FLORIDA TRAUMA REGISTRY 2010

The Florida Trauma Registry is a database of trauma patients treated in Florida's trauma centers. Florida's trauma system relies on this data to analyze trends in injury frequency, type, and location. The Florida Trauma Registry also provides information regarding patient treatment and outcomes. By analyzing this data, we can draw scientifically valid conclusions, which then drive performance improvement efforts for trauma centers individually and for the trauma system as a whole.

REPORTING REQUIREMENTS

Section 395.401(3), *Florida Statutes,* directs the Department of Health to adopt by rule, standards for approval of trauma centers. These standards are referenced in Rule 64J-2.011, *Florida Administrative Code* (*F.A.C.*), and implemented in *Florida Trauma Center Standards, DOH Pamphlet 150-9*. These standards require verified trauma centers to maintain a trauma registry. Each trauma center must also report its trauma registry data to the Office of Trauma on a quarterly basis for inclusion in the Florida Trauma Registry, as required by Rule 64J-2.006, *F.A.C.*, and detailed in *DOH Pamphlet 150-13, Florida Trauma Registry Manual.*

Data for patients who meet the following criteria are entered into the trauma center's registry and reported each quarter to the Florida Trauma Registry, including:

- All trauma alert cases admitted to the trauma center. These patients are identified by state trauma scorecard criteria detailed in Rules 64J-2.004 and 64J-2.005, *F.A.C.*;
- Critical or intensive-care unit admissions for traumatic injury;
- All operating-room admissions for traumatic injury, excluding same-day discharges or isolated, non-life threatening orthopedic injuries;
- Any critical trauma transfer into or out of the trauma center; and
- All in-hospital trauma deaths, including deaths in the trauma resuscitation area.

Based on the patient's date of hospital discharge, trauma centers submit data quarterly according to the schedule below:

Quarter	Reporting Dates	Due Date
Quarter One	January 1-March 31	Submit by July 1
Quarter Two	April 1-June 30	Submit by October 1
Quarter Three	July 1-September 30	Submit by January 1
Quarter Four	October 1-December 31	Submit by April 1

ANALYSIS OF 2010 FLORIDA TRAUMA REGISTRY DATA

This report summarizes data submitted to the Florida Trauma Registry for the 2010 reporting year. NOTE: Due to the time constraints imposed on producing this Annual Report, all data shown are based on gross discharge volumes that have not been adjusted using the International Classification Injury Severity Score (ICISS), as required by Rule 64J-2.019, *F.A.C.*, in determining the volume of eligible trauma cases for the purpose of calculating funding for verified trauma centers.

2006 TO 2010 COMPARISON OF FLORIDA TRAUMA CENTER GROSS DISCHARGES

Table 1 shows the total gross number of trauma patients treated and discharged from Florida's trauma centers for 2006 through 2010. In 2010, 44,388 trauma patients were treated and discharged from Florida's trauma centers, compared to 43,709 in 2009, for an increase of 1.6 percent. In 2010, all trauma center levels saw an increase in the number of trauma patients treated and discharged from their facilities compared to 2009, but the two pediatric standalone trauma centers saw the biggest increase (12.3 percent). The 13 Level II trauma centers shown in Table 1 include four hospitals that are also verified as pediatric trauma centers, and all seven Level I trauma centers shown treat both pediatric and adult trauma patients.

TABLE 1:
TOTAL FLORIDA TRAUMA CENTER GROSS DISCHARGES PER YEAR, 2005-2009

Trauma Center Level (2010)	2006	2007	2008	2009	2010	Difference (2009-2010)	Percent Difference
Level I (7 Hospitals)	22,023	23,447	22,941	22,414	22,904	+490	+2.2%
Level II (13 Hospitals)	17,903	17,871	19,725	20,055	20,092	+37	+0.2%
Pediatric (2 Hospitals)	1,218	1,312	1,330	1,240	1,392	+152	+12.3%
All Trauma Centers (22 Hospitals)	41,144	42,630	43,996	43,709	44,388	+679	+1.6%

Figure 1 shows the gross number of trauma patients treated and discharged from Florida's trauma centers by month during 2010. Florida's trauma centers treated and discharged an average of 3,699 trauma patients per month in 2010. With 3,946 trauma patients treated and discharged, March was the busiest month, which is when many visitors travel to Florida for spring break, followed closely by April, with 3,939 trauma patients treated and discharged during that month.

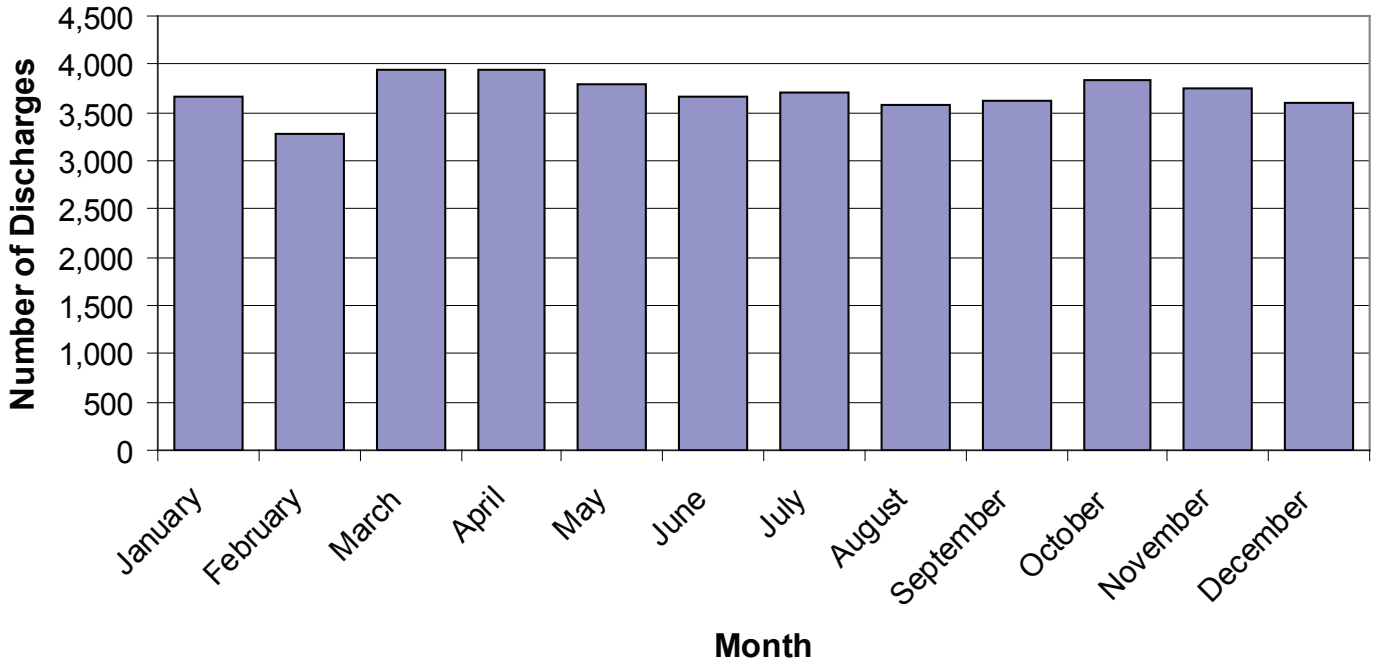


FIGURE 1:
FLORIDA TRAUMA CENTER DISCHARGES PER MONTH, 2010

FIGURE 2: AGE DISTRIBUTION OF FLORIDA TRAUMA CENTER PATIENTS, 2010

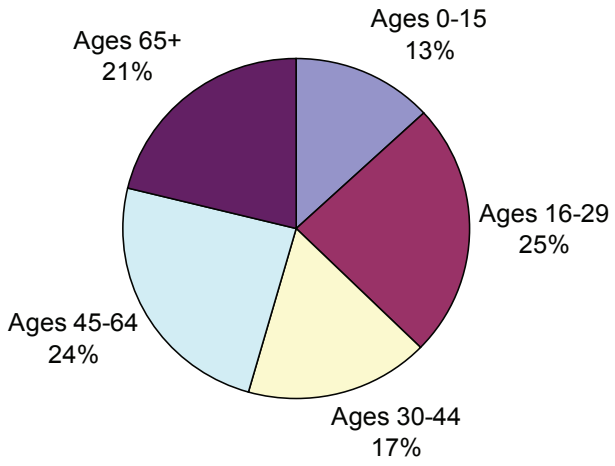


TABLE 2: AGE DISTRIBUTION OF FLORIDA TRAUMA CENTER PATIENTS, 2010

Ages 0-15	Ages 16-29	Ages 30-44	Ages 45-64	Ages 65+	Average Age
5,817	10,642	7,751	10,831	9,340	42

Figure 2 and Table 2 show the number of trauma patients treated in Florida's trauma centers in 2010 by age group. Over half of all trauma patients treated in 2010 were in the 0-44 year-old age groups (55%), and the average age was 42.

FIGURE 3: PEDIATRIC INJURIES TREATED IN FLORIDA TRAUMA CENTERS, BY AGE AND GENDER, 2010

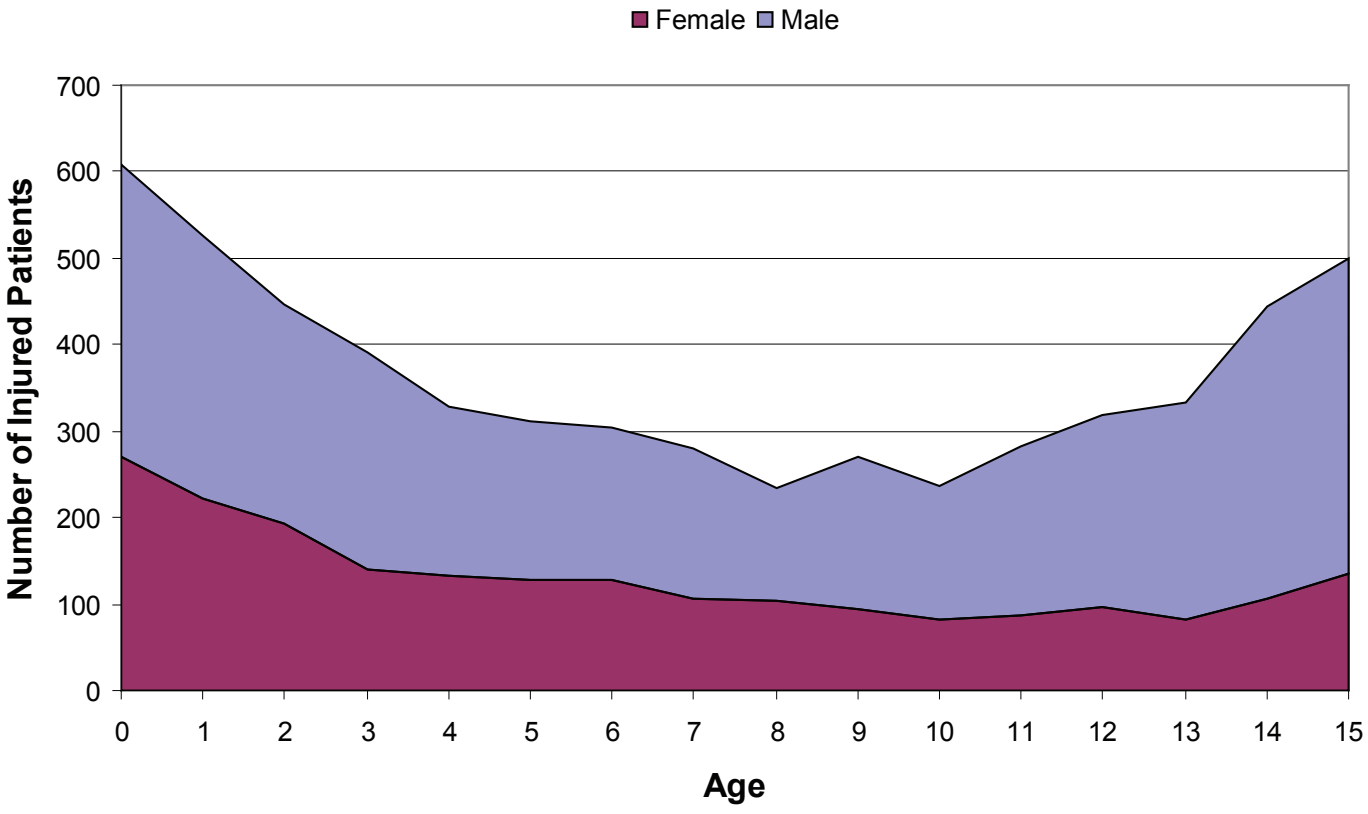


Figure 3 shows the number of injured children, ages birth through 15, treated in Florida's Level I and pediatric trauma centers in 2010, by age and gender. Boys were injured more often than girls were injured at a ratio of 1.8 to one.

FIGURE 4:
DISTRIBUTION OF FLORIDA TRAUMA CENTER PATIENTS BY GENDER, 2010

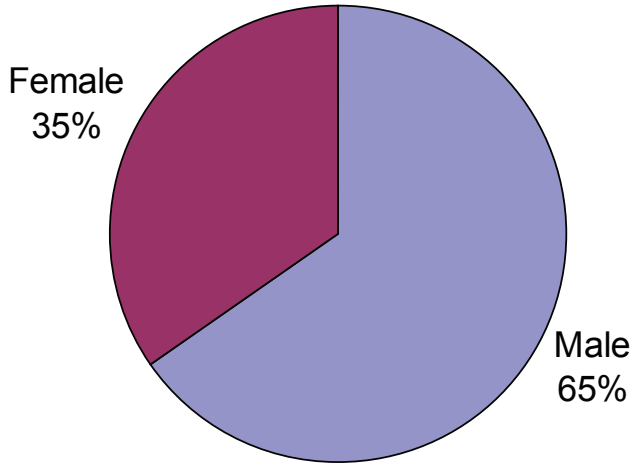


Figure 4 shows a breakout of trauma patients treated in Florida's trauma centers in 2010, by gender. About two-thirds of all trauma patients treated were male. Figure 5 shows a breakout by both age group and gender. More males are injured and treated in Florida's trauma centers than females in all age groups except the 65-year-old and older age group. This is because there are more women than men older than age 65 in the population.

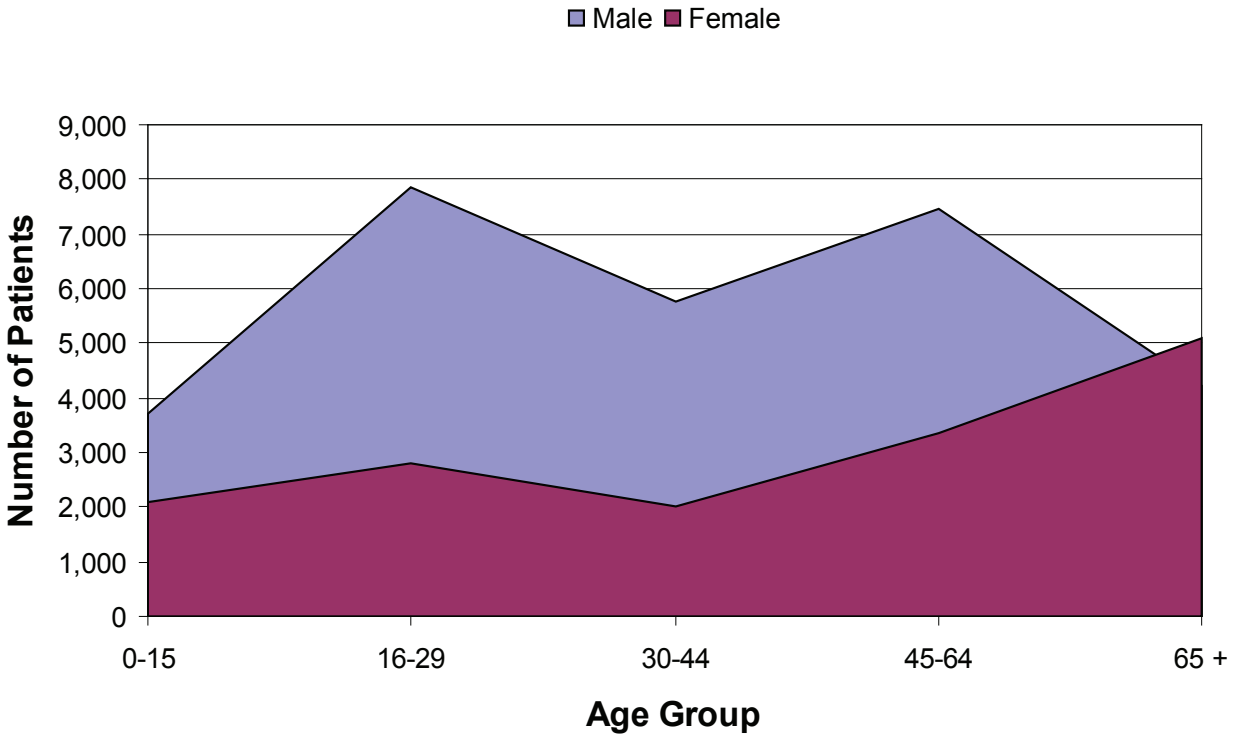


FIGURE 5:
AGE DISTRIBUTION OF FLORIDA TRAUMA CENTER PATIENTS BY GENDER, 2010

FIGURE 6:
DISTRIBUTION OF FLORIDA TRAUMA CENTER PATIENTS BY RACE/ETHNICITY, 2010

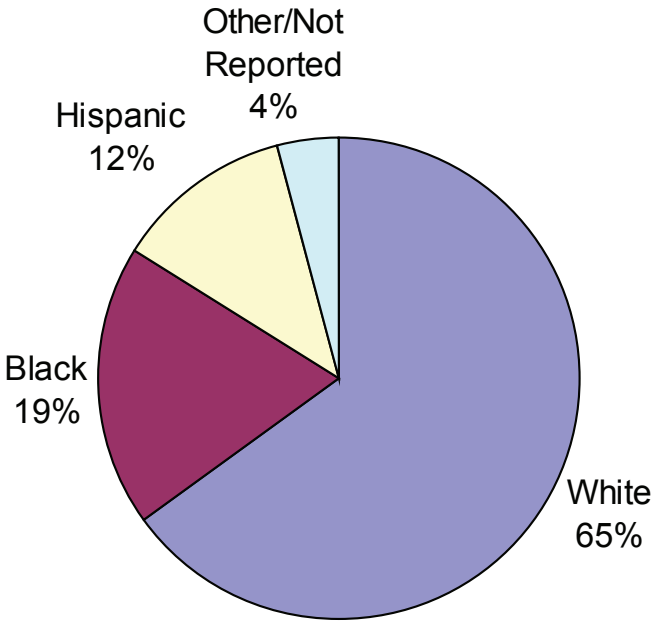


Figure 6 and Table 3 show the number of trauma patients treated in Florida's trauma centers in 2010, by race/ethnicity and gender (Table 3). The race/ethnicity percentages are consistent with Florida's population.

TABLE 3:
DISTRIBUTION OF FLORIDA TRAUMA CENTER PATIENTS BY GENDER AND RACE/ETHNICITY, 2010

Gender	White	Black	Hispanic	Other/Not Reported	Total
Male	18,079	5,858	3,872	1,211	29,020
Female	10,819	2,512	1,430	600	15,361
Not Reported	3	0	2	2	7
Total	28,901	8,370	5,304	1,813	44,388

MECHANISMS OF INJURY

Mechanisms of injury are classified into the following groups:

- Blunt: An external force injury, usually resulting from a motor vehicle crash, fall, or workplace mishap;
- Penetrating: An injury from a projectile force or piercing injury entering deeply into the body, causing tissue and/or organ damage; and
- Burn: Tissue damage from excessive exposure to chemical, thermal, electrical, or radioactive agents.

FIGURE 7:
MECHANISMS OF INJURY TREATED IN FLORIDA TRAUMA CENTERS, 2010

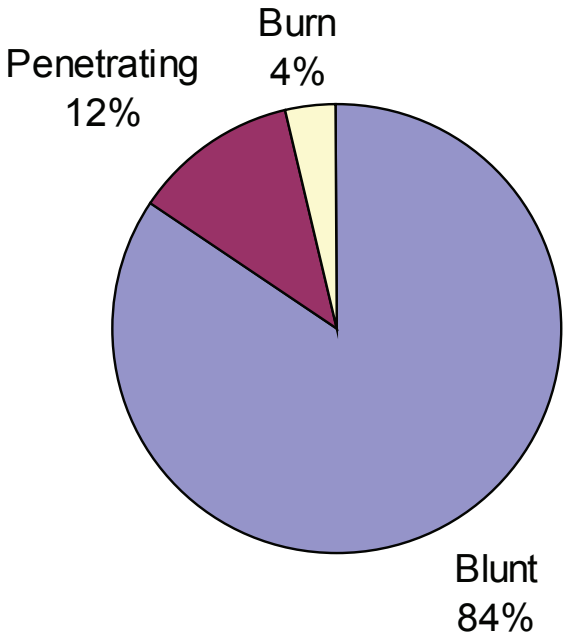


Figure 7 and Table 4 show a breakout of injury mechanisms treated in Florida's trauma centers in 2010. The vast majority of trauma patients treated in Florida's trauma centers had a blunt mechanism of injury. Penetrating injuries result mainly from stabbings and gunshot wounds due to intentional violence, and is the second most common mechanism of injury. While less common, burns are nevertheless serious injuries that are treated by Florida's trauma and burn-care centers.

TABLE 4:
MECHANISMS OF INJURY TREATED IN FLORIDA TRAUMA CENTERS, 2010

Blunt	37,248	84%
Penetrating	5,211	12%
Burn	1,583	4%
Other/Not Reported	346	<1%
Total	44,388	100%
Total	43,709	100%

FIGURE 8:
MECHANISMS OF INJURY TREATED IN FLORIDA TRAUMA CENTERS BY AGE GROUP, 2010

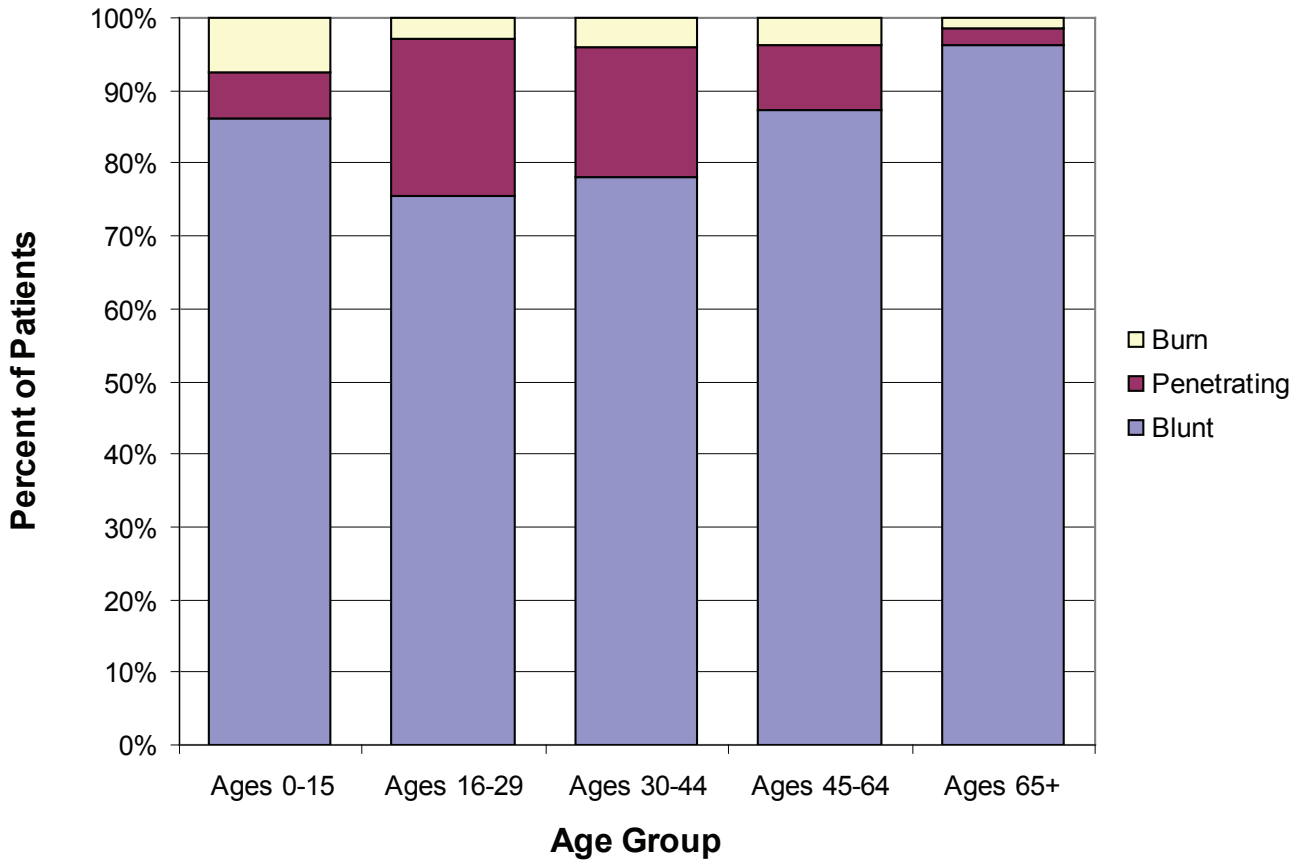


Figure 8 shows the mechanisms of injury treated in Florida's trauma centers in 2010 by age group. While blunt trauma is the predominant mechanism of injury in all age groups, the proportion of penetrating injuries varies considerably, from two percent of all injuries treated in the 65-year-old and older age group, to 22 percent in the 16-29 year-old age group. Similarly, burn injuries vary from one percent of all injuries treated in the 65-year-old and older age group, to eight percent in the 0-15 year-old age group.

EXTERNAL CAUSES OF INJURY

In addition to the mechanism of injury, Florida's trauma centers document the external cause of injury in the patient's medical record by assigning an external cause code (E-code) from the code dictionary of the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), originally developed by the World Health Organization. E-codes provide additional information about how an injury occurred, for example, from a motor vehicle crash, fall, or firearm. These codes provide valuable information for public health injury surveillance, which is necessary for guiding trauma system performance improvement and injury prevention efforts. The National Center for Health Statistics and the Centers for Medicare and Medicaid Services are responsible for revising and updating the ICD-9-CM in the United States.

TABLE 5:
EXTERNAL CAUSES OF INJURY TREATED IN FLORIDA TRAUMA CENTERS BY AGE GROUP, 2010

External Cause of Injury	0-15	16-29	30-44	45-64	65+	Not Re-ported	Total
Fall	1,956	901	1,102	3,084	5,817	3	12,863
Motor Vehicle	728	3,411	1,949	2,110	1,314	1	9,513
Motorcycle	82	818	780	1,040	192	0	2,912
Struck By, Against	546	834	548	641	110	0	2,679
Cut, Pierce	95	886	673	502	75	1	2,232
Pedestrian	311	458	405	635	285	0	2,094
Firearm	109	930	418	264	91	0	1,812
Pedal Cycle	292	205	230	497	125	0	1,349
Other Transport	246	407	264	319	102	0	1,338
Fire, Flame	111	142	140	229	96	0	718
Hot Object, Substance	316	114	114	115	34	0	693
Bite, Sting	118	51	40	65	24	0	298
Machinery	5	43	76	102	24	0	250
Natural, Environmental	47	44	25	36	20	0	172
Maltreatment, Neglect	110	5	0	5	3	0	123
Drowning	37	19	6	17	6	0	85
Hanging, Strangulation	5	27	21	19	1	0	73
Air Transport	0	10	10	21	6	0	47
Adverse Medical Events	1	6	4	5	5	0	21
Poisoning	6	2	4	7	1	0	20
Other/Unspecified	215	647	465	464	128	2	1,921
Not Reported	481	682	477	654	881	0	3,175
Total	5,817	10,642	7,751	10,831	9,340	7	44,388

TABLE 6:
EXTERNAL CAUSES OF INJURY TREATED IN FLORIDA TRAUMA CENTERS BY GENDER, 2010

External Cause of Injury	Male	Female	Not Reported	Total
Fall	6,761	6,101	1	12,863
Motor Vehicle	5,306	4,204	3	9,513
Motorcycle	2,482	430	0	2,912
Struck By, Against	2,262	416	1	2,679
Cut, Pierce	1,908	323	1	2,232
Pedestrian	1,404	690	0	2,094
Firearm	1,575	237	0	1,812
Pedal Cycle	1,115	234	0	1,349
Other Transport	856	482	0	1,338
Fire, Flame	537	181	0	718
Hot Object, Substance	408	285	0	693
Bite, Sting	181	117	0	298
Machinery	237	13	0	250
Natural, Environmental	78	94	0	172
Maltreatment, Neglect	68	55	0	123
Drowning	57	28	0	85
Hanging, Strangulation	58	15	0	73
Air Transport	41	6	0	47
Adverse Medical Events	14	7	0	21
Poisoning	15	5	0	20
Other/Unspecified	1,596	325	0	1,921
Not Reported	2,061	1,113	1	3,175
Total	29,020	15,361	7	44,388

Tables 5 and 6 show that for all age groups combined and for both males and females, falls were the leading cause of injury treated in Florida's trauma centers in 2010. However, motor vehicle crashes were the leading cause of injury treated in age groups 0-44, and falls were the leading cause of injury treated in age groups 45 and up, with motor vehicle crashes second. In the 16-29 year-old age group, firearms were the second leading cause of injury treated after motor vehicle crashes.

FIGURE 9:
MODES OF TRANSPORT TO FLORIDA TRAUMA CENTERS, 2010

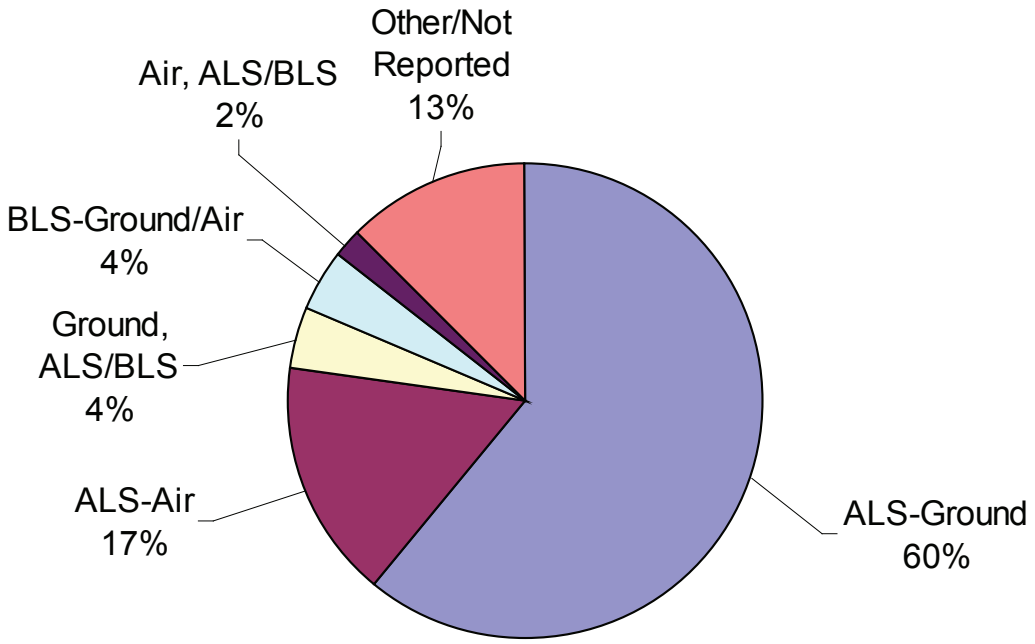


Figure 9 and Table 7 show the modes of transport used to deliver trauma patients to Florida's trauma centers in 2010. Three-fifths of all trauma patients were transported to a Florida trauma center by an Advanced Life Support ground service provider in 2010. This data is useful for allocating and deploying emergency medical transport resources.

TABLE 7:
MODES OF TRANSPORT TO FLORIDA TRAUMA CENTERS, 2010

Mode of Transport	Total	Percent
Advanced Life Support (ALS), Ground	26,957	60%
Advanced Life Support (ALS), Air	7,353	17%
Ground, ALS/BLS Not Specified	1,858	4%
Basic Life Support (BLS), Ground and Air	1,842	4%
Air, ALS/BLS Not Specified	785	2%
Other/Not Reported	5,158	13%
Total	44,388	100%

FIGURE 10:
SOURCES OF PATIENTS TRANSPORTED TO FLORIDA TRAUMA CENTERS, 2010

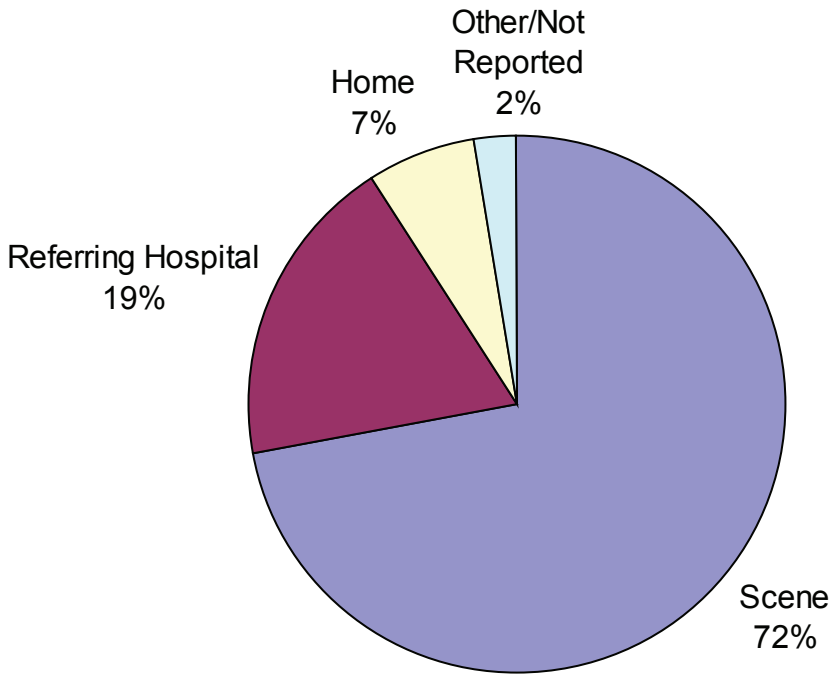


Figure 10 and Table 8 show the sources from which patients were transported to Florida's trauma centers in 2010. Over three-fourths of all trauma patients were transported directly from the scene of injury or home to a Florida trauma center in 2010, and 19 percent were transferred from a referring hospital, requiring a higher level of care than the referring hospital could provide.

TABLE 8:
SOURCES OF PATIENTS TRANSPORTED TO FLORIDA TRAUMA CENTERS, 2010

Source	Total	Percent
Scene	31,875	72%
Referring Hospital	8,485	19%
Home	2,974	7%
Other/Not Reported	1,054	2%
Total	44,388	100%

HOURS OF ADMISSION

FIGURE 11:
FLORIDA TRAUMA CENTER ADMISSIONS BY HOUR, 2010

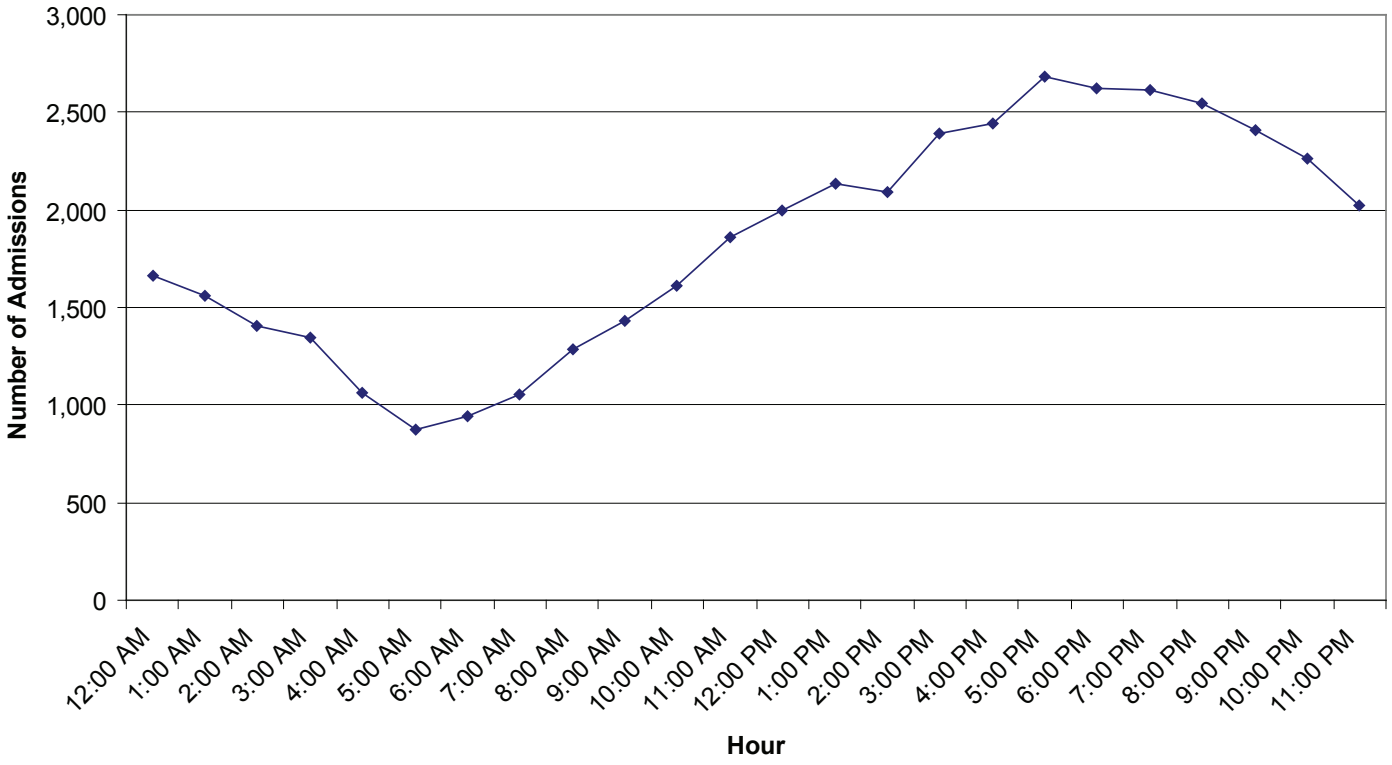


Figure 11 shows the number of patients admitted to Florida's trauma centers by hour of the day in 2010. The hourly number of admissions exhibits a cyclical diurnal pattern, peaking during the 5:00 p.m. hour and bottoming out during the 5:00 a.m. hour. This information is useful for allocating maximum trauma center personnel and equipment resources during the afternoon and evening hours, when the number of trauma admissions is highest.

GLASGOW COMA SCALE

The Glasgow Coma Scale (GCS) is applied to all arriving trauma patients. It measures the functional status of the central nervous system (brain and spinal cord) at any point in time during the delivery of care. Neurological abnormality can occur due to direct injury to the brain and/or spinal cord, or due to blood loss, lack of oxygen, or the effects of alcohol and drugs.

FIGURE 11:
FLORIDA TRAUMA CENTER ADMISSIONS BY HOUR, 2010

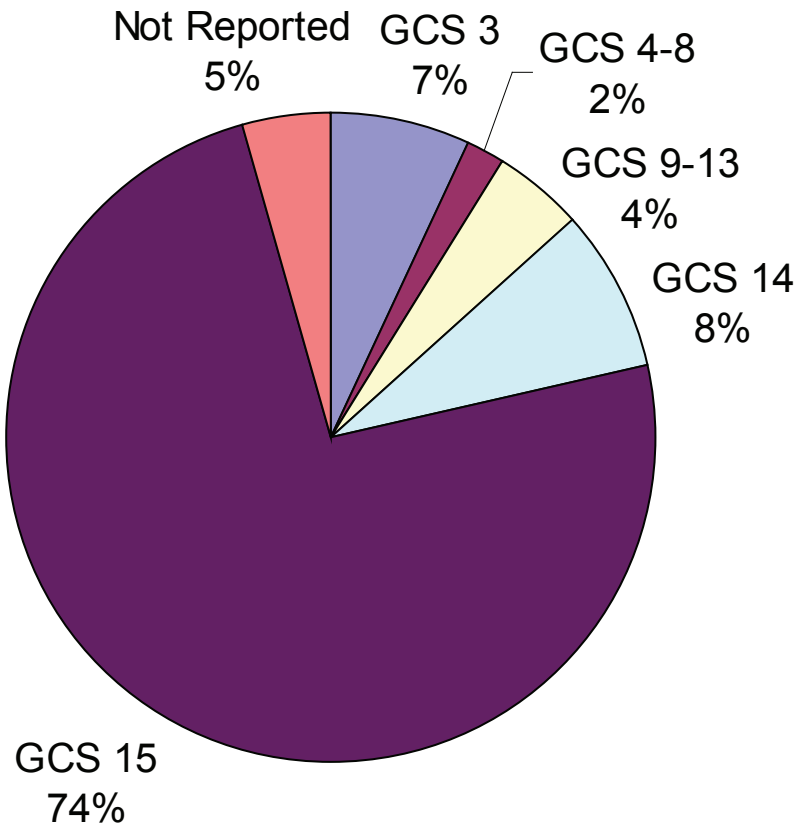
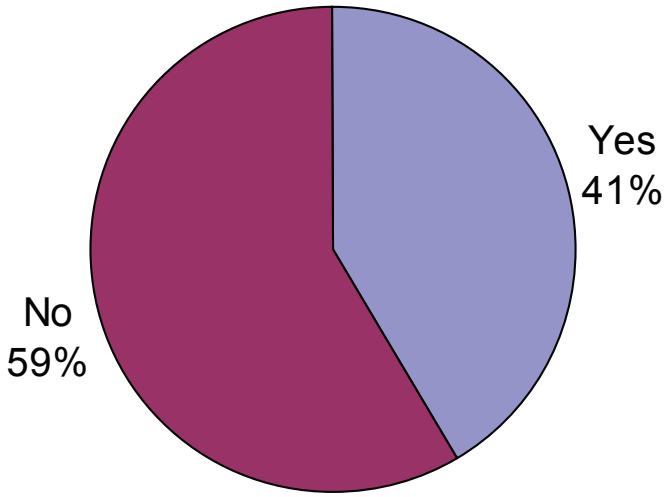


Figure 12 shows the distribution of GCS scores at the time of the patients' admissions to Florida's trauma centers in 2010. GCS scores are measured on a scale of 3-15, based on the sum of three physiological measures: eye opening (scale of 1-4), verbal response (scale of 1-5), and motor response (scale of 1-6). The lower the GCS score is, the greater is the likelihood for neurological abnormality due to physical trauma to the central nervous system.

TRAUMA TEAM ACTIVATION

FIGURE 13:
TRAUMA TEAM LEVEL ONE ACTIVATIONS AS A PERCENTAGE OF TOTAL FLORIDA TRAUMA CENTER PATIENT VOLUME, 2010



When a trauma team is activated, the medical, nursing, and technical personnel dedicated to the care of the trauma patient, are called to receive the arriving patient in the emergency department. Florida's trauma-center standards require that these resources be continuously available at each trauma center. Figure 13 shows that Level One (the highest level) activation of the trauma team was necessary for 41 percent of trauma patients transported to Florida's trauma centers in 2010. The cost of these resources is invested up-front by each trauma center. These costs cannot be recovered from patient billings, because reimbursements are charged only when a service is provided, and not during the readiness phase when the trauma team awaits the arrival of the next trauma patient.

EMERGENCY DEPARTMENT DISPOSITION

FIGURE 14:
DISPOSITIONS OF TRAUMA PATIENTS FROM FLORIDA TRAUMA CENTER EMERGENCY DEPARTMENTS, 2010

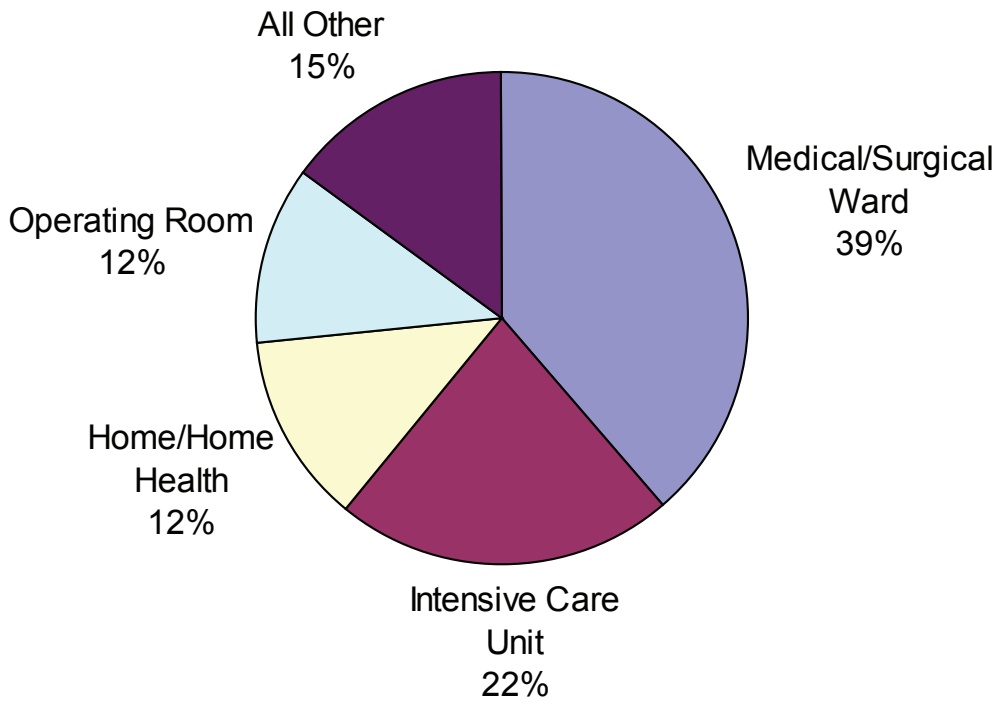


Figure 14 and Table 9 show the dispositions of trauma patients after receiving initial treatment in one of Florida's trauma center emergency departments in 2010. About 81 percent of trauma patients were admitted or transferred to another facility after receiving initial treatment in one of Florida's trauma center emergency departments in 2010.

TABLE 9:
DISPOSITIONS OF TRAUMA PATIENTS FROM FLORIDA TRAUMA CENTER EMERGENCY DEPARTMENTS, 2010

Disposition	Number	Percent
Medical/Surgical Ward	17,188	39%
Intensive Care Unit	9,855	22%
Home/Home Health	5,544	12%
Operating Room	5,112	12%
Telemetry	1,305	3%
Burn Admit/Transfer	583	1%
Death	547	1%
Pediatrics Admit	509	1%
Stepdown Unit	461	1%
Orthopedics Admit	453	1%
Transfer to Another Facility	320	<1%
Left Against Medical Advice	200	<1%
Dead on Arrival	131	<1%
Jail	106	<1%
Labor and Delivery	33	<1%
Psychiatry Admit	25	<1%
Other/Not Reported	2,016	5%
Total	44,388	100%

HOSPITAL DISPOSITION

FIGURE 15:
DISPOSITIONS OF TRAUMA PATIENTS FROM FLORIDA TRAUMA CENTER HOSPITALS, 2010

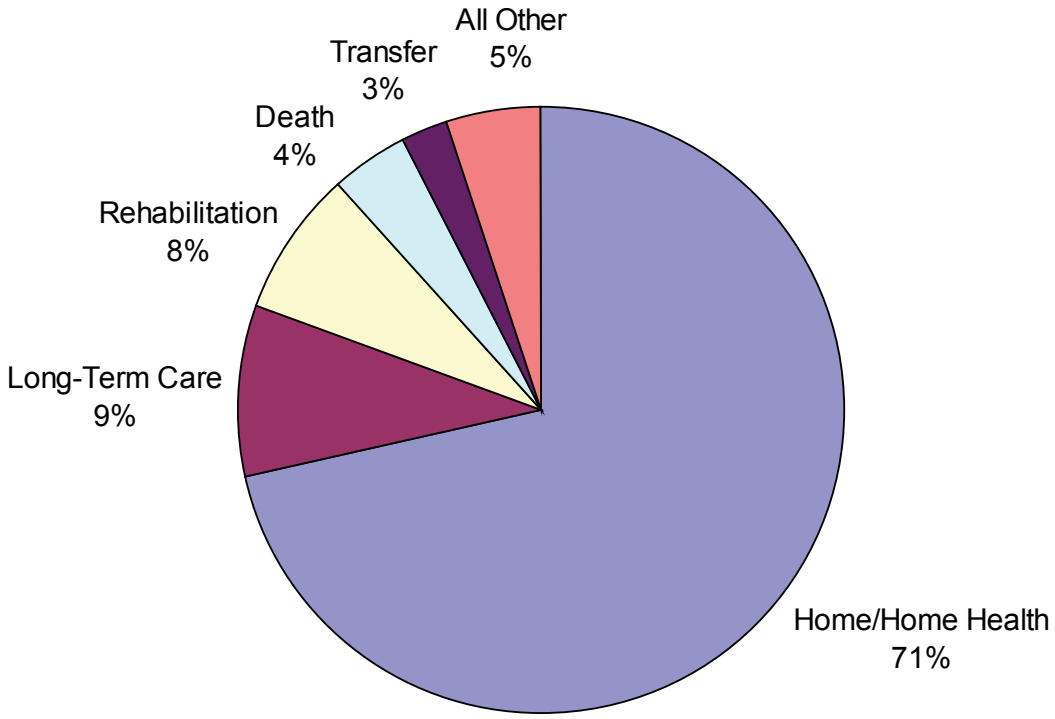


Figure 15 and Table 10 show the dispositions of trauma patients from Florida's trauma center hospitals in 2010 after completion of acute inpatient care. Patients discharged to home, home health, rehabilitation, and jail have recovered significantly, and have a good potential to return to the community as productive citizens. The fact that 80 percent of trauma patients were discharged from Florida's trauma center hospitals in 2010, with a good potential for recovery, is testimony to the effectiveness of Florida's trauma system.

TABLE 10:
DISPOSITIONS OF TRAUMA PATIENTS FROM FLORIDA TRAUMA CENTER HOSPITALS, 2010

Disposition	Number	Percent
Home/Home Health	25,356	71%
Long-Term Care	3,248	9%
Rehabilitation	2,748	8%
Death	1,506	4%
Transfer	913	3%
Jail	467	1%
Mental Health/Drug Referral	275	<1%
Left Against Medical Advice	231	<1%
Hospice	180	<1%
Other/Not Reported	600	2%
Total (inpatient only)	35,524	100%

HOSPITAL LENGTH OF STAY

FIGURE 16:
HOSPITAL LENGTHS OF STAY IN FLORIDA TRAUMA CENTERS, 2010

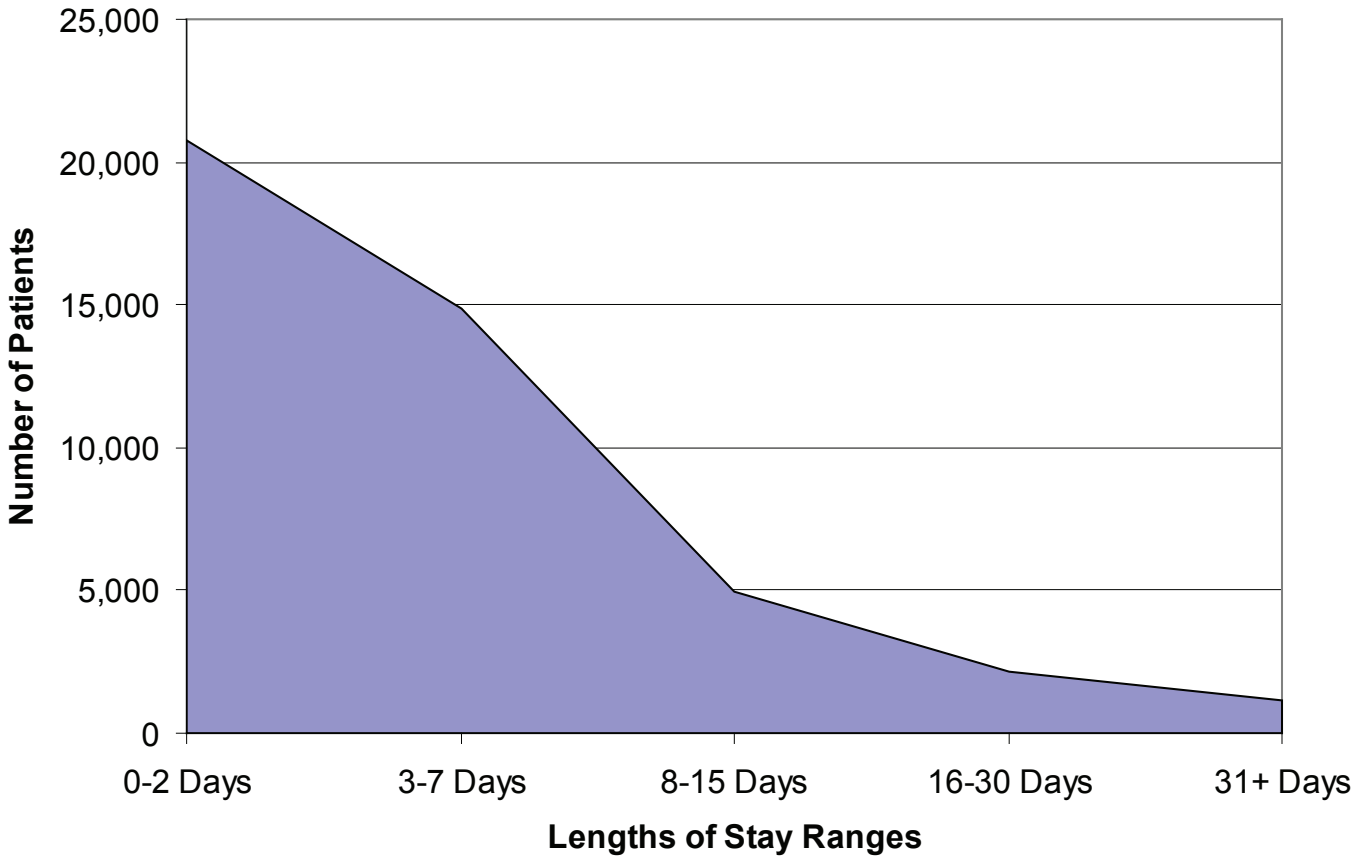


Figure 16 and Table 11 show hospital lengths of stay (LOS) of Florida's trauma center patients in 2010. Hospital LOS of three or more days are indicative of severe injury. In 2010, 52 percent of Florida's trauma center patients had hospital LOS of three or more days. This shows that Florida's trauma system goal of delivering the most severely injured patients to trauma centers is being met.

TABLE 11:
HOSPITAL LENGTHS OF STAY IN FLORIDA TRAUMA CENTERS, 2009

Lengths of Stay Ranges	Number	Percent
0-2 days	20,760	47%
3-7 days	14,869	34%
8-15 days	4,926	11%
16-30 days	2,157	5%
31+ days	1,155	3%
Not Reported	521	1%
Total	44,388	100%

LENGTH OF STAY IN INTENSIVE CARE UNITS AS A MEASURE OF RESOURCE UTILIZATION

FIGURE 17:
LENGTHS OF STAY REPORTED IN FLORIDA TRAUMA CENTER INTENSIVE CARE UNITS, 2010

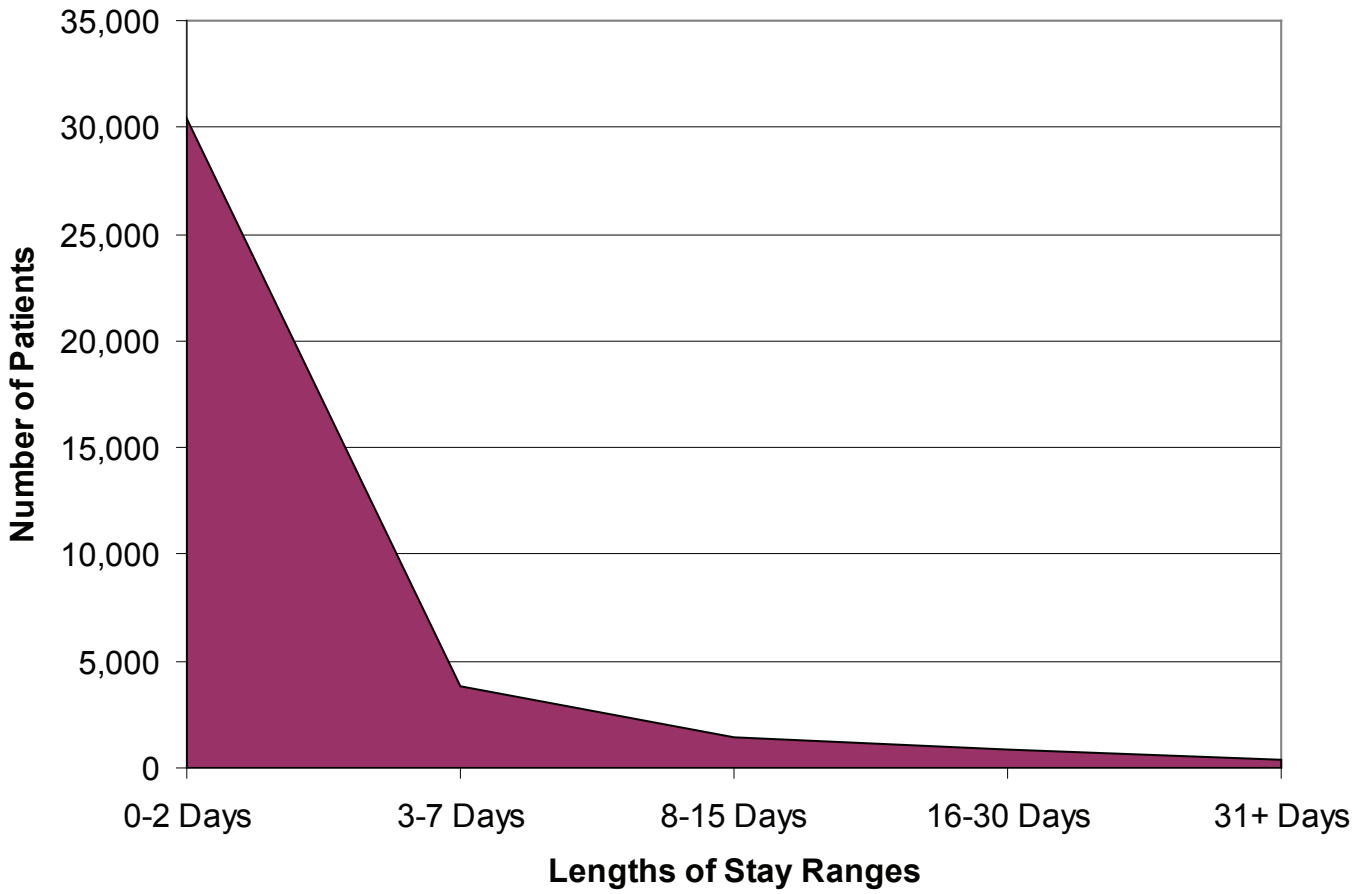


Figure 17 and Table 12 show lengths of stay (LOS) of Florida's trauma center patients in intensive care units (ICU) in 2010. This data reflects trauma center critical care resource utilization. Lengths of stay of three or more days in a trauma center's ICU are indicative of severe injury. In 2010, 18 percent of Florida's trauma center patients needing intensive care had an ICU LOS of three or more days.

TABLE 12:
LENGTHS OF STAY REPORTED IN FLORIDA TRAUMA CENTER INTENSIVE CARE UNITS, 2010

Lengths of Stay Ranges	Number	Percent
0-2 Days	30,400	82%
3-7 Days	3,823	10%
8-15 Days	1,415	4%
16-30 Days	882	2%
31+ Days	339	1%
Total with ICU LOS	36,859	100%

INJURY SEVERITY SCORE

The Injury Severity Score (ISS) estimates the risk of death from a given set of bodily injuries. The overall ISS is calculated by assigning an Abbreviated Injury Severity (AIS) score, from one to five, to each of six body regions: head, face, chest, abdomen, extremities, and external. The three most severely injured body regions with the highest AIS scores are each squared and then added together to calculate the overall ISS. An ISS of 15 or more indicates severe injury.

FIGURE 18:
DISTRIBUTION OF INJURY SEVERITY SCORES OF FLORIDA TRAUMA CENTER PATIENTS, 2010

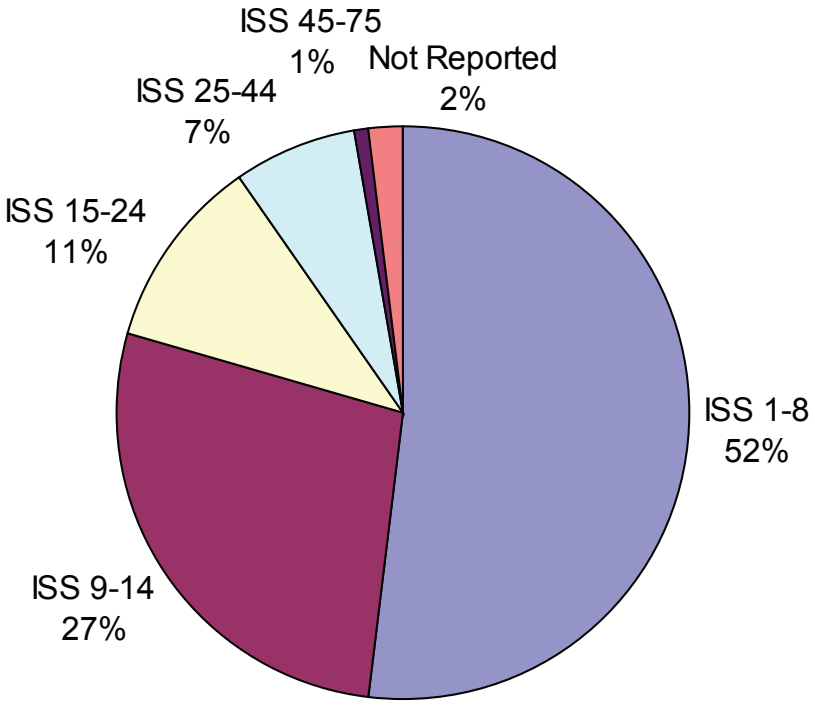


Figure 18 and Table 13 show the distribution of ISSs of Florida's trauma center patients in 2010. About 19 percent of trauma patients treated in Florida's trauma centers in 2010 had an ISS of 15 or more, indicating severe injury.

TABLE 13:
DISTRIBUTION OF INJURY SEVERITY SCORES OF FLORIDA TRAUMA CENTER PATIENTS, 2009

Injury Severity Score Ranges	Number	Percent
1-8	23,046	52%
9-14	12,170	27%
15-24	4,852	11%
25-44	3,078	7%
45-75	399	1%
Not Reported	843	2%
Total	**44,388**	**100%**

FIGURE 19:
DISTRIBUTION OF INJURY SEVERITY SCORES OF
FLORIDA TRAUMA CENTER PATIENTS BY AGE GROUP, 2010

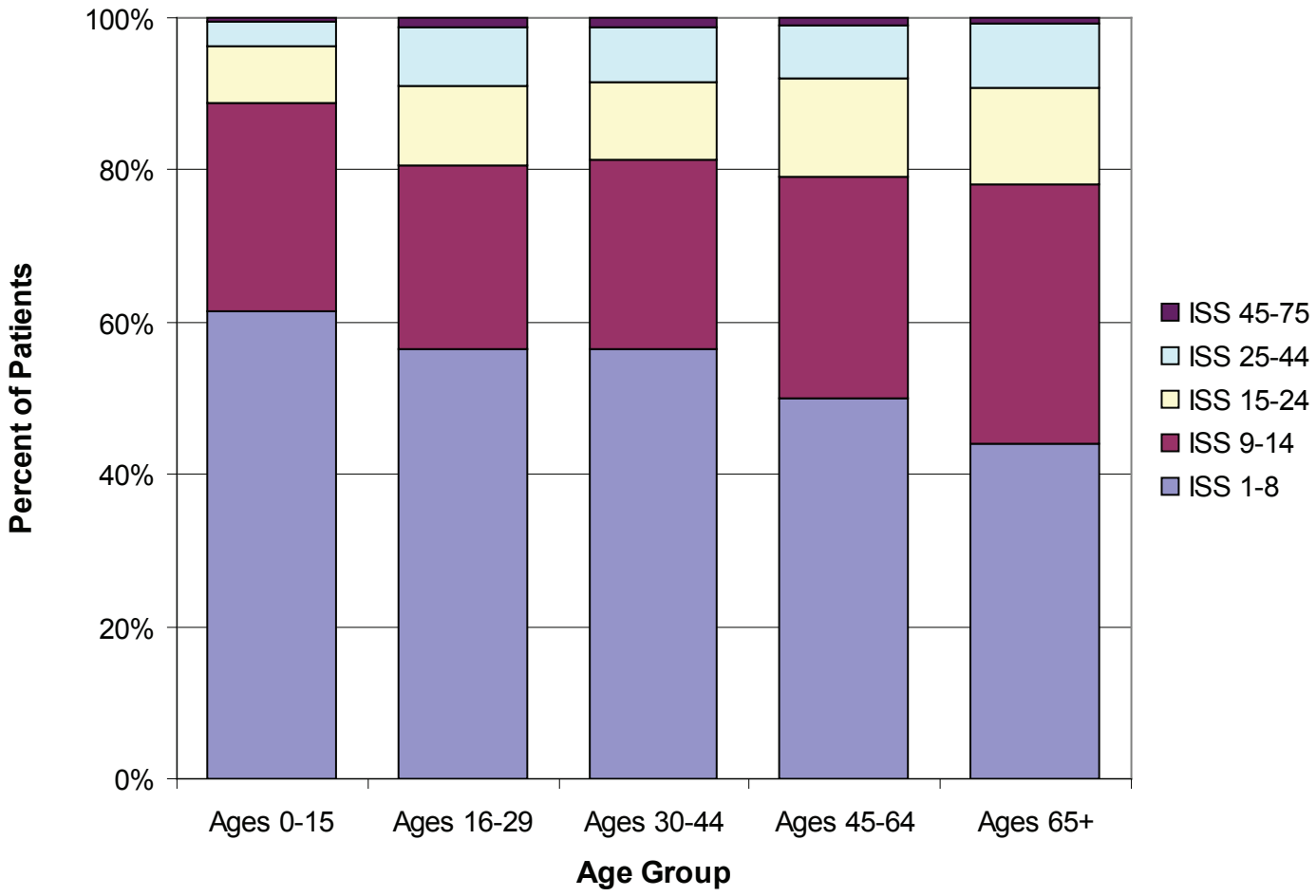


Figure 19 shows the distribution of Injury Severity Scores for Florida's trauma center patients in 2010 by age group. The proportion of more severe injuries (ISS of nine or greater) increases with each successively older age group, until such injuries make up 56 percent of those treated in the 65-year-old and older age group. An injury in this age group is often more severe than the same injury in younger age groups, due to the impact of other diseases and health conditions that are often present in older patients.

FIGURE 20:
DEATHS BY INJURY SEVERITY SCORE OF FLORIDA TRAUMA CENTER PATIENTS, 2010

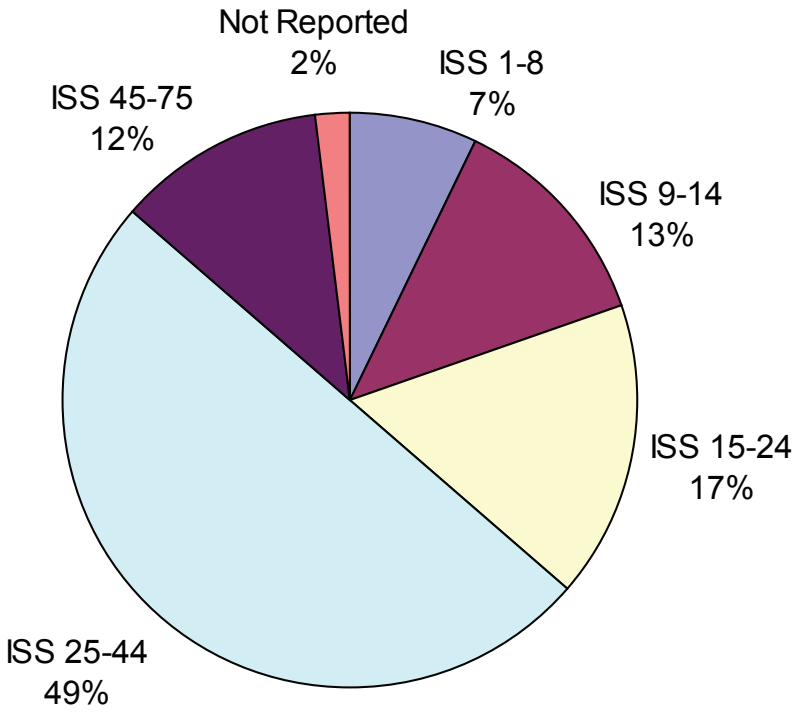


Figure 20 shows a breakout of the deaths of Florida's trauma center patients in 2010 by the range of the ISSs. The greater the ISS is, the greater the likelihood of death is. However, 20 percent of the 2,184 trauma center patients who died in 2010 had an ISS of 14 or less. This shows the problem with using the ISS to predict patient outcomes. The ISS does not accurately assess the impact of severe injuries to a single body region (for example, a gunshot wound to the abdomen, or an isolated brain injury). Patients with low ISS scores have also often been shown to have longer hospital stays.

Due to this weakness of the ISS to predict death, disability, and resource utilization accurately, the Office of Trauma uses the International Classification Injury Severity Score (ICISS) to calculate injury severity for the purpose of calculating funding for verified trauma centers, as specified in Rule 64J-2.019, *Florida Administrative Code*.

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PUBLICATION DATE: DECEMBER 2011

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