

Five-Year Plan
Office of Trauma
State Trauma System Plan
December 2005–December 2010

A REPORT OF THE FLORIDA OFFICE OF TRAUMA
AND THE GOALS AND ACTIVITIES PLANNED FOR
THE NEXT FIVE YEARS.



We welcome any comments, questions, or recommendations for improving the plan or our direction. You may contact us at:

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Message from the Secretary

December 2005

The Department of Health, Office of Trauma was pleased to provide a report on the Comprehensive Assessment of Trauma Care to the legislature last year.



Based on the recommendations of this report, Chapters 318.14, 318.18, and 395.4036, Florida Statutes (F.S.), were amended during the 2005 session, which directed the department to implement \$7.5 million dollars to the 21 state-approved trauma centers. Key projects for the State Trauma System Implementation Committee from 2000–2005 included the transfer and consultation criteria development, hospital partnership development, trauma service area review, trauma regions development, trauma registry development/implementation, disaster planning, Health Resources and Services Administration grants recipients with over/under triage and bombs, burns, and blasts. Congratulations to the members of the 2000–2005 State Trauma System Implementation Committee who worked to implement this plan.

The Florida Department of Health's, Office of Trauma, is pleased to present Florida's 2005–2010 Office of Trauma, State Trauma System Plan. This plan outlines goals, objectives, strategies, and activities to continue providing Florida with a road map to future statewide collaborative efforts within the continuum of care. This plan encompasses stakeholders from injury prevention, pre-hospital, Emergency Medical Services, acute care hospitals, trauma centers, rehab facilities, trauma agencies, quality improvement and research, disaster preparedness and public health preparedness.

Significant progress has been made in establishing the needs of Florida's trauma victims. The committee identified critical concerns and now shares with you those concerns and their goals to continue the inclusive trauma system in the following State Trauma System Plan December 2005–December 2010.

Sincerely,

A handwritten signature in blue ink that reads "M. Rony François M.D., Ph.D." The signature is stylized and cursive.

M. Rony François, M.D., M.S.P.H., Ph.D.

Secretary, Department of Health

Executive Summary

THE STATE TRAUMA SYSTEM PLAN DECEMBER 2005 — DECEMBER 2010 IS THE SECOND FIVE-YEAR STATE TRAUMA SYSTEM PLAN DESIGNED TO IMPROVE THE EXISTING TRAUMA SYSTEM AND MEET THE NEEDS OF ALL TRAUMA VICTIMS IN AN INCLUSIVE TRAUMA SYSTEM. The first plan, published in December 2000, serves as the foundation for the development and enhancement of current and future goals, objectives, and strategies.

The process for development of the State Trauma System Plan December 2005 — December 2010 incorporates elements of the Florida Sterling Council's Sterling Criteria for Organizational Performance Excellence. The criteria provide a systematic approach to evaluate and improve processes and organizational performance based on a rigorous and comprehensive set of criteria, which include all the essential elements of a high-performing organization and provide a comprehensive framework for aligning resources, integrating approaches, and improving organizational effectiveness and capabilities.

The Office of Trauma's approach to implement the Sterling Management System for its strategic planning process includes a systematic four-phase process for strategy development and action plan deployment. The four-phase process includes Plan, Develop, Implement, and Review. The Plan phase includes a foundation review of existing goals, objectives, and strategies; identification, analysis, and prioritization of key organizational factors; and a gap analysis of current and future strategies. The Develop phase includes identification and prioritization of strategic goals; development of strategic objectives and strategies; and determination of resources, timelines, funding implications, and measures of success. Communication of strategies to staff and stakeholders and development of detailed action plans complete the Implement phase. Reviews of measures, outcomes, action plans, and an annual review of the five-year plan ensure strategies and actions stay current with organizational, customer, and stakeholder needs and changing requirements. The State Trauma System Plan December 2005 — December 2010 is the result of these processes and is outlined in this document.

Mission, Vision and Values



TRAUMA MISSION: Facilitate, promote and ensure that residents and visitors in Florida receive quality trauma care through planning, preparedness, and quality assurance.

TRAUMA VISION: All traumatically-injured patients in Florida will receive quality care at a trauma center within the Golden Hour.

TRAUMA VALUES:

- **Customers** – we put the patient first – always!
- The following values guide all our interactions with customers, stakeholders, employees and peers:
 - **Excellence** – we achieve and maintain quality results and outcomes through continuous performance improvement and learning.
 - **Commitment to service:** we dedicate ourselves to provide services unconditionally and without partiality.
 - **Accountability:** we take full responsibility for our behavior and performance.
 - **Empowerment:** we create a culture that encourages people to exercise their judgment and initiative in pursuit of our goals.
 - **Integrity** – our guide for our actions – which incorporates our commitment to honesty, fairness, loyalty, and trustworthiness – is in the best interests of our customers and employees.
 - **Respect** – we recognize and honor the contributions of one another in our daily activities and create an environment where diversity is appreciated and encouraged.
 - **Teamwork** – we encourage active collaboration to solve problems, make decisions, and achieve common goals.

2005–2010 Prioritized Five Year Goals

Goal 1 Leadership: Have a viable, active state lead agency with authority, responsibility and resources to plan, implement and evaluate an inclusive trauma system for Florida.

Goal 2 Injury Prevention and Control: Have a state trauma system that is an active partner in a state-coordinated system for reducing injury-related morbidity and mortality.

Goal 3 Emergency/Disaster Preparedness Plan: Have a trauma system prepared to respond to emergency and disaster situations in coordination with state disaster plans.

Goal 4 Pre-Hospital Care – Transport: In coordination with the goals of the Emergency Medical Services (EMS) State Plan, to establish guidelines specific to the transport of trauma patients that result in timely and safe delivery to trauma care.

Goal 5 Definitive Care – Trauma Centers: Establish a statewide network of trauma centers, meeting minimum state standards for operation and provision of quality trauma care, in coordination with all other trauma system participants.

Goal 6 Definitive Care – Medical Rehabilitation: Establish rehabilitation centers as active participants in Florida’s inclusive trauma system, resulting in coordinated post-acute care for trauma victims.

Goal 7 Evaluation, Quality Management & Performance Improvement: Establish a statewide system evaluation, quality management, and performance improvement process.

Goal 8 Regional System Evaluation: Establish regional system evaluation, quality management, and performance improvement in areas without a trauma agency.

Goal 9 Trauma Registry: To provide an accurate and accessible trauma registry to support trauma system evaluation, performance improvement, public health planning, injury prevention, and outcomes research.

GOAL 1 LEADERSHIP

Have a viable, active state lead agency with authority, responsibility and resources to plan, implement and evaluate an inclusive trauma system for Florida.

STRATEGY	TIMEFRAME	LEAD(S)	PARTNER(S)	FUNDING IMPLICATIONS
1A Designate the Office of Trauma within the Department of Health (DOH) as the lead office with responsibility to implement and maintain a comprehensive trauma system.	1998-Ongoing	DOH	Trauma Stakeholders and Community Organizations	No additional funding.
1B Develop and implement a statewide multidisciplinary trauma system committee, with membership to include the entities listed in Chapter 395, Florida Statutes, including the Board of Medicine and the Board of Nursing, to provide overall guidance to trauma system planning.	1998-Ongoing	DOH	Trauma Stakeholders and Community Organizations	May be accomplished with current funding.
1C Develop coordinated guidelines, standards and rules that clearly define trauma system standards, consistent with Florida Statutes, to ensure and enforce compliance.	1998-Ongoing	DOH	Trauma Stakeholders and Community Organizations	May be accomplished with current funding.
1D Develop and seek adequate funding for Florida's inclusive trauma system.	2005-2010	DOH AHCA	Trauma Stakeholders and Community Organizations	Contingent upon additional funding.
1E Develop adequate, permanent/recurring funding for all components of local and regional trauma agencies, trauma centers and the DOH.	2005-2010	DOH AHCA	Trauma Stakeholders, Community Organizations, and Elected state, county, & local officials	Contingent upon additional funding.

Measures of success:

- Establish communication linking local, regional, and state trauma organizations.
- Develop strategies to work with Florida Hospital Association, Florida Alliance, and Florida Legislature to increase funding.
- The lead agency has developed and implemented a statewide multidisciplinary trauma system committee to provide overall guidance to trauma system planning and implementation strategies.
- The trauma system plan clearly describes the system design and is used to guide system implementation and management.
- Designated funding for the trauma system support infrastructure (lead agency) is legislatively appropriated.
- Legislative authority (statute and rule) plans, develops, implements, manages and evaluates the trauma system and its component's parts including the identification of the lead agency and the designation of trauma facilities.
- Legislative authority states that all trauma system components, EMS, injury control, emergency management, and planning documents link together for the effective implementation of the trauma system.
- Administrative rules direct the development of operational policies and procedures at the state, regional and local levels.
- The lead agency has clearly defined trauma system standards, facility transfer protocols, triage protocols, and data collection standards and has sufficient legal authority to ensure and enforce compliance.
- The lead agency has implemented/evaluated a statewide multidisciplinary committee for planning and meets quarterly.

GOAL 2 INJURY PREVENTION AND CONTROL

Have a state trauma system that is an active partner in a state-coordinated system for reducing injury-related morbidity and mortality.

STRATEGY	TIMEFRAME	LEAD(S)	PARTNER(S)	FUNDING IMPLICATIONS
2A Develop and implement strategies for trauma system participants to effectively contribute to primary prevention and research activities for injury prevention.	1998–Ongoing	DOH FCOT	Trauma Stakeholders, OIP, BSCI, EMS	May be accomplished with current funding.
2B Coordinate with the development of the State Injury Prevention Plan, and incorporate relevant information into the State Trauma System Plan.	2000–Ongoing	DOH OIP	Trauma Stakeholders, FCOT, BSCI, EMS	No additional funding required.
2C Promote the use of successful injury prevention strategies to local community leaders and encourage community partnerships.	2006–2010	DOH OIP	FCOT, BSCI, EMS	No additional funding required.
2D Assure that there are appropriate trauma public awareness and injury prevention programs.	1998–Ongoing	DOH DOH (Trauma)	OIP, BSCI, EMS	May be accomplished with current funding.

Measures of success:

- Establish community partnership in local area.
- Clearly define high-risk groups at the local and state levels.
- Decrease specified injuries in high-risk groups.
- Utilize web site and disseminate information.
- Develop strategies for primary prevention activities.
- Identify existing programs and partnerships within geographic area.
- A public information and education program exists that heightens public awareness of trauma as a disease, the need for a trauma system, and the preventability of injury.



GOAL 3

EMERGENCY/DISASTER PREPAREDNESS PLAN

Have a trauma system prepared to respond to emergency and disaster situations in coordination with state disaster plans.

STRATEGY	TIMEFRAME	LEAD(S)	PARTNER(S)	FUNDING IMPLICATIONS
3A Establish coordinated emergency and disaster planning criteria for all participants in Florida's trauma system.	1998-Ongoing	DOH EOC DOH (Trauma)	EMS, PHP	May be accomplished with current funding.
3B Establish emergency/disaster response plans to assure trauma system readiness for all components of the trauma system.	1998-Ongoing	DOH EOC DOH (Trauma)	EMS, PHP	May be accomplished with current funding.
3C Encourage active trauma system participant involvement in local, regional, and state disaster preparedness planning.	2000-2010	DOH EOC DOH (Trauma)	EMS, PHP	May be accomplished with current funding.

Measures of success:

- Trauma system plan has established clearly defined methods of integrating with disaster preparedness plans (all hazards).
- Trauma system plan has defined methods of integrating the trauma system plan with the EMS, emergency disaster, and Public Health Preparedness plans.
- Trauma system plan includes identification of additional resources, both work force and equipment, necessary to respond to mass casualty situations.
- The trauma system and the disaster management system have formal established linkages for support integration and operational management.
- The trauma system has completed gap analysis based on resource assessment for trauma disaster preparedness.



GOAL 4

PRE-HOSPITAL CARE: TRANSPORT

In coordination with the goals of the EMS State Plan, to establish guidelines specific to the transport of trauma patients that result in timely and safe delivery to trauma care.

STRATEGY	TIMEFRAME	LEAD(S)	PARTNER(S)	FUNDING IMPLICATIONS
4A Develop a partnership between trauma centers, EMS providers, and acute care hospitals.	2000-Ongoing	DOH EMS	Trauma Stakeholders, EMS Advisory, AHCA, FHA, FCOT	May be accomplished with current funding.
4B Evaluate the effectiveness of the adult and pediatric trauma triage criteria with regard to determination of appropriate destinations.	2000-Ongoing	DOH EMS	Trauma Stakeholders, EMS Advisory, AHCA, FHA, FCOT	May be accomplished with current funding.
4C Assure that EMS personnel are prepared to meet the challenges of providing health services competently.	2000-Ongoing	DOH EMS	EMS Advisory	May be accomplished with current funding.

Measures of success:

- The trauma system is supported by an EMS system that includes communication, medical oversight, pre-hospital triage, and transportation.
- There are mandatory system-wide, pre-hospital triage criteria to ensure that trauma patients are transported to an appropriate facility based on their injuries.
- There is a procedure for communication among medical facilities when arranging for inter-facility transfers.



GOAL 5

DEFINITIVE CARE: TRAUMA CENTERS

Establish a statewide network of trauma centers, meeting minimum state standards for operation and provision of quality trauma care, in coordination with all other trauma system participants.

STRATEGY	TIMEFRAME	LEAD(S)	PARTNER(S)	FUNDING IMPLICATIONS
5A Establish and implement a process and timeframe for the periodic review of trauma center standards.	1998–Ongoing	DOH DOH (Trauma)	Trauma Stakeholders	May be accomplished with current funding.
5B Review the assignment of counties to trauma service areas and the distribution of available trauma centers and make recommendations accordingly.	1998–Ongoing	DOH DOH (Trauma)	Trauma Stakeholders, FHA, AHCA	May be accomplished with current funding.
5C Evaluate the trauma center standards revisions that were effective June 2005. Develop and implement further revisions as appropriate.	2005–Ongoing	DOH DOH (Trauma)	Trauma Stakeholders	May be accomplished with current funding.
5D Develop educational materials for acute care hospitals on all aspects of the hospital partnership concept.	2005–Ongoing	DOH DOH (Trauma)	Trauma Stakeholders	May be accomplished with current funding.

Measures of success:

- DOH should ensure the numbers, levels and distribution of trauma centers required to meet system demands are available.
- DOH should ensure trauma center standards are monitored for compliance. Deficiencies are recognized and corrective action is implemented.
- Variations in standards are monitored and received annually and improvements made.
- Customer evaluations are implemented for EMS/hospital partnerships.



GOAL 6

DEFINITIVE CARE: MEDICAL REHABILITATION

Establish rehabilitation centers as active participants in Florida’s inclusive trauma system, resulting in coordinated post-acute care for trauma victims.

STRATEGY	TIMEFRAME	LEAD(S)	PARTNER(S)	FUNDING IMPLICATIONS
6A Establish guidelines for development of regional trauma plans that address medical rehabilitation needs of trauma victims.	2006	DOH	Trauma Stakeholders, AHCA, BSCI	May be accomplished with current funding.
6B Develop and implement an integrated site survey process for the trauma center program and the brain and spinal cord injury program.	2007	DOH	Trauma Centers, BSCI	May be accomplished with current funding.

Measures of success:

- The trauma system leadership informs and educates constituencies and policy makers through community development activities and targeted media messages aimed at medical rehabilitation needs of trauma patients.
- The trauma system clearly defines the roles of all acute care hospitals within the system jurisdiction specialty population (spinal cord patients are identified and appropriate policies are implemented and tracked).
- BSCI program and trauma center site surveys are based on 395.4025, Florida Statutes (F.S.) and DOH/BSCI standards of care, customer evaluations are done by out of state surveyors and hospital personnel.
- The lead agency has incorporated within the trauma center standards requirements for inter-facility transfers.



GOAL 7

EVALUATION, QUALITY MANAGEMENT & PERFORMANCE IMPROVEMENT

Establish a statewide system evaluation, quality management and performance improvement process.

STRATEGY	TIMEFRAME	LEAD(S)	PARTNER(S)	FUNDING IMPLICATIONS
7A Develop a process for statewide review of trauma center performance, to identify trends and promote improved trauma care through a quality management environment.	2006	DOH	Trauma Stakeholders	No additional funding.
7B Establish a process to incorporate trauma center quality management into the system quality management program at state level.	2007	DOH	Trauma Stakeholders	No additional funding.
7C Develop and implement a method for evaluating trauma system effectiveness, including identification of future plan goals and objectives based on the outcome of the evaluation.	2007	DOH	Trauma Stakeholders	No additional funding.
7D Identify and evaluate existing tools for trauma system evaluation, including the American College of Surgeons' trauma system evaluation process.	2007	DOH	Trauma Stakeholders	No additional funding.
7E Develop comprehensive process to evaluate the effectiveness of the inclusive trauma system at the local, regional, and state level.	2008	DOH	Trauma Stakeholders	No additional funding.

Measures of success:

- Collected data is used for strategic and budgetary planning.
- Collected data from a variety of resources is used to review the appropriateness of trauma system policies and procedures.
- Education for trauma system participants is developed based on a review and evaluation of trauma system data.
- Trauma data reports are generated by the trauma system no less than once per year and are disseminated to trauma system leaderships and stakeholders to evaluate and improve care.
- The multidisciplinary trauma system committee regularly reviews trauma system data reports to monitor trauma system performance and to determine the need for system modifications.
- Pre-hospital care providers collect data by a run report on each patient, provide data to the hospital, and have a mechanism to evaluate the data.

GOAL 8

REGIONAL SYSTEM EVALUATION

Establish regional system evaluation, quality management and performance improvement in areas without a trauma agency.

STRATEGY	TIMEFRAME	LEAD(S)	PARTNER(S)	FUNDING IMPLICATIONS
8A Develop and implement a comprehensive regional trauma system to address trauma issues at the local level.	2005-2010	DOH	Association of Florida Trauma Agencies, Trauma Stakeholders, and Community Organizations	No additional funding.
8B Establish trauma regions that include EMS and trauma system stakeholder groups.	2005-2007	DOH	Association of Florida Trauma Agencies, Trauma Stakeholders, and Community Organizations	Contingent upon additional funding.
8C Establish appropriate roles for trauma agencies to assist in furthering the operation of trauma systems at the regional level.	2005-2007	DOH	Association of Florida Trauma Agencies, Trauma Stakeholders, and Community Organizations	May be accomplished with current funding.
8D Establish a process for periodic evaluation of human resource needs at the regional level.	2005-Ongoing	DOH	Association of Florida Trauma Agencies, Trauma Stakeholders, and Community Organizations	May be accomplished with current funding.

Measures of success:

- Establish community, local, regional partnership in trauma regions.
- Identify existing resources and services within trauma regions.
- Provide for ongoing communication with stakeholders, elected officials and policy leaders.
- Legislation to determine trauma regions and integrating emergency medical services, emergency and public health preparedness, and local health care systems.
- Education for state, regional and local constituencies and policy makers fosters collaboration and cooperation for trauma regional planning system enhancement.



GOAL 9

TRAUMA REGISTRY

To provide an accurate and accessible trauma registry to support trauma system evaluation, performance improvement, public health planning, injury prevention, and outcomes research.

STRATEGY	TIMEFRAME	LEAD(S)	PARTNER(S)	FUNDING IMPLICATIONS
9A Develop a comprehensive, periodic reporting process that ensures accurate data and timely availability.	2007	DOH	Trauma Stakeholders, EMS	May be accomplished with current funding.
9B Present to providers a regular review and comparison of patient outcomes at a state level to facilitate and ensure an effective quality improvement process.	2007	DOH	Trauma Stakeholders, EMS	May be accomplished with current funding.
9C Develop inter-departmental and external partnerships to share and integrate data for the purpose of improving patient outcomes and facilitating planning throughout the course of patient care.	2008-2009	DOH	Trauma Stakeholders, EMS, BSCI, OIP	May be accomplished with current funding.
9D Implement a more responsive, uniform and streamline data set and electronic collection process that is more readily integrated with quality assurance process and other data sets.	2008-2009	DOH	Trauma Stakeholders, EMS, BSCI, OIP	May require additional funding to implement new technologies.

Measures of success:

- The department has a computerized data management system based upon industry standards to collect, link and provide for the reporting of trauma outcomes, research and performance improvement.
- The lead agency prepares annual reports on trauma care in the state, regional and local areas.
- Datasets from pre-hospital, trauma, acute care, rehabilitation, vital statistics and others throughout the continuum of care are linked for the purpose of system planning, injury prevention, performance improvement and research.
- The trauma system implements and regularly reviews a standardized report on patient care outcomes as measured against state and national norms.

Appendix A

STSPIC Members

Larry Lottenberg, M.D., Co-Chair
Shands at the University of Florida
Gainesville

Laurie A. Romig, M.D., Co-Chair
Saint Petersburg

Dan Azzariti
City of New Port Richey

Ernest Block, M.D.
Orlando Regional Medical Center

Robby Brown
Jackson County Fire and Rescue Unit
Marianna

Beth Brunner, Executive Director of the
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Emergency Physicians
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Jackson Memorial Hospital/Ryder Trauma
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Miami

Catherine Carrubba, M.D.
Hillsborough County Trauma Agency
Tampa

Daniel B. Coble
Florida Board of Nursing
Tallahassee

George Danz
Trauma Management Agency
Fort Lauderdale

Jeff Davis, D.O.
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West Palm Beach

Johnny Delgado
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Jeanne Eckes
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Joseph V. Ferra
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John Scott, R.N.
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Tampa General Hospital
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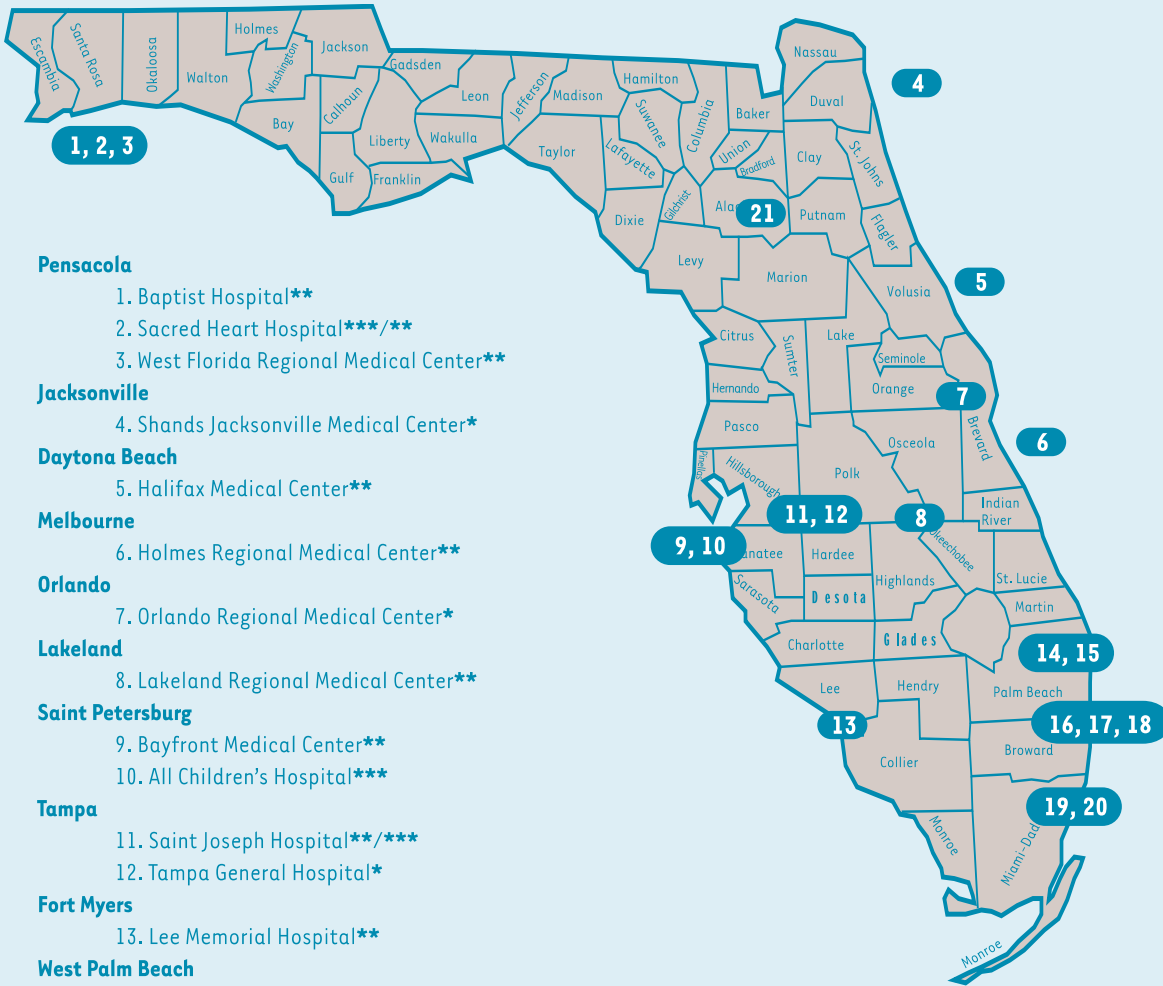
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Pace

Joe Tepas, M.D.
Shands Jacksonville

Suzette Tyler-Ball, R.N.
Broward General Medical Center
Fort Lauderdale

Barbara Uzenoff, R.N.
Manager
Hillsborough County Trauma Agency Tampa

Appendix B — Trauma Centers Location Map



Pensacola

1. Baptist Hospital**
2. Sacred Heart Hospital***/**
3. West Florida Regional Medical Center**

Jacksonville

4. Shands Jacksonville Medical Center*

Daytona Beach

5. Halifax Medical Center**

Melbourne

6. Holmes Regional Medical Center**

Orlando

7. Orlando Regional Medical Center*

Lakeland

8. Lakeland Regional Medical Center**

Saint Petersburg

9. Bayfront Medical Center**
10. All Children's Hospital***

Tampa

11. Saint Joseph Hospital**/**
12. Tampa General Hospital*

Fort Myers

13. Lee Memorial Hospital**

West Palm Beach

14. Saint Mary's Hospital***/**

Delray Beach

15. Delray Medical Center***/**

Pompano Beach

16. North Broward Medical Center**

Fort Lauderdale

17. Broward General Medical Center*

Hollywood

18. Memorial Regional Hospital*

Miami

19. Jackson Memorial Hospital Ryder Trauma Center*
20. Miami Children's Hospital***

Gainesville

21. Shands at the University of Florida

*Level I

**Level II

***Pediatric Trauma Referral Center

Appendix C — Acronyms and Components of an Inclusive Trauma System

Acronyms

AHCA: Agency for Health Care Administration

ACS: American College of Surgeons

A.R.N.P.: Advanced Registered Nurse Practitioner

BSCI: Brain and Spinal Cord Injury

D.O.: Diploma in Osteopathy

DOH: Department of Health

EMS: Emergency Medical Services

EOC: Emergency Operations Center

F.A.C.S: Fellow of the American College of Surgeons

FCOT: Florida Committee on Trauma

FHA: Florida Hospital Association

M.D.: Medicinae Doctor (Doctor of Medicine)

M.S.: Masters of Science

M.S.N.: Masters of Science in Nursing

M.S.P.H.: Masters of Science in Public Health

OIP: Office of Injury Prevention

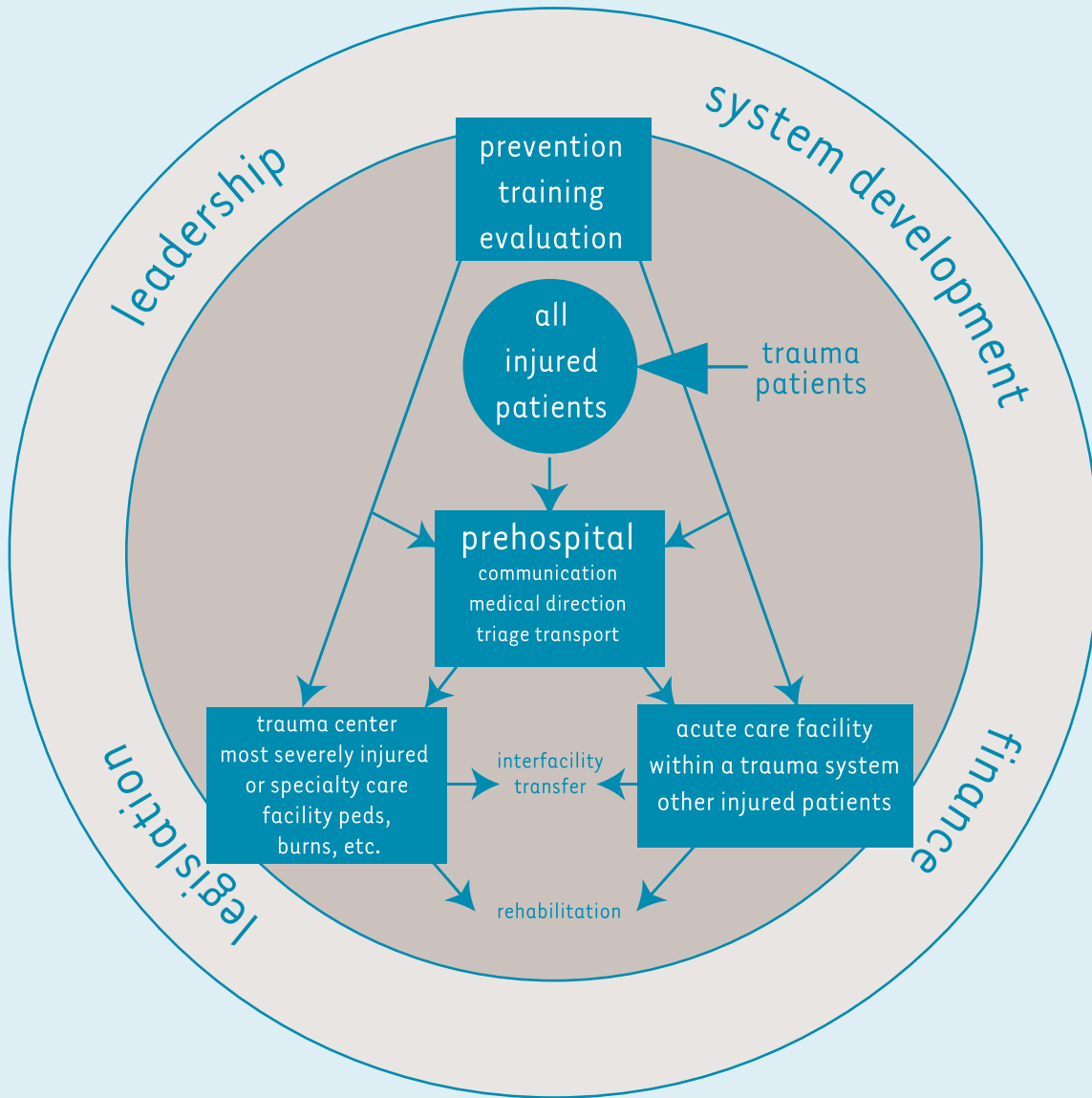
Ph.D.: Doctor of Philosophy

PHP: Public Health Preparedness

R.N.: Registered Nurse

STSPIC: State Trauma System Plan Implementation Committee

Process Diagram



Acknowledging Our Partners

The current state of the trauma system in Florida, and our strategic direction for the next five years, was achieved through the talents and dedication of many individuals throughout Florida, including:

- The leadership of Governor Jeb Bush and the Florida Legislature
- The Office of Trauma Strategic Planning Team
- Our Federal funding partners – Centers for Disease Control and Prevention, Health Resources and Services Administration, and the Department of Homeland Security
- The 21 Trauma Centers of Florida
- Florida Committee on Trauma
- State Trauma System Plan Implementation Committee
- American College of Surgeons
- Out of State Consultants (site visit consultants)
- EMS Advisory Council
- Agency for Health Care Administration
- American Burn Association
- Florida Hospital Association
- Florida Homes for the Aged
- Florida Health Care Association
- Department of Elder Affairs
- Department of Health
- BSCI Program & Association
- Office of Injury Prevention
- Office of Public Health Preparedness
- Bureau of EMS
- Emergency Operations Center
- EMS Providers and Directors
- Emergency Room Nurses and Flight Programs
- Trauma Agencies
- Trauma Registrars
- American Trauma Society
- Hospice

