

STATE OF FLORIDA DEPARTMENT OF HEALTH

RULE DEVELOPMENT WORKSHOP

RE: RULES 64J-2.006, .010, .012, .013, and .016

Taken on: June 28th, 2016 at 9:00 a.m.

Location: Palm Beach County Health Department
800 Clematis Street
West Palm Beach, Florida 33401

Taken before JESICA MARIA GARCIA GUTIERREZ, Court

Reporter and Notary Public in and for West Palm

Beach County, State of Florida at Large.

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APPEARANCES :

2

3

LEAH COLSTON - MODERATOR

4

(FDOH Bureau Chief of Emergency Medical Oversight)

5

STEVE MCCOY - PANEL

6

(FDOH EMS Administrator)

7

JOSHUA STURMS - PANEL

8

(FDOH Data Administrator)

9

KAREN CARD - PANEL

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12

I N D E X

13

Opening Remarks by Leah Colston Page 3

14

Comments by Thomas Dibernardo Page 18

15

Comments by Darryl Donatto Page 21

16

Comments by Katherine Holzer Page 25

17

Comments by Cheryl Rashkin Page 29

18

Comments by Dr. Robert Borrego Page 34

19

Comments by David Dyal Page 37

20

Comments by Dr. Leopoldo Malvezzi Page 46

21

(read by Joshua Sturms)

22

Closing Remarks by Ms. Leah Colston Page 47

23

24

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1 **MS. COLSTON:** All right. Good morning. I
2 think we'll go ahead and get started. It's
3 9:05. For the record, we are at the Florida
4 Department of Health. The location is 800 --
5 forgive me if I say this wrong -- Clematis --

6 **AUDIENCE:** Clematis.

7 **MS. COLSTON:** -- Clematis Street in West
8 Palm Beach, Florida. Today is June 28th, 2016
9 and we are gathered here for the purpose of
10 conducting a rule workshop for 64J-2.006, .010,
11 .012, .013, .016. For those of you who are
12 joining us on the conference call line, the
13 phone lines have been muted on your end to
14 minimize the background noise that we might
15 encounter. We will take comments. Please
16 send -- we'll take comments via email. I
17 apologize. Please send your requests to speak
18 if you are on the phone to:
19 joshua,J-O-S-H-U-A,.sturms,S-T-U-R-M-S,@flhealt
20 h.gov. and we are monitoring that email real
21 time, so please submit your request to speak if
22 you are on the conference call line at any
23 time. We will hear speakers in the room first
24 and then we will go to the conference call
25 participants and hear speakers on the phone.

1 Just some housekeeping, please make sure that
2 your phones are on mute. Also, if you need to
3 use the restrooms, they are out these doors to
4 your left and then another left down the hall
5 there there's the men's and the lady's. There
6 are also vending machines there in case you
7 need water or refreshments.

8 I would like to express a special thank
9 you to the West Palm Beach County Health
10 Department for allowing us to conduct our
11 little workshop here today. They did so on
12 relatively short notice and so we definitely
13 appreciate that. I know that the director, Dr.
14 Alonso was going to try to be here, but we also
15 have the governor here as well on some Zika
16 related issues and they are upstairs. So we
17 understand if she's not able to make it down
18 here to say hello, but I know that she is very
19 interested in what's happening with the trauma
20 community so I'm sure she would be here if she
21 could.

22 My name is Leah Colston, for the record,
23 that's L-E-A-H, C-O-L-S-T-O-N. I'm the bureau
24 chief for emergency medical oversight at the
25 Florida Department of Health in Tallahassee and

1 I'll be serving as your moderator today. This
2 is the second in a series of three rule
3 workshops for these rules. The last one was
4 held on June 21st in Tallahassee. If you were
5 able to attend that rule workshop, you will
6 recall that we had indicated we would have
7 transcripts ready as soon as possible. The
8 transcripts unfortunately weren't ready in
9 time, but they will be ready on July 1st and so
10 just, you know, as a note for everybody who is
11 here and listening, we'll post those to our
12 trauma website. We will also send out to our
13 DL on both the EMS and the trauma side
14 notification with the link to the transcripts.
15 Of course, they may be in draft because we're
16 asking for a quick turnaround time, but the
17 reason I'm saying this is because we would like
18 for the trauma community and the EMS community
19 to make sure that they have time to review the
20 transcripts and the discussions that we are
21 having regarding these rules. These are -- we
22 are working on trying to develop an approach.
23 We've had a lot of issues with the trauma
24 rule -- trauma rules and so we'd like to kind
25 of move forward from that and get as much

1 feedback as possible.

2 **DR. ALONSO:** Good morning.

3 **MS. COLSTON:** Oh, good morning. So she
4 made it. Would you like to -- I just said
5 thank you and I said all kinds of nice things,
6 so I'm sorry you missed it.

7 **DR. ALONSO:** Well, I'm going to say a few
8 nice things and then I've got to get out of
9 here. It's going to be a crazy day, folks.
10 I'm Dr. Alonso. I'm the director here at the
11 Department of Health. I know many of you. How
12 are you all doing this morning? I was planning
13 to spend the day with you until noon, but
14 unfortunately I've got the governor coming here
15 today. We're going to be talking about Zika
16 and funding and there's a few items that have
17 hit the news this morning, so it's going to be
18 a little bit crazy so I have to leave and go
19 take care of him. But at least I let you guys
20 keep this room.

21 **MS. COLSTON:** Yes, she was very kind.

22 **DR. ALONSO:** So I'm really looking forward
23 to what you're going to do. I have Chris.
24 Where's Chris? There's Chris. She'll be my
25 representative here today and she's been very

1 in tune with what we're doing in terms of
2 trauma, and the birth reviews, and falls
3 especially for our seniors, and a lot of other
4 things. I know you're going to be talking the
5 rules and -- but it all ties in together. And
6 this is a great group. They're very involved
7 and lots of good folks here.

8 **MS. COLSTON:** Yes. Thank you very much.
9 We appreciate it.

10 **DR. ALONSO:** Thank you.

11 **MS. COLSTON:** So she made it after all.
12 Have fun today. Okay.

13 So, as I kind of mentioned, we're -- you
14 know, this is the second in a series of three.
15 We've had quite a bit of activity going on.
16 We're trying to improve some relationships
17 that, you know, quite frankly are not conducive
18 to us being able to move forward in a way that
19 will help us evolve our trauma system. We
20 acknowledge a lot of things. Our trauma
21 statutes and the system itself has not been
22 really evolved since, you know, 20 plus years,
23 maybe even 30, I don't know, it's going on that
24 I guess, so we'd like to kind of work on
25 getting together with the community in a

1 collaborative effort to try to make sure that
2 what we build is something that the community,
3 number one, consensus on because you guys are
4 the boots on the ground. But then in addition
5 to that, we'd also like to make sure that
6 whatever we develop is something that we've
7 developed in conjunction with the stakeholders
8 so that it's useful to you guys, it helps
9 inform the State of Florida for things that we
10 need as far as data and all that sort of stuff.
11 I mean, you know, to be honest with you, all of
12 this stuff I think we're -- we're in a really
13 good place right now. The environment is so
14 ripe for some good change to happen. I think
15 there's a lot of things that we can do.
16 Unfortunately we're trying to gather comments
17 in a rule promulgation environment, so that's
18 kind of restrictive, but what I would encourage
19 you to do is to submit your comments. This is
20 why we're doing this. We're trying to get as
21 much feedback. We have no rule language and
22 that's kind of interesting. You know, I'm sure
23 everybody was kind of thinking: Huh, what's
24 going on here, you know, they're going to try
25 to pull a fast one again. There are no

1 predispositions. There are no -- there's no
2 rule language. There's nothing that we have
3 because why should we develop rule language in
4 the absence of input from the stakeholders. So
5 that's part of the reason that we're here is to
6 try to get some feedback on what our idea is
7 and how we would like to look at approaching
8 this because we have an idea. Everybody always
9 has ideas and so of course we have an idea and
10 we want to communicate that idea to you and
11 tell you what we're thinking. Now, from there
12 it's open season. You guys can say, hey, we
13 think that's a good idea with these caveats or
14 we think that idea sucks. What I would also
15 encourage you to do is if you like the idea,
16 you think it's great, say so. If there is
17 somewhere that we need to look or improve, let
18 us know that. If you think it's a completely
19 terrible idea, tell us why you think it's
20 terrible. Don't just tell us it's terrible
21 because we get that. If you think it's
22 terrible, we completely understand that. What
23 we want to understand is how to fix what's
24 terrible about it. We won't know how to go in
25 and correct what you think is wrong with it.

1 I'm not saying that everybody's
2 recommendations, and everybody's proposals, and
3 everybody's thoughts are going to, you know,
4 all -- everybody's going to be happy and once
5 this process is over, we're all going to walk
6 away and be extremely happy. But the idea is
7 is that if you have the opportunity to present
8 it and discuss it amongst yourselves, then you
9 understand if your idea isn't adopted for
10 whatever reason why because the community has
11 said: Well, you know, yeah, we get that; but
12 your peers are saying: This is why it won't
13 work. And there's a number of folks that are
14 discussing it. It's not just the state saying:
15 We think this is good and this is what should
16 happen, and saying: Okay, guys, you know, go
17 forth and do whatever we tell you to do. So I
18 would encourage that. Be sure that you let us
19 know, you know, okay, you have these thoughts.
20 And the thought may be so vague that it's not
21 bad or good, but, I mean, either way, I'd love
22 to hear it. That we've messed up in the past
23 and we know that. We want to fix that, but we
24 also want to move forward. And we also want to
25 figure out how to best implement rules that

1 will allow us to grow the trauma system the way
2 it needs to be grown.

3 So, let's see. I just want to make sure
4 I've covered everything. Hopefully you all
5 have signed in. There was a sign-in sheet
6 right outside the door here. If you're on the
7 phone, I would encourage you to email
8 joshua.sturms@flhealth.gov to let him know or
9 let us know that you are in attendance today.
10 We would like to be able to document the
11 attendance for the rule workshops and so please
12 make sure you email. There were sign-in sheets
13 outside the door also. So this is of course a
14 rule workshop, if you would like to provide
15 comment today, you will fill out that speaker
16 form and submit that so we can call on you to
17 speak. I think that's it.

18 So what I'd like to do is just kind of
19 talk to you about what the department's
20 position is. This is nothing new. The
21 environment today for trauma is very different
22 than what it was sometime ago back in the 90s.
23 We didn't have a lot of trauma centers and we
24 were just trying to get folks to be trauma
25 centers, come be a trauma center. Through the

1 years, you know, folks have worked on different
2 things. We worked on an allocation
3 methodology. We had the ACS tell us that was a
4 great thing and, you know -- because a lot of
5 states don't necessarily have that and
6 sometimes it's a free market system, they allow
7 folks to do whatever they want in another.
8 There's other different models out there and it
9 varies from state to state. Because of the
10 allocation methodology and all of the locality
11 involved, we've been in litigation for a long
12 time. It's not been so bad lately. We are in
13 litigation, but I think the litigation in
14 previous years kind of stymied our ability to
15 talk to our trauma community and get their
16 input. And, you know, I mean, I get it. You
17 know, we're all in a position where whatever we
18 say, we're legally bound and we may be grilled
19 for it. I've been there and I've done that,
20 you know. And so when we say things, even if
21 we have the best intentions, we can be sued
22 over it and that's just the nature of the
23 business. But I think moving forward, you
24 know, what we're doing this under rule
25 promulgation now so we're limited to how we do

1 things. Until we can get past the litigation,
2 it's going to make it very difficult for us to
3 do other things. And I'm not saying that
4 that'll ever happen, but I think right now even
5 though we're in litigation, I will still pick
6 up the phone and call a trauma program manager
7 or a trauma program manager can call me and
8 say: Hey, I need to know this. Am I afraid of
9 being sued and possibly getting fired? Yes, of
10 course. But I just feel like I don't want to
11 shut the doors to what we're trying to do. You
12 know, I know that I'm not a clinician and I'm
13 not that person that you can call for that
14 expertise, but certainly we can get that for
15 you and try to be responsive to that. So, you
16 know, again, even with everything that's going
17 on, I want to make sure that we're still able
18 to talk to our trauma community and I would
19 like for it not to be in this arena only. You
20 know, we're working on a couple of things where
21 we're actually trying to pull together an
22 advisory council. We've heard, you know, over,
23 and over, and over again with the last few rule
24 workshops we need an advisory council. I agree
25 wholeheartedly and I'm working on it. You know

1 that with the state sometimes things happen a
2 little bit slow, so just know that we're
3 working on that because that is a critical
4 piece to the evolution of trauma and to
5 bringing it to the state that we'd like it be
6 at. By statute there's a limit to the number
7 of trauma centers in the state and that number
8 is 44 and that was developed some time ago by
9 the legislature during a time when population
10 was a little different, you know, situation was
11 a little different, demographics and all that,
12 and we know that there's wide variability
13 between the panhandle and Pensacola and the
14 Keys. So a lot of things have changed and we
15 haven't necessarily grown our trauma system to
16 change with the way the State of Florida ha
17 changed. We're burgeoning at 20 million plus
18 in population now, so is 44 the right number?
19 We don't know. What we would like to convey is
20 that any legislative changes are going to be --
21 we need to be in it for the marathon and not
22 for the sprint because that's a long process,
23 but we're willing to do that.

24 The other part of that is we need to look
25 at our rules. Our rules currently kind of

1 outline an allocation methodology where we
2 actually limit the number of trauma centers per
3 TSA. And so we have this statutory cap for the
4 state and then we've got an additional cap for
5 the rule. And our legal office is kind of
6 really starting to look at things and
7 questioning, okay, so are interpreting this
8 right; is this the right way to do this; if it
9 is right, you know, how do we look at the
10 allocation methodology; and how are we defining
11 need, you know, what is need defined by; and is
12 our allocation methodology something that we
13 actually need to review and look at.

14 We've gotten some guidance from the ACS
15 and what the ACS has outlined that we should do
16 and things that we should have. The ACS
17 produces guidelines. Most of you that are from
18 the trauma area and even outside of that know
19 the Orange Book and their guidelines for
20 patient triage and things that you should have
21 in your trauma system and that will most likely
22 change. As healthcare does, it changes rather
23 quickly and so we need to look at we proposed
24 in the past adopting the ACS Orange Book as our
25 trauma standards and we've heard kind of input

1 from both sides. You know, the ACS standards
2 or guidelines are not necessarily as good as
3 Florida standards. And, you know, there are
4 some things that if we allowed the Orange Book
5 to be adopted, you know, it might weaken our
6 trauma system because the educational for
7 nurses are a little different, you know, or
8 whatever the case might be, and then there's
9 the financial burden that's implied within some
10 of those Orange Book standards as well. So
11 there are a lot of things I think we can
12 consider.

13 You know, we've got this long history,
14 this long background. We have an opportunity
15 now to look at some rules. Certainly this
16 isn't going to be the last set of rules that we
17 look at because when and if we can get to a
18 point where we can change these rules, and
19 there are other rules that we'll need to look
20 at and change as well. And then hopefully
21 based on what we receive as feedback from you
22 guys, when we look at these changes to the
23 rules, and we've done this already at the state
24 level, we realized that there are changes in
25 statute that will have to be made and so we

1 would look closely at what that looks like as
2 well. You know, and we've kind of gotten
3 feedback from both ends, you know, change the
4 statute first and then change your rules and
5 different things and, you know, I wonder if
6 it's the chicken or the egg that comes first.
7 I think either way all of this discussion that
8 we're going to have is going to be beneficial
9 to us being able to make changes moving forward
10 whether it's rule statute or otherwise. So
11 again, I would just encourage you to come
12 forth, speak, be heard, have some solutions,
13 have some recommendations. We are certainly
14 collecting all of these. We have a court
15 reporter here today, so when you come up to the
16 microphone to speak, please state your name,
17 the organization that your with, and also spell
18 your name for the record so that we can get
19 this. And again, once these transcripts are
20 ready, we will post these as well to the trauma
21 website and we'll send out notification.

22 I'd like to welcome my panel here today,
23 Steve McCoy who is the EMS section
24 administrator, Joshua Sturms who is the data
25 section administrator, and then Karen Card who

1 has been very intimately involved with
2 allocation methodology and trauma registry and
3 things of that nature. So this workshop is
4 intended to gain feedback from you. You know,
5 I know that you may have some questions and
6 we'll do our best to answer whatever questions
7 you may have if we can. But, you know, from my
8 perspective, we're kind of walking into this
9 with an open mind and not trying to have any
10 predispositions so that we can just hear what
11 folks have to say or hear your recommendations.
12 So any questions? Great. All right. Well, we
13 will go ahead and move forward then.

14 I've got three requests to speak. Any
15 online? Oh, one more. Okay. Thomas
16 Dibernardo.

17 **MR. DIBERNARDO:** Good morning. Thomas
18 Dibernardo, D-I-B-E-R-N-A-R-D-O, Sunrise Fire
19 Rescue and The Broward Fire Chiefs Association
20 I just have a few comments for consideration.

21 First, I applaud difficult meetings
22 because that's what makes Florida the best and
23 I appreciate that. Sometimes it's through
24 these tough times that we still rise above the
25 others. I also will concentrate on the trauma

1 assessment, so I'm using this rule because it
2 refers to the trauma assessment as the main
3 topic of my comments here.

4 First, I applaud having some kind of
5 assessment. I think that was challenging in
6 itself to create an assessment so there's some
7 methodology that folks could use. From an EMS
8 perspective, I in my area am the deployment
9 specialist. I model all vehicles where they go
10 and how they go in the past and in predictive
11 modeling, so my concerns centers around a
12 couple of issues and that is the predictive
13 model. I don't want to catch the trauma
14 assessment report here or the formula catch you
15 in a circle. If you were to change your
16 allocation up or down, then I would say you
17 would have to redeploy your model on the
18 effects of that. So if you have, for example,
19 a reduction of trauma centers, I would take all
20 those EMS calls and redeploy them under the
21 same formula. You would create a circle. So,
22 for example, in Broward County and I could
23 submit this, but it's -- I don't want to go
24 into numbers here. For example, the effects of
25 the Coral Springs zip code would increase by 18

1 minutes now making it 39 minutes. For the
2 Miramar zip code, it would add 15 minutes, thus
3 making it 36 minutes. By the time you change
4 an allocation or reduction in Broward County
5 and then redeploy your formula, you would then
6 increase the allocation back to Broward County.
7 So I would like for you to take that in
8 consideration in your formulas. If you're
9 going to have a reduction or an addition,
10 redeploy the formula to see the effects.

11 Also another area that needed to be
12 considered during your formula and I'll submit
13 this also as long as Cheryl Harasi (phonetic)
14 gives me a replacements and that is the
15 locations. So, for example, in Broward County
16 our three trauma centers happen to be in the
17 zip code of the highest number of traumas,
18 trauma alerts. So therefore when you're doing
19 means and averages, that would be very
20 difficult because the response times for the
21 bulk of the call are going to be within a few
22 minutes, thus the outlying communities would
23 suffer an intermediate average. So, for
24 example, in the Pompano area for the North
25 Broward Hospital district there's 225 EMS

1 trauma alerts just in that zip code. That
2 would have an untoward effect to the Coral
3 Springs 20 miles out that has 200 also. So as
4 you go further west in the area of Broward
5 County, the means and averages would have an
6 untoward effect on your formula. So I just ask
7 that when we make these formulas that we also
8 do some kind of predictive modeling because the
9 last thing we need you to do is come up with an
10 allocation of up or down, redeploy your formula
11 and have to change it again. So that is all I
12 have. Thank you.

13 **MS. COLSTON:** Thank you.

14 **MR. DIBERNARDO:** And I can submit these
15 too.

16 **MS. COLSTON:** Thank you. Next speaker is
17 Chief Donatto.

18 **MR. DONATTO:** Good morning. Thank you
19 guys very much for coming down here to South
20 Florida for these meetings. We appreciate it.
21 It's an awful long way for us to go to
22 Tallahassee, but so Darryl Donatto,
23 D-O-N-A-T-T-O, the Town of Palm Beach Fire
24 Rescue, also the Florida Fire Chiefs
25 Association.

1 You mentioned something earlier about the
2 EMS system or the system and what I really want
3 to make sure that we convey on behalf of the
4 Florida Fire Chiefs is that every decision that
5 you guys make at the state in Tallahassee with
6 all the wisdom of government you have an impact
7 on a system, you have an impact on my parents
8 who live in a little small community called
9 Palm Beach Gardens, you have an impact on
10 somebody's children. It impacts the entire
11 system. The pre-hospital component is a
12 critical part of the system. So as you
13 consider your things about lawsuits, and
14 legislation, and rules, all those things will
15 impact the system. They impact the operations
16 of every fire rescue agency in the southeast,
17 every fire rescue agency in the state and
18 ultimately that impacts lives. I know we've
19 entered into a new time. It's very
20 unfortunate. We have these mass attacks out
21 there, but they do surface some things. They
22 surfaced the need for us to be prepared and for
23 us to have adequate capacity and build that
24 capacity in. Most of what I see in these
25 reports is fighting over who gets to have a

1 trauma center in what area and how many you
2 want and we want you to be cognoscente of the
3 impact of those decisions as you consider them.
4 In your prior recommendations, in your
5 recommendation for a single trauma center
6 within Palm Beach County where we currently
7 have two and, you know, those two systems
8 provide us with capacity to do whatever goes
9 on. Those two centers, they provide us with
10 the capacity for whatever goes on and I just I
11 fear that, you know, some decision making that
12 takes place in Tallahassee far removed from the
13 people down in Palm Beach County is going to
14 have a negative impact on my parents, my
15 children, my friends, and the other people in
16 this area. You know, in my mind we have an
17 area like Palm Beach County and I can't speak
18 for the entire state, but an area like Palm
19 Beach County where we have what I would
20 consider one of the best trauma systems
21 available, it's funded locally, it has decision
22 makers that live in this community, it's
23 evaluated continuously by very bright minds who
24 care about people, but who also live in this
25 community, they're invested, they have family

1 that lives in this community, and they care
2 about these outcomes because ultimately they
3 care about the impact those things have on
4 their family, down to that level, and what I
5 don't want to see is the state dictating the
6 level of expectation we should be able to have
7 within Palm Beach County. And I'm sure that
8 that's the same for Broward and Dade and other
9 counties. So I'd urge you to consider allowing
10 local areas to establish their own levels of
11 expectation, especially where they're willing
12 to fund and to kindest words possible, stay out
13 of it down here. The state has great
14 intentions, but they don't always come out so
15 well for the folks that live in a particular
16 area. You can't dictate the same thing for the
17 panhandle as you can for a dense area like the
18 southeast.

19 I appreciate you listening to what I've
20 got to say. And when you get some more
21 concrete plans, get something in writing. I'm
22 sure we'll be back to talk more about that.
23 Thank you.

24 **MS. COLSTON:** Great. Thank you. Kathy
25 Holzer.

1 **MS. HOLZER:** Katherine Holzer. Holzer is
2 H-O-L-Z-E-R. Safety Net Hospital Alliance of
3 Florida. The Safety Net Hospital Alliance is
4 composed of membership includes seven level one
5 trauma centers, six level two, and the two free
6 standing pediatric trauma centers. First, we'd
7 like to thank the department for taking a more
8 collaborative approach. We look forward to a
9 day where we have an advisory council and we
10 look forward to continuing to work on these
11 rules. We're particularly appreciative that
12 you chose to do regional meetings. It is not
13 always possible for our trauma centers or the
14 EMS folks to make it to Tallahassee and this is
15 most appreciated. I will not repeat my
16 comments from the prior meeting, but really as
17 we begun to work on preparing written
18 recommendations, I have a series of questions
19 which you may or may not be able to answer
20 today.

21 You've sort of outlined some of your
22 reasoning around the revisions to or thought
23 process of looking at revising 64J-2.010, the
24 allocation rule. As it relates to trauma
25 registry rule, the application, the extension,

1 and the site -- are there similar drivers for
2 the department around what revisions they
3 believe should be made or is this just part of
4 a process of annually reviewing these rules and
5 looking at updates?

6 **MS. COLSTON:** From my perspective, I don't
7 think this has anything to do with our annual
8 review. I think this is something that based
9 on a lot of things that have happened even in
10 the last six months have just kind of caused
11 our executive leadership to kind of sit back
12 and say: Hey, program, we need to kind of look
13 at this and look at how we can fix things. I
14 think one of the biggest drivers for the
15 Department of Health in some changes is the
16 desire of our state's general to really try to
17 fix some of our relationship issues that we've
18 had in the past. That sounds bad. I sound
19 like I'm on Oprah, but we -- you know, it kind
20 of goes back to what I said before and even to
21 what Chief Donatto kind of mentioned, you know,
22 the state has done some things and we've kind
23 of pushed some things down with the best of
24 intentions I'm pretty sure, but, you know, now
25 it's kind of time to sit back and we're looking

1 at the community feedback perspective, you
2 know. And not to say that anything was done
3 without community feedback in the past. I know
4 that there were a lot of workshops and a lot of
5 activities that went into building some of the
6 existing rules, but I think for a couple of
7 years we've kind of gotten away from that, so.
8 And I think that things have changed. So to me
9 it's more than one thing. It's kind of a
10 complex situation where we're just here now.
11 It's time for us to start looking outside the
12 box and thinking outside the box as to what we
13 need to do and how we need to proceed, you
14 know, because sometimes you get so stuck on
15 this is the way, and we've got these rules,
16 and, you know, this is -- it's been -- we've
17 got all this stuff that exists, but change is
18 hard, you know, and we already know. I mean,
19 from a state perspective, you know, we go left
20 and, you know, litigation, right, litigation,
21 you know, so there's -- it's one of those
22 things where you want to try to work with the
23 community and you want to think about the best
24 way to do that and so I think there are number
25 of things that have gotten us to where we are

1 now.

2 MS. HOLZER: And then just a general
3 comment. Well, we have certainly repetitively
4 talked about the need for transparency and
5 inclusioness [SIC] around the allocation rule.
6 We believe that is equally true as it relates
7 to all the other rules. You know, we would
8 like to see a more transparent process, a
9 clearer approach to how you evaluate trauma
10 applications, you know, what role the trauma
11 agencies might play in that process,
12 transparency with posting that scoring on your
13 website as it relates to site visits. Again,
14 the more transparency you can put around the
15 process, I think the closer we get to returning
16 to the day when we all worked collaboratively
17 and get beyond some of the issues.

18 And again, just to echo what the first
19 speaker said, the assessment really does need
20 to be an assessment of the trauma system and of
21 the trauma system within a TSA because every
22 TSA is vastly different. You know, what we can
23 do in TSA-1 does not mirror what we can do in
24 to say TSA-19. EMS, fire rescue have to be our
25 partners in that process and so we look forward

1 to providing the department with comments and
2 we appreciate your taking the time to come to
3 South Florida.

4 **MS. COLSTON:** Thank you. Final speaker
5 request, Cheryl Rashkin.

6 **MS. RASHKIN:** Good morning, all. My name
7 is Cheryl, C-H-E-R-Y-L, Rashkin, R-A-S-H-K-I-N.
8 I am the manager of the Broward County Trauma
9 Agency which is a part of the office of medical
10 examiner and trauma services in Broward County.
11 I've been down there since the agency was
12 established working in other arenas and working
13 very closely with all hospitals through
14 emergency management courses in the
15 affiliations and also with the EMS providers.
16 They sort of trained me down in Broward County
17 because they do things a little bit differently
18 from when I came from Palm Beach County. But I
19 have roots in both and one of those major roots
20 is the way trauma centers are allocated in a
21 certain area. The formula, yes, is outdated.
22 It needs to be addressed and revised. And to
23 follow-up to Kathy's comments, we have to look
24 at it independently for each one of the region
25 because we are so different. What's good here

1 in Palm Beach County with 2 trauma centers that
2 has worked for over 20 years -- I'm sorry --
3 almost 30 years is a little bit different than
4 it is in Broward County because we have three.
5 I could not imagine either one of those
6 communities with less than what they have now.
7 And I know as time goes on and the population
8 increases within those given areas, both of
9 those counties are very lucky because they do
10 have a trauma agency in place and they both
11 work strongly with not only the trauma centers
12 and the EMS providers, but all acute care
13 facilities and that's the key component. They
14 all work as a team. This coming week our
15 county is in the process of reviewing it's
16 trauma transport protocols. Every emergency
17 medical director for every acute care facility,
18 plus the nursing managers for those same
19 emergency departments, along with all EMS
20 providers in the community, any other
21 interested party in the community, along with
22 the trauma centers are invited to a workshop to
23 look at the current TTPs and see if they need
24 to be updated, strengthened, and what can we do
25 to facilitate the needs of our residents and

1 visitors in Broward County to get them to a
2 faster approach into a trauma center. That
3 doesn't mean our acute care facilities can't
4 handle the job because we rely on them also.
5 Without those acute care facilities in the
6 outlying areas, say here in Palm Beach County,
7 is way out in Canal Point or Pahokee, in
8 Broward it's way out on Alligator Alley. We
9 also help service the Seminole Tribe who are
10 great working partners with our community. So
11 they facilitate the needs of the EMS crews and
12 save the lives of a patient and airlifting to
13 the closes facility if air can't come all the
14 way west. So those are components that we rely
15 on, we look at.

16 Chief Dibernardo brought up various
17 statistics based on our county and our county's
18 needs and they're true to force. I rely on the
19 Fire Chiefs Association and a program they
20 garnered through an EMS grant many years ago --
21 deployment status of all of their units, so
22 that helps facilitate the needs in our
23 community to know if we have the right units in
24 the right location and the right facilities in
25 the right location because not only is it used

1 for their trauma side of the house, it's also
2 used for the stroke, and the cardiac, and
3 pediatric, and I can go down the list based on
4 what the capabilities of our acute care
5 facilities are which are extensive. So when
6 you look at our system of trauma, you have to
7 look at all the components that comprise
8 trauma. It's not just that initial injury and
9 an initial golden hour. That is critical, but
10 you have to look at all the other components
11 that go into place such as the families. What
12 are you going to be doing with families of
13 these trauma patients because it continues once
14 they leave the facility into the rehab. So you
15 have to look at this as a system wide component
16 and not just what is good for the state
17 overall. Check your systems. The idea of
18 going to regionalized trauma agencies, it's a
19 nice thought. I don't think it'll work too
20 well down here in the south area because we are
21 such an urban community. You have three large
22 communities that have 7, 9 -- 9 trauma centers
23 between all of us? Yes. So we have quite a
24 few. So are you going to make one entity in
25 charge of all of those? Oh, my gracious. I

1 only have three to work with plus 16 acute care
2 facilities. I don't see that group being able
3 to really function well. They might be able to
4 give some minor insight and guidance, but when
5 it comes to the hospital community, they're a
6 family and they stay within their own families
7 and that means the community in which they are
8 based. So we all work as a team. When you're
9 going through and you're looking at your
10 approval process for trauma centers, those of
11 us that are lucky enough to have trauma
12 agencies, I'm sorry, less than a month to
13 review a hospital's application and getting my
14 trauma advisory committee together in less than
15 a month's time to look at that, review all the
16 qualifications, it's a bit tight, so you may
17 want to include that in the thoughts also and
18 giving that process a little bit more time.
19 The facilities have a little bit of time in
20 garnering the information and gathering the
21 information that they need to make the
22 application. I might ask that in that process
23 they involve the community, they talk to their
24 community partners in putting together the
25 data. The hospitals already do a great job.

1 There's no doubt about it. And they all know
2 hot to write an application form. But they
3 need to make sure they've got the community
4 buy-in as they're going forward. As several
5 did just in the Miami-Dade area just recently.
6 So that's what you need to do is you need to
7 get that buy-in so it's all community, it's all
8 a system and you have to work together. So
9 that's the component. If you take a look at
10 012, give the trauma agencies in the community
11 a little bit more time to review the
12 application process. On 2010, I'll back up
13 Chief Dibernardo and Donatto, you have to go on
14 what's good for that community. Population is
15 wonderful, but EMS and their response times and
16 the needs of community outweigh those
17 components. Thank you.

18 **MS. COLSTON:** Thank you. So we have not
19 received any requests to speak via the
20 telephone. Are there any other requests to
21 speak?

22 **DR. BORREGO:** Good morning.

23 **MS. COLSTON:** Good morning.

24 **DR. BORREGO:** Robert Borrego. I'm the
25 trauma medical director at West Palm Hospital.

1 **THE COURT REPORTER:** Doctor, can you spell
2 your name for me? I'm sorry.

3 **DR. BORREGO:** Robert Borrego,
4 B-O-R-R-E-G-O. I've been the medical director,
5 to correct the record, for 25 years and that
6 has been the length that we've had a trauma
7 system in Palm Beach County. I've been
8 fortunate, in fact, you will see that I'm one
9 of the very few handful of trauma medical
10 director that has been in 1 center for 25
11 years. The reason for that is, number 1, that
12 I started and I have seen a program grow from
13 the beginning in 1991 with 2 level 2 trauma
14 centers, but we have both outgrown to being 2
15 level 1 trauma centers. We have been able to
16 do that because we have a strong working
17 relationship between the two centers, the EMS
18 system, and the trauma agency. And I could
19 vouch for you right now that without that in
20 place, there is no way that I would be in one
21 center for 25 years. It takes a long time for
22 a trauma center to mature and become a level 1
23 trauma center -- to have the experience, the
24 capabilities, and the finesse to be able to
25 work with a community, the EMS system takes

1 twenty years at least.

2 To reference something that Chief Donatto
3 said and to echo him and to reflect back on
4 what happened recently in Orlando, the only way
5 that a place like Palm Beach County, our set
6 up, our structure, our infrastructure to be
7 able to handle something like that will be only
8 through the collaborative work between the two
9 trauma centers, St. Mary's and Delray Medical
10 Centers. Without these -- without all our
11 collaboration and our work, we would never be
12 able to handle something like that because we
13 are not an institution where there is a large
14 medical center, a university, or a large
15 stationary center. We do see 3,000 -- between
16 the two trauma centers. We have a very high
17 ISS score. And we have in the past handled
18 mass casualties. And it is -- what I would
19 propose is to have further collaboration
20 between EMS and the agency, the trauma centers,
21 to be able to set up a system where we will be
22 able to handle a catastrophe such as the one in
23 Orlando by the appropriate triage to the 2
24 centers that would be able to handle that,
25 being said from the experience, the

1 capabilities, and the growth that has taken
2 over 25 years to become 2 level 1 trauma
3 centers for Palm Beach County.

4 And I just like to make these statements
5 and I hope that it's -- this is taken into
6 consideration with any changes made in how Palm
7 Beach County handles its trauma patients, and
8 their families, and all those that are
9 concerned. Thank you.

10 **MS. COLSTON:** Thank you. Next speaker,
11 Chief Dyal.

12 **MR. DYAL:** Good morning. David Dyal,
13 D-Y-A-L. Welcome to sunny South Florida. Nice
14 and warm. I've got a couple of comments to
15 make and primarily it's on the TTPs, the trauma
16 transport protocols.

17 We have EMS medical directors who
18 establish our protocols throughout our industry
19 and that's by law they were the ones who
20 develop the TTPs as well as our treatment
21 protocols. And I know that the rule requires
22 us to send our TTPs up to Tallahassee for
23 approval and I really don't think that that's
24 appropriate. Whatever our medical directors in
25 cooperation with our local hospitals and trauma

1 centers, whatever they decide to do should
2 be -- I don't mind putting, you know, file with
3 the state if that's what you want, but as far
4 as having an approval process, I think that's
5 invalid.

6 The second part of that is, and I'll air
7 some dirty laundry here, we had a case in
8 Martin County that the providers were sued
9 because we took a patient who met all the
10 trauma transport protocol protocol scores to
11 take him to a trauma center. We were sued and
12 the plaintiff won the suit because we didn't
13 take him to the closest hospital. So if we're
14 going to have TTPs that the state approves, or
15 puts them on file, or whatever, what's the
16 point if I don't have some kind of protection
17 from lawsuit because we followed our TTPs and
18 did not go to the local non-trauma center and
19 there's no direction to the legal system in
20 which to tell them that we are obligated to do
21 so? So if you're going to go back and revisit
22 all this, something has to be done to direct
23 the legal system to give us some type of
24 immunity if we're following protocol. That's
25 the primary thing that I wanted to talk about

1 was the trauma transport protocols.

2 And just in general. I don't have a dog
3 in the hunt on trauma centers. We are blessed
4 to be able to be between a couple very good
5 ones, so we fly north and south and anywhere
6 they want -- they need to go. In fact, we
7 even -- we fly directly to burn centers and
8 bypass our local trauma centers if the patient
9 is significantly burnt. But it seems to me
10 that the state ought to be in the business of
11 establishing standards. And then if a hospital
12 meets those standards and the market will drive
13 it, then so be it. Let the hospitals work
14 their markets and sink or swim, but they need
15 to meet your standards. So set some standards,
16 set standards for EMS, set standards for the
17 hospital, whoever, and then let the market
18 drive it.

19 That's the end of my comments. Thank you.

20 **MS. COLSTON:** Thank you. Are there any
21 other comments or requests to speak that we
22 have not gotten from the audience?

23 **MR. STURMS:** I got an email to ask to
24 spell my name again. If they're getting
25 rejected, maybe it's for having the wrong

1 email.

2 MS. COLSTON: Okay. On the phone, if you
3 want to submit a request to speak, the email
4 address is:
5 joshua,J-O-S-H-U-A,.sturms,S-T-U-R-M-S,@flhealt
6 h.gov.

7 So perhaps we can take a break for about 7
8 minutes until 10:00 o'clock to give some folks
9 that are on the phone time to submit their
10 requests if they'd like to speak.

11 (Thereupon there was a brief
12 recess and the proceedings
13 continued as follows:)

14 MS. COLSTON: Okay. Thank you. So we are
15 doing one last final check of the email to see
16 if we've gotten any written comments and so I'm
17 going to give Josh just a second. But while he
18 keeps checking on that, I just wanted to make
19 sure we didn't have any from attendees here?
20 Okay.

21 So one of the things, you know, as we let
22 Josh kind of look for what he's looking for,
23 one of the things that I just wanted to say is
24 we've gotten some interesting recommendations
25 today. You know, a lot of folks have some

1 different ideas. You know, and I'm not the
2 expert on this stuff, you guys are, so I'm glad
3 we're getting these recommendations. I would
4 just encourage you, I know that some folks may
5 not want to kind of go into a lot of detail
6 about what they think. You know, we all hope
7 that this is a safe environment where we can
8 talk about things that we want to talk about
9 and get our ideas out there, at least that's
10 what I'd like to be able to do. I don't think
11 that I can do that on my own. I think you guys
12 are the ones with the ideas. But when I talk
13 about all the great recommendations that we've
14 gotten today, sometimes it is a recommendation.
15 We think that you should kind of look at
16 variability and standards or, you know, have a
17 minimum standard; I'll just use this one as an
18 example: Have a minimum standard and use it as
19 a guideline. Everybody meets, you know, A, B,
20 and C and then if you want to be a little
21 better and add in D, E, and F, all the way down
22 to Z, then you need to have the latitude to be
23 able to do that. You know, and I think that's
24 an interesting concept. I think that's
25 something that's good to consider. You know,

1 all things considered with making sure that
2 we're still meeting any statutes or regulatory
3 requirements or anything like that. So to that
4 end, we will be accepting written comments for
5 these workshops, even the one that we held on
6 the 11th -- 21st. I'm sorry. I'm thinking
7 about the one in the future. We'll be
8 accepting written comments all the way through
9 July 21st, so that's about two weeks after the
10 very last workshop. So as you submit your
11 comments, especially for those folks who have
12 made recommendations and, you know, quite
13 frankly very interesting recommendations. You
14 know, I don't want to call anybody out in this
15 arena or do anything to make you give more than
16 what you're willing to, but your written
17 comments, I would encourage you to comment,
18 expand on what those recommendations are a
19 little bit so that we can understand. Because
20 for me a recommendation is very valuable as
21 long as I understand the mechanics behind it,
22 you know, then we can actually develop
23 something moving forward and champion those
24 things that we're looking for, communicate it
25 better in a venue like this where there's, you

1 know, something we're going to give to an
2 advisory council for consideration, or
3 something that we discuss and use as the
4 justification for why we're going to propose a
5 rule that we're going to propose. So I would
6 encourage anybody who is, you know, listening,
7 or making recommendations, or anything of that
8 nature, if you have comments about it, it's
9 what I said before, but expand on what you're
10 recommending. Tell us how you would do that.
11 If it were a perfect world and this were your
12 pie in the sky with the unicorns and balloons
13 floating around, tell us how you would do what
14 you're proposing to do. How would you do what
15 you're recommending because that is going to be
16 where we can find the most value in what we're
17 getting here today is to see what you -- what
18 the actual thought processes are behind the
19 recommendations.

20 So, Josh, did I fill up enough, blow
21 enough hot air to see if we can get these
22 things printed out? It wasn't really hot air.
23 That's a true statement. I really do want that
24 though. I mean, so hopefully you guys will
25 think about it. I don't care if you submit a

1 book. Just zip it, PDF it, zip it and send it
2 on and we will look at that because I think
3 that's going to be really valuable stuff.

4 **MR. STURMS:** We're going to try an
5 alternative method to get my email up.

6 **MS. COLSTON:** So we're having a little bit
7 of technical difficulties. If we un-mute, can
8 we just kind of --

9 **MR. STURMS:** They can un-mute themselves --
10 get on presentation.

11 **MS. COLSTON:** Okay. So on the phone,
12 we're having some technical difficulties which
13 always seems to plague us during trauma rule
14 stuff. I don't know why. So if there were any
15 requests to speak that you submitted, we're
16 having some trouble pulling that off the email,
17 but if you'd like to star six to un-mute right
18 now and we'll just try to take your comments in
19 order. Star six to un-mute your line if you're
20 a participant on the conference call. Okay.
21 Hearing no takers. I'm sorry to make you guys
22 wait. I just don't want to miss out if
23 somebody's actually submitted something. Star
24 six to un-mute on the line.

25 So July 21st is the deadline to submit

1 written comments. July 1st which is Friday we
2 will have the transcript from the June 21st --
3 my dates are just gone -- June 21st workshop
4 that was held in Tallahassee. July 11th we are
5 having the third workshop. It will be held in
6 Orlando the day before the EMS Advisory Council
7 meeting, so hope to see everybody there.

8 **MS. RASHKIN:** Can you change the time to
9 that meeting to 9:30 because traveling to that
10 location in Orlando is a little difficult
11 during rush hour?

12 **MS. COLSTON:** 9:30?

13 **MS. RASHKIN:** Yes.

14 **MS. COLSTON:** It's already been noticed --

15 **MS. RASHKIN:** -- noticed it, but.

16 **MS. COLSTON:** Yeah, it's already been
17 noticed so --

18 **MS. RASHKIN:** Just to let you know that
19 that area is really bad.

20 **MS. COLSTON:** Okay. We'll delay as long
21 as possible, but, yeah.

22 **MR. STURMS:** There was one comment that
23 was sent in.

24 **MS. COLSTON:** Was it a request to speak or
25 just a comment?

1 **MR. STURMS:** It was just a comment.

2 **MS. COLSTON:** Okay. Do you want to read
3 it?

4 **MR. STURMS:** Sure. The comment is from
5 Dr. Malvezzi from the Nicklaus Children's
6 Trauma Hospital. His comment is: In the
7 current apportionment of trauma centers from
8 Miami-Dade, only the adult trauma centers are
9 counted. Is the pediatric trauma center to be
10 evaluated aside from the adult centers?
11 There's an additional question that says: If
12 the number of trauma centers is reduced, is
13 Nicklaus Children's, previously Miami
14 Children's Center, going to be sacrificed
15 despite the known advantage to children of
16 being taken care of in a dedicated stand alone
17 pediatric hospital?

18 **MR. MCCOY:** And basically it's a question
19 from Nicklaus Children's Hospital related to
20 pediatric centers and how they're going to be
21 apportioned in allocation. I think going back
22 to what Leah said earlier is is there's no
23 predisposed verbiage here. I don't imagine us
24 just in a final rule forgetting about trauma
25 centers. I think that's absurd myself. But

1 there is no predisposed language to do that.
2 There is no formula change or anything that
3 represents that at this time and that's what
4 we're trying to get feedback. And obviously
5 from comments submitted like this, it's evident
6 that we need do a better job of pediatric
7 hospitals, especially those two stand alones.
8 That's noted and we thank you for your
9 comments, doc.

10 **MS. COLSTON:** Okay. So if there are no
11 other comments either by phone or in the room,
12 we will conclude this workshop. Again, written
13 comments please, especially expanding on those
14 recommendations that we brought forward today,
15 that'd be great. I'm always available by
16 telephone, so if you shoot me an email, I will
17 be happy to return your call if you have any
18 questions or I can help in any way. Thank you
19 for your attendance and maybe we'll see you on
20 July 11th.

21 (This concludes the Department
22 of Health's Rule Development
23 Workshop)

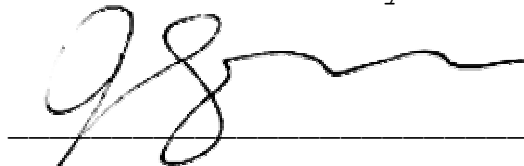
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TRANSCRIPT CERTIFICATE

STATE OF FLORIDA)
COUNTY OF WEST PALM BEACH)

I, JESICA GUTIERREZ, Reporter, certify that
I was authorized to and did digitally
report the foregoing proceedings and that the
transcript is a true and complete record of my
digital notes.

DATED this 12th day of July, 2016.



JESICA MARIA GARCIA GUTIERREZ, REPORTER

Notary Public - State of Florida
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<p>A</p> <p>a.m 1:11</p> <p>ability 12:14</p> <p>able 4:17 5:5 7:18 11:10 13:17 17:9 24:6 25:19 33:2,3 35:15,24 36:7,12 36:21,22,24 39:4 41:10,23</p> <p>absence 9:4</p> <p>absurd 46:25</p> <p>accepting 42:4,8</p> <p>acknowledge 7:20</p> <p>ACS 12:3 15:14,15 15:16,24 16:1</p> <p>activities 27:5</p> <p>activity 7:15</p> <p>actual 43:18</p> <p>acute 30:12,17 31:3,5 32:4 33:1</p> <p>add 20:2 41:21</p> <p>addition 8:4 20:9</p> <p>additional 15:4 46:11</p> <p>address 40:4</p> <p>addressed 29:22</p> <p>adequate 22:23</p> <p>administrator 2:6 2:8 17:24,25</p> <p>adopted 10:9 16:5</p> <p>adopting 15:24</p> <p>adult 46:8,10</p> <p>advantage 46:15</p> <p>advisory 13:22,24 25:9 33:14 43:2 45:6</p> <p>affiliations 29:15</p> <p>afraid 13:8</p> <p>agencies 28:11 32:18 33:12 34:10</p> <p>agency 22:16,17 29:9,11 30:10 35:18 36:20</p> <p>ago 11:22 14:8</p>	<p>31:20</p> <p>agree 13:24</p> <p>ahead 3:2 18:13</p> <p>air 31:13 38:6 43:21,22</p> <p>airlifting 31:12</p> <p>alerts 20:18 21:1</p> <p>Alley 31:8</p> <p>Alliance 25:2,3</p> <p>Alligator 31:8</p> <p>allocated 29:20</p> <p>allocation 12:2,10 15:1,10,12 18:2 19:16 20:4,6 21:10 25:24 28:5 46:21</p> <p>allow 11:1 12:6</p> <p>allowed 16:4</p> <p>allowing 4:10 24:9</p> <p>alones 47:7</p> <p>Alonso 4:14 6:2,7 6:10,22 7:10</p> <p>alternative 44:5</p> <p>annual 26:7</p> <p>annually 26:4</p> <p>answer 18:6 25:19</p> <p>anybody 42:14 43:6</p> <p>apologize 3:17</p> <p>APPEARANCES 2:1</p> <p>applaud 18:21 19:4</p> <p>application 25:25 33:13,22 34:2,12</p> <p>applications 28:10</p> <p>apportioned 46:21</p> <p>apportionment 46:7</p> <p>appreciate 4:13 7:9 18:23 21:20 24:19 29:2</p> <p>appreciated 25:15</p> <p>appreciative 25:11</p> <p>approach 5:22 25:8 28:9 31:2</p>	<p>approaching 9:7</p> <p>appropriate 36:23 37:24</p> <p>approval 33:10 37:23 38:4</p> <p>approves 38:14</p> <p>area 15:18 19:8 20:11,24 21:4 23:1,16,17,18 24:16,17 29:21 32:20 34:5 45:19</p> <p>areas 24:10 30:8 31:6</p> <p>arena 13:19 42:15</p> <p>arenas 29:12</p> <p>aside 46:10</p> <p>asking 5:16</p> <p>assessment 19:1,2 19:5,6,14 28:19 28:20</p> <p>Association 18:19 21:25 31:19</p> <p>attacks 22:20</p> <p>attend 5:5</p> <p>attendance 11:9,11 47:19</p> <p>attendees 40:19</p> <p>audience 3:6 39:22</p> <p>authorized 48:8</p> <p>available 23:21 47:15</p> <p>average 20:23</p> <p>averages 20:19 21:5</p> <p>awful 21:21</p> <p>B</p> <p>B 41:19</p> <p>B-O-R-R-E-G-O 35:4</p> <p>back 11:22 20:6 24:22 26:11,20 26:25 34:12 36:3 38:21 46:21</p> <p>background 3:14 16:14</p>	<p>bad 10:21 12:12 26:18 45:19</p> <p>balloons 43:12</p> <p>based 16:21 26:8 31:17 32:3 33:8</p> <p>basically 46:18</p> <p>Beach 1:15,16,25 3:8 4:9 21:23 22:9 23:6,13,17 23:19 24:7 29:18 30:1 31:6 35:7 36:5 37:3,7 48:5</p> <p>beginning 35:13</p> <p>begun 25:17</p> <p>behalf 22:3</p> <p>believe 26:3 28:6</p> <p>beneficial 17:8</p> <p>best 10:25 12:21 18:6,22 23:20 26:23 27:23</p> <p>better 41:21 42:25 47:6</p> <p>beyond 28:17</p> <p>biggest 26:14</p> <p>birth 7:2</p> <p>bit 6:18 7:15 14:2 29:17 30:3 33:16 33:18,19 34:11 42:19 44:6</p> <p>blessed 39:3</p> <p>blow 43:20</p> <p>book 15:19,24 16:4 16:10 44:1</p> <p>boots 8:4</p> <p>Borrego 2:18 34:22,24,24 35:3 35:3</p> <p>bound 12:18</p> <p>box 27:12,12</p> <p>break 40:7</p> <p>brief 40:11</p> <p>bright 23:23</p> <p>bringing 14:5</p> <p>brought 31:16 47:14</p> <p>Broward 18:19</p>	<p>19:22 20:4,6,15 20:25 21:4 24:8 29:8,10,16 30:4 31:1,8</p> <p>build 8:2 22:23</p> <p>building 27:5</p> <p>bulk 20:21</p> <p>burden 16:9</p> <p>bureau 2:4 4:23</p> <p>burgeoning 14:17</p> <p>burn 39:7</p> <p>burnt 39:9</p> <p>business 12:23 39:10</p> <p>buy-in 34:4,7</p> <p>bypass 39:8</p> <p>C</p> <p>C 41:20</p> <p>C-H-E-R-Y-L 29:7</p> <p>C-O-L-S-T-O-N 4:23</p> <p>call 3:12,22,24 11:16 13:6,7,13 20:21 42:14 44:20 47:17</p> <p>called 22:8</p> <p>calls 19:20</p> <p>Canal 31:7</p> <p>cap 15:3,4</p> <p>capabilities 32:4 35:24 37:1</p> <p>capacity 22:23,24 23:8,10</p> <p>Card 2:9 17:25</p> <p>cardiac 32:2</p> <p>care 6:19 23:24 24:1,3 30:12,17 31:3,5 32:4 33:1 43:25 46:16</p> <p>case 4:6 16:8 38:7</p> <p>casualties 36:18</p> <p>catastrophe 36:22</p> <p>catch 19:13,14</p> <p>caused 26:10</p> <p>caveats 9:13</p>
--	---	---	---	--

center 11:25 23:1,5 31:2 35:10,21,22 35:23 36:14,15 38:11,18 46:9,14	23:15 46:15 Children's 46:5,13 46:14,19 chose 25:12 Chris 6:23,24,24 circle 19:15,21 clearer 28:9 Clematis 1:15 3:5 3:6,7 clinician 13:12 closely 17:1 29:13 closer 28:15 closes 31:13 closest 38:13 Closing 2:22 code 19:25 20:2,17 21:1 cognoscente 23:2 collaboration 36:11,19 collaborative 8:1 25:8 36:8 collaboratively 28:16 collecting 17:14 Colston 2:3,13,22 3:1,7 4:22 6:3,21 7:8,11 21:13,16 24:24 26:6 29:4 34:18,23 37:10 39:20 40:2,14 44:6,11 45:12,14 45:16,20,24 46:2 47:10	18:20 19:3 25:16 29:1,23 37:14 39:19,21 40:16 42:4,8,11,17 43:8 44:18 45:1 47:5,9 47:11,13 Commission 48:18 committee 33:14 communicate 9:10 42:24 communities 20:22 30:6 32:22 community 4:20 5:18,18 7:25 8:2 10:10 12:15 13:18 22:8 23:22 23:25 24:1 27:1,3 27:23 30:20,21 31:10,23 32:21 33:5,7,23,24 34:3 34:7,10,14,16 35:25 complete 48:10 completely 9:18,22 complex 27:10 component 22:11 30:13 32:15 34:9 components 31:14 32:7,10 34:17 composed 25:4 comprise 32:7 concentrate 18:25 concept 41:24 concerned 37:9 concerns 19:11 conclude 47:12 concludes 47:21 concrete 24:21 conducive 7:17 conduct 4:10 conducting 3:10 conference 3:12,22 3:24 44:20 conjunction 8:7 consensus 8:3 consider 16:12	22:13 23:3,20 24:9 41:25 consideration 18:20 20:8 37:6 43:2 considered 20:12 42:1 continued 40:13 continues 32:13 continuing 25:10 continuously 23:23 convey 14:19 22:3 cooperation 37:25 Coral 19:25 21:2 correct 9:25 35:5 council 13:22,24 25:9 43:2 45:6 counted 46:9 counties 24:9 30:9 county 1:15,25 4:9 19:22 20:4,6,15 21:5 23:6,13,17 23:19 24:7 29:8 29:10,16,18 30:1 30:4,15 31:1,6,17 35:7 36:5 37:3,7 38:8 48:5 county's 31:17 couple 13:20 19:12 27:6 37:14 39:4 course 5:15 9:9 11:13 13:10 courses 29:14 court 1:21 17:14 35:1 covered 11:4 crazy 6:9,18 create 19:6,21 crews 31:11 critical 14:3 22:12 32:9 current 30:23 46:7 currently 14:25 23:6	D 2:12 41:21 D-I-B-E-R-N-A-... 18:18 D-O-N-A-T-T-O 21:23 D-Y-A-L 37:13 Dade 24:8 Darryl 2:15 21:22 data 2:8 8:10 17:24 33:25 DATED 48:13 dates 45:3 David 2:19 37:12 day 6:9,13 25:9 28:16 45:6 48:13 deadline 44:25 decide 38:1 decision 22:4 23:11 23:21 decisions 23:3 dedicated 46:16 defined 15:11 defining 15:10 definitely 4:12 delay 45:20 Delray 36:9 demographics 14:11 dense 24:17 department 1:1,15 3:4 4:10,25 6:11 25:7 26:2,15 29:1 47:21 department's 11:19 departments 30:19 deployment 19:8 31:21 desire 26:16 despite 46:15 detail 41:5 develop 5:22 8:6 9:3 37:20 42:22 developed 8:7 14:8 Development 1:6 47:22
--	---	--	--	--

Dibernardo 2:14 18:16,17,18 21:14 31:16 34:13 dictate 24:16 dictating 24:5 different 11:21 12:1,8 14:10,11 16:7 17:5 28:22 29:25 30:3 41:1 differently 29:17 difficult 13:2 18:21 20:20 45:10 difficulties 44:7,12 digital 48:11 digitally 48:8 direct 38:22 direction 38:19 directly 39:7 director 4:13 6:10 30:17 34:25 35:4 35:10 directors 37:17,24 dirty 38:7 discuss 10:8 43:3 discussing 10:14 discussion 17:7 discussions 5:20 district 20:25 DL 5:13 doc 47:9 Doctor 35:1 document 11:10 dog 39:2 doing 6:12 7:1 8:20 12:24 20:18 32:12 40:15 Donatto 2:15 21:17 21:18,22 26:21 34:13 36:2 door 11:6,13 doors 4:3 13:11 doubt 34:1 Dr 2:18,20 4:13 6:2 6:7,10,22 7:10 34:22,24 35:3	46:5 draft 5:15 drive 39:12,18 drivers 26:1,14 Dyal 2:19 37:11,12 37:12 <hr/> E <hr/> E 2:12 41:21 earlier 22:1 46:22 echo 28:18 36:3 educational 16:6 effect 21:2,6 effects 19:18,24 20:10 effort 8:1 egg 17:6 either 10:21 17:7 30:5 47:11 email 3:16,20 11:7 11:12 39:23 40:1 40:3,15 44:5,16 47:16 emergency 2:4 4:24 29:14 30:16 30:19 EMS 2:6 5:13,18 17:23 19:7,20 20:25 22:2 25:14 28:24 29:15 30:12,19 31:11 31:20 34:15 35:17,25 36:20 37:17 39:16 45:6 encounter 3:15 encourage 8:18 9:15 10:18 11:7 17:11 41:4 42:17 43:6 ends 17:3 entered 22:19 entire 22:10 23:18 entity 32:24 environment 8:13 8:17 11:21 41:7 equally 28:6	especially 7:3 24:11 42:11 47:7 47:13 establish 24:10 37:18 established 29:12 establishing 39:11 evaluate 28:9 evaluated 23:23 46:10 everybody 5:10 8:23 9:8 41:19 45:7 everybody's 10:1,2 10:3,4 evident 47:5 evolution 14:4 evolve 7:19 evolved 7:22 examiner 29:10 example 19:18,22 19:24 20:15,24 41:18 executive 26:11 existing 27:6 exists 27:17 expand 42:18 43:9 expanding 47:13 expectation 24:6 24:11 experience 35:23 36:25 expert 41:2 expertise 13:14 Expires 48:19 express 4:8 extension 25:25 extensive 32:5 extremely 10:6 <hr/> F <hr/> F 41:21 facilitate 30:25 31:11,22 facilities 30:13 31:3,5,24 32:5	33:2,19 facility 30:17 31:13 32:14 fact 35:8 39:6 falls 7:2 families 32:11,12 33:6 37:8 family 23:25 24:4 33:6 far 8:10 23:12 38:3 fast 8:25 faster 31:2 FDOH 2:4,6,8 fear 23:11 feedback 6:1 8:21 9:6 16:21 17:3 18:4 27:1,3 47:4 feel 13:10 FF972182 48:18 fighting 22:25 figure 10:25 file 38:2,15 fill 11:15 43:20 final 29:4 40:15 46:24 financial 16:9 find 43:16 finesse 35:24 fire 18:18,19 21:23 21:24 22:4,16,17 28:24 31:19 fired 13:9 first 3:23 17:4,6 18:21 19:4 25:6 28:18 fix 9:23 10:23 26:13,17 flhealt 3:19 40:5 floating 43:13 Florida 1:1,16,25 3:3,8 4:25 8:9 14:16 16:3 18:22 21:20,24 22:4 25:3 29:3 37:13 48:4,18 fly 39:5,7	folks 6:9 7:7 10:13 11:24 12:1,7 18:11 19:7 24:15 25:14 40:8,25 41:4 42:11 follow-up 29:23 followed 38:17 following 38:24 follows 40:13 force 31:18 foregoing 48:9 forgetting 46:24 forgive 3:5 form 11:16 34:2 formula 19:14,21 20:5,10,12 21:6 21:10 29:21 47:2 formulas 20:8 21:7 forth 10:17 17:12 fortunate 35:8 forward 5:25 6:22 7:18 10:24 12:23 17:9 18:13 25:8 25:10 28:25 34:4 42:23 47:14 frankly 7:17 42:13 free 12:6 25:5 Friday 45:1 friends 23:15 fun 7:12 function 33:3 fund 24:12 funded 23:21 funding 6:16 further 21:4 36:19 future 42:7 <hr/> G <hr/> gain 18:4 GARCIA 1:21 48:16 Gardens 22:9 garnered 31:20 garnering 33:20 gather 8:16 gathered 3:9
--	--	--	---	---

gathering 33:20
general 26:16 28:2 39:2
getting 7:25 13:9 33:13 39:24 41:3 43:17
give 33:4 34:10 38:23 40:8,17 42:15 43:1
given 30:8
gives 20:14
giving 33:18
glad 41:2
go 3:2,24 6:18 9:24 10:16 18:13 19:9 19:10,23 21:4,21 27:19 32:3,11 34:13 38:18,21 39:6 41:5
goes 23:8,10 26:20 30:7
going 4:14 6:7,9,15 6:17,23 7:4,15,23 8:24,24 10:3,4,5 13:2,16 14:20 16:16 17:8,8 20:9 20:21 23:13 32:12,18,24 33:9 34:4 38:14,21 40:17 43:1,4,5,15 44:3,4 46:14,20 46:21
golden 32:9
good 3:1 6:2,3 7:7 8:13,14 9:13 10:15,21 16:2 18:17 21:18 29:6 29:25 32:16 34:14,22,23 37:12 39:4 41:25
gotten 15:14 17:2 27:7,25 39:22 40:16,24 41:14
government 22:6
governor 4:15 6:14
gracious 32:25

grant 31:20
great 7:6 9:16 12:4 18:12 24:13,24 31:10 33:25 41:13 47:15
grilled 12:18
ground 8:4
group 7:6 33:2
grow 11:1 35:12
grown 11:2 14:15
growth 37:1
guess 7:24
guidance 15:14 33:4
guideline 41:19
guidelines 15:17 15:19 16:2
GUTIERREZ 1:21 48:7,16
guys 6:19 8:3,8 9:12 10:16 16:22 21:19 22:5 41:2 41:11 43:24 44:21

H

H-O-L-Z-E-R 25:2
h.gov 3:20 40:6
ha 14:16
hall 4:4
handful 35:9
handle 31:4 36:7 36:12,22,24
handled 36:17
handles 37:7
happen 8:14 10:16 13:4 14:1 20:16
happened 26:9 36:4
happening 4:19
happy 10:4,6 47:17
Harasi 20:13
hard 27:18
Health 1:1,15 3:4 4:9,25 6:11 26:15
Health's 47:22

I

healthcare 15:22
hear 3:23,25 10:22 18:10,11
heard 13:22 15:25 17:12
Hearing 44:21
held 5:4 42:5 45:4 45:5
hello 4:18
help 7:19 31:9 47:18
helps 8:8 31:22
hey 9:12 13:8 26:12
high 36:16
highest 20:17
history 16:13
hit 6:17
Holzer 2:16 24:25 25:1,1,1 28:2
honest 8:11
hope 37:5 41:6 45:7
hopefully 11:4 16:20 43:24
hospital 20:25 25:2 25:3 33:5 34:25 38:13 39:11,17 46:6,17,19
hospital's 33:13
hospitals 29:13 33:25 37:25 39:13 47:7
hot 34:2 43:21,22
hour 32:9 45:11
house 32:1
housekeeping 4:1
Huh 8:23
hunt 39:3

immunity 38:24
impact 22:6,7,9,15 22:15 23:3,14 24:3
impacts 22:10,18
implement 10:25
implied 16:9
improve 7:16 9:17
include 33:17
includes 25:4
inclusioness 28:5
increase 19:25 20:6
increases 30:8
independently 29:24
indicated 5:6
industry 37:18
inform 8:9
information 33:20 33:21
infrastructure 36:6
initial 32:8,9
injury 32:8
input 9:4 12:16 15:25
insight 33:4
institution 36:13
intended 18:4
intentions 12:21 24:14 26:24
interested 4:19 30:21
interesting 8:22 40:24 41:24 42:13
intermediate 20:23
interpreting 15:7
intimately 18:1
invalid 38:5
invested 23:25
invited 30:22
involve 33:23
involved 7:6 12:11 18:1

ISS 36:17
issues 4:16 5:23 19:12 26:17 28:17
it'll 32:19
items 6:16

J

JESICA 1:21 48:7 48:16
job 31:4 33:25 47:6
joining 3:12
Josh 40:17,22 43:20
Joshua 2:7,21 17:24
joshua,J-O-S-H-... 3:19 40:5
joshua.sturms@... 11:8
July 5:9 42:9 44:25 45:1,4 47:20 48:13
June 1:11 3:8 5:4 45:2,3
justification 43:4

K

Karen 2:9 17:25
Katherine 2:16 25:1
Kathy 24:24
Kathy's 29:23
keep 6:20
keeps 40:18
key 30:13
Keys 14:14
kind 5:24 6:21 7:13,24 8:18,22 8:23 11:18 12:14 14:25 15:5,25 17:2 18:8 19:4 21:8 26:10,11,12 26:19,21,22,25 27:7,9 38:16 40:22 41:5,15

44:8
kindest 24:12
kinds 6:5
know 4:13,18 5:10
 6:11 7:4,14,17,22
 7:23 8:11,22,24
 9:18,24 10:3,11
 10:16,19,19,23
 11:8,9 12:1,4,16
 12:17,20,24 13:8
 13:12,12,16,20
 13:22,25 14:2,10
 14:12,19 15:9,11
 15:18 16:1,3,5,7
 16:13 17:2,3,5
 18:4,5,7 22:18
 23:7,11,16 26:19
 26:21,24 27:2,3
 27:14,16,18,18
 27:19,20,21 28:7
 28:10,22 30:7
 31:23 34:1 37:21
 38:2 40:21,25
 41:1,4,6,16,19,23
 41:25 42:12,14
 42:22 43:1,6
 44:14 45:18
known 46:15

L

L-E-A-H 4:23
lady's 4:5
language 8:21 9:2
 9:3 47:1
large 1:25 32:21
 36:13,14
lately 12:12
latitude 41:22
laundry 38:7
law 37:19
lawsuit 38:17
lawsuits 22:13
leadership 26:11
Leah 2:3,13,22
 4:22 46:22
leave 6:18 32:14

left 4:4,4 27:19
legal 15:5 38:19,23
legally 12:18
legislation 22:14
legislative 14:20
legislature 14:9
length 35:6
Leopoldo 2:20
let's 11:3
level 16:24 24:4,6
 25:4,5 35:13,15
 35:22 37:2
levels 24:10
limit 14:6 15:2
limited 12:25
line 3:12,22 44:19
 44:24
lines 3:13
link 5:14
list 32:3
listening 5:11
 24:19 43:6
litigation 12:11,13
 12:13 13:1,5
 27:20,20
little 4:11 6:18 14:2
 14:10,11 16:7
 22:8 29:17 30:3
 33:18,19 34:11
 41:20 42:19 44:6
 45:10
live 22:8 23:22,24
 24:15
lives 22:18 24:1
 31:12
local 24:10 37:25
 38:18 39:8
locality 12:10
locally 23:21
location 1:15 3:4
 31:24,25 45:10
locations 20:15
long 12:11 14:22
 16:13,14 20:13
 21:21 35:21
 42:21 45:20

look 9:7,17 14:24
 15:6,9,13,23
 16:15,17,19,22
 17:1 25:8,10
 26:12,13 28:25
 29:23 30:23
 31:15 32:6,7,10
 32:15 33:15 34:9
 40:22 41:15 44:2
looking 6:22 25:23
 26:5,25 27:11
 33:9 40:22 42:24
looks 17:1
lot 5:23 7:3,20 8:15
 11:23 12:4 14:14
 16:11 26:9 27:4,4
 40:25 41:5
lots 7:7
love 10:21
lucky 30:9 33:11

M

machines 4:6
main 19:2
major 29:19
makers 23:22
making 20:1,3
 23:11 42:1 43:7
Malvezzi 2:20 46:5
management 29:14
manager 13:6,7
 29:8
managers 30:18
marathon 14:21
March 48:19
MARIA 1:21
 48:16
market 12:6 39:12
 39:17
markets 39:14
Martin 38:8
Mary's 36:9
mass 22:20 36:18
mature 35:22
McCoy 2:5 17:23
 46:18

mean 8:11 10:21
 12:16 27:18 31:3
 43:24
means 20:19 21:5
 33:7
mechanics 42:21
medical 2:4 4:24
 29:9 30:17 34:25
 35:4,9 36:9,14
 37:17,24
meet 39:15
meeting 25:16 42:2
 45:7,9
meetings 18:21
 21:20 25:12
meets 39:12 41:19
membership 25:4
men's 4:5
mentioned 7:13
 22:1 26:21
messed 10:22
met 38:9
method 44:5
methodology 12:3
 12:10 15:1,10,12
 18:2 19:7
Miami 46:13
Miami-Dade 34:5
 46:8
microphone 17:16
miles 21:3
million 14:17
mind 18:9 23:16
 38:2
minds 23:23
minimize 3:14
minimum 41:17,18
minor 33:4
minutes 20:1,1,2,3
 20:22 40:8
Miramar 20:2
mirror 28:23
missed 6:6
model 19:9,13,17
modeling 19:11
 21:8

models 12:8
moderator 2:3 5:1
monitoring 3:20
month 33:12
month's 33:15
months 26:10
morning 3:1 6:2,3
 6:12,17 18:17
 21:18 29:6 34:22
 34:23 37:12
move 5:25 7:18
 10:24 18:13
moving 12:23 17:9
 42:23
mute 4:2
muted 3:13

N

N 2:12
name 4:22 17:16
 17:18 29:6 35:2
 39:24
nature 12:22 18:3
 43:8
necessarily 12:5
 14:15 16:2
need 4:2,7 8:10
 9:17 13:8,24
 14:21,24 15:11
 15:11,13,23
 16:19 21:9 22:22
 26:12 27:13,13
 28:4,19 30:23
 33:21 34:3,6,6
 39:6,14 41:22
 47:6
needed 20:11
needs 11:2 29:22
 30:25 31:11,18
 31:22 34:16
negative 23:14
Net 25:2,3
never 36:11
new 11:20 22:19
news 6:17
nice 6:5,8 32:19

37:13
Nicklaus 46:5,13
 46:19
noise 3:14
non-trauma 38:18
noon 6:13
north 20:24 39:5
Notary 1:23 48:18
note 5:10
noted 47:8
notes 48:11
notice 4:12
noticed 45:14,15
 45:17
notification 5:14
 17:21
number 8:3 10:13
 14:6,7,18 15:2
 20:17 27:24
 35:11 46:12
numbers 19:24
nurses 16:7
nursing 30:18

O

o'clock 40:8
obligated 38:20
obviously 47:4
office 15:5 29:9
Oh 6:3 18:15 32:25
okay 7:12 10:16,19
 15:7 18:15 40:2
 40:14,20 44:11
 44:20 45:20 46:2
 47:10
once 10:4 17:19
 32:13
ones 37:19 39:5
 41:12
online 18:15
open 9:12 18:9
Opening 2:13
operations 22:15
opportunity 10:7
 16:14
Oprah 26:19

Orange 15:19,24
 16:4,10
order 44:19
organization 17:17
Orlando 36:4,23
 45:6,10
ought 39:10
outcomes 24:2
outdated 29:21
outgrown 35:14
outline 15:1
outlined 15:15
 25:21
outlying 20:22
 31:6
outside 11:6,13
 15:18 27:11,12
outweigh 34:16
overall 32:17
oversight 2:4 4:24

P

Page 2:13,14,15,16
 2:17,18,19,20,22
Pahokee 31:7
Palm 1:15,16,23
 3:8 4:9 21:23
 22:9 23:6,13,17
 23:18 24:7 29:18
 30:1 31:6 34:25
 35:7 36:5 37:3,6
 48:5
panel 2:5,7,9 17:22
panhandle 14:13
 24:17
parents 22:7 23:14
part 9:5 14:24
 22:12 26:3 29:9
 38:6
participant 44:20
participants 3:25
particular 24:15
particularly 25:11
partners 28:25
 31:10 33:24
party 30:21

patient 15:20
 31:12 38:9 39:8
patients 32:13 37:7
PDF 44:1
pediatric 25:6 32:3
 46:9,17,20 47:6
peers 10:12
Pensacola 14:13
people 23:13,15,24
perfect 43:11
person 13:13
perspective 18:8
 19:8 26:6 27:1,19
phone 3:13,18,25
 11:7 13:6 40:2,9
 44:11 47:11
phones 4:2
phonetic 20:13
pick 13:5
pie 43:12
piece 14:4
place 8:13 23:12
 30:10 32:11
 35:20 36:5
plague 44:13
plaintiff 38:12
planning 6:12
plans 24:21
play 28:11
please 3:15,17,21
 4:1 11:11 17:16
 47:13
plus 7:22 14:17
 30:18 33:1
point 16:18 31:7
 38:16
Pompano 20:24
population 14:9,18
 30:7 34:14
position 11:20
 12:17
possible 5:7 6:1
 24:12 25:13
 45:21
possibly 13:9
post 5:11 17:20

posting 28:12
pre-hospital 22:11
predictive 19:10
 19:12 21:8
predisposed 46:23
 47:1
predispositions 9:1
 18:10
prepared 22:22
preparing 25:17
present 10:7
presentation 44:10
pretty 26:24
previous 12:14
previously 46:13
primarily 37:15
primary 38:25
printed 43:22
prior 23:4 25:16
proceed 27:13
proceedings 40:12
 48:9
process 10:5 14:22
 25:23 26:4 28:8
 28:11,15,25
 30:15 33:10,18
 33:22 34:12 38:4
processes 43:18
produces 15:17
program 13:6,7
 26:12 31:19
 35:12
promulgation 8:17
 12:25
proposals 10:2
propose 36:19 43:4
 43:5
proposed 15:23
proposing 43:14
protection 38:16
protocol 38:10,10
 38:24
protocols 30:16
 37:16,18,21 39:1
provide 11:14 23:8
 23:9

providers 29:15
 30:12,20 38:8
providing 29:1
Public 1:23 48:18
pull 8:25 13:21
pulling 44:16
purpose 3:9
pushed 26:23
put 28:14
puts 38:15
putting 33:24 38:2

Q

qualifications
 33:16
question 46:11,18
questioning 15:7
questions 18:5,6
 18:12 25:18
 47:18
quick 5:16
quickly 15:23
quite 7:15,17 32:23
 42:12

R

R-A-S-H-K-I-N
 29:7
Rashkin 2:17 29:5
 29:6,7 45:8,13,15
 45:18
read 2:21 46:2
ready 5:7,8,9 17:20
real 3:20
realized 16:24
really 6:22 7:22
 8:12 15:6 22:2
 25:16 26:16
 28:19 33:3 37:23
 43:22,23 44:3
 45:19
reason 5:17 9:5
 10:10 35:11
reasoning 25:22
recall 5:6
receive 16:21

received 34:19	reporter 1:23	room 3:23 6:20	series 5:2 7:14	24:18
recess 40:12	17:15 35:1 48:7	47:11	25:18	speak 3:17,21
recommendation	48:16	roots 29:19,19	service 31:9	11:17 17:12,16
23:5 41:14 42:20	reports 22:25	rule 1:6 3:10 5:2,5	services 29:10	18:14 23:17
recommendations	representative	5:24 8:17,21 9:2	serving 5:1	34:19,21 39:21
10:2 17:13 18:11	6:25	9:3 11:11,14	set 16:16 36:5,21	40:3,10 44:15
23:4 25:18 40:24	represents 47:3	12:24 13:23 15:5	39:15,16,16	45:24
41:3,13 42:12,13	request 3:21 29:5	17:10 19:1 25:24	seven 25:4	speaker 11:15
42:18 43:7,19	40:3 45:24	25:25 28:5 37:21	She'll 6:24	21:16 28:19 29:4
47:14	requests 3:17	43:5 44:13 46:24	sheet 11:5	37:10
recommending	18:14 34:19,20	47:22	sheets 11:12	speakers 3:23,25
43:10,15	39:21 40:10	rules 1:7 5:3,21,24	shoot 47:16	special 4:8
record 3:3 4:22	44:15	7:5 10:25 14:25	short 4:12	specialist 19:9
17:18 35:5 48:10	requirements 42:3	14:25 16:15,16	shut 13:11	spell 17:17 35:1
redeploy 19:17,20	requires 37:21	16:18,19,23 17:4	SIC 28:5	39:24
20:5,10 21:10	rescue 18:19 21:24	22:14 25:11 26:4	side 5:13 32:1	spend 6:13
reduced 46:12	22:16,17 28:24	27:6,15 28:7	sides 16:1	Springs 19:25 21:3
reduction 19:19	residents 30:25	rush 45:11	sign-in 11:5,12	sprint 14:22
20:4,9	response 20:20		signed 11:5	St 36:9
reference 36:2	34:15		significantly 39:9	stakeholders 8:7
refers 19:2	responsive 13:15	S	similar 26:1	9:4
reflect 36:3	restrictive 8:18	sacrificed 46:14	single 23:5	stand 46:16 47:7
refreshments 4:7	restrooms 4:3	safe 41:7	sink 39:14	standard 41:17,18
regarding 5:21	return 47:17	Safety 25:2,3	sit 26:11,25	standards 15:25
region 29:24	returning 28:15	save 31:12	site 26:1 28:13	16:1,3,10 39:11
regional 25:12	review 5:19 15:13	saying 5:17 10:1	situation 14:10	39:12,15,15,16
regionalized 32:18	26:8 33:13,15	10:12,14,16 13:3	27:10	39:16 41:16
registry 18:2 25:25	34:11	says 46:11	six 25:5 26:10	standing 25:6
regulatory 42:2	reviewing 26:4	score 36:17	44:17,19,24	star 44:17,19,23
rehab 32:14	30:15	scores 38:10	sky 43:12	start 27:11
rejected 39:25	reviews 7:2	scoring 28:12	slow 14:2	started 3:2 35:12
related 4:16 46:19	revised 29:22	season 9:12	small 22:8	starting 15:6
relates 25:24 28:6	revising 25:23	second 5:2 7:14	solutions 17:12	state 1:1,25 8:9
28:13	revisions 25:22	38:6 40:17	somebody's 22:10	10:14 12:9,9 14:1
relationship 26:17	26:2	section 17:23,25	44:23	14:5,7,16 15:4
35:17	revisit 38:21	see 11:3 20:10	soon 5:7	16:23 17:16 22:5
relationships 7:16	right 3:1 8:13 11:6	22:24 24:5 28:8	sorry 6:6 30:2	22:17 23:18 24:5
relatively 4:12	13:4 14:18 15:8,8	30:23 33:2 35:8	33:12 35:2 42:6	24:13 26:22
rely 31:4,14,18	15:9 18:12 27:20	36:15 40:15	44:21	27:19 32:16 38:3
Remarks 2:13,22	31:23,24,24,25	43:17,21 45:7	sort 8:10 25:21	38:14 39:10 48:4
removed 23:12	35:19 44:17	47:19	29:16	48:18
repeat 25:15	ripe 8:14	seen 35:12	sound 26:18	state's 26:16
repetitively 28:3	rise 18:24	Seminole 31:9	sounds 26:18	statement 43:23
replacements	Robert 2:18 34:24	send 3:16,17 5:12	south 21:19 29:3	statements 37:4
20:14	35:3	17:21 37:22 44:1	32:20 37:13 39:5	states 12:5
report 19:14 48:9	role 28:10	seniors 7:3	southeast 22:16	stationary 36:15
		sent 45:23		

statistics 31:17	swim 39:14	39:19,20 40:14	20:3 22:19 26:25	37:15,25 38:10
status 31:21	system 7:19,21	47:8,18	27:11 29:2 30:7	38:11 39:1,3,8
statute 14:6 16:25	11:1 12:6 14:15	that'd 47:15	33:15,18,19	44:13 46:6,7,8,9
17:4,10	15:21 16:6 22:2,2	themselves 44:9	34:11 35:21 40:9	46:12,24
statutes 7:21 42:2	22:7,11,12,15	they'd 40:10	45:8 47:3	traumas 20:17
statutory 15:3	28:20,21 32:6,15	thing 12:4 21:9	times 18:24 20:20	traveling 45:9
stay 24:12 33:6	34:8 35:7,18,25	24:16 27:9 38:25	34:15	treatment 37:20
Steve 2:5 17:23	36:21 38:19,23	things 6:5,8 7:4,20	today 3:8 4:11 5:1	triage 15:20 36:23
Street 1:15 3:7	systems 23:7,20	8:9,15 12:2,20	6:15,25 7:12 11:9	Tribe 31:9
strengthened	32:17	13:1,3,20 14:1,14	11:15,21 17:15	trouble 44:16
30:24	T	15:6,16,20 16:4	17:22 25:20	true 28:6 31:18
stroke 32:2	take 3:15,16 6:19	16:11 17:5 18:3	40:25 41:14	43:23 48:10
strong 35:16	19:19 20:7 34:9	22:13,14,21 24:3	43:17 47:14	try 4:14 8:1,24 9:6
strongly 30:11	38:11,13 40:7	26:9,13,22,23	topic 19:3	13:15 26:16
structure 36:6	44:18	27:8,22,25 29:17	tough 18:24	27:22 44:4,18
stuck 27:14	taken 1:11,21 37:1	40:21,23 41:8	Town 21:23	trying 5:22 7:16
stuff 8:10,12 27:17	37:5 46:16	42:1,24 43:22	trained 29:16	8:16,20 11:24
41:2 44:3,14	takers 44:21	think 3:2 8:12,14	transcript 45:2	13:11,21 18:9
Sturms 2:7,21	takes 23:12 35:21	9:13,14,16,18,19	48:1,10	47:4
17:24 39:23 44:4	35:25	9:21,25 10:15	transcripts 5:7,8	TSA 15:3 28:21,22
44:9 45:22 46:1,4	talk 11:19 12:15	11:17 12:13,23	5:14,20 17:19	TSA-1 28:23
sturms,S-T-U-R-...	13:18 24:22	13:4 16:11 17:7	transparency 28:4	TSA-19 28:24
3:19 40:5	33:23 38:25 41:8	19:5 26:7,8,14	28:12,14	TTPs 30:23 37:15
stymied 12:14	41:8,12	27:6,8,23,24	transparent 28:8	37:20,22 38:14
submit 3:21 8:19	talked 28:4	28:15 32:19	transport 30:16	38:17
11:16 19:23	talking 6:15 7:4	37:23 38:4 41:6	37:16 38:10 39:1	tune 7:1
20:12 21:14 40:3	Tallahassee 4:25	41:10,11,15,23	trauma 4:19 5:12	turnaround 5:16
40:9 42:10 43:25	5:4 21:22 22:5	41:24 43:25 44:2	5:13,18,23,24 7:2	twenty 36:1
44:25	23:12 25:14	46:21,25	7:19,20 11:1,21	two 23:7,7,9 25:5,5
submitted 44:15	37:22 45:4	thinking 8:23 9:11	11:23,24,25	35:17 36:8,16
44:23 47:5	team 30:14 33:8	27:12 42:6	12:15 13:6,7,18	42:9 47:7
sucks 9:14	technical 44:7,12	third 45:5	14:4,7,15 15:2,18	type 38:23
sued 12:21 13:9	telephone 34:20	Thomas 2:14 18:15	15:21,25 16:6	
38:8,11	47:16	18:17	17:20 18:2,25	U
suffer 20:23	tell 9:11,19,20	thought 10:20	19:2,13,19 20:16	ultimately 22:18
suit 38:12	10:17 12:3 38:20	25:22 32:19	20:18 21:1 23:1,5	24:2
sunny 37:13	43:10,13	43:18	23:20 25:5,6,13	un-mute 44:7,9,17
Sunrise 18:18	terms 7:1	thoughts 10:3,19	25:24 28:9,10,20	44:19,24
sure 4:1,20 5:19	terrible 9:19,20,20	33:17	28:21 29:8,10,20	understand 4:17
8:1,5,22 10:18	9:22,24	three 5:2 7:14	30:1,10,11,16,22	9:22,23 10:9
11:3,12 13:17	thank 4:8 6:5 7:8	18:14 20:16 30:4	31:2 32:1,6,8,13	42:19,21
22:3 24:7,22	7:10 21:12,13,16	32:21 33:1	32:18,22 33:10	unfortunate 22:20
26:24 34:3 40:19	21:18 24:23,24	ties 7:5	33:11,14 34:10	unfortunately 5:8
42:1 46:4	25:7 29:4 34:17	tight 33:16	34:25 35:6,9,13	6:14 8:16
surface 22:21	34:18 37:9,10	time 3:21,23 5:9,16	35:15,18,22,23	unicorns 43:12
surfaced 22:22		5:19 12:12 14:8,9	36:9,16,20 37:2,7	units 31:21,23

university 36:14 untoward 21:2,6 updated 30:24 updates 26:5 upstairs 4:16 urban 32:21 urge 24:9 use 4:3 19:7 41:17 41:18 43:3 useful 8:8	wasn't 43:22 water 4:7 way 7:18 10:21 11:1 14:16 15:8 17:7 21:21 27:15 27:24 29:20 31:7 31:8,14 35:20 36:4 41:21 42:8 47:18 we'll 3:2,16 5:11 16:19 17:21 18:6 24:22 42:7 44:18 45:20 47:19 we're 5:15 6:15 7:1 7:13,16 8:12,12 8:16,20,20 9:5,11 10:5 12:17,18,24 12:25 13:5,11,17 13:20,21 14:2,17 14:23 17:8 18:8 25:11 26:25 27:10 38:13,24 41:3 42:2,24 43:1 43:4,5,16 44:4,6 44:12,15 47:4 we've 5:23 7:15 8:6 10:22 12:11 13:22 15:4,14,25 16:13,23 17:2 22:18 26:17,22 27:7,15,16 35:6 40:16,24 41:13 weaken 16:5 website 5:12 17:21 28:13 week 30:14 weeks 42:9 welcome 17:22 37:13 went 27:5 weren't 5:8 west 1:16,23 3:7 4:9 21:4 31:14 34:25 48:5 wholeheartedly 13:25	wide 14:12 32:15 willing 14:23 24:11 42:16 wisdom 22:6 won 38:12 wonder 17:5 wonderful 34:15 words 24:12 work 7:24 10:13 25:10,17 27:22 30:11,14 32:19 33:1,8 34:8 35:25 36:8,11 39:13 worked 12:1,2 28:16 30:2 working 5:22 13:20,25 14:3 29:12,12 31:10 35:16 workshop 1:6 3:10 4:11 5:5 11:14 18:3 30:22 42:10 45:3,5 47:12,23 workshops 5:3 11:11 13:24 27:4 42:5 world 43:11 write 34:2 writing 24:21 written 25:17 40:16 42:4,8,16 45:1 47:12 wrong 3:5 9:25 39:25	<hr/> Z <hr/> Z 41:22 Zika 4:15 6:15 zip 19:25 20:2,17 21:1 44:1,1	<hr/> 0 <hr/> 010 1:7 3:10 012 1:7 3:11 34:10 013 1:7 3:11 016 1:7 3:11	<hr/> 1 <hr/> 1 35:10,11,15,22 37:2 10:00 40:8 11th 42:6 45:4 47:20 12th 48:13 15 20:2 16 33:1 48:19 18 2:14 19:25 1991 35:13 1st 5:9 45:1	<hr/> 2 <hr/> 2 30:1 35:13,13,14 36:23 37:2 20 7:22 14:17 21:3 30:2 200 21:3 2010 34:12 2016 1:11 3:8 48:13 2020 48:19 21 2:15 21st 5:4 42:6,9 44:25 45:2,3 225 20:25 25 2:16 35:5,10,21 37:2 28th 1:11 3:8 29 2:17	<hr/> 3 <hr/> 3 2:13	3,000 36:15 30 7:23 30:3 33401 1:16 34 2:18 36 20:3 37 2:19 39 20:1	<hr/> 4 <hr/> 44 14:8,18 46 2:20 47 2:22	<hr/> 5 <hr/> <hr/> 6 <hr/> 64J-2.006 1:7 3:10 64J-2.010 25:23	<hr/> 7 <hr/> 7 32:22 40:7	<hr/> 8 <hr/> 800 1:15 3:4	<hr/> 9 <hr/> 9 32:22,22 9:00 1:11 9:05 3:3 9:30 45:9,12 90s 11:22
--	--	--	---	---	--	--	------------------------------------	--	--	---	--	--	--