chief 9/8/89
NAME TITLE DATE

NOTES

1. Our approved trauma protocol calls for us to deliver all trauma patients to our local Sun City Hospital Emergency Room.
2. We average about 50 non-trauma transports per year to hospitals in Manatee County.
3. We make a few transports to or from Sarasota, Pinellas and Polk County hospitals. These are not trauma transports.
4. In 1989 we will probably make 156 transports to and from a kidney dialysis center in Manatee County. These transports are via our wheelchair vans at present.
5. We have an EMT course and EMT review course taught at our base station through an arrangement we have with Hillsborough Community College.
6. We teach First Aid and CPR courses about six times each year. These are open to our community.
7. We hold eight monthly squad meetings per year (not during the summer). There is a speaker at each meeting on EMS, medical or health care subjects.
8. We subscribe to MEDICAL UPDATE, and all crew members view educational video cassettes each month on a large screen (46") television.
9. We work closely with the local Sun City Hospital on training and education projects.

SERVICES

1. Name of Organization Amstel Med Trans. Inc.
License Number (ALS/BLS Provider) BLS # 138
2. Services Provided (check one or more)
- | | | | |
|-----------|-------------------------------------|-------------|--------------------------|
| Fire | <input type="checkbox"/> | Marine | <input type="checkbox"/> |
| Rescue | <input type="checkbox"/> | Air Support | <input type="checkbox"/> |
| Ambulance | <input checked="" type="checkbox"/> | Other: | _____ |
3. Level of Services: 1st Aid BLS ALS
4. Number of members providing these services _____
5. Number and type of vehicles providing these services (check all applicable):
- | | | | |
|--------------------|----------|-----------------------------|-------|
| Rescue (truck/car) | _____ | Helicopter | _____ |
| Ambulance | <u>6</u> | Fixed Wing | _____ |
| Engine | _____ | Patrol Car | _____ |
| Ladder | _____ | Quick Response Vehicle | _____ |
| Hazmat | _____ | Other (provide information) | _____ |
| Ship/Boat | _____ | | |
7. Area covered with your services Hillsborough Co.
8. Does your service have a 2-way radio-link with communications from your vehicle? Yes No
9. Number of First Aid ALS cases of the following (circle level of care)
- | | |
|---------------------------|-------------|
| 08/01/88 through 12/31/88 | <u>N/A</u> |
| 01/01/89 through 07/31/89 | <u>2904</u> |
10. Number of the above totals that were trauma patients cared for:
- | | | |
|----------------|---------------------------|-------------------|
| 1st Responder: | 08/01/88 through 12/31/88 | <u>N/A</u> |
| | 01/01/89 through 07/31/89 | <u>N/A</u> |
| 2nd Responder: | 08/01/88 through 12/31/88 | <u>N/A</u> |
| | 01/01/89 through 07/31/89 | <u>37 APPROX.</u> |
- Number of patients to each hospital _____
Number of patients to out-of-county hospitals by in-county EMS _____
Number of patients transported from out-of-county hospital to in-county hospital _____
11. Other pertinent information you feel is identifiable with your service and relevant to the Trauma Agency _____

We thank you for your cooperation and time in filling out this information.

Thomas Diaz

NAME

COM

TITLE

9/89

DATE

SERVICES

1. Name of Organization Apollo Beach First Aid and Rescue Squad
 License Number (ALS/BLS Provider) 12-128

2. Services Provided (check one or more)

Fire Marine
 Rescue Air Support
 Ambulance Other: _____

3. Level of Services: 1st Aid BLS ALS

4. Number of members providing these services 5

5. Number and type of vehicles providing these services (check all applicable):

Rescue (truck/car)	<u>0</u>	Helicopter	<u>0</u>
Ambulance	<u>3</u>	Fixed Wing	<u>0</u>
Engine	<u>0</u>	Patrol Car	<u>0</u>
Ladder	<u>0</u>	Quick Response Vehicle	<u>0</u>
Hazmat	<u>0</u>	Other (provide information)	_____
Ship/Boat	<u>0</u>		

7. Area covered with your services Gibson, Riviera, Sunnyside, Apollo Beach, Ruskin, W. Manatee, Balm.

8. Does your service have a 2-way radio link with communications from your vehicle? Yes No

9. Number of First Aid/BLS/ALS cases of the following (circle level of care)

08/01/88 through 12/31/88 N/A
 01/01/89 through 07/31/89 535

10. Number of the above totals that were trauma patients cared for:

1st Responder: 08/01/88 through 12/31/88 N/A
 01/01/89 through 07/31/89 N/A

2nd Responder: 08/01/88 through 12/31/88 N/A
 01/01/89 through 07/31/89 80

Number of patients to each hospital 166
 Number of patients to out-of-county hospitals by in-county EMS 3
 Number of patients transported from out-of-county hospital to in-county hospital 0

11. Other pertinent information you feel is identifiable with your service and relevant to the Trauma Agency we are a completely volunteer service, and we do a high number of cases of H.C. EMS.

Service, and we do a high number of

We thank you for your cooperation and time in filling out this information.

LISA M. Kizziah

NAME

REMT-A, 1st Lt.

TITLE

09/05/89

DATE

SERVICES

9/15/89

1. Name of Organization Medic One Ambulance Service, Inc.
License Number (ALS/BLS Provider) BLS Provider

2. Services Provided (check one or more)

Fire Marine
Rescue Air Support
Ambulance Other: _____

3. Level of Services: 1st Aid BLS ALS

4. Number of members providing these services _____

5. Number and type of vehicles providing these services (check all applicable):

Rescue (truck/car) _____ Helicopter _____
Ambulance 15 Fixed Wing _____
Engine _____ Patrol Car _____
Ladder _____ Quick Response Vehicle _____
Hazmat _____ Other (provide information) _____
Ship/Boat _____

7. Area covered with your services _____

8. Does your service have a 2-way radio link with communications from your vehicle? Yes No _____

9. Number of First Aid/BLS/ALS cases of the following (circle level of care)

08/01/88 through 12/31/88 7,831
01/01/89 through 07/31/89 14,971

10. Number of the above totals that were trauma patients cared for:

1st Responder: 08/01/88 through 12/31/88 _____ N/A
01/01/89 through 07/31/89 _____ N/A

2nd Responder: 08/01/88 through 12/31/88 _____
01/01/89 through 07/31/89 _____

Number of patients to each hospital _____

Number of patients to out-of-county hospitals by in-county EMS _____

Number of patients transported from out-of-county hospital to in-county hospital _____

11. Other pertinent information you feel is identifiable with your service and relevant to the Trauma Agency _____

We thank you for your cooperation and time in filling out this information.

Dominic Pruchini (DMM) Director of Operations 9/15/89
NAME TITLE DATE

SERVICES

91.5

1. Name of Organization ST. Joseph's Flight Program (CARE FLIGHT)
License Number (ALS/BLS Provider) _____

2. Services Provided (check one or more)

Fire Marine
Rescue Air Support
Ambulance Other: Perihospital + Intra-hospital ACLS

3. Level of Services: 1st Aid BLS ALS

4. Number of members providing these services 21

5. Number and type of vehicles providing these services (check all applicable):

Rescue (truck/car) _____ Helicopter 1
Ambulance _____ Fixed Wing 1 (available soon)
Engine _____ Patrol Car _____
Ladder _____ Quick Response Vehicle _____
Hazmat _____ Other (provide information) _____
Ship/Boat _____

7. Area covered with your services 70 nm Perihospital, 150 nm Intrafacility

8. Does your service have a 2-way radio link with communications from your vehicle? Yes No _____

9. Number of First Aid/BLS/ALS cases of the following (circle level of care)

08/01/88 through 12/31/88 43
01/01/89 through 07/31/89 127

10. Number of the above totals that were trauma patients cared for:

1st Responder: 08/01/88 through 12/31/88 0
01/01/89 through 07/31/89 0

2nd Responder: 08/01/88 through 12/31/88 43
01/01/89 through 07/31/89 127

Number of patients to each hospital SJH-56 TGH-114
Number of patients to out-of-county hospitals by in-county EMS 0
Number of patients transported from out-of-county hospital to in-county hospital 4

11. Other pertinent information you feel is identifiable with your service and relevant to the Trauma Agency _____

IF NOTIFIED BEFORE FLIGHT OF APTED BLOOD CAN BE TAKEN TO SCENE.

We thank you for your cooperation and time in filling out this information.

Paul Carter
NAME

RN Director
TITLE

8/11/89
DATE

SERVICES

1. Name of Organization TAMPA GENERAL HOSPITAL AEROMEDICAL TRANSPORT PROGRAM
License Number (ALS/BLS Provider) 145
2. Services Provided (check one or more)
- | | | | |
|-----------|--------------------------|-------------|-------------------------------------|
| Fire | <input type="checkbox"/> | Marine | <input type="checkbox"/> |
| Rescue | <input type="checkbox"/> | Air Support | <input checked="" type="checkbox"/> |
| Ambulance | <input type="checkbox"/> | Other: | _____ |
3. Level of Services: 1st Aid BLS ALS
4. Number of members providing these services 7 (one)
5. Number and type of vehicles providing these services (check all applicable):
- | | | | |
|--------------------|-------|-----------------------------|----------|
| Rescue (truck/car) | _____ | Helicopter | <u>1</u> |
| Ambulance | _____ | Fixed Wing | _____ |
| Engine | _____ | Patrol Car | _____ |
| Ladder | _____ | Quick Response Vehicle | _____ |
| Hazmat | _____ | Other (provide information) | _____ |
| Ship/Boat | _____ | | |
7. Area covered with your services 70 NAUTICAL MILES RADIUS FOR PREHOSPITAL
8. Does your service have a 2-way radio link with communications from your vehicle? Yes XX No _____
9. Number of First Aid/BLS/ALS cases of the following (circle level of care)
- 08/01/88 through 12/31/88 _____
- 01/01/89 through 07/31/89 447 ALS (Began Service 4/89)
10. Number of the above totals that were trauma patients cared for:
- 1st Responder: 08/01/88 through 12/31/88 _____
01/01/89 through 07/31/89 000
- 2nd Responder: 08/01/88 through 12/31/88 _____
01/01/89 through 07/31/89 127
- Number of patients to each hospital TGH-89 Bay Front - 15 St. JOE - 1
Number of patients to out-of-county hospitals by in-county EMS 15
Number of patients transported from out-of-county hospital to in-county hospital 29
11. Other pertinent information you feel is identifiable with your service and relevant to the Trauma Agency _____

We thank you for your cooperation and time in filling out this information.



NAME

PROGRAM DIRECTOR

TITLE

9/15/89

DATE



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

February 9, 1989

Aubrey D. Grant, Chief
Tampa Fire Department
808 Zack Street
Tampa, Florida 33602

Dear Chief Grant:

This is to inform you that your trauma transport protocols have been reviewed and approved as meeting the requirements of section 395.036, Florida Statutes and section 10D-66.100, Florida Administrative Code.

Upon renewal of your current basic or advanced life support or air ambulance service license, you will be required to submit trauma transport protocols as part of your renewal application.

If your trauma transport protocols are revised at any time, you must submit the revised protocols to us for approval prior to implementation of the revisions.

If you have any questions regarding your protocols, please contact Ed Wilson or me at (904) 487-1615.

Sincerely,

Lisa V. Whittaker
Health Services and
Facilities Consultant
Emergency Medical Services

vc/0033

15 FEB 1989 07 24
TAMPA FIRE DEPARTMENT

LSO TTP'S



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

February 24, 1989

Sun City Center Emergency
Squad Number One, Inc.
101 Ray Watson Drive
Sun City Center, Florida 33570

Dear Mr. Geiger:

This is to inform you that your trauma transport protocols have been reviewed and approved as meeting the requirements of section 395.036, Florida Statutes and section 10D-66.100, Florida Administrative Code.

Upon renewal of your current basic or advanced life support or air ambulance service license, you will be required to submit trauma transport protocols as part of your renewal application.

If your trauma transport protocols are revised at any time, you must submit the revised protocols to us for approval prior to implementation of the revisions.

If you have any questions regarding your protocols, please contact Ed Wilson or me at (904) 487-1615.

Sincerely,

Lisa V. Whittaker
Health Services and
Facilities Consultant
Emergency Medical Services

vc/0033

150 trauma transport protocols



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

March 24, 1989

Jim Algood
Hillsborough County EMS
Post Office Box 310398
Tampa, Florida 33680

Dear Mr. Algood:

This is to inform you that your trauma transport protocols have been reviewed and approved as meeting the requirements of section 395.036, Florida Statutes and section 10D-66.100, Florida Administrative Code.

Upon renewal of your current basic or advanced life support or air ambulance service license, you will be required to submit trauma transport protocols as part of your renewal application.

If your trauma transport protocols are revised at any time, you must submit the revised protocols to us for approval prior to implementation of the revisions.

If you have any questions regarding your protocols, please contact Ed Wilson or me at (904) 487-1615.

Sincerely,

A handwritten signature in cursive script that reads "Lisa V. Whittaker". The signature is written in dark ink and is positioned above the typed name and title.

Lisa V. Whittaker
Health Services and
Facilities Consultant
Emergency Medical Services

vc/0033



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

June 30, 1989

Lisa Grimm, EMT
Apollo Beach Rescue Squad
P. O. Box 3358
Apollo Beach, FL 33570

Dear Ms. Grimm:

This is to inform you that your trauma transport protocols have been reviewed and approved as meeting the requirements of section 395.036, Florida Statutes and section 10D-66.100, Florida Administrative Code.

Upon renewal of your current basic or advanced life support or air ambulance service license, you will be required to submit trauma transport protocols as part of your renewal application.

If your trauma transport protocols are revised at any time, you must submit the revised protocols to us for approval prior to implementation of the revisions.

If you have any questions regarding your protocols, please contact Ed Wilson or me at (904) 487-1615.

Sincerely,

A handwritten signature in cursive script that reads 'Lisa V. Whittaker'.

Lisa V. Whittaker
Health Services and
Facilities Consultant
Emergency Medical Services

vc/0033



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

March 22, 1989

Guy W. Dayhoff, Manager
Suncoast Helicopters/St. Joseph's
Care Flight
4111 West Columbus Drive
Tampa, Florida 33607

Dear Mr. Dayhoff:

This is to inform you that your trauma transport protocols have been reviewed and approved as meeting the requirements of section 395.036, Florida Statutes and section 10D-66.100, Florida Administrative Code.

Upon renewal of your current basic or advanced life support or air ambulance service license, you will be required to submit trauma transport protocols as part of your renewal application.

If your trauma transport protocols are revised at any time, you must submit the revised protocols to us for approval prior to implementation of the revisions.

If you have any questions regarding your protocols, please contact Ed Wilson or me at (904) 487-1615.

Sincerely,

Lisa V. Whittaker
Health Services and
Facilities Consultant
Emergency Medical Services

vc/0033

150 Trauma Transport Protocols



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

March 13, 1989

Maurice Brazil, R.N.
Bayfront Medical Center
701 Sixth Street South
St. Petersburg, Florida 33710-4814

Dear Mr. Brazil:

This is to inform you that your trauma transport protocols have been reviewed and approved as meeting the requirements of section 395.036, Florida Statutes and section 10D-66.100, Florida Administrative Code.

Upon renewal of your current basic or advanced life support or air ambulance service license, you will be required to submit trauma transport protocols as part of your renewal application.

If your trauma transport protocols are revised at any time, you must submit the revised protocols to us for approval prior to implementation of the revisions.

If you have any questions regarding your protocols, please contact Ed Wilson or me at (904) 487-1615.

Sincerely,

Lisa V. Whittaker
Lisa V. Whittaker
Health Services and
Facilities Consultant
Emergency Medical Services

vc/0033

150 Trauma Transport Protocols

COPY



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

March 29, 1989

Catherine L. Carrubba, M.D.
Medical Director
Aeromedical Program
Tampa General Hospital
Post Office Box 1289
Tampa, Florida 33601

Dear Dr. Carrubba:

This is to inform you that your trauma transport protocols have been reviewed and approved as meeting the requirements of section 395.036, Florida Statutes and section 10D-66.100, Florida Administrative Code.

Upon renewal of your current basic or advanced life support or air ambulance service license, you will be required to submit trauma transport protocols as part of your renewal application.

If your trauma transport protocols are revised at any time, you must submit the revised protocols to us for approval prior to implementation of the revisions.

If you have any questions regarding your protocols, please contact Ed Wilson or me at (904) 487-1615.

Sincerely,

A handwritten signature in cursive script that reads 'Lisa V. Whittaker'.

Lisa V. Whittaker
Health Services and
Facilities Consultant
Emergency Medical Services

vc/0033

ADDENDUM NOTE:

On multiple occasions, I have contacted AmStat Ambulance Service and asked them to provide their approval letter from HRS/EMS for their Transport Protocols. They verbally verified that they were approved. As of this writing, no letter of confirmation has been received.

I contacted Lisa Whittaker, who did verify their approval on 9/27/89. They were notified in August by letter, however my letter of this is not included.

P.A. Norris

BOARD OF COUNTY COMMISSIONERS
HILLSBOROUGH COUNTY, FLORIDA
DEPARTMENT OF EMERGENCY MEDICAL SERVICES

Larry J. Brown
County Administrator

James Algood
Director



P.O. Box 310398
Tampa, Florida 33680
(813) 272-6600

HILLSBOROUGH COUNTY
TRAUMA AGENCY
2709 E. Hanna Avenue
Tampa, Florida 33610

November 27, 1989

Dear Mr. Algood:

Reviewers in the EMS office of HRS, while evaluating our recently submitted Trauma System Plan, noted some discrepancies in County Ordinance 86-3 (dated 1-29-86).

I would like to discuss with you in the near future a plan for updating this ordinance. As you know, it was written before Florida's Trauma Care Act of 1987 (and subsequent amendments), and does not address the special transportation needs of trauma victims.

Also, the HRS/EMS reviewers noted that the reference in Section 6 to the frequency of HRS inspections is no longer accurate. The wording might be changed to read, "...the Department shall periodically and randomly inspect licensees for compliance with the requirements of this chapter and the Department's rules." Alternatively, it could be reworded to refer back to whatever inspection frequency is currently in force under Florida Statutes or Administrative Codes.

HCTA thanks you for your attention to this matter and for the revision/update action to be taken.

Sincerely,


P. A. Norris
Coordinator

PAN:TLW

ORDINANCE NO. 86-3

HILLSBOROUGH COUNTY EMERGENCY MEDICAL TRANSPORTATION ORDINANCE

AN ORDINANCE REGULATING EMERGENCY MEDICAL TRANSPORTATION; PROVIDING FOR DEFINITIONS; REQUIRING THE BOARD OF COUNTY COMMISSIONERS OF HILLSBOROUGH COUNTY, FLORIDA, TO ISSUE A CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY; PROVIDING FOR REQUIREMENTS AND ISSUANCE OF CERTIFICATES OF PUBLIC CONVENIENCE AND NECESSITY; SETTING STANDARDS FOR REVIEW; PROVIDING FOR REVOCATION, MODIFICATION OR SUSPENSION OF CERTIFICATES; PROVIDING FOR TRANSFER OR ASSIGNMENT; REQUIRING INSURANCE; PROVIDING FOR RATES AND REGULATIONS; PROVIDING FOR EXEMPTIONS; PROVIDING PENALTIES; PROVIDING FOR SEVERABILITY OF PROVISIONS; PROVIDING FOR LIBERAL CONSTRUCTION; PROVIDING FOR THE REPEAL OF HILLSBOROUGH COUNTY ORDINANCE NO. 81-1; AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the Board of County Commissioners has found and determined that it is in the public interest, convenience and necessity to regulate emergency medical transportation services to the residents of Hillsborough County,

NOW, THEREFORE, BE IT ORDAINED BY THE BOARD OF COUNTY COMMISSIONERS OF HILLSBOROUGH COUNTY, FLORIDA:

SECTION 1. PURPOSE AND SCOPE.

This Ordinance is enacted pursuant to Section 401.25(6), Florida Statutes, for the purpose of providing standards and necessary regulations for the issuance of certificates of public convenience and necessity for emergency medical transportation services. This Ordinance shall apply and be in force within the incorporated and unincorporated areas of Hillsborough County except as otherwise specified by Section 13 (Exemptions) of this Ordinance.

SECTION 2. DEFINITIONS.

When used in this Ordinance, the following terms shall mean as follows:

A. Air Medical Transportation Service: Any person, firm, corporation, association or governmental agency that engages in the business of providing aircraft transportation for emergency medical patients.

B. Advanced Life Support Services, (ALS): Any person, firm, corporation, association or governmental agency that performs any pre-hospital advanced life support measures which include the use of adjunctive equipment and special techniques such as the use of endotracheal intubation or other invasive airways, cardiac monitoring, defibrillation, establishing I.V. lifelines, drug administration or the use of any other supplies, devices, drugs, substances or procedures, determined to constitute advanced life support by a consensus of the ALS Medical Directors in Hillsborough County.

C. Ambulance or Emergency Medical Services Vehicle: means any private or publicly owned land, air, or water vehicle that is designed, constructed, reconstructed, maintained, equipped, or operated for, and is used for, or intended to be used for, air, land, or water transportation of sick or injured persons who may need medical attention during transport.

D. Basic Life Support Service (BLS): "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, and other techniques described in the Emergency Medical Technician Basic Training Course Curriculum of the United States Department of Transportation. "Basic life support" may also include other techniques approved and performed under conditions

E. Board: The Board of County Commissioners of Hillsborough County, or any designee which the Board of County Commissioners may authorize.

F. Certificate: A Certificate of Public Convenience and Necessity issued by the Board of County Commissioners.

G. Council: The Emergency Medical Planning Council as appointed by the Board of County Commissioners.

H. Emergency Medical Services: Any person, firm, corporation, association or governmental agency that advertises or engages in the business of responding to basic and advanced life support calls for emergency medical care and transportation in Hillsborough County.

I. Emergency Medical Technician (EMT): Any person certified by the State of Florida pursuant to Chapter 401 of the Florida Statutes as an Emergency Medical Technician.

J. Ambulance Driver: Means any person who meets the requirements of s.401.281, Florida Statutes.

K. Medical Directors: "Medical director" means a physician licensed under Chapter 458 or Chapter 459, Florida Statutes employed or contracted by a licensed emergency medical services provider, who provides medical supervision, not including administrative and managerial functions, for daily operations and training pursuant to the provisions of this act.

L. Paramedic: "Paramedic" means a person certified both by the State of Florida under Chapter 401 of the Florida Statutes as a paramedic, and certified as a paramedic by the medical director under contract to the EMS service.

M. Rates: The fares or charges established pursuant to

the transportation and/or treatment provided by a basic or advanced life support service, or air medical transportation. Such rates are subject to the review and approval of the Board.

N. Rules and Regulations: Those specific requirements and guidelines which are promulgated and periodically revised by the Board.

O. Air Ambulance Services: Air ambulance services are divided into two categories. The first is transport of patients receiving definitive care within the medical care system; the second is transport of patients receiving emergency care in the pre-hospital setting.

1. Inter-Hospital or Inter-Facility: Air ambulance services are those services which transport patients receiving definitive care within the medical care system and which provide inter-hospital, hospital to other facility, hospital to home or similar transports where the patients involved are transported from a definitive care medical setting.

2. Pre-Hospital Air Ambulance Services: Are those services which transport patients in the pre-hospital setting and will be permitted as either an Advanced or Basic Life Support and each pre-hospital service shall be required to meet the certificate of public convenience and necessity provision of Chapter 401.25, Florida Statutes, or have a current mutual aid agreement with the County(ies) in which it operates. Each such service shall employ a Medical Director whether the services be advanced or basic life support.

P. Department: Means the Florida Department of Health and Rehabilitative Services.

Q. Permit: Means any authorization issued pursuant to the provisions of Chapter 401, Florida Statutes, for a vehicle to be operated as a transport or non-transport vehicle providing basic or advanced life support or as a non-emergency medical transportation vehicle.

R. License: Means any license or transfer of license issued by the Department of Health and Rehabilitative Services pursuant to Chapter 401, Florida Statutes.

S. Mutual Aid Agreement: Means a written agreement between two or more entities whereby the signing parties agree to lend aid to one another under conditions specified in the agreement and as sanctioned by the governing body of each affected county.

SECTION 3. CERTIFICATES REQUIRED.

A. Every person, firm, corporation, association or governmental entity that advertises or engages in the business of operation of a basic or advanced life support service, or an air medical transportation service in Hillsborough County must obtain a Certificate of Public Convenience and Necessity from the Board.

B. Every person, firm, corporation, association or governmental agency that routinely or regularly operates a vehicle in Hillsborough County for the purpose of engaging in the business of providing basic or advanced life support, emergency ambulance service, or air medical transportation service must obtain a Certificate of Public Convenience and Necessity from the Board.

SECTION 4. CLASSIFICATION OF CERTIFICATES.

Services granted certificates shall operate in accord with the classification of each service category and sub-category as follows:

A. Advanced Life Support Service

1. Transport - ALS service maintained or operated with the intention of providing emergency transportation on a regular basis as a matter of established operational policy.

2. Non-Transport - ALS service maintained or operated with the intention of not providing emergency transportation on a regular basis as a matter of established operational policy.

B. Emergency Ambulance Service

Emergency Ambulance Service maintained or operated with the intention of providing emergency medical care and transportation on a regular basis as a matter of established operational policy.

C. Air Medical Transportation Service

A non-military service maintained or operated with the intention of providing transportation by aircraft for emergency medical patients as a matter of established operational policy.

SECTION 5. CERTIFICATE APPLICATION REQUIREMENTS.

A. No person, firm, corporation or partnership shall operate any of the services as described in Section 4 unless a Certificate of Public Convenience and Necessity is first obtained from the Board.

B. Each application for a certificate shall include the following:

1. The name, address and telephone number of the general manager, owner, officers and directors of the applicant.

2. The date of incorporation or formation of the business association.

3. If the applicant is a corporation, the type and number of shares outstanding and the name and addresses of shareholders.

4. The area or areas which the applicant desires to serve.

5. The addresses of the applicant's present and proposed base station location and all sub-stations.

6. The names and certification numbers of all EMT's, paramedics, drivers, or other attendants, employed by the applicant.

7. The year, model, type, Department of Health and Rehabilitative Services permit number, motor vehicle or FAA license number and mileage of every ambulance, rescue vehicle, aircraft or other type of transporting or responding vehicle used by the applicant.

8. A description of the applicant's communication system, including its assigned frequency, call numbers, mobiles, portables, range and hospital communications ability.

9. The name of the municipalities and description of the geographical area that the applicant has previously been authorized to serve in Hillsborough County, any other county in Florida or any area outside of the State of Florida.

10. A sworn statement signed by the applicant or his/her authorized representative stating that all the information provided by the applicant in the application is true and correct.

11. A list of equipment and supplies which will be routinely carried on each vehicle.

12. County Occupational License when applicable.

13. When applicable, Compilation Statement showing assets and liabilities prepared by Certified Public Accountant.

14. Any other information as may be reasonable required by the Board.

C. Each application for Certificate of Public Convenience and Necessity shall be submitted to the Council for review.

D. For the purpose of review of applications or determination of applicant's compliance, the Board or its designated representative shall be empowered to perform reasonable inspections of any item pertinent to the requirements of this Ordinance.

E. The Council shall hold a public hearing for the purpose of considering all pending applications for a certificate. All applicants and all present certificate holders shall be notified of the date, time, and place of the public hearing. Said notice shall be sent by certified mail, not less than twenty (20) days prior to the public hearing.

F. At such hearing, the Council shall consider all applications and pertinent information and shall make its finding as to each applicant, and shall determine whether the public convenience and necessity of the residents of Hillsborough County would best be served by granting or denying such applications.

G. Upon making such findings and determinations, the Council shall forward a recommendation to the Board for the granting or denial of certificates.

H. The initial certificate granted by the Board to a

date of September 1st. Subsequent certificates granted shall be valid from the aforesaid periods of two (2) years unless otherwise revoked, suspended or modified.

SECTION 6. APPLICATION REVIEW CRITERIA.

The Council shall review the application in consideration of, but not limited to, the following criteria:

A. The number and type of services and governmental entities currently providing emergency basic and advanced life support emergency medical service or air medical transportation services to the area.

1. The basis for determination of need may include a comparison of estimated annual requests for service in the particular certificate category, with the current number of vehicles satisfying requests.

B. The past performance and service record of the applicant obtained from sources such as hospitals, nursing homes, local public safety agencies and the local Department of Health and Rehabilitative Services EMT representatives.

C. The financial responsibility of the applicant to maintain safe, comfortable services, maintain or replace equipment, and maintain required liability and medical malpractice insurance upon the request of the Council.

D. The condition of the vehicles and equipment provided by the service.

E. The adequacy of the management plan of the applicant upon the request of this service.

F. Inspection and Examination - In accordance with Florida Statutes Section 401.31, the Department of Health and Rehabilitative Services shall inspect each

reasonable times and whenever such inspection is deemed necessary by the Department, but not less frequently than two times a year.

SECTION 7. CERTIFICATE REVOCATION, MODIFICATION, SUSPENSION OR AFFIRMATION.

A. Every Certificate of Public Convenience and Necessity issued pursuant to this Ordinance is subject to revocation, modification or suspension when it is found that:

1. The certificate holder has failed or neglected to render services as required by the certificate, or the Rules and Regulations promulgated under Chapter 401 of Florida Statutes, or
2. The application by which the certificate was secured contained false representations or omitted material facts, or
3. The certificate holder or its agent has demanded money or other compensation in excess of that established in its schedule of fees or rates filed with the Board, or
4. The certificate holder has been convicted of a felony which renders the certificate holder of such character and conduct which fail to meet standards of conduct considered appropriate in the licensed activity. In determining whether to revoke, suspend or modify a certificate holder's certificate, the Board shall consider the following factors:
 - a. The nature and seriousness of the offense.
 - b. The circumstances under which the felony occurred.

c. The amount of time which has passed since the commissioner of the offense.

d. The age of the person when the offense was committed.

e. Whether the offense was an isolated or repeated violation.

f. Social conditions which may have contributed to this offense.

g. Any evidence of rehabilitation.

h. The type of position or employment in which the certificate holder is involved.

i. Any extenuating or mitigating circumstances which the certificate holder may offer.

B. Complaints about the service of certificate holders or evidence of infractions shall be received and investigated by the Executive Secretary of the Council or its designee. Such investigator may, upon sufficient finding, issue a Deficiency Correction Notice pursuant to provisions of Rules and Regulations. The investigator shall, in any case, make recommendations as to the facts of the infraction or complaint to the Council and shall forward a copy of his recommendations and his findings of facts to the certificate holder by certified mail.

C. If the Council finds that revocation, suspension, modification or affirmation of a certificate is warranted, notice shall be sent to the certificate holder by certified mail of such finding and of the date of ~~public~~ hearing on the matter; not less than twenty (20) days prior to the hearing date.

D. A public hearing shall be held by the Council on the

revocation, suspension, modification or affirmation of the certificate. The Council shall then forward a recommendation to the Board regarding the status of the certificate in question.

E. The Board shall then either revoke, modify, suspend or affirm the certificate in question.

SECTION 8. PROCESS FOR APPEAL.

Any person who is aggrieved or substantially affected by a decision of the Board may seek relief through appeal to a court of competent jurisdiction.

SECTION 9. RENEWALS OF CERTIFICATES.

A. Applications for renewal of Certificates of Public Convenience and Necessity shall be made on forms provided by the Council and received not later than September 1st of the year in which a certificate expires.

B. All requirements applicable to initial applicants for Certificates of Public Convenience and Necessity shall be applicable to certificate holders seeking to renew their Certificates of Public Convenience and Necessity.

SECTION 10. TRANSFER OR ASSIGNMENT OF CERTIFICATES.

A. No certificate issued pursuant to this Ordinance is assignable or transferrable except upon written approval by the Board in the same manner and subject to the same application, investigation, fees and public hearing as original applications for certificates.

B. Any majority transfer of shares of stock or interest of any person or operator so as to cause a change in the officers or stockholders of more than twenty (20%) percent of the shares of such certified service shall be

SECTION 11. INSURANCE.

Every certificated service shall carry bodily injury and property damage insurance or its equivalent, with solvent and responsible insurers authorized to transact business in the State of Florida, or be qualified by the State as a self insurer, to secure payment for any loss or damage resulting from any occurrence arising out of or caused by the operation or use of any of the service's motor vehicles. Each vehicle shall be insured for the sum of at least One Hundred Thousand (\$100,000.00) Dollars for injuries to or death of any one person arising out of any one accident, in the sum of at least Three Hundred Thousand (\$300,000.00) Dollars for injuries to or death of more than one person in any one accident and for the sum of at least Fifty Thousand (\$50,000.00) Dollars for damage to property arising from any one accident. Each ALS or BLS service shall maintain medical malpractice insurance in an amount not less than One Hundred Thousand (\$100,000.00) Dollars for injury to one person, and in the amount of at least Three Hundred Thousand (\$300,000.00) Dollars for injury to more than one person in any one incident. Every insurance policy or contract for such insurance shall provide for the payment and satisfaction of any financial judgment entered against the service or any person driving a vehicle of the service. Such insurance shall be obtained and certificates or certified copies of such policies shall be filed with the Board. All such insurance policies shall provide for a thirty (30) day cancellation notice to the Board.

SECTION 12. RATES.

All certificate holders shall file with the application a schedule of proposed rates for transportation or treatment of patients. All initial rates and subsequent rate changes are subject to the review and approval of the Board.

SECTION 13. EXEMPTIONS.

The following are exempt from the provisions of this Ordinance:

A. A privately owned vehicle not ordinarily used in the business of transporting persons who are sick, injured, wounded, incapacitated, or helpless.

B. A vehicle rendering services as an ambulance in the event of a major catastrophe or emergency when ambulances with permits based in the locality of the catastrophe or emergency are incapacitated or insufficient in number to render the services needed.

C. Any ambulance service provider licensed in another state or U.S. territory, except that any such provider receiving a person within this State for transport to a location within this State shall comply with the provisions of this Ordinance.

D. Any ambulance owned and operated by the Federal Government.

E. A vehicle under the direct supervision of a licensed physician and used as an integral part of a private industrial safety or emergency management plan within a privately owned and controlled area, which vehicle may from time to time be used to transport persons in need of medical attention, but which is not available to the general public and which does not routinely transport patients.

F. Any organization or person that provides wheelchair transport services, if:

1. The service is a public bus system.

2. The service is a public or "private" school bus system the major business of which is that of transporting school children to and from school or school-related activities.

3. Licensed as a non-emergency medical transportation, including stretcher or wheelchair car service.

SECTION 14. RULES AND REGULATIONS.

A. The Board or its designee is hereby authorized to prepare such rules and regulations, subject to the Board of County Commissioners' approval, necessary to carry out the purpose of this Ordinance relative to the following subject matter:

1. Design and construction of vehicles.
2. Mechanical and first aid equipment and supplies to be carried on vehicles.
3. Sanitation of vehicles.
4. Minimum training and qualifications of paramedics, EMT's and driver training.
5. Obedience to traffic laws.
6. Central places of business of ambulance services.
7. Communication equipment.
8. Personnel, vehicle and financial record keeping.
9. Level of service.
10. Personnel manning and riding in vehicles.
11. Response time.
12. Procedures for response to call.
13. Record keeping and reporting.
14. Deficiency Correction Notice.

15. Such other matters as are in the interest of the public health, safety, welfare, convenience and necessity of the citizens of Hillsborough County.

16. Optimal use of telemetry by licensees.

B. All regulations promulgated under the preceding paragraph shall be approved by the Board by resolution in regular session.

SECTION 15. PENALTIES.

Any person who violates a provision of this Ordinance shall be subject to punishment as provided by Florida Statute 125.69. Violators shall be prosecuted by the Office of the State Attorney in the same manner as misdemeanors are prosecuted and, upon conviction, shall be punished by a fine not to exceed Five Hundred (\$500.00) Dollars or by imprisonment not to exceed sixty (60) days or both such fine and imprisonment.

SECTION 16. SEVERABILITY.

Should any provision of this Ordinance be declared invalid or unconstitutional by a court of competent jurisdiction, such portion shall be deemed a separate, distinct and independent provision, and such holding shall not affect the validity of the remaining portions thereof.

SECTION 17. CONSTRUCTION OF ORDINANCE.

The provisions of this Ordinance shall be liberally construed in order to effectively carry out the purposes of this Ordinance in the interest of the public health, safety and welfare of the citizens and residents of Hillsborough County.

SECTION 18. REPEAL OF HILLSBOROUGH COUNTY ORDINANCE 81-1.

Hillsborough County Ordinance 81-1 relating to Emergency Medical Transportation is hereby repealed.

SECTION 19. EFFECTIVE DATE.

This Ordinance shall become effective upon notice of receipt by the Secretary of the State of Florida.

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

I, RICHARD L. AKE, Clerk of the Circuit Court and Ex Officio Clerk of the Board of County Commissioners of Hillsborough County, Florida, do hereby certify that the above and foregoing is a true and correct copy of an ordinance adopted by the Board at its regular meeting of January 29, 1986, as same appears of record in Minute Book 116 of the Public Records of Hillsborough County, Florida.

WITNESS my hand and official seal this 30th day of January, 19 86.

RICHARD L. AKE, CLERK

By: [Signature]
Deputy Clerk

APPROVED BY COUNTY ATTORNEY
BY [Signature]
Approved As To Form And
Legal Sufficiency.

HILLSBOROUGH COUNTY EMERGENCY MEDICAL
TRANSPORTATION ORDINANCE
RULES AND REGULATIONS

1. DESIGN AND CONSTRUCTION OF VEHICLES (10D-66.54)
 - A. ALS Transport - Must meet all state requirements.
 - B. ALS Non-Transport - Must meet all state requirements except those that pertain to the use of stretchers.
 - C. Emergency Ambulance Service - Must meet all state requirements.
 - D. Air Medical Transport - Must meet all state requirements.

- II. EQUIPMENT AND SUPPLIES
 - A. ALS Transport - Must meet all state requirements
..(10D-66.555).
 - B. ALS Non-Transport - Must meet all state requirements.
 - C. Emergency Ambulance Service - Must meet all state requirements.
 - D. Air Medical Transport - Must meet all requirements of state law. (10D-66.51).

- III. SANITATION AND MAINTENANCE OF VEHICLES
 - A. As per state law for all categories. (10D-66.55).
 - B. No smoking at all in the vehicle during patient/passenger transport.

- IV. MINIMUM TRAINING AND QUALIFICATIONS OF PARAMEDICS, EMT'S AND DRIVERS (10D-66.58).
 - A. Paramedics - Any person who is certified by the State of Florida and the Services Medical Director. (10D-66.57).
 - B. EMT'S - Must meet all state requirements. (10D-66-56)
 - C. Driver - Any personnel who meets the requirements of Section 401.281, Florida Statutes. (10D-66.59)

6/11/86

V. OBEDIENCE TO TRAFFIC LAWS

- A. Must meet state requirement. Chp. 316.072.

VI. CENTRAL PLACE OF BUSINESS

- A. Each certificate holder must maintain a central place of business as listed on the most recent application. This place of business, if listed in the telephone directory, must be described in accordance with the certificate as granted or in such a manner as to accurately describe the nature of the service.

VII. COMMUNICATION EQUIPMENT

- A. Communication equipment must be provided as required by Federal and State law in accordance with a general or specific plan approved by the State Division of Communications.

VIII. RECORD KEEPING

- A. Personnel, vehicle and financial records must be kept and made available to a representative of the Board for inspection for a reasonable purpose with sufficient notice in accordance with State Rules and Regulations 10D-79.7, 10D-66.33, and 10D-66.60.
- B. Patient treatment records must meet State requirements. Chp. 401.30.

IX. LEVELS OF SERVICE

- A. Each categorical service shall provide the level of service indicated in the application on a daily basis as described in Section 4 of the Ordinance.

X. PERSONNEL MANNING

- A. ALS Transport - Must have two (2) paramedics.
- B. ALS Non-transport - Must have one (1) paramedic and one (1) EMT.
- C. Emergency Ambulance Service - Must have two (2) EMT'S per vehicle.
- D. Air Medical Transport - Must meet all requirements of State law.

XI. RESPONSE TIME

- A. ALS or Emergency Ambulance Service must dispatch or cause to be dispatched an ambulance on each emergency call as rapidly as possible. (10D-66.55)

XII. PROCEDURES FOR RESPONSE TO CALLS

- A. Dispatch the nearest available unit.
- B. Most direct route to arrive on the scene as soon as possible.
- C. Use emergency warning devices as required by State law.

XIII. PERIODIC DATA REPORTING

- A. An annual report of the number and type of calls shall be made to the Hillsborough County Emergency Medical Planning Council annually.
- B. Other available information as required.
- C. At the time of re-application for Certificate of Public Convenience and Necessity, the Emergency Medical Planning Council may request any further information deemed necessary.

XIV. DEFICIENCY CORRECTION NOTICE

- A. Deficiency correction notices shall be issued by a representative of the Board to notify a certificate holder of any infraction or potential situation of infraction with the infraction specified and a specified time period allowed for correction. If the correction is not made within the specified time period, a report will be forwarded to the Emergency

6/11/86

Medical Planning Council or the Board, whichever is more appropriate.

XV. EXEMPTIONS

- A. All volunteer ambulance services in existence in Hillsborough County prior to January 1, 1981, shall be exempt from Section X.C.

XVI. CIVIL RIGHTS

- A. Any person, firm, corporation, association or governmental agency submitting application for certification under the provisions set forth in the Ordinance shall assure Hillsborough County, Florida, that said person, firm, corporation, association or governmental agency is in compliance with Title VII of the 1964 Civil Rights Act, as amended, and the Florida Human Rights Act of 1977, in that said party does not on the grounds of race, color, national origin, religion, sex, age, handicap or marital status, discriminate in any form or manner against said party's employees or applicants for employment. Furthermore, every such person, firm, corporation, association, or governmental agency will comply with Title VI of the Civil Rights Act of 1964 and the Office of Federal Revenue Sharing if said laws are applicable to the operation of the business. Other applicable federal and state laws, executive orders and regulations prohibiting the type of discrimination as herein above delineated are included by this reference thereto. The Equal Opportunity Office for the Board of County Commissioners, Hillsborough County, is designated as the office having authority to carry out the actions described in these regulations for determining compliance and making recommendations for corrective action when such action is deemed essential for enforcement purposes.

TRAUMA CENTER STANDARDS

All three Trauma Centers in Hillsborough County are currently verified by the Florida Department of Health and Rehabilitative Services (HRS). Immediately following this page are copies of their verification certificates.

One former Trauma Center, University Community Hospital, withdrew from the program last year and did not apply for verification in 1989. Their status is now that of an Initial Receiving Hospital.

Current verification standards require all Level I Trauma Centers to meet the standards and be verified also as Pediatric Trauma Referral Centers. Tampa General has submitted its application for PTRC verification.



Trauma Center Certificate of Verification

This certificate has been issued to the below named hospital by the Department of Health and Rehabilitative Services in recognition of having been verified as a level I Trauma Center in the State of Florida.

TAMPA GENERAL HOSPITAL
(Name of Hospital/Trauma Center)

This verification as a Trauma Center is granted on the 5th day of August, 19 89; and expires on the 5th day of August, 19 91.

[Signature]
Office of Emergency Medical Services



Trauma Center Certificate of Verification

This certificate has been issued to the entity named
hospital by the Department of Health and
Rehabilitative Services in recognition of having been
verified as a level II Trauma Center in
the State of Florida.

HUMANA HOSPITAL BRANDON

(Name of Hospital Verified)

This verification as a Trauma Center is granted on the 5th day
of August, 19 89; and expires on the 5th day
of August, 19 91.

James S. Caldwell
for Larry S. Jordan
Administrator

Office of Emergency Medical Services



Trauma Center Certificate of Verification

This certificate has been issued to the below named hospital by the Department of Health and Rehabilitative Services in recognition of having been verified as a level II Trauma Center in the State of Florida.

St. JOSEPH'S HOSPITAL
(License of Hospital Transfer)

This verification as a Trauma Center is granted on the 5th day of August, 19 89; and expires on the 5th day of August, 19 91

[Signature]
Administrative
Office of Emergency Medical Services

MEDICAL CONTROL AND ACCOUNTABILITY

Medical control consists of physician involvement in the care of each patient. It may be direct or indirect; for example, a paramedic in the field may provide care based on written "standing orders" of the medical director, or may be given specific orders by radio or phone. Accountability means that the caregiver is answerable to a physician for the quality of care rendered; the service (e.g. prehospital service, hospital trauma service) is also accountable to a physician or group of physicians.

Medical control of the services within the Hillsborough County trauma system resides in the medical directors of the ALS services, the emergency department directors of non-designated hospitals, the medical directors of Trauma Centers' trauma services, the medical directors of agencies such as the Medical Examiner's Office and the blood bank, the HCTA medical director, the Medical Audit Committee, and the Emergency Medical Planning Council.

In addition to the medical directors of the ALS prehospital services, other physicians may also give medical direction to paramedics in the field, by radio or cellular phone (sometimes referred to as "on-line" medical direction, as opposed to the "off-line" direction described above). Such consultation is required under certain circumstances, and is available at all times. Unlike some systems (primarily where paramedics are based at and controlled by base station hospitals), paramedics in Hillsborough County do not routinely receive orders from receiving hospital physicians. Rather, there are designated physicians who are familiar with the capabilities, standing orders, protocols, and available equipment and medications of their service's paramedics, who serve on a rotation basis. Tampa Fire Rescue uses the on-call physicians at the Trauma Centers within city limits (Tampa General and St. Joseph's). Hillsborough County Emergency Medical Services uses a group of physicians designated as "Medic I" physicians, associated with various hospitals but each with many years of experience as an HCEMS radio control physician.

Further descriptions of the development, authority and functions of the major medical control components, and lists of the individual medical directors, follow.

Emergency Medical Planning Council

This advisory body to the Board of County Commissioners predates the Hillsborough County Trauma Agency. In fact, the EMPC initiated the development of the trauma agency in April 1987. The Council is composed of a wide spectrum of medical, paramedical and public safety persons, and thus represents a fair consensus of the medical/public safety community in Hillsborough County.

The Council established an Ad Hoc Committee for Trauma System Development, to provide a more wieldy working group. This committee developed the outline of a coordinated trauma care system including and improving on the existing system; hired a team of nationally-recognized consultants to study the existing system and advise on improvements; conducted a national search for an agency coordinator; developed a brief manual-entry trauma registry form; assembled an audit committee; and began implementing the trauma care system pending the hiring of an agency coordinator. This Ad Hoc Committee, empowered through the EMPC by the Board of County Commissioners, soon designated an acting medical director for the Agency and a chairman for the Medical Audit Committee. When the framework had been erected, the focus and name of the Ad Hoc Committee changed to the Trauma Agency Steering Committee, a standing committee to oversee and advise the Trauma Agency. Members are listed below.

Dr. Donald Mellman - Chair
 Dr. Sylvia Campbell - HCTA Medical Director; Chief of Trauma Service, St. Joseph's
 Dr. Alexander Rosemurgy - Tampa General, Director of Trauma Center
 Dr. Peter Lardizabal - Medical Examiner
 Dr. Stewart Siddall - Medical Director, Mass Casualty Planning
 Dr. Frederick Reddy - General Surgeon
 Dr. John Siano - St. Joseph's, and Tampa Fire Rescue Medical Director
 Dr. Nicholas Price - Humana Brandon, Chief of Trauma
 Gilbert Rodriguez - Hillsborough County Emergency Support Services, Director
 James Algood - Hillsborough County EMS, Director
 Leo Matti - Tampa Area Hospital Council, Executive Director
 Barbara Cordell - Tampa General, Vice President
 Chief William Nesmith - Tampa Fire Rescue, Medical Services Manager
 Kenneth Miller - Hillsborough County EMS, Medical Services Manager
 William Sheubrooks - Interagency Helicopter Working Group

Medical Audit Committee

This confidential advisory committee was established by the EMPC Trauma Agency Steering Committee (then called the Ad Hoc Committee for Trauma Agency Development) to monitor and evaluate the medical care of trauma patients within the county, and the functioning of the trauma care system. That is, the MAC performs both individual patient and system audit functions, and recommends specific actions to the Agency's medical director. Its function is primarily quality assurance, with all components accountable to the Agency medical director and the MAC. The MAC also strongly influences decisions about system medical policy and thus can be said to exert medical control.

Members of the MAC include pivotal individuals in active trauma practice and representatives of key specialties and agencies bearing on trauma care; they are listed below.

Until official HRS agency status is granted, with its commensurate protection from discovery, the MAC has suspended its monthly chart review sessions. However, individual members and the committee continue to advise the Agency on trauma care protocols and to monitor system functioning.

Medical Audit Committee Members and Positions Represented

- Neurosurgeon - Dr. Gene Balis
 Orthopedic Surgeon - Dr. David Helfet
 Anesthesiologist - Dr. Malcolm Klein
 General Surgeon (not affiliated with a Trauma Center) - Dr. Carl Hakanson
 Hillsborough County Medical Association representative - Dr. John Mooney
 Emergency Physician (non-Trauma Center) - Dr. Howard Franklin
 Chiefs of Trauma, Trauma Centers - Dr. Alexander Rosemurgy
 Dr. Sylvia Campbell
 Dr. Nicholas Price
 Trauma Nurse Coordinators, Trauma Centers - Linda Scott, R.N.
 Yolanda Corso, R.N.
 Sharon Schaefer, R.N.
 Emergency Physicians, Trauma Centers - Dr. James Hillman
 Dr. John Mooney
 Dr. Ghassan Ksaibati
 Trauma Agency Medical Director - Dr. Sylvia Campbell (Acting)
 Chief Medical Officers, ALS Services - Kenneth Miller
 Chief William Nesmith

(cont'd)

Medical Directors, ALS Services - Dr. Edward Straub
Dr. John Siano

(following are non-voting members):

Medical Director, Mass Casualty Planning - Dr. Stewart Siddall
Paramedics, ALS Services - David Pecora
Holly Boggs
Medical Examiner - Dr. Peter Lardizabal
Pediatrician - Dr. Daniel Plasencia
EMPC Chairman - Dr. Donald Mellman
Trauma Agency Coordinator - P.A. Norris
Trauma Agency Administrative Assistant - Toni Lewis Williams (Acting)

MEDICAL DIRECTORS

All medical directors have certain basic responsibilities as well as duties unique to the agencies in which they function. These "generic" responsibilities include:

- * Providing medical leadership.
- * Identifying acceptable standards of care.
- * Establishing triage criteria, protocols and standard procedures where applicable.
- * Assessing status and needs of the service or system.
- * Reviewing resource utilization within the service or system.
- * Integrating administrative and clinical aspects of care.
- * Assuring that personnel meet all applicable training and certification requirements.
- * Conducting or coordinating continuing education and training programs as needed.
- * Conducting or coordinating public awareness and education programs.
- * Conducting quality assurance programs for clinical and administrative functions.
- * Implementing improvements identified through quality assurance reviews.
- * Providing data as requested for local/regional trauma registry.
- * Submitting required data for the state trauma registry to HRS or its designated agent.
- * Participating in or conducting research regarding trauma prevention and treatment.
- * Conducting or participating in intrasystem morbidity and mortality conferences.

Trauma Agency

Dr. Sylvia Campbell, Acting

All of the above, with an emphasis on trauma, system-wide functions, and standards as developed by the American College of Surgeons for trauma care. In addition:

- * Encouraging support within the greater medical community for trauma-related issues.
- * Reviewing and endorsing system-wide medical policy and implementation plans.
- * Developing testimony on local, state and federal legislation affecting trauma care.
- * Providing advocacy at local and state levels for trauma legislation and funding.
- * Providing guidance and advice to the Trauma Agency staff.
- * Developing and/or co-sponsoring trauma educational programs for the medical community and the public.

Trauma Service (Trauma Centers)

Dr. Alexander Rosemurgy - Tampa General
Dr. Nicholas Price - Humana Brandon
Dr. Sylvia Campbell - St. Joseph's

All of the "generic" responsibilities, with an emphasis on trauma, Trauma Center-wide functions, and standards as developed by the American College of Surgeons for trauma care. In addition:

- * Maintaining close communication with the Trauma Nurse Coordinator for mutual problem-solving.
- * Overseeing clinical care within the Trauma Service, including assessment and monitoring of physician and nursing care.
- * Reviewing trauma charts routinely.
- * Involvement in credentialing process.
- * Overseeing all trauma conferences, trauma education and trauma research.
- * For Level I, coordinating and participating in active trauma research program.
- * Preparation of appropriate financial reports for the Trauma Service.
- * Establishing policies for and overseeing the in-house trauma registry.
- * Developing outreach programs, with special emphasis on enhancing awareness of trauma laws and standards among personnel at non-designated hospitals.
- * Making recommendations to hospital administration for improvements of the Trauma Service.
- * Performing any other duties designated by their hospital director, such as preparation of the general surgeon call schedule.
- * Maintaining special certifications such as Advanced Trauma Life Support Provider and Instructor, and American Board of Surgery.

Emergency Departments

Dr. A. Ghassan Ksaibati - Humana Brandon
Dr. John Mooney - St. Joseph's
Dr. James Hillman - Tampa General
Dr. Howard Franklin - University Community
Dr. Mario Quintero - Sun City
Dr. Paul Arnold - Centurion of Carrollwood
Dr. Frank Pidala - AMI Town & Country
(not listed) - Centro Asturiano
Dr. Joe Whitaker - West Shore
Dr. Lluís - AMI Memorial
Dr. James Van Snapp - James A. Haley V.A.*
(vacant) - South Florida Baptist
Dr. Ireneo Racoma - 56th Medical Group, MacDill AFB *

All of the "generic" responsibilities, with an emphasis on the efficient operation of the emergency department to meet accepted national standards and provide optimal medical care for persons in their community. In relation to the trauma system, ED medical directors have a special responsibility to ensure that any trauma victims arriving at their hospitals who meet state Trauma Center criteria or who should for any other medical reason be routed to a Trauma Center will be transferred as rapidly as possible after immediate stabilization to the appropriate Trauma Center.

*Military hospital ED medical directors will have unique additional responsibilities.

Prehospital Services

Dr. John Siano - Tampa Fire Rescue
Dr. Edward Straub - Hillsborough County Emergency Medical Services

Advanced Life Support services are required by state law to have a medical director; his or her responsibilities are delineated in F.A.C. 10D-66 (recently revised by 89-275). Neither Hillsborough County ALS ground transport service has a prepared job description for the medical director; 10D-66 and their respective contracts with the City of Tampa and the Hillsborough County Board of County Commissioners (attached) have sufficed.

Prehospital medical directors have an especial concern with the preparation of standing orders and protocols, since paramedics are physically separated from physicians, serving as their extensions--their eyes and ears and hands--in the field. Likewise, the prehospital medical director has a special concern to be sure paramedics have sufficient training and clinical judgment to appropriately apply and carry out standing orders or orders received by radio or phone. Thus, prehospital medical directors' duties would emphasize the training and certification functions, and the preparation of protocols, and would add:

- * Providing for 24-hour physician availability for radio/phone consultation by paramedics.
- * Developing or frequently reviewing and approving standing orders for medications and invasive therapies.
- * Performing frequent testing or other methods of assuring continued competence of field paramedics.
- * Acting as liaison between field paramedics, service administration, and the medical community.
- * Actively participating in systemwide data collection and quality assurance.
- * Ensuring that all personnel are trained in and use the Trauma Scorecard Methodology (F.A.C. 10D-66.102) to assess trauma victims and determine the need for Trauma Center care.

Prehospital Aeromedical Services

Dr. Catherine Carrubba - Tampa General Flight Program (Aeromed)
Dr. Brent Amey - St. Joseph's Flight Program (Care Flight)
Dr. Raymond McLane - Bayfront Flight Program (Bayflite)

In addition to the duties listed above, these medical directors are also responsible for:

- * Ensuring that aircraft meet all requirements of state licensure.
- * Determining the need for flight medical training for crew members, and ensuring that all personnel receive the appropriate training.

Other Agencies

The precise job descriptions and responsibilities for these other agencies will vary with the precise mission of the agency; however, all share a similar "generic" concept of medical direction and control. These agencies are accountable directly to the individuals listed below, and through them to the Agency medical director on issues related to trauma care.

Regional Specialized Care Centers

Burn Center - Dr. Wayne Cruse
Poison Control Center - Dr. James Hillman

- * Providing advice to other medical directors in the development of triage, transport and treatment protocols relating to their specialty.

Rehabilitation Facilities

Spinal Cord - Dr. Rodolfo Eichberg, Dr. Arthur Pasach

Other

Medical Examiner - Dr. Peter Lardizabal

- * Conducting comprehensive autopsies on all deaths caused by trauma.
- * Providing reports on such deaths to the Trauma Center involved and/or to the Agency.

RADIO CONTROL PHYSICIANS

The responsibilities of radio control physicians are:

- * Familiarity with capabilities, equipment, medications, standing orders and protocols of their service's paramedics.
- * Immediate availability for radio or cellular phone consultation on their on-call days, regardless of hour.

HILLSBOROUGH COUNTY E.M.S. "MEDIC I" PHYSICIANS

(Provide primary consultation and orders by cellular phone or radio to Hillsborough County Emergency Medical Services paramedics, based on HCEMS Medical Director's standing orders and protocols.)

Brent Amey, M.D. (St. Joseph's)
Dean Christensen, M.D. (South Florida Baptist)
Howard Franklin, M.D. (University Community)
Eric E. Harrison, M.D. (Tampa General-Cardiology)
James Hillman, M.D. (Tampa General)
John Mooney, M.D. (St. Joseph's)
Edward J. Straub, M.D. (Cardiologist; Medical Director HCEMS)

TAMPA GENERAL / ST. JOSEPH'S EMERGENCY DEPARTMENT PHYSICIANS

(Provide primary consultation and orders by radio to Tampa Fire Rescue paramedics, based on TFR Medical Director's standing orders and protocols; provide backup to HCEMS should neither the duty Medic I nor the HCEMS medical director be available.)

TGH, ADULT: Roberto Bellini, M.D.
Catherine Carruba, M.D.
Leigh Durlacher, M.D.
James Hillman, M.D.
Toni Mitchell, M.D.
Joe Nelson, D.O.
Michael Omori, M.D.
Joseph Ryan, M.D.
Ferdinand Richards, M.D.

TGH, PEDIATRIC: William Brooks, M.D.
Catherine Carruba, M.D.
Gregory Gaar, M.D.
James Hillman, M.D.
Phillip Kelley, M.D.
Maximo Luque III, M.D.
Toni Mitchell, M.D.
Joel Trautenberg, M.D.

SJH, ADULT: Brent Amey, M.D.
Wilfred Idsten, M.D.
Richard Lyon, M.D.
John Mooney, M.D.
Anthony Pidala, M.D.
John Siano, M.D.
David Tulsiaak, M.D.
James Wilson, M.D.

SJH, PEDIATRIC: Thomas Abrunzo, M.D.
Alexander Perez, M.D.
John Santamaria, M.D.

AGREEMENT RE: EMERGENCY MEDICAL DIRECTOR

This Agreement, made and entered into this _____ day of _____, 198_, by and between the Board of County Commissioners of Hillsborough County, a political subdivision of the State of Florida, hereinafter referred to as the Board, on behalf of its Department of Emergency Medical Services and Edward J. Straub, M.D., hereinafter referred to as the Medical Director.

WHEREAS, the Board has developed a program for Advanced Life Support Services, hereinafter referred to as ALS, in accordance with the provisions of Chapter 401, Florida Statutes, and desires to contract with the Medical Director for services in accordance with said statutes and the intent and purposes of the respective program of the Board, NOW THEREFORE,

KNOW ALL MEN BY THESE PRESENTS, THAT THE PARTIES HERETO, IN CONSIDERATION OF THE PREMISES AND MUTUAL PROMISES AND UNDERTAKING HEREIN CONTAINED, DO AGREE AS HEREINAFTER SET FORTH:

A. The Board covenants and agrees:

1. To comply with the Federal, State statutes, and County ordinances as well as rules and regulations relating to ALS and to maintain certification as an ALS provider.

2. To implement, within its jurisdiction, the recommendations of the Medical Director as same relate to the medical capability of the paramedics and the ALS provider and the appropriate level and standard of ALS service provided. The Board further assures the competence of their paramedics and their adherence to medical standards of ALS care.

3. To immediately suspend or remove, upon the request of the Medical Director, from any ALS unit, any paramedic deemed by the Medical Director as not exercising appropriate medical judgment, not maintaining the required level of emergency medical competency and knowledge, or who may be under investigation in regard to the foregoing. Such a paramedic may later be reinstated on an ALS unit by directive from the Medical Director if it is deemed that he has improved his medical judgment, emergency medical competence or knowledge.

4. To implement the recommendations of the Medical Director regarding levels and type of personnel and equipment delivered to the scene of medical emergencies, response time standards and scope and content of ALS related continuing education.

5. To provide free access to all emergency medical run reports, records, and documentation related to ALS operations.

6. To cooperate with the Medical Director in the conduct of annual medical director written certification by examination of a paramedic personnel. Examination scores shall be provided to the Medical Director.

7. To furnish administrative support to the Medical Director, including assistance in maintaining accurate and detailed data on all paramedic runs and treatment, and to perform such additional services and functions as may be required.

8. To furnish sufficient secretarial services to the Medical Director as required.

9. To defend any action brought against the Medical Director at the expense of the Board and to indemnify and hold the Medical Director harmless against claims, demands, judgments, fees and cost in respect to any matter asserted against the Medical Director in connection with the performance of services under this contract, unless the Medical Director acted in bad faith or with malicious purpose in a manner exhibiting wanton and willful disregard of human rights, safety, or property. It is recognized that the Medical Director is performing such services for the Board and that the duty to defend and indemnify herein as to the Board relates in each instance to the services rendered by the Medical Director to the Board. The Board shall rely upon the provisions of Chapter 768.28, Florida Statutes to the extent that there is not applicable insurance available to the Board or Medical Director.

B. The Medical Director covenants and agrees:

1. To establish a schedule, acceptable to the Board that will assure coverage, on a twenty-four (24) hour basis for the required medical supervision of the ALS system.

2. That he is now and will continue to be a physician holding a current valid unlimited license to practice medicine in Florida.

3. To maintain the recognized level of emergency medical experience and knowledge which qualifies him to be a medical director.

4. To abide by the recommended responsibilities for medical directors as listed in Section 10D-66.41-(2) inclusive of the Emergency Medical Services Rules and Regulations issued under provisions of Florida's Emergency Medical Services (EMS) of 1973.

5. To conduct annual certification of paramedics in the Department of Emergency Medical Services through written examination and practical skills testing.

It is further agreed that a procedure shall be established by the Medical Director to critique and review the medical capability of the paramedics, the ALS providers, and to periodically meet with and advise the paramedics and said ALS provider regarding the appropriate level and standard of care which they shall seek to achieve. The Medical Director shall be reimbursed, through an annual retainer fee of Twenty Thousand Dollars (\$20,000.00), for the providing of not less than thirty (30) hours per month in the foregoing procedure and for the purpose of critiquing continuing education activity. This fee shall be paid monthly, commencing one (1) month after this Agreement becomes effective upon receipt of the Board of an invoice delineating the hours and other expenses incurred during the billing period.

This Agreement, is for a period beginning on the date first above written and shall continue in force after such date unless revoked by one of the parties, with thirty (30) days prior written notice, or on the occasion of a new or revised agreement or if funds are not appropriated by the Board to continue this Agreement. It is agreed that the Board shall pay for the travel and lectures by professionals in specialized fields, employment of consultants, and practical research in developing new treatment methods and procedures in recognition of the need for continuing medical education of paramedics. The Medical Director

shall submit a budget which will delineate the funds deemed necessary to accomplish the above and shall adhere to the Board's policies in connection with same.

During the performance of this Agreement, Medical Director assures Board that Medical Director is in compliance with Title VII of the 1964 Civil Rights Act, as amended, and the Florida Human Rights Act of 1977 in that the Medical Director does not, on the grounds of race, color, national origin, religion, sex, age, handicap or marital status, discriminate in any form or manner against the Medical Director's employees or applicants for employment. The Medical Director understands and agrees that this Agreement is conditioned upon the veracity of this Statement of Assurance. Furthermore, the Medical Director will comply with Title VII of the Civil Rights Act of 1964 when Federal grant(s) is/are involved. Other applicable Federal and State Laws, executive orders and regulations prohibiting discrimination as hereinabove referenced are included by the reference thereto. This Statement of Assurance shall be interpreted to include Vietnam-Era veterans and disabled veterans within its protective range of applicability.

IN WITNESS WHEREOF, the parties hereto have caused these presents to be executed the day and year aforesaid.

ATTEST: RICHARD AKE
CLERK OF CIRCUIT COURT

BOARD: BOARD OF COUNTY
COMMISSIONERS OF
HILLSBOROUGH COUNTY,
FLORIDA

By: _____
DEPUTY CLERK

By: _____
CHAIRMAN

ATTEST: _____
WITNESS

MEDICAL DIRECTOR: _____
EDWARD J. STRAUB, M.D.

Kathy Sheerin
WITNESS (NOTARY PUBLIC)

DEPT.	APPROVAL DATE
A. C. A.	
DEPT.	<i>Jan 1-4-89</i>
ATTORNEY	<i>12/29/88</i>
FISCAL/BUDGET	<i>12/29/88</i>
PURCH/CONTRACTS	<i>12/29/88</i>

Notary Public, State of Florida
My Commission Expires July 6, 1991
Bonded This Year for \$10,000.00

APPROVED BY COUNTY ATTORNEY
BY *Donald D. [Signature]*
Approved As To Form And
Legal Sufficiency.

AGREEMENT

THIS AGREEMENT, Made and entered into on the 16th day of February, 1989, between the CITY OF TAMPA, a municipal corporation (hereinafter the "City"), for the Rescue Division of the Tampa Fire Department, and J. C. Siano, M.D. (hereinafter the "Medical Director").

WHEREAS, the City has developed a program for Advanced Life Support Services (hereinafter "ALS"), in accordance with the provisions of Chapter 401, Florida Statutes, and desires to contract with the Medical Director for services in accordance with said statutes and the intent and purposes of the program of the City.

NOW, THEREFORE, for and in consideration of the premises and undertakings herein to be kept, paid and performed, the parties hereto agree as follows:

1. Responsibilities and Obligations of the City

A. The City shall:

1. Provide, through established budgetary procedure for funding and expenditures, sufficient funds to provide for consultations with the Medical Director, staff salaries, office expenses, educational travel, professional fees, and other expenses as may be mutually agreeable or necessary to provide medical direction.
2. Implement within its jurisdiction and ability the recommendations of the Medical Director, as same relate to medical supervision of paramedical procedures and further assure the competence of its paramedics and their adherence to minimum medical standards of ALS care.
3. Maintain accurate and detailed data on all paramedic runs and treatment and make a good faith effort to perform such additional services and functions as may be directed by the Medical Director.

4. Defend any action brought against the Medical Director, at the expense of the City and, to the extent authorized by the provisions of Sec. 768.28, Florida Statutes, indemnify and hold the Medical Director harmless against claims, demands, judgments, fees and costs in respect to matters asserted against him, in connection with the performance of services under the Agreement.

11. Responsibilities and Obligations of the Medical Director

A. The Medical Director shall:

1. As a current physician, continue to be a physician holding a current valid unlimited license to practice medicine in Florida.
2. Maintain the recognized level of emergency medical experience and knowledge which qualified him to be a Medical Director.
3. Establish a schedule, acceptable to the City, which will assure coverage by a qualified physician on a twenty-four (24) hour basis for the required medical services for the ALS system. No compensation shall be paid for radio communications of advice nor for any services except as provided for hereafter.
4. Establish a procedure to critique the medical capabilities of the paramedics and the ALS procedures and periodically to meet with and advise the paramedics and the ALS providers regarding the appropriate level and standard of care which they should achieve.
5. Abide by the recommended responsibilities for a Medical Director as delineated in Section 10D-66.41 - 42 inclusive of the Emergency Medical Services Rules and Regulations issued under the provisions of Florida's Emergency Medical Services (EMS) Act of 1973.

III. Joint Responsibilities and Obligations of the Parties

A. The parties shall:

1. Comply with all Federal and State statutes, rules and regulations relating to ALS and maintain certification as ALS providers.

IV. Compensation

A. Compensation of Medical Director:

1. Compensation for all services to be performed under the provisions of this Agreement shall be in the amount of . . . per annum and shall be paid, on invoice submitted, with sufficient documentation, on a monthly basis. Any changes in the amount of said compensation can be made only by written amendment to this Agreement.
2. Travel and per diem expenses shall be in accordance with the City's travel and per diem cost allowance schedules. Auto travel expenses shall be reimbursed at the rate of Twenty Cents (\$.20) per mile.

V. Term of Agreement

The term of this Agreement shall commence on May 6, 1989 and shall continue in force for a period of two years thereafter unless earlier terminated or cancelled.

VI. Cancellation

In the event this Agreement is cancelled the Medical Director shall be compensated for the services provided and reimbursible expenses incurred up to the date of cancellation.

IN WITNESS WHEREOF, the parties hereto have caused these presents to be executed the day and year aforesaid.

CITY OF TAMPA

BY: *Samuel W. Friedman*
MAYOR

ATTEST:

Frances DeLuca
CITY CLERK

J. C. Siano
J. C. SIANO, M.D.
MEDICAL DIRECTOR

Witnesses:

Alfred D. Hunt
Virginia Cook

Prepared by:

Iylon Brown
Assistant City Attorney

BOARD OF COUNTY COMMISSIONERS
HILLSBOROUGH COUNTY, FLORIDA

DEPARTMENT OF EMERGENCY MEDICAL SERVICES

Larry J. Brown
County Administrator

James Algood
Director



P.O. Box 310398
Tampa, Florida 33680
(813) 272-6600

HILLSBOROUGH COUNTY
TRAUMA AGENCY
2709 E. Hanna Avenue
Tampa, Florida 33610

November 29, 1989

Larry S. Jordan, Administrator
Emergency Medical Services
Department of Health and Rehabilitative Services
1317 Winewood Blvd. PDHIM
Tallahassee, Florida 32399-0700

Dear Mr. Jordan:

The Hillsborough County Trauma Agency has received the letter from your office in which certain areas of clarification were required. You will find the amended and updated information enclosed for addition to our originally submitted plan.

We hope to have satisfactorily addressed these deficiencies to gain your approval and subsequently grant us Agent status.

We acknowledge the assistance of many of your EMS staff as well as field people who lent their expertise to further define the areas in question.

If you require any additional information, please do not hesitate to contact me at 813-272-6600.

Sincerely,

A handwritten signature in cursive script that reads "P.A. Norris".

P.A. Norris
Coordinator

ATTACHMENT

COMMUNICATIONS

COMPLIANCE WITH STATE PLAN

It is the intent of the Hillsborough County Trauma Agency and all trauma system participants to be in full compliance with Florida's Emergency Medical Services Communications Plan of July 1, 1988. While we recognize that some discrepancies exist, they have been identified (see chart below) and are being corrected as quickly as possible.

Compliance with the State EMS Communications Plan involves the following minimum capabilities:

Dispatch Facilities

Each EMS dispatch facility will have:

1. two-way communications capability on its assigned Dispatch Vehicle Response (DVR) channel.
2. the ability to receive continuously the statewide medical resources coordination channel (463.175 Mhz, 167.9 hz tone).

Hospitals

Each participating hospital that maintains an active emergency room that receives patients from either ALS or BLS ambulances will have:

1. two-way communications capability on the assigned Local Medical Coordination (LMC) channels:
MED 6 (receive 468.125 Mhz, transmit 463.125 Mhz, 127.3 hz tone).
MED 7 (receive 468.150 Mhz, transmit 463.150 Mhz, 127.3 hz tone).
2. two-way communications capability on the Statewide Medical Coordination channel (SMC)
MED 8 (receive 468.175 Mhz, transmit 463.175 Mhz, 167.9 hz tone).
3. the ability to receive continuously the statewide medical resource coordination channel:
463.175 Mhz, 167.9 hz tone.

ALS/BLS Ambulances

All ALS and all BLS ambulances will have:

1. two-way communications capability on their assigned Dispatch Vehicle Response (DVR) channel(s).
2. two-way communications capability on the assigned Local Medical Coordination (LMC) channels:
MED 6 (receive 468.125 Mhz, transmit 463.125 Mhz, 127.3 hz tone).
MED 7 (receive 468.150 Mhz, transmit 463.150 Mhz, 127.3 hz tone).

3. two-way communications capability on the Statewide Medical Coordination channel (SMC)

MED 8 (receive 468.175 Mhz, transmit 463.175 Mhz, 167.9 hz tone).

4. two-way communications capability on the statewide medical resource coordination channel:

(receive/transmit 463.175 Mhz, 167.9 hz tone).

RECEIPT OF A REQUEST FOR EMERGENCY RESPONSE

Emergency communications in Hillsborough County is based on an "enhanced 9-1-1" system. This means that, anywhere in the county, a person needing the help of emergency services such as fire, police, or medical help, can dial 9-1-1. The location from which the call is made determines the Public Safety Answering Point (PSAP) to which the call will be routed. It may go to either an emergency dispatch center or a satellite answering point. The 9-1-1 call-taker determines the nature of the emergency, and can switch the call directly to the appropriate secondary PSAP if necessary, by pressing one button. The caller's location is automatically displayed on a computer screen at the dispatch center, which is especially important when the caller is a young child, a person whose language is not spoken English, or a person whose injuries are so severe he or she can't converse with the dispatcher.

A call into 9-1-1 from a TDD (telecommunications device for the Deaf) is patched onto a TDD at the Tampa Police Department or the Hillsborough County Sheriff's Office, assuming that the operator recognizes it is a TDD call. (HC EDO also has a TDD, but it cannot be patched, and they cannot advertise it as an emergency call-in number due to the 9-1-1 legislation; therefore it is used primarily to notify Deaf persons of impending hurricanes, etc.)

If the caller's answering point is busy, the call is automatically routed to an alternate point.

The primary (or satellite, from a trauma perspective) Public Safety Answering Points (PSAPs) include:

- Hillsborough County Sheriff's Office (all of unincorporated Hillsborough County)
- Tampa Police Department (all of the city of Tampa)
- Plant City Police Department (all of Plant City)
- Temple Terrace Police Department (all of Temple Terrace)
- University of South Florida Police (all of USF area)
- Tampa International Airport Security (all of TIA)
- MacDill Air Force Base Security (all of MacDill AFB)

The secondary PSAPs and their areas of responsibility are:

- Hillsborough County Emergency Dispatch Operations (county fire and EMS)
- Tampa Fire Department (city fire and rescue)
- Poison Control Center (poison information for entire region)

During mass disasters (such as hurricanes), a separate system using separate telephone lines becomes operative. Should a 9-1-1 call come in during such a disaster situation, the caller would be referred to the appropriate agency.

DISPATCH CENTERS

Dispatch center authorization and the basics of operation are mandated by Florida Statutes, Chapter 401.015, 401.018, and 401.025. Each authorized dispatch center is issued a manual, the state seal page of which includes a unique registration number. Copies of these pages issued by the Florida Department of Communications appear at the end of this section.

Emergency medical communications in Hillsborough County are routed through the primary Enhanced 9-1-1 dispatch centers in Emergency Dispatch Operations (county) and Tampa Fire Department (city). In case of mass casualty/disaster, a third dispatch center is activated through Disaster Planning. Registration numbers are as follows:

Hillsborough County Emergency Dispatch Operations - 000209
Hillsborough County Emergency Planning Operations (for disasters) - 000575
Tampa Fire and Police - 000206

Dispatch radios operated by volunteer rescue squads and private BLS ambulances are not considered emergency (they are first response backup to ALS, or non-emergency runs) and thus are not required to maintain a manual, numbered seal, etc.

County EDO dispatches EMS and fire units, as well as handling calls for a variety of county agencies such as animal control. Tampa Fire Rescue uses a computer-aided dispatch system which operates on the Tampa Police Department mainframe computer (but using different software from that currently used by the Police Department), although the TFD dispatch center is physically separate from the TPD dispatch center.

The dispatcher determines the nature and location of the emergency, number of vehicles/victims involved, etc. and dispatches the closest paramedic unit, plus First Responder/BLS backup if appropriate, via:

<u>Agency</u>	<u>DVR Frequency</u>	<u>Tone</u>
County EDO	155.220 Mhz	186.2 hz
Tampa Fire	154.430 Mhz	88.5 hz

All paramedic ambulances are equipped with two-way mobile VHF and UHF radios, and all paramedics have two-way hand-held radios ("walkie-talkies"), for communication with their respective dispatch centers.

Hillsborough County Emergency Medical Services units are also equipped with either portable or transportable (depending on geographic location) cellular phones by which they can communicate with EDO directly, or request a recorded patch line through EDO to other locations. Communications from paramedic to EDO is primarily via radio, with cellular phones as backup/alternative.

Both EMS dispatch centers also route backup and non-emergency medical calls to private BLS services and (in the case of EDO) to BLS volunteer rescue squads. Those agencies dispatch BLS units via:

<u>BLS Agency</u>	<u>DVR Frequency</u>	<u>Tone</u>
Temple Terrace Fire	155.775 Mhz	186.2 hz
Medic One	800 Mhz trunking	Unknown
AmStat	800 Mhz trunking	Unknown
Apollo Beach RS	155.160 Mhz	No
Sun City Center RS	155.715 Mhz	No

EDO and the Trauma Agency are currently working with BLS agencies on an affordable way to finish equipping all their ambulances with acceptable UHF radios to bring them into full compliance with the State Emergency Medical Communications Plan.

Hillsborough County is divided into square-mile boxes, corresponding with the section/township/range survey system. The streets and address GeoFile maintained by Emergency Dispatch Operations displays these box numbers along with the street and cross-street names. This system has significantly decreased the time required for an ambulance to locate its objective. Concurrently with implementation of the 9-1-1 system throughout the county, an ordinance was passed and publicized requiring each residence to have a street address, to display the address so it is visible day or night from the street, and eliminating duplication of street names in the county. Compliance with this most useful ordinance has increased as more citizens learn of its existence and benefits.

Both dispatch centers have access to emergency resources such as city and county Hazardous Materials teams, U.S. Coast Guard and Florida Marine Patrol for water rescues, emergency teams from Tampa Electric, Peoples Gas Company, Poison Control Center, and of course all local law enforcement agencies.

CALLING A TRAUMA ALERT

If either County EMS or Tampa Fire/Rescue ALS units respond to a scene where the patient(s) meet the Trauma Scorecard Methodology criteria (see below) or where the mechanism of injury suggests the probability of significant injury even if criteria are not met, a Trauma Alert is called. This is done by the paramedic notifying the dispatch center to place the closest or most appropriate Trauma Center on alert. The dispatcher then calls, via recorded telephone line, the Trauma Center and states that there is a Trauma Alert for that facility, including whenever possible the number of victims and the general mechanism of injury (motor vehicle accident, gunshot wound, stabbing, etc.). Further patient information is relayed as soon as possible, either by the dispatcher or by the paramedic on the scene via cellular phone or radio patching systems.

The initial receiver of the Trauma Alert is:

- at Tampa General, the Communications Technician, who records the information and relays it to the designated RN.
- at Humana Brandon, the Unit Clerk, who will connect the caller to the designated RN (usually the charge nurse).
- at St. Joseph's, the Communications Technician, who will connect the caller to the ER physician.

Trauma Scorecard Methodology Criteria

One or more of the following severity of injury measurements (adults*):

- Respiratory rate of less than 10 per minute or greater than 29 per minute; or
- Systolic blood pressure of less than 90 mmHg; or
- Glasgow Coma Scale Score of 12 or less;

(*For pediatric patients, severity of injury is assessed according to the Tepas Pediatric

Trauma Score; patients with a score of 8 or less meet the criteria.)

--or one or more of the following anatomy of injury and mechanism of injury categories applies:

- Penetrating injury to head, neck, chest, abdomen or groin.
- Second or third degree burns involving 15 percent or greater body surface area.
- Paralysis.
- Amputation proximal to wrist or ankle.
- Ejection from a motor vehicle.

ON-SCENE/EN-ROUTE MEDICAL CONTROL COMMUNICATIONS

If an ALS unit on the scene or en route to a hospital needs to speak to a medical control physician, it is normally done in the following way:

County EMS - EDO places a call to the on-duty Medic I (medical control physician) and simultaneously receives a call from the ALS unit's cellular phone. (The cellular phones are programmed with the number of a dedicated phone line in EDO, requiring pushing two buttons. When communications is established between the two parties, the two lines are patched together, permitting two-way communications and tape recording of the conversation. If the cellular phone system should be inoperative, a similar setup can be accomplished via MED-7 or DVR radio channels.

Tampa Fire - Paramedics speak directly to a radio control physician at Tampa General or St. Joseph's via the MED-7 channel.

(See also "Medical Control and Accountability," 10D-66.105(1)(j).)

BLS - Apollo Beach and Sun City Center RS use 155.325 Mhz, 186.2 hz tone
AmStat and Medic One use phone patch over their DVR (see above)

COMMUNICATIONS WITH RECEIVING HOSPITAL

ALS units speak to the receiving hospital in the following way:

County EMS - County ALS units speak directly to emergency room personnel (or, in the case of St. Joseph's and Tampa General, to the communications technician) by radio, either EMS "tach-2" (155.325 Mhz, 186.2 hz tone) or MED-7. County ALS units can also use mobile cellular telephones to call the emergency room, but are discouraged from doing so except via recorded patch lines.

Tampa Fire - City rescue units speak to the hospitals either directly on MED-7 or, if the hospital does not yet have MED-7 capability, via telephone patch on MED-7, which the paramedics themselves can establish from the unit.

COMMUNICATION FROM FIELD UNIT TO OTHER RESOURCES

Paramedics may speak directly to the Regional Poison Control Center either by using a telephone at the scene, or (for HCEMS) by patch or direct line using the cellular phone. These routes are also available for contacting the county or city HazMat units (which have computer links to CHEMTREK, or to the Regional Hazardous Materials Information Center which will soon be operational at the same location as the Regional Poison Control Center, for contact the on-call dive physician through the Diving Accident Network, etc.

AEROMEDICAL COMMUNICATIONS

If the nature of the injuries or the remoteness of the location dictates, a patient may be evacuated by helicopter. This is normally accomplished by the ALS unit on scene notifying the respective dispatch center of such a need. The dispatch center then alerts the appropriate aeromedical provider of the location and the nature of the call. Radio communications between the helicopters and the field units are normally accomplished on:

County EMS - 155.325 Mhz, 186.2 hz tone

Tampa Fire - MED-7 (transmit 468.150 Mhz, receive 463.150 Mhz, 127.3 hz tone)

MASS CASUALTY INCIDENT/DISASTER

Should a major incident occur involving 15 or more patients requiring advanced life support, the mass casualty/disaster plan would be implemented. In conjunction with the normal dispatch channels, e.g. 155.220 Mhz, the following communications system would be enabled:

Emergency Dispatch Operations would alert all area hospitals on 155.325 Mhz (186.2 hz tone) and would begin taking the hospitals' priority discharge information. Communications with the hospitals would be maintained on this channel.

EDO would continue this radio guard until the Emergency Operations Center was staffed and capable of assuming communications.

If the mobile command post were dispatched to the scene of a mass casualty incident, the local government frequency, 153.920 Mhz (100 hz tone) would be used to coordination between the scene and the Emergency Operations Center.

A separate channel is available for on-scene communications by hand-held radio. Written plans are required for all emergency services, and mass casualty/disaster scenarios are practiced at least annually.

HOSPITAL COMMUNICATIONS

Communications between hospitals and paramedic units have been described above. Hospitals communicate with city and county dispatch centers by phone or radio. Routine interhospital communications travel by phone; in the case of a disaster, the hospitals feed information into the central communications center (incident command center) and it is shared with other hospitals as appropriate.

OTHER COMMUNICATIONS

PRIVATE BLS

All communications with private BLS companies are carried out by telephone. Their dispatchers are requested to send the appropriate unit(s), and may be asked for the estimated time to reach the scene if advanced life support units are awaiting their arrival. There are no plans at present to share a common radio channel with the private BLS companies.

MILITARY LIAISON

All coordination with these agencies is presently accomplished by telephone. There is currently no plan to share a radio channel.

EMERGENCY POWER

All communications centers participating in the 9-1-1 system are required to have emergency backup power. EDO has a 100-kw generator, automatic startup.

Emergency Medical Communications Inventory

UNIT	SMC	LMC-6	LMC-7	MRC	DVR
<i>DISPATCH</i>					
County EDO	No	Yes	Yes	No	Yes (1,2)
Tampa Fire	No	Yes	Yes	No	Yes (3)
Temple Terrace FD	No	No	No	No	Yes (4)
Medic One	No	No	No	No	Yes (5)
AmStat	No	No	No	No	Yes (6)
Apollo Beach RS	No	No	No	No	Yes (7)
Sun City Center RS	No	No	No	No	Yes (8)
<i>HOSPITALS</i>					
Tampa General	Yes	Yes	Yes	Yes	Yes (1)
St. Joseph's	Yes	Yes	Yes	Yes	Yes (1)
Humana Brandon	No *	No	No	No	Yes (1)
AMI Town & Country	No	No	No	No	Yes (1)
AMI Memorial	No	No	No	No	Yes (1)
Centro Asturiano	No	No	No	No	Yes (1)
Centurion (Carrollwood)	No	No	No	No	Yes (1)
Doctors'	No	No	No	No	Yes (1)
Lakeland Regional	Yes	Yes	Yes	Yes	No
Manatee Memorial	Yes	Yes	Yes	Yes	No
Sun City	No	No	No	No	Yes (1)
USAF Regional (MacDill)	No	No	No	No	Yes (1)
University Community	Yes	Yes	Yes	Yes	Yes (1)
V.A. (James A. Haley)	No	No	No	No	Yes (1)
Westshore	No	No	No	No	Yes (1)
<i>ALS/BLS UNITS</i>					
Hillsborough Co. EMS	Yes	Yes	Yes	Yes	Yes (1,2)
Tampa Fire Rescue	Yes	Yes	Yes	Yes	Yes (3)
Temple Terrace FD	No	No	No	No	Yes (4)
Medic One	No	No	No	No	Yes (5)
AmStat	No	No	No	No	Yes (6)
Apollo Beach RS	No	No	No	No	Yes (1,7)
Sun City Center RS	No	No	No	No	Yes (1,8)

*11/89 - Bids solicited for radio equipment to bring into compliance.

FREQUENCY LEGEND FOR COMMUNICATIONS INVENTORY CHART

SMC **Statewide Medical Coordination Channel**

Base: Transmit 463.175 Mhz, Receive 468.175 Mhz, 167.9 hz tone
Mobile: Transmit 468.175 Mhz, Receive 463.175 Mhz, 167.9 hz tone

LMC-6 **Local Medical Coordination (MED-6) Channel**

Base: Transmit 463.125 Mhz, Receive 468.125 Mhz, 127.3 hz tone
Mobile: Transmit 468.125 Mhz, Receive 463.125 Mhz, 127.3 hz tone

LMC-7 **Local Medical Coordination (MED-7) Channel**

Base: Transmit 463.150 Mhz, Receive 468.150 Mhz, 127.3 hz tone
Mobile: Transmit 468.150 Mhz, Receive 463.150 Mhz, 127.3 hz tone

MRC **Medical Resources Coordination Channel**

Base/Mobile: Transmit/Receive 463.175 Mhz, 167.9 hz tone

DVR **Dispatch Vehicle Response Channel**

- (1) 155.325 Mhz, 186.2 hz tone
- (2) 155.220 Mhz, 186.2 hz tone
- (3) 154.430 Mhz, 88.5 hz tone
- (4) 155.775 Mhz, 186.2 hz tone
- (5) 20 channels of 800 Mhz trunking
- (6) 25 channels of 800 Mhz trunking
- (7) 155.160 Mhz, no tone
- (8) 155.715 Mhz, no tone

STATE OF FLORIDA



**EMERGENCY MEDICAL SERVICES
COMMUNICATIONS PLAN**

VOLUME I

DEPARTMENT OF GENERAL SERVICES
DIVISION OF COMMUNICATIONS

000209

COPY REGISTRATION NUMBER

H.C. DISPATCH

STATE OF FLORIDA



EMERGENCY MEDICAL SERVICES COMMUNICATIONS PLAN

VOLUME I

DEPARTMENT OF GENERAL SERVICES
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000575

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H. C. EMERGENCY

STATE OF FLORIDA



**EMERGENCY MEDICAL SERVICES
COMMUNICATIONS PLAN**

VOLUME I

DEPARTMENT OF GENERAL SERVICES
DIVISION OF COMMUNICATIONS

000206

COPY REGISTRATION NUMBER

Tampa Fire & Rescue

DATA COLLECTION

This section consists of two main parts: the existing data collection system and the planned data collection system. The reasons are twofold: computer software is not yet here, and until the Agency gains the confidentiality protection of official HRS agent status, nothing more than simple statistical data is being collected on an Agency level.

EXISTING SYSTEM

In general, the data collection system consists of individual run reports produced by prehospital personnel, individual medical records compiled at hospitals and Trauma Centers, state trauma registry and transport log data (HRS Forms 1728 and 1729), statistical summaries compiled by Tampa Fire Rescue and Hillsborough County Emergency Medical Services and the Trauma Centers, response summaries from 9-1-1 dispatchers, and autopsy information from the Medical Examiner's Office. These elements are further described below.

Prehospital Run Reports. Currently, each prehospital service uses its own run reports, designed to provide the information required by state law (F.A.C. 10D-66.060) and for their own purposes. Samples of current run report formats follow this section. (HCEMS has substantially redesigned their run report, but the new format is not yet available.) The ALS providers are considering the possibility of developing a consistent county-wide form; this will probably not be developed until some experience with the computerized trauma registry and anticipated field unit laptop computers has suggested a reasonable and efficient method and a basic set of data elements. The Agency will work closely with prehospital providers to ensure the inclusion of useful trauma information and the most efficient integration into the then-existing computerized trauma registry.

Since August 1988, HRS Form 1728 has been a required part of the run report on all injured regardless of injury severity (including burns, bruises, cuts, gunshot wounds, drownings, poisonings involving corrosive substances, etc.). The same form is used by all prehospital providers; a sample follows this section. One copy of the form (usually the goldenrod) is retained and filed by the prehospital provider. One copy is kept by the prehospital provider and the other copies are delivered to the Trauma Center or other recipient along with the trauma patient; if the trauma victim is dead on arrival of prehospital providers, the face copy (white) of Form 1728 is submitted directly to HRS and the pink and yellow copies are destroyed.

All trauma transports are summarized on a logsheet (HRS Form 1729) which is submitted monthly to HRS by each prehospital provider.

Medical Record. The prehospital run report and Form 1728 become the basis for the hospital's medical record on the patient. Added to that bit by bit during the patient's hospital stay are all findings, progress notes, records of treatment, test results, etc., until death or discharge. The Form 1728 also accompanies the patient throughout his or her care, with each department adding to it. On death or discharge, a copy of this form is submitted to HRS. (Completion of Form 1728 is required of all hospitals and trauma centers; submission to HRS has been mandatory for Trauma Centers since 1988, for hospitals with 300 or more beds, since 10/1/89, and for the remainder of hospitals as of 10/1/90.) Florida law now permits hospitals to release information from the medical record to a local or regional trauma agency without specific patient permission.

Monthly Trauma Statistics. Currently, HCEMS and Tampa General Hospital produce monthly

written summaries of trauma services. Others have provided information when requested, but do not yet routinely produce monthly statistical summaries. When all Trauma Centers and ALS providers are provided with the appropriate computer software, such reports will be generated with no additional effort; when the Trauma Agency becomes an official HRS agent, and begins to receive registry data directly, the Agency will produce such reports for each service and combined totals as appropriate.

Trauma Registry. As of this writing, only Tampa General has a computerized trauma registry.

Medical Examiner's Reports. A system has been set up for gathering autopsy reports on all trauma deaths. Currently, these are going to the Trauma Centers involved; autopsy reports for deaths occurring without involvement of the emergency medical system (i.e., corpses obviously beyond resuscitation which go directly to the medical examiner) are prepared but retained at the M.E.'s Office. The Hillsborough County Medical Examiner's Office has been most cooperative, and has offered to provide monthly statistical summaries and printouts of any data elements in their data base which are not confidential (primarily those involving criminal investigations). Per Chapter 406 F.S., autopsy reports are a matter of public record unless specifically exempted. The Agency certainly has access to such public records. What is less clear is that Medical Examiners can 1) obtain confidential medical information (as from hospital records) without exposing them to public scrutiny, even if they do not involve a criminal investigation; and 2) release confidential information to a trauma agency without breaching the "chain of confidentiality."

HRS agent status should provide sufficient legal protection for the Agency to maintain confidentiality of protected autopsy reports for Medical Audit Committee QA review. The state's medical examiners have prepared amendments to 406 which will take care of 1) above, and at their October 1989 meeting, discussed the need to make such autopsies available to trauma agencies without compromising confidentiality.

Response Summaries. Currently, Hillsborough County Emergency Dispatch Operations, which operates on a Computer Aided Dispatch (CAD) system, provides summaries of emergency responses as requested by the Agency. Trauma Agency staff is now identifying data to be routinely reported by EDO, in addition to special request items.

The CAD was instituted in 1988, with several refinements in entry and reporting capabilities since then. The historical range of reports possible varies depending on the specific information requested. The most accessible information is that since the current manager took over in October 1988. Examples of reports he can generate are: total medical calls received, number of patients transported by HCEMS to each hospital or Trauma Center, number of Trauma Alerts called from the scene, number of helicopter responses, number of calls received by County EDO and referred to other providers (Tampa Fire Rescue, private BLS). At present, there is no way of tracking the original time the call came in to a 9-1-1 primary satellite answering point; however, the EDO manager and HCTA coordinator are exploring with Sheriff's Office personnel the possibility of developing some way to capture this information.

Tampa Fire Dispatch uses remote terminals of the Tampa Police Department mainframe dispatch computer. The current software is inflexible, provides limited reports, and has some idiosyncrasies which further reduce the possibility of extracting useful data regarding trauma. For example, hospital destinations are shunted to a separate file which is purged daily. Fire Rescue response summaries must be calculated manually, which is not usually possible with the available personnel. Certain limited, pre-identified data elements could be tracked concurrently; the Trauma Agency has recently developed a simple form to be completed by Fire Rescue and BLS personnel until such time as they may develop other reliable means of recording and reporting this information (such as TFD's computer data sheet to be filled out by crews beginning 1/1/90).

PROPOSED SYSTEM

A bid will be awarded in early December, 1989, for the trauma registry software for the Trauma Agency, Humana Brandon and St. Joseph's (Tampa General already has a computerized trauma registry). The hardware (Epson Equity III+, Okidata 391 printer) is already in place at the Agency, and the Trauma Centers will use existing hospital computers. Specifications for the software are attached; whatever package is purchased, it will be compatible with Tampa General's so that all Trauma Centers can share data summaries easily with the Agency, and trauma medical records for review once HRS agent status makes that legally permissible. The registry will include limited prehospital information (at least that in HRS Form 1728), so it will not be necessary for prehospital providers to have separate systems. However, there is discussion of computerizing both TFR and HCEMS, either using manual entry from the handwritten run reports or using laptops on the units for initial run reports, with trauma reports being loaded also into the Agency registry.

At the same time, Tampa Fire dispatch expects to begin using a new dispatch software package (with EMS module) in January, 1990, which will allow greater reporting capabilities and flexibility. The Agency staff will coordinate with them to provide input on desired data elements and reports.

Eventually, it is planned for all resources to submit HRS Form 1728 to the Agency (probably by courier, and later by modem where feasible). The Agency registrar will enter the data as soon as possible after it is received, and send it to HRS (Tallahassee) by modem and/or diskette at agreed intervals. This will require approval of a variance from the requirement for sending hard-copy forms, which will be requested at least a month before electronic submission is planned to begin.

The implementation of this program will proceed in steps; an approximate schedule of implementation is given which must remain flexible because the timing of several items depends on certain external factors.

- 1 Present system (direct submission of hardcopy Form 1728 and Form 1729 to HRS Tallahassee; submission of monthly reports to HCTA)

(Designation of HCTA as official Agent of HRS)

(Refresher training by HCTA staff for non-designated hospitals on completion of Form 1728)

- April '90
- 2 Trauma Centers submit completed Form 1728 weekly to HCTA
Other hospitals >300 beds submit completed Form 1728 monthly to HCTA
Prehospital providers submit white copy of Form 1728 on all DOAs monthly to HCTA

HCTA reviews forms for completeness and legibility, prepares very basic summary by hand or by computer, and mails forms to Tallahassee by 15th of the month following receipt. (Because of delays within hospitals in transcription of dictated records, etc., complete records may not be available to Trauma Center registrars, and thus to HCTA, for a month or more after the patient is transferred, discharged or dies.)

(Installation and training on registry software)

(Development of "enhanced 1728" data collection form containing all elements of 1728 plus minimal additional elements such as Trauma Score and additional ICD9 codes, in consultation with registry software vendor, trauma registrars, MAC chair, and HCTA medical director)

May/Jun '90 3 One- or two-month "shakedown" period of data collection from Trauma Centers via computerized trauma registries; refinement of process.

(Application for variance for submission of 1728 data to Tallahassee as ASCII files via modem and/or diskette)

Sep '90 4 Totally electronic submission of "enhanced 1728" data from Trauma Centers to HCTA, and of 1728 data from HCTA to HRS Tallahassee.

Oct/Nov '90 5 Submission of enhanced 1728 data by all hospitals to HCTA, with HCTA staff inputting data submitted as hard copy into HCTA registry, and relaying all 1728 data electronically to Tallahassee.

Approximately concurrently with Step 4, develop an expanded set of data elements for more serious trauma patients. If HRS/EMS has by that time narrowed its focus to require 1728s on only the more serious patients, HCTA may not have to define a subgroup, and may collect a much smaller set of data elements on minor injuries (such as time and place of occurrence, cause and nature of injury, patient demographics, use of protective devices).

(replaced now)

Orig. 8/2x14

MEDICAL TREATMENT RECORD

DISPATCHED FROM:				TO SCENE: EMER NEMER FROM SCENE: EMER NEMER		PEDI	C-19	MAJ-TRAUMA CIRCLE ALL APPLICABLE		SO-1/CF		
DISPATCHED TO:				LOCATION OF PICKUP:		TRANSPORTED TO:						
AGE	RACE	SEX	WT. (kilos)	WHERE WAS PT FOUND:								
POSITION PT FOUND IN:				ORIGINAL POSITION IF DIFFERENT								
APPARENT INJURY/ILLNESS:				TRAFFIC ACCIDENT: YES <input type="checkbox"/> NO <input type="checkbox"/>				CHIEF COMPLAINT:				
MEDICATIONS CURRENTLY TAKEN:				PAST MEDICAL HX/MEDICATION ALLERGIES:							CHAMPION TRAUMA SCORE	
								TIME	SCORE			
SUMMARY:				PATIENT'S PHYSICIAN:								
TIME	BLOOD PRESSURE	PULSE	RESPIRATION	PUPIL REACTION		EKG INTERPRETATION						
DRUG ADMINISTERED		ROUTE	DOSAGE	TIME	IV SOLUTION	TIME	RATE	TOTAL VOLUME				
					MASK SUIT APPLIED	Y	N	TIME	FINAL PRESSURE			
					INFLATED	Y	N					
X		CREW MEMBER		No.		X		SENIOR CREW MEMBER		No.		

HILLSBOROUGH COUNTY E.M.S. P.O. BOX 310398, TAMPA, FLA. 33680 TAX I.D. #59-6004

DATE	NO TRANS	PT LAST NAME		ACCOUNT CODE	RESPONSE CODE
UNIT NO	VEHICLE NO	PT FIRST NAME MI			
A R NO	ORIGIN	STREET (E/N/W/S)		APT NO	
DISPATCHED	CITY	STATE		ZIP	
ARRIVED AT SCENE	PT PHONE NO	PT SSM			
TRANSPORTING TO	SEX	DOB		ER CHART NO	
OUT OF SERVICE	MEDICARE NO		MEDICAID NO		
IN SERVICE	WORK COMP	WORK COMP VERIFICATION		ACCOL CODE	
YES	NO				
BACK UP PRESENT ON CALL	GUARANTOR LAST NAME (BILL TO)				
YES	NO				
AGENCY	FIRST		MI		
10-39	10-45	10-66	STREET (E/N/W/S)		
SHIFT	A	B	C	APT NO	
				CITY	
				STATE	
				ZIP	
MEDIC 1 NAME	CONTACTED _____ HRS		GUARANTOR PHONE NO		GUARANTOR ESN
IF CONTACT REQUIRED BUT NOT ACCOMPLISHED, EXPLAIN IN SUMMARY					
DISPATCH CODE	FORMS ATTACHED:		ENDING MILEAGE		
	PE	CONTROLLED SUBSTANCE			
DISPOSITION CODE	EKG	MEDICARE	BEGINNING MILEAGE		
	CODE 19				
TRANS/NON TRANS CODE	SUMMARY	TOTAL MILEAGE			
	ISO TX				
DESCRIPTION	CHARGE	AMOUNT	REMARKS		
BASE RATE	\$265				
MILEAGE	\$4 PER MI				
OXYGEN	\$20				
STANDBY					
WAITING TIME	\$15 PER 15 MIN				
OTHER					
TOTAL					
PAYMENT					

HILLSBOROUGH EMS PATIENT EVALUATION

PATIENT'S NAME: _____

AR#: _____

DATE: _____

LUNG SOUNDS &
TIDAL VOLUME:

NEURO EXAM:

CHIEF COMPLAINT

HEENT:

CHEST:

ABDOMEN:

BACK & PELVIS:

EXTREMITIES:

SKIN:

SUMMARY (CONT.)

TAMPA FIRE DEPARTMENT RESCUE FIELD INCIDENT MEDICAL REPORT				Response Time	On Scene Time	Trauma Reg. #	Incident No.																																								
Rescue No. A B C		Date		Alarm Received By <input type="checkbox"/> Phone <input type="checkbox"/> Radio <input type="checkbox"/> Verbal <input type="checkbox"/> Visual		Call Received As																																									
T/R	T/D	S/1	L/S	T/A/H	S/A																																										
Back Up By (Specify): <input type="checkbox"/> TFD Engine <input type="checkbox"/> 3rd Man Engine <input type="checkbox"/> Other, Specify _____ <input type="checkbox"/> Critical <input type="checkbox"/> Needed, but not Critical <input type="checkbox"/> Not Needed																																															
Dispatched To				Pick Up Location		Physician No.																																									
<input type="checkbox"/> Fire <input type="checkbox"/> Emergency Medical <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other (Specify) _____		<input type="checkbox"/> Run Outcome <input type="checkbox"/> False Alarm <input type="checkbox"/> Cancelled <input type="checkbox"/> Other (Specify) _____		Transported By <input type="checkbox"/> Rescue <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> P.O.V.		Transported To Hospital Name _____ Lt. _____ <input type="checkbox"/> Other (Specify) _____ Dr. _____ E.R. # _____ 3rd _____ Mileage _____																																									
Patient's Name			DOB	Sex	Age	WT/KG	Race	F/F																																							
Address				Insurance Co.	Claim No.	SS No.																																									
City			State	Zip	Telephone		Organ Donor ID <input type="checkbox"/> Yes <input type="checkbox"/> No																																								
How/Where Found <input type="checkbox"/> Chair <input type="checkbox"/> Bed <input type="checkbox"/> Floor <input type="checkbox"/> Yard <input type="checkbox"/> Confined area <input type="checkbox"/> Auto <input type="checkbox"/> Front Seat <input type="checkbox"/> B. Seat <input type="checkbox"/> Pavement <input type="checkbox"/> Ground <input type="checkbox"/> Other: Specify _____		Position Found <input type="checkbox"/> Sitting <input type="checkbox"/> Supine <input type="checkbox"/> Prone <input type="checkbox"/> Standing <input type="checkbox"/> Side <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Other: Specify _____ Patient Moved prior to arrival of TFD by: _____		Aid Before Arrival <input type="checkbox"/> None <input type="checkbox"/> CPR <input type="checkbox"/> Airway Open <input type="checkbox"/> Dressing <input type="checkbox"/> Bleeding Cont. <input type="checkbox"/> Other: Specify _____ Aid Provided By: _____		Description of Injury <input type="checkbox"/> Trauma <input type="checkbox"/> Laceration <input type="checkbox"/> Puncture <input type="checkbox"/> Abrasion <input type="checkbox"/> Fracture <input type="checkbox"/> Burn-Thermal <input type="checkbox"/> Burn-Chemical <input type="checkbox"/> Avulsion <input type="checkbox"/> Other: Specify _____		Mechanism of Injury <input type="checkbox"/> Assault <input type="checkbox"/> Auto <input type="checkbox"/> Motorcycle <input type="checkbox"/> Bicycle <input type="checkbox"/> Fall <input type="checkbox"/> Suicide <input type="checkbox"/> Gunshot <input type="checkbox"/> Stabbing <input type="checkbox"/> Bldg Fire <input type="checkbox"/> Electrication <input type="checkbox"/> Drowning <input type="checkbox"/> Other: Specify _____		Location of Injury <input type="checkbox"/> Head <input type="checkbox"/> Face <input type="checkbox"/> Neck <input type="checkbox"/> Spinal <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvic <input type="checkbox"/> Leg <input type="checkbox"/> Foot <input type="checkbox"/> Arm <input type="checkbox"/> Hand <input type="checkbox"/> Internal <input type="checkbox"/> Other: Specify _____		Injury <input type="checkbox"/> Chest pain <input type="checkbox"/> NB <input type="checkbox"/> Cardiac <input type="checkbox"/> DOA <input type="checkbox"/> Overdose <input type="checkbox"/> Crack <input type="checkbox"/> Diabetic <input type="checkbox"/> Uncon <input type="checkbox"/> Ob/Gyn <input type="checkbox"/> CVA <input type="checkbox"/> Minor Illness <input type="checkbox"/> Term <input type="checkbox"/> Seizure <input type="checkbox"/> Mental <input type="checkbox"/> Dtl/Breathing <input type="checkbox"/> Choking <input type="checkbox"/> COPD <input type="checkbox"/> Poisoning <input type="checkbox"/> Other: Specify _____																																			
Chief Complaint		Patient Moved prior to arrival of TFD by:		Aid Provided By:																																											
Time	Blood Pressure	Pulse Rate	Respiration Rate	Pupil Reaction	EKG Rhythm Strip	Trauma Score																																									
Scene	/																																														
Enroute/Scene	/																																														
Hospital	/																																														
Chest Pain-Scene Severity <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Denies <input type="checkbox"/> Sharp <input type="checkbox"/> Heaviness Onset of Pain: Time _____ Associated With (work,rest,etc.) _____		Dyspnea (SOB)-Scene <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> N/B Skin Temperature: <input type="checkbox"/> Warm <input type="checkbox"/> Cool Condition: <input type="checkbox"/> Dry <input type="checkbox"/> Moist Color: <input type="checkbox"/> Normal <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Flushed		Lung Sounds-Scene R/S L/S <input type="checkbox"/> Absent <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Clear <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rhales <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rhonchi <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wheezes <input type="checkbox"/> <input type="checkbox"/>		Level of Consciousness-Scene <input type="checkbox"/> Conscious Alert <input type="checkbox"/> Unconscious <input type="checkbox"/> Altered Consciousness <input type="checkbox"/> Response to Pain <input type="checkbox"/> No Response to Pain		Medications History 																																							
Chest Pain-Hospital Severity <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Denies <input type="checkbox"/> Sharp <input type="checkbox"/> Heaviness		Dyspnea (SOB)-Hospital <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> N/B Skin Temperature: <input type="checkbox"/> Warm <input type="checkbox"/> Cool Condition: <input type="checkbox"/> Dry <input type="checkbox"/> Moist Color: <input type="checkbox"/> Normal <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Flushed		Lung Sounds-Hospital R/S L/S <input type="checkbox"/> Absent <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Clear <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rhales <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rhonchi <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wheezes <input type="checkbox"/> <input type="checkbox"/>		Level of Consciousness-Hospital <input type="checkbox"/> Conscious Alert <input type="checkbox"/> Unconscious <input type="checkbox"/> Altered Consciousness <input type="checkbox"/> Response to Pain <input type="checkbox"/> No Response to Pain		Allergies 																																							
Fracture/Spinal Injury Distal Pulses: Before Immobilization: <input type="checkbox"/> Yes <input type="checkbox"/> No After Immobilization: <input type="checkbox"/> Yes <input type="checkbox"/> No																																															
Drugs Administered <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Drug</th> <th>Dosage</th> <th>Route</th> <th>Time</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Benadryl</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Atropine</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Isoetharine</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> D-50-W</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Epinephrine</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Isordil</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Isuprel</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Lasix</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Lidocaine</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>		Drug	Dosage	Route	Time	<input type="checkbox"/> Benadryl	_____	_____	_____	<input type="checkbox"/> Atropine	_____	_____	_____	<input type="checkbox"/> Isoetharine	_____	_____	_____	<input type="checkbox"/> D-50-W	_____	_____	_____	<input type="checkbox"/> Epinephrine	_____	_____	_____	<input type="checkbox"/> Isordil	_____	_____	_____	<input type="checkbox"/> Isuprel	_____	_____	_____	<input type="checkbox"/> Lasix	_____	_____	_____	<input type="checkbox"/> Lidocaine	_____	_____	_____	<input type="checkbox"/> Lidocaine (Drip) <input type="checkbox"/> Narcan <input type="checkbox"/> Sodium Bicarb <input type="checkbox"/> Valium <input type="checkbox"/> Dopamine <input type="checkbox"/> Other: Specify _____ <input type="checkbox"/> Oxygen <input type="checkbox"/> N ₂ O (50-50)		Procedure and Equipment Used <input type="checkbox"/> Accompanied Patient/Amb <input type="checkbox"/> NeedleThoracentesis <input type="checkbox"/> Airway Cleared <input type="checkbox"/> Anti-shock Trousers <input type="checkbox"/> Artificial Respiration <input type="checkbox"/> Auto Extrication <input type="checkbox"/> Bleeding Controlled <input type="checkbox"/> CPR, Manual <input type="checkbox"/> Carotid Massage <input type="checkbox"/> Defibrillated (no. times) _____ <input type="checkbox"/> Dressing Applied <input type="checkbox"/> EKG rhythm strip <input type="checkbox"/> Endotracheal Intubation <input type="checkbox"/> Lung Sounds Check after Intubation		<input type="checkbox"/> Nasal Intubation <input type="checkbox"/> HLR Machine <input type="checkbox"/> Heimlich Maneuver <input type="checkbox"/> KED <input type="checkbox"/> Scoop Stretcher <input type="checkbox"/> Rotating Tourniquets <input type="checkbox"/> Spinal Immobilization <input type="checkbox"/> Cervical Collar <input type="checkbox"/> Head Loc <input type="checkbox"/> Back Board <input type="checkbox"/> Splint <input type="checkbox"/> Sling <input type="checkbox"/> Vac <input type="checkbox"/> Air <input type="checkbox"/> Traction <input type="checkbox"/> Suction <input type="checkbox"/> Valsalva Maneuver <input type="checkbox"/> Other (Specify) _____	
Drug	Dosage	Route	Time																																												
<input type="checkbox"/> Benadryl	_____	_____	_____																																												
<input type="checkbox"/> Atropine	_____	_____	_____																																												
<input type="checkbox"/> Isoetharine	_____	_____	_____																																												
<input type="checkbox"/> D-50-W	_____	_____	_____																																												
<input type="checkbox"/> Epinephrine	_____	_____	_____																																												
<input type="checkbox"/> Isordil	_____	_____	_____																																												
<input type="checkbox"/> Isuprel	_____	_____	_____																																												
<input type="checkbox"/> Lasix	_____	_____	_____																																												
<input type="checkbox"/> Lidocaine	_____	_____	_____																																												
I.V. Solutions <input type="checkbox"/> Blood Drawn <input type="checkbox"/> I.V. Started <input type="checkbox"/> I.V. Attempted <input type="checkbox"/> D-5-W (____ 250cc) (____ 500 cc) <input type="checkbox"/> Ringers <input type="checkbox"/> N/S		Rate _____		Location <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Hand <input type="checkbox"/> Forearm <input type="checkbox"/> Jugular <input type="checkbox"/> Antecubital <input type="checkbox"/> Other _____		Liters per minute _____																																									
Comments: (Additional comments on other side) _____ 																																															
Signature: Lieutenant				Reviewed By																																											

MEDIC ONE AMBULANCE REPORT

TRANSPORTED FROM	DEST. CODE	REPORTED BY:			
TRANSPORTED TO	DEST. CODE	CREW:			
LAST NAME	FIRST NAME	MI	DOB	AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS					HOME PHONE

CHIEF COMPLAINT	MEDICARE	MEDICAID
HOW/WHERE FOUND	BILL TO	RELATIONSHIP
MEDICAL HISTORY	ADDRESS	PHONE
CURRENT MEDS	SOCIAL SECURITY NO.	
ALLERGIES	<input type="checkbox"/> OTHER INS.	
PHYSICIAN	POLICY NO.	
	GROUP NO.	
	PLACE OF EMPLOYMENT	PHONE
	ADDRESS	

MILEAGE
ENDING
STARTING
TOTAL
GRID
TYPE OF CALL
TO SCENE
1 2 3 4 5
FROM SCENE
1 2 3 4 5
NIGHT CALL
YES NO
OFFICE USE
DIAG. CODES

ACTION CODE	TRAUMA SCORE	TIME	BP	Pulse	Resp.	Pupil Response
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					

REMARKS (S.O.A.P.)

PATIENT AUTHORIZATION

I, the undersigned, hereby authorize payment directly to the ambulance service shown on the left, benefits otherwise payable to me but not to exceed the regular charges for this type of service. If I am entitled to Medicare benefits, I authorize any holder of medical or other information about me to release to Social Security Administration or its intermediaries or carriers, any information needed for this or related Medicare claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignments below. I understand I am financially responsible to the ambulance service listed above for charges not covered by this authorization and do hereby guarantee payment of this bill within thirty (30) days. I further agree that if collection is made by suit or otherwise, I agree to pay all collection costs including a reasonable attorney's fee. I hereby approve release of information pertinent to hospital confinement, doctor's treatment, and diagnosis for claims for insurance purposes. I have been advised that I may be responsible for any unpaid portion of these charges not covered by insurance.

Patient or Policy Holder

I hereby certify that I refuse all treatment by MEDIC ONE AMBULANCE SERVICE, INC. for myself (my son my daughter my wife other), and/or refuse transportation to the closest or most advisable health care facility, and insist that transport be to _____ on my own reasons, notwithstanding that such treatment and/or recommended transport may be deemed necessary to preserve life or promote recovery, and that I have been so advised by the MEDIC ONE AMBULANCE SERVICE, INC. Personnel. I (we) hereby accept all responsibility connected with this action and hereby release MEDIC ONE AMBULANCE SERVICE, INC., its Paramedics, its officers and agents from any and all liability and responsibility whatsoever for any untoward results due to my (our) refusal of such treatment and/or recommended transport against the advice and urging of the said Paramedics.

AM/STAT MEDICAL TRANSPORTATION, INC.

1224 South Dale Mabry
Tampa, Florida 33629

S.S.#

RUN NO.	CASUALTY NO.	OF
UNIT		
TRANSPORTED FROM	DEST. CODE	
TRANSPORTED TO	DEST. CODE	
TIMES		
CALL RECEIVED	ON SCENE	AVAILABLE
DISPATCHED	DEPART SCENE	CANCELLED
ENROUTE	ARRIVE DEST.	CANCELLED BY
MILEAGE		TYPE OF CALL
ENDING	GRID	1 2 3 4 5 TO SCENE
STARTING		1 2 3 4 5 FROM SCENE
TOTAL		YES NO NIGHT CALL

LAST NAME	FIRST NAME	MONTH	DAY	YEAR	MI
HOME ADDRESS					
DOB	AGE	SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HOME PHONE	
CHIEF COMPLAINT					
HOW/WHERE FOUND					
MEDICAL HISTORY					
CURRENT MEDS					
ALLERGIES					
PHYSICIAN					

INITIAL ASSESSMENT	
L.O.C.	COMA SCORE
SKIN	TRAUMA SCORE
LUNG SOUNDS	
PUPILS	TIME REACTION
O ₂ THERAPY	L/M VIA

PROCEDURES			
<input type="checkbox"/> MAST	<input type="checkbox"/> TOLLS \$	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> NIGHT CALL (7pm-7am)	<input type="checkbox"/> TRACTION SPLINT	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> OXYGEN	<input type="checkbox"/> WAITING TIME (per % hr.)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SUCTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIRST RESPONDER			
INCIDENT NUMBER	DEPT.	UNIT	
TIME	B/P	PULSE	RESP
CARE GIVEN			

BILLING INFORMATION	
MEDICARE	MEDICAID
BILL TO	RELATIONSHIP
ADDRESS	
PHONE	
<input type="checkbox"/> PRIVATE NO. INS.	<input type="checkbox"/> PRIVATE INS.
<input type="checkbox"/> MEDICARE	<input type="checkbox"/> MEDICAID
<input type="checkbox"/> OTHER	<input type="checkbox"/> WORKMANS COMP.
	<input type="checkbox"/> V.A.

TIME	B/P	PULSE	RESP

EMPLOYER INFORMATION	
PLACE OF EMPLOYMENT	PHONE
ADDRESS	

DIAG.	DIAG.	DIAG.	DIAG.	MED. REF.	UPGRADED ENROUTE YES NO	CPR YES NO
-------	-------	-------	-------	-----------	----------------------------	---------------

REMARKS (S.O.A.P.)

REPORTED BY	RECEIVING PHYSICIAN
CREW	TELEMETRY PHYSICIAN
	REVIEWED BY

PATIENT AUTHORIZATION

I, the undersigned, authorize payment directly to AM/STAT Medical Transportation of benefits which are payable to me for the charges incurred for and during medical transportation and related procedures; these benefits are not to exceed regular charges for the type of service provided. If entitled to Medicare or other insurance benefits, I authorize a release of any medical or other information needed for this or any related claim about me, by any holder of such information, to or between Medicare administration, its carriers or intermediaries, or AM/STAT Medical Transportation. A copy of this Patient Authorization may be substituted for the original. I accept personal financial responsibility to AM/STAT Medical Transportation for charges not covered by this authorization; I hereby guarantee payment of all charges within thirty (30) days; should collection procedures be instituted, I further agree to pay all collection charges incurred, including any attorney's fees. I also understand I may be responsible for any portion of these charges not paid or not covered by insurance.

Signature _____ Patient or Authorized Agent (Guardian)

RELEASE/REFUSAL OF TREATMENT OR RECOMMENDED DESTINATION:

I hereby certify that I REFUSE ALL TREATMENT AND/OR TRANSPORTATION offered by AM/STAT Medical Transportation for: ___ Myself; ___ Spouse; ___ Son; ___ Daughter; ___ Other _____.

And/or I hereby certify that I REFUSE TRANSPORTATION TO THE CLOSEST OR MOST APPROPRIATE HEALTH CARE FACILITY, for: ___ Myself; ___ Spouse; ___ Son; ___ Daughter; ___ Other _____, including transportation to _____, for reasons of my own, acknowledging I have been advised by AM/STAT Medical Transportation Personnel that their recommended treatment and/or transportation may be necessary to preserve life or promote recovery. I (we) accept all responsibility connected with refusal to follow AM/STAT Medical Transportation recommendation(s), and hereby release AM/STAT Technicians, Paramedics, Officers and Agents for any and all liability should any detrimental results occur from my (our) refusal to follow treatment or transportation advised by AM/STAT Medical Transportation Personnel.

Patient or Authorized Agent (Guardian) _____

Witness _____

RUN REVIEW REQUESTED/DESCRIPTION:

Orig
8 1/2 x 14



TRAUMA / HEAD INJURY / SPINAL CORD INJURY REGISTRY

1. PATIENT INFORMATION (to be completed by EMS provider or hospital responsible for initial care)

PATIENT NAME (LAST, FIRST)	AGE	RACE: <input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN/P.I. <input type="checkbox"/> BLACK <input type="checkbox"/> NATIVE AMER. <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN	SEX: <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF INJURY _/_/___	TIME OF INJURY _:_:___
----------------------------	-----	---	---	---------------------------	---------------------------

2. TRAUMA SCORECARD (to be completed by EMS)

RUN REPORT #	TIME ARRIVED AT SCENE	B.P.	GLASGOW COMA SCALE SCORE:			<input type="checkbox"/> OBEYS COMMANDS = 6
			<input type="checkbox"/> SPONTANEOUS = 4	<input type="checkbox"/> ORIENTED = 5	<input type="checkbox"/> LOCALIZES PAIN = 5	TOTAL []
TIME ALERT CALLED	SUS. FRACTURE <input type="checkbox"/> YES <input type="checkbox"/> NO	RESP. RATE	EYE <input type="checkbox"/> TO VOICE = 3	VERBAL <input type="checkbox"/> CONFUSED = 4	MOTOR <input type="checkbox"/> WITHDRAW (PAIN) = 4	
			OPEN <input type="checkbox"/> TO PAIN = 2	RESPONSE <input type="checkbox"/> INAPP. WORDS = 3	<input type="checkbox"/> FLEXION (PAIN) = 3	
ANATOMY OF INJURY: <input type="checkbox"/> 2°/3° ▶ 15% BSA		<input type="checkbox"/> AMPUTATION PROX. TO WRIST OR ANKLE	STEERING WHEEL DEFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO		INTUBATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> AIRWAY OBSTRUCTED <input type="checkbox"/> TRANSPORT
<input type="checkbox"/> PARALYSIS		<input type="checkbox"/> PENETRATING INJURY TO HEAD, NECK, CHEST, ABDOMEN OR GROIN			<input type="checkbox"/> HYPERVENTILATE	<input type="checkbox"/> OTHER
PROTECTIVE DEVICES: <input type="checkbox"/> SAFETY BELTS <input type="checkbox"/> HELMET <input type="checkbox"/> SAFETY HARNESS <input type="checkbox"/> INFANT/CHILD SEAT <input type="checkbox"/> AIR BAG <input type="checkbox"/> PROT. CLOTHING/PADDING		CAUSE OF INJURY: <input type="checkbox"/> MVA <input type="checkbox"/> FALL <input type="checkbox"/> OTHER <input type="checkbox"/> GSW <input type="checkbox"/> BURN		MEDICATION: MED. _____ DOSE MED. _____ DOSE		
FLUIDS: <input type="checkbox"/> LACTATED RINGERS <input type="checkbox"/> NORMAL SALINE _____ AMT.		ALS NON-TRANSPORT SERVICE NAME ID#		EMS TRANSPORT SERVICE NAME ID#		EMS TRANSPORT SERVICE NAME ID#

3. EMERGENCY DEPARTMENT (to be completed by hospital initially receiving patient)

HOSPITAL NAME		HOSPITAL ID #		MED. RECORD #		ARRIVED BY: <input type="checkbox"/> GROUND AMBULANCE <input type="checkbox"/> OTHER <input type="checkbox"/> AIR AMBULANCE	
DATE ARRIVED AT ED	TIME ARRIVED AT ED TREATMENT AREA	TIME GENERAL SURGEON ARRIVED	EXPIRED ON ARRIVAL AT ED? <input type="checkbox"/> YES <input type="checkbox"/> NO	SYSTOLIC B.P.	RESP. RATE	GLASGOW COMA SCALE SCORE EYE _____ VERBAL _____ MOTOR _____	
DISPOSITION: <input type="checkbox"/> OR <input type="checkbox"/> LEFT AMA <input type="checkbox"/> EMERGENCY INTER-HOSPITAL TRANSFER <input type="checkbox"/> FLOOR <input type="checkbox"/> MORGUE <input type="checkbox"/> ICU <input type="checkbox"/> DISCHARGED HOME						TIME TO DISPOSITION SITE	
NAME OF TRANSPORT SERVICE							

4. SUBSEQUENT EMERGENCY DEPARTMENT (to be completed by a second ED in cases of emergency inter-hospital transfers)

HOSPITAL NAME		HOSPITAL ID #		MED. RECORD #		ARRIVED BY: <input type="checkbox"/> GROUND AMBULANCE <input type="checkbox"/> OTHER <input type="checkbox"/> AIR AMBULANCE	
DATE ARRIVED AT ED	TIME ARRIVED AT ED TREATMENT AREA	TIME GENERAL SURGEON ARRIVED	EXPIRED ON ARRIVAL AT ED? <input type="checkbox"/> YES <input type="checkbox"/> NO	SYSTOLIC B.P.	RESP. RATE	GLASGOW COMA SCALE SCORE EYE _____ VERBAL _____ MOTOR _____	
DISPOSITION: <input type="checkbox"/> OR <input type="checkbox"/> LEFT AMA <input type="checkbox"/> EMERGENCY INTER-HOSPITAL TRANSFER <input type="checkbox"/> FLOOR <input type="checkbox"/> MORGUE <input type="checkbox"/> ICU <input type="checkbox"/> DISCHARGED HOME						TIME TO DISPOSITION SITE	
NAME OF TRANSPORT SERVICE							

5. DISCHARGE INFORMATION (to be completed by definitive care hospital when the patient is discharged from acute care)

DATE OF DISCHARGE/DEATH	NATURE OF INJURY (list three most severe ICD-9-CM codes)	E CODE (ICD-9-CM) E _____	CO. OF RESIDENCE	REGISTRIES: <input type="checkbox"/> TRAUMA <input type="checkbox"/> SPINAL CORD INJURY <input type="checkbox"/> HEAD INJURY
DISPOSITION: <input type="checkbox"/> HOME/SELF CARE <input type="checkbox"/> STEP DOWN FACILITY <input type="checkbox"/> REHABILITATION FACILITY <input type="checkbox"/> HOME/MED. CARE <input type="checkbox"/> SKILLED NURSING HOME <input type="checkbox"/> DECEASED				
NAME OF FACILITY				
DISCHARGE STATUS: SELF FEEDING: <input type="checkbox"/> INDEPENDENT <input type="checkbox"/> WITH DEVICE <input type="checkbox"/> DEPENDENT <input type="checkbox"/> UNKNOWN LOCOMOTION: <input type="checkbox"/> INDEPENDENT <input type="checkbox"/> WITH DEVICE <input type="checkbox"/> DEPENDENT <input type="checkbox"/> UNKNOWN EXPRESSION: <input type="checkbox"/> INDEPENDENT <input type="checkbox"/> WITH DEVICE <input type="checkbox"/> DEPENDENT <input type="checkbox"/> UNKNOWN		COMPLICATIONS: <input type="checkbox"/> YES <input type="checkbox"/> NO	DAYS IN ICU	PATIENT #
PATIENT'S HOME ADDRESS: STREET ADDRESS		CITY	STATE	ZIP CODE
WORK RELATED INJURY: <input type="checkbox"/> YES <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NO				



OFFICE OF EMERGENCY MEDICAL SERVICES

TRAUMA TRANSPORT LOG

NAME OF SERVICE _____

ID # _____ REPORTING PERIOD _____

CONTACT PERSON _____

PHONE NUMBER _____ PAGE ____ OF ____

TRAUMA REGISTRY #	RUN REPORT #	TRANSPORT DATE _/_/___	CO. OF INJURY	AMBULANCE TIMES CALL REC'D. _____ ARRIVED HOSP. _____ ALERT CALLED _____ TO OTHER EMS _____ DEPARTED SCENE _____
TRANSFERRED TO: (NAME OF <input type="checkbox"/> HOSPITAL, <input type="checkbox"/> EMS)				TRAFFIC ACCIDENT REPORT #

TRAUMA REGISTRY #	RUN REPORT #	TRANSPORT DATE _/_/___	CO. OF INJURY	AMBULANCE TIMES CALL REC'D. _____ ARRIVED HOSP. _____ ALERT CALLED _____ TO OTHER EMS _____ DEPARTED SCENE _____
TRANSFERRED TO: (NAME OF <input type="checkbox"/> HOSPITAL, <input type="checkbox"/> EMS)				TRAFFIC ACCIDENT REPORT #

TRAUMA REGISTRY #	RUN REPORT #	TRANSPORT DATE _/_/___	CO. OF INJURY	AMBULANCE TIMES CALL REC'D. _____ ARRIVED HOSP. _____ ALERT CALLED _____ TO OTHER EMS _____ DEPARTED SCENE _____
TRANSFERRED TO: (NAME OF <input type="checkbox"/> HOSPITAL, <input type="checkbox"/> EMS)				TRAFFIC ACCIDENT REPORT #

TRAUMA REGISTRY #	RUN REPORT #	TRANSPORT DATE _/_/___	CO. OF INJURY	AMBULANCE TIMES CALL REC'D. _____ ARRIVED HOSP. _____ ALERT CALLED _____ TO OTHER EMS _____ DEPARTED SCENE _____
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TRANSFERRED TO: (NAME OF <input type="checkbox"/> HOSPITAL, <input type="checkbox"/> EMS)				TRAFFIC ACCIDENT REPORT #

HILLSBOROUGH COUNTY EMERGENCY MEDICAL SERVICES

SPECIFICATIONS FOR

THREE TRAUMA SOFTWARE PACKAGES

1. **Purpose:** The purpose of the following specifications is to describe the Department's requirements for three (3) trauma registry software packages. This software will be utilized by the newly formed trauma agency section of EMS to track trauma patients from the prehospital setting through the emergency department, operating room, intensive care unit, rehabilitation, and discharge or death.
2. **Scope:** The attached outline of the Hillsborough County Trauma System will provide additional system information.

REPORT GENERATION

- Ability for the user to define reports based on any fields in the database.
- Output formats for bar charts, pie charts, 3D bar charts, scatter diagrams and regression plots.
- TRISS analysis.
- Age and severity distributions.
- Mortality distribution.
- Cause of Injury.
- Procedures: pre-hospital, emergency room, operating room.
- Response Time: pre-hospital, trauma team, physician.

SECURITY

- Data entry level.
- Report generation level.
- Report execution level.
- Database and screen modification level.

GENERAL

- Bidder must have installed at least 20 trauma registry packages.
- Cost: Software (3 copies) _____
Training _____

◦ **Items Required:**

Three (3) copies, Trauma Registry Software packages

Training in use and maintenance of the system for all users, to be conducted in one session.

Communications

- Ability to accept useable data from Clinical Data Management's Trauma Base, currently in use at Tampa General Hospital.
- Ability to receive data from trauma centers via modem.
- Ability to transfer data with trauma centers in other counties when agency is expanded to regional trauma coordination.

Data entry and editing

- Ability for users to define fields in the database and on screens.
- Keyboard and Mouse data entry capabilities.
- User definable lookup table capability for all fields in the database.
- Ability to modify lookup tables during use.
- User definable edit checks for all fields including:

Ranges

Alpha/Numeric lockout
Lookup table verification

- ICD-9 and AIS code lookup tables.
- Capability to retrieve date and time from system clock in either 12 or 24 hour format.
- Automatic calculation of:

Automatic calculation of severity scores, probabilities of survival trauma score, Glasgow coma score, pediatric trauma score and related trauma patient scoring methods.

EVALUATION

The process of evaluation is one of the most critical aspects of a trauma system. While each component has its own evaluation process, only a coordinating oversight agency can view and evaluate the functioning of the system as an integrated whole. No single component has sufficient information to accomplish this by itself, no matter how well meaning.

Evaluation may be thought of in two phases, although these overlap: medical audit, or the evaluation of care given to a single patient from the time of injury to discharge, release from rehabilitation, or death; and the system audit, or functioning of the coordinated system, including the integration of component services. One may ask the questions, Did this patient receive optimal care? and, Do patients in general receive optimal care in this system?

Individual Patient Audit

The first question is answered by scrutinizing the records of a patient of interest. This has traditionally been done within the component services by supervisors, training officers, or a quality assurance team such as a morbidity and mortality conference. All ALS services and Trauma Centers in Hillsborough County had such quality assurance programs long before the Trauma Agency was dreamt of. Perhaps the agency's emphasis on quality review has reinforced the commitment of the individual services.

The Agency's functions will be to:

1. Using the same audit filters used by component resources, ensure that all patients meeting filter criteria in the trauma registry have been addressed by in-house QA committees as appropriate.
2. Encourage and provide forums for exchange of ideas among QA committees of the various trauma resources.
3. Provide an overall, system-wide QA perspective that is impossible for the individual components.

A two-tiered system will be used for Agency review. All records which have been identified as meeting audit filter criteria (see below) will be given to a subcommittee/working group of the Medical Audit Committee composed of the three Trauma Nurse Coordinators, MAC chair, two ALS representatives (TFR and HCEMS), and any other MAC members who wish to participate. This working group will meet as often and as long as necessary to scrutinize these records, determine which merit full MAC review. They may simply report a summary of records meeting audit criteria for reasons easily identifiable and not requiring or amenable to Agency action, such as lengthy response times during flooding or long on-scene times due to complicated extrication. The working group will identify and gather any further information needed on cases to be reviewed by the MAC, and will arrange for confidential testimony as necessary.

The second tier is the full Medical Audit Committee. Its scope, membership, and operating procedures are covered under "Medical Control and Accountability," F.A.C. 10D-66.105(1)(j).

There are two significant advantages of individual patient review by the Agency:

1. It permits a linear review of the patient's entire episode, including information that would not be available to any single component. This process fosters understanding

among services of other services' constraints, potentials, etc. From this comes understanding of how each service can accomplish its purpose so as to optimize the other services' treatments.

2. It makes accessible to each component, regardless of size, level of activity, or degree of trauma specialization, a "blue-ribbon" panel of paramedics, trauma nurses, emergency physicians, trauma surgeons and other specialists which no single component could probably afford or convene.

A natural question is: What happens if a problem is identified? In every case so far, the commitment of the services involved has resulted in self-correction as soon as the problem was identified and analyzed. Reinforcing the genuine altruism is peer pressure; when a problem has been noted by a multi-service, multi-discipline committee of one's professional peers, few people would not be motivated to take quick corrective action. Should simple reference back to the component service(s) involved, with a requirement to report back to the MAC on corrective actions taken, ever fail to achieve results, the matter could be referred to HRS and/or the appropriate professional board.

System Audit

Do patients in general receive optimal care in this system? This is answered in part by the accumulation of individual patient medical audits, and in part by looking at statistics. Certain statistics have been identified by trauma system specialists as being closely correlated to patient survival, such as response time of prehospital providers, use of appropriate facilities for the patient's injuries, presence of a trauma team on patient arrival, etc. The "bottom-line" statistic is the agreement between expected and actual survival. That is, did the patient succumb to injuries which he or she might have been expected to survive? Or, better: did the patient survive injuries usually fatal? The generally accepted method of answering these questions is the TRISS methodology. (Since it is well known in the trauma systems field, the method is not described here. For details, see C. R. Boyd, et al., Evaluating trauma care: The TRISS method, *J. Trauma*, 27(4):370-378, 1987.)

Reporting. System audit statistics will be compiled and reported to the Medical Audit Committee (MAC) at least monthly, and additional reports will be prepared semiannually and annually. The annual reports will be submitted to HRS within 60 days of completion, as mandated by F.A.C. 10D-66.104(1)(g). The Agency staff will give a "State of the System" report annually (or at requested intervals) to the Hillsborough County Board of County Commissioners. Such reports will specifically include the degree of compliance within licensed prehospital services (ALS and BLS) with the Trauma Scorecard Methodology mandated by F.A.C. 10D-66.100, and the registry reporting requirements described in F.A.C. 10D-66.103. The reports will include a description of the method used to determine levels of compliance.

Selection for Audit

By what criteria are patients selected for audit? The audit "filters" are listed on the following page. At the current stage (manual, except for Tampa General, which already has a computerized registry), patient records are individually skimmed; if they fit one or more of the audit criteria, the corresponding letter is marked on the face sheet so reviewers will know what to focus on. In addition, any case of unusual interest for whatever reason may be pulled for review. When registries have been computerized, records meeting the criteria will be automatically identified and reported.

Presently, records "falling through" are reviewed only by the individual services; after HRS agent status is attained, patient records may be legally released to the Agency for review, and the deliberations of the review committee will be protected from discovery. The audit

committee has been formed and has already met; everything is in place for audits to begin as soon as agent status is achieved.

Computerized Registry. When the computer registries are functioning, each patient's Injury Severity Score (ISS) will be automatically calculated, and the probability of survival calculated from that. The scores for patients from a given time period, prehospital provider, Trauma Center, geographic area, etc. will be plotted. The number of patients expected to survive who didn't is one measure of system success; it should, of course, be minimal. For a short time, this was calculated system-wide (manually, in most cases), but the effort was discontinued until HRS agent status is achieved and the Medical Audit Committee can begin to function; meanwhile, it is calculated routinely only by Tampa General, which has a computerized registry.

Prehospital Services. As mentioned before, each ALS service also has an internal evaluation process. Supervisors and/or training officers are present on many major scenes, and can provide on-the-spot evaluation; often, he or she prepares an oral or written report if there were problems, or if things went especially well. At HCEMS, such reports trigger automatic review and action (if needed) by the Medical Services Manager.

Training officers review run reports (including Form 1728) on all significant trauma. Tampa Fire Rescue's review checksheet is attached as an example of the items evaluated. In addition, Hillsborough County Emergency Medical Services performs an occasional "mass ticket review" in which all run reports for a day or two are reviewed by a team of training officers; this identifies, for example, reports which should have included Form 1728 and didn't, or reports which should have been marked as helicopter transports (all of which are reviewed) but weren't and therefore slipped through without review. A report is also filled out by the senior paramedic on a run with a response time of over 10 minutes, and each of these reports is reviewed by the district officer and medical services manager; a copy of this report is attached.

Hospitals. Each Trauma Center, as mandated by law (Trauma Center Verification Standards, F.A.C. 10D-66 "Part II") also has an internal quality assurance audit, usually referred to as a "Trauma Conference" or "Morbidity and Mortality Conference." Revisions of the T.C. verification standards spell out in fine detail how and by whom these are to be conducted, and by what minimum criteria records are selected for review. The Trauma Agency coordinator has attended most of these conferences.

All of the hospitals responding to a recent survey reported some form of regular quality assurance audit. Many of the non-designated hospitals reported specific trauma reviews; the Agency coordinator will be contacting the appropriate persons for further information and to offer assistance.

Attachments

The "Hillsborough County Trauma Review Form" is the form originally developed to provide a one-page synopsis of care to determine which patients would "fall out" for review during the manual period before all Trauma Centers and the Agency had a computerized registry. It is not currently being used, because the lack of legal protection has stopped the Agency MAC from functioning. Some adaptation of this will be developed (as described under Data Collection) in concert with the registry software designer for use as an initial data collection tool.

The "Medical Audit Filter Key" was used as described above; since it was produced, a draft of the audit filters mandated in the Trauma Center verification standards revision was received. This expanded set of filters is attached as a simple typewritten sheet, since it has not yet been viewed and approved by the Medical Audit Committee. These filters will be programmed into the registry software.

VERIFICATION

It is the responsibility of HRS/EMS (Tallahassee), not that of the local or regional Agency, to verify Trauma Centers. Of course, the Agency coordinator will be working closely with Trauma Centers and Initial Receiving Hospitals, and spending a great deal of time at various sites, and will thereby gain insight into routine compliance with state regulations and standards. Spot checks of run reports and ER logs will be done to determine the level of compliance with completion and submission of 1728 Forms. In the past, the Agency has quickly been informed of any significant variation from trauma transport protocols, and of failures to use trauma alerts appropriately, so the multitude of players in the system is itself acting as a check on compliance.

Further and more sophisticated methods of evaluating compliance will certainly be developed as the system develops.

PROPOSED REVISED AUDIT FILTERS (verbatim from draft revision of T.C. standards)

All trauma deaths

The general surgeon on trauma call did not meet the trauma victim upon trauma victim arrival

A trauma patient with a prehospital EMS scene time greater than 20 minutes

A trauma patient with an emergency department admission systolic blood pressure less than 90 mmHg and total time in the emergency department is over two hours from admission to disposition (including radiology time)

The number of intensive care unit (ICU) days for a trauma patient is greater than twice the average ICU days for trauma patients at the Trauma Center

The neurosurgeon response time is greater than 30 minutes from the time of call in request

A trauma patient admitted to a non-surgical service

A trauma patient returned to the operating room within 48 hours

Abdominal, thoracic, vascular, or cranial operation performed more than 24 hours after admission

All complications

An absence of initial and hourly sequential documentation in emergency department record of physiologic measurements for a trauma patient from emergency department arrival until admission to the operating room, intensive care unit, transfer to another institution, or death, regardless of physical location of patient

A comatose trauma patient leaving the emergency department prior to establishment of a mechanical airway

A trauma patient, with an altered state of consciousness upon emergency department arrival, receiving initial head computerized tomography scan greater than 2 hours after emergency department arrival

A trauma patient with a diagnosis of epidural or subdural brain hematoma receiving a craniotomy greater than 4 hours after emergency department arrival (excluding intracranial pressure monitoring)

Absence of initial and hourly sequential documentation in emergency department record of neurological status evaluations for a trauma patient with a diagnosis of a skull fracture, intracranial injury or spinal cord injury

A trauma patient with a discharge diagnosis of a cervical spine injury not indicated in admission diagnosis

An interval of greater than 8 hours between emergency department arrival and initial operating room treatment for a trauma patient with open fractures resulting from blunt trauma

A trauma patient with a diagnosis of liver or splenic lacerations receiving a laparotomy

greater than 2 hours from emergency department arrival (excludes patients who do not require surgery)

A trauma patient with a gunshot wound or stab wound to the torso or neck who does not receive surgery

A trauma patient receiving initial abdominal, thoracic, vascular or cranial surgery more than 24 hours after emergency department arrival

A trauma patient in a transferring hospital more than 30 minutes prior to initiating a transfer to a trauma center

An autopsy was not completed for a trauma death

HILLSBOROUGH COUNTY TRAUMA REVIEW FORM

ISS
CTS
Age
E-code
Pred.Mort.

RS Registry # _____

Response time
_____ min

- M
 F

- Blunt
 Penetrating
 Burn
 Other

Date of injury _____

Time of injury _____

On-scene time
_____ min

Age _____ DOA

Difficult/long extrication

Transport time
_____ min

Initial BP ____/____ Initial GCS _____

CPR

Prehosp. ID Code

Air Ground

Initial R _____ Initial CTS _____

Intubation

29-C

TOTAL TIME
_____ MIN

Initial P _____ Initial PTS _____

ET PIL EGTA

29-H

PREHOSPITAL

Prehospital Trauma Alert? Y N N/A

MAST

Met by Trauma Team? Y N N/A

IV

Chest Decompression

Time in

Initial BP ____/____ Initial GCS _____

CPR

HCCB #:

Final time out

Initial R _____ Initial CTS _____

Tracheal intubation

Initial P _____ Initial PTS _____

Thoracostomy

Blood products: No. of units _____

ABGs: Time drawn _____

Time surgeon called _____

Time surgeon arrived _____

Abnormal results:

BA _____

Amphetamines

PO₂ _____ PCO₂ _____ pH _____

Cocaine

THC

Narcotics

DX/Major findings in ED: _____

TOTAL TIME
_____ HR

EMERG. DEPT.

Disposition from ED: OR ICU Floor Transfer D/C Left AMA Expired

Time in

Date in _____ Blood products: No. of units _____ Code 19 in OR

Time out

ICD-9 _____ (_____) ICD-9 _____ (_____)

TOTAL TIME
_____ HR

ICD-9 _____ (_____) ICD-9 _____ (_____)

SURGERY

ICD-9 _____ (_____) ICD-9 _____ (_____)

Disposition from OR: ICU Floor Expired

TOTAL L.O.S.
HOSPITAL

Injury variance, signif. complications (ICD-9, date) _____

DAYS

Final disposition from hospital: Home SNF Rehab Morgue M.E. Autopsy? Y N

Final DX _____

Apparent cause of death (specific) _____

BA _____

Other significant abnormal findings _____

Cocaine

Narcotics

Barbiturates

Amphetamines

If no report, why? _____

TAMPA FIRE DEPARTMENT
 RESCUE DIVISION
 TAMPA, FLORIDA

QUALITY ASSURANCE REVIEW CRITERIA
 FOR TRAUMA PATIENTS

INCIDENT # _____ DATE _____ DATE OF REVIEW _____

RESCUE UNIT NUMBER A B C _____ PATIENT'S NAME _____

LT. _____ DR. _____ REVIEWERS NAME _____

- | | | | |
|--|-----|----|-----|
| 1. Was type of call received as noted? | YES | NO | N/A |
| 2. Was dispatch, on scene, left scene, time at hospital and time in service noted? | YES | NO | N/A |
| 3. Was response time less than 8 minutes? | YES | NO | N/A |
| 4. Was on scene time less than 15 minutes? | YES | NO | N/A |
| 5. Was unit out of service less than 40 mins. | YES | NO | N/A |
| 6. Was address dispatched to noted? | YES | NO | N/A |
| 7. Was radio physician number noted? | YES | NO | N/A |
| 8. Was back up noted and specified? | YES | NO | N/A |
| 9. Hospital transported to and mileage noted? | YES | NO | N/A |
| 10. Was patient transported to appropriate trauma center? | YES | NO | N/A |
| 11. Can the patient be readily identified, name, address, D.O.B., sex, age, phone number, etc.? | YES | NO | N/A |
| 12. Were the appropriate boxes checked, i.e., chief complaint, how/where found, position found, aid before arrival, description of injury, mechanism of injury & location of injury? | YES | NO | N/A |
| 13. Where vitals taken and noted (at least 2 times) | YES | NO | N/A |
| 14. Was trauma score noted for scene & hospital? | YES | NO | N/A |
| 15. Was level of consciousness documented: | YES | NO | N/A |
| 16. Were distal pulses noted before & after immobilization? | YES | NO | N/A |
| 17. If medications administered were they appropriate for patient's complaints, was dosage correct as per ALS S.O.P.? | YES | NO | N/A |
| 18. If IV started was blood drawn and fluid used appropriate for patient's complaint? | YES | NO | N/A |

Over 10-Minute Delayed Response Form

District: _____ Shift: _____ Date: ____/____/____

Unit: _____ Crew: _____ # _____

_____ # _____

Received Time: _____ Dispatched Time: _____ Arrival Time: _____

Total Response Time: _____ Mileage To Scene: _____

Dispatched From: _____ Zone # _____

Dispatched To: _____

County Box # _____ Corrected Box # _____ Zone # _____

Unit In Primary Zone: _____ Yes _____ No

Call In Primary Response Area: _____ Yes _____ No

Pre-Existing Conditions:

Reason For Delay:

- _____ Rain (light)
- _____ Rain (heavy)
- _____ Fog
- _____ Road Construction
- _____ Traffic
- _____ Train

- _____ See Pre-Existing Conditions
- _____ Wrong Directions
- _____ Distance
- _____ Possible Dispatch Delay
- _____ Other: _____
- _____
- _____

Senior Crew Member: _____ # _____

Reviewing District Officer: _____ # _____

Justified _____ Needs Further Review _____

PUBLIC INFORMATION AND EDUCATION

While public information and education is one of the most important functions of a trauma agency, it has been rather low-key during the critical building phase of Agency development. It will not reach full activity until full-time staff hiring is completed. In the meantime, planning and activities have been accomplished as possible by the coordinator (since late July), the part-time acting medical director and administrative assistant, and an HCEMS employee who has experience in video production.

The public information and education program outlined below is seen as a minimum, provisional listing. All persons involved fully intend to expand this program as soon as staff expansion and initial organizational tasks permit. A more detailed, integrated, long-term public information and education plan will be submitted as an addendum as soon as it is developed.

An important point is that much of the education will be accomplished by the component services. This is a tremendous resource which the Agency could not hope to match on its own. The Agency's role will be to encourage and assist (such as by providing statistics) the development and use of trauma-related educational materials and programs within the individual services, to tell each service what is already available within the other services, to facilitate the sharing of such materials where possible, and to coordinate multi-service presentations.

The Trauma Agency has an obligation to inform county citizens of all ages on at least the following topics:

- that the Agency exists, and what it is
- what trauma is
- how to prevent trauma
- how to provide immediate first aid
- how to access the trauma care system
- why we need trauma centers
- what trauma costs the individual, the family, and the society

The Trauma Agency also has an obligation to heighten awareness of trauma among medical professionals, to enhance knowledge of state-of-the-art trauma care among these professionals, and to encourage networks or formal and informal communication among medical professionals of the various trauma system components.

A discussion of the current and planned programs for several target audiences is followed by a tentative timetable.

GENERAL PUBLIC (ADULT)

A number of local organizations, including most trauma system components, offer CPR classes to the public at minimal or no cost. While this is not trauma-specific training, the Agency hopes to encourage the inclusion of trauma-related considerations in CPR classes.

A variety of media and outlets will be used to inform the public about all the topics listed above, and to persuade people to increase their use of proven preventive measures. In the adult program, the Agency will lean most heavily on a Speakers Bureau, leaflets, newspaper features, televised public service announcements, and displays at shopping malls, fairs, etc.

CHILDREN AND YOUTH

The Agency hopes to have several programs aimed at school-age youth. A library of films and videotapes will be gradually assembled. Currently, the Agency owns one (the American Trauma Society's "Tommy Trauma") and has access to others through the acting medical director and component services. Persons currently teaching at various levels, and one or more representatives of the Board of Education will be asked for advice on how best to integrate materials and programs into the school system.

Preschool children will be targeted either through their parents (such as by providing information on child safety seats to new parents) or directly (such as by the 9-1-1 program and coloring book for daycare centers). The Tampa General Hospital, Hillsborough County Sheriff's Office, and other agencies have developed the "Prescribe a Safe Ride" program on child safety seats, which the Agency enthusiastically supports and hopes to expand.

Realizing that not all school-age youth attend school, or attend any school long enough to benefit from a long-term program, and that these children may be at higher risk of accidental injury, the Agency is considering ways to reach dropouts and children of migrant workers.

Specific high-risk activities will be targeted both through the above programs and by requesting vendors (bicycle shops, motorcycle and ATV shops, swimming pools and home swimming pool builders and suppliers, etc.) to display posters and provide leaflets to their young customers.

HEALTH CARE PROFESSIONALS

The Agency will integrate itself into the continuing medical education programs within the county to:

- * increase awareness of trauma and the magnitude of its effects
- * ensure that all providers recognize serious or potentially serious trauma
- * ensure that all providers understand the legal and medical need to route serious or potentially serious trauma to a Trauma Center
- * improve the quality of trauma care provided at all levels
- * encourage involvement in public education projects

The core of such activities has been and will continue to be the cadre of dedicated nurses, physicians, paramedics and administrators on the Emergency Medical Planning Council's Trauma Agency Steering Committee and the Agency's Medical Audit Committee. These persons unfailingly represent the trauma perspective in all lectures, conferences, staff meetings, etc., in which they participate, as well as in their informal conversations with colleagues.

The Agency will meet with program directors of the Hillsborough Community College Allied Health and Nursing departments and the University of South Florida School of Medicine and School of Nursing, to determine how the Agency can best assist them in increasing educational emphasis on trauma prevention and care, in regular classes and/or in special seminars.

Professional societies (such as the Medical Association, Medical Records Association, Emergency Nurses Association, etc.) will be offered the services of the Speakers Bureau and will be given free literature describing the county's trauma system and the Agency.

A most important Agency program is the sponsorship or coordination of nationally recognized courses such as Pre-Hospital Trauma Life Support (PHTLS) and Basic Trauma Life Support (BTLS) for prehospital providers, Trauma Nurse Core Curriculum (TNCC) for emergency

nurses, and Advanced Trauma Life Support (ATLS) for physicians.

In the coming fiscal year, the Agency will become an institutional member of the American Trauma Society (staff are already individual members) and will participate in and take advantage of a variety of programs and resources at the national and state chapter level.

TIMETABLE

Listed below are educational activities for which a specific date has been set, as well some of the continuous or repetitive programs. This list includes activities for which the Agency is primarily or totally responsible as well as some for which the Agency is partially responsible or is serving as a co-sponsor (usually with a Trauma Center or prehospital service primarily responsible). There may also be trauma-related programs already scheduled by Trauma Centers and other services in which the Agency may be invited to participate.

Recent Activities:

- Sept. 18-20 Multi-service displays on several-block-long pedestrian mall in conjunction with National EMS Week; city and country proclamations emphasizing trauma prevention and care by EMS professionals.
Production and distribution of brochure describing EMS access and capabilities, and referring to HCTA (HCTA)
Distribution of "Year of the Child in EMS" brochures (child safety tips) stamped with HCTA name/address/phone number (HCTA)
- Ongoing Update/refresher training in PHTLS (HCEMS)
- Sept. 21-22 PHTLS Provider/Instructor course (TFD)
- Sept. 22-23 Pediatric Advanced Life Support course (St. Joseph's)
- Ongoing Basic trauma training for BLS providers (volunteer and private) serving as backup to ALS providers (HCEMS)
- Ongoing Screening of several public service announcements (PSAs) previously produced by HCEMS and by the National Highway Traffic Administration, on:
- * existence of Trauma Agency
 - * prevention of hot tap-water scalds
 - * "Don't Guess - Call EMS"
- Ongoing "Prescribe a Safe Ride" child safety seat program (TGH etc.)

Planned Activities:

- October '89 Trauma Nurse Core Curriculum course (St. Joseph's)
- November '89 ATLS course
- December '89 PHTLS Provider course (TFD)
- Jan/Feb '90 TNCC course (TGH)
- March '90 ACLS course (Humana Brandon)

- Ongoing Monthly one-hour trauma presentations for nurses and paramedics (open to medical community) (Humana Brandon)
- Ongoing, beginning in Fall '89 Orientation/refresher on HRS Trauma Registry forms for non-designated hospital personnel (HCTA)
 Production of public education programs on Government Access TV (HCTA, HCEMS)
 Production of PSAs (HCTA/HCEMS)
 Showing of film on teenage drinking and driving in high schools (HCTA)
 Showing of "Tommy Trauma" video in elementary schools (HCTA)
 Speakers for Hillsborough Community College paramedic program (HCTA)
 Involvement in Emergency Awareness Course by HCEMS for Tampa Electric
 Distribution of public hearing synopsis and "condensed version" of Agency Plan to interested parties
- Fall/Winter '89-'90 Trauma scenario training, multi-agency (first responder/BLS/ALS) (HCEMS, HCTA)
- May 1990 Trauma Alert Day (TGH)
 National Trauma Awareness Month - various activities, multiple services
- As requested Presentations for Health Fairs, Career Days, etc.

Currently Under Development:

- * Slide show based on slides from Tampa Fire Rescue, Hillsborough County Emergency Medical Services, and the Medical Examiner's Office.
- * Speakers Bureau, using volunteers from prehospital services, trauma centers, and other trauma system components as well as Trauma Agency staff. This will be supplemented by speakers from the state-level speakers bureau currently being organized.
- * Statistical resource file for media and governmental inquiries, covering local, state and national trauma occurrence and trauma care.
- * Regional trauma conference for health care professionals in 1990 or 1991, with nationally recognized trauma and EMS authorities.
- * Brochure describing trauma, the trauma system concept, the county's system, and the Agency.

ATTACHMENTS

I. EVIDENCE OF LOCAL GOVERNMENT APPROVAL

This evidence consists of copies of a February 1988 proposal and April 1988 briefing (to demonstrate that the Board of County Commissioners was aware of the background and purpose of the proposed trauma agency), and copies of agenda item cover sheets demonstrating Board approval of the grant application for establishing the agency.

II. COPY OF CONTRACTS AND AGREEMENTS

The Agency has not entered into any contracts. The current medical director serves in an acting capacity, and the Agency does not contract with Trauma Centers or EMS providers. Future contracts are anticipated to include a contract for professional services of a medical director, and a contract between the Agency and HRS designating the Hillsborough County Trauma Agency as an agent of HRS; these will be submitted as addenda to this plan.

The signing of survey questionnaires (more fully described in section 10D-66.105(1)(d)) constituted an agreement to participate in the system, as noted in the accompanying letter. The signed questionnaires from hospitals and agencies located or operating in Hillsborough County are attached. (Not included in this copy; on file at HCTA)

III. EVIDENCE OF PUBLIC NOTICE

This evidence consists of photocopies of newspaper advertisements of the public hearing, and of a letter of invitation and list of addressees demonstrating a commitment to involving all interested parties.

IV. PUBLIC HEARING MINUTES

A photocopy of the verbatim, certified transcript of the public hearing held on July 18, 1989 (and advertised as noted above) is attached. The original transcript is on file at Agency headquarters (2709 E. Hanna Ave., Tampa).

THE HILLSBOROUGH COUNTY TRAUMA SYSTEM

PROPOSAL
TO THE
HILLSBOROUGH COUNTY BOARD OF COUNTY COMMISSIONERS

FEBRUARY, 1988

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EXECUTIVE SUMMARY

The creation of regionalized trauma care systems has been effective in many areas of the country in improving the quality of care for trauma victims and significantly decreasing the numbers of preventable deaths. In Hillsborough County, where no organized system currently exists, a study of 1984 data determined that 22.5% of trauma deaths were preventable. Areas which have organized trauma systems in place report preventable death rates of less than 5%.

In addition to the high incidence of death and disability associated with trauma, the cost of trauma is staggering. On a national basis, injury costs our society between 75 and 100 billion dollars annually in direct and indirect expenses. In an effort to reduce the number of preventable trauma deaths, increase the effectiveness of available trauma care, and minimize waste and duplication of services **A UNIFIED, NON-PARTISAN TRAUMA CARE SYSTEM FOR HILLSBOROUGH COUNTY IS PROPOSED.**

The Hillsborough County Trauma System Advisory Committee, the proposed advisory body of the proposed Hillsborough County Trauma System, would coordinate the activities of various prehospital systems, inhospital capabilities of each of the three designated trauma centers, and public awareness and educational programs. This would include the integration of services currently available in the public and private sectors. This proposal is in accordance with the specifications of F.S. 395.031 as delineated in the Trauma Care Act of 1987.

The proposal calls for a commitment by Hillsborough County to provide the coordinating services described. It is impossible at this time to accurately project an annual budget. The first step is to have our present system reviewed and critiqued by an independent outside group of experts. This cost is projected to be \$10,000. A reconstructed approach to the delivery of trauma care through the Hillsborough County Trauma System would benefit the citizens of Hillsborough County by bringing isolated parts of a trauma system into a unified program.

The EMPC, as an advisor to the Hillsborough County Board of County Commissioners, will determine the final composition of the Hillsborough County Trauma System Advisory Committee.

PROPOSAL

It is proposed that the Hillsborough County Board of County Commissioners (BOCC) support the development of ongoing manpower and facilities to plan and coordinate a trauma system for the County.

The Emergency Medical Planning Council will organize the Hillsborough County Trauma System Advisory Committee described at greater length in a later section, BACKGROUND/PURPOSE.

The advisory body, through a Trauma Coordinator, will undertake the work specified in the Trauma Care Act of 1987. The BOCC is asked to support a consultant study of the county to determine specific areas requiring modification to make trauma care of high caliber available to all residents.

Funding for the entire project is to be borne by Hillsborough County on behalf of its total population.

BACKGROUND/PURPOSE

The Committee on Trauma Research of the National Research Council has reported that trauma is responsible for the deaths of more than 140,000 Americans per year. This makes trauma the leading cause of death up to the age of 44 and responsible for the loss of more working years of life than all forms of cancer and heart disease combined.

Since 1966, a national effort has been underway to improve the care available to the trauma patient. In March 1966, the first recognized trauma center was opened at Cook County Hospital in Chicago. Since that time, there has been a national trend towards regionalization and systematic organization of the provisions of trauma care. Studies have demonstrated the efficacy of this approach in reducing preventable trauma deaths, defined as death secondary to error or delay in the diagnosis and/or treatment of trauma.

In a 1979 study, 85% of trauma patients who died of injuries other than central nervous system trauma might have survived had they been taken to a trauma center. In San Diego, California, under the auspices of the San Diego Trauma System, a 20% reduction in the preventable death rate was found after the first year of operation of the regionalized trauma system. Experience has taught that preventable death is significantly reduced in centers that deal regularly and frequently with trauma patients.

All citizens of Hillsborough County, as well as our many tourists, deserve prompt, competent, and efficient trauma care when the need arises. The elements of a trauma system already exist here. Hillsborough County is fortunate to have three designated trauma centers. The Tampa General Hospital is a Level I Trauma Center. Humana Hospital Brandon, and St. Joseph's Hospital are designated as Level II Centers. The difference between Level I and Level II Trauma Center include, but are not limited to the presence of an inhouse trauma surgeon and the presence of ongoing research in a Level I center. University Community Hospital has applied for Level II designation.

For the past decade, the county has taken steps to upgrade and expand the level of prehospital emergency care available to its citizens. In 1985, a MEDEVAC helicopter program was implemented by Hillsborough County EMS working in cooperation with the Sheriff's Department. Last year a significant expansion of the EMS service was implemented to meet present and future growth demands in the unincorporated areas of the county. The city of Tampa has also developed a quality paramedic service to serve its citizens. The two paramedic services work closely together and have eliminated the turf problems that plague prehospital care in many areas of the country. Citizens living in urban, suburban, and rural areas of the county can expect to receive

state of the art prehospital care at the paramedic level. In addition, the proposed 911 emergency access telephone system will add significantly to the trauma care program.

The Hillsborough County Trauma System Advisory Committee, the proposed advisory body of the proposed Hillsborough County Trauma System would coordinate the activities of various prehospital systems, inhospital capabilities of each of the three designated trauma centers, and public awareness and educational programs. This would include integration of services currently available in public and private sectors. This proposal is in accordance with the specifications of F.S. 395.031 as delineated in the Trauma Care Act of 1987.

The proposal calls for a commitment by Hillsborough County to provide the coordinating services described. It is impossible at this time to accurately project an annual budget. The first step is to have our present system reviewed and critiqued by an independent outside group of experts. This cost is projected to be \$10,000. A reconstructed approach to the delivery of trauma care through the Hillsborough County Trauma System would benefit the citizens of Hillsborough County by bringing isolate parts of a trauma system into a unified program. Protocols must be developed to assure patients will be treated at the nearest, best-suited facility. Overloading of any one facility (which has happened periodically in the past) must be avoided. Audits of the quality of medical care and services are recommended to ensure standards continue to be met. Assurance of the continuing availability of specialized equipment and personnel must be obtained.

At the present time, Hillsborough County has the majority of the elements needed to create a county wide trauma system. State legislation passed gives the county the authority to bring together the various elements needed for the creation of comprehensive trauma network. The purpose of the Hillsborough County Trauma System Advisory Committee will be to plan, implement and evaluate a regionalized, systematic approach to the management of trauma in Hillsborough County.

DESCRIPTION OF THE ORGANIZATION

The Hillsborough County Trauma System Advisory Committee is an organization composed of representatives from each component of the system. This includes physicians, administrators, county EMS, fire rescue departments of included municipalities, Hillsborough County BOCC and EMPC. (Administrative representatives from each Hillsborough County Trauma Center must support the Advisory Committee. Such support will be necessary to implement action recommended by this committee).

The county-appointed Emergency Medical Planning Council (EMPC) will determine the final composition of the advisory body. The Hillsborough County Trauma System Advisory Committee will be administratively located within the Emergency Medical Planning Council.

The EMPC has designated a sub-committee to oversee the development of the Hillsborough County Trauma System. The current membership of that subcommittee is likewise found in the appendix.

SCOPE OF WORK

The Hillsborough County Trauma System Advisory Committee will develop and submit to the Department of Health and Human Resources (HRS) an organizational plan for a county-wide trauma care system. The following components are integral to a successful county-wide system:

- Commitments to ensure success of the project from organizations including, but not limited to, the Hillsborough Board of County Commissioners, the Tampa Area Hospital Council, Inc., the Hillsborough County prehospital care providers, and the health care facilities in Hillsborough County.
- An organizational structure of the trauma system.
- Regionalization of specialized trauma care.
- Definition of the trauma patients to be included in the Hillsborough County Trauma System.
- Provisions for interfacility transfer.
- Prehospital care management guidelines for triage and transportation.
- Guidelines concerning the availability and qualifications of the health care personnel, including surgeons, who treat trauma patients at existing trauma facilities.
- Resources and equipment needed by the trauma facilities to treat trauma cases.
- Emergency Medical Services communication system, usage and dispatching.
- Standardized trauma registries for each trauma facility with summary data collated by the Hillsborough County Trauma System Coordinator.
- Quality control and system evaluation through quality assurance programs utilizing the standardized trauma registries.
- Ongoing data collection regarding the system's operation and patient outcomes.
- A periodic evaluation of the trauma system and its components.
- The coordination of air transport services.

- Coordination between the verified trauma care facilities and non-verified healthcare facilities and especially their emergency rooms.
- Standardized emergency department diversion policy for each trauma center emergency department.
- Public and professional information and education about prevention of trauma, trauma care, and the trauma system.
- Integration with disaster planning in conjunction with day to day management of Hillsborough County trauma patients.
- Medical and administrative control and accountability.
- The understanding that the Hillsborough County Trauma System is a forum for organizing trauma patient care voicing problems regarding trauma patient care, a forum for solving problems pertinent to trauma care within Hillsborough County. Implicit within this understanding is that resources will be available to the Hillsborough County Trauma System to solve problems unforeseen at this time.

The Hillsborough County Trauma System Advisory Committee will prepare an annual plan and budget for the care of trauma patients and for the funding of the trauma care system. This plan and budget will be prepared for the beginning of each County fiscal year. This annual plan will subject the program to peer review and review by HRS.

The Hillsborough County Trauma System Advisory Committee may from time to time recommend to the BOCC the adoption of ordinances governing the transport, receiving or treatment of patients falling within the purview of a trauma system. Such regulations are intended to insure that individual patients receive appropriate medical care while protecting the interest of the community at large by making maximum use of available emergency medical care resources.

The Hillsborough County Trauma System Advisory Committee will solicit public input into the development and operation of the system. It will assist any provider who wishes to become an integral part of the trauma system by providing information or sharing data as necessary.

The Hillsborough County Trauma System Advisory Committee will undertake special ad hoc studies as appropriate and as funding can be obtained. It will work closely with the Health Council of West Central Florida (HCWCF) especially in the area of demographics and other health planning parameters.

The Hillsborough County Trauma System Advisory Committee will stay current with the latest guidelines standards and criteria

developed by the American College of Surgeons and other specialized physician providers expertise in emergency and trauma care. National standards will be reviewed and adopted as necessary to assure excellent care within the trauma system.



UNIVERSITY OF SOUTH FLORIDA

MEDICAL CENTER
COLLEGE OF MEDICINE
DEPARTMENT OF SURGERY
ONE DAVIS BOULEVARD, SUITE 703
TAMPA, FLORIDA 33606

813: 253-6001

ALEXANDER S. ROSEMURGY II, M.D.
ASSISTANT PROFESSOR
DEPARTMENT OF SURGERY
GENERAL/CLINICAL SURGERY

August 7, 1987

Sylvia Campbell, M.D.
4301 North Habana Avenue #4
Tampa, Florida 33607

Dear Dr. Campbell:

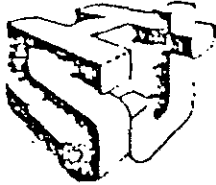
This letter is written to support the development of a Hillsborough County Trauma System through the efforts of the Emergency Medical Clinic Council of Hillsborough County. As the Director of The Regional Trauma Center at The Tampa General Hospital and as the University of South Florida Department of Surgery's designated to assist in trauma care development, I support the development of the Hillsborough County Wide Trauma System. Furthermore, I desire to represent the Tampa General Hospital and the University of South Florida Department of Surgery in on-going discussions regarding the organization of such a system. Clearly, this system will have an impact upon the Tampa General Hospital and upon the University of South Florida and I desire to represent them in this development.

Please do not hesitate to call upon me if I may be of further help in the organization of a county wide system.

Sincerely,

Alexander S. Rosemurgy, M.D.

AR:bf



St. Joseph's Hospital

3001 West Buffalo Avenue
P.O. Box 4227
Tampa, Florida 33677
Telephone (813)870-4777

July 17, 1987

Sylvia D. Campbell, M.D., P.A., F.A.C.S.
4301 North Habana Avenue, #4
Tampa, FL 33607

Dear Dr. Campbell:

In response to your letter of July 13, 1987, I am pleased to inform you that St. Joseph's Hospital is supportive of the establishment of a County Wide Trauma System for Hillsborough County and is committed to participating in this system once it is developed.

Sincerely,

Charles F. Scott
Vice President

CFS/dp

EMERGENCY MEDICAL PLANNING COMMITTEE AD HOC COMMITTEE
HILLSBOROUGH COUNTY TRAUMA SYSTEM DEVELOPMENT

Sylvia Campbell, M. D. - Chairman, Ad Hoc Committee; Vice Chairman, Emergency Medical Planning Council; Vice Chairman, Florida State Committee on Trauma.

Michael Cichon, M.D. - Immediate Past President of Emergency Medical Planning Council.

George Watkins, M.D. - Past Professor, Dept. of Surgery USF College of Medicine.

Donald Mellman, M.D. - Chairman, Emergency Medical Planning Council.

Fred Reddy, M.D. - Immediate Past Chairman Trauma Committee, St. Joseph Hospital.

Donald Temple, M.D. - General Trauma Surgeon

Edward Straub, M.D. - Medical Director, Emergency Medical Services.

John Siano, M.D. - Medical Director, City of Tampa Fire Rescue Division

Peter Lardizabal, M.D. - Medical Examiner, Hillsborough County

Alexander Rosemurgy, M.D. - Associate Professor, Dept. of Surgery USF College of Medicine.

Stewart Siddal, M.D. - General/Trauma Surgeon Hillsborough County Mass Casualty Coordinator.

Chief Aubrey Grant - Rescue Chief, City of Tampa Fire Department (Fire Rescue)

Jim Algood - Director, Emergency Medical Services, Hillsborough County

Leo Matti - Executive Director, Tampa Area Hospital Council, Inc.

Bill Sheubrooks - Training Coordinator, EMS; Executive Secretary, Emergency Medical Planning Council

Barbara Cordell, R.N. - Assistant Vice President, Patient Services, Tampa General Hospital

Wynton Hall, M.D. - Chief of Trauma, Brandon Humana Hospital.

BOARD OF COUNTY COMMISSIONERS
HILLSBOROUGH COUNTY, FLORIDA

Office of the County Administrator

Larry J. Brown
County Administrator

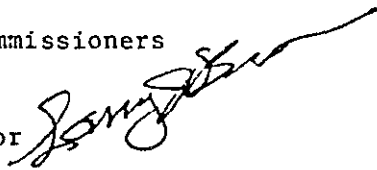


P.O. Box 1110
Tampa, Florida 33601

MEMORANDUM

DATE: March 4, 1988

TO: Board of County Commissioners

FROM: Larry J. Brown
County Administrator 

SUBJECT: Trauma System for Hillsborough County

During the 1987 Session of the Florida Legislature, a Bill was passed requiring the establishment of trauma systems at county or regional levels throughout the State. These systems are now mandated in each community and when there is a failure on the part of local communities to set up trauma systems, the responsibility will fall upon the State through the Department of Health and Rehabilitative Services (HRS). Attached is a copy of the legislation along with a draft of the rules being promulgated by HRS.

The Emergency Medical Planning Council (EMPC) has closely examined the requirements of the trauma system legislation and supports the need for a trauma system being established at the county level. Sometime ago, the EMPC established an ad hoc committee to address the development of a Hillsborough County Trauma System as statutorily required. The Committee was chaired by Sylvia Campbell, M.D. Dr. Campbell also serves as the Vice-Chairman of the Emergency Medical Planning Council and Vice-Chairman of the Florida State Committee on Trauma.

The EMPC Trauma System Committee has prepared a trauma system staff report for the Board of County Commissioners. A copy of this staff report is attached for your review. Further, a workshop has been scheduled for March 10, 1988, at 1:30 P.M. for the Board of County Commissioners.

I have personally met with Dr. Donald Mellman, EMPC Chairman, and Dr. Stewart Siddall, Director of Hillsborough County Mass Casualty Program. Staff has worked closely with the EMPC, and we support their recommendation that we assemble key individuals involved in successful operational trauma systems around

Board of County Commissioners
March 4, 1988
Page Two

the county to work with staff to examine our existing system and recommend a system for our community. The cost to complete this study is estimated at \$10,000, and I would recommend your approval to transfer this amount from budget reserves to an appropriate operational budget to initiate the proposed study.

Should you have any questions, please advise.

LJB/GMR/ds

Attachments

THURSDAY, MARCH 10, 1988

Pursuant to adjournment, the Board of County Commissioners of Hillsborough County, Florida, met in Workshop Session and Regular Session to address the Hillsborough County Trauma System, at 1:30 p.m., in the Board Room, Courthouse, Tampa, Florida.

The following members were present: Chairman Rubin Padgett and Commissioners Pam Iorio, Jan Platt, and Haven Poe. Commissioners Rodney Colson, James Selvey and Pickens Talley were absent.

Chairman Padgett convened the meeting at 2:30 p.m. and apologized for the delay in beginning the meeting. He called on Dr. Sylvia Campbell, Vice Chairman of the Hillsborough County Emergency Medical Planning Council (EMPC), to present the agenda.

Dr. Campbell stated trauma was a significant problem, and the purpose of the workshop was to discuss the development of a system for the care of injured patients in Hillsborough County.

Dr. Campbell reported that trauma was the leading cause of death for individuals between the ages of one and forty-four, and remarkable strides had been made over the past fifteen years in caring for injured patients. The concept of trauma centers (hospitals geared specifically to care for injured patients) had been developed in the 1970s and now a trauma system concept had been developed which integrated all components of injury, i.e. pre-hospital care, emergency room care, hospital care and rehabilitation.

The EMPC began an evaluation of the County's trauma care last spring. While the County had a good pre-hospital system, the County did not have an integrated network for caring for patients from the time of injury until hospital discharge.

Major components of the trauma network include: communication network, transportation system, pre-hospital advanced life support capability, trauma centers, medical advisory governing board with regulatory control, and a trauma registry.

The EMPC recommended that a group of outside experts evaluate the existing trauma care system and recommend needed components for the development of the best trauma system possible. The purpose of the system was to save lives and ensure that the citizens of Hillsborough County would have the best care available. The cost to complete the study was estimated at \$10,000 and recommendations would be presented to the Commissioners following the completion of the study. Dr. Campbell estimated an annual cost of \$100,000 would be required to operate the system.

THURSDAY, MARCH 10, 1988

Mr. Larry Jordan, State Director of Emergency Medical Services (EMS) for the Department of Health and Rehabilitative Services (HRS), stated he was present to discuss the new trauma law passed by the Legislature and the implications of that law on Hillsborough County. Mr. Jordan stated the trauma centers were ineffective without the system to transport the patients to the center. The law contained a trauma scoring system designed to assist EMS providers in identifying trauma patients, and the law required all trauma patients be transported to a trauma center.

Mr. Jordan reported site visit teams would assess the quality of local trauma systems. The State Hospital Cost Containment Board had been mandated to conduct a study of the cost of trauma care and transportation with the objective of developing a reimbursement system for state-sponsored trauma patients. The administration of the trauma law was funded by an additional dime on each motor vehicle registration. He advised the local trauma agency would provide systems management.

Commissioner Poe asked if there were grants available through HRS to fund the trauma system on the local level. Mr. Jordan advised Hillsborough County was currently receiving funds from the EMS grants program and there were additional funds available under a matching program that could both improve and expand pre-hospital EMS.

Chairman Padgett asked what surrounding counties were doing with regard to trauma systems. Dr. Campbell advised that Pinellas County had two trauma centers, but no trauma system. For an initial system, Dr. Campbell stated it was determined to begin with one county and expand to surrounding counties at a later time. Chairman Padgett stated he did not want Hillsborough County funding a trauma system for the utilization of citizens from other counties.

Responding to a question by Commissioner Platt, Mr. Jordan advised Dade and Palm Beach counties were moving forward to establish trauma systems.

Dr. Campbell reported the study would only take a few days to complete once the dates were established. Mr. Gil Rodriguez, Director of Emergency Support, stated staff was recommending the study, referencing a memorandum from County Administrator Larry Brown which recommended the approval of the \$10,000 for the trauma study. He stated the County had received funding from the state for the past two years, which had been used to purchase ambulances, and it was the intention of staff to continue taking advantage of available funds in the future.

Commissioner Iorio moved that we go into regular session so that we can authorize the \$10,000 for the study. The motion was seconded by Commissioner Poe and carried four to zero.

Commissioner Iorio moved that we concur with our Administrator's recommendation and authorize \$10,000 for this trauma study for a system for the County. Commissioner Poe seconded the motion which carried four to zero.

THURSDAY, MARCH 10, 1988

There being no further business, the meeting was adjourned at 3:04 p.m.

READ AND APPROVED:

Kelin E. Sadler
CHAIRMAN

ATTEST:
RICHARD AKE, CLERK

By: *Edna A. Fitzpatrick*
Deputy Clerk

(Tape of the foregoing proceedings is on file in the Records Department, Room #214-H, Courthouse, Reel #496 (218-252). Meeting recorded and transcribed by Gail M. Letzring, Recording Secretary.)

BOARD OF COUNTY COMMISSIONERS
HILLSBOROUGH COUNTY, FLORIDA

Office of the County Administrator

Larry J. Brown
County Administrator



P.O. Box 1110
Tampa, Florida 33601

March 23, 1988

Mr. Larry Snyder
Department of HRS
Emergency Medical Services
1317 Winewood Blvd.
Tallahassee, FL 32399-0700

Re: Matching Grant Proposal

Dear Mr. Snyder:

In response to item 9c of the attached proposal, this is to advise that the Hillsborough County Emergency Medical Planning Council is an advisory body appointed by the Hillsborough County Board of County Commissioners. The EMPC has been involved in the issue of a trauma system for Hillsborough County for almost one year. The EMPC established a trauma system development committee which is chaired by Dr. Sylvia Campbell. The EMPC has been briefed on several occasions by Dr. Campbell and supports the establishment of a trauma system.

Dr. Campbell and myself have closely reviewed the attached proposal and recommend its approval.

Should you have any questions, please do not hesitate to call me at my office (813) 879-8028.

Sincerely,

Donald Mellman, M.D.
Chairman, Emergency Medical Planning Council

DM:cg

cc: Sylvia Campbell, M.D. - Chairperson, Trauma System Development
Committee

BOARD OF COUNTY COMMISSIONERS
HILLSBOROUGH COUNTY, FLORIDA

Office of the County Administrator

Agenda Item Cover Sheet

DATE: April 4, 1988

TO: Board of County Commissioners

FROM: Management Team/ Municipal Services

BY: Originating Department/ Emergency Support Services

SUBJECT: Board Approval of Emergency Medical Services (EMS) Matching Grant Application

RECOMMENDATION:

Request the Board approve submission of a grant application to the State Department of Health and Rehabilitative Services (SHRS) requesting \$53,987 in State EMS Trust Fund monies to establish a countywide trauma system for the period 10/1/88 - 9/30/89, which requires a \$26,994 cash match and \$26,993 in-kind match for a total grant amount of \$107,974.

BACKGROUND:

Florida cities and counties operating EMS systems are now required to comply with the Trauma Care Act of 1987. Requested grant funds will allow Hillsborough County to collect and evaluate trauma patient data, establish procedures to enhance pre-hospital trauma care and reduce preventable trauma deaths. The required cash match will be requested in the Department of Emergency Support Services' 1988-89 budget.

To meet the application deadline, an advance unsigned copy of the application was submitted to HRS in Tallahassee on March 24, 1988 pending Board approval.

Cost: <u>\$53,987 State</u> <u>26,994 Local Cash</u> <u>26,993 Local In-Kind</u> <input type="checkbox"/> <u>\$107,974 Total</u> <input type="checkbox"/> Capital Budget	<input type="checkbox"/> Affected parties notified of meeting. <input checked="" type="checkbox"/> Not required	Attachments: <u>Selected Application Pages</u> _____ _____ <input type="checkbox"/> None <input checked="" type="checkbox"/> Backup on file in County Administrator's Office
<input checked="" type="checkbox"/> Operating Budget \$26,994 <input checked="" type="checkbox"/> Other <u>State HRS</u> <u>\$53,987</u>	Advertised Date: _____ Paper: _____ <input checked="" type="checkbox"/> Not required	
<input type="checkbox"/> Code: _____		

STAFF APPROVAL	Signature	Date	Legal	Signature	Date
A.C.A.	<u>Mc Taylor</u>	<u>4/4/88</u>	<u>N/A</u>	<u>Donald Signal</u>	<u>4/4/88</u>
Dept.	<u>Subriging</u>	<u>4/4/88</u>		<u>Ray Weaver</u>	<u>4/4/88</u>

ACTION TAKEN BY THE BOARD

Approved Disapproved Continued/Deferred Until _____

OTHER: _____

SPECIAL INSTRUCTIONS: _____

Please Forward Original Documents To Chief Deputy Clerk to the Board

From: Department of Administrative Services By: [Signature]

BOARD OF COUNTY COMMISSIONERS
HILLSBOROUGH COUNTY, FLORIDA

Office of the County Administrator

Agenda Item Cover Sheet

DATE: December 5, 1988

TO: Board of County Commissioners

FROM: Management Team/ Municipal Services

BY: Originating Department/ Emergency Medical Services

SUBJECT: Matching Grant Agreement With HRS For Development Of A County-wide Trauma System

RECOMMENDATION:

Request the Board approve an agreement with the Florida Department of Health and Rehabilitative Services (Matching Grant No. LPN25) to establish a county-wide trauma system for the period 10/1/88 - 9/30/89. The grant amount is \$53,987 and requires a \$26,994 cash match and 26,993 in-kind match for a total of \$107,974.

BACKGROUND:

Florida cities and counties operating EMS systems are required to comply with the Trauma Care Act of 1987. The requested grant funds will allow Hillsborough County to collect and evaluate trauma patient data, establish procedures to enhance trauma care and reduce preventable trauma deaths.

The Board approved submittal of a grant application for the trauma system on April 4, 1988. HRS has approved the county's grant application, and submitted the attached agreement for payment of the grant funds. On October 5, 1988 the Board approved the relocation of this project from the Department of Emergency Support Services to the Department of Emergency Medical Services.

Cost: \$53,987 - State \$26,994 - Local Cash <input checked="" type="checkbox"/> \$26,993 - Local In-Kind \$107,974 - Total <input checked="" type="checkbox"/> Capital Budget <input checked="" type="checkbox"/> Operating Budget <input type="checkbox"/> Other _____ <input type="checkbox"/> Code: _____	Affected parties notified of meeting. <input type="checkbox"/> Not required Advertised Date: _____ Paper: _____ <input type="checkbox"/> Not required	Attachments: <u>HRS Agreement</u> _____ _____ <input type="checkbox"/> None <input checked="" type="checkbox"/> Backup on file in County Administrator's Office
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STAFF APPROVAL Signature: <u>Sam N. Blick</u> Date: <u>12/5/88</u> A.C.A. <u>James M. Alford</u> <u>12-5-88</u> Dept. _____	Legal: <u>[Signature]</u> Date: <u>12/8/88</u> Fiscal: <u>[Signature]</u> Date: <u>12/7/88</u> Contract: <u>[Signature]</u> Date: <u>12/6/88</u>
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ACTION TAKEN BY THE BOARD

Approved Disapproved Continued/Deferred Until _____

OTHER: _____

SPECIAL INSTRUCTIONS: _____

Original Documents Forwarded To Chief Deputy Clerk

From: Department of Administrative Services By: BBR (11)

BOARD OF COUNTY COMMISSIONERS
HILLSBOROUGH COUNTY, FLORIDA

Office of the County Administrator

Agenda Item Cover Sheet

DATE: September 22, 1988

TO: Board of County Commissioners

FROM: Management Team/ Municipal Services

BY: Originating Department/ Emergency Medical Services

SUBJECT: Revised Trauma System Grant Application

RETURN TO →

RECOMMENDATION:

Request the Board approve a revised grant application to the State Department of Health and Rehabilitative Services requesting \$53,987 in State EMS Trust Fund monies to establish a countywide Trauma System for the period 10/1/88 - 9/30/89. This grant requires a \$26,994 cash match and \$26,993 in-kind match for a total of \$107,974.

BACKGROUND:

Florida cities and counties operating EMS systems are required to comply with the Trauma Care Act of 1987. Requested grant funds will allow Hillsborough County to collect and evaluate trauma patient data, establish procedures to enhance trauma care and reduce preventable trauma deaths.

HRS has approved the original grant application. Based on the recommendations of the Trauma System Review Team, the revised grant application places the Trauma System under the Department of Emergency Medical Services instead of the Department of Emergency Support Services.

Cost: <u>\$ 53,987 State</u> <u>26,994 Local Cash</u> <u>26,993 Local in-Kind</u> <u>\$107,974 Total</u> <input checked="" type="checkbox"/> Capital Budget <input checked="" type="checkbox"/> Operating Budget <input type="checkbox"/> Other <u>State HRS</u> <u>\$53,987</u> <input type="checkbox"/> Code:	<input checked="" type="checkbox"/> Affected parties notified of meeting. <input type="checkbox"/> Not required Advertised Date: _____ Paper: _____ <input checked="" type="checkbox"/> Not required	Attachments: <u>Revised grant application</u> <u>Trauma System Review</u> <u>Team Report</u> <input type="checkbox"/> None <input checked="" type="checkbox"/> Backup on file in County Administrator's Office
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STAFF APPROVAL A.C.A. <u>Ray A. Blisk</u> <u>9/23/88</u> <u>CK</u> Dept. <u>James M. Boyd</u> <u>9-22-88</u> <u>CK</u>	Legal <u>[Signature]</u> <u>9/23/88</u> Fiscal <u>[Signature]</u> <u>9-22-88</u> Contract <u>[Signature]</u> <u>9-22-88</u>
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ACTION TAKEN BY THE BOARD

Approved Disapproved Continued/Deferred Until _____

OTHER: _____

SPECIAL INSTRUCTIONS: _____

Original Documents Forwarded To Chief Deputy Clerk

From: Department of Administrative Services By: [Signature] (1)

PUBLICATION OF HEARING

As noted at the base of this legal advertisement, it appeared in the *Tampa Tribune* on June 11 and 12, 1989, more than 30 days before the hearing on July 18, 1989.

THE TRIBUNE
COMPANY
P.O. Box 191
Tampa, Florida 33601

A public hearing on implementation of a coordinated trauma care system in Hillsborough County, under the guidance of the Hillsborough County Trauma Agency, will be held July 18, 5:30 p.m., at 2709 E. Hanna Ave., Tampa. For further information, call 272-6600. 7/11,12/89

In addition, the following items demonstrate a commitment to not only the letter but the spirit of the law by inviting wide involvement in the developing Trauma Agency and system through the public hearing:

* The hearing was also advertised in the "Events Calendar" of the Tampa Edition of the *St. Petersburg Times*.

* The attached letter of invitation (accompanied by a one-page description of the agency's plans) was sent to 57 "interested parties," including:

Administrators of all hospitals in Hillsborough County, plus Manatee Memorial and Lakeland Regional Medical Center
Chief flight nurses: Aeromed 1, Care Flight, Bayflite
Trauma Nurse Coordinators and Trauma Service Directors of Trauma Centers in Hillsborough County
Other Medical Audit Committee members
Tampa Fire Department
Temple Terrace Fire Department
Hillsborough County Fire Department
Volunteer and private BLS providers
Hillsborough County legislative delegation members
U.S. Rep. Sam Gibbons
U.S. Sen. Bob Graham
Hillsborough County Board of County Commissioners
Tampa Mayor Sandra Freedman
Asst. Hillsborough County Administrator Larry Blick
9-1-1 Director B.J. Thomas
Connie Samia, Southwest Florida Blood Bank (sent later than others)
copies to Larry Gispert, Dir. of Emergency Dispatch Operations, and
Mike Foerster, Hillsborough County Public Information Officer

BOARD OF COUNTY COMMISSIONERS
HILLSBOROUGH COUNTY, FLORIDA
DEPARTMENT OF EMERGENCY MEDICAL SERVICES

Larry J. Brown
County Administrator

James Algood
Director



P.O. Box 310398
Tampa, Florida 33680
(813) 272-6600

HEARING PROCEDURES
for
HILLSBOROUGH COUNTY TRAUMA SYSTEM IMPLEMENTATION
PUBLIC HEARING
July 18, 1989

These are guidelines for smooth conduct of this public hearing so that all interested parties will have an opportunity to comment within a humanly tolerable time limit.

This hearing begins at 5:30. Short presentations by panel members will provide historical perspective, a brief overview of the system as it currently functions, and an outline of future plans. The remainder of the hearing will be open for public comment.

All people who wish to speak should so indicate when signing in. All hearing attendees are encouraged to sign in, whether or not they wish to speak.

Speakers will be limited to five minutes unless the Hearing Officer specifically grants additional time. If the number of people wishing to speak is unexpectedly large, the Hearing Officer may reduce the allotted time per speaker.

When speaking, please clearly state your name and the agency (if any) you represent. You may present your point of view or information, and/or you may request information from the panel.

This hearing will adjourn not later than 8 p.m.

BOARD OF COUNTY COMMISSIONERS
HILLSBOROUGH COUNTY, FLORIDA
DEPARTMENT OF EMERGENCY MEDICAL SERVICES

Larry J. Brown
County Administrator

James Algood
Director



P.O. Box 310398
Tampa, Florida 33680
(813) 272-6600

June 26, 1989

Connie Samia
Managing Director of Laboratories
Southwest Florida Blood Bank
P.O. Box 2125
Tampa, FL 33601-2125

Dear Ms. Samia:

As mentioned in the Tampa Tribune Sunday and Monday, June 11 and 12, the Hillsborough County Trauma Agency (HCTA) is planning a public hearing on the implementation of a coordinated trauma care system in Hillsborough County.

As an interested party, you may already be aware of how this system is functioning. However, not only is a public hearing required by state law, but it will provide a good forum for all interested parties and the general public to look at the present and future operation of this system so vital to providing optimal trauma care.

Your attendance at the public hearing, July 18, 5:30 p.m. at 2709 E. Hanna Ave. (HCEMS and HCTA headquarters) would be welcome.

A transcript will be available a few weeks after the hearing.

The "agency plan" to be presented to HRS after the hearing is now being prepared. A limited number of copies should be available before the hearing. (In the meantime, we have attached a brief profile.) If you would like to review a copy, or if you have questions about the agency or the system, please call 272-6600 or write to the above address.

Sincerely,

Toni L. Williams

Toni Lewis Williams
Acting Coordinator/Secretary
Hillsborough County Trauma Agency

Attachment

CLERK OF COUNTY COMMISSIONERS
HILLSBOROUGH COUNTY, FLORIDA
DEPARTMENT OF EMERGENCY MEDICAL SERVICES

In Re:

TRAUMA SYSTEM IMPLEMENTATION
PUBLIC HEARING

TRANSCRIPT OF TESTIMONY AND PROCEEDINGS

BEFORE: LARRY BLICK

DATE: Tuesday, July 18, 1989

TIME: Commencing at 5:30 p.m.

PLACE: Emergency Medical Services
2409 East Hanna Avenue
Tampa, Florida 33610

REPORTER: Sharon Noll
Electronic Court Reporter
Notary Public
State of Florida at Large

I N D E X

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PROCEEDINGS

PAGE
3

CERTIFICATE OF COURT REPORTER

17

P R O C E E D I N G S

1
2 MR. BLICK: We will call this hearing -- public
3 hearing to order. My name is Larry Blick. I'm
4 Assistant County Administrator for Municipal Services.
5 This is a hearing that is required by State Law on the
6 trauma agency. We will begin by having some opening
7 remarks by Doctor Sylvia Campbell, who is acting
8 Medical Director for the Hillsborough County Trauma
9 Agency. She is also vice-chair of the Florida
10 Committee on Trauma, American College of Surgeons, and
11 vice-chair of Emergency Medical Planning Council of
12 Hillsborough County.

13 DR. CAMPBELL: Thank you. I briefly would like to
14 give an overview of what we -- what point we are at at
15 this time in Hillsborough County, for those of you who
16 are not aware.

17 First of all, I would like to thank you for
18 coming. I feel very strongly about the issue of
19 trauma, as many people in this city know. Trauma is
20 the leading killer of young people in this nation, the
21 leading killer under the age of 44, and kills more
22 children than any other type of injury.

23 It has been shown nationally by implementing
24 certain developmental systems that the number of
25 preventable deaths can be decreased from approximately

1 twenty percent, which is an average, to one to two
2 percent, in San Diego County.

3 When people in this county became aware of those
4 statistics -- we felt that the individuals who lived in
5 this county deserved the best care possible. And in
6 April of 1987, the statistics that I've mentioned, and
7 more, were presented to the Emergency Medical Planning
8 Council. Out of this, especially using data from San
9 Diego, California, where they did decrease their
10 preventable death rate from twenty percent to one
11 percent by implementation of a trauma system and a
12 trauma network, it was determined that we should try to
13 do that in Hillsborough County.

14 An ad hoc committee for trauma system development
15 was established at that time. This consisted of a
16 member of the hospital council, members of the trauma
17 centers, which were present in this area at that time,
18 the Medical Examiner's Office, the Disaster Planning
19 Council, Emergency Medical Services, and Fire Rescue.

20 Meetings were held throughout the summer. And, in
21 June of 1987, it was felt that it was essential for the
22 development of this to establish a pre-hospital phase,
23 a hospital phase, a rehabilitative phase, a trauma
24 registry, and adequate quality assurance.

25 Recommendations, that came out of this committee

1 at that time, were that an advisory group of outside
2 experts be brought to Hillsborough County to determine
3 what we had and how to change it in the best way
4 possible. It was also felt that a trauma specialist to
5 help implement this system should be hired. The
6 transportation protocols should be established. The
7 commitment levels from Level 2 and Level 1 trauma
8 centers be obtained. That the Medical Examiner become
9 involved in the development of this, and that the
10 medical directors of Fire Rescue and EMS also be
11 involved in the development of the system.

12 At the same time, a State law was being passed by
13 the Legislature and was signed into effect in August of
14 1987, which also was aware of these statistics, and
15 recommended both the development of local trauma
16 agencies and regional trauma agencies to ensure the
17 best care of the trauma patient in the State of
18 Florida. So Hillsborough County was following those
19 guidelines.

20 Subsequent to this, development of a
21 transportation protocol and catchment areas for the
22 County was done. At that time, using the four trauma
23 centers which subsequently have become three, patients
24 were taken to the most appropriate trauma center, not
25 the closest hospital.

1 Diversion policies were also established, and EMS
2 and Fire Rescue were both involved in this. Commitment
3 letters were obtained from all of the trauma centers
4 saying that they would back up the development of such
5 a system and support it.

6 Implementation of the TPS trauma score for
7 pediatric trauma patients was begun. Obstetrical
8 patients were taken only to trauma centers that had
9 obstetrical capabilities. Spinal cord injuries that
10 were very severe were taken to the Level 1 hospital
11 because it had the rehabilitative center. The
12 Hillsborough County Medical Association was also
13 involved at that time.

14 In January and February of 1988, a group of people
15 from the ad hoc committee went to the Board of County
16 Commissioners and requested ten thousand dollars
17 (\$10,000) be supplied for the implementation of the
18 suggestion of bringing outside experts to evaluate what
19 we had at that time. This was approved, and four
20 people were brought from various parts of the country
21 to evaluate our system.

22 In April of 1988, they came to Hillsborough
23 County. On April 22, they concluded a visit of three
24 days where they evaluated all the aspects of our
25 system. They recommended certain things which we have

1 tried to implement at that time.

2 Those which we have implemented is, first of all,
3 to develop what we are calling the Hillsborough County
4 Trauma Agency. It is felt that the location of this
5 should be under the office of the EMS, under the Board
6 of County Commissioners.

7 A matching grant application was submitted to
8 Tallahassee for a hundred thousand dollars (\$100,000),
9 and was approved. This money has been utilized to
10 begin the implementation of the Hillsborough County
11 Trauma Agency.

12 A trauma coordinator expert has been hired to
13 begin, also, implementation of some of these factors.
14 Quality assurance has been begun and a trauma registry
15 has been developed for Hillsborough County.

16 At the time, we are currently planning to obtain
17 software which will communicate between the three
18 trauma centers, so that they can talk to each other and
19 obtain data which is extremely important for developing
20 the system and determining how we are doing.

21 We have also established a medical audit committee
22 consisting of physicians, as well as representatives
23 from the Medical Examiner's Office, from Fire Rescue,
24 and the EMS and Disaster Planning, as well as the
25 Emergency Medical Planning Council. This is to review

1 the trauma alert, trauma deaths, and trauma injured
2 patients, as well as a system for establishing good
3 quality care.

4 At this time, due to confidentiality reasons, we
5 have not actually begun reviewing the charts, but we
6 plan to do that in the future. The catchment areas,
7 for both ground and helicopter, have been implemented
8 and patients are again taken to the most appropriate
9 trauma center.

10 Public education has been begun, and PSA's have
11 been developed and shown on television, to allow the
12 lay public to become aware of the impact of trauma on
13 society.

14 At this time, a second application for a grant to
15 fund the trauma system for next year has been submitted
16 to Tallahassee. And a trauma agency plan is in the
17 process of being submitted to Tallahassee for their
18 approval. With the approval from Tallahassee, we will
19 become an agent of HRS, an agent under the State, and
20 an official trauma agency. When this occurs, we will
21 be protected under all aspects of confidentiality for
22 our quality assurance.

23 As far as where we plan to go, we plan to have an
24 excellent trauma agency in our county, and to deliver
25 the best care possible to the individuals who happen to

1 live or travel in this county. We feel very strongly
2 that the people here deserve that and have the right to
3 obtain the best care that is possible nationally.

4 We plan to determine the preventable deaths that
5 are present in this county and try to decrease those
6 statistics to one percent or less, if possible. We
7 plan to have monthly mortality and morbidity reviews to
8 evaluate what we are doing, not so much as to point a
9 finger, but to try to figure out what to do to improve
10 and to improve the system.

11 We plan to identify problems and resolve them as
12 possible. Data collection is extremely important and,
13 with the implementation of the computer software
14 system, this will be extremely important to us. We can
15 obtain a lot of information from this. This will help
16 us, again, to improve the system that we have.

17 The public education is a very important point,
18 because if the people are aware of the impact of trauma
19 on society, not only with death but with morbidity and
20 injury, then hopefully they will support the system.

21 On a national perspective, I feel that we have the
22 potential to be one of the best trauma agencies in the
23 country. We have the support of the EMS and Fire
24 Rescue and all of the trauma centers, as well as the
25 physicians in this county.

1 I feel that the goal should be to decrease the
2 death rate, again, to the lowest possible rate
3 possible. And I think that we have this possibility
4 now.

5 That's briefly a summary of where we were, where
6 we are and, hopefully, a little of where we are going.

7 MR. BLICK: Okay. We will now have some comments
8 from Toni Williams, who is the training officer and
9 paramedic, Hillsborough County EMS, and also acting
10 coordinator of the Hillsborough County Trauma Agency
11 and compiler of the trauma agency plan.

12 MS. WILLIAMS: I don't really have any prepared
13 statement.

14 I have prepared a description which really is a
15 synopsis -- outline of those portions of the trauma
16 agency plan which we'll be required to submit to the
17 State, which are available. There are some elements of
18 it that are not yet available. Unfortunately, our
19 photocopier broke down at the last minute, according to
20 Murphy's Law, so we don't have a lot of copies. I
21 believe there are ten copies here. So if you are from
22 the same agency, perhaps you could share copies.

23 It goes over some of the current and future
24 information which Dr. Campbell so well presented to
25 you. And I'm here more as a resource person. I

1 haven't had really an official capacity with the
2 agency, but I have been doing a lot of the "worker-bee"
3 stuff since it started.

4 MR. BLICK: All right. We will now open the
5 hearing to comments from the public. In order to
6 expedite the hearing and give everyone a chance, we ask
7 that you limit your comments to five minutes. If you
8 have something to say later, after everyone else has
9 spoken, you can comment then.

10 If you have written comments, you may submit those
11 for the record. It wouldn't be necessary to read
12 those. We will read those. If you have questions,
13 feel free to ask those and we will see if we have the
14 answers here.

15 Who is the first speaker? And also, identify
16 yourself for the record.

17 (No response.)

18 MR. BLICK: No comments?

19 MS. WILLIAMS: This may be a short hearing.

20 MR. BLICK: It's your chance. Is there anyone who
21 has questions or concerns that you would like to be
22 sure are taken into consideration as this plan is
23 developed?

24 (Thereupon, female from audience raised hand.)

25 MR. BLICK: Yes. Please come to the mike, and we

1 have a recorder, give your name and who you are with.

2 MS. SAMIA: My name is Conception Samia. I
3 represent the Southwest Florida Blood Bank. I don't
4 have any specific comments to the remarks made by
5 Doctor Campbell. I just came here because I am -- I
6 work in the blood bank, and I feel like I know a little
7 bit of what's going on in the trauma system, and I have
8 an idea which I thought might improve the system.

9 And this has to do with banding the trauma victims
10 on site. What we have observed in our blood bank, is
11 there is somewhat a delay in providing blood to
12 patients because patients are not uniformly identified
13 when they come to any trauma or emergency room. So I
14 have brought some paperwork here that I would like to
15 share with the people here. It's just something for
16 the people here to look at. If it's a good idea, I
17 would be happy to share one small person's idea. If
18 not, we can all just trash it.

19 And that's all it is.

20 MR. BLICK: They will certainly take a look at
21 that. Any comments?

22 MS. SAMIA: I have brought some examples of the
23 banding mechanism. I do not represent any of these
24 companies. It is just examples. There are many of
25 them who are out there in the market selling them.

1 Again, I brought some for people here to look at.

2 MR. BLICK: If anyone would like copies of
3 Ms. Samia's comments, she brought extra copies. You
4 could take that and then you could forward any
5 reactions you have either to Doctor Campbell or Toni
6 Williams.

7 Any other comments?

8 UNIDENTIFIED MALE IN AUDIENCE: Can...

9 MR. BLICK: Yes?

10 UNIDENTIFIED MALE IN AUDIENCE: Would you explain
11 the process?

12 MS. SAMIA: Yes, I would be happy to.

13 The idea is to have the EMS paramedics bring two
14 or three of these bands with them in their medical kit,
15 or whatever you call them. And if they have a patient
16 on site that may require collection of samples, for
17 whatever reason, whether it's for toxicology, for blood
18 work, or for laboratory testing, the paramedic could
19 draw the sample and assign a band, which are pre-
20 numbered. And the paramedic could also put that number
21 in whatever paperwork that can be developed, a multiple
22 part form that can be brought to the emergency room or
23 the trauma center.

24 I think the whole point of this is the patients
25 will be well identified, for legal reasons, if there is

1 any lab work that needs to be done. The lab work can
2 be generated right away. If blood is needed, we can
3 respond in the blood bank without loss of time or any
4 delay. And anything that the hospital needs to
5 identify the patient, they have their own computer
6 numbers or in-house numbers, those can all be
7 coordinated after the crisis is over. That's basically
8 the idea.

9 MR. BLICK: During the development of the plan, we
10 would certainly want all people who are interested in
11 the health care system to provide comments whenever you
12 have an idea or a suggestion. And be sure and forward
13 those for consideration. And it's essential that in
14 any kind of planning process there'd be some periodic
15 opportunities to share with you what has been developed
16 to date and get your reactions. Because only by
17 involving people like you, who have experience with
18 health care, can we develop a plan that will be first-
19 rate and one that everyone has confidence in.

20 Any other comments? I might say too, let's -- we
21 will hold this record open for two weeks. I don't -- I
22 think we could leave it open two weeks. And if you
23 have anything you would like submitted for the record,
24 you have the opportunity to do so. Send it to -- care
25 of Jim Algood. He is the director of EMS, and he will

1 make sure that it's included in the record so we have a
2 chance to look at it.

3 Anything else?

4 (No response.)

5 MR. BLICK: Well, thanks for showing up. And
6 probably a discussion will occur here, after the
7 hearing is closed, and feel free to do that.

8 Thank you.

9 (Thereupon, the hearing concluded at 5:50 p.m.)

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C E R T I F I C A T E

STATE OF FLORIDA:

COUNTY OF HILLSBOROUGH:

I, Sharon Noll, being an Electronic Court Reporter, as authorized by Rule 2.070(c), Florida Rules of Court and Administrative Order of the Thirteenth Judicial Circuit numbered 86-55, certify that the foregoing transcription is true and correct.

Dated this 28 day of July, 1989, in the City of Tampa, County of Hillsborough, State of Florida.

Sharon Noll
Sharon Noll, Electronic Court Reporter
Notary Public, State of Florida
My commission expires February 25, 1991

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BOARD OF COUNTY COMMISSIONERS
HILLSBOROUGH COUNTY, FLORIDA

DEPARTMENT OF EMERGENCY MEDICAL SERVICES

Larry J. Brown
County Administrator

James Algood
Director



P.O. Box 310398
Tampa, Florida 33680
(813) 272-6600

Hillsborough County Trauma Agency
2709 East Hanna Avenue
Tampa, Florida 33610
(813) 272-6600

September 28, 1989

Larry S. Jordan, Administrator
Emergency Medical Services
Department of Health and Rehabilitative Services
1317 Winewood Blvd. PDHIM
Tallahassee, Florida 32399-0700

Dear Mr. Jordan:

The Hillsborough County Trauma Agency respectfully submits the attached Plan in compliance with Florida Administrative Code 10D-66.104-106.

In addition, we are formally requesting designation as an Agent of Florida Department of Health and Rehabilitative Services, Emergency Medical Services section. We understand that this is contingent upon approval of the attached Plan.

The reason we seek this status is to improve the overall quality of trauma care for persons in and around Hillsborough County. Specifically, this status will enhance the Trauma Agency's credibility and will permit much better quality assurance through unified, trauma system-wide data collection and evaluation by providing a lawful and confidential channel for sharing medical information. Without HRS Agent status, the Agency must rely on fragmented in-house quality assurance within individual resource organizations.

We recognize trauma as a killer of the young and maimer of those in their prime years. We will, with your support, continue to support education on the prevention of trauma and its devastating effects, and help to ensure the highest standards of care throughout the system, from system entry through discharge or death.

Our Plan is individually tailored to reflect the Hillsborough County trauma system. We feel that the level of cooperation already attained among the service providers here indicates their commitment to improving trauma care and to decreasing trauma's toll on us all.

Your attention to this Plan and to our request for HRS Agent designation is appreciated. If you have questions, or if we can assist in any way, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads "P. A. Norris".

P. A. Norris
Coordinator

PAN/ddg

ATTACHMENT

T 357-8

Richard Ake
Clerk of the Circuit Court
Hillsborough County, Florida



Clerk to Board of
County Commissioners
Room # 214-H
P. O. Box 1110
Tampa, Florida 33601
Telephone 272-5845

M E M O R A N D U M

DATE December 11, 1990

TO: James Algood, Director, Emergency Medical Services

FROM: JMN Judith M. Nichols, Manager, BOCC Records

SUBJECT: Trauma Agency Agreement Between Hillsborough County and the State of Florida,
Department of Health and Rehabilitative Services - Designating the
Hillsborough County Trauma Agency as an Agent of HRS to Implement a
Confidential Quality Assurance and Data Collection Program

Attached is an executed original of subject agreement, document number 90-2437, approved by the Board on December 5, 1990.

We are providing this original to you for further handling.

JMN:CS

Attachment

- cc: Board files (1 orig.)
- Ted Grable, Director, Purchasing and Contracts
- Kris Landkammer, Director, Finance
- Jim Jennings, Director, BOCC Accounting

INTERAGENCY AGREEMENT BETWEEN

HILLSBOROUGH COUNTY

AND

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES,

OFFICE OF EMERGENCY MEDICAL SERVICES

THIS AGREEMENT is entered into by and between the State of Florida, Department of Health and Rehabilitative Services, Office of Emergency Medical Services, hereinafter referred to as the "Department" and the Hillsborough County Board of County Commissioners, hereinafter referred to as the "County." The agreement is effective upon final execution by duly authorized representatives of both parties.

W I T N E S S E T H

WHEREAS, pursuant to Chapter 395, Florida Statutes, and as provided in Rule 10D-66.103, Florida Administrative Code, the Department has the responsibility to operate and maintain a statewide trauma registry and may contract with an agency to collect trauma registry data; and

WHEREAS, the County has established the Hillsborough County Trauma Agency, hereinafter the "Agency," to develop and implement a trauma services system; and

WHEREAS, the Department has determined that the Agency has the capability of collecting and transferring data consistent with the processes and guidelines used for the operation and maintenance of the statewide trauma registry; and

WHEREAS, the Department and County desire to enter into an agreement by which the Agency becomes the agent of the Department to collect trauma registry data for the purposes of establishing and maintaining a trauma registry; insuring that entities of the Agency are in compliance with the data collection rules of Chapter 10D-66, Florida Administrative Code, established pursuant to Chapter 395, Florida Statutes; and monitoring patient outcomes at hospitals and trauma centers which provide trauma care services.

NOW, THEREFORE, the parties agree as follows:

ARTICLE I. DATA COLLECTION.

The County agrees to permit the Agency to collect trauma registry data from the emergency medical service, trauma center, pediatric trauma referral center and hospital providers, as listed in the Agency's Local Agency Plan, within the Hillsborough County trauma services system.

The parties agree that the Agency will act as an agent for the Department in collecting all the mandated trauma registry data from the entities operating within the Hillsborough County trauma services system. The data that the Agency shall collect will at a minimum include the data elements required by HRS Forms 1728 and 1729 (copies attached hereto as Exhibits "A" and "B"). Additional data may, at the Agency's discretion, be collected by it from emergency medical service, trauma center, pediatric trauma referral center, and hospital providers and from law enforcement and the medical examiner, with the cooperation of these entities, to establish and maintain the quality assessment program specified in the Local Agency Plan.

Data collection shall begin on the first day of the month following the date of final execution of this agreement. The Agency shall be responsible for notifying prehospital, trauma center, pediatric trauma center, and hospital providers listed in its Local Agency Plan of the effective date for submitting trauma registry data to the Agency.

ARTICLE II. QUALITY ASSURANCE OF DATA

Upon final execution of this agreement, the Agency shall implement a procedure to insure timely and quality submission of trauma registry data by the entities listed in its Local Agency Plan. The Agency will contact any of these entities concerning non-compliance in data completion and submission and provide technical assistance in the correct procedures. The Agency will notify the Department in cases of the continued non-compliance of any entity so that the Department can take appropriate action. The Agency agrees to review submitted data to insure substantial accuracy and completeness prior to submitting the data to the Department.

ARTICLE III. DATA SUBMISSION.

The Agency agrees to provide collected and verified data to the Department by the 30th of each month for each trauma patient transported by emergency medical service and/or discharged by a trauma center or hospital during the preceding month.

The Agency agrees to box and ship by delivery service the original copies of HRS Forms 1728 and 1729 to the Department by the 30th of each month for each trauma patient transported by emergency medical services and/or discharged by a trauma center or hospital during the preceding month.

As an alternative to the manual reporting requirements in Chapter 10D-66, Florida Administrative Code, the Department authorizes the Agency to transmit data electronically. The Agency agrees to submit all electronically transferred data to the Department's trauma registry on a floppy diskette or via modem in format compatible with the Department's trauma program computer software.

When the Agency has computer capability, the Agency shall begin entering data into its trauma registry. It is recognized by both parties that the Agency will phase in its data entry of trauma registry data. The first phase will be data entry of trauma transport logs. The second phase will be electronically transferring inpatient data directly from trauma center trauma registries to the Agency's trauma registry and, ultimately, to take complete data entry and data transfer responsibility of all the Department's required trauma registry data. Until the final phase of data entry is completed, the Agency will adhere to the manual reporting requirements of Chapter 10D-66 for data that is submitted to it manually. The Agency will notify the Department at least 14 days prior to any increase in data processing capability, and immediately if a decrease in data processing capability occurs.

The Agency will notify the Department during the month preceding the month the Agency intends to begin data entry of trauma registry data. The Agency will insure that data entered by it into its trauma registry has an input error rate of less than one-half percent.

The Agency will submit original HRS Forms 1728 and 1729 received from hospital and prehospital providers to the Department in addition to any data the Agency provides electronically. The Department will act as custodian of the original HRS Forms 1728 and 1729.

ARTICLE IV. DATA SHARING.

The Department agrees to provide the Agency on a quarterly and annual basis with aggregate statewide data for the purpose of comparing patient profiles and patient outcomes.

The parties agree to provide each other with any additional data that is included in its database, or that is reasonably

available, which the Department and the Agency deem appropriate to the improvement of trauma prevention and patient care.

ARTICLE V. DATA SECURITY.

As an agency agent of the Department, the Agency is acting as the Department for the purposes discussed in this agreement. In so acting, the Agency shall comply with all requirements contained in Chapters 395 and 401, Florida Statutes, and Chapter 10D-66, Florida Administrative Code. In addition, the Agency shall, in acting as the Department's agent, comply with all policies and other regulations disseminated by the Department.

The Agency is also considered to be the Department's agent for the purposes of the public records exemption in section 119.07 (3) (w), Florida Statutes. Accordingly, the Agency shall maintain the confidentiality of patient record data, whether paper or electronic storage, in its possession.

The Agency shall also be responsible for the physical security of trauma registry data while in its possession. Any trauma registry forms, reports or trauma registry databases which reveal patient identification shall be maintained in a locked area, with access only by individuals approved by the Agency. The Agency shall require security access codes for its computer database. The Agency shall not release patient record information to any source other than authorized employees of the Agency, the Agency's Medical Audit Committee members, and the Department.

ARTICLE VI. MUTUAL INDEMNITY.

To the extent and limits provided for in Section 768.28, Florida Statutes, the Department agrees to indemnify the County and to hold it harmless for any and all damages which may result from a breach of confidentiality on the part of the Department.

To the extent and limits provided for in Section 768.28, Florida Statutes, the County agrees to indemnify the Department and to hold it harmless for any and all damages which may result from a breach of confidentiality on the part of the Agency.

ARTICLE VII. GENERAL PROVISIONS.

This agreement shall remain effective only as long as the Agency exists and continues to act as an agent for the Department.

This agreement can be terminated by the Department or Agency at any time.

This agreement shall become effective upon signature of both parties.

IN WITNESS WHEREOF, the parties have caused this agreement to be executed by their duly authorized representatives.

HILLSBOROUGH COUNTY BOARD OF COUNTY COMMISSIONERS

By: *Phyllis Braxton*
Chairman

December 5, 1990

Date

STATE OF FLORIDA DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

By: *Michael S. Williams*
Michael S. Williams
Acting Chief
Emergency Medical Services

Date

ATTEST:
RICHARD L. AKE
CLERK OF CIRCUIT COURT

By: *Judith M. Nichols*
Deputy Clerk

BOCC STAFF	APPROVAL - DATE
A.C.A.	<i>rs</i> 11/19/90
ATTORNEY	<i>MSW</i> 11/22/90
FISCAL/BUDGET	<i>MS</i> 11/19/90
PURCH/CONTRACTS	<i>RS</i> 11/19/90

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

By: *Donald R. [Signature]*
Assistant County Attorney

BOARD OF COUNTY COMMISSIONERS
HILLSBOROUGH COUNTY FLORIDA
DOCUMENT NO. 90-2437



STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

December 29, 1989

P. A. Norris, Coordinator
Hillsborough County
2709 East Hanna Avenue
Tampa, Florida 33610

Dear Ms. Norris:

I am pleased to inform you that we have approved Hillsborough County's local/regional trauma agency plan effective January 1, 1990. A certificate of approval for your local/regional trauma agency will be sent to you in the near future.

Your plan has been approved with the understanding that Hillsborough County requests to become an agent of the Department of Health and Rehabilitative Services for the purpose of data collection as soon as we have a model contract available. The contract will enable you to begin the data collection and system evaluation components of your plan consistent with your implementation schedule.

Your agency must maintain compliance with the requirements in section 395.031, Florida Statutes, and sections 10D-66.104 and 10D-66.105, Florida Administrative Code. Proposed changes to the approved plan must be submitted to the department for approval at least 60 days prior to the proposed implementation date. You must conduct an annual audit and a performance evaluation of your trauma system, and submit the results to us within 60 days after completion.

Congratulations on being our second local/regional trauma agency. Your commitment and dedication were reflected in your plan. We look forward to a cooperative working relationship with you. Please do not hesitate to contact Debbie Maxwell at (904) 487-1911 if you have any questions or concerns regarding your local/regional agency plan.

Sincerely,

Jarvis S. Caldwell
for Larry S. Jordan
Director
Emergency Medical Services

cc: Charles S. Mahan, M.D.
Deputy Secretary and State Health Officer

Raymond Alexander, M.D., Emergency Medical
Services Medical Director

Richard Slevinski, M.D., Emergency Medical
Services Medical Director

Gregory Mathison, District Administrator, District 6
1317 WINEWOOD BOULEVARD • TALLAHASSEE, FLORIDA 32399-0700

150 Loc. 1 / Regional Trauma Agencies