

Office of Trauma Report

Third Quarter Update

July – September 2010

Contact Susan McDevitt, R.N., Director, Office of Trauma,
Division of Emergency Medical Operations,
(850) 245-4440 ext. 2760, for further information

The following are the activities of the Office of Trauma and trauma system planning and constituent groups from January to September 2010. The third quarter updates are provided in bold.

2009 FLORIDA TRAUMA SYSTEM ANNUAL REPORT:

During the second and third quarters, the trauma centers, trauma agencies and burn centers submitted their 2009 annual reports for inclusion in the 2009 Florida Trauma System Annual Report. The Office of Trauma staff prepared the 2009 update on the current five-year plan to report the 2009 accomplishments and the 2010 action steps. In August 2010, the 2009 trauma center patient and QI data was validated and the Trauma Registry Report was finalized for incorporation into the annual report. In September, the final draft of the report and layout was routed for department review and approval. The report will be published and distributed to the trauma constituent groups by late October.

2011-2015 FLORIDA TRAUMA SYSTEM PLAN UPDATE:

During the June 28 Florida Trauma System Plan Advisory Committee meeting, the planning team leads presented the final drafts of the goal statements, objectives and strategies for approval to submit the committee's recommended plan to direct the Florida Trauma System from 2011-2015. The members approved the draft with minor revisions. During the third quarter, the planning team liaisons have made the revisions to the plan and added appropriate scorecard measures to each goal. The final draft of the plan will be routed for department review and approval in late September. The plan will be published and distributed to the trauma constituent groups by late October or early November 2010.

DISASTER PLAN

During the first, second and third quarters, Ms. Susan McDevitt, Director, Office of Trauma, continued to work closely with the ESF-8 partners to better define roles and responsibilities after evacuations, and to prepare for the 2010 Hurricane Season. The ESF-8 manual was reviewed and revised to include the updated list of current licensed ALF providers, skilled nursing facilities, dialysis centers, outpatient chemotherapy / radiotherapy centers, durable medical equipment centers, acute care hospitals, hospice, home health providers, and blood bank centers.

If you have any questions concerning the Disaster Plan, please contact Susan McDevitt, Director, Office of Trauma, Florida Department of Health, (850) 245-4440, ext. 2760, susan_mcdevitt@doh.state.fl.us.

TRAUMA AGENCIES/ASSOCIATION OF FLORIDA TRAUMA AGENCIES (AFTA)

Association of Florida Trauma Agencies: The Association of Florida Trauma Agencies did not meet during the first quarter of 2010; however, members of the Association participated in strategic planning conference calls and the February 25 Florida Trauma System Planning Session to assist the Office of Trauma in the development of the 2011-2015 Florida Trauma System Plan. Susan McDevitt discussed potential rule changes to adult and pediatric scorecard methodologies.

The Association held a meeting on Monday, June 28 in conjunction with the EMS Advisory Council constituent group meetings. During this meeting, the members reviewed and amended the bylaws. Due to budget reductions of some of the trauma agencies in recent years, the members voted to decrease the Association's annual dues for voting members to \$35.00 and to waive the dues for one year. The Association held election of officers and the following officers were designated for the next term:

**President: Sandra Smith, Palm Beach County Trauma Agency
Vice-President: Cheryl Rankin, Broward County Trauma Agency
Secretary-Treasurer: Barbara Uzenoff, Hillsborough County Trauma Agency**

The members discussed suggested revisions to rules 64J-2.002 – 2.005, F.A.C. relating to Pre-Hospital, Trauma Transport Protocols and the Trauma Scorecard Methodologies. The Association identified proposed revisions that will be submitted to the Office of Trauma for consideration during the FY 2010-2011 rule review and development process of these rules.

If you have any questions concerning the Association of Florida Trauma Agencies, contact Sandra Smith, President, at sasmith@hcdpbc.org or Barbara Uzenoff, Secretary-Treasurer, at UzenoffB@HillsboroughCounty.ORG.

TRAUMA CENTER LETTER OF INTENT, APPLICATION PROCESS AND SITE SURVEYS

In accordance with section 395.4025(2)(a), *Florida Statutes*, the Letter of Intent, DH Form 1840, will be mailed to all licensed acute care hospitals on July 30, 2010 to apply to become a trauma center. A hospital that is currently approved and seeks to add another level of service must also submit a letter of intent as provided by the statute and rules.

Submission of a completed letter of intent preserves a hospital's right to submit an application to become a trauma center, or a trauma center's right to apply for expansion of services for the 2011 application cycle. Submission of a letter of intent does not; however, obligate a hospital or trauma center to submit an application.

If you have any questions concerning the Letter of Intent process, please call Bernadette Behmke, Florida Department of Health, (850) 245-4444, ext. 2756, or via email at Bernadette_behmke@doh.state.fl.us.

TRAUMA CENTER SITE SURVEY SCHEDULE

The following trauma center site surveys were conducted during the reporting period:

St. Mary's Medical Center	Pediatric	February 2, 2010
Delray Medical Center	Pediatric	February 3, 2010
Lawnwood Regional Medical Center	Provisional Level II	March 29, 2010
North Broward Medical Center	Level II	June 7, 2010

The following trauma center site surveys are scheduled for fiscal year 2010-2011:

Lee Memorial Hospital	Level II	December 6, 2010
Baptist Hospital	Level II	January 10, 2011
St. Mary's Medical Center	Level II	February 7, 2011
Delray Medical Center	Level II	February 8, 2011
Lawnwood Regional Medical Center	Level II	March 14, 2011
Memorial Regional	Level I	May 9 and 10, 2011
Broward General	Level I	May 12 and 13, 2011
Lakeland Regional	Level II	June 20, 2011

Application Process Update: The following acute care hospitals submitted an application to apply for Level II trauma center status by the April 1, 2010 deadline, and requested extensions of 18 months pursuant to 64J-2.013:

- Bay Medical Center
- University of Miami Hospital (withdrawn 4/13/2010)
- Ft. Walton Beach Medical Center (withdrawn 7/29/2010)
- Orange Park Medical Center
- Blake Medical Center

- Kendall Regional Medical Center
- Regional Medical Center Bayonet Point

If you have any questions concerning the application process, please contact Susan McDevitt, Director, Office of Trauma, at 850-245-4440 ext. 2760r via email at Susan_McDevitt@doh.state.fl.us.

TRAUMA CENTER FUNDING

The Second Quarter of Calendar Year (CY) 2010 Red-Light Running Bill and associated legislation payout totaling approximately \$1.0 million was accomplished in the June/July 2010 payout cycle. The Second Quarter (CY) 2010 Red-Light Bill and associated legislation payout information packets have been delivered to the facilities for signature and return. Once all are returned, approximately \$1.1 million in the payout pool will be processed for payment in the June/July 2010 cycle. The initial ticket revenue from the 2009 legislated funding (school bus, racing on the highway and racing on the highway) is now representing an increase in funding of \$50,000- \$60,000 for the total pool distribution each quarter. That is expected to grow slowly each quarter as these add-on fines become more familiar to enforcement officers.

After years of trying, a Red Light Camera Law was finally passed and signed into law by the Governor. It will provide additional funding to trauma centers. It will take some months to have the technical rules in place by the various state agencies and for local jurisdictions to bring their operations into compliance, since the legislation sets statewide standards that now have to be met in order to issue a valid ticket. Trauma centers will see funding start to flow to them from this legislation in the either the December 2010/January 2011 payout cycle or the March/April 2011 cycle depending on how long it takes to get the state standards in place in rule and conformance requirements met by the various jurisdictions. Estimated trauma revenue is somewhat difficult to accurately determine at this time. It could be \$1-1.5 million in additional payout pool dollars in CY 2011 and steadily increase to maybe \$4-5 million in about two-three years through the trauma center funding payout pool. **The initial 2 months collections (July & August 2010) were approximately \$20,000 total. However, only a very small number of red light camera set ups had received approval during that period.**

For information regarding Red-Light Running Legislation and other revenue sources/budget issues, please contact Tom Weaver, Trauma Business Manager, at ext. 2754 or via email at tom_weaver@doh.state.fl.us.

TRAUMA CENTER QUALITY IMPROVEMENT UPDATE

Diaphragmatic Pacer Conference Call: Lianne Brown, Michele Ziglar, and Office of Trauma staff met by conference call on July 23, 2010 to discuss and clarify the new diaphragmatic pacer indicator on the trauma program quality improvement (QI) indicators report template. The new template was rolled out during the August 6, 2010 Performance Improvement Committee conference call and will be effective immediately.

Performance Improvement (PI) Committee Conference Call: The PI Committee met by conference call on August 6, 2010, facilitated by Carma Harvey. In addition to the Office of Trauma and Registry Unit updates that were presented, the new quality improvement (QI) indicators report template was presented containing the new indicator to capture all referrals

to the diaphragmatic pacer program. The next PI Committee conference call is scheduled for October 1, 2010.

Each quarter, the Office of Trauma tracks the following Florida trauma system performance measures, which are reported on a quarterly scorecard for the DOH Division of Emergency Medical Operations (DEMO) for the purpose of quality management review and monitoring by the DEMO Leadership Team. **These performance measures are reprinted below for your review and are current as of September 20, 2010.**

Performance Measure	Target	2007	2008	2009	1st Qtr 2010	2nd Qtr 2010	3rd Qtr 2010	4th Qtr 2010
Trauma Center Mortality Rate	4.4% (NTDB 2002-06)	5.0% (100% reporting)	5.0% (100% reporting)	4.8% (100% reporting)	5.3% (77% reporting)	Due 10/1/10	Due 1/1/11	Due 4/1/11
% of Trauma Transport Protocols Reviewed with No Adverse Outcomes	0 adverse outcomes	N/A	N/A	0/285 reviewed = 0%	0/125 reviewed = 0%			
Total Hours One or More Trauma Centers were on Diversion or Offline	0 hrs	N/A	N/A	3.67 hrs (2 diversions)	0 hrs	0 hrs		
% of Trauma Transports by EMS with Complete EMS Run Reports	75%	N/A	N/A	60% (87% reporting)	61% (50% reporting)	Due 10/1/10	Due 1/1/11	Due 4/1/11

For questions on Florida's Trauma System Health Performance Measures, please contact Michael Lo, Registry Planning Manager at (850) 245-4440, ext. 3286 or via email at michael_lo@doh.state.fl.us.

For questions regarding the Trauma System Performance Improvement Committee, please contact Carma Harvey, Registry Data Analyst and Performance Improvement Coordinator at ext. 2731 or via email at carma_harvey@doh.state.fl.us.

Trauma Registry Data Reports Update:

Trauma registry data compliance reports for 2009 are currently being prepare and submitted to each Trauma Program Manager, Registrar, and Medical Director. Approximately, 50% have been completed. These are preliminary reports and a more complete report with the final adjusted patient volume will be compiled and submitted over the next few months. These reports document the

timeliness, validity, quality, and completeness of selected data elements in the trauma registry data submitted each quarter, which will be made available for approved research.

If you have any questions concerning the Florida Trauma Registry, please call Carma Harvey, Florida Department of Health, Office of Trauma at (850) 245-4440, ext. 2731 or via email at carma_harvey@doh.state.fl.us; or Michael Lo at (850) 245-4440, ext. 3286 or via email at michael_lo@doh.state.fl.us.

TRAUMA GRANTS UPDATE

HRSA (Health Resources and Services Administration/ASPR (Office of the Assistant Secretary for Preparedness and Response)

TBI Grant: In May 2003, the Department of Health received a HRSA grant for the project “Reaching Florida’s Providers Regarding TBI,” for \$150,000 annually. The department in conjunction with the Brain Injury Association of Florida developed a Mild Traumatic Brain Injury video to educate nurses, physicians and health care professionals and distributed the videos in March 2005. The department implemented the curriculum goals/objectives and evaluation process for continuing education in 10/04 and conducted the evaluation of the program from December 2004 - December 2009. This grant was closed effective December 31, 2009 with the total of 8,100 nurses trained.

Mass Casualty Events and Mild Traumatic Brain Injury Grant: This project team created an interactive CD-ROM training package to train 5,000 hospital staff in the diagnosis and treatment of mild brain injury. The project team implemented the program evaluation for content, objectives and resources in June 2005 and reviewed the evaluation on December 2005 – December 2009. This project was closed effective December 31, 2009 with a total of 4,125 emergency room nurses trained.

Burn Care and Burn Capacity Grants (2003 – 2009): Florida currently has 21 verified trauma centers (including verified Pediatric trauma centers), one provisional trauma centers, and three burn units that total 60 beds statewide. Current burn bed occupancy rate is 98 percent. In an emergency, the number of burn beds capacity can be increased (including beds in trauma centers), to 270, in 2004, 660 in 2005 and 880 in 2006-2009.

Accomplishments:

The trauma and burn care initiative accomplishments have included the following:

- 21 trauma centers and 264 EMS providers have received a burn care curriculum
- 21 burn care contracts for supplies and education have been executed
- Program evaluation implemented November 2004, February 2005, February 2006, February 2007, February 2008, December 2008, and December 2009
- Gap analysis and resource evaluation was completed in December 2009
- Inventory of supplies for the 21 trauma centers and three burn care centers was completed December 2009

- Follow-up contract monitoring for burn care supplies and equipment, operating room supplies and intensive care unit supplies was completed in December 2009

2006-2009 HRSA Hospital Preparedness Grant recipient of \$20 million for Trauma and Burn Care:

The FYs 2006-2007, 2007-2008 HRSA grant was implemented for non-trauma center hospitals. The following is a breakdown of burn care dollars to be received by non-trauma acute care hospitals.

Trauma Carts: Trauma carts were developed based on ATLS guidelines for the ability to surge to 50 patients per center. A total of \$800,000 was allocated at \$26,998.80 per community non-trauma center acute care hospital.

Burn Care Supplies and Equipment: The list of burn care supplies and equipment was approved by the Burn Care Task Force, and Burn Care chair. The Statewide Advisory Committee allocated \$4.7 million for burn supplies and equipment and burns training. Of this, \$3,600,000 was allocated for burn care supplies and equipment. Each community non-trauma center acute care hospital received an offer of \$120,000. Most accepted and the burn care supplies and equipment are now in place.

The contract managers from the division's Administrative Services Unit continue to monitor the burn care supplies and equipment and trauma crash carts. The monitoring began in December 2009.

Second Quarter Status: The burn care task force reviewed and made recommendations for the 2010-2011 burn care supplies and medications to the Hospital surge Committee effective 6/1/2010.

Operating Room Supplies and Equipment (2008 and 2009): \$5.3 million was given to the Level I trauma centers and Sacred Heart Level II Trauma Center for operating room supplies and equipment to improve surge capacity in the event of a bombs, burns or blast. The recent release of the 2009 program funding provided another \$3 million to provide enhanced operating room supplies in order to improve surge capacity at Level II and Pediatric trauma centers in the event of bombs, burns and blast. These supplies and equipment either are now in place or are being placed at the participating centers.

Disaster Training Program for Physicians and Nurses (2008-2010): \$110,000 was provided for education and training on disaster preparedness, triage, resuscitation and treatment for trauma surgeons and emergency room nurses. As of April 2010, a total of 14 educational training programs were conducted, educating approximately 450 health care providers from the 21 trauma centers and approximately 19 other hospitals.

The next Disaster Management and Emergency Preparedness (DMEP) Course will be held at Shands-Jacksonville Medical Center on, November 30th 2010. Physicians, nurses, prehospital personnel, administrators and any other hospital-based providers are welcome to attend. A nominal \$50 fee will cover all course materials and meals. The schedule is from 7am-5pm. If you are interested in participating, please contact either Verna Bingaman at 904-244-4194, Chad McIntyre at 904-244-4548 or Julia Paul at 904-244-7427. **Another course is tentatively being planned for Melbourne, FL @ Holmes Medical Center. Details are still to be determined. Contact Tammy Clemens at (321) 434-1913.**

In March 2010, the Director of the Office of Trauma and the State Trauma Medical Director represented the Office of Trauma at the Strategic Planning Oversight Team (SPOT) meeting. A request for \$58,000 funding to hold six additional courses during the FY 2010-11 grant cycle was submitted by the Office of Trauma. Additionally, funding has been requested to explore the possibility of placing the course into an electronic interactive mode that would allow more participants to take the

program.

On May 21, 2010, the Office of Public Health Preparedness submitted the Hospital Preparedness Program Cooperative Agreement Application for FY 2010-11 to ASPR on 5/21/2010. The application included the request for \$170,000 to continue the disaster management course project for FY 2010-11. We anticipate the Notice of Grant Award in late June, with a start date of July 1, 2010. As soon as we receive the award, we will move forward to schedule additional courses.

2006 - 2007 and 2008-2009 HRSA Grant Implemented for Trauma Centers: Twenty-one trauma centers received \$252,000 for ICU surge capacity. Trauma carts developed for the ability to surge to 50 patients per center and are now in place.

Burn Care Second Edition DVD: The DVD was sent to Florida's trauma centers, 60 non-trauma centers, 262 EMS providers, and 60 flight programs. The DVD has been distributed to the 50 states and two territories from 9/2007 and requests for the DVD are ongoing. Year-to-date, a total of 50,000 pre-hospital and 28,000 health care providers have been educated on burn care. Copies of this DVD are available. At the Strategic Planning Oversight Team meeting in March 2010, a request for \$250,000 to update the burn care 2nd edition DVD to include blast injuries was submitted. **Funding has been granted to reactivate the Burn Care Task Force and redevelop the Burn CD to also include training on crush injuries.**

Mass Casualty Traumatic Brain Injury DVD: At the March 2010 Strategic Planning Oversight Team meeting a request for \$250,000 in funding was requested to update the Mass Casualty TBI DVD to include blast injuries.

HRSA – Phase II - Advanced Burn Training Program for Trauma Surgeons and Trauma Nurses: The \$1.57 million HRSA grant to develop a highly specialized, advanced burns training program for Florida trauma surgeons and trauma nurses has been completed, peer reviewed and delivered. The program is designed to provide advanced triage and patient-care scenario training related to victims of bombs, burn and blast who are received at trauma centers without burn centers or who are being triaged and treated at the scene. This program continues to be ongoing.

HRSA – Phase III - Burn Care Grant (\$585,000): Phase III of the Burn Care Physician Training Program is now completed. The operational burns advanced education program was approved initially for the FY 2007-2008 HRSA Grant Program. The web-based training program, developed by the DOH and the University of Florida/360ed project team (lead by Dr. David Mazingo), known as "Burn Center" is a video game that is a medically accurate, web-based interactive six-eight hour presentation with up to 40 different patient scenarios, which upon completion can earn continuing medical education units for trauma surgeons and continuing education units for trauma nurses. The "Burn Center" simulates surgical procedures specific to injuries received from bombs, burns and blast.

The web-based training program went active in mid-October 2008 for web beta testing and is now fully operational. Participant nominations were solicited from the trauma medical directors and trauma program managers of each state verified trauma center earlier. Over 260 trauma physicians, residents/fellows and trauma nurses have been provided access codes to the web-based training program. The DOH funded portion of the program closed out in November 2009. However, under an agreement with the University of Florida, the Office of Trauma continues to be able to provided access to a limited number of new trauma surgeons and new trauma nurses over the next year. Surgeons and trauma staff that have already been granted access are strongly encouraged to complete the training program within the next 90-120 days. Additionally, the program will now be made available to other physicians and out of state trauma personnel through the University of Florida. Additionally, a

tailored version developed and presented for EMTs and paramedics over the next 2 years, is a goal in the project. **The DOH involvement in the basic program development is now over. However, this program continues to be ongoing on an individual enrollee process through the vendor for the University of Florida. The tailored version for EMTs and paramedics still needs to be developed in the future.**

Trauma & Disaster Telemedicine Project: Dr. Antonio Marttos, University of Miami/Jackson Memorial Hospital/Ryder Level I Trauma Center and physicians from the University of Miami developed and implemented telemedicine for people that were injured in Operation Haiti. Telemedicine was used to stabilize these patients for transfer to the Ryder Trauma Center and other south Florida trauma centers.

Dr. Marttos and the Director of the Office of Trauma participated in a Pacific Island Webinar on the Trauma Telemedicine Network.

The \$200,000 for telemedicine for FY 2009-2010 was awarded to Sacred Heart Hospital and Orlando Regional Medical Center. Phase II of the Disaster Telemedicine Project has been approved and funded by Public Health Preparedness for \$ 391,000 to expand the program to include Orlando Regional Medical Center, Sacred Heart Hospital and Tampa General Hospital as participating trauma telemedicine centers in 2009-2010. Phase II primarily will have a rural/distant facility participating with each of the new trauma center hubs and allow for the addition of another rural/distant facility to each of the current participating trauma centers if desired. This will allow a trauma center in the southern, central, northern and the panhandle areas to participate along with a rural or a distant facility in each area. Phase II will provide limited sustainment funds for the current participating facilities.

The Director of the Office of Trauma and the State Trauma Medical Director attended the Strategic Planning Oversight Team meeting and requested \$200,000 for Phase III of the Telemedicine Project, which included sustainment funds and operational funding for coordination with the Telemedicine Project. On May 21, 2010, the Office of Public Health Preparedness submitted the Hospital Preparedness Program Cooperative Agreement Application for FY 2010-11 to ASPR on 5/21/2010. The application included the request for \$300,000 to expand telemedicine to additional trauma centers and rural hospitals.

During the third quarter, the request for the 2010-11 grant to continue the expansion of the Trauma Telemedicine Network was approved at a higher amount of over \$630,000. This will allow the bringing on of three Level 2 Trauma Centers with at least one distant/rural facility connected to each, plus provide modest sustainment funds to current mini-hubs and funds to add at least one more distant/rural facility to each of the current mini-hubs.

Trauma System Grant:

Hand Surgery Triage Training Program Grant: With the increasingly frequent situation of limited hand surgery specialists being available in the state, a need for improved training in hand surgery triage at trauma centers was identified. A team of hand surgery specialists, lead by the University of Florida, completed the development of a DVD "Hand Emergencies," a hand surgery triage training program to assist in training trauma surgeons, emergency room physicians and EMS personnel in the latest concepts of hand surgery-triage. The "Hand Emergencies" training program DVDs were distributed in October 2008 to all trauma centers, acute care hospitals, trauma agencies, EMS providers and other trauma system partners. It should continue to improve timely emergency care and the determination of what types of hand injury cases need rapid transfer to trauma centers with a

hand surgery specialist available. **The DVD is still available. If you or a facility would like a copy of this DVD, please contact Shelly Hyde at 850-245-4440, ext. 2795.**

Department of Transportation Motorcycle Grant:

In March, 2010, the Department of Transportation (DOT) awarded a grant in the amount of \$107,000 to the Department of Health to develop training materials for EMT/Paramedics and healthcare professionals on handling of motorcycle injuries and for development of safety education materials, coupled with an outreach effort program. **Application has been made for a \$250,000 continuation grant extension of the motorcycle grant project for federal FY 2010-11.**

If you have questions regarding the Office of Trauma grants, please contact Susan McDevitt, Director, Office of Trauma, Florida Department of Health, (850) 245-4440, ext. 2760, susan_mcdevitt@doh.state.fl.us.

TRAUMA LEGISLATIVE AND RULE PROMULGATION UPDATE

2010 Legislative Session Update: During the legislative session, the Office of Trauma staff reviewed and/or analyzed 90 of the 147 bills assigned to the Division of Emergency Medical Services. The following are the bills impacting the trauma system which were passed during the 2010 Legislative Session that have been signed or were pending signed by the Governor as of 6/8/2010.

Senate Enrolled Legislation

<u>SB 434 Enrolled</u> Status:	Relating to Suicide Prevention Education Signed by the Governor on 6/4/2010.	Sponsor: Sobel
<u>SB 742 Enrolled</u> Status:	Relating to Public Safety Telecommunicators/E911 Signed by the Governor on 6/3/2010.	Sponsor: Detert
<u>SB 768 Enrolled</u> Status:	Relating to Luis Rivera Ortega Street Racing Act Signed by the Governor on 6/3/2010.	Sponsor: Constantine
<u>SB 814 Enrolled</u> Status:	Relating to Lifeline Telecommunications Service Signed by the Governor on 6/3/2010.	Sponsor: Aronberg

House Enrolled Legislation

HB 325 Enrolled Uniform Traffic Control/Mark Wandall Traffic Safety Program – Traffic Infraction Detectors - GENERAL BILL/CS by Roads, Bridges, & Ports Policy (EDCA);
Sponsor: Reagan; (CO-SPONSORS) Ford; Homan; Horner; Hudson; Jenne; Kriseman; Porth; Y. Roberson; Steinberg; Tobia; Van Zant
Status: The bill was signed in to law by the Governor on 5/13/2010. This bill provides additional funding for Florida's Trauma Centers. The Office of Trauma is in the process of submitting a Notice of Rule Development for publication in the July 9, 2010 Florida Administrative Weekly to add this additional funding source and statutory reference to Rule 64J-2.019, F.A.C. The bill did not revise the current distribution methodology in s. 395.4036, F.S. The existing red light running methodology will be utilized to distribute the funds generated from the Red Light Running Camera legislative revisions.

When the notice is published in the Florida Administrative Weekly, it will also be posted in the Traumacomm and on the Office of Trauma website.

HB 1143 Enrolled Relating to Health Care Sponsor: Hudson
Status: On June 7, 2010, the bill was presented to the Governor for action. The Governor has until June 22, 2010 to act on the bill.

HB 5311 Enrolled Relating to Department of Health Reorganization and Conforming Bill
Sponsor: Rep. Grimsley; GENERAL BILL by Health Care Appropriations
Status: Approved by Governor on 5/28/2010; Chapter No. 2010-161

The Office of Trauma has been working with the division and department leadership to implement HB 5311 and HB 325. Please see the rule promulgation update below for the status of the implementation of these bills related to trauma center funding.

Rule Promulgation Update

Trauma Center Funding – Rule 64J-2.019, F.A.C.: *In May 2010, the Office of Trauma prepared a draft implementation plan for HB 325. The bill made no change to the red light running trauma center distribution methodology. However, the implementation plan includes rule promulgation to add the new statute, s. 316.0083, and the new Red Light Running Camera revenue to the rule. **The Office of Trauma published a Notice of Rule Development on July 23, 2010 in the Florida Administrative Weekly, Volume 36/29. There were no requests for a workshop so the Office of Trauma moved forward with a Notice of Proposed Rulemaking, which was published in the September 24, 2010, Florida Administrative Weekly, Volume 36/29. A rule hearing is tentatively scheduled for October 19, 2010 at 10:00 a.m. ET, 11:00 a.m. CT. If a hearing is not requested within 21 days of this notice, the hearing will be cancelled via the Traumacomm weekly newsletter and the department will move forward with the request for adoption of the proposed rule revisions.***

Apportionment of Trauma Centers within a Trauma Service Area (TSA) – 64J-2.010, F.A.C.: *At the request of the Trauma Medical Consultants' Systems Planning Team and the Florida Trauma System Plan Committee, a Notice of Rule Development and workshops were held in October 2008 to receive public comments on any revisions needed to the apportionment of trauma centers within the trauma service areas. At the suggestion of the workshop participants, the Office of Trauma contracted with the University of South Florida, College of Public Health consultants, Drs. Barbara Orban and Etienne Pracht, to conduct a study of TSAs 1 and 2, to determine if reapportionment of trauma centers in those areas is needed. The study was completed in February 2009 and was released for discussion during two rule development workshops held on March 2, and March 6, 2009.*

The Office of Trauma reviewed the comments and suggestions received with the division's attorney. The decision was made to move forward with a Notice of Proposed Rule to revise the number of trauma center slots in TSA 1, from two slots to three slots, and increase the statewide total from 42 to 43. The Office of Trauma published the Notice of Proposed Rule in the May 15, 2009 issue of the *Florida Administrative Weekly*. The Office of Trauma received a request for a rule hearing, which was held on June 11, 2009 at the Okaloosa County Health Department. Based on the comments received prior to and during the June 11, 2009 hearing, the Office of Trauma made the decision to withdraw the Notice of Proposed Rule until an additional study could be completed to review the EMS data on the transport of trauma patients to the trauma centers in Pensacola.

The study was completed in early January and was presented during a Rule Development Workshop held on February 10, 2010 in Crestview, Florida. The workshop participants provided comments during and after the workshop.

During the second and third quarter of 2010, the Office of Trauma staff and legal counsel reviewed the comments received and studies conducted based on the criteria established in s. 395.402, F.S. Meetings were held with the department leadership team and the decision was made to forward with the Notice of Proposed Rulemaking to proposed the increase of trauma center slots in Trauma Service Area One from 2 to 3 and the statewide total allocated from 42 to 43. The Notice was published in the September 17 Florida Administrative Weekly, Volume 36/37 and a hearing was scheduled for October 13, 2010, 10:00 a.m. ET, 11:00 a.m. CT at the Okaloosa County Health Department in Ft. Walton Beach, Florida. The agenda, notice and request to speak forms can be obtained on the Office of Trauma website at the following link: <http://doh.state.fl.us/demo/Trauma/notices.htm>

Rules 64J-2.011 – 2.017, F.A.C. – Trauma Center Requirements, Approval, Certification, and Site Visits, etc.: The Notice of Proposed Rulemaking was published in the January 15, 2010 *Florida Administrative Weekly*, Volume 36/02. No request was received for a hearing; therefore, the Office of Trauma requested certification from the Joint Administrative Procedures Committee (JAPC) for approval to file for adoption. JAPC provided the certification and the Office of Trauma filed the rule revisions for adoption with the Department of State on January 31, 2010. The following is a summary of the revisions that became effective on April 20, 2010.

- 1) Adds an additional state required performance outcome indicator for all trauma centers to track the percentage of traumatic C1, C2 and/or C3 spinal cord injury patients who are admitted or transferred to the trauma center ICUs that are eligible for and receive the diaphragm pacer surgery;
- 2) Reduces the number of indicators the trauma centers must identify and monitor relevant to their respective facility from seven to six;
- 3) Requires the trauma centers to maintain written policies and procedures for the implementation of the preventive ulcer program standards of care (Sample policies and procedures are provided in Pamphlet 150-9, Trauma Center Standards); and
- 4) The proposed rules include technical revisions to change the date of the pamphlet and forms, clarify the date of compliance on the new standards, and to clarify the letter of intent and application processes.

The trauma centers are in the process of implementing the above revisions to the trauma center standards and the Office of Trauma will assess the trauma center's compliance of these new standards beginning with the trauma center site surveys beginning in January 2011. The new Trauma Center Standards and the revised 64J-2, F.A.C. can be obtained from the Office of Trauma "Trauma Center" webpage at the following link: <http://doh.state.fl.us/demo/Trauma/center.htm>

On July 30, 2010, the Office of Trauma published a Notice of Rule Development in the Florida Administrative Weekly, Volume 36/30. A rule development workshop was scheduled and held on August 17, 2010 to review the surgical and non-surgical requirements for trauma centers. The workshop participants provided suggestions to include vascular surgery to the surgical requirements. No revisions to the non-surgical requirements were recommended. Based on the comments received by the workshop participants, the Office of Trauma is in the process of

preparing proposed language and will be moving forward with a Notice of Proposed Rule during the fourth quarter of 2010.

Trauma related rule notices are published in the *Florida Administrative Weekly*, as well as posted in the Office of Trauma list service: Traumacomm, and on the Office of Trauma "Events and Notices" webpage at <http://www.doh.state.fl.us/demo/Trauma/notices.htm>. To subscribe to Traumacomm, visit: http://ww7.doh.state.fl.us/mailman/listinfo/office_of_trauma.

For information regarding rule promulgation activities of the Office of Trauma, please contact Janet Collins, Program Administrator, Office of Trauma at (850) 245-4440, ext. 2775 or via email at janet_collins@doh.state.fl.us.

TRAUMA SYSTEM STRATEGIC PLAN UPDATE

Florida Trauma System Plan Advisory Committee (FTSPAC) Activities and Outcomes:

During the first quarter of 2010, the eight Florida Trauma System Planning Teams of the FTSPAC held conference calls in January and early February to prepare the first draft of the 2011-2015 Florida Trauma System Five Year Plan. The FTSPAC members and key partners participated in a Florida Trauma System Planning Session on February 25, 2010 in Orlando to review the draft and provide comments for further refinement of the draft plan.

The Planning Teams held conference calls in May and June 2010 to review the comments received from the February planning session and make further refinement to their respective goals. The Office of Trauma distributed the next draft of the plan to the FTSPAC members, key partners and trauma constituency groups on June 14, 2010 for review prior to the June 28 Trauma and EMS constituency group meetings.

During the June 28 Florida Trauma System Plan Advisory Committee meeting, the planning team leads presented their final version of their respective goal statements objectives and strategies to receive final comments from the constituent groups and committee members. The committee members recommended the approved the plan with minor revisions. The Office of Trauma has been working to finalize the revisions requested during the meeting and preparing the layout of the final draft of the plan for department review and approval. Upon approval, we anticipate the plan will be published and distributed by the end of October or first of November 2010.

See the Activities and Accomplishment of the Trauma System Planning Teams section below for strategic planning and other projects of the planning teams during the first and second quarters.

Next Florida Trauma System Plan Committee Meeting:

Due to travel restrictions, the Office of Trauma will not be holding the Florida Trauma System Plan Committee or planning team meetings in October in conjunction with the Florida Committee on Trauma. The Florida Trauma System Plan Advisory Committee and planning

teams will now meet only twice a year in conjunction with approved EMS Advisory Council meetings held in January and June/July each year.

The next FTSPAC face-to-face meeting will be held in January 2011 in conjunction with the EMS Advisory Council constituency group meetings. As soon as the meeting schedule, room assignments and accommodations for this meeting have been finalized, notices will be placed in the weekly Traumacomm newsletter and on the Office of Trauma website under “Events and Notices” at the following link: <http://www.doh.state.fl.us/demo/Trauma/notices.htm>.

For a copy of previous minutes of the Florida Trauma System Plan Committee meetings or if you have questions regarding the committee’s 2010-2011 strategic planning activities, contact Janet Collins, Program Administrator, Office of Trauma at (850) 245-4440, ext. 2775 or via email at Janet_Collins@doh.state.fl.us.

For future trauma related meeting and other notices and events, please visit the Office of Trauma Website at Website at: <http://www.doh.state.fl.us/demo/Trauma/notices.htm> and subscribe to the Office of Trauma List Service: “Traumacomm,” which is a weekly update to keep the trauma system continuum of care partners informed of state and national news and events.

To subscribe to Traumacomm, visit: http://ww7.doh.state.fl.us/mailman/listinfo/office_of_trauma

TRAUMA SYSTEM PLANNING TEAMS – 2010 ACTIVITIES AND OUTCOMES

GOAL 1 – LEADERSHIP PLANNING TEAM

Department Leadership: Shairi Turner, M.D., M.P.H., Deputy Secretary for Health
Jean Kline, Director, Division of Emergency Medical Operations

Planning Team Lead: Susan McDevitt, Director, Office of Trauma

State Trauma Medical Director: Dr. Karanbir Gill

State Trauma Medical Advisor: Dr. Patricia Byers

Florida Trauma System Plan Committee Leadership:

Chair: Dr. Rodney Durham

Vice-Chair: Dr. Laurie Romig

Trauma Planning Team Leads

Activities and Outcomes:

Strategic Planning:

- 2009 SWOT Analysis results for Goal 1 were reviewed by the Department’s leadership team and Office of Trauma Staff. Based on this review, the Goal 1 statement, objectives and strategies were developed for inclusion in the draft 2011-2015 Florida Trauma System Plan.
- **During the February 25, 2010 Strategic Planning Session and the June 28, 2010 Florida Trauma System Plan Advisory Committee, Susan McDevitt presented the proposed draft for Goal 1 of the 2011-2015 Trauma System Plan to the committee members and constituent group representatives for comments and final approval of the committee. Goal 1 was approved by the members with minor revisions.**

Office of Trauma Staffing: The division has transferred and established the following additional positions for the Office of Trauma to ensure sufficient staffing to implementation the Florida Trauma System Plan and to maintain a comprehensive trauma system:

Registry Project Manager (Contract) – Filled by Deniz Franck, BS Electrical Engineering
OPS Data Analyst – Filled by Anthony Jacobs, BS Computational Biology
OPS Community Registered Nursing Consultant – Filled by Dianna Liebnitzky, R.N., MS
Community Registered Nursing Consultant – Deputy Director of the Office of Trauma (Vacant)
Administrative Assistant I (Vacant)

The Office of Trauma began advertising the Deputy Director position in PeopleFirst and with Society of Trauma Nurses in late September 2010. A interview team has been established, which includes representatives from Level I, Level II and Pediatric trauma centers.

GOAL 2 - PREVENTION PLANNING TEAM

Lead: Dr. Olumide Sobowale

Staff Liaisons: Susan McDevitt and Michael Lo (Office of Trauma)
Lisa Vanderwerf-Hourigan (Office of Injury Prevention)

Activities and Outcomes:

Strategic Planning: The FTSPC Prevention Planning Team members met in a breakout session and attended the Florida Trauma System Plan Advisory Committee meeting on June 28, 2010. On behalf of Dr. Olumide Sobowale, Dr. Patricia Byers presented the final Goal 2 statement, objectives, and strategies for the 2011-2015 Florida Trauma System Plan to the meeting participants. Goal 2 was approved with minor revisions by the Advisory Committee members.

The following are status reports on other injury prevention projects:

Florida Department of Transportation Motorcycle Safety Grant: The Office of Trauma received a \$107,000 grant from the Florida Department of Transportation for a statewide motorcycle safety education project through Florida's trauma centers. **Dr. Patricia Byers and Susan McDevitt finalized the deliverables of Phase 1 of the grant in August 2010. In September 2010, the Office of Trauma received notification from the Florida Department of Transportation that a \$ 250,000 continuation grant for the Motorcycle Education and Injury Prevention Program, Phase 2 has been approved. This grant develops improved training materials for trauma center and emergency room staff, as well as, training materials for EMTs/Paramedics regarding improved care techniques for motorcycle accident injury patients in the field. Additional researching of motorcycle injuries by use of trauma registry data and zip code location will help pin point highest risk geographic areas and assist in concentrating new motorcycle injury prevention materials in areas with high motorcycle accident rates. If you would like more information about this project, please contact Susan McDevitt, Director of the Office of Trauma at (850) 245-4440, ext. 2760, or Susan_McDevitt@doh.state.fl.us.**

Gang Violence Project: The Assistant Director of the Office of Minority Health, Monica Hayes, has identified the need to work with the Office of Trauma in identifying areas throughout the state that are high risk for gang violence. This endeavor will include building on the gang violence project that the FSU nursing students completed in 2009. These students completed a needs assessment, survey instrument tool and literature review. Documentation of the literature was placed on the Office of Trauma website Home page at the following link: <http://doh.state.fl.us/demo/Trauma/index.html>.

In addition to the partnership regarding gang violence, the Office of Trauma has agreed to work as a collaborative partner with the DOH Office of Minority Health to assist in the development of partnerships with faith and community-based programs, college and university entities, professional associations, law enforcement, and other agency partners. This partnership will bring together government, healthcare providers, and institutions of higher learning with a common goal – to eliminate disparities in health care. This coordination between the Office of Minority Health and the Office of Trauma staff will include the development of training and educational materials to educate communities on gang violence and the signs and symptoms of traumatic injuries.

On October 9, 2010, Ms. Hayes provided an acknowledgement of partnership between the Office of Trauma and the Office of Minority Health to implement the pilot plan on gang violence to address the reality of increasing gang violence and the resulting consequences to the Gadsden County communities, workforce, educational and the healthcare delivery systems. The pilot is designed to do the following:

- **Conduct a model that includes the following components infused with cultural and linguistic competency**
- **Provide training in cultural and linguistic competency for all involved in the pilot**
- **Enhance curriculum for elementary and middle school students to include: positive self-esteem, good decision-making, self-control, and anger management**
- **Coordinate faith and community-based work with parents of school children to support and promote sound parenting practices**
- **Coordinate efforts between trauma center personnel and the community in response to gang violence**
- **Develop internships for Masters Level Social Work students to provide support for clinical staff of the Tallahassee Memorial HealthCare ER on evening and weekend hours to facilitate the patient, parental, and community interface**

Anticipated Outcomes:

- **Address the systemic issues leading to membership and participation in gang violence**
- **Identify the mechanism for injuries to gang violence patients**
- **Track and trend quarterly by number of patients seen with gang violence signs and symptoms, and transferred from Gadsden Community Hospital to TMH**
- **Ensure appropriate follow-up of trauma services provided to address both the physical and emotional aftermath for victims of gang violence**
- **Identify community resources available and guidelines for sharing with case managers and social workers.**

The ultimate goal is to replicate this pilot in other trauma centers throughout the state to decrease incidents of traumatic injuries due to gang violence and the resulting disruption of lives and community.

New Prevention Web Page: The Office of Trauma has created a new webpage, which provides information regarding the Prevention and Outreach Programs conducted by Florida's verified Trauma centers and links to other state and national website related to injury prevention. The website link is as follows: <http://doh.state.fl.us/demo/Trauma/InjuryPrevention.htm>

Senior Falls Prevention Broadcast and Webinar: On National Falls Prevention Awareness Day, September 22, 2010, the Department of Health, Office of Injury Prevention and the Department of Elder Affairs, Elder Rights Bureau presented a live satellite broadcast and webinar titled “The Basics of Senior Falls Prevention for Health Professionals.” All trauma programs were encouraged to view the broadcast and webinar.

GOAL 3 - DISASTER RESPONSE PLANNING TEAM:

Emergency/Disaster Preparedness Response

Co-Chairs:

Dr. John Armstrong, Dr. Eric Frykberg, Dr. David Mazingo, Dr. Mauricio Lynn, Dr. Antonio Marttos

Staff Liaisons: Susan McDevitt and Janet Collins

Activities and Outcomes:

The FTSPC Disaster Response Planning Team members participated in a conference call on February 4, 2010 to review the 2009 SWOT analysis results and prepare the first draft of the Goal 3 for inclusion in the draft Florida Trauma System Strategic Plan. **During the February 25, 2010 planning session and the June 28, 2010 Florida Trauma System Plan Advisory Committee meeting, Dr. John Armstrong presented the proposed Goal 3 statement, objectives, and strategies for the 2011-2015 Florida Trauma System Strategic Plan for constituent group and member comments. The Goal was approved with minor revisions for inclusion in the 2011-2015 Florida Trauma System Plan.**

The following are status reports on other projects of the Disaster Response Planning Team in 2010:

Protocol for Utilization of Tourniquets: Dr. John Armstrong developed a protocol for use in the trauma centers and for EMS providers for the proper utilization of a tourniquet. He presented the protocol in the joint planning team meeting during the January 28, 2009 meeting and with the EMS medical directors on January 28, 2009 for their review and comments. Dr. Armstrong has incorporated suggestions for improvement to the protocol and presented the revised draft to the EMS medical directors during their June 2009 meeting. The protocol was reviewed for final approval at the EMS Advisory Council meeting in October 2009. The protocol was approved for implementation at the January EMS Advisory Council meeting. **Education and training is ongoing.**

Mass Casualty Incident (MCI) Plan: The MCI plan was developed and approved by the Mass Casualty Task Force. Dr. Mauricio Lynn presented the MCI plan to the Florida Committee on Trauma members. The committee approved the plan as written on July 9, 2008. During the third quarter of 2008, a draft action plan, including timelines, was developed for program implementation. Two conference calls were held during the third quarter of 2008 relating to the mass casualty plan, as well as the action plan. The MCI plan and action plan was reviewed and discussed during the Trauma Medical Consultants’ Disaster Response Planning Team meeting, and the Florida Trauma System Plan Committee meetings held January 28, 2009. On March 16, 2009, members of the Disaster Response Planning Team participated in a conference call with the director and staff of the DOH Office of Public Health Preparedness, the Office of Emergency Medical Operations, and the director of the Office of Trauma, to discuss and further refine the Mass Casualty Incident Plan and Action Plan. A basic MCI action plan was developed and the initial part of the project completed. The next step is further refinement and scaling of the MCI plan to various size facilities.

At present, this part of the project is on the approved list, but funds are not available at this time to continue the development. **The Office of Trauma staff is in the process of developing a task**

force, in conjunction with the Florida Committee on Trauma, which will include representatives of the Office of Public Health Preparedness and the Office of Emergency Operations. The purpose of the task force is to further refine the mass casualty incident plan to include acute care, critical access and rural hospitals.

Trauma & Disaster Telemedicine Project:

Update: The Office of Public Health Preparedness submitted the Hospital Preparedness Program Cooperative Agreement Application for FY 2010-11 to ASPR on 5/21/2010. The application included the request for \$300,000 for Phase III of the Telemedicine Project to expand telemedicine to additional trauma centers and rural hospitals. **The request to continue the expansion of the Trauma Telemedicine Network was approved at a higher amount of over \$630,000. This will allow the bringing on of three Level 2 Trauma Centers with at least one distant/rural facility connected to each, plus provide modest sustainment funds to current mini-hubs and funds to add at least one more distant/rural facility to each of the current mini-hubs.**

GOAL 4 – PRE-HOSPITAL AND TRANSPORT PLANNING TEAM

Co-Leads: Dr. Laurie Romig, Dr. Joe Nelson, Dr. Andrew Kerwin

Staff Liaisons: Susan McDevitt, Janet Collins (Office of Trauma

Roy Pippin, Melissa Keahey (Bureau of EMS)

Activities and Outcomes:

Strategic Planning: The FTSPC Pre-Hospital and Transport Planning Team members participated in a conference call on February 9, 2010 to review the 2009 SWOT Analysis results and prepare revisions to the Goal 4 statement, objectives, and strategies. **During the February 25, 2010 Florida Trauma System Planning Session and the June 28, 2010 Florida Trauma System Plan Advisory Committee meeting, Dr. Laurie Romig presented the proposed draft for Goal 4 for feedback and suggested revisions. Goal 4 was approved with minor revisions by the Advisory Committee.**

Rule Reviews: During the remainder of 2010 and 2011, this planning team will work closely with the Legislative Committee of the EMS Advisory Council and EMS and Trauma constituent groups to schedule rule development workshops to begin the review of the criteria, manuals and rules pertaining to Pre-Hospital, Adult and Pediatric Trauma Criteria, and Trauma Transport Protocols.

Trauma Triage Work Group: Triage Work Group held three conference calls during the third quarter to review the current triage criteria utilized in Florida and the CDC Field Triage Criteria. The workgroup reviewed and discussed recent research articles for triage recommendations for change. The group is considering various pre-event scenarios and the impact on the patient, system and overall outcome. The two categories that have the most focus are considerations for altering age groupings is both pediatrics and elders. Pediatrics is under consideration to be more anatomical based than the current older youth ranges that more often fall into adult size and anatomy. The elder is being considered based on life span points that have the most definitive impact on injury and mortality. These groupings remain under

review and will continue to be researched and additional advisors will be invited to participate in the group for future development of recommendations.

The question from the triage group that may have limited age range changes in pediatrics was to define if any medical malpractice policies limited surgeons (esp. Neurosurgeons) from performing emergent surgical intervention. The risk and underwriters groups working with the FCOT was asked to review and provide advice on this topic. No age limitations were found. The summary returned was that the bylaws of a facility might have stated age limitations on some privileges. No specific barriers found at this time. Request for advisement will remain open as the recommendations develop and are discussed with other state committees.

GOAL 5 - TRAUMA CENTER PLANNING TEAM

Co-Leads: Dr. Patricia Byers and Dr. Ernest Block
Staff Liaisons: Susan McDevitt, Bernadette Behmke, and Janet Collins

Activities and Outcomes:

Strategic Planning: The FTSPC Trauma Center Planning Team members participated in a conference call on February 16, 2010 to review the 2009 SWOT Analysis results and prepare revisions to the Goal 5 statement, objectives, and strategies. Members of the planning team attended the Florida Trauma System Strategic Planning Session on February 25, 2010 and Dr. Patricia Byers presented the proposed draft for Goal 5 to the planning session participants for feedback and suggested revisions. The Trauma Center Planning Team met on May 11 to review the feedback received and made further revisions to Goal 5.

During the June 28, 2010 Florida Trauma System Plan Advisory Committee, Dr. Byers presented the final draft of Goal 5 to the Advisory Committee members and constituent groups for final review and approval. Goal 5 was approved for incorporation into the next five-year plan.

The following is a status report on other activities of the Trauma Center and Standards Planning Team during the first, second and third quarters of 2010:

Rule Activities Assigned to the Trauma Center Planning Team:

- The revisions to the Trauma Center Standards and Rules 64J-2.011-2.017 became effective on April 20, 2010.
- During the second quarter, the Office of Trauma asked Dr. Patricia Byers and the Trauma Center Planning Team to begin the review of the physician specialty on-call requirements included in the Trauma Center Standards Pamphlet 150-9 for needed revisions and to draft guidelines on the implementation of a mentoring program for trauma personnel.
- **During the June 28 meeting, the planning team agreed to move forward with a rule development workshop to begin the review of surgical and non-surgical specialist requirements for trauma centers. The workshop was held on _____ and from comments received, the Office of Trauma will be moving forward during the fourth quarter to propose rule language to add vascular surgery to the trauma center**

surgical requirements.

Electronic Pre-survey Questionnaire: The electronic pre-survey first submission from the pilot group will be received during the week of September 20 and the review and technical support for documents needed will be provided. Lee Memorial is the first of the group to be site surveyed within the next few months. Miami Children's, Memorial Hollywood and Broward offered to participate to assure a cross section of verification status of Trauma Centers to assure all areas of future trauma centers are addressed in the pilot.

If you have any suggestions that you would like the planning team to consider regarding the above projects, please provide your comments to Dr. Patricia Byers (pbyers@med.miami.edu), Susan McDevitt (Susan_McDevitt@doh.state.fl.us or Janet Collins (janet_collins@doh.state.fl.us).

GOAL 6 - REHABILITATION PLANNING TEAM: Medical Rehabilitation for Trauma Patients

Co-Leads: Dr. Gillian Hotz, Dr. Cynthia Beaulieu, and John Kuluz

Staff Liaisons: Susan McDevitt, Janet Collins (Office of Trauma)

Thom DeLilla, Bill Reineking (Bureau of Brain and Spinal Cord Injury)

Activities and Outcomes:

Strategic Planning: The FTSPC Rehabilitation Planning Team members participated in a conference call on January 26, 2010 to review the 2009 SWOT analysis and to draft revisions to Goal 6 for inclusion in the 2011-2015 Florida Trauma System Strategic Plan. Planning Team Co-Lead John Kuluz, Thom DeLilla, Bureau Chief of the Brain and Spinal Cord Injury Program, and members of the Rehabilitation Planning Team participated in the February 25, 2010 Florida Trauma System Strategic Planning Session. Dr. John Kuluz presented the revisions to the participants and received input for further refinement to the Goal statement, objectives and strategies.

On April 29, the Rehabilitation Planning Team held a conference call to review and refine Goal 6 objectives and strategies based on suggested revisions received during the February planning session. **Dr. Gillian Hotz presented the revised Goal 6 to the Florida Trauma System Plan Advisory Committee and constituent group representatives on June 28 and the revised Goal 6 was approved for incorporation in the next five-year plan.**

Pediatric Rehabilitation Study: The prospective pediatric rehabilitation investigation is currently in a hold status, because of the absence of a funding source. Dr. Joseph Tepas, Dr. Gillian Hotz and Dr. Cynthia Beaulieu have continued to seek funding from grantors; however, due to the economy and competitiveness of the grants process, obtaining grants for this study has been challenging. The study team continues to conduct the retrospective investigation.

Ventilator-Dependent Pilot Project and Diaphragmatic Pacing Pilot:

- On March 31, 2010, the Office of Trauma filed the revisions to Rules 64J-2.011-2.017, F.A.C., which revised the Trauma Center Standards Pamphlet 150-9 to add an indicator to track the outcomes of the new Diaphragm Pacing Project. The January 2010, Trauma Center Standards Pamphlet 150-9 became effective in these rules on April 20, 2010. The

Office of Trauma is in the process of implementing the rule revisions and trauma centers will receive a revised QI template for use during the next quarter.

- **Diaphragmatic Pacer Conference Call: Lianne Brown, Michele Ziglar, and Office of Trauma staff met by conference call on July 23, 2010 to discuss and clarify the new diaphragmatic pacer indicator on the trauma program quality improvement (QI) indicators report template. The new template was rolled out during the August 6, 2010 Performance Improvement Committee conference call and will be effective immediately.**
- **Since the inception of the Diaphragm Pacer Pilot Program, there have been nine diaphragm pacer surgeries performed in Florida as of August 2010. Eight of these patients have been 100 percent weaned from the ventilator and have been reintegrated into the community.**
- **The Office of Trauma will continue to work closely with the trauma centers and the BSCIP to implement this important indicator to track the number of patients that received the surgery, are 100% weaned from the ventilator and have been reintegrated into the community.**

Decubitus-Ulcer for SCI Patient Population Colloquium: The purpose is to reduce prevalence and incidence of decubitus in the spinal cord injury population within trauma centers, acute hospitals, skilled nursing facilities, and for patients in their homes.

Action Steps:

- Increase knowledge about reducing decubitus ulcer in the spinal cord injury population across the continuum of care.
- Develop a statewide pressure ulcer prevention program for spinal cord injury patients in trauma centers, skilled nursing facilities, and palliative care centers.
- Develop a Skin Care Task Force to conduct a needs assessment.

Outcomes:

- The Brain and Spinal Cord Injury (BSCI) Advisory Council made the following recommendations:
 - Schedule a *Decubitus Ulcer for SCI Patient Population Colloquium* in the near future to review the final results of the Skin Care Needs Assessment.
 - Build collaboration with the Trauma Medical Consultants' Rehabilitation Planning Team and AHCA to address the skin care issues and needs of the SCI patient population.
- The BSCI Advisory Council held a meeting on August 8, 2008 in Orlando and the members agreed to continue to pursue AHCA's endorsement of the Preventive Ulcer Program.
- During the November 2008 meeting of the BSCI Advisory Council, the members agreed to support and endorse the Preventative Ulcer Program (PUP). They also agreed to continue to pursue AHCA's endorsement of the program.

- In December 2008, the Office of Trauma and the Bureau of Brain and Spinal Cord Injury staff met to discuss plans to amend the BSCI designated facilities standards to include the PUP Standards of care for inpatient and outpatient settings, transitional units, as well as nursing homes for spinal cord injury patients.
- The BSCIP Standards for the PUP were implemented in April 2009.
- Trauma rule promulgation was initiated on December 1, 2009 to add the PUP standards to the Trauma Center Standards Pamphlet 150-9 (incorporated by reference in Rules 64J-2.011, F.A.C.), which would require all trauma centers to have written policies and procedures for a preventive ulcer program. Rule 64J-2.011, F.A.C. was filed with the Department of State on March 31 and became effective on April 20, 2010.
- **Third quarter statistics in 2010, with the implementation of the PUP for Trauma and the BSCIP patients indicated a 10% decrease in pressure ulcers of spinal cord injured patients.**

GOAL 7 - QUALITY IMPROVEMENT PLANNING TEAM:

Lead: Lianne Brown

Staff Liaisons: Dianna Liebnitzky, Michael Lo and Carma Harvey

Activities and Outcomes:

Strategic Planning: The FTSPC Quality Improvement Planning Team members met in a breakout session and attended the Florida Trauma System Plan Committee meeting on June 28, 2010. During the June 28 Florida Trauma System Plan Advisory Committee meeting, Lianne Brown presented the final Goal 7 statement, objectives, and strategies to the meeting participants for final review and approval. Goal 7 was approved for inclusion in the next five-year plan.

The following is a status report on other activities of the Quality Improvement Planning Team and staff liaisons during the third quarter related to quality improvement efforts:

Trauma Registry Data Compliance Reports: To begin meeting Objective 7A and in response to requests for more timely and regular feedback on the trauma registry data submitted by each trauma program, the Office of Trauma has begun issuing trauma registry data compliance reports to each trauma program for each quarter of data submitted. These reports document the timeliness, quality, and completeness of the trauma registry data submitted each quarter. Compliance reports for first through fourth quarter 2009 were completed in August 2010 and sent to each trauma program. A follow-up report will be sent by October 2010 to each trauma program with its final ICISS-adjusted trauma patient volume for 2009 for the purposes of calculating its quarterly payout amounts.

Diaphragmatic Pacer Conference Call: Lianne Brown, Michele Ziglar, and Office of Trauma staff met by conference call on July 23, 2010 to discuss and clarify the new diaphragmatic pacer indicator on the trauma program quality improvement (QI) indicators report template. The new template was rolled out during the August 6, 2010 Performance Improvement Committee conference call and will be effective immediately.

Performance Improvement (PI) Committee Conference Call: The PI Committee met by conference call on August 6, 2010, facilitated by Carma Harvey. In addition to the Office of Trauma and Registry Unit updates that were presented, the new quality improvement (QI) indicators report template was presented containing the new indicator to capture all referrals to the diaphragmatic pacer program. The next PI Committee conference call is scheduled for October 1, 2010.

The 2009 Trauma Registry Report was completed for inclusion in the 2009 Florida Trauma System Annual Report which will be released in late October to early November 2010. The following are the major QI accomplishments of Florida's Trauma System in 2009:

- **Reduction in Florida's Trauma Mortality Rate (due to traumatic injuries):** Mortality is a basic indicator of trauma system performance and is directly linked to the DOH mission, which is to promote and protect the health and safety of all people in Florida. Florida's statewide trauma center mortality rate has decreased from 6.8 percent in 2004 to 4.8% in 2009.
- **Trauma Center Readmission Rates Below JCAHO Standards:**
 - **Rate of readmissions of trauma patients to the intensive-care unit (ICU) or unplanned admissions to ICU from Medical-Surgical Units (JCAHO Standard 3-4%):**
2009: 1.7%
2008: 1.6%
2007: 1.7%
 - **Rate of readmissions to trauma centers within 30 days of discharge (JCAHO Standard 4-5%):**
2009: 1.7%
2008: 1.6%
2007: 1.6%

Interagency Trauma Team: The interagency Trauma network is a group of health care professionals with backgrounds in social work, mental health, as well as sexual and domestic violence counselors and representations from alcohol and drug abuse counselors. Dr. Jane Streit has been working with the Office of Trauma staff related to initiation of psychosocial support groups at the respective trauma centers. The Director of the Office of Trauma attends and participates in the quarterly Interagency Trauma Team meetings. **A meeting was held on 8/20/2010, to discuss the psycho-social support needs of trauma patients and the development of a strategic plan.**

Goal 8 - SYSTEM EVALUATION PLANNING TEAM (Pre-Hospital Care Integration-Transport, Regional Approaches – Trauma Agencies, Medical Specialists Approaches to establish regional Centers of Excellence, Regional Evaluation and Improvement of Trauma Access to Care).

Co-Chairs: Dr. Rodney Durham, Dr. Larry Lottenberg, Dr. Karan Gill, and Dr. Winston Richards
Staff Liaisons: Susan McDevitt, Janet Collins, and Bernadette Behmke

Activities and Outcomes:

The FTSPC Systems Evaluation Planning Team members participated in conference calls on January 6 and January 29 to review the 2009 SWOT analysis results and prepare revisions to the Goal 8 statement, objectives, and strategies. The planning team members participated in the February 25, 2010 Florida Trauma System Strategic Planning Session in Orlando, where Dr. Durham presented the revisions to Goal 8 for inclusion in the 2011-2015 Trauma System Strategic Plan and revisions were made to further refine the strategies. **During the June 28 Florida Trauma System Plan Advisory Committee meeting, Dr. Durham presented the final Goal 8 statement, objectives and strategies for approval of the committee. Goal 8 was approved by the committee with minor revisions for inclusion in the next five-year plan.**

The following is a status report on the activities of the System Evaluation Planning Team:

Diversion Subcommittee Update: The subcommittee activities have been put on hold until the implementation of the DOH Communication and Patient Tracking Solution and the state's Health and Medical Interoperable Communications Initiative (HMICI) Project. See below updates on these projects.

Florida Communication and Patient Tracking System: The Florida Communications and Patient Tracking System project has been implemented in all seven regions of the state. The web-based software applications, EMResource (Hospital Communications) and EMTrack (Patient Tracking) are available for use by hospitals approved by the Lead Agency within each region. The Lead Agency acts as an administrator for EMResource and EMTrack within each region. Any acute care hospital, EMS Agency and/or Emergency Management Office interested in using EMResource or EMTrack should contact their regional Lead Agency. Any hospital desiring access to EMResource or EMTrack should contact their Lead Agency.

As of June 17, 2010, the following is a list of the trauma centers currently using EMResource by Domestic Security Regions:

Region 3:

Jacksonville: TraumaOne Shands-Jacksonville Medical Center (Level I)

Region 4:

Tampa: Saint Joseph's Hospital (Level II and Pediatric)

Tampa: Tampa General Hospital (Level I)

Region 5:

Daytona Beach: Halifax Medical Center (Level II)

Melbourne: Holmes Regional Medical Center (Level II)

Orlando: Orlando Regional Medical Center (Level I)/Arnold Palmer

Ft. Pierce: Lawnwood Regional Medical Center & Heart Institute (Level II)

Region 6:

Fort Myers: Lee Memorial Hospital (Level II)

Region 7:

Ft. Lauderdale: Broward General Medical Center (Level I)

Hollywood: Memorial Regional Hospital (Level I)

Miami: Jackson Memorial Hospital/ Ryder Trauma Center (Level I)

Miami: Children's Hospital (Pediatric)

Below is a list of the Communications and Patient Tracking Solution lead agency points of contact and implementation dates.

Region I

Lead Agency: Escambia County Health Department

POC: Eric Gilmore (850) 484-5154 Email: Eric_Gilmore@doh.state.fl.us

Implementation Date: November 20, 2009 EMResource and EMTrack

HAvBED Reporting

Region II

Lead Agency: Shands Teaching Hospitals and Clinics, Inc.

POC: Steve Truluck ((352) 265-0028 x4-5805, Email: trulur@shands.ufl.edu

Implementation Date: November 25, 2009 EMResource and EMTrack

HAvBED Reporting

Region III

Lead Agency: Jacksonville Fire and Rescue

POC's: Chief Moreland (904) 630-7873 Email: Moreland@coj.net

Captain Ken Devin (904) 630-5202 kdevin@coj.net

Implementation Date: August 31, 2009 EMResource and EMTrack

HAvBED Reporting

Region IV

Polk County Health Department

POC's: Dan Simpson (863) 519-7900 x 1100 Email: Daniel_Simpson@doh.state.fl.us

Denise Heady (863) 519-7900 x1144 Denise_Heady@doh.state.fl.us

Implementation Date: September 21, 2009 EMResource and EMTrack

HAvBED Reporting

Region V

Lead Agency: Orange County Office of the EMS Medical Director

POC: Dave Hawley (407) 650-4031 x233 Email: Dave.Hawley@ocfl.net

Implementation Date: July 31, 2009 EMResource

Implementation Date: August 31, 2009 EMTRack

HAvBED Reporting

Region VI

Lead Agency: Lee County Emergency Medical Services

POC: Kim Dickerson (239) 533-3961 Email: Kdickerson@leegov.com

Implementation Date: November 2, 2009 EMResource and EMTrack
HAvBED Reporting

Region VII

Lead Agency: Broward County Health Department

POC: Adam Yanckowitz (954) 713-3089 Email: Adam_Yanckowitz@doh.state.fl.us

Daniel Lee (954) 809-4366 Daniel_Lee@doh.state.fl.us

Leanne Erwin (954) 424-6832 Leanne_Erwin@doh.state.fl.us

Implementation Date: October 30, 2009 EMResource and EMTrack

HAvBED Reporting

Health and Medical Interoperable Communications Initiative (HMICI) Project:

Project Lead: Mike Jacobs

The following is a summary and status of the project:

Beta Test Facilities:

- Tampa General
- Holmes Regional Medical Center
- Shands (Gainesville)

We are moving forward on the installation of the HMICI equipment into the three beta test sites. The Computer Service Authorizations (CSA) have been completed to have the Department of Management Services (DMS) install the required T1 line for the SUNCOM access into the three facilities. As soon as confirmation that the facility has its T1 line and router in place, then Motorola will install the HMICI equipment, followed by having the facility conduct their Florida Interoperable Network (FIN) operators training.

After the training is complete then we are initiating the contract between the facility and the DOH that has a \$2,000 deliverable, the deliverables will be a 30 day evaluation and a 60 day evaluation. Since the Department is unable to pass funds directly to the facilities, these deliverables will each have a \$1,000 deliverable amount, this amount is to cover the facilities cost in conducting the FIN training. Upon completion of the beta test we will be evaluation the feasibility and practicality of the HMICI project, to make a determination if we enter the next phase and work on getting the remaining 19 trauma centers operational, or do we try to refocus this project and determine alternative processes.

The current time lines are tentative,

- All three facilities have HMICI installed and operational, October 10, 2010
- Complete FIN training, October 20, 2010
- First Deliverable received, November 30, 2010
- Second Deliverable received, December 30, 2010
- Assess project and next step identified, January 30, 2011

Hand Surgery Centers of Excellence Subcommittee Report: In 2009, Dr. Winston Richards, Hand Surgery Subcommittee Chair, completed his study on hand surgeries in Florida, which has been published in the January 2010 *Journal of Trauma*. The purpose of the study was to determine the hospitals that perform replantations to determine their interest in serving as a center of excellence. The study found that these hospitals were not interested in serving as a sole facility for these surgeries; but expressed that this responsibility should be spread out over several hospitals throughout the state.

This is an issue that many states are experiencing. In April 2010, Dr. Richards responded to a national survey conducted by the American Society of Surgery of the Hand and the American College of Surgeons. The purpose of the survey was to assess hand trauma care in Level 1 Trauma Centers in an effort to provide optimal patient care. The survey dealt with issues related to unnecessary referrals to Level 1 centers, the availability of hand and micro vascular care 24/7, 365 days a year; and hospital support in Level 1 centers are critical issues that will define the opportunity to create regional centers of hand care excellence based on this survey. When the results of this national survey are released, Dr. Richards will keep the trauma community informed.

GOAL 9 - TRAUMA REGISTRY/RESEARCH PLANNING TEAM

Co-Leads: Dr. Joseph Tepas, Dr. Drew Mikulaschek, and Dr. Carl Schulman

Data Validation Team: Dr. Barbara Orban, Dr. Etienne Pracht, and Dr. Pam Pieper
Staff Liaisons: Michael Lo, Deniz Franck, and Carma Harvey

Activities and Outcome:

Strategic Planning: The FTSPC Registry/Research Planning Team members met in a breakout session and attended the Florida Trauma System Plan Committee meeting on June 28, 2010. Drs. Joseph Tepas, Drew Mikulaschek, and Carl Schulman presented the final Goal 9 statement, objectives, and strategies to the meeting participants.

The following is a status report on other activities of the Trauma Registry/Research Planning Team and staff liaisons during the third quarter related to Goal 9:

Florida Trauma Service Area Analysis, 2000 to 2009: Using Florida hospital discharge data from the Agency for Health Care Administration, Drs. Etienne Pracht and Barbara Orban have completed a ten-year (2000-2009) retrospective analysis of nucleus and feeder counties that define Florida's trauma service areas based on rates of retention of trauma patients, defined by section 395.402(1), F.S. as patients with an Injury Severity Score of nine or greater, by county of residence. This analysis is important to identify priority counties for review of new trauma centers. A draft report was completed and submitted to the Office of Trauma in August 2010, and it is currently being reviewed before it is finalized and released.

Next Generation Trauma Registry Project: As reported in the weekly status updates on this project by Deniz Franck, Project Manager, this project actually consists of three concurrent efforts to address (1) how to immediately fix the current state of the trauma registry; (2) developing an interim solution; and (3) developing a long-term solution. Updates on each effort are as follows:

(1) Current State: Test files have been received from Lancet Technology and Clinical Data Management, vendors of Trauma One and TraumaBase software, respectively, that would

enable the immediate standardization of all files submitted by trauma programs using these software products, thereby enabling easier integration and analysis of these files by the Registry Unit.

(2) Interim Solution: Review of the new Florida Trauma Registry Manual that will be implemented as part of the Next Generation Trauma Registry Project has been completed with input from the Trauma Data Group and will be implemented via the rulemaking process in January 2011 after development of an electronic data submission format (XML schema) that is compliant with this new manual. Extract, transform, and load (ETL) processes have been developed for importing each file format submitted by trauma programs into an enterprise data warehouse and are currently being tested.

(3) Long-term Solution: The Office of Trauma issued a Request for Information (RFI) in July 2010, to which six trauma registry software vendors responded. On the basis of these responses, four vendors were invited to present product demonstrations of their software to Office of Trauma staff in July and August 2010. On the basis of these demonstrations, technical requirements will be developed for a Request for Proposals (RFP) that will be issued in January 2011 to procure a commercial off-the-shelf (COTS) package via the Intent to Negotiate (ITN) process as a long-term solution for the trauma registry. In the meantime, the business case and project management plan are currently being developed for approval by the Department of Health's Division of Information Technology.

If you have any questions concerning the NGTR project, please contact Ms. Franck at (850) 245-4440, ext. 2482 or via email at Deniz_Franck@doh.state.fl.us.

New Research Web Page: The Office of Trauma has created a new web page, which provides information regarding the Research Projects conducted by Florida's verified trauma centers. The website link is as follows: <http://doh.state.fl.us/demo/Trauma/InjuryPrevention.htm>

If you would like to review the full draft of the objectives and strategies for the Registry/Research Planning Team, please contact Michael Lo, Trauma Registry/Research Planning Team Staff Liaison, at (850) 245-4440, ext. 3286, or at Michael_Lo@doh.state.fl.us.

For information regarding the State Trauma System Five-Year Strategic Plan and Implementation, please contact Susan McDevitt, Director, Office of Trauma at (850) 245-4440, Ext. 2760, susan_mcdevitt@doh.state.fl.us, or Janet Collins, Program Administrator, Office of Trauma at (850) 245-4440, ext. 2775, janet_collins@doh.state.fl.us.

TRAUMA TRANSPORT PROTOCOLS

The Office of Trauma Director reviewed and approved one-hundred and forty-six trauma transport protocols for EMS providers along with the licensure renewal process from January – September 2010. There have been no adverse outcomes in 2010.

If you have questions concerning Florida's trauma transport protocols, please contact Susan McDevitt, Director, Office of Trauma, Florida Department of Health, (850) 245-4440, ext. 2760, susan_mcdevitt@doh.state.fl.us.

