2-11-24 RTAB Executive Committee Meeting Minutes

Welcome:

Executive Committee Members:

Trauma Chair/Orlando Regional/Orlando Health: Dr. Tracy Zito, Eric Alberts

Trauma Co-Chair/Halifax/Halifax Health: Rachel Hamlett Level II Rep/Lake Monroe Hospital/HCA: Rick Ricardi EMS Chair/Martin County (South): Chief Chris Kammel

EMS Co-Chair/Brevard (North): Not represented

EMS Central Rep/Orange (Central): Dr. Christian Zuver

County DOH/St. Lucie County: Not represented

Acute Care Hospital/Nemours:

Extended Care/Southern LTC: Not represented

Municipal Government/City of Palm Bay: Not represented County Government/Orange: Dr. Danielle DiCesare

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

Ex Officio:

Dr. Peter Pappas

Stakeholders/Guests Present:

Sheryl Aldarondo

Lina Chico

Chris Dorans

Lynne Drawdy

Kim Foley

Amanda Freeman

Godfrey Hidalgo

Dr. Todd Husty

Kelley Jenkins

Katelyn King

Kathleen Lyons

Matt Meyers

Jennifer Mills

Suzi Mitchell

Nicole Montanez

Heather Ouelette

Laurene Reese

Dr. David Rubay

Michelle Rud

Angelica Sugrim

Sam Thurmond

Dr. Scott Zenoni

A quorum was reached during the meeting.

Review and Approval of Minutes: Dr. Zito asked for motion to approve. Chief Kammel moved; Dr. Zuver seconded. There was no discussion or opposition and the motion carried.

Executive Director's Report:

Dr. Pappas stated that the committee had discussed recommending that clinically appropriate tourniquets applied in the field be a trauma alert criteria. On behalf of the committee, he sent a letter to the FDOH Bureau of Emergency Medical Oversight recommending this.

Dr. Pappas stated that there is growing evidence in the value of whole blood in the field and trauma bay and thanks to Orlando Health and Orange County EMS we are leading in this area. He asked about having a workshop to further this and include some other experts from around the state.

CFDMC/RDSTF Update: Lynne stated that the December Coalition conference was a success but had low attendance. The next Coalition meeting is scheduled for Thursday, March 20th at the Martin County EOC, with a virtual attendance option as well. She stated that Dr. Rubay will repeat his presentation on the trauma response to the tornadoes and there will be other lessons learned from the 2024 hurricane season. She advised that Chief Kammel will present on the Florida Prehospital Pediatric Readiness Recognition Program, and there will be updates on family reunification/family assistance centers and the April exercise. The agenda will be sent out next week. Lynne provided an update on the April regional MCI exercise. Almost all of the hospitals in the region are participating; some of the free standing emergency departments are playing with paper victims. She described the scenario and resulting injuries. She stated that Seminole, Orange and Osceola County emergency management are playing full scale as well. We are recruiting evaluators and if anyone is interested, please let her know.

Stakeholder Spotlight: Dr. Pappas stated that the Florida Committee on Trauma helped to develop the trauma card, and these will enhance education and decision-making in the field. Sam Thurmond from the Florida Department of Health reviewed the pit crew approach and the handouts for ACS, CVA, Trauma and Cardiac Arrest). These include the time limits included on the state measures. The handouts were distributed to the trauma stakeholders and may be shared widely. Sam stated they are working on a fifth handout. Dr. Pappas asked about the vision for using these. Sam stated that these should be available anywhere, anytime, make them visible. Dr. Husty asked how to incorporate this into county trainings. Sam suggested handing these out in the quarterly meetings. He said they are bright, colorful, just the information needed. Dr. Zito said she reviewed these, including the Trauma handout, and asked who is the intended audience? Sam said these can be used for anybody. She asked if these are just a suggestion, and he stated that they can be adapted.

FDOH Update: There was no representative available. Dr. Pappas stated that the trauma standards process is moving forward. We need to get the Florida Trauma Advisory System (FTSAC) up and running. Dr. Zito shared the latest list of members and vacancies:

- a. The State Trauma Medical Director. Vacant
- b. A standing member of the Emergency Medical Services Advisory Council.- Vacant
- c. A representative of a local or regional trauma agency. Madonna Stotsenburg (Dr. Zito said she is no longer there)
- d. A trauma program manager or trauma medical director who is actively working in a trauma center and who represents an investor-owned hospital with a trauma center. Dr. Mark McKenney

- e. A trauma program manager or trauma medical director who is actively working in a trauma center and who represents a nonprofit or public hospital with a trauma center. Jennifer Sweeney
- f. A trauma surgeon who is board-certified in an appropriate trauma or critical care specialty and who is actively practicing medicine in a Level II trauma center who represents an investor-owned hospital with a trauma center. Dr. Darwin Ang
- g. A trauma surgeon who is board-certified in an appropriate trauma or critical care specialty and actively practicing medicine who represents a nonprofit or public hospital with a trauma center. Vacant
- h. A representative of the American College of Surgeons Committee on Trauma who has pediatric trauma care expertise. Dr. Nick Namias
- i. A representative of the Safety Net Hospital Alliance of Florida. Peter Powers
- j. A representative of the Florida Hospital Association. Lisa DiNova
- k. A physician licensed under chapter 458 or chapter 459 who is a board-certified emergency medicine physician who is not affiliated with a trauma center. Dr. Angus Jamison
- I. A trauma surgeon who is board-certified in an appropriate trauma or critical care specialty and actively practicing medicine in a Level I trauma center. Dr. Tracy Zito

To apply, contact: <u>GENE.BUERKLE@flhealth.gov</u> or <u>Michael.Leffler@flhealth.gov</u>. They can share the link to the application.

Committee Updates:

System Support Committee: Sheryl Aldarondo reported on the meeting held earlier today. Arnold Palmer Hospital provided links to resources for the group, and they are doing helmet fitter classes, and car seat events at maternity hospitals and moving to Lake Mary, along with car seats as needed, helping with Stop the Bleed (STB), and Best Foot Forward. ORMC is working on STB with eight courses open to the community, re-training more than 260 OCPS schools including charters and training nurses as trainers for Osceola schools. Doing Safety Days over the summer for two days and working with Lake Mary Police Department with babysitting and CPR course; working with American Legion Biker's Club this. We are awaiting the STB Version 3.0. The SHSGP contract has been signed for the statewide STB and they will be focusing on the faith-based community. Also working on burn prevention with Orange County Fire Rescue, wrapping up burn awareness week. Working on the ambassador program at local high schools on motor vehicle safety. HCA Osceola is doing pedestrian safety with Best Foot Forward, and ramping up STB and looking for resources for an uptick in penetrating injures. Holmes has a new injury prevention coordinator, Jess Henwood. They are working with STB and pedestrian safety, including dusk to dawn. Dr. Pappas stated STB is an important project and glad to see that we are spreading that education. He stated that he is also glad to see the coordination and communication among the trauma centers.

Preparedness Committee: Eric Alberts reported on Monday's meeting, including updates on the trauma-burn training to help prepare acute care hospitals and free standing emergency departments in an MCI. We are promoting implementation of Pulsara, which will help when we begin to develop a regional MOCC and statewide patient coordination plan and exercise. He stated that there is a FSED Best Practice document which has been shared and we will be vetting this during the April exercise. He stated that the group is very excited about the April exercise and encouraged all to take this seriously as there are so many incidents happening. Dr. Pappas stated that the Regional Trauma Advisory Board supports this exercise. Lynne advised that the quote promoting this exercise came from Dr. Rubay, which really shows how important the exercise is in preparing our healthcare system.

Clinical Leadership Committee: Dr. Zito asked Lynne to provide an update. There was an update on the April exercise and Pulsara, discussion regarding the tourniquet placement as a trauma alert criteria. Dr. Zito said they discussed pelvic binders as a trauma alert, and this is already in the criteria. Lynne stated that the group discussed having an annual meeting. Dr. Husty agreed to reach out to all the county EMS directors to engage them in the committee and share this information.

Extended Care Committee: Lynne reported that the committee had their first meeting last week. They elected a co-chair and are working on setting up regular meetings.

Old Business-EMS Outreach: Dr. Pappas thanked Dr. Husty for adding his voice to Dr. Zuver's in engaging EMS. He stated that a meeting would be a good opportunity to collaborate and discuss issues.

New Business: Dr. Husty asked if we include the military in the Trauma Advisory Board. He knows another Todd Husty in Jacksonville who might be interested. Dr. Zito stated that is another region. Dr. Pappas stated anyone interested can sit in. We do have military connections through the Coalition. There is also a military committee in the Florida Committee on Trauma.

Adjourn: Chief Kammel stated that he appreciates the conversation on whole blood and would appreciate the opportunity to discuss with transfers with HCA. Dr. Rubay stated that they are using whole blood but they must follow the HCA corporate policy and cannot accept blood from anyone other than their contracted provider, OneBlood. He is in conversation with them to see if Lawnwood could become a hub for transfers. Dr. Zito stated that Orlando Health does exchanges and she is happy to share their process. Dr. Rubay asked if she could share these policies. The concern is over safety of product. Chief Kammel said they follow the OneBlood procedures in transport. Kim Foley stated that HCA Florida Osceola met with OneBlood and they refused to work with them because they are not a blood distribution center. Dr. Zito said they have not had this issue. They all get their blood from OneBlood but bring it to ORMC when it is expiring. Dr. Zuver agreed and said they transfer expiring blood to ORMC with no charge and get units from ORMC that come from OneBlood. Chief Kammel said they have tight procedures to reduce waste. If they had the ability to exchange blood with the trauma center, they could expand the program.

Adjournment: Dr. Zuver moved to adjourn and Dr. Zito seconded. Dr. Pappas encouraged those interested to apply for the FTSAC. Dr. reminded the group of upcoming meetings, including FCOT and TQUIP. The next RTAB Executive Committee meeting is April 15th.

PITCREW FICS

STEMI Recognition and STEMI Alert Hospital Team Notification within 10 Minutes



ASA Admin Within 10 Minutes









STEMI PROTOCOL

- Begin assessment for ACS
- Assess for ASA admin within 10 minutes.
- Prepare for STEMI notification





- Begin Diagnostics
- Vital Signs
- EKG 4/12 Lead within 10 minutes

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MEDICATION PREPARATION

- Oxygen admin based on O2 Saturation
- Prepare IV to support medication admin
- Prepare for ACS medication (MONA)



Transport Within 15 Minutes



PITCREW CARDIAC ARREST

AIRWAY MANAGER

- · Manually opens the airway
- Gives 2 ventilations to ensure no FBAO
- Continue BVM until advanced airway is placed
 Inserts supraglottic connected to O2 with ETCO2
- Begins ventilations asynchronously and monitors
- rate/volume closely

PRIMARY RESPONDER

- Hovers awaiting command from POSITION 2
 Begins 110 compressions a minute with a metronome
- Directs #2 to charge monitor
- Hovers after #2 charged the Lifepak for rhythm identfication / defibrillation
- Resumes 220 compressions after shock or energy dump

MONITOR OPERATOR

- · Assesses for pulse and directs position 1 to begin compressions
- Applies and charges monitor
- · Pushes shock button if indicated / dump if not
- Assists with airway if needed
- Continues to pre-charge every
 minute and 45 seconds to prepare for next rhythm check



MEDICATION MEDIC

- Establish vascular access IV/IO
- · Prepares and administers all medications
- Administers 20mL flushes after all medications

SCENE SUPPORT

- Ensures mechanical CPR device is applied with minimal interruption of compressions
- Prepares stretcher for transfer of patient
- · Prepares rescue truck for crew prior to transfer
- Monitors mechanical CPR device placement throughout

**Ensure all of Position #6 responsibilities are completed if not staffed*





FAMILY LIAISON

- Gathers information for PCR Supports and consoles family
- Ensures no equipment is left behind
- · Makes sure scene is clean prior to departure

Team leader can fulfill any of the above positions. All personnel on scene are CPR coaches, monitoring the effectiveness of the compressions being performed until a mechanical device is applied. All providers should focus on limiting pauses of compressions



PITCREW CVF

Stroke Recognition And Stroke Alert Hospital Team Notification Within 10 Minutes



Coverdell Measures
Last Known Well Documented
Glucose Within 10 Minutes



NOTE OF THE POST O

STROKE EVALUATION

- Begin assessment for CVA/Stroke
- Use Stroke Score Card
- Evaluate for Anticoagulant therapy. (Recent surgeries, allergies, head injury)



- Begin Diagnostics
- Vitals Sign (Glucose priority)
- · Glucose checks immediately
- EKG 4 Lead



SUPPORT PREPARATION

- Oxygen admin based on O2 Saturation
- Prepare IV for support



Transport Within 15 Minutes



PITCREW TELIVE



HEMORRHAGE CONTROL

- CREW #1 (EMT OR PARAMEDIC)
- Assess for external hemorrhage · Controls external hemorrhage



AIRWAY

CREW #2 (PARAMEDIC)

- Assess breathing
- Thoracostomy: including needle/finger/tube
 Assist crew #2 with airway
- Secondary survey of chest and back
- Vital signs
- Applies monitor







CREW #1,2 OR 3 (EMT OR PARAMEDIC)

- Assess breathing
- Thoracostomy: including needle/finger/tube
- Assist crew #2 with airway
- Secondary survey of chest and back
- Vital signs
- · Applies monitor

CIRCULATION

CREW #1 OR 4 (EMT OR PARAMEDIC)

- Assess circulation
- Secondary survey of abdomen and extremities
- IV/IO access
- · Blood sugar measurement if indicated
- IVF/Blood as indicated





TEAM LEADER

- Monitors scene time
- · Encourages initiation of transport
- Resource allocation
- Destination decision
- Equipment





Transport Within 10 Minutes

2-10-25 RTAB Clinical Leadership Committee Minutes

Attendees: Beverly Cook, Lynne Drawdy, Keith Grice, Dr. Todd Husty, Katelyn King, Dr. Peter Pappas, Dr. Rick Ricardi, Dr. David Rubay, Dr. Scott Zenoni, Dr. Tracy Zito

Welcome/Roll Call:

Call to Order: Dr. Zito called the meeting to order at 3:03 p.m.

Review and Approval of Minutes: Dr. Zenoni moved to approve the December minutes, and Dr. Rubay seconded the motion. There were no objections and the motion carried.

CFDMC Update: Lynne Drawdy advised that the next Coalition meeting is scheduled for March 20th at the Martin County EOC (virtual is also available). She thanked Dr. Rubay for agreeing to repeat his presentation on the response to the 2024 tornadoes. The meeting will also include lessons learned from the 2024 hurricane season. Lynne reported that planning is underway for the 2025 full scale mass casualty exercise, scheduled for April 10th. Most hospitals within the region are participating.

Old Business:

- Dr. Pappas reported that he sent a letter to FDOH Bureau of Emergency Medical Oversight to add appropriately applied tourniquets in the field as a trauma alert criteria. Dr. Zito said Orange County has added that if a bystander adds this and EMS vets and decides to leave it on, it is a trauma alert. She stated that she hopes to see this adopted across the region. The group also discussed pelvic binders as a trauma criteria. There was discussion and the consensus was that if this was appropriate usage it should be a trauma alert. Dr. Pappas asked how we can communicate these issues, and Dr. Husty agreed to call each EMS Medical Director. Dr. Zenoni said he has an EMS quarterly meeting coming up and he will pass this one in Brevard County.
- Dr. Husty asked if there were other issues that he should include in these calls and the
 consensus was to include whole blood in the field programs, use of Pulsara, and engaging in
 the Clinical Leadership Committee. Dr. Husty said he has been in a number of meetings about
 Pulsara and does not feel there is total buy-in yet. Lynne suggested that he speak with Dr.
 Zuver and Amanda Freeman who are championing this in Orange County. Lynne will provide
 Dr. Husty with names and phone numbers.
- Dr. Pappas suggested that we meet with the EMS Medical Director face to face at least once a
 vear.
- Dr. Zito advised that the Trauma Preparedness Committee is meeting later today and will be working on an approach to a statewide MOCC and exercise. She said that we could begin with a regional approach and then expand this. Dr. Pappas agreed that this was an important gap.

Next Meeting/Adjournment: The next Clinical Leadership Committee meeting is April 14, 2025. The meeting was adjourned at 3:36 p.m.

2-10-25 RTAB Preparedness Committee Meeting

Participants: Eric Alberts, Beverly Cook, Lynne Drawdy, Kim Foley, Julie Frey, Rachel Hamlett, Matt Meyers, Heather Ouelette, Dr. Scott Zenoni, Dr. Tracy Zito

Welcome: Lynne thanked all for participating. The December minutes were sent out with the calendar invitation.

Old Business:

- Trauma/Burn Training: Lynne said that lessons learned from previous MCI exercises were that acute care hospitals and free standing emergency departments need training on how to manage trauma and burn patients in an MCI while waiting for transfer. A subject matter expert workgroup was formed and is developing a four-hour virtual training for nurses. The group has developed a syllabus and drafted and reviewed the segment on airway management at the January meeting. Dr. Howard Smith from the Warden Burn Center is reviewing this and the burn resource handout and Krista Card will work with Dr. Smith and Dr. Zito on the section on understanding trauma and burn injuries. the group will meet again on March 14th to finalize these and identify and begin developing the next section. Lynne stated that she met with Dr. Hsu at AdventHealth University regarding the April exercise and was given a tour of their simulation lab. They have agreed to host and video this training at no charge.
- **Pulsara Update & Strategies:** Eric said we are trying to get participation from EMS and hospitals. Lynne will ask for an update on who has signed the contract and who is live, and advised that Dr. Husty will be reaching out to the EMS Medical Directors to promote this. Dr. Zito said she hopes that we have good participation by the April exercise.
- Statewide MCI Coordination Plan: Lynne said this is now a national ASPR requirement, and the Coalitions have agreed to work with the FCOT disaster committee on this. Dr. Zito said the idea is to start at the regional level and create an RMOCC that will work and then roll it out to other regions and the state, adapting the Texas model. The group agreed to begin planning in May, following the full scale exercise.
- **FSEDs**: Eric said a workgroup has developed a best practice document to help these facilities prepare for an MCI. Lynne said that we will test this during the April full scale exercise.
- April 2025 Full Scale MCI Exercise: The exercise is April 10th from 8 am to noon and more than sixty hospitals are participating full scale, with others doing paper victims. Planning is going well. Lynne said that this year, three county emergency management offices (Seminole, Orange and Osceola) are also playing full scale. Eric said the exercise will include the use of CHEMPACKS and Lynne advised that we will be scheduling three training sessions across the region on the use of CHEMPACKS. Eric said a lot of others don't do the exercises the way we do. Eric said that the Region 4 exercise is the week after our region's and he would like to see the other coalitions hold a similar exercise on the same day each year. Eric said it is alarming to see the events that have already happened this year, and to understand how many trauma patients these involve. He stated that continued preparedness and exercises are critical.

Next Meeting: The next Trauma Preparedness Committee meeting is scheduled for April14, 2025. The meeting adjourned at 4:22 p.m.

2-11-25 RTAB System Support Committee Minutes

Attending: Sheryl Aldorando, Lina Chico, Jess Henwood, Matt Meyers, Heather Ouellete, Ashley Walden. Jasmine Webb

Statewide Stop the Bleed Project: Matt Meyers advised that the contract with Florida Division of Emergency Management has been signed. The Florida Healthcare Coalition will purchase and distribute the kits. This group can plan how to use these. Sheryl said that she and Lina will begin working on that.

Orlando Regional Medical Center: Sheryl stated they are busy with Stop the Bleed courses with train-the-trainer, schools, Osceola nurses, upcoming American Legion Biker clubs with 225 participants, working with other trauma center on staff at STB stations later this month, working with Lake Mary Police Department, two OCPS safety days. Version 3.0 is coming out soon. Falls prevention ready to go, locating a senior group that can commit. Just wrapped up Burn Awareness Week at hospital, social media. Burn prevention at Valencia School of Culinary Arts and will be meeting with them three times a year. Best Foot Forward starting. Doing some motor vehicle safety at some ambassador programs at high schools.

Arnold Palmer Hospital for Children: Lina added link for bike helmet training on Friday, March 7th: Bike Helmet Fitter Training http://bit.ly/40iRUH2. Have seen uptick in kids getting hurt not wearing helmets. Continuing car seat check program to install and grant for car seats. She added link: R- carseatcheck@orlandohealth.com. Will be offering in Seminole and Lake hospitals.

HCA Florida Osceola: Ashleigh stated they are working on pedestrian safety, Best Foot Forward, Stop the Bleed. Huge uptick in violence and penetrating injuries and would welcome any ideas on partnerships.

FDOH: Jasmine stated that she is working on falls prevention, working with small health departments to give them the resources they need.

Holmes: Heather introduced Jess, Holmes' new injury prevention coordinator. Heather reported on some of their community outreach, including the be safe campaign re being seen at dusk and dawn partnering with Brevard County Sheriff pedestrian campaign and Stop the Bleed.

Wrap-up: Lina will report out at the Executive Committee meeting. Lina advised that there are injury prevention resources posted on the Coalition's Trauma page at:

https://www.centralfladisaster.org/_files/ugd/8d7960_3ff0537eb67b4ec38629502f8e1e6312.pdf.

2-7-24 Region 5 Trauma Advisory Board Extended Care Committee Minutes

Attending: Lynne Drawdy, Olive Gaye, Trish Gilliam, Godfrey Hilado, Thomas O'Neill, Melissa Rahn, Michael Zomchek

Welcome: Tom O'Neill welcomed all and stated that he was asked by the Central Florida Disaster Medical Coalition (CFDMC) to chair and convene a Trauma Extended Care Committee. Tom asked each attendee to introduce him/herself.

Purpose: Lynne advised that CFDMC is federally funded through the HHS ASPR Hospital Preparedness Program to help the healthcare system prepare for, respond to and recover from disasters. CFDMC provides regional plans, training, equipment and exercises. One of their projects is the Region 5 Trauma Advisory Board (RTAB), which is focused on providing a forum for best practice in trauma care and providing collaboration among trauma stakeholders. The RTAB has several committees, including:

- The Executive Committee, comprised of 11 voting members for the RTAB
- The Clinical Leadership Committee, comprised of the Trauma and EMS Medical Directors and focused on protocol development and promoting best practices for trauma care,
- The Preparedness Committee, comprised of trauma medical directors, trauma program directors, hospital emergency department and emergency management personnel and focused on integrating mass casualty plans and exercises with trauma and burn systems.
- The System Support committee, comprised of trauma, hospital and other partners promoting joint initiatives and best practices in injury prevention.
- The Extended Care Committee: Lynne stated that one missing element in the RTAB has been extended care. The Extended Care Committee is meant to focus on ensuring optimal care for trauma patients after discharge from hospital for maximum return of function & quality of life.

Appointment of Committee Co-Chair: Tom stated that the first order of business is to elect a committee co-chair. He recommended Dawn Chery, Southern Healthcare Chief Nursing Officer. All attendees voted aye.

Next Steps: Tom advised that he has invited others to join the committee. He will send out a meeting summary and will reach out to the group to schedule a routine meeting for the committee. The other RTAB committees meet every other month and report out at the RTAB Executive Committee meetings.

Lynne thanked Tom for his leadership and all attendees for participating in this important effort.