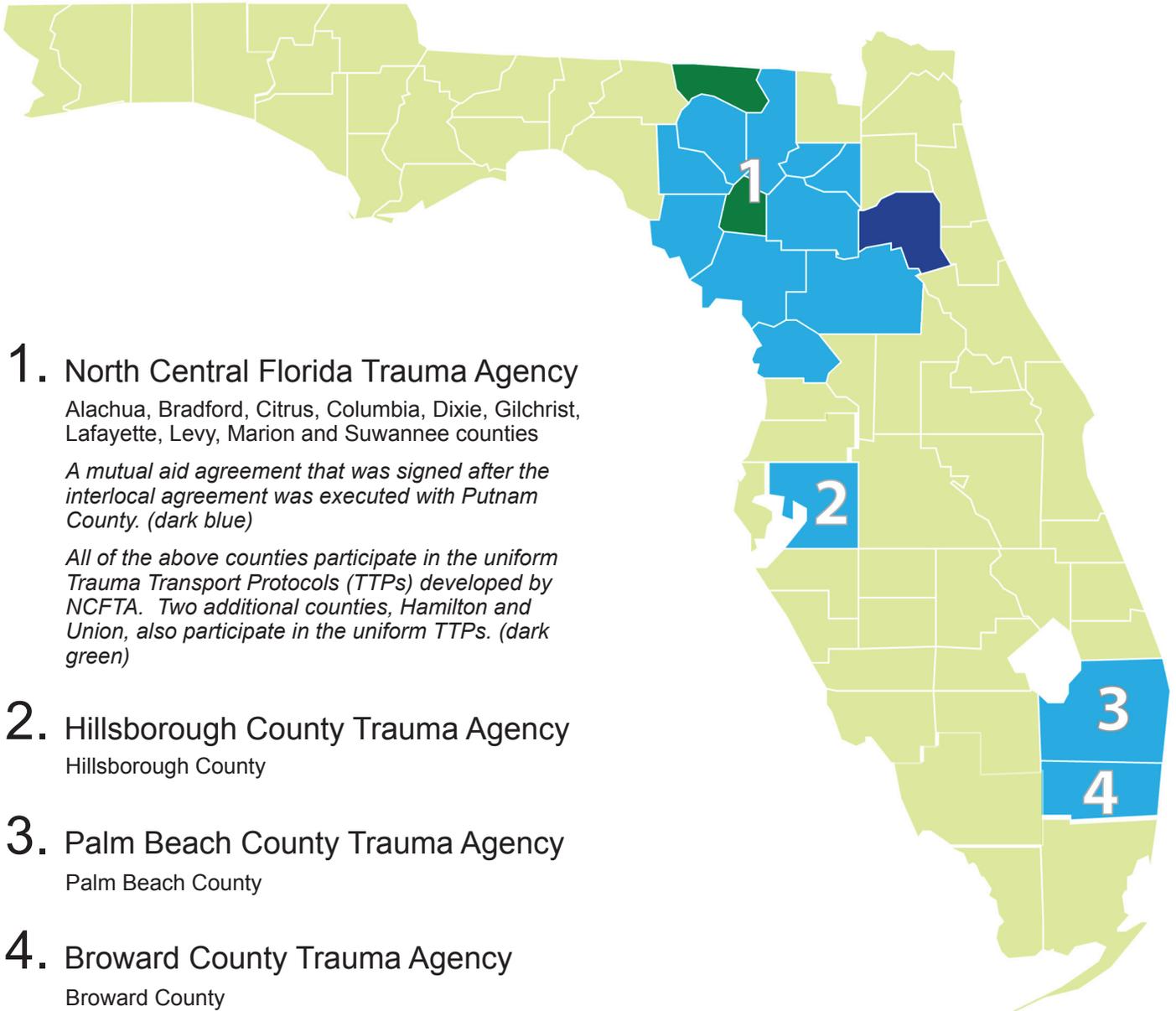


2010 FLORIDA APPROVED TRAUMA AGENCIES



BROWARD COUNTY TRAUMA MANAGEMENT AGENCY - Fort Lauderdale

The Broward County Trauma Management Agency (BCTMA) was established in 1991 by the Broward County Board of County Commissioners. The agency provides oversight for the Broward County Trauma System, providing services to a population of over 1.7 million and covering an area of approximately 1,320 square miles. In 1996, the Broward County commissioners consolidated similar government operations under one entity. This decision resulted in merging of the Trauma Management Agency with the operations of the County Medical Examiner's Office. Following the merger the agency became a section within the Broward County Office of Medical Examiner and Trauma Services.

Presently, there are three trauma centers serving the citizens of Broward County. Broward General Medical Center in Ft. Lauderdale and Memorial Regional in Hollywood are both Level I trauma centers; the North Broward Medical Center in Deerfield Beach, serves as a Level II trauma center. All of the trauma centers offer 24 hour a day in-house trauma surgeons and provide a full-scale community outreach program. In addition to the trauma facilities in Broward County, there are thirteen (13) hospitals that provide emergency department services and acute care.

The Trauma Services Section of BCTMA has the additional responsibilities of staff support for the Broward Regional Emergency Medical Services (EMS) Council, the EMS County Grant funds for Broward County, and the licensing and certification (Certificate of Public Convenience and Necessity) of all EMS providers and non-emergency medical transportation service providers for Broward County.

TRAUMA SYSTEM BUDGET

The Trauma Management Agency's budget for 2010 was \$283,970 with funding being provided through the Broward County Board of County Commissioners' General Fund Operations Account. BCTMA experienced an approximately 50 percent decrease in funding from \$445,240 in 2009 to \$283,970 in the 2010 budget. Three full-time positions were eliminated during this last budget cycle. The eliminated positions performed statistical analysis and quality improvement assignments; contract monitoring, and served as the agency's systems network analyst. Additionally, the contract to have the hospital's Trauma Plan coordinated and completed by a private vendor was eliminated.

Although the agency has experienced considerable budget cutbacks, capital funds for FY2010 have been earmarked to provide a significant upgrade in the computer data system allowing for increased ability to obtain updated and accurate statistical data more readily.

QUALITY ASSURANCE AND IMPROVEMENT ACTIVITIES

During 2010 BCTMA participated in the annual Statewide Hurricane Conference and hurricane drill as well as two original exercises to expand the use of the EMS systems within the county. The trauma services section of the Office of Medical Examiner and Trauma Services continues to conduct monthly Trauma System Quality Improvement Committee (TSQIC) meetings with the local trauma facility medical directors, trauma center program managers, pre-hospital EMS providers and their medical directors, pre-hospital paramedics, emergency department medical directors, and the Broward County Medical Examiner. Agency representatives also attend each of the county's trauma centers Trauma Quality Improvement (QI) meetings. The agency familiarized itself with each of the 260 cases presented and continues to work towards improving and updating the county's trauma system through active participation at these meetings.

PUBLIC AND HEALTHCARE PROFESSIONAL EDUCATION

Over the past few years, the Trauma Systems Quality Improvement Committee's focus on trauma airway intervention has resulted in improvements in pre-hospital airways through state of the art courses on difficult airway management and utilization of state of the art equipment. BCTMA periodically issues position papers with recommendations and/or clarifications for providing uniformity of care throughout the system. During 2010 an educational paper was distributed to all primary care providers alerting them to inform any of their patients on anti-platelet medications, who subsequently sustain a head trauma, to contact their primary care provider, or 9-1-1 for immediate assessment. EMS providers as well as their medical directors were included in the notification process.

INJURY PREVENTION AND OUTREACH PROGRAM

BCTMA and the trauma facilities participate jointly in community outreach programs. These programs include injury prevention related programs with specific school related activities for prom night; bicycle safety; high risk behaviors associated with drinking and driving; the importance of safety seat belts; drowning prevention for programs such as Swim Central; ALS competitions; and local EMS educational conferences.

PRE-HOSPITAL AND HOSPITAL COMPLIANCE

BCTMA and its community partners started the process of updating and revising the unified Trauma Transport Protocols (TTPs) at the beginning of 2009 and the countywide new and improved protocols were submitted to the State of Florida, Division Emergency Medical Services, Office of Trauma for approval in December 2009. The submitted protocols were approved by the state with no changes. The updated TTPs were made operational during 2010, as well as updates to the Broward County Interfacility Trauma Transfer Protocols for non-trauma centers. September 2011, the Trauma Quality Improvement Committee will begin the process of reviewing and updating

BROWARD COUNTY TRAUMA MANAGEMENT AGENCY - Fort Lauderdale

the current TTPs, incorporating the use of new medications and equipment as appropriate within our community.

DEMOGRAPHICS AND CLINICAL STATISTICS

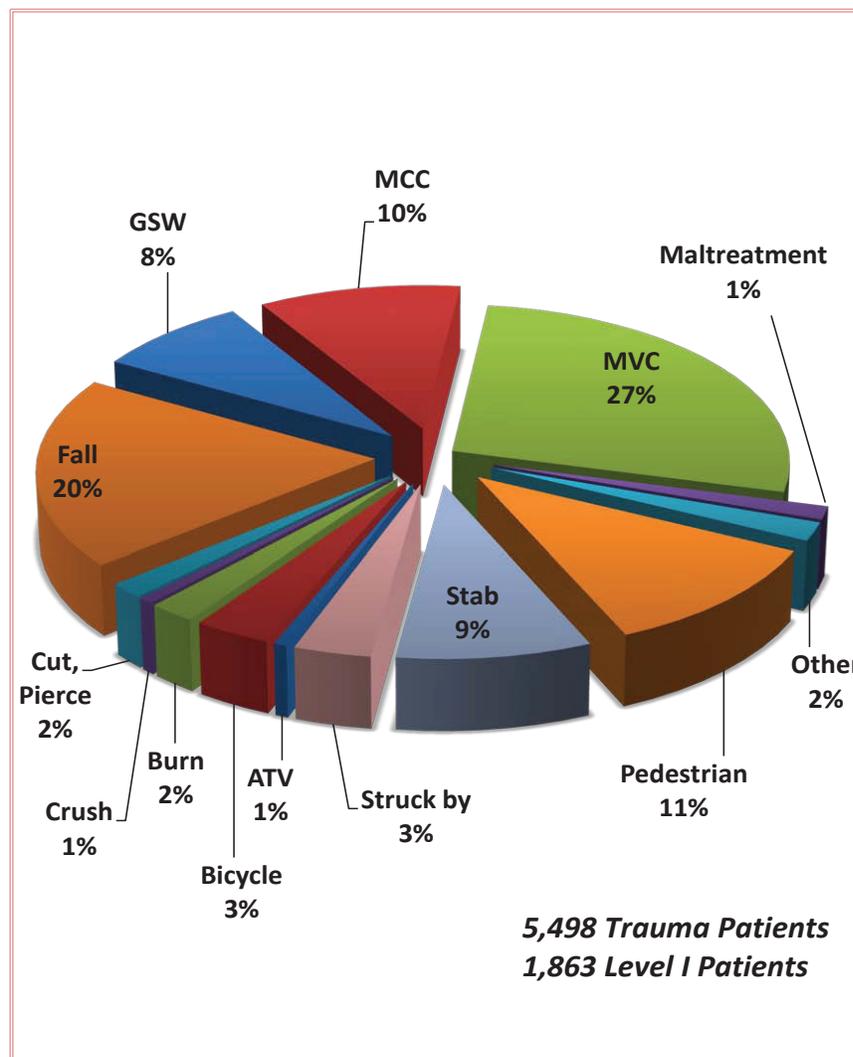
During 2010, 5,498 trauma alert patients in Broward County were transported to trauma centers. In 2010, 1,863 Level 1 injuries were addressed by the centers. Of these, 27 percent were classified as injuries due to motor vehicle crashes, 20 percent due to falls, 11 percent pedestrian trauma, 10 percent motorcycle crashes, 8 percent gunshot wounds, and 2 percent classified as burn injuries.

A total of 2,453 Level 2 injuries were addressed by the trauma centers during 2010, a decrease from the 2,710 seen in 2009. Of these, 38 percent were the result of falls, with 30 percent being the result of motor vehicle crashes, seven percent the result of motorcycle crashes, and four percent bicycle accidents.

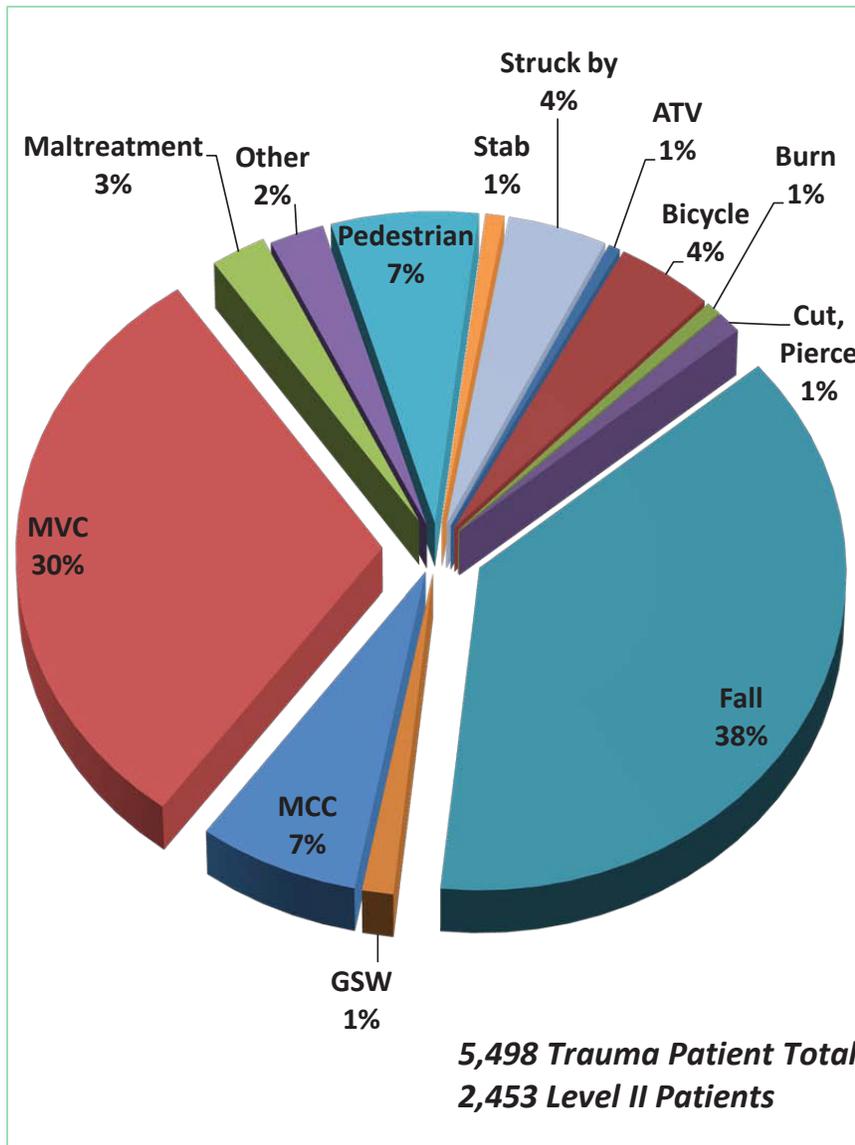
Overall, 37 percent of all trauma injuries in Broward County were sustained in motor vehicle (includes motorcycles) crashes. Additionally, 30 percent of Broward's trauma injuries were related to falls. This type of injury has shown to be a growing trend nationwide causing an increase of public awareness to injury severity caused by falls and the increased use of anti-coagulants in persons over 55 years of age.

The three trauma centers admitted over 50,000 patients of which 5,498 were trauma victims. There were 319 trauma patients with an ISS greater than 15 and 938 with an SSI between nine and 15. Both of these groups' statistics, clearly indicate that the trauma centers located within Broward County meet the nationally recognized standards for patient treatment ratios for Level I (Broward General Medical Center and Memorial Regional Hospital) and Level II (North Broward Medical Center) and properly administer acute care consistently.

2010 Broward County Trauma Statistics Level I



**2010 Broward County Trauma Statistics
Level II**



For more information, please contact:

Broward County
Trauma Management Agency
Office of the Medical Examiner and Trauma
Services

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HILLSBOROUGH COUNTY TRAUMA AGENCY - Hillsborough County

HISTORY

In 1987, the local Emergency Medical Planning Council (EMPC) advocated for the development of a countywide trauma system to the Hillsborough County Board of County Commissioners (BOCC). During the same period, the Florida Legislature passed a bill to establish trauma systems at the local or regional levels. In the following year, the BOCC appropriated money to study the proposal further, followed by authorization of matching funds with a State EMS grant to establish a local trauma system. As a result of these efforts, the Hillsborough County Trauma Agency (HCTA) was created in 1989. The matching grant subsidy supported the trauma agency until 1992 when a restructuring of its operations could be accomplished and funding secured from Hillsborough County's General Fund (property tax revenue).

Over its span of operation, the HCTA has been positioned as a section under several different departments within the county organization, but continuously so under the Department of Family and Aging Services since 2002. Staffing remains at one full-time employee, the manager, and a part-time consultant medical director. In 2010, the agency marked the 20th year in its ongoing mission to reduce the incidence of death, disability, and complications from injuries by planning, coordinating, and evaluating the county's system of trauma care.

Hillsborough County, a single county trauma service area located on the west central coast of Florida is the fourth most populous county in the state, with an estimated over 1.2 million residents. Four public ALS agencies serve three municipalities and the unincorporated county over an area of greater than 1000 square miles. Two hospital-based air medical programs and four BLS agencies provide further EMS support. The county's acute care medical institutions include two trauma centers: Tampa General Hospital, a university-affiliated Level I, St. Joseph's Hospital, a Level II adult/ pediatric facility, eight community hospitals and one Veterans Administration facility.

TRAUMA SYSTEM BUDGET

The HCTA's budget of \$131,593 is derived entirely from general revenue funds. This covers salaries, overhead, equipment, office supplies, and travel. Although a weak economy has spurred cut-backs across all sectors of government, ever-evolving technological innovations have helped preserve service levels through increased efficiencies.

Since its inception, the trauma system constituents have voluntarily borne the personnel costs to provide records or reports, respond to inquiries, and participate with other trauma caregivers in meetings in support of the HCTA's system-wide quality improvement activities. While in the execution of its mandate, the agency's operations may indirectly impact the prehospital and hospital providers' costs for provision of patient care; it would be difficult to calculate such incremental expenditures for system performance improvement activities. The outcome of these efforts: Lives saved, complications prevented, and

injuries averted can be directly attributed to the feedback, education, and training processes initiated under its auspices.

QUALITY ASSURANCE AND IMPROVEMENT ACTIVITIES

Hillsborough's Trauma Audit Committee (TAC) meets monthly to conduct quality assurance activities in a confidential, multidisciplinary, system-wide forum. Participating system components include all of Hillsborough County's emergency medical service (EMS) agencies (air and ground transport), its acute care hospitals, and the area's trauma centers.

The HCTA also assists the trauma centers and prehospital providers with their respective QA programs. Additionally, more than a dozen surrounding counties' hospital and prehospital providers routinely refer patients to Hillsborough County facilities, many of which interface with the HCTA for operational and outcomes feedback. The county's secure server facilitates HIPAA-compliant exchange of incident-level data with all of these provider entities. This secure file transfer capability, coupled with the ALS services' electronic patient care reporting software, has enhanced and simplified quality improvement operations across the entire continuum-of-care.

The HCTA has on-line access to the Hillsborough County Medical Examiner's Office database and performs electronic review of autopsy reports on all in-hospital trauma-related deaths to assess preventable nature and to identify any patterns amenable to intervention and system improvement. Autopsy findings are used as teaching tools for TAC case presentations and EMS provider in-service training.

PUBLIC AND HEALTHCARE PROFESSIONAL EDUCATION

The HCTA draws from a rich pool of local subject matter experts to keep TAC members abreast of the ever changing medical, technological, legislative, and political arenas affecting trauma care. Accordingly, trauma surgeons, EMS medical directors, local emergency management staff, and local health department emergency preparedness officials share their knowledge and expertise with the area's trauma care providers during the monthly TAC meetings. Some of the timely and diverse topics presented during 2010 included air medical transportation utilization/safety, indications for inter-facility trauma transfers, burn care, trends in pediatric care, lessons learned from the Operation Haiti Relief effort, Orange County's experience in field implementation of a unique patient identifier numbering system, and expectations for the Next Generation 9-1-1. In turn, the trauma agency manager regularly attends the trauma centers' educational offerings provided for its staff, as well as the trauma staff and emergency medicine residents.

HILLSBOROUGH COUNTY TRAUMA AGENCY - Hillsborough County

INJURY PREVENTION AND OUTREACH PROGRAMS

Due to resource limitations, the HCTA manager does not independently coordinate formal programs in injury prevention and safety promotion. However, the manager maintains active working relationships with public health, traffic safety, disaster and emergency planning entities in the county, the region, and at the state level. Also, the manager participates in various city and county groups organized to maintain readiness for mass casualty events and local/regional disasters, such as Hillsborough County's MMRS Committee, RDSTF-4 Health and Medical Sub-Committee, Hospital Disaster Committee, and Emergency Medical Planning Council.

The trauma agency provides administrative support to the county's hospitals for the state subsidized Intermedix EMResource and EMTrack web applications. Each facility posts its emergency department's diversion, surgical subspecialty availability and in-patient bed statuses on-line daily to support real time transport and transfer destination decisions.

PRE-HOSPITAL AND HOSPITAL COMPLIANCE

Both trauma centers submit data from their trauma registries to enable the trauma agency to perform system evaluation. The eight non-trauma centers each provide the trauma agency with an electronic data file of all admissions containing one or more ICD-9CM trauma diagnosis codes between 800-959.9. Injury severity scoring software allows the data to be further filtered to monitor over and under triage. The four public ALS services submit incident level data to the state's EMSTARS database and aggregate data to the HCTA. All EMS providers are required to report trauma transport protocol deviations to the trauma agency.

The crude community over-triage rate (proportion of trauma alerts discharged from the trauma center EDs among all trauma alerts treated) was 12.7 percent during 2010. The relative stability of this metric over time is a reflection of consistency of the TAC's quality improvement efforts: provider education and feedback.

DEMOGRAPHICS AND CLINICAL STATISTICS

For the third year in a row, Hillsborough County's two trauma centers treated fewer trauma alert patients than the preceding year. In-hospital trauma deaths were also down more than twenty per cent in 2010 from the year before [371 vs. 292]. These declines in morbidity and mortality mirror an even longer downward trend in the number of traffic crashes, resultant injuries and *fatalities, which historically contribute to about half of trauma patient volumes, as shown in the table below.

Hillsborough County	2006	2007	2008	2009	2010
Crashes	23,971	22,613	20,162	18,168	17,480
Crash Injuries	20,174	20,198	17,970	17,582	17,123
Crash Fatalities	191	183	182	141	153
Trauma Alerts	2,125	2,267	2,047	1,730	1,593

(*2010 Traffic Crash Statistics Report, Florida Department of Highway Safety and Motor Vehicles).

This positive course is undoubtedly influenced by many factors: Economic forces, vehicular safety enhancements, injury prevention initiatives, traffic safety legislation, but is also a validation of the commitment of our local and regional partners to ongoing trauma care quality improvement activities.

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HEALTH CARE DISTRICT OF PALM BEACH COUNTY TRAUMA AGENCY - West Palm Beach



TRAUMA AGENCY HISTORY

Following enabling legislation approved by the Florida Legislature in 1987, a new solution to providing health care services for trauma victims and financially needy residents was created in Palm Beach County. The Health Care District of Palm Beach County was established as an independent taxing district by special statute and approved by the voters of Palm Beach County on November 8, 1988. Unique to both the state of Florida and the nation, the Health Care District was created to provide access to quality health care services and to administer a trauma system that serves all residents and visitors of Palm Beach County.

The Palm Beach County trauma system was implemented on May 1, 1991. The agency was established by the Palm Beach County Commission on May 7, 1987 and operated by the Health Care District. It provides planning, oversight, leadership, and administrative support for the trauma system. The mission of the Health Care District of Palm Beach County Trauma Agency is to reduce the incidence of death, disability, and complications from injuries by

planning, funding, coordinating, and evaluating Palm Beach County's Trauma System.

The operational components of the trauma system consists of an enhanced 911 communications and dispatch system, 11 local EMS and pre-hospital providers, two Trauma Hawk aeromedical helicopters, 12 acute care hospitals, two Level II trauma centers, both of which are designated Pediatric Referral Centers, two associated comprehensive rehabilitation centers, as well as a Health Care District supported long-term care facility.

The district has contracts with Tenet Healthcare Corporation for the operation of two state verified trauma centers at Delray Medical Center and St. Mary's Medical Center. Both centers are also certified as Pediatric trauma centers. In addition, provider contracts are maintained with two acute rehabilitation centers, over 350 trauma physicians, and other ancillary health care providers.

HEALTH CARE DISTRICT OF PALM BEACH COUNTY

TRAUMA AGENCY - West Palm Beach

- The district owns and operates two state of the art aeromedical helicopters for trauma patient transports. These Trauma Hawk helicopters have become the most recognizable representation of the district's core program. After 19 years of operation the Palm Beach County trauma system has evolved to a "mature" trauma system and is recognized at the state and national level as a model trauma system.

Palm Beach County is considered a nucleus county (which is defined as a county providing trauma care to a large percentage of its own residents and visitors, as well as trauma care to neighboring counties); and is designated as its own trauma service area with two state verified Level II trauma centers.

TRAUMA SYSTEM BUDGET

The trauma agency is a division of the Health Care District of Palm Beach County. The Health Care District, developed by Florida Statute, is an independent county taxing district funded by ad valorem taxes. The FY 2009/2010 budget for the Palm Beach County trauma system was \$31,339,045 million. This figure included: \$5.4 million budgeted to pay for trauma care for uninsured and underinsured patients at the two combined Level II trauma centers and Pediatric trauma centers; \$16.4 million budgeted for physician fees; and \$750,000 for rehabilitation costs. In addition, nearly \$2 million was allocated for professional liability insurance for slot malpractice coverage policies for all trauma physicians. The trauma agency has five full-time personnel on staff at an operating cost of under \$625,149. Palm Beach County has a total area of 2,386 square miles, making it the largest county by area in Florida. With such a large service area it is critical that air transport be available to trauma victims within the "Golden Hour." The Health Care District also funds and operates an Aeromedical Program with a budget of \$5.7 million.

Quality Assurance and Improvement Activities: The Trauma Quality Improvement Committee (TQIC) convenes for the purpose of addressing hospital and pre-hospital provider quality of care issues concerning trauma, including the overall performance and coordination of the trauma care system. This committee supplements the individual trauma centers' performance improvement process to ensure the operational components of the trauma system function as a cohesive unit. The scope of concern for the TQIC includes, but is not limited to, review of pre-hospital provider treatment, coordination and transfer of care between agencies, all trauma deaths, uniform system-wide trauma transport protocols and exceptions to same, trauma care and compliance with the Florida Trauma System Standards at the centers and interfacility transfer guidelines at non-trauma centers. TQIC usually meets monthly, and evaluates system function for opportunities for quality improvement.

The following minimum representation is requested:

- Chief of Trauma from each designated trauma center
- Emergency physician (not affiliated with a trauma center)
- Physicians with specialties and/or affiliations in

- pediatrics, neurosurgery, orthopedics,
- Anesthesiology, general surgery
- Physician who is a representative of the Palm Beach County Medical Association
- Trauma nurse coordinator from each designated trauma center
- Medical examiner
- Program directors, chief flight nurses and Medical Directors from the air medical programs
- Administrators, training officers and Medical Directors from the City and County ground ALS

The trauma agency is an active member of the Healthcare Emergency Response Coalition whose mission is to develop and promote the healthcare emergency response and recovery capability of Palm Beach County. The purpose of the coalition is to:

- Provide a forum for the healthcare community to interact with one another and other response agencies at a county, regional, and state level to promote emergency preparedness;
- Coordinate and improve the delivery of healthcare emergency response services;
- Foster communication between local, regional, and state entities on community-wide emergency planning, response and recovery;
- Ensure overall readiness through coordination of community-wide training and exercises;
- Promote preparedness in the healthcare community through standardized practices and integration with other response partners;

PUBLIC AND HEALTHCARE PROFESSIONAL EDUCATION

The trauma agency supports positions at the trauma centers that foster professional growth for physicians, nurses, paramedics, and community health professionals through monthly multidisciplinary trauma conferences. These conferences include Grand Round trauma-specific presentations and unit based education programs. Both centers offer Trauma Nurse Core Curriculum (TNCC), Emergency Nurses Pediatric Course (ENPC), as well as Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS).

INJURY PREVENTION AND OUTREACH PROGRAMS

The Health Care District of Palm Beach County Trauma Agency supports an active component at both trauma centers in the county providing community outreach and injury prevention. This is achieved through the trauma centers by focusing on various age groups to provide age appropriate, specific education. The centers also participate in multiple community safety events throughout the community, as well as local coalitions.

HEALTH CARE DISTRICT OF PALM BEACH COUNTY TRAUMA AGENCY - West Palm Beach



PRE-HOSPITAL AND HOSPITAL COMPLIANCE

The Trauma Registry Committee consists of individuals skilled in clinical care, database management and/or evaluation methods to formulate the study questions to be answered using the agency's centralized trauma registry. This group is sensitive to the issues of confidentiality, independence, and free market enterprise between the trauma centers. This committee usually convenes monthly and pre-hospital, inter-facility transfer, pre-hospital, and hospital care issues identified in this committee are forwarded to the TQIC. The composition of the Trauma Registry Committee is as follows:

- Agency Administrator
- Agency Registry Coordinator
- St. Mary's Trauma Program Manager
- Delray Medical Center's Program Manager
- Emergency Medical Services Liaison
- St. Mary's Performance Improvement Coordinator.
- Delray Medical Center's Performance Improvement Coordinator
- The Trauma Center Registrars

DEMOGRAPHICS AND CLINICAL STATISTICS

During 2010, 2,787 patients were transported to trauma centers in Palm Beach County compared to 2,841 in 2009. Blunt injuries consisting primarily of falls, and motor vehicle crashes comprise 86 percent of the trauma workload. Penetrating injuries are responsible for approximately 12 percent of workload with burns accounting for the remaining two percent. This represents a two percent decrease in total workload from the previous year.

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Please visit our web site @
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NORTH CENTRAL FLORIDA TRAUMA AGENCY - Gainesville

The North Central Florida Trauma Agency (NCFTA), established in 1990 through an interlocal agreement, is a partnership of healthcare professionals whose mission is to support and promote excellence in trauma care for residents and visitors of North Central Florida. NCFTA's vision is a fully integrated system of trauma care that minimizes preventable injury, reduces mortality and morbidity, and provides optimal care through evidence-based practice, education, and clinical research.

The following 10 counties participated in the NCFTA interlocal agreement:

1. Alachua
2. Bradford
3. Citrus
4. Columbia
5. Dixie
6. Gilchrist
7. Lafayette
8. Levy
9. Marion
10. Suwannee

A mutual aid agreement that was signed after the interlocal agreement was executed with Putnam County.

All of the above counties participate in the uniform Trauma Transport Protocols (TTPs) developed by NCFTA. Two additional counties, Hamilton and Union, also participate in the uniform TTPs.

According to the interlocal agreement and current bylaws, NCFTA's purposes are:

- To carry out regional trauma planning in the participating counties in accordance with Chapter 395.031, *Florida Statutes*, known as the Trauma Care Act of 1987, and rules and regulations as may from time to time be adopted pursuant to such legislation;
- To develop, review, and revise as necessary a regional trauma plan;
- To assemble and analyze data concerning the incidence of trauma and trauma-related death and disability in the trauma service area;
- To assemble and analyze data concerning the status of the trauma care system in the service area;
- To ensure that each emergency medical services (EMS) provider within the service area meets the trauma scorecard methodology as specified in state rule;
- To ensure that the trauma transport protocol requirements specified under State Rule are met;
- To provide assistance to the Florida Department of Health, Division of Emergency Medical Services, as is customary, necessary, and as may be delegated by law of regulation to the regional trauma agencies;
- To implement activities to increase public awareness of trauma care services and emphasize advantages of personal habits that help prevent accidental injury and death; and

- To inform the general public and appropriate agencies and organizations about regional trauma agency's process and activities.

TRAUMA SYSTEM BUDGET

NCFTA is unique in that it's the state's only multi-county trauma agency. Because it covers more than one county, NCFTA cannot be funded by a taxing authority without the agreement of every county represented. Funding is dependent on the following annual membership dues structure:

- EMS agencies: the greater of two percent of the county award funds or \$250.00
- Flight programs: \$250.00
- Hospitals: \$350.00
- Private ambulances: \$250.00

QUALITY ASSURANCE AND IMPROVEMENT ACTIVITIES

As reflected by the NCFTA minutes, Shands at UF Level I Trauma Center participates regularly in NCFTA quality assurance and quality improvement activities. This year, WellFlorida Council assisted NCFTA in developing a more robust quality assurance plan compiled through information gathered from in-depth qualitative interviews of stakeholders and trauma agency peers as well as research.

Based on the discussions that ensued after the quality assurance/improvement plan was developed, the NCFTA Board unanimously agreed to pursue the following aims:

1. Combine with Coalition of Rural EMS Providers (CoREMS) and change the "R" in the CoREMS to stand for "Regional" instead of "Rural." This decision was made by the NCFTA Board because they understand that in order for the organization to remain cohesive, rural, and urban stakeholders must participate and coordinate their efforts. The addition of CoREMS also brings more value to the meetings for EMS providers.
2. Find ways to participate in the state's Direct Secure Messaging (DSM) system and the Florida Health Information Exchange (HIE) to improve pre-hospital and hospital communications, quality reporting, and documentation. This action also ensures that there is a "feedback loop" to improve trauma care. DSM and HIE can be used to transfer patient information needed in real time at all levels of trauma care delivery and provide quality assurance in an electronic, documented format. DSM is a free, secure email system designed to improve provider-to-provider communications and patient health information exchange.
3. Develop a website that is adjoined to the CommunityHealth IT website to have an interactive learning community and to provide trauma care related data that are accessible to the public.

NORTH CENTRAL FLORIDA TRAUMA AGENCY - Gainesville

PUBLIC AND HEALTHCARE PROFESSIONAL EDUCATION PROGRAMS

Shands at UF Level I Trauma Center held healthcare professional educational classes regarding STEMIs and stroke in November 2010 (Suwannee and Lafayette counties), February 2011 (Dixie County), and June 2011 (Hamilton County). Two eight hour Rural Trauma Team Development Courses were held in Lake Butler (Union County) on March 11, 2011 and Live Oak (Suwannee County) on May 13, 2011.

INJURY PREVENTION AND OUTREACH PROGRAMS

NCFTA prevention and training activities are performed through our members. For example, injury prevention and education that has occurred in Putnam County in the last year includes:

Distracted Driving and Impaired Driving Simulation using a golf cart and a closed circuit course.

Students had to perform simple tasks with vision impairment goggles such as catching and throwing a ball, walking in a straight line, and navigating a golf cart while trying to avoid cones. They were also given the opportunity to text and drive to demonstrate the dangers of that as well.

Vision Impairment Program. A fake crash scene was set up and a scenario was given to the participants; this program received front-page newspaper coverage. Participants of all ages wore goggles to see how dangerous it is to drive impaired.

Student Programs. Free bike helmet fitting, helmets, and bike safety classes were provided to students. Other student programs covered important safety issues such as driving with distractions, seatbelt use, speeding, and DUI.

Car seat safety events.

Celebrate Safely Campaign. This successful program was held again this year with many restaurants and bars participating by giving free non alcoholic beverages to designated drivers during the holiday season.

Fire Safety and burn prevention programs for elementary school students. These programs include stop drop and roll, stay low and go, EDITH drills and the difference between tools and toys. These programs also included visits to schools with Shabokey the Safety Clown. Major Putnam County businesses request Shabokey to entertain the kids and fire trucks and ambulances to answer questions.

Career day activities at schools and camps during the summer. These opportunities are used to speak about safety topics as well.

The following programs were held by Shands at UF Level I Trauma Center in conjunction with other NCFTA and non-NCFTA organizations:

Pediatric: Magnolia Park Safety Fair in March 5, 2011. Safety Fair at Lawton Chiles Elementary School on April 28, 2011

Adult: Orange/Blue Game – “Don’t text and drive” on April 9, 2011 Falls Prevention at T-shirt sale for the public on May 26, 2011

PRE-HOSPITAL AND HOSPITAL COMPLIANCE

Monitoring the effectiveness of trauma alert criteria with regard to determination of appropriate destinations and compliance with trauma scorecard and TTP requirements is performed in conjunction with clinical case studies. As part of the NCFTA Quality Assurance Plan, key trauma alert criteria will be reported on the NCFTA/Community Health IT interactive website that is under development.

DEMOGRAPHICS AND CLINICAL STATISTICS

In 2010, the following items were reviewed at NCFTA meetings:

February 2010: The number of trauma alerts per month at Shands UF was discussed. Deaths from 2006 to 2009 showed a decrease to 4.2 percent with a decrease in mean time from injury to hospital by 30 minutes. The over-triage rate was acceptable by standards. Under-triage was also examined, and the paramedic discretion for trauma alert calls was drilled down by county. Shands at UF Level I Trauma Center provided feedback to EMS on 150 trauma agency patients on a weekly basis and in response to questions.

April 2010: NCFTA reviewed 54 under-triage patients that were identified at Shands at UF Level I Trauma Center during 2009. Of those, 43 were blunt injuries, and 10 were penetrating injuries. The vast majority, 82 percent, of the under-triaged patients arrived from the scene. Results showed that five of the under-triaged patients died; the fatality cases were reviewed.

TOP 10 MECHANISMS OF INJURY	TOTAL	PERCENT
1. MVC	703	26.7%
2. FALL	657	24.9%
3. BURN	384	14.6%
4. MCC	136	5.2%
5. GSW	100	3.8%
6. ASSAULT	87	3.3%
7. PEDESTRIAN	73	2.8%
8. ATV	55	2.1%
9. HORSE	50	1.9%
10. STAB	37	1.4%

NORTH CENTRAL FLORIDA TRAUMA AGENCY - Gainesville

SHANDS TRAUMA PATIENTS DISCHARGED FROM 1/1/2010 TO 12/31/2010		
2634	100.0%	TOTAL INPATIENT TRAUMAS
2239	85.0%	ADULT
395	15.0%	PEDS 0-16
1651	62.7%	SCENE
892	33.9%	XFER FROM OUTSIDE HOSPITAL
91	3.5%	OTHER (WALK-IN, POV, CLINIC)
1801	68.4%	AMBULANCE
563	21.4%	AMB & HELICOPTER
151	5.7%	PRIVATE/OTHER
112	4.3%	HELICOPTER
7	0.3%	FIXED WING
1109	42.1%	ADULT TRAUMA ALERTS
117	4.4%	PEDIATRIC TRAUMA ALERTS
1408	53.5%	NON-ALERTS
2043	77.6%	BLUNT
395	15.0%	BURN
196	7.4%	PENETRATING
1936	73.5%	ISS SCORE <16
698	26.5%	ISS SCORE 16 OR GREATER
120	4.6%	DEATHS
2514	95.4%	LIVED (VARIOUS DISPO TO REHAB, SNF, OTHER OR ROUTINE)
1-315 DAYS	5.8 AVG	LENGTH OF HOSPITAL STAY

All statistics are from Shands at UF Level I Trauma Center, Donna York, Trauma PI Nurse/BSCIP Coordinator July 13, 2011.

For additional information, please contact:

Currently, WellFlorida Council staffs the NCFTA meetings and provides part-time technical support to the organization.

Kendra Siler-Marsiglio, PhD,
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(352) 313-6500 extension 109, or
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UNIVERSITY OF FLORIDA SHANDS BURN CENTER - Gainesville

Shands HealthCare, affiliated with the University of Florida, is one of the southeast's premier health systems. Shands includes nine hospitals, more than 80 affiliated primary and specialty physician practices, and a medical staff of 1,500 UF faculty and community doctors. Shands is committed to delivering essential medical care, offering advanced diagnostic techniques, and pioneering sophisticated treatments, which draw residents living in the local communities, as well as patients nationally, for highly specialized, complex care.

Established in 1958, Shands is a 630-bed academic medical center located in north central Florida. The U.S. News and World Report magazine consistently ranks the UF College of Medicine physicians practicing at Shands at UF among America's best. Shands at UF is a tertiary care center with 144 intensive care beds with "Centers of Excellence" including cancer, cardiovascular, neurosciences, and transplant services.

In 1973, thru the vision of Dr. Tubbs, Shands at the University of Florida Provisional established the burn center by converting a fourbed ward to a threebed intensive care unit. Included in the unit was an adjoining operating room that allowed all procedures to be performed within the confines of the burn center.

In 1988, Shands built a new eightbed burn intensive care unit. This new unit included an operating suite, hydrotherapy room, as well as an outpatient clinic. Over the past 20 years, with the continued support of Shands Healthcare, the center has continued to grow into its current configuration. The unit was completely renovated in 2007, to enhance staff flow and improve patient outcomes. Shands Burn Center serves all of north central Florida from south of Ocala, east to Jacksonville, west into the Florida panhandle, and north to Georgia and Alabama.

Since its inception, the burn center has grown from 10-20 patients annually to more than 450 in 2008. In 2009, The Shands Burn Center was re-verified by the American Burn Association (ABA) and was recognized by the ABA for excellence in care.

A multidisciplinary team made up of adult and pediatric burn surgeons, critical care physicians, consulting physicians, nurse practitioners, registered nurses, occupational and physical therapists, pharmacists, respiratory therapists, and registered dietitians work together to deliver burn care ranging from initial resuscitation to rehabilitation. The nurses on the unit all meet the level I trauma education requirements and specialize in burn resuscitation and more than 50 percent are certified in Advanced Burn Life Support®, with a core of staff that are ABLS® instructors and certified in advanced cardiac life support. The department works closely with the Department of Health's "Bombs, Burns, and Blasts" Disaster Preparedness Program. The populations served by the burn center include pediatrics to geriatrics. The burn center treats all flame, scald, chemical, and electrical burns ranging in severity from small minor injuries to severe life threatening total body burns.

Admissions for 2010

- Adult burn admissions 377
- Pediatric burn admissions 119
- Wound admissions 25
- Outpatient clinic visits 1932

The university and Shands Burn Center have participated in a variety of clinical research since 1998. As a wellrespected research institution, we have performed industry sponsored studies and physician/provider-initiated studies evaluating new antibiotics for pneumonia, wound

Prospective Evaluation of the Effects of Topical Therapy with Sulfamylon® for 5% Topical Solution on Autograft Healing in Subjects with Thermal Injuries Requiring Meshed Autografts: A Comparison to a Historical Control	David W. Mozingo, MD	In Progress WIRB # 2006-1347
Burn Injury in the State of Florida	Winston T. Richards, MD	In Progress UF IRB # 59-2009
Epical (Cultured Epidermal Autografts) Humanitarian Device Project	Winston T. Richards, MD	In Progress UF IRB # 225-2010
A Retrospective Single Center Study Characterizing the Incidence of Herpes Simplex Virus Infection As Well As Outcomes in Patients Post Herpes Simplex Virus Infection After Thermal Injury	David W. Mozingo, MD	In Progress UF IRB # 309-2010
A Comparative Study of the ReCell Device and Autologous Split-Thickness Meshed Skin Graft in the Treatment of Acute Burn Injuries	David W. Mozingo, MD	In Progress UF IRB # 410-2010
A Randomized Clinical Trial of Restrictive vs. Traditional Blood Transfusion Practices in Burn Patients	David W. Mozingo, MD	In Progress UF IRB # 120-2010
Burns on Home Oxygen: What is the Cost developing Tool? What is the Cost State Wide	Winston T. Richards, MD	Submitted UF IRB

UNIVERSITY OF FLORIDA SHANDS BURN CENTER - Gainesville

coverings to improve healing and decrease infection, gastric ulcer prevention, wound healing methods, and scar/contracture management. All of our research has centered on improving patient outcomes and reducing pain. It is our goal as a research center to offer top of the line care including the most up to date therapies while using evidenced-based practice.

Examples of some of our recent projects conducted by David W. Mazingo, M.D., F.A.C.S., and Winston T. Richards, MD include:

The burn center provides outreach to the community by performing presentations related to burn safety, as well as on-site safety presentations to industry. Also, staff members coordinate and participate in an annual burn camp for kids. This program provides a resource for child burn survivors to interact with other children who have had the same experiences.

Burn center staff members develop and present healthcare provider education to the local colleges and universities. This education includes all aspects of burn care including prevention, first responder care, burn patient management, psychosocial management, and outpatient follow-up. Shands Burn Center has also committed to first responders and point-of-service hospitals by establishing a team of instructors trained by the American Burn Association in the techniques of Advanced Burn Life Support®. This team provides ABLS® instruction to the surrounding communities to enhance their ability to treat burn victims. Shands Healthcare has and will continue to support the needs of the burn patients of north central Florida.

For additional information, please contact:

David Mazingo, M.D., F.A.C.S.
Burn Center Medical Director
University of Florida

TAMPA GENERAL HOSPITAL BURN CENTER - Tampa

Tampa General Hospital is home to the regional burn center. It is one of just four burn centers in Florida. The center treats adult and pediatric patients from emergency admission through rehabilitation. The Tampa General Hospital Burn Unit consists of an 18-bed specialty unit with a six bed intensive care capacity; a twelve bed wound care unit and state of the art treatment rooms conveniently located within the unit. The pediatric burn patients are cared for in the pediatric intensive care unit and the pediatric medical-surgical unit. The burn interdisciplinary team provides consistent care to all burn patients throughout the organization regardless of their location.

The Burn Center at Tampa General Hospital has been verified by the American Burn Association of the American College of Surgeons and is certified by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) as a Disease Specific Burn Program. Tampa General Hospital has also earned the prestigious Magnet designation from the American Nurses Credentialing Center.

The Tampa General Hospital Burn Center is affiliated with skilled physicians from the University of South Florida, and serves patients from primarily the West/Central region of Florida, although patients come from all over Florida and the Caribbean Islands.

In 2010, the Burn Program at Tampa General Hospital provided care to 389 adult and pediatric inpatients.

EDUCATION – HEALTHCARE PROFESSIONALS

Burn patients are cared for by USF Plastic Surgery Faculty, Residents, Pediatric Critical Care and Anesthesia Critical Care Physicians as appropriate. The Burn Service at TGH also has an ARNP and Physician Assistant dedicated to Burn Care.

The Nursing staff consists of highly trained adult and pediatric registered nurses. Staff complete certification courses such as the American Association of Critical Care Nurses Essentials of Critical Care, Advanced Burn Life Support (ABLS), Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) as appropriate. Burn team members from medical, nursing, and ancillary therapies participate in Regional and National Burn Conferences annually.

Ancillary Burn team members include specially trained physical and occupational therapists, recreational therapist, as well as dietary, social work, pharmacology, respiratory therapy, psychiatry, psychology and pastoral care.



TAMPA GENERAL HOSPITAL BURN CENTER - Tampa

Realizing that pediatric burn patients have special needs, these patients have the support of Child Life Therapy to help children and their families cope with their hospitalization. TGH is also fortunate to have a certified Hillsborough County school teacher on the premise that enables students to catch up on their schoolwork while in the hospital.

Kimberly Brown, ARNP provided a 3 hour course on Burn care and rehabilitation to the USF School of Physical Therapy and Rehabilitation Sciences.

INJURY PREVENTION & COMMUNITY EDUCATION

Every year Tampa Fire Rescue and the Burn Center co-sponsor Camp Hopetake, a camp for previously burned children. For over 20 years approximately 40 children annually participate in the one-week camping experience. The camp has been held on the University of South Florida campus. The event is staffed with volunteers from Tampa General, Tampa Fire Rescue as well as other community leaders.

Burn Staff also run a Burn support group and participate in SOARS (Survivors offering Assistance in Recovery).

Many of our adult and pediatric staff are ABLIS instructors. We have 2 National Faculty Members on our medical and nursing staff. ABLIS courses are offered several times per year. In 2010, we held 2 courses. Our staff are often requested to provide burn training to outlying hospitals. The Burn Center Staff participates in many educational programs for the community including; The Walker Program, which provides education and deterrents to juvenile fire-starters. They also educate nursing students, EMT's and paramedics and Special Operations military personnel from Fort Bragg. They participate in the Great American Teach-in for school age children.

The staff assists the International Brother Hood of Electrical Workers (IBEW), Tampa Electric Company and the TGH foundation to offer funding for education and patient and family support. The funding provided by these companies has been used to support and assist patients and families with burn injuries during and after hospitalization. The IBEW also provides funds for our survivor support program. The Burn Center participates in the Public Health Emergency Management System's Burn Asset resource tracking Program, which maintains a weekly log of all available Burn Beds in the nation in the event of disaster.

RESEARCH

Medical/Nursing and ancillary staff participate in Burn-related research endeavors and present them at regional and national conferences. Scott Barlow PA-C presented the "Haitian Experience" at the Annual Region 4 Burn Meeting in Memphis, November 2010. In addition, the Burn Center is participating in a smoke inhalation toxic metabolite study. In 2011, the burn center will begin 4 additional studies including: Mepitel One, the ABA Rescue Study, Recell study and Guided imagery vs. virtual reality to treat burn pain.

Submitted by:

David Smith, MD – Burn Center Medical Director
Janet Davis – Vice President of Acute Care, Therapy and Trauma Services
J. Celeste Kallenborn – Director of Medical-Surgical Services
Lori Desmond – Burn Center Nurse Manager

For additional information, contact the Burn Center at 813-844-7617.

Real People. Real Stories.



SUCCESS STORY MIKE ATHERTON

Mike Atherton, an avid water skier and family man, was boating with his family on May 9, 2009 when their boat exploded - marking one of the most devastating boating accidents to occur in Tampa Bay history. Mike remembers that day prior to the explosion perfectly. Family and friends were visiting from Iowa to celebrate his daughter's First Communion the following day. There were 14 family members on board the vessel. Within an instant, the boat blast tossed debris, boat parts, and the Atherton/Meyer family into Tampa Bay. After that, no one remembers much of anything. The family was pulled to shore and transported to Tampa General Hospital Level I Trauma Center.



Real People. Real Stories.



The Tampa General Hospital Trauma Resuscitation Team was called to respond, along with back-up services to care for the six injured family members. Mike, his wife Carrie, their seven year old nephew, and Carries parent's George and Nancy Meyer were critically injured. Within minutes, all were transported to Tampa General Hospital Trauma Center by Helicopter. Mike was conscious, but in shock as his injuries included near amputations of both of his legs. He was treated with IV fluids and blood transfusions; however, he was becoming more unstable. He was then rushed to the operating room where his bleeding was controlled and fractures stabilized. Unfortunately, his right leg was so badly damaged that it required immediate amputation. Several days later he also required amputations of his other leg and left arm. After a several surgeries, a prolonged ICU stay, and recovery on the inpatient Trauma Unit, Mike was transferred to the Tampa General Rehab Hospital 60 days following the explosion.

During all of Mike's care, the Tampa General Hospital Trauma Team was also caring for the five other injured family members. Investigators and officials at the time said it was a miracle that all of the family members survived.

Today, Mike walks with the help of prosthetics without the use of a cane. A prosthetic arm helps him towards an independent life. He has even returned to the water to ski. The entire family has made a successful recovery and returning to life as usual.

The Atherton/Meyer family's strength and determination are an inspiration to all of us.





The University of Miami/Jackson Memorial (UM/JM) Hospital Burn Center is dedicated to the comprehensive care of the burn victim using a multidisciplinary team approach. A burn injury, whether minor or life-threatening, can forever alter the lives of those involved in this type of traumatic event and the lives of their families. Our mission is to provide comprehensive care to our burn patients by utilizing a multidisciplinary approach to not only address the immediate physical and emotional injuries, but also ensure an optimal outcome.

DEMOGRAPHICS AND CLINICAL STATISTICS

The UM/JM Burn Center, verified by the American Burn Association and American College of Surgeons, admitted 226 patients during 2010; 48 of whom were pediatric. In addition to the patients admitted, there were 1219 encounters in the Burn Clinic which operates within the Ryder Level I Trauma Center. As the only Burn Center in South Florida, patients are referred from Miami-Dade, Broward, Palm Beach, Collier, and Monroe counties and throughout the Caribbean.

The clinical team, including burn/trauma surgeons, nurse practitioners, nurses, skilled technicians, occupational

therapists, physical therapists, social workers, registered dietitians, pharmacists and psychologists provide care throughout the duration of stay for each patient. In our Trauma Resuscitation area, surgeons and nurses provide rapid evaluation and treatment. Injuries are assessed for the degree of burn, resuscitation is administered, temporary coverage is applied, and special measures are implemented to reduce the risk of infection.

Patients are dispositioned from Trauma Resuscitation to a dedicated Burn Intensive Care Unit or the Burn Step-Down Unit, depending on the severity of injury and level of monitoring required. Within the Burn Intensive Care Unit, specialized practitioners monitor for the potential complications associated with severe burns such as inhalation injury, muscle loss, altered metabolism, respiratory complications, renal compromise, digestive disorders, and more. To ensure timely identification and treatment of these potential risks, physicians certified by the American Board of Surgery in General Surgery and Surgical Critical Care maintain oversight of all care provided.

Occupational and Physical Therapists provide rehabilitative services both at the bedside and in the Burn Center's gym. Therapists guide exercises in weight training, muscle strengthening, resistance and endurance, range of motion and activities of daily living. During the recovery phase special emphasis is also placed on scar management, which includes application of pressure garments and splinting. This focus on scar management contributes to a patient's successful return to work and home with the highest level of function obtainable.

Psychologists assist with the emotional needs of patients and their families to provide support, encouragement and coping strategies. Recovery from a burn not only involves healing the patient, but addressing the changes and challenges faced by family members. In order to provide support, the burn service clinical psychologist leads bi-monthly burn survivor support groups. Recognizing that



UNIVERSITY OF MIAMI/JACKSON MEMORIAL BURN CENTER - Miami

it is not only the individual impacted by the trauma of a burn injury, our clinical psychologist has also developed a support group for the families of those living with a burn injury.

Social workers serve as patient care coordinators for rehabilitation services, discharge needs, patient and family education, as well as support at home.

The UM/JM Burn Center's outpatient clinic provides follow-up treatment and evaluation after patients are discharged from the facility. Also seen in the clinic are patients referred to the center by community physicians and facilities. During 2010 there were 1219 encounters in the outpatient clinic.

EDUCATION / TRAINING

During the year, an Advanced Burn Life Support (ABLS) course was provided in Chicago to 45 American Burn Association meeting attendees by our Burn Center ARNPs, outreach coordinator, and representatives from other sites. This intense didactic and skills evaluation course was also offered to healthcare professionals in the community in an effort to improve knowledge regarding the resuscitation of burn patients.

Education in Burn Care has not been limited to employees of Jackson Memorial Hospital. The staff of the UM/JM Burn Center have reached out to the community by providing lectures on the care and treatment of victims of burn injury to nursing students from Miami-Dade College, University of Miami, and Florida International. Additionally, a lecture on emergency care of the burn victim was presented for the Dade/Broward Chapter of the Emergency Nurses Association.

As the UM/JM Ryder Level I Trauma Center continues to be the training site for the Army Trauma Forward Surgical Teams, the care of those military personnel suffering burns has been integrated into the training program provided to the teams rotating through the center. Each team receives a lecture by the UM/JM Burn Center staff addressing burn classifications, burn mapping, initial resuscitation, dressings to be applied, and ongoing care and management. Every Forward Surgical Team and most surgeons from combat support hospital teams deployed to Iraq and Afghanistan since 9/11 have passed through this training program. In 2010, 254 active military personnel benefited from this training.

The Return to School Program for children recovering from burn injuries includes school visits by nurses, social workers, and therapists. This skilled team can answer questions for teachers and classmates and help young patients regain acceptance and support from their peers. Additionally, an educational video, Its Just Me, teaches other students and teachers about the child's experience.

The UM/JM Burn Center sponsors multidisciplinary burn center staff to attend the annual American Burn Association (ABA) conference. This week long meeting provides

education on all aspects of burn care, such as research, case management, therapy, clinical care, prevention and psychosocial support.

Staff at the UM/JM Burn Center also has the opportunity to attend the annual Southern Region Burn Conference. Representatives from Florida, Georgia, Alabama, North and South Carolina, Kentucky, Mississippi, and Tennessee converge in one location to discuss advances in burn care.

OUTREACH/INJURY PREVENTION

The Children's Fire Safety Festival, held in conjunction with area fire departments biannually, teaches school children life-saving burn prevention lessons. This program is held in February during Burn Awareness Week and again in October during Fire Safety Week. Ranging from first to third grade, the students participate in fun, interactive education about the basics of fire safety including how to escape a fire in their home and what to do if clothes catch on fire. During 2010, 4000 children benefited from this activity.

In an effort to raise awareness regarding burn injury prevention, UM/JM Burn Center staff has also participated in a number of safety fairs and seminars. During the annual Strides for Safety event and Town Park Village Dedication Day-Burn Prevention Safety Fair, an interactive display on burn prevention in the home was presented to all participants and attendees. Additionally, a lecture on Emergency Care of the Burn Victim was presented for the Dade/Broward Chapter of the Emergency Nurses Association.

In 2010, with the help of The Fire Prevention and Safety Grant, the Elderly Burn Prevention Outreach Program was a successful reality. In this two-part education and prevention program targeted towards the elderly and their caregivers in Miami-Dade County, we were able to address the main causes of burn injuries in adults over age 65 and those with physical limitations, and educate



UNIVERSITY OF MIAMI/JACKSON MEMORIAL BURN CENTER - Miami

them on various strategies for prevention. The William Lehman Injury Research Center at the University of Miami Miller School of Medicine partnered with social service and volunteer organizations in the Miami area and provided group education classes as well as home safety visits. The topics that were covered in these educational presentations included risk education, fire and scald prevention techniques, emergency planning, among others. In addition, the outreach program provided safety inspections with special attention paid to smoke detector use and water temperature.

Annually, the UM/JM Burn Center participates in the Children's Burn Foundation of Florida, Camp Tequesta, held in Umatilla, Florida. This camp is designed for children who have experienced a burn injury. Daily activities include swimming, crafts, archery, and many other outdoor activities. Through these activities, an environment is created in which the children can share their feelings about being burned and come to realize that others have had similar experiences. The children then come to recognize that they are not alone. The UM/JM Burn Center sponsors 20 – 25 children and their "buddies" for this four day adventure.

The Juvenile Firesetter Program brings together parents, teachers, county, and state officials concerned about the rehabilitation of juvenile offenders who have been caught starting fires. A special educational program at the JM/UM Burn Center is available to explain the serious consequences of playing with fire.

Each year, the UM/JM Burn Center sponsors burn survivors and staff to attend the Phoenix Society, World Burn Congress. The Phoenix Society's World Burn Congress is an annual international conference that brings together more than 650 burn survivors, their families, care givers, burn care professionals and firefighters. The congress provides a forum in which the sharing of stories is encouraged and facilitated. For many it is the first opportunity to meet and share with others who have experienced a burn trauma.

PUBLICATIONS AND RESEARCH

Research is an integral part of improving the care of burn patients. The staff at the UM/JM Burn Center published the following research study during 2010:

- King DR, Namias N, Andrews DM. Coagulation abnormalities following thermal injury. Blood Coagulation Fibrinolysis, 2010 Oct;21(7):666-9.
- "A Retrospective Review of Medical Records on Burn Care Patients who have received Vitamin C during their hospital stay." Cofnas, P., Namias, N., Schulman, C.I. Manning, R.J. This abstract had a poster accepted to the ABA.

The following studies and reviews are currently being conducted:

- A Prospective Evaluation of the Effects of Topical Therapy with Sulfamylon? for 5% Topical Solution on Autograft Healing in Subjects with Thermal Injuries Requiring Meshed Autografts: A Comparison to a Historical Control Group. Namias, N.
- Rapid, Quantitative, PCR-Based Detection of Staphylococcus aureus in Burn Sepsis Patients. Namias, N.
- Epicel Humanitarian Use. Schulman, C.I.
- Maintenance of Intraoperative Normothermia using an Intravascular Warming Device: A Retrospective Analysis. Schulman, C.I.
- A prospective, randomized controlled study evaluating the influence of central venous catheter change at three days versus clinical indication on catheter-related blood stream infections in burn patients. Varas, R.

NATIONAL RESPONSIBILITY

The UM/ Burn Center at Jackson Memorial Hospital contributes data to the American Burn Association National Burn Repository. Data from the Burn Center was included in the recent 10-year report from the repository.

MASS CASUALTY PREPAREDNESS

The Burn Center remains an integral part of South Florida's mass casualty preparedness. The Burn Center is also a part of the Southern Region Burn Disaster Plan and regularly reports to the Public Health Emergency Management System on the availability of burn beds in the event of a disaster.

Submitted by:

Louis R. Pizano, MD, MBA, FACS, Associate Professor of Surgery and Anesthesiology/Chief, Division of Burns/ Medical Director, UM/JM Burn Center/Associate Program Director, Trauma/Surgical Critical Care Fellowship

Nicholas Namias, MD, MBA, FACS, FCCM, Professor of Surgery/Chief, Division of Trauma/C. Gillon Ward Endowed Chair in Burn Surgery

Olga Quintana, MSN, ARNP, Burn Care Coordinator, UM/ JM Burn Center

Ana Russo, RN, BSN, Trauma Program Manager

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2010 HOSPITAL INJURY PREVENTION PROGRAMS AND RESEARCH PROJECTS

All trauma centers are required to conduct injury prevention programs within their communities to comply with Standard XVII of *DOH Pamphlet 150-9*, Florida Trauma Center Standards. These projects must demonstrate a Level I or Pediatric trauma center's commitment to the discovery and application of new knowledge to adult and pediatric trauma care. The results of these research projects may be disseminated in one of several forms. These programs consist primarily of educational activities and events designed to raise community awareness of traumatic injuries, and the personal safety measures that one can take to prevent these injuries from occurring. In 2010, Florida's 22 trauma centers reported conducting a total of approximately 378 injury prevention programs.

All Level I and Pediatric trauma centers are also required to conduct research projects to comply with Standard XIX of *DOH Pamphlet 150-9*, Florida Trauma Center Standards, including but not limited to articles published in peer-reviewed journals, book chapters, presentations, or trauma-related course material. Florida's seven Level I trauma centers, two Pediatric trauma centers, and four Level II trauma centers with pediatric designation reported approximately 129 completed or ongoing research projects in 2010-2011.

Highlights

Based on an August 2009 and July 2010 Internet search using the Google Scholar 1 search engine of each trauma center's scholarly output in 2009-2010, Florida's Level I trauma centers have emerged as leaders in specific areas of trauma care.

A list of the injury prevention programs and research projects reported by each trauma center in 2010-2011 is provided below. More information about research projects conducted by Florida's trauma centers may be found in the *Florida Trauma System Research and Data Report* available at <http://www.doh.state.fl.us/demo/trauma/index.html>.

ALL CHILDREN'S HOSPITAL

Injury Prevention Programs

- School-Based MORE HEALTH Programs
- SafeKids Suncoast (lead sponsor)
- Bicycle Safety Education Programs/Helmet Distribution
- Drowning Prevention Program
- Child Passenger Safety Seat Education, Awareness and Training Programs
- Pedestrian Safety
- SKIP (Safety Kids Injury Prevention)
- TIKES (Trauma in Kids Education Source)
- "Walk This Way" Walk to School Day
- Summer Safety Camp
- National Child Passenger Safety Technician Training
- Special Needs Occupant Protection Loaner Program
- "Trouble in Toyland" News Conference

Research

- "Characteristics of Pediatric Inpatient Trauma Cases Admitted Through a Joint Pediatric Trauma Program Administered by a Pediatric Hospital and an Adult Community Hospital" (ongoing research protocol using trauma registry data)

Publications

- Jiménez RR. "Radiographic evaluation of the pediatric trauma patient and ionizing radiation exposure," *Clinical and Pediatric Emergency Medicine*, March 2010, 11:22-27.

BAPTIST HOSPITAL

Injury Prevention Programs

- "Five Flags for Life" Beach Safety Literature Distribution Program
- Pool Safety Education through SafeKids
- Think First of Northwest Florida
- Co-Sponsorship of the Annual Surviving Trauma Conference
- Baptist Healthcare Andrews Institute Sports Injury Prevention
- Shaken Baby Syndrome Education
- Senior Citizen Injury Prevention
- Teen Prom "Safe Ride Home" Taxi Vouchers
- "TraumaRoo" Safety Kangaroo Mascot
- 55 Alive Mature Driving Course
- WalkSafe

BAYFRONT MEDICAL CENTER

Injury Prevention Programs

- Traumatic Brain Injury Prevention/Traumatic Brain Injury Survivors Reunion
- Stroke Prevention Seminars
- "Prom Promise" Drunk Driving Prevention Program
- "Touch a Truck" Program (allows schoolchildren to explore fire trucks and helicopters)
- "No texting while driving campaign Pledge"
- Community Education

2010 HOSPITAL INJURY PREVENTION PROGRAMS AND RESEARCH PROJECTS

BROWARD GENERAL MEDICAL CENTER

Injury Prevention Programs

- Broward County Schools Injury Prevention Webcasts
- Career/Safety/Health Fairs
- Bicycle Safety Classes and Brochures Distribution
- General Injury Prevention Presentations
- Injury Prevention Information/Tools/General Literature/Promotions
- Substance Abuse Prevention
- Annual EMS/Trauma Survivors Breakfast
- Light the Night Walk/Night Out on Crime
- Community Health Fairs/Celebrations
- Halloween Safety Walk
- Safe Driving Program
- "Florida's Trauma System: Together We Save Lives" Campaign

Research

- "Prevention of Elderly Pedestrian Injuries: A Multi-Trauma Center Project"
- "Emergency Percutaneous Dilatational Tracheostomy: Changing the Algorithm at a Regional Trauma Center"
- Institutional Review of the Creation of a New Management Algorithm Using a Pelvic Stabilizer and Preperitoneal Pelvic Packing for Hemodynamically Unstable Pelvic Fractures"
- "When Hyper-Resuscitation Leads to Hyper-Acute Secondary Abdominal Compartment Syndrome"
- Ratification of IATSI/WHO's Guidelines for Essential Trauma Care Assessment in the South America Region. (2010). World Journal of Surgery, 34(11), 2735-44.
- Endoscopically Assisted Repair of Mandibular Angle Fractures. (2010). Journal of Oral and Maxillofacial Surgery, 68(4), 912-14.
- Implementacion y Desarrollo de Sistemas de Atencion en Trauma en America Latina. (Book Chapter). Trauma. Colombian Surgery, Rev Colomb Cir.

Publications

- Parra MW, Rodas EB, Niravel AA. "Laparoscopic repair of potentially contaminated abdominal ventral hernias using a xenograft: a case series," Hernia, June 2010 [E-publication ahead of print].

Presentations

- PrePeritoneal Pelvic Packing. (2010) Pan American Trauma Society Congress, Montevideo, Uruguay

- Emergency Percutaneous Dilatational Tracheostomy: Changing the Algorithm at a Regional trauma center. (2009). Germany.
- Como Evitar Errores en el Diagnostico de Trauma Abdominal. (2010). XXXIV Congreso Nacional de Cirugia Trauma. Ecuador.
- Advances in the Treatment of Hemodynamically Unstable Pelvic Fractures. (2010). Florida Committee on Trauma Resident Paper Competition.
- Unstable Pelvic Fractures. (2010). XXIII Pan American Trauma Society Congress, Montevideo, Uruguay.
- Emergency Percutaneous Dilatational Tracheostomy. (2010). XXIII Pan American Trauma Society Congress, Montevideo, Uruguay.
- Use of Teleconference for the Advancement of Trauma Care in the Americas. XXIII Pan American Trauma Society Congress, Montevideo, Uruguay.
- Open Reduction Internal Fixation of Mandibular Angle Fractures: An Endoscopically Assisted Minimally Invasive Approach. (2010). ACOMS.
- Prevention of Elderly Pedestrian Injuries: A Multi Trauma Center Project
- International Videoconference: Lessons Learned
- When "Hyper-Resuscitation" Leads to "Hyper-Acute" Secondary Abdominal Compartment Syndrome

Ongoing Research

- Prevalence of Additional Injuries in Pediatric Blunt Liver and Splenic Trauma: Impact on the Ability to Implement Evidence Based ICU and Hospital Length of Stay Guidelines
- Guidelines for Essential Trauma Assessment in the South American Region
- Pre-Hospital Communication Tool
- Osteocell/Management of Non unions with Cellular Matrix Containing Viable Mesenchymal Stem Cells
- Delayed Transdiaphragmatic Hepatic Rupture
- Antibiotic Intramedullary Nails: Minimizing Potential Complications

2010 HOSPITAL INJURY PREVENTION PROGRAMS AND RESEARCH PROJECTS

DELRAY MEDICAL CENTER

Injury Prevention Programs

- Pediatric Falls Prevention
- Helmet and Bike Safety
- Home Safety and Fall Prevention Lectures for the Elderly
- Participation in Community Safety and Education Events
- Weekly Trauma Support Group Meetings
- Trauma Awareness Day
- Drinking and Driving Prevention/Pre-Prom Event
- SafeKids Palm Beach (partner)
- Booster Seat Awareness

Research

- "A Retrospective Study: Pediatric Trauma and Mechanism of Injury"
- International Videoconference Lecture Series

HALIFAX MEDICAL CENTER

Injury Prevention Programs

- Safety Booths During Bike Week and "Biketoberfest"
- SafeKids Volusia/Flagler (lead sponsor through Halifax Healthy Communities)
- Participation in Firearm Safety Programs
- Beach Camp
- Bike and Helmet Safety Programs
- Water Safety Programs/Scholarships for Children to Receive Swim Lessons
- Seat Belt Safety Programs
- Mothers Against Brain Injury

- Wheeled and Pedestrian Safety Programs
- Child Passenger Safety
- Back to School Booster Program
- Gear Up for Safety Health and Safety Fair
- Walk to School Day
- "Never Leave Your Child Alone" Campaign (to prevent children being left in hot cars)
- National Child Passenger Safety Certification Training Program
- Spinal Cord Injury and Brain Injury Support Groups

HOLMES REGIONAL MEDICAL CENTER

Injury Prevention Programs

- Love Enough Campaign
- Operation Now
- Harley-Davidson Pineda
- Prom Night Program
- WalkSafe™ Coalition
- Senior Driving Awareness Seminars/SLIP Education Program for Seniors

- "Don't Text and Drive" Pledge Campaign
- Drive with Care
- Fall Prevention for Seniors
- Medication Safety for Seniors
- Trauma Awareness

UNIVERSITY OF MIAMI, JACKSON MEMORIAL HOSPITAL /RYDER TRAUMA CENTER

Injury Prevention Programs

- Pediatric Neurotrauma Research
- Motor Vehicle Crash Research
- Poison Prevention
- Motor Vehicle Safety
- Alcohol/Drug Awareness and Motor Vehicle Safety
- Bicycle Helmets
- Distracted Driving
- Distracted/Impaired Driving and Seatbelt Use
- Violence Prevention Education
- Bullying
- Gun Safety
- Senior Citizens Provided with Home Safety
- Medication Safety
- Fall Prevention Education
- Aquatic Safety Awareness Program (ASAP)

- Students Against Destructive Decisions (SADD)
- WalkSafe™
- BikeSafe™
- The Family Gun Safety Education
- The Gate Program for Juvenile Weapons Offenders

Research

- "Pediatric tumors and head Trauma"
- "New Surgical approaches for the treatment of epilepsy"
- "The Cool Kids Hypothermia study for children with severe traumatic brain injury"
- "Department of Defense (DOD) study for Milk to Moderate Traumatic Brain Injury"
- Severe injury can activate complex neuro-humoral

2010 HOSPITAL INJURY PREVENTION PROGRAMS AND RESEARCH PROJECTS

feedback systems and cascades within the body that can lead to secondary damage of otherwise normal tissue. Many recent innovations have been translated from laboratory benchtops into practical bedside care for victims of life-threatening major torso trauma and traumatic brain injury. In a collaborative study with the Dept of Neurosurgery, patients with life threatening brain injury where most other therapeutic options are exhausted, we are evaluating new applications for FDA-approved generic drugs. In collaborative studies with the Dept of Anesthesiology, we are evaluating novel, non-invasive or minimally invasive, monitors for triage in the pre-hospital setting, for reducing sedation use in the intensive care unit, and for diagnosing and treating deep venous thrombosis and coagulation disorders

- WLIRC, in partnership with the US Army, has demonstrated the versatility of telemedicine in the trauma environment. Specifically, attending specialty physicians will remotely support on-site team and care of patients with the InTouch Health RP-7 robot. This research has demonstrated telemedicine technology could virtually bring world class trauma experts to the battlefield (or any site on the globe) to support and mentor deployed military physicians who are treating injured soldiers and physicians in rural areas. This could mitigate current and future concerns about gaps in rural and urban trauma care and critical care staffing shortages. The WLIRC and JMH have also been testing mobile telemedicine system for use in the operating room (OR). Studies have grown to include collaborations with other state agencies and trauma centers across the State to better understand how telemedicine can assist during disaster response phases. The Teletrauma Program of the WLIRC evaluates telemedicine solutions for the optimal delivery of trauma care, education and information exchange. The use of telemedicine for daily morning rounds is currently standard operating procedure in the TICU. The International Tele-Trauma Grand Rounds is a weekly series of complex trauma case presentations and advanced trauma and critical care topics. To date, we have collaborated with institutions across Brazil, Colombia, Canada, Florida, Washington D.C., and California.
- Dr. Carl Schulman has completed a study funded by the Robert Wood Johnson Foundation to study the problem of elderly pedestrian injury. The primary purpose of this project was to identify risk factors that will lead to the development and implementation of effective prevention strategies to reduce the risk of pedestrian injury in this vulnerable population.
- We are also actively engaged in initiatives to understand how errors and adverse outcomes can occur during the management of trauma victims. It is our aim to understand these strategies and apply them in our care of trauma patients. Patient safety efforts also include collecting and analyzing incident and adverse outcome data and we have earned federal government designation as “The Ryder Trauma Patient Safety Organization” which is the first specialty designated trauma PSO approved by the department of health and Human Services.
- The Neurosurgical service also continues with their research into the long term outcomes of those patients who receive hypothermia treatment after suffering a traumatic brain injury (TBI) and/or spinal cord injury (SCI). Some other research projects that took place for 2010 are Biomarkers of Brain Injury, Spreading Depressions as Secondary Insults after Traumatic Injury, Culture of Neural Progenitor Cells from Patients with Acute Brain Damage, Evaluation of Traumatic Brain Injury Severity and Outcome, and Retrospective study of cranioplasty following decompressive craniectomy for head trauma.
- Grant from U.S. Army Medical Research & Materiel Command (USAMRMC) 09078015 “Evaluation of SOCOM Wireless Monitor in Trauma Patients,” (\$1,256,720 direct costs 2011 – 2014)
- Grant from Office of Naval research N0001406160670 “Novel Resuscitation Strategies” (\$2,218,140 direct costs 2009 – 2013)
- Bullock,MR (PI)
A Randomized, Double-Blind, Placebo-controlled, Dose-Escalation Study of NNZ-2566 in Patients with Traumatic Brain Injury (TBI): Investigating Treatments for the Prevention of secondary Injury and Disability following TBI (INTREPID -2566 Study). Role: Co-investigation \$215,000
- Bullock,MR (PI)
A Randomized, Double blind, Placebo-Controlled Dose Escalation Study in Investigate the Safety and Pharmacokinetics after Single and Multiple Doses of SLV334 in Sequential Cohorts of Patients with Moderate and Severe Traumatic Brain Injury. Role: Co-investigator; Non- funded
- Bullock,MR (PI)
Spreading Depressions as Secondary Insults after Traumatic Injury to the Human Brain (IRB approved). Role: Co-Investigator; \$50,000 over 4 years
- Bullock,MR (PI)
Culture of Neural Progenitor Cells from Patients with Acute Brain Damage (IRB approved). Role: Co-investigator; Non-funded
- Gallo, BV (PI)
Protocol # C-04-01 – A clinical evaluation of bilateral stimulation of the Subthalamic Nucleus (STN) using the Libra® Deep Brain Stimulation System as an adjunctive treatment for reducing some of the symptoms of advanced levodopa-responsive Parkinson’s Disease that are not adequately controlled with medication, St Jude Medical, 2008 – 2011. Role: Co-Investigator \$13,450/ Subject.
- Bullock,MR (PI)
Biomarkers of Brain Injury: Magnitude, Secondary Insults, and Overcome (IRB Approved). Role: Co investigator; \$60,000

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- Levin, B (PI)
Deep Brain Stimulation in Parkinson's Disease: follow-up Study. Role: Consultant; Non-Funded
- Jagid, J (PI)
Efficacy of intravenously instituted Hypothermia treatment in improving functional outcomes in patients following Traumatic Brain Injury; Non-funded
- Wyeth Pharmaceuticals(Account #66296): A multicenter, open labeled randomized comparative of Tigecycline versus ceftriaxone plus metronidazole for the treatment of hospitalized patients with complicated intra-abdominal infections. Completed. Sub I-\$28,281.25 – 11/1/2006 – 10/30/2009
- Artisan Pharma(Account #66409C): A randomized double-blind placebo controlled phase 2-B study assess the safety and efficacy of ART -123 on subjects with sepsis and disseminated intravascular coagulation. Ongoing. PI - \$48,378.00 – 11/1/2007 – 12/31/2010
- Johnson & Johnson (Account #66621T): A randomized open-label multicenter study assess the safety and tolerability of doripenem compared with imipenem in the treatment of subjects with complicated intra-abdominal infections or ventilator associated pneumonia. PI-\$3,155.00 – 8/5/09 – 12/4/2011 (Expected to run through 2013)
- Eli Lilly & Company (Account # 666f6G) Efficacy and Safety of drotrecogin alfa (activated) in adults with septic shock. PI- \$5,000.00 11/24/2009 – 2/28/2011
- NIH NINDS – RO1 NS061860-01
Dr. Ramon Diaz-Arastia, PI
Phase II, randomized controlled trial of brain tissue oxygen monitoring. (BOOST trail)
(U of M sub award, total \$235,000)
- CDMRO award PT 074614
Dr. Fran Tortella, PI
Treatment of Traumatic Brain Injury using the neuroprotectant NNZ2566.
Funded 2010 – 2014
(Miami subcontract for approx \$880,000 over 4 years)
- "Rehabilitation of IPF patients: Effects of exercise and oxidant stress," VA-ORD, 1 I01 RX000265-01; P.I. Robert M. Jackson, MD; Role: Co-investigator; 10/1/10 – 9/30/13; \$807,443.
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Brazilian National Academy of Medicine
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LAKELAND REGIONAL MEDICAL CENTER

Injury Prevention Programs

- Project C.A.R.G.O. (Communities Addressing Responsible Gun Ownership)
- CAUTION (safety awareness board game)
- Coalition on Injury Prevention (CIP) for Polk County
- Florida Injury Prevention Advisory Council
- Polk County Council of SafeKids Suncoast
- Trauma Awareness Day
- Trauma Awareness Event at the Capitol, April 6, 2009
- WalkSafe™ Program
- Polk County Drowning Prevention Task Force
- Heat Stress Presentation
- Basic Aid Training (BAT) and First Aid for Children Today (FACT)
- Mothers Against Brain Injury
- Community Health Fairs
- Adult Health, Wellness, and Injury Prevention
- Violence Prevention
- Motorcycle Safety
- Fall Festival
- Gun Safety
- Stadium Security
- SafeKids Child Passenger Seats
- Career Academy

LAWNWOOD REGIONAL MEDICAL CENTER & HEART INSTITUTE

Injury Prevention Programs

- Shattered Dreams
- Mothers Against Brain Injury
- Single Brief Intervention and Referral
- Understanding Spinal Cord Injury and Understanding Brain Injury
- Be Seen Safety Campaign
- Bike Rodeo
- High Risk Drivers Course

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LEE MEMORIAL HOSPITAL

Injury Prevention Programs

- H.E.L.M.E.T. (educational tours of trauma center)
- “Gun Safety: It’s No Accident” Program
- “Dare to Care” (drunk driving and binge drinking prevention and seat belt use)
- Safe Lee Program
- Pedestrian Safety Program
- “Trauma Nurses Talk Tough” Program
- Day Care Safety Program
- “Take Care 1” Program (safe medication use and falls prevention for mature adults)
- “Take Care 2” Program (highway safety and physical fitness for mature adults)
- “Friday Night Video” (15-minute video showing a mock trauma code)
- High-Risk Driving Course
- “Bike With Care” Helmet Promotion Program
- Car Seat Fitting Sessions
- Distribution of Bike Helmets/Bike Rodeos
- Seat Belt Safety Program
- Trauma Awareness Day Activities
- Students Against Drunk Driving (SADD)
- Drag Racing Prevention Programs
- Day Care Safety Program
- “Drug House Odyssey”
- Young Driver Program (three-hour course)
- “Falls Prevention: Stepwise Lee” (community-wide falls prevention program)
- SafeKids Lee/Collier (lead sponsor through LMH’s Children’s Hospital of SW Florida)
- G.A.T.E. Program

MEMORIAL REGIONAL HOSPITAL

Injury Prevention Programs

- Alcohol Misuse Brief Intervention
- Project Sentry (formerly C.A.R.G.O)
- Risky Behaviors” (drinking and drug use prevention)
- SafeKids Broward (lead sponsor through Joe DiMaggio Children’s Hospital)
- Seniors Learning Injury Prevention Strategies (S.L.I.P.S.)
- Street Racers (drag racing and speeding prevention program)
- Tough Trauma Talk Program
- WalkSafe™ Program
- Community Health Fairs
- Trauma Awareness Day
- “Playing It Safe with Troo”
- “Prom Promise”
- Tough Trauma Talk
- SafeKids Worldwide
- Bicycle Helmet Usage
- Seat Belt Usage
- Air Bag Usage
- Bike Safety
- Helmet Use
- Pedestrian Safety
- Water Safety
- Drinking and Driving
- Destructive Descisions
- Delayed and Sudden-Onset of Diffuse Axonal Injury: A Case Report- Dr. Rosenthal, Accepted for publication by Journal of Neurological Sciences (Turkish), March 2010.
- Editorial Review of Articles: - Gerota’s Fascia Flap: A Technique for Autogenous Packing in Major Liver Injuries- Dr. Carrillo, Journal of Trauma, April 2010. -Blunt Cerebrovascular Injury is Poorly Predicted by modeling with Other injuries: Analysis of NTDB Data- Dr. Carrillo, Journal of Trauma, April 2010
- Medical Student Evaluation of The Trauma Patient is Integral: A Case Study- Poster presented at the American College of Physicians Conference, April 11, 2010 in Baltimore, MD.
- Internal Hernia of the Falciform Ligament with Incarcerated Small Bowel- Poster presented at the American College of Physicians Conference, April 11, 2010 in Baltimore, MD.
- Anatomical Reconstruction of Complex Pelvic and Acetabular Fractures- Presented at the 21st Annual Fellow, Resident and Medical Student Surgical Research Paper Competition, Mt. Sinai Medical Ctr, April 29, 2010. 2nd place winner.
- Refractory chylothorax following a transhepatic gunshot wound to the abdomen requiring unorthodox surgical treatment - Dr. Carrillo, Rosenthal, Pepe, Sanchez, and Lee- Journal of Surgical Case Reports. 2010 6:3, August 2010.
- Pharmaceutical/Device Trial: A Phase III, Randomized, Open-Label, Efficacy and Safety Study of Octaplex and Fresh Frozen Plasma (FFP) In Patients Under Vitamin K Antagonist Therapy With The Need For Urgent Surgery Or Invasive Procedures- Dr. Carrillo- study closed April 2010.

Research

- Septic Shock Syndrome Resulting From Snake Bite— Dr. Carrillo, Magdalena Gonzalez PA-C, Dr. Sanchez. Journal of Trauma April 2010;68:1015
- Thyroid Carcinoma Secondary To Radiation Cloud Exposure From The Chernobyl Incident, Andrew Atkinson, MSIII, Dr. Andrew Rosenthal, Accepted for publication by Journal of Oncology Case Reports, March 2010.

2010 HOSPITAL INJURY PREVENTION PROGRAMS AND RESEARCH PROJECTS

- Pharmaceutical/Device Trial: SAMMPRIS – Dr. H. Duong – study closed April 2010.
- American College of Surgeons Committee on Video-based Education Video Session: Bedside Abdominal Wound Care with Negative Pressure- Video accepted for presentation at American College of Surgeons 96th Annual Clinical Congress, October 5, 2010. Video will be put into ACS Video Library available online.
- The Effects of Mild Hypothermia and Concurrent and Supplemental Infusion of Magnesium Sulfate in Severe Traumatic Brain Injury- Dr. Carrillo, Dr. Zorman, Department of Defense Research Study, in progress August 2010.
- Annual Trauma Visting Professorship - PAMPs, DAMPs and our evolving understanding of Sepsis and SIRS by Dr. Carl Hauser, Harvard Medical School, July 2010

Publications

- Arhinful E, Rosenthal A. “Comminuted lumbar fracture with spinal cord compromise in an adolescent female following a minor fall,” Pediatric Emergency Care, November 2009, 25:764-768.
- Atkinson A, Rosenthal A. “Thyroid carcinoma secondary to radiation cloud exposure from the Chernobyl incident,” Journal of Oncology (accepted).
- Carrillo EH, Barkoe DJ, Sanchez Rafael, Lee SK, Rosenthal A, Pepe A, Nardiello D. “Open thoracic window: A useful alternative for retained infected pleural collections in critically ill trauma patients, Journal of Trauma Surgery, 75:152-156.

MIAMI CHILDREN’S HOSPITAL

Injury Prevention Programs

- SafeKids Dade (lead sponsor)
- Florida Special Needs Occupant Protection Program
- Car Seat Fitting Station
- Child Restraint Offender Program (CROP)
- Third Trauma Patient Reunion, May 2009
- Novel treatment approaches for pediatric brain tumors and head trauma
- New surgical approaches for the treatment of epilepsy
- “Cool Kids” hypothermia study
- Department of Defense study on mild traumatic brain injury
- Bicycle Safety
- Gun Safety
- Sports Injury Prevention,

- Fire Safety
- Water-Sports Safety
- Drowning Prevention
- Kohl’s Cares for Kids®
- Teen Drive with CARE Program

Research

- “Pediatric tumors and head Trauma”
- “New Surgical approaches for the treatment of epilepsy”
- “The Cool Kids Hypothermia study for children with severe traumatic brain injury”
- “Department of Defense (DOD) study for Milk to Moderate Traumatic Brain Injury”

NORTH BROWARD MEDICAL CENTER

Injury Prevention Programs

- Prom Night Video/Pre-Prom “Ghost Out” Event
- Falls Prevention Screening/Lecture
- Trauma Awareness/Prevention Safety Lectures and Bicycle Helmet Distribution
- “A Night Out Against Crime” Annual Event
- Halloween Safety Walk
- Monthly Support Groups for Brain Injury Survivors
- EMS Appreciation Breakfast
- Fire Chiefs Conference

- Teens and Trauma Presentation
- Water Safety Program
- Pedestrian Safety Program
- Driving Safety Program
- NBMC Community Health Fair
- Students Against Destructive Decisions (SADD) video production
- Safety Awareness Day
- SafeKids Broward (partner)
- “Preventing Electrical Injuries” Lecture

2010 HOSPITAL INJURY PREVENTION PROGRAMS AND RESEARCH PROJECTS

ORLANDO REGIONAL MEDICAL CENTER

Injury Prevention Programs

- EMS Night Out
- Injury Prevention Through Exercise (with ORMC Wellness Center)
- Career and Safety Day for Local Schools
- SafeKids of Orange County, FL (partner)
- Car Seat Safety Program
- WalkSafe™ Program
- Air Care Team Activities: Mock DUI's, Visit to Children's Burn Camp
- Prom-Promise (DUI prevention education)
- Crash Dummies Safety Education
- Bicycle Helmet Fitting Clinics
- Car Fit Program for Seniors
- Fifth Annual "ONE NIGHT"
- Air Care Team
- Mock DUI's
- Children's Burn Camp
- Bicycle Helmut
- Car Fit Program
- Injury Prevention Through Exercise

Research

- A multi-center, randomized, double-blind, trial of Ibuprofen for the treatment of fever and pain in the burn patient. Promes J, Safcsak K, Smith H, Pavliv L, Rock, A. J Burn Care and Research 31:S120, 2010
- Alban RF, Nishi GK, Shabot MM. "When is ICU Admisiion Required for Post-operative Neurosurgical Patients? Identification of Candidates for Intermediate Care. ICU Director. 2010 Jan 1(1): 28-34.
- Williams M, Alban RF, Hardy J, Garcia E, Rogers SO. "Measuring Communication in the Surgical Intensive Care Unit: Better Communication Equals Better Care". J Amer Coll Surg. 2010 Jan 210 (1): 17-22.
- Is the evolving management of intra-abdominal hypertension and abdominal compartment syndrome improving survival? Cheatham ML, Safcsak K. Crit Care Med 2010; 38:402-407.
- A Prospective, Observational Study of Xigris Use in the United States (XEUS). Steingrub J, Cheatham ML, Efron M, Wang T, and Woodward B for the XEUS Investigators. J Crit Care. 2010 Apr 30.
-

- Intra-abdominal pressure measurement using a U-Tube Technique: Caveat Emptor! De Waele JJ, Cheatham ML, Balogh Z, Bjorck M, D'Amours S, Keulenaer B, Ivatury R, Kirkpatrick AW, Leppaniemi A, Mlabrain M, Sugrue M. Annals of Surgery 2010 252: 889-890.
- A Novel Device for Measuring Intermittent and Continuous Intra-gastric Pressure in Patients with Intra-abdominal Hypertension. Cheatham ML, Safcsak K. Poster presentation at the 39th Educational and Scientific Symposium of the Society of Critical Care Medicine, January 9-13, 2010, Miami, Florida.
- Transpulmonary pressure (PTP) is necessary to measure pulmonary distending pressure in the presence of Intra-abdominal Hypertension (IAH). Silva H, Hunley C, Jimenez E, Falk J, Cheatham ML, Jones P, Barba J, Nieman G, Johannesen Z. Poster presentation at the 39th Educational and Scientific Symposium of the Society of Critical Care Medicine, January 9-13, 2010, Miami, Florida.
- Animal Age, Weight, and Anesthesia Affect Outcome in a Clinically Applicable Porcine Sepsis / Ischemia Reperfusion Model. Silva H, Jimenez E, Falk J, Barba J, Cheatham ML, Bailey J, Hunley C, Johannesen Z, Nieman G. Poster presentation at the 39th Educational and Scientific Symposium of the Society of Critical Care Medicine, January 9-13, 2010, Miami, Florida.
- Promes J, Safcsak K, Smith HG, Rock A, Pavliv L: A Multi-center, Randomized, Double-blind Trial of Ibuprofen Injection for the Treatment of Fever and Pain in the Burn Patient. Poster Presentation at the American Burn Association meeting – Boston, MA, March 9-12, 2010.

Presentations

- Neuroscience Educational Seminar: Concussion Management: Dr. Greg Olavarria, March 2010
- Diffuse low grade glio-neuronal tumor: not oligodendrogliosis, American Assoc of Neuorpathology: Dr. Greg Olavarria, 2010
- Dandy Walker Malformation: Handbook for Pediatric Neurosurgery: Dr. Greg Olavarria, 2010
- Neuroscience Educational Seminar: Facial Injury in Children: Dr. Ramon Ruiz, May, 2010

SACRED HEART HOSPITAL

Injury Prevention Programs

- ThinkFirst
- National Trauma Awareness Week/Trauma Awareness Day Celebration
- Public Speaking at Local Colleges and Schools
- Local Television Public Education Broadcasts
- Conferences and Symposia
- Participation in Injury Prevention Coalitions on the Local

- and State Level
- Local Injury Prevention Events
- Gang Violence Prevention
- Senior Falls Prevention
- Rural Trauma

2010 HOSPITAL INJURY PREVENTION PROGRAMS AND RESEARCH PROJECTS

SAINT JOSEPH'S HOSPITAL

Injury Prevention Programs

- Child Advocate in the Emergency Department
- Health Fairs
- Safety Bulletins
- "AARP 55 – Drive Alive" (driving safety course for seniors)
- CPR, Adult and Pediatric First Aid Classes
- Safe Sitter
- "Teen Talk" Program
- Car Seat Safety Checks
- Safe Sitters
- SafeKids Greater Tampa (lead sponsor through SJH's Children's Advocacy Center)
- Bicycle Safety
- Pedestrian Safety

- Water Safety
- Child Passenger Safety
- "Over the River and Through the Woods" (refresher course for grandparents)
- Boot Camp for New Dads
- Sibling Class
- Healthy Families Hillsborough

Research

- Nursing research projects at the bedside level
- Orthopaedic trauma research Study to identify early biomarkers of severe trauma

SAINT MARY'S MEDICAL CENTER

Injury Prevention Programs

- DUI Awareness Programs:
- "Shattered Dreams" (Pre-Prom Night drunk driving prevention program)
- "On The Beaten Path" DVD Distribution (high school DUI education)
- Teen Driver Awareness Webcasts through Slosberg Foundation
- Under-age Drinking Task Force
- SafeKids Palm Beach (Steering Committee member)
- Risk Watch® Program
- "What is Trauma?" (Overview of Trauma Services presented to high school students)
- Boating Safety Fair
- Elder Health and Fall Prevention Fair
- WalkSafe™ Program (pediatric pedestrian safety education)
- International Walk Your Child to School Day
- Pediatric Pedestrian and Buckle-up Initiatives
- Bicycle and Helmet Safety Programs
- "Use Your Head to Protect Your Body" Program
- Drowning Prevention Coalition of Palm Beach County
- Seatbelt Presentations
- High School Medical Academics
- Drive with Care – distracted driving focus
- Fall prevention- and the elderly

- South Florida H.E.A.T. Conference – trauma lectures presented
- Disaster drill- Airplane crash tabletop
- Injury prevention – SafeKids Coalition Palm Beach County
- Shattered Dreams – pre prom presentations
- Injury prevention – Drivers education conferences, seatbelt presentations
- Kids Left in Cars – pediatric hyperthermia awareness
- Thoracic Trauma – Community hospital outreach
- Concussions in youth athletes
- Gang violence prevention
- Pedestrian safety and risk factors
- Health and Safety Fairs – injury prevention and give-aways for all ages
- Dori Slosberg Foundation – active partners in safety events
- High School Medical Academics – presentations, tours and committee members

Research

- Implementation of the Bladder Scanner to reduce Urinary Tract Infections
- Safe Glycemic control in the ICU setting.

SHANDS AT THE UNIVERSITY OF FLORIDA

Injury Prevention Programs

- Scooter-Helmet Awareness Campaign, October 1-8, 2009
- SafeKids of North Central Florida (lead sponsor through Shands Children's Hospital)
- ATV Safety Program
- Car Seat Safety Programs
- Child Passenger Safety Week Campaign

- Water Safety Programs
- Bike Safety Program
- Fire Safety Program
- Save-a-Life Campaign – to promote better choices, not to drink and drive
- Media Events to Promote Safety Awareness
- Distribution of Safety Materials to the Public
- ShandsCair

2010 HOSPITAL INJURY PREVENTION PROGRAMS AND RESEARCH PROJECTS

- Trauma Awareness Day
- Distracted Driving

Research

- “A Comparative Study of the ReCell Device and Autologous Split Thickness Meshed Skin Graft in the Treatment of Acute Burn Injuries.” DW Mozingo, primary investigator. Submitted to Department of Defense Institutional Review Board.
- “A Phase 2B, Multi Center, Randomized, Dose Blinded, Parallel Arm, Intra Patient Controlled Dose Finding Study of I020502 in Patients Undergoing Autologous Meshed Skin Grafting.” WT Richards, primary investigator. Study completed in 2010.
- “A Prospective Study Examining Clinical Outcomes Associated with the Management of Open Abdomen and the Barker’s Vacuum Packing Technique.” L Lottenberg, primary investigator. Submitted to Institutional Review Board.
- “A Randomized Clinical Trial of Restrictive vs. Traditional Blood Transfusion Practices in Burn Patients.” DW Mozingo, primary investigator. Submitted to University of Florida Institutional Review Board.
- “A Randomized, Double Blind, Placebo Controlled, Parallel Group Study of the Safety and Efficacy of REGN475 in Patients with Pain Resulting from Thermal Injury.” WT Richards, primary investigator. In progress.
- “An Open, Parallel, Randomized, Comparative, Multi Center Investigation in US Evaluating the Cost Effectiveness, Efficacy, Safety and Tolerance of Mepilex Ag® vs. Silvadene® in the Treatment of Partial Thickness Burns.” DW Mozingo, primary investigator.
- Completed in 2009. “Incidence of Venous Thromboembolism in High Risk Trauma Patients with Retrievable Inferior Vena Cava Filter Prophylaxis: A Pilot Feasibility Study.” A Rajasekhar, primary investigator. In progress. In Progress
- “NeuRx Diaphragm Pacing System (DPS, RA/4 Respiratory Stimulation System).” L Lottenberg, primary investigator.
- “Prospective Evaluation of the Effects of Topical Therapy with Sulfamylon® for 5% Topical Solution on Autograft Healing in Subjects with Thermal Injuries Requiring Meshed Autografts: A Comparison to a Historical Control.” DW Mozingo, primary investigator. In progress.

SHANDS JACKSONVILLE TRAUMAONE

Injury Prevention Programs

- Duval Community Traffic Safety Team (member)
- Jacksonville Pediatric Injury Control System (central coordinating agency)
- Healthy Jacksonville Injury Prevention Coalition
- Trauma Prevention/General Safety Presentations
- “Turning Point: Rethinking Violence” (court-mandated violence prevention program)
- Child Passenger Safety/Seat Belt Safety/Car and Booster Seat Give-a-way Programs
- W.H.A.L.E. – “We Have A Little Emergency” (booster and car seat education)
- Think First for Teens
- Walk Your Child to School Day
- Home Safety
- Injury Free Coalition for Kids
- Bike/Pedestrian Safety
- DUI/Texting Mock Crashes
- Health and Safety Fair/Distribution of Activity Books, Bookmarks and Posters
- Helmet Fittings
- Media Events
- Swimming Safety Program
- Gun Safety Program
- Alcohol Screening
- Trauma Prevention Presentations/General Safety
- Child Passenger Safety (CPS)
- The Great First Coast Hang-up

Research

- “Hypertonic Saline Versus Mannitol in TBI Patients”

- “The Predictive Role of Clinical Pulmonary Infection Score (CPIS) in the Diagnosis of Ventilator-Associated Pneumonia (VAP)”
- “A Retrospective Review of the Use of Epoprostenol (Flolan™) at UF/Shands Jacksonville in Intensive Care Unit (ICU) Patients with Acute Respiratory Distress Syndrome (ARDS)”
- “Evaluating the Role of Splenic Embolization in the Nonoperative Management of Blunt Splenic Trauma”
- “An Evaluation of the Disposition of Trauma Patients Arriving by Helicopter Emergency Medical Services”
- urinary and prostate cancer
- ventilator associated pneumonia
- “The Effect of Age on Blunt Traumatic Brain Injured Patients”
- “Mixed Flora: Indication for Therapy or Early Warning Sign?”
- “A Retrospective Review of the Use of Epoprostenol (Flolan™) at UF/Shands Jacksonville in Intensive Care Unit (ICU) Patients with Acute Respiratory Distress Syndrome (ARDS)”
- “Characterization of Pulmonary Embolism in high risk trauma patients despite aggressive prophylaxis”
- “An Evaluation of the disposition of Trauma Patients Arriving by Helicopter Emergency Medical Services”

2010 HOSPITAL INJURY PREVENTION PROGRAMS AND RESEARCH PROJECTS

PUBLICATIONS

- Kerwin AJ, Tepas JJ, Schinco MA, Graham D. "Florida's trauma surgeons: a vanishing breed", *The American Surgeon*, February 2010, 76:193-196
- Qureshi I, Kerwin A, McCarter Y, Tepas J. Mixed Flora: Indication for Therapy or Early Warning Sign? *The American Surgeon* 2010. Accepted for Publication
- Roberts E, Bhullar IS. The Effect of Age on Blunt Traumatic Brain Injured Patients. *The American Surgeon* 2010. Accepted for Publication

Presentations

- Update of Practice Management Guideline: Evaluation of Blunt Abdominal Trauma. Burns JB, Bhullar I, Kerwin AJ, et. al. Presented at Twenty-Third Annual Scientific Assembly of the Eastern Association for the Surgery of Trauma. Phoenix, Arizona, January 23, 2010.
- Qureshi I. Mixed Flora: Indications for Therapy or Early Warning Sign. 20th Annual Scientific Meeting of the Southeastern Surgical Congress. February 23, 2010. Savannah, GA.
- Qureshi I. Mixed Flora: Indications for Therapy or Early Warning Sign. Annual of Meeting of Florida College

of Trauma. Tampa, FL Garcia AJ. Characterization of Pulmonary Embolism in high risk trauma patients despite aggressive prophylaxis. 23rd Annual Meeting of the Florida Vascular Society. April 2010. Naples, FL.

- Garcia AJ. Characterization of Pulmonary Embolism in high risk trauma patients despite aggressive prophylaxis. Annual Meeting of the Florida Chapter, American College of Surgeons. Jacksonville, Florida.
- Griffin R. Early protocol base IVC filter placement in high risk trauma patients may result in decrease incidence of P.E. Annual Meeting of the Florida Chapter, American College of Surgeons. Jacksonville, Florida.
- Knofsky M. Pediatric Trauma Patients are More Likely to be Discharged from the Emergency Department After Arrival by Helicopter Emergency Medical Services. Annual of Meeting of Florida College of Trauma. Tampa, FL
- Tabrizi M. Inhaled prostacyclin improves oxygenation in severe hypoxemia. Annual Meeting of the Florida Chapter, American College of Surgeons. Jacksonville, Florida.

TALLAHASSEE MEMORIAL HEALTHCARE

Injury Prevention Programs

- Think First (age-appropriate injury prevention program for school-age children)
- "Head Smartz Seniors" (injury prevention program focused on senior safety)
- "Car Fit" (community education program focused on car seat safety)
- TBI Advocacy TV Interviews
- Trauma Awareness Day Press Conference
- Trauma Survivors Celebration
- Annual Trauma Symposium

- Falls Prevention
- Street Smart Program
- Leon County Community Traffic Safety Team
- Stop DUI in 24 Hours
- Mother and Baby Fair
- Preventing Falls in the Over 65 Population
- Brain Injury Association of Florida press conf.
- Trauma Outreach - "Stomp out Diabetes"
- Operation Prom Night
- Trauma Symposium

TAMPA GENERAL HOSPITAL

Injury Prevention Programs

- MORE HEALTH (injury prevention education presentations in schools)
- Juvenile Justice Shock Tour Program
- Florida's Trauma System Public Awareness Event and Press Conference
- Community Awareness of Trauma Discussion on "AM Tampa Bay" Talk Radio
- Seat Belt Safety
- WalkSafe™ Program
- Safety and First Aid Classes
- Firearm Safety Classes
- Bike Safety Classes
- Walker Program
- Poison Prevention Program
- Firearm Safety Program

- Distracted Driving
- Pedestrian and Bicycle Safety
- Safety and First-Aid
- Supersitters
- Firearm Safety
- Brain Health F. F.

Research

- Dr. Shapiro – "The Impact of Surgery for Morbid Obesity on the VA Health Care System – A Cost Benefit Analysis"
- Dr. Shapiro, co-principal investigator – "A Prospective, Randomized, Double-Blind Multicenter Trial Assessing the Safety and Efficacy of Sequential (Intravenous/Oral) BAY 12-8039 (Moxifloxacin) 400mg Every 24 Hours Compared to Intravenous Piperacillin/Tazobactam 3.375

2010 HOSPITAL INJURY PREVENTION PROGRAMS AND RESEARCH PROJECTS

Grams every 6 Hours Followed by Oral Amoxicillin/Clavulanic Acid Suspension 800 mg Every 12 Hours for the Treatment of Patients with Complicated Intra-Abdominal Infections.”

- Dr. Khetarpal and Dr. Llerena, co-principal investigators – “Phase IV Open-Label, Non-Comparative Trial of IV Anidulafungin Followed by Oral Azole Therapy for the Treatment of Candidemia, An Invasive Candidiasis.” Funded by Pfizer Inc. Amount:\$60,000.
- Dr. Khetarpal and Dr. Llerena, co-principal investigators – “Efficacy and Safety of Doctrecogin Alfa (Activated) in Adult Patients with Septic Shock.” Funded by Eli Lilly and Company. Amount: \$120,000.

Publications

- Afsari A, Liporace F, Lindvall E, Infante A Jr, Sagi HC, Haidukewych GJ. Clamp-assisted reduction of high subtrochanteric fractures of the femur: surgical technique. *J Bone Joint Surg Am.* 2010 Sep;92 Suppl 1 Pt 2:217-25. PubMed PMID:20844177.
- Baaj AA, Uribe JS, Nichols TA, Theodore N, Crawford NR, Sonntag VK, Vale FL. Healthcare burden of cervical spine fractures in the United States: analysis of a nationwide database over a 10 year period. *J Neurosurg Spine* 2010; 13:61-6.
- Min W, Gaines RJ, Sagi HC. Delayed presentation of bladder entrapment secondary to nonoperative treatment of a lateral compression pelvic fracture. *J Ortho Trauma.* 2010 May;24(5):e44-8. PubMed PMID: 20418728.
- Min W, Munro M, Sanders R. Stabilization of displaced articular fragments in calcaneal fractures using bioabsorbable pin fixation: a technique guide. *J Orthop Trauma.* 2010 Dec;24(12):770-4. PubMed PMID: 21076250.
- Min W, Sanders R. The use of the mortise view of the ankle to determine hindfoot alignment: technique tip. *Foot Ankle Int.* 2010 Sep;31(9):823-7. PubMed PMID: 20880487.
- Phommachanh V., Patil Y.J., McCaffrey, T.V., Vale, F, Freeman, T.B., Padhya T.A. Otolaryngologic management of delayed pharyngoesophageal perforation following anterior cervical spine surgery. *Laryngoscope* 2010;120:930-936.

- Radnay CS, Clare MP, Sanders RW. Subtalar fusion after displaced intra-articular calcaneal fractures: does initial operative treatment matter? Surgical technique. *J Bone Joint Surg Am.* 2010 Mar;92 Suppl 1 Pt 1:32-43. PubMed PMID: 20194342.
- Reddy J, Nichols T, Uribe JS, Melton M, Vale FL. Sternal cancellous bone graft harvest for anterior cervical discectomy and fusion with interbody cage devices. *Clin Neurol & Neurosurg* 2010;12(6):470-473.
- Sagi HC, Afsari A, Dziadosz D. The anterior intrapelvic (modified rives-stoppa) approach for fixation of acetabular fractures. *J Orthop Trauma.* 2010 May;24(5):263-70. PubMed PMID:20418730.
- Sanders R. The problem with EMTALA. *J Orthop Trauma.* 2010 Jun;24(6):346. PubMed PMID:20502214.
- Uribe JS, Ramos E, Youssef A, Levine N, Johnson W, Turner AW, Vale FL. Craniocervical fixation with occipital condyle screws: biomechanical analysis of a novel technique. *Spine J.* 2010;35(9): 931-938.
- Youssef AS, Uribe JS, Ramos EZ, Janjua R, Thomas LB, van Loveren H: Interfascial Technique for Vertebral artery Exposure in the Suboccipital Triangle: The Road Map. *Neurosurgery.* 2010 Dec;67(2 Suppl Operative):355-61.

Presentations

- Ciesla, D. J. (Nov 7, 2010) American Society of Abdominal Surgeons Annual Meeting. Trauma of the liver, biliary tree, pancreas and spleen. Tampa Florida.
- Ciesla, D.J. (Nov 7, 2010) American Society of Abdominal Surgeons Annual Meeting. Mass casualty care. Tampa, Florida.
- Ciesla, D.J. (Oct 19, 2010) Distance Learning CBBW. Introduction to trauma: Global burden of disease, hemorrhage and early traumatic deaths, and hemorrhage control. Sao Paulo Brazil.
- Ciesla, D.J. (June 1, 2010) Tampa Police Department. Trauma Systems and effects of penetrating trauma on human tissue. Tampa, Florida.
- Llerena, L. (January 2010) Eastern Association for the Surgery of Trauma – Annual Scientific Assembly: Plenary Session - Practice Management Guidelines, Teen Driving: Evidence Based Review. Phoenix, Arizona

2010 HOSPITAL INJURY PREVENTION PROGRAMS AND RESEARCH PROJECTS

MULTICENTER RESEARCH STUDIES

In addition to the research projects and publications listed under each trauma center above, several Level I trauma centers in Florida participated in multicenter research studies that involved more than one institution in the state, nation, or world. These types of studies are particularly encouraged, not only because they increase statistical power to detect differences between treatment and control groups, but because they help to achieve consensus in building an evidence base for clinical medical practice. They also enhance the reputations of the investigators and institutions that participate in them. Seven of these studies are listed below and the Level I trauma centers in Florida that participated in them.

Jackson Memorial Hospital/Ryder Trauma Center:

- Demetriades D, Velmahos GC, Scalea T, Jurkovich G, Karmy-Jones R, Teixeira PG, Hemmila M, O'Connor JV, McKenney MO, Moore FO, London J, Singh M, Spaniolas K, Keel M, Sugrue M, Wahl W, Hill J, Wall MJ, Moore EE, Lineen E, Margulies D, Malka V, Chan LS. "Blunt traumatic thoracic aortic injuries: early or delayed repair—results of an American Association for the Surgery of Trauma Prospective Study," *The Journal of Trauma: Injury, Infection and Critical Care*, April 2009, 66:967-973.

Memorial Regional Hospital and Jackson Memorial Hospital/Ryder Trauma Center:

- Rosenthal A, McKenney M, Sanchez R, Lee S, Carrillo EH. "Extracorporeal membrane oxygenation for severe hypoxemia after trauma pneumonectomy," *The American Surgeon*, December 2009, 75:1258-1260.

Miami Children's Hospital

- Pieretti-Vanmarcke R, Velmahos GC, Nance ML, Islam S, Falcone R, Wales PW, Brown RL, Gaines BA, McKenna C, Moore FO, Goslar PW, Inaba K, Barmparas G, Scaife ER, Metzger RR, Brockmeyer DL, Upperman JS, Estrada J, Lanning DA, Rasmussen SK, Danielson PD, Hirsh MP, Consani HFX, Stylianos S, Pineda C, Norwood S, Bruch SW, Drongowski R, Barraco RD, Pasquale MD, Hussain F, Hirsch EF, McNeely PD, Fallat ME, Foley DS, Iocono JA, Bennett HM, Waxman K, Kam K, Bakhos L, Petrovick L, Chang Y, Masiakos PT. "Clinical clearance of the cervical spine in blunt trauma patients younger than 3 years: a multi-center study of the American Association for the Surgery of Trauma," *The Journal of Trauma: Injury, Infection and Critical Care*, September 2009, 67:543-550.

Orlando Regional Medical Center and Tampa General Hospital:

- Phelan HA, Velmahos GC, Jurkovich GJ, Friese RS, Minei JP, Menaker JA, Philp A, Evans HL, Gunn ML, Eastman AL, Rowell SE, Allison CE, Barbosa RL, Norwood SH, Tabbara M, Dente CJ, Carrick MM, Wall MJ, Feeney J, O'Neill PJ, Srinivas G, Brown CV, Reifsnyder AC, Hassan MO, Albert S, Pascual JL, Strong M, Moore FO, Spain DA, Purtill MA, Edwards B, Strauss J, Durham RM, Duchesne JC, Greiffenstein P,

Cothren CC. "An evaluation of multidetector computed tomography in detecting pancreatic injury: Results of a multicenter AAST study," *The Journal of Trauma: Injury, Infection and Critical Care*, March 2009, 66:641-647.

Orlando Regional Medical Center and Shands Jacksonville TraumaOne:

- Brophy GM, Pineda JA, Papa L, Lewis SB, Valadka AB, Hannay HJ, Heaton SC, Demery JA, Liu MC, Tepas JJ, Gabrielli A, Robicsek S, Wang KK, Robertson CS, Hayes RL. "all-Spectrin breakdown product cerebrospinal fluid exposure metrics suggest differences in cellular injury mechanisms after severe traumatic brain injury," *Journal of Neurotrauma*, April 2009, 26:471-479.
- Papa L, Akinyi L, Liu MC, Pineda JA, Tepas JJ, Oli MW, Zheng W, Robinson G, Robicsek SA, Gabrielli A, Heaton SC, Hannay HJ, Demery JA, Brophy GM, Layon J, Robertson CS, Hayes RL, Wang KK. "Ubiquitin C-terminal hydrolase is a novel biomarker in humans for severe traumatic brain injury," *Critical Care Medicine*, January 2010, 38:138-144.

Shands at the University of Florida and Tampa General Hospital:

- Miller AC, Rivero A, Ziad S, Smith DJ, Elamin EM. "Influence of nebulized unfractionated heparin and N-acetylcysteine in acute lung injury after smoke inhalation injury," *Journal of Burn Care and Research*, March-April 2009, 30:249-256.

2010 HOSPITAL INJURY PREVENTION PROGRAMS AND RESEARCH PROJECTS

BURN CENTERS

UNIVERSITY OF MIAMI/JACKSON MEMORIAL BURN CENTER INJURY PREVENTION PROGRAMS

Injury Prevention Programs

- Children's Fire Safety Festival
- Burn Awareness Week
- Fire Safety Week
- Strides for Safety Event
- Town Park Village Dedication Day-Burn Prevention Safety Fair
- Emergency Care of the Burn Victim
- The Fire Prevention and Safety Grant
- Elderly Burn Prevention Outreach Program
- Children's Burn Foundation of Florida
- The Juvenile Firesetter Program
- Phoenix Society's World Burn Congress

Research

- A Prospective Evaluation of the Effects of Topical Therapy with Sulfamylon® for 5% Topical Solution on Autograft Healing in Subjects with Thermal Injuries Requiring Meshed Autografts: A Comparison to a Historical Control Group. Namias, N.

- Rapid, Quantitative, PCR-Based Detection of Staphylococcus aureus in Burn Sepsis Patients. Namias, N. Epitel Humanitarian Use. Schulman, C.I.
- Maintenance of Intraoperative Normothermia using an Intravascular Warming Device: A Retrospective Analysis. Schulman, C.I.
- A prospective, randomized controlled study evaluating the influence of central venous catheter change at three days versus clinical indication on catheter-related blood stream infections in burn patients. Varas, R.

Publications

- King DR, Namias N, Andrews DM. Coagulation abnormalities following thermal injury. Blood Coagulation Fibrinolysis, 2010 Oct;21(7):666-9.
- "A Retrospective Review of Medical Records on Burn Care Patients who have received Vitamin C during their hospital stay." Cofnas, P., Namias, N., Schulman, C.I. Manning, R.J. This abstract had a poster accepted to the ABA

UNIVERSITY OF FLORIDA SHANDS BURN CENTER

Injury Prevention Programs

- Burn Safety
- Annual Burn Camp for Kids
- First Responder Care
- Burn Patient Management
- Psychosocial Management
- Outpatient Follow-up

Research

- Prospective Evaluation of the Effects of Topical Therapy with Sulfamylon® for 5% Topical Solution on Autograft Healing in Subjects with Thermal Injuries Requiring Meshed Autografts: A Comparison to a Historical Control

- Burn Injury in the State of Florida
- Epitel (Cultured Epidermal Autografts) Humanitarian Device Project
- A Retrospective Single Center Study Characterizing the Incidence of Herpes Simplex Virus Infection As Well As Outcomes in Patients Post Herpes Simplex Virus Infection After Thermal Injury
- A Comparative Study of the ReCell Device and Autologous Split-Thickness Meshed Skin Graft in the Treatment of Acute Burn Injuries
- A Randomized Clinical Trial of Restrictive vs. Traditional Blood Transfusion Practices in Burn Patients

TAMPA GENERAL HOSPITAL- REGIONAL BURN CENTER

Injury Prevention Programs

- Camp Hopetake
- Burn Training
- The Walker Program

Research

- Burn-related research endeavors

- "Haitian Experience"
- Smoke inhalation toxic metabolite study
- Mepitel One
- The ABA Rescue Study
- Recell Study and Guided Imagery vs. Virtual Reality to Treat Burn Pain