

STATE BUREAU OF EMS HIGHLIGHTS

November 2005

GENERAL INFORMATION

EMS ADVISORY COUNCIL

Next Meeting: January 25-27, 2006
Radisson Riverwalk Hotel
1515 Prudential Drive
Jacksonville, FL 32207
(904) 396-5100
www.radisson.com/jacksonvillefl

Please make hotel reservations at The Radisson Riverwalk Hotel by December 25, 2005 by calling (800) 333-3333. The group conference rate of \$99.00 (S/D + tax) is reserved under "Bureau of Emergency Medical Services". *Reserve your room early!!*

Any questions or comments regarding the EMS Advisory Council may be directed to Desi Lassiter at the State EMS office at (850) 245-4055.

EMS STRATEGIC PLAN

On October 6, 2005 the EMS State Strategic Plan Workgroup met at the Tampa Airport Marriot. The workgroup was charged with developing a draft EMS State Strategic Plan for presentation in November to the State EMS Advisory Council. A biennial comprehensive state plan is mandated by 401.24, F.S. The success of many of the goals and objectives that were discussed depend on data that is currently unavailable. The need for statewide EMS data system to collect incident level data in order to improve patient care for citizens and visitors of Florida became more evident. Regulatory requirements, customer requirements, and stakeholder requirements were discussed in order to accomplish goals. A final decision about the plan will not be made at the November Advisory Council meeting.

EMS MAILING LIST

On October 4, 2005 the bureau's electronic mailing list was reactivated after testing. The Bureau of Emergency Medical Services' mailing list was created to enhance our communication within the community. Subscribers to the mailing list will receive automatic e-mails that consist of current events, news, and updates for the Bureau of EMS. For example, on October 5, 2005 the October issue of the EMS newsletter was sent to mailing list subscribers, on October 24, 2005 an EMS Grant Writing Workshop was sent, and the announcement of an update rule was also sent to subscribers. To subscribe please visit <http://ww7.doh.state.fl.us/mailman/listinfo/flemscomm> or the bureau's website www.fl-ems.com. To expedite services to our customers the bureau is encouraging all interested parties to subscribe to the electronic mailing list. A sign up sheet will also be available at the information table. For more information please contact Lisa M. Walker, (850) 245-4440, ext. 2733 or by email: Lisa.Walker2@doh.state.fl.us

EMS NEWSLETTER

The newsletter is back. An updated newsletter will be available every 45 days. After the council meeting in July the August issue was posted on the bureau's web site at www.fl-ems.com. The October issue was posted on the web site on September 26, 2005 and sent to mailing list subscribers on October 5, 2005. The newsletter is a forum in which members of the EMS community may share information and ideas. The bureau is currently soliciting articles, such as educational pieces for upcoming issues. Please submit comments, stories, or recent news event to: Lisa.Walker2@doh.state.fl.us or you may call her at (850) 245-4440, ext. 2733.

RULE 64E-2, F.A.C.

Amended rule became effective October 24, 2005. The amended rule provides procedures for certification of individuals who receive training in another state or through the military. The amended rule updates the references to forms and curricula and revises several parts of certification/recertification process to be in line with other regulated health care professions. The amended rule eliminates the options for examination regrades and amends the examination review process to allow for what is listed in statute. The amended rule provides a structured process for those who have failed the certification examination and wish to apply for reexamination. The amended rule simplifies the process for individuals who wish to request special accommodations in order to take the certification examination.

The amended rule requires emergency medical service providers to maintain only documentation of their employees' certifications as opposed to a copy of their certification card.

A rule hearing was conducted in Tallahassee on July 14, 2005. Comments were received from affected parties and the Joint Administrative Procedures Committee and changes were made accordingly. The Notice of Change was published in the Florida Administrative Weekly on September 9, 2005. The rule was adopted on October 24, 2005.

RULE DEVELOPMENT WORKSHOPS

On October 28, 2005 workshops to open discussion with the EMS community regarding rule promulgation were announced in the Florida Administrative Weekly. Topics for change to include, updating school certification and regulation, instructor qualifications, vehicle equipment lists, COPCN language, CPR/ACLS equivalency mechanism, Paramedic continuing education, and inspection forms. Four workshops will be held the week of November 14th in Orlando, Plantation, Tampa, and Tallahassee. For more information regarding the locations and times of the workshops please contact Lisa M. Walker at (850) 245-4440, ext. 2733 or via email at: Lisa_Walker2@doh.state.fl.us.

EMERGENCY RULE 64EER05-2 (64E-2.008)

On August 31, 2005 Emergency Rule 64EER05-02 went into effect. The purpose and effect of the rule are as follows:

The United States military has determined that it is beneficial to use Florida as a training ground for many of its emergency medical units. Florida desires individuals who are undergoing military training to promptly obtain certification in Florida so that they are not uncertified while working in Florida. This amendment will expedite the certification process for military personnel. The amended rule will allow military emergency medical technicians, who demonstrate competency by holding National Registry certification, to not have to sit for the Florida administered examination to undergo training in Florida.

The notice of rule development in order for the emergency rule to be permanently adopted was published on September 16, 2005 in the Florida Administrative Weekly. On October 7, 2005 the notice of rule making was published in the Florida Administrative Weekly. A copy of the emergency rule may be found on the bureau's website at www.fl-ems.com.

GRANTS/LICENSURE & COMPLIANCE/TRAINING & EDUCATION SECTION

Contact Scott McDermid, Program Director; state Bureau of EMS at (850) 245-4440, ext. 2727 for further information.

LICENSURE

The licensure unit is converting to a computer system operated by the Department's Division of MQA. The conversion of information has begun, with full operational implementation expected in May. Please submit all licensure information, including completed application, vehicle permit information, and attachments 30 days prior to expiration of current license.

TRAINING AND EDUCATION

The National EMS Scope of Practice Model project has been completed and turned in to the National Highway Transportation Safety Administration. The project committee received many comments and changes were made. Visit www.emsscopeofpractice.org to review the final draft. Many training centers have received approvals this year with great success. Please remember to apply at least 30 to 60 days in advance of the expiration to allow sufficient time for a new approval. EMS testing score reports are available to the training centers through the Division of Medical Quality Assurance.

INSPECTIONS

Inspections are progressing well. We are preparing a different inspection mechanism and would like to recruit about ten agencies that are willing to participate in development and beta testing. Contact John Bixler at (850) 245-4440, ext. 2771 for information on this project.

GRANTS

Last spring the Bureau awarded 66 county grants (only county governments may apply--no match required), 55 matching grants (rural and urban organizations may apply--state pays 75% of budgets), and eight rural matching grants (only rural organizations may apply--state pays 90% of budgets). Specific lists of the matching grants and other information are at the EMS grant website, <http://www.doh.state.fl.us/demo/EMS/Grants/Grants.html>.

The next grant cycles have not yet commenced. We expect the county grants may begin in the next quarter year, and we are hopeful the matching grants time frame will also start then. Nevertheless, there is no specific schedule at this time.

The Bureau is providing training on how to prepare effective EMS matching grant applications at this week's council meeting, Wednesday, Nov. 2, 10:30 a.m. -- noon. This has no pre-registration or cost. Two more training sessions may be scheduled later, and if so will be announced when they are arranged.

Grant information is on the EMS website and will be updated and supplemented as new events warrant. Scroll to the bottom of the website screen to view everything, including an e-mail link at the end whereby you can send questions, comments, suggestions, and requests regarding the grant program.

STROKE LEGISLATION

Thanks to Dr. David Shatz who has prepared the stroke assessment tool for use by the Florida EMS Community. The Florida Legislature created chapter 395.3041 last year, it establishes action required by the bureau as well as each EMS provider. Please find the Stroke Center information packet at the bureau information table.

STATEWIDE PLANNING SECTION

Contact Karen Wiggins, R.N., program director; state Bureau of EMS at (850) 245-4440,

NEMSIS PRESENTATION – DR. MEARS

- Dr. Greg Mears is the Principal Investigator of NEMSIS and will be present at the November Council meetings to discuss the National EMS Information System. Dr. Mears will be giving a presentation about NEMSIS on Thursday, November 3 from 8:00am to 9:00am at the St. Petersburg Hilton. He will be available throughout the day on Thursday to attend the various constituency group meetings to discuss NEMSIS and address questions.

- In September 2004, the Florida Bureau of EMS signed the National EMS Information System (NEMSIS) Memorandum of Agreement to support and promote the NEMSIS business model (National Highway Traffic Safety Administrations Uniform Prehospital Dataset). Fifty-two states and territorial EMS offices have signed the [Memorandum of Agreement](#) to promote the new NHTSA dataset and its implementation.
- The goal of the [NEMSIS](#) (National EMS Information System) Project is to provide a national EMS database that will be valuable in developing nationwide EMS training curricula, evaluating patient and EMS system outcomes, facilitating research efforts, determining national fee schedules and reimbursement rates, addressing resources for disaster and domestic preparedness, and providing valuable information on other issues or areas of need related to EMS care. Additionally, NEMSIS will provide a standardized EMS data set and definitions (the NHTSA data set).
- The [NHTSA Version 2.2 dataset](#) is complete and is the final version prior to Version 3.0. The Version 3.0 development will not begin until 2007. The [NHTSA Version 2.2 EMS Dataset Final Change Policy](#) is provided to assist in understanding how the NHTSA Uniform PreHospital Dataset will be revised in the future.
- In 2005, NEMSIS began conducting a pilot project of the National EMS Database with Mississippi, North Carolina, and other states. The pilot national EMS database will be migrated into a limited live implementation; by the end of 2006, a minimum of five additional states will be reporting the national data elements to the national EMS database. Formal national database reports will be developed.
- The EMS Advisory Council Data Committee is involved in the planning for the development of a statewide EMS data system for collecting incident level patient care data in accordance with the NEMSIS project and the NHTSA dataset.
- The NEMSIS Data Dictionary for the Demographic and EMS Dataset is available in a PDF format in the Data Elements section of the NEMSIS website: www.nemsis.org. Data Elements recommended for the National EMS Dataset are marked as *National Element* in the top right corner of the data element page. The XML schema for reporting the prehospital dataset electronically is also available at the Data Elements section of the NEMSIS website.

STATEWIDE EMS INFORMATION SYSTEM & DATASET

- The Bureau of EMS has begun the initial planning for a statewide EMS data system to collect incident level data. The Bureau's objective is to design a patient/run level dataset that is compliant with the National EMS Information System (NEMSIS), which meets the needs of the state and enables the EMS provider community to better assess their performance.
- In June 2004, Dr. Mears, Principal Investigator for NEMSIS (National EMS Information System) met with the Bureau of EMS to discuss the NEMSIS project and to strategize initial steps in developing a Statewide Information System and dataset.
- In August 2004, the Data Unit conducted a survey of EMS Providers to evaluate the technical capabilities of all EMS providers and plan for future objectives and resource allocation. The Florida EMS Provider Agency Survey Summary Report is available on the web at: <http://www.doh.state.fl.us/demo/ems/Providers/datahome.html>.
- In September 2004, the Florida Bureau of EMS signed the NEMSIS Memorandum of Agreement.
- In January 2005, representatives from NEDARC (National EMSC Data Analysis Resource Center) met with the Bureau of EMS and a representative of the EMS Advisory Council Ad-Hoc Data Committee to evaluate the results of the EMS Provider Survey; and to discuss important aspects of a patient/run-level data system and the process for determining a state dataset that will benefit the EMS Providers (local level) and the State of Florida.
- On June 8, 2005, the Bureau of EMS held a Data System Development/Improvement Planning workshop. The workshop was facilitated by NEDARC staff and focused on identifying the strengths, weaknesses, opportunities, and threats associated with EMS data collection within Florida. These ideas were used to begin formulating important goals and objectives. This information will be available on the website in the near future.

NOTICE OF CHANGE IN AGGREGATE PREHOSPITAL REPORTING

Changes:

Effective with the data submission for the second quarter 2005, EMS provider agencies are no longer required to include the following DH Form 1304 data elements to meet the submission criteria for aggregate prehospital data reporting:

- Part 2, #5.A. - Site of Injury
- Part 2, #5.B. - Type of Injury
- Part 2, #8.B. - Medication Administered
- Part 3, #10. - Total Staff Hours Worked

The Florida Prehospital Data Collection and Reporting System will not be modified from the current data entry and submission routines. Providers that wish to continue reporting these data elements may do so. Provider agencies that do not report Total Staff Hours Worked must enter zero (0) hours for each of the three categories (EMTs, Paramedics, and Other) in order for the system to accept the report.

No Changes:

Agencies are required to continue reporting the following data elements:

- Part 1, #1. - Service Type Requested
- Part 1, #2. - Incident/Patient Disposition
- Part 2, #3. - Provider Impression
- Part 2, #4. - Cause of Injury
- Part 2, #6. - Patient's Age
- Part 2, #7. - County of Incident
- Part 2, #8.A. - Treatments/Procedures Administered
- Part 2, #8.C. - Alert Called
- Part 2, #9. - Patient's Highest Level of Care
- Part 2, #10A.& B. - Return to Spontaneous Circulation for Cardiac Arrest Patients
- Part 3, #11. - Permitted Vehicles

NOTE: Provider agencies that do not transport patients to their final destination will continue reporting as usual with the exception of Total Staff Hours Worked. Such providers must enter zero (0) hours for each of the three categories (EMTs, Paramedics, and Other) in order for the system to accept the report.

AGGREGATE PREHOSPITAL DATA REPORTING

- The Data Unit continues to review and verify the accuracy of the data. Public aggregated data for 2003 and 2004 are available for state and county on the web at: <http://clientdoh.doh.state.fl.us/IRM00prehospital/Repthome.asp>.
- For further information, please contact the EMS Data Unit at (850) 245-4440, Jide Thomas at extension 2761 or Stephanie Daugherty at extension 2747, or by email: EMSData@doh.state.fl.us.
- Additional resources are available on our Web page at <http://www.doh.state.fl.us/demo/ems/index.html>.
- After approximately five years with the bureau, in September 2005, David Griffith moved on to new opportunities with Children Medical Services.
- In October 2005, Toney Avery joined the bureau, Data Unit as the Computer Systems Analyst (Programmer). Mr. Avery brings great talent to the bureau and will be working with the Florida Prehospital Data Systems.

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

- In August 2005, EMSC staff conducted a one-day meeting with stakeholders from the EMSC Advisory Committee and various bureau staff. The purpose of the meeting was to review and prioritize the newly established performance measures to be addressed in the 2006-2009 partnership grant.
- The bureau recently submitted a new, competitive three-year EMSC federal partnership grant. The range of funding is anticipated to be up to \$115,000 per year for three years with an award date of March 1, 2006. Grant goals include: improving the capacity of Florida to deliver effective pediatric emergency care by integrating pediatric issues into the EMS system and developing Florida's capacity to obtain EMS and pediatric specific data (NEMESIS) to document the status and progress of emergency care in Florida.
- In an effort to improve the education and training of initial emergency responders across the EMSC continuum of care, a resource document, "Emergency Guidelines for Schools," has been placed in schools in all 67 Florida counties. To date, approximately 5,000 guidelines have been distributed.

- Copies of Emergency Information Form for Children with Special Health Care Needs are still available. For copies of the form contact Patricia Kenyon at (850) 245-4440, ext. 2686, or by e-mail at patricia_kenyon@doh.state.fl.us.
- The term of the current EMSC Advisory Committee members expired October 6, 2005. Appointments have been made for the 2005-2007 term. New committee members represent various health care specialties as well as geographic areas. For more information about the EMSC Advisory Committee, please contact Patricia Kenyon at (850) 245-4440, ext. 2686.
- Emergency Department Pediatric Preparedness Project (EDPPP). For more information, or to schedule an EDPPP visit, contact Karen Wiggins at (850) 245-4440, ext. 2777, or by e-mail at karen_wiggins@doh.state.fl.us.

INVESTIGATIONS SECTION

Contact Emily Hauge, program director; state Bureau of EMS at (850) 245-4440, extension 2759 for further information.

- All complaints made against an EMT or Paramedic are now investigated by Medical Quality Assurance. The link below will direct you to MQAs website which contains important information regarding reporting procedures and general information on the case handling process. All complaints against individual practitioners in the EMS community should be made to MQA. The website is:
 - <http://www.doh.state.fl.us/mqa/Profiling/index.html>
- All complaints made against an EMS service and/or EMS training center should still be sent to the bureau at:
 - (850) 245-4440, or you may contact us by mail to 4052 Bald Cypress Way, Bin # C-18, Tallahassee, Florida 32399-1738.
- Ms. Kapreta Johnson has recently been hired into the Senior Clerk position of the Investigation Unit. She will be assisting us in a multitude of duties regarding case processing.
- Prosecution of all EMS cases is still outsourced to the Office of Attorney General; this includes cases against individual EMTs/PMDS.

- Probable Cause panel meeting are held on average every other month. Informal hearings are held on the off months as needed.

Addendum

Office of Injury Prevention

Contact Lisa VanderWerf-Hourigan, Manager, Office of Injury Prevention; Division of Health Access and Tobacco at (850) 245-4440, extension 2776 for further information.

OFFICE OF INJURY PREVENTION RECEIVES CDC INJURY CAPACITY BUILDING GRANT

The Office of Injury Prevention was awarded a grant for Public Health Injury Surveillance and Prevention Program.

- The grant is five years, August 1, 2005–July 31, 2010, and is funded at \$120,000 per year.
- The grant's long-term goal is to implement all aspects of the Florida Injury Prevention Strategic Plan and increase injury prevention resources.
- For more information, please contact Jane Parker at (850) 245-4440, ext. 2774

FLORIDA INJURY PREVENTION ADVISORY COUNCIL APPOINTED

- The members of The Florida Injury Prevention Advisory Council and the Goal Team Leaders were appointed by our previous Secretary, Dr. John Agwunobi. (See list below)
- The next meeting of the Florida Injury Prevention Advisory and Goal Teams will be held on November 28 - 29, 2005 in Tampa. Work will continue on the development of the 2006 Action Plan.

Advisory Council

Individual	Organization/Field	Category Represented
Patricia Byers, M.D.	Chair, Florida Committee on Trauma/Jackson Memorial Hospital	Trauma Centers
JoAnn Chambers-Emerson	Tampa General Hospital/Poison Control	Injury Prevention Specialists and Health Educators
Pamela Martin	Florida Department of	Lay Persons and Injury

	Financial Services	Victims/Survivors
Marilyn (Mimi) Sutherland	Jackson Memorial Hospital	Hospitals and Trauma Centers
Joe Alan Nelson, D.O.	Florida EMS Medical Director	Physicians, Nurses, and EMS Providers
Karen Liller, Ph.D.	University of South Florida	University System, Research Facilities, and Area Health Education Centers
Stephen Oelrich	Alachua County Sheriff	Law Enforcement
Diane Clark	Operation PAR / Behavioral Health	Injury Prevention Advocacy Groups and Non-Profit Agencies
George (Ed) Rice	Florida Department of Transportation	Key State Agency
Janet Lehman	Department of Elder Affairs	Key State Agency
Belinda McClellan	Agency for Health Care Administration	Key State Agency
Lorraine Allen	Department of Education	Key State Agency
Susan Littnan	Citrus CHD	Department of Health/CHD
Jan Davis	Sexual Violence Prevention/Division of Family Health	Department of Health

Goal Team Leaders:

Individual/Organization	Goal
Office of Injury Prevention	Goal 1: Establish a sustainable infrastructure to provide leadership and to coordinate, monitor, and evaluate strategic plan implementation.
Steve McCloskey, Duval CHD and Florida Public Health Association	Goal 2: Increase public and private funding for injury prevention.
Deborah Mulligan, M.D., Director, Institute for Child Health Policy, Nova Southeastern University	Goal 3: Build the capacity of communities to reduce and prevent injuries to high-risk groups and effectively address injury prevention priorities.
David Summers, St. Mary's Trauma Center	Goal 4: Increase state-of-the-art knowledge and skills in the injury prevention workforce.
Gillian Hotz, Ph.D., University of Miami School of Medicine	Goal 5: Increase the use of evidence-based injury prevention interventions statewide.
Steve Dearwater, Jackson Memorial Hospital	Goal 6: Increase the quality and availability of statewide and community-specific data for planning, surveillance, and evaluation.

Karen Liller, Ph.D., University of South Florida College of Public Health, and Virginia Noland Dodd, Ph.D., University of Florida	Goal 7: Build capacity and resources statewide for evaluation of injury prevention initiatives and interventions.
Pamela Martin, Florida Department of Financial Services	Goal 8: Strengthen advocacy and public policy to reduce and prevent injuries.

2004-2008 FLORIDA INJURY PREVENTION STRATEGIC PLAN

- Work is proceeding with implementing the strategic plan.
- For more information, please contact Jane Parker at (850) 245-4440, ext. 2774.

SUICIDE PREVENTION EFFORTS

- Legislative bills will be filed for the Legislative session 2006 to establish a Statewide Office of Suicide Prevention, create a statewide coordinator position and establish the Suicide Prevention Coordinating Council.
- The State of Florida application, by the Office of Drug Control, for the Substance Abuse and Mental Health Services Administration (SAMHSA) State Youth Suicide Prevention and Early Intervention Grant was not approved for funding.
- The Florida Suicide Prevention Task Force met in Orlando September 20. The task force is working on the action plan for the Florida Suicide Prevention Strategic Plan. The Florida Suicide Prevention Conference was held in Orlando on September 21. Copies of some of the presentations are found at: http://www.fadaa.org/services/events/2005_SPC/index.htm
- For information on the above or a copy of the Florida Suicide Prevention Strategic Plan, please contact Lisa VanderWerf-Hourigan at (850) 245-4440, ext. 2776.

STATE TECHNICAL ASSESSMENT TEAM (STAT) VISIT

- Florida STAT visit took place September 12-16, 2005. A team of out of state injury prevention professionals, assembled by the State and Territorial Injury Prevention Directors Association (STIPDA), were invited to Florida to assess the status of Florida's injury prevention program.

- The team reviewed the program based on the five major components of a model injury prevention program: 1) Infrastructure; 2) Data Collection, Analysis, and Dissemination; 3) Intervention: Design, Implementation, and Evaluation; 4) Technical Support and Training; and 5) Public Policy.
- The STAT team prepared a report detailing the strengths and weaknesses of the Office of Injury Prevention and make recommendations for improvement. The report was presented to the DOH upper management and OIP staff.
- Recommendations from the report will be incorporated into the Florida Injury Prevention Strategic Plan 2004-2008.
- For information on the above, please contact Lisa VanderWerf-Hourigan at (850) 245-4440, ext. 2776

CARBON MONOXIDE POISONING

- Carbon monoxide poisoning, as documented in the Morbidity and Mortality Weekly Report (MMWR) July 22, 2005, pages 697-700, *Carbon Monoxide Poisoning from Hurricane-Associated Use of Portable Generators-Florida, 2004*, (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5428a2.htm>) is an important and preventable public health issue in Florida.
- Florida had 167 non-fatal carbon monoxide (CO) poisonings during the August 13 - September 25, 2004 period, with portable, gasoline-powered generators being implicated in 96% of the non-fatal incidents. Florida has also documented that the six CO poisoning fatalities are directly attributable to portable generators.
- The Department of Health has created a CO poisoning awareness flyer. A copy is available at the EMS information table.
- For information on the above, please contact Lisa VanderWerf-Hourigan at (850) 245-4440, ext. 2776.

INJURY DATA INITIATIVES

2004 Florida Annual Injury Data Report Planned

- As part of the requirements of the CDC injury capacity building grant awarded to the Office of Injury Prevention, an annual injury data report is planned, starting with 2004 data.

- Detailed injury morbidity and mortality data of Florida residents will be available by injury mechanism, age group, and county.
- We will be disseminating this report statewide and anticipate it will be useful to your agency's activities, such as planning and grant applications, through the availability of local-level injury incidence data.
- Look for this report sometime in late summer 2006.
- NEMSIS Data System Planning Continues
 - The Office of Injury Prevention has recommended to the Bureau of EMS that the following injury-related NEMSIS data elements be considered "critical" for inclusion in the proposed state dataset:
 - Cause of Injury (national data element)
 - Intent of Injury
 - Vehicular Injury Indicators
 - Use of Occupant Safety Equipment
 - Height of Fall
 - Data elements proposed for the state dataset will be presented at the next EMS Data Workgroup meeting during the November 2005 EMS Advisory Council meeting.
 - As a critical part of the primary injury prevention workforce, your support of the NEMSIS data initiative is vital. Please support this effort as we join the rest of the nation in implementing the NEMSIS data system standard in Florida.
- For more information, please contact Michael Lo at (850) 245-4440, ext. 2729.

FLORIDA SPECIAL NEEDS OCCUPATIONAL SAFETY PROGRAM

- Grant from the Florida Department of Transportation (FDOT) provides loaner car seats/restraints for children with acute special health care needs.
- Current operational sites are: St. Joseph's Children's Hospital of Tampa, Miami Children's Hospital, Arnold Palmer Hospital for Children and Women in Orlando, The Children's Hospital of Southwest Florida in Ft. Myers, and All Children's Hospital in St. Petersburg.

- During the third quarter of the grant year (April 2005-June 2005) - Tampa evaluated 5 children, Miami evaluated 11 children, Ft. Myers evaluated 11 children, St. Petersburg evaluated 2 children, and Orlando evaluated 7 children for a total of 36 evaluations. Tampa loaned 5 seats, Miami loaned 11 seats, Ft. Myers loaned 11 seats, Orlando loaned 6 seats, and St. Petersburg did not loan a seat, for a total of 33 seats loaned.
- For more information, please contact Jane Parker at (850) 245-4440, ext. 2774.

FLORIDA BICYCLE HELMET PROMOTION PROGRAM

- Grant from the Florida Department of Transportation (FDOT) that targets low income, rural, and underserved communities, with the intent to increase bicycle helmet use among children.
- Over 40 community partners participated in this years grant and over 11.000 bike helmets were distributed to the community partners.
- Three train-the-trainer bike helmet fitting trainings were held and the community partners were required to attend this training in order to receive the helmets.
- For more information, please contact Ralph Salvas at (850) 245-4440, ext. 2688.

SAFE KIDS FLORIDA

- The Florida Department of Health, through SAFE KIDS Florida, will be partnering with Florida Denny's Restaurants to bring safety messages to children. This year-long campaign will begin in October in Orlando and a new safety message will be introduced each quarter.
- Currently, there are eleven local coalitions covering Escambia, Santa Rosa, Alachua, Bradford, Columbia, Dixie, Gilchrist, Levy, Suwannee, Union, Flagler, Volusia, Seminole, Orange, Pinellas, Hillsborough, Manatee, Sarasota, Lee, Palm Beach, Broward, and Dade counties, and five state chapters in Duval/St. Johns, Osceola, Brevard, Leon, and Polk counties.
- A SAFE KIDS Florida coordinators meeting was on August 1, 2005. Local coalition coordinators and chapter coordinators attended. Bike safety education and National SAFE KIDS updates were discussed during this meeting.
- The SAFE KIDS Florida Advisory Board met on August 2, 2005, in Tampa. FedEx, Kinko's and Florida's Pinch-A-Penny paper made presentations to the board about their organizations, their interest in partnering with Florida SAFE KIDS Advisory Board and assisting with our injury prevention interventions.
- For more information, please contact Ralph Salvas at (850) 245-4440, ext. 2688.

Office of Trauma

Contact Susan McDevitt, R.N., Executive Community Health Nursing Director, Division of Emergency Medical Operations, at (850) 245-4440, extension 2760, for further information.

LEGISLATION

House Bill 497

Creates the Anjelica and Victoria Velez Memorial Traffic Safety Act. This Act requires traffic citation forms to include a check box indicating a failure to stop at a traffic signal; revises the penalty for a moving violation of a traffic control signal steady red indication and of a traffic control device when a driver fails to stop at a traffic signal; provides for distribution of moneys collected; requires the Department of Highway Safety and Motor Vehicles to identify a person who has committed a second moving violation of a stop light or of a traffic control device and require such person to complete a driver improvement course; provides for cancellation of license for failure to complete said course; assigns a point value for the conviction of a moving violation of a traffic control signal steady red indication or of a traffic control device; provides for distribution of funds to trauma centers; authorizes trauma centers to request that such funds be used as intergovernmental transfer funds in the Medicaid program; provides for audits and attestations; provides an appropriation. Bill was submitted to Governor and approved on June 10, 2005. The bill will become effective October 1, 2005.

House Bill 1697

Any person electing to appear before the designated official or who is required so to appear shall be deemed to have waived his or her right to the civil penalty provisions of s.318.18. The official, after a hearing, shall make a determination as to whether an infraction has been committed. If the commission of an infraction has been proven, the official may impose a civil penalty not to exceed \$500, except that in cases involving unlawful speed in a school zone or, involving unlawful speed in a construction zone, or involving a death, the civil penalty may not exceed \$1,000; or require attendance at a driver improvement school, or both. If the person is required to appear before the designated official pursuant to s. 318.19(1) and is found to have committed the infraction, the designated official shall impose a civil penalty of \$1,000 in addition to any other penalties and the person's driver's license shall be suspended for 6 months.

If the person is required to appear before the designated official pursuant to s. 318.19(2) and is found to have committed the infraction, the designated official shall impose a civil penalty of \$500 in addition to any other penalties and the person's driver's license shall be suspended for three months. If the official determines that no infraction has been committed, no costs or penalties shall be imposed and any costs or penalties that have been paid shall be returned. Moneys received from the mandatory civil penalties imposed pursuant to this subsection upon persons required to appear before a designated official pursuant to s. 318.19(1) or (2) shall be remitted to the Department of Revenue and deposited into the Department of Health Administrative Trust Fund to provide financial support to certified trauma centers to assure the availability and accessibility of trauma services throughout the state. Funds deposited into the Administrative Trust Fund under this section shall be allocated as follows:

(a) Fifty percent shall be allocated equally among all Level I, Level II, and pediatric trauma centers in recognition of readiness costs for maintaining trauma services.

(b) Fifty percent shall be allocated among Level I, Level II, and pediatric trauma centers based on each center's relative volume of trauma cases as reported in the Department of Health Trauma Registry.

Bill was approved by the Governor on June 8, 2005. The bill became effective October 1, 2005.

STATE TRAUMA SYSTEM PLAN

Florida's Trauma Care System 2004 Annual was prepared and printed in September, 2005. Executive Summary through September 30, 2005, was prepared and distributed.

TRAUMA SITE SURVEY

The following facilities were reviewed:

Shands Jacksonville Medical Center	Level I	August 1 & 2
Halifax Medical Center	Level II	August 3
Jackson Memorial / Ryder Trauma Center	Level I	September 12 & 13
Miami Children's Hospital	Peds	September 14

The following facilities will be reviewed in the 4th Quarter:

Tampa General Healthcare	Level I	October 24 & 25
St. Joseph's Hospital	Level II	October 26
St. Mary's Medical Center	Level II	November 14
Delray Medical Center	Level II	November 15

LETTER OF INTENT

In accordance with section 395.4025(2)(a), Florida Statutes, the Letter of Intent, DH Form 1840, was mailed to all licensed acute care hospitals on July 29th, 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.

As a result of legislation from Legislative Session 2004, the Department of Health may only consider applications from hospitals that are located in trauma services areas where there is no existing trauma center.

Submission of a Letter of Intent does not, however, obligate a hospital or trauma center to submit an application. For the department to consider the Letter of Intent, the Letter of Intent form must be completed and returned to the department. Letters of Intent postmarked earlier than September 1, 2005, or later than midnight, October 1, 2005, shall not be accepted by the department. Facsimile transmissions of Letters of Intent will be accepted until an original is submitted. No later than October 15, 2005, the department will send a copy of the approval standards and an application packet to all facilities submitting Letters of Intent.

If you have any questions concerning the Trauma Site Survey or the Letter of Intent process, please call Bernadette Behmke at (850) 245-4440, ext. 2756.

RULE DEVELOPMENT WORKSHOP

Rule development workshops were held on August 10 and August 12, 2005, to provide a precise method for determining funding allocations for distribution to Florida's trauma centers in accordance with the legislative directives included in House Bill 497 and House Bill 1697 passed during the 2005 Legislative Session. Written comments were received and one more rule development workshop will be held in October, 2005.

TRAUMA SYTEM PLAN IMPLEMENTATION

The State Trauma System Plan Implementation Committee met on July 5, 2005. The committee addressed the following items:

- *Trauma Service Areas/Domestic Security Task Force Regions*
- *Section 64-2, Florida Administrative Code Revisions effective June 9, 2005*
- *HRSA Hospital Preparedness Burn Grant*
- *Interfacility Trauma Transfer Criteria*
- *Trauma State Plan Timeline Update through June 30, 2005 reviewed*
- *2005 Trauma Legislation – House*
- *Proposed Trauma Funding Rule Workshops*
- *Five Year State Trauma System Plan (2006-2110) reviewed/revised*

A draft of the five year state trauma system plan for 2006-2010 has been prepared. It will be written based on the continuum of care model and sterling model. We are using a sterling consultant to assist in the writing of the five year state trauma system plan for 2006-2010. Each goal will have an action plan. The five year state trauma system plan for 2006-2010 will interface with EMS, Brain & Spinal Cord Injury Program and the Injury Prevention Program. A SWAT analysis has been conducted to assist in the writing of the five year state trauma system plan.

TRAUMA AGENCIES

Accomplishments include the following:

- Powers, Benefits, and Responsibilities of a Trauma Agency and minimum staffing requirements for trauma agencies being used as educational materials for potential new trauma agencies.
- Ongoing contact with local governments interested in becoming a trauma agency.
- Approval of position paper on minimum staffing for trauma agencies.

TRAUMA TRANSPORT PROTOCOLS

- 52 TTPs for EMS providers have been approved with the licensure renewal process. No adverse outcomes noted.

If you have any questions concerning the Trauma System Plan Implementation, Trauma Agencies, or Trauma Transport Protocols, please call George Schaffer at (850) 245-4440, ext. 2775.

TRAUMA REGISTRY

- Trauma registry data collection is complete through the 1st quarter of 2005. The 2nd quarter 2005 data is due October 15th.
- Quarterly Indicator reports are compiled through 1st quarter 2005.
- Revision of a uniform template for QI reporting has been completed and distributed to the trauma programs.
- Registry staff has conducted six site survey reviews of data in the past quarter.
- National Trauma Data Bank data set was received and is being compared with the Florida Trauma Registry data for a possible benchmarking report in late fall.
- HRSA Trauma-EMS project ended 07/31/2005.
- Registry staff has begun a project to match and analyze Brain and Spinal Cord Injury data with trauma registry data.

If you have any questions concerning the Trauma Registry, please call Brent Mason at (850) 245-4440, ext. 3286.

VENTILATOR DEPENDENT PATIENT PROJECT UPDATE

- AHCA developed and submitted a \$3.5 million legislative budget request for 2005 – 2006.
 - ◆ Outcome: the legislative budget request was vetoed.
- 2006 - 2007- Legislative budget request developed for \$6 million.
- Ventilator dependent draft standards reviewed with AHCA, FHCA and FHA, 1/05 – 3/05 and 5/05.
- Performance Improvement Grant submitted 10/04 was denied 11/04 for \$10,000 project implementation. Performance Improvement Grant drafted 6/05.
- Reviewed Christopher Reeves, \$200,000 grant application 2/05 and 5/05 with BSCIP staff for potential funding.
- Statistical data on Ventilator dependent patient identifies trends of 5% patient increase this year.

BRAIN INJURY ASSOCIATION OF FLORIDA UPDATE

- Mild Brain Injury Fact Sheet and Brain Injury posters were implemented on 12/04.
- 10,000 posters and the fact sheet have been distributed to the acute care hospitals, year to date, public health departments, EMS providers and school systems. Because of the education programs, there was a decrease of 1,400 patients admitted to hospitals from 6/04 – 12/04 and 800 patients from 1/05 – 6/05, 900 patients from 7/05 - 9/05.

HEALTH RESOURCES & SERVICES ADMINISTRATION GRANT

- HRSA grant for the project “Reaching Florida’s Providers Regarding TBI”, received May 2003 for \$150,000 annually. Mild Traumatic Brain Injury video is being developed for nurses, physicians and health care professionals, projected date for completion 3/05.
- The curriculum goals/objectives and evaluation process for Continuing Education was implemented 10/04 and program evaluation was implemented 12/04 - 02/05 and 3/05 – 6/05.
 - ♦ Outcome: a total of 2,500 RNs have been educated from 3/05-6/05, and 1,200 RN’s were educated from 7/05 - 9/05.

MASS CASUALTY EVENTS & MILD TRAUMATIC BRAIN INJURY

- This project created an interactive CD-ROM training package to train 5,000 hospital staff in the diagnosis and treatment of mild brain injury. Program evaluation for content, objectives and resources was implemented 6/05. Year to date 1,200 emergency room nurses from acute care hospitals and trauma centers have been trained.

BURN CARE & BURN CAPACITY

- Florida currently has 20 designated trauma centers (including designated pediatric trauma centers) and four burn units that total 60 beds statewide. Current burn bed occupancy rate is 98%, in an emergency this number of burn beds (including beds in trauma centers) can be expanded to 270.

Accomplishments

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

- 21 trauma centers and 254 EMS Providers have received a burn care curriculum.
- 21 burn care contracts for supplies and education have been executed.
- Program evaluation implemented 11/04 and 02/05.
- 2005 HRSA Hospital Preparedness Grant recipient of \$11.5 million for Trauma and Burn care 11/04.
- 2005 HRSA grant implemented for Non-trauma Hospitals. The Burn Care Task Force approved 30 non-trauma center acute care hospitals based on population, number of licensed acute care beds, JCAHO survey, AHCA inspections, and results of a survey for licensure, life safety, risk management, and complaints. The following is a breakdown of burn care dollars to be received by non-trauma acute care hospitals. *Trauma Carts:* Developed based on ATLS guidelines for the ability to surge to 50 patients per center. \$800,000 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, Burn Care Chairman, and Trauma Medical Director. The Statewide Advisory Committee allocated \$4.7 million for burn supplies and equipment and burns training. Of this, \$3,600,000 is being allocated for burn care supplies and equipment. Each community non-trauma center acute care hospital will receive an offer of \$120,000. *Training and Education:* Of the \$4.7 million for burn care, \$1,100,000 will support burn education at the 30 community non-trauma center acute care hospitals. Each community non-trauma center acute care hospital will receive an offer of \$36,667. The target audience for the burns training includes a core group of physicians (general surgeons, orthopedics, and plastics), nurses (from the E.D., O.R., I.C.U., and Med./Surg.) and respiratory therapists.
- 2005 HRSA grant implemented for Trauma Hospitals. 21 trauma centers received \$252,000 for ICU surge capacity. Trauma Carts developed for the ability to surge to 50 patients per center.

DISASTER PLAN

- Division of Emergency Medical Operations, Disaster Operational Plan, and Office of Trauma – completed 8/30/2004, approved 12/04, and implemented 3/05 and, 5/05.
- Continuity of Operations Plan for Office of Trauma reviewed and revised 6/05.

- Role and responsibilities identified for ESF #8 partners of AHCA, FHCA, Florida Homes for Aged and FHA approved as written 9/05.

SENATE INTERIM REPORTS

2004-108 November 2003 – Review of Trauma Care Planning and Funding in Florida

Recommendation

- The department should consider a regional approach to trauma planning which integrates with domestic security regions.

Outcome

- Included in the Trauma System Study, 395.402(2) (e) F.S completed 03/05- was discussed at the Trauma State Implementation meeting on 7/05.

Recommendation

- The department should update the state plan more often than five years, if circumstances dictate the need.

Outcome

- Included in the annual evaluation guidelines; completed 3/05, 395.402(3)(a-k).
- State Plan being revised for 2006-2011- was discussed at the Trauma State Implementation meeting on 7/05.
- Draft state plan being developed- initiated 7/05- ongoing.

Recommendation

- The department should update the current state plan to include results of action plans in order to attain a state plan which is more operationally oriented.

Outcome

- Trauma system study 395.402 F.S. completed 2/05.
- Action plans being developed with draft state plan- initiated 7/05- ongoing

Recommendation

- The department should conduct an outcome evaluation to determine the short and long-term differences of trauma care versus traditional emergency room care.

Outcome

- Trauma System study completed 2/05, 395.402(3)(a-k) F.S.

- Outcome evaluations for effectiveness will be developed based on study and implemented 6/05.

2004-148 DECEMBER 2003 – HOSPITAL RESPONSE CAPACITY

Recommendation

- Consider adoption of the seven statutory designated Regional Domestic Security Task Force regions as the statutorily required State Trauma Regions. Maintain the 19 statutorily designated “Trauma Service Areas”.

Outcome

- Incorporated in trauma system study, 395.402(2) (e) F.S completed 02/05. Discussed at the Trauma State Implementation meeting 7/05.

Recommendation

- Monitor the ongoing drafting process of the Florida Hospital Disaster Response Plan to assure a timely and complete plan is prepared and disseminated. Draft completed 6/05.

Outcome

- Mass Casualty meeting held on 5/04 and 5/05 in Washington, D.C.
- Bombs, Burns, Blast response plan reviewed with FHA and will be shared with FCOT- 11/05.

Recommendation

- Review Domestic Security State Working Group and Oversight Board prioritization of HRSA grant allocations to assure focus on maximization of trauma, burn and emergency response capability across the state.

Outcome

- Hospital Surge capacity completed per trauma center 12/03; revised 7/04 and 6/05. HRSA burn care grant submitted 9/03; Hospital Preparedness grant for \$3.8 million (bombs, burns, blasts) on 7/04, for \$11.5 million for 2004, 2005 budget \$15 million.

Recommendation

- Continue to monitor ongoing issues related to trauma center funding. While these funding issues are largely operational in nature, (i.e. specialty staffing), the result of reduction in the number of trauma centers due to the lack of such funding may result in reduction in available emergency response capability.

Outcome

- Veto of the \$20,700,000 to the 20 trauma centers and existing hospitals with a Level I trauma center application completion date of 7/04.
- \$300,000 money allotted for comprehensive trauma assessment study completed 2/05.
- HB 497 and HB 1697 passed 6/05.
- Implementation of HB 497 and HB 1697 10/05.

HRSA GRANT OFFICE OF TRAUMA

The Florida Department of Health (DOH) was awarded \$120,000 for a three-year grant from the Health Resources and Services Administration to the Division of Emergency Medical Operations (DEMO), Office of Trauma, was received 9/05.

Over the next three years, the Office of Trauma will collaborate with the Florida Emergency Medical Services Advisory Council, Emergency Medical Operations, Brain and Spinal Cord Injury Program, Office of Public Preparedness, Office of Injury Prevention, and the Office of Rural Health to accomplish the following goals:

- Develop cost-effective, readily accessible training and continuing education opportunities for emergency medical technicians (EMTs) and paramedics serving in Florida's rural areas.
- Provide training materials and education of neuroassessment skills for Florida's trauma surgeons and EMS providers.

The Division of Emergency Medical Operations (DEMO) comprises the Bureau of Emergency Medical Services, the Office of Trauma, the Office of Public Health Preparedness, and the Office of Emergency Operations.

Through the efforts of these four entities, and grant funding from the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC), the division prepares Florida for a potential catastrophic event that may threaten the health of our citizens and compromise our ability to deliver needed health care services.

From training and certifying our emergency medical personnel to ensuring that our hospitals have the necessary equipment to handle mass triage and treatment, DEMO encompasses the continuum of disaster preparedness and response from a health care prospective.

DECUBITUS ULCER FOR SCI PATIENT POPULATION COLLOQUIUM

The Decubitus Ulcer Colloquium was held on 8/12/05, at Shands at the University of Florida. There were 45 participants attended.

Purpose

- To reduce prevalence and incidence of decubitus in the spinal cord injury population within trauma centers, acute hospitals, skilled nursing and patients in their homes.

Outcome

- Increase knowledge about reducing decubitus ulcer in the spinal cord injury population across the continuum of care.

Future meeting will be held 12/05 to develop health care policy.

If you have any questions concerning the Ventilator Dependent Patient Project, HRSA, Mass Casualty Events and Mild Traumatic Brain Injury, Burn Care, the Disaster Plan, Senate Interim Reports or Decubitus Ulcer Colloquium, please call Susan McDevitt at (850) 245-4440, ext. 2760.