

**Comments from Exit Conference
Shands Level I Trauma Center Interim Survey
FDOH Visit on June 11-12, 2008**

Susan McDevitt- FDOH Office of Trauma

- I. Impressed with the quality of the Pre-Survey Questionnaire
- II. Impressed with the care and commitment from nurses at bed side, staffing levels and CEO
- III. 100% on Medical Credentials and CME hours, ATLS Certification- Trauma Surgeons, Emergency Medicine Physicians and Neurosurgeons
- IV. Excellent policies and procedures for trauma
- V. Commended for Outreach and Nursing education endeavors
- VI. Especially commend Drs. Armstrong and Mozingo for Bombs, Burns and Blasts for their time and leadership
- VII. Recommendation- New ACS Guidelines for disaster planning that involves key role/leadership from a Trauma Surgeon in the triage, resuscitation and Incident Command Center
- VIII. Disaster plan in concert with ACHA and JCAHO Standards

Carma Harvey, FDOH, Office of Trauma

- IX. Trauma Registry well above 90% range in compliance

Bonnie Wirth, FDOH, Office of Trauma

- X. 100% compliance with all nurse continuing education requirements. Many opportunities for education for nurses impressive, realize moves of units-- NSICU, Peds, commended for educational courses (i.e. Swamped with Knowledge, Trauma Tracks). Recommend that NSICU and 6500 have two dedicated hours (1 hr TBI and 1 hr SCI) each year for brain and spinal cord injury education.

Dr. Cox, Trauma Surgeon

- XI. Disciplined organization and well organized
- XII. Excellent quality of care
- XIII. Recommendation- denials of referrals
- XIV. Performance Improvement-- "...the best I have seen"

Dr. Okonkwo, Neurosurgeon

- XV. Echoed Dr. Cox
- XVI. Hard to believe the Program is less than 4 years old. I would feel comfortable bringing my own family here
- XVII. Excellent commitment
- XVIII. No deficiencies- highest percentage of charts

Dr. Morehead, EM Physician

- XIX. Involvement of ED and prehospital airway issues. Requires on-going participation. Approach will lead to long term success.**
- XX. Disaster- we need to enable physician leadership in participation**
- XXI. Transfer process- need to obtain accurate process on a daily basis, look at overtriage and find a process that the institution can use– continued balance needed**
- XXII. ED and TRE collaboration- development of great team**
- XXIII. Commitment evidenced by new facility**
- XXIV. One of best PI Programs in the state of Florida- surveyed 21 Trauma Centers and SUF is one of the best-- very specific and a lot of data**
- XXV. Physicians exposed by Amendment 7- solutions are need**

Kathleen Randall, Nurse Surveyor

- XXVI. High expectations and you exceeded them**
- XXVII. Excellent leadership from Michele and Dr. Lottenberg**
- XXVIII. Direct route to administration, administration very supportive**
- XXIX. Recommend clinical person to assist Michele**
- XXX. Some suggestions for improvement with nursing documentation in the ED on the flowsheet- i.e. I & O, hypothermia measures, systems assessment**
- XXXI. Staffing ratios- short in ED, suggest to over hire for new facility**