**5-14-2024 RDSTF-5 Trauma Advisory Board**
**Executive Committee Meeting Minutes**

**Welcome**: Dr. Zito welcomed those present. Roll was called:

**Voting Members Present**:

Trauma Chair: Dr. Tracy Zito

Trauma Co-Chair: Rachael Hamlett

Level II Representative: Dr. Rick Ricardi

EMS Chair: Dr. John McPherson

EMS Co-Chair: Chief Chris Kammel

EMS Central Rep: Dr. Christian Zuver

County DOH: Clint Sperber

Acute Care Hospital: Dr. Adela Casas

Municipal Government: Vacant

County Government: Not present

Extended Care: Not present

 Eight of eleven voting members were present for a quorum.

**Stakeholders Present:**

Eric Alberts

Stacy Brock

Alicia Buck

Lina Chico

Beverly Cook

Chris Dorans

Lynne Drawdy

Dr. Desmond Fitzgerald

Kim Foley

Godfrey Hilado

Dustin Hyunh

Kelley Jenkins

Dr. Aaron Kissler

Matt Meyers

Jennifer Mills

Heather Ouellette

Dr. Peter Pappas

Dr. Donald Plumley

Laurena Reese

Michelle Rud

Michelle Strenth

Angelica Sugrim

David Summers

Jeana Swain

John Wilgis

Dr. Scott Zenoni

Dr. Kristine Zonka

**Call to Order:** Dr. Zito called the meeting to order at 11:02 am.

**Review and Approval of Minutes:** Dr. Zito reminded attendees that the February minutes were previously sent out. Dr. Adela Casas moved to approve the minutes as submitted; Dr. Zuver seconded the motion. There was no discussion or opposition and the motion carried.

**Florida DOH Pulsara Update:** David Summers stated that he is pleased with the progress. He indicated that once hospitals see that EMS is engaged, it helps to motivate the sign up process.

**Regional Full Scale Medical Surge Exercise:**

**Exercise Overview**: Eric advised that on April 25th full scale medical surge exercise, which is the largest held in the state. The scenario was a complex coordinated terrorist attack with truck bombs at various high traffic intersections and high risk facilities across the region. The trucks contained hydraulic fluid, requiring decontamination. The exercise objectives were to:

* Demonstrate hospitals’ ability to surge 20% in a disaster (decontaminating, triaging and treating approximately 1,700 live victim volunteers in the emergency departments, including a high number of burn patients)
* Evaluate hospitals’ ability to demonstrate Hospital Incident Command System (HICS) in response to a major incident
* Assess hospitals’ ability to active and implement infrastructure protection measures (FBI sent in “bad guy actors” to try to get past hospital security)
* Assess the region’s ability to share and receive timely communications to support security, provide situational awareness and support operational decisions (including EOC connectivity with hospitals and each other)
* A small pilot of Pulsara, the new state patient tracking system, was included in the exercise.
* This year’s exercise also included a focus on an escalating incident and the need for additional support beyond normal emergency response practices and included a cyber incident on hospitals’ imaging systems late in the exercise. This will set the stage for a follow-up regional tabletop on long-term response and recovery.

45 Hospitals participated in the full scale exercise, with more than 1,500 student victims with triage tags and moulage. Seminole County Emergency Management also participated in the full scale exercise, fully activating and coordinating with local partners as they would in a real event. ORMC and Orlando Fire Department also piloted Pulsara during the exercise, tracking and reunifying 34 patients using the app.

In addition, 21 hospitals participated in a tabletop exercise with the same scenario, using triage tags vs. live victims.

More than 100 partner agencies supporting the exercise, including the county emergency management, the FBI, FDLE and local law enforcement, EMS agencies, Department of Health, and many others.

Overall, hospitals improved over last year. Lessons learned include:

* Infrastructure protection went well at some hospitals but the FBI “bad guy” actors were very creative and were able to get past some hospital security
* Hospitals have improved their decontamination capabilities but many still struggle to keep trained staff
* New elements were added this year to continue to challenge us, including making it an escalating event so that HICS had to think through longer-term response and recovery issues. We also added a cyber element and will do a follow-up cyber tabletop over the summer.

**Pulsara/MOCC**: Dr. Zito stated that we did not test the Trauma Coordination Center or MOCC during this exercise. The American College of Surgeons and Committee on Trauma are trying to put together a national trauma system and are looking into using these MOCCs to provide coordination for large scale incidences. Dr. Zuver said there are opportunities in our region to look at MOCC and consider integrating into future exercise. Lynne said the Trauma Preparedness Committee will work with the FCOT Disaster Committee and the other Florida healthcare coalitions to develop a statewide MCI coordination plan. She stated that Texas has a good model, and we will look at integrating the Region 5 trauma MOCc into that process.

David Summers provided an update on the Pulsara roll-out. He stated that as of last Friday, 57 EMS agencies in Florida were in process and eight are live; 72 hospitals are in process. Last week, more than 1,000 patient channels were created, including seven EMS agencies transporting to hospitals. Martin County and Cleveland Clinic are working on going live. Dr. Zito asked if EMS is driving hospital participation or vice versa. David said EMS are driving hospitals. Eric agreed that is important and stated that we need to get the hospital EMS liaison involved.

**Regional Response/Lessons Learned:**

* + ORMC: Dr. Zito stated that she has nothing to add to Eric’s report. Eric said Orlando Health has had a lot of momentum in preparedness response and they are working on after action reports ow. They are trying to enhance decon team numbers and build out processes but the exercise went well and they are grateful for partnerships and the planning efforts. Eric thanked the Coalition for coordination of the exercise.
	+ HCA Florida Osceola: Dr. Hyunh said they worked with their FSEDs on response and how to deal with staffing shortages and getting patients to trauma center. He stated that this was a great learning experience.
	+ Halifax: Rachel stated that it was a great exercise and they had participation from local high schools. She stated they did their after action meeting yesterday and identified some opportunities and places to rework their disaster planning.
	+ Lake Monroe: Dr. Ricardi said the exercise helps staff learn how to deal with real trauma patients, and they talked about what would happen if this event occurred. They are working on the after action report.
	+ EMS/Martin: Chief Kammel said the exercise went well and they participated with Cleveland Clinic Martin North and transported 20 patients during the exercise. He stated the exercise was well run and this was a good opportunity to work with Cleveland Clinic.
	+ Pulsara Pilot: Chief Rhodes said all worked well and Pulsara would be beneficial in an MCI and in daily use. He stated the crews received just in time training and it went well. They were able to open patient channels, upload photos and dictate information. He stated that phones work better than tablets and we need to work through that issue. Dr. Zito said she watched Pulsara on her phone. Pulsara provides patient tracking and was used to reunify all the Pulsara pilot patients. John Wilgis stated that he served as an evaluator and this is a powerful tool. He stated that AdventHealth is pursuing adopting Pulsara. Dr. McPherson said he is working with Pulsara as well. Dr. Zuver said there was great participation with drill and a lot of positive takeaways with Pulsara. He stated that he is looking forward to the next event to utilize on a wider scale. Dr. Zito asked about what would happen if cell service was out. David Summers advised that the system would store information but you cannot access the app without cell service. Lynne stated that the state has StarLink that can be deployed to provide cell service.

Lynne said there is a lot of attention on this exercise as it is the largest in the state and Division of Emergency Management is interested in others replicating this. Dr. Zuver said the exercise is beneficial to leaders and teaches us how to work and communicate better with each other.

**DEM Exercise/SHSGP/UASI:** Lynne described what the State Homeland Security Grant Program (SHSGP) and Urban Area Security Initiative (UASI) funding streams. She stated that at the kickoff of this year’s SHSGP funding cycle, FDLE and FDEM asked that projects focus on closing gaps in regional preparedness and response, vs a focus on improving individual agency capabilities. To identify these gaps, DEM is holding a series of table exercises across the state. Region 5’s exercise was held on April 18th. The objectives tested were:

* Situational assessment and operational coordination
* Operational communication
* Public Information and warning

Lynne reported that regional strengths identified were the collaboration among all the disciplines and the robust public information capabilities within the region. Opportunities identified were that many of the regional plans regarding operational coordination and communications are out of date and have not been exercised. The RDSTF will have the lead in developing the improvement plan and the Coalition will be part of that workgroup.

Lynne mentioned one thing they had preliminary discussions about is broadening our exercise to be more inclusive of other disciplines in the future. The SHSGP and UASI project period is now open and projects are due July 31st. Eric is on the Executive Board and she and Matt serve on focus groups. Eric said they are meeting in Sarasota next week, and he believes our exercise will help us with projects. He stated that there was discussion about the military bases in Florida and the need to protect them; China has been buying land near bases. Dr. Zuver thanked Eric and Lynne for the updates.

**Conclusions/Motions:** Dr. McPherson thanked Dr. Zenoni for attending and invited him to participate on the Trauma Clinical Leadership Committee.

Lynne advised that we have been unable to fill the local jurisdiction seat so if anyone knows any city leader interested in trauma, please let us know. The seat has been vacant for two years and we have tried to find a representative from Lake or Indian River as they are under-represented. Dr. Pappas said we will now open this seat up to the entire region and for anyone interested in trauma, EMS, or disaster management, this is a good way to make connections and provide input. Dr. Zito asked how we are advertising position. Until now, we have been reaching out to those two counties but so far we have not been able to locate someone. Dr. Zonka asked Lynne send her information on the vacant seat.

**Next Executive Committee Meeting:** June 2024

**Adjourn:**  Dr. Zito made a motion to adjourn the meeting and Chief Kammel seconded the motion. The meeting adjourned at 11:47 a.m.