

**12-17-20 RDSTF-5 Trauma Advisory Board
Executive Committee and General Meeting Minutes**

Welcome: Dr. Pappas welcomed and thanked those attending. He advised that the meeting is being recorded to use in preparing the minutes, and the recording will then be destroyed.

Roll Call:

Orlando Health: Eric Alberts, Susan Ono, Melissa Smith, Tina Wallace, Ernest Weishaupt

Halifax Health: Rachel Driscoll, Megan Thomas

Central Florida Regional: Dr. Alexander Evans, Andrea Gibson, April Hultz

EMS South: Chief Chris Stabile

EMS North: Dr. John McPherson

EMS Central: Dr. Christian Zuver

Public Health: Clint Sperber

Sebastian River: Rebecca Wilson

Extended Care: Tino Manco

County Government: Dr. Yolanda Martinez

City Government: Mayor Elise Dennison

All 11 voting members were present, and a quorum was reached.

Other Attending:

Dr. Gary Curcio, Lawnwood Regional Medical Center

Lynne Drawdy, CFDMC

Courtney Gleaton, Arnold Palmer Hospital

Kelly Jenkins, Lawnwood

Kate Kocevar, DOH

Mark Krupa, Orlando Health Air Medical

Michael Leffler, DOH

Matt Meyers, CFDMC

Dr. Peter Pappas, RTAB Executive Director

Michelle Rud, Osceola Regional

Michael Taylor, Hillsborough Trauma Agency

Kimberly Wright, Osceola Regional

Call to Order: The Chairs called the meeting to order at 9:47 am.

Review and Approval of Minutes: Dr. Pappas advised that the minutes from the August and October meetings were previously distributed and asked for a motion to approve these. Chris Stabile moved to approve both sets of minutes and Tino Manco seconded the motion. There was no further discussion and the motion carried.

Executive Director's Report:

- Meeting Schedule for 2021: Dr. Pappas asked those present if they wanted to keep the same meeting schedule for 2021. All agreed. Lynne will send out a meeting schedule and calendar invitations. For now, the meetings will continue virtually. When safe to resume face to face meetings, we will schedule locations and provide virtual access.
- EMS Guidelines/Protocols: Dr. Pappas stated that the Clinical Leadership Committee has shared the draft EMS protocols and reminded all that these are meant to be guidelines and a resource, and there is no requirement

that agencies adopt these.

- **Municipal Government Seat:** Dr. Pappas advised that today is Mayor Dennison's last meeting as her term limit for city government is up. He thanked her for her serve on the Executive Committee since its inception. Mayor Dennison stated that she has enjoyed working with the trauma executive committee and has learned a lot. She stated that this is important work, and she wishes the group the best. Dr. Pappas advised that it is important to find an appropriate replacement for Mayor Dennison. He stated that her seat represents city government, and an area without a trauma center. He asked members to submit candidates for this seat to him and Lynne.
- **Committee Goals for 2021:** Dr. Pappas asked the committee leaders to consider setting goals for 2021. The Preparedness Committee and Clinical Leadership Committee will be focused on developing a regional trauma coordination plan.
- **Leadership Engagement:** Dr. Pappas advised that the goal of the organization is to optimize trauma care within our nine counties, and to support our acute care hospitals, and our trauma centers and EMS agencies. He stated he would like to see the chairs take a more active role in setting direction and developing agendas. He will schedule a planning meeting for the chairs in January.
- **Executive Director Stipend:** Dr. Pappas stated that in looking forward, at some point he will step down and we will recruit a new executive director, and he wanted to raise the concept of providing a stipend for this position. He stated that this has been raised to the Coalition Board and will be discussed at their April meeting where the coming year budget is set. He stated that he suggests that the stipend be relatively small, but this would professionalize this position and add a degree of accountability. Dr. McPherson stated that Dr. Pappas has devoted an enormous amount of time to the trauma advisory board and he feels that a stipend is appropriate. The Hillsborough Trauma Agency pays \$15,000 annually for a part-time director.

CFDMC/RDSTF Update:

- **Stakeholder contact list:** Lynne reminded members to review and provide any updates to the stakeholder list.
- **COVID After Action Report:** Lynne advised that the draft COVID after action report has been distributed for review and comment. She stated that this is for the first six months of the response, and a final after action report will be completed after the pandemic ends.
- **Trauma Tabletop After Action Report:** Lynne advised that the draft after action reports for the September trauma tabletop has been distributed for review and comment.
- **Second Annual Conference:** Lynne reported that the Coalition's second annual conference was held on December 10, with additional training on December 11. Turnout was good and the feedback received has been very positive. Eric Alberts stated that although the conference was virtual this year, it was a good opportunity to connect across the region. He said that we hope to expand the conference next year.

Florida DOH Vaccination Plan Update: Clint Sperber provided an update on the state's cases and vaccination plan (see attached presentation). He stated that it is important that we communicate the message about the safety of the vaccine. Dr. McPherson stated that an additional vaccine is expected to receive EUA in the near future. Clint agreed and stated that Florida expects to receive close to one million doses by the end of the month. Dr. Pappas thanked Clint for this timely presentation.

Florida DOH Trauma Update: Michael Leffler said that he had some good news and some disappointing news. The good news is that at the conclusion of the Trauma System Advisory Council meeting last Friday, we were able to finalize all the recommendations needed to update the trauma standards. He stated that this has been an 18 month process and he appreciates the stakeholder dedication to this effort. The revisions include a redesign of the performance

improvement standards and inclusion of EMS in this, and service based case management. The disappointing news is that Leah Colston is resigning as Bureau Chief for Emergency Medical Oversight, which includes the trauma program. He stated that Leah has been a passionate advocate for trauma and will be missed. In the interim, Michael has been delegated her responsibilities for the Trauma program, the Brain Spinal Cord Injury program and the Opioid Data Surveillance program, and Steve McCoy has been delegated responsibility for EMS. Dr. Pappas stated that Leah provided invaluable support during the formation of the Region 5 Trauma Advisory Board and the group wishes her well. Kate Koccevar provided an update on the virtual trauma site surveys which will begin in early January with a site visit to Bay Medical, and a second site visit to Holmes Regional. She stated that although there are some challenges with the virtual site visits, overall, it is going well and will enable them to meet their statutory requirements. She stated that she has heard that ACS site visits are being held virtually and have been a success.

Stakeholder Spotlight - Lawnwood Regional Medical Center: Dr. Pappas introduced Dr. Gary Curcio, Trauma Medical Director at Lawnwood. Dr. Curcio presented on Lawnwood's trauma program, including trauma services, organ donations, training and residency programs, community outreach, and research (see attached presentation).

Committee Updates

- **System Support Committee:** Tina Wallace provided an update from the System Support Committee meeting on December 15. She stated that most of the injury prevention programs are on hold due to COVID, although some virtual programs are being provided. She stated that the committee has agreed to continue its meeting schedule as is for the coming year. She said that all are hoping with the COVID vaccines we will soon be able to meet face to face again. There was discussion regarding sharing programs across the trauma centers and Tina stated that the system support committee facilitates this sharing. Orlando Health has virtual programs with CMEs that they share across the region and the state. Dr. Pappas encouraged all to send information on virtual opportunities to he and Lynne to share across the region. Dr. Pappas stated that in the future we might explore a research consortium. Lynne will reach out to Lawnwood to ensure their community outreach coordinator is invited to attend the System Support meetings.
- **Preparedness Committee:** Eric Alberts reported on the December 14 Preparedness Committee meeting. The group reviewed the trauma tabletop after action report and discussed an approach to creating a regional trauma coordination plan. They discussed the need to ensure that acute care hospitals have the equipment and supplies needed to manage trauma patients. The committee put together a list of needed equipment/supplies and have sent this out to acute care hospitals within the region and shared with some hospitals across the nation for input. The committee will work with members of the Clinical Leadership Committee to draft a plan, and we will plan to test this during the 2021 regional full-scale MCI exercise. Dr. McPherson stated that he will reach out to engage EMS on the Preparedness Committee. Susan Ono suggested that we develop a purpose statement for of each of the committees and share this with all trauma stakeholders to try to engage others in these committees, along with regular updates from the committees. Melissa Smith agreed and stated that she has been reaching out to engage EMS and they have asked for something in writing that they can share with their leadership.
- **Clinical Leadership Committee:** Dr. McPherson stated that the Clinical Leadership Committee has been working for month to develop guidelines around challenging issues. These draft protocols are meant to be guidance and are not a requirement. A statement to note that will be added at the top of each document. Dr. Pappas asked if there were any further discussion or comments on the protocols; there were none.
- **Extended Care Ad Hoc Committee:** Tino Manco provided an update on the extended care plan. He stated that 2020 was a challenging year for all, including nursing homes. Most are built as semi-private rooms so isolation requirements basically cut their capacity by half. He stated that extended care facilities worked closely with hospitals on bed availability and transitions. He advised that many facilities are still in the weekly testing phase due to the number of cases in their counties, and now they are preparing for the vaccination process, which seems to change daily. Their primary focus now is to educate residents and staff so that they want the vaccine. He said that in 2021, he hopes they will be able to get back to the plan and will include hospice in the planning.

Dr. Pappas thanked Mr. Manco and stated that extended care is often an under-appreciated part of the trauma continuum of care.

New Business

- **Municipal Government Seat:** Susan Ono motioned to express appreciation to Mayor Elise Dennison for her service to the Region 5 Trauma Advisory Board; Chief Stabile seconded the motion, which carried unanimously.
- **Leadership Engagement:** Dr. Pappas asked the chairs if they would agree to hold planning calls prior to each Executive Committee meeting to ensure that the meetings are productive, everyone's input is heard and appreciated, and to elevate the role of the chairs. The chairs agreed and these will be scheduled.
- **Committee Goals for 2021:** Dr. Pappas stated that the committees appear to have goals outlined for 2021.
- **Executive Director Stipend:** Dr. Pappas stated that this will be discussed at the April Coalition Board meeting. If the Executive Committee supports this, we need to let the Board know. If not, there is no need to take it to the Board. A question was raised as to the amount, and Lynne advised that the proposal was \$500 per month (\$6,000 annually). Executive Committee members were asked to email Lynne with thoughts on this. Dr. Pappas stated that his goal is that whoever follows him as Executive Director will know their time is valued, but also that there is a degree of accountability so that we continue to fulfill the trauma advisory board's mission.
- **Legislative Updates:** Michael Leffler announced that last Friday, two bills were filled in the House and Senate re bleed control training (HB 63 and SB 250). This requires bleed control training as a condition of high school graduation. They also required the State Surgeon General to provide guidelines on the placement of bleed control kits in schools and public buildings, and to look at ideas to increase the survivability of bleed control injuries. Michael stated that the Department has no stand on these bills but knew this would be important to Trauma stakeholders. Michael agreed to keep the Region 5 Trauma Advisory Board apprised of any trauma legislation.

Next Meeting: Dr. Pappas advised the next Executive Committee call will be in February 2021 and the next general meeting in April. Lynne will send out 2021 schedules and calendar invitations. Dr. Pappas asked anyone interested in doing a stakeholder spotlight to let him know.

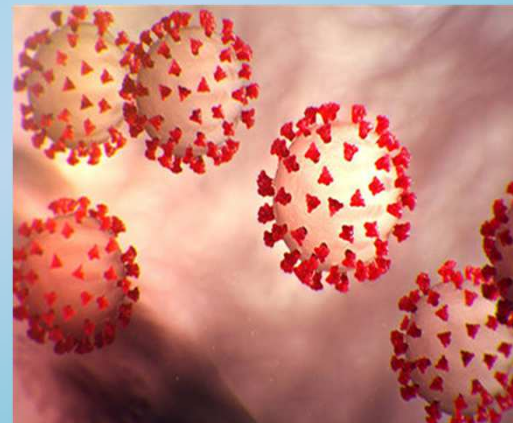
Adjourn: Susan Ono moved to adjourn at 11:32 am.

Department of Health in St. Lucie County

COVID-19 VACCINATIONS



Clint Sperber
Administrator
Florida Department of Health in St. Lucie County



FDA Approval of Vaccine

FDA NEWS RELEASE

FDA Takes Key Action in Fight Against COVID-19 By Issuing Emergency Use Authorization for First COVID-19 Vaccine

Action Follows Thorough Evaluation of Available Safety, Effectiveness, and Manufacturing Quality Information by FDA Career Scientists, Input from Independent Experts

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For Immediate Release: December 11, 2020

Today, the U.S. Food and Drug Administration issued the first emergency use authorization (EUA) for a vaccine for the prevention of coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in individuals 16 years of age and older. The emergency use authorization allows the Pfizer-BioNTech COVID-19 Vaccine to be distributed in the U.S.



H1N1 – October 24, 2009

First County Wide Vaccination Station

Saturday, October 24, 2009
8 a.m. until vaccine supplies ran out
St. Lucie County Logistics Center
3855 S. U.S. 1
Fort Pierce, FL

- The Logistics Center, formerly a Sam's Club with 118,000 square feet of indoor space and a large parking lot, was able to accommodate the 1,000 person long line and cars.
- Although supplies ran out at midday, everything ran smoothly.

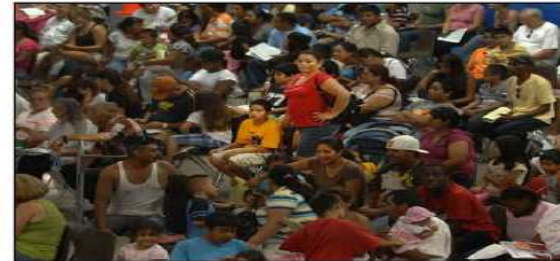


Photo:
Eric Hasert
tcpalm.com

"The health department and most patients agreed the operation went smoothly. 'It was well organized, everyone was pleasant and the line moved at a steady pace,' said Mari Souto, 41, of Port St. Lucie, who brought along her four children to get the shot."

— Line of People Waiting for Swine Flu Shot Snakes Around Building, Jonathan Matise, October 24, 2009, tcpalm.com



H1N1 Lessons Learned

- Use of ICS/NIMS in a non-imminent emergency resulting in a required minimum incident command training for all staff.
- Early recognition of the importance of risk communication. Contracting with communication professionals rather than relying on internal resources.
- POD Incident Action Plan was created that is easily adapted to a variety of locations and situations.
- “Nurse in a Box” is a self-contained Go-Kit; an inexpensive tool containing all of the necessary equipment and supplies for setting up a single inoculation station



CDC – Building Vaccine Confidence in Health Systems and Clinics

Phase 1 20-100 Healthy Volunteers



Researchers try to answer these questions:

- Is this vaccine safe?
- Are there any serious side effects?
- How does the vaccine dose relate to any side effects?
- Is the vaccine causing an immune response?

Phase 2 Several Hundred Volunteers



Researchers try to answer these questions:

- What are the most common short-term side effects?
- What's the body's immune response?
- Are there signs that the vaccine is protective?

Phase 3 1000+ Volunteers



Researchers try to answer these questions:

- How do disease rates compare between people who get the vaccine and those who do not?
- How well can the vaccine protect people from disease?

Phase 4 Vaccine is Approved



Researchers try to answer these questions:

- FDA approves a vaccine only if it's safe, effective, and benefits outweigh the risks.
- Researchers continue to collect data on the vaccine's long-term benefits and side effects.



Pfizer-Biontech

- mRNA Vaccine
- **Ultracold storage -80C: 6 months**
- Refrigerator storage: 5 days
- Room Temperature: 6 Hours
- 44k Study Participants, Diverse background
- 150 clinical sites
- 45% ages 56-85
- Zero safety concerns
- 95% Effective
- Both Antibody and T Cell Immunity
- Possibly 20M Doses by end of 2020



Pfizer / Biontech



Moderna

- mRNA Vaccine
- **Normal Freezer storage: 6 months**
- Refrigerator storage: 7 days (Maybe 30 days)
- Once opened: 6 Hours
- 30k Study Participants, Diverse background
- 89 clinical sites
- 64% ages 45 and older
- Zero safety concerns
- Greater than 94% Effective
- Both Antibody and T Cell Immunity
- Possibly 20M Doses by end of 2020



Two Shots – Same Flavor

- Most vaccine candidates require a 2-shot series
- Second shot must be from same manufacturer



About these COVID-19 mRNA vaccines

- These mRNA vaccines are expected to produce side effects after vaccination, especially after the 2nd dose.
 - Side effects may include:
 - Fever
 - Headache
 - Muscle aches
- No significant safety concerns were identified in the clinical trials.
- At least 8 weeks of safety data were gathered in the trials. It is unusual for side effects to appear more than 8 weeks after vaccination.



Source: <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19/clinical-considerations.html>



Safety of COVID-19 vaccines is a top priority

- COVID-19 vaccines are being held to the same safety standards as all vaccines.
- FDA's [Vaccines and Related Biological Products Advisory Committee \(VRBPAC\)](#) reviews applications for EUAs.
- The [Advisory Committee on Immunization Practices \(ACIP\)](#) considers safety and efficacy data before recommending use.
- VRBPAC and ACIP are independent committees composed of scientific and clinical experts.
- FDA and CDC monitor vaccine safety and side effects once vaccines are in use.

Robust vaccine safety monitoring systems exist for anyone who reports medically significant adverse reactions



Phased Approach to Vaccination

Phase 1: Potentially limited supply of COVID-19 vaccine doses available. Initial focus may include:

- Healthcare personnel (paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials)
- Non-healthcare essential workers
- Adults with high-risk medical conditions who possess risk factors for severe COVID-19 illness
- People 65 years of age and older (incl. those living in LTCFs)

Phase 2: Large number of vaccine doses available

Phase 3: Sufficient supply of vaccine doses for entire population (surplus of doses)



Identifying and Estimating Critical Populations

- Critical infrastructure workforce
- People at increased risk for severe COVID-19
- People at risk of acquiring or transmitting COVID-19
- People with limited access to routine vaccination services

Reminder - Final decisions are being made about use of initially available supplies of COVID-19 vaccine by the ACIP and CDC



Federal Retail Pharmacy Partnership

- U.S. Department of Health and Human Services (HHS) and the CDC are partnering with pharmacies to increase access to COVID-19 vaccine once the FDA authorizes one or more vaccines.
- Two federal pharmacy programs
 1. Pharmacy Partnership for LTC Program
 2. Federal Retail Pharmacy Partnership Strategy - can help jurisdictions augment access to vaccine when supply increases
- Program will be on a National scale; more than 90% of people live within five miles of a pharmacy.



St. Lucie County Pharmacy Chain Partners

as of November 27, 2020

- Walgreens – Pharmacy Partnership for LTC (14 in SLC)
- CVS – Pharmacy Partnership for LTC - anticipated start date December 21-22, 2020 (10 in SLC)

- Walmart – Retail, 4
- Rite-Aid – Retail, 3
- Sam’s Club – Retail, 1
- Publix – Retail, 15
- Costco – Retail, 1
- Winn Dixie – Retail, 4



Providers



- 17 St. Lucie County providers are registered with FLSHOTS to order COVID-19 vaccine.
- Few have the capability to receive and store the Pfizer ULT vaccine.





State – Incident Management Team

- Pilot Vaccination clinics in Broward and Pinellas counties
- 15 EMS Crews, including Nurse Medic Teams
- Teams to be supplemented with 52 National Guardsman (26 to Broward, 26 to Pinellas)
- Goal is to identify processes before rolling out to other counties



Region 5 COVID 19 Branch

Primary purpose is to facilitate & coordinate FL DOH responses in the vaccination of area residents located within specific targeted groups and subgroup being identified by DOH

- Coordinating vaccination operations with County Health Department (CHD) & Agency for Health Care Administration (AHCA) personnel
- Monitoring the Emergency Status System (ESS) to determine what facilities require prioritization
- Assigning appropriate vaccination personnel for facility response
- Requesting/allocating appropriate resources
- Ensuring proper reporting of vaccine status, problem situations, number of vaccines administered, actions taken, etc...
- Coordinating & tracking the administration of the second vaccination of those who received the initial dose
- Developing plans for increasing vaccination supply to keep up with the anticipated increasing demand for services.





Mass Vaccination PODs

- **Open POD's** are typically located in public locations such as arenas, community centers, schools, fairgrounds.
- **Closed POD's** are sites staffed and managed by organizations both public and private to dispense to their own populations. (Doctors office)



St. Lucie Fairgrounds



Challenges

- **Messaging, Risk Communications – Comet Media Group**
- Data entry
- Maintaining social distancing
- Staffing
- Throughput
- Cold chain management
- PPE optimization
- 15 Minute wait time, post vaccination
- Second doses



Elements of Vaccine Confidence

The Problem: Patients may be hesitant to receive COVID-19 vaccine

- Only **58%** of the general public said they would receive a COVID-19 vaccine (as of an October 2020 Harris poll)

Factors weighing on acceptance:

Are there side effects?

Does it work?

Is it safe?

How much does it cost?



COVID-19 vaccine more acceptable if:

Healthcare team said it was safe

No costs to the individual

It would help get back to school and work

They could get it easily



Tyson, A, Johnson, C, & Funk, C. (2020, September 17). *U.S. Public Now Divided Over Whether To Get COVID-19 Vaccine*. Pew Research Center. <https://www.pewresearch.org/science/2020/09/17/u-s-public-now-divided-over-whether-to-get-covid-19-vaccine/>

Jackson, C., & Newall, M. (2020, September 29). *Despite COVID-19 spike, few individual behaviors are changing*. Ipsos. <https://www.ipsos.com/en-us/news-polls/axios-ipsos-coronavirus-index>



Vaccine hesitancy among healthcare providers

American Nursing Foundation Survey (Oct 2020)

63% were somewhat or very confident that the vaccine will be safe and effective.

34% would voluntarily receive COVID-19 vaccine.

57% are comfortable discussing COVID-19 vaccines with patients.

CDC web survey with healthcare providers (Sept–Oct 2020)

63% said they would get a COVID-19 vaccine.

Sources:

1. American Nurses Foundation, Pulse on the Nation's Nurses COVID-19 Survey Series: COVID-19 Vaccine, October 2020. <https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/covid-19-vaccine-survey>
2. Lindley, et al. CDC COVID-19 Response Team. Report in progress.



Defining Vaccine Confidence

Vaccine confidence is the trust that patients, parents, or providers have in:

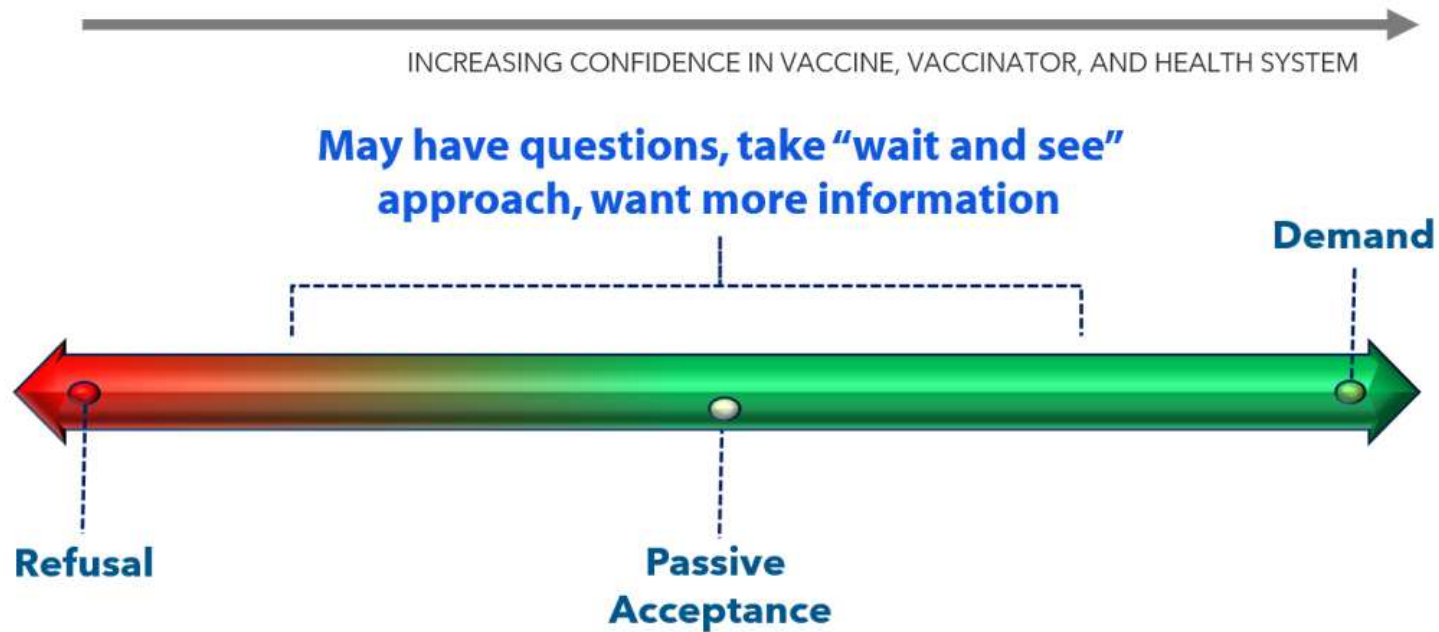
Recommended vaccines

Providers who administer vaccines

Processes and policies that lead to vaccine development, licensure, manufacturing, and recommendations for use



Willingness to accept a vaccine falls on a continuum





Vaccinate with **Confidence**

A National Strategy to Reinforce Confidence in COVID-19 Vaccines

Build Trust

Objective: Share clear, complete, and accurate messages about COVID-19 vaccines and take visible actions to build trust in the vaccine, the vaccinator, and the system in coordination with federal, state, and local agencies and partners.

Empower Healthcare Personnel

Objective: Promote confidence among healthcare personnel in their decision to get vaccinated and to recommend vaccination to their patients.

Engage Communities & Individuals

Objective: Engage communities in a sustainable, equitable, and inclusive way—using two-way communication to listen, build trust, and increase collaboration.



Challenges

- Messaging, Risk Communications – Comet Media Group
- **Data entry**
- Maintaining social distancing
- Staffing
- Throughput
- Cold chain management
- PPE optimization
- 15 Minute wait time, post vaccination
- Second doses



64DER20-43 Emergency Rule

effective immediately

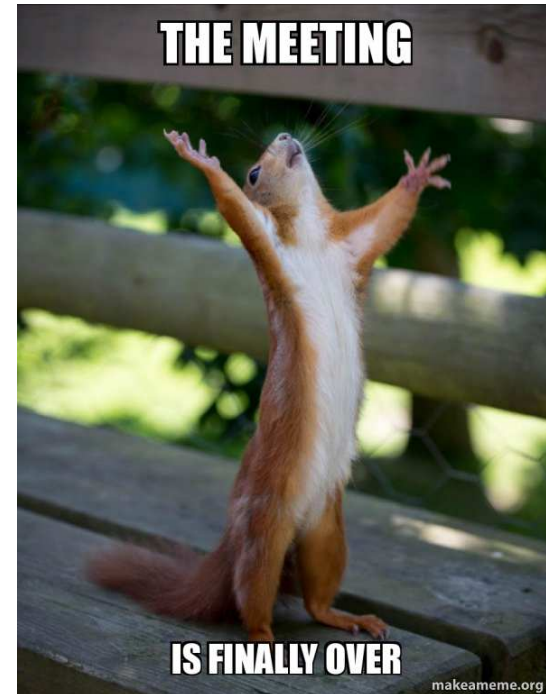
64DER20-43 COVID-19 Vaccine Reporting Requirements

All healthcare practitioners licensed under Chapters 458, 459 or 464, F.S., and all other enrolled COVID-19 vaccine providers, must report the following vaccination data elements in Florida SHOTS within 24 hours of administration to an individual of any does of a COVID-19 vaccine that has Emergency Use Authorization from the Food and Drug Administration.

- | | |
|--|---|
| (1) Administered at location: facility name/ID | (12) MVX (manufacturer) |
| (2) Administered at location: Type | (13) Recipient address |
| (3) Administration Address (including county) | (14) Recipient date of birth |
| (4) Administration date | (15) Recipient name |
| (5) CVX (Product) | (16) Recipient sex |
| (6) Dose number | (17) Sending Organization |
| (7) IIS Recipient ID | (18) Vaccine administering provider suffix |
| (8) Recipient race | (19) Vaccine administering site (on the body) |
| (9) Recipient ethnicity | (20) Vaccine expiration date |
| (10) IIS vaccination event ID | (21) Vaccine route of administration |
| (11) Lot Number: unit of use and/or unit of sale | (22) Vaccine series complete |



The End



Lawnwood Regional Medical Center and Heart Institute Treasure Coast Trauma Center

Gary J Curcio MD FACS

Assistant Professor University South Florida

Morsani School of Medicine

Assistant Professor Florida State

School of Medicine

Medical Director Trauma, Acute Care Surgery, and Surgical Critical Care



LAWNWOOD REGIONAL
TREASURE COAST TRAUMA CENTER

Treasure Coast Trauma Center

- Division of Lawnwood Regional Medical Center
 - Tertiary Care Center on the Treasure Coast of Florida
 - 380 Beds
 - 48 ICU beds
 - 42 Adult and 6 Pediatric
 - Level III NICU
 - Comprehensive Stroke Program
 - Heart Institute
 - Located in Ft. Pierce Florida
 - Service Southern aspect of Region 5

Treasure Coast Trauma Center

- Level 2 Adult Trauma Center in Florida
 - ACS-COT and Florida Board of Health.
 - Initial Florida Board of Health verification 2009
 - Initial ASC-COT verification 2016
 - Undergone re-verification for both

Staffing

- 7 Board certified Trauma surgeons
- 9 PA-C staff
- 1 community outreach coordinator

Ancillary Trauma Surgery Staff

Board certified

Orthopedic Trauma Surgeon

Neurosurgeons

Plastic Surgery

Hand Surgery

OMFS

Teaching

- ED Residents rotation for Trauma and ICU
 - Palm Beach Consortium
- MS 3-4 students- Surgery and Trauma Surgery rotation
 - Florida State School of Medicine
- PA students- Surgery and Trauma Surgery
 - Florida State School for Physician Assistance

Trauma Network

- USF-HCA Trauma Consortium
 - Collaboration between USF and HCA to promote Trauma care in Florida
 - Includes 9 trauma centers across Florida
- Close Coordination with Life Alliance Organ Recovery Agency(LAORA)
2019 two Physicians where recognized by LAORA
 - Recognition of extraordinary commitment in Organ Eye and Tissue Donation
 - County and State level awards presented

Community Outreach

- Trauma Community outreach Coordinator
 - Involved in projects across the Treasure Coast and beyond (Actively working in 5 counties including St Lucie, Indian River, Martin, Okeechobee and Sebring)
 - Works with multiple counties on the Treasure Coast
 - Topic include:
 - Fall prevention
 - Drowning
 - Gun safety
 - Stop the bleed
 - Bicycle safety
 - Bullying
 - As well as much much more

Research

Involved in multiple projects

- Multi-institute studies
- Abstracts
- Poster boards--- awards won for some
- Presentations at the national level by staff
- In the future.....

TQIP

- Involved with:
 - ACS-COT
 - Florida Consortium
 - HCA Trauma Consortium

- HCA- #1 Ranking Score Card for Sept 2020
- Compare well with Florida Consortium
- As well as ACS-COT TQIP data

10-13-20 RDSTF-5 Trauma Advisory Board Executive Committee Meeting

Welcome & Roll Call: Dr. Pappas welcomed those present and called roll:

Level I Trauma Center/ORMC: Tina Wallace, Eric Alberts, Susan Ono, Dr. Bilski

Level II/Halifax - Rachel Driscoll

Central Florida Regional: Dr. Evans

EMS North: Dr, John McPherson

EMS South: Chris Stabile

EMS Central: Not Present

Acute Care Hospital: Indian River Hospital

Extended Care: Tino Manco

DOH: Not Present

County Government: Dr. Martinez

City Government: Mayor Dennison

9 of 11 Executive Members were present and a quorum was reached

Other Stakeholders Present:

Dr. Peter Pappas

Dr. Ayanna Walker

Jan Hicks

Kate Kocevar

Lynne Drawdy

Call to Order: Chris Stabile called the meeting to order at 8:07 am.

Review and Approval of Minutes: A motion was made and seconded and the minutes were approved as submitted.

CFDMC/RDSTF Update:

Lynne Drawdy advised that the Coalition received approval from the Orlando UASI to purchase an 18-passenger ambu-bus in 2021. The only other ambu-bus in the region is in St. Lucie County, and this is a huge asset.

Lynne advised that the Coalition has a user workgroup addressing communications gaps; they will be looking at a system called Corvena. She thanked all who participated in the September 24 Trauma tabletop; an after action report will be distributed prior to the December meeting. Eric Alberts stated that a survey has gone out to Coalition members with opportunities to become more engaged in the Coalition committees. He reminded the group that the Coalition's annual conference will be held on December 10 and additional training will be offered December 11.

Florida DOH Trauma Update: Kate Kocevar advised that DOH Office of Trauma continues to support the COVID19 pandemic response. She stated that we hope to continue to see a diminishing number of cases. She advised that they have published in the Florida Administrative Register on the site survey rule to broaden this to include virtual or remote site surveys to ensure safety and fulfill requirements. She stated that they are also working on developing how these virtual or remote site visits will work. She stated they are expanding the trauma website to include more information on the Florida trauma system, including the trauma assessment and data methodologies. They want to ensure that all the tools used in a site survey are included. The website also has links to all the state rules and statutes relating to trauma. She stated that they are working with all trauma centers with recertification designations due.

Committee Updates

System Support Committee: Tina Wallace advised the committee met this morning with representation from six of the injury prevention programs across the region. She stated that most injury prevention programs are on hold during the pandemic and all are planning ahead for 2021 when we hope to get back to normal. She stated that there have been a few virtual or drive through events, such as Trunk or Treat in Orange County.

Preparedness Committee: Eric Alberts reported that the committee met October 12 and focused on lessons learned from the trauma tabletop. There were over 70 participants at the exercise, including clinicians, EMS, and many others. The draft AAR will be distributed before the next meeting. He stated that the exercise highlighted that in a large scale trauma event, the region's trauma system would be overwhelmed. Opportunities included the importance of a communications platform that can provide needed information to responders across the region. He stated that the Coalition has volunteered to participate in a pilot with Florida Hospital Association of the Corvena system. He stated that another opportunity is the need for acute care hospitals to have the equipment and supplies to respond to trauma patients. He stated that the Preparedness Committee previously distributed trauma MCI carts by color (red, yellow, green) and identified the need for provide additional training for acute care hospitalizations on stabilizing trauma patients. He stated that the tabletop highlighted the need for a trauma coordination plan, both within and outside the region. The Coalition and the Preparedness Committee at looking at the new federal MOCC (medical operations coordination cell) guidance. He stated that the plan should incorporate all resources, including the National Guard. Eric advised that the committee discussed having the next regional MCI exercise focus on coordination of trauma patients.

Clinical Leadership Committee: Dr. McPherson reported that the Clinical Leadership Committee met this morning. They will reach out to the Preparedness Committee to work on the regional trauma coordination plan. Dr. McPherson

stated that the committee sent out drafts of five regional protocols, including EMS management of trauma patients with COVID, pediatric trauma guidelines, use of TXA in the field, C-spine immobilizations, and head injuries in geriatrics on anticoagulation medication. A survey link was included with each protocol to solicit feedback, but no feedback has been received. He asked the Executive Committee for approval of these protocols. Susan Ono stated that she heard from the tabletop that some EMS contacts did not receive these and stated that she is not sure that our EMS contact list is up to date. Susan volunteered Orlando Health's EMS liaison to help update the list. She recommended that once the list has been updated, that the draft protocols be sent out one last time for feedback. Lynne will send out the regional trauma advisory board list to all for updates and the group agreed that we need to do this annually. Dr. McPherson stated that he will contact the EMS Advisory Council for updates.

Extended Care Ad Hoc Committee Update: Tino Manco stated that their facilities just went through changes in visitations in the long-term care community, which required multiple levels of clarification regarding definitions of essential, compassionate, limited, restricted.

Next Executive Committee Meeting: December 17, 2020 (this will be via Microsoft Teams)

Adjourn: The group adjourned at 10:55 am.

8-18-20 RDSTF 5 Trauma Advisory Board Executive Committee and General Meeting Minutes

Welcome: Dr. Pappas welcomed all and thanked member and stakeholders for participating. Roll was taken and a quorum was reached, with 7 of 11 Executive Committee members present.

Executive Committee Members:

Trauma Chair: Orlando Health –Dr. Donald Plumley, Susan Ono, Christina Wallace, Melissa Smith

Level II Trauma Center: Halifax Health -

Central Florida Regional Hospital – Andrea Gibson

EMS South: Martin Fire Rescue –

Central: Orange County EMS – Dr. Christian Zuver, Dr. Alexa Rodriguez

North: Brevard County EMS – Dave Hall, Palm Bay Fire Rescue

Acute Care: Sebastian Hospital

Long Term Care: Tino Manco

DOH-St. Lucie:

County Government: Dr. Yolanda Martinez

Municipal Government: Mayor Elise Dennison

Others Attending:

Dr. Peter Pappas

Kate Kocevar

Dr. Hezedeane Smith

Michelle Rud

Kim Wright

Lynne Drawdy

Dr. Pappas announced Lynne has requested that the meeting be recorded to assist in capturing minutes. There were no objections expressed. Lynne confirmed that the recording will be deleted as soon as the minutes are finished.

Call to Order: The meeting was called to order at 10:05 a.m.

Review and Approval of Minutes: Dr. Pappas stated that the last meeting did not have a quorum so the April and June minutes need approval. These minutes were distributed earlier. Dr. Pappas asked for any questions or concerns. Commissioner Dennison made a motion to approve both sets of minutes and the motion was seconded. There was no further discussion and the motion carried.

Executive Director's Report: Dr. Pappas said that both the Level I trauma center chair and the EMS South chair have agreed to remain as chair and co-chair of the Trauma Advisory Board Executive Committee.

Vice-Chairs will remain Orange County EMS & Halifax Health.

Stakeholder Spotlight: Dr. Pappas thanked Osceola Regional Medical Center for providing the spotlight presentation, and welcomed Kim Wright, Trauma Program Manager. Kim shared a presentation with the group (see attached presentation slides). Dr. Pappas thanked Ms. Wright for her presentation.

CFDMC/RDSTF Update: Lynne said the Coalition has completed projects and deliverables for this fiscal year and has begun their workplan and activities for the new fiscal year. The Coalition is still fielding an incident management team in South Florida, overseeing strike teams in long term care facilities with COVID. Lynne reported that the Coalition will hold a virtual annual conference on December 10 and additional details will be coming soon.

DOH Trauma Update: Kate Kocevar from the DOH Office of Trauma provided Trauma updates. She stated that they are nearing completion of the trauma assessment and asked if not completed the attestation to submit by 8/31/20 as this is a statutory requirement. The state has some areas with COVID spikes and some areas where the numbers are decreasing. This has impacted site surveys. They are working to obtain an Emergency Order re the surveys and are working with leadership to try and develop a virtual survey process. Surveyors are working diligently to assist Trauma Centers in getting Certificates renewed. There is a call out for legislative proposals. Last year they submitted a legislative proposal supported by the Florida Trauma Council with recommendations. This year, they are submitting these again, including reducing the seven year certification to every three years, which aligns with the ACS process. We want to address updates to the standards. In order to do that, it requires legislators to be involved. The proposal asks that the Council be able to update standards by a three-quarters vote. If not, they want the ability of the Council to review every year and make recommendations to the legislators. Lastly, they want the American College of Surgeons to do a National Trauma Consultation Study. We hoped to get that completed year this but were delayed due to COVID. This would provide a cost vs. benefits of ACS Certification. They are concerned that the budget will be tight this year. There are a number of legislative proposal and they hope this will be addressed but will continue to fight for these. Dr. Plumley indicated that the CME requirement may be difficult this year due to cancellation of meetings. Kate stated that if a trauma center has a difficult time in meeting a standard they can note the cause in minutes. When they do a site survey, that consideration will be looked at. Also, can get on a waiting list to get the CMEs. Dr. Plumley asked if Dr. Pappas could bring this up at FCOT. Instead of hospital by hospital, all are facing the same issue. Dr. Pappas will reach out to Dr. Nemais to bring this up. Dr. Pappas asked about the TSA assessment process. August 31 is when you complete the assessment, how soon can the trauma centers expect feedback. Kate said that once the report is prepared and data points are finalized, they will publish it on the Trauma website for download, and then send out touch points to hospitals that may qualify for change in designation.

System Support Committee: Tina Wallace said the committee had a good call on August 11. She said that all activities have been impacted by COVID. Jamie Fletcher from Arnold Palmer applied for a grant for burn education and are working on pedestrian safety. Osceola Regional is focusing on use of social media. Orlando Health participated in a webinar re doing virtual injury prevention. Holmes Region is new to the program and all will be supporting her. St. Lucie is actively working on multiple projects including a Safe Baby Academy and a drowning prevention program from Australia called Kids Alive Due to Five and will be sharing that information. All are looking forward to getting back to normal activities.

Preparedness Committee: Susan Ono said the committee are working on preparedness for injuries after hurricanes, and in addition to look at how the region's trauma system would handle a large scale event like the explosion in Beirut and are discussing having a tabletop. Lynne sent out a matrix on communications needs and the different platforms to see any additional communication needs from trauma. Susan asked if there were any other things the Executive Committee would like them to work on? Dr. Pappas stated that all these are needed. Mass casualty planning was also discussed in the Clinical Leadership Committee and will try to schedule a meeting between the two. Lynne will schedule that call.

Clinical Leadership Committee: Dr. Pappas said the committee has developed several draft protocols, including pediatric trauma, TXA in the field, C-spine immobilizations and geriatric trauma, as well as a COVID protocol. These are meant as guidance and a resource. Dr. Pappas stated that the committee is seeking input on these. Lynne stated that each protocol has a survey link at the bottom and we typically give 30 days' input. These are posted under the Coalition website under the Trauma tab.

New Business:

The Clinical Leadership Committee identified an issue with some patients being too large for CT scans and MRIs. The Coalition has asked hospitals across the region to provide any resources for handling these and will publish a regional list of resources within the next month.

Dr. Pappas said the incident in Beirut is of great significance and mass casualty planning for the trauma system is needed. Lynne sent out a request to all hospitals to get their MCI plans and will facilitate a meeting between the two committees with the goal of having a virtual tabletop looking at regional trauma mass casualty planning.

Open Forum: Mayor Dennison stated that the mass casualty planning is an excellent idea. Florida is very diversified and with the space center, we never know what might happen. It's exciting to plan ahead.

Next Meeting: The next meeting will be held in October 2020.

A motion was made and seconded to adjourn the meeting.

6-9-20 Trauma Executive Committee Meeting Minutes

Participating: Dr. Tracy Bilski, Dr. Ernest Block, Lynne Drawdy, Dr. Joseph Ibrahim, Lindsay Martin, Dr. Yolanda Martinez, Dr. John McPherson, Dr. Peter Pappas, Gaylen Tips, Tina Wallace, Dr. Chris Zuver

Welcome – Dr. Pappas welcomed and thanked all participants. Roll was taken and a quorum was not reached; the meeting will be for information only.

Call to Order: The meeting was called to order at 11:05 a.m.

Executive Director's Report: Dr. Pappas stated that we had a good turnout at the virtual meeting in April and we will continue virtual meetings throughout the summer. The next virtual meeting is scheduled for August 18, with a stakeholder spotlight on Osceola County Regional Medical Center.

Dr. Pappas stated that the Region 5 Trauma Advisory Board spent the first three years organizing and building relationships. He stated that now may be the time for the Board to develop goals, and he asked members to provide ideas. This will be a discussion topic in August. He stated that he listened to the Clinical Leadership Committee and System Support Committee calls this morning and was encouraged with the engagement in these committees.

Dr. Pappas announced that Dr. Bilski has transitioned from Osceola Regional to Orlando Health as head of the trauma program development. Dr. Ernest Block is the new Medical Director at Osceola Regional Medical Center and Dr. Pappas welcomed him to the group.

Dr. Pappas stated that we need to select Chairs and Vice-Chairs. He asked each group (trauma center and EMS) to identify a chair and co-chair for a vote at the August meeting.

CFDMC/RDSTF Update: Lynne Drawdy reported that we will hear from the healthcare and response community on lessons learned from COVID at the June 18 Coalition meeting. The meeting is virtual, and the agenda is on the website. Dr. Pappas stated that he finds and has heard from others that the daily situation reports provided by the Coalition are helpful. He thanked the Coalition for its continued support of the Trauma Advisory Board.

Committee Updates:

Clinical Leadership Committee. Dr. McPherson stated that the committee identified several controversial issues and drafted standardized protocols for Region 5, including pediatric trauma guidelines drafted by Dr. Plumley, use of TXA in the field, spinal immobilizations, and geriatric head trauma on anticoagulants. The committee also drafted guidelines re alerts, transport, and transfer of COVID-19 patients. Drafts of these protocols will be sent to the Executive Committee for review and approval. The committee will then identify additional areas of focus. Dr. Zuver sent out comments. Dr. Ibrahim stated that we need to educate on these protocols.

System Support Committee: Tina Wallace reported that even with COVID, the injury prevention staff are getting creative in ways to make things happen. Osceola did a Stop the Bleed course virtually which went well. They are also working on an injury prevention symposium for next year. St. Lucie completed drive through bike helmet fittings; parents make an appointment, measure the child's head and drive-by to receive the helmet and instructions. Some are also doing the drive-by approach for car seats. Arnold Palmer

Hospital is working on a grant for virtual education to build awareness on an injury prevention topic.

Preparedness Committee: Dr. Ibrahim stated that he had difficulty in getting on the call. Lynne reported that it was a small group and the focus was on getting committee members engaged and to educate all about preparedness efforts.

Extended Care Ad Hoc Committee Update: Tino Manco will send out a written report on his committee.

Dr. Pappas applauded the committees for their work and stated that the Trauma Advisory Board can be your bullhorn to share your efforts.

New Business: Dr. Pappas reminded members to submit their ideas on goals for the coming years.

Upcoming Meetings:

- **The Preparedness Committee will meet on August 10 at 3 p.m.**
- **The Clinical Leadership Committee will meet on August 11 at 8 a.m.**
- **The System Support Committee will meet on August 11 at 10 a.m.**
- **The Executive Committee will meet on August 18 at 9:30 a.m.**

The meeting adjourned at 11:48 a.m.

4-16-20 RDSTF-5 Trauma Advisory Board Executive Committee and General Meeting Minutes

Welcome: Dr. Pappas welcomed the group to the first meeting of the new terms and thanked all for participating.

Roll Call:

Trauma Chair: Orlando Health – Christina Wallace, Melissa Smith, Eric Alberts
Level II Trauma Center: Halifax Health - Dr. Danny Jazarevic
Central Florida Regional Hospital – N/A
EMS South: Martin Fire Rescue – Chief Chris Stabile
Central: Orange County EMS – Dr. Hezedeane Smith
North: Brevard County EMS – John McPherson
Acute Care: Sebastian Hospital – Rebecca Wilson
Long Term Care: Tino Manco
DOH: Clint Sperber
County Government: Dr. Yolanda Martinez
Municipal Government: Commissioner Elise Dennison

Others:

Dr. Peter Pappas
Dr. Edgar Figueroa
Lynne Drawdy

Ten (10 of 11 voting members were present for a quorum.

Call to Order: The meeting was called to order at 9:37 am.

Review and Approval of Minutes: All minutes are posted on the Coalition website under the trauma tab. Dr. Pappas asked if there were any questions or comments and there were none. Christ Stabile moved to approve the minutes as submitted and Tina Wallace seconded the motion. There was no opposition the motion carried.

Executive Director's Report: Dr Pappas thanked all who returned for a second term and stated they were instrumental to our success to this point. He welcomed new members.

Selection of Chairs and Vice-Chairs: Dr. Pappas asked the trauma centers and EMS to discuss and identify chairs and vice-chairs.

Selection of Executive Director: Dr. Pappas agreed to serve a second term. Clint Sperber moved to appoint Dr. Pappas to a second term, and Commissioner Dennison seconded the motion. Tina Wallace stated that Dr. Pappas has done an outstanding job and she supports the motion. There was no opposition and the motion carried.

Special Presentations: Region 5 Response to Covid-19

Stakeholder Spotlight

Eric Alberts presented on Orlando Health's response to COVID19. He stated that conduct verbal screenings on all visitors to the facility and are limiting visitors to one person per patient through the duration of the patient's stay. No visitors are allowed past 9 p.m. They provide the capability for virtual visitations online. They also post blogs on well-being and coping. The system has employed. Numerous management controls to conserve PPE, including safety officers to ensure PPE guidelines are followed. They continue to report twice daily as required by AHCA including beds, ventilators, surge status, etc. He stated that it is taxing to keep up with all the reporting requirements. They are trying to stay engaged with all community partners to ensure they support community efforts. Dr. Pappas asked about surge plans. Eric stated that the core principles are PPE and consistent messaging. If a patient presents at the ED with symptoms, they are taken to a negative air flow if available and if not to a patient care room with the door shut and these patients are flagged in the computer system. They have identified potential surge space, including tents, and locations inside the hospital that can be converted to patient care space, such as post and pre-op areas. They are cohorting patients and looking at innovative ways to create negative air flow. Eric stated they are also planning for when COVID response wanes as they expect to see a surge from patients who have been waiting. Also, as people go out again, car accidents will resume. Yesterday in Chicago there was a 54-car pileup. Dr. Figueroa stated that the curve has flattened quite a bit and asked if he expected surge to be less than anticipated. Eric stated that there are many surge models, but they follow four of these. Eric stated that like hurricanes, you can review the forecasts but need to expect the unexpected.

CFDMC/RDSTF Update: 5lint stated that he has no update for the RDSTF. Lynne stated that the Coalition's role in response is resource coordination and situational awareness. The Coalition monitors all requests from local ESF8 to the State ESF8 to see if we have local assets that can be used. The Coalition is providing a daily situation report with all regional, state and federal information reported. She stated that the Coalition shifted all unused funds for this year to purchase PPE and negative air pressure capacity for the hospitals. A question was raised if the Coalition has any caches. Lynne advised that the Coalition has a regional alternate care site cache and a plan for deploying this. All other equipment and caches are located at partner agencies throughout the state and these are noted in the plan. The cache must be requested through the local ESF8.

Florida DOH Trauma Update: Kate Kocevar thanked all for their efforts in the response. She stated that the Office of Trauma held a call on March 16 to discuss what the state could do to support trauma centers. They have been working with the legal department to start formulating executive orders to help trauma centers with surge. These are currently with DOH leadership for review. She stated that there are indications that social distancing has reduced the number of trauma cases. DOH has a robust COVID website. It appears that the curve is flattening, although we see some hot spots. She stated that if anyone is being impacted, please let her know so she can raise this to leadership. Dr. Jazarevic stated that they expect to see a trauma surge as social distancing dwindles. Dr. Figueroa stated that he has seen a drop but has also seen some disturbing changes in mechanisms, including increases in assaults and self-inflicted injuries. Kate stated that as the Governor and the leadership team works to open the state, visitors will come again, and we will see increases in trauma cases.

Kate stated that Stop the Bleed is ongoing with Epcot although some activities have been suppressed. We hope to resume as COVID is under control. She stated that the March 3 FCOT was held. The Florida Trauma standards workgroup met, and revisions were reviewed and approved by the Council. A lot of committees worked on these. Standards through 10 and 18 were approved. The next step is for a peer committee to take up the remaining standards. She reported that the Florida Collaborative has agreed to six standardized indicators. If you want to use those six, you must be a member of the Florida Collaborative and attend 50% of meetings. If interested, please send an email to Michael Leffler at Michael.Leffler@flhealth.gov to join and use six indicators. Dr. Pappas asked

Kate to share additional information on the Collaborative. She stated that this is based on the ACS to help the state share data and better understand issues in the trauma system. They are looking at indicator such as TBI and types of mechanisms. There is a benchmark report twice a year from the ACS TQUIP report to look at where trauma centers excel and where they should focus. In Florida, we are looking at where Florida trauma centers are struggling or doing well. Before, each trauma center picked a couple of indicators they report to state that they are monitoring, making it hard to collaborative and share data. With the Collaborative, all agreed to six indicators to better benchmark and understand strengths and weaknesses. Dr. Pappas likened this to EMSTARS for trauma, and the EMSAC Data Committee.

Region 5 County Public Health Response: St. Lucie County, Clint Sperber, DOH Administrator in St. Lucie County and Region 5 Health and Medical Co-Chair stated that his county is unique in that out of the 320,000 population, 30,000 to 50,000 travel south to work in Palm Beach or Broward, both COVID hot spots. He stated that they started March 1 and we are six weeks into the event. They began by reviewing the comprehensive H1N1 after action report to see what worked well and what did not. One thing identified was the need to set up an internal incident command structure. They started small but it has grown. Kim Kossler is the St. Lucie COVID Incident Commander. St. Lucie DOH has 170 full-time employees. They broke out essential functions, including those that are statutorily required, grant funded or critical and set up a group to manage those and a group to manage COVID response. This is working well. He stated that from both the county and state perspective, this is a unified command at the state level and at the county level, including DOH and emergency management. He is working with the county administrator and public safety director. This is primarily a health event but most of the equipment and supplies are coming through the state emergency management office. He stated that having emergency management as a partner is extremely beneficial. Another lesson learned from H1N1 is the need to be transparent with the health and medical community, the media and the public on what we know and do not know, and he sees that as his most important role. He sends out all information from credible sources like CDC and DOH. He talks daily with his three hospital CEOs and works closely with individuals throughout the hospital, from infection prevention to preparedness. This is also beneficial as hospitals often have access to resources others do not. He stated that all agree that success is dependent on protecting the hospitals for the most critical patients. This began early, pushing information out through weekly media briefings, and taking advantage of telehealth. He stated that the five DOH priorities are:

- Stop the intrusion of COVID
- Protect elderly/vulnerable populations
- Increase the holistic approach to testing
- Enforce social distancing
- Plan/prepare for medical surge

Clint stated that the county has a pandemic plan which has been tailored for COVID, including use of altercate care sites if needed or a step-down for medical surge. The White House has put out guidance on preparing to re-open. Lynne will send that out. They are setting up a task force in the county including county and municipal leaders, hospitals, schools, and economic development to address how this will look in St. Lucie. He stated that he puts out weekly situation reports, and in the last report shared information on onset of symptoms compared to when test results became positive. Looking back from March 1 to April 8, there is a clear distinction between when an individual becomes sick and when test results came back. There are still some outbreaks in long-term care facilities and the numbers will go up and down, but he feels St. Lucie reached its peak earlier. Kim Kossler stated that with COVID, the health department had to expand and augment staff for daily calls, and to monitor cases, follow-up on contacts, and work with facilities with high-risk vulnerable populations, including nursing homes and assisted living facilities. DOH partners with AHCA to work with these facilities.

Orange County Government: Dr. Yolanda Martinez presented on COVID response from the County Government perspective. She stated that on January 29, under the leadership of the EMS Medical Director, Dr. Christian Zuver, Orange County convened a COVID meeting with all key leaders in the county, including the hospitals, airport, medical examiners, and others to discuss preparedness efforts from each agency's perspective. Orange County is uniquely vulnerable due to the theme parks and international travelers. Mayor Demmings began the county planning by convening an executive policy group with daily calls at 7 pm with law enforcement, fire, government and hospitals. He activated the emergency operations center, which provides daily situation reports. He issued executive orders with a curfew and stay at home requirements prior to the Governor's executive order. As a result of all these actions, the curve in Orange County has started to flatten. Orange County has tested 1% of the population and testing sites are available at the convention center, at the health department, at UCF and at AdventHealth locations, and drive through locations will be available at hot spots beginning next week. To date, orange County has distributed 350,000 pieces of PPE to hospitals, long-term care facilities, law enforcement and corrections and still can fill urgent requests. Early on, Orange County worked with the state mortuary team, FEMORS, to put together a regional morgue storage site, although it does not appear that this will be needed. Orange County had also had preliminary discussion about setting up an alternate care site, although this is currently on hold and may not be needed. The public and private sector partnerships have resulted in the number of cases starting to go down.

Orlando Fire Department: Dr. Hezedeon Smith stated that most agencies have established a department operations center like an EOC. Orlando Fire Department is using GIS resources to identify cases and provide situational awareness to responders. He stated that overall, there has been a general decline in EMS transports. Some patients are refusing treatments and are looking for way to get tested. He commended hospital leadership for supporting the health data exchange needs. He stated that PPE support from the Coalition and other resources areas is very much appreciated, and they have implemented strategies to reduce the burn rate of PPE. Dr. Dean stated that EMS agencies are prepared for surge if it occurs.

Trauma and EMS Response: Dr. Pappas advised that the Clinical Leadership Committee has been meeting weekly to look at regional guidelines for COVID response. Dr. McPherson stated that the committee looked at standardizing some common protocols such as screening, the alert name, and the handoff from EMS to trauma. After extensive discussion, it was agreed that organizations have protocols in place that are working well. Organizations were asked to share their protocols, and these were posted to the website. He agreed that transports are down across the region. Common issues are the need to conserve PPE, and the lack of adequate testing. He discussed Brevard County's COVID treatments and agreed to share the protocols. Dr. Pappas thanked Dr. McPherson for his leadership. He reminded all that we should expect a second wave and we need to continue to prepare.

Extended Care Response: Dr. Pappas stated that long-term and extended care are the most vulnerable populations. Tino Manco provided an update on the ad hoc extended care committee, which includes 14 members representing skilled nursing homes, assisted living facilities, LPACs and hospice. He stated that the committee will add other partners including hospitals and home health. The next meeting will be late May or June. Tino stated that all long-term care facilities, with large or small, have had to deal with changes they were not prepared for. In early March, facilities had to limit visitors, and implement screening tools for staff and other entering the facility. Letters were sent out to families to let them know of the restrictions. Within days, the facilities were fully restricted with no visitors allowed, and social distancing within facilities began, including eliminating group dining and group sessions. This presents struggles, such as dealing with families who show up, replacing

services such as laundry that families typically handle, and dealing with outside vendors. Communications and policy changes are received from CMS, AHCA, DOH and FHCA with different policy changes. Facilities are also required to report data to AHCA daily. They have also worked with AHCA, EMS and the National Guard in reviewing infection control procedures. Facilities also struggled with how to admit patients and in working with hospitals to readmit patients. They have set up telehealth for medical providers and struggled with technology challenges. PPE was initially limited to facilities with positive cases but in late March EMS was able to provide PPE. It was difficult and frustrating to keep up with changing requirements and policies and managing these can be burdensome. For example, it takes three staff members every shift to do staff screenings and temperature checks. Medicaid has waived some requirements and allowed flexibility in others, and the state has done a good job in supporting these facilities. All were focused on protecting these vulnerable citizens. Dr. Pappas thanked Tino and stated that the extended care field is a huge opportunity for the Regional Trauma Advisory Board.

Committee Updates

System Support Committee: Tina Wallace reported that the committee had a call on April 14; many of the injury prevention activities are on hold due to COVID19, and some have transitioned to virtual activities, such as virtual car seat checks. The committee discussed that we are seeing decreases in some traumas, such as car accidents, but increases in others, such as falls at homes. Dr. Plumbley has done a PSA on safety in the home. The group discussed future activities.

Preparedness Committee: Eric Alberts reported that the MCI exercise scheduled in April was postponed due to COVID19. A major emphasis of the committee is to ensure that all vital information is shared/received during an event. The Coalition hosted a communication forum in February with hospitals, emergency management, EMS, public health, and long-term care to identify essential elements of information and review communication platforms that are in use. The Coalition is putting together a matrix of these which will be used to determine and prioritize gaps. He stated that Osceola Regional is piloting trauma training for rural hospitals.

Clinical Leadership Committee: Dr. McPherson stated that the committee has been working on regional best practice protocols for pediatric trauma, use of TXA in the field, C-Spine immobilization, and geriatric head trauma on anticoagulants. These have been put on hold while the committee has been focusing on COVID protocols, but he expects to have drafts within the next few weeks.

Dr. Pappas thanked the committee chairs and asked anyone is interested in joining a committee to contact him and Lynne.

Next Executive Committee Call : June 9, 2020 at 11 am

Adjourn: Dr. Pappas thanked all for participating. The meeting adjourned at 11:31 am.

2-11-20 RDSTF-5 Trauma Advisory Board Executive Committee Minutes

Welcome: Dr. Pappas welcomed all to the first call of 2020 and the last call for the 2017-2019 terms.

Roll Call:

Orlando Health: Tina Wallace
Martin EMS: Not represented
Halifax: Not represented
CFR: Dr. Barquist, Dr. Evans
EMS North: Dr. McPherson
EMS Central: Not represented
DOH: Clint Sperber
AdventHealth: Margot Ververis
Extended Care: Tino Manco
Orange Government:
Leesburg: Not represented

Six of the 11 voting members were present for a quorum

Others Present:

Dr. Bilski
Lynne Drawdy
Matt Meyers

Call to Order: Tina Wallace called meeting to order at 11:07 am.

Review and Approval of Minutes: The December 17 minutes were previously distributed. The website has been updated and all trauma documents reposted. A motion was made and seconded to approve the minutes; there was no opposition and the motion carried.

CFDMC/RDSTF Update:

Clint advised there are no RDSTF updates. Lynne advised that Matt Meyers has joined the Coalition as a project manager. She invited the Trauma stakeholders to a Communications forum scheduled for February 21. The purpose of the forum is to identify essential elements of information needed in an event, review all existing communication mechanisms, and identify and prioritize gaps. Lynne reported that the region's mass casualty exercise with the hospitals is scheduled for April 9 and encouraged hospital executives and clinicians to participate.

Executive Director's Report:

Dr. Pappas thanked all who attended for the successful meeting in December and thanked Halifax Health for hosting the meeting. He advised that the next meeting is scheduled for April 16 and thanked Arnold Palmer Hospital for Children for hosting.

Upcoming Terms: Dr. Pappas thanked all who served as Executive Committee members for the first three-year term. The new three-year terms begin in April.

System Support Committee Update:

Tina Wallace reported the committee had a successful call today. All counties are working on Stop the Bleed. St. Lucie County has many prevention activities through the Safe Kids Coalition. Martin County has a Lean on Me campaign with disaster kits for the elderly. The committee is posting resources to the website.

Preparedness Committee Update:

Lynne reported there were only three members on Monday's call. Dr. Bilski stated there is no update on the trauma training for rural hospitals. Lynne will send out the information on the April 9 MCI exercise.

Clinical Leadership Committee Update:

Dr. McPherson stated that the committee had robust discussions this morning. They are working on four projects: Dr. Plumley has put together a draft of pediatric trauma guidelines; these have been sent out and will be finalized soon. The committee has a draft TXA protocol that is under discussion. The committee is reviewing six protocols and literatures and will draft guidance on cervical spinal immobilizations. The committee has reached consensus on adding as a trauma alert elderly patients on anticoagulants with a head injury and loss of consciousness, severe headache or vomiting. The final recommendation will be sent to the Executive Committee in April. The group discussed the potential for false positives but feel the guidance will minimize these. Dr. McPherson thanked Dr. Bilski and Dr. Husty for their efforts in moving these forward.

Lynne stated that during a state trauma agency coordination call, the other trauma agencies expressed interest in the clinical leadership committee's work; no one else doing this, and they are hoping we will share protocols. Dr. Pappas stated that once these are approved and distributed within Region 5, we will verify with the Executive Committee approval to share outside the region. Dr. McPherson stated that the guidance will include references to literature reviewed.

New Business: No new business was raised.

Adjourn: The call adjourned at 11:24 am.

Next Meeting:

Executive Committee and General Meeting

April 16th, 2020

9:30 am – 12 pm

**12-17-19 RDSTF-5 Trauma Advisory Board
Executive Committee and General Meeting Minutes**

Executive Committee Minutes

Welcome: Dr. Pappas thanked Halifax for hosting the meeting and all those attending. Jeff Feasel, Halifax CEO, welcomed the group, and expressed appreciation for all the Trauma Advisory Board does. He stated that Halifax is the county's only OB emergency department and they see over 2,000 OB patient annually.

Roll Call:

Orlando Health: Dr. Joseph Ibrahim
Halifax: Dr. Danny Jazarevic
Central Florida Regional: not represented
Martin EMS: Chief Chris Stabile
Brevard EMS: Dr. John McPherson
Orange EMS: Dr. Christian Zuver
Acute Care/Advent Health: Margot Ververis
St. Lucie CHD: Clint Sperber
Extended Care: Tino Manco
Orange County Health: Dr. Yolanda Martinez
City of Leesburg: Commissioner Elise Dennison

Others Attendees:

Dr. Traci Bilski
Lynne Drawdy
Jeff Feasel
Jaime Fletcher
April Hultz
Kate Kocevar
Lindsay Martin
Matt Meyers
Steven Miles
Dr. Peter Pappas
Eugene Rankin
Stephen Viel
Christina Wallace
Mark Wolcott

With ten of eleven voting members present, a quorum was reached.

Call to Order: The co-chairs called the meeting to order at 9:49 am.

Review and Approval of Minutes: Dr. Jazarevic moved to approve the October Executive Committee minutes; Chris Stabile seconded the motion. There was no discussion or opposition and the motion carried.

CFDMC/RDSTF Update:

Lynne thanked all who attended the December 3 annual coalition conference. There were more than 100 attendees and survey results showed a 100% satisfaction rate. Lynne advised that we have begun planning for the Mass Casualty exercise, scheduled for April 9. She reported that the coalition is scheduling a communications workshop with hospitals, EMS, emergency management and other stakeholders to identify and resolve communication gaps. Dr. Jazarevic advised that Kentucky has a good communication system and Lynne reported that Kentucky will be presenting at the meeting.

Executive Director's Report:

Dr. Pappas stated that we have made significant progress this year, particularly in building and organizing the committees. He recognized Tina Wallace for leading the System Support Committee, Dr. Ibrahim for leading the Preparedness Committee, and Dr. McPherson and Dr. Bilski for leading the Clinical Leadership Committee.

The group reviewed the proposed 2020 committee meeting schedule. Dr. Ibrahim moved to approve the schedule and Dr. McPherson seconded the motion. There was no discussion and no opposition, and the motion carried. Lynne will send out calendar invitations to each committee and will send a monthly reminder of the meetings to all stakeholders.

Dr. Pappas proposed a plan for election of new Executive Committee members for the 2020-2023 term. This includes sending out a request for nominations for all open seats (excluding those who were appointed in 2019). The nomination period would remain open through the end of January and an electronic ballot would be sent to all stakeholders on February 3. The elected positions would then be presented to the Coalition Board for appointment, and seated at the April meeting. Dr. Jazarevic moved to approve the plan as presented and Dr. Ibrahim seconded the motion. There was no opposition and the motion carried.

Lynne reported that the trauma page on the website has been updated to include a resource tab. All old minutes will need to be reposted and she asked for approval to compress all committee minutes to date into a single document for each committee. There was no opposition to this.

System Support Committee Update: Tina reported that the group had a face-to-face meeting at Osceola Regional in October. The group discussed resources, needs and the top mechanisms of injuries. Another meeting was planned at Arnold Palmer in November but it was not well attended and the group has agreed to continue bimonthly calls. They will be posting injury prevention resource on the website.

Preparedness Committee Update: Dr. Ibrahim stated the committee had a call last week and participation, particularly by EMS, is a concern. The group has discussed concerns regarding communications and supports the regional communications meeting. He advised that the group came up with standard MCI carts by color; these have been posted as a resource on the website. The group is also looking at trauma training for acute care hospitals.

Clinical Leadership Committee Update: Dr. McPherson advised that the committee is working on several best practice documenting, including pediatric trauma guidelines drafted by Dr. Plumley, spinal immobilizations, looking at trauma alert criteria for elderly patients on anticoagulants with a TBI, and a protocol on use of TXA in adults. He stated that the committee hopes to finalize these by the end of the year and submit these to the Executive Committee for approval. The next project will be guidelines for management of elderly trauma patients. Dr. Jazarevic stated that having these would be a great resource for all. He stated that he was recently speaking to someone in Germany regarding a drug that they have

just halted from their formulary as it is expensive and only works for 50% of patients. He stated that there is good work coming out of Germany and Switzerland.

Dr. Pappas thanked all the committees for their work and encouraged them to provide resources for posting on the website. He stated that this should be a trauma toolbox for all to use. Dr. Ibrahim suggested that we share this with statewide groups.

New Business:

Trauma agency calls: Dr. Pappas stated that the Hillsborough Trauma Agency convened a call with all the Florida trauma agencies and invited Region 5 to attend. Lynne participated. She stated that all the agencies shared what they are doing, and the group was impressed with how far Region 5 has come with no authority and no funding. She stated that she shared that she feels our power is in the partnerships. Dr. Pappas asked the group for permission to continue to participate in these calls, bringing information back to the Executive Committee. Dr. Jazarevic moved to approve and Dr. Ibrahim seconded the motion. There was no opposition and the motion passed.

Dr. Jazarevic thanked Dr. Pappas for his leadership and the tremendous amount of work he has put into bringing the Trauma Advisory Board to life. Lynne reminded the group that Dr. Pappas received the 2018 Coalition Leader of the Year Award. Dr. Pappas thanked the Coalition for its support.

Adjourn: The co-chairs adjourned the Executive Committee meeting at 10:27 am and the group transitioned to the general meeting. No new attendees joined the meeting.

General Meeting Minutes:

Stakeholder Spotlight: Halifax Health. Lindsay Martin presented an overview of Halifax Health (see attached presentation). Dr. Jazarevic thanked Lindsay and stated that Halifax has an outstanding trauma team. Tina asked if they have a tiered alert system for trauma response. Lindsay stated that they have Level I and Level II and this is at the physician's discretion. Dr. Jazarevic stated they would be happy to share the criteria. If it is a Level I, a trauma surgeon is called in; if Level II they manage it. Dr. Pappas suggested that the Clinical Leadership Committee look at this. Tina asked if this was for both adults and children, and Dr. Jazarevic stated that it is. He agreed to work with the committee on this. Commissioner Dennison thanked Lindsay for the presentation. She stated that Lake County is one of Florida's fastest growing counties and she appreciates Halifax taking their trauma patients.

Extended Care Provider Network: Tino Manco presented on a committee for extended care, including skilled nursing facilities and hospice (see attached presentation). Dr. Pappas asked the group to consider approval of the Extended Care group as an ad hoc committee under the Region 5 Trauma Advisory Board. Dr. Jazarevic moved to approve the ad hoc committee and Dr. Ibrahim seconded the motion. There was no further discussion and no opposition and the motion carried. Dr. Pappas advised that the committee will serve as an ad hoc committee for one year, and progress will be reviewed. At that time, the Executive Committee may choose to make this a formal committee.

New Business:

Dr. Ibrahim stated that resolving communication challenges is vital. He stated that it is also crucial to get EMS agencies engaged. He stated that we need to find their meetings and come to them. All of the groups including the RDSTF, the Coalition and the trauma committees need to be integrated. Dr. Pappas agreed that engaging EMS is urgent and recognized Dr. McPherson, Dr. Zuver and Dr. Husty for their support.

Adjourn: The co-chairs adjourned the meeting at 11:00 am. Dr. Pappas thanked Halifax for hosting the meeting.

Next General Meeting: Will be held in April 2020; the location is to be determined.

10/8/19 RDSTF-5 Trauma Advisory Board Executive Committee Meeting Minutes

Welcome: Dr. Pappas welcomed the group and reminded them we are moving to bi-monthly calls. The next face-to-face meeting is December 17 at Halifax.

Roll Call:

Orlando Health: Tina Wallace

Halifax:

Central Florida Regional:

Martin EMS: Chief Chris Stabile

Brevard EMS / City of Palm Bay –

Orange EMS –

Acute Care/Advent Health: Margot Ververis

St. Lucie CHD: Clint Sperber

Post care:

Orange County Health: Dr. Yolanda Martinez

City of Leesburg: Commissioner Elise Dennison

Dr. Pappas announced that six of nine voting members were presented and we did not reach a quorum.

Others Present:

Dr. Edward Figueroa

Lynne Drawdy, Central Florida Disaster Medical Coalition

Jamie Fletcher, Arnold Palmer Hospital

Galen Tift, Holmes

Call to Order: Tina Wallace called the meeting to order

Review and Approval of Minutes: This will be held until the next meeting.

CFDMC/RDSTF Update: Clint reported that in September, the Coalition held its quarterly meeting with a focus on lessons learned in hurricane preparedness, including a presentation from Sacred Heart Hospitals on Michael response, and lessons learned from Region 5 responders in Dorian. He stated that the annual coalition surge text exercise is being held on October 18 and we are still looking for evaluators. He reported that there is a new coalition requirement called the coalition surge estimator tool that captures number of beds by type; this has been sent to the hospitals in the region. He stated that we have begun planning for the regional mass casualty exercise next spring. He reminded the group that

the coalition's first annual conference will be held on December 3 at Valencia College School of Public Safety. Lynne stated that we are working to increase EMS engagement in coalition and exercises; this was also discussed at today's Clinical Leadership committee.

Executive Director's Report: Pappas reminded the group that we have moved to bimonthly calls. The next meeting is in December and is face to face and the next call will be in February. He stated that he knows the committee are very busy. He said that we have demonstrated that we can strengthen the trauma system through this voluntary effort. He stated that he will give an update at the FCOT meeting and also at the EMSAC; both are October 22-23 in St. Augustine.

System Support Committee Update: Tina stated that the group meet in September at Osceola Regional and had a good turnout and good discussions. They have agreed to continue to meet face to face bimonthly. The next meeting is November 15 at Arnold Palmer Hospital. The group is discussing injury prevention activities, including Stop the Bleed, elderly and pediatric calls and will be posting resources and best practices on the Trauma page. Jamie said that it is great to see what other counties are doing and share tips. Tina thanked Lynne and Dr. Pappas for their support. Dr. Pappas asked if there are any goals for next year. Tina stated that the group will discuss opportunities at the next meeting. pediatric and geriatric falls are a big concern.

Preparedness Committee Update: There is a mass casualty incident drill going on at ORMC. The next Preparedness committee meeting is the second Monday in November.

Clinical Leadership Committee Update: Dr. Figueroa stated that there was a good call this morning. Dr. Plumley provided a very comprehensive pediatric pre-hospital trauma guidelines which was well received. He is now working on guidelines for acute care hospitals. The group is also working on protocols for TXA use in field, spinal immobilizations, and elderly patients with head injuries on anticoagulants. The group has discussed basic guidelines for the geriatric population, similar to pediatrics. Dr. Pappas stated that he listened in to the call and was very excited about these discussions. He asked if Halifax clinical leaders are calling in; Margot said she will check. Dr. Figueroa agreed that the committee is doing a great job in highlighting the hot buttons.

New Business: No issues were raised.

Any comments/other issues?

Lynne reported that she is working with the web designers to add a place to post resources on the Trauma page but we are out of room. Dr. Pappas suggested that we consolidated the committee minutes under an archive tab.

Adjourn: The call adjourned at 11:28 p.m.

Executive Committee and General Meeting: The next meeting will be at Halifax Hospital on December 17.

9-10-19 RDSTF 5 Trauma Executive Committee Minutes

Welcome: Dr. Pappas welcomed all to the September call

Roll Call:

Orlando Health: Susan Ono, Eric Alberts, Tina Wallace

Halifax: Lindsay Martin

Central Florida Regional: Dr. Alex Evans

EMS Co-Chair / South: Chris Stabile provided a proxy to Clint Sperber

EMS / North: Dr. McPherson

EMS / Central: Not represented

DOH: Clint Sperber

Acute Care: Margot Ververis

City Municipality: Commissioner Elise Dennison

Dr. Pappas advised that seven of nine members were present and a quorum was reached.

Others Present:

Lynne Drawdy, Coalition

Tino Manco, Orlando Health and Rehab

Dr. Yolanda Martinez, Orange County Government

Matt Meyers, DOH

Andy Watts, FDLE

Call to Order: Clint Sperber and Tina Wallace called the meeting to order.

Review and Approval of Minutes: The August minutes were sent out via Constant Contact and posted to the website. Clint moved to approve the August minutes as submitted; Margot seconded the motion. There was no discussion or opposition, and the motion carried.

CFDMC/RDSTF Update:

Clint reported the region is getting back to normal after the Hurricane Dorian threat.

Lynne reminded members that the Coalition will hold its quarterly meeting on September 19 at the Osceola EOC. The agenda is posted on the website. She thanked all who provided letters of support for a pediatric response grant application. We were not successful in submitting the application but the work will be used to create a regional pediatric response plan.

Executive Director's Report:

Executive Committee Nominations: Dr. Pappas introduced two nominees for vacant executive committee seats. Tino Manco with Orlando Health and Rehab (not affiliated with Orlando Health) for the extended care seat, and Dr. Yolanda Martinez with Orange County for the county government seat. Tino thanked all for the opportunity. He is the executive director of a 391-bed skilled nursing facility, the largest in Central Florida and one of the largest in the state. He is a preceptor for UCF

and for the state, and is happy to represent the extended care environment. Dr. Martinez stated that she is the Director of Orange County Health Services and in her role oversees emergency preparedness and response. She previously worked for 21 years for the Florida Department of Health in Orange County. Dr. Pappas asked if there were any questions for these two nominees; there were none. Dr. McPherson moved to appoint Tino Marco and Dr. Martinez to the Executive Committee; Commissioner Dennison seconded the motion. There was no further discussion or opposition and the motion carried. Dr. Pappas welcomed both to Executive Committee.

System Support Committee Update: Tina stated that there was no call today as the group is meeting face to face next week at Osceola Regional to share best practices and ideas. Dr. Pappas advised that this committee focuses on injury prevention and outreach.

Preparedness Committee Update: Eric stated there was a meeting last Monday with limited attendance. The committee has agreed to move to bimonthly call. Eric advised that the committee sent a draft letter and sample mass casualty surge carts by color to the Executive Committee for review. Susan provided background and said that the Preparedness Committee is asking for approval to send these out to all acute care hospitals in the region. Dr. Pappas asked if there was any discussion or opposition and there was none; the Executive Committee approved these to go out. Susan stated that the group is also looking at communications mechanisms during mass casualties, such as EMResource.

Clinical Leadership Committee Update: Dr. McPherson advised the committee held a call today and is working on best practice recommendations for TXA use, spinal immobilizations, pediatric trauma guidelines and other hot topics such as elderly patients with head trauma taking anti-coagulants. A focus at today's meeting was engagement. Dr. McPherson said he will go out and meet with the EMS Medical Directors and Trauma Medical Directors. Dr. Pappas stated that this is a very important committee, comprised of the medical leaders in trauma and EMS. He said the committee talked about having a more formal structure, with agenda, and a co-chair for EMS and trauma. Dr. McPherson agreed to serve as the EMS co-chair and Dr. Traci Bilski agreed to serve as trauma co-chair. Dr. Pappas thanked Dr. McPherson for leadership and stated the committee is off to great start.

New Business:

Dr. Pappas asked if the Executive Committee wants to move to bimonthly calls, beginning in October, skipping November, holding the December meeting, skipping January, meeting in February, etc. Clint, Tina Wallace and Dr. McPherson all agreed. Dr. Evans made a motion to move to bimonthly calls; Clint seconded the motion. There was no further discussion or opposition and the motion carried.

Dr. Pappas suggested that all committees formalize their structure, including appointing co-chairs and sending agendas in advance. He asked the committees to let him and Lynne know how they can support the committees. Lynne stated that currently an email goes out to all stakeholders monthly announcing all calls, but only committee members receive a calendar invitation. All agreed to leave that as is.

Next Call: October 8, 2019 at 11 am.

Next General Meeting: December 17 at Halifax Health

The meeting adjourned at 11:32 am.

**RDSTF-5 Trauma Advisory Board
Executive Committee Meeting Minutes
August 13, 2019**

Welcome: Dr. Pappas welcomed those attending and called roll:

Executive Committee Members:

Orlando Health: Susan Ono, Eric Alberts, Tina Wallace

Halifax: Lindsey Martin, Rob Love

Central Florida Regional: Dr. Evans

EMS South: Chief Chris Stabile

EMS North: Dr. John McPherson, Chief Gaius Hall

AdventHealth: Margot Ververis

DOH-St. Lucie: Clint Sperber

Municipal: Commissioner Elise Dennison

Dr. Pappas reminded the group there are two vacancies and eight of nine members are present for a quorum.

Other participants included:

Lynne Drawdy, CFDMC

Matt Meyers, DOH

Call to Order: The Co-Chairs called the meeting to order at 11:04 am.

Review and Approval of June & July Minutes: Dr. Pappas reminded members the minutes are posted on the website. Commissioner Dennison moved to approve the June minutes; Clint Sperber seconded the motion. There was no discussion and the motion carried. Commissioner Dennison moved to approve the July minutes; Dr. Evans seconded the motion. There was no discussion and the motion carried.

CFDMC/RDSTF Update: Clint advised that the Coalition Board will meet on August 20, and the next Coalition Member Meeting is scheduled for September 19 at the Osceola EOC. The agenda will include lessons learned from Hurricane Michael by Sacred Heart hospitals, and recognition of Dave Freeman. Lynne reported that two hospitals in Orlando are collaborating to apply for a \$3 million pediatric response grant and she is soliciting letters of support for the application. Dr. Pappas asked that Lynne send the request out via Constant Contact to all trauma stakeholders.

Executive Director's Report: Dr. Pappas advised that there are currently two vacancies on the Executive Committee (county government and extended care). Lynne has reached out to the four nursing home association district presidents for nominations, and has also reached out to the new Orange County government health services director. Dr. Pappas asked that any other nominations be sent to him and Lynne.

General Meeting: Dr. Pappas thanked Halifax for hosting the December 17 meeting. We hope to have a stakeholder presentation.

System Support Committee Update: Tina reported the committee will meet face-to-face on September 20 at Osceola Regional. The call today focused on developing the agenda, including best practices and how to post these.

Preparedness Committee Update: Susan Ono stated that the committee is focusing on helping prepare non-trauma centers for a mass casualty incident. A letter has been drafted to share a standard supply list for MCIs. The group is also exploring using existing trauma courses such as ATLS, TNN and the rural trauma course to help acute care hospitals prepare for MCIs. Dr. Bilski found a course coordinator in Ocala to help put this together for their small hospitals. The committee also brainstormed essential elements of information (EEl) needed in a mass casualty event, including:

- OR availability
- Bed status
- Staff beds available (by type)
- Surge capacity
- # received/ acuity of those received
- Supplies (e.g. blood products, etc.). The state monitors and directs where supplies go
- Ability to receive alerts / decon hazmat status
- Significant event notifications (to other regions)

Susan asked that the Executive Committee email Lynne any additions to these.

Clinical Leadership Committee Update: Dr. McPherson reported that the clinical leadership committee is working to identify best practices in controversial areas, beginning with standardizing protocols for TXA usage and spinal immobilizations. The committee is obtaining protocols from across region, and reviewing literature and recommendations from national groups such as the American College of Surgeons. He stated that the group will make a recommendation of a best practice in an easy to read format. Several counties have not yet participated so she and Dr. Figueroa plan to do some road trips to try to engage them, and will then schedule a meeting to review the recommendations; these will then be brought to the Executive Committee. Dr. Pappas thanked Dr. McPherson for his leadership. Chief Stabile asked if the protocols and literature should be reviewed by the EMS medical directors, and Dr. McPherson stated they are. He is sending these out and then will reach out to the medical directors. Chief

Stabile said that he will contact Dr. Ferraro and let him know to expect contact by Dr. McPherson.

New Business: Chief Hall thanked Lynne for setting up the SAVE train-the-trainer sessions in Brevard County, scheduled for August 19-20-21. There are a few slots left if anyone is interested.

Adjourn: The call adjourned at 11:28 am.

Next Conference Call: September 10, 2019

7-9-19 RDSTF-5 Trauma Advisory Board Executive Committee Meeting Minutes

Welcome: Dr. Pappas welcomed participants.

Roll Call:

Executive Committee Members:

Orlando Health: Eric Alberts
Halifax: Not represented
Martin EMS: Not represented
Central Florida Regional: Not represented
North EMS: Not represented
Central EMS: Not represented
AdventHealth: Margot Ververis
St. Lucie DOH: Not represented
City of Leesburg: Commissioner Dennison

A quorum was not reached; today's meeting will be for information only.

Ex-Officio Members:

CFDMC: Lynne Drawdy
FHA: Not represented
EMS AC: Not represented
FCOT: Not represented
TPM: Not represented

Guests:

Dr. Figueroa
Gallen Tripps
Catherine Billen

Dr. Pappas welcomed Dr. Figueroa. Dr. Figueroa stated that Health First has created a hospital division to streamline the view across the organization. As of June 1, he has taken the lead as trauma medical director, and Gallen Tripps just joined the organization as the new trauma program manager. He stated that he is looking forward to having Holmes more engaged in the trauma advisory board.

Call to Order: Eric Alberts called the meeting to order at 11:10 am.

Review and Approval of Minutes: This will be pended until the next meeting.

CFDMC/RDSTF Update: Eric Alberts stated that he and Dave Freeman attended the recent RDSTF meeting and Dave gave an update on coalition activities.

Executive Director's Report: Dr. Pappas thanked all who participated in the June meeting, and stated there was an excellent presentation by the St. Lucie Fire District.

Next General Meeting: Dr. Pappas announced the next face-to-face meeting will be held December 17 at Halifax and will include a presentation by a Volusia stakeholder.

Dr. Pappas stated that he will provide an update on the trauma advisory board at the next FCOT on July 17, 2019.

Dr. Pappas stated that a major opportunity for improvement from the April exercise is communications. Lynne reported that a presentation on EMResource was provided at today's Clinical Leadership meeting and additional presentations will be scheduled with stakeholders across the region. Lynne advised that the state is looking at a new system and we are trying to obtain more information on that system. Eric advised that ESS is very cumbersome and doesn't meet all needs while EMResource is simple and meets the needs of hospitals and EMS. Margot Ververis stated that she will ask her staff involved in the exercise about any issues.

System Support Committee Update: The committee continues to share activities across the region. The committee has confirmed September 20 for a face-to-face meeting at Osceola Regional, with a focus on injury prevention.

Preparedness Committee Update: Eric reported that the committee met on Monday. Dr. Ibrahim will send out a list of green, yellow and red needs for NCI carts. The group is also looking at ATLS and TNCC courses and the trauma course for rural hospitals to ensure that acute care hospitals can handle trauma patients in a disaster. The group also discussed communications and will hold a brainstorming session to identify communication needs.

Clinical Leadership Committee Update: The committee is finalizing recommendations for the Executive Committee on a standard practice for TXA use and for spinal immobilizations. Dr. Plumbley is working on pediatric guidelines for acute care hospitals. Dr. Pappas asked about the best way to share best practices, including sending out via Constant Contact to trauma stakeholders and posting these on the website. Dr. Pappas stated that this is committee will address controversial issues and identify best practice recommendations.

Dr. Pappas commended all the committees for making great progress.

New Business: Dr. Pappas stated that he will work with Lynne on developing a structure for nominations for the new terms and filling vacancies, and hopes to have this for the September call.

Next Conference Call: August, 13, 2019

Adjourn: Eric Alberts called for adjournment at 11:26 am.

**6-25-19 RDSTF-5 Trauma Advisory Board
Executive Committee and General Meeting Minutes
Florida Department of Health St. Lucie County Auditorium**

Executive Committee Meeting

Welcome: Clint Sperber welcomed attendees and provided safety and logistics information on the location. Dr. Pappas thanked Clint for hosting the meeting.

Roll Call:

Executive Committee Members:

Orlando Health: Eric Alberts, Dr Joseph Ibrahim, Susan Ono

Halifax – April Hultz

Central Florida Regional: Not represented

EMS Chair/South: Chief Chris Stabile

EMS Vice/North: Dr. John McPherson

EMS Central: Not represented

Advent Health: Not represented

St. Lucie: Clint Sperber

Municipal: Commissioner Elise Dennison

Dr. Pappas reminded members that the extended care and county government seats are currently vacant. There are six of the nine Executive Committee members present and a quorum was reached.

Ex-officio Members

CFDMC: Lynne Drawdy

FCOT: Not represented

ATPC: Not represented

EMS AC: Not represented

FHA: Not represented

FDLE: Not represented

Guests:

Catherine Billen, CFDMC

Ronda Cerulli, DOH

Dave Crowe, DOH

Jay Finnegan, CEO of St. Lucie Medical Center

Richard Hall, St. Lucie Fire District

Karen Matthews, Safe Kids

Matt Meyers, DOH

Aaron Shaw, St. Lucie Fire District

Karen Thurmond, Air Care

Lydia Williams, DOH

Call to Order: The chairs called the meeting to order at 9:37 am.

Review and Approval of Minutes: Dr. Pappas reminded members that the minutes are posted on the website. Clint Sperber moved to approve the May minutes, and Dr. McPherson seconded the motion. There was no further discussion and the motion carried.

CFDMC/RDSTF Update: Clint Sperber reported that Dr. Scott Rivkees has been appointed as the State Surgeon General. He is a practicing pediatric endocrinologist and with UF. Clint advised that Dave Freeman has retired as Executive Director of the Central Florida Disaster Medical Coalition but will remain on the Coalition Board, as an RDSTF Co-chair, and with the regional medical assistance team. Clint announced that Lynne Drawdy has been appointed by the Board as the Coalition Executive Director. Lynne reported that the Executive Committee is focusing on succession planning and a new response coordinator will be coming on board in July. Clint advised that the April regional mass casualty exercise after action report has been shared with stakeholders.

Executive Director's Report: Lynne reported that we have heard that most of the special projects the Coalition submitted for funding last September were approved, but the Trauma project was not eligible as it was for staff. She advised that the Coalition will continue to support the Trauma Advisory Board and committees.

Dr Pappas reminded attendees that there are two vacant seats on the Executive Committee. We are looking for a county government representative with an interest in health and public safety, and for an extended care administrator or clinical leader. Dr. Pappas stated that the new terms for Executive Committee members begin March 2020, and we need to begin to think about the nominations process.

System Support Committee Update: Ronda reported that the committee has been focusing on sharing best practices and posting resources, and are in the process of scheduling a face-to-face meeting.

Preparedness Committee Update: Susan Ono advised that the committee reviewed the opportunities for improvement from the April mass casualty exercise after action report. She stated that the committee has asked for monthly updates from the Coalition to ensure that we are not duplicating projects, and will focus on serving as subject matter experts for trauma in coalition projects. For example, the group will identify the essential elements of information needed from Trauma in an incident. They will also champion decontamination efforts at hospitals and assist in getting people engaged on these teams. They have discussed identifying a supply list for trauma supply carts at acute care hospitals for mass casualties. They are also looking at access to education provided in trauma centers for acute care hospitals seeing trauma patients in a mass casualty event. ATLS is typically open and posted and they are exploring if TNCC can be opened to others.

Dr. Pappas thanked the group for their work and stated Preparedness is an important component of the Region 5 Trauma Advisory Board.

Clinical Leadership Committee Update: Dr. Pappas stated this is the newest committee, focused on integration and recommending best practices. Dr. McPherson stated that the group is happy to have a clear mission statement and is exploring several regional best practices. The group began with pediatrics. Dr. Plumbley is developing a white paper including best practice care of pediatric patients at non-trauma centers; he hopes to have these guidelines at the next meeting. The group also discussed several areas of controversy, including use of TXA in the field and spinal immobilizations. Dr. McPherson has reviewed a variety of TXA protocols. Most of the literature is from the Iraq war. He noted that there are a variety of approaches and acceptance. They are in the process of compiling all of the protocols within the region to recommend as simple regional standard. Issues include varying agreement by trauma surgeons on usefulness. He stated that they will be asking the trauma center medical directors for their input and support of a regional protocol. Dr. McPherson stated that the committee has also looked at spinal immobilization overuse and the detriment this

can cause. He stated that this has been studied for years. He reported on a Maine study that looked at all cervical spine patients with significant injuries; out of 15,000 patients, they only missed three fractures with no significant detriment to the patient. Some EMS staff have expressed concerns over being chastised when not using spinal immobilization. The goal is a regional protocol. Dr. McPherson stated that the committee also plans to look at how to manage head trauma patients on anti-coagulant medicines, and where these are to be transported (acute care or trauma center).

Dr. Pappas thanked all of the committees, and reminded members that the committee are open to additional members.

New Business: There was no new business raised.

Larry Lee Leader of the Year Award: Clint Sperber advised that the Executive Committee reviewed the nominations received; there were a total of three nominations for two individuals. It was a difficult decision and, in the end, the Executive Committee felt that both individuals deserve this award. So, the winner of the CFDMC Larry Lee Coalition Leader of the Year Awards for 2018 were presented to Eric Alberts & Dr. Peter Pappas. Eric received his recognition at the March Coalition meeting.

Clint advised that Dr. Pappas was nominated by the Executive Committee and his nomination stated: “Dr. Peter Pappas has led the Region 5 trauma agency plan pilot project for the past three years. He has worked tirelessly to bring together stakeholders from across the region to explore the potential for creating a regional trauma agency, leading to the creation of the RDSTF 5 Trauma Advisory Board and the Executive Committee, with a vision to create a forum for communication and collaboration among trauma system stakeholders in RDSTF 5 by sharing of best practices and opportunities within the regional trauma system with the goal of achieving optimal patient care. There are three committees supporting this vision, including the Preparedness Committee (focused on ensuring trauma is integrated into all preparedness initiatives, the System Support Committee (focused on injury prevention), and the newly created Clinical Leadership Committee (focusing on identifying and sharing best practices). In recognition of his commitment and leadership, the Executive Committee selected Dr. Pappas as the Advisory Board's Executive Director. This was selected as a best practice and Dr. Pappas presented on the Trauma Advisory Board at the 2018 national healthcare coalition conference.”

Dr. Pappas thanked Clint for the recognition and stated that the work by all members of the Trauma Advisory Board has opened doors for improved trauma care in Central Florida, and that by working together, we can provide a tighter weave of care for our citizens.

Adjourn: The Executive Committee adjourned at 10:03. Dr. Pappas announced a 15-minute break and the General Meeting will commence at 10:18 am.

Next Conference Call: The next Executive Committee conference call will be held on July 9 at 11 am.

General Meeting

Welcome: Dr. Pappas welcomed the group and stated that these meetings are held quarterly and will focus on issues/topics of interest to all within the region. The meetings will also travel around the region and will spotlight stakeholders.

Stakeholder Spotlight – St. Lucie County Fire District: Clint Sperber introduced Chief Aaron Shaw and Lt. Richard Hall of the training division of St. Lucie County Fire District. They presented a history of the fire district, which began more than 100 years ago as a volunteer fire service and has expanded to a county fire department covering all hazards with 390 uniformed staff, 21 rescue trucks, 14 fire engines, air rescue, and specialty ops units. Dr. Liu is their medical director. He discussed their trauma response. They follow State of Florida trauma alert guidelines, and all trauma patients go to Lawnwood. Lawnwood has a trauma gray and they have adopted those criteria. He shared data on response time. They are preparing for active shooter response and have developed an SOG. Training over the past year includes NFPA 3000, trauma refresher classes, and retraining on START and JumpSTART. They did Stop the Bleed and SAVE training in 2016. Next year, they will focus on NIMS, including a tabletop. They have a SWAT team that trained with the sheriff's office, carry guns and can go into the hot zone. They will be retrofitting a school bus as an ambu-bus for mass casualty incidents (up to 18 ambulatory patients) and which can also be used to rehab fire fighters.

The fire district is proud of their history, progressiveness in handling all hazards, and their interactions in the community. They are gearing up for expansion of the ports including yachts, and for the new passenger trains. Dr. Pappas stated that our planning should be on a regional level event and he expressed interest in the trauma gray guidelines. Dr. McPherson asked for their protocols on TXA and spinal immobilizations; these were just revamped and they agreed to share these. Dr. McPherson stated that he would like to engage Dr. Liu on the clinical leadership committee. Chief Stabile stated that Martin and St. Lucie Counties have good relationships, and have mutual aid agreements through the Treasure Coast Firefighters Association. In a recent large fire, all contributed to the response.

Dr. Pappas thanked both for the presentation.

Disaster Communications: Matt Meyers provided an overview of communication mechanisms currently available (see attached presentation). The Coalition utilizes Constant Contact during blue skies and Everbridge during gray skies. Other communication mechanisms include the website and meetings. AHCA requires hospitals to report bed availability during an event. FLHealthStat was previously used but has now been replaced by ESS, a web-based reporting system. This is statutorily required for all inpatient beds. AHCA is in the process of providing access to this information to local emergency management and the coalitions. The system does not have the capacity to alert. AHCA has agreed to allow the coalitions to open the system for exercises. In an event, hospitals will enter required information on bed availability by type, and AHCA will produce reports. But it does not close communications gaps. Lynne advised that AHCA is willing to build reports needed at the local level and we need to identify our needs. Dr. Pappas asked if we can call AHCA and ask that they open this for a 20 car accident, and Matt stated the system cannot be used in that way. Dave Crowe reported that DOH has a 24 hour duty officer but AHCA doesn't. It would be difficult for AHCA to stand up ESS in a smaller, short-notice event. Matt stated that we need to think about communication needs across the system and not just for individual entities.

He reviewed WebEOC, an emergency management software used to help coordinate disaster response and communicate with multiple partners. It is typically created at the local level and is a great tool for sharing the broad picture. Almost all county EOCs have this. Information flows from the local level to the state, but is not good at crossing county boundaries. For example, in Pulse, information was not shared outside Orange County.

It can be used to manage resource coordination. During an incident, the coalition monitors local WebEOC and request to the State ESF8, and tries to find local assets available for these requests. HSIN is also a tool used during the recent MCI drill. This is a federal resource free to partners, and can be used to post/share information across disciplines. In the April drill, there were webcams to six different EOCs who talked, and shared information in real time. Matt stated that each county has a County Warning Point, typically at dispatch or the county EOC, where all information regarding events is reported, and they notify the state. Radios and dispatch centers are the most common method for sharing information with hospitals. Dispatch calls EMS and EMS calls the hospital. This is very reliable during blue skies but did not work in Hurricane Michael when all communications were lost. We do have COWS (communication towers on wheels) that were used in events like the 1998 tornados when all phones were down in a specific area.

EMResource was used across most of the region until a few years ago when the state discontinued funding. This is still used in Orange County, and Orange County pays for surrounding counties. This is used daily for bed reporting, trauma alerts, hazmat alerts and two-way communication between EMS and hospitals. However, this system does not interact with ESS. Eric Alberts stated that EMResource is a valuable tool, and also provides weather alerts and BOLOs from law enforcement. Clint stated that this was not used in the lower three counties. Lynne reported that it was available but was not used. This may have been because there were few hospitals at that time so communication was easier. The group asked about cost and Lynne agreed to have Todd Stalbaum present further information on EMResource. She stated that the cost is approximately \$15,000 annually for a county with a population of 350,000. Chief Stabile said that he saw EMResource at Orlando Health and thinks this could be useful in the south end of the county. Dr. McPherson asked about costs for inputting data; this is typically handled by staff in the ED. April Hultz stated that Halifax would be interested in learning more about EMResource.

Lynne stated that we need stakeholders to identify the essential elements of information needed and provide input on communication platforms that meet their needs. This was the highest priority from the mass casualty after action report and the Coalition will take the lead in this effort.

Open Discussion on April Exercise: Eric Alberts reported that the regional full-scale mass casualty exercise was held on April 11 with eight of the nine counties in the region participating. There were 1500 victim volunteers testing medical surge at 37 hospitals, and more than 100 agencies participating. The scenario was a terrorist attack using bombs and ricin. There were four capabilities and six objectives practiced. He stated that regional strengths included improvement in patient tracking, demonstration of 20% medical surge in real time, and improvements in hospital incident command systems. Opportunities included communication challenges across hospitals, disciplines and counties. The Coalition will take the lead in convening a workgroup to address this. Other improvements noted were the need to have hospital senior leaders champion recruitment and sustainment of decontamination teams. He stated that we are asking the EID Collaborative Workgroup and the Trauma Advisory Board to champion this at their hospitals. We also need senior leaders to champion improvements in fatality management, including a decedent coordinator that are not part of the medical surge team, and temporary morgue space. We also need a regional patient tracking policy. We added calls from consuls regarding foreign national victims, only Chile got a good response. Dr. Pappas commended Lynne and Matt for the coordination of the exercise and the entire exercise team.

New Business:

Stakeholders provided the following announcements:

The City of Palm Bay is working with the Coalition on a SAVE Train-the-Trainer course.

Dr. Ibrahim announced that Dr. Kim Maddox will be doing grand rounds at ORMC on August 16 at 1 am. He will send the announcement to Lynne to share with the group.

Chief Stabile reported that Martin County is planning a rescue task force exercise next month at the high school, which will involve all fire rescue and law enforcement in the county. All are invited to participate and he will send out this information.

Commissioner Dennison stated that she saw communications breakdowns in the April exercise. She congratulated Dr. Pappas on his recognition.

Dr. Pappas thanked the presenters and Clint Sperber for hosting the meeting.

The chairs adjourned the meeting at 12:04 pm.

Dr. Pappas announced the next general meeting will be held in the winter at Halifax.

**Region 5 Trauma Advisory Board Executive Committee Call
Tuesday, May 14, 2019**

Welcome: Dr. Peter Pappas welcomed those attending.

Roll Call:

Executive Committee Attending:

Orlando Health: Christine Wallace
Halifax: Lindsay Martin
Central Florida Regional: Bill Campbell, Dr. Erik Barquist
EMS South: Chris Stabile
EMS North (Brevard): Dr. McPherson, Gaius Hall
EMS Central: Dr. Chris Zuver
AdventHealth: Paul Deponte
DOH St. Lucie: Clint Sperber
Municipal: Not present

Dr. Pappas announced there are two current vacancies (for the county government and extended care representatives). There are eight of nine positions present for a quorum.

Ex-Officio:

FDLE: Andy Watts
EMS Advisory Council:
FCOT: Not present
FHA: Not present
AFTC: Olga Quintana
CFDMC: Clint Sperber and Lynne Drawdy

Guests:

Dr. Traci Bilski, Osceola Regional
Kelly Jenkins, Lawnwood Regional
Dr. LeeAnn Lee, Coastal EMS
John Maze, Leesburg
Michelle Rud, Osceola Regional
Dr. Peter Springer, Volusia County
Dr. Wolcott, Volusia County
Kim Wright, Osceola Regional

Call to Order: The co-chairs called the meeting to order at 11:09 am.

Minutes: Dr. Pappas advised the minutes from the last call were previously distributed and posted on the website. Tina Wallace moved to approve the minutes as distributed; Clint Sperber seconded the motion. There was no opposition and the motion carried.

CFDMC/RDSTF Updates:

RDSTF: Agent Watts discussed the 2020 grant funding process and reported that the Domestic Security Oversight Council has targeted infrastructure, cyber terrorism, and maintaining capabilities.

CFDMC: Clint Sperber announced that Dave Freeman has retired as Executive Director of the Central Florida Disaster Medical Coalition. Dave will main as a Region 5 Health and Medical Co-Chair and will remain on the Coalition Board. The Board has named Lynne Drawdy as the Executive Director.

Clint reported that the Region 5 full scale mass casualty exercise took place on April 11, 2019. Participants included more than 100 partner agencies, including 39 hospitals, and approximately 1500 student volunteers. Lynne advised that the after action report has been shared with the Trauma Executive Board and Preparedness Committee.

Clint reported that the Coalition, along with Seminole County Emergency Management, presented at the Georgia Emergency Management Conference on the use of drills to engage healthcare members.

Clint stated that the Coalition Board held its annual retreat, and updates to the governance policies and the strategic plan, with focus on sustainability, and the 2019-2020 work plan and budget were approved. Dr. Pappas expressed his appreciation to Dave for his legacy. He asked Lynne if the Coalition will continue to support the Trauma Advisory Board and its work and Lynne stated that this will continue to be a Coalition priority.

Executive Director's Report: Dr. Pappas announced the summer meeting will be held on June 25 at the DOH-St. Lucie office, and will include a presentation on communications by Matt Meyers, a presentation by St. Lucie Fire/Rescue, and an award presentation from the Coalition. Dr. Pappas asked Executive Committee members to let him know of any other topics of interest.

Executive Committee Vacancies: The group discussed the two vacancies. The County representative was previously held by a former Orange County Commissioner. Tom O'Neill resigned as the acute care representative due to time constraints. Dr. Pappas asked Lynne to send out an announcement to stakeholders regarding interest in completing the current term for these positions (through March 2020).

EMS representatives: Dr. Pappas reported that Cory Richter retired. He asked Dr. McPherson and Dr. Zuver to let him know if either would be interested in serving as the EMS Vice Chair.

System Support Committee Update: Tina Wallace stated their call this morning was very productive. She welcomed Catherine Billen from the Coalition. The committee discussed the top mechanisms of injuries and what each partner is doing, including International Bike to School week, falls prevention, and Stop the Bleed activities. She introduced Sheryl Aldarondo, the new IP coordinator at ORMCM.

Preparedness Committee Update: Lynne reported that the group discussed the April exercise after action report and the current communications processes. Matt Myers will present on communications at the June 25 meeting. Lynne advised that the committee is moving its calls to the second Monday each month at 3 p.m.

Clinical Leadership Committee Update: Dr. McPherson stated that there were only a few members present at today's call. He will be sending out a letter to the committee to try to engage them. The group discussed best practice recommendations, including TXA. Dr. Husty will prepare and send a best practice protocol to present to the Trauma Executive Committee and to EMS re utilizing TXA. The group also discussed spinal immobilizations and how to standardize use. Dr. Zuver shared a white paper best practice from the national EMS medical directors. The committee will be asked to share their county protocols and the group will draft a recommendation for a regional protocol. At the next meeting, Dr. Plumbley will provide recommended guidelines for managing pediatric trauma patients, including stabilizing, x-rays, fluids, etc. Dr. McPherson

discussed having a structure and process regarding best practice recommendations to the Trauma Advisory Board Executive Committee. Dr. Pappas thanked Dr. McPherson and the committee for this work and asked for comments. Dr. Springer mentioned he will look at these. Chief Hall stated that he is looking forward to these and feels there is a need for common protocols. Dr. Lee advised she is very interested in mobilization guidelines as well. She offered her assistance in this regard. Halifax expressed support for this. Chief Stabile stated that when redoing their protocols he wanted to institute the use of TXA but there was reluctance from the EMS and trauma surgeons. He will ask Dr. Ferraro to contact Dr. McPherson to provide their issues. He agreed to share his county's spinal mobilization protocol with the clinical leadership committee.

New Business:

EMS Vice Chair: Dr. McPherson asked for a list of responsibilities for the vice-chair and Dr. Pappas stated that it is the same as serving on the Executive Committee; participation is the only need.

Adjourn: There was a motion to adjourn and the meeting adjourned at 11:38 am

Next Meeting: June 25, 2019 from 9:30 to noon at DOH-St. Lucie. The agenda will be sent out prior to the meeting.

4-9-19 Trauma Advisory Board Executive Committee Minutes

Welcome: Dr. Pappas welcomed the group and thanked all for attending.

Roll Call:

Orlando Health: Eric Alberts, Susan Ono, Tina Wallace

Halifax:

Central Florida Regional: Andrea Gibson

EMS/Martin:

EMS/Indian River:

EMS City of Palm Bay:

Public Health:

AdventHealth:

Long Term Care:

City of Leesburg:

Orange County Commission: Vacant

Ex-Officio:

FCOT:

Trauma Coordinators:

EMS Advisory Council:

Florida Hospital Association:

Central Florida Disaster Medical Coalition: Lynne Drawdy

Stakeholders:

Dr. Tracy Bilski, Osceola Regional

Brian Blizzard, Ft. Lucie Fire

Matt Meyers, DOH

Andy Watts, FDLE

Mark Wolcott, Volusia

Dr. Chris Zuver, Orange EMS

The meeting was called to order at 11:07 am. Dr. Pappas stated that a quorum is not present. He advised that the Indian River representative has retired and this is a vacancy. He will follow-up with others who are not participating to ensure they are willing to continue to serve.

Review and Approval of Minutes: This topic will be tabled until the next meeting.

CFDMC/RDSTF Update: Lynne stated that the Coalition has been focused on preparing for the April 11 mass casualty exercise, with eight counties and almost 40 hospitals participating.

RDSTF: Andy Watts stated that the RDSTF is also engaged in the exercise planning.

Executive Director's Report:

Dr. Pappas stated that he has heard no additional details on the Trauma Agency or a potential meeting. If the meeting is held in Boca Raton, we have an EMS representative who can attend. If this is scheduled as a conference call and we receive details these will be shared with the Executive Committee.

Summer Meeting: Dr. Pappas stated that we are tentatively scheduled for June 25 at the St. Lucie CHD.

Update from FCOT Meeting: Dr. Pappas stated FCOT met on March 29 and stated that there are two areas which the Trauma Advisory Board may want to support. The first is a Stop the Bleed Campaign which we would support with educators to offer courses for educators and students. The second is an Emergency Credentialing Workshop, with a goal to look at trauma surgeon staffing impacts in a mass casualty and how we can bring in surgeons to support an event. Several of the region's trauma centers, including Orlando Health and Holmes Regional, will attend.

Clinical Leadership Committee: Dr. McPherson stated that the meeting went well, and Dr. Bilski agreed. He stated that the agenda including defining the committee's role and selecting topics for developing clinical guidance. The committee will begin with pediatric trauma protocols and TXA. Dr. Pappas thanked Dr. McPherson for serving as the interim chair and stated the group is off to a great start. Dr. Zuver echoed this.

System Support Committee Update: Tina Wallace stated that this was a productive call. The group shared what each are doing, including falls prevention for the elderly, car seat programs, ride smart motorcycle classes, and helmet classes. She stated the group discussed the DOH data, and posting resources to the website.

Preparedness Committee Update: Susan Ono provided a recap of the call. She stated that Thursday will be the biggest mass casualty drill. The committee has asked the hospitals to pilot adult and pediatric triage forms. She stated that a letter has been sent to participating hospitals asking that they engage physicians in the exercise. She stated that Matt Meyers has agreed to develop a presentation on current communication processes and methods in disasters so the committee can look at how to standardize and streamline communications. She stated that they are also looking at providing acute care hospitals with guidance on receiving patients in a disaster. She stated that the committee discussed overlap between committees and doesn't think there will be an issue. The group feels this will help build relationships between trauma centers and acute care hospitals. Eric suggested that a presentation on regional strengths and weaknesses identified in the exercise be presented at the June meeting.

Appointment of Interim EMS Representatives: Dr. Pappas stated that the Executive Committee voted to change by the bylaws, including reorganizing the EMS representation on the committee. The three EMS slots remain but these will now move to a North representative (for Lake, Volusia and Brevard Counties), a Central representative (representing Seminole, Orange and Osceola Counties), and a South representative (representing Indian River, St. Lucie and Martin Counties). Dr. Pappas stated that Chris Stabile has agreed to stay on as the South representative. He recommended Dr. Zuver as the Central representative using a vacant seat. Dr. Pappas recommended Dr. McPherson as the North representative. Chief Hall has agreed to use his spot and will serve as a back-up for Dr. McPherson. This will be ratified at the next meeting.

New Business: There were no issues raised.

Adjournment: Dr. Pappas thanked all for participating. The call adjourned at 11:31 am.

Next Call: Tuesday, May 14 at 11 am

2-12-19 Trauma Advisory Board Executive Committee Meeting Minutes

Welcome: Dr. Pappas welcomed the group and thanked all for participating.

Roll Call:

Voting Members:

Orlando Health: Dr. Joseph Ibrahim, Tina Wallace, Susan Ono, Dr. Plumbley, Eric Alberts

Halifax: April Hultz

Central Florida Regional: Not represented

Martin EMS: Chris Stabile

Indian River EMS: Not represented

Palm Bay EMS: Gavis Hall

Advent: Margot Ververis

Southern Healthcare: Tom O'Neill

DOH-St. Lucie: Clint Sperber

City of Leesburg: Not represented

Seven of ten members were presented for a quorum.

Ex-Officio Members:

TPC: Not represented

EMSAC: Not represented

FHA: Not represented

CFDMC: Lynne Drawdy, Matt Meyers

FDLE: Andy Watts

Others:

Michael Leffler, DOH Office of Trauma

Donna Walsh, DOH-Seminole

Call to Order: Co-Chairs called meeting to at 11:11 am

Review and Approval of Minutes: Dr. Pappas advised that the January minutes were distributed and posted on the website. A motion was made to approve as submitted and seconded. There was no discussion and the motion carried.

CFDMC/RDSTF Update:

Lynne reported that the coalition is working on two exercises. The Coalition Surge Tool exercise is scheduled for February 12; nine hospitals will play as evacuating hospitals and all other hospitals and several nursing homes will play as receiving facilities. The coalition is also planning for the April 11 annual regional mass casualty exercise. This year, most hospitals within the region are participating.

RDSTF: Agent Watts stated that there was no information to report.

Executive Director's Report:

- Update on administrative support: Lynne reported that the board has approved a part-time project specialist position; this will enable the coalition to continue to support the trauma committees.
- March General Meeting Update: Dr. Pappas advised the next face-to-face meeting will be held at Advent Health in Orlando on March 12 from 9 am to noon. The meeting will include organizing the clinical committee and identifying EMS representatives. Dr. Pappas thanked Margo for sponsoring the meeting. Margot advised that the meeting will be at the downtown Orlando campus at 601 East Rollins in the Barker A conference room on the ground floor of the main building. She will send details for parking and directions to conference room.

Future General Meetings:

Osceola Regional agreed to host the summer meeting during the last week in June. Dr. Pappas stated that we will finalize details and announced at the March meeting. He thanked Halifax for hosting the November meeting.

DOH Data Letter: Dr. Pappas stated that DOH provided the data this morning and this will be shared with the System Support Committee members.

Michael Leffler also shared an invitation to attend a meeting with all of the trauma agencies from around the state. This is an opportunity to share processes, operations and challenges. It will be held the week of April 15. All agreed this would be worthwhile. It will be held in South Florida and Chief Stables and Clint Sperber agreed to attend if possible. Michael will share the information to send out to the executive committee members.

Old Business:

Clinical Leadership Committee: Dr. Pappas has sent out a draft letter to invite trauma center and EMS medical directors to join this committee. He asked that executive committee members provide contact information for those who do not have. Chief Stabile has been working on this and will share information. Donna Walsh will provide information for Dr. Husty.

EMS Representatives: The new bylaws call for three EMS representatives (one for north, central and south). Dr. Pappas suggested that we get the EMS representatives involved and ask for their nominations.

LEO Representative: Dr. Pappas reported that the new bylaws make this an ex-officio member and thanked Agent Watts who is currently serving in that role. He asked how we formalize this. Dr. Ibrahim suggested that FDLE make this appointment. Agent Watts stated that FDLE will need to know what the role is; they can represent the law enforcement perspective or encourage participation from law enforcement groups such as the Chiefs Association. Dr. Pappas stated this will be added to the agenda at the March meeting.

System Support Committee Update: Pappas stated the committee will receive the DOH data. The committee is working on posting a listing of injury prevention resources on the website.

Preparedness Committee Update: Dr. Ibrahim stated that they are planning to reach out to acute care hospitals on preparedness to receive trauma patients. Susan stated that they will offer expertise in triage and treatment of trauma patients received at non-trauma centers. Clint advised that each county has a preparedness planner who can assist. Dr. Ibrahim stated the committee also sent out a call for best practices in communications in mass casualty events but have not received much response. He asked that if anyone has any leads to let him know. He stated they are sending out a letter to engage physicians in the April mass casualty exercise.

New Business:

Tom O'Neill stated that he will join the Preparedness Committee and can help coordinate and communicate with skilled nursing centers. Dr. Pappas agreed that we need to build stronger bridges between hospitals, nursing homes, and rehab center.

Next Meeting: - March 12 from 9 am to noon at Advent Health Orlando

Adjourn: The meeting adjourned at 11:47 a.m.

1-8-19 Trauma Advisory Board Executive Committee Minutes

Welcome: Dr. Pappas welcomed those present and wished all a Happy New Year.

Roll Call:

Executive Committee Members Present:

Orlando Health: Dr. Joseph Ibrahim, Tina Wallace, Adriana Patel
Halifax: Lindsey Martin & Rob Love
Central Florida Regional: Bill Campbell
Martin EMS: Chief Chris Stabile
Indian River EMS: Not represented
City of Palm Bay EMS: Chief Gaius Hall
Florida Hospital/Advent: Margot Ververis
Southern Healthcare: Not represented
DOH-St. Lucie: Clint Sperber
City of Leesburg: Commissioner Elise Dennison
County Representative: vacant

Dr. Pappas announced that eight of the eleven executive committee members were present and a quorum was reached.

Ex-officio Members Present:

FCOT: Not represented
ATPC: Not represented
EMS AC: Not represented
FHA: John Wilgis
CFDMC: Matt Meyers and Lynne Drawdy

Guests:

Dr. Tracy Bilski, Osceola Regional Medical Center
Melanie Black, DOH-Volusia
Stacy Brock, DOH-Indian River
Julie Carter, Florida Hospital New Smyrna
Georgianne Cherry, DOH-Osceola
Miranda Hawker, DOH-Indian River
Aaron Kissler, DOH-Lake
Lisa Livingston, Osceola Regional Medical Center
Vianca McCluskey, DOH-Osceola
Michele Rud, Osceola Regional Medical Center
Dr. Kevin Sherin, DOH-Orange
Maria Stahl, DOH Brevard
Karen Thurmond, Air Care
Andy Watts, FDLE
Carol Wegener-Vitani, DOH-Martin

Call to Order: Chief Stabile and Tina Wallace called the meeting to order at 11:11 am.

Review and Approval of Minutes: Dr. Pappas advised that the minutes are posted on the coalition website and a notice was sent out in December to all stakeholders. A motion was made and seconded to approve both the November 2018 and December 2018 minutes. There was no opposition and both motions carried.

CFDMC/RDSTF Update: Lynne provided updates on two upcoming exercises. The Coalition Surge Tool tabletop will be held on February 11. Eleven hospitals will play as evacuating hospitals with a goal of finding appropriate bed placements and transportation resources within 90 minutes; all other hospitals in the region will play as receiving facilities, and nursing homes will also be encouraged to participate as receiving facilities. The annual mass casualty full-scale exercise will be held on April 11. This year, most hospitals within the region are participating. Andy Watts stated that there is an RDSTF Region 5 meeting this week which will be used to plan for this year.

Executive Director's Report: Dr. Pappas stated that we made a request to DOH for budget to support the Trauma Advisory Board but DOH has stated they cannot meet this request. Lynne stated that we also submitted a request for preparedness carryover dollars and we expect to hear about that by the end of January.

March General Meeting Update: Dr. Pappas proposed the next face to face on March 12 in the metro Orlando area, and thanked Margot Ververis for volunteering to host this at an Advent Health facility. He suggested holding the next meeting during the summer, and thanked Osceola Regional for volunteering to host that meeting. He asked for a host for the winter meeting, and Halifax volunteered to host that meeting in Daytona.

Old Business

Bylaws Proposals:

Dr. Pappas stated that the Preparedness Committee proposed the creation of an ad hoc seat on the executive committee for RDSTF Region 5 law enforcement agencies. Bill Campbell moved to add an ex-officio representative for law enforcement, and Lindsay Martin seconded the motion. There was no opposition and the motion carried.

Dr. Pappas advised that the Trauma Agency Plan Ad Hoc Committee recommended that we continue the Trauma Advisory Board and not at this time pursue submission of a regional trauma agency plan. Dr. Pappas suggested the reorganization of the ad hoc committee into a standing Clinical Leadership Committee consisting of RDSTF-5 Trauma and EMS medical directors. The Clinical Leadership Committee will function as a clinical best practice committee and steering committee for Trauma Advisory Board development. He proposed this change to take effect as soon as possible but no later than March, 2020, the start of the next three-year term for Executive Committee members. He asked for discussion or questions. Chief Stabile asked if this would replace the ad hoc committee and be given a new name, a defined role, and more teeth, and Dr. Pappas affirmed that it would. He suggested Clinical Leadership as the title for the committee. It was suggested that there be a trauma pediatric representative on the group. Other agreed that this is a positive step. Bill Campbell moved to create the committee; and Commissioner Dennison seconded the motion. There was no further discussion or opposition and the motion carried.

Dr. Pappas advised that there was a previous recommendation to include an EMS representative from each county, but also concern expressed over keeping the Executive Committee at a manageable size. He has worked with EMS and proposed EMS agency representatives to be reorganized by geographic region, adding a south representative (for Martin, St. Lucie, Indian River), a central representative (for Orange, Seminole, Osceola) and a north representative (for Lake, Volusia, Brevard). Under the current structure of the Executive Committee, EMS has three seats on the Executive Committee (the EMS Chair, Co-Chair and Non-Transporting Agency Representative). He proposed that south, central and north representatives replace these, with the Chair and Co-Chair seats rotating among the three. He suggested that this change take effect as soon as possible but no later than March, 2020, the start of the next three-year term for Executive Committee members. Chief Stabile agreed with the proposal and stated that EMS agencies in the southern part of the region are used to working together. He asked if we would solicit or appoint the north and central members. Dr. Pappas stated that when we first created the executive committee, it was a coalition of the willing and approved by the CFDMC Board. He stated that we have now matured and need a process to appoint executive committee members. The last executive committee member appointed was Tom O'Neill,

replacing the rehabilitation agency representative. Orlando Health nominated Mr. O'Neill, and the CFDMC Board approved this appointment. He proposed that the Trauma Advisory Board Executive Committee solicit and nominate members, for approval by the CFDMC Board. Dr. Pappas asked if there were any concerns or barriers with this approach. There were none expressed. Chief Stabile moved to appoint a southern, central and northern EMS agency representative to the Board, rotating the EMS Chair and Vice Chair seats among these three. Clint Sperber seconded the motion. There was no further discussion, no opposition, and the motion carried.

Dr. Pappas referred members to the proposal by Orlando Health to expand the current executive committee to include representatives from each trauma center in the region, each EMS agency, and others. Dr. Ibrahim stated that the goal of the proposal was to ensure representation by all entities. He stated that with the restructuring of the EMS agency seats to ensure representation from each part of the region, he feels this proposal is no longer needed. Dr. Ibrahim moved to put the Orlando Health proposal on hold and re-evaluate bylaws changes at a later date. The motion was seconded, no opposition was raised and the motion carried.

System Support Committee Update: Tina Wallace reported the committee had a call this morning, and will be asking for Trauma stakeholders to share resources/links for injury prevention which will be posted on the Coalition website.

Dr. Pappas stated that FCOT may be an opportunity to obtain a large number of Stop the Bleed kits. He will report on that at next meeting.

Preparedness Committee Update: Dr. Ibrahim stated the committee had a productive call this morning. He stated they have finalized the hospital mass casualty triage sheet and this will be tested during the April full-scale exercise. He stated that the committee discussed communication across the region during a mass casualty event, and Alan Harris will incorporate this into the IMT portion of the exercise. He stated the group is also going to work on engaging all clinicians in exercises. He will share the letter Orlando Health uses.

Ad Hoc Agency Committee Update: As discussed earlier, the ad hoc committee recommended not creating a regional trauma agency at this time and continuing to develop the trauma advisory board. Dr. Ibrahim moved to accept this recommendation and Chief Stabile seconded the motion. There was no opposition and the motion carried.

Other:

Chief Stabile has contacted every EMS agency in the region and has received some responses with new contacts. He will send this to Lynne to add to the stakeholder list.

Next Conference Call: February 12, 2019 11 am

The meeting adjourned at 11:55 am

12/11/18 RTAB Executive Committee Meeting Minutes

Welcome & Roll Call: Dr. Pappas welcomed the group and called roll:

Executive Committee Members:

Orlando Health: Dr. Ibrahim, Susan Ono, Tina Wallace

Halifax: Lindsay Martin & Robert Love

CFR: not represented

Martin EMS: Chief Chris Stabile

Indian River EMS: not represented

Palm Bay: not represented

Florida Hospital/Advent: Margot Ververis

Extended Care: Tom O'Neill

DOH: Clint Sperber

City of Leesburg: not represented

Orange County: not represented

Ex-Officio Members:

FCOT: not represented

FTC: not represented

EMSAC – Chief Matt Kemp

FHA: not represented

CFDMC: Clint Sperber

Guests:

Kate Kocevar, DOH

Dr. Larry Reed, FL State Trauma Director

Mike Poniatoski, Florida Hospital North

Lisa Livingston, Osceola Regional Medical Centre

Nicole Johnson, Nemours

Adriana Patel, Orlando Health

Kelley Jenkins, Lawnwood

Matt Meyers, DOH

Lynne Drawdy, CFDMC

Lynne advised that we will need to seek a new Orange County government representative. Susan Ono will contact Orlando Health Government Relations to assist with this.

Call to Order: Under the new bylaws, eight members are needed for a quorum; a quorum was not reached. Dr. Ibrahim and Chief Stabile called the meeting to order and added that all items needing a vote will be pended until January.

Review and Approval of Minutes: This will be held until the January call.

CFDMC/RDSTF Update: Clint reminded the group that the Coalition's quarterly meeting is scheduled for Thursday, December 13 at Viera, and will focus on lessons learned from the Hurricane Michael response, and a briefing on the ED lockdown at ORMC. The agenda has been sent out to the trauma stakeholders and is posted on the coalition website.

Executive Director's Report: Dr. Pappas stated that we have focused on improving communications with stakeholders, via use of Constant Contact and posting information to the Trauma page on the Coalition website. He asked if there were any issues.

Budget Request: Dr. Pappas advised that we submitted a request for budget to fund a part-time position to support the trauma executive committee and other committees. Lynne stated that we expect to hear about the preparedness special projects by the end of the year. Kate Kocevar agreed to follow-up on the request to the Office of Trauma.

Data Request Letter to DOH: Dr. Pappas stated the Trauma Advisory Board sent a letter to DOH requesting access to data. Michael Leffler stated that DOH is comfortable with this request. Kate explained there has been a delay in responding due to hurricane response but she will follow-up on this.

Bylaws Formatting: Dr. Pappas stated that he will work with Lynne on formatting the bylaws.

General Meetings: Dr. Pappas stated that the next face-to-face meeting will be held in March, and thanked Florida Hospital/Advent for sponsoring this meeting. He stated that the Executive Committee call in March is March 12 and suggested making that the date for the face-to-face meeting. Margot will secure a meeting room. Dr. Pappas asked for input on venues for future meetings. He suggested holding the July meeting in conjunction with ClinCon and suggested holding the July meeting at Osceola Regional Hospital.

New Orleans National Healthcare Coalition Preparedness Conference: Dr. Pappas reported that he participated on a Florida best practices panel presentation at this conference, and presented on the Region 5 Trauma Advisory Board. He stated there were approximately 120 attendees and the presentation were well received. He stated that he spoke with the ASPR Assistant Secretary about the Advisory Board and he has very pleased with our efforts and stated that this is a federal priority.

Proposal - Clinical Leadership Committee: Dr. Pappas stated that in November the ad hoc committee suggested connecting with trauma and EMS leaders in each county. He suggested that a Clinical Leadership Steering Committee comprised of trauma and EMS leaders from each county be formed to guide clinical projects, and identify best practices. He asked for all to consider this and it will be pended until the January meeting.

System Support Committee Update: Adriana Patel reported that the committee had a call earlier this morning and laid out goals for 2019, including collaboration and supporting each other in injury prevention activities. She stated that the committee is making a list of resources to be posted on the Coalition website by February.

Preparedness Committee Update: Susan Ono stated that the committee met this morning and discussed how to connect with Coalition projects. They have asked the Coalition to provide an update on projects at each meeting and will identify projects that impact trauma and/or need trauma input. Eric Alberts stated that the group discussed how to get physicians engaged in exercises, and developing recommendations to acute care hospitals on preparing for an influx of trauma patients in a mass casualty event. They will bring both of these items to the Executive Committee next month. Eric stated that the hospitals will pilot the mass casualty triage forms during the April regional hospital exercise. Tina Wallace agreed to provide final versions this week.

Ad Hoc Agency Committee Update: Dr. McPherson stated that he is working on identifying an EMS representative from each county to provide bidirectional feedback. He has identified willing participants in three counties and hopes to have a representative in each county.

Dr. McPherson stated that the ad hoc committee recommends that we continue the Region 5 Trauma Advisory Board and not seek to create a regional trauma agency. He recommended that the ad hoc committee become the best practices committee. Dr. Pappas stated that he had a similar thought in making the ad hoc committee the clinical leadership committee. He stated that with the committee structure, he feels we cover the requirements of a trauma agency, in collaborative vs. regulatory format. He asked if there were any comments on the recommendation from the ad hoc agency committee and none were expressed.

Bylaws Review: Dr. Pappas reviewed the current draft bylaws, including his suggestions and those from Orlando Health. He asked if the discussion today regarding a clinical leadership/best practices satisfies the membership issues raised by Orlando Health. Dr. Ibrahim stated that he feels it is important to give all a chance for representation and involvement and the proposed new committee will help with that. Chief Stabile asked if the air medical representative was ex-officio or a voting member. All agreed that no organization should have two voting members on the Executive Committee and this has been added to the bylaws. Tom O'Neill stated that he wants to learn how rehabilitation centers can work with hospitals. He stated that we learned a lot from recent hurricanes, and there were opportunities identified in communication and coordination of patient placement/transport. Lynne will send Mr. O'Neill information on the coalition surge tool exercise. Chief Stabile stated that he has received good response from EMS leaders in the northern end of the region. He stated that they meet monthly in the south end of the region, and the metro Orlando area also has regular EMS chief meetings. He stated that we need to capitalize on this and suggested looking at north, central, south EMS representation on the Executive Committee.

The bylaws will be pended until the January meeting.

Next Conference Call: January 8 at 11 am

Adjourn: The call adjourned at 11:59 a.m. Dr. Pappas wished all Happy Holidays!

Committee minutes, bylaws and overview of the Trauma Advisory Board are posted on the Trauma Page of the CFDMC website. Go to www.centralfladisaster.org and select the Trauma hyperlink from the menu at the top of the webpage.

**November 8, 2018 RDSTF Region 5 Trauma Advisory Board
Executive Committee & General Meeting Minutes**

Welcome & Roll Call: Dr. Pappas welcomed those attending and conducted a roll call.

Executive Committee Members:

Trauma Chair: Dr. Joseph Ibrahim, Orlando Health

Trauma Co-Chair: Robert Love, Halifax

EMS Chair: Chief Chris Stabile, Martin Fire Rescue

EMS Co-Chair: Not present

Level 2 Trauma Center: Dr. Erik Barquist, Central Florida Regional Hospital

Noon-Transporting EMS: Not present

Acute Care Hospital: Margot Ververis

Public Health: Clint Sperber, DOH-St. Lucie

Extended Care: Not present

County Government: Not present

Municipal Government: Commissioner Elise Dennison, City of Leesburg

Dr. Pappas reported that seven of the 11 voting members were present, and a quorum was reached. Chief Stabile called the meeting to order.

Ex-Officio Members:

Dr. Peter Pappas, Executive Director

FCOT: Not present

EMSAC: Not present

FHA: Not present

CFDMC: Clint Sperber & Lynne Drawdy

Guests:

Rob Spivey, Holmes Regional

Susan Ono, Orlando Health

Christine Wallace, Orlando Health/ARH

Dustin Pierce, Orange County Fire Rescue

Adriana Patel, Orlando Health

Melissa Smith, OCFRD

Brian Brink, OCFRD

Eric Alberts, Orlando Health

Karen Thurmond, Air Care

Andrew Watts, Florida Department of Law Enforcement

Rachael Kobb, Orlando Health

Carlos Carrasco, Orlando Health

Dr. John McPherson, Brevard County Fire Rescue

Michael Leffler, Florida Department of Health

Kate Kocevar, Florida Department of Health

Tim Cook, Florida Hospital

Richard Nettles, Florida Hospital

Approval of October 2018 Executive Committee Minutes: Dr. Pappas advised that the minutes were posted on the website and members were noticed. Dr. Ibrahim moved to approve the minutes as submitted; Chief Stabile seconded the motion. There was no discussion and the motion carried.

CFDMC/RDSTF Report: Agent Watts stated that he had no report from the RDSTF. Clint Sperber reported that the coalition has several trainings and exercises scheduled over the coming months. A mass fatality tabletop will be held in December, focused on testing mutual aid among the region's medical examiners. An emerging infectious disease tabletop will be held in December with the Central Florida EID Collaborative. The next coalition meeting is scheduled for December 13 in Viera and will focus on lessons learned from Hurricane Michael response. He stated that the coalition submitted special projects requests for unspent federal grant funds to cover needed hospital equipment that could not be funded out of last fiscal year's project, a mass casualty cache in the south part of the region, Aeroclave cleaners for each county EMS, and support for the Trauma Advisory Board. We expect to hear about that funding by the end of the month. Lynne reported that several training sessions are scheduled in December including incident command system and continuity of operations planning; these are posted on the website under Hot Topics.

Executive Director Report: Dr. Pappas reported that the coalition also submitted the special project request for funding for a part-time position and meeting support for the Region 5 Trauma Advisory Board to the Florida Department of Health Office of Trauma. Dr. Pappas also submitted a letter to the Office of Trauma asking for needed data. Kate Kocevar stated that they will support the data requests but are currently working through some technical issues. Michael Leffler stated that he will follow-up on the budget request.

Dr. Pappas proposed that for 2019, the Region 5 Trauma Advisory Board will hold three face-to-face meetings, in March, July and November, at various stakeholder locations around the region. He proposed holding conference calls in months without a meeting. Those present agreed. Dr. Pappas will work with Margot Ververis to schedule the March meeting at Halifax.

Dr. Pappas advised that we were asked to participate in a Florida best practices panel presentation at the national health care coalition conference in New Orleans later this month. He will present on the Region 5 Trauma Advisory Board. The presentation is posted on the website.

Dr. Pappas advised that all information, including minutes, are now regularly posted to the Trauma tab on the coalition website. The website was previewed: www.centralfladisaster.org/trauma.

Committee Reports:

System Support: Adriana Patel reported that all trauma centers submitted the top five injuries and the most common are falls and motor vehicle accidents. She stated they are reaching out to see which are working on fall prevention. The committee has also invited the Safe Kids Coalitions to participate.

Susan Ono raised the issue of the use of TXA. Dr. Ibrahim stated that use has become controversial as there can be harmful effects, it is only recommended if there are long transport times, and use requires extensive training. Dr. Barquist discussed results from recent studies. Others shared their decisions to use or not use; those who use experience longer transport times and include robust training. Dr. Pappas asked if the System Support Committee could provide recommended guidance on this issue to the Executive Committee.

Preparedness Committee: Mass casualty triage forms for adults and children were distributed to trauma stakeholders for review and input. Tina Wallace advised that Arnold Palmer Hospital is providing recommended changes for the pediatric form. The revisions will be brought back to the Executive Committee for approval and recommended use across the region. Susan Ono pointed out that this is for use by hospitals and does not replace the triage tags.

Trauma Agency Plan Ad Hoc Committee: Dr. McPherson stated that the committee has drafted a communications plan which was sent to the entire trauma stakeholder group for comments; no comments were received. Susan Ono previewed the plan, which includes the use of stakeholder groups in each county to ensure bidirectional communication between the counties and the Region 5 Trauma Advisory Board. Each group is to designate one individual as a liaison with the Region 5 Trauma Advisory Board. Dr. Pappas asked that the title be changed from Trauma Advisory Committee to Trauma Advisory Board; this change has already been made. Dr. Pappas asked that all stakeholders review this document and this will be placed on the November agenda for approval.

Regarding development of a trauma agency, Susan asked DOH Trauma representatives to share any guidance on timelines, reasons for a regional trauma agency, and the goal. Michael Leffler stated there is no timeline for this, it is up to the group. There is a statutory requirement for trauma agencies in each RDSTF region. Region 5 agreed to pilot this in Florida. Michael stated that Region 5 has met the pilot deliverables with the submission of a regional trauma agency plan template. Dr. Pappas asked Michael to supply the latest version of the statutes and codes related to a regional trauma agency. Dr. McPherson stated that we need to educate the counties on this effort. Clint Sperber stated that there are public health preparedness coordinators in each county who can assist in this effort. Lynne advised that the county preparedness planners were added to the trauma stakeholder list and she will add the county health officers to the stakeholder list.

New Business: No new business was raised.

Next Call: The next Executive Committee call is scheduled for December 11 at 11 am.

The Executive Committee adjourned at 9:55 am

General Meeting

No new participants joined the meeting

Mass Casualty Tabletop: Eric Alberts from Orlando Health reported that Central Florida is extremely vulnerable to a mass casualty event like the November 7 shooting event in California. Eric walked the group through a discussion using the upcoming Electric Daisy Carnival as an example. This mass gathering event is a techno-carnival with extensive alcohol and drug use. For the past three years, the Coalition's regional medical assistance team has operated an alternate care site at the event, designed to triage and treat patients on site and reduce the number of transports to hospitals. This has been extremely successful. Eric posed a series of questions about an active shooter at this event. What would the local hospitals do? Most agreed that they would activate the hospital incident command system and their mass casualty plans. Eric stated that Orlando Health would also lock down its facilities. The group discussed how regional hospitals would be notified of this event. In Las Vegas, 35 patients arrived at the hospital before any notification was made. Chief Stabile advised that in last night's shooting in California, 17 patients were self-transported and only 2 arrived by ambulance. The group discussed the use of EMResource and other reporting mechanisms. The group discussed self-transports; not all data supports the concept that self-transports are lesser acuity. In the Las Vegas shooting, 80% of the victims were self-transported. The group discussed the Pulse event and the need to share lessons learned. Eric Alberts

advised that they have presented extensively on the Pulse event and he will share information (see below). The group discussed the need to develop guidance on patient distribution in a large-scale event. Dr. Barquist asked about the mass casualty plan for the concert. The regional medical assistance team will serve as a casualty collection point to triage patients in the event of a mass casualty at the event. Dr. Pappas asked the Preparedness Committee to review this information and make a recommendation on a mass casualty distribution plan.

NOTE: Below is the weblink to access the digital book Orlando Health put together to help others be better prepared following the Pulse tragedy:

www.orlandohealth.com/disasterresponse

Bylaws Review: Dr. Pappas walked the group through his recommended bylaws revisions. There were previously distributed to stakeholders and posted on the website.

The group reviewed the revisions on Pages 1, 2 and 3. Dr. Barquist moved to accept the changes; Commissioner Dennison seconded the motion. There was no further discussion, and a roll call vote was held and the motion carried with unanimous consent.

The group reviewed revisions on Pages 4, 5 and 6. Susan Ono moved to approve and Commissioner Dennison seconded. There was no further discussion and no opposition; the motion carried.

The group reviewed revisions to Page 7. Commissioner Dennison moved to accept and Dr. Barquist seconded the motion; there was no further discussion and no opposition; the motion carried.

The group reviewed the revisions to Page 8 and 9 and had extensive discussion regarding a quorum. Dr. Barquist suggested changing the language to round up. For example, there are 11 Executive Committee members so a simple majority is 5 ½. He suggested that this be rounded up to 6, and with plus one, a quorum would be 7. The group also agreed to delete the language regarding voting by electronic means. Dr. Barquist made a motion to change the language as follows: A quorum of the Executive Committee shall constitute a simple majority rounded up plus one. Chief Stabile moved to add voting either in person or by phone. Commissioner Dennison seconded the motion. There was no further discussion and no opposition; the amended motion carried.

Susan Ono walked the group through the changes proposed by Orlando Health. These changes were previously distributed to the trauma stakeholders for review. She reviewed the proposed changes to the Mission and Vision. Dr. Pappas asked that the wording on trauma quality be changed to trauma system quality. Chief Stabile suggested removing the words to allow for in the Vision statement and replace them with the word by. Susan Ono moved to change the Mission and Vision statements as follows:

Mission: To provide a collaborative forum for communication among trauma system stakeholders within the RDSTF of Region Five with emphasis on trauma system quality, injury prevention, and disaster preparedness.

Vision: To create a forum for communication and collaboration among trauma system stakeholders in RDSTF 5 by sharing of best practices and opportunities within the regional trauma system with the goal of achieving optimal patient care.

Dr. Barquist seconded the motion and there was no further discussion and no opposition; the motion carried.

Susan Ono previewed recommended changes to the voting member. In the proposal, several voting members are moved to ex-officio members and other voting members representing the four organizations with trauma agencies and

an EMS representative for each county are added, bringing the total voting members from 11 to 17. Susan stated that the goal is to ensure voting members are patient care providers, and to ensure that there is representation from every county. There was extensive discussion, including opposition to having one organization representing different trauma centers, difficulties in engaging EMS, the difficulties that smaller jurisdictions would have in rotating EMS membership, use of this structure for committees in engaging committee members vs. the executive committee, difficulties in managing a larger group, challenges in reaching quorum, the mechanics of voting for representatives, the trauma advisory board structure vs. the structure of the regional trauma agency, and who ultimately must approve the regional trauma agency plan. Concerns were raised by Orange County Fire Rescue; they have just been informed of this effort. Chief Stabile stated that we have been working on reaching out to EMS contacts and have had difficulty in getting responses. Dr. Pappas advised that Dr. Zuver has been engaged, and Lynne advised that a stakeholder distribution list has been distributed and we are asking for additional stakeholders. Michael Leffler stated that the only statutory requirements for the trauma agency is to demonstrate that it is operated by or contracted with the involved counties, and there must be a public hearing within 60 days of submitting the plan to secure stakeholder input. He suggested that the group look at the Palm Beach agency; and will provide contact information for that group. Dr. Pappas stated that perhaps we could look at grouping EMS representation (e.g. one representative for Orange, Osceola, Seminole, one for Lake, Volusia and Brevard, and one for Indian River, St. Lucie and Martin). No agreement was reached, and Dr. Pappas advised that these changes will be pended to the December call.

Dr. Pappas asked for comments. Dr. McPherson commended Susan for the communication plan and stated they will work with identifying the county groups and liaisons. Robert Love suggested developing job descriptions for the executive committee members. Commissioner Dennison stated that communications is vital. She stated that she will join the Preparedness Committee.

The meeting adjourned at 12:55 am.

October 9, 2018 RDSTF 5 Trauma Advisory Board Executive Committee Meeting Minutes

Welcome: Dr. Pappas welcomed the group and apologized for confusion between the webinar and conference call line.

Roll Call:

Executive Committee Members:

Orlando Health: Eric Alberts, Dr. Ibrahim, Susan Ono, Adriana Patel, Tina Wallace

Halifax: Ashley Fisher

Central Florida Region: Dr. Barquist, Bill Campbell

Martin EMS: Chief Stabile

Indian River County: Not Represented

City of Palm Bay: Not Represented

Florida Hospital: Margot Ververis

St. Lucie – DOH: Not Represented

Florida Hospital: - Margot Ververis

City of Leesburg – Commissioner Dennison

Orange County Commission: Not Represented

Dr. Pappas advised that seven of the eleven executive committee members were presented, and a quorum was reached.

Ex-Officio:

CFDMC: Lynne Drawdy

AFTPC: Olga Quintana

Guests:

Parrish Medical Center

Brian Nadler, Florida Fire Chiefs

Chief Fitzpatrick, Lake County

Dr. Chris Zuver, Orange EMS

Wayne Struble, Health First

Kelley Jenkins, Lawnwood

Call to Order: Dr. Ibrahim called the meeting to order at 11:11 am.

Review and Approval of Minutes: The September minutes were previously distributed and posted on the Coalition website. Dr. Ibrahim moved to approve the minutes, and Commissioner Dennison seconded the motion. There was no further discussion and the motion carried.

CFDMC/RDSTF Update: Lynne advised that the RDSTF 5 meeting has been scheduled in early November and the Coalition arranged for another presentation on the Stoneman Douglas response to be presented. Dr. Pappas asked if this is open to the public and Eric stated that these are open only to RDSTF members.

Executive Director's Report: Dr. Pappas advised that he presented on the Trauma Advisory Board at an International Chief of Police (IACP) conference last week and stated that he was approached by the medical director for transportation to discuss ways to collaborate.

Dr. Pappas advised that he has sent a letter to the State Trauma office requesting data but has not yet heard back. He will follow-up after the hurricane response is over.

Lynne reported that she submitted a special projects budget request for leftover preparedness funding to support the RDSTF 5 Trauma Advisory Board. She will share this project with the group. Dr. Pappas asked Lynne to submit this budget request to Leah Colston for consideration for Trauma funding.

System Support Committee Update: Adriana Patel reported on the committee's call held earlier today. She stated the group is looking at data including the top five injury mechanisms from each trauma center and will identify the top one or two and work toward collaborating on initiatives with partners across the region.

Preparedness Committee Update: Susan reported that draft adult and pediatric mass casualty triage forms have been distributed to the committee with the goal of standardizing these across the region. These will be posted on the website and to seek input from stakeholders. Eric stated that the group discussed a tabletop exercise; and Dr. Ibrahim will provide an update on this at the winter meeting. Dr. Ibrahim stated that it is important to get law enforcement engaged, both individually and as a group. Susan stated that the group also shared best practices in the Stop the Bleed program. Osceola Regional is working with schools.

Ad Hoc Agency Committee Update: Susan stated that she has drafted a communications plan for the ad hoc committee; once the committee has approved this it will be sent to all trauma stakeholders. She stated that the committee has asked DOH for direction in creating a regional trauma agency.

Dr. Zuver will provide an update on this effort at the Central Florida Fire Chief meeting this week.

Old Business:

Bylaws Review: Dr. Pappas stated that the proposed revisions were sent out to the group and were also posted on the website. Discussion included:

Page 1: Mission – suggest adding after Region 5 “with emphasis on trauma quality, injury prevention and disaster preparedness.”

Page 2: Suggestion adding that each institution will have one vote, and each agency can occupy only one seat on the committee. There was discussion regarding adding all trauma centers to the executive committee, whether all EMS agencies should be represented. Dr. Pappas stated that the meetings are open and we want all voices to be heard, but we need to keep the committee to a

manageable size. Dr. Barquist agreed that stated that with 17 members may present a challenge. Dr. Pappas stated that the executive committee members will rotate, and participation on committees is also open to all Orlando Health proposed changing the executive committee representation to add all trauma centers, one EMS agency per county, and move other positions to ex-officio. Dr. Pappas asked Orlando Health to share the proposed edits; these will be sent out to all to allow review prior to the November meeting.

Dr. Pappas walked through the rest of his proposed changes. He asked all Executive Committee members for input. Chief Stabile said that in the southern end of the region there may only be one agency per type and so can't rotate this duty. Margot Ververis and Ashley Fisher had no input. Commissioner Dennison agreed that it should stay a manageable size and stated that key members can be representative.

Dr. Pappas and stakeholders get in touch with him and Lynne with any additional input on the bylaws. These will be discussed at the November meeting, and if we cannot come to consensus we will appoint a bylaws committee.

Next Meeting: Dr. Pappas stated that the next meeting is face-to-face on November 8 at Orlando Regional Medical Center. He stated that he will add an hour to the agenda to finalize the bylaws, and will add ta discussion on the tabletop. An agenda will be sent prior to the meeting.

New Business: TXA (Pre-hospital and at Trauma Centers). Susan Ono will present this at the next meeting.

Adjournment: The call adjourned at adjourned at 12:17 p.m.

9-11-18 RDSTF-5 Trauma Advisory Board Executive Committee Meeting Minutes

Welcome: Dr. Pappas, Executive Director, welcomed and thanked all those participating.

Roll Call of Members:

Executive Committee Members:

Orlando Health: Susan Ono, Adriana Patel, Christine Wallace

Halifax: Rob Love for Lindsay Martin

Central Florida Regional: Dr. Barquist, Amy Bottoms for Bill Campbell

Martin Fire Rescue: Chief Chris Stabile

Indian River Fire Rescue: Chief Cory Richter

Palm Bay/Non-Transporting EMS: Chief Gaius Hall

Florida Hospital/Adventist: Margot Ververis

DOH-St. Lucie: Clint Sperber

Southern Healthcare Management: Tom O'Neill

Orange County Commission: Not represented

City of Leesburg: Commissioner Elise Dennison

Dr. Pappas welcomed Tom O'Neill as a new member and reported that 10 of 11 voting members are present for a quorum.

Ex-officio members present:

FCOT: Not represented

Trauma Coordinators: Not represented

FHA: John Wilgis

EMSAC: Dr. Joe Nelson

CFDMC: Lynne Drawdy and Matt Meyers

Guests:

Dr. McPherson, Brevard EMS

Melissa Hall, Osceola Regional

Matt Kemp, EMSAC

Andy Watts, FDLE

Karen Thurmond, Air Care Team

Eric Alberts, Orlando Health

Wayne Struble, Holmes Regional

Call to Order: Susan Ono & Chief Stabile called the meeting to order.

Review and Approval of Minutes: The minutes were previously distributed to all stakeholders. Dr. Pappas asked if there were any questions or comments. There were none. Chief Richter moved to approve as submitted, the motion was seconded and passed.

CFDMC/RDSTF Update:

Andy Watts stated there are no RDSTF updates.

Lynne reminded the group that the next Coalition meeting is September 20 and will include presentations on the Parkland school shooting and active shooter education, as well as best practices on hospital evacuations and alternate care sites.

Executive Director's Report: Dr. Pappas stated that we are now using Constant Contact to optimize communications. Lynne reported that all committees now have regularly scheduled meetings, including:

Second Tuesdays:

9 am – Preparedness Committee

10 am – System Support Committee

11 am – Executive Committee

Second and Fourth Fridays (through 2018):

10 am – Trauma Agency Plan Ad Hoc Committee

All use the conference call line: 1-888-670-3525, Passcode 7425562401#

Lynne apologized and advised that at the moment, the coalition email does not include calendar invitation capability; she asked members to mark their calendars for these meetings.

Dr. Pappas stated that he is working with the Florida Highway Patrol on bleeding control training for troopers, including ALS, BLS with tourniquet and will be setting a training schedule. He stated that he would appreciate participation from the trauma centers in this training which is once per month.

DOH Data Request Letter. Dr. Pappas has been working with Michael Lufkin from DOH on obtaining data needed by the trauma advisory board.

Winter Meeting: Dr. Pappas thanked Orlando Health for hosting this meeting, which is scheduled for Thursday, November 8 from 9 am to noon at ORMC. Dr. Pappas asked the executive committee to let him know of any desired speakers.

System Support Committee Update: Tina Wallace stated that the group had a call earlier today and will be focusing on injury prevention initiatives. Adriana Patel stated that we are waiting on regional data for the most common injury mechanisms to identify how we can collaborate. She stated the group recommends asking the trauma centers to submit the top five mechanisms while we are waiting on data. The executive committee agreed and Dr. Pappas asked Lynne to create a survey to send to the trauma program managers and medical directors.

Preparedness Committee Update: Susan Ono reported that a call was held earlier today and a brief overview of the group's work over the past year was provided for new members. She stated that the draft triage form for mass casualties is being sent out for review. She advised that the group will look at the new fire standards, and are also requesting a listing of EMS contacts in the region to try to engage EMS in the trauma committees.

Susan recommended that the executive committee develop a communication plan. Constant Contact is the communication mechanisms and Lynne has shared a list of stakeholders. Susan suggested that we identify who is missing and what needs to be communicated. Susan stated that she has reached out to another trauma agency for their communication procedures.

Trauma Agency Plan Ad Hoc Committee Update: Dr. Pappas advised the group held its organizational meeting recently and elected Dr. McPherson as spokesperson. He stated that Dr. Zuver from Orange County EMS has

been added to the group, as well as an additional member from Mt. Dora. Dr. McPherson stated that the group will identify benchmarks at the regional level for quality improvement, with disaster preparedness and injury prevention as priorities.

Old Business:

Bylaws Review: Dr. Pappas advised that the draft revisions to the bylaws were sent to the stakeholders last month. He reviewed the changes and asked if there were any concerns. Susan stated that her concern is that not all stakeholders were involved. Dr. Pappas stated that EMS, trauma, acute care hospitals, public health, rehabilitation, city and county government are all represented on the executive committee. The structure for the voting members was based on the DOH requirements and statutes. EMS and Trauma leaders throughout the region, as well as the acute care hospitals, are on the stakeholder list. Lynne advised that all information is now sent to all stakeholders, not just the executive committee. Susan asked how the voting members were identified. Dr. Pappas stated that he hopes that the executive committee will communicate with their peers across the region. Susan stated that she wants to be sure that we are not excluding anyone, and that the executive committee have the right contacts to reach out to their communities. Lynne will share the lists that she has but that she expects that the executive committees have better contacts. For example, she stated that she does not have a list of all nursing homes in the region, but for the coalition she sends information to the four district presidents in the region and ask that they share with their members. She will add them to the trauma stakeholder list and share their contact information with Tom O'Neill.

Dr. Pappas asked if the committee was ready to vote on the bylaw revisions. Chief Stabile said that he saw these but cannot find them. Lynne advised these are posted on the coalition website and she will resend the link. Dr. Pappas asked the voting members to review and be prepared to vote during the October call. Susan asked if the structure is part of the agency plan, and if so suggested that the Trauma Agency Plan Ad Hoc Committee address this. Dr. Pappas stated that the Trauma Agency Plan Ad Hoc Committee is focused on creating a regional trauma agency plan and the bylaws for the trauma advisory board are separate. Susan asked if the regional trauma agency plan would be voted on by the executive committee, and Dr. Pappas stated that it would. She suggested that all stakeholders be allowed to provide comments on the bylaw revisions. Dr. Barquist stated that there may be difficult levels of understanding of the bylaws and suggested that a bylaws committee be formed and meet face to face. Susan agreed. Lynne advised that the bylaws have evolved over the past two years, but as yet we have heard no concerns about the bylaws, just concern that not all have had an opportunity for input. Dr. Pappas asked Lynne to send the bylaws out to the entire stakeholder group and to set up a webinar for the October call to review and finalize these.

New Business:

Tom O'Neill advised that he represents short and long-term care, and has a close relationship with ORMC. He stated their goal is to work with the trauma centers to ensure appropriate discharge placements for trauma patients, to minimize the return to hospitals, and to partner with hospitals to learn so that the patients and family members see similar programs across the continuum of care. He stated he is vice president of program development for his organization, is a skilled nursing facility administrator and social worker, and has 43 skilled nursing facilities, the majority of whom are in Florida. He advised that he also runs the organization's command center, and they are currently evacuating a facility in North Carolina due to the approaching hurricane. He stated that he may also want to join the system support committee.

Next Conference Call: This is scheduled for October 9 at 11 am. Lynne will send out the webinar link.

The group adjourned at 12:04 pm.

8-14-18 RDSTF-5 Trauma Advisory Board Executive Committee Minutes

Welcome: Dr. Pappas, Executive Director, welcomed and thanked those participating.

Roll Call of Members:

Orlando Regional Medical Center: Dr. Ibrahim, Dr. Plumley, Susan Ono, Tina Wallace
Halifax: Lindsay Martin
Martin County Fire Rescue: Chris Stabile
Indian River Fire Rescue: Cory Richter
Central Florida Regional Medical Center: Bill Campbell, Joe Khayat, Connie Humenik
Florida Department of Health in St. Lucie: Clint Sperber

Six of the eleven voting members were represented for a quorum.

Others participating: FDLE Special Agent Andy Watts, Clermont Fire Department Captain Sacco, Florida Highway Patrol Lt. Freebern, Health First, Holmes Regional Robert Spivey, Dr. Meredith Tinti, Tiffany Bassani, Dr. Todd Husty, Kate Koccevar, Lake EMS Dr. Fitzpatrick, Osceola Regional Melissa Hall, Karen Thurmond Air Care

Call to Order: The co-chairs called the meeting to order at 11:09 a.m.

Review and Approval of Minutes: Dr. Pappas announced that the June minutes were approved via email vote (7 members responded with approval with no corrections). Bill Campbell moved to approval the July minutes as submitted; Chief Stabile seconded the motion. There was no discussion and the motion carried.

CFDMC/RDSTF/Coalition Updates: Clint invited trauma stakeholders to attend the September 20 Coalition meeting, from 9 am to noon at the St. Lucie County EOC and also available via webinar. He stated that there will be a presentation on the Parkland school shooting response and a presentation by the St. Lucie Sheriff's Office on active shooter tips and resources. There will also be presentations on evacuation best practices. Clint stated that an alternate care site tabletop has been held in county in the region, an overview will be presented on September 20, and the next step will be planning a functional exercise. Lynne will send the trauma stakeholders the September 20 agenda. Lynne advised that the Coalition is holding a regional community-based functional exercise for healthcare organizations on September 12. She will send the flyer to the trauma stakeholder group and asked that they share with their healthcare partners.

Executive Director's Report:

Stakeholder Communication Plan: Lynne stated that we have been maintaining multiple lists for trauma, including the executive committee, trauma leaders, EMS leaders, and the committee lists. We've heard from the Executive Committee that they want to share all information with all stakeholders. She suggested that we begin to use Constant Contact, a communications software used by the Coalition, to send out information to the trauma stakeholders. This will allow us to better manage the distribution list and also provides data on engagement (such as who opens messages). We will create a separate distribution list on Constant Contact for the trauma stakeholders. She suggested that the trauma stakeholders may also be interested in information shared with the Coalition (such as training and exercise opportunities). She will encourage trauma stakeholders who want that information to join the coalition to get on that distribution list. Chief Stabile moved to approve creating a trauma stakeholder list on Constant Contact; Clint seconded the motion. Lynne asked that the group let her know of others who should be added

Representatives: Dr. Pappas welcomed Andy Watts from FDLE to the group. Andy stated that FDLE is the state investigative police, including protecting the Governor, counter-terrorism responsibilities and responsibility for the RDSTFs. He stated that Florida Highway Patrol is also state law enforcement. Andy stated that his unit investigates corruption complaints and officer-related shootings. Andy has also joined the Preparedness Committee.

Dr. Pappas stated that we lost the member from Consulate and we have reached out to seek a replacement to represent rehabilitation. Dr. Pappas asked members to let him and Lynne know of any suggestions for a replacement.

Ad hoc Trauma Agency Committee Update: Dr. Pappas stated that he put out a request for volunteers for this committee and so far we have the following individuals: Dr. Todd Husty, Dr. John McPherson, Tiffany Bassani, Robert Spivey, Dr. Tracy Bilski, Dr. Gary Curcio, Melissa Hall, Dr. LeeAnne Lee, Sean Sacco, and Dr. Christine Van Dillen. Dr. Pappas stated that we will the group a link to the pilot plan and a Doodle poll to schedule the first call. He stated that he put together a brief summary of the structure and function of the committee which reports to the Executive Committee and he has received no comments on this draft. Dr. Plumley stated that we previously discussed the need to update the bylaws and that update may provide direction to the ad hoc committee. Dr. Pappas stated that we will discuss the bylaws update on today's call but he doesn't feel we need complete the bylaws update before we begin the ad hoc process. He stated this will be a long-term process. Rob Spivey asked for the contact list for the ad hoc committee and Dr. Pappas stated that it was included in the email he sent August 14. He asked that anyone else interested in serving on the committee let him and Lynne know.

System Support Committee Update: Tina reported the committee has no updates. She stated that there is an international walk to school day event coming in September. Dr. Pappas asked if she could share that information with the other counties. Tina stated that this was a grant, but anyone could work with their local schools to promote safety. Tina is available as a point of contact for this information.

Dr. Pappas stated that he drafted a request for data letter to DOH and asked if there were any additional comments. Clint moved to approve sending the letter, and Chief Stabile seconded the motion. There was no further discussion and the motion carried. Dr. Pappas will finalize and send the letter.

Preparedness Committee Update: Susan Ono provided updates from today's call. She stated the group will listen to the best practice presentations at the next coalition meeting. Orlando Health is working on distributing best practices from Pulse. She stated the committee is also working on an MCI triage sheet for standardizing across the region. Chief Stabile stated that he has reached out to the EMS community across the region for engagement, and has received a few responses. He will continue to reach out.

Stop the Bleed Training for Law Enforcement: Dr. Pappas advised that the Florida Highway Patrol Troop D has approached the Trauma Advisory Board for assistance with this training for 20 troopers this fall at their Orlando headquarters near State Roads 436 and 50 in Orlando. The request for support was sent out to local trauma centers but is open to all. Clint reported that this training was provided in the southern part of region by the Palm Beach advisory group. Lindsay Martin stated that Halifax volunteered support. Dr. Pappas will send out additional information on dates/times and stated we need 2-3 trainers for each session (teaching the Academy-approved course), and may also need some tourniquets, etc. He stated that this is a great opportunity to continue to build bridges.

New Business:

Future meeting sites and dates: Dr. Pappas thanked Orlando Health for volunteering to host the winter meeting, and Florida Hospital for hosting the meeting in spring 2019. The winter meeting will be in early November. Susan stated that that we need to avoid the TQIP meeting and suggested the first week of November. Dr. Pappas stated that we will use this meeting to formally launch the advisory board to the whole community.

Mission Statement: Dr. Pappas sent the mission statement from the original 2016 draft and received some positive comments but no suggested changes. He asked if there any additional comments. Bill Campbell moved to approve the mission statement, and Dr. Ibrahim seconded the motion. There was no further discussion and the motion carried.

Bylaws Update: Dr. Pappas has integrated suggestions and edits into the document. He suggested three-year terms as the group has already been in existence close to two years. He stated that concerns have been raised regarding the number needed for a quorum. He pointed out that we have had a quorum for all but one meeting over the past year and that voting by email has also worked. Dr. Pappas suggested that this item be tabled until the September.

Next Conference Call. The next call is September 11 at 11 am. Dr. Pappas will send out an agenda prior to the call.

Adjournment: The co-chairs adjourned the call at 11:57 am.

RDSTF-5 Trauma Advisory Board Minutes

July Conference Call

July 9, 2018

10:30 to 11:25 AM

Welcome – Executive Director Peter Pappas

Roll Call of Attendees

Executive Director – Peter Pappas

Voting Stakeholders Represented

Trauma Co-Chair Orlando Health/ORMC/APH - Joseph Ibrahim, Dr. Donald Plumley,
Susan Ono, Christine Wallace

Trauma Co-Chair Halifax - Robert Love Nurse Leader

Trauma Level II Representative HCA/Central Florida Regional- William Campbell TPM

EMS Co-Chair Martin County Fire - Chris Stabile

EMS Vice-Chair Indian River Fire - Chief Cory Richter

Acute Care Hospital Representative Florida Hospital/Adventist Health - Margot Ververis

Public Health St. Lucie County DOH – Clint Sperber

Voting Stakeholders not present

Extended Care Representative

County Government Representative

Municipal Government Representative

911 Responding Non-transporting Agency Representative

Ex-Officio Represented

FCOT – Nicholas Namias

EMSAC – Joe Nelson

FHA – John Wilgis

CFDMC – David Freeman

Not Represented

AFTPC

No guests were on the call

Lynne Drawdy was not present

Peter Pappas informed the Co-Chairs that a quorum had been established

Meeting called to order by co-chairs

Peter Pappas informed committee that June minutes would be ready this week and recommended they be sent to committee members by email with an electronic vote for approval. There was no objection.

Peter Pappas also informed the committee that Lynne Drawdy could not be present due to a scheduling conflict and that he would be taking minutes. Minutes for July call would be sent by email as soon as available. There was no objection.

CFDMC/RDSTF Update

David Freeman had nothing to report. Clint Sperber spoke on Coalition contract deliverables now available online. Donald Plumley asked for a copy of the document. David Freeman said he would provide a link that would be forwarded to the executive committee members.

Executive Director's Report

Peter Pappas informed the committee that the Agency Plan reviewed and approved at the June 8th workshop was submitted to meet requirements of the contract between the Florida Department of Health and the Central Florida Disaster Medical Coalition. Peter Pappas proposed emailing a link to the Agency Plan document to all Region 5 Trauma Stakeholders and using that email as an opportunity to call for volunteers for the ad hoc Trauma Agency Development Committee

Susan Ono and Donald Plumley stressed the importance clarifying that the document submitted to DOH for the contract with CFDMC was not a formal submission of an Agency Plan. Concern was raised that stakeholders would be confused if email was not specific enough. Committee agreed that clear and specific language should be used in

the email to the stakeholders. There was no objection to calling for volunteers at this time for the ad hoc Agency Development Committee

Clint Sperber recommended that when a final Agency Plan is developed, the Trauma Advisory Board consider enhancing the document's visual style

Peter Pappas reviewed the Trauma Advisory Board draft fact sheet with the committee.

System Support Committee Report

System Support Committee Leads Clint Sperber and Christine Wallace spoke on Committee activity. Clint Sperber had nothing new to report. Christine Wallace spoke on supporting the upcoming National Walk to School Day. Peter Pappas suggested Christine Wallace leverage the Trauma Advisory Board as a means of raising awareness and participation. The suggestion was well received. There was no objection.

Peter Pappas discussed the first draft of the letter requested by the executive committee to the Department of Health for registry data to support injury prevention initiatives. Donald Plumley suggested the committee review and return edits to Peter Pappas within one week's time. This was met with no objection. Clint Sperber recommended the letter include a specific time for the DOH to provide the data to the Trauma Advisory Board and that the letter should also request a commitment from the Department of Health for an ongoing collaboration for access to de-identified aggregate data to support Advisory Board initiatives.

Preparedness Committee Report

Joseph Ibrahim stated the committee continue to work on strengthening collaboration among stakeholders for disaster management support and preparedness. The committee is currently working on a triage scoring sheet that can be used by health care providers

Peter Pappas mentioned RDSTF-5 stakeholder participation in an upcoming Stop the Bleed program on July 12th. At least four of six Region 5 Trauma Centers were participating in some capacity. This was held as an example of the important role the Trauma Advisory Board can serve in fostering communication and collaboration among stakeholders.

New Business

Peter Pappas informed the committee of the invitation to present on the Trauma Advisory at the October meeting of the International Association of Chiefs of Police. The presentation is scheduled for October 7th at the Orange County Convention Center. Peter Pappas also informed the committee of the CFDMC's Board selecting the Trauma Advisory Board for presentation at the National Healthcare Coalition Preparedness Convention in New Orleans in December. Peter Pappas asked for volunteers from the Executive Committee who would be willing to develop and participate in the presentations.

Peter Pappas reviewed the Ad Hoc Agency Development Committee draft document, reviewing it line by line. Peter Pappas informed the committee that Robert Spivey and Tina Bassani had volunteered after the June 8th workshop to participate on the committee there was no objection.

Joseph Ibrahim led a discussion regarding ad hoc committee formation in the context of the future direction and development of the Trauma Advisory Board. He recommended another attempt be made at establishing a set meeting time each month and that bylaws be reviewed. Specifically, it was mentioned that the majority rule for motions be amended to a super majority. Nicholas Namias concurred. Both Nicholas Namias and Joseph Ibrahim cited their experience in helping craft bylaws for the State Trauma Advisory Council as influencing their support for a super majority in voting. Joseph Ibrahim also raised the importance of maximizing inclusiveness and communication as the Board grows.

Joseph Ibrahim also mentioned that the RDSTF-5 Trauma Advisory Board was on the Agenda for the next meeting of the Florida Trauma Advisory Council. Peter Pappas confirmed that he had received a copy of the Agenda today and that a power point had been prepared. This power point would be made available to Executive Committee members for review today. Peter Pappas stated that the power point was informational in nature and in line with previous presentations given on the advisory board.

Peter Pappas stated that a copy of the existing bylaws will be sent to Executive Committee Members for review and a new survey to select a monthly meeting time by Lynne Drawdy. A super majority for voting in principal found no objections. Susan Ono asked if meeting appointments and documents could be forwarded to other stakeholders. This found no objection. Peter Pappas reminded the committee that they were representatives of their respective stakeholder sections and were free to communicate Trauma Advisory Board activity with their colleagues. This found no objection.

The Committee decided that the draft Fact Sheet, Ad hoc committee plan and data request letter would be reviewed by committee members and revisions/corrections

returned to Peter Pappas within 7 days. The Executive Director was asked to finalize draft documents prior to the August meeting.

The August meeting would focus on approving draft documents, reviewing proposed amendments to bylaws and organizing the ad hoc Trauma Agency Development Committee.

Meeting was adjourned on a motion by Donald Plumley, Clint Sperber seconded.

6/8/18 RTAB Executive Committee & Workshop Minutes

Executive Committee Meeting

9:00-9:50 AM

Welcome

Executive Director

See sign-in sheets

Roll Call of Members

Trauma Chair – Dr. Donald Plumbley
Trauma Co-Chair: Martin/Fire – Chief Stable
Trauma ice Chair – Lindsey Martin
EMS Vice Chair – IR????
Level II – Dr. Barquist
Acute Care – Margot Ververex
DOH – Clint Sperber
Extended Care – Consultate?????
911/Non transport – Dr. Dudley
Municipal – Leesburg?????
County – Orange County?????

Had quorum

On Phone:

Joe Nelson
Dave Freeman
Rick Clow
Karen Thurmond
Kevin Captain (on webinar but did not introduce himself)
Sandra Schwemmer
Dr. Barquist

In Room:

Faye Pappas
Leah Colston
Michael Leffert- Doh
Melissa Hall, Osceola
Michelle Rudd, Osceola Regional

Michelle Str, Orlando
Trauma Orl
Rebecca Or
Allison, Helath First
Mmereth Tinto – Homes
Rob Spirvey – Holmes
Mark Wolcott, Volusia
Steve Talbet, UCF

Ex-Officio
FCOT – Dr. Byer – read proposal and excited about what they are trying t odo
FHA ???
EMS AC – Dr. Nelson
RDSTF – Dave Freeman & Clint Sperber

On webinar: Rick Clow, Kevin Captain, Karen Thurmond

Call to Order Chairs

Called to order at 9:16 am

Review and Approval of Minutes Chairs
Dudley moved, Lindsey approved. Passed

CFDMC/RDSTF Update Sperber/Freeman

ACS – tabletop in each county
Functional next year
Full scale over next few years
Developed a regional logistics plan

Dave – no SMRT but RMA

Pappas – Clint active in injury prevention efforts – shared data – injuries up

Executive Director’s Report Pappas/Drawdy

Main purpose – go over pilot agency plan.

November 2017 – approved developing pilot plan. Dr. Schwemmer brought on board to assist. Will go through plan in workshop.

Hopefully now can focus RTAB on collaborating in improving patient care.

Byers and Talbet to give presentations on two exciting initiatives.

Walked through agenda

System Support Committee Update

Members

“Survive the Ride”

Dr. Patricia Byers

Dr. Byers – survive the ride -see presentation

Motocycle deaths 27 times more frequent -

Has cards

Share slides with group – she agreed

Programs at university? Covered in scooters. University of Miami – police, traffic – students from all over country and have no idea of FL laws – tried to get it so they couldn’t register vehicle unless endorsed – university wouldn’t go through it – gave package re endorsement given to every person who registers. Put sign-up signs where they park motorcycles. UF has a very aggressive program – same amount of scooter deaths as motorcycles. USF was going to do something. She can’t go into every school. FDOT funding limited. Trauma center prevention group needs to take this on as part of their project – they can give a toolkit.

Clint – age distribution / gender distribution for fatalities? Yes for her trauma centers. Can get de-identified data. Wonderful project for advisory board.

Pappas – might be a worthwhile initiative here. The teachable moment is when they have a crash – they retain it.

Any way to know if fatalities had a previous crash. If available. Even in your own trauma community can’t always tell – go to different hospitals.

*****Give Dr. Byers trauma maps and she’ll add St. Lucie and Martin data.**

N/A – both counties are included in data.

UF Air Database Initiative

Prof. Steve Talbert

See PPT

Looking at air transport costs – impact on outcomes

Kentucky analysis

Have approached UF, UCF, USF to look at data

Open to adding more partners

Byers – would like to join effort

Pappas – timeline – IRB always take longer than we think. Using registry speeds up.

Contingent on how fast we can get the data – once received get it clean and processed so it can be analyzed – registry data makes that easier. Expect results within 3 months of getting data in.

Pappas – if trauma center wants to join in – how? Communicate with him – he has cards.

Preparedness Committee Update

Members

Monthly meeting – no updates

Stop the Bleed Training Renaissance Sea World

Dr. Byers – July 12 – stop the bleed and first responder motorcycle training for 100 leo.

Finding in ME evaluation that patients dying on scene not badly injured. Feel by having LEOs trained can save lives. Need volunteers – trainers. Have 8 but need at least seven more.

Resend request

Plumbley – do we know how many trained in region? Each trauma center knows. Can we collect/collate.

Pappas – after trauma plan can focus on this sort of thing.

Can also look at how we are organized for mass trauma/burns.

New Business

Committee

Adjourn and Commence Agency Development Workshop

Chairs

Next Conference Call

July, 2018 TBA

Trauma Agency Development Workshop

10:00 – 12:45

10:00 Welcome Executive Director

See above
Roll Call of Attendees

Introductions see above
New???Macpherson, Maples,

Call to Order Chairs

Call to order at 10:16 am

10:15 – 10:45 Presentation of Pilot Plan Schwemmer/Team
See PPT

Dr. Pappas – regional trauma agency plan template – what would this look like. Reminder this is a pilot. Appreciate all for participating.

Schwemmer selected as consultant – apologized that she could not be there in person.

Appreciated opportunity to provide information and put together draft.

Walked through PPT – e.g. process, data, document

Provided coalition with all the documents (e.g. TTPs, so if not all approve uniform TTP can submit the TTP from those who don't approve).

Quality manual – comprehensive document

Additional information – identified that is needed – hope to obtain much of this over next 30 days - can be incorporated into this document or into what the coalition submits to DOH

10:45 – 10:55 Executive Committee Comments

Lindsey – emailed comments. No additional comments

Orlando Health - Susan Ono – would want data to be accurate – now that we are using state trauma registry for quality only – can this be supplied? Leah – will have to look at this –

questions re fate of trauma registry – trauma advisory council will have a role in this. She hopes that the registry will stay and that we can share – will need to work through details. Plumbley – don't have accurate data- propose to the new trauma council? Leah – use, NTBP data 18 months old when we get it. Same data – can maintain the trauma registry for quality and performance improvement – would be of valuable so data could be used for purposes like that. Will be putting that in front of the TAC. Leah will take this to leadership, legal office. Data is publicly available, just need to figure out mechanics.

Chief Stabile – some confusion among some of the agencies that don't participate in the meetings when the documents were sent out – automatically thinking this was being pushed on them – had concerns. Pappas – how do we engage these groups going forward. Have list of contacts but never sure they are the right person. Chief Richter is chair of treasure coast EMS group. How often does group meet? Monthly except for June-July. Have an email list. Dr. Pappas will put something together for them to send out via email list.

Yesterday – Dr. Pappas addressed the region's hospital group.

Clint – continue engagement in fire districts.

Dudley – no comments from non-transport perspective. Question re data – trauma registry data – yes.

? – what is the coalition deliverable and timeframe

Leah – coalition project/contract deliverable to BPR
Then plan comes to BEMO/Trauma – they are over the approval of a regional trauma agency.

One regional trauma – not RDSTF – based on catchment areas – North central Florida trauma agency. Leah will send her the plan and TTP. May want to look at that.

Not prescriptive – the region has to make all the decisions – re how you operate, what you share, etc.

Not required to submit a plan. Lynne – contract deliverable. Leah – she can check this off.
Resend contract info.

Susan – can coalition submit plan without the executive committee approval – no. Leah – all parties have to agree.

Susan – need to look at process for consensus. Re-look at this. Some phone calls with votes without members present. Need better mechanisms for demonstrating consensus by all. Dr. Pappas – have bylaws – up to group if they want to change those. Rob – some in county not even aware of this going on. Dr. Pappas – who are those we need to get involved.

Barquist – a member of a number of organizations. Had a meeting three years ago where an attorney who wanted multiple reps or every agency in region. No room that big. We need to be sure that Executive Committee represent their constituencies. Region 5 gets along better than other parts of the state. This is the room/the place to move forward. All concerned but there is

no teeth here. Those in this room can make this happen. All know each other, all get along. Need to deliver the best product, strawman. Recognize no one else can or will do this for us.

Each county can learn from the others – e.g. TTPs. Look at this as a 20 year project. Not a lot of progress over the last 20 years.

Dr. Byers – outsider, view of state. When she read the draft – so excited – about the inventory and the connections. Opportunity here – very interesting region – mini Florida – all challenges and problems – e.g. metro to rural. If the plan works here, the state can use this as a model. This is also a national problem. The stress is the apples/oranges issue. But can learn from each other.

Plumbly – 34 acute care and 48 EMS agencies. Not doing a good job in communicating. Communication is always a huge issue.

Leah – plan will be a good communication tool.

McPherson – MD from Brevard. Do we have buy-off from Ralls, Hunter, others. Key issue is developing triage process. If not in accord on a basic structure. Will need to bring in other constituents and get their buy-in.

Leah – have EMS Advisory council and new Trauma Advisory council and consortia. Be members of those and use those to spread messages and get feedback. The whole group has to take responsibility for this.

Leah – new trauma advisory council – pushing for feedback for 3 years – finally got this group – in state HB ? Governor appointment. Advisory body to DOH. She calls them the SMEs to make sure DOH makes good decisions. A new partnership to help evolved the trauma system. Have not had great relationships until now and hope this will help. Had first meeting two weeks ago in this room. Went well. Great discussions on how to work together. They can't tell region what to do but may want to hear from region. These are open meetings and all are welcome to attend, give feedback and recommendations.

Funding – coalition was one year project. Dr. Pappas – what it comes down to is how can we as clinicians and agencies make things better for patients.

Pappas – a lot of passion around this – submit template – continue to work toward building the regional trauma agency.

Rob Spivey, Holmes – more integrated approach to disaster management. Pappas – agree – big part of where we need to go.

Dr. Tinti -current focus of proposal hasn't identified all the problems to fix. Their perspective is coordination of care.

Pappas – AB is meant to be that body. Please communicate issues to be addressed.
AB will continue to evolve.

Comment: Air medical not represented on EC. Pappas – volunteer to serve on committee – e.g. System Support. Looking for volunteers.

Spivey – don't want to regress – good process now. Pappas agreed.

McPherson – trauma advisory board – how much EMS representation. EMS Chair and co-Chair and 911 non transport. Need to empower AB EC members to communicate.

Leah – based on group – have a one page document that talks about purpose, members, goals.
Yes – have that. Send that out. Make sure all have that so all communicating the same message.
And if EC gets feedback that they share it with the entire group.

Melissa Hall, Osceola Regional – ACS/HRSA have a model trauma system planning and evaluation document – looks at pre-hospital, with benchmarking and scoring tool. Recommend we use that. Core functions – assessment, what does region look like, policy development and assurance. Make a subcommittee to write a good draft plan.

11:50 – 12:45

Discussion and Motions

Executive Committee

Leah – looked at contract deliverable and sent Lynne an email that the draft plan meets the requirements of a regional trauma agency pilot plan draft. Need this group's approval to approve submission of the plan as a non-binding draft. Does not constitute submission of the formal submission to BEMO as a formal agency plan for review and approval. Leah – a formal plan would require a public hearing.

Plumbly - Motion: Executive committee supports submission of the pilot plan as a non binding living document for submission to Coalition board to meet contract deliverable.

Second – Barquist

Vote:

? timeline for vote today vs going forward. No deadline for submitting plan to become a regional trauma agency.

Barquist – if we don't do this as a region, others will do it for us. We are voting to give ourselves a voice.

Passed unanimously

Plumbly - Motion to establish an ad hoc committee under RTAB EC to review/edit/amend plan to future c consideration by EC and constituents.

Barquist –seconded

Unanimous

Plumbly – can we need accurate reliable data. Plumbly – motion to put together letter asking the state for access to data. Yes or no. Then can put in specific requests.

Chief Stables – seconded

Approved

Leah – send letter make inquiry for data – be specific.

Barquist – never asked to submit anything other than demographic data – can you produce the next level dive? Can produce any data set from NTBD data. Can provide injury specific data. Have talented epidemiology staff. Also have EMSTARS. Send them measures that you want and they can let you know if they can provide it. Or question you are trying to answer.

Florida added Florida specific data fields. Data quality in those elements varies. Leah – ask for what you need and they will try to figure out how to get it.

Clint – Leah's group does quality work. What timeframe is realistic. Clint – need committee to look at data request. Leah – if readily available, very quick. If ad hoc may need some coding to get. Tell us what you want and when.

Michael Leffert – frame research question,

Pappas – please continue to send info on stakeholders to him and Lynne.

Should reps also share – yes.

Could set up a separate ad hoc committee to continue to work on the plan.

MacPherson – can he reach out to medical directors and give update. Yes, please. Also would like to have an EMS medical director on ad hoc committee.

Lynne – recurring meeting. Send out doodle with recurring times.

12:45

Adjourn

Chairs

Adjourned – 12:15 pm

**4/24/18 RDSTF-5 Trauma Advisory Board
Executive Committee Conference Call Minutes**

Executive Committee Members Participating:

Trauma Chair/Orlando Health: Susan Ono, Adriana Patel, Dr. Donald Plumley, Karen Thurmond, Tina Wallace

Trauma Vice-Chair/Halifax: Rob Love

EMS Chair/Martin: Chief Stables

Trauma Level II/Central Florida Regional: Dr. Barquist

Non-Transporting EMS/City of Palm Bay: Chief Hall

Public Health/DOH-St. Lucie: Clint Sperber

Acute Care/Florida Hospital: Margot Ververis

Ex-Officio Members Participating:

Dr. Peter Pappas, Executive Director

Olga Quintana, ATPC

Others Participating:

Peter Allen, DOH St. Lucie

Leah Colston, DOH

Lynne Drawdy, Coalition

Kate Kocevar, DOH

Dr. Sandra Schwemmer, Trauma Consultant

Rob Spivey, Holmes

Dr. Meredith Tinti, Holmes

Call to Order: Dr. Pappas announced that seven of the eleven Executive Committee members were represented and a quorum was present. Susan Ono called the meeting to order.

Review and Approval of Minutes: A motion and seconded to approve the April Executive Committee minutes. There was no discussion and the minutes were approved.

CFDMC/RDSTF Update: Clint Sperber announced that the Coalition launched its new website. Lynne advised that Trauma has its own page on the website and we need input on what to include. Dr. Pappas stated that he would like to see the Executive Committee members on the page.

Executive Director's Report: Dr. Pappas stated that a call was held on May 15 call to provide updates to EMS and trauma leaders. He reminded members that an executive committee meeting and workshop will be held on June 8 in Viera to review and finalize the trauma agency plan.

System Support Committee Update: Clint Sperber reported that the St. Lucie Safe Kids Coalition is building a safety village; the county is leasing the land for a low fee; the build-out will be a multi-year project. There are only a few in the nation. Including one in Orlando.

Dr. Pappas stated that he has invited two speakers to briefly present at the June 8 meeting, including Steve Talbot from UCF School of Nursing who will present on the UF/USF Air Ambulance Database, and Dr. Patricia Byers who will present on the UM "Survive the Ride" project.

Preparedness Committee Update: Dr. Pappas stated that regional trauma stakeholders have been invited to support an FCOT Stop the Bleed training at the Renaissance Hotel at Sea World on July 12.

Dr. Pappas reported that Tim Kraft, the RDSTF law enforcement representative to the Preparedness Committee, is retiring and the RDSTF will appoint his replacement to this committee. Susan stated that Dr. Ibrahim has also been reaching out to engage law enforcement on the committee.

Agency Plan Update: Susan Ono questioned whether the region should develop a plan now or wait for direction from the new state trauma advisory council. Leah Colston advised that the council will have its first meeting tomorrow, which is open to the public. She stated that the initial focus will be on a charter and bylaws and that she does not feel that this will impact the work the region is doing in creating an agency plan. Dr. Schwemmer provided an update on the agency plan; comments received were incorporated in the TTPs which were redistributed. The group discussed the uniform TTPs. Leah stated that she has reviewed these and understands that the region is large and diverse and that local providers may have unique issues. She stated that one approach is to adopt recommended TTPs which allow EMS agencies to customize these to meet those needs. Leah agreed to share the North Central Florida TTPs. The group discussed the May 23 deadline. Dr. Pappas stated he asked for Executive Committee members to provide comments by May 23 so that a final draft could be distributed by May 30 prior to the June 8 workshop. He emphasized that the group will have an opportunity to comment throughout the process. A question was raised re catchment areas, and Dr. Schwemmer explained the process for drafting these, without registry data. Rob Spivey suggested that we need to be careful not to damage relationships by moving too fast. Leah stated that there is no deadline for developing the trauma agency. Lynne reminded the group that there is a contract deliverable for submitting an agency trauma plan by June 30 but the Executive Committee will decide what the includes. Lela stated that she will review this deliverable. Dr. Pappas asked that Executive Committee members continue to provide comments in preparation for the June 8 workshop.

New Business: No new business was raised.

Next Meeting: June 8 from 8:30 to 12:30 in Viera. Dr. Pappas advised that an agenda will be sent out next week.

Adjourn: Susan Ono adjourned the meeting.

May 15 Regional Trauma Advisory Board Call with EMS & Trauma Leaders

Participating: Dr. Marty Brown, Bill Campbell, Rick Clow, Orlando Dominguez, Lynne Drawdy, Dr. Larissa Dudley, Dr. Fitzpatrick, Dave Freeman, Dr. Joseph Ibrahim, Rob Love, Lindsey Martin, Dr. McPherson, Dr. Joe Nelson, Susan Ono, Dr. Peter Pappas, Dr. Donald Plumbley, Dr. George Ralls, Cory Richter, Dr. Sandra Schwemmer, Jerry Smith, Christopher Smith, Rob Spivey, Karen Thurmond, Christine Wallace, Mark Wolcott, Dr. Chris Zuver

Dr. Pappas welcomed all and provided a brief history of the Region 5 Trauma Advisory Board and its committees. He stated that the purpose of today's call is to seek input from EMS and trauma leaders in the development of the regional trauma advisory plan.

EMS leaders provided input on the draft regional trauma transport protocol. Concerns included local issues impacting the indicators such as time and staffing and concerns over mandating standards that exceed requirements in statute. The consensus was to align the TTP to state requirements and make it less specific. Over time, the group may come to consensus in adding additional requirements based on best practices or review of data.

Trauma leaders were also asked to provide input. It was suggested that the CDC criteria be removed. There was also concern over changes to state statutes over the past year and it was suggested that DOH be asked to provide some new direction. There are also some inaccuracies in the current draft.

Dr. Pappas asked that EMS and trauma leaders put their concerns and suggestions regarding the plan in writing and send to him with a copy to Lynne. He also asked that any questions for DOH be submitted. The group agreed to submit comments/suggestions/question by May 23. These will be incorporated into a final draft for review at the June 8 meeting.

March 22, 2018 Region 5 Trauma Advisory Board Executive Committee Call Minutes

Started at: 3:06

Participating: Sandy Schwemmer, Dan Harshburger, Dr. Peter Pappas, Christine Wallace, Rob Love, Gaius Hall, Chief Stable, Rob Spivey, Erik Barquist, Laura Burke, Cory Richter, Clint Sperber, Kate Kocevar, Lindsay Martin
Dr. Deponte

Dr. Pappas: Welcome everyone.

Asked chairs if they have questions, no questions, called to order.

Should have received minutes from Feb. Meeting, if not contact Lynne, or Dr. Pappas, if any questions or corrections, speak now. Motion and second to approve meeting minutes.

Have 8 online, more calling in. Roll call.

Vote for approval of min- no objections

No updates from CFDMC, can prepare update through minutes as Dave and Lynne are not online.

Update from Dr. Pappas- new trauma services bill/ legislation June or July first, (KATE: takes effect today.)
Governor signed Wednesday.

Kate: has been revisions in some of the TSA, this is more Broward county area. Grandfathering clause, orange park, jackson south, kendall, are other things that were in there, an advisory council was part of it, working with the governor's office on that, anxious to see who he selects by 1st of May, reconvened soon after first meeting which is also soon, getting applications to those who are interested, tight deadlines, anxious to get that underway.

copy of legislation sent out, criteria for new trauma requirements were sent out in packet,
New definition to TSA trauma centers established for TSA's new total of 6.

State trauma advisory council, mirror what is in region 5.

2020, tri-annual basis DOH report additional trauma centers

State organizing committee, looking at data to determine where they go, setting up more at tallahassee

KATE: trying to be more practical with it, state working to determine need. Provides definitive response to where it would need to be.

MIKE: Trauma agency certified in application for new trauma center, requirement does not exist in new statute

Executive committee members: role of trauma agency in setting up trauma centers, this bill can provide a degree of stability, lets us know how many will be in region, lifts burden of where to put them.

Member: Good they did that, lift burden

Dr. Barquist: many changes were made to reduce ongoing judicial challenge / appeals, it speaks to the quality of the people in region 5, but how judicial appeals should be all but eliminated. provides stability.

Dr. Pappas: hope it makes it easier to form, from agency standpoint, hopeful this makes it easier for us to create formal agency for the region

No further comments on this

Continue to roll out own agency plans:

Will be presentation today from Dr. Schwemmer. On where her group stands

Next deliverable due May 30th.

In may planning to get conference calls for key stakeholder groups 3 main ones. Calling on us and CFDMC to publicise, keep people aware child agency plan is nearing completion. Drafting comments that will be sent to tampa with plan.

1st week of june, next formal face-to face meeting trauma workshop, going over plan in detail, finishing, organizing comments, moving to vote of approval of plan in conference call in june

Today, continue discussing plan and in the future, setting up three future conference calls, then set up face-to-face meeting.

Conference calls in may, june workshop, wrap up agency plan.

Support committee update: getting ready for national stop the bleed day March 31st.

Update: Adriana Patel, unable to make call, wanted to relay- multiple hospitals will be talking about on their social media, region 5 council of activity will be participating, in contact with Tim Craft at UCF plan to meet with them on decon class.

Laura FI hospital: planning on doing FB live feed, EMS and marketing working together to make that happen.

Halifax/holmes regional: linked with Health first currently getting personnel to train the trainer events, giving class to people in area, will be using fb twitter feed once approval is given.

Dr. Pappas: If any pics would love to put on the Region advisory section on CFDMC website if comfortable sharing.

Chief Stable: stop the bleed campaign: we have two days scheduled 29th-training for local constitutional officers, during their workday, three sessions Sat. for public to come in on stop the bleed day. Just did conference of 20

paramedic students training them in train the trainer to utilize them. Lisa had already trained some people so they can train school staff as well.

Clint: May initiative set for Martin county for our county as well.

Central fl regional participating as well, events in Seminole county.

Halifax: holding two two hr events march 31st, and FB live event as well.

Dr. Pappas: new business; Email vote. Talking with Dr. Ibrahim transition away from doodle polls, over to set day of the month that can be for meetings. He will get with Lynne, send out two or three different options, get mail vote. Start in May- set day for conference call set would start in May.

Transition to trauma agency plan by Dr. Schwemmer:

Group has been working to put together trauma agency plans for 9 regions. Plan sent out to members. Hope discussion on this continues.

Dr. Schwemmer:

Deliverable 5.2

Required to set out: agency structure, table of organization (is in there twice, in excel sheet, if anything is not correct on organizational structure, can be corrected/modify/add), also is a list of region affiliates, behavioral health affiliates identified, a trauma agency operational view- based off experience of other trauma agencies, JAS are available , struggled with salary range, but more with operational budget, but hopeful details will allow for people of interest to be involved and hired. Additionally required to name specific authorities. Overview of how senate bill will impact 395, included annual agency operating budget for other agencies budgets, came up with number (in powerpoint).

Brief overview is in powerpoint. Organizational structure and table will be in plan. Excel sheet will be submitted with plan as well. Will update this as members update.

Slide 5- identified personnel who will be needed for operational position. Before they are hired, will need to determine where agency will be. Will impact who is available and who to hire

Slide 6- specific authority, will be submitted as well

Slide 7- breaks down budget, used ones in place for other trauma agencies. Ongoing sources finding is critical to budget- structure is vulnerable unless there is a fixed funding to ensure it is sustained. Struggle agencies have is often related to seeing that money continues. Look in materials- (trauma agency operations) used numbers pulled from existing documents, came up with first years operating budget. Is personnel only, does not include renting building, registry software. Will need to speak with center to see how we can get data to be accurate.

Placement of trauma agency will impact the plan.

Questions? none

Dr. Pappas: tell us the mechanics of what you will need from stakeholders going forward

Dr. Schwemmer: this is based off existing trauma agencies. Need to know where each trauma centre will be: number of transfers, resume to trauma directors so they can include that in material, specific info for trauma centers as they put together 3rd deliverable, they will reach out, may need to meet in person, hopeful their contact is met. Will need mutual aid agreements, as they need to be submitted with the plans.

Dr. Pappas: have access to CFDMC and trauma advisory board, please contact directly the members you need, or myself or Lynne.

Questions?

Arnold palmer area: Time to review information?

Dr. Pappas: yes, best if this becomes an ongoing conversation. Hope members will continue to review documents.

Dr. Schwemmer: pulling data that needs to be part of the plan, may be changes between now and the final plan. Needs to be a comprehensive document. May be in different format at the end.

Martin county: no comments, would like time to look it over

Dr. Barquist: briefly looked at it, may need flexibility in salary ranges, and where to base this is key. Large county, to get this kind of individuals, may need to place in a large metropolitan area. May be difficult, but having these individuals scattered can present difficulties.

Dr. Pappas: satellite offices with DOH collaboration may help.

Clint: how to sustain funding, what grants, what other mechanisms, ongoing partnerships, no funding from DOH

Dr. Schwemmer: ask that you approve this and we can get ready for deliverable 3

Any further questions?

Dr. Pappas: vote through email for 2nd deliverable approval. Open till Monday morning.

Adorned: 4:04

February 19, 2018 Region 5 Trauma Advisory Board Executive Committee Call

Participating: Dr. Erik Barquist, Laura Burke, Bill Campbell, Commissioner Elise Dennison, Giovanni DiPasquale, Lynne Drawdy, Krista Ennis, Dave Freeman, Chief Dan Harshburger, Dr. Joseph Ibrahim, Robert Love, Lindsay Martin, Dr. Joe Nelson, Richard Nettles, Susan Ono, Adriana Patel, Dr. Peter Pappas, Chief Cory Richter, Dr. Sandra Schwemmer, Clint Sperber, Christine Wallace,

Welcome & Call to Order: Dr. Pappas welcomed the group and called the roll. Eight of the eleven Executive Committee members were present for a quorum. Chief Harshburger called the meeting to order at 1:10 p.m.

Review and Approval of Minutes: The minutes of the January Executive Committee were distributed prior to the call. Dan Harshburger moved to approve the minutes as submitted and Christine Wallace seconded the motion. There was no further discussion and the motion passed.

CFDMC/RDSTF Update: Clint Sperber reported that the Coalition Board held a strategic planning session in January, including a review of capabilities, a discussion on a social media strategy, and updating governance policies. He reported that Lynda W.G. Mason has been appointed as the 2018 Vice Chair. An alternate care site regional logistics plan and cache inventory have been completed and we will be completing tabletops of the county plans over the coming months. Clint advised that all counties within the region are prepared for a Strategic National Stockpile point of distribution exercise that will focus on throughput. He stated that last week St. Lucie County participated in the nuclear power plant exercise. Dave Freeman advised that the Region 5 RDSTF meeting is scheduled March 1 in Orlando and he will provide an update on coalition activities, including the regional trauma agency plan. Chief Harshburger asked how engaged health is in the RDSTF and Dave reported that health is always represented.

Executive Director's Report:

- Annual Review: Dr. Pappas sent out a review of the activities over the past year. He congratulated the group on their progress and expressed appreciation from the Coalition Board and DOH to the group.
- 2018-2019 Plan: Dr. Pappas stated that over the next few months the plan will be completed and presented to stakeholders, the Coalition Board and DOH. He included plans for the coming year in the annual review timeline. Dr. Ibrahim asked if the plan development process allows for comments from stakeholders, and Dr. Pappas explained that the trauma medical directors and program managers, EMS chiefs and medical directors, and acute care hospital leaders will all be invited to a stakeholder workshop to provide input on the plan.

System Support Committee Update: Christine Wallace reported that the committee has not met since last month but injury prevention activities are taking place in each county.

Preparedness Committee Update: Dan Harshburger reported that the preparedness committee met earlier this month and they are promoting Stop the Bleed activities across the region. Osceola County will provide a train-the-trainer course next week in Martin County. Anyone interested in participating should contact Dan as quickly as possible. Dan will send details to Lynne for distribution to the Executive Committee. Stop the Bleed activities are being scheduled in each county. Dr. Pappas commended the committee and asked that they take and share photos of events.

New Business: No new business was raised.

Agency Consultant Presentation: Dr. Schwemmer reviewed the PPT and Excel spreadsheet previously distributed with the group. The data are the first deliverable and include regional and county demographics, trauma data, and profiles of the trauma system, hospital system and EMS systems in the region. The interfacility transfer agreements and trauma transport protocols have also been collected. Dr. Pappas asked for the time period and data source for the trauma data and Dr. Schwemmer explained that it is 2015 data from AHCA. Dan Harshburger asked re the EMS data and Dr. Nelson explained that this was from EMSTARS. The group discussed inaccuracies in the data and Dr. Schwemmer pointed out that reporting is not always standardized. Dan stated that he would send a request to EMS for data. He applauded Dr. Schwemmer and her team on the first deliverable. Dan moved to approve the first deliverable as submitted, and Commissioner Dennison seconded the motion. Dr. Pappas called the question and each organization present individually approved the submission. Dr. Pappas suggested moving the second deliverable deadline to March 15 and those present agreed.

Next Conference Call: A Doodle poll will be sent out to schedule the March call.

Adjourn: The call adjourned at 2:24 p.m.

1-9-18 RDSTF-5 Trauma Advisory Board Executive Committee Conference Call Minutes

Attending: Peter Allen, Bill Campbell, Melissa Dudley, Paul DePonte, Lynne Drawdy, Dave Freeman, Chief G. Hall, Chief Dan Harshburger, Kate Kocevar, Rob Love, Lindsay Martin, Dr. Joe Nelson, Susan Ono, Adriana Patel, Dr. Peter Pappas, Dr. Donald Plumley, Chief Cory Richter, Clint Sperber, Tina Wallace, John Wilgis

Welcome & Call to Order: Dr. Pappas welcomed those present and each participant introduced him/herself. Eight of the eleven Executive Committee were represented on the call and a quorum was achieved. Susan Ono and Chief Harshburger called the meeting to order at 1:06 pm

Review and Approval of Minutes: The December minutes were previously distributed. Dr. Plumley moved to accept as submitted and Bill Campbell seconded the motion. There were no issues raised and the minutes were approved.

CFDMC/RDSTF Update: Clint Sperber announced that the CFDMC Board will hold a strategic planning session on January 12 to look at strategic issues over the next five years, elect a new vice chair and approve the regional alternate care site logistical plan. Clint reported that Dave Freeman and the regional medical assistance team have been very active over the past few weeks, including supporting the Disney marathons this past weekend.

Executive Director's Report: Dr. Pappas stated that today's most important issue is to approve selection of the consultant. He stated that there was a call earlier today with the Preparedness Committee.

System Support Committee Update: A link to data on fatalities was shared with the committee. Tina Wallace stated that there is a Safe Kids Coalition meeting at end of the month. The committee will schedule a call to determine next steps. Clint stated that in addition to unintentional injury, the Preparedness Committee will work on a Stop the Bleed initiative. He stated that there is a Safe Kids Coalition in St. Lucie and over 500 coalitions in the US and worldwide. Clint reported that the St. Lucie coalition recently selected to participate in a pilot project on a pedestrian safety project which is being adopted internationally. The St. Lucie coordinator is going to DC next month for training. Lynne is available to support the committee and suggesting setting up routine monthly calls. Dr. Pappas suggested putting out a call to other volunteers.

Preparedness Committee Update: Susan Ono reported that the Preparedness Committee met earlier today and made plans to ensure there are multi-disciplinary Stop the Bleed activities in each county on March 31. Chief Harshburger suggested that all counties use the same materials for consistency. Susan reported that the website has materials approved by the American College of Surgeons. Chief Harshburger stated that he has seen different materials on three different websites and suggested having criteria for these materials. Dr. Pappas asked John Wilgis if FHA could help promote this to acute care and community hospitals and John stated that FHA is happy to support this. Peter Allen reported that St. Lucie is holding a Stop the Bleed train-the-trainer day on February 15 at 6 p.m. at the Milner Center; the course is 75 minutes and there are some prerequisites (must be a nurse, EMT, paramedic and have some teaching experience). Dr. Pappas stated that the committee will look at what is planned across the region and look for opportunities to encourage this initiative and promote the healthcare coalition and the Regional Trauma Advisory Board.

Trauma Agency Consultant: Lynne reported that only one proposal was received, and the selection committee has approved the proposal. Bill Campbell moved to accept the proposal and Chief Richter seconded the motion. There was no discussion and a vote was held by Executive Committee seat and the motion passed unanimously.

Lynne stated that she will develop a service agreement between the Coalition and the consultant. This will include monthly reports to the Executive Committee.

New Business: Lynne reported that scheduling calls via Doodle poll is challenging as not all respond. She asked the group if they had another preference for scheduling calls, such as agreeing to the date for the next call at the end of each call. The group discussed and agreed to continue Doodles with short turnarounds; members are encouraged to respond. Lynne stated that for the committees, we will try to schedule regular calls. There were no other new business items raised.

Next Conference Call: Lynne will send out a Doodle poll to schedule the February call.

Adjourn: Dr. Pappas thanked all for participating and stated that we have a solid start and will continue to build as we move through the year.

Adjournment: The co-chairs moved to adjourn at 1:55 p.m.

12/13/17 Region 5 Trauma Advisory Board Executive Committee Conference Call

Participating: Peter Allen, Andry Anpatel, Laura Burke, Carlos Carrasco, Commissioner Peter Clarke, Commissioner Elise Dennison, Lynne Drawdy, Dave Freeman, Dan Harshburger, Kate Kocevar, Robert Love, Lindsay Martin, Dr. Joe Nelson, Dr. Peter Pappas, Clint Sperber, Tina Wallace

Welcome & Introductions: Dr. Pappas welcomed those present and each introduced him/herself. Dr. Pappas announced that seven of the eleven Executive Committee member organizations were represented and a quorum was reached. Chief Harshburger called the meeting to order at 1:02 p.m.

Review and Approval of Minutes: The November meeting minutes were distributed via email on December 12. Chief Harshburger moved to approve the minutes as submitted and Laura Burke seconded the motion. There was no discussion and the motion passed.

CFDMC/RDSTF Update: Dave Freeman provided an update from the 12/11/17 RDSTF Health and Medical Co-chair meeting. He stated that DOH has decided to disband the state medical response system and teams. Dr. Pappas suggested that the trauma advisory board's Preparedness Committee consider the impact this has on regional capabilities.

Executive Director's Report: Dr. Pappas reported that following approval at the November meeting, a scope of work was developed for a consultant to work with stakeholders in developing a regional trauma agency plan. The scope of work has gone out to all four local agencies in Florida as well as two individuals associated with these organizations in the immediate past. Proposals are due 12/22/17. A selection committee including Chief Harshburger, Dr. Ibrahim and Laura Burke will review and rank proposals and make a recommendation to the Trauma Advisory Board Executive Committee. The consultant will report to the Executive Committee monthly and will have a plan outline by February, and a final draft by May 31, 2017. Dr. Pappas stated that he expects that we will have one or two more workshops before the plan is finalized.

System Support Committee Update. The committee is focusing on injury prevention. Clint Sperber reported on the new Florida CHARTS fatal injury county profile. He reported that the committee sent out a survey to injury prevention stakeholders in each county asking about injury prevention initiatives; these will help the committee identify priorities. Tina asked if the survey data is available; Lynne will forward this. Dr. Pappas stated that he and Lynne are available to support the committee as needed.

Preparedness Committee Update: A Doodle poll has gone out to schedule the next meeting. Chief Harshburger pointed out that the poll includes January 12 which is the date of the CFDMC board strategic planning session. Lynne will follow-up on this. Dan H asked Lynne to send him committee members and said he will reach out to the Osceola County representative.

New Business: No new business was raised.

Next Conference Call: Dr. Pappas stated that a call will be scheduled in January 2018

Adjournment: The call adjourned at 1:38 p.m.

November 21, 2017 Region 5 Trauma Advisory Board Minutes

Executive Committee Meeting

Welcome: Dr. Pappas welcomed participants and stated that it has been a long journey as we work toward the goal of creating a regional trauma agency that will support and improve our trauma system and make communities safer.

Call to Order: Dr. Ibrahim called the meeting to order and participants introduced themselves:

Peter Allen, FDOH St. Lucie
Dr. Erik Barquist, Central Florida Regional Hospital (Executive Committee)
Brian Blizzard, St. Lucie County Fire Department
Laura Burke, Florida Hospital (Executive Committee)
Bill Campbell, Central Florida Regional (via phone)
Leah Colston, FDOH
Elise Denison, Commissioner, Leesburg (Executive Committee)
Dr. Paul DePonte, Florida Hospital
Orlando Dominguez, Brevard Fire Rescue
Lynne Drawdy, CFDMC Project Manager
Dave Freeman, CFDMC Executive Director (Executive Committee Ex-Officio)
Melissa Hall, Osceola Regional Medical Center (via phone)
Chief Dan Harshburger, Martin Fire/Rescue (via phone) (Executive Committee)
Dr. Joseph Ibrahim, Orlando Health (Executive Committee)
Kate Kocevar, FDOH
Lindsay Martin, Halifax Health (Executive Committee)
Dr. Joe Nelson, FDOH/EMS (Executive Committee Ex-Officio)
Susan Ono, Orlando Health
Dr. Peter Pappas, CFDMC Board Member and Region 5 Trauma Advisory Board Executive Director |
(Executive Committee Ex-Officio)
Adriana Patel, Orlando Health
April Quimby, Halifax Health
Dr. Sandra Schwemmer (via phone)
Clint Sperber, FDOH St. Lucie (Executive Committee)
Rob Spivey, Holmes Regional Medical Center
Meredith Tinti, Holmes Regional Medical Center (via phone)
Christine Wallace, Orlando Health

Dr. Pappas advised that seven of the eleven voting executive committee members are represented and a quorum is present.

Review and Approval of Minutes: The minutes of the October Executive Committee call were previously distributed. Dr. Ibrahim moved to approve and Clint Sperber seconded the motion. There was no further discussion and the minutes were approved.

CFDMC/RDSTF Update: Clint Sperber advised that the Central Florida Disaster Medical Coalition (CFDMC) is the ESF8 (health and medical) group for the Region 5 Domestic Security Task Force (RDSTF). The Coalition has established annual workplans for the next five years which have been approved by the Coalition Board and the Florida Department of Health, Bureau of Preparedness and Response. The Coalition will receive approximately \$1 million per year to sustain the Coalition and fund projects to prepare the healthcare system. Clint advised that there is a project in this year's workplan to develop a regional trauma agency plan by June 30.

Executive Director's Report: Dr. Pappas stated that he attended the Florida Committee on Trauma (FCOT) meeting on November 6 & 7, and was given an opportunity by Dr. Nemais to present an update on the Region 5 Trauma Advisory Board. He stated that FCOT continues to support this effort and seeks this as a model for other regions.

Dr. Pappas reminded the group that following the October call, an email poll was conducted for two issues; the group voted to support both. The first was to coordinate efforts across the region in support of the March 31 national Stop the Bleed day. The second was to improve the trauma section on the website. Dr. Pappas stated that he will try to get a group photo today. He stated that the Coalition Board of Directors' bios and photos are on the website, and he would like to see this for the trauma advisory board.

Dr. Pappas reported that two calls were held, one with trauma leaders and one with EMS leaders, to brief them on progress. Both groups are open to exploring development of a regional trauma agency.

System Support Committee: Clint reported that the committee met last month and agreed that a major focus would be on injury prevention. A survey was sent out across the region to gather injury prevention initiatives in each county. He stated that the results showed themes around falls prevention, drowning prevention, bike safety, car seats, poison prevention, and safe sleep. Clint is working on a data profile for injuries in each county so we can focus on top three and leverage existing programs. He stated that there are Safe Kids Coalitions in many counties and we can tap into these. Dr. Ibrahim asked if data can be separated by pre- and post-intervention. He suggested research on what works well and what doesn't. Once we have the data we can recommend activities. April Quimby stated that the Physical Therapist association is working on a senior falls campaign and we can partner with that group. Dr. Ibrahim will bring these recommendations back to the group and engage other stakeholders.

Preparedness Committee: Dr. Ibrahim stated the committee held a phone call and reached consensus on beginning with the Stop the Bleed campaign. He stated that at the recent TQUIP and COP meetings, this was a high priority. There is a push at the state level for funding to support this, and a request is being made. He stated that other states are more advanced than Florida. For example, in Georgia, there are kits in every school. He stated that one suggestion is for the group to focus on providing train-the-trainer so that we can build a large cadre of trainers who can provide one or two courses per year.

New Business: Dr. Pappas welcomed the new interim trauma program manager at Halifax, Lindsey Martin. Lindsey stated that she has been with Halifax for six years.

Commissioner Dennison stated that by July 2018, it is anticipated that Leesburg General will be a new Level II trauma center. Dr. Pappas stated that we will invite hospital leadership to present to the Executive Committee in the future.

Dr. Pappas stated that an executive committee call will be scheduled for December.

The Executive Committee portion of the meeting was adjourned.

Trauma Agency Development Workshop

DOH Presentation. Dr. Pappas introduced Leah Colston, Chief of the Bureau of Emergency Medical Oversight with the Florida Department of Health. Leah introduced Kate Kocevar, Trauma Section Administrator. She stated that this effort began in 2015. She thanked Dr. Pappas for his efforts in facilitating this initiative, and thanked all who are participating. She stated that the Department of Health is charged under Florida Statutes with establishing and maintain an inclusive trauma system. She stated that Region 5 will be used as a model in building an agency from the ground up. She stated the next step is working on a trauma agency plan. She suggested using Chapter 395 to incorporate all elements of the system. She stated that trauma agencies ensure that the trauma system meets local needs. She stated that Florida is one of the largest and most diverse states. Two-thirds of the population are from Orlando south. She stated that the trauma system is not just the trauma centers; it includes injury prevention emergency medical services, acute care and post-acute care. She stated that the goal are regional trauma agencies to ensure coordination when local resources are exhausted and to ensure integration. For example, development of a regional trauma transport protocol. Another goal is to build relationships. She stated that as the RDSTF regions are in statute, the goal is to follow this structure in creating regional trauma agencies. She stated that she hopes the Region 5 work will serve as a template for the others.

Leah stated that the trauma agency plan must be submitted to DOH for approval, and a plan update must be submitted every five years. She stated that funding has been a significant barrier in the goal of establishing trauma agencies. Some local agencies are funded by taxing districts or local government; others charge member dues. She stated that there is the potential for grant funding. She stated that DOH cannot ask the legislature for funding, but the trauma system can. She stated that DOH will continue to explore funding opportunities, and can assist with performance improvement activities.

Leah stated that this can be a competitive environment, and it is important to work toward an environment where all feel confident and safe in sharing data and looking at improvement opportunities.

Chief Harshburger asked if it is the state's intent to incorporate this with the RDSTF. He stated that we use that name but are not part of the RDSTF. Dr. Pappas stated that the Coalition is the ESF8/Health and Medical Committee of the RDSTF. He stated that Clint Sperber and Dave Freeman are the region's RDSTF health and medical co-chairs.

Agency Operations: Dr. Pappas introduced Dr. Sandra Schwemmer, the immediate past president of a local trauma agency in Florida and asked that she share how an agency works, including costs and interactions with stakeholders. Dr. Schwemmer stated that the goal is to leverage the resources you have to make change on a day to day basis. The agency provides a body to monitor data and provide direction as needed. She stated that her role as the trauma agency medical director focused on quality. She collaborated with EMS agencies and trauma medical directors, using a scorecard with colored indicators. She stated that they standardized trauma transport protocols, including continuous training and interaction with EMS agencies to ensure that all personnel understood these. She stated that an agency is only as good as the resources it has but you can be great simply by collaborating and working smarter. She stated that healthcare facilities requirements for reimbursement will be more focused around data such as HEDIS and efficiencies, and technical assistance from the agency will be invaluable. She stated that registry data is key to qualify. In Palm Beach County, they had internal registrars working on reporting of data and making sure that all fields were completed to provide meaningful utilization statistics that allowed the opportunity to look at fall-outs to improve. Utilization statistics were reviewed at every meeting, including ICU admits, step-downs, transfers, discharges, and trauma deaths. They also monitored all air and ground transports and looked at EMS cases referred by the trauma centers to address pre-hospital quality issues. She stated that these reviews were very collaborative and looked at the case from the full scope of care. She stated that the Trauma QI committee was comprised of diverse stakeholders, including EMS medical director, neurosurgeons, pediatrics surgeons, EMS agency personnel

medical examiners, air medical transport, trauma surgeons and trauma nurse managers. Patterns are examined to dive into cause, with a focus on appropriate resources to respond to situations. Participants sign confidentiality agreements, and enjoyed the meetings to learn and share.

Q&A with Participants: Dr. Pappas thanked Leah Colston and Dr. Schwemmer for the presentations and stated that others around the state and the nation are looking at Region 5 to create a viable model for trauma agencies. Dr. Pappas stated that we are fortunate to have the support of DOH and the Coalition.

Chief Harshburger stated that the coalition is a part of the RDSTF, and the regional trauma advisory board is part of the coalition. He asked if the trauma agency created will be a standalone entity? It will provide trauma expertise.

Commissioner Dennison asked Dr. Schwemmer about data from the trauma registry, and the key indicators used. Dr. Schwemmer stated they tracked and trended many indicators, such as volume load per hospital and deaths. She will share these indicators, which were used to drive the quality improvement process. These are set by the American College of Surgeons. Commissioner Dennison asked if each trauma center has a Qi process. Dr. Schwemmer stated that all do, using data from TQUIP and EMSTARS. She stated that the trauma agency serves as the body that collects and monitors data, not from a regulatory standpoint but in a collaborative fashion focused on learning and improvement. If it is done within the trauma Qi process, it is protected by statute. Leah Colston cautioned against the use of the word oversight. FDOH is a regulatory body that provides oversight. The agency can endorse an application from a trauma center by providing a letter of support, but FDOH must approve the trauma application. The agency can adopt a regional trauma transport protocol but cannot require that agencies use this. Chief Harshburger stated that the state has had many lawsuits and asked if this is a liability for an agency that chooses not to endorse an application. Leah stated that she cannot predict that. Dr. Schwemmer stated that if an agency does not support an applicant center, there is a process of verification with criteria, and they must list the reason. She stated that her agency had requirements to ensure they were fair and objective. She stated that although you cannot control politics and economics, the key is consistency, collaboration and communication.

Dr. Pappas stated that in the plan we will need to identify an administrative structure, scope for the agency, how we would obtain data without compromising the facilities, and legal protection for the agency.

Review of Contract: Lynne Drawdy advised that this is a funded project in this fiscal year 2017-2018 coalition work plan with a budget of \$36,720 (for a consultant and meeting support). The contract deliverable for this project is: **Develop a regional trauma agency plan which outlines how trauma care is delivered within the region. Include an implementation schedule in the plan. Send the regional trauma agency plan, a description of the desired outcomes to the coalition board for approval by 6/30/18. Submit the agency plan to the contract manager, with a signed attestation by the Coalition Board, by 7/15/18.** She stated that the financial penalty for missing this deliverable is 10% of the contract. She reported that this is one-time funding and the coalition cannot fund the operation of the trauma agency.

The executive committee discussed the deliverable, including whether a consultant is needed or if we could manage with administrative support. Lynne advised that consultant is a contractual term used by the state for a non-employee. Dr. Pappas stated that we need to hire someone who can lead the process and do the heavy lifting in preparing the plan. Leah agreed, and stated that she can share what the other trauma agencies have done. She stated that the plan should include interagency agreements and these agreements should be reviewed by the facility's legal offices. Dr. Pappas stated that if we develop an agency, we will need legal counsel.

Review of Statute & Agency Criteria: The group reviewed Florida Statutes 395.401 and the requirements for a trauma agency, including

1. The organizational structure of the trauma system.
2. Prehospital care management guidelines for triage and transportation of trauma cases (we have these and can pull these together).
3. Flow patterns of trauma cases and transportation system design and resources, including air transportation services, provision for interfacility trauma transfer, and the prehospital transportation of trauma victims. The trauma agency shall plan for the development of a system of transportation of trauma alert victims to trauma centers where the distance or time to a trauma center or transportation resources diminish access by trauma alert victims.
4. The number and location of needed trauma centers based on local needs, population, and location and distribution of resources. As of most recent data (2014) have right number.
5. Data collection regarding system operation and patient outcome.
6. Periodic performance evaluation of the trauma system and its components.
7. The use of air transport services within the jurisdiction of the local trauma agency.
8. Public information and education about the trauma system.
9. Emergency medical services communication system usage and dispatching.
10. The coordination and integration between the trauma center and other acute care hospitals.
11. Medical control and accountability.
12. Quality control and system evaluation.

Motions with Discussion:

Dr. Pappas summarized the key discussions:

- The Region 5 Trauma Advisory Board will develop a plan
- We will identify a neutral subject matter expert to help organize and put together the plan. Most information is readily available. The workload is in making connections and organizing this into a single document. This individual will be accountable to the trauma advisory board. Goals will be set and regular updates will be required.
- We will gather trauma agency plans from other areas. Commissioner Dennison suggested milestones. Lynne reported that a timeline was articulated at the February meeting. The group reviewed this and this can be adapted, adding monthly progress reports to the Executive Committee and a first draft by February and a final draft by May 31, 2018.

Clint Sperber moved to select an impartial consultant; Commissioner Dennison seconded the motion. Dr. Barquist moved to amend the motion to state that the consultant cannot be employed within Region 5 and Clint moved to accept the amendment. All present voted yes and the motion passed.

Lynne will draft a scope of work using the timeline and this will be sent to all local agencies in Florida as well as past employees of these agencies as quickly as possible. She stated that we will need a selection committee to review and rate proposals received. Dr. Ibrahim, Laura Burke and Chief Harshburger volunteered to serve. Dr. Barquist moved to appoint these individuals as the selection committee to review and rate the proposals and make a recommendation to the Executive Committee; Commissioner Dennison seconded the motion. The motion was unanimously approved. Lynne will draft a selection spreadsheet and a call will be scheduled with the group as soon as possible.

Dr. DePonte suggested including additional stakeholders in this process. Pappas stated that this will just be the creation of a plan to outline what an agency would look like. If approved, the next step would be to create the agency, which will require a much larger stakeholder group.

Dr. Pappas advised that the process and plan are under the control of and must be approved by the Executive Committee. Lindsey Martin moved that no agency plan or plans should be submitted without a vote of approval by the executive committee of the trauma advisory board; Commissioner Dennison seconded the motion. Dr. Barquist stated that any subcommittee must report to the primary committee. The motion passed unanimously.

Adjourn: Clint Sperber moved to adjourn and Dr. Ibrahim seconded the motion. The meeting adjourned at 1:11 p.m.

November 14, 2017 Regional Trauma Advisory Board Call with EMS Leaders

Participating; Chief Dominguez, Chief Dyal, Chief Hall, Chief Harshburger, Chief Johannes, Dr. McPherson, Dr. Joe Nelson, Dr. Peter Pappas, Chief Richter, Clint Sperber, Mark Wolcott, Dr. Christian Zuber, Florida Hospital Medical Director

Dr. Pappas welcomed the group and reminded the group that he sent out a PowerPoint in advance of the call. He stated that the purpose is to provide an update to EMS leaders on the Region 5 Trauma Advisory Board. He introduced Lynne Drawdy from the Central Florida Disaster Medial Coalition. Lynne reported that the Coalition is the Region 5 health and medical committee and development of a regional trauma agency plan is one of the coalition's funded projects for this year.

Dr. Pappas advised that the RDSTF Region 5 includes nine counties from Volusia through Martin (Central Florida, east Central Florida and Treasure Coast). He stated that the Region Trauma Advisory Board is a voluntary organization which came together to look at common interests, provide a forum for dialogue and improved communication in a large diverse region.

He provided an overview of the Executive Committee, which includes a trauma chair (Orlando Health) and co-chair (Central Florida Regional Hospital). Florida Hospital represents acute care hospitals. The EMS Chair is Chief Harshburger from Martin County, and Chief Richter from Indian River is the EMS Co-Chair. Other executive committee members include Clint Sperber representing public health, Florida Hospital representing acute care hospitals, Chief Stables representing non-transporting agencies, Consulate representing post-acute care, and Orange County Commissioner Pete Clarke and City of Leesburg Commission Elise Dennison representing county and city government. Chief Harshburger advised that the Executive Committee has developed bylaws and is progressing in an orderly manner.

Dr. Pappas advised that three committees have been formed. The System Support Committee will provide a forum for education, training, grants, and best practices. Clint Sperber and Christine Wallace are leading the committee. Clint stated that the committee is focusing on injury prevention. Six of the nine counties in the region participate in a Safe Kids Coalition, an evidence-based program for children age 20 and under. He stated the committee is surveying each county to determine the injury prevention programs already underway, and Clint is gathering data on injuries in each county. Dr. Pappas encouraged those who wish to participate in this committee to reach out to him or Lynne. Dr. Pappas stated that a Preparedness Committee is looking at integrating mass casualty plans between first responders and first receivers across the region, and coordinating joint exercises. He stated that Osceola EMS will join this committee and Timothy Kraft from FDLE is joining the committee. The committee's first project will focus on a regional Stop the Bleed initiative on March 8 (national Stop the Bleed day). Dr. Pappas stated that the Trauma Agency Development Committee is comprised of the Executive Committee and they are exploring creation of a regional agency or agencies, with a due date of June 2018 to submit a plan and a budget for the agency. This will be a major topic at the next meeting on November 21. Leah Colston and Kate Kocovar from DOH will present the state's direction and answer questions. Dr. Pappas stated that the meeting will be at the DOH-Brevard office in Viera and EMS, Trauma and other stakeholders will receive an invitation. Dr. Nelson stated that DOH is hoping that Region 5 will develop a model for the rest of the state. Dr. Pappas stated that Central Florida has a nationally renowned trauma system and the goal is to continue to build that out. He stated that Florida is the third most populous state in the country, and we must have a robust system that can handle large numbers. An agency is an opportunity to bring stakeholders together to solve problems, share best practices and seek grants. Chief Hall stated that there is power in this type of group and he feels this is a great opportunity for the region.

Dr. Pappas thanked all for participating and stated that he hopes all will attend the meeting on November 21.

October 30, 2017 Regional Trauma Advisory Board Call with Trauma Leaders

Participating: Dr. Tracy Bilski, Bill Campbell, Dr. Gary Curcio, Melissa Hall, Dr. Joseph Ibrahim, Susan Ono, Dr. Peter Pappas

Dr. Pappas welcomed all and stated that the purpose of the call is to update trauma leaders on the regional trauma advisory board. Two documents were sent prior to the call. He advised that he has been working with Dave Freeman, previously the Orange County Emergency Manager and now Executive Director of the Central Florida Disaster Medical Coalition, on the concept of a regional trauma agency for the past two years. Region 5 is nine counties in Central Florida, including Volusia, Lake, Seminole, Orange, Osceola, Brevard, Indian River, St. Lucie, Martin Counties. The region has six state certified trauma centers: Halifax, Central Regional, Orlando Regional, Osceola Regional, Holmes Regional, Lawnwood. He stated that the goal was set by DOH to pilot a regional trauma agency that could be used as a model for other regions. This would be a voluntary organization and would provide a forum for communication and improving the trauma system. The concept is being supported by the Central Florida Disaster Medical Coalition, the RDSTF Region 5 health and medical committee. He stated that Lynne is the project manager. Lynne provided a brief overview of the coalition.

Dr. Pappas advised that the Executive Committee includes a trauma chair (the Level I trauma Center) and a trauma co-chair (a Level II trauma center), an EMS chair and co-chair, and representatives from acute care hospitals, post-acute care, public health, non-transporting EMS agency, and county and city government. There are 11 voting members on the Executive Committee. Dr. Pappas serves as the Executive Director along with several other ex-officio members representing the coalition and associations.

Dr. Pappas advised there are three committees. The System Support committee focuses on education, training, looking at joint grant applications, best practice initiatives, injury prevention and clinical research. The committee has met and Christine Wallace and Clint Sperber are leading the committee. The committee has recently sent out a survey to identify injury prevention activities in each county and will be looking for a joint project, such as pediatric injury prevention. He stated that the Preparedness Committee will focus on the trauma system's ability to respond to disasters. For example, if there is a mass casualty event that exceeds local capacity, how do we integrate the response across disciplines and geographic areas. He stated that the goal is to prepare not one facility at a time but as a healthcare system. He stated that the committee is also focusing on a regional Stop the Bleed event on March 8, 2018. This committee includes Dr. Ibrahim, Chief Harshburger, and Laura Wolfe. The final committee is the Trauma Agency Development Committee, which is comprised of the Executive Committee. They will be exploring development of a regional trauma agency plan. Dr. Ibrahim asked if we had identified a law enforcement representative, and Dr. Pappas stated that we are working on that and should have a representative by the November meeting. Dr. Bilskii stated that she would like to serve on this group.

Susan Ono stated that we are also looking at getting the trauma registrars together. Olga stated that she has a google group for these. Dr. Pappas advised that he will hold another call next week with EMS leaders.

Dr. Pappas advised that the next Executive Committee meeting will be held on November 21 in Viera, followed by a workshop to discuss how to develop a regional trauma agency plan or plans. He will be inviting trauma and EMS leaders and other stakeholders, and encouraged the group to invite anyone interested. He stated that this is a funded project through the coalition with a deliverable to submit a plan by June 30, 2018. At the November meeting, we will discuss how to accomplish this, such as contracting with a consultant to gather data and draft the plan. He stated that an invitation and agenda will go out in the next week. Leah Colston from DOH will attend and will give a presentation on the state's direction; he asked those present to let him know if they have any questions for DOH. He stated that Dr. Sandra Schwimmer, past director of local trauma agency, will also present.

10-19-17 Region 5 Trauma Advisory Board Call

Participating: Laura Burke, Commissioner Elise Dennison Dr. Joseph Ibrahim, Dr. Joe Nelson, Dr. Nick Namais, Susan Ono, Dr. Peter Pappas, Olga Quintana, Tina Wallace, Laura Wolf

Call to Order: Dr. Ibrahim called the meeting to order and Dr. Pappas noted that we did not reach a quorum.

Approval of October Minutes: Laura Wolf moved to approve the minutes and Dr. Nelson seconded the motion. There was no discussion or amendments and the minutes were approved.

Updates: Dr. Pappas provided an update from the FCOT meeting. Dr. Nelson stated that the EMS Advisory Council did not meet in September due to Hurricane Irma; they will meet in January 2018 in Daytona Beach.

Contract Information: Dr. Pappas asked Lynne Drawdy to provide an update on funding for the trauma advisory board. Lynne reported that the Coalition has an approved trauma project with a budget of \$36,270 (\$30,000 for a consultant and the rest to support meetings). The deliverable for the project is to submit a regional trauma agency plan by June 30, 2018.

Executive Director's Report: Dr. Pappas advised that he has scheduled two calls; one is for Trauma medical directors scheduled for October 30, and one for EMS medical directors which will be scheduled in early November. He has a call scheduled for October 30 with Leah Colston and Kate Kocevar, DOH trauma leaders, and he has invited them to participate in the November meeting to provide their direction. Dr. Pappas stated that during the November meeting, we will discuss specific deliverables in developing a regional trauma agency and will have updates from the systems support and preparedness committees.

Preparedness Committee Update: Laura Wolf reported that the EMS Advisory Board has formatted an MCI plan for the county and they are exploring opportunities to exercise this. She stated that we need to integrate hospitals and EMS in exercises, and suggested including trauma centers in this exercise. Dr. Ibrahim stated they are continuing to train on and raise awareness for Stop the Bleed. He agreed that we need trauma centers to work with EMS and stated that another missing element is law enforcement. Dr. Pappas asked if we have obtained an RDSTF law enforcement representative, and Lynne Drawdy reported that Tim Kraft from FDLE has agreed to serve on the region's exercise planning team; she will ask if he will serve on the preparedness committee. March 13 is national Stop the Bleed day and all agreed to support a campaign within the region in support of that. Dr. Pappas will send out an email asking members to vote to make that a specific deliverable for the Preparedness Committee. Laura Burke stated that she would like to be involved in this initiative and she will reach out to Health First to get them engaged.

System Support Committee Update: Tina Wallace reported that the committee met last week. She has reached out to Osceola County and they will join the committee. The first initiative will be on child restraints/car seats. She stated they are surveying the region's counties to determine what injury prevention programs are underway.

CFDMC Website. Dr. Pappas advised that the CFDMC website includes a section on Trauma, and there are several documents currently on the website but these are out of date. He asked members what they want to include on the website. He suggested a list of the executive committee members, the bylaws, and the PowerPoint overview used to educate the medical directors. He will send this out for a vote by email. Lynne reported that we are working with a web designer and will be launching the new look for the website soon.

Open Discussion: The group discussed engaging registrars through a call or a meeting. Olga stated that she has a google group to reach these. Susan Ono and Dr. Pappas will discuss.

Next Meeting -Dr. Pappas reminded members that the next meeting is face to face in Viera on November 21. He stated this will be an important discussion regarding developing the agency plan.

9-20-17 Region 5 Trauma Advisory Board Call

Attending: Laura Burke, Bill Campbell, Elise Dennison, Lynne Drawdy, Dr. Evans, Chief Harshburger, Kay Kocevar, Dr. Nelson, Susan Ono, Dr. Pappas, Chief Richter, Clint Sperber, Tina Wallace, Laura Wolf

Call to Order: Dr. Pappas welcomed all and thanked all for their response to Hurricane Irma. He reminded members that we will celebrate the responders during the Thursday Coalition call. Lynne reported that 8 of the 11 Executive Committee members were represented. Susan Ono called the meeting to order at 10:08 a.m.

Review of Minutes: The September minutes were distributed to members. A motion was made and seconded to approve these; there was no discussion and the motion carried.

RDSTF Health and Medical Co-Chair Report: Clint advised that he had no update. He stated that Leah Colston has agreed to attend the November meeting.

Executive Director's Report:

- Budget Update: Dr. Pappas asked Lynne to provide a budget update. Lynne advised that the coalition allocated \$51,000 in fiscal year 2017-2018 for development of a regional trauma agency plan. Unfortunately, a state funding formula reduced the first-year funding to 72% (we anticipate \$37,000 for the trauma advisory board project). Lynne reported that we expect to have a contract by October 1 and will then have the final amount.
- Conference Calls for Medical Directors: Dr. Pappas distributed a PowerPoint Presentation to be used in calls with Trauma and EMS leaders. He asked the Executive Committee for feedback. He will schedule two calls in October, one with trauma program managers and medical directors, and one for EMS medical directors and fire chiefs.

Old Business:

- Preparedness Committee. Chief Harshburger stated that the committee will review and use information from the hurricane after action reports.
- System Support: Christine, Susan and Clint will serve and will look at injury prevention initiatives.

Dr. Pappas advised the committee chairs that Lynne can help schedule calls.

New Business: Dr. Pappas advised that the next face to face meeting will be held on November 21 from 9:30 am to 1:30 p.m. at the DOH-Brevard Bill Posey Conference Center in Viera. The meeting will begin with the Executive Committee meeting, and then move into a workshop to review trauma rules, hear direction from DOH and allow for an opportunity for questions and answers, hear from subject matter experts from other trauma agencies on funding, clinical oversight and how to prepare for an administer an agency. The workshop will conclude with stakeholders deciding on goals and strategies. The workshop will be open to all trauma stakeholders, and Dr. Pappas will send out an agenda soon.

Open Discussion:

Chief Harshburger asked if we know of any proposed trauma legislation for the new legislative session. Dr. Pappas stated that during the August call, Kate Kocevar, the new DOH Trauma System Administrator, mentioned there they anticipate a trauma bill, but DOH is still supportive of the regional trauma agency concept. He stated that by November

we should have more clarity. Clint Sperber stated that he is waiting to hear what the DOH priorities are, and the local legislative workshops will begin over the next few weeks.

Susan asked if the feasibility study will be presented in November. Dr. Pappas stated that the Executive Committee will begin the process to conduct the feasibility study during the November workshop.

Adjourn: Dr. Pappas advised that a Doodle poll will be sent out to schedule the October Executive Committee call. The meeting adjourned at 10:32 a.m.

RDSTF-5 Trauma Advisory Board Executive Committee Conference Call Minutes

August, 2017

Attending: Dr. Pappas, Tina from APH, Laura Burke FH, Bill Campbell, Susan from Orlando Health, Laura Wolf from Halifax, Kate Kocevar, DOH Trauma, Clint Sperber, Joe Nelson, Erik Barquist, Chief Hall, Krista Ennis, Chief Harshburger, Dr. Ibrahim

Call to Order at 11:04 with quorum

Review of Minutes: Sent out July meeting minutes. Any discussion?

Susan moved to approve; Barquist seconded.

RDSTF Medical Co-Chair Report

Coalition Update: Clint: Found out last week that the budget request submitted for \$5,073,000. Very detailed year by year budget. Last week found out that the original amount for year \$1,015,300 was adjusted to \$874,000 (\$141,000 less than anticipated). Over the five year period will receive entire amount the breakout is different. Will impact the projects for this year. The Board will be writing to State Surgeon General expressing concern. Should not be a major impact to this group or project.

DOH Update: Kate – no updates for now. Legislators coming back in January and some attention to a trauma bill. Heard that both house and senate bill that could revisit some of the trauma agency requests such as having ACS as lead.

Executive Director's Report

Budget: Submitted \$50,000 for feasibility study to create a regional trauma agency plan. Will need to adjust for the shortfall but shouldn't have a major impact on this project. Susan – discussed support needed by local trauma agencies, can we provide budget and personnel to support those actions? Can look to state, federal and coalition to find funding opportunities.

Summary of July Meeting: Dr. Pappas – thanks to all who could attend. Completed process of organizing the three committees. Discussed working with RDSTF in working with preparedness, bringing on fire rescue/law enforcement reps. Talked about initiatives such as injury prevention – texting, bike helmets, fall prevention.

Conference Calls for Medical Directors: One for six trauma medical directors and associate directors. Another call for 10-11 EMS medical directors. Want to get those done over the next six weeks. Would like permission to start scheduling those. Executive Committee invited to participate.

Old Business

Preparedness: Harshburger (someone on board). Schedule another call in September.

System Support: Tina, nothing new – will get with Rob Spivey. Think we should focus on car seat safety. Lack of education in the community. Clint – Safe Kids Coalition very active in St. Lucie, evidence-based, reaching out to Martin and Indian River, he'd like to be involved in this effort. Lynne can help organize calls.

New Business

Trauma Agency Workshop. Discussed getting key players together. Sit down and go through statute, get feedback from experts, stakeholders. Identify what this will entail and what work needs to be done. Combine with next face to face. Looked at space availability. Looked at Viera – middle of region. Dates available: in November: 21st, 28th, and 30^t. Dr. Nelson suggested send those out in poll. Dr. Pappas – please reply within 48 hours so we can book room. Start around 9:30 in am, executive committee first, then workshop, working lunch, wrap up around 1:30.

O pen Discussion

Dan Harshburger – think moving in the right direction. One of major issues is to develop the written plan. What is the timeline to develop that. Dr. Pappas, think we still have some homework first (e.g. trauma and EMS medical directors on board) – November is the kickoff. Go over what needs to be done, steps in developing plan, deciding who does what, delegating. Then ultimate decisions, 1) doesn't make sense, 2) submit regional plan, or 3) decide maybe more than one agency within the region. Set up 4 to 6 month period to develop plan. A lot of data collection on where we stand right now.

Dr. Ibrahim, should we have an outside person with no affiliation helping with this? Great idea, have a budget, could hire an outside consultant.

Adjourn

Next Executive Committee Meeting

September, 2017 TBA

July 11, 2017 Region 5 Trauma Advisory Board Executive Committee Meeting Minutes

Executive Committee Members Present: Dr. Erik Barquist, Laura Burke, Carlos Carrasco, Commissioner Elise Dennison (via phone), Chief Daniel Harshburger, Dr. Joseph Ibrahim, Dr. Peter Pappas, Chief Cory Richter, Christine Wallace, Laura Wolf

Stakeholders Present: Tom Daly (representing Clint Sperber), Lynne Drawdy, Noreen Schramm, Sandra Schwemmer (via phone), Dan Simpson, Robert Spivey, John Wilgis, Alison Zerbe

Welcome: Dr. Pappas thanked everyone for participating in the second meeting, and announced that eight of the eleven Executive Committee positions were represented. Chief Harshburger called the meeting to order.

Approval of June Minutes: Dr. Barquist moved to approve the June minutes; Dr. Ibrahim seconded. There was no discussion and the motion carried.

Executive Director's Report: Dr. Pappas reminded participants that this project began in 2015 with the Florida Department of Health (FDOH) asking coalitions to volunteer to pilot the creation of a regional trauma agency. Dave Freeman volunteered the Region 5 coalition for this project, and with the support of the Central Florida Disaster Medical Coalition and the executive committee members over the past 18 months, the Region 5 Trauma Advisory Board has developed bylaws, appointed executive committee members, and established three committees (trauma system support, preparedness, and trauma agency development).

Region 5 Domestic Security Task Force (RDSTF 5)/Coalition Update: Lynne Drawdy reported that the Central Florida Disaster Medical Coalition has received the award for Region 5 with FDOH. Although the Coalition cannot fund a regional trauma agency, the Coalition's year one annual work plan includes a project to develop the regional trauma agency plan.

Committee Reports: Dr. Pappas advised that there have been two committee calls, one for Preparedness and one for System Support.

Preparedness Committee: Chief Harshburger stated that the Preparedness committee held its first call last week and each member identified their preparedness goals for the trauma agency. He reported there were a lot of good ideas, and some members bring experience from other states. Discussion included the Stop the Bleed program and including tourniquets with AEDs. Dr. Ibrahim stated that many organizations are focusing on this and asked how we bring these efforts together and target areas such as schools, law enforcement, and amusement parks. For example, Orlando Health is doing outreach and a train-the-trainer for the Stop the Bleed program. Dr. Pappas suggested that the Preparedness committee could serve as a place to bring these efforts together and seek grant funding. Dr. Pappas stated that the Florida Committee on Trauma (FCOT) also sees the Stop the Bleed campaign as a major initiative and hospitals, EMS and law enforcement all support this program. Dr. Barquist suggested that although this campaign is already underway, there may be gaps that the Advisory Board can address. He stated that he read in the after action report from a New Jersey incident that there was a lack of coordination between the police and hospitals. He suggested that the Advisory Board look at formalizing hospital interactions with the police. For example, law enforcement is used to having complete scene control while physicians need access. Chief Harshburger suggested adding a law enforcement representative to the Preparedness committee. John Wilgis advised that the Advisory Board could integrate efforts with law enforcement through the Florida Domestic Security Oversight Council and the Regional Domestic Security Task Force; both have discussed the Stop the Bleed campaign. John stated that there are three health representatives on the DSOC, including himself. Laura Wolf asked if local active shooter drills include law enforcement; typically, if law

enforcement is present, it becomes more law enforcement focused; for example, they may stop access to the emergency department. John Wilgis suggested that Dave Freeman brief the RDSTF 5 on this. The group discussed the need for tabletops including all disciplines so that all understand the impact of their actions on others. The Advisory Board agreed to support the Stop the Bleed campaign, and identify what is already underway within the region. The Advisory Board also agreed to sponsor a tabletop to improve communication among hospitals, EMS, and law enforcement. Chief Harshburger made a motion to ask Dave Freeman and Clint Sperber to update the RDSTF 5 on this initiative; Laura Wolf seconded the motion. There was no further discussion and the motion carried. Chief Harshburger made a motion to add a senior law enforcement representative to the Preparedness committee; Dr. Pappas seconded the motion. There was no discussion and the motion carried. Dave Freeman and Clint Sperber will be asked to approach the RDSTF 5 to share this approach with the RDSTF and seek a senior representative (deputy sheriff or assistant chief) who will stay with the committee for several years.

System Support Committee: Dr. Pappas advised that Robert Spivey has volunteered to organize this committee; the committee is seeking members, including trauma program managers, EMS chiefs, and emergency department leads. The focus of this committee will be to look at improving the trauma system, including data from among the three registries. The group can look at applying for grants, coordinating joint initiatives, and sharing best practices. Dr. Pappas emphasized the importance of injury prevention, including programs such as bike helmets, crosswalk safety. He also suggested the group look at geriatric issues such as fall prevention, and burns. Robert Spivey stated that he envisions an active dashboard and repository within the region, coordination of education across the region, and sharing resources. He asked Executive Committee members for their vision for the system support committee. Christine Wallace advised that not all counties have a safe kid coalition, and Laura Wolf stated that the Emergency Nurses Association targets adolescent behaviors such as texting while driving. Laura Burke expressed interest in the dashboard. She stated that during Hurricane Matthew, hospitals had to evacuate patients and there were challenges in deciding which patients needed a hospital vs. a special needs shelter. Chief Harshburger stated that shelters are managed by emergency management, with the American Red Cross staffing general shelters and DOH staffing special needs shelters. For example, hospitals had to take patients on dialysis. Chief Harshburger stated that in Florida, it is expected that patients arrive at the special needs shelter with a caregiver. Carlos Carrasco stated his hospital takes direction from the Orange County Medical Director's office. Chief Harshburger asked for a report on the structure and limitations of special needs shelters in each county. Lynne will secure this information. Chief Harshburger stated that Florida has many EMS calls for falls and many end up going to a trauma center. He stated that the CDC has an extensive fall prevention program. Satellite Beach implemented this program, going to homeowner associations and conducting home inspections; within two years fall calls dropped by 30%. Laura Burke stated that community paramedicine programs do similar work. Carlos stated that he has seen success when multiple agencies come together to work on a specific objective. Commissioner Dennison moved that the systems support committee address injury prevention, specifically children and adolescents (bike safety, texting while driving) and geriatrics (fall prevention). Chief Harshburger seconded the motion. There was no further discussion and the motion carried.

Agency Development Committee: Dr. Pappas reminded those present that this is a function of the Executive Committee. He clarified that the purpose of this committee is to conduct a feasibility study for creating and submitting a plan to create a regional trauma agency, including costs, scope, etc. He emphasized that Region 5 does not have an agency, we have an advisory board under the Coalition. The Coalition was asked by FDOH to pilot the concept of a regional trauma agency. This was also referenced in the 2015 trauma system plan, with the concept of regional trauma agencies with statewide oversight. Dr. Pappas reviewed the Florida Statute and rules as our guide. He stated that there are representatives from other agencies who have agreed to provide guidance. Allison Zerbe stated that in Broward County the agency is embedded in the office of medical services as a neutral party, and includes pre-hospital, hospital and medical examiner representatives who hold a monthly QI meeting. Carlos asked if there are any multiple

county agencies in existence and if so how do they interface with EMS on the trauma transport protocols. Dr. Pappas advised there is one agency in north Florida with multiple counties and we will need to explore how they operate.

Carlos Carrasco said it seems clear that the state is the decision maker, with the trauma agency giving input. Chief Harshburger stated that as a group, can we ask the state for their legal interpretation on who makes the final decision. He said he thinks this may be ambiguous on purpose but feels DOH wants to push decisions to the local level. He asked if there is anyone who can overrule DOH, such as the American College of Surgeons? Dr. Barquist said the not in Florida, although the Ft. Walton Beach legislation allows ACS to approve, not DOH. Carlos stated that it is hard to predict where legislation is going every year. Carlos stated that with the geography and span of this region, one thing to consider in any proposal is can you develop something across the region that it is of benefit to the stakeholders, as trauma is so local. The Regional Trauma Advisory Board can provide guidance, e.g. practice standards, improve communications, build relationships. Carlos stated that once they learn what works, this may be less difficult. Chief Harshburger said the state has a boiler plate standard criteria template for trauma transport protocols, so it won't be too difficult to look at all these across the region; he expects 95% of the language will be the same. Chief Harshburger said that the group only becomes a trauma agency when we submit a plan and it is approved, that meets all the statutory and rule requirements. Allison stated that Broward all have a uniform protocol but municipalities can adopt additional requirements if they meet the minimum requirements established. Carlos asked if there is a statute regarding these; the state must approve these. Dr. Schwemmer stated that in Palm Beach the EMS and Trauma medical directors collaboratively developed the protocol. These are fluid and subject to change based on national guidance.

The group discussed the process. If a plan is submitted, FDOH has 30 days to approve or ask questions. The group discussed that it is not clear if the final decision on approving a trauma center falls to the trauma agency and which must be made by FDOH. Dr. Schwemmer stated that her agency was never asked to make the decision but was asked to provide input. Carlos Carrasco said it seems clear that the state is the decision maker, with the trauma agency giving input. Chief Harshburger stated that as a group, can we ask the state for their legal interpretation on who makes the final decision. He said he thinks this may be ambiguous on purpose but feels DOH wants to push decisions to the local level. He asked if there is anyone who can overrule DOH, such as the American College of Surgeons? Dr. Barquist said they cannot in Florida, although the Ft. Walton Beach legislation allows the ACS to approve, not DOH. Carlos stated that it is hard to predict where legislation is going every year. Carlos stated that with the geography and span of this region, one thing to consider in any proposal is can you develop something across the region that it is of benefit to the stakeholders, as trauma is so local. The Regional Trauma Advisory Board can provide guidance, e.g. practice standards, improve communications, build relationships. Carlos stated that once they learn what works, this may be less difficult. Chief Harshburger said the state has a boiler plate standard criteria template for trauma transport protocols, so it won't be too difficult to look at all these across the region; he expects 95% of the language will be the same. He stated that the group only becomes a trauma agency when we submit a plan and it is approved, that meets all the statutory and rule requirements.

Next Steps: Dr. Pappas recommended that the Executive Committee sponsor a workshop inviting all stakeholders within the next two to three months to educate and engage them. Dr. Barquist suggested limiting this to those in Region 5 and Commissioner Denison agreed. Chief Harshburger moved to hold the workshop and Laura Burke seconded the motion. The group discussed possible venues, such as Florida Hospital Association of the EMLRC. There was no further discussion and the motion carried.

Dr. Pappas asked if there were any corrections to the June minutes. Christine Wallace stated that she did not visit Georgia. Laura Wolf stated that she visited Connecticut.

The group agreed to schedule the next call in August. A Doodle poll will be sent out.

The group adjourned at 11:58 am.

June 27, 2017 RDSTF-5 Trauma Advisory Board Executive Committee Minutes

Executive Committee Members Participating: Dr. Barquist, Laura Burke, William Campbell, The Honorable Peter Clarke, Krista Ennis, Chief Hall, Chief Harshburger, Dr. Ibrahim, Chief Richter, Clint Sperber, Christine Wallace, Laura Wolf

Others Participating: Dr. Peter Pappas, Dave Freeman, Lynne Drawdy

Call to Order: Dr. Pappas reported that nine of the eleven Executive Committee slots were represented and called the meeting to order at 3:05 p.m.

Review of Minutes: Laura Wolf moved to approve the May minutes; Chief Harshburger seconded. There was no discussion and the motion carried.

Executive Director's Report: Dr. Pappas advised that the Trauma System Support Committee was voted into existence in May. He stated that he met with Bob Spivey, Holmes Trauma Manager, who is working on a plan to implement the committee.

Dr. Pappas distributed and reviewed a draft fact sheet for the trauma advisory board which can be used in outreach efforts. He will ask for a motion at the July 11 meeting to finalize the fact sheet.

RDSTF Medical Co-Chair Report: Dave Freeman reported that the state has changed the state medical response system; instead of each region having a team, there will be one statewide contract for personnel and the state has taken back all state owned assets, including the field hospitals, and will be managing these. He advised that Florida International University (FIU) worked with the team commanders to submit a proposal and was selected by the state as the vendor. They are now working with the commanders on how the new system will operate. He stated that Region 5 has created a regional medical response team that can support local events.

Clint Sperber reported that the Coalition has just been awarded a contract for the next five years for just over \$1 million per year. The year one work plan includes funding in Year 1 to support development of the regional trauma agency plan and to assist in identifying funding sources for the regional trauma agency. Dr. Pappas thanked all for the Coalition for its support.

Old Business:

Committee Development:

- Preparedness Committee: Dr. Pappas reported that the Executive Committee began discussion on the Preparedness Committee during the May call. This committee's role includes promoting coordination, mass casualty planning, exercises and education. Laura Wolf stated that she would like to be on this committee. Christine Wallace stated that Orlando Health is also very interested. She stated that she visited Georgia and they have processes in place that we may wish to look at, such as a Board that communicates how many red, yellow and green patients each facility can accommodate in a mass casualty event. Laura Burke stated that she would be interested in working on this. Dr. Pappas suggested that all

Executive Committee entities be represented on this committee, and in addition a burn representative be appointed. Christine Wallace moved to create a Preparedness Committee and Laura Burke seconded the motion. There was no further discussion and the motion carried.

- Trauma Agency Development Committee: Dr. Pappas stated that this committee would need to begin by reviewing Florida Statute 395.401, which references creation of trauma agencies that cover all geographic boundaries and align to the Domestic Security regions. It allows for trauma agencies already in existence to continue. He stated that after much discussion at the February meeting, the group passed a motion to look at exploring development of a trauma agency within Region 5 or areas within the region. He stated that we can form one agency, none, or several. The goal is a forum for all involved and to give healthcare leaders control of the process. He stated that all six trauma centers should be involved, as well as EMS, acute care hospitals, local and county government, and DOH. He suggested that representatives from other trauma agencies serve in an ex-officio capacity, such as Sandra Schwimmer and Barb Uzenoff. Dr. Pappas stated that another resource is the April 2015 trauma system plan; he will send this out to the group. Dr. Pappas asked how we move forward in an appropriate way that follows the intent of the statute and meets the needs of all stakeholders. Christine Wallace expressed concern over creation of a trauma agency and this makes it a regulatory body, versus the trauma advisory board. Laura Wolf stated that she has experience with a trauma agency in Michigan. She suggested that we hold a workshop and have experts walk us through what being an agency entails; for example, approval of trauma transport protocols. She stated that we need to understand the scope of the agency and would need staff. She suggested a small workgroup from the Executive Committee to do some exploration. For example, a trauma agency would have implications for many types of institutions within the region, and suggested that we be able to answer these three questions: 1) what will the agency do? 2) where does the money come from? and 3) what does this mean to me? Dr. Pappas agreed and stated that this committee will be for research and development, looking at data from other agencies, before and after, regarding improvement in outcomes, reduced transport times, and budget issues. Dan Harshburger asked if the state's intent is for every part of the state to be covered by a trauma agency so that there are local entities to be responsible for regulatory oversight instead of the state. Dr. Pappas stated that his understanding is the state's intent is to move regulatory control to the local level, specifically approval of trauma transport protocols and trauma center approval. He reminded members that there was proposed legislation this spring that would have deregulated these but this did not pass. He stated that the agencies that now exist have regulatory responsibility for approval of trauma transport protocols and have input into approval of trauma centers. The group discussed that creation of a trauma agency comes with some liability, and Dr. Pappas agreed this would need to be explored. He suggested that the committee be established to explore these issues. Dan Harshburger suggested that the committee have both a trauma chair and EMS chair. Dr. Pappas stated that we could consider having the executive committee members serve as members on this committee, and add Ms. Schwimmer and Ms. Uzenoff as ex-officio subject matter experts to the committee. Dan Harshburger moved to create the committee be a direct function of the executive committee, and Chief Hall seconded the motion. A vote was taken:

Orlando Health: Approved creation of a committee as a fact-finding mission only to look at the implication of becoming a regional trauma agency with no commitment that we will form an agency

Dan Harshburger: Approved

Laura Wolf – Approved

Central Florida Regional: Approved

Chief Hall; Approved

Laura Burke: Approved

Clint Sperber stated that he is in favor but has been silent on purpose; he agrees with concerns expressed but is committed to continuing what we have been building for the past 18 months.

Krista Ennis: Approved

Dr. Pappas stated that 8 of 11 members voted to approve; the motion carried.

Dan Harshburger moved to invite Sandra Schwimmer and Barb Uzenoff to participate as ex-officio subject matter experts; and Dr. Ibrahim seconded the motion. There was no further discussion and no opposition and the motion carried.

New Business:

Dr. Pappas confirmed the next meeting will be held on Tuesday, July 11 from 10 am to noon during ClinCon at the Caribe Royal Resort, 8101 World Center Drive in Orlando. Dr. Pappas stated that he has given updates from the regional trauma advisory board to both the EMS Advisory Council and the Florida Committee on Trauma. He asked that executive committee members send any agenda items to him, and he will publish an agenda in advance of the meeting. Dr. Barquist has experience with Roberts Rules of Order and agreed to assist with this.

Open Discussion: There were no other items for discussion. Dr. Pappas stated that at the July meeting, we will start the process of outreach to medical directors.

Adjourn: The call adjourned at 4 p.m.

RDSTF 5 Trauma Advisory Board Executive Committee Call Minutes
May, 2017

Welcome & Roll Call: Dr. Pappas welcomed the group, and advised that 10 of 11 voting members were presented, as outlined below, representing a quorum. Dr. Pappas welcomed Laura Wolf, the new trauma manager at Halifax, and stated that she brings a wealth of experience in trauma and disaster management.

ORMC: Christine Wallace, Carlos Carrasco, Dr. Ibrahim

EMS Martin: Chief Dan Harshburger

EMS Indian River: Chief Cory Richter

Halifax: Laura Wolf

Central Florida Regional Hospital: Bill Campbell, Dr. Evans

EMS Non-transporting: Chief Dan Hall

Florida Hospital: Laura Burke

Acute Care: Krista Ennis

Public Health: Clint Sperber

Orange County Government: not present

City of Leesburg: Commissioner Dennison

Others attending: Dr. Peter Pappas, Executive Director; Dr. Namais, FCOT Chair; Lynne Drawdy, Coalition

Call to Order – Christine Wallace called meeting to order at 9:07 am

Review of Minutes: Dr. Pappas stated these were previously distributed and asked if there were any questions or corrections. Commissioner Dennison moved to approve the minutes; Chief Richter seconded the motion. There was no further discussion and the motion carried.

Executive Director's Report: Dr. Pappas provided an update on the Florida Committee on Trauma (FCOT) meeting in April, held in conjunction with the Florida Chapter of Trauma Surgeons. At the meeting, he spoke about the development of the trauma advisory board and received positive feedback, with Baptist Hospital in Jacksonville and Tampa General expressed interest in partnering with Coalitions in their regions to build a similar structure.

Update on 2017 Legislative Session: Dr. Pappas stated that the legislative session saw issues on healthcare and trauma. A significant change to eliminate the cap on the number of trauma centers passed through House, but did not pass Senate. The session has ended and we can now move forward with the plan to create a regional trauma agency.

RDSTF Health and Medical Co-Chair Report: Clint Sperber advised that Dave Freeman is at the Governor's Hurricane Conference. He provided an update on two issues: The first is the technical proposal for the healthcare coalition for funding for the next five years has been submitted, including a proposed budget of just over \$1 million each year. The proposed included a workplan for each year, and development of a regional trauma agency is included in the first year's workplan. The Coalition board approved the proposal and this is being submitted to DOH. He stated there is a separate Request for Proposal for the State Medical Response Team. This year, instead of funding each team, the state will fund one entity to manage all personnel statewide. The teams have made

an agreement with Florida International University (FIU) to apply on behalf of all teams. He stated that the region will need to find a way to maintain equipment for training/exercises and local community support. Dr. Pappas thanked the coalition for its work in submitting the proposal and including the regional trauma advisory board activities.

Old Business: Dr. Pappas stated that he has reached out to invite ex-officio organizations to participate in the regional trauma advisory board and all have either accepted or have expressed a positive intent. He thanked Dr. Namias for participating on behalf of FCOT. Others include Dr. Joe Nelson on behalf of the EMS Advisory Council; Olga Quintana for the Florida Association of Trauma Program Coordinators; and John Wilgis for Florida Hospital Association. He stated the purpose of these is to share what we are doing in the region statewide and to learn what is happening at the state level.

Committee Development: Dr. Pappas stated that he would like to begin today to define and develop the committees so that we can put out a call for nominations, have the committees develop a governance structure and begin projects. He stated that he would like to see someone from the Executive Committee to be a champion for each of the committees and asked for volunteers. Dr. Pappas sent out guidelines for the Trauma System Support committee. He stated that the purpose is to foster collaboration and a regional approach to supporting the trauma centers, encouraging participation in statewide registries such as EMSTARS, advertising educational opportunities and initiatives from state groups such as FCOT and EMS Advisory Council, fostering and maturing post-acute resources within the region, and identifying and informing stakeholders of grant opportunities. He suggested the committee include representatives from Level I, Level II, and pediatric trauma centers, EMS, and post-acute care. Clint stated that injury prevention is a focal point for public health and suggested including stakeholders such as the Safe Kids Coalition. Christine Wallace stated that Orlando Health is very active with Orange County Safe Kids. Dr. Pappas stated that he has received one applicant for the committee, Robert Spivey, Holmes Trauma Manager. He asked for additional ideas on committee structure and nominees.

Chief Dan Harshburger asked if Arnold Palmer Hospital will serve as an independent trauma center representative on the committee. Dr. Pappas stated that it is important that there is a pediatric representative on the committee and there are no other pediatric trauma centers in the region. Christine Wallace stated that it is the goal of Orlando Health for Arnold Palmer Hospital to be designated as a separate pediatric trauma center. Chief Harshburger moved to approve the trauma system support committee as defined; Bill Campbell seconded the motion. Christine stated that she would like to include reaching out to each county's prevention groups. Chief Harshburger stated that it is critical that each of the region's counties be represented on the committee. A vote was held and the 10 voting members presented on the call all voted in favor of the motion, which passed. Dr. Pappas will let Robert Spivey know he has been appointed to the committee and ask him to assist in organizing this.

Dr. Pappas stated that many have expressed a strong interest in the Preparedness Committee. He stated that Region 5 has had many events which make this committee an urgent need. He stated that this committee will focus on adult and pediatric trauma and burn care, and the committee will partner with the coalition and other stakeholders in plans, training and exercises. He stated that the goal is to make the disaster safety net stronger. He reported that the April mass casualty exercise was robust and we need to continue to develop these quality, real-world exercises and include

trauma. The committee can also promote DOH-sponsored and national trainings and campaigns such as Stop the Bleed. He stated that Orlando Health is pursuing ABS certification. The committee should include representatives from all entities on the Executive Committee, as well as a burn care and pediatrics representative, and a military trauma representative. Dr. Pappas stated that at the national level, there is a growing thought re taking the best of military trauma centers and combine with the best of the civilian world with goal of zero preventable deaths. He suggested this committee put together white papers, proposals for projects, and presentations. Laura Wolf stated that she needs history about Florida, and Dr. Pappas stated that Florida has a significant infrastructure for disaster planning at the facility level, county, regional and state level. He stated that the committee will not replicate other efforts but will focus on a niche of adult and pediatric burn and trauma mass casualties. For example, Pulse happened next door to a Level I trauma center. What is this happened in an area with no trauma center? Laura Wolf stated that she would like to serve on this committee. The group will continue the discussion on this committee during the next call. The discussion on the Trauma Agency Development committee will be held until the next call.

New Business:

Dr. Pappas suggested a call in June to continue conversations on committee development. Chief Dan Harshburger moved to schedule a June call and Laura seconded the motion, which passed.

Dr. Pappas stated that a face to face meeting will be held on July 11 from 10 am to noon during ClinCon in Orlando.

Chief Harshburger recognized Dr. Pappas for his outstanding work on behalf of the Regional Trauma Advisory Board.

The call adjourned at 10 am.

**4/24/18 RDSTF-5 Trauma Advisory Board
Executive Committee Conference Call Minutes**

Executive Committee Members Participating:

Trauma Chair/Orlando Health: Dr. Joseph Ibrahim, Susan Ono, Adriana Patel, Tina Wallace
Trauma Vice-Chair/Halifax: Rob Love, Lindsey Martin
EMS Chair/Martin: Chief Stables
Trauma Level II/Central Florida Regional: Dr. Barquist, Bill Campbell
Non-Transporting EMS/City of Palm Bay: Chief Hall
Public Health/DOH-St. Lucie: Clint Sperber
Acute Care/Florida Hospital: Margot Ververis

Ex-Officio Members Participating:

Dr. Peter Pappas, Executive Director

Others Participating:

Lynne Drawdy, Coalition
Kate Kocevar, DOH
Dr. Sandra Schwemmer, Trauma Consultant

Call to Order: Dr. Pappas welcomed all who joined the call and advised that a quorum was present (6 of 11 executive committee members participating). Tina Wallace called the meeting to order.

Review and Approval of Minutes: Bill Campbell moved to approve the minutes of the April call as submitted; Tina Wallace seconded the motion. There was no discussion and the motion carried with no opposition.

CFDMC/RDSTF Update: Clint Sperber reported on last week's Coalition Board call. There were two items of note: The Coalition successfully submitted its quarterly deliverables, and the Board approved the FY 18-19 budget. Clint reported on several exercises: Each county recently completed a full-scale point of distribution exercise to demonstrate the ability to medicate the population for anthrax. On April 12, there was a mass casualty exercise in the metro Orlando area with 14 hospitals participating and more than 600 victim volunteers; the exercise went very well. We are in the process of scheduling alternate care site tabletops in each county; these will be followed by a functional exercise with the regional logistics plan over the next year, and finally a full-scale exercise. Dr. Pappas suggested that the Trauma Preparedness Committee become involved in these.

Executive Director's Report: Dr. Pappas thanked all who serve on the committees. He stated that we need a chair for both the Preparedness and Support committees and asked that anyone interested in taking on that role contact him.

Dr. Pappas advised that there are two calls scheduled on May 15; one at 9 am for EMS chief and medical directors and one at 10 am for trauma leaders. Draft documents including an overview of the trauma transport protocol and QI handbook were sent out prior to the call and we are asking for input on these. This is the beginning of the process which will culminate in the June 8 workshop to finalize the agency plan.

System Support Committee Update: Clint and Tina stated there was nothing new to report from the committee. Dr. Pappas stated that he has spoken with University of Florida at Jacksonville and Gainesville and they are working on an air-ambulance collaborative; he has forward information on this to the group. He also discussed a project underway by the University of Miami entitled "Survive the Road," a motorcycle injury mitigation program sponsored by FDOT and nationally funded through Highway Safety & Motor Vehicles. He stated the

program has been in existence for five or six years. As there are some pockets of significant motor cycle injuries in Central Florida, he suggested that it might be helpful to set up conference calls to gain more information on these projects.

Preparedness Committee Update: There were many regional Stop the Bleed activities on March 31 and we received positive feedback on these. Dr. Ibrahim reported on the recent committee call; they have identified the need for more law enforcement engagement. Each member is reaching out to their local law enforcement to gain representation on the Preparedness Committee. The group has discussed creating a health medical record form for use throughout the region in disasters. The form used during the last drill was distributed to committee members. The three priority focus areas are: guidelines for best practices for emergency care (such as the health record), guidelines for emergency privileges for physicians, and further regional planning for trauma and burn mass casualties. Dr. Pappas thanked the group for their efforts and suggested that we continue to share any disaster preparedness training and exercises. Dr. Ibrahim stated that preparedness is a priority, as events continue to happen and Florida is a target.

Agency Plan Update: Dr. Pappas thanked Dr. Schwemmer for the drafts submitted. Dr. Schwemmer stated that one of the requirements within the TTPs is mass casualty/disaster plan coordination. She stated that if the region adopts a health record template this would be included in the TTP. The drafts sent out were incomplete but forwarded so that the group can see the requirements. The due date for submitting these is July 1 and DOH will have 30 days to review; if they feel it is incomplete it will be sent back. She stated that Dr. Nelson plans to provide an overview of this work and ask for feedback at this week's statewide EMS meetings.

Dr. Schwemmer stated that if a regional TTP is adopted, as long as an agency has a letter on file with the Bureau of EMS, there is no need for the agency to submit any additional documentation, as requirements are met by their adoption of uniform TTPs. She asked that as agencies review these that they provide additional input on catchment areas, and provide other comments. Dr. Pappas asked that comments to be sent to him, with a copy to Lynne. Susan Ono asked when feedback is due, and Dr. Schwemmer stated as soon as possible. She also asked that agencies submit copies of their scorecards. Dr. Pappas stated that it would be helpful to have input prior to the June 8 workshop so a final draft can be reviewed. Dr. Schwemmer stated that a multidisciplinary trauma QI advisory committee will be established and we need to identify who will resolve any issues. Dr. Pappas suggested that this be the Trauma Advisory Board Executive Committee.

New Business: Dr. Pappas stated that Lynne will send out a Doodle poll for the Executive Committee next call. He reminded members that a face-to-face meeting will be held the morning of June 8 in Viera. Dr. Pappas advised that Tim Kraft from FDLE will participate on the Preparedness Committee and will serve as a liaison back to the RDSTF. Dr. Pappas asked that any EMS list updates be shared with Lynne.

Adjourn: The call adjourned at 3:49 p.m.

April 4, 2017 Regional Trauma Advisory Board Minutes

Attending: Laura Burke, Carlos Carrasco, Commissioner Peter Clarke, Commissioner Elise Dennison, Krista Ennis, Dave Freeman, Chief Hall, Susan Ono, Dr. Peter Pappas, Chief Richter, Clint Sperber, Chief Stables, Christine Wallace,

Absent: Central Florida Regional Hospital, Halifax, Martin Fire/Rescue

Welcome & Background: Dr. Pappas welcomed the group; eight of the eleven voting members were present. Dr. Pappas provided an overview of the initial meeting on February 6 in Vero Beach and stated that during this meeting the group established the concept of the Region 5 Trauma Advisory Board Executive Committee and appointed Dr. Pappas as a non-voting Executive Director. During the meeting, the Florida Department of Health provided some additional guidance in forming a regional trauma agency. Laura Burke provided materials from a similar regional agency.

Following that meeting, Dr. Pappas distributed a new, much shorter draft of the charter. He stated the draft includes a shift from regulatory to voluntary communication and collaboration among the partners. He previewed the components of the draft, including the roles of the Executive Committee and the systems support and preparedness committees, and stated that other committees can be formed as needed. Dr. Pappas asked for questions and suggestions.

Susan Ono stated that there are potential changes pending in the legislative process. Dr. Pappas agreed and stated the new draft is based on existing rules and we will need to be flexible if the rules change. The trauma advisory board will not be able to finalize anything until the legislative session ends and any new statutes are signed into law. Susan suggested not including the appendices until this happens. Carlos suggested removing the agency approving trauma transport protocols on Page 13, under 62J-2.003. Dr. Pappas will eliminate that language. He reinforced that this document is not to outline legal authority but to allow for communication and collaboration to improve the trauma system. He stated that the mandate from DOH was to pilot development of a regional trauma agency and that request will be pended while the partners discuss all the issues (including legal, financial, marketplace, and patient care). The trauma advisory board is designed to provide a forum for these discussions.

Clint suggested adding injury prevention on Page 8 under trauma system support, before best practice, and Dr. Pappas added.

Susan asked Dr. Pappas to explain the appointment of Executive Committee. She stated that the Executive Committee appoints other committees, and she understands how the current members were appointed, but she is not clear on how the Executive Committee members will be appointed in the future. Dr. Pappas stated that the Central Florida Disaster Medical Coalition (CFDMC) Board appointed the original Executive Committee members based on organizations identified by statute, and in the current bylaws the CFDMC would continue to appoint Executive Committee members. Dr. Pappas pointed out that the Executive Committee has the ability to amend the bylaws and can change this.

Dave Freeman provided a history of the CFDMC, a not-for-profit created in the mid-1990s for the region's disaster medical assistance team. He stated that in its current configuration, the CFDMC is the recipient of federal funding with a mandate to facilitate preparedness planning among the healthcare system. The CFDMC Board is based on federally identified essential partnership groups. Clint advised that the Board has 20 members that represent hospitals, EMS, emergency management, public health, FQHCs, long-term care, behavioral health, and other healthcare partners. The

Dr. Pappas asked others present if they had questions or concerns about the draft, and all stated that they were in concurrence with the document. Dr. Pappas asked for a motion to adopt the draft as the Region 5 Trauma Advisory Board bylaws.

Susan asked how many trauma centers are represented on the call. Dr. Pappas advised the Region 5 Trauma Centers have been appraised of the committee's work over the past year and a half. Susan expressed concern over voting

without all being represented. Dr. Pappas again emphasized that the bylaws are for now simply a forum for communication and collaboration with no legal or regulatory authority. ORMC itself serves as a representative for the Region V Trauma Centers, along with Halifax and Central Florida Regional.

Carlos stated that his concern is regarding development of a regional trauma agency, and suggested a clear path to ensure that all stakeholders have adequate representation. Dr. Pappas stated that once the legislative session ends, if the statute still calls for creation of regional trauma agencies, a committee charged with agency development will be formed and the Executive Committee can decide who should participate on that committee. He stated that he has spoken with the trauma medical directors in the region since this project's beginning and that a major role of the Executive Committee will be to educate all stakeholders. For example, ClinCon is meeting in Orlando in July, and most of the stakeholders will participate in those meetings; we could plan an educational session there. Carlos expressed concern over the ambiguity in the rules, and the group agreed to remove these.

Dr. Pappas stated that the intent is to move forward with ways to build collaboration and communication while we wait for the final statutes, and Carlos agreed that it is a good idea to have a forum for regional communication. He stated his only concern is with the agency development component. Susan agreed. Dr. Pappas agreed that there are many complex issues, but for now the regional trauma advisory board provides a forum to communicate across agencies, counties and stakeholders.

Clint Sperber moved to adopt the Region 5 Trauma Advisory Board Bylaws with the changes noted above; Commissioner Dennison seconded the motion.

Executive Committee members voted as follows:

1. Orlando Health: Oppose at this time
2. Florida Hospital: Approve
3. Palm Bay Fire/Rescue: Approve
4. DOH at St. Lucie: Approve
5. Consulate: Approve
6. Indian River Fire Rescue: Approve
7. Orange County Government: Approve
8. Leesburg City Government: Approve

The motion passed. Dr. Pappas offered to discuss further the concerns expressed by Orlando Health.

Dr. Pappas advised that the next meeting will be in July during ClinCon, and a call will be scheduled in May to prepare for that meeting. He asked that any potential amendments to the Bylaws be forwarded prior to that call.

RDSTF 5 Trauma Agency Pilot Executive Committee Meeting

Monday, February 6, 2017

Minutes

Executive Committee Members Participating: Dr. Erik Barquist, Laura Burke, Bill Campbell, Commissioner Elise Dennison, Krista Ennis, Chief Dan Harshburger, Dr. Joseph Ibrahim, Susan Ono, Dr. Peter Pappas, Dr. Donald Plumley, Chief Cory Richter, Clint Sperber, Chief Jim Stables, Christine Wallace

Stakeholders Participating: Mary Kay Burns, Dr. Patty Byers, Carlos Carrasco, Olga Catanan, Tom Daly, Cindy Dick, Lynne Drawdy, Ralph Fabio, Dave Freeman, Miranda Hawker, Ashley Hopkins, Matt Meyers, Dr. Joe Nelson, Olga Quintana, Cheryl Rashkin, Dr. Sandra Schwemmer, Dan Simpson, Rob Spivey, Michelle Strenth, Barb Uzenoff, Ryan Zika

Call to Order/Introductions: Dr. Peter Pappas called the meeting to order and welcomed those present and participating via webinar. Each individual introduced him/herself. Dr. Pappas stated that for the past 18 months, the Central Florida Disaster Medical Coalition (CFDMC) has been working with the Florida Department of Health (DOH) to establish a regional trauma agency in the RDSTF Region 5, covering nine counties in East Central Florida. He stated today is a major step in that direction.

Comments from Trauma Stakeholders: Barb Uzenoff stated that several local trauma agencies have been in existence over the past twenty years and although each is different, each have similar goals: to improve access to and quality trauma care. She encouraged the group to share examples and forge new alliances, and stated that she feels the Region 5 group is on the right path. Dr. Nelson stated that he is pleased to see the progress made and is looking to the region for a model framework. Dr. Byers stated that she feels formation at the regional level is overdue. Olga Catanan stated that the Association of Trauma Program Managers is one of the key stakeholder groups and she will take information from the regional pilot to that group. Clint Sperber stated that DOH supports the regional agency structure and reported that Cindy Dick would be available to speak with the group at 11:30 am.

Review of Statutes and Code: Dr. Pappas reminded the group that the Florida Statute and administrative codes regarding the regional trauma agencies, along with minutes from a call with DOH in November 2016, were distributed to prior to the meeting. The group previewed the statute and administrative codes and discussed how these would work in the regional trauma agency. Dr. Schwemmer stated that it is important to identify resources, access and utilize live data, and ensure a mutual understanding among all stakeholders. Clint Sperber advised that there are agreements in place for sharing data to improve care and DOH can assist in accessing data and reports. Barb Uzenoff stated that her agency covers a single county, and the providers have agreed to share records. Ryan Zika suggested a memorandum of understanding be developed to define and encourage collaboration. Dr. Schwemmer agreed and emphasized that the goal is for all partners to come together to learn and improve the system. Dr. Pappas agreed that this is a collaborative effort in a constantly evolving regulatory landscape. He stated that at the October meeting the group discussed beginning with common areas of interest, such as outreach and injury prevention.

The group discussed development of the regional trauma agency plan as the first step in creating the agency. Susan Ono asked if there was a required methodology. Barb Uzenoff suggested looking at the original rule that was repealed (008) which has details and a roadmap for developing the plan. Barb also suggested looking at the existing local agency plans. She stated the Hillsborough trauma agency plan is on line; they paid a stipend to the local planning council to write the plan.

Dr. Pappas stated that Florida recently surpassed New York as the third largest state, and Central Florida is a populous area. He stated that Region 5 is the pilot for the regional trauma agency and we can look at what's been done in the

past and create a workable structure. The regional plan will be complex as it will involve multiple counties and municipalities and will also need to consider inter-regional partners; for example, Martin County and Palm Beach accept patients across county lines. He stated that buy-in from all counties and stakeholders will be critical to our success. The group discussed keeping trauma transport protocols outside the plan as these need frequent revisions. Dr. Pappas stated that DOH has confirmed that the initial plan should describe what currently exists, and the plan for future collaboration in improving the system. The regional trauma agency plan should be the big picture view of the region, including population, demographics, business, industry, socio-economic factors, facilities (hospitals, EMS services, stations), thoroughfares, interstates, bridges, traffic flow, etc.). Barb stated that the NCFTA plan is a good example of a multi-county plan. Barb suggested reviewing the language in 395.50 and 395.51 regarding requirements to disclose; the group reviewed these online and these will be sent to the members.

Ryan Zika expressed concern that the statute is not a mandate and that organizations will need to agree. Chief Harshburger pointed out that there are similar AHCA requirements. Ryan stated there are competitors among the stakeholders and the plan should include assurances on how data will be shared, how it will be used and how it will be protected. Chief Harshburger stated the group can establish its own QA process. Dr. Schwemmer reported that Palm Beach can request and get records within 24 hours. She stated all materials are blind and they have never had an institution refuse to release records. Barb pointed out that 395.51 addresses confidentiality.

Ryan stated that the agency does not officially exist until the plan is accepted, and Dr. Pappas agreed that there will be no records requests until the agency is formally established. Miranda Hawker stated that she worked with the California EMS authority which had a regional structure, and asked if we have looked at other states with regional agencies. Dr. Pappas stated that we have not, but most states have trauma and EMS in the same structure.

The group discussed the proposed plan for a rotating governance body. Dr. Schwemmer strongly encouraged the group to have a devoted entity to support this effort. Dr. Pappas reported that at this point there is no funding allocated and this is being supported by the Coalition.

Dr. Pappas introduced Cindy Dick, Director for the DOH Division of Emergency Preparedness and Community Support. Cindy stated that she is excited about the progress the group has made and stated that she hopes what Region 5 is doing will motivate other regions. Carlos Corrasco asked if there are any resources to support this pilot. Cindy advised there is no mechanism in the statute for funding but federal funding is allocated through her division to the healthcare coalitions at the regional level and this could be a mechanism for funding the regional trauma agencies in the future. Dr. Pappas asked for her insight into the role of the regional trauma agency in quality assurance. Cindy stated that the statute is broad and leaves room for the agency to build something that will meet local needs. She stated that the state has not been successful in using trauma registry data to produce meaningful information on quality and that this might be more meaningful at the regional level. Dr. Pappas asked if she felt that eventually authority would devolve from Tallahassee to the local agencies. Cindy stated that it is difficult to promulgate rules, but her interpretation of the existing rules is that hospitals wishing to become trauma centers must have approval from any existing regional trauma agency, and that trauma transport protocols are within the authority of the trauma agencies. She stated that DOH would rely heavily on any recommendation made by the regional trauma agency.

Dr. Pappas stated that the region followed the initial direction from DOH in pulling together all of the stakeholders, with the concept of a regional trauma advisory group as a means to communicate and collaborate. The goal now is to be very deliberate in reviewing statutes and rules, and developing a plan. Cindy advised that she expects some trauma legislation during the upcoming legislative session and there may be changes forthcoming. She stated that she feels the approach of an advisory group that includes all stakeholders through reintegration into the community is a valuable

process and suggested for the next 60 to 90 days while the legislature is in session that the focus be on the advisory group vs. plan development.

The group asked how many hospitals have applied as Level 2 trauma centers. Cindy stated that they have received 11 letters of intent (three from provision and eight new) but no applications yet; these are due in April. Five of these are within Central Florida.

Review of Committees/Roles and Responsibilities: The founding document was distributed prior to the meeting, including a mission, vision, values, the executive committee group and committees. Dr. Pappas advised that the Sunshine language was removed; this is not a requirement for the regional trauma agency. Some members stated that they must operate in the Sunshine and we'll need to explore how this will work. Dr. Pappas asked for input into the concept. Chief Stables stated that he feels this is a solid approach and appreciates having legal minds to warn us of potential pitfalls. He stated that this model is similar to what the fire chiefs used in statewide planning and sharing of best practices. He stated that one issue is that the state does not have a consistent definition of regions – different groups and agencies use different regions; he stated that it would be good for the state to standardize use of one common regional framework. Ryan Zika stated that this is a good tentative framework but they need time to review the concept. He pointed out that until a plan has been submitted and approved by DOH, we are not a recognized regional trauma agency. Barb Uzenoff stated that there is language in the statute and rules about the agency roles and responsibilities and suggesting using this language to avoid conflicts. She stated that the language that was repealed is a good guide and she agreed to share this information with the group. Laura Burke stated that this is a good start. She stated that Michigan had a similar regional group that was very robust and agreed to reach out and get information from that group. Krista Ennis stated that she was on a stroke advisory board in New Mexico and the members on that group represented the constituency versus their organization. She expressed appreciation for the inclusion of post-acute care in the group. Chief Harshburger stated that the statute and code stipulate that the statute and rules call for a trauma agency to be created to develop and submit the plan and suggested that we move forward with the motions to establish this. Barb stated that the statutes/code call for a proposed agency. Ryan stated that he is not comfortable with the level of structure at this point. Chief Harshburger advised that the group has been working on this for more than a year and have achieved consensus along the way. Susan Ono stated that she was comfortable with the advisory body but this extends beyond that. Barb suggested that the group contact Jeff Deller, Well Florida Director, who has gone through the process of developing inter-local agreements.

Dr. Pappas asked for consensus on the executive committee serving as an advisory body with the intent to create a plan and become a regional trauma agency. Ryan suggested that the structure expand to the county level. Chief Harshburger voiced concern that that would be an unwieldy group. Clint explained that all nine counties and all constituencies are represented on the executive committee. Dr. Pappas stated that the intent is for the discipline-specific representative to be the voice of and communicate with their counterparts throughout the region. Clint stated that we will also be holding educational sessions for all stakeholders. Dr. Barquist stated that the status quo is unacceptable. He stated that we must begin at some point and we need to move forward with planning. He stated that an advisory body should not be threatening. Commissioner Dennison agreed that we need to continue moving forward and stated that she has been an international project manager and that this structure seems workable. Chief Richter agreed that we can't afford to stop moving forward. Dave Freeman advised that the Coalition is ready to support this effort and has multiple paths for communication.

Proposed Motions: After discussion, the group amended Motion #1 contained in the proposed motions document as follows: To develop the Regional Domestic Security Task force 5 Trauma Advisory Board, with the intent to develop a regional trauma agency plan and establish a regional trauma agency. The motion passed with no dissent.

The group agreed that the Executive Committee as defined in the founding document will become the RDSTF 5 Trauma Advisory Board. Clint Sperber moved that Dr. Peter Pappas serve as the Executive Director for the Board, noting that this is a non-paid position. He stated that Dr. Pappas has volunteered countless hours and leadership to get us to this point and felt that his continued leadership is vital to this effort. Dr. Pappas agreed to serve in that capacity if that was the will of the group. All agreed with no dissent.

Dr. Barquist suggested that future meetings use parliamentary procedures, such as Roberts Rules of Order, and volunteered his expertise.

The group agreed to hold all other motions for discussion at a later date.

New Business: Ryan offered to propose changes for discussion with Dr. Pappas and the Coalition. Chief Harshburger requested that all Advisory Board members be invited to participate in these discussions. Dr. Pappas asked Lynne to pull together lists of all stakeholder agencies across the region. Rob Spivey volunteered to serve on a future access committee.

Next Meeting: The next meeting will be planned for July during ClinCon in Orlando and chaired by Martin EMS.

Summary of 12-8-16 Region 5 Trauma Agency Executive Committee Call

Executive Committee Members Attending:

Trauma Chair: Susan Ono, Dr. Joseph Ibrahim, Dr. Donald Plumley, Christine Wallace

EMS Chair: Chief Dan Harshburger, Chief Cory Richter

Acute Care: Debbie Pusateri, Laura Burke

Level II: Bill Campbell

Non Transporting: Chief Jim Stables, Chief Hall

Public Health: Clint Sperber

Others Attending: Dr. Peter Pappas, Lynne Drawdy

Welcome: Dr. Pappas welcomed the group and asked those participating to introduce themselves.

Old Business:

- Update on Executive Committee formation: Dr. Pappas reported that all three trauma and EMS slots were filled. Florida Hospital will fill the acute care hospital slot and Consulate will fill the rehabilitation center slot. Clint Sperber fills the public health slot and Orange County Commissioner Pete Clarke has filled the county government slot. Lynne reported that she spoke with the Leesburg city commissioner's office and at next week's city commission meeting a representative will be appointed for the city commissioner spot. Dr. Pappas reported this will complete the formation of the executive committee and ensures that all counties within the region and all key stakeholder groups are represented on the Executive Committee.
- Report to Committee on DOH Conference Call: Dr Pappas reported that he, Dave Freeman, Clint Sperber and Lynne Drawdy held a conference call with Leah Colston from the Florida Department of Health (FDOH). The notes from that call were sent out to the Executive Committee. Key points include that in September 2016, FDOH finalized the rules regarding the trauma agencies; copies of the new rules were sent out to the executive committee. The rules provide structure and aligns to the Regional Domestic Security Task Force regions. As discussed at the October meeting, there is a requirement for a trauma agency plan and the rules outlines all the required elements of the plan. Dr. Pappas advised that the initial plan submitted can be a snapshot of what is currently in place. Once submitted, FDOH has 120 days to review and approve or deny the plan. Dr. Pappas suggested that the core committees be established and assigned to develop components of the plan. Chief Harshburger asked if we can obtain examples from Hillsborough and Broward. Dr. Pappas advised he will obtain and share these.

The group discussed the need for data. Clint volunteered to assist with obtaining data and asked the Executive Committee to identify the data needed, how often, format, etc. Dr. Pappas asked the group if they have any concerns over sharing data and all expressed a willingness to work through any issues.

The group discussed timeframes for submitting the plan. Dr. Pappas stated that there is no requirement and the committee can work at its own pace. He stated that he envisioned an 18-month timeframe in developing the initial plan.

New Business:

- Core Committee Formation: Dr. Pappas stated that he will ask the chairs and co-chairs to look at the structure for the core committees.
- February Executive Committee Meeting: Chief Richer will host the second face to face meeting at the Indian River EOC in Vero Beach. The group identified February 6 from 9:30 am to 1 pm as the meeting date/time.
- Dr. Pappas stated that a Doodle poll will be sent out to identify a time for a call in January to develop the February agenda.

Open Forum:

Dr. Pappas asked the group if there were any other topics for discussion; none were expressed. Dr. Pappas encouraged members to contact himself, Dave Freeman or Lynne Drawdy with any questions or concerns. He thanked all for participating and wished everyone a Happy Holiday season.

Summary of Region 5 Trauma Agency Executive Committee Meeting

October 28, 2016, 3:30 to 5 pm

ORMC North Bed Tower, Orlando

Attending: Erik Barquist, Bill Campbell, Kevin Captain, Pete Clarke, Tom Daly (via conference call), Lynne Drawdy, Jeanne Eckes, Dave Freeman, Dan Harshburger (via conference call), Joseph Ibrahim, Matt Meyers (via conference call), Joe Nelson, Susan Ono, Peter Pappas, Don Plumley, Cory Richter (via conference call), Dan Simpson, Clint Sperber (via conference call), Sandy Schwimmer, Barb Uzenoff, Christine Walker

Call to Order& Welcome: Dr. Peter Pappas welcomed the group and thanked everyone for joining, and thanked Orlando Regional Medical Center for hosting the meeting. He explained that this workshop is the first face to face meeting of the new Region 5 Trauma Agency Executive Committee. Those present and on the phone introduced themselves.

Overview of Central Florida Disaster Medical Coalition: Dave Freeman provided background information on the Coalition. The Coalition is a 501c (3) not for profit which has been in existence in the mid-1990s. It was first created to manage a federal Disaster Medical Assistance Team in Central Florida, and later expanded to manage the Region 5 State Medical Response Team. In late 2014, in response to the Assistant Secretary for Preparedness and Response (ASPR) requirement for local communities to have a health and medical coalition to assist the healthcare system in preparing for, responding to and recovering from disaster, the Coalition expanded again to take on this new role. There are currently 15 coalitions of this kind in Florida. The Coalition covers the nine counties in the Regional Domestic Security Task Force (RDSTF) Region 5 (Brevard, Indian River, Lake, Martin, Orange, Osceola, Seminole, St. Lucie, and Volusia counties). The Coalition is recognized by the RDSTF as the health and medical committee. The Coalition has a 20 member Board of Directors representing hospitals and the trauma system, emergency medical services, public health, emergency management, medical examiners, long-term care facilities, and other health and medical and business stakeholders. Additional information about the Coalition can be found at www.centralfladisaster.org.

In 2015, in response to legislation requiring regional trauma agencies, the Florida Department of Health (DOH) asked the Region 5 Coalition to pilot this for Florida, as Region 5 has the infrastructure and partnerships that will enable success. Dave explained that Dr. Pappas is the Coalition Board member who has champions this effort. Dr. Pappas advised that the Executive Committee is the voting group of the agency, and can decide what kind of agency we want. Region 5 has six trauma centers, all verified (one Level I and five Level II). Thirteen new applications are pending.

Introduction of Coalition Project Manager. Dr. Pappas introduced Lynne Drawdy. Lynne explained that although this is an unfunded mandate, the Coalition has agreed to support the Regional Trauma Agency, and until funding becomes available she is available to support the Executive Committee as she does the Coalition Board.

Role & Vision of Health and Human Services for the Agency: Jeanne Eckes stated that on behalf of the Secretary of Health and Human Services and the ASPR Assistant Secretary, she applauded the Coalition and the group for their efforts. She stated that there may be grant opportunities available that can assist with these efforts and she will search for and forward this. She stated that she looks forward to seeing the Region 5 model develop and be used as a blueprint for other agencies.

Role & Vision of DOH for the Agency: As DOH was unable to participate in today's meeting, Dr. Pappas and Clint Sperber will schedule a follow-up call to ask for their vision and objectives for the agency. Dan Harshburger advised that he spoke with the EMS Chief and Leah Colston and there are several lawsuits underway now that could impact the agency.

Comments from Other Stakeholders: Barb Uzenoff reported on the Hillsborough Trauma Agency. She stated that it has been in operation since the early 1990s, and includes six trauma centers. The agency looks at benchmarks for success.

Sustaining staffing for the agency has been an issue; she is currently the only staff member. She stated that the agency looks at data and is developing uniform protocols, such as a PCPs and interfacility transfers. The agency has access to the medical examiner database. Sandy Schwimmer reported that the Palm Beach healthcare district hosts the agency; it is one system and has dedicated funding. They collect statistics, trend injuries, hold PI meetings to review cases, identify best practices, look at protocols for care, and create opportunities for collaboration. She stated that they also share information on barriers, and have focused on improving patient care vs. political or financial issues.

The group discussed access to data; Florida Statute 395.50-51 gives authority to access the data. There have been some issues in getting records. Dr. Pappas stated that the Executive Committee will decide how they want to address QI, best practices, protocols for care. He suggested that the group focus on scoring some quick victories, such as working with pharmacy on high risk patients or working with EMS on transport protocols, working collaboratively to monitor and improve interfacility transfer delays, while tracking over time reduction in mortality rates.

The group discussed that looking at regional data is a good starting place. Data sources include the TQIP, MISQUIP, the Florida Collaboration, the Trauma Registry, EMSTARS, AHCA, and other sources such as Safe Kids. Clint Sperber asked the group to identify data needs and he and Dr. Pappas will follow-up with the state to secure this.

The group discussed whether the agency is covered under the Florida Sunshine statute. Lynne advised that the Coalition has verified that the Coalition and the Agency are not subject to Government in the Sunshine requirements. Hillsborough confirmed this and stated that their meetings are closed to the public. Barb stated that the agency must have a trauma plan to be formally recognized as an agency. Dr. Pappas will discuss this requirement with DOH, and reminded the group that the rule is in flux. Much of the data and information needed should be readily available.

Update on Committee Formation: Dr. Pappas previewed the Executive Committee structure. The acute care hospital seat has been filled by Florida Hospital, and the rehab seat has been filled by Consulate. Pete Clarke, Orange County Commissioner, has filled the seat for county government. Pete provided background information; he was formerly the director of health services for Orange County. Dr. Pappas advised that we are seeking a representative from the City of Leesburg for the municipality seat as Lake County is not yet represented. Region 5 does not include a tribe and there is no existing agency in the region.

The group discussed and agreed on the following concepts: a culture of collaboration, quality improvement, and bringing best practices to the table. The group discussed brainstorming quality initiatives for quick wins, such as the Stop the Bleed campaign, or development of a regional trauma transport protocol. Lynne asked if the other trauma agencies used any analytical tools or software; she will research and provide information on those used by other groups.

Next Steps: Dr. Pappas suggested that over the next 18 to 24 months, the agency create its governance structure and share information on the requirements and the agency with stakeholders. As immediate next steps, the group agreed:

- Dr. Pappas and Clint Sperber will speak with DOH to get an update on the rules, the DOH vision and objectives for the agency, and to discuss access to data
- Cory Richter agreed to host the next meeting in Vero Beach. Dr. Pappas will schedule and send a save the date.

Summary of September 29, 2016 Regional Trauma Agency Executive Committee Call

Participating: Dr. Peter Pappas, Dan Harshburger, Clint Sperber, Susan Ono, Dr. Joseph Ibrahim, Kevin Captain, Jim Stables, Cory Richter, Lynne Drawdy

Dr. Pappas welcomed the group and called roll. Central Florida Regional was not represented on the call. Dr. Pappas asked the group to determine what constitutes a quorum. The consensus was that one-half of the members plus one is a quorum.

Dr. Pappas advised that he has made contact with Florida Hospital and they are receptive to joining the executive committee. He has a follow-up call scheduled this afternoon and will invite them to the October 28 meeting.

Dr. Pappas reported that there were three nominations for the extended care representative. Halifax recommended a partner inpatient rehabilitation unit with two floors in the Jacksonville facility; they have been in operations for three years, are currently undergoing rehabilitation certification, and provide care for trauma, orthopedic and stroke patients. Orlando Health had two recommendations, the Orlando Health rehabilitation facility and Consulate; both treat trauma without a payor source. The group discussed that EMS sometimes transports out of the region but agreed to keep the executive committee appointments within the region. Dr. Pappas asked if the group wanted to select one of these three representatives or ask the three groups to discuss and select among themselves. The consensus was to allow the three to discuss and select; they may want to rotate representation. Dr. Pappas asked that contact info for these representatives be sent to Lynne.

The group discussed county and municipality representatives. Dave is working on a county representative in Orange County. Clint has not pursued the Port St. Lucie representative. Dr. Pappas stated the group that discussed balancing the county and municipality representatives so that one is in an area with a trauma center and one is not. Lynne also suggested looking at county representation. Dr. Pappas suggested that we list all municipality recommendations and then consider county representation.

Dr. Pappas thanked ORMC for hosting the first agency workshop. The meeting will follow the Florida Committee on Trauma meeting on October 28 (the time is tentatively scheduled for 2 to 3 pm). The agenda will include an overview of the Coalition by Dave Freeman, a statement of intent from DOH, time for the committee members to ask questions, and discussions on organizational structure. Dr. Pappas will send out an agenda.

Dr. Pappas stated that based on FCOT presentations and discussion with Clint Sperber, he has recommended some revisions to the draft document which outlines the agency. The changes were in red and were distributed prior to the meeting. Dr. Pappas stated that we have learned there is a tribe in St. Lucie County. Dr. Pappas will follow-up with Division of Emergency Management to determine if there are any other tribes. Dr. Pappas added language to the draft to address the requirements to allow tribe representation. Dan Harshburger asked if each tribe is allowed a representative and Dr. Pappas stated that the language requires that but we could add language that if there is more than one tribe they will jointly select a representative. He added language on acute care on systems and corporations. He stated the most significant change was adding language to address quality improvement. He stated the purpose is to ensure that control stays within the region.

The group discussed the committee structure and how to support these; Dr. Pappas suggested that system access and best practice be subcommittees. This decision will need to be made by the executive committee.

Dan Harshburger asked about the language re the regional trauma agency as the approving body for trauma transport protocols. He stated that Florida Statutes say this is the responsibility of the medical director. He suggested that the

draft be changed to state that the executive committee will make recommendations to the medical director. He asked if the regional trauma agency will have a medical director and if so who? Dr. Pappas suggested that the executive committee function as the medical director while the 401 rule language is under revision. He will ask DOH to clarify this during the October meeting. Dan stated that he does not believe that the executive committee will meet statutory requirements. Dr. Pappas will follow-up with Leah Colston on this.

The group concurred with the proposed changes.

Dr. Pappas stated that he will send an updated list with an organizational chart. He stated that next we will need to define job descriptions and prepare for the core committees.

Summary of 8-19-16 Region 5 Trauma Agency Executive Committee Call

Participants:

Trauma:

Orlando Regional Medical Center (Level I Orange County): Susan, Ono; Dr Plumley, Tina Wallace, APH

Central Florida Regional Medical Center (Level II Seminole County): Bill Campbell

Halifax Hospital (Level II Volusia County): Kevin Captain

EMS:

Indian River County: No attendee

Martin County: Chief Harshburger

City of Palm Bay (Non-transporting Brevard County): Chief Stables

Public Health:

St. Lucie County: Clint Sperber

Coalition:

Dr. Pappas (Board), Dave Freeman (Executive Director), Lynne Drawdy (Project Manager)

Dr. Pappas thanked all for participating. The Executive Committee representatives for trauma, EMS and public health are on board and he asked for a discussion on how to bring the acute care hospital representative on board. He suggested two approaches: 1) identify all acute care hospitals for the section and have them choose representative, or 2) look at the hospital systems within the region and select a system not already represented. He stated that the major hospital systems within the region are Orlando Health, Florida Hospital, Health First and Halifax. All but Florida Hospital are represented on the executive committee and Florida Hospital has the largest number of acute care hospitals and the largest system without a trauma center. Dr. Pappas advised that he has had an informal conversation with Florida Hospital leaders and they are interested in this role. Chief Harshburger expressed concern over having two representatives from the same system on the executive committee, and Dr. Pappas confirmed that Florida Hospital does not have another seat on the Executive Committee. Dr. Pappas emphasized that the role of the executive committee members is to reach out to those they represent and ensure good communication. A motion made and passed to have Dr. Pappas extend a formal invitation to Florida Hospital to represent acute care hospitals on the executive committee.

Dr. Pappas suggested that he communicate with the six trauma centers to ask for the top two to three rehab centers they work with and from that list he will bring two to three choices to the executive committee for the extended/rehab care seat on the Executive Committee. All agreed to this approach.

Dr. Pappas stated that the last two last seats are for county government and municipal government which provides an avenue for the trauma and EMS representatives to educate and gain political support for the agency's work and to ensure the agency has their perspective. The group discussed the need to get representatives from areas with and without a trauma center and agreed that we will begin with the county representative from a county with a trauma center (such as Orange County), and the municipal seat to represent an area without a trauma center (such as Leesburg, Stuart, Vero Beach, etc.). Clint Sperber recommended the St. Lucie County Administrator as a potential candidate, and Dave Freeman suggested an Orange County Commissioner with a health and medical background. Dr. Pappas agreed to check the trauma rules to ensure there is no conflict with these seats.

Dr. Pappas advised that the original intent was to hold the workshop in late August but this will need to be postponed until all seats on the Executive Committee are filled. He suggested another call in 2-3 weeks for updates, and the group agreed. Lynne will send out a Doodle poll.

Dr. Pappas asked each representative for any questions or thoughts. Chief Harshburger asked if the region includes any tribes. Lynne reported that we recently learned there is a small tribe in St. Lucie County. The coalition has reached out to them repeatedly but has not received a response. Bill Campbell suggested that when identifying representatives for the rehab centers that we ensure that we do not have more than one representative from a system.

Regional Trauma Agency Call

April 28, 2016

Participating: Dr. Peter Pappas, Dr. Barquist, Dave Freeman, Tina Wallace, Tracy Bilski, Brandy Hershberger, Susan Ono, Dr. Plumley, Kevin Captain

Dr. Pappas, congratulations to Central Florida Regional and Osceola Regional for successful site surveys. Most important thing today is to begin process to finalize the three seats representing trauma. Three centers have stepped forward to represent trauma. Level II - Central Florida Region and Halifax and Orlando Health as Level I rep.

Next step is to decide who will be the chair and vice-chairs for inaugural run. Will need to consider EMS and also maximize geographical representation across the RDSTF. Comments on where you see the process moving forward. Got email re Arnold Palmer participation. Governance structure focuses on institution representation. Want to ensure each verified center is represented. Arnold Palmer on same certificate as Orlando Health so unified representation. Standing committees for specific issues such as pediatric issues, such as access. Dr. Plumley wants to ensure pediatric input - affects all centers.

Other thoughts re volunteer representation? Tracy? happy with representation. Kevin? No issues - want to be an active participation - a lot of unknowns at this point e.g. how will this agency impact the centers. Dr. Pappas unknown country so challenges and opportunities to build something that work for centers and communities. Erik? Fluid, eager to see how it will work.

Next steps: Have three centers representing Level IIs and I. Now going ahead and organize meeting with EMS to get their representatives. Then joint meeting between the representatives to select chairs/vice-chairs - focus on appropriate geographic and discipline distribution in these positions. Then update DOH. Any questions or concerns to address with DOH? Send to Dr. Pappas. Asked the participants to think about other seats on Executive Committee, e.g. acute care and extended care - who are key referrals centers, rehabilitation centers. Reach out to them to identify representation on committee. Dr. Pappas will work with CHDs to select representatives. Also work with CFDMC to develop municipality representation. Have framework but open to suggestions. Once Trauma and EMS organized, bring them together and then chairs, vice-chairs and then build out rest of representatives. Hope to have sometime in June have joint meeting of Trauma/EMS group with a list of other representatives with meeting of all voting members by July/August.

Susan asked - rather than all reaching out - e.g. Adventist group - can someone at top level reach out? Others? If just one acute center to be represented - propose high up in Florida Hospital system - biggest referral source and largest system without trauma center. Susan - discuss at county meeting - maybe medical director. Susan can ask the ED director who participates in meeting. Tracy also knows individuals at Florida Hospital.

Extended care facilities? Any big entity? No one dominates rehab. Some facilities have their own rehab and many others. For rehab centers, may be worthwhile to see where referring to - put together a small core group that would support. Susan, happy to help recruit. Dr. Pappas asked all to email him lists.

Dr. Pappas introduced Dave Freeman, Executive Director of the Central Florida Disaster Medical Coalition and Regional Domestic Security Task Force Health and Medical Co-Chair, and Lynne Drawdy, Coalition project manager, who will provide support to this effort. Dave stated that the state is watching the group's development as a model for the rest of the state. He also shared the Coalition website.

Dr. Pappas thanked all for participating.

Summary of 11-9-15 Regional Trauma Agency Pilot Call with Trauma Medical Directors

Roll Call by Trauma Center:

Orlando: Dr. Joseph Ibrahim

Central FL Regional: Dr. Erik Barquist & Bill Campbell

Others attending:

Dr. Peter Pappas, CFDMC Board Member

Lynne Drawdy, CFDMC Project Manager

Dr. Pappas advised this is a follow-up to the November 5 call to ensure that all voices are heard. He reported that he has received some suggestions via email, mostly around the role of the Level I trauma center on the Executive Committee. He stated that based on the feedback he has received there are several options: 1) give ORMC as the Level I trauma center a permanent spot on the Executive Committee, or 2) let them be the first chair, and 3) add a Level I and Level II trauma representative (instead of just one trauma representative. If #3 is chosen, could also have two EMS representatives (transport and non-transport).

The group discussed. There would need to be discussion on how the Level II representative is chosen. There was concern that this would add to many people to the Executive Committee. The group discussed eliminating the vice-chair positions to allow adding two trauma and two EMS representatives, increasing diversity while not increasing the overall number of positions. Dr. Pappas advised that the committee will also balance representation across counties.

Dr. Pappas walked the group through other suggested edits in the latest draft, including adding the College of American Surgeons verification, changing the committee meetings to quarterly, requiring a 3/5 vote to make changes to the structure, defining the role of an active member (attending at least 50% of the meeting over the past 12 months and participating in a committee or work effort), term limits (six years total), and limiting participation on committees to two per individual. The group discussed terms for the chair and for ex-officio members.

Consensus centered on:

- Eliminating the vice-chair position, with two trauma representatives (one Level I and one Level II) and two EMS representatives (one transport and one non-transport).
- Reducing chair term to one year.

The group thanked Dr. Pappas for his work on the structure. Dr. Pappas encouraged the group to send him any other thoughts via email. He stated that he will revise and send out the draft.

Summary of 11-5-15 Regional Trauma Agency Pilot Call with Trauma Medical Directors

Roll Call by Trauma Center:

Orlando: Dr. Joseph Ibrahim & Susan Ono
Central FL Regional: Dr. Alexander Evans & Bill Campbell
Osceola Regional: Dr. Tracy Bilski & Brandy Hershberger
Halifax: Kevin Captain
Holmes: Dr. Meredith Tinti, Rob Spivey
Lawnwood: Cory Hewitt and Kim Fitzgerald

Others attending:

Dr. Peter Pappas, CFDMC Board Member
Dave Freeman, CFDMC Executive Director
Lynne Drawdy, CFDMC Project Manager

Purpose and Background:

Dr. Pappas welcomed the group and thanked all for their participation. He distributed extensive background information and a draft structure prior to the call. He stated the purpose of today's call is to give trauma leaders an opportunity to fully engage in this effort. Dr. Pappas stated that he created a draft to facilitate discussion and wants to trauma leaders to provide initial input. He will then reach out to the EMS medical directors and chief for their input. Dr. Pappas advised that today is the first step in an ongoing process.

Dr. Pappas advised that he is on the Board of the Central Florida Disaster Medical Coalition (CFDMC). Dr. Pappas serves on the CFDMC Board of Directors. Healthcare coalitions are now mandated by the federal department that funds healthcare system preparedness. CFDMC covers the nine counties in the Regional Domestic Security Task Force (RDSTF) Region 5. The RDSTFs were created in Florida Statute following 9/11 to ensure preparedness. CFDMC was selected by the Florida Department of Health (DOH) to pilot creation of a regional trauma agency, which is a statutory requirement. Want to ensure that the trauma leaders are leading this effort, feel comfortable with this and own it. First of many calls. Work with colleagues on EMS side, medical directors and chiefs. He created a working draft.

Structured Commentary: Dr. Pappas asked each trauma center to provide comments or voice concerns on the draft document, beginning with the Executive Committee structure:

ORMC advised they are in favor of the committee structure. They began a similar process with Central Florida Regional Hospital in an effort to create a network designed to improve patient care, improve processes, and improve pre-hospital care. ORMC had no specific comments on the executive committee structure at this time. An important point is to ensure equal representation. Dr. Pappas stated that he has heard concerns over issues in working collaboratively with the local, state and federal levels. He stated that the trauma centers represent the local level, CFDMC represents the regional level, DOH represents the state level, and the funding partner ASPR represents the federal level. He reported that CFDMC recently met with the project officer for ASPR and they support this pilot.

(Dr. Pappas my call dropped between the ORMC report and your response above, and it took me a moment to get back on – please add if I missed anything)

Central Florida Regional supports the structure but wants to ensure that there is both Level I and Level II trauma center representation on the executive committee. Dr. Pappas stated that there will be three trauma centers and three EMS agencies on the Executive Committee.

Halifax advised that they have not comments at this point and like the structure of the executive committee, including contingencies. Halifax stated they would be happy to participate on the executive committee to help lead the agency in a collaborative fashion. Dr. Pappas reassured all that the regional trauma agency is focused on patient care and no trauma center will be left out. He stated that the eyes of the nation will be on this pilot.

Holmes stated that they concur with the committee structure and have no specific comments. Their major issue is working with non-trauma center hospitals. Dr. Pappas stated that the acute care hospitals will be included as one of the required stakeholder groups as they are part of the trauma system and in management of patients.

Dr. Pappas advised that other stakeholder groups include extended care facilities such as acute rehabilitation centers and skilled nursing facilities. Public health is also a stakeholder group, and the nine county health department leaders will be engaged. He stated that additionally we will engage representatives from local government, focused on municipalities in which the trauma centers are located. Dr. Pappas stated that there are two stakeholder groups that the Region 5 pilot will not address: the region does not include a local trauma agency, and the region does not include a tribe. Dr. Pappas discussed ex-officio representatives. This will include representatives from bordering regions who interact with the trauma centers (such as Flagler County and Halifax). Including them as ex-officio members will allow for communication. There will also be a CFDMC representative in order to ensure communication with the coalition sponsoring this project. Other ex-officio representation are DOD entities, such as Patrick Air Force Base and Avon Park bombing range, the Florida Hospital Association, and the county Medical Societies.

Lawnwood reported they are supportive of the structure. Kimberly advised that she has some experiences with this type of agency in the state of Washington and she would be happy to share her experiences there.

Dr. Bilski expressed concern that there is only one Level I trauma center and multiple Level II trauma centers. She suggested that the Level I trauma center always be represented on the Executive Committee. Dr. Pappas stated that there are co-chairs and stated one option would be to have one co-chair be the Level I trauma center while the Level II trauma centers rotate through the other co-chair position. Dr. Ibrahim stated they would welcome that role. Dr. Tinti stated that she agrees this needs consideration but would like to have further thought and discussion on this. Dr. Pappas concurred and stated that this is the first of many discussions.

Dr. Pappas stated that he has heard concern over the number of committees and these are open for discussion. He stated that he envision standing committees for best practices, funding, the trauma registry, and access. We can also look at committees on training, information and outreach, and disaster management (it was suggested that this be renamed to training and drills). He stated that he is seeking input on the ad hoc committee structure and that this will need to be a fair and transparent process.

Dr. Pappas stated that he has heard general consensus with the executive committee structure, and the group agreed. He stated that the next step will be a follow-up meeting on Monday, November 9 at 3 p.m. to hear from the other medical directors. He will then work with Dr. Christopher Hunter and Dave Freeman to meet with the EMS medical directors and chiefs to engage them in this process. He stated that then he will schedule another meeting with the trauma leaders to define the executive committee and further discuss the committee structure. He stated that at that

point he hopes to have consensus on a process that can be submitted to the CFDMC Board and ultimately to Dr. John Armstrong, DOH State Surgeon General.

Dr. Pappas thanked everyone for their participation, and encouraged all to call, text or email him with any additional feedback. Dave Freeman and others thanked Dr. Pappas for his leadership in this effort.