

Florida Trauma System Advisory Council

Comparative Study: Florida Pediatric Trauma Center Verification

Study conducted in accordance with Chapter 66-2018, Laws of Florida

December 7, 2018

The Florida Trauma System Advisory Council

The Florida Trauma System Advisory Council was established in May 1, 2018 in accordance with section 395.402(2)(a), Florida Statutes.

The Florida Trauma System Advisory Council was established to promote an inclusive trauma system and enhance cooperation among trauma system stakeholders. The Florida Trauma System Advisory Council may submit recommendations to the Department of Health regarding how to maximize existing trauma center, emergency department, and emergency medical services infrastructure and personnel to achieve the statutory goal of developing an inclusive trauma system.

Members of the FTSAC are appointed by the Governor. The Florida Department of Health is charged, through statute and the FTSAC bylaws, with administering and supporting the council's activities.

Members:

R. Lawrence Reed, MD

Malcolm "Mac" Kemp

David Summers, RN

Glenn Summers, MD

Donna York, RN, MSN

Darwin Ang, MD, PhD

Nicholas Namias, MD, MBA

Zeff Ross, FACHE

Lisa DiNova, RN, BSN

Bradley Elias, MD

Joseph Ibrahim, MD

Mark McKenney, MD

Officers:

Michael Leffler, Moderator

Leah Colston, Co-Moderator

Part I: Executive Summary

Authority and Intent of the Study

Chapter 2018-66, Laws of Florida, directed the Florida Trauma System Advisory Council to conduct a study comparing Florida's current pediatric trauma center designation process to the verification of pediatric trauma centers by a national accreditation body. As such, the Florida Trauma System Advisory Council was required to consider the following:

- The costs and requirements associated with obtaining and maintaining such verification.
- Pediatric trauma centers in this state have obtained, are in the process of obtaining, or are capable of obtaining such verification.
- Barriers faced by pediatric trauma centers in obtaining and maintaining such verification.
- Policy proposals or recommendations that address the need and value of such verification.

The FTSAC is required to submit this report of its findings to the Governor, the President of the Senate, and the Speaker of the House of Representatives by December 31, 2018.

Key Findings

- The American College of Surgeons (ACS) is the only national accreditation body that verifies the presence of trauma care resources for pediatric trauma centers.
- Florida pediatric trauma centers seeking ACS verification would be required to pay an estimated \$76,000-\$122,000 (depending on the level of verification) in fees to obtain and maintain the initial three-year verification certificate. ACS verified trauma centers are required to pay an annual fee of \$19,000-\$38,000 to maintain verification.
- Resource costs for obtaining and maintaining ACS verification varied widely across the state and are unique to each trauma center. Cost estimates obtained through public comment ranged from and additional \$200,000-\$1,000,000 dollars.
- There are three ACS verified pediatric trauma centers in Florida. In addition, there are three Florida trauma centers seeking ACS pediatric verification and one acute care hospital that stated it is capable of such verification.
- The Florida Trauma System Advisory Council consulted with Florida trauma centers that routinely care for injured children and found that cost was a primary barrier; however, no trauma center stated that this barrier would prevent them from maintaining their current status if the state required ACS verification as condition of designation.
- The Florida Trauma System Advisory Council has developed five policy recommendations that address the need and value of ACS verification in the state of Florida.

Part II: Pediatric Trauma Overview

Introduction

Trauma victims are defined as patients who have incurred a multisystem injury due to blunt force, penetrating, or burns.¹ Pediatric trauma refers to the subset of trauma victims under the age of 15 years old.² Examples of common traumatic injuries in children include falls, motor vehicle crashes, gunshot wounds, and burns.

Pediatric trauma is a major public health and economic concern in the United States. According to the Centers for Disease Control and Prevention (CDC), unintentional injury is the leading cause of death in children ages 1-14 nationwide. More children die as a result of injury mechanisms than all other child deaths combined.³ The economic impact of childhood injury is also significant. In 2015, injuries to children (ages 0-19) contributed to a cost burden of \$111.6 billion in fatalities, \$119.9 billion in hospitalization and \$305.5 billion in emergency room visits. Injury costs include medical costs, work loss costs, and quality of life loss costs.⁴

Severely injured children require unique resources and specialized care due to immature anatomical features and developing psychological functions. Hospitals that have pediatric specific equipment and staff who are experienced in providing care for injured children are the best qualified to meet the needs of pediatric trauma victims.⁵ The ACS and many state regulatory agencies, including Florida Department of Health, have long recognized the specialized needs of pediatric trauma patients. In response, they have developed standards of care and trauma center verification programs to identify hospitals that have the resources, expertise, and are able to provide the care required for injured children.

Pediatric trauma centers and hospital-based care are only one aspect of a larger trauma system. An inclusive and integrated trauma system ensures that all injured trauma victims have access to the appropriate resources needed for care and treatment. The trauma system continuum of care includes injury prevention, pre-hospital care, hospital-based trauma care, and rehabilitative services.



Special planning considerations must be made for pediatric patients based on the availability of pediatric trauma resources within the geographic area that the trauma system serves. For example, pediatric trauma victims in rural areas may place strain on Emergency Medical Services (EMS) and pre-hospital care providers due to longer transport times and limited ground and air transport resources. Rural pediatric patients also may not have easy access to rehabilitation services such as physical and occupational therapy; therefore, reducing the likelihood of returning to maximum function. Likewise, trauma systems in urban and suburban areas face unique challenges in timely transport times due to traffic congestion; greater volume of cases due to rapid population growth; and high census counts in rehabilitation centers.

¹ Hospital Licensing and Regulation, Trauma, section 395.4001(19), Florida Statutes (2018)

² American College of Surgeons, *Resources for Optimal Care of the Injured Patient*, (2014), pg. 67

³ Centers for Disease Control and Prevention, National Vital Statistics System, *10 Leading Causes of Death by Age Group, United States -2016*, (2018) https://www.cdc.gov/injury/images/lc-charts/leading_causes_of_death_age_group_2016_1056w814h.gif

⁴ Child Safety Network, *Cost of Leading Childhood Injuries*, (2017), available at <https://www.childsafetynetwork.org/sites/childsafetynetwork.org/files/Cost%20of%20Injuries%20Fact%20Sheets%20Nov%202017.pdf>

⁵ American College of Surgeons, *Resources for Optimal Care of the Injured Patient*, (2014), pg. 65

Description of Hospital-based Pediatric Trauma Resources in Florida

In 1990, the Florida Legislature passed the Roy E. Campbell Trauma Act, which directed the Department of Health to establish standards of care and a verification process for state approved trauma centers. In response, the Department of Health developed criteria for the establishment of Level I, Level II, and pediatric trauma centers.

Florida Trauma Center Standards (DH Pamphlet 150-9) require that both Level I and pediatric trauma centers have the resources to treat injured children. The pediatric specific standards for Level I trauma centers do vary slightly from the pediatric trauma center requirements; however, the requirements for both levels of designation ensure that hospitals have the capability to meet the specialized needs of injured children.

Description of Florida Trauma Center Levels

Type	Description
Level I	Treats both adult and pediatric trauma victims. Clinical capabilities may exceed those of a Level II. Is required to have a formal research program. Serves as a resource facility to Level II trauma centers, pediatric trauma centers, and general hospitals.
Pediatric	Treats primarily pediatric trauma victims. Is required to have a formal research program.
Level II	Treats primarily adult trauma victims.

Designated Florida Trauma Centers with Verified Pediatric Trauma Resources

Level	Name	County
Level I	Broward Health Medical Center	Broward
Level I	Delray Medical Center	Palm Beach
Level I	Jackson Memorial Hospital / Ryder Trauma Center	Miami-Dade
Level I	Kendall Regional Medical Center	Miami-Dade
Level I	Memorial Regional Hospital	Broward
Level I	Orlando Regional Medical Center	Orange
Level I	Shands UF (Gainesville)	Alachua
Level I	St. Mary's Medical Center	Palm Beach
Level I	Tampa General Hospital	Hillsborough
Level I	UF Health Jacksonville	Duval
Pediatric	Johns Hopkins All Children's Hospital	Pinellas
Pediatric	Sacred Heart Hospital	Escambia
Pediatric	Wolfson Children's Hospital	Duval
Pediatric	St. Joseph's Hospital	Hillsborough
Pediatric	Nicklaus Children's Hospital	Miami-Dade

Burn injuries are a type of trauma that require additional specialized care. The Florida Trauma Center Standards (all levels) require that the hospital have policies and procedures for the triage, assessment, stabilization and transfer of burn patients. However, neither Level I nor pediatric trauma centers are required to be verified as burn centers by the American Burn Association (ABA).

Florida Burn Centers

Name	Admission Ages	ABA Verified Adult	ABA Verified Pediatric
Blake Medical Center	Adult	No	No
Kendall Regional Medical Center	Adults & Pediatrics	Yes	No
UF Shands Gainesville	Adults & Pediatrics	Yes	No

Orlando Regional Medical Center	Adult	Yes	No
Tampa General Hospital	Adults & Pediatrics	Yes	Yes
University of Miami/ Jackson Memorial	Adults & Pediatrics	Yes	Yes

Children require specialized treatment for burns as they do with all types of trauma. According to the ABA’s Burn Center Referral Criteria, children with burn injuries in hospitals without qualified personnel or equipment for the care of children should not be referred to as a verified burn center.⁶ Due to the limited availability of specialized burn care resources, patients are often transferred to burn centers that are a considerable distance from the patient’s home. The accepting burn center may or may not be located within the state of Florida.

Pediatric Trauma in Florida

There were 5,837 pediatric trauma victims reported to the Florida Trauma Registry in 2017. Of the total number volume of pediatric patients, 4446 (76 percent) were treated at Level I or pediatric trauma centers.

Falls and motor vehicles crashes were the primary mechanisms of injury for this population. The overwhelming majority of pediatric trauma victims suffered minor injuries with an Injury Severity Score (ISS) of 8 or less.

Children aged 0-4 and 10-15 were at the highest risk for injury and the severity of their injuries.

The mortality of pediatric trauma victims treated at trauma centers in Florida is 1.33 percent.⁷ However, injured children are at risk for other adverse outcomes such as long-term disability, physiological and psychological impacts.

Injury Severity Profile of Pediatric Trauma Victims by Age Group (2017)*

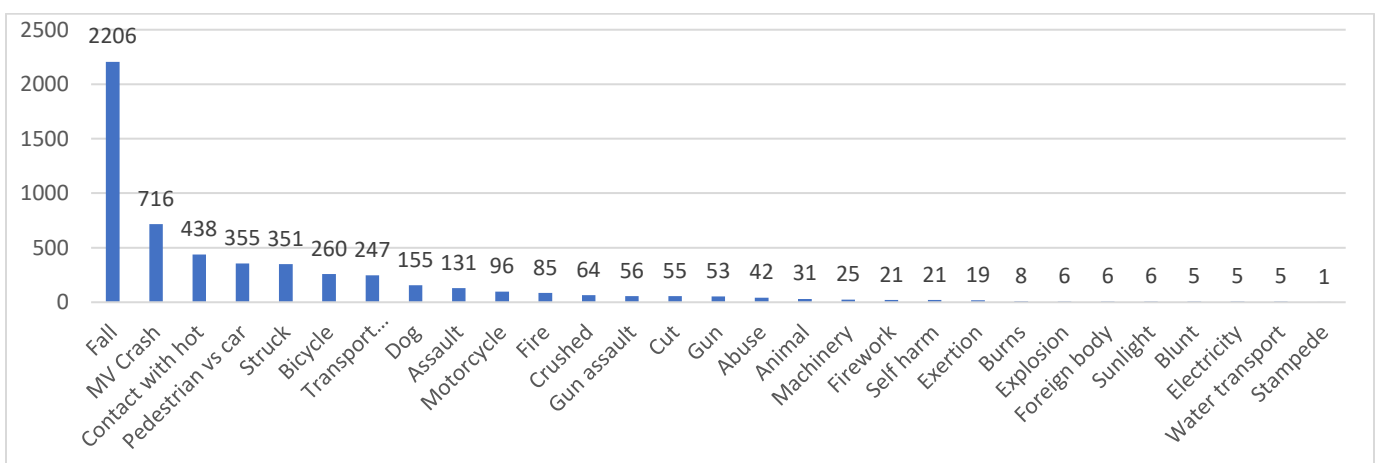
	ISS 1 to 8	ISS 9 to 15	ISS 16 to 24	ISS > = 25	Total**
Age 0 to 4	1380	491	108	71	2050
Age 5 to 9	1290	274	54	40	1658
Age 10 to 15	1417	483	119	84	2103
Grand Total	4087	1248	281	196	5811

* ISS scores were calculated using the Department’s Trauma Registry software and are not local ISS score reported by Florida trauma centers.

**There were 26 records that either did not have a value for ISS or list age.

Florida Trauma Registry

Mechanism of Injury for Florida Pediatric Trauma Victims (2017)



⁶ American Burn Association, *Burn Center Referral Criteria*, (2017) available at <http://ameriburn.org/wp-content/uploads/2017/05/burncenterreferralcriteria.pdf>

⁷ NOTE: Information was obtained from the Florida Trauma Registry using 2017 data. The mortality rate is for all patients and includes those that arrived at the hospital with “No signs of life”

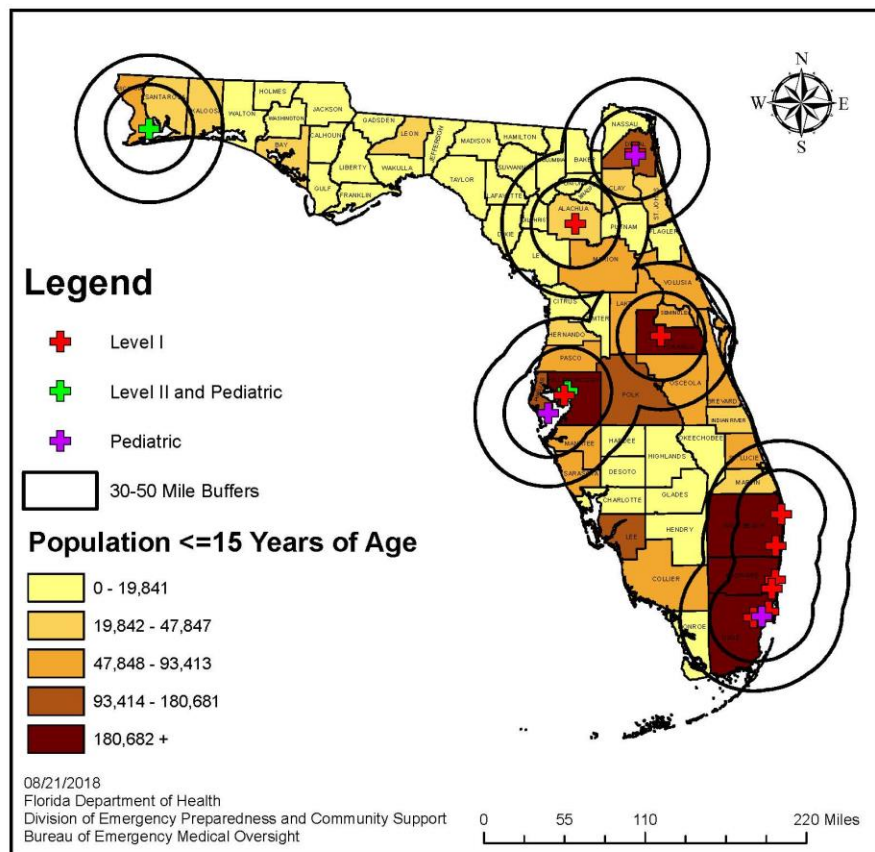
Florida's Pediatric-Aged Population and Geography

The Florida Legislature, Office of Economic and Demographic Research, estimates that in 2020 there will be 3.6 million children aged 0-14 in Florida. The state's population of children aged 0-14 is expected to reach 4.3 million by 2040.⁸ The population of children is not evenly distributed across the state. While a large percentage of children live in the state's six most populated counties, there are a substantial number of rural and moderately populated counties that are geographically isolated from major population centers. This is particularly evident in the state's panhandle region and along the southwest coastline.

Florida Population Projections of Children Aged 0-14

Age Group	2020 Projection	2030 Projection	2040 Projection
0-4	1,190,749	1,337,941	1,391,117
5-9	1,205,782	1,359,454	1,442,045
10-14	1,232,160	1,351,338	1,482,235
Total	3,628,691	4,048,733	4,315,397

Pediatric Population Density



84.7% of Florida's Pediatric Population Lives Within 30 Miles of a Florida Designated Pediatric Trauma Center

Disclaimer: This thematic map is for reference purposes. Any reliance on the information contained herein is at the user's own risk. The Florida Department of Health and its agents assume no responsibility for any use of the information contained herein or any loss resulting there from.

*Population Data was Derived From the 2010 United State Census.

Florida's trauma system must also consider the substantial number of pediatric-aged visitors each year, especially in central and southern parts of the state. According to the Visit Florida's 2018-2019 Marketing Plan, there were 116.5 million visitors to Florida in 2017. The report stated that nearly 33 percent of Florida's domestic visitors and 10 percent Florida's international visitors consist of families.⁹ While the total

⁸ Florida Legislature, Office of Economic and Demographic Research, *Florida Population by Age Group*, (2017), available at http://edr.state.fl.us/Content/population-demographics/data/pop_census_day-2017.pdf

⁹ Visit Florida, 2018-2019 Visit Florida Marketing Plan, (2018), available at <https://www.visitflorida.org/MarketingPlanReader>

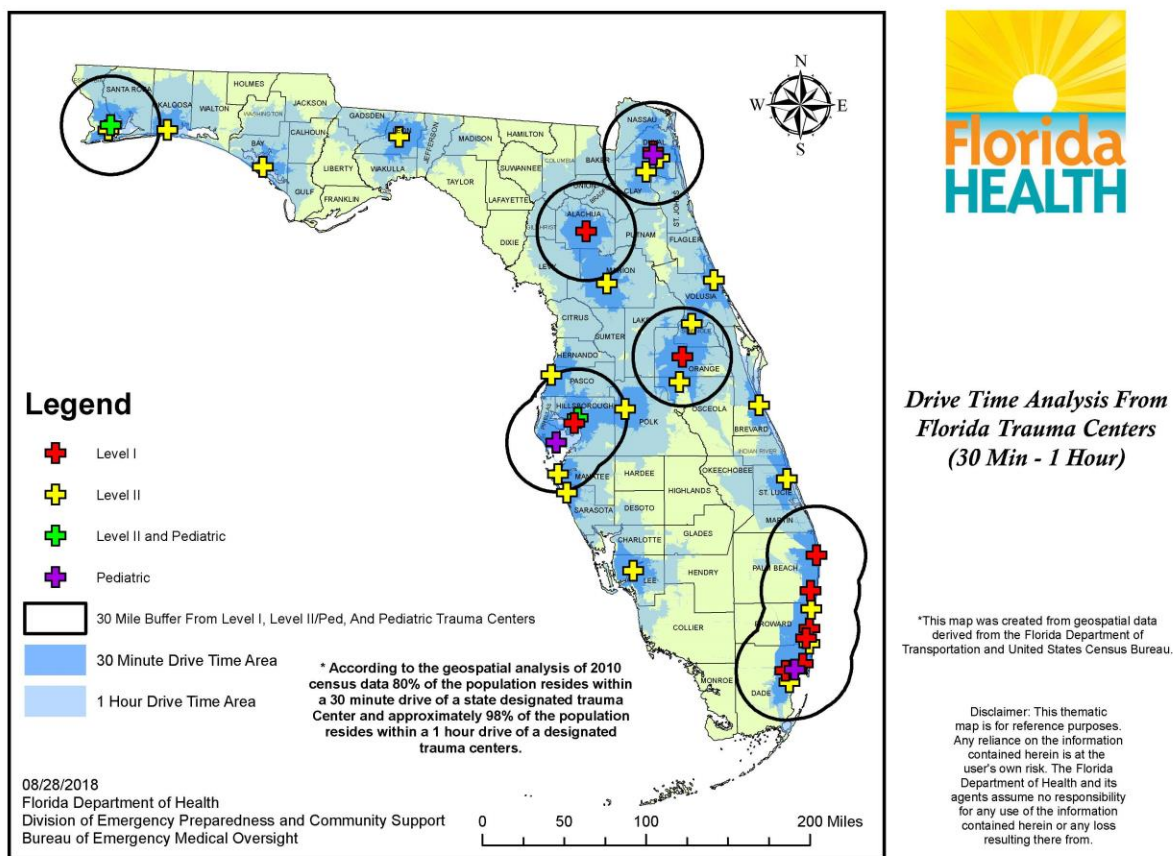
number of pediatric-aged visitors was not available, the available numbers are sufficient to conclude that Florida’s tourist and visitors should receive consideration in the planning of the state’s trauma system.

Access to Trauma Pediatric Care in Florida

Access to timely trauma care for patients within one hour of severe injury has long been associated with better outcomes. In 2017, the United States Government Accountability Office published a study that was conducted for the purposes of assessing the percentage of the pediatric-aged population who had access to pediatric trauma care within one hour of where they lived. The study found that 57 percent of the nation’s children live within 30 miles of a Pediatric trauma center.¹⁰

To more accurately estimate potential access to pediatric trauma care in Florida, drive time data maintained by the Department of Health was utilized to geographically identify areas of the state that are within 30 and 60 minutes via ground transport. The drive time analysis demonstrated 80 percent of Florida’s children lived within 30 minutes of a trauma center with pediatric resources.

Drive Times to Florida Pediatric and Level I Trauma Centers



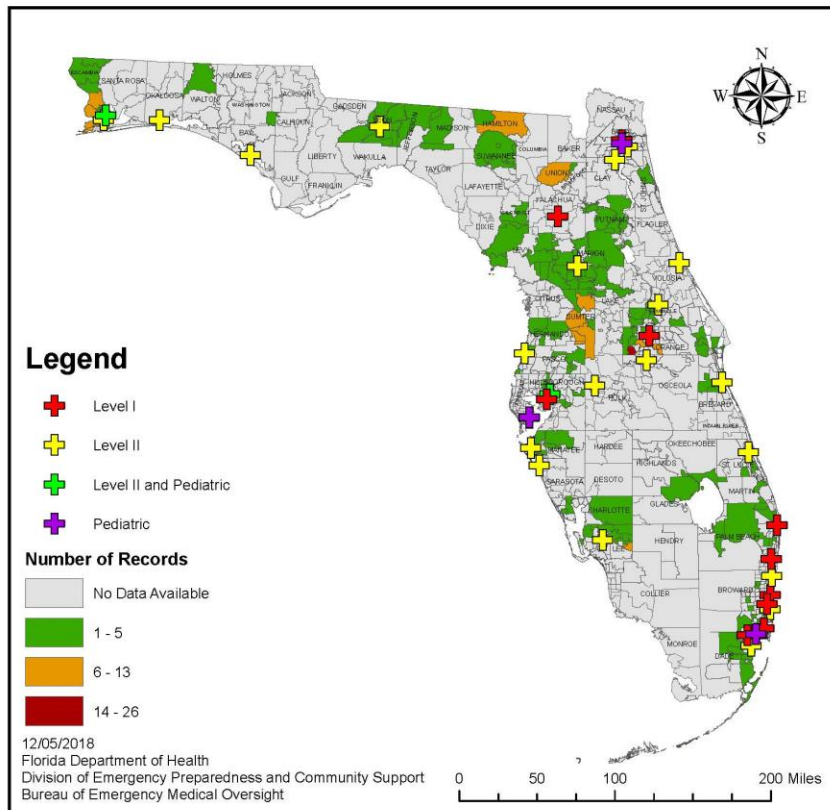
While assessing the potential access to care was helpful in identifying areas whose populations were potentially geographically underserved, it was not conclusive in determining the realized or actual access to care. There are a number of reasons that realized access to pediatric trauma care may be greater than or less than the potential access. Trauma system factors that affect realized access to pediatric trauma care include: availability of trauma centers with pediatric resources, availability of ground and air transport

¹⁰ United States Government Accountability Office, *Pediatric Trauma Centers, Availability, Outcomes and Federal Support Related to Pediatric Trauma Care*, GAO-17-334, (2017) available at <https://www.gao.gov/assets/690/683706.pdf>

resources, and trauma triage practices. The effect each factor has on realized access to pediatric trauma care varies across the state based on the resources available in that particular geographic location.¹¹

To reconcile potential access to care against realized access to care, transport times of pediatric trauma victims were reviewed to identify the percentage of patients who had a prehospital transport time of greater than 30 or 60 minutes statewide.¹² The transport time data indicated that currently only 41.1 percent of pediatric trauma victims had a transport time of 30 minutes or less and 92.81 percent were less than 60 minutes.

Pediatric Trauma Transports Over 60 Minutes by ZIP Code*



*Pediatric Transport Times
 Over 60 Minutes
 By Zip Code
 (2018)*

Disclaimer: This thematic map is for reference purposes. Any reliance on the information contained herein is at the user's own risk. The Florida Department of Health and its agents assume no responsibility for any use of the information contained herein or any loss resulting there from.

*See footnote 12

¹¹ *A Population-Based Analysis of the Discrepancy Between Potential and Realized Access to Trauma Center Care*, David Gomez-Barbara Haas-Aristithes Doumouras-Brandon Zagorski-Joel Ray-Gordon Rubinfeld-Barry McLellan-Donald Boyes-Avery Nathens, *Annals of Surgery*, (2013)

¹² NOTE: Total transport time is the difference between patient's arrival at the destination and the time when the unit was notified by dispatch. Transport time were calculated using Florida EMSTARS records that are in NEMSIS version 3.3.4/3.4.0 and dated on or after 01/01/2018. Records were pulled for analysis on 11/30/2018. They are limited to 911 scene response incidents where the patient was treated and transported by the reporting ambulance. They are limited to patients aged 0 through 15 years of age with a primary or secondary impression containing "Injury." Some of these records used are for incidents where a child was transported by ground to a landing zone for air transport.

Part III: Comparative Analysis of Florida and ACS **Florida Pediatric Trauma Center Verification/Designation Process**

Since 1990, the Department of Health has maintained its own trauma center standards and verification process. Section 395.401(2), Florida Statutes, requires that the standards for verification be based on the ACS, *Resources for the Optimal Care of the Injured Patient*. Currently, the Florida Trauma Center Standards are published in *DH Pamphlet 150-9, 2010* and are incorporated by reference into Florida Administrative Code Rule 64J-2.011. The standards outline pediatric verification criteria for both Level I and pediatric trauma centers.

The Florida Trauma Center Standards were last updated in 2010 and are based on the ACS's 2006 edition of *Resources for the Optimal Care of the Injured Patient* ("Green Book"). While Florida's current pediatric standards fulfill the statutory requirement to be based on the ACS's publication, they are neither an exact replica nor do they incorporate the updates to the ACS's 2014 edition ("Orange Book"). Florida Trauma Center Standards contain additional requirements such as nursing education that are not addressed by the ACS but have continuously received support from Florida trauma centers.

The Department of Health attempted to modernize the standards in 2015 using the rule promulgation process. The rule promulgation was unsuccessful due in large part to a significant increase in regulatory costs trauma centers would be required to incur to implement the Orange Book's standards. Because the regulatory costs would certainly exceed \$200,000.00 in the first year, or \$1 million in the first five years, amending the rule in order to update the standards would have also required ratification by the Florida Legislature.

In 2018, the passage of House Bill 1165 significantly overhauled Florida's trauma center designation process. While the bill did not provide a method to update the standards, it changed the trauma center allocation requirements, procedure, and timeline in which hospitals are verified as trauma centers. The new trauma verification procedure is highly complex and is outlined in section 395.4025, Florida Statutes. The procedure is generically summarized as follows:

- *The Department of Health shall notify each acute care general hospital and each local and each regional trauma agency in a trauma service area with an identified need for an additional trauma center that the department is accepting letters of intent from hospitals that are interested in becoming trauma centers.*
- *Letters of Intent from hospitals seeking to be selected as a trauma center, must be postmarked no later than midnight October 1 of the year in which the Department of Health notifies hospitals that it plans to accept Letters of Intent.*
- *By October 15, the Department of Health shall send all hospitals that submitted a Letter of Intent, an application package that will provide the hospitals with instructions for submitting information to the Department of Health for selection as a trauma center.*
- *Applications from those hospitals seeking selection as trauma centers, including those current verified trauma centers that seek a change or re-designation in approval status as a trauma center, must be received by the Department of Health no later than the close of business on April 1 of the year following submission of the Letter of Intent.*
- *The Department of Health shall conduct an initial review of each application for the purpose of determining whether the hospital's application is complete, and the hospital is capable of constructing and operating a trauma center.*
- *The Department of Health may not approve an application for a Level I trauma center, Level II trauma center, Level II trauma center with a pediatric trauma center, jointly certified pediatric trauma center, or stand-alone pediatric trauma center if approval of the application would exceed the limits on the numbers of Level I trauma centers, Level II trauma centers, Level II trauma centers with a pediatric trauma center, jointly certified pediatric trauma centers, or stand-alone pediatric trauma centers set forth in section 395.402(1), Florida Statutes.*

- *However, the Department of Health shall review and may approve an application for a trauma center when approval of the application would result in a total number of trauma centers that exceeds the limit on the number of trauma centers in a trauma service area as set forth in section 395.402(1), Florida Statutes, if the applicant demonstrates and the Department of Health determines, that the hospital meets certain statutory requirements related to patient volumes.*
- *If the Department of Health determines that the hospital is capable of attaining and operating with the components required, the applicant must be ready to operate in compliance with the Florida Trauma Center Standards no later than April 30 of the year following the Department of Health's initial review and approval to proceed with preparation to operate as a trauma center.*
- *By May 1, the Department of Health shall select one or more hospitals that submitted an application found acceptable by the Department of Health based on initial review for approval to prepare to operate.*
 - *If the Department of Health receives more applications than may be approved, the Department of Health must select the best applicant or applicants from the available pool based on the Department of Health's determination of the capability of an applicant to provide the highest quality patient care using the most recent technological, medical, and staffing resources available and which is located the farthest away from an existing trauma center in the applicant's trauma service area to maximize access. The number of applicants selected is limited to available statutory need.*
- *Following its initial review, the Department of Health shall conduct an in-depth evaluation of all applications found acceptable in the initial review. The applications shall be evaluated against criteria enumerated in the application packages as provided to the hospitals by the Department of Health.*
- *Within one-year after the hospital begins operating as a provisional trauma center, a review team of out-of-state experts assembled by the Department of Health shall make onsite visits to all provisional trauma centers.*
- *Based on recommendations from the review team, the Department of Health shall approve for designation a trauma center that is in compliance with Florida's Trauma Center Standards.*
- *Each trauma center shall be granted a seven-year approval period during which time it must continue to maintain Florida's Trauma Center Standards and acceptable patient outcomes as determined by Department of Health.*

Much of the complexity of Florida's trauma center verification process relates to the state's unique trauma center allocation requirements. Trauma center allocation has been a contentious issue in the Florida trauma system for the past decade. Recent changes to the statute were a product of negotiations among Florida's trauma system members in an effort to reduce litigation that had plagued the Department of Health and trauma centers over the past decade.

However, the new statute has a number of prescriptive limits relating to the allocation and verification of trauma centers that provide care to pediatric trauma victims. Specifically, section 395.402 (1)(c), Florida Statutes, allocates the total number of Level I and pediatric trauma centers that can be designated in each of the state's 18 trauma service areas (TSAs). In addition, the statute states that there be no more than one standalone pediatric trauma center in each TSA. Future legislative action would be required to change the current allocations.

ACS Pediatric Trauma Center Verification Process

The ACS is a professional organization established in 1913 for the purpose of improving the care of surgical patients. The ACS, Committee on Trauma (COT), first published guidelines for the care of injured patients in 1976. In an effort to assist hospitals in evaluating and improving the delivery of trauma care, the ACS COT created the Verification, Review and Consultation Program (VRC) in 1987. The VRC program is

the only organization that verifies trauma centers nationally. The ACS evaluates trauma center resources based off guidelines found in its publication entitled *Resources for the Optimal Care of the Injured Patient*.

As of 2018, the ACS has verified 504 trauma centers in the United States.¹³ Many states require trauma centers to obtain ACS verification prior to being designated by the state. However, it is important to note that the ACS VRC program only verifies the existence of trauma resources based on its published guidelines. The VRC process does not consider geopolitical requirements for trauma center designation, such as Florida's allocation requirements, or state-specific standards.

The ACS VRC currently verifies six levels of trauma centers, including two levels of pediatric care. With expectation of level specific standards, the ACS verification process is the same for both adult and pediatric trauma centers. Hospitals seeking verification of pediatric trauma centers must meet the same resource requirements as adult trauma centers in addition to the pediatric requirements.¹⁴

The first step of the VRC process is for the ACS to perform a consultation visit at the request of the hospital or state designating authority. The purpose of the consultation visit is to assist the hospital with evaluating the facility's readiness to pursue ACS verification. This step aids the hospital with identifying compliance issues prior to seeking verification.

Once a hospital has determined that it has all of the resources and capabilities in place, the hospital will complete an application for a site visit. The ACS does not have a time requirement in which a hospital must complete the application step following its consultation review. Upon receipt of the application, the ACS will schedule a mutually acceptable date to conduct the onsite review. Currently, the ACS's website states that it is accepting applications for site review starting in May 2019. However, hospitals seeking to schedule onsite visits may be required to wait a year or more before the survey is conducted.

After scheduling the site visit, the hospital will complete an online pre-review questionnaire (PRQ). This document is intended to provide the onsite reviewers specific information relating to the hospital's existing trauma care capabilities, performance, and key medical staff. The PRQ must be completed no later than 30 days prior to the site visit.

ACS site visit teams are composed of two general surgeons trained and approved by the ACS. Using assessment tools developed by the ACS, the hospital is evaluated based on the standards outlined in the most recent edition of *Resources for the Optimal Care of the Injured Patient* ("Orange Book"). The current ACS standards assigns each standard as a Type I or Type II criteria/deficiency. Type I criteria must be in place when a site visit occurs. Type II criteria are also required elements but are considered lower in urgency than Type I.

At the conclusion of the site visit, the team will generate a report that outlines the findings. The report will identify any Type I or Type II deficiencies. The hospital will be notified of the final outcome in a letter from the ACS VRC. If no deficiencies are found, the ACS VRC will grant the hospital a verification certificate valid for three years. If deficiencies do exist at the conclusion of the visit, the ACS's verification will depend on the number and type of deficiencies found.

Site Visit Outcomes

Deficiency	Outcome
No deficiencies	Hospital is granted a three-year verification certificate
Three or less of Type II	Hospital is granted a one-year verification certificate
Type I; more than three Type II	Hospital is not verified. A focus visit is usually held four-six month later.

¹³ American College of Surgeons, *Trauma Centers*, (2018) available at <https://www.facs.org/search/trauma-centers?country=United%20States>

¹⁴ American College of Surgeons, *Resources for Optimal Care of the Injured Patient*, (2014), pg. 66

Key Differences

There are a number of differences between Florida's current trauma center designation process and the ACS VRC Program. This section outlines the key differences in the process, as well as statutory, regulatory, and system impacts that must be addressed if the state were to adopt the ACS verification process for trauma centers that treat injured children.

Trauma Center Allocation

<i>ACS:</i>	No trauma center allocation requirements. The ACS does not consider geopolitical requirements for trauma center designation.
<i>Florida:</i>	Section 395.402, Florida Statutes, limits the total number of trauma centers in each of the state's 18 TSAs.
<i>Impacts:</i>	The ACS verification of trauma resources is distinctly different than the designation of a trauma centers by the Department of Health. Any statutory proposal adopting the ACS verification process must consider the potential for confusion between hospitals with verified resources and those designated by the Department of Health.

Pediatric Trauma Center Volume Requirements

<i>ACS:</i>	Level I pediatric trauma centers must admit 200 or more injured children annually. Level II pediatric trauma centers must admit 100 or more injured children annually.
<i>Florida:</i>	No volume requirement for pediatric trauma centers.
<i>Impacts:</i>	ACS pediatric volume requirements would not currently affect any of Florida's existing Level I or pediatric trauma centers.

Length of Verification

<i>ACS:</i>	The ACS grants one (1) and three (3) year verification lengths.
<i>Florida:</i>	Section 395.4025, Florida Statutes, sets the length of trauma center designation at 7 years.
<i>Impacts:</i>	Adoption of the ACS process would require a statutory change to align the length of verification to match the length of designation.

Consultation Visit

<i>ACS:</i>	The ACS strongly recommends a consultation visit to hospitals seeking verification.
<i>Florida:</i>	The Department of Health does not have the statutory authority or an identified process to conduct consultation visits at prospective trauma centers.
<i>Impacts:</i>	A statutory change would be required to incorporate a consultation visit into the designation process.

Application Process

<i>ACS:</i>	Upon request from the hospital, the ACS will schedule a mutually acceptable date to conduct the onsite review. Hospitals will complete an online pre-review questionnaire (PRQ) no later than 30 days prior to the ACS site visit.
-------------	---

Florida: The Florida trauma center application process has historically been a paper-intensive process. The most recent revision to the statute requires a three-phase application review. Prospective trauma centers submit an application for initial review to determine if they are capable of constructing a trauma center. The second phase is an in-depth process to determine if the hospital is in compliance with the standards. After the hospital states that all resources are in place, the Department of Health will conduct a site visit within one year.

Impacts: A statutory change would be required to align the existing application process to the ACS.

Verification Timeline

ACS: **Flexible timeline. With the expectation of the wait time for an available site survey, there are no set time limits on the steps to verification. According to the ACS, the average time from consult to verification is three years.**

Florida: Based on the new changes to the statute, the timeline for verification and designation is approximately two years.

Impacts: A statutory change would be required to allow hospitals the flexibility of the ACS timeline.

Site Survey Team

ACS: **Standard ACS site surveys consist of two trauma surgeons. Hospitals can request additional physician and nurse reviewers for an additional \$3,000.**

Florida: The standard Florida site survey team consists of a trauma surgeon, neurosurgeon, nurse, emergency medicine physician and a credential reviewer.

Impacts: Several states that utilize the ACS verification process require hospitals to utilize the additional reviewers as part of the designation process.

Inclusion of Florida Specific Standards

ACS **The ACS does not verify state-specific requirements.**

Florida Florida has a number of standards such as nursing education that are not covered in detail by the ACS.

Impacts The Department of Health would require statutory authority to implement supplemental standards to address emerging issues in the Florida trauma system.

Type Criteria/Deficiencies

ACS **The ACS assigns each standard as a Type I or Type II criteria/deficiency. Type II criteria are considered less critical, and hospitals that have three or less Type II deficiencies will still be verified as trauma center.**

Florida Florida does not have “type” criteria in its standards. At the completion of the site survey process, hospitals are given the opportunity, through the administrative process, to correct any deficiency identified at the completion of the survey.

Impacts Any future statutory proposal to adopt the ACS process must consider the one and three-year verification certificate issued based on the number of “type” deficiencies at the conclusion of the site visit.

Clinical Outcomes: Florida Pediatric Trauma Centers vs. Florida ACS Pediatric Trauma Centers

Table 1: Descriptive Stats: Florida ACS Pediatric Trauma Centers vs. Florida Pediatric Trauma Centers

Age Groups	ACS Trauma Centers	FL Trauma Centers
0-5	310	1573
6-10	174	943
11-15	206	1177
Comorbidities		
N*	65	309
Min	1	0
Max	2	5
Injury Severity Score, n (%)		
1-8 Mild	479 (69.5%)	3151 (85.5%)
9-15 Moderate	146 (21.2%)	291 (7.9%)
16-25 Severe	44 (6.4%)	171 (4.6%)
>25 Profound	20 (2.5%)	73 (2.0%)
Mortality, n (%)		
1= Yes	3 (1.0%)	18 (1.0%)
2= No	687 (99.0%)	3699 (99.0%)
Length of Stay (Days)		
Average	3	2
Min	1	1
Max	60	88

Note: Data was collected from 2017-2018. Injury Severity Scores we calculated based on reported values that were available. There were 32 ISS scores that were not available from total number of patients used. ISS scores were calculated using the Department's Trauma Registry software.

Table 2: Stratified Florida ACS Pediatric Trauma Centers vs. Florida Pediatric Trauma Centers Odds Ratios

Variable	OR (95% CI)	P-Value	R ²
Mortality	1.11 (0.32-3.79)	0.8624	0.0097
Disposition			
Unfavorable Hospital Discharge (Home vs. Outpatient Facility)	0.5731 (0.3197-1.0273)	0.0584	0.0320
Unfavorable ED Discharge (Home vs. In Hospital)	0.4295 (0.3371-0.5473)	<0.0001	0.2870
Length of Stay (LOS)	1.7243 (1.4223-2.0905)	<0.0001	0.1640

OR=Odds Ratio
CI=Confidence Interval

Methodology used calculate the odds ratios: The outcome variables were stratified into smaller groups to run the odds ratio as a 2x2 table. The 2x2 tables compared Florida ACS Pediatric verified trauma centers to FL Pediatric trauma centers against each of the outcome variables. Mortality was presented as DeathInEd or death in the hospital and then adjusted to a binary variable with 1 correlating to “yes” and 2 correlating to “no”. Complication was converted into a “yes” or “no” binary variable. With “yes” representing the patient had a complication and “no” being no complications. Disposition was converted into a binary variable to run the odds ratio for both types of discharge dispositions. The first being the hospital disposition and the second being ED disposition. Hospital Discharge Dispositions were grouped into two categories: “Home with or without Services” and “Other Facilities (Long Term Care, Hospice, Rehab Center, etc.)”. ED Discharge Dispositions were grouped into two categories: “Within Hospital (ICU, Floor, OR, etc.)” and “Out of Hospital (Home, Transferred, Other, etc.)”. Length of stay was categorized into to two categories: length of stay >2 days and length of stay <2.

Table 3: Multivariate Model for Adjusted Odds Ratios Looking at Outcome Variables Against Each Risk Factor.

Outcome	Risk Factor*	Adjusted Odds Ratio**	95 % Confidence Interval	P -Value	C-Statistic
Mortality	ACS TCs vs. FL TCs	0.923	0.406-2.099	0.8477	0.919
	ISS (Moderate vs. Mild)	4.728	1.056-21.161	0.0422	
	ISS (Severe vs. Mild)	51.913	14.168->190.217	<0.0001	
	ISS (Profound vs. Mild)	488.085	144.692->999.999	<0.0001	
Hospital Disposition	ACS TCs vs. FL TCs	0.432	0.226-0.827	0.0112	0.898
	Age (0-5 vs. 11-15)	0.425	0.261-0.694	0.0006	
	Age (6-10 vs. 11-15)	0.562	0.319-0.989	0.0457	
	Comorbidity (High vs. Low)	14.256	5.481-37.075	<0.0001	
	ISS (Moderate vs. Mild)	5.246	2.830-9.723	<0.0001	
	ISS (Severe vs. Mild)	30.631	16.306-57.540	<0.0001	
	ISS (Profound vs. Mild)	151.615	75.864-303.005	<0.0001	
ED Disposition	ACS TCs vs. FL TCs	2.264	1.774-2.890	<0.0001	0.599
	ISS (Moderate vs. Mild)	2.208	1.794-2.717	<0.0001	
	ISS (Severe vs. Mild)	3.653	2.234-5.975	<0.0001	
	ISS (Profound vs. Mild)	1.432	0.846-2.421	0.1808	
Length of Stay (LOS)	ACS TCs vs. FL TCs	1.745	1.413-2.154	<0.0001	
	Age (0-5 vs. 11-15)	0.680	0.561-0.826	0.0001	

	Age (6-10 vs. 11-15)	0.769	0.615-0.962	0.0217	
	ISS (Moderate vs. Mild)	3.996	3.319-4.813	<0.0001	0.736
	ISS (Severe vs. Mild)	13.349	9.893-18.012	<0.0001	
	ISS (Profound vs. Mild)	15.406	9.895-23.987	<0.0001	
Complication	ACS TCs vs. FL TCs	30.564	21.750-42.952	<0.0001	
	ISS (Moderate vs. Mild)	0.197	0.119-0.326	<0.0001	
	ISS (Severe vs. Mild)	5.162	2.512-10.606	<0.0001	0.896
	ISS (Profound vs. Mild)	0.297	0.170-0.518	<0.0001	

Notes: The adjusted odds ratio was calculated by running the outcome variables by each individual risk factor. Comorbidities were defined as "High" if the number of comorbidities was between 2 and 5 and "Low" if they were less than 2. The C-statistic was used to show goodness of fit over the r-squared value to better represent the binary outcomes in the logistic regression model. Only values that were of any significance were included in the table. For each risk factor there was a reference variable used to compare against. Each reference variable is provided below:
 Facility Group="FL Trauma Centers"
 Age Group="11-15"
 Comorbidity="Low"
 ISS="Mild"

Terms and Definitions

95% Confidence Interval (CI): Used to estimate the precision of the odds ratio. A larger CI indicates a low level of precision of the odds ratio, whereas a small CI indicates a higher precision of the odds ratio. CI also indicates likely result values. For example, if an OR=30.564 and the CI is (21.750-42.952) then the most likely answer is 30.564, but values of 21.750 through 42.952 are also likely, however less likely the further the values are away from 30.564.

Adjusted Odds Ratios: An adjusted odds ratio considers all the variables to adjust for the influence of impact variables, then the ratio is said to be fully adjusted. The adjusted odds ratio in these tables were calculated by running the outcome variables by each individual risk factor. The adjusted OR is the odds ratio associated with the factor in a model that include the other listed factors, such as severity, comorbidities, or age. If a factor is not listed in the model given, it was eliminated because it did not improve model fit.

C-statistic: The "concordance" statistic, is a measure of goodness of fit for binary outcomes in a logistic regression model. Generally, you would measure the C-statistic as follows: a value below 0.5 indicates a very poor model, a value of 0.5 means the model is no better than predicting an outcome than random chance, values over 0.7 indicates a good model, a value of 0.8 indicates a strong model and a value equal to 1 means that the model perfectly predicts those group members who will experience a certain outcome and those who will not.

Comorbidities: Preexisting health conditions that contribute to the likelihood of death or complication.

Injury Severity Score: Injury Severity Score (ISS) is a scoring system ranging from 0 to 75 which provides and overall score of a patient's injuries. The scoring system can be grouped into four categories: mild, moderate, severe and profound.

Length of Stay: The cumulative amount of days spent in the intensive care unit (ICU).

Mortality: The percentage of patients that died in the Emergency Department.

N: The number of observations.

Odds Ratio (OR): The odds ratio represents the odds that an outcome will occur given a single factor, compared to the odds of the outcome occurring in the absence of that factor. An odds ratio equal to 1 means the exposure does not affect odds of outcome. An odds ratio that is greater than 1 means the exposure is associated with higher odds of outcome. An odds ratio is less than 1 the exposure is associated with lower odds of outcome. Example, patients who [in exposure group] are (enter odds ratio) times as likely as those [in non-exposure group] to be in [outcome group] vs. [no-outcome group].

P-value: The value used to identify the difference in the observed data and expected outcome. A p-value of less than 0.05 to shows that the comparison between groups is significant. For example, a p-value of 0.01 represents the observed results would occur by chance 1% of the time.

R²: The term describes the strength of the correlation between two groups. An R² value close to or equal to 1 represents a strong correlation between groups and an R² value closer to 0 means there is no real correlation between groups.

Risk Factor: Factors that influenced mortality, discharge disposition, and length of stay in the ICU. These factors are ISS scores, comorbidities and age group.

Part IV: Cost of Obtaining and Maintaining ACS Verification

There are two types of cost associated with obtaining and maintaining ACS verification. The first cost type is verification costs. The ACS has a published fee structure that includes its annual membership fee and the costs associated with the different site visits outlined in the verification process.

The second cost type is resource costs. This is the cost to the hospital to have the required facility, equipment, and staffing to meet and maintain compliance with ACS standards.

Hospitals that choose to pursue ACS trauma center verification often already have many of the existing service lines and staffing in place before seeking verification. The staffing and equipment is often part of the hospital's larger capability to provide services to the patients they serve. Therefore, resource costs may vary widely depending on the individual hospital's existing facility infrastructure, service line capabilities, staffing and geographic market conditions. Determining the total resource cost for a hospital or state-designated trauma center to obtain and maintain ACS verification as Level I or Level II pediatric trauma center is a difficult task to generally estimate because the weight of each resource cost variable is unique to the individual hospital.

ACS Verification Costs

As of July 1, 2019, the ACS will charge trauma centers seeking verification as pediatric trauma centers an initial consultation visit fee of \$19,000 - \$21,500, an annual fee, which includes participation in the Trauma Quality Improvement Program (TQIP).

ACS Verification Fees

Level	Fee	Year 1	Year 2	Year 3	Fee Total
Pediatric	Consultation*	\$19,000	-	-	\$76,000**
	Verification	\$19,000	\$19,000	\$19,000	
Adult Level I or II with Level I pediatric	Consultation*	\$21,500	-	-	\$135,500**
	Verification	\$38,000	\$38,000	\$38,000	
Adult Level I or II with Level II pediatric	Consultation*	\$21,500	-	-	\$122,000**
	Verification	\$33,500	\$33,500	\$33,500	

* The consultation visit fee is a onetime cost associated with the initial verification of the trauma center.

** There are additional costs beyond the fee schedule such as staff travel, and the consultation visit dinner that are not factored in this calculation.

Under the current state designation process, the Department of Health performs verification services to trauma centers at no cost. The estimated cost for the Department of Health to verify a new trauma center is \$32,000 - \$36,000 per hospital, which includes the application review and site survey. The estimated cost to conduct a site survey to reverify an existing trauma center is \$18,000 - \$20,000.

Resource Costs

The Florida Trauma System Advisory Council (FTSAC) has identified major resource cost barriers by level of state designation. Exact resource costs were not projected due to multiple factors that are highly variable and cannot be generally estimated.

To identify cost barriers, the Florida Trauma System Advisory Council first cross-walked Florida's existing standards for pediatric and Level I trauma centers to the requirements outlined in the Orange Book for Level I and Level II pediatric trauma centers. It is important to note, that the ACS requires pediatric trauma centers to meet the same resource requirements as adult trauma centers; therefore, the comparison also included standards beyond the pediatric specific standards outlined in Chapter 10 of the Orange Book.

The next step eliminated Orange Book standards that were substantially similar to the Florida Trauma Center Standards (DH Pamphlet 150-9) or did not have an identifiable cost. A survey was formulated from the remaining standards for the purpose of identifying prohibitive resource costs. The survey was sent to trauma centers statewide that were designated as a Pediatric, Level I or were Level II trauma centers that discharged greater than 100 injured children in 2016 or 2017. In total the survey was sent to 20 trauma centers in Florida.

Each of the hospitals surveyed were allotted approximately one month to respond. All responses were anonymous, with the exception of a question asking them to identify their current level of designation. At the conclusion of the survey period, 20 responses (complete or partial) were received. The number of responses received correlated with the number and levels of trauma centers surveyed. In total, the survey was sent to 10 Level I, three standalone pediatric, two jointly certified Level II/pediatric and five Level II trauma centers.

Following the survey, trauma centers were grouped by designation level and compared against the ACS verification requirements as follows:

- Florida designated standalone pediatric trauma centers were compared to ACS Level I pediatric trauma center requirements.
- Florida designated Level I trauma centers were compared to ACS Level II pediatric trauma center requirements.
- Jointly designated Florida Level II/pediatric trauma centers were compared to ACS Level II requirements.
- Florida designated Level II trauma centers, that discharged greater than 100 injured children and did not have verified pediatric resources, were compared to ACS Level II pediatric trauma center requirements.

Based on the responses of the survey, standards were eliminated as resource cost barriers if 90 percent of respondents of the designation group indicated they were compliant, or the cost of compliance was likely low impact.

Florida Designated Standalone Pediatric Trauma Centers vs. ACS Pediatric Level I Requirements.

- 2 of 3 standalone pediatric trauma centers did not have a formal research program that meets the requirements of ACS standards CD 19-1, CD 19-2, CD 19-3 and CD 19-4.
- 1 of 3 standalone pediatric trauma centers did not currently require the arrival of the trauma team within 15 minutes as required by ACS standards CD 2-9, CD 5-14 and CD 5-16.
- 1 of 3 standalone pediatric trauma centers had one or more physician specialists who were not board certified, lack the CME requirement, or lack the education requirements outline in ACS standards CD 10-40, CD 6-10, CD 8-15, CD 9-19 and CD 7-13.
- 1 of 3 standalone pediatric trauma centers did not have a pediatric intensive care unit (PICU) director who was a surgeon and who was board certified in surgical critical care as required by ACS standard CD 10-33.
- 1 of 3 standalone pediatric trauma centers did not have a surgical residency program with a continuous rotation of senior surgical residents (PGY 3-5) as required by ACS standards CD 10-27 and CD 17-3.
- 1 of 3 standalone pediatric trauma centers did not have a residency program for all of the surgical specialties outlined in ACS standard CD 10-28

Florida Designated Level I Trauma Centers vs. ACS Pediatric Level II Requirements.

- 5 of 10 Level I trauma centers did not indicate having a formal research program that meets the requirements for adult ACS Level I trauma centers as outlined in standards CD 19-1, CD 19-2, CD 19-3, and CD 19-4
- 2 of 10 Level I trauma centers did not indicate having a pediatric trauma medical director as required by ACS standard CD 10-25.
- 3 of 10 Level I trauma centers did not indicate having a physician board certified in pediatric critical care as outlined in Table 1 in Chapter 10 of the Orange Book.
- 3 of 10 Level I trauma centers did not indicate having an intensive care unit (ICU) director who is board certified in surgical critical care as required by ACS standards CD 11-48 and 11-49.
- 2 of 10 Level I trauma centers did not indicate having a pediatric intensive care unit (PICU) director who was a surgeon who was board certified in surgical critical care as required by ACS standard CD 10-33.
- 3 of 10 Level I trauma centers did not indicate having all of their pediatric intensive care unit (PICU) physicians credentialed by the hospital to provide pediatric trauma care in their respective areas as required by ACS standard CD 10-19.
- 2 of 10 Level I trauma centers did not indicate having had a surgical residency program with a continuous rotation of senior surgical residents (PGY 3-5) as required by ACS standards CD 10-27 and CD 17-3.
- 8 of 10 Level I trauma centers did not have residency program for all of the surgical specialties outlined in ACS standard CD 17-3.

Florida Jointly Designated Level II and Pediatric Trauma Centers vs. ACS Pediatric Level II

- 1 of 2 of joint Level II/pediatric trauma centers did not currently require the arrival of the trauma team within fifteen (15) minutes, as required by ACS standards CD 2-9, CD 5-14 and CD 5-16.
- 1 of 2 of joint Level II/pediatric trauma centers did not have a surgeon serve as co-director of the intensive care unit (ICU) as required by standard CD 11-53.
- 1 of 2 joint Level II/pediatric trauma centers did not have all of their pediatric intensive care unit (PICU) physicians credentialed by the hospital to provide pediatric trauma care in their respective areas as required by ACS standard CD 10-19.

Florida Level II (Adult Only) Trauma Centers that Discharged Greater than 100 Injured Children vs. ACS Pediatric Level II¹⁵

- 5 of 5 Level II trauma centers did not indicate having a pediatric trauma medical director as required by ACS standard CD 10-25.
- 5 of 5 Level II trauma centers did not indicate that they required the arrival of the trauma team within 15 minutes as required by ACS standards CD 2-9, CD 5-14 and CD 5-16.
- 5 of 5 Level II trauma centers indicated they did not have a pediatric specific Performance Improvement and Patient Safety (PIPS) program as required CD 10-16 and CD 5-15.
- 3 of 5 Level II trauma centers indicated they did not have a board-certified physician in pediatric critical care as outlined in Table 1 in Chapter 10 of the Orange Book.
- 3 of 5 Level II trauma centers did not have operating room (OR) and post-anesthesia care unit (PACU) staff on call 24 hours a day for operative emergencies as required by ACS standards CD 11-16 and CD 11-25.

¹⁵ NOTE: Level II trauma centers that discharged greater than 100 injured children were not surveyed on their existing compliance with the pediatric requirements Florida Trauma Center Standard (DH Pamphlet 150-9). It is likely that these trauma center would face additional come

- 3 of 5 Level II trauma centers did not indicate having pediatric or adult cardiopulmonary bypass equipment immediately available (with appropriately trained staff) or a contingency plan, including immediate transfers to an appropriate center with such capabilities. This is required by ACS standard CD 11-22.
- 3 of 5 Level II trauma centers did not indicate having MRI capabilities (including staff) 24 hour a day as required by CD 11-46.
- 4 of 5 Level II trauma centers indicated that one or more physician specialties were not board certified, meet the CME requirement, or education requirements outline in ACS standards CD 10-40, CD 6-10, CD 8-15, CD 9-19 and CD 7-13.
- 4 of 5 Level II trauma centers did not indicate that a surgeon served as a co-director of the intensive care unit (ICU) as required by standard CD 11-53.
- 4 of 5 Level II trauma centers did not have a director of the pediatric intensive care unit (PICU) who is board certified in critical care as required by ACS standard CD 10-33.
- 4 of 5 Level II trauma centers indicated that not all of their pediatric intensive care unit (PICU) physicians are credentialed by the hospital to provide pediatric trauma care in their respective areas as required by ACS standard CD 10-19.

Part V: ACS Verification of Pediatric Trauma Center in Florida

The following hospitals have been verified as pediatric trauma centers by the American College of Surgeons (ACS):

ACS Verified Pediatric Trauma Centers in Florida

Name	Level	Address
Tampa General Hospital	Level I Pediatric	Tampa General Hospital 1 Tampa General Circle Tampa, Florida 33606
Memorial Regional Hospital & Joe DiMaggio Children’s Hospital	Level II Pediatric	Memorial Regional Hospital & Joe DiMaggio Children’s Hospital 3501 Johnson Street. Hollywood, Florida 33021
Nicklaus Children’s Hospital	Level I Pediatric	Nicklaus Children’s Hospital 3100 Southwest 62 nd Ave Miami, Florida 33155

Information was obtained from the ACS-VRC program office

Florida Hospitals and Trauma Centers Seeking ACS Verification

The following hospitals have started the ACS verification process:

Hospitals Seeking ACS Verification as Pediatric Trauma Centers

Name	ACS Level Seeking	Address	Verification Step
Arnold Palmer Hospital	Level I Pediatric	Arnold Palmer Hospital for Children – Orlando Health 92 West. Miller Street. Orlando, Florida 32806	Site visit scheduled for July 2019
UF Health Shands	Level I Pediatric	University of Florida Health Shands 1515 SW Archer Road. Gainesville, Florida 32608	Consultation visit held October 2018
UF Health Jacksonville	Level II Pediatric	University of Florida Health Jacksonville 655 8th Street West. Jacksonville, Florida 32209	Consultation visit scheduled December 2019

Information was obtained from the ACS-VRC program office

Florida Hospitals Capable of Obtaining ACS Verification

Nemours Children’s Hospital indicated through public comment received during the FTSAC meeting on November 26, 2018, that they are capable of obtaining ACS verification as a pediatric trauma center.

Nemours Children’s Hospital is not a designated trauma center by the Department of Health. The designation of new pediatric trauma centers is subject to the trauma center designation requirements outlined in Chapter 395, Part II, Florida Statutes.

Part VI: Barriers to Obtaining and Maintaining Verification

Methodology

Florida trauma centers are best positioned to identify barriers to obtaining ACS pediatric trauma center verification based on the specific challenges and opportunities at their respective hospitals. FTSAC invited each of the potentially affected trauma centers to provide live testimony before the council or submit written comments for review. (Appendix A)

The following trauma centers submitted written comments:

Name	Level	Location
Tampa General Hospital	Level I	Tampa
Johns Hopkins, All Children's	Pediatric	St. Petersburg
St. Joseph's Children's Hospital	Level II/Pediatric	Tampa
Sacred Heart	Level II/Pediatric	Pensacola
Wolfson Children's Hospital	Pediatric	Jacksonville
Orlando Regional Medical Center	Level I	Orlando

The Florida Trauma System Advisory Council received live testimony on November 26, 2018 at Memorial Regional Hospital and Joe DiMaggio Children's Hospital in Hollywood Florida.¹⁶ The following hospitals and trauma centers provided comments:

Name	Level	Location
Orlando Regional Medical Center	Level I	Orlando
Nicklaus Children's Hospital	Pediatric	Miami
UF Health Jacksonville	Level I	Jacksonville
Nemours Children's Hospital	Acute Care	Orlando

Eight of the 15 trauma centers that have state verified pediatric resources provided comment to FTSAC.

Comment letters and oral testimony received by FTSAC are enclosed in (Appendix B) of this document.

Summary of Challenges

Johns Hopkins All Children's stated that it required \$500,000-\$1,000,000 in capital outlay to position itself to seek ACS Pediatric trauma center verification. This trauma center also stated that a policy proposal to adopt the ACS process should include a five-year transition plan to allow pediatric trauma centers time to acquire the additional resources necessary to meet ACS criteria and to account for the surge on the ACS VRC program.

Orlando Regional Medical Center / Arnold Palmer Children's Hospital (ORMC) stated that it has invested \$200,000 in capital outlay to pursue ACS Pediatric trauma center verification for Arnold Palmer Children's Hospital. These expenditures included additional staff, education and fees associated with participation in ACS's Pediatric Trauma Quality Initiative Program (TQIP)

ORMC also stated that there would be additional cost considerations for Level I trauma centers where the pediatric hospital and adult hospital were not physically linked by a connector, thus the pediatric hospital would be required to be verified as a standalone pediatric trauma center.

Specific to Level I trauma centers, ORMC pointed out potential challenges of having a state verification system for adults and having the ACS for pediatrics. Florida Statutes define state-designated Level I

¹⁶ NOTE: The Florida Trauma System Advisory Council was originally scheduled to receive oral comments from trauma centers on October 18, 2018 in St. Augustine, Florida. This meeting was postponed due to Hurricane Michael.

trauma centers as having the capability to treat injured children. Trauma centers that seek ACS verification as Pediatric trauma centers are required to meet the same resource requirements as adult centers. Since the ACS Level I adult requirements are more resource intensive than the current state standards, state-designated Level I trauma centers may be required to meet ACS adult standards by default.

Findings

Eight of the trauma centers and one acute care hospital that provided comment to FTSAC supported use of the ACS standards/process in some capacity. Three of the trauma centers support a hybrid system for which the ACS standards would serve as the core component and would include additional Florida specific standards.

FTSAC did not receive comment from any trauma center that stated that the requirement to obtain ACS verification would result in that hospital ceasing to maintain state pediatric trauma center designation.

Part VII: Policy Proposals and Recommendations

Methodology

Chapter 2018-66, Laws of Florida, mandated that the Florida Trauma System Advisory Council (FTSAC) develop a policy proposal that addresses the need and value of verification by a national accreditation body. In the development of its policy proposal the FTSAC completed the following steps:

- Held 19 publicly noticed meetings to address its process for conducting its evaluation and to obtain information necessary to thoroughly evaluate the pediatric trauma center verification standards of the Florida trauma system and ACS.
- Surveyed Florida trauma centers that routinely care for injured children to assess the resource gaps and cost barriers to becoming verified as ACS pediatric trauma centers.
- Obtained information from the ACS relating to the verification process and obtain a list Florida pediatric trauma centers that are ACS verified or are in the process of seeking pediatric trauma center verification from the ACS.
- Consulted with Dr. William Marx, Chair, New York State Trauma System Advisory Committee, regarding New York's transition to ACS and the system impacts of requiring trauma centers to obtain ACS verification as a condition of state designation.
- Received testimony from Dr. R. Stephen Smith, Primary Editor of the ACS publication *Resources for the Optimal Care of the Injured Patient, 2014*. Dr. Smith is one of three physicians listed as a Primary Editor of the publication.
- Compared outcomes at Florida designated pediatric trauma centers against Florida trauma centers that are verified as pediatric centers by the ACS
- Solicited and received written comments and oral testimony from Florida's hospital's and trauma centers that routinely treat pediatric trauma victims. Specifically, the Florida Trauma System Advisory Council solicited information relating to the opportunities and challenges those trauma centers faced in obtaining and maintaining ACS pediatric trauma center verification.

Goals and Acknowledgements

- Optimal outcomes and realized access to care for our injured pediatric patients is FTSAC's ultimate goal.
- The FTSAC recognizes that the ACS is the national standard for trauma care.
- There are strengths and weaknesses in both the Florida trauma system and the ACS system for verification. FTSAC seeks to develop a trauma center verification system for all levels of trauma centers that includes the best elements of both systems. Specifically, the FTSAC values the ability to address the specific needs of all severely injured people in Florida.
- Trauma care is a dynamic, complex and an evolving system. Regular updates are necessary in any trauma center standard to continue to deliver the best care to injured persons.
- Ultimately, resource costs to individual trauma centers to obtain ACS verification will vary based on where they are in the process of verification and their geographical location. Resource costs may vary widely depending on the hospital's existing facility infrastructure, existing service line capabilities and staffing and geographic market conditions.

Recommendation #1

The Florida Legislature should require the Florida Trauma System Advisory Council to conduct a feasibility study relating to changes in the verification of trauma resources for both adult and pediatric trauma centers simultaneously. This study should be produced on or before August 31, 2020. The study will focus on four elements: barriers to obtaining and maintaining verification, resource costs, Florida trauma centers that are pursuing ACS verification, and policy recommendations.

Sub-recommendation

The Florida Legislature should appropriate funding to the EMS Trust Fund within the Department of Health to conduct a study related to resource costs of ACS verification in Florida trauma centers and acute care hospitals.

This recommendation is based on the need for a consistent and standardized verification process for both adult and pediatric trauma centers. At this time, any recommendation that would alter the verification process/standards for any level of trauma center would be premature without further assessment of the resource availability and impacts at all adult trauma centers.

To assess the impact to all levels of trauma centers, FTSAC recommends that the Florida Legislature appropriate funding to the Florida Department of Health for the purpose of contracting with a vendor to assess the availability and costs related to meeting the ACS trauma center standards. Assessing and estimating resources/costs for hospitals is a specialized and time-intensive process. A third-party vendor with the necessary skills is prudent use of FTSAC's and Department of Health's resources.

Recommendation #2

Amend the Florida Statutes to adjust the period of verification for pediatric and adult trauma centers from seven years to three years, with necessary provisions to align Florida verification periods with ACS verification periods.

This recommendation should be implemented as soon as possible.

Trauma center staffing and programmatic functions are constantly evolving. As such, frequent evaluation and involvement with the verification entity is necessary to ensure that trauma center operations remain consistent across the entire system and that the best care is available to every Florida citizen and visitor. The verification and re-verification process also provide an opportunity for the verification entity to assess new challenges faced by trauma centers within the system.

ACS has long set its verification at three years. The FTSAC recommends that Florida align to the national standard set by the ACS.

Recommendation #3

The Florida Legislature allow that future revisions of Florida Trauma Center Standards (DH Pamphlet 150-9), which are codified in Florida Administrative Rule 64J-2.011, be exempt from the ratification requirements of administrative rules as outlined in section 120.541(3), Florida Statutes. To ensure and safeguard the Florida Trauma System from unnecessary regulatory costs, a three-quarters approval of the proposed rule by the Florida Trauma System Advisory Council should be considered as a condition of the exemption to section 120.541(3), Florida Statutes.

The FTSAC has found that the ability to regularly modernize and change existing trauma center standards is necessary to align with national standards and continuously improve patient care. Currently, changes to the Florida Trauma Centers Standards (DH Pamphlet 150-9) must be amended using the rule promulgation requirements outlined Chapter 120, Florida Statutes. A noted challenge to amending the trauma standards is the requirement that the Department of Health prepare a statement of estimated regulatory costs (SERC), and ratification by the legislature occur prior to adoption of the rule.

Consistent changes or updates, most likely annually, to the Florida Trauma Center Standards (DH Pamphlet 150-9) are necessary to ensure Florida's trauma system is positioned to align with national standards. The updates also ensure the trauma system has the ability to address emerging trauma care issues facing injured persons and trauma centers in the state. Small changes to the standards such as the requirement of an additional physician specialty or procurement of specialized medical equipment would almost certainly require that the amended rule be ratified by the legislature prior to adoption. Florida Statutes has already granted similar latitude to the following:

- Triennial updates of and amendments to the Florida Building Code which are expressly authorized by section 553.73, Florida Statutes.
- Triennial updates of and amendments to the Florida Fire Prevention Code which are expressly authorized by section 633.202, Florida Statutes.

To safeguard the Florida Trauma System from unnecessary regulatory costs, a three-quarters approval of the proposed rule by FTSAC should be considered as a condition of the exemption to section 120.541(3), Florida Statutes.

It is imperative that FTSAC explore the possibility of this exemption with the legislature before designing and recommending changes to the trauma center verification entity or the standards themselves.

Recommendation #4

The Department of Health should maintain a role in the location and allocation of trauma centers in the state, and the Department of Health should consider promoting nursing and ancillary services standards above those set by ACS. Verification standards should remain in the control of the Department of Health, as well as designation of trauma centers.

FTSAC recommends that the Department of Health continue to serve as the state trauma center designating authority. As such, the Department of Health shall have the necessary rulemaking authority to require trauma centers to meet additional requirements, above or in addition to, the ACS requirements to be designated or re-designated as a trauma center.

Recommendation #5

The Florida Trauma System Advisory Council, the Emergency Medical Services Advisory Council (EMSAC), and the Department of Health should continue to improve surveillance of severely injured children throughout the state.

Pediatric trauma is a major public health and economic concern in the state of Florida. Optimal outcomes and realized access to care for our injured pediatric patients is FTSAC's ultimate goal. FTSACI seeks to partner with the Department of Health, EMSAC and other organizations to ensure that injured children have appropriate access to specialized pediatric trauma care resources during the pre-hospital, hospital and rehabilitation phases of the trauma system continuum of care.

Appendix A

Florida Trauma System Advisory Council Solicitation of Public
Comment Regarding Pediatric Resources and Verification

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Phillip, M.D., M.P.H.
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

August 21, 2018

Mr. Gino Santorio, COO
Broward Health Medical Center
1600 S. Andrews Ave.
Fort Lauderdale, FL 33316

RE: Solicitation of Public Comment Regarding Pediatric Trauma Center Verification and Resources

Dear Mr. Santorio:

The Florida Trauma System Advisory Council (FTSAC), in accordance with chapter 2018-66, Laws of Florida, has been tasked with conducting a comparative study of the existing pediatric Florida Trauma Center Standards (DH Pamphlet 150-9) to the pediatric requirements outlined in the American College of Surgeons (ACS), *Resources for Optimal Care of the Injured Patient, 2014*.

No later than December 31, 2018, the FTSAC is required to submit a report to the Governor, the Speaker of the Florida House of Representatives, and the President of the Florida Senate. The report's findings must consider the following:

- The cost of obtaining and maintaining ACS verification
- Barriers hospitals face with obtaining ACS verification
- Policy proposals that address the need and value of ACS verification

The FTSAC is evaluating the potential impacts the ACS pediatric requirements would have on state verified Pediatric, Level I and Level II trauma centers that discharge greater than 100 injured children annually. Your hospital has been identified as meeting that description based on data submitted to the Florida Trauma Registry during 2016 and 2017.

The Florida Department of Health, on behalf to the Florida Trauma System Advisory Council, is extending an invitation to your hospital to send a representative to provide live testimony or submit written comments regarding the available pediatric trauma resources at your institution and any potential barriers to obtaining ACS pediatric trauma center verification.

The opportunity to provide live testimony will take place at the next FTSAC meeting which is scheduled for 1:00 PM EST, October 18, 2018 at the following location:

Renaissance World Golf Village Resort
500 South Legacy Trail
St. Augustine, FL 32821

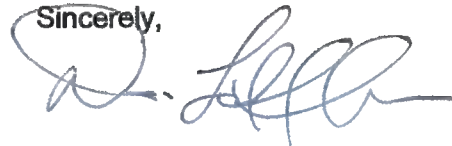
The Department will receive written comments on behalf of the FTSAC at the following address:

**Florida Department of Health
Bureau of Emergency Medical Oversight
c/o Michael Leffler, Moderator, Florida Trauma System Advisory Council
4052 Bald Cypress Way, Bin #A-22
Tallahassee, FL 32399**

The FTSAC requests that hospitals wishing to provide live testimony confirm attendance at the October meeting no later than September 17, 2018. Written comments received before October 11, 2018, will be provided to council members prior to the meeting and included in the meeting record. All public comments received will be considered in the FTSAC final report.

On behalf of the FTSAC and the Department, thank you for institution's commitment to providing quality trauma care to Florida's injured citizens and visitors. For additional information regarding the FTSAC activities or to confirm your attendance at the October meeting, please contact me directly at (850) 558-9535 or michael.leffler@flhealth.gov.

Sincerely,



**Michael S. Leffler
Moderator
Florida Trauma System Advisory Council**

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Phillip, M.D., M.P.H.
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

August 21, 2018

Mr. Mark Bryan, CEO
Delray Medical Center
5352 Linton Blvd.
Delray Beach, FL 33484

RE: Solicitation of Public Comment Regarding Pediatric Trauma Center Verification and Resources

Dear Mr. Bryan:

The Florida Trauma System Advisory Council (FTSAC), in accordance with chapter 2018-66, Laws of Florida, has been tasked with conducting a comparative study of the existing pediatric Florida Trauma Center Standards (DH Pamphlet 150-9) to the pediatric requirements outlined in the American College of Surgeons (ACS), *Resources for Optimal Care of the Injured Patient, 2014*.

No later than December 31, 2018, the FTSAC is required to submit a report to the Governor, the Speaker of the Florida House of Representatives, and the President of the Florida Senate. The report's findings must consider the following:

- The cost of obtaining and maintaining ACS verification
- Barriers hospitals face with obtaining ACS verification
- Policy proposals that address the need and value of ACS verification

The FTSAC is evaluating the potential impacts the ACS pediatric requirements would have on state verified Pediatric, Level I and Level II trauma centers that discharge greater than 100 injured children annually. Your hospital has been identified as meeting that description based on data submitted to the Florida Trauma Registry during 2016 and 2017.

The Florida Department of Health, on behalf to the Florida Trauma System Advisory Council, is extending an invitation to your hospital to send a representative to provide live testimony or submit written comments regarding the available pediatric trauma resources at your institution and any potential barriers to obtaining ACS pediatric trauma center verification.

The opportunity to provide live testimony will take place at the next FTSAC meeting which is scheduled for 1:00 PM EST, October 18, 2018 at the following location:

Renaissance World Golf Village Resort
500 South Legacy Trail
St. Augustine, FL 32821

Florida Department of Health
Division of Emergency Preparedness and Community Support
Bureau of Emergency Medical Oversight
4052 Bald Cypress Way, Bin A-22 • Tallahassee, FL 32399-1701
PHONE: 850-245-4440 • FAX: 850-488-2512
FloridaHealth.gov



Accredited Health Department
Public Health Accreditation Board

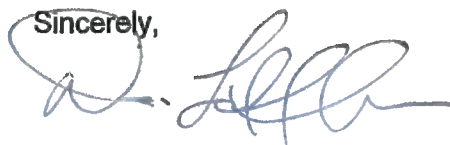
The Department will receive written comments on behalf of the FTSAC at the following address:

**Florida Department of Health
Bureau of Emergency Medical Oversight
c/o Michael Leffler, Moderator, Florida Trauma System Advisory Council
4052 Bald Cypress Way, Bin #A-22
Tallahassee, FL 32399**

The FTSAC requests that hospitals wishing to provide live testimony confirm attendance at the October meeting no later than September 17, 2018. Written comments received before October 11, 2018, will be provided to council members prior to the meeting and included in the meeting record. All public comments received will be considered in the FTSAC final report.

On behalf of the FTSAC and the Department, thank you for institution's commitment to providing quality trauma care to Florida's injured citizens and visitors. For additional information regarding the FTSAC activities or to confirm your attendance at the October meeting, please contact me directly at (850) 558-9535 or michael.leffler@flhealth.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "M. Leffler", written over a circular stamp.

**Michael S. Leffler
Moderator
Florida Trauma System Advisory Council**

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Phillip, M.D., M.P.H.
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

August 21, 2018

Mr. Jeffrey Feasel, CEO
Halifax Health Medical Center
303 N. Clyde Morris Blvd.
Daytona Beach, FL 32114

RE: Solicitation of Public Comment Regarding Pediatric Trauma Center Verification and Resources

Dear Mr. Feasel:

The Florida Trauma System Advisory Council (FTSAC), in accordance with chapter 2018-66, Laws of Florida, has been tasked with conducting a comparative study of the existing pediatric Florida Trauma Center Standards (DH Pamphlet 150-9) to the pediatric requirements outlined in the American College of Surgeons (ACS), *Resources for Optimal Care of the Injured Patient, 2014*.

No later than December 31, 2018, the FTSAC is required to submit a report to the Governor, the Speaker of the Florida House of Representatives, and the President of the Florida Senate. The report's findings must consider the following:

- The cost of obtaining and maintaining ACS verification
- Barriers hospitals face with obtaining ACS verification
- Policy proposals that address the need and value of ACS verification

The FTSAC is evaluating the potential impacts the ACS pediatric requirements would have on state verified Pediatric, Level I and Level II trauma centers that discharge greater than 100 injured children annually. Your hospital has been identified as meeting that description based on data submitted to the Florida Trauma Registry during 2016 and 2017.

The Florida Department of Health, on behalf to the Florida Trauma System Advisory Council, is extending an invitation to your hospital to send a representative to provide live testimony or submit written comments regarding the available pediatric trauma resources at your institution and any potential barriers to obtaining ACS pediatric trauma center verification.

The opportunity to provide live testimony will take place at the next FTSAC meeting which is scheduled for 1:00 PM EST, October 18, 2018 at the following location:

Renaissance World Golf Village Resort
500 South Legacy Trail
St. Augustine, FL 32821

Florida Department of Health
Division of Emergency Preparedness and Community Support
Bureau of Emergency Medical Oversight
4052 Bald Cypress Way, Bin A-22 • Tallahassee, FL 32399-1701
PHONE: 850-245-4440 • FAX: 850-488-2512
FloridaHealth.gov



Accredited Health Department
Public Health Accreditation Board

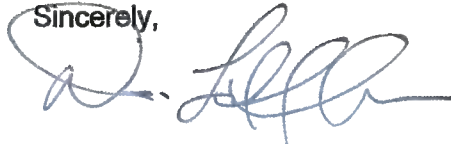
The Department will receive written comments on behalf of the FTSAC at the following address:

**Florida Department of Health
Bureau of Emergency Medical Oversight
c/o Michael Leffler, Moderator, Florida Trauma System Advisory Council
4052 Bald Cypress Way, Bin #A-22
Tallahassee, FL 32399**

The FTSAC requests that hospitals wishing to provide live testimony confirm attendance at the October meeting no later than September 17, 2018. Written comments received before October 11, 2018, will be provided to council members prior to the meeting and included in the meeting record. All public comments received will be considered in the FTSAC final report.

On behalf of the FTSAC and the Department, thank you for institution's commitment to providing quality trauma care to Florida's injured citizens and visitors. For additional information regarding the FTSAC activities or to confirm your attendance at the October meeting, please contact me directly at (850) 558-9535 or michael.leffler@flhealth.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "M. Leffler", written over a circular stamp.

**Michael S. Leffler
Moderator
Florida Trauma System Advisory Council**

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Phillip, M.D., M.P.H.
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

August 21, 2018

Mr. Carlos A. Migoya, CEO
Jackson Memorial Hospital/ Ryder Trauma Center
1611 NW 12th Ave.
Miami, FL 33136

RE: Solicitation of Public Comment Regarding Pediatric Trauma Center Verification and Resources

Dear Mr. Migoya:

The Florida Trauma System Advisory Council (FTSAC), in accordance with chapter 2018-66, Laws of Florida, has been tasked with conducting a comparative study of the existing pediatric Florida Trauma Center Standards (DH Pamphlet 150-9) to the pediatric requirements outlined in the American College of Surgeons (ACS), *Resources for Optimal Care of the Injured Patient, 2014*.

No later than December 31, 2018, the FTSAC is required to submit a report to the Governor, the Speaker of the Florida House of Representatives, and the President of the Florida Senate. The report's findings must consider the following:

- The cost of obtaining and maintaining ACS verification
- Barriers hospitals face with obtaining ACS verification
- Policy proposals that address the need and value of ACS verification

The FTSAC is evaluating the potential impacts the ACS pediatric requirements would have on state verified Pediatric, Level I and Level II trauma centers that discharge greater than 100 injured children annually. Your hospital has been identified as meeting that description based on data submitted to the Florida Trauma Registry during 2016 and 2017.

The Florida Department of Health, on behalf to the Florida Trauma System Advisory Council, is extending an invitation to your hospital to send a representative to provide live testimony or submit written comments regarding the available pediatric trauma resources at your institution and any potential barriers to obtaining ACS pediatric trauma center verification.

The opportunity to provide live testimony will take place at the next FTSAC meeting which is scheduled for 1:00 PM EST, October 18, 2018 at the following location:

Renaissance World Golf Village Resort
500 South Legacy Trail
St. Augustine, FL 32821

Florida Department of Health
Division of Emergency Preparedness and Community Support
Bureau of Emergency Medical Oversight
4052 Bald Cypress Way, Bin A-22 • Tallahassee, FL 32399-1701
PHONE: 850-245-4440 • FAX: 850-488-2512
FloridaHealth.gov

Accredited Health Department
Public Health Accreditation Board

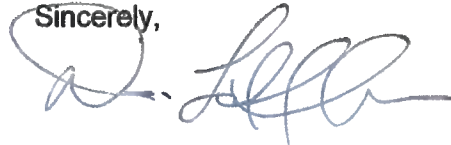
The Department will receive written comments on behalf of the FTSAC at the following address:

**Florida Department of Health
Bureau of Emergency Medical Oversight
c/o Michael Leffler, Moderator, Florida Trauma System Advisory Council
4052 Bald Cypress Way, Bin #A-22
Tallahassee, FL 32399**

The FTSAC requests that hospitals wishing to provide live testimony confirm attendance at the October meeting no later than September 17, 2018. Written comments received before October 11, 2018, will be provided to council members prior to the meeting and included in the meeting record. All public comments received will be considered in the FTSAC final report.

On behalf of the FTSAC and the Department, thank you for institution's commitment to providing quality trauma care to Florida's injured citizens and visitors. For additional information regarding the FTSAC activities or to confirm your attendance at the October meeting, please contact me directly at (850) 558-9535 or michael.leffler@flhealth.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "M. Leffler", written over a circular stamp.

**Michael S. Leffler
Moderator
Florida Trauma System Advisory Council**

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Phillip, M.D., M.P.H.
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

August 21, 2018

Dr. Jonathan M. Ellen, CEO
Johns Hopkins All Children's Hospital
501 Sixth Ave. South
Saint Petersburg, FL 33701

RE: Solicitation of Public Comment Regarding Pediatric Trauma Center Verification and Resources

Dear Dr. Ellen:

The Florida Trauma System Advisory Council (FTSAC), in accordance with chapter 2018-66, Laws of Florida, has been tasked with conducting a comparative study of the existing pediatric Florida Trauma Center Standards (DH Pamphlet 150-9) to the pediatric requirements outlined in the American College of Surgeons (ACS), *Resources for Optimal Care of the Injured Patient, 2014*.

No later than December 31, 2018, the FTSAC is required to submit a report to the Governor, the Speaker of the Florida House of Representatives, and the President of the Florida Senate. The report's findings must consider the following:

- The cost of obtaining and maintaining ACS verification
- Barriers hospitals face with obtaining ACS verification
- Policy proposals that address the need and value of ACS verification

The FTSAC is evaluating the potential impacts the ACS pediatric requirements would have on state verified Pediatric, Level I and Level II trauma centers that discharge greater than 100 injured children annually. Your hospital has been identified as meeting that description based on data submitted to the Florida Trauma Registry during 2016 and 2017.

The Florida Department of Health, on behalf to the Florida Trauma System Advisory Council, is extending an invitation to your hospital to send a representative to provide live testimony or submit written comments regarding the available pediatric trauma resources at your institution and any potential barriers to obtaining ACS pediatric trauma center verification.

The opportunity to provide live testimony will take place at the next FTSAC meeting which is scheduled for 1:00 PM EST, October 18, 2018 at the following location:

Renaissance World Golf Village Resort
500 South Legacy Trail
St. Augustine, FL 32821

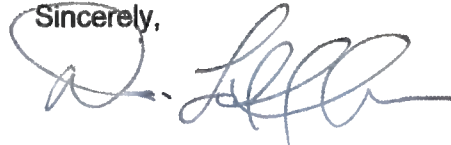
The Department will receive written comments on behalf of the FTSAC at the following address:

**Florida Department of Health
Bureau of Emergency Medical Oversight
c/o Michael Leffler, Moderator, Florida Trauma System Advisory Council
4052 Bald Cypress Way, Bin #A-22
Tallahassee, FL 32399**

The FTSAC requests that hospitals wishing to provide live testimony confirm attendance at the October meeting no later than September 17, 2018. Written comments received before October 11, 2018, will be provided to council members prior to the meeting and included in the meeting record. All public comments received will be considered in the FTSAC final report.

On behalf of the FTSAC and the Department, thank you for institution's commitment to providing quality trauma care to Florida's injured citizens and visitors. For additional information regarding the FTSAC activities or to confirm your attendance at the October meeting, please contact me directly at (850) 558-9535 or michael.leffler@flhealth.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "M. Leffler", written over a circular scribble.

**Michael S. Leffler
Moderator
Florida Trauma System Advisory Council**

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Phillip, M.D., M.P.H.
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

August 21, 2018

Mr. Brandon Haushalter, CEO
Kendall Regional Medical Center
11750 SW Bird Rd.
Miami, FL 33175

RE: Solicitation of Public Comment Regarding Pediatric Trauma Center Verification and Resources

Dear Mr. Haushalter:

The Florida Trauma System Advisory Council (FTSAC), in accordance with chapter 2018-66, Laws of Florida, has been tasked with conducting a comparative study of the existing pediatric Florida Trauma Center Standards (DH Pamphlet 150-9) to the pediatric requirements outlined in the American College of Surgeons (ACS), *Resources for Optimal Care of the Injured Patient, 2014*.

No later than December 31, 2018, the FTSAC is required to submit a report to the Governor, the Speaker of the Florida House of Representatives, and the President of the Florida Senate. The report's findings must consider the following:

- The cost of obtaining and maintaining ACS verification
- Barriers hospitals face with obtaining ACS verification
- Policy proposals that address the need and value of ACS verification

The FTSAC is evaluating the potential impacts the ACS pediatric requirements would have on state verified Pediatric, Level I and Level II trauma centers that discharge greater than 100 injured children annually. Your hospital has been identified as meeting that description based on data submitted to the Florida Trauma Registry during 2016 and 2017.

The Florida Department of Health, on behalf to the Florida Trauma System Advisory Council, is extending an invitation to your hospital to send a representative to provide live testimony or submit written comments regarding the available pediatric trauma resources at your institution and any potential barriers to obtaining ACS pediatric trauma center verification.

The opportunity to provide live testimony will take place at the next FTSAC meeting which is scheduled for 1:00 PM EST, October 18, 2018 at the following location:

Renaissance World Golf Village Resort
500 South Legacy Trail
St. Augustine, FL 32821

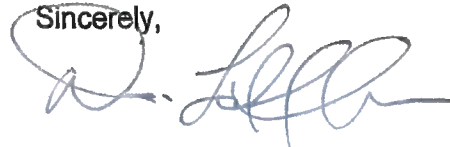
The Department will receive written comments on behalf of the FTSAC at the following address:

**Florida Department of Health
Bureau of Emergency Medical Oversight
c/o Michael Leffler, Moderator, Florida Trauma System Advisory Council
4052 Bald Cypress Way, Bin #A-22
Tallahassee, FL 32399**

The FTSAC requests that hospitals wishing to provide live testimony confirm attendance at the October meeting no later than September 17, 2018. Written comments received before October 11, 2018, will be provided to council members prior to the meeting and included in the meeting record. All public comments received will be considered in the FTSAC final report.

On behalf of the FTSAC and the Department, thank you for institution's commitment to providing quality trauma care to Florida's injured citizens and visitors. For additional information regarding the FTSAC activities or to confirm your attendance at the October meeting, please contact me directly at (850) 558-9535 or michael.leffler@flhealth.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "M. Leffler", written over a circular stamp.

**Michael S. Leffler
Moderator
Florida Trauma System Advisory Council**

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Phillip, M.D., M.P.H.
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

August 21, 2018

Ms. Elaine F. Tompson, CEO
Lakeland Regional Medical Center
1324 Lakeland Hills Blvd.
Lakeland, FL 33805

RE: Solicitation of Public Comment Regarding Pediatric Trauma Center Verification and Resources

Dear Ms. Tompson:

The Florida Trauma System Advisory Council (FTSAC), in accordance with chapter 2018-66, Laws of Florida, has been tasked with conducting a comparative study of the existing pediatric Florida Trauma Center Standards (DH Pamphlet 150-9) to the pediatric requirements outlined in the American College of Surgeons (ACS), *Resources for Optimal Care of the Injured Patient, 2014*.

No later than December 31, 2018, the FTSAC is required to submit a report to the Governor, the Speaker of the Florida House of Representatives, and the President of the Florida Senate. The report's findings must consider the following:

- The cost of obtaining and maintaining ACS verification
- Barriers hospitals face with obtaining ACS verification
- Policy proposals that address the need and value of ACS verification

The FTSAC is evaluating the potential impacts the ACS pediatric requirements would have on state verified Pediatric, Level I and Level II trauma centers that discharge greater than 100 injured children annually. Your hospital has been identified as meeting that description based on data submitted to the Florida Trauma Registry during 2016 and 2017.

The Florida Department of Health, on behalf to the Florida Trauma System Advisory Council, is extending an invitation to your hospital to send a representative to provide live testimony or submit written comments regarding the available pediatric trauma resources at your institution and any potential barriers to obtaining ACS pediatric trauma center verification.

The opportunity to provide live testimony will take place at the next FTSAC meeting which is scheduled for 1:00 PM EST, October 18, 2018 at the following location:

Renaissance World Golf Village Resort
500 South Legacy Trail
St. Augustine, FL 32821

Florida Department of Health
Division of Emergency Preparedness and Community Support
Bureau of Emergency Medical Oversight
4052 Bald Cypress Way, Bin A-22 • Tallahassee, FL 32399-1701
PHONE: 850-245-4440 • FAX: 850-488-2512
FloridaHealth.gov

Accredited Health Department
Public Health Accreditation Board

The Department will receive written comments on behalf of the FTSAC at the following address:

**Florida Department of Health
Bureau of Emergency Medical Oversight
c/o Michael Leffler, Moderator, Florida Trauma System Advisory Council
4052 Bald Cypress Way, Bin #A-22
Tallahassee, FL 32399**

The FTSAC requests that hospitals wishing to provide live testimony confirm attendance at the October meeting no later than September 17, 2018. Written comments received before October 11, 2018, will be provided to council members prior to the meeting and included in the meeting record. All public comments received will be considered in the FTSAC final report.

On behalf of the FTSAC and the Department, thank you for institution's commitment to providing quality trauma care to Florida's injured citizens and visitors. For additional information regarding the FTSAC activities or to confirm your attendance at the October meeting, please contact me directly at (850) 558-9535 or michael.leffler@flhealth.gov.

Sincerely,



Michael S. Leffler
Moderator
Florida Trauma System Advisory Council

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, M.D., M.P.H.
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

August 21, 2018

Mr. Eric Goldman, CEO
Lawnwood Regional Medical Center & Heart Institute
1700 S. 23rd St.
Fort Pierce, FL 34950

RE: Solicitation of Public Comment Regarding Pediatric Trauma Center Verification and Resources

Dear Mr. Goldman:

The Florida Trauma System Advisory Council (FTSAC), in accordance with chapter 2018-66, Laws of Florida, has been tasked with conducting a comparative study of the existing pediatric Florida Trauma Center Standards (DH Pamphlet 150-9) to the pediatric requirements outlined in the American College of Surgeons (ACS), *Resources for Optimal Care of the Injured Patient, 2014*.

No later than December 31, 2018, the FTSAC is required to submit a report to the Governor, the Speaker of the Florida House of Representatives, and the President of the Florida Senate. The report's findings must consider the following:

- The cost of obtaining and maintaining ACS verification
- Barriers hospitals face with obtaining ACS verification
- Policy proposals that address the need and value of ACS verification

The FTSAC is evaluating the potential impacts the ACS pediatric requirements would have on state verified Pediatric, Level I and Level II trauma centers that discharge greater than 100 injured children annually. Your hospital has been identified as meeting that description based on data submitted to the Florida Trauma Registry during 2016 and 2017.

The Florida Department of Health, on behalf to the Florida Trauma System Advisory Council, is extending an invitation to your hospital to send a representative to provide live testimony or submit written comments regarding the available pediatric trauma resources at your institution and any potential barriers to obtaining ACS pediatric trauma center verification.

The opportunity to provide live testimony will take place at the next FTSAC meeting which is scheduled for 1:00 PM EST, October 18, 2018 at the following location:

Renaissance World Golf Village Resort
500 South Legacy Trail
St. Augustine, FL 32821



The Department will receive written comments on behalf of the FTSAC at the following address:

**Florida Department of Health
Bureau of Emergency Medical Oversight
c/o Michael Leffler, Moderator, Florida Trauma System Advisory Council
4052 Bald Cypress Way, Bin #A-22
Tallahassee, FL 32399**

The FTSAC requests that hospitals wishing to provide live testimony confirm attendance at the October meeting no later than September 17, 2018. Written comments received before October 11, 2018, will be provided to council members prior to the meeting and included in the meeting record. All public comments received will be considered in the FTSAC final report.

On behalf of the FTSAC and the Department, thank you for institution's commitment to providing quality trauma care to Florida's injured citizens and visitors. For additional information regarding the FTSAC activities or to confirm your attendance at the October meeting, please contact me directly at (850) 558-9535 or michael.leffler@flhealth.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "M. Leffler", written over a circular stamp.

**Michael S. Leffler
Moderator
Florida Trauma System Advisory Council**

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, M.D., M.P.H.
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

August 21, 2018

Dr. Lawrence R. Antonucci, CEO
Lee Memorial Hospital
Po Box 2218
Fort Myers, FL 33901

RE: Solicitation of Public Comment Regarding Pediatric Trauma Center Verification and Resources

Dear Dr. Antonucci:

The Florida Trauma System Advisory Council (FTSAC), in accordance with chapter 2018-66, Laws of Florida, has been tasked with conducting a comparative study of the existing pediatric Florida Trauma Center Standards (DH Pamphlet 150-9) to the pediatric requirements outlined in the American College of Surgeons (ACS), *Resources for Optimal Care of the Injured Patient, 2014*.

No later than December 31, 2018, the FTSAC is required to submit a report to the Governor, the Speaker of the Florida House of Representatives, and the President of the Florida Senate. The report's findings must consider the following:

- The cost of obtaining and maintaining ACS verification
- Barriers hospitals face with obtaining ACS verification
- Policy proposals that address the need and value of ACS verification

The FTSAC is evaluating the potential impacts the ACS pediatric requirements would have on state verified Pediatric, Level I and Level II trauma centers that discharge greater than 100 injured children annually. Your hospital has been identified as meeting that description based on data submitted to the Florida Trauma Registry during 2016 and 2017.

The Florida Department of Health, on behalf to the Florida Trauma System Advisory Council, is extending an invitation to your hospital to send a representative to provide live testimony or submit written comments regarding the available pediatric trauma resources at your institution and any potential barriers to obtaining ACS pediatric trauma center verification.

The opportunity to provide live testimony will take place at the next FTSAC meeting which is scheduled for 1:00 PM EST, October 18, 2018 at the following location:

Renaissance World Golf Village Resort
500 South Legacy Trail
St. Augustine, FL 32821

Florida Department of Health
Division of Emergency Preparedness and Community Support
Bureau of Emergency Medical Oversight
4052 Bald Cypress Way, Bin A-22 • Tallahassee, FL 32399-1701
PHONE: 850-245-4440 • FAX: 850-488-2512
FloridaHealth.gov



Accredited Health Department
Public Health Accreditation Board

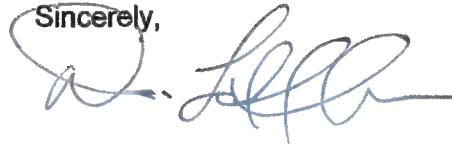
The Department will receive written comments on behalf of the FTSAC at the following address:

**Florida Department of Health
Bureau of Emergency Medical Oversight
c/o Michael Leffler, Moderator, Florida Trauma System Advisory Council
4052 Bald Cypress Way, Bin #A-22
Tallahassee, FL 32399**

The FTSAC requests that hospitals wishing to provide live testimony confirm attendance at the October meeting no later than September 17, 2018. Written comments received before October 11, 2018, will be provided to council members prior to the meeting and included in the meeting record. All public comments received will be considered in the FTSAC final report.

On behalf of the FTSAC and the Department, thank you for institution's commitment to providing quality trauma care to Florida's injured citizens and visitors. For additional information regarding the FTSAC activities or to confirm your attendance at the October meeting, please contact me directly at (850) 558-9535 or michael.leffler@flhealth.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "M. Leffler", written over a circular scribble.

**Michael S. Leffler
Moderator
Florida Trauma System Advisory Council**

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, M.D., M.P.H.
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

August 21, 2018

Mr. Zeff Ross, CEO
Memorial Regional Hospital
3501 Johnson St.
Hollywood, FL 33021

RE: Solicitation of Public Comment Regarding Pediatric Trauma Center Verification and Resources

Dear Mr. Ross:

The Florida Trauma System Advisory Council (FTSAC), in accordance with chapter 2018-66, Laws of Florida, has been tasked with conducting a comparative study of the existing pediatric Florida Trauma Center Standards (DH Pamphlet 150-9) to the pediatric requirements outlined in the American College of Surgeons (ACS), *Resources for Optimal Care of the Injured Patient, 2014*.

No later than December 31, 2018, the FTSAC is required to submit a report to the Governor, the Speaker of the Florida House of Representatives, and the President of the Florida Senate. The report's findings must consider the following:

- The cost of obtaining and maintaining ACS verification
- Barriers hospitals face with obtaining ACS verification
- Policy proposals that address the need and value of ACS verification

The FTSAC is evaluating the potential impacts the ACS pediatric requirements would have on state verified Pediatric, Level I and Level II trauma centers that discharge greater than 100 injured children annually. Your hospital has been identified as meeting that description based on data submitted to the Florida Trauma Registry during 2016 and 2017.

The Florida Department of Health, on behalf to the Florida Trauma System Advisory Council, is extending an invitation to your hospital to send a representative to provide live testimony or submit written comments regarding the available pediatric trauma resources at your institution and any potential barriers to obtaining ACS pediatric trauma center verification.

The opportunity to provide live testimony will take place at the next FTSAC meeting which is scheduled for 1:00 PM EST, October 18, 2018 at the following location:

Renaissance World Golf Village Resort
500 South Legacy Trail
St. Augustine, FL 32821



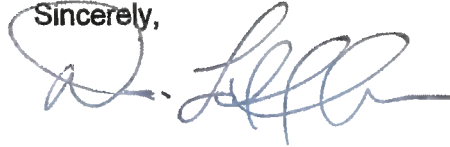
The Department will receive written comments on behalf of the FTSAC at the following address:

**Florida Department of Health
Bureau of Emergency Medical Oversight
c/o Michael Leffler, Moderator, Florida Trauma System Advisory Council
4052 Bald Cypress Way, Bin #A-22
Tallahassee, FL 32399**

The FTSAC requests that hospitals wishing to provide live testimony confirm attendance at the October meeting no later than September 17, 2018. Written comments received before October 11, 2018, will be provided to council members prior to the meeting and included in the meeting record. All public comments received will be considered in the FTSAC final report.

On behalf of the FTSAC and the Department, thank you for institution's commitment to providing quality trauma care to Florida's injured citizens and visitors. For additional information regarding the FTSAC activities or to confirm your attendance at the October meeting, please contact me directly at (850) 558-9535 or michael.leffler@flhealth.gov.

Sincerely,



**Michael S. Leffler
Moderator
Florida Trauma System Advisory Council**

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, M.D., M.P.H.
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

August 21, 2018

Dr. Narendra M. Kini, CEO
Nicklaus Children's Hospital
3100 Sw 62nd Ave.
Miami, FL 33155-3009

RE: Solicitation of Public Comment Regarding Pediatric Trauma Center Verification and Resources

Dear Dr. Kini:

The Florida Trauma System Advisory Council (FTSAC), in accordance with chapter 2018-66, Laws of Florida, has been tasked with conducting a comparative study of the existing pediatric Florida Trauma Center Standards (DH Pamphlet 150-9) to the pediatric requirements outlined in the American College of Surgeons (ACS), *Resources for Optimal Care of the Injured Patient, 2014*.

No later than December 31, 2018, the FTSAC is required to submit a report to the Governor, the Speaker of the Florida House of Representatives, and the President of the Florida Senate. The report's findings must consider the following:

- The cost of obtaining and maintaining ACS verification
- Barriers hospitals face with obtaining ACS verification
- Policy proposals that address the need and value of ACS verification

The FTSAC is evaluating the potential impacts the ACS pediatric requirements would have on state verified Pediatric, Level I and Level II trauma centers that discharge greater than 100 injured children annually. Your hospital has been identified as meeting that description based on data submitted to the Florida Trauma Registry during 2016 and 2017.

The Florida Department of Health, on behalf to the Florida Trauma System Advisory Council, is extending an invitation to your hospital to send a representative to provide live testimony or submit written comments regarding the available pediatric trauma resources at your institution and any potential barriers to obtaining ACS pediatric trauma center verification.

The opportunity to provide live testimony will take place at the next FTSAC meeting which is scheduled for 1:00 PM EST, October 18, 2018 at the following location:

Renaissance World Golf Village Resort
500 South Legacy Trail
St. Augustine, FL 32821



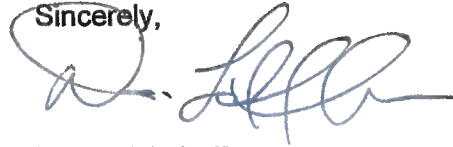
The Department will receive written comments on behalf of the FTSAC at the following address:

**Florida Department of Health
Bureau of Emergency Medical Oversight
c/o Michael Leffler, Moderator, Florida Trauma System Advisory Council
4052 Bald Cypress Way, Bin #A-22
Tallahassee, FL 32399**

The FTSAC requests that hospitals wishing to provide live testimony confirm attendance at the October meeting no later than September 17, 2018. Written comments received before October 11, 2018, will be provided to council members prior to the meeting and included in the meeting record. All public comments received will be considered in the FTSAC final report.

On behalf of the FTSAC and the Department, thank you for institution's commitment to providing quality trauma care to Florida's injured citizens and visitors. For additional information regarding the FTSAC activities or to confirm your attendance at the October meeting, please contact me directly at (850) 558-9535 or michael.leffler@flhealth.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "M. Leffler", written over a circular scribble.

Michael S. Leffler
Moderator
Florida Trauma System Advisory Council

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, M.D., M.P.H.
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

August 21, 2018

Mr. David Strong, CEO
Orlando Regional Medical Center
1414 Kuhl Ave.
Orlando, FL 32806

RE: Solicitation of Public Comment Regarding Pediatric Trauma Center Verification and Resources

Dear Mr. Strong:

The Florida Trauma System Advisory Council (FTSAC), in accordance with chapter 2018-66, Laws of Florida, has been tasked with conducting a comparative study of the existing pediatric Florida Trauma Center Standards (DH Pamphlet 150-9) to the pediatric requirements outlined in the American College of Surgeons (ACS), *Resources for Optimal Care of the Injured Patient, 2014*.

No later than December 31, 2018, the FTSAC is required to submit a report to the Governor, the Speaker of the Florida House of Representatives, and the President of the Florida Senate. The report's findings must consider the following:

- The cost of obtaining and maintaining ACS verification
- Barriers hospitals face with obtaining ACS verification
- Policy proposals that address the need and value of ACS verification

The FTSAC is evaluating the potential impacts the ACS pediatric requirements would have on state verified Pediatric, Level I and Level II trauma centers that discharge greater than 100 injured children annually. Your hospital has been identified as meeting that description based on data submitted to the Florida Trauma Registry during 2016 and 2017.

The Florida Department of Health, on behalf to the Florida Trauma System Advisory Council, is extending an invitation to your hospital to send a representative to provide live testimony or submit written comments regarding the available pediatric trauma resources at your institution and any potential barriers to obtaining ACS pediatric trauma center verification.

The opportunity to provide live testimony will take place at the next FTSAC meeting which is scheduled for 1:00 PM EST, October 18, 2018 at the following location:

Renaissance World Golf Village Resort
500 South Legacy Trail
St. Augustine, FL 32821

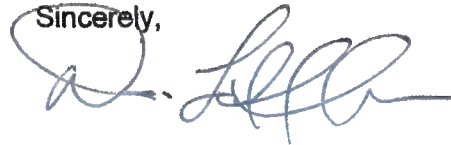
The Department will receive written comments on behalf of the FTSAC at the following address:

**Florida Department of Health
Bureau of Emergency Medical Oversight
c/o Michael Leffler, Moderator, Florida Trauma System Advisory Council
4052 Bald Cypress Way, Bin #A-22
Tallahassee, FL 32399**

The FTSAC requests that hospitals wishing to provide live testimony confirm attendance at the October meeting no later than September 17, 2018. Written comments received before October 11, 2018, will be provided to council members prior to the meeting and included in the meeting record. All public comments received will be considered in the FTSAC final report.

On behalf of the FTSAC and the Department, thank you for institution's commitment to providing quality trauma care to Florida's injured citizens and visitors. For additional information regarding the FTSAC activities or to confirm your attendance at the October meeting, please contact me directly at (850) 558-9535 or michael.leffler@flhealth.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Michael S. Leffler", written over a circular stamp.

Michael S. Leffler
Moderator
Florida Trauma System Advisory Council

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, M.D., M.P.H.
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

August 21, 2018

Mr. Henry Stovall, President
Sacred Heart Hospital
5151 N. North Ninth Ave.
Pensacola, FL 32504

RE: Solicitation of Public Comment Regarding Pediatric Trauma Center Verification and Resources

Dear Mr. Stovall:

The Florida Trauma System Advisory Council (FTSAC), in accordance with chapter 2018-66, Laws of Florida, has been tasked with conducting a comparative study of the existing pediatric Florida Trauma Center Standards (DH Pamphlet 150-9) to the pediatric requirements outlined in the American College of Surgeons (ACS), *Resources for Optimal Care of the Injured Patient, 2014*.

No later than December 31, 2018, the FTSAC is required to submit a report to the Governor, the Speaker of the Florida House of Representatives, and the President of the Florida Senate. The report's findings must consider the following:

- The cost of obtaining and maintaining ACS verification
- Barriers hospitals face with obtaining ACS verification
- Policy proposals that address the need and value of ACS verification

The FTSAC is evaluating the potential impacts the ACS pediatric requirements would have on state verified Pediatric, Level I and Level II trauma centers that discharge greater than 100 injured children annually. Your hospital has been identified as meeting that description based on data submitted to the Florida Trauma Registry during 2016 and 2017.

The Florida Department of Health, on behalf to the Florida Trauma System Advisory Council, is extending an invitation to your hospital to send a representative to provide live testimony or submit written comments regarding the available pediatric trauma resources at your institution and any potential barriers to obtaining ACS pediatric trauma center verification.

The opportunity to provide live testimony will take place at the next FTSAC meeting which is scheduled for 1:00 PM EST, October 18, 2018 at the following location:

Renaissance World Golf Village Resort
500 South Legacy Trail
St. Augustine, FL 32821

Florida Department of Health
Division of Emergency Preparedness and Community Support
Bureau of Emergency Medical Oversight
4052 Bald Cypress Way, Bin A-22 • Tallahassee, FL 32399-1701
PHONE: 850-245-4440 • FAX: 850-488-2512
FloridaHealth.gov



Accredited Health Department
Public Health Accreditation Board

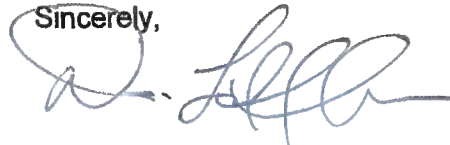
The Department will receive written comments on behalf of the FTSAC at the following address:

**Florida Department of Health
Bureau of Emergency Medical Oversight
c/o Michael Leffler, Moderator, Florida Trauma System Advisory Council
4052 Bald Cypress Way, Bin #A-22
Tallahassee, FL 32399**

The FTSAC requests that hospitals wishing to provide live testimony confirm attendance at the October meeting no later than September 17, 2018. Written comments received before October 11, 2018, will be provided to council members prior to the meeting and included in the meeting record. All public comments received will be considered in the FTSAC final report.

On behalf of the FTSAC and the Department, thank you for institution's commitment to providing quality trauma care to Florida's injured citizens and visitors. For additional information regarding the FTSAC activities or to confirm your attendance at the October meeting, please contact me directly at (850) 558-9535 or michael.leffler@flhealth.gov.

Sincerely,



**Michael S. Leffler
Moderator
Florida Trauma System Advisory Council**

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Phillip, M.D., M.P.H.
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

August 21, 2018

Ms. Kate Reed, President
St. Josephs Hospital
3001 W Martin Luther King Jr Blvd.
Tampa, FL 33607

RE: Solicitation of Public Comment Regarding Pediatric Trauma Center Verification and Resources

Dear Ms. Reed:

The Florida Trauma System Advisory Council (FTSAC), in accordance with chapter 2018-66, Laws of Florida, has been tasked with conducting a comparative study of the existing pediatric Florida Trauma Center Standards (DH Pamphlet 150-9) to the pediatric requirements outlined in the American College of Surgeons (ACS), *Resources for Optimal Care of the Injured Patient, 2014*.

No later than December 31, 2018, the FTSAC is required to submit a report to the Governor, the Speaker of the Florida House of Representatives, and the President of the Florida Senate. The report's findings must consider the following:

- The cost of obtaining and maintaining ACS verification
- Barriers hospitals face with obtaining ACS verification
- Policy proposals that address the need and value of ACS verification

The FTSAC is evaluating the potential impacts the ACS pediatric requirements would have on state verified Pediatric, Level I and Level II trauma centers that discharge greater than 100 injured children annually. Your hospital has been identified as meeting that description based on data submitted to the Florida Trauma Registry during 2016 and 2017.

The Florida Department of Health, on behalf to the Florida Trauma System Advisory Council, is extending an invitation to your hospital to send a representative to provide live testimony or submit written comments regarding the available pediatric trauma resources at your institution and any potential barriers to obtaining ACS pediatric trauma center verification.

The opportunity to provide live testimony will take place at the next FTSAC meeting which is scheduled for 1:00 PM EST, October 18, 2018 at the following location:

Renaissance World Golf Village Resort
500 South Legacy Trail
St. Augustine, FL 32821



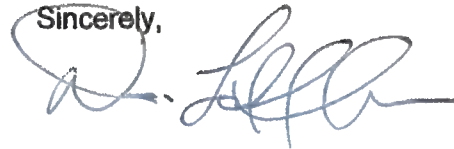
The Department will receive written comments on behalf of the FTSAC at the following address:

**Florida Department of Health
Bureau of Emergency Medical Oversight
c/o Michael Leffler, Moderator, Florida Trauma System Advisory Council
4052 Bald Cypress Way, Bin #A-22
Tallahassee, FL 32399**

The FTSAC requests that hospitals wishing to provide live testimony confirm attendance at the October meeting no later than September 17, 2018. Written comments received before October 11, 2018, will be provided to council members prior to the meeting and included in the meeting record. All public comments received will be considered in the FTSAC final report.

On behalf of the FTSAC and the Department, thank you for institution's commitment to providing quality trauma care to Florida's injured citizens and visitors. For additional information regarding the FTSAC activities or to confirm your attendance at the October meeting, please contact me directly at (850) 558-9535 or michael.leffler@flhealth.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "M. Leffler", written over a circular scribble.

Michael S. Leffler
Moderator
Florida Trauma System Advisory Council

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, M.D., M.P.H.
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

August 21, 2018

Ms. Gabrielle Finley-Hazle, CEO
St. Mary's Medical Center
901 45th St.
West Palm Beach, FL 33407

RE: Solicitation of Public Comment Regarding Pediatric Trauma Center Verification and Resources

Dear Ms. Finley-Hazle:

The Florida Trauma System Advisory Council (FTSAC), in accordance with chapter 2018-66, Laws of Florida, has been tasked with conducting a comparative study of the existing pediatric Florida Trauma Center Standards (DH Pamphlet 150-9) to the pediatric requirements outlined in the American College of Surgeons (ACS), *Resources for Optimal Care of the Injured Patient, 2014*.

No later than December 31, 2018, the FTSAC is required to submit a report to the Governor, the Speaker of the Florida House of Representatives, and the President of the Florida Senate. The report's findings must consider the following:

- The cost of obtaining and maintaining ACS verification
- Barriers hospitals face with obtaining ACS verification
- Policy proposals that address the need and value of ACS verification

The FTSAC is evaluating the potential impacts the ACS pediatric requirements would have on state verified Pediatric, Level I and Level II trauma centers that discharge greater than 100 injured children annually. Your hospital has been identified as meeting that description based on data submitted to the Florida Trauma Registry during 2016 and 2017.

The Florida Department of Health, on behalf to the Florida Trauma System Advisory Council, is extending an invitation to your hospital to send a representative to provide live testimony or submit written comments regarding the available pediatric trauma resources at your institution and any potential barriers to obtaining ACS pediatric trauma center verification.

The opportunity to provide live testimony will take place at the next FTSAC meeting which is scheduled for 1:00 PM EST, October 18, 2018 at the following location:

Renaissance World Golf Village Resort
500 South Legacy Trail
St. Augustine, FL 32821

Florida Department of Health
Division of Emergency Preparedness and Community Support
Bureau of Emergency Medical Oversight
4052 Bald Cypress Way, Bin A-22 • Tallahassee, FL 32399-1701
PHONE: 850-245-4440 • FAX: 850-488-2512
FloridaHealth.gov



Accredited Health Department
Public Health Accreditation Board

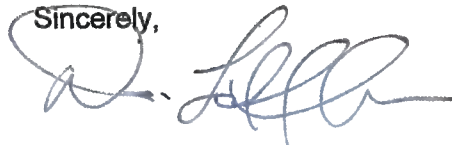
The Department will receive written comments on behalf of the FTSAC at the following address:

**Florida Department of Health
Bureau of Emergency Medical Oversight
c/o Michael Leffler, Moderator, Florida Trauma System Advisory Council
4052 Bald Cypress Way, Bin #A-22
Tallahassee, FL 32399**

The FTSAC requests that hospitals wishing to provide live testimony confirm attendance at the October meeting no later than September 17, 2018. Written comments received before October 11, 2018, will be provided to council members prior to the meeting and included in the meeting record. All public comments received will be considered in the FTSAC final report.

On behalf of the FTSAC and the Department, thank you for institution's commitment to providing quality trauma care to Florida's injured citizens and visitors. For additional information regarding the FTSAC activities or to confirm your attendance at the October meeting, please contact me directly at (850) 558-9535 or michael.leffler@flhealth.gov.

Sincerely,



**Michael S. Leffler
Moderator
Florida Trauma System Advisory Council**

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

**Rick Scott**

Governor

Celeste Philip, M.D., M.P.H.

Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

August 21, 2018

Mr. Mark O'Bryant, CEO
Tallahassee Memorial Hospital
1300 Miccosukee Rd.
Tallahassee, FL 32308

RE: Solicitation of Public Comment Regarding Pediatric Trauma Center Verification and Resources

Dear Mr. O'Bryant:

The Florida Trauma System Advisory Council (FTSAC), in accordance with chapter 2018-66, Laws of Florida, has been tasked with conducting a comparative study of the existing pediatric Florida Trauma Center Standards (DH Pamphlet 150-9) to the pediatric requirements outlined in the American College of Surgeons (ACS), *Resources for Optimal Care of the Injured Patient, 2014*.

No later than December 31, 2018, the FTSAC is required to submit a report to the Governor, the Speaker of the Florida House of Representatives, and the President of the Florida Senate. The report's findings must consider the following:

- The cost of obtaining and maintaining ACS verification
- Barriers hospitals face with obtaining ACS verification
- Policy proposals that address the need and value of ACS verification

The FTSAC is evaluating the potential impacts the ACS pediatric requirements would have on state verified Pediatric, Level I and Level II trauma centers that discharge greater than 100 injured children annually. Your hospital has been identified as meeting that description based on data submitted to the Florida Trauma Registry during 2016 and 2017.

The Florida Department of Health, on behalf to the Florida Trauma System Advisory Council, is extending an invitation to your hospital to send a representative to provide live testimony or submit written comments regarding the available pediatric trauma resources at your institution and any potential barriers to obtaining ACS pediatric trauma center verification.

The opportunity to provide live testimony will take place at the next FTSAC meeting which is scheduled for 1:00 PM EST, October 18, 2018 at the following location:

Renaissance World Golf Village Resort
500 South Legacy Trail
St. Augustine, FL 32821

Florida Department of Health
Division of Emergency Preparedness and Community Support
Bureau of Emergency Medical Oversight
4052 Bald Cypress Way, Bin A-22 • Tallahassee, FL 32399-1701
PHONE: 850-245-4440 • FAX: 850-488-2512
FloridaHealth.gov



Accredited Health Department
Public Health Accreditation Board

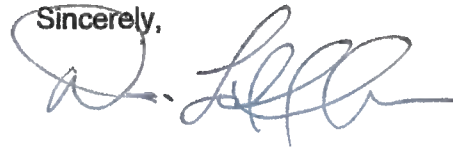
The Department will receive written comments on behalf of the FTSAC at the following address:

**Florida Department of Health
Bureau of Emergency Medical Oversight
c/o Michael Leffler, Moderator, Florida Trauma System Advisory Council
4052 Bald Cypress Way, Bin #A-22
Tallahassee, FL 32399**

The FTSAC requests that hospitals wishing to provide live testimony confirm attendance at the October meeting no later than September 17, 2018. Written comments received before October 11, 2018, will be provided to council members prior to the meeting and included in the meeting record. All public comments received will be considered in the FTSAC final report.

On behalf of the FTSAC and the Department, thank you for institution's commitment to providing quality trauma care to Florida's injured citizens and visitors. For additional information regarding the FTSAC activities or to confirm your attendance at the October meeting, please contact me directly at (850) 558-9535 or michael.leffler@flhealth.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "M. Leffler", written over a circular scribble.

Michael S. Leffler
Moderator
Florida Trauma System Advisory Council

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Phillip, M.D., M.P.H.
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

August 21, 2018

Mr. John Couris, CEO
Tampa General Hospital
Po Box 1289
Tampa, FL 33601

RE: Solicitation of Public Comment Regarding Pediatric Trauma Center Verification and Resources

Dear Mr. Couris:

The Florida Trauma System Advisory Council (FTSAC), in accordance with chapter 2018-66, Laws of Florida, has been tasked with conducting a comparative study of the existing pediatric Florida Trauma Center Standards (DH Pamphlet 150-9) to the pediatric requirements outlined in the American College of Surgeons (ACS), *Resources for Optimal Care of the Injured Patient, 2014*.

No later than December 31, 2018, the FTSAC is required to submit a report to the Governor, the Speaker of the Florida House of Representatives, and the President of the Florida Senate. The report's findings must consider the following:

- The cost of obtaining and maintaining ACS verification
- Barriers hospitals face with obtaining ACS verification
- Policy proposals that address the need and value of ACS verification

The FTSAC is evaluating the potential impacts the ACS pediatric requirements would have on state verified Pediatric, Level I and Level II trauma centers that discharge greater than 100 injured children annually. Your hospital has been identified as meeting that description based on data submitted to the Florida Trauma Registry during 2016 and 2017.

The Florida Department of Health, on behalf to the Florida Trauma System Advisory Council, is extending an invitation to your hospital to send a representative to provide live testimony or submit written comments regarding the available pediatric trauma resources at your institution and any potential barriers to obtaining ACS pediatric trauma center verification.

The opportunity to provide live testimony will take place at the next FTSAC meeting which is scheduled for 1:00 PM EST, October 18, 2018 at the following location:

Renaissance World Golf Village Resort
500 South Legacy Trail
St. Augustine, FL 32821

Florida Department of Health
Division of Emergency Preparedness and Community Support
Bureau of Emergency Medical Oversight
4052 Bald Cypress Way, Bin A-22 • Tallahassee, FL 32399-1701
PHONE: 850-245-4440 • FAX: 850-488-2512
FloridaHealth.gov



Accredited Health Department
Public Health Accreditation Board

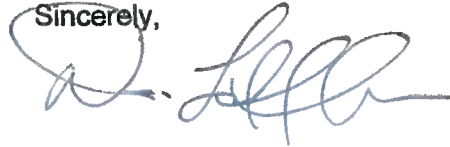
The Department will receive written comments on behalf of the FTSAC at the following address:

**Florida Department of Health
Bureau of Emergency Medical Oversight
c/o Michael Leffler, Moderator, Florida Trauma System Advisory Council
4052 Bald Cypress Way, Bin #A-22
Tallahassee, FL 32399**

The FTSAC requests that hospitals wishing to provide live testimony confirm attendance at the October meeting no later than September 17, 2018. Written comments received before October 11, 2018, will be provided to council members prior to the meeting and included in the meeting record. All public comments received will be considered in the FTSAC final report.

On behalf of the FTSAC and the Department, thank you for institution's commitment to providing quality trauma care to Florida's injured citizens and visitors. For additional information regarding the FTSAC activities or to confirm your attendance at the October meeting, please contact me directly at (850) 558-9535 or michael.leffler@flhealth.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "M. Leffler", written over a circular stamp.

**Michael S. Leffler
Moderator
Florida Trauma System Advisory Council**

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, M.D., M.P.H.
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

August 21, 2018

Dr. Leon Haley Jr, CEO
UF Health Jacksonville
655 W. 8Th St.
Jacksonville, FL 32209

RE: Solicitation of Public Comment Regarding Pediatric Trauma Center Verification and Resources

Dear Dr. Haley:

The Florida Trauma System Advisory Council (FTSAC), in accordance with chapter 2018-66, Laws of Florida, has been tasked with conducting a comparative study of the existing pediatric Florida Trauma Center Standards (DH Pamphlet 150-9) to the pediatric requirements outlined in the American College of Surgeons (ACS), *Resources for Optimal Care of the Injured Patient, 2014*.

No later than December 31, 2018, the FTSAC is required to submit a report to the Governor, the Speaker of the Florida House of Representatives, and the President of the Florida Senate. The report's findings must consider the following:

- The cost of obtaining and maintaining ACS verification
- Barriers hospitals face with obtaining ACS verification
- Policy proposals that address the need and value of ACS verification

The FTSAC is evaluating the potential impacts the ACS pediatric requirements would have on state verified Pediatric, Level I and Level II trauma centers that discharge greater than 100 injured children annually. Your hospital has been identified as meeting that description based on data submitted to the Florida Trauma Registry during 2016 and 2017.

The Florida Department of Health, on behalf to the Florida Trauma System Advisory Council, is extending an invitation to your hospital to send a representative to provide live testimony or submit written comments regarding the available pediatric trauma resources at your institution and any potential barriers to obtaining ACS pediatric trauma center verification.

The opportunity to provide live testimony will take place at the next FTSAC meeting which is scheduled for 1:00 PM EST, October 18, 2018 at the following location:

Renaissance World Golf Village Resort
500 South Legacy Trail
St. Augustine, FL 32821

Florida Department of Health
Division of Emergency Preparedness and Community Support
Bureau of Emergency Medical Oversight
4052 Bald Cypress Way, Bin A-22 • Tallahassee, FL 32399-1701
PHONE: 850-245-4440 • FAX: 850-488-2512
FloridaHealth.gov



Accredited Health Department
Public Health Accreditation Board

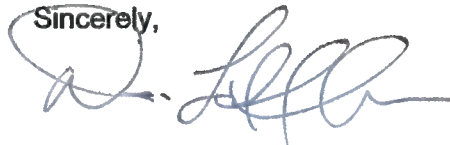
The Department will receive written comments on behalf of the FTSAC at the following address:

**Florida Department of Health
Bureau of Emergency Medical Oversight
c/o Michael Leffler, Moderator, Florida Trauma System Advisory Council
4052 Bald Cypress Way, Bin #A-22
Tallahassee, FL 32399**

The FTSAC requests that hospitals wishing to provide live testimony confirm attendance at the October meeting no later than September 17, 2018. Written comments received before October 11, 2018, will be provided to council members prior to the meeting and included in the meeting record. All public comments received will be considered in the FTSAC final report.

On behalf of the FTSAC and the Department, thank you for institution's commitment to providing quality trauma care to Florida's injured citizens and visitors. For additional information regarding the FTSAC activities or to confirm your attendance at the October meeting, please contact me directly at (850) 558-9535 or michael.leffler@flhealth.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "M. Leffler", written over a circular stamp.

**Michael S. Leffler
Moderator
Florida Trauma System Advisory Council**

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Phillip, M.D., M.P.H.
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

August 21, 2018

Mr. Edward Jimenez, CEO
UF Health Shands Hospital
Po Box 100303
Gainesville, FL 0

RE: Solicitation of Public Comment Regarding Pediatric Trauma Center Verification and Resources

Dear Mr. Jimenez:

The Florida Trauma System Advisory Council (FTSAC), in accordance with chapter 2018-66, Laws of Florida, has been tasked with conducting a comparative study of the existing pediatric Florida Trauma Center Standards (DH Pamphlet 150-9) to the pediatric requirements outlined in the American College of Surgeons (ACS), *Resources for Optimal Care of the Injured Patient, 2014*.

No later than December 31, 2018, the FTSAC is required to submit a report to the Governor, the Speaker of the Florida House of Representatives, and the President of the Florida Senate. The report's findings must consider the following:

- The cost of obtaining and maintaining ACS verification
- Barriers hospitals face with obtaining ACS verification
- Policy proposals that address the need and value of ACS verification

The FTSAC is evaluating the potential impacts the ACS pediatric requirements would have on state verified Pediatric, Level I and Level II trauma centers that discharge greater than 100 injured children annually. Your hospital has been identified as meeting that description based on data submitted to the Florida Trauma Registry during 2016 and 2017.

The Florida Department of Health, on behalf to the Florida Trauma System Advisory Council, is extending an invitation to your hospital to send a representative to provide live testimony or submit written comments regarding the available pediatric trauma resources at your institution and any potential barriers to obtaining ACS pediatric trauma center verification.

The opportunity to provide live testimony will take place at the next FTSAC meeting which is scheduled for 1:00 PM EST, October 18, 2018 at the following location:

Renaissance World Golf Village Resort
500 South Legacy Trail
St. Augustine, FL 32821

Florida Department of Health
Division of Emergency Preparedness and Community Support
Bureau of Emergency Medical Oversight
4052 Bald Cypress Way, Bin A-22 • Tallahassee, FL 32399-1701
PHONE: 850-245-4440 • FAX: 850-488-2512
FloridaHealth.gov



Accredited Health Department
Public Health Accreditation Board

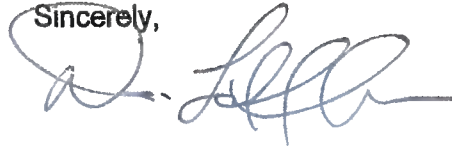
The Department will receive written comments on behalf of the FTSAC at the following address:

**Florida Department of Health
Bureau of Emergency Medical Oversight
c/o Michael Leffler, Moderator, Florida Trauma System Advisory Council
4052 Bald Cypress Way, Bin #A-22
Tallahassee, FL 32399**

The FTSAC requests that hospitals wishing to provide live testimony confirm attendance at the October meeting no later than September 17, 2018. Written comments received before October 11, 2018, will be provided to council members prior to the meeting and included in the meeting record. All public comments received will be considered in the FTSAC final report.

On behalf of the FTSAC and the Department, thank you for institution's commitment to providing quality trauma care to Florida's injured citizens and visitors. For additional information regarding the FTSAC activities or to confirm your attendance at the October meeting, please contact me directly at (850) 558-9535 or michael.leffler@flhealth.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Michael S. Leffler". The signature is fluid and cursive, with a large initial "M" and "L".

**Michael S. Leffler
Moderator
Florida Trauma System Advisory Council**

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, M.D., M.P.H.
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

August 21, 2018

Mr. Michael D. Aubin, President
Wolfson Children's Hospital
800 Prudential Dr.
Jacksonville, FL 32207

RE: Solicitation of Public Comment Regarding Pediatric Trauma Center Verification and Resources

Dear Mr. Aubin:

The Florida Trauma System Advisory Council (FTSAC), in accordance with chapter 2018-66, Laws of Florida, has been tasked with conducting a comparative study of the existing pediatric Florida Trauma Center Standards (DH Pamphlet 150-9) to the pediatric requirements outlined in the American College of Surgeons (ACS), *Resources for Optimal Care of the Injured Patient, 2014*.

No later than December 31, 2018, the FTSAC is required to submit a report to the Governor, the Speaker of the Florida House of Representatives, and the President of the Florida Senate. The report's findings must consider the following:

- The cost of obtaining and maintaining ACS verification
- Barriers hospitals face with obtaining ACS verification
- Policy proposals that address the need and value of ACS verification

The FTSAC is evaluating the potential impacts the ACS pediatric requirements would have on state verified Pediatric, Level I and Level II trauma centers that discharge greater than 100 injured children annually. Your hospital has been identified as meeting that description based on data submitted to the Florida Trauma Registry during 2016 and 2017.

The Florida Department of Health, on behalf to the Florida Trauma System Advisory Council, is extending an invitation to your hospital to send a representative to provide live testimony or submit written comments regarding the available pediatric trauma resources at your institution and any potential barriers to obtaining ACS pediatric trauma center verification.

The opportunity to provide live testimony will take place at the next FTSAC meeting which is scheduled for 1:00 PM EST, October 18, 2018 at the following location:

Renaissance World Golf Village Resort
500 South Legacy Trail
St. Augustine, FL 32821

Florida Department of Health
Division of Emergency Preparedness and Community Support
Bureau of Emergency Medical Oversight
4052 Bald Cypress Way, Bin A-22 • Tallahassee, FL 32399-1701
PHONE: 850-245-4440 • FAX: 850-488-2512
FloridaHealth.gov



Accredited Health Department
Public Health Accreditation Board

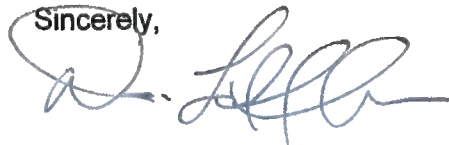
The Department will receive written comments on behalf of the FTSAC at the following address:

**Florida Department of Health
Bureau of Emergency Medical Oversight
c/o Michael Leffler, Moderator, Florida Trauma System Advisory Council
4052 Bald Cypress Way, Bin #A-22
Tallahassee, FL 32399**

The FTSAC requests that hospitals wishing to provide live testimony confirm attendance at the October meeting no later than September 17, 2018. Written comments received before October 11, 2018, will be provided to council members prior to the meeting and included in the meeting record. All public comments received will be considered in the FTSAC final report.

On behalf of the FTSAC and the Department, thank you for institution's commitment to providing quality trauma care to Florida's injured citizens and visitors. For additional information regarding the FTSAC activities or to confirm your attendance at the October meeting, please contact me directly at (850) 558-9535 or michael.leffler@flhealth.gov.

Sincerely,



Michael S. Leffler
Moderator
Florida Trauma System Advisory Council

Appendix B

Trauma Center Comments: Opportunities and Challenges of
Obtaining and Maintaining ACS Verification as a Pediatric
Trauma Center (Letters and Oral Testimony)

Jonathan M. Ellen, M.D.
President, CEO and Physician-in-Chief
Johns Hopkins All Children's Hospital
Vice Dean and Professor of Pediatrics
Johns Hopkins University School of Medicine

Office of the President & Vice Dean
501 Sixth Avenue South
St. Petersburg, FL 33701
727-767-6873
jellen@jhmi.edu



October 11, 2018

Florida Trauma System Advisory Council
Florida Department of Health
Division of Medical Quality Assurance
4052 Bald Cypress Way, Mail Bin C00
Tallahassee, Florida 32399

Dear Chairman and Council Members:

As one of three, freestanding, specialty children's hospitals in the State of Florida, Johns Hopkins All Children's Hospital (JHACH) is proud to have been serving the greater Tampa Bay area since 1926. In that time, we have not only teamed up to provide trauma services to west central Florida, but also partnered with the National Safe Kids Campaign to sponsor the Suncoast Safe Kids Coalition, which is dedicated to promoting child passenger safety and preventing unintentional childhood injuries such as drowning and pedestrian bicycle accidents. JHACH has secured the only joint trauma certification in Florida. This unique partnership with Bayfront Health St. Petersburg has cemented an inclusive and integrated trauma system that has served this region exceptionally well by the ability to provide a specialized continuum of care for newborns to adults.

Appreciating the task given to the Florida Trauma System Advisory Council (FTSAC) by the Florida Legislature, I thought it important to take a moment to share a few thoughts with you and the Council as you begin work on the report outlining the findings you will share with the Governor and legislature on December 31 of this year.

As you prepare to raise the bar through requiring transition to the American College of Surgeons (ACS), *Resources for the Optimal Care of the Injured Patient, Green Book* consideration should be given to:

- Allocating adequate time for hospitals to secure the necessary specialists required to meet accreditation standards and deliver quality services. This is particularly relevant in light of the healthcare practitioner shortage being experienced to a higher level within specialized pediatric fields today.
- Facilitating a timeline of five years to address not only the shortage noted above, but the number of pediatric trauma centers which will be pursuing national accreditation at the same time. An impractical timeline would only lead to artificially driving up costs because of the limited pool of talent and consultants, but the anticipation of a delay or missed deadline. There is some concern that all surveys could not be completed unless staggered throughout a reasonable timeline.
- Budget for the tangible costs associated with implementation. If national accreditation is not currently part of a pediatric trauma program's strategic budget, the hospital will need time to adapt to meet the high costs of preparing for and demonstrating compliance with each standard. We anticipate this overhaul will cost JHACH between \$500,000 and \$1,000,000.

- Evaluating whether the ACS standards are directly applicable to and surveyors are comfortable with evaluating the unique parts to joint trauma center programs. If the ACS should judge the joint trauma center incompatible, it would be necessary to allocate an additional amount of time for a safe split between the two separate centers to occur.

Thank you for your consideration and I look forward to working with you as you prepare pediatric trauma centers for taking the next step. If you have any questions please feel to contact me and I will be happy to connect you with one of the many JHACH pediatric trauma experts to provide assistance and support.

Sincerely,



Jonathan M. Ellen, M.D.
President, CEO and Physician-in-Chief
Johns Hopkins All Children's Hospital
Vice Dean and Professor of Pediatrics
Johns Hopkins University School of Medicine

Florida Department of Health
Bureau of Emergency Medical Oversight
c/o Michael Leffler, Moderator, Florida Trauma System Advisory Council
4052 Bald Cypress Way, Bin#A-22
Tallahassee, FL 32399

RE: Solicitation of Public Comment Regarding Pediatric Trauma Center Verification and Resources.

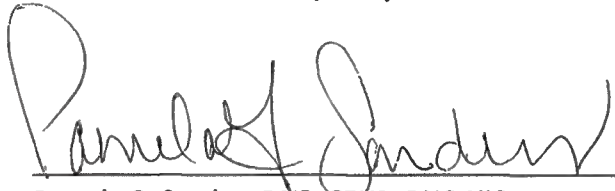
Dear Mr. Leffler,

These are our comments regarding Pediatric Trauma:

- As the only ACS level 1 pediatric trauma center in the state of Florida we can identify no barriers to becoming a verified trauma center through the ACS only benefits.
- We are required to collect data in compliance with the National Trauma Data Standard (NTDS) and submitted annually so that it can be aggregated and analyzed at the national level. In addition to the NTDB, verified centers also must use a risk adjusted benchmarking system to measure performance and outcomes. This only benefits the centers by comparing them to like centers nationally. Currently there is no system in the state of Florida that provides the centers with risk adjusted data to use to benchmark themselves.
- The area is already saturated with trauma centers. This can only be a deterrent to our pediatric population in the state of Florida. A pediatric trauma center should have a sufficient volume of experience with major pediatric injuries to maintain clinical skills of the pediatric trauma team members. Having all of these trauma centers only waters down the care that is provided in this state. For example, it was noted that we had a low number of trauma patients for a level 1 pediatric trauma center. One of the recommendations was to ensure that more of the severely injured children in their region can access the trauma center. ACS verifications for trauma centers would ensure that our sickest children receive the care that they need by transporting them to a verified trauma center.
- Understanding that not all hospitals have the resources to become a verified center through the ACS, pediatric trauma centers are expected to assume leadership roles in the care of injured children within their respective local, regional, and state trauma systems. Verified centers are also expected to work closely with other hospitals that provide pediatric care to advocate for the needs of the injured pediatric patients throughout the community and system of trauma care.
- We should expect the best care possible for our pediatric trauma patients, one way to ensure this is becoming and maintaining an ACS verification. One of the requirements of ACS is that all individuals on the trauma team have a board certification in their respective specialties. This helps ensure top quality care for our pediatric trauma patients.
- Having a robust performance improvement and patient safety program guided by the ACS guidelines is a great way to monitor the quality of care that you provide at your hospital. According to the ACS, pediatric process and outcome measures that encompass prehospital, hospital, and post hospital care should be tracked concurrently and reported annually. Local trauma center data should be benchmarked with national pediatric trauma data from a

large registry such as the Pediatric Trauma Quality Improvement Program (TQIP). We are subscribed to the pediatric TQIP.

- Trauma Centers should be appropriately marketed based on levels of care for pediatric and adult populations to aid EMS personnel to direct injured children or adults to the appropriate center which can provide the level of care dictated by the injury. This avoids unnecessary delays in care that are critical to life and limb in a trauma patient.



Pamela G. Sanders DNP, CENP, RNC-NIC

Associate Chief Nursing Officer

Vice President, Women & Children's Services, Adult Dialysis-Apheresis Unit

Tampa General Hospital

pgsanders@tgh.org

Office #: 813-844-7345

November 20, 2018

Florida Trauma System Advisory Council
Florida Department of Health
Bureau of Emergency Medical Oversight
c/o Michael Leffler, Moderator, Florida Trauma System Advisory Council
4052 Bald Cypress Way, Bin #A-22
Tallahassee, Florida 32399

Dear Council Members:

I appreciate the opportunity to provide input on behalf of St. Joseph's Children's Hospital in Tampa as the Florida Trauma System Advisory Council compares the existing pediatric Florida Trauma Center Standards (DH Pamphlet 150-9) with the pediatric requirements outlined in the American College of Surgeons (ACS), *Resources for Optimal Care of the Injured Patient, 2014* – and weighs potential changes for the State of Florida.

St. Joseph's Children's Hospital is a leader in compassionate, high-quality pediatric care in West Central Florida. We provide more acute medical and surgical pediatric care than any other hospital in Tampa Bay, and in 2017, 7,700 children were admitted to St. Joseph's Children's Hospital. Our Steinbrenner Children's Emergency and Trauma Center is the busiest emergency center in Tampa Bay, with 44,782 children treated in 2017.

St. Joseph's Hospital has been a state verified pediatric trauma center since 1994, admitting 400-500 pediatric trauma patients per year. We have dedicated pediatric resources including a separate 200 bed children's hospital, a pediatric emergency department staffed by board certified pediatric emergency physicians, and five board certified pediatric trauma surgeons. Additionally, we have a Children's Wellness and Safety Center and Certified Child Life Specialists to help children cope with injury and illness. We have multiple pediatric specific surgical and non-surgical specialties available. We are dedicated to providing optimal care for our most vulnerable pediatric patients and want to ensure that Florida's trauma standards continue to support the highest level of care.

First, as the Council weighs the benefits of both Florida's existing pediatric trauma standards and those outlined by the American College of Surgeons, we believe strongly the state should continue to ensure one standard of care for the state's pediatric trauma program. At present, every designated pediatric trauma program in the State of Florida must maintain the same high standards around the delivery of trauma care for children; current practice does not allow for multiple levels of pediatric trauma care.

In contrast, the ACS pediatric trauma standards include two levels of pediatric trauma care – Level I and Level II. Under the ACS system, Level I pediatric trauma centers have more stringent criteria than Level II centers, including higher volume and physician certification requirements. We feel strongly that implementing additional levels of pediatric trauma centers will negatively impact the quality of pediatric trauma care in our state. The pediatrics population is a highly specialized one, and all pediatric trauma centers in the State of Florida should be able to meet the same requirements and provide the same level of care. Florida pediatric trauma centers verified under current standards have made an extraordinary effort to provide resources to care for injured children. Those efforts should not be diminished by instituting varied levels around pediatric trauma care that will likely decrease the overall quality of care for Florida's youngest patients.

Moreover, in addition to adding multiple pediatric trauma center levels, the ACS standards would create more levels of adult trauma centers beyond the two levels used in Florida today. The ACS standards add adult Level III and Level IV centers, which we view as a barrier to the provision of high-quality trauma care in our state. Implementing a four-level system of trauma care has the potential to lead to tremendous confusion, both for patients and the emergency medical personnel caring for them. It will impact public perception of what it means to be trauma center – and perhaps of most concern, lead to uncertainty around where it is appropriate for individuals to receive treatment during times of medical crisis.

Finally, as Council members compare the existing Florida standards with ACS standards and consider any potential changes for the state's trauma program, we believe Florida should consider a blend of the two approaches – supporting the more stringent guideline as there are differences between the two sets of standards.

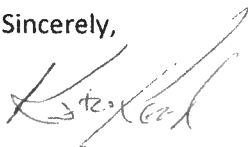
For instance, the Florida standards include strict requirements around nursing education, establishing guidelines for any nurse that cares for trauma patients during resuscitation and throughout the continuum of care. Nurses with demonstrated competency in the care of pediatric trauma patients are a critical aspect of care. Additionally, the Florida standards include Advanced Trauma Life Support (ATLS) requirements for all trauma surgeons and emergency department physicians that exceed the ACS requirements. Further, the existing Florida standards specify documentation requirements that promote accurate data entry into the trauma registries that are in turn used for process improvement projects, research initiatives and can be benchmarked for improved quality of care. None of these recommendations are encompassed in the standards advanced by the American College of Surgeons.

At the same time, ACS standards include requirements not addressed in the existing Florida standards, which also merit consideration. For instance, ACS standards require mandatory education for trauma registrars, and include different ratios around full-time employees and patient volume. Additionally, the ACS standards include Continuing Medical Education (CME) requirements for both surgical and non-surgical specialists. Further, ACS standards would require surgeons to have shorter trauma response times generally requiring them to be in house 24/7 in order to respond to a trauma alert in that reduced response time.

Since 1990, the Florida Department of Health (DOH) has maintained its own trauma center standards and verification process to ensure that Florida trauma centers meet the highest standard of care for our state. Where Florida's trauma center standards contain additional requirements, such standards should continue to be required of trauma centers and accompany the ACS' highest standards required when applicable. Adopting an ACS-only verification process instead of blending the two sets of standards could compromise care for Floridians.

We appreciate your consideration of these matters as you continue your work to ensure high-quality trauma care for Florida. Please let us know if our trauma team can be of assistance as this process moves forward.

Sincerely,



Kate Reed, R.N.

President

St. Joseph's Children's Hospital

St. Joseph's Women's Hospital



Wolfson Children's Hospital

Changing Health Care for Good.®

800 Prudential Drive
Jacksonville, Florida 32207
Cell Phone: 904.361.8182
wolfsonchildrens.org

November 26, 2018

Florida Trauma System Advisory Council
Florida Department of Health
Bureau of Emergency Medical Oversight
c/o Michael Leffler, Moderator, Florida Trauma System Advisory Council
4052 Bald Cypress Way, Bin #A-22
Tallahassee, Florida 32399

Dear Council Members:

Thank you for the opportunity to provide input to the Florida Trauma System Advisory Council (FTSAC) as it compares pediatric requirements in the American College of Surgeons (ACS) *Resources for Optimal Care of the Injured Patient, 2014* with those currently in effect, the Florida Trauma Center Standards (DH Pamphlet 150-9), during consideration of potential changes for the State of Florida Class 2 Licensed Specialty Children's Hospital.

Wolfson Children's Hospital is a 202 bed, full-service tertiary and quaternary hospital with a catchment area extending across north Florida and south Georgia. We are a newly designated Pediatric Trauma Center, having received initial verification July 1, 2018. Annually we see 89,499 patients in our pediatric emergency department, perform 12,182 surgeries, and have an average daily census of 172.7 with 12,525 inpatient and observation patient discharges.

We support the adoption of a blend of ACS guidelines with additional requirements from existing Florida standards. In addition to strongly supporting the recommendations submitted by St. Joseph's Children's Hospital and Sacred Heart Hospital, we would like to make the following recommendations:

- **Nursing education:** The ACS is currently struggling with how to define required nursing education; they are very clearly defined in Florida standards and ensure at least ongoing exposure to current trauma patient care.
- **Nurse reviewer:** The ACS only includes a nurse on the review team for consultations. Considering the importance of nursing care to our trauma patients and the input nurse reviewers share during site visits, we strongly recommend a nurse reviewer remain part of teams conducting trauma verification site surveys.
- **ATLS:** The ACS requires only that the Trauma Medical Director (TMD) and physicians treating patients in the emergency department who are not board certified in emergency medicine hold current ATLS provider status. Per Florida standards, the TMD must be an ATLS instructor. All other surgeons and emergency medicine physicians need only to have successfully completed ATLS at least once. The ACS also requires midlevel providers who are involved in the assessment or interventions of trauma activation patients have successfully completed ATLS at least once. We recommend a blend of ACS guidelines and Florida standards such that all physicians and midlevel providers involved in the care of trauma activation patients be required to have current ATLS provider status and that the TMD be required hold ATLS instructor status.

Thank you for your efforts to ensure continued high-quality care for injured children in Florida and for considering our recommendations. Please let us know if we can be of further assistance in this process.

Sincerely,

A handwritten signature in blue ink that reads "Michael D. Aubin". The signature is written in a cursive style with a large initial "M".

Michael D. Aubin, FACHE
Hospital President

Sacred Heart Hospital
Lianne Brown, MBA, BSN, RN
5151 N. 9th Avenue
Tallahassee, FL 32304
November 23, 2018

Michael S. Leffler
Trauma Section, Manager
Florida Department of Health
Bureau of Emergency Medical Oversight
4052 Bald Cypress Way, Bin #A-22
Tallahassee, FL 32399

Dear Michael S. Leffler:

First, I would like to extend my appreciation for the invitation to provide public comments on the pediatric survey review process. I attended the meeting in St. Augustine for Florida Committee on Trauma where the Advisory Council meeting was unfortunately cancelled due to extenuating circumstances. I appreciate the opportunity now to submit written comments for consideration in this important matter.

I have met with the Sacred Heart Hospital executive leadership team to discuss this review process and how it will impact our trauma program and the state trauma system based on several potential outcomes. Sacred Heart Hospital has been a part of the Florida Trauma System since 1996. We are committed to improvement in the delivery of trauma care in our community and throughout the state of Florida. Our mission at Sacred Heart is to provide high quality, affordable, patient-centered care with a special focus on the most vulnerable regardless of ability to pay. We feel strongly that adopting the national standard of optimal care for the trauma patient, developed, and routinely updated by the American College of Surgeons (ACS), is in the best interest of the injured patient. Our top priority should be to maintain a current state of optimal care delivery and protect that care delivery process from the legal or political environment. We recommend the Florida Department of Health maintain responsibility for designation of new trauma centers using a transparent needs based system and working with the Florida Trauma System Advisory Council to analyze the data sets required in Florida Statue to determine need as a factor of existing capacity within current trauma centers and demand with each trauma service area (TSA) and oversight responsibility of ensuring the standards of the ACS are continuously met by each trauma center, according to their level of designation. We feel abdicating this responsibility to the ACS weakens our mature trauma system and could place some hospitals at financial risk of losing their trauma designation. We have had a significant number of new trauma systems added over the last five (5) years without adequate time and analysis to determine their true impact on the overall trauma system, a more in-depth analysis on the impact of the new trauma centers, impact of the 2018 Hurricanes, and a realistic sense of the impact of a new certification process. The department, FTSAC, and trauma centers need to work together to identify real threats and opportunities this would have to the trauma system on a TSA by TSA, as well as statewide. The goal of timely access to optimal trauma care requires we understand the current state of the trauma system, including impact of new trauma systems certified within the last five years on volume which equals proficiency required or optimal care, issues with pre-hospital transport resources particularly in rural areas, and working together develop specific quality indicators upon which we develop future quality and access standards.

Michael S. Leffler

November 23, 2018

Page 2

Thank you again for the opportunity to provide comments to the Advisory Committee. I would also like to thank each committee member for their time in serving on this committee and the efforts in making the Florida Trauma System a strong care delivery system we can all be proud to be a part of.

Sincerely,

Lianne Brown

Trauma Program Manager

November 27, 2018

Michael Leffler
Trauma Section, Manager
Florida Department of Health
Bureau of Emergency Medical Oversight
4052 Bald Cypress Way, Bin #A-22
Tallahassee, FL 32399

Ref: Pediatric Trauma Center Verification and Resources

Dear Mr. Leffler,

On behalf of Orlando Health, we are grateful for the opportunity to provide comments during the November 26 Florida Trauma System Advisory Council (FTSAC) meeting. Thank you to the Florida Department of Health (DOH) for seeking out feedback from key stakeholders from the trauma system in Florida and for re-establishing this trauma advisory committee. As Central Florida's Level I Trauma Center serving the community for the past 33 years and recent participants in both the Adult and Pediatric American College of Surgeons (ACS) Consultative Verification Review process, please consider our feedback below.

To the cost of obtaining and maintaining ACS verification, we have recently had the privilege of undergoing consultative ACS visits at our Adult and Pediatric Trauma Center. During this process, we experienced initial costs of approximately \$200,000 in preparation for final pediatric ACS verification. This is exclusive of infrastructure and call pay that some centers may incur in cost upon that transition into ACS Pediatric Verification. As we listened to some of the discussion from the FTSAC common hours, we recognized that some of the perceived costs from comparing the ACS standards to the DOH standards may not provide a complete picture of what is needed to support an ACS program. Examples of requirements that incur costs are as follows:

- Additional supportive team members for increased quality performance improvement and patient safety identification, tracking, trending, and loop closure;
- Additional external education for the trauma program leadership and registry staff;
- Salary and benefits for the position of injury prevention coordinator;
- Equipment for team members;
- Additional registry staff to support a ratio change from 1000:1 to 750:1; and
- Pediatric Trauma Quality Improvement Program (TQIP) participation.

Additional consideration for cost should be made for DOH Level One Trauma Centers that have a large volume of pediatric patients or that are not connected by a bridge, tunnel, or covered walkway. These trauma centers may be required to verify as a stand-alone ACS Pediatric Trauma Center. This includes the following additional costs:

- Separate injury prevention coordinator from the adult trauma center;
- Separate registrar that is specific to pediatrics;
- Research support staff; and
- Pediatric Trauma Quality Improvement Program (TQIP) participation.

These are costs Orlando Health will specifically incur as although Arnold Palmer Hospital is less than a .25 miles away from Orlando Regional Medical Center, there is not a connection as defined by ACS above.

The lack of connection is just one of the many barrier hospitals face with obtaining ACS verification. There also is a major barrier in the inconsistency of ACS verification versus Florida DOH verification. Evidence shows that ACS provides a high level of quality trauma care. Florida Trauma Standards have heightened standards in some areas over ACS but have not been updated in several years. We support and appreciate the request for evaluation of the state standards set forth for our pediatric trauma centers. However, we would like to ensure that it is recognized that Level One Trauma Centers designated by the DOH are inclusive of Pediatric Trauma Standards. We are uncertain as to how a Level One Center would be defined by the state if Adult Care is verified by the DOH and Pediatric Care is verified by ACS. We ask that any verification process recommendation of this council is accompanied by a request to ensure that trauma centers are allocated based on the needs of the unique communities throughout Florida, not ACS alone.

We support either both ACS verification for both adults and pediatrics or that DOH standards are continued for both adults and pediatrics. There would be major challenges associated with current DOH verified Level One Trauma Centers as all meet the pediatric trauma requirements set by rule, but do not all meet the ACS pediatric trauma standards that differ greatly.

We can speak confidently to policy proposals that address the need and value of ACS verification as we have gained value in participating in the Consultative ACS Verification Process. It has helped improve upon our already highly recognized standards for our Trauma Quality Program by expanding our Performance Improvement and Patient Safety Indicators that result in improvements across our program and equate to even higher quality of care for our patients. The Florida DOH Standards have not been updated in eight years, but do have more rigorous, stated requirements for equipment and nursing education. ACS verification language is less regulatory than the Florida DOH but has frequent clarification and change documents that accompany the list of criteria deficiencies. We feel this should be taken into consideration as well. Additionally, assessing the effectiveness of our current trauma center standards on quality may be beneficial in making this decision. We are pleased to support the work of the TQIP Florida Collaborative through the Florida Committee on Trauma which may help steer this decision.



1414 Kuhl Ave.
Orlando, FL 32806
tel 321.843.7000
OrlandoHealth.com

Our main concern as a leader of a Level One Trauma Center in this state is the inconsistency in verification for both pediatrics and adults. We recommend the state either transition to ACS verification, for both pediatric and adult trauma, or assess the continuation of verification by DOH. Thank you again for the opportunity to provide comments and written feedback. Orlando Health looks forward to collaboration within the trauma system to provide the optimal care for trauma patients in our communities.

Sincerely,

A handwritten signature in black ink that reads "Donald Plumley".

Donald Plumley, MD
Pediatric Trauma Program Medical Director
Arnold Palmer Hospital for Children

Cc: Dr. Joseph Ibrahim, Trauma Medical Director, Orlando Regional Medical Center
Leah Colston, Bureau Chief, Emergency Medical Oversight, Florida Department of Health

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

EXCERPTS
OF
DEPARTMENT OF EMERGENCY PREPAREDNESS
MEETING
November 26, 2018 2501
Johnson Street Hollywood, Florida

ATTENDEES:

- GLEN SUMMERS, MD
- MARC KEMP
- DAVID SUMMERS, MD
- JOSEPH IBRAHAM
- MARK MCKENNEY, MD
- LISA DINOVA, RN
- LARRY REED, MD
- NICHOLAS NAMIAS, MD
- ZEFF ROSS
- DONNA YORK, RN
- BRAD ELIAS, MD
- DARWIN ANG, MD
- MICHAEL LEFFLER, MODERATOR
- KATE KOCEVAR
- KAREN CARD, DRPH
- JOSHUA STURMS

1 (Thereupon, the meeting is called to order.)

2 MODERATOR: So for our meeting today,
3 there are two parts of this study that we have
4 asked the trauma community to participate in.
5 One, we did a survey back in August that we
6 asked about resources. This was done to help
7 identify cross barriers relating to ACS
8 verification. The second part that we wanted
9 to solicit input from the communities
10 specifically on is for the individual trauma
11 centers, and acute care hospitals interested in
12 pursuing pediatric verification. If they could
13 outline for us their opportunities and
14 challenges related to obtaining and maintaining
15 ACS verification.

16 We've received a number of folks that
17 requested to speak today. Some of them are
18 here, and some of them will be on the phone,
19 but what I would ask is if we can keep comments
20 to ten minutes. I'm not going to cut anybody
21 off at ten minutes, but we have a lot of folks
22 that would like to talk today, and I want to
23 make sure that, one, everybody has an
24 opportunity to be heard by the council, and
25 second, that council have an opportunity to

1 complete the remainder of its business related
2 to the rest of the agenda.

3 I know that Dr. Plumley had, had, is on
4 the phone here, and I was going to recognize
5 him first, from Orlando Regional. Dr. Plumley,
6 are you on the line? It's star 6 to unmute
7 your line.

8 DR. PLUMLEY: Yes, I am.

9 MODERATOR: All right. You are recognized
10 to provide comments on behalf of Orlando
11 Health.

12 DR. PLUMLEY: Good morning. I'm Don
13 Plumley, and I have been a peds Trauma Director
14 for the level one trauma center at Orlando
15 Regional Medical Center for twenty-five years,
16 and also the chief quality officer at Arnold
17 Palmer Hospital.

18 As a Board certified pediatric surgeon,
19 I'm honored today to speak on behalf of Arnold
20 Palmer Hospital, as well as our level one
21 trauma center at Orlando Regional Medical
22 Center.

23 Orlando Health is Central Florida's level
24 one trauma center, and a leader of trauma care
25 for thirty- three years. We currently provide

1 our adult trauma care at ORMC, and our
2 pediatric trauma care is provided at Arnold
3 Palmer Hospital, which is really across the
4 street, about 0.2 miles away. Unfortunately we
5 are not joined by a tunnel, or a walkway.
6 We're grateful that the council is looking
7 deeper into the ACS verification for peds
8 trauma, as we have recently participated in a
9 consultative verification review, both for
10 pediatrics, and an independent one for adults.

11 I'll try to address the specific areas
12 that the council would like cleared up, on how
13 these areas will impact Orlando Health, and
14 kind of lessons learned from our consultative
15 visit. The first area that we were kind of
16 tasked with looking at was the cost of
17 obtaining and/or maintaining ACS verification.
18 We recently underwent a consultative visit for
19 the adult and peds services, and we figure
20 we're going to experience initial costs of
21 about \$200,000 in preparation for our final ACS
22 verification, which will be in July. This is
23 exclusive of any infrastructure or Callpay that
24 other centers may incur if they transition to
25 an ACS pediatric verification.

1 As we've kind of listened to the
2 discussion on the common hours for the council,
3 we recognize that some of the perceived costs
4 from looking at the ACS standards compared to
5 the Department of Health standards don't really
6 provide a complete picture of what is needed to
7 support an American College of Surgeons
8 program. Some of these costs that we will
9 incur going forward will be additional team
10 members, primarily for quality and performance
11 improvement and patient safety identification,
12 tracking, trending, and closure. We will
13 require external education for the trauma
14 program leadership and registry staff. We will
15 need to hire another injury prevention
16 coordinator so we have one pediatric and one
17 adult. Equipment for these new team members,
18 additional registry staff, as the ratio change
19 from 1000:1 to 750:1 as recommended by the ACS,
20 and as well as the cost of participation in
21 pediatrics equipment.

22 Additional consideration for costs should
23 be made for Department of Health verifications
24 for level one trauma centers that admit a
25 larger volume of pediatric patients, or as in

1 our case are not covered by a connector. These
2 (unintelligible) may be required to verify as a
3 standalone pediatric trauma center, and the
4 following costs would be incurred if that is
5 the situation. Again a separate injury
6 prevention coordinator, separate registrar,
7 research support staff, and a peds, ped
8 equipped program.

9 The next thing I'll address is the
10 barriers that the hospital, or our hospital
11 will face or faced with obtaining ACS
12 verification. The evidence shows that ACS
13 provides a high level of quality trauma care,
14 but the Florida trauma standards have
15 heightened standards in some areas, but
16 unfortunately have not been updated in several
17 years. We support and we appreciate the
18 request for evaluation that the state has set
19 forth for our pediatric trauma centers, but
20 while we'd like to ensure that it's recognized
21 that level one trauma centers designated by the
22 Department of Health are inclusive of pediatric
23 trauma centers. We are uncertain to how a
24 level one trauma center can be defined by the
25 State if the adult care is verified by the

1 Department of Health and then the pediatric
2 care has to be verified by a different entity,
3 in this case the ACS. We would ask that any
4 verification process recommendation of the
5 council is accompanied by a request to ensure
6 the trauma centers are allocated based on needs
7 of the unique communities they serve.

8 The final thing I'll address is policy
9 proposals that address the need and value of
10 American College of Surgeons verification.
11 We've gained value, we think of participating
12 in our consultative verification process, it
13 has helped to improve upon our already highly
14 recognized standards for trauma quality
15 programs, but has really forced us to expand
16 our performance improvement in patient safety
17 indicators that's resulted in improvements
18 throughout our program, and equate to even a
19 higher quality of care for our patients.

20 The Florida Department of Health standards
21 have not been updated in eight years but do
22 have some more rigorous requirements for
23 equipment and nursing education. The ACS, on
24 the other hand, is a little less regulatory,
25 but does pose some, some challenges, in that it

1 has frequent clarification. It's really a
2 dynamic living thing that just changes
3 frequently and requires ongoing updates.

4 Additionally, assessing the effectiveness
5 of our trauma center standards on quality may
6 be beneficial in making this decision. We are
7 pleased to continue to support the work of TQIP
8 Florida Collaborative do the Florida Committee
9 on Trauma, which may help to steer this
10 decision.

11 In conclusion, although the ACS
12 verification is our main goal at Orlando Health
13 both for ORMC and Arnold Palmer for this
14 upcoming year, we believe that there are
15 significant costs, barriers, and policies that
16 must be considered before requiring peds trauma
17 centers only to meet the ACS standards for
18 care.

19 I'm hopeful the feedback I've provided to
20 you today shows the rigorous steps and
21 financial investments that we've invested going
22 forward with the ACS verifications, and help
23 you make a decision as to what the needs of the
24 State are. Thank you.

25 MODERATOR: Thank you, Dr. Plumley. As

1 part of this, I wanted to provide the council
2 members an opportunity to ask questions of
3 speakers. Council members, is there any
4 questions of Orlando Health. All right, thank
5 you very much, Dr. Plumley.

6 DR. PLUMLEY: Thanks.

7 MODERATOR: The next speaker will be Lani
8 Ferro from Nicklaus Children's Hospital. Thank
9 you.

10 MS. FERRO: Good morning. My name is Lani
11 Ferro, I serve as the director of government
12 and community affairs for Nicklaus Children's
13 Health System. And as South Florida's only
14 free standing specialty children's hospital
15 with a level one pediatric trauma certification
16 a medical staff of more than 800 members, and
17 over 470 pediatric subspecialists, Nicklaus
18 Children's Hospital recognizes the importance
19 of providing the best possible care to every
20 single child in our community and beyond.

21 We stand before you today, the appointed
22 group of professionals, making recommendations
23 on statewide standards of care, to ask you to
24 recognize that caring for children is very
25 different than caring for adults. Simply put,

1 children are not small adults. While you all
2 are clearly world class experts in trauma,
3 there is no Board certified pediatric
4 specialists, or subspecialist on this council
5 to advocate for those unique needs. Because of
6 the highly specialized needs of children, and
7 the underlying public policy interests, a
8 coordinated trauma council should recognize and
9 support the unique role of dedicated free
10 standing pediatric trauma centers.

11 The American College of Surgeons and the
12 American Academy of Pediatrics recognizes that
13 there are stark differences between adult and
14 pediatric trauma, it's simply not the same. In
15 fact, the American College of Surgeons
16 recommends that freestanding pediatric trauma
17 centers should be utilized to the fullest
18 extent possible. We believe that the American
19 College of Surgeons is the gold standard for
20 healthcare institutions, and the highest
21 standard for pediatric trauma.

22 We are so committed to the highest quality
23 standard for pediatric trauma that we recently
24 underwent evaluation for designation of ACS
25 verification, and on November 9th, Nicklaus

1 Children's Hospital received its ACS
2 verification as a level one pediatric trauma
3 center. In summation, it would benefit
4 children in all communities to have pediatric
5 Board certified representation and expertise on
6 this council, and we respectfully request that
7 you work with pediatric experts throughout this
8 state, some of which are in the room.

9 Additionally, we endorse the ACS standard, and
10 hope that this is the standard that the body
11 will recommend and Florida ultimately adopts in
12 order to preserve and enhance the quality of
13 pediatric standards in this state.

14 Our trauma team is here today, and can
15 provide additional comments on the ACS process.
16 And as this process moves forward Nicklaus
17 Children's Hospital will continue to advocate
18 for all children to receive the highest level
19 of pediatric care possible. Thank you.

20 MODERATOR: Hang on just a second. I just
21 want to make sure the members don't have any
22 questions. Dr. Namias, you're recognized.

23 DR. NAMIAS: Thank you for your comments.
24 I want to sort of, a down to Earth question
25 that's not a -- I'll start again in case their

1 recording this for a transcript.

2 Thank you for your comments. I want to
3 ask a sort of ground level question, since this
4 is a state advisory council no two of us have
5 spoken outside of here, and we can't without
6 public notice, so this is the only place to
7 talk or ask anything. What threat does
8 Nicklaus Health System see in this process, or
9 what benefit does Nicklaus Health System see in
10 this process that we're going through here of
11 identifying the gaps between our current
12 verification, or designation process, and going
13 to ACS? What -- what is -- what are the
14 benefits and risks to this whole process for
15 something like Nicklaus Children's Health
16 System?

17 MS. FERRO: So that's -- that -- that's
18 what I referenced that some of our trauma
19 experts are here to address those very, those
20 very gaps in benefits if you will. So they'll
21 be addressing them in their comments.

22 DR. NAMIAS: Thank you.

23 MODERATOR: Any other questions of the
24 members?

25 MS. FERRO: Thank you.

1 MODERATOR: Thank you. Our next speaker
2 will be Amber Smith representing St. Joseph's
3 Children's Hospital. Ms. Smith, you're
4 recognized.

5 MS. SMITH: Thank you, Michael. Good
6 morning council members. My name is Amber
7 Smith, and I'm the govern relations coordinator
8 for BayCare Health System, and I'm speaking to
9 you today on behalf of St. Joseph's Children's
10 Hospital in Tampa. First we would like to
11 thank the council members and this Florida
12 Department of Health staff for their exhaustive
13 work on this council. We also appreciate the
14 opportunity to provide input to you today. As
15 the council moves forward, I'm comparing the
16 current Florida pediatric trauma standards with
17 the ACS pediatric trauma requirements outlined
18 in the orange book.

19 St. Joseph's Children's Hospital is a
20 leader in compassionate high quality care of
21 her pediatric patients of West Central Florida.
22 St. Joseph's has been a state verified
23 pediatric trauma center since 1994, and her
24 Steinbrenner Children's Emergency and Trauma
25 Center treated nearly 45,000 children in 2017.

1 As this council continues to weigh the benefits
2 of both Florida's existing pediatric trauma
3 standards with those from the American College
4 of Surgeons we urge you to maintain trauma
5 standards in Florida that support the highest
6 level of care.

7 Under the ACS system there are two levels
8 of pediatric trauma care, and with pediatric
9 trauma care being an important and specialized
10 field, we strongly feel that implementing
11 additional levels of pediatric trauma centers
12 could negatively impact the quality of
13 pediatric trauma care in our state. And the
14 old pediatric trauma centers in the state of
15 Florida should be able to provide the same
16 level of care. Versus ACS standards, Florida
17 has more stringent requirements around advanced
18 trauma life support and nursing guidelines. At
19 the same time ACS standards include
20 requirements not addressed in existing Florida
21 standards, such as requiring surgeons to have
22 shorter trauma and response time, and also
23 mandatory education for trauma registrars.

24 As you consider pediatric trauma
25 requirements, or any other potential changes

1 for the state's trauma system, we believe the
2 state of Florida should blend both the Florida
3 and ACS national standards to create the
4 highest level of care. Adopting an ACS only
5 verification process instead of blending the
6 most stringent standards between the two sets
7 could leave Florida deficient in the high
8 standards currently applied to trauma care in
9 our state.

10 We greatly appreciate your time today in
11 consideration of these matters. We have
12 submitted our formal comments in the form of a
13 letter to this council, and we look forward to
14 working with you as we move forward on these
15 important issues.

16 MODERATOR: Dr. Namias, you're recognized
17 for questions.

18 DR. NAMIAS: Same -- same theme as before,
19 but what I'm hearing from you is that you think
20 that the, that the orange book standards in
21 some places may go lower bar to verification,
22 and you're saying that some of the state's
23 standards are higher, and you'd like to see a
24 combination of both, you don't want to lower
25 the bar at all. Because I saw that in, in

1 adult trauma the ACS standards are lower than
2 the state standards, and is that what you're
3 saying also for, for children, the ACS
4 standards are in some instances lower than the
5 state standards?

6 MS. SMITH: I can't speak to if the ACS
7 standards are lower, but they are in cases
8 higher than the Florida standards, and in some
9 cases the Florida standards are higher, and so
10 what we want as BayCare Health System and St.
11 Joseph's Children's Hospital specifically for
12 pediatric trauma care is for all trauma centers
13 in the state to be able to provide the most
14 stringent highest level of care for the safety
15 of our most vulnerable patients in the state of
16 Florida.

17 DR. NAMIAS: In -- in what -- in what do
18 the activities of this council either threaten
19 the ongoing operations of your center, or
20 provide an opportunity for expansion for your
21 center, or lower the barriers of entry such
22 that every gas station would become a pediatric
23 trauma center? How does this -- how does this
24 hurt or help you? What was the calculus at
25 your hospital, and same for Children's, for

1 Nicklaus Children's, the same questions for
2 all, because we can't talk about this outside,
3 and I don't, I don't have a good feel of the
4 underlying themes, because our publicly stated
5 thing is to find the gap between current
6 verification by the state and implementing
7 verification by the ACS, but what threats or
8 advantages are posed to your, are presented or
9 posed to your health system in making the
10 change from state to ACS if we did so?

11 MS. SMITH: Thank you. So I think St.
12 Joseph's Children's Hospital is looking at two
13 different issues specifically, and it's not
14 unlike, and in some ways what we've heard in
15 the previous comment hours with the doctor from
16 New York speaking on when they moved to the ACS
17 system, you know, they also recognized that
18 there were some deficiencies within the orange
19 book that they had previously addressed as the
20 State of New York. In the same way we would
21 say that the State of Florida, where those
22 standards are higher, for example having, you
23 know, nursing requirements advanced trauma life
24 support, that we would want to keep those to
25 continue providing the care that we've come to

1 know and expect from trauma centers in our
2 state.

3 And I think that leads to our second
4 issue, which is we know what, what we've come
5 to expect as the highest level of care from
6 pediatric trauma centers in our state, and we
7 do have concern that having two levels of
8 pediatric trauma care could provide confusion
9 for our patient's medical support staff during
10 the most vulnerable time intensive time
11 probably in their life.

12 DR. REED: How -- how would that actually
13 happen, this is Dr. Reed, that is you're saying
14 the patients could somehow be confused by which
15 standard you're applying, or trauma centers are
16 applying?

17 MS. SMITH: We see it as a potential
18 challenge, in that we know that there's one
19 current high level standard for pediatric
20 trauma care in the state. That's the way it
21 has been since the Florida Department of Health
22 started with pediatric trauma centers, and we
23 would like to see that continue, knowing that
24 every center in the state has to meet that high
25 level of care. If there are two standards, for

1 example, you know, patient volume is one of the
2 differences between the two, you know, that
3 that could provide confusion, and we just noted
4 that as a potential challenge as the council
5 has asked for potential gaps in care that could
6 be, you know, could happen as a result of
7 issuing the ACS standards.

8 DR. REED: Are you aware of any data that
9 shows there's a difference in outcomes between
10 ACS verified versus state designated and
11 verified centers?

12 MS. SMITH: We haven't studied that. The
13 council just asked for potential challenges
14 that the state, or that pediatric trauma
15 centers might encounter, you know, moving to
16 orange book standards, and we recognize that
17 that might be one of the challenges.

18 MODERATOR: Ms. York, you're recognized.

19 MS. YORK: I know this isn't really quite
20 your area of expertise, but do you have an
21 opinion on the fact that we have level one and
22 level two adult centers all over the state, so
23 are people on the adult side not getting the
24 same level of care at level twos? Cause that's
25 what you're -- I'm hearing that you think that

1 with a level one and a level two ACS
2 verification the care will be different for
3 children that go to a level two compared to
4 going to a level one, and yet we do that in the
5 adult world on a daily basis.

6 MS. SMITH: So pediatrics is a very
7 important and specialized field specifically,
8 and so we would want the highest level of care
9 for pediatric patients. You know with the
10 adult side there's a lot more nuances that come
11 with the level one and two in the state of
12 Florida. You know, we do have concerns moving
13 to the ACS orange book standards with the
14 additional levels that will come on the adult
15 side, you know, specifically three and four
16 will be called a trauma center when we might
17 think of them more as an acute care center
18 currently, so we do have the same concerns.

19 Not that it will happen, or that there are
20 potential damages that come with that, we just
21 know that that could be a possible gap, and a
22 challenge for the state of Florida as it moves
23 forward, so just something to look for.

24 MODERATOR: Any additional questions of
25 St. Joseph's Children's Hospital?

1 DR. ANG: Yes, this is Darwin Ang.

2 MODERATOR: Dr. Ang, go ahead.

3 DR. ANG: Along the lines that Ms. York
4 had mentioned what if we adopted the ACS
5 guidelines but like in the adult trauma system
6 we don't have threes and fours, we just have
7 one and twos, would that be acceptable?

8 MS. SMITH: Thank you. So I think we are
9 just looking, you know, as the council asked,
10 provide potential gaps and challenges,
11 different, different states or different
12 systems might have, those in states and centers
13 that have implemented it across the United
14 States already and what they encountered, and
15 also uniquely what the state of Florida and St.
16 Joseph's Children's Hospital, being both a
17 level two and a pediatric center might, might
18 encounter, and so with that, you know, we're
19 just noting that having additional levels is
20 something to be very cognizant of, that we
21 don't lose the highest standard of care in the
22 state of Florida.

23 So where the Florida standards are highest
24 we would want to keep those, where the ACS
25 standards are highest we would want to keep

1 those. We definitely know that there are some
2 higher standards within the orange book, and
3 that's a great thing for patients in the state
4 of Florida.

5 MODERATOR: Are there any other questions
6 of St. Joseph's Children's Hospital? All
7 right, thank you, Ms. Smith. Next we have
8 David Meysenburg from UM Health Jacksonville.
9 And if members could spell their name for the
10 record for our court reporter that would be
11 most beneficial, or excuse me, the speakers can
12 spell their name for the court reporter. Mr.
13 Meysenburg, you are recognized.

14 MR. MEYSENBURG: Thank you, council, for
15 the opportunity to speak. My name is David
16 Meysenburg. The last name is
17 M-E-Y-S-E-N-B-U-R-G. I'm the division director
18 of emergency and trauma services at UFL
19 Jacksonville in Jacksonville, Florida. I
20 appreciate the opportunity to speak. UFL
21 Jacksonville is a state designated level one
22 trauma center serving the northeast region of
23 the state. UFL Jacksonville was the state's
24 first level one trauma center in 1983, and we
25 recently celebrated our 35th year of continuous

1 operation as a level one trauma center.
2 Additionally, recently we received ACS
3 verification as a level one trauma center that
4 sees pediatrics. We have a peds level two
5 consultation visit scheduled for next Fall.

6 UFL Jacksonville supports the ACS
7 committee on trauma verification process for
8 both adult and pediatric trauma centers. The
9 ACS committee on trauma verification process is
10 a fair evidence based process that provides an
11 objective analysis of the resources available
12 and the quality of care provided at a
13 particular trauma center. Additionally, using
14 the ACS community on trauma buffers against
15 regional, state, and local geopolitical
16 influences and biases, which provide, provides
17 a higher likelihood of an objective and fair
18 evaluation.

19 UFL Jacksonville does not support a
20 requirement of ACS verification only for
21 pediatric trauma centers, rather we support the
22 ACS process for all trauma centers. UFL
23 Jacksonville feels it is important to share our
24 concern that removing the requirement for level
25 one trauma centers to provide pediatric care

1 could lead to unintended consequences of fewer
2 pediatric capable trauma centers in the state.
3 Eliminating the pediatric requirement could
4 potentially incentivize current level one
5 trauma centers to abandon pediatric trauma
6 care.

7 Lastly, we need to be clear that the
8 Department of Health should maintain control of
9 new trauma center designation using transparent
10 needs analysis as defined in the Florida
11 statutes. Thank you.

12 MODERATOR: Are there questions of UFL
13 Jacksonville? Dr. Reed, you're recognized.

14 DR. REED: Yes. What -- what did you see
15 as the major advantages to going with ACS?

16 MR. MEYSENBURG: The major advantages,
17 it's evidence based, and it's updated
18 frequently so, so the standards are updated
19 based on new evidence, I can't remember the
20 exact time frame, but just so, so that alone is
21 one of the, one reason why.

22 DR. REED: Since doing it have you noticed
23 any change in the quality of care at your
24 facility?

25 MR. MEYSENBURG: It's difficult to answer

1 that in a definitive fashion, but I would say
2 it has caused us to look closely at our
3 process, our patient performance improvement
4 and patient safety process, and make sure that
5 we are following standards, national standards.

6 DR. REED: Even though the State standards
7 are very strict with respect to the process,
8 improvement process.

9 MR. MEYSENBURG: Yes.

10 DR. REED: In what way do you think we're
11 doing things differently by performance
12 improvement patient safety?

13 MR. MEYSENBURG: The -- I don't have an
14 answer.

15 MODERATOR: Additional questions by the
16 members.

17 DR. ANG: I do. This is Darwin Ang.

18 MODERATOR: Dr. Ang, you're recognized.

19 DR. ANG: Thank you, sir. Mr. Meysenburg,
20 are you okay with the tiered levels of
21 pediatric care posed by the American College of
22 Surgeons?

23 MR. MEYSENBURG: Yes, if -- as long as all
24 levels, the adult levels as well are included.

25 DR. ANG: Thank you.

Post Meeting Public Comment: Recommendations

FTSAC Draft Pediatric Study
Trauma Center Comments

<u>Recommendation FTSAC Draft</u>	<u>Trauma Center Input Draft Ped Report</u>
<p><u>Recommendation #1</u></p> <p><i>The Florida Legislature should require the Florida Trauma System Advisory Council to conduct a feasibility study relating to changes in the verification of trauma resources for both adult and pediatric trauma centers simultaneously. This study should be produced on or before August 31, 2020. The study will focus on four elements: barriers to obtaining and maintaining verification, resource costs, Florida trauma centers that are pursuing ACS verification, and policy recommendations.</i></p> <p style="text-align: center;"><u>Sub-recommendation</u></p> <p><i>The Florida Legislature should appropriate funding to the EMS Trust Fund within the Department of Health to conduct a study related to resource costs of ACS verification in Florida trauma centers and acute care hospitals.</i></p> <p>This recommendation is based on the need for a consistent and standardized verification process for both adult and pediatric trauma centers. At this time, any recommendation that would alter the verification process/standards for any level of trauma center would be premature without further assessment of the resource availability and impacts at all adult trauma centers.</p> <p>In order to assess the impact to all level of trauma centers, the Florida Trauma System Advisory Council recommends that the Florida Legislature appropriate funding to the Florida Department of Health for the purpose of contracting with a vendor to assess the availability and costs related to meeting the ACS trauma center standards. Assessing and estimating resources/costs for hospitals is a specialized and time-intensive process. A third-party vendor with the necessary skills is a prudent use of the FTSAC and Department of Health's resources</p>	<ol style="list-style-type: none"> 1. The majority of trauma centers providing input <u>are supportive</u> of recommendation one (1). 2. <u>Trauma Center input questioning the necessity of another study per recommendation one (1) are listed below:</u> <ol style="list-style-type: none"> a. Optimal outcomes and realized access to care for our injured pediatric patients is the Florida Trauma System Advisory Council's ultimate goal. <i>It appears through the data analysis contained in the draft report that Florida's existing trauma system is providing optimal outcomes and access in its current structure.</i> b. There is no objective evidence that change is needed or that Florida's current trauma system structure is under- performing when compared to the national benchmarks. c. The Florida Statutes were designed with mindful intent to provide high quality and broad access to trauma care while constraining regulatory and administrative burden upon the trauma centers. d. Florida's existing statutes and structure are the foundation of the existing trauma system. This system delivers high quality and cost-effective outcomes to trauma patients. e. Recommendation: Maintain existing statutes, update existing trauma center standards 150-9, and don't recreate the existing system. f. According to this pediatric study, our current Florida standards are providing <u>equal or better</u> care to our pediatric population, therefore what is the value of funding and conducting another study? Examples from Study include: <ol style="list-style-type: none"> i. Mortality is a comparable 1% ii. Complications are significantly lower in Florida iii. Florida had shorter hospital length of stay vs. the ACS national data. iv. There is NO DATA to suggest that Florida's Trauma Center outcomes are not in line with Trauma Systems across the nation. In fact, they are better in many instances. v. Florida's Trauma System provides high quality Trauma care. vi. Florida's Trauma System is a ROLE MODEL of VALUE oriented care. (Lower costs, decreased length of stay, lower rates of complications
<p><u>Recommendation #2</u></p> <p><i>Amend the statutes to adjust the period of verification for pediatric and adult trauma centers from seven years to three years, with necessary provisions to align Florida verification periods with ACS verification periods.</i></p>	<ol style="list-style-type: none"> 1. <u>Support for recommendation two (2) is approximately 40/60 (i.e. 40% support and 60% with concerns related to the cost and personnel resources required for dually verified (trauma centers)</u> <ol style="list-style-type: none"> a. Improves compliance with standards b. Improves quality of care. 2. <u>Supports recommendation two (2) with the caveat that the three (3) year cycles are</u>

FTSAC Draft Pediatric Study
Trauma Center Comments

<p>This recommendation should be implemented as soon as possible.</p> <p>Trauma center staffing and programmatic functions are constantly evolving. As such, frequent evaluation and involvement with the verification entity is necessary to ensure that trauma center operations remain consistent across the entire system and that the best care is available to every Florida citizen and visitor. The verification and re-verification process also provide an opportunity for the verification entity to assess new challenges faced by trauma centers within the system.</p> <p>ACS has long set its verification at three years. The FTSAC recommends that Florida align to the national standard set by the ACS.</p>	<p><u>coordinated for dually verified trauma centers (ACS & FL).</u></p> <p>3. <u>Questions related to the value of recommendation two (2) include:</u></p> <ol style="list-style-type: none"> a. What is the value gained? <ol style="list-style-type: none"> i. There is NO DATA to show that a shorter verification cycle (7 years Florida vs. 3 years ACS National) has any effect on patient outcomes in Florida ii. Florida has a 7-year verification cycle and no costs to the acute care hospitals. ACS is a three (3) verification cycle with significant startup and recurrent costs to the Trauma Centers. (ACS is a private for-profit entity) b. Recommendation two (2) will double the cost of surveys for the hospital and the Department of Health. c. Recommendation two (2) would create undue burden on trauma program managers whose trauma center is dually verified, changing their focus from patient to survey preparedness.
<p><u>Recommendation #3</u></p> <p><i>The Florida Legislature allow that future revisions of Florida Trauma Center Standards (DH Pamphlet 150-9), which are codified in Florida Administrative Rule 64J-2.011, be exempt from the ratification requirements of administrative rules as outlined in section 120.541(3), Florida Statutes.</i></p> <p>The FTSAC has found that the ability to regularly modernize and change existing trauma center standards as a consideration for changing the verification process and to continuously improve patient care. Currently, changes to the Florida Trauma Centers Standards (DH Pamphlet 150-9) must be amended using the rule promulgation requirements outlined Chapter 120, Florida Statutes. A noted challenge to amending the trauma standard is the requirement that the Department of Health prepare a statement of estimated regulatory costs (SERC) and ratification by the legislature prior to adoption of the rule.</p> <p>Consistent changes or updates, most likely annually, to the Florida Trauma Center Standards (DH Pamphlet 150-9) are necessary to ensure Florida's trauma system is positioned to align with national standards. The updates also ensure the trauma system has the ability to address emerging trauma care issues facing injured persons and trauma centers in the state. Small changes to the standards such as the requirement of an additional physician specialty or procurement of specialized medical equipment would almost certainly require that the amended rule be ratified by the legislature prior to adoption. Florida Statutes has already granted similar latitude to the following:</p>	<ol style="list-style-type: none"> 1. <u>Trauma centers supportive of recommendation three (3) believe the recommendation would:</u> <ol style="list-style-type: none"> a. Enhances ability for FL to adopt new standards without unnecessary delay. b. Removes the decision making for trauma standards from political process to clinical decisions (assumes FTSAC makes standards decisions). c. Improves process of continuously improving care, model working effectively in Georgia and Alabama. 2. <u>Trauma centers supportive of recommendation three (3) think the recommendation should be amended to clarify the exemption of s. 120.541 (3) F.S. is limited to proposed revisions to the FL Standards unanimously approved by the FTSAC. [Anything less than unanimous vote no exemption from s. 120.541 (3) F.S.]</u> 3. <u>Questions related to the value of recommendation three (3) include:</u> <ol style="list-style-type: none"> a. Concerned the exemption of s. 120.541(3) F.S. sets a precedent for exemption of other sections of c. 120 F.S. including a trauma centers right to challenge the allocation of a new trauma center to a specific TSA. b. Oppose exemption as it permits DOH carte blanche to impose regulation without concern for financial stability of trauma centers. c. No evidence exists to support stated concern that the requirements of s. 120.541 (3) F.S. has ever resulted in a delay in approval of trauma standard revisions developed collaboratively by the department and trauma centers. d. No evidence to support fear that s.120.541(3) presents a barrier to adoption of new trauma standards. [No evidence that Legislative approval has delayed or denied approval of revisions to FL trauma standards e. Oppose recommendation as written, has exemption gives exemption to department not to the FTSAC.

FTSAC Draft Pediatric Study
Trauma Center Comments

<ul style="list-style-type: none"> • Triennial updates of and amendments to the Florida Building Code which are expressly authorized by section 553.73, Florida Statutes. • Triennial updates of and amendments to the Florida Fire Prevention Code which are expressly authorized by section 633.202, Florida Statutes. <p>To ensure and safeguard the Florida Trauma System from unnecessary regulatory costs, a three-quarters approval of the proposed rule by the Florida Trauma System Advisory Council should be considered as a condition of the exemption to Section 120.541(3), Florida Statutes.</p> <p>It is imperative that the Florida Trauma System Advisory Council explore the possibility of this exemption with the legislature before designing and recommending changes to the trauma center verification entity or the standards themselves.</p>	
<p><u>Recommendation #4</u></p> <p><i>The Department of Health should maintain a role in the location and allocation of trauma centers in the state, and the Department of Health should consider promoting nursing and ancillary services standards above those set by ACS. Verification standards should remain in the control of the Department of Health, as well as designation of trauma centers.</i></p> <p>The Florida Trauma System Advisory Council recommends that the Department of Health continue to serve as the state trauma center designating authority. As such, the Department of Health shall have the necessary rule making authority to require trauma centers to meet additional requirements, above or in addition to, the ACS requirements to be designated or re-designated as a trauma center.</p>	<p>1. <u>Trauma centers supportive of recommendation four (4):</u></p> <ol style="list-style-type: none"> a. Allocation and designation of new trauma centers should never be delegated to a third party. b. Allocation and designation of new trauma centers should be a state role in collaboration with the FTSAC. c. The allocation of type and d. Florida should always strive to maintain the highest standards and therefore, if ACS adopted in the future, the nursing and ancillary services standards would need to be included in ACS surveys.
<p><u>Recommendation #5</u></p> <p><i>The Florida Trauma System Advisory Council, the Emergency Medical Services Advisory Council (EMSAC), and the Department of Health should continue to improve surveillance of severely injured children throughout</i></p>	<p>1. Trauma centers supportive of recommendation five (5) think the recommendation <u>should be amended</u> to indicate surveillance will not include addition data reporting by trauma centers or duplication of data reported to NTDB.</p> <ol style="list-style-type: none"> a. Additional concerns are: <ol style="list-style-type: none"> i. Data should be de-identified

FTSAC Draft Pediatric Study Trauma Center Comments

the state.

Pediatric trauma is a major public health and economic concern in the state of Florida. Optimal outcomes and realized access to care for our injured pediatric patients is the FTSAC's ultimate goal. The Florida Trauma System Advisory Council seeks to partner with the Department of Health, EMSAC and other organizations to ensure that injured children have appropriate access to specialized pediatric trauma care resources during the pre-hospital, hospital and rehabilitation phases of the trauma system continuum of care.

- ii. Metrics and methodology for surveillance approved by FTSAC.
- iii. Transparent analytic process.

ⁱ Dually verified trauma center is a trauma center with FL verification and ACS verification.



Delivered Via Email
Michael.Leffler@flhealth.gov

Teaching Hospitals

Broward Health

Jackson Health System

Mount Sinai
Medical Center

Orlando Health

UF Health Shands Hospital

UF Health Jacksonville

Tampa General Hospital

December 21, 2018

Celeste Philip, MD, MPH
Surgeon General & Secretary
FL Department of Health
4052 Bald Cypress Way
Tallahassee, FL 32399

Public Hospitals

Halifax Health

Lee Health

Memorial Healthcare System

Sarasota Memorial
Health Care System

Children's Hospitals

Johns Hopkins All Children's Hospital

Nicklaus Children's Hospital

Regional Perinatal Intensive
Care Center

Sacred Heart Health System

Melinda Kennedy
President

Anthony Carvalho
Immediate Past President

Dear Surgeon General Philip:

I am writing to comment on the Florida Trauma System Advisory Council December 7, 2018, Draft Comparative Study: Florida Pediatric Trauma Center Verification Study, required by Chapter 66-2018, Laws of Florida.

The Safety Net Hospital of Alliance of Florida's (Safety Nets) members are Florida's top teaching, public, children's and regional perinatal intensive care center hospitals. Our members include Florida's two free-standing pediatric trauma centers, five Level II trauma centers inclusive of a Level II/Pediatric trauma center, and seven of the states nine Level I trauma centers. Collectively, Safety Net trauma centers have more than 300 years of trauma care experience and include the first two trauma centers to be verified under Florida's trauma standards in 1982. Safety Net members shoulder a disproportionate share of Florida's Medicaid and charity care responsibilities while providing highly-specialized medical care to all citizens regardless of their ability to pay.

First, I would like to commend the Department of Health for serving as facilitator of Florida Trauma System Advisory Council (the Council) and affording opportunities for public input. The assigned task to conduct a comparative analysis of Florida's pediatric trauma center verification standards versus the American College of Surgeons, Committee on Trauma (ACS_COT) pediatric trauma verification guidelines was complex.

We applaud the Departments outreach to states who have transitioned from a state verification process to the ACS_COT guidelines, and the analysis of patient quality and outcomes data of both the Florida pediatric standards and ACS_COT pediatric guidelines. It should be promoted that both trauma care verification structures are saving lives with each reporting a one percent mortality rate. Further gratifying is that Florida's regulatory requirements are producing significantly lower complication rates and shorter lengths of stay than seen in other states.

While our accolades for the work of the Council and your staff are many, the recommendations presented in the December 7, Draft Comparative Study speak to numerous adult trauma center regulatory issues and trauma system planning issues that are

broader than the legislative directive to submit a report and recommendations on the use of verification by a national trauma center accreditation body as a requirement for designation as a pediatric trauma center.

We look forward to seeing your final report and to future collaboration with the Department and the Council in the coming year as together we work toward our mutual goal of ensuring Floridian's have access to high-quality emergency and trauma care. If you have questions regarding the comments provided herein, please feel free to contact Kathy Holtzer at 850/ 459-9241, kathy@holzerpartners.com or me.

Sincerely,

A handwritten signature in cursive script that reads "Lindy Kennedy".

Lindy Kennedy
President and Chief Operating Officer