

## **Region 5 Draft Central Florida Disaster Medical Coalition Trauma Agency**

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**Central Florida Disaster Medical Committee**

**Mission:** To fulfill pertinent regulations of the State of Florida and the recommendations of the ACS-COT State Site Survey in order to administer an inclusive trauma system for the state of Florida.

**Vision:** To create a forum for best practice among trauma system stakeholders in Region 5 to allow for a free exchange of ideas on issues regarding pre-hospital, acute hospital, trauma center, and post-hospital trauma care with the goal of achieving optimal patient care.

**Values:** Clinical excellence, transparency and inclusiveness

## Relevant Regulations and Statutes

### Florida Statutes

#### **395.40 Legislative Findings and Intent**

Outlines the Florida Legislature's intent of creating an "inclusive trauma system" designed to meet the needs of all trauma victims. The statute places primary responsibility with for the planning and establishment of a statewide trauma system with the Florida Department of Health. Specifically, the statute requires the Department to develop a coordinated approach to the care of trauma victims and promote the development of a trauma agency in each region.

#### **395.401 Trauma Service System Plans; Approval of Trauma Centers and Pediatric Trauma Centers; Procedures and Renewal**

Directs local and regional trauma agencies to plan, implement and evaluate trauma service systems. The statute outlines the minimum trauma agency plan requirements and grants the Department authority to approve/deny agency plans. In addition, the section grants specific powers of the trauma agencies and local governments related to the operations of trauma agencies.

#### **395.4015 State and Regional Trauma Planning; Trauma Regions**

Directs the Florida Department of Health to establish trauma regions conterminous with the boundaries of the Regional Domestic Security Task Force regions. There is a provision that allows agencies established before 2004 to continue operation. The statute also directs the

Department to consider the advice and recommendations of trauma agencies in developing the statewide trauma system plan.

**395.4025 Trauma Centers; Selection; Quality Assurance; Records**

Requires hospitals interested in becoming trauma centers that operate with an existing trauma agency to obtain approval that their intent is consistent with the agency's trauma service plan prior to submitting an application to the Florida Department of Health. In addition, the statute grants the Department the power to collect trauma care and registry data from trauma agencies.

**395.404 Review of Trauma Registry Data; Report to Central Registry; Confidentiality and Limited Release**

Protects the confidentiality and release of data submitted by trauma agencies to the Department.

**395.4045 Emergency Medical Service Providers; Trauma Transport Protocols; Transport of Trauma Alert Victims to Trauma Centers; Interfaculty Transfer**

Grants trauma agencies the power to create uniform prehospital and Trauma Transport Protocols for within their respective regions. Grants the Florida Department of Health the authority to approve/deny Trauma Transport Protocols and monitor compliance with requirements for transporting trauma victims.

**395.50 Quality Assurance Activities of Trauma Agencies**

Allows trauma agencies to assemble committees to assist in quality assurance activities in accordance with their state approved trauma service plan. The statute prevents trauma

agency quality improvement activities from being admissible in any civil or administrative action.

**395.51 Confidentiality and Quality Assurance Activities of Trauma Agencies**

All information that is confidential by law and is obtained from trauma agencies retains its confidential status. Portions of trauma agency meetings and specific records relating solely to patient and quality assurance are exempt from public disclosure under Florida's public records law.

**943.0312 Regional Domestic Security Task Force**

Trauma agencies are required to establish boundaries conterminous with those of the Regional Domestic Security Task Forces (RDSTF). Through the establishment of RDSTF health co-chairs, trauma agencies are integrated with the Healthcare Coalitions, emergency preparedness and other related public health infrastructure.

## **Florida Administrative Code**

### **64J-2.002 Prehospital Requirements for Trauma Care**

Outlines the requirements for prehospital care of trauma victims. Compliance with these requirements are necessary for the development of regional Trauma Transport Protocols as allowed under 395.4045, Florida Statutes.

### **64J-2.003 Trauma Transport Protocols Approval and Denial Process**

The trauma agency medical director is required to approve regional Trauma Transport Protocols prior to submission to the Department for approval. **(For RDSTF 5 the executive committee will function as the approving body for Trauma Transport Protocols)**

### **64J-2.007 Trauma Agency Formation, Continuation, and Plan Requirements**

Outlines the process for the formation of a trauma agency and trauma service plans in accordance with the provisions of 395.4015, Florida Statutes.

### **64J-2.009 Trauma Agency Implementation and Operations Requirements**

Requires trauma agencies to review trauma center applications of hospitals in their region and submit the findings to the Department. The rule also requires trauma agencies to submit an annual report to the Department by May 1, each year.

### **64J-2.011 Trauma Center Requirements**

DH Pamphlet 150-9 Trauma Center Standards requires that trauma centers participate in a trauma agency if one exists in their region.

### **64J-2.012 Process for the Approval of Trauma Centers**

Requires trauma agencies to review trauma center applications of hospitals in their region and submit the findings to the Department. Requires the Florida Department of Health to consider the trauma agencies recommendations as part of the approval/denial of a trauma center application.

### **64J-2.016 Site Visits and Approval**

In the event that there are more provisional trauma centers in a TSA than is allowed by the allocation, this rule states that preference shall be given to that center that is recommended by the local or regional trauma agency.

## **Basic Structure**

The Region 5 Trauma Agency is comprised of the Membership of the Stakeholder Sections.

The Stakeholder Sections shall appoint representatives to the Executive Committee.

The Executive Committee shall appoint members from the Stakeholder Sections to the Standing Committees and any Ad hoc committees created by the Executive Committee.

## Summary of Committee Structure

### Executive Committee Structure - Voting Members

Co-Chair Trauma Center

Co-Chair Transporting EMS Agency

Trauma Center Level 1 Representative (alternating Vice-Chair for Trauma)

Trauma Center Level 2 Representative (alternating Vice-Chair for Trauma)

EMS Transporting Agency Representative (alternating Vice-Chair for EMS)

EMS Non-Transporting Agency Representative (alternating Vice-Chair for EMS)

Acute Care Hospital Representative

Extended Care Representative

Public Health Representative

Municipal Government Representative

County Government Representative

(Trauma Agency Representative – for Regions with Trauma Agencies existing before July 1, 2004)\*

(Tribal Nations Representative – for Regions containing Sovereign Tribal Areas)%

## **Non-Voting Ex-Officio Members**

Bordering Region Ex-Officio Representative<sup>&</sup>

CFDMC Ex-Officio Representative

EMSAC Ex-Officio Representative

Department of Defense Ex-Officio Representative<sup>^</sup>

Florida Hospital Association (FHA) Ex-Officio Representative

RDSTF Region 5 County Medical Societies Representative<sup>@</sup>

*\*For existing trauma agencies whose catchment area overlaps two or more Regional Domestic Security Task Force Regions, the agency will be a voting member on the Agency Executive Committee of the Region containing the majority of its stakeholders and physical assets and will serve as an non-voting Ex Officio member on the Agency Executive Committee(s) of the other Region(s) it may serve upon formation of Trauma Agencies for these Regions.*

*% Tribal Nations will be invited to participate as voting members of the executive committee for those region holding a majority of their resident populations. Tribal Nations meeting this criterion may defer participation, designate a voting member of the executive committee as their representative or hold an ex-officio seat on the committee. Tribal Nations with territory within a region and not meeting this criterion may participate as an ex-officio member at their discretion.*

*&Counties bordering Region 5 may each select a representative to facilitate communication with the Region 5 Trauma Agency. These Representatives are at the discretion of the bordering county and may be from transporting EMS Agencies, Local Government, the Public Health Department or a Trauma Agency that County participates in.*

*^DOD Ex-officio representatives will be invited to represent the interests of DOD installations within the Trauma Agency RDSTF as regards to the health and welfare of deployed personnel, civilian employees and their dependents in the context of the Region's system of Trauma Care.*

*@The nine county medical societies functioning within RDSTF Region 5 will be represented by an Ex-Officio member of their choice who will serve as a liaison between the executive committee and the medical societies.*

## **Stakeholder Sections**

### **Trauma Centers**

#All state designated certified and provisional and all ACS verified Trauma Centers within the Region

For Region 5, three Trauma Centers will be represented on the Agency Executive Committee

Under circumstances where a sole Level I Center exists and assumes the Trauma Co-Chair position, a second Level II Trauma Center will join the Executive Committee as a second Level II Trauma Center Representative

### **EMS Agencies**

%All EMS agencies licensed and headquartered within the Region

All air agencies with a Certificate of Public Convenience and Necessity (COPCN) in Region 5

## **Extended Care**

All Facilities Providing Post-Acute Care for trauma patients that are physically located within the Region, including

Inpatient and Outpatient Rehabilitation Centers

Long-Term Acute Care Facilities

Skilled Nursing Facilities

Assisted Living Facilities

Out Patient Rehabilitation Centers

Hospice

## **Public Health**

All County Health Departments within the Region

## **\$Acute Care Hospitals**

All hospitals within the Region designated as Acute Care Hospitals by the State of Florida and not sponsoring a Trauma Center. Acute Care Hospital representation on the committee will be designated by hospital system/corporation.

## **Municipal Government**

Incorporated cities, towns and other municipal administrative units existing within the counties of RDSTF Region 5

## **County Government**

The county governments of those counties comprising RDSFT Region 5

## **Tribal Nations**

Sovereign Tribal Nations with Federal and State Recognition

## **Trauma Agency**

All pre-existing Trauma Agencies established before July 1, 2004 functioning within a portion of the RDSTF Region

*# Only state designated Trauma Centers physically located within the Region may serve as Trauma Co-Chair, Vice-Chair or Trauma Representative on the Agency Executive Committee or Chair of a Core Mission Committee.*

*% Only Transporting EMS Agencies engaged in Ground Transport and licensed and headquartered within the Region may serve as the Chairs of the Agency Executive Committee or the Core Mission Committees.*

*\$ Only Hospitals Designated Acute Care Hospitals by the State of Florida may serve on the Agency Executive Committee*

## **Standing Committees**

### **Core Mission Committees**

Joint Trauma and EMS Best Practice Committee

Joint Trauma and EMS Grant Committee

Joint Trauma and EMS Registry Committee

Trauma System Access Committee

- a. Transport and Aviation Subcommittee
- b. Special Population Trauma Care Subcommittee

Brain and Spinal Cord Injury Section

Pediatric Trauma Section

Burn Trauma Section

Geriatric Trauma Section

### **Mission Supporting Committees and Subcommittees**

Injury Prevention and Outreach Committee

Disaster Management Committee

Joint Trauma and EMS Training and Education Subcommittee to the Best Practice Committee

At-Risk Patient Care Sub-Committee to the System Access Committee

## **Ad-hoc Committees**

Ad hoc Committee for System Plan Development

Ad hoc Committee for Trauma Center Applications

## **Committee Structure, Definitions and Role**

### **Executive Committee**

Representing Stakeholder Section Membership

Led by Trauma and EMS Leadership

### **Tasks**

Represent concerns and interests of the Agency Sections

Receive and review reports from committees

Establish goals for committees

Review and approve disbursement of grant funding

Prepare an annual report to the CFDMC and the FDOH on the status of the Region 5 Trauma system

### **Meetings**

Quarterly

The Executive Committee will hold a teleconference two weeks prior to formal meetings to review committee reports, communications from stakeholder sections and to prepare the agenda for the formal meeting.

**Location:** Trauma Center or EMS Agency Headquarters within Region 5

## **Terms for Appointments**

Chairs are to serve two-year terms. The Vice-Chair positions will alternate on a yearly basis among the respective Trauma and EMS representatives.

Trauma Centers and Transporting EMS Agencies holding the Co-Chair position cannot be from the same County during any given term. Three Certified Trauma Centers and three EMS Agencies from at least four separate counties will be represented in the Co-Chair, Co-Vice Chair and representative positions.

EMS agencies eligible for the executive committee are those that are licensed and headquartered within the Region and provide 911 response. All EMS agencies licensed and headquartered within the Region are eligible for the Core and Supporting Mission Committees.

Executive Committee Members will serve two-year terms. An individual and institution can serve more than one term provided those terms are not in continuity

Executive Committee Members can select an alternate that can serve a maximum of one two-year term. Alternates may come from the same institution as the Executive Committee Member.

Unless otherwise assigned by the respective trauma center, Trauma Program Managers shall be the alternate for any agency committee position held by a center's Trauma Medical Director.

The Non-Voting Ex-Officio CFDMC member will serve at the discretion of the CFDMC executive board and the Trauma Agency Executive Committee

All other Non-Voting Ex-Officio members can serve a maximum of two two-year terms.

## **Rule-Making, Bylaws and Transfer of Representation**

Rules established for the governance and function of the RDSTF 5 Trauma Agency as written in this founding document may be amended by a three-fifths vote of the Executive Committee at any time after the first formal meeting of the Executive Committee is called to order.

The Executive Committee may adopt its own bylaws.

Any member of the Executive Committee can be removed prior to the completion of their term by two-thirds vote for dismissal by their respective Stakeholder Section. The Stakeholder Section will be expected to select a new member of the Executive Committee within 30 days. If no candidate is selected within 30 days, the member will reassume their position until the end of their term.

Were a member of the Executive Committee to step down, the respective Stakeholder Section would be required to select a representative within 30 days with an additional 30 day extension that may be granted by the Executive Committee by a vote of simple majority.

Any Non-Voting Ex-Officio member can be replaced by a two-thirds vote of the Executive Committee. The CFDMC Executive Board will be expected to appoint a new CFDMC representative within 30 days. The other represented bodies will be expected to appoint a new Ex-Officio representative within 90 days.

## **Appointment to the Executive Committee**

Initial appointments to the Executive Committee will be made by the Central Florida Disaster Medical Coalition in consultation with the Trauma and EMS leadership stakeholder sections. The Executive Committee will subsequently appoint chairs to the Standing Committees and oversee their organization.

**Core Mission Committees** are to be organized following the first formal meeting of the Executive Committee. **Supporting Mission Committees** are to be organized by the Executive Committee after Core Mission Committees and within **12 months** of the first formal meeting of the first **Core Mission Committee** to meet.

Following the third quarter meeting of the second year of each term, the respective Stakeholder Sections will meet and appoint new representatives to the Executive Committee for the upcoming year for:

Trauma Center Representatives

EMS Agency Representatives

Extended Care Representative

Public Health Representative

Acute Care Hospital Representative

Municipal Government Representative

County Government Representative

(Existing Trauma Agency for those Regions where they exist)

(Tribal Nations Representative for those Regions where they exist)

Members of the Stakeholder Sections are free to choose the means of selecting appointments, including formal elections and consensus discussion.

In addition, appointees for Co-Chairs, Vice Co-Chairs, Trauma Center and EMS representatives must be an Active Member of the Executive, Core or Supporting Mission Committees.

Active Member is defined as attending greater than 50% of all meetings called by the Trauma Agency for the previous 12 months and participating in at least one documented Committee, Subcommittee or Section Initiative during the course of the previous 12 months.

## **Rules and Description of Standing Committees**

All Committees report directly to the Agency Executive Committee

Committee membership will be open to all Stakeholder Sections

All Core Mission Committees will be required to have at least one representative from Trauma Centers, EMS agencies and Acute Care Hospitals

Committee members can serve a maximum of three consecutive 2 year terms, inclusive of serving as a Committee Chair or Vice-Chair

Each Committee will have a Chair and Vice-Chair that will each serve one two-year term. At the end of their terms, the Vice-Chair will be elevated to Chair and a new Vice-Chair will be selected by the Committees.

Core Mission Committees will provide a report to the Agency Executive Committee every 6 months. Mission Supporting Committees will report annually.

No one member can hold more than three consecutive two-year terms on the same Core Mission, Supporting or Ad hoc committee for their respective Stakeholder Section.

No one member can participate in more than two Committees

## **Core Mission Committees**

### **Grant Committee**

To review proposals from all stakeholders regarding project funding and to make recommendations as to apportionment of grant funding to the Executive Committee

### **Joint Trauma and EMS Best Practice**

To evaluate Trauma Center and EMS clinical protocols with the goal of maintaining consistent application of best practices to patient care. Once this committee is established, the Executive Committee will have the option for expansion of this committee's responsibilities to include trauma quality review for Trauma Centers and/or EMS agencies. The structure of any regional quality review process will be decided upon by the Executive Committee based on relevant states statutes and regulations, established practice of existing Trauma Agencies and established national best practices. Creation of the quality review process will be done in consultation with participating EMS agencies and Trauma Centers.

### **Joint Trauma and EMS Registry Committee**

To assist EMS Agencies, Trauma Centers, Pediatric Hospitals and Acute Care Hospitals within Region 5 in complying with the requirements of relevant state statutes and regulations regarding trauma patient registries

## Trauma System Access Committee

Function: To evaluate and monitor patient access to the Region 5 trauma system

The Trauma System Access Committee will have **two** subcommittees to be formed concurrently

a. Transport and Aviation Subcommittee

To evaluate EMS protocols and local hospital trauma transfer policies with the goal of maintaining consistent application of uniform Trauma Transport Protocols

b. Special Population Trauma Care Subcommittee

To identify gaps, formulate remedies, and evaluate opportunities to provide optimal care for special populations within the region.

Brain and Spinal Cord Injury

Pediatric Trauma

Burn Trauma

Geriatric Trauma

## **Mission Supporting Committees and Subcommittees**

### **Disaster Management Committee**

To function as a liaison between the CFDMC Executive Board and the Trauma Agency to ensure Trauma Center and EMS services are optimized and coordinated for effective deployment as regards response and recovery from an event triggering a mass influx of patients from all age groups and demographics sustaining traumatic injury and burns.

### **Injury Prevention and Outreach Committee**

To organize and deploy stakeholder resources throughout Region 5 communities in order to increase awareness of trauma and Florida's system of Trauma Care.

### **At-Risk Care Subcommittee to the System Access Committee**

To identify gaps, formulate remedies, and evaluate opportunities to provide optimal care for socioeconomically disadvantaged populations within the region.

### **Joint Trauma and EMS Research and Education Subcommittee to the Best Practice Committee**

To identify, promote and organize opportunities for collaboration on clinical research, education and training among trauma first responders and first receivers.

## **Ad hoc Committees**

Can be created by simple majority vote of the Executive Committee to engage in a specific issue

Ad hoc Committees are to be created for a finite period of time no greater than 1 year as determined by the Agency Executive Committee.

At the end of their time period, Ad hoc committees are to report on their activities, their findings and their recommendations to the Agency Executive Committee

The Agency Executive Committee can either:

1. Disband the Ad hoc Committee
2. Continue its mandate for up to one additional year
3. Establish it as a formal standing committee
4. Integrate it as a subcommittee within a standing committee

**Ad hoc Committee for System Plan Development**

**Ad hoc Committee for Trauma Center Applications**