12-2-25 RDSTF-5 Trauma Advisory Board Executive Committee Minutes

Executive Committee Voting Members Present:

Trauma Chair/Orlando Regional Medical Center: Jeana Swain, Julie Frey
Trauma Co-Chair/Halifax/Halifax Health: Dr. Janeen Jordan, Rachael Hamlett
Level II Rep – Lake Monroe Hospital/HCA: Rick Ricardi
EMS Chair/Martin County (South): Not present
EMS Co-Chair/Brevard (North): Dr. Bobby Ford, Dr. John McPherson
EMS Central Rep/Orange (Central): Dr. Christian Zuver
County DOH – St. Lucie County: Not present
Acute Care Hospital/Nemours: Adela Casas-Melley
Extended Care – Advanced Rehabilitation Institute: Annette Seabrook

Seven of nine voting members were present; a quorum was reached.

Other Stakeholders Present:

Sheryl Aldarondo
Gene Buerkle
Lina Chico
Leigh Anne Dowdle
Lynne Drawdy
Dr. Dustin Huynh
Kelley Jenkins
Matt Meyers
Suzi Mitchell
Heather Oulette
Dr. Peter Pappas
Dr. David Rubay
Michelle Rud
MC Swanson
Kimberly Waters
Ernest Sonny Weishaupt
John Wilgis
Shauna Young
Dr. Scott Zenoni
Dr. Kristine Zonka

Call to Order: Dr. Pappas welcomed all. Jeana Swain called the meeting to order.

Review and Approval of Minutes: Minutes were previously distributed. A motion to approve and second was received and the minutes were approved.

Executive Director's Report:

- **Update from Florida COT Fall Meeting:** Dr. Pappas stated that the FCOT met November 20th in Tallahassee. Agenda items included discussion regarding review and adoption of new state standards to bring them in line with national standards. There was also discussion regarding EMS engagement and continue performance improvement initiatives at trauma centers. There was a fall 2025 QI report which showed improvement over previous year.

There was also discussion regarding a standardized deployment and approach to field transfusions. There was also discussion regarding HB 521, which would significantly impact red light funding to trauma centers.

CFDMC/RDSTF Update: Lynne reminded all that the annual conference will be held on December 3rd. If you wish to attend and have not registered, please contact Lynne. Today, there is a certified health emergency professional (CHEP) course going on with approximately 45 attendees. Dr. Pappas encouraged all to attend the conference.

DOH Update: Gene Buerkle highlighted items from TQIP meeting. He stated that there is training for bio spatial on their website. He stated they recently added key indicators to measure performance on the state registry, such as adverse impacts, pre-existing conditions, and hospital events. He encouraged all to review these.. He stated they are also be able to search on EMSTAR if blood is administered in field so they can measure impact. He stated that trauma centers are at 95% submission. He is trying to put together a commons hour call on December 10th in preparation for the January 9th. The purpose is to discuss blood in the field to put together a position letter. They received a letter from FCOT. He will be reaching out to the trauma centers after January 9th to see if they will provide letters. He provided the link to HB 521 and he suggested all review. His initial review shows that this removes the automatic ticket funding (vs. law enforcement given tickets) that goes to trauma centers, which is about 60 to 65% of the funding FDOH sends out. There will be a January 9th Florida Trauma Advisory Council meeting in Orlando. The agenda will be out soon. They are conducting the Lakeland Level 1 trauma survey next week.

Link to HB 521: Fines for Violations Detected by Traffic Infraction Detectors
https://www.flsenate.gov/Session/Bill/2026/521

Dr. Pappas asked how stakeholders can provide input on this. Gene stated they can send letters to him and he will pass on. He stated that trauma centers can see their impact as they break out this funding in their payout letters. John Wilgis encouraged all to share concerns / positions on this bill with FHA as well. Dr. Pappas and Gene confirmed that the EMS Advisory Council meeting is January 9th in the morning and the Florida Trauma System Advisory Council begins at 1 pm at the Orange County Convention Center.

Committee Updates:

System Support Committee: Sheryl Aldarondo provided an update from each of the trauma centers attending. ORMC is re-training Stop the Bleed public schools and have added charter schools. Several trauma centers provided training to the Homeless Coalition. They are also training their staff. We are still waiting on the statewide STB training funds which will be used to provide training at faith-based organizations. Just finished the third group of falls prevention and the latest group increased knowledge base from 68% to 90%. She attended the Office of Aging meeting to get new contacts. They have provided three burn prevention courses at Valencia Culinary Arts and also with Orange County Public Schools kitchen staff. Orange County Fire has held several open houses over the past few months and they distributed seasonal burn prevention materials. They still have a monthly support group at South Lake Hospital for burn prevention. They sent out MADD videos and an ambassador program with high school students and will be scheduling more. There is concern re e-bikes and they had some safety information posted on social media. She was also on the e-bike session at the recent summit. At Arnold Palmer, they are hosting a STB instructor and community course for FDOH. They are updating information on helmet fitting and car seats. She is partnering with law enforcement re e-bike safety, including a contract with parents, and ticketing those without helmets. They recently received a $10,000 grant for car seats for those in need. Holmes is

partnering with Brevard County Schools on STB starting with high schools. They held a Be Seen Be Safe event and gave out 7,000 safety lights. She is working with the homeless, and they are doing a monthly falls prevention program. They are also working with the community on the e-bike issue. In 2026, the group will be looking at meeting in person and developing goals.

Clinical Leadership Committee: Dr. McPherson stated the group discussed EMS engagement; Dr. Zuver has the lead on scheduling a meeting with the EMS medical directors. The whole blood program is continuing to progress. Orange County is in the lead and other counties are reaching out to Dr. Zito and Dr. Zuver for assistance in developing their programs. The regional medical operations coordinating center (RMOCC) is being led by Dr. Zito with support from the Coalition. Dr. Pappas stated that the RMOCC is in large scale mass casualty events with multiple trauma centers and hospitals responding to have a central point of triage and distribution. It is being used in some parts of the county daily for routine transfers. Lynne stated that several years ago we created the trauma coordination plan which was basically an RMOCC. We held an exercise and it did not go well. There are other models and a federal toolkit that we can use as a guideline. This Is a requirement from our federal funding partner ASPR to develop this plan. She stated that she is grateful for Dr. Zito's championship of this project.

Extended Care Committee: Dr. Pappas welcomed Annette Seabrook, the new chair of the Extended Care Committee. She has been reaching out to secure members, including home health, and many of the rehab facilities within the region. She has six members confirmed. She hopes to secure more and hold their first meeting to identify their goals before the next Executive Committee meeting. Dr. Pappas encouraged the trauma centers to provide contacts for their rehab facilities to Annette or Lynne.

New Business: Goals for 2026 include creating the RMOCC, continuing to expand the whole blood in the field programs.

Lynne reminded all that she sent out a trauma stakeholder list and asked that all review to provide updates or new contacts.

2026 Executive Committee Meeting Schedule: The group discussed and agreed to continue the same schedule for 2026. Lynne will send out a schedule and calendar invites.

12-1-25 RTAB Clinical Leadership Committee Meeting Minutes

Participants: Lynne Drawdy, Dr. John MacPherson, Matt Meyers, Heather Oulette, Dr. Peter Pappas, Rick Ricardi, Dr. David Rubay, Dr. Tracy Zito, Dr. Christian Zuver

Review and Approval of Minutes: Dr. Zito moved to approve the minutes; Dr. Zuver seconded. There was no opposition and the motion carried.

CFDMC Update: Lynne reminded the group that the annual conference is Wednesday, December 3rd at Valencia School of Public Safety. The kick-off for the 2026 mass casualty exercise full scale exercise will be on December 5th.

Dr. Pappas advised that House B ill 521 proposes removing trauma funding from the red light bill. He will send the draft to Lynne to send out to the group.

Old Business:

- EMS Engagement: Dr. Zuver sent out an invitation for a regional meeting and did not receive a good response. He stated that he will schedule a virtual meeting in the first quarter of 2026.

  Dr MacPherson thanked Dr. Zuver for sending out the information on the stroke conference. Dr. Zuver stated that there was not a lot of EMS attendees in person but some may have been virtual. He provided information on a new stroke survey that will be field tested.

- **Whole Blood Programs**: Dr. Pappas stated that there is strong support from FDOH on whole blood in the field as there is enough published data or programs nationwide that have demonstrated benefits. It was discussed at the Florida Committee on Trauma. FDOH has proposed a bill that would provide approximately $14 million for EMS agencies across the state to support this initiative. At the EMS Council meeting, they voted to support this. Orlando Health and Orange County have evidence from the past year. Dr. MacPherson stated that they are receiving pushback from the field regarding transfusion equipment, refrigeration, etc. They have new equipment for stroke and this is a little overwhelming. The second largest hospital in the county closed which impacted EMS. He asked for suggestions for overcoming those obstacles. Dr. Zuver stated that the equipment they carry is not large and it was able to fit into one small bag on a supervisor vehicle. Matt agreed and stated that many agencies use supervisor or battalion chief vehicles to transport these. With longer transport times, this initiative is even more important. Dr. MacPherson stated that he will discuss a pilot program with Dr. Zenoni. Dr. Zito suggested that all identify any roadblocks, the group can address these. In Orange County, implementation has been successful. Dr. Zuver agreed and stated they have EMS personnel who can share their work.

- **RMOCC**: Dr. Zito stated that she met with Lynne and spoke with Michael Leffler regarding the state response to hurricanes and they will be overhauling the state response system. One obstacle is that our region and state does not have government run transfer centers but instead individual transfer centers. It will require meeting with high level individuals to make decisions on this. She will continue to work on this.

New Business:

- **Update from Fall/Winter Florida COT Meeting:** Dr. Pappas stated they met on November 20th in Tallahassee. The agenda included potential for the whole blood and blood transfusions in the field, trauma quality improvement program and engagement of EMS agencies, and generating a new state level registry. We shared our 2026 state level quality report and the numbers were very good. Other items included continued efforts to take the draft state standards to get these into public discussion and workshops and acceptance. Also, Florida Trauma System Advisory Committee is still in limbo; they are meeting but have open seats and they have difficulty in reaching a quorum. There are nominations awaiting the Governor's approval. They also raised the issue of funding to update the state's trauma system which is over twelve years old.

2026 Meeting Schedule: The group agreed to keep same schedule in 2026. Lynne will send out calendar invitations.

12-2-25 Trauma System Support Committee Minutes

Participants: Sheryl Aldarondo, Lina Chico, Lynne Drawdy, Jess Henwood, Monica Howington, Matt Meyers, Heather Oulette, Ashley Souza, Jasmine Webb

Updates:

Stop the Bleed Grant: Lynne reported that the vendor payment system asked for another form last week. We submitted the form. The dollars are there and we are waiting for funds to be released. Once we get the dollars, we can send out invitations to the trainings if anyone wants to assist with the trainings.

Arnold Palmer Hospital: Lina reported that she received a $10,000 car seat grant; if you have someone in need who cannot afford a car seat, please email her at r-carseatcheck@orlandohealth.com. There is another helmet fitting certification class on December 5th from 9:30 to noon in Maitland. Once certified, you have access to the pedestrian resource center for ordering helmets from the state. They continue to see an increase in injuries from e-bikes and e-scooters. There is concern that the vehicles go faster, are heavier, and children are unable to handle these. They are working with the school resource officers to educate and enforce rules re these vehicles. They have educational materials available re car seat safety and water safety.

Orlando Regional Medical Center: Doing Stop the Bleed with Orange County Public Schools, charter schools, the Coalition for the Homeless, new security officers, and other community courses. Doing fall prevention classes, going from 68% knowledge base to 90% at end of ten weeks. Just recently attended the Office on Aging meeting to get contacts for next classes. They provided three burn prevention courses at Valencia Culinary School. They have attended several Orange County Fire Rescue open houses over past few months and at the last one over 100 families came to their table. They are providing burn prevention for Orlando Health South Lake Hospital. They had the bike summit and she was on the e-panel for that. She is scheduling events in January and the 2026 Stop the Bleed courses are posted.

Holmes Regional Medical Center: Jess stated they are busy. They are partnering with Brevard County Public Schools to teach Stop the Bleed, beginning this week and scheduling through January. They have certified 18 Health First employees and firefighters are instructors in one day. The Be Seen, Be Safe campaign was successful and by the end of December will have given out 7,000 safety lights to community, including a 5K Home Stretch race that provides safety lights to the homeless community. They are teaching monthly falls prevention. They did a mock drill in Cocoa Beach with several community organizations. They are scheduling 2026 classes including Trauma Survivor Network. Lina asked if Be Seen, Be Safe includes e-bikes. Jess stated that this is being discussed to determine a plan of action. Some municipalities are implementing age restrictions for these. Tracking these injuries by coding is important. Data will help with changes.

Next Meeting: Lina thanked all for participating and reminded all that they will keep the same schedule for 2026. Lynne will send out the calendar invitation. Lynne suggested that the group may want to schedule a longer meeting at one of the trauma centers and meet face-to-face. She also suggested that the group set some goals for 2026. The Clinical Leadership Committee met on Monday and identified two goals. Once the dates are sent out, we can look for volunteers.

10-14-25 Trauma Advisory Board Executive Committee Meeting Minutes

Executive Committee Voting Members:

Trauma Chair – Orlando Regional/Orlando Health: Dr. Tracy Zito, Jeana Swain, Eric Alberts, Sheryl Aldorando, Lina Chico
Trauma Co-Chair – Halifax/Halifax Health: Dr. Janeen Jordan, Rachael Hamlett
Level II Rep – Lake Monroe Hospital/HCA: Rick Ricardi
EMS Chair – Martin County (South): Not present
EMS Co-Chair – Brevard (North): Dr. Bobby Ford
EMS Central Rep – Orange (Central): Dr. Christian Zuver
County DOH – St. Lucie County: Not present
Acute Care Hospital – Nemours: Adela Casas-Melley
Extended Care: Annette Seabrook
Municipal Government – City of Palm Bay: Not present
County Government – Orange: Dr. Desmond Fitzgerald

A quorum was reached.

Other Stakeholders:

Dr. Ayanna Walker
Gene Buerkle
Heather Ouellette
Kathleen Lyons
Kelley Jemloms
Kristine Zonka
Lynne Drawdy
Dr. John McPherson
Marben Aquino
Matt Meyers
Dr. Peter A Pappas
Sandra Schwemmer
Dr. Scott Zenoni
Sean Sacco
Shauna Young
Susi Mitchell

Welcome & Call to Order: Eric Alberts welcomed all. Dr. Zito called the meeting to order.

Review and Approval of Minutes: Adela Casas-Melley moved to approve the minutes; Dr. Zuver seconded the motion. There was no discussion or opposition and the motion carried.

Executive Director's Report

- Welcome to Dr. Bobby Ford, Brevard EMS Medical Director: Dr. Pappas welcomed Dr. Ford to the Executive Committee. Dr. Ford thanked Dr. Pappas for inviting him and he looks forward to participating.

- Scheduling of Meetings: Dr. Pappas asked for a discussion about the schedule and organization of the 2026 meetings. Any thoughts can be shared now or via email, and we can formalize at the December meeting. Dr. Zito stated that she felt that she feels the committees meeting every other month is the right amount and feels a quarterly Executive Committee

meeting would be good. Lynne offered to reach out to each committee chair on their preference for meetings.

- Revision of voting members of Executive Committee: Dr. Pappas stated that he and Lynne are recommending that the municipal and county government representatives move from the Executive Committee to ad hoc members. This keeps the focus of the Executive Committee on the clinical stakeholders (trauma centers, acute care hospitals, EMS, public health and extended care). Dr. Zito agreed as long as we can get government officials at the table when we need them. Dr. Zito moved to reorganize the Executive Committee as stated; Rachael Hamlett seconded. There was no opposition and the motion carried.

- Extended Care Committee Revisions: Lynne reported that we reconsidered this group to focus on trauma rehab facilities. Annette Seabrook, President of Orlando Health Advanced Rehab Institute will chair this new committee. Annette stated that she is excited about this opportunity. She has been in Florida for four years working with the trauma community. Dr. Zito moved to appoint Annette and Rachael Hamlett seconded the motion. There was no opposition and the motion carried.

- Preparedness Committee Completion: Dr. Pappas stated that this group will transition into the new RMOCC project and will report out as needed to the Clinical Leadership Committee as appropriate. Dr. Zito said that workgroups will continue to work on preparedness projects, including a dedicated group working on creating an RMOCC.

CFDMC/RDSTF Update: Eric stated that the annual Coalition conference is Tuesday, December 2 (pre-conference meetings, including the Trauma Executive Committee meeting, trainings and exercises) and Wednesday, December 3 (full conference) at Valencia College School of Public Safety. An agenda and registration link will be sent out over the next week and he hopes all will join us at the conference. Eric reported that the Coalition has been fully funded for this fiscal year and the state has the funding and there will be no delays in payment. We are still waiting to hear about next year's funding. Eric advised that the Coalition Board has developed a contingency plan to sustain the Coalition and critical projects such as the Trauma Advisory Board and committees for the next five years. He stated that UASI voted on next year's projects and EMResource sustainment was ranked high and should be funded. Tomorrow is the State Homeland Security Grant Program meeting in St. Pete and Eric will attend.

Committee Updates

System Support Committee: Sheryl Aldarondo reported out on updates from each trauma center's injury prevention program. ORMC has a robust Stop the Bleed program, completing two FCOT requests at UCF, partnering with HCA, and for the Coalition for the Homeless. They are retraining at Orange County Public Schools and charter schools and re-training Osceola Public School nurses. Burn prevention has been taught at Valencia Culinary Arts three times this year, did training for Orange County Public Schools kitchen staff and several other venues. Fall prevention courses are running. Motor vehicle safety uses MADD video, and working with Best Foot Forward, Back to School and Crosswalk focused on pedestrian safety. Arnold Palmer has a robust helmet program, focusing on e-bikes as we are seeing more injuries in younger populations. They are also doing water safety training. HCA Lake Monroe partnered with training at UCF and will be working with schools for Stop the Bleed. They are also looking at e-bikes and are doing motor vehicle safety using intoxication goggles. They are doing falls prevention with partners focusing on balance. Holmes reported that they are working on bike safety, Stop the Bleed, motor vehicle safety, pedestrian safety providing safety lights, watching e-bikes and for falls prevention, engaging other partners.

Clinical Leadership Committee: Dr. Zito reported that the group welcomed Dr. Bobby Ford, discussed whole blood programs in the region and offered assistance to trauma centers and EMS agencies regarding implementation of this program. Many are interested in getting this off the ground. There was discussion regarding the regional medical operations coordinating centers (RMOCC) and will be working with Lynne on this project. There is no consensus on the pelvic binders at this time.

New Business: None was raised.

Next Executive Committee Meeting: December 2, 2025

10-13-25 Trauma Advisory Board Clinical Leadership Committee Minutes

Participants: Eric Alberts, Dr. Danielle DiCesare, Dr. Robert Ford, Dr, John McPherson, Matt Meyers, Jessica Walsh O'Sullivan; Heather Oulette, Dr. Peter Pappas, Rick Ricardi, Dr. David Rubay, Stephanie Schiffert, Dr. Scott Zenoni, Dr. Tracy Zito, Dr. Christian Zuver,

Review and Approval of Minutes: Dr. Zuver moved to approve the minutes; Dr. Rubay seconded the motion. There was no opposition and the motion carried.

CFDMC Update: Eric Alberts announced that the Coalition has been fully funded for this fiscal year and the state has received funding so there is no delay in payment for the first quarter. There is still uncertainty over next year's funding but the Coalition has a contingency plan to support the Coalition, and priority projects like the trauma committees for at least five years. Eric stated that UASI has ranked continuation of EMResource very high and this should be funded next year. Eric advised that the Coalition conference is scheduled for December 2nd (pre-conference training) and December 34d (the annual conference). The agenda and registration will be sent out soon.

Old Business:

- **EMS engagement**: Dr. Zuver stated that Lynne offered space on December 2nd for this meeting and Dr. Zuver has sent out an email to the region's EMS Medical Directors to see if they are interested in meeting that day. He also sent out an invitation to a stroke conference.

- **Whole Blood Programs**: Dr. Zito asked if we have a list of hospitals participating in whole blood programs. Dr. Pappas stated that he feels it is mostly Orange County. Dr. Zenoni stated that their EMS agencies are interested in participating and hoping to continue discussions and see Brevard County start to participate. Dr. Zito asked how we can help. Dr. Zenoni stated that he has the protocols from South Florida, and Dr. Zuver offered his protocols. Dr. Zenoni stated that he needs to meet with EMS Chiefs to target which area. He stated that he is excited that the blood bank is on board. Dr. Zenoni will follow-up with Dr. Zito.

- **RMOCC**: Dr. Zito and Dr. Pappas attended national Committee on Trauma and this was a big topic. Dr. Zito said that at the national level, the regional seems to focus on the state. For our region, she stated that because we had put together a trauma coordination center, Lynne leapfrogged off that and put together a draft project plan for developing an RMOCC. Dr. Zito said that she would like to talk to Michael Leffler and the Florida Department of Health about hurricane response and use that structure to create an RMOCC. Eric, Dr. Pappas and Dr. Zuver volunteered to participate. Dr. Zito will work with Lynne and by next meeting bring a project plan.

- **Preparedness Committee**: : Dr. Pappas stated there were emails to close out the Preparedness Committee, and we incorporate these actions into the RMOCC project, reporting to the Clinical Leadership Committee.

- **Pelvic Binders**: Dr. McPherson asked if a decision had been made. Dr. Pappas said it is still open as part of the overall discussion regarding improving patient care.

New Business:

- **Welcome to Dr. Bobby Ford:** Dr. McPherson stated that Dr. Ford will take over as Medical Director for Brevard Fire Rescue, and Dr. McPherson will serve as associate medical director. The group welcomed Dr. Ford.

- **Meeting Scheduling:** Dr. Pappas asked about the cadence of the trauma meetings and asked for input on the schedule for the coming year.

- **Revision of voting members to Executive Committee:** Dr. Pappas stated that Lynne has been working with rehab facilities that trauma centers move patients to, and we will be launching a new extended care committee. Dr. Pappas will recommend at the Executive Committee to move the city and county representatives to ad hoc members vs. voting members. This focuses clinicians as voting members.

Next Meeting: December 1, 2025

10-14-25 Trauma System Support Committee Minutes

Participants: Sheryl Aldarondo, Lina Chico, Lynne Drawdy, Monica Howington, Matt Meyers, Heather Oulette

Updates:

Stop the Bleed Update: Lynne reported that Florida Division of Emergency Management asked for another form last week which we signed and submitted. We are hoping that the dollars will be released soon. Lina said that once the funding is received, they will schedule these classes and invite the group to participate.

Orlando Regional Medical Center: Sheryl Aldarondo stated that they continue to provide a lot of Stop the Bleed training. She partnered with Monica to do two UCF classes, doing schools in Osceola and Orange, and an upcoming class at the Homeland Coalition. She worked on back to school, with Best Foot Forward and seat belt events. Also doing a lot of education for Warden Burn Center, including classes at OTPS kitchen staff, at Valencia Culinary program.

Arnold Palmer Hospital: Lina Chico stated that APH has a strong car seat program using multiple grants. Feel free to refer people to them. They participate in fitting events throughout the region providing training and helmets. They continue to see children without helmets getting hurt so they are trying to get into schools. Just had one successful event at a school with over 200 in attendance, partnering with Orange County Fire and Orange County Sheriff. There have been some updates to ordering from the bike ped resource center. She has also been providing water safety education at a maternal health summit and with their families. The Central Florida area is leading the state in drownings so we need to continue to educate.

HCA Lake Monroe: Monica Howington stated that she is continuing to provide Stop the Bleed education, partnering with Sheryl at UCF, and working with local schools. She did some helmet fittings and radios for back to school. They are seeing more e-bike injuries and in younger children. For fall prevention week, they are focusing on balance and slips, and held an internal event focused on balance, with partners such as cardiologists. They are also working on motor vehicle safety using intoxication goggles. She would be interested in hearing other's ideas.

Holmes: Heather Oulette reported that the new injury prevention coordinator has been very active with the same type of events that others are. Keeping up with volume is where they are struggling. She stated that she thinks many don't understand that wearing a helmet is state law. They are looking at e-bike injuries. They will be partnering with school system for Stop the Bleed and Distracted Driving. They are also doing fall prevention outreach with partners. It's Pedestrian Safety Awareness month and they are handing out safety lights. She did not know that Central Florida is leading in drownings so she will take that back to her hospital. Lina stated that most feel it is tourists but it is not, it is local residents. And the data is just deaths, not submersions so it is not a true picture. They have safety messaging throughout the hospital.

Next Meeting: Lynne asked the group to decide about the December 2nd meeting. Lina asked about in person vs. virtual. The group asked would it be – at Valencia School of Public Safety in Orlando. All agreed that they could be there in person. We will update the location in the calendar invitation.

Lina stated that we are missing representatives from HCA Osceola and Lawnwood. Monica stated there is a new injury prevention coordinator at HCA Osceola who will be shadowing her this week and she will forward the calendar invitation to her. She will also forward the invitation to the contact at HCA Lawnwood.

8-12-25 RTAB Executive Committee Meeting Minutes

Executive Committee Members:
Trauma Chair – Orlando Regional/Orlando Health: Dr. Tracy Zito
Trauma Co-Chair – Halifax/Halifax Health: Rachel Hamlett
Level II Rep – Lake Monroe Hospital/HCA: Rick Ricardi
EMS Chair – Martin County (South): Not present
EMS Co-Chair – Brevard (North): Not present
EMS Central Rep – Orange (Central): Dr. Christian Zuver
County DOH – St. Lucie County: Not present
Acute Care Hospital – Nemours: Not present
Extended Care - Vacant
Municipal Government – City of Palm Bay: Not present
County Government – Orange: Not present

A quorum was not reached

Other Stakeholders/Guests:
Eric Alberts
Sheryl Aldorando
Lynne Drawdy
Eric Gentry
Dr. Dustin Huynh
Kelley Jenkins
Aaron Kissler
Kathleen Lyons
Dr. Peter Pappas
Michelle Rud
Sean Sacco
Jeana Swain
Angelica Sugrim
Michael Taylor
John Wilgis (ex-officio)
Dr. Scott Zenoni

Call to Order: Dr. Pappas welcomed the group. Dr. Zito called the meeting to order at 11:05 am.

Review and Approval of Minutes: As there was no quorum, this was pended until the next meeting.

Executive Director's Report: Dr. Pappas advised that Tom O'Neill, Chair of the Extended Care Committee, has resigned. We are recruiting for this role. We are also reaching out to other participants such as the Orange County representative and the Palm Bay representative. DOH was unable to join today for an update.

Spotlight Discussion: The Future of ASPR: Lynne reported that the White House budget for 2026 eliminated the Hospital Preparedness Program (HPP) funding which funds the Coalition. We signed a contract with the Florida Department of Health for the fiscal year July 1, 2025 through June 30, 2026. Immediately after, the state learned that its allocation for this fiscal year is only 70% of last year's funding. There is a potential for additional risk-based funding later in the year. We do not yet know what the Coalition funding cut will be for this year but we have prepared for a 30% cut, while maintaining all critical projects, including the Regional Trauma Advisory Board and its committees. Last week, we saw that the Senate budget proposal has kept HPP, renaming it to Healthcare

Readiness and Response with a slight increase in funding. She reminded the group that we are a long way from the finish line but this is more promising than what we had seen earlier. Over the past week we have also seen that the Urban Area Security Initiative (UASI) and State Homeland Security Grant Program (SHSGP) funding to the state has almost doubled so things are looking better at the local level. The Coalition Board, including Eric Alberts, Clint Sperber and Dr. Pappas, developed a contingency plan in June and we are confident that we can sustain the Coalition and critical activities such as the Trauma Advisory Board, for at least five years. Dr. Zito stated that is good news. Dr. Pappas asked when we can expect further updates. Lynne stated that we are not sure but are monitoring and will share as we receive updates. John Wilgis stated that we will know when Congress passes a budget this fall.

Committee Updates:

System Support Committee: Sheryl Aldarando reported on injury prevention activities. ORMC has a robust Stop the Bleed (STB) program, and is retraining Orange County Public Schools, and training Osceola school nurses, as well as other locations. ORMC, Arnold Palmer and Holmes all participated in the Best Foot Forward program for back to school safety at cross-walks. For burn prevention, Orange County Fire Rescue open houses will take place in the fall, and they will provide training at Valencia Culinary Arts. They participated in and distributed MADD videos. There are two falls prevention groups underway. Arnold Palmer received a new car seat grant and expanded the program to South Lake and Lake Mary hospitals. They provided helmets and helmet fittings at back to school events in Longwood and the Safety Village. They created a water safety strategic plan in Orange County as we lead in drownings. Holmes reported in June they provided 4,000 safety lights at running events and another event tonight as part of their Be Seen, Be Safe campaign. They are working with Palm Bay Aquatic and did the world's largest swim lesson (130) people. They did a STB skills camp for 15 students, are providing ACLS for physicians and have another church event today . They are working with Space Coast TPO and Palm Bay Police Department to do helmet fittings and gave out 60 helmets. They have a falls prevention program on August 20th. Dr. Pappas thanked her for the report and said that it is good to see such a robust program for STB. Sheryl said we are also waiting for SHSGP funds for training 14 faith-based organizations.

Preparedness Committee: Dr. Zito said there was only three people on the call yesterday. Regarding the RMOCC, she and Lynne discussed a Lean Six Sigma approach to creating this. Lynne is a Black Belt and drafted a plan and we have identified a working group and will send out a request for participation. The free standing emergency department (FSED) workgroup met earlier this week. They developed a video on triage and will add this to the FSED best practice document. The FSED workgroup also asked that she review the red/yellow/green MCI cart lists and identify a list for one cart for FSEDs. Dr. Zito will work with others, including ER nurses. The trauma/burn/pediatric training, a resource for acute care hospitals and FSEDs who may need to hold trauma and burn patients during an MCI is underway. Dr. Smith has completed burns, Dr. Zito is completing trauma and we have some subject matter experts who have completed pediatric issues. We will then identify a group for a pilot training, refine based on feedback and then record as a resource. We have received an update on hospitals and EMS agencies using Pulsara daily. Pulsara is very pleased with the region's progress.

Clinical Leadership Committee: Dr. Zito stated the committee met yesterday and had good attendance. They discussed EMS engagement; Dr. Zuver has reached out to the region's EMS medical directors regarding a meeting. He has heard back from a few and will reach out again. There was a robust discussion on the whole blood program. Dr. Husty is watching the Orange County program; they have a lot of support and are working on logistics. Lake County does not have the ability to start a program at this time and expressed concern re blood exchange. Dr. Zito will follow-up with Lake County. They discussed the concept of X-CAB resuscitation, stopping

exsanguination, restoring circulation by airway and breathing. This is a new concept and at the next meeting, they will discuss this in the context of the whole blood program. This has significant potential for increasing survival in our population. The group discussed pelvic binders in the field and a couple of counties have or are getting these. Dr. Husty expressed interest. They also discussed abdominal junctional tourniquets which the FCOT EMS committee will look at. Dr. Zito will share some papers on this with the RTAB and FCOT.

New Business: Dr. Zito recommended combining the Preparedness and Clinical Leadership Committees. They discuss many of the same issues and she feels it would increase participation. Dr. Pappas suggested adding Preparedness as a standing agenda item at the Clinical Leadership Committee. Dr. Zito will draft this motion and Lynne will send this out to the Executive Committee for an email vote. If approved, we will realign the October meetings.

Next Executive Committee Meeting: October 14, 2025

The meeting adjourned at 11:33 am.

8-11-25 RDSTF-5 Trauma Advisory Board Clinical Leadership Committee Minutes

Participants: Dr. Alicia Buck, Beverly Cook, Lynne Drawdy, Dr. Todd Husty, Dr. Peter Pappas, Rick Ricardi, Dr. David Rubay, Dr. Ayanna Walker, Mark Yassa, Dr. Scott Zenoni, Dr. Tracy Zito, Dr. Christian Zuver

Welcome: Dr. Pappas welcomed all. Dr. Buck introduced Mark Yassa, their EMS Fellow (UCF/HCA) for this year.

Review and Approval of Minutes: Dr. Walker moved to approve the June minutes and Dr. Zuver seconded the motion. There was no opposition and the motion carried.

CFDMC Update: Lynne advised that the state has been notified by ASPR that there will be a 30% reduction in the Hospital Preparedness Program allocation to the state this fiscal year; with the potential for additional risk-based funding later in the year. The Coalition is waiting to hear what this reduction means to our region's funding. The Coalition is prepared for a 30% reduction if required with no impact to high priority projects, including the Trauma Advisory Board and its committees. She stated that the White House budget for next fiscal year eliminated the Hospital Preparedness Program. However, the Senate budget renames the Hospital Preparedness Program to Healthcare Readiness and Response and provided a little over level funding for next fiscal year. A question was raised about how other coalitions will handle loss of funding. Lynne stated that many have said they will simply shut down in the loss of funding. She emphasized that Region 5 has a plan to sustain the Coalition for a minimum of five years without funding. although some projects, such as the hospital equipment project, would be lost.

Old Business:

EMS Engagement: Dr. Zuver sent an email to the region's EMS medical directors; he has heard from several and will follow-up.

Whole Blood Programs: Dr. Pappas stated that the FCOT research committee has data on use of whole blood and wants to collaborate with EMS re efficacy and logistics. He thanked Orange County for their leadership. Volusia, Lake, Seminole and Osceola have expressed interest.
Zito raised some issues she heard at last week's trauma conference last week, including resuscitation X CAB, stopping hemorrhagic shock, and circulation, airway and breathing. She feels these should be included in discussion of a whole blood program and these will benefit survival rates. Dr. Zuver agreed and stated that it was a great lecture. Dr. Zito said we need to create guidelines to include in the whole blood field guidelines. She asked the status in other counties. Dr. Husty stated that they are watching Orange County. There is a lot of support for this but they are working on logistics. There was discussion regarding coordination with air care. Dr. Husty stated that the concerns for that is limitations on landing zones. They do coordinate in entrapment situations. Dr. Zuver stated that this needs collaboration between EMS and hospitals. Dr. Buck stated that Lake County has reviewed this and do not feel it is feasible at this time and that they would need a trauma center in the county. Dr. Zito stated that hospitals can also be part of the blood exchange. Rick Ricadi asked if it is common for hospitals to have whole blood. Dr. Buck stated that she reached out to their hospitals several years ago and most did not. Dr. Zito stated that this not out of reach for most hospitals and we can explore this. Dr. Zito will talk to Dr. Buck offline and Dr. Zuver volunteered to be part of the discussion.

RMOCC: Dr. Zito stated that she met with Lynne and we have a draft project plan and identified potential workgroup members to begin to develop a regional plan for patient movement.

Pelvic Binders in the Field: The group discussed usage and Dr. Pappas stated that he has heard a lot of advocacy for these. Dr. Husty agreed and stated that they have seen missed opportunities and are retraining on this. Dr. Buck said they are using these. There was discussion regarding ankle placement/taping. Dr. Pappas stated that this is another strategy in managing hemorrhagic shock.

AAJT-S in the Field: Dr. Pappas reported that the FCOT EMS Committee has agreed to look at this.

Adjournment: The meeting adjourned at 3:43 pm.

Next Meeting **October 13, 2025**

8-11-25 Trauma Preparedness Committee Minutes

Participating: Eric Alberts, Lynne Drawdy, Dr. Tracy Zito

FSED Workgroup Update: Lynne reported that the FSED workgroup met Monday; they are updating the best practices document. She will send Dr. Zito the minutes. The group also asked Dr. Zito if she would review the red/yellow/green MCI carts lists and identify one list for FSEDs. Dr. Zito agreed.

Trauma/Burn Training Update: Dr. Zito is working on the trauma portion of the training. The workgroup will meet in two weeks and next steps are to identify a pilot training date and group. We will record the training and make any adjustments needed. The final training video will be posted as a resource.

Pulsara Update: Lynne sent out the update on hospitals/EMS agencies who are using Pulsara daily.

Statewide MCI Coordination Plan Update: Lynne sent a draft project plan and potential workgroup members to Dr. Zito. Dr. Zito will follow-up with Lynne.

Burn Kit: Eric said this was mentioned at last week's trauma conference. Dr. Zito will ask Dr. Howard Smith about this. If we develop a list, we can include it in both the trauma/burn training and in the FSED best practice document.

Committee Engagement: The group discussed how to increase engagement and the potential for combining this committee with the Clinical Leadership Committee.

Dr. Zito will report out at the Executive Committee meeting on Tuesday.

Next Meeting: October 13th

8-11-25 Trauma System Support Committee Meeting

Participating: Sheryl Aldorando, Lynne Drawdy, Jess Henwood

Arnold Palmer Hospital: Sheryl reported on APH programs including a new car seat grant, helmets and helmet fittings, and a water safety program.

Orlando Regional Medical Center: Sheryl reported on ORMC programs including Stop the Bleed (re-training Orange county schools, training nurses in Osceola County and providing kits so they can train in their schools, and trainings at FDOT, the FBI, the homeless coalition, and five sessions at least week's trauma conference. She taught 20 classes and 370 individuals in one week in June. Other programs are the Best Foot Forward for back to school, distributing MADD videos focused on car seat and seat belt safety, burn prevention at Valencia Culinary Arts, and fall prevention for seniors.

Holmes: Jess reported on Holmes programs including safety lights at night/early morning events as part of Dr. Zenoni's Be Seen, Be Safe campaign (distributed 4000 safety lights in 2025). They partnered with Palm Bay Police Department and the Aquatic Center for a swim safety event with 130 children. They did Stop the Bleed training for a church group. They also provided skills training for high school students and a two-day ACLS course for surgeons. They are doing Best Foot Forward with the Safety Coalition for back to school crosswalk events and have partnered with the Transportation Pedestrian Coalition on events. They partnered with Space Coast and Palm Bay to provide 60 bike helmets and are working on falls prevention.

6-10-25 Region 5 Trauma Advisory Board Executive Committee & Stakeholder Meeting Minutes

Welcome: Dr. Pappas welcomed all to the meeting.

Roll Call:

Trauma Chair – Orlando Regional/Orlando Health: Dr. Tracy Zito, Eric Alberts
Trauma Co-Chair – Halifax/Halifax Health: Rachael Hamlett
Level II Rep – Lake Monroe Hospital/HCA: Rick Ricardi
EMS Chair – Martin County (South): Chief Chris Kammel
EMS Co-Chair – Brevard (North)
EMS Central Rep – Orange (Central): Dr. Christian Zuver
County DOH – St. Lucie County: Lydia Williams
Acute Care Hospital – Nemours: Adela Casas-Melley
Extended Care – Southern LTC
Municipal Government – City of Palm Bay
County Government – Orange

Seven of the 11 voting members were present for a quorum.

Stakeholders Present:
Sheryl Aldarondo
Lina Chico
Beverly Cook
Lynne Drawdy
Chief Scott Egan
Dr. Desmond Fitzpatrick
Julie Frey
Jessica Gershen
Dr. Todd Husty
Dr. Dustin Huynh
Kelley Jenkins
Aaron Kissler
Kathleen Lyons
Matt Meyers
Heather Ouellette
Dr. Peter Pappas
Dr. David Rubay
Michelle Rud
Sandra Schwemmer
Jeana Swain
Ashleigh Walden
Dr. Ayanna Walker
Sonny Weishaupt
John Wilgis
Dr. Scott Zenoni

Call to Order Chief Kammel called meeting to order at 11:02 a.m.

Approval of Minutes: A motion was made and seconded to approve the April minutes as submitted; there was no discussion or opposition and the motion carried.

Executive Director's Report: Dr Pappas said it has been a busy week for trauma. The Advisory Council is meeting tomorrow in Hollywood and he encouraged all to participate either in person or virtually. He noted that the trauma standard revisions are in limbo as the Council still has open positions and doesn't have a quorum for conducting business. FCOT is advocating to fill these spots. He reported that the regional Clinical Leadership Committee met yesterday and had good discussions regarding reviewing options for control of hemorrhaging in the field.

CFDMC/RDSTF Update:

- **Federal Funding**: Lynne stated that ASPR, the Hospital Preparedness Program (HPP) funding partner, has released funding for July 1, 2025 through June 30, 2026, and the Coalition contract for the year will be at level funding. It is always possible that funds could be withdrawn. The White House budget for 2026 eliminates the HPP effective October 2026. The Coalition Board held a retreat last week and developed a contingency plan to sustain the coalition for at least five years. The Region 5 Trauma Advisory Board and its committees are a high priority and will be sustained in the loss of federal funds. From the RDSTF, there are funding cuts projected for FEMA, Emergency Management, State Homeland Security Grant Funds (SHSGP) and Urban Area Security Initiative (UASI). This impacts projects such as WebEOC and EMResource.
  The federal funding proposal impacts healthcare in many other areas, including cuts to Medicare and Medicaid.

  FHA: John Wilgis said all the country's preparedness funding programs in CDC, ASPR, FEMA, DHS and others are being scrutinized for continuation, restructuring, and reappropriation. Currently it looks like ASPR will transition to CDC with another branch opened for response such as the Strategic National Stockpile. FEMA has a review council evaluating FEMA's response to past events and also on individual public assistance programs. The federal fiscal year ends September 30th and Congress will review the 2026 budget. A lot is still unknown, and they are monitoring it closely. All his colleagues across the country are developing talking points for use when speaking to elected officials. When you add up all HPP, UASI, SHSGP funding it comes to about $1 billion dollars and the return on investment is much more than this. From a hospital perspective, program cuts to Medicaid, etc. are also being scrutinized and those are in the hundreds of billions of dollars and will have a significant impact on the healthcare system and may take away interest from smaller programs such as the HPP. Under the new budget proposal, the burden will shift more to state and local governments and the private sector. Lynne said the Florida Healthcare Coalitions are finalizing educational material about the coalitions. Dr. Pappas said if these cuts are made, the Trauma Advisory Board becomes even more crucial to provide a framework for organized response.

Committee Updates:

- **System Support Committee**: Sheryl Aldarondo shared updates from the trauma centers, including helmet fitting courses, teen impact driving, Trauma Survivor Day, Best Foot Forward, car seat fittings, back to school events to provide helmets, burn prevention, and Stop the Bleed at public schools and with the FBI and the Florida Highway Patrol. Orlando Health has opened a free standing emergency department at Waterford Lakes and they are holding a Stop the Bleed event there. They are also receiving kits from a statewide grant and will be focused on providing Sto the Bleed at faith-based organizations.

- **Preparedness Committee**: Dr Zito said the committee discussed potential funding losses and the commitment to high priority goals. Lynne reported that we tested the FSED Best Practice Guidelines during the April exercise and two action items were identified: developing an FSED MCI checklist and creating videos on triage tags. She stated that the trauma/burn training for acute care hospitals and FSEDs to be able to triage and stabilize burn and trauma patients in an MCI is being finalized and the workgroup will identify a test audience to pilot the training. The group is monitoring Pulsara implementation and will begin to work on an MCI patient movement plan using the MOCC concept. This is a high priority and Dr. Zito will champion this effort.

- **Clinical Leadership Committee**: Dr. Zito said that Captain Sacco, Clermont Fire Department, presented a request for data and evaluation of AAJT. There have been some success stories and the group will review and provide recommendations. She stated that FCOT will also be asked to review this. Dr. Zuver discussed EMS engagement and getting the EMS medical directors together. There was discussion on use of pelvic binders in the field. Many of the counties are using these. Dr. Husty said their EMS agencies are using these but are still learning and need to get better. Rick Ricardi shared photos. Dr. Pappas suggested the Trauma Advisory Board review data and develop a position statement on pelvic binders. Dr. Huynh, Dr. Walker, Dr. Zuver and Dr. Husty agreed to work on this. There was also discussion on the Lucas device vs. CPR and the need to review data on usage of this.

- **Extended Care Committee**: Lynne will follow up on this committee

New Business: Chief Kammel discussed use of freeze dried plaza in the field. The biggest benefit is the shelf life with minimal refrigeration. Dr. Zito stated that she has heard of this and would welcome additional information on this. Michelle Rud announced that Kim Foley has left and she is interim trauma director for HCA Florida Osceola.

Next Executive Committee Meeting: August 12, 2025

Adjourn: The meeting was adjourned at 11:58 am

6-9-25 Region 5 Trauma Advisory Board Clinical Leadership Committee Minutes

Attendees: Beverly Cook, Lynne Drawdy, Dr. Desmond Fitzpatrick, Matt Meyers, Heather Ouellette, Dr. Peter Pappas, Captain Sean Sacco, Dr. Scott Zenoni, Dr. Tracy Zito, Dr. Christian Zuver

Review and Approval of Minutes: Dr. Pappas advised that the minutes of the last meeting were distributed via the meeting invitation. Dr. Zuver moved to approve the minutes; there was no discussion or opposition and the motion carried.

CFDMC Update:

Future of ASPR: Lynne advised that it appears that the federal funding July 1, 2025, through June 30, 2026 has been released to the state, and the Coalition expects to sign a contract effective July 1st with level funding. In the current White House budget proposal for federal year 2026, funding for the Hospital Preparedness Program would be eliminated in October 2026. This would need to be approved by Congress. She reported that the Coalition Board met last week and added a strategic objective to develop a contingency to sustain critical coalition functions for a minimum of five years in the absence of federal funding. The Trauma Advisory Board and its committees ranked as a high priority and would be sustained. Patient movement is also a high priority. The contingency plan will be presented at the June 12th coalition member meeting. We are working with all Florida healthcare coalitions to put together talking points highlighting the importance of the coalitions. She asked if anyone had any testimonial, to please share with her to include in this document. Dr. Pappas expressed concern that this is happening while we are ramping up preparedness efforts due to increasing threats. Dr. Zito agreed and stated that we need to continue planning for large scale combat patients using an RMOCC.

New Business:

- **AAJT-S in the Field:** Captain Sacco said he was introduced to this product more than a year and a half ago. He said that Lake County had 53 cardiac arrest transports in 2024 with 0% survivability and he would welcome discussion about the potential use of this device. Dr. Zito thanked Captain Sacco for bringing this to the group and she agreed for the need to look at the data, evaluate the device and develop recommendations. She stated that she will put together a committee to evaluate this within the region and will also raise this at FCOT. Lynne stated that she is happy to support this workgroup.

- **Pelvic Binders in the Field:** Dr. Pappas said this will be discussed at the upcoming EMS meeting. Brevard is using these and Seminole and Lake are considering th. Dr. Zuver said they are not using these using now but they had looked at these earlier. Dr. Pappas asked if the committee wanted to review this. He said that he has not seen a pelvic binder applied in the field do harm but has seen them to be helpful. Dr. Zenoni said he is speaking with Dr. Ford and it is on their radar as well. Sean Sacco stated that with the long transport times to trauma care from Lake County, it is important to look at in the field care.

  Dr. Pappas noted that Chief Kammel will talk about sprayed plasma at tomorrow's Executive Committee meeting. He stated there are a lot of new ideas and devices coming out and we need a process to evaluate these.

Old Business:

- **EMS Engagement**: Dr. Zuver advised that Lynne provided him with a list of the EMS medical directors in the region and he sent an email today suggesting that we hold a virtual meeting. Lynne volunteered to support Dr. Zuver in this effort.

- **Whole Blood Exchange Programs:** Dr. Zuver said they added another unit and have protocols and procedures that he can share with others. Dr. Pappas asked for numbers and Dr. Zuver said they are still studying the data. Dr. Pappas advised that FCOT has a research committee that may have data on others using whole blood. Dr. Zito has the contact info for the committee lead and Dr. Pappas will get in touch with him.

Next Meeting: August 11, 2025

Adjourn: The meeting adjourned at 3:34 p.m.

6-9-25 Region 5 Trauma Advisory Board Preparedness Committee Minutes

Attendees: Eric Alberts, Beverly Cook, Lynne Drawdy, Julie Frey, Rachael Hamlett, Dr. Dustin Huynh, Ryan McConaughey, Matt Meyers, Heather Ouellette, Jeana Swain, Dr. Scott Zenoni, Dr. Tracy Zito

Free Standing Emergency Departments (FSEDs): Eric Alberts reported that a workgroup created FSED Best Practice Guidelines, and these were tested as part of the April exercise with feedback received from FSEDs. Lynne said two actions came out of the feedback, including putting together an MCI checklist for FSEDs and creating videos on triage tags.

Trauma/Burn Training Update: Lynne said the workgroup has made a lot of progress and has a good draft with input from burn experts, clinical pediatric champions, and others. We will work with Dr. Zito to finalize the draft. Dr. Zito said she will follow-up with Krista on this. The workgroup will then meet to determine the training pilot.

Pulsara Update: Lynne said Pulsara has reported steady progress and Orange County is having monthly meetings to connect EMS and hospitals. Ryan McConaughey said this is moving forward for Volusia and they will be setting up meetings with more transport/EMS units as well as Halifax Health. Rachael asked if the latest Pulsara list is up to date. Lynne has asked for an update and will share when it is received. Lynne stated that she has heard that there are some concerns in Seminole County and we will follow-up on this.

Statewide MCI Coordination Plan: Dr. Zito said she will schedule a meeting with Lynne to plan for this soon. Heather asked to be part of this workgroup.

Funding: Eric updated the group on ASPR funding. He stated that all federal funding is uncertain at this time. We believe that the Coalition will have level funding for the coming year, but if the proposed federal budget for October 2026 is approved, the Hospital Preparedness Program could be eliminated. Eric advised the Board held a retreat earlier this month and developed a contingency plan to sustain critical coalition fundings for at least five years.

Next Meeting: August 11th

6-10-25 RTAB System Support Committee Minutes

Participating: Lina Chico, Beverly Cook, Lynne Drawdy, Jess Henwood, Heather Ouellette

Welcome: Lina opened the meeting at 10:01 a.m. and welcomed all.

Statewide Stop the Bleed Project: Lynne advised that the state has received the funding, and the coalitions have put in a request for a 50% advance. The Division of Emergency Management has approved the request and we are waiting for the funding to be released to the coalitions. Lynne indicated that if needed, our region can purchase the kits and submit for reimbursement. She said we need to provide the address where the kits will be sent and she is awaiting a response from Sheryl. Lynne stated we will need to track training and where the kits go. Lynne sent Sheryl a list of faith-based communities that are considered high risk and Lina will get with Sheryl to develop a plan.

Hospital Preparedness Program Update: Lynne shared that the coalition funding under HPP is in jeopardy. We are hoping that we will receive funding for FY 25-26 and indications are that we will get it. The White House budget proposal for FFY 2026 proposes elimination of the HPP. The Coalition Board has developed a contingency plan and sustaining the regional trauma advisory board and committees are a high priority.

Updates:

- **Holmes Regional Hospital**: Jess said May was a great month with three classes in bike helmet education, participating in Trauma Survivor Day with over 150 people in attendance and 15 trauma survivors, They have reached out to see if can do distracted driving in the schools.

- **Arnold Palmer Hospital**: Lina stated they are partnering with libraries and others to provide car seats and if anyone has people that are willing to drive, she can help them as well. The car seat grant is in September. There is a lot of work with car seat screening adoption and education on this. Health events include a safe summer event with the health department, helmet events for back to school, and a water safety event last weekend. They are hosting a helmet fitting class on June 26th from 11:00-1:00 and she shared the following link for this: (https://forms.office.com/Pages/ResponsePage.aspx?id=2IGqoZd4C0Gish0ZACS3-IcAmR9CVgdIlFiPxYkLMgdUMUU2UUJYTjFVTE1FNTJLS1oyUDYxVTZCUi4u).

- **ORMC**: Lina shared an update from Sheryl. She is providing Stop The Bleed at OCPS and working with the police department. Best Foot Forward cross walk enforcement was in April. Lina said she partnered with Sheryl on seat belt education at high schools. The press releases for Stop The Bleed Day and Trauma Survival Day have gone out. Heather asked if anyone could use link to register and Lina said yes; they are including all counties in our area.

Wrap-Up: Lina said the injury prevention list is on the website. She is part of the Teen Safe Driving Coalition; they are meeting on distracted driving. Heather asked about this, and Lina said partnered with Always Wear Seatbelts on education materials,. The Teen Safe Driving Coalition is also working on materials; these are not yet completed but you can order these from https://flteensafedriver.org/. There was discussion about getting into the schools ; Lina suggested working with finding a champion in the school and working with after hour activities such as Always Wear Seatbelts groups or MADD.

The meeting adjourned at 10:19 am

4-15-25 RDSTF-5 Trauma Advisory Board Executive Committee Meeting Minutes

Welcome: Dr. Pappas welcomed those present. Roll was called:

Voting Members Present:
Trauma Chair: Dr. Tracy Zito
Trauma Co-Chair: Rachael Hamlett
Level II Representative: Dr. Rick Ricardi & Monica Howington
EMS North:
EMS South:
EMS Central: Dr. Christian Zuver
St. Lucie County DOH:
Acute Care Hospital: Dr. Adela Casas-Melley
Extended Care:
Municipal Government:
County Government: Amanda Freeman

Dr. Pappas announced that a quorum was reached with 6 members.

Stakeholders Present:

Eric Alberts	Kim Foley	Dr. Peter Pappas
Dr. John Armstrong	Julie Frey	Dr. David Rubay
Gene Buerkle	Dr. Dustin Hyunh	Karen Street
Kevin Captain	Kelley Jenkins	Jeana Swain
Patrick Cassell	Samantha King	Ashleigh Walden
Lina Chico	Kathleen Lyons	John Wilgis
Beverly Cook	Matt Meyers	Mark Wolcott
Lynne Drawdy	Heather Ouellette	Dr. Kristine Zonka

Call to Order: Dr. Zito called the meeting to order at 11:02 a.m.

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

Executive Director's Report: Dr. Pappas said the two main issues affecting Central Florida are the recent memorandum of verification vs. state designation, and an update on blood bank resiliency. He stated that we just conducted a successful exercise on April 10th and will hear more on that later in the meeting. He said he is pleased that Dr. John Armstrong has joined us today to discuss RMOCC; these are a foundation of COT's approach to disaster management and we are anxious to see how we can operationalize this on a daily basis. Dr. Pappas stated there will be a trauma business meeting on May 2nd in Gainesville at Shands and a meeting of the Florida College of Trauma Surgeons on May 3-4 in Tampa.

Stakeholder Spotlight – RMOCCs: Dr. John Armstrong presented on this concept (see attached Power Point Presentation). He noted this may be an opportunity in leadership for the trauma advisory board. This is a framework for a structure to allow for coordination across and alignment across multiple agencies/groups (EMS, military health systems in region, trauma centers, public health, EM, national disaster medical, etc.). He shared Southwest Texas model (STRAC) and stated that this has been in place for many years and is very advanced; we can't expect to start there. The model coordinates patient distribution and casualty movement, ensuring that patients and assets are allocated to right facility at the right time and in the right way. The focus is on a large event like WWII, with thousands of casualties

coming into the US. The RMOCC needs to be structured and include all the partners needed to be successful. It needs cooperation and agreement across multiple entities, including management, facilities, essential operational platforms such as IT, communications, etc. He said that typically this is a 501c3 non-profit and that can apply for public/federal funding such as the Hospital Preparedness Program, Chamber of Commerce, etc. He said the annual cost to run an RMOCC on a daily basis is $1.3 to $4.5 million. RMOCCs should operate daily and be able to scale for MCIs. The STRAC in San Antonio has included acute mental health conditions. RMOCCs is also considered for becoming a network in the National Trauma and Emergency Preparedness System (NTEPS). There can be a network of RMOCCs within a state. He suggested additional resources, such as the NTEPS, the ACS Trauma Systems Consultation Guide, and the ASPR TRACIE MOCC Toolkit (3.0) which is open for review and provides the mechanics of setting up a MOCC. There is a 4 hour virtual course on RMOCSS on the eDMEP website. Dr. Armstrong agreed to share his slides and these resources with the trauma advisory board.

Lynne advised that the Region 5 Trauma Coordination Plan is based on the MOCC model and has been tested once. The missing piece was patient tracking and Pulsara when completely implemented will close that gap. The healthcare coalitions have a federal requirement to develop a patient movement plan and all the healthcare coalitions have agreed to partner on this. Dr. Zito said when talking about this, it seems to have so many moving parts and she asked for Dr. Armstrong's recommendations on how to begin. He suggested starting with the regional trauma advisory board and gain agreement with all partner, being very inclusive. He stated that this does well when community leaders and businesses are engaged. He also suggested that we look at building a daily process. We can learn from the Texas STRAC as this model has been in progress for 25 years and have great lessons learned. Dr. Armstrong said that he would be happy to continue discussions as we proceed. Dr. Pappas thanked him and said this is a critical topic for us and a lot of work has been done so far, and he will invite Dr. Armstrong to future meetings.

CFDMC/RDSTF Update: Lynne said we held the regional mass casualty exercise on April 10th and it was the biggest and best exercise yet. In addition to most of the region's hospitals and FSEDs playing, we also have three county EOCs activate and play in the exercise (Orange, Osceola, Seminole). We far exceeded our federal mandate to surge 10% of licensed beds, with almost 2,000 victims. We are now collecting data and will hold a capabilities and exercise debrief on April 25th and will share the draft after action report.

DOH Update: Gene Buerkle said the trauma center readiness rule was posted last September and redacted by DOH. He stated that they are aware of need for it but he has no official announcements. FCOT will be held June 12th from 3:30 – 4:30 p.m. They will be sending out a memo on this. He stated that the FloridaTraumaRegistry.com website is active and all trauma centers have been added, with each center having at least one registered. They are uploading 2024 data into the system and have sent a request to trauma centers to upload their most recent data. He stated they are aware of technical issues and will be offering training in future. They will cover the dashboard capabilities of the system during the advisory council meeting. The trauma standards memo was sent out on April 1st including submitting certain documents in lieu of a survey and a crosswalk of ACS requirements and Florida requirements. He stated that this is not designed to be a replacement for the survey process but to assist with ACS verification. They still intend to visit facilities and are still offering ACS facilities to have a full survey review. Dr. Pappas asked if they would accept under certain circumstances evidence of ACS verification to support DOH designation and Gene stated that they would.

Committee Updates:

System Support Committee: Lina said committee met today and all are working on projects such as Trauma Survivor Day May 21 and Stop the Bleed Day on May 23, cross walk enforcement, falls prevention, car seats, helmet fitting and back to school events. We are waiting on the funding for the statewide Stop the Bleed grant; the training and kits will be targeted to the faith-based community in Region 5.

Preparedness Committee: Eric said the committee met on Monday and discussed the April exercise, which was very successful and taxed our systems. An after action report will be distributed soon. He stated that data from FSEDs participating will be reviewed by the FSED Workgroup and used to update the FSED Best Practice guidelines. He stated

that a workgroup is developing basic trauma and burn training for acute care hospitals and FSEDs. The work group has a good draft and will be meeting again on May 16th. The training will be held at AdventHealth University Simulation Lab and will be film the training as a regional resource. He stated that Pulsara will be beneficial if all are using it properly and we need more buy-in from hospitals and EMS. The group discussed the statewide MCI coordination plan and this will be discussed at FCOT disaster meeting on Wednesday. We need champions for this and will put together a small group to tackle this, including the Clinical Leadership Committee. The Preparedness Committee's next meeting is scheduled for June 9th.

Clinical Leadership Committee: Dr. Zito said the group debriefed on the exercise; the debrief will be held on April 25th. They talked about having smaller casualty exercises within their own facilities to test things that don't get tested well in the regional exercise, such as what is on carts, actual flow through the hospital, etc. The group discussed FSEDs and their staffing as well as supplies and how this can be an issue during MCI. The group discussed the RMOCC and building blocks to develop this plan and this will be discussed at the FCOT disaster management emergency preparedness meeting tomorrow. The group discussed adding appropriately placed tourniquets as a trauma alert criteria; this has been implemented in Orange County and is working well for both EMS and hospitals. The group discussed the whole blood exchange program; they are waiting for the policy and procedures for this and she stated although they have already identified PI issues, they will share these as a starting point. The next meeting is June 9 at 3:00 pm.

Extended Care Committee: Lynne gave Tom O'Neill's apologies as he is traveling and provided his update. The group held their second meeting earlier this month and discussed improving resident transfer information, post-acute trauma related return from hospitals, and reviewing the ED transfer form/pink sheet. The group asked for Executive Committee approval to plan meetings with local ED medical directors and first responder leadership to discuss potential barriers experienced when receiving patients with trauma related injuries from the post-acute sector. They need input from these two groups to make updates to pink sheet. Dr. Zito made a motion to approve this request and Dr. Rubay seconded the motion. There were no further discussions and the motion passed.

New Business:

Dr. Pappas said Dr. Buck and Lieutenant Sacco from Clermont brought forward an idea on a compression abdominal device for use in the field to support resuscitation. He asked if there is any interest on having a brief presentation on this? Dr. Zito said she did some research on this and we should talk offline about this.

Next Executive Committee Meeting: June 10, 2025 at 11:00 a.m.

Adjourn: The meeting adjourned at 12:01 pm

RDSTF-5 Trauma Advisory Board Executive Committee

Tuesday, April 15, 2025

It's Time for RMOCCs

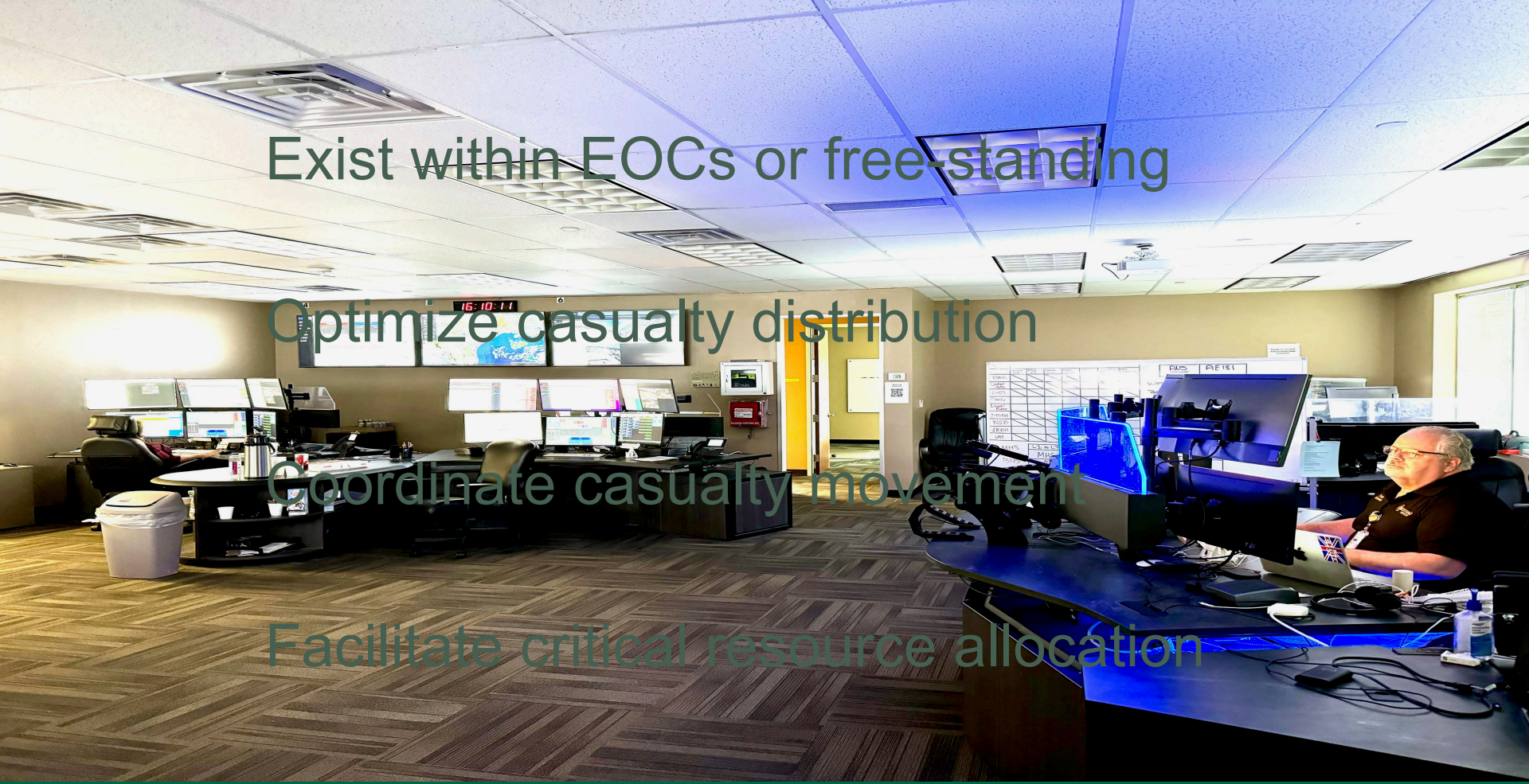
John H. Armstrong, MD, FACS, FCCP, MAMSE
Professor of Surgery & Distinguished Educator
Vice Speaker, American Medical Association House of Delegates
Former Florida Surgeon General & Secretary of Health

USF Health
UNIVERSITY of SOUTH FLORIDA

Jackson Pollack, Autumn Rhythm (Number 30), 1950

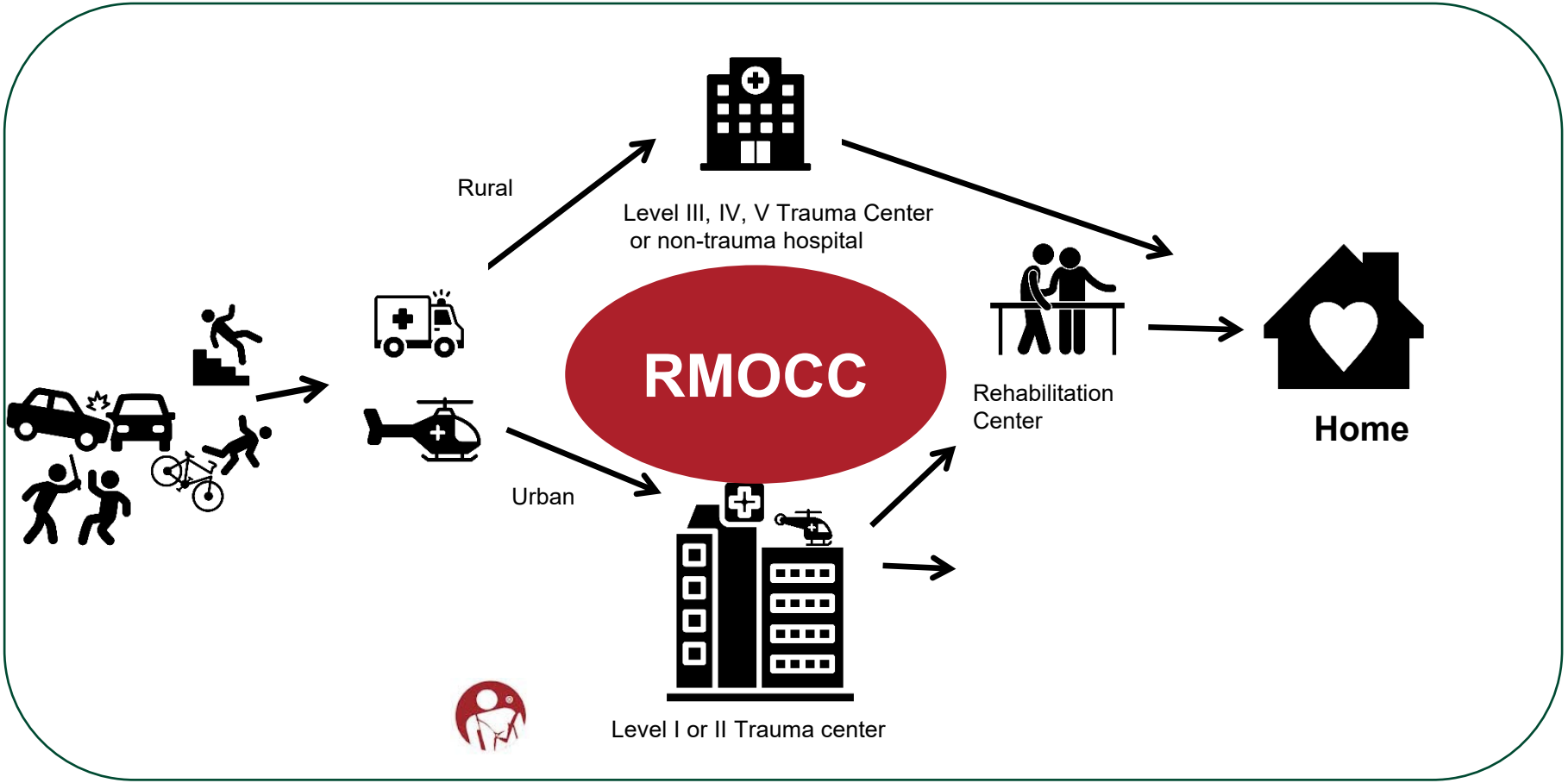
Objective

- Describe how Regional Medical Operations Coordinating Centers (RMOCCs) work
- Discuss next steps to develop an RMOCC

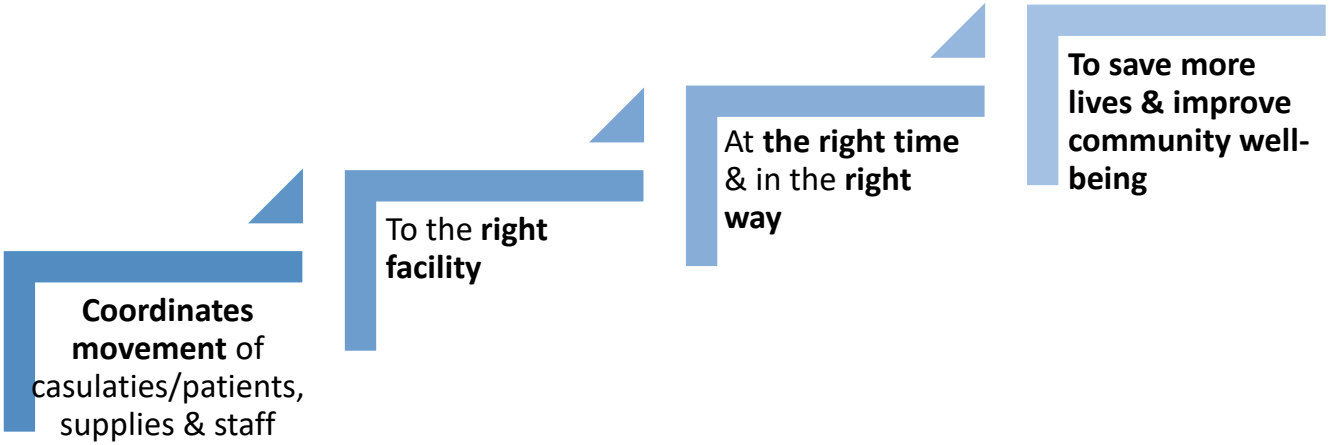


USF Health

Photo: JH Armstrong, 2024

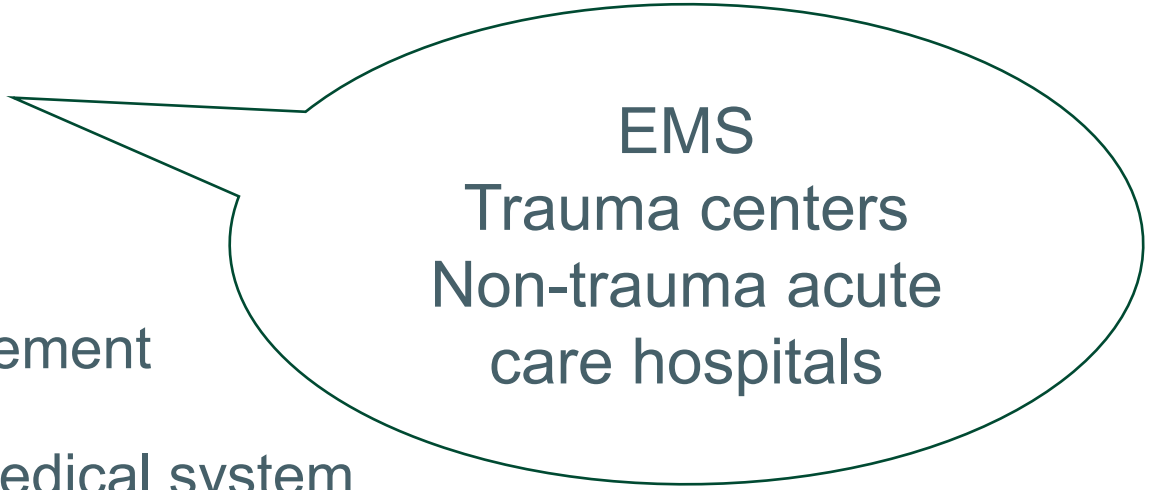


Armstrong, Scherer, et.al., Regional Medical Operations Coordinating Centers, JACS 2025



RMOCC = integrator

- Clinical enterprise
- Public health
- Emergency management
- National disaster medical system
- Military health system



- Define event timeline → casualty flow
- Identify casualty/patient, vulnerable population, & community needs & healthcare facility capabilities
- Load balance casualties with care resources
- Track casualties & resources across care continuum
- Inform public messaging

Gemma Smith, Compression dissolve, 2024

- Structured cooperation
- Maximal inclusiveness
- Timely scalability
- Decisions by consensus
- Bias for action

Optimal resources

- Organization: agreement, governance, management
- Facility
- Operations: IT platform, communication system, PI
- Finance
- Research

Howard Taylor, Still life with white figure, 1994

Organi

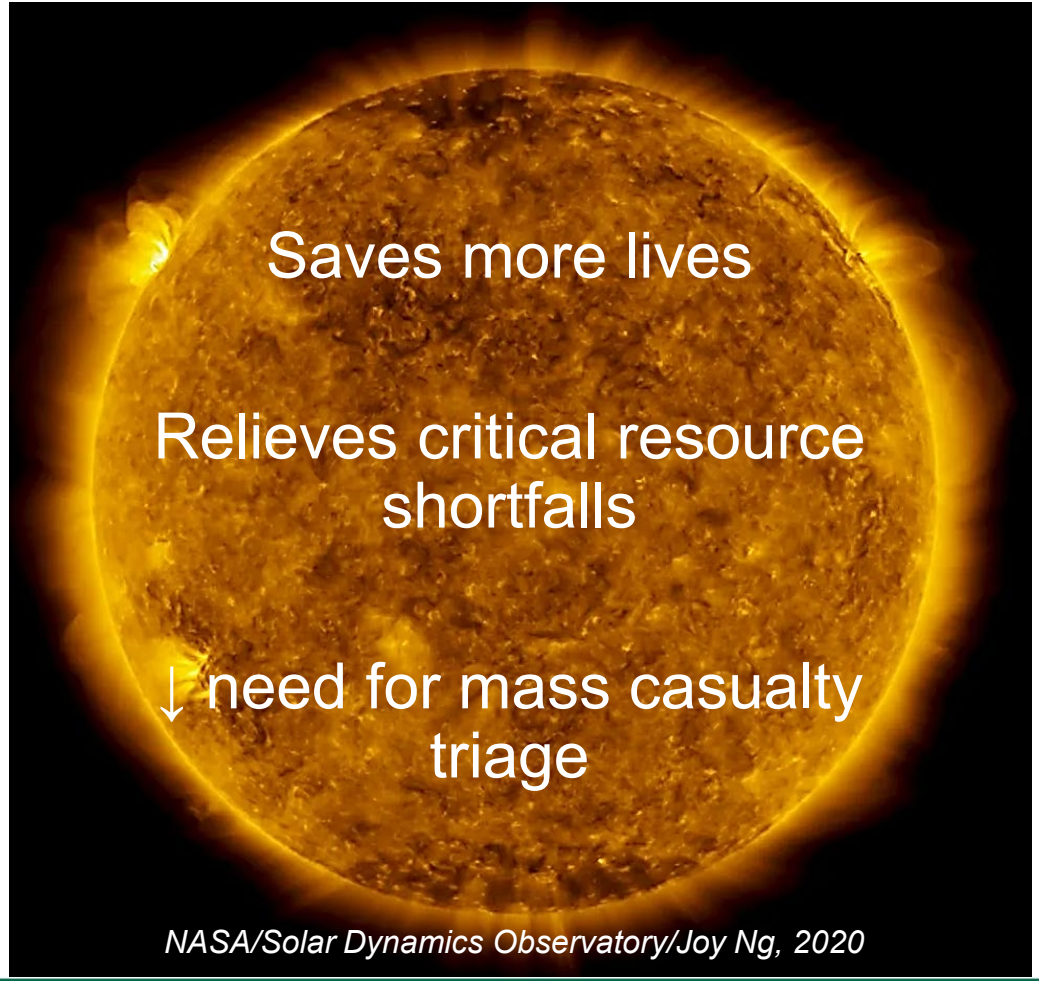
- Content
- Audienc
- Mode
- Process

Frank Stella, New Madrid, 1961

Finance

- 501(c)3 non-profit
- Public: federal, state, local
- Private: health care systems, business

$1.3M to $4.5M



Scale for mass casualties

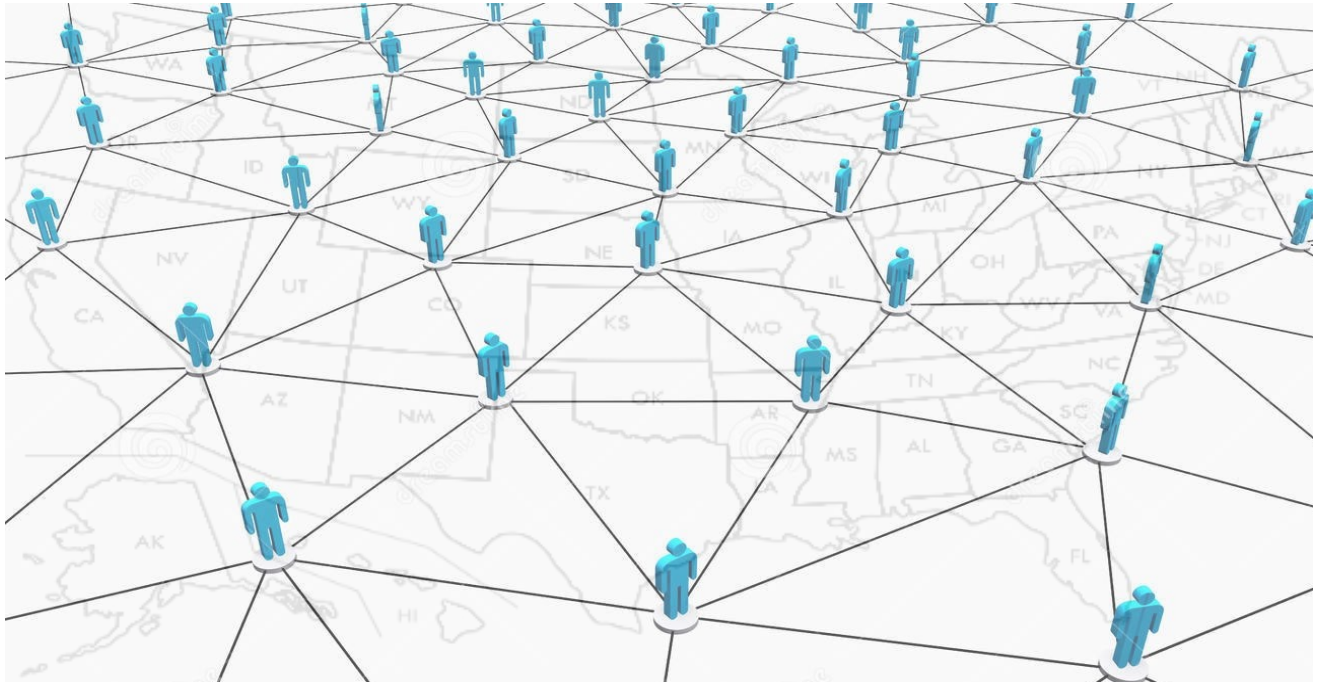
Daily time-sensitive conditions

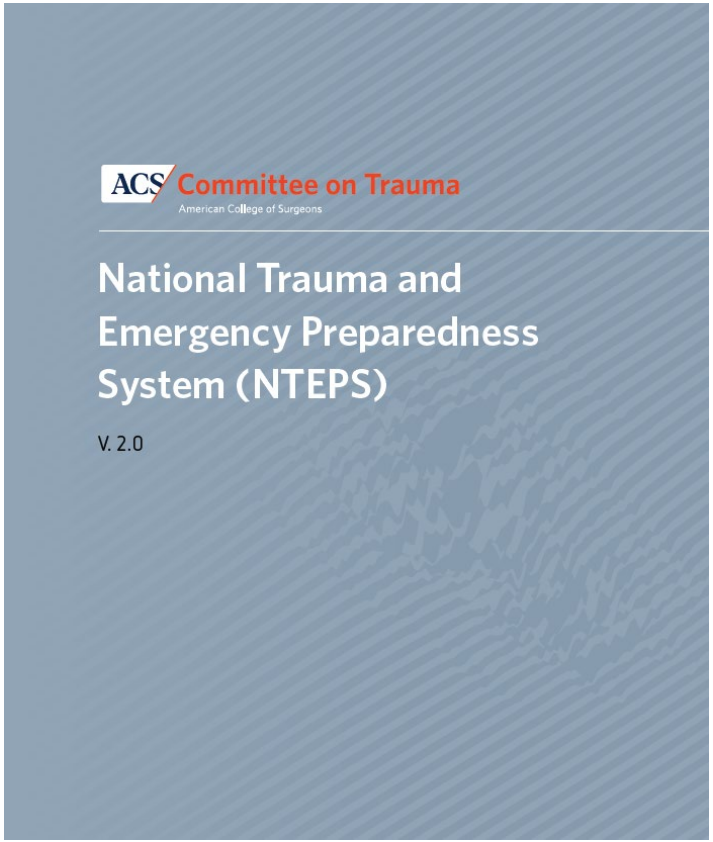
Single point of contact

Situational awareness

Cai Guo-Qiang, Inopportune: Stage One, 2004; 2008 installation

Network of RMOCCs = NTEPS framework





Public health readiness

Standards

Performance improvement

Research

Public outreach

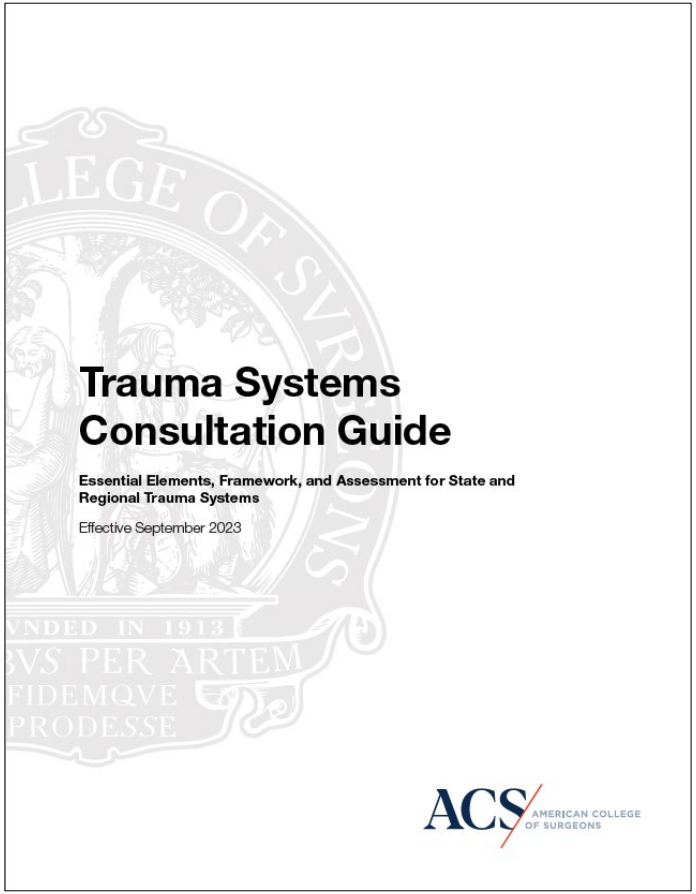
Journal of the American College of Surgeons Publish Ahead of Print
DOI: 10.1097/XCS.0000000000001386

Regional Medical Operations Coordinating Centers Promote Readiness for Daily Trauma Care and Mass Casualty Incidents

John H Armstrong, MD, FACS, Elizabeth Scherer, MD, FACS, Warren Dorlac, MD, FACS, Brian J Eastridge, MD, FACS, Ronald Stewart, MD, FACS, Jeffrey D Kerby, MD, PhD, FACS, Eileen M Bulger, MD, FACS

Getting started

- Review ASPR TRACIE MOCC Toolkit v3.0
- Visit local health department
- Engage with local EOC
- Spotlight your trauma center/system
- Leverage Health Care Coalition



Ready

Respond

Recover

Roy de Maistre, Rhythmic Composition in yellow green minor, 1919

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Regional Medical Operations Coordinating Centers Promote Readiness for Daily Trauma Care and Mass Casualty Incidents

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Disclosure Information: Nothing to disclose.

Disclosures outside the scope of this work: Dr Dorlac holds equity in Decision Health and Zibrio.

Corresponding author: John H. Armstrong, MD, FACS, johnarmstrongmd@gmail.com Postal address 688 SE 47th Loop, Ocala, FL 34480 **Short title:** Regional Medical Operations

What is the need?

A mass casualty event challenges healthcare system triage, casualty flow, and care in the setting of scarce resources for both casualties and existing patients. The COVID-19 pandemic illustrated an additional dimension of prolonged and recurrent response over many months. For effective prolonged response, total healthcare system mobilization benefits from local/regional coordination of casualty and resource distribution. Structures that bring together emergency management, public health, and the trauma system enable timely response, resource sharing, and efficient casualty care to save more lives. Trauma surgeons have learned from mass casualty events that regional coordination of the healthcare system is vital to match resources with casualty needs.[1] The Regional Medical Operations Coordinating Center (RMOCC) represents a way to organize a system for mass casualty response that builds upon the daily distribution of patients with time-sensitive conditions across the healthcare system.[2] Such structure will be needed for mass casualties from domestic disasters, as well as military casualty repatriation from large scale combat operations to the civilian health care system.

What is a Regional Medical Operations Coordinating Center (RMOCC)?

The RMOCC is a local/regional organization that manages casualty care in a surge event by integrating emergency management, public health, and acute medical care systems. Its goals are to save more lives and enhance rapid community recovery by balancing the distribution of casualties and resources in the acute healthcare system. As a daily integrator of care across settings, the trauma system has a prominent role within the acute medical care system. In mass casualty care, an RMOCC (previously described as a Medical Operations Coordinating Cell--MOCC or a Health Emergency Operations Center--HEOC) functions as the medical/health component of a local, regional, or state Emergency Operations Center (EOC).[3] RMOCCs are like

"air traffic control towers" for coordination of the health and medical response in affected geographic areas across all healthcare partners and along the continuum of care.

An RMOCC may also function on a day-to-day basis to coordinate ongoing community healthcare needs for patients with time-sensitive conditions (e.g., injury, heart attack, stroke, and mental health crisis) and existing inpatients who may need to move between healthcare facilities for specialty care. With "muscle memory" developed from continuous operations, this RMOCC model can then scale quickly from daily time-sensitive patient population management to mass casualty management. While the population in need expands with casualties from a surge event, routine emergency cases unrelated to the surge event continue as well. The RMOCC promotes situational awareness of healthcare system status in order to inform casualty distribution in the context of existing healthcare needs and resources.[2] Depending upon its ability to leverage existing community resources, an RMOCC may prevent a mass population casualty incident event from becoming an overwhelming regional crisis mass casualty event where with scarce resources result in a regional crisis. In so doing, an RMOCC helps a region sustain and optimize available resources for injured patients, thus limiting the need for mass casualty triage and crisis standards of care (Figure 1).[4]

What were RMOCC lessons from the COVID-19 pandemic response?

Washington State had the first case of COVID-19 in the US in January 2020 and the first large scale cluster outbreak in a long-term care facility. While the region did have the King County Disaster Management Control Center (DMCC) at Harborview Medical Center, the needs of the pandemic exceeded DMCC ability to manage casualty distribution. Thus, an RMOCC, the Western Washington Regional COVID Coordinating Center (WRC), was developed and subsequently expanded to provide statewide support. Trauma surgeons and emergency

physicians were prominent in this effort. The WRC contributed significantly to a lower COVID-19 fatality rate in 2020 (36.7 per hundred thousand) compared with other states (e.g., Michigan, 87.9; New Jersey, 141.6)[5] by providing (1) early communication and coordination among stakeholders; (2) regional coordination of casualty and resource distribution; (3) rapid access to viral testing for diagnosis, care, and surveillance; and (4) proactive management of long-term care, skilled nursing facility, and vulnerable populations.[6] A similar approach was used for statewide response to COVID-19 in Minnesota.[7]

In contrast to Washington State, the COVID-19 response in New York City was less structured and less collaborative. Local/regional coordination groups were established ad hoc and often limited to a single health system. Reports suggest insufficient isolation protocols, inadequate staff planning, mixed public messaging, resource maldistribution, and personal protective equipment (PPE) shortfalls, all of which potentiated adverse outcomes across the state. With all-stakeholder situational awareness, an RMOCC might have facilitated standard isolation protocols, balanced casualty distribution, consistent information dissemination, need-based staff sharing, and equitable PPE distribution.[8] The 2020 COVID-19 fatality rate in New York state was 139.1 per 100,000.[5]

An RMOCC under the auspices of the South Texas Regional Advisory Council (STRAC) has existed in San Antonio, TX, for almost three decades and has managed casualty distribution from mass shooting events (e.g., Sutherland Springs, TX, and Uvalde, TX), as well as population displacements from Gulf Coast hurricanes. In February 2020, the STRAC RMOCC scaled up quickly in response to the evacuation of COVID-19 exposed cruise ship passengers to Joint Base Lackland. The STRAC organization consists of 74 acute care and specialty hospitals (including two Level 1 Trauma Centers, 16 percutaneous coronary intervention centers, and 12 stroke

centers), air medical providers, and over 70 EMS agencies.[9] The RMOCC maintained the regional healthcare system for the non-COVID-19 sick and injured, coordinated COVID-19 casualty response with early load-balancing of patients across healthcare facilities, organized PPE allocation and utilization guidelines, and distributed Remdesivir. Further, the STRAC RMOCC provided essential information on healthcare system status to assist local and regional leaders with healthcare policy decisions and public communication. Consistent and relevant public information was maintained, and safe behaviors in the community were encouraged. The STRAC RMOCC scaled further to support its counterpart RMOCC in El Paso, Texas, as well as other stressed areas of Texas, with COVID-19 load-balancing and resource sharing across a larger geographic area.[9] The STRAC demonstrates how an RMOCC expands the application of trauma system principles.

In May of 2022, the Administration for Strategic Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE) published a review of ten statewide MOCC efforts conducted during the pandemic. This report highlighted the variety of implementation strategies with 80% voluntary hospital participation, variable authority to compel transfers, and a combination of virtual and physical locations. An important observation was that over 50% of patient movement requests came from rural hospitals. The actual number of patients moved ranged from 10 to 9800. All states reported that the MOCC was a valuable strategy and that they would continue to use a MOCC approach in future disasters.[4]

How does the RMOCC fit into local/regional response?

The National Response Framework from the US Department of Homeland Security (DHS) defines Emergency Support Functions (ESFs) that combine resources and capabilities into 15 functional areas needed for effective emergency response. The two ESFs relevant to mass casualty response are ESF 8 (Public Health and Medical Services) and ESF 6 (Mass Care, Emergency Assistance, Temporary Housing, and Human Services), with the US Department of Health and Human Services (HHS) and DHS as lead agents, respectively. ASPR exists under HHS and coordinates national ESF 8 preparedness, response, and recovery actions. ESF 8 supports ESF 6 by providing expertise and guidance on public health issues for special needs populations.[10]

Though the federal government has defined functional areas for response, it maintains a support role for state and local emergency response efforts. Effective disaster response starts locally/regionally; thus, it is local/regional assessment and response that guides mobilization of state and federal resources.[11] In mass casualty response, three essential local/regional systems intersect: emergency management, public health, and trauma. The RMOCC integrates these systems into a more unified local/regional ESF 8 response.

Emergency Management: State, regional, and local emergency management agencies organize ESF responsibilities and manage resources for effective response to a spectrum of emergency events. Specific ESFs are delegated to lead agencies; for ESF 8, this is typically the state, county, or municipal health department.[12] Local and state emergency managers are the connectors for state and federal resource requests, respectively.

Public Health: The public health system is largely decentralized in the United States and is focused locally through county and municipal health departments. These, in turn, have varying connections with state health departments, from unified to independent. Health departments perform population-based disease prevention, surveillance, and response and are prominent in longer term interventions, such as biological events or the aftermath of major weather events that affect infrastructure and resources. Public health moves deliberately over days, weeks, and months in pursuit of certainty regarding the cause, source, and population-based remedies (prevention, protection, and intervention) for disease outbreaks.

Trauma System (Figure 2): The local/regional trauma system includes emergency medical services (EMS), acute care hospitals (trauma and non-trauma centers), and recovery facilities (e.g., rehabilitation, skilled nursing, and long-term care). The trauma system responds daily to care for the injured from single to smaller-scale events (e.g., singular motor vehicle crash to multiple vehicle crashes).[13] EMS provides services beyond trauma for emergent time-sensitive conditions such as stroke and heart attack. Because the trauma system components work together daily through structured cooperation and communication networks, it is poised to scale in response to mass casualties. Further, trauma systems have experience in navigating situations rapidly with limited information and uncertainty.

The RMOCC connects regular trauma care with mass casualty care: it structures relationships among seeming marketplace competitors (trauma centers, non-trauma acute care hospitals, and healthcare systems) for balanced distribution of trauma patients and, with these relationships in place, more readily scales for balanced distribution of casualties and scarce resources in mass casualty incidents. Importantly, the RMOCC adds emergency management and public health connections to the regular and mass casualty operation of the local trauma system. The medical

operations coordinating center concept can be used at state and federal levels to coordinate intra- and interstate casualty transfer, respectively, with RMOCCs.[14]

How does the RMOCC differ from compare with the Healthcare Coalition (HCC)?

The RMOCC is often compared with an HCC yet should not be considered a version of the HCC. An HCC is a group of individual healthcare and response agencies, such as hospitals, EMS, emergency management, and public health, that may develop health care system ESF-8 response capabilities integrate with ESF-8 activities in regional incident command systems (ICS) in a specific geographic area.[15] While this may sound like an RMOCC, there are three key differences: RMOCCs are different from HCCs in the following ways:

- RMOCCs leverage the trauma system as the connection to acute medical care, whereas; in contrast, HCCs do include groups of individual healthcare and response organizations, they do not without specific inclusion of the entire trauma system.
- RMOCCs retain clinical focus, while HCCs tend to concentrate on administrative views.
- RMOCCs integrate planning and orchestrated response; though ASPR has updated expectations for HCCs to include response, HCCs remain more focused on stimulating individual organizational membership and planning to plan for surge events largely through education and training.

Many HCCs are evolving with RMOCC capabilities that enhance buy-in for healthcare organizational engagement in community readiness.[16]

What are the RMOCC objectives?

The RMOCC goal is to save as many lives as possible during regular small scale and mass casualty surge events. The RMOCC works to achieve the highest level of care for all casualties/patients and provide clear, consistent health information to government agencies by:

(1) defining the event timeline; (2) identifying casualty/patient/vulnerable population/community needs and healthcare facility capabilities; (3) balancing casualty distribution with care resources (i.e., load-balancing), starting from the scene or point of injury and proceeding through healthcare and at-risk facilities; and (4) casualty tracking from the scene or point of injury to acute and post-acute healthcare facilities. This coordinated response may avoid rationing of care from mass casualty triage of a population in favor of optimal care of every patient within the context of available resources. Integration of shared, timely, accurate data from emergency management, public health, and acute healthcare sources provides information to manage risk and anticipate need. The RMOCC can also provide clear, consistent health information to government officials for informed risk communication with the public.[17]

What are the principles for effective RMOCC function?[18?]

- Structured cooperation: Relationships require cultivation over time, particularly when organizations that must respond together in a surge event are competitive in the daily healthcare market. Inter-organizational readiness before an event encourages the coexistence of competition and coordination.
- Maximal inclusiveness: All healthcare facilities (trauma and non-trauma, administrators and clinical leaders), EMS organizations, local health departments, and emergency management agencies in the affected area are involved.
- Timely scalability: Rapid activation of the RMOCC in uncertain conditions situations promotes rapid coordination of response across organizations. RMOCCs with basic day-to-day operational function to support community emergency healthcare needs can rapidly scale up to facilitate comprehensive mass casualty response.

- Decisions by consensus: Shared, actionable information and a common language facilitate agile decision-making.
- Bias for action: Proactive engagement anticipates challenges, as opposed to a "wait and see" approach.

How does an RMOCC function?

An RMOCC is a "neural network" that integrates the public health, medical, and emergency management responses during an event. Key functions include information sharing among all stakeholders, collective situational awareness, coordination of casualty and resource distribution (to include response teams), casualty tracking, and performance improvement.

Effective information sharing requires data-sharing agreements that delineate content (data to be collected, distilled, analyzed, reviewed, and disseminated), a familiar and redundant communication network (with well-described pathways), and a reliable information technology platform.[19] Key data elements include hospital capacity (bed, ICU, and OR), staffing, specific resources (e.g., PPE and ventilators), transport vehicles (ground, air, alternate), and alternate care facilities.

From effective information sharing comes collective situational awareness that shapes present coordination and anticipates future decision points. Coordination of casualty care across EMS and healthcare facilities balances the casualty load with transport and care resources. Casualty tracking is an essential component of casualty distribution and connects the settings of care to casualty outcome. Results of actions are reviewed as close to real time as possible to verify what worked and what needs to change to save more lives and avoid crisis.[17]

An established RMOCC administrative structure, communication system, and information technology platform before surge events can scale rapidly to meet demands when surge happens. This keeps the focus on response to the event, as opposed to the development of structure and functions necessary to mount the response.[20] Lost time leads to lost lives. There is a difference between scaling the function of an existing RMOCC versus building a "just in time" RMOCC when a surge event occurs. The daily coordination of time-sensitive care keeps the "motor" of disaster response warm and running.

What are the optimal resources for an RMOCC?

1. Organization
    a. Agreement: There must be a formal agreement that all healthcare facilities will share data and accept RMOCC decisions regarding casualty/patient transfers.
    b. Structure: The governance and management structure must be clearly defined. Inclusive representation from emergency management, public health, EMS, trauma centers, and non-trauma acute care hospitals must be secured with formal stakeholder agreements that define roles, responsibilities, and data-sharing protections.[20] While the role of RMOCCs should be similar across the country, individual structures must be flexible to accommodate the local/regional diversity of participating organizations.
    c. Administration: The RMOCC must have a director and sufficient staff to manage operations. Staff include call receivers, transfer coordinators, transport coordinators, performance improvement coordinators, and administrative assistants.[20]

2. Facility: The RMOCC should have a physical space that enables connection with the EOC (physically or virtually) and representation of all major stakeholders in one room or virtually.[9]
3. Operations: An operational plan with scaled response must be developed with stakeholder input and drilled regularly for surge events. Use of the RMOCC for daily small events is encouraged.
    a. Information technology: The information technology platform must ensure secure and consistent information flow among stakeholders through the RMOCC. Resource capacity (e.g., hospital beds, ICU beds) and capabilities (equipment, supplies, and trained healthcare professionals), as well as casualty transport and transfer, must be monitored and reported as close to real time as possible. Healthcare facilities should use the National Health and Safety Network (NHSN) tracking system, which facilitates reporting through states and FEMA regions.[19]
    b. Communication system: There must be redundant communication channels between the RMOCC, EOC, and stakeholders and that include landline, cellular, radio, and internet connections. Communication content must ensure transmission of relevant and meaningful information.
    c. Performance improvement (PI): The RMOCC must be able to adapt operations through rapid cycles of change based on identified opportunities for improvement and with engagement by all stakeholders.
4. Finance: An annual budget with sources of funding for the RMOCC must be clearly described. This should cover daily and contingent surge operations.[21]

5. Research: The RMOCC should identify best practices and lessons for dissemination in the peer-reviewed literature.

ASPR has published a MOCC toolkit to guide those interested in MOCC development.[19] At a regional level, states and FEMA regions should seek strategies to establish a network of interconnected RMOCCs that will facilitate coordination for large scale events.

How are RMOCCs financed?

RMOCs are typically 501(c)3 non-profit organizations and may be state designated as regional emergency healthcare response entities. The tax status of the RMOCC organization guides funding from public (federal, state, local), private, and public-private partnership sources. Funding sources may differ for daily and surge event operations. Operating costs for standing RMOCCs range from $1.3 to $4.5 million annually.[22,23]

Public funding may flow from HHS and FEMA through state departments of health and emergency management agencies to local/regional agencies. Funding is subject to allowable program-specific costs, eligibility requirements, and potential state cost-share requirements. Duplicate funding from multiple sources for the same service is not allowed under most public funding agreements. Specific areas for public funding include data systems that improve resource allocation and casualty/patient tracking when existing data tracking systems cannot be used.[18]

The ASPR federal Hospital Preparedness Program (HPP) funds HCCs through state and territorial department of health grants, yet the program is also an ASPR-approved source for establishment and sustainment of RMOCCs.[24] However, most states do not have RMOCCs, so HPP funding goes to HCCs. In 2023, HPP funding varied from $256 thousand to $23 million by state, with distribution to HCCs (e.g., Florida's ten HCCs received an average of $1.2 million).[25]

Other options for sustainable funding include cost sharing by healthcare organizations and local public appropriations.[26] Funding by surge episode should initially be considered supplemental for RMOCC operations.

What are the policy implications for RMOCCs?

The geographic response to the COVID-19 pandemic revealed inconsistencies in the integration of emergency management, public health, and acute healthcare systems. A "just in time" approach to structured inter-organizational relationships, information technology support, and communication infrastructure fell short with rapid and sustained surge.[27] Having a medical response organization like the RMOCC that exists before surge events can make expansion more seamless for surge events. Between surge events, RMOCCs can facilitate the flow of patients with time-sensitive and specialty conditions in the acute healthcare system.[28] By leveraging the existing trauma system, RMOCCs can coordinate medical response across the spectrum of surge, from time-limited to protracted high resource events. RMOCCs are also well-positioned to coordinate total population public health interventions[29] and casualty repatriation from large scale combat operations.[30] Trauma surgeons remain foundational leaders for RMOCC development and implementation across communities in the US.

RMOCC development, implementation, and sustainment should be encouraged in the HPP provisions of the Pandemic and All-Hazards Preparedness Act (PAHPA), which requires reauthorization and funding. Data-sharing and liability protections should be provided through state and federal legislation. Further, the American College of Surgeons and other professional healthcare associations should (1) create standards for optimal RMOCC operation and resources and (2) develop and implement a consultation process for RMOCCs.

RMOCCs are units of action for local and regional readiness. When connected within and across states, they may form the architecture for daily trauma and mass casualty response at the state and national levels and enable the expression of trauma system standards, performance improvement, and research with broader public engagement and enhanced public health preparedness. This approach is reflected in the American College of Surgeons proposal for a National Trauma and Emergency Preparedness System (NTEPS). NTEPS seeks to ensure timely and high-quality injury care and prevention with equitable access regardless of geography by facilitating the coordination of resource and casualty/patient distribution in daily trauma and mass casualty incidents.[31]

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Figure legend

Figure 1: RMOCC concept (adapted from reference 4).

Figure 2: Trauma systems promote ready communities. Trauma systems identify injured patients in need of trauma center level care. The RMOCC facilitates patient flow from pre-hospital point of injury to initial care facilities and transfer between lower-level trauma care/non-trauma acute care hospitals and Level I/II trauma centers. Essential trauma system functions include injury prevention, education and training, data-driven performance improvement, and research that defines best practice. TC, trauma center; RMOCC, Regional Medical Operations Coordinating Center

Figure 1

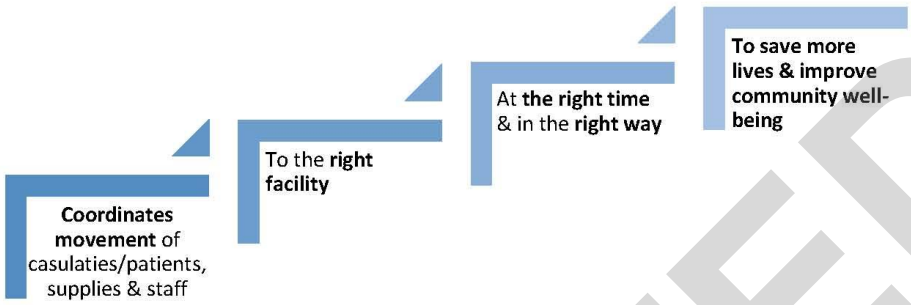
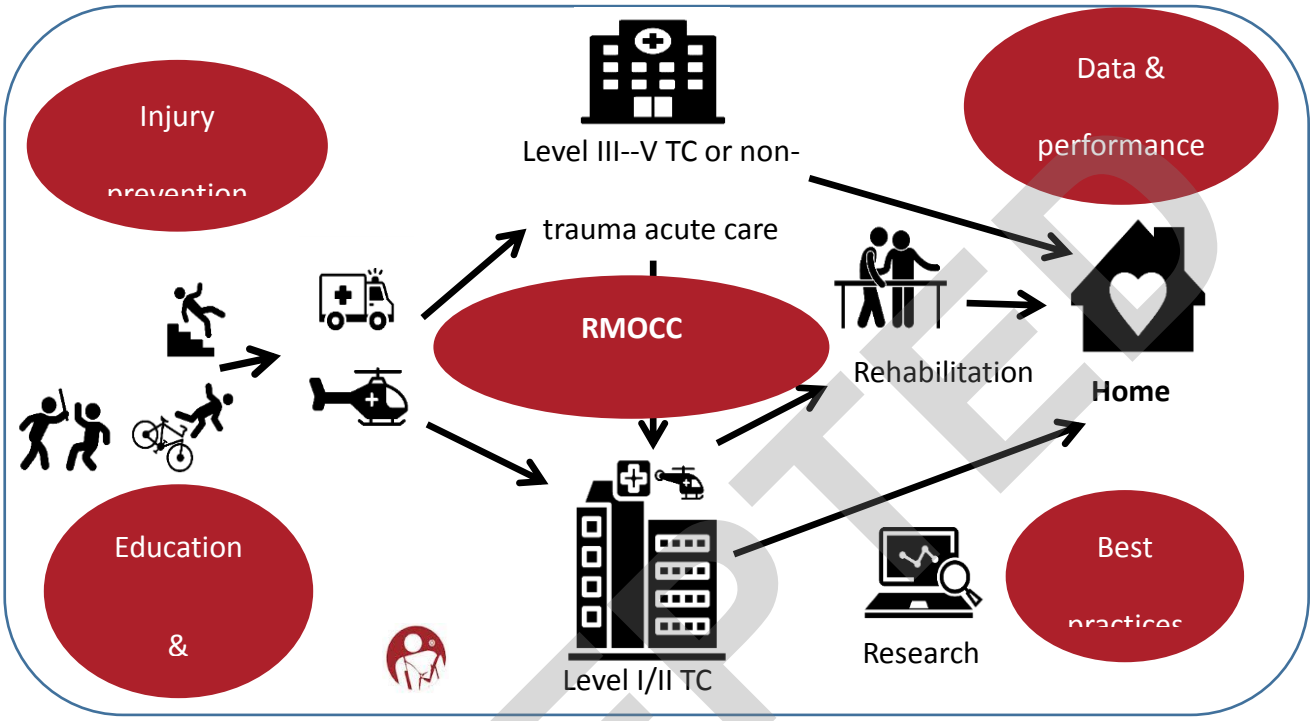


Figure 2



4-14-25 RTAB Clinical Leadership Committee Minutes

Attendees: Dr. Alicia Buck, Beverly Cook, Danielle DiCesare, Lynne Drawdy, Dr. Desmond Fitzpatrick, Chelsea Grant, Dr. John McPherson, Matt Meyers, Dr. Peter Pappas, Dr. David Rubay, Dr. Tracy Zito, Dr. Christian Zuver

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

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

CFDMC Update: Lynne Drawdy advised that the April 10th exercise was a success with great learnings. She advised that five of the six Brevard hospitals had to drop out at the last minute. Most hospitals played full scale and some hospitals and free standing emergency departments did a functional exercise with paper patients using triage tags. Three EOCs activated (Orange, Osceola and Seminole and this elevated the exercise. She thanked the hundreds of volunteers who made this such a success; these organizations will be listed in the draft after action report which will be sent out within the next month.

New Business:

- April 10 Exercise Debrief: Dr. Zito said they will be working on another exercise in a few months, using a scenario similar to the Pulse Nightclub, to test supplies and carts, and identifying where they would put patients in the operating rooms. She stated that this year's exercise was the best we have ever done as far as the organization and execution of the exercise and the evaluators. Lynne said we push the boundaries every year, such as adding testing the CHEMPACKs and contacting Poison Control, adding additional EOC activations, and adding testing the free standing emergency department best practice guidance. Dr. Zito said that in a past exercise testing the regional trauma coordination center plan, many hospitals continued to try to transfer patients as though it were not a mass casualty. Lynne reported that the trauma/burn training committee is working on virtual training to help acute care hospitals and FSEDs stabilize patients in an MCI. Dr. McPherson said he heard the exercise went well. He stated that with the closure of the Melbourne hospital, the other hospitals are struggling with additional patient loads and transport time has increased. Dr. Zuver said staffing is a problem at FSEDs and we need to consider that in planning. Lynne said that lessons learned from previous exercises identified this as a problem and there is an FSED workgroup who has published some best practice guidelines. We asked those that played this year if these were implemented and if they helped. She stated that the FSED workgroup did some research and there is no national best practices that we can adopt. Dr. McPherson asked if patients went into the emergency department, and Lynne stated that they went into EDs and in many hospitals went through the entire patient care experience (e.g., labs, imaging, etc.) Dr. Fitzpatrick said there is superficial engagement from fire and suggested that in future exercises we include them as players. Lynne stated that we offer this opportunity every year but it has been years since we had actual EMS play and we would welcome that. Dr. McPherson said they have this type of exercise every three years. Lynne advised that the Division of Emergency Management did a series of exercises across the state last year, and in Region 5 the biggest lesson learned was that every discipline understands and can demonstrate their own capabilities, but we have gaps in operational coordination and communication across disciplines.

- RMOCC: Dr. Zito stated that we need to continue to push to get Pulsara implemented across the region, and work on a patient movement plan. This was discussed at the COT meeting in

March and will be discussed at the upcoming FCOT disaster management meeting. She stated that COT was urged to plan for large scale combat operations with 700 to 1100 military patients per day, which would overwhelm the military system. Dr. John Armstrong will talk about the RMOCC concept at tomorrow's Executive Committee and Dr. Zito stated that it is up to us to drive this forward.

Old Business:

- Tourniquet Placement as an Alert Criteria: Dr. Zito said this has been recently adopted in Orange County as an alert criteria but we do not have any data yet. Dr. Zuver said it was well received by crews. Dr. McPherson asked what is the next step? 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 and they didn't say no. Dr. McPherson said that locally we can add trauma alert criteria but can't take anything away and Dr. Zuver agreed.

- Whole Blood Exchange Programs. Lynne advised that other trauma centers have asked for the protocols. Dr. Zito said that these are owned by the blood bank and she will follow-up on this. Dr. McPherson asked for a copy as well so he can share with Dr. Zenoni.

- EMS Engagement - Dr. Husty suggested that we meet with the EMS Medical Director's and Dr. McPherson asked for status. Dr. Zuver will get contacts and Lynne will share what she has.

Next Meeting/Adjournment: The next Clinical Leadership Committee meeting is June 9, 2025. The meeting was adjourned at 3:30 p.m.

4-14-25 RTAB Preparedness Committee Meeting Minutes

Participants: Eric Alberts, Beverly Cook, Lynne Drawdy, Kim Foley, Julie Frey, Matt Meyers, Heather Ouelette, Michelle Rud, Dr. Tracy Zito

Old Business:

- **April 2025 Full Scale MCI Exercise:** Lynne said the exercise was a great success and participants were pleased. Five hospitals in Brevard County had to drop out at the last moment due to patient loads. She stated that we will have the draft after action report out within the next few weeks. Eric said overall it went well, and we had a lot of engagement and practice. Michelle said this was the best one yet. She said there were a few hiccups but nothing they couldn't handle. Heather concurred.

- **FSEDs:** Eric asked if there was any feedback from the FSEDs re the exercise. Lynne said she sent out a survey asking for input on which of the FSED best practices were used and which were beneficial. Michelle said that she received good feedback at Millenia, and believes we are on the right path for best practices for FSEDs. Eric said if anything needs to be added to the Best Practice Guidelines, let Lynne know. Lynne said that feedback from the FSED survey and evaluators will be brought to the FSED workgroup.

- **Trauma/Burn Training Update:** Lynne said the group has been working hard and gave kudos to ORMC and Warden Burn Center who have taken the lead. We have started a good beginning draft; the workgroup is meeting on May 16th and we should have a final good draft by end of June. We will hold the initial training at the AdventHealth University Simulation Lab and they will film the training as a resource.

- **Pulsara Update:** Lynne has asked for a regional update and will share when it is received. Michelle said it is always up to her corporate team; this is a hot topic and she expects movement but is not sure when. Dr. Zito said knows COT meeting in March spoke to people and HCA in Texas are participating with the STRAC. Michelle said they are aware of this and Dr. Zito said hopefully we can leapfrog on this. At COT in November and March, there was discussion about regions organizing into RMOCCs and being able to track patient load and patient transfers, not just for large scale MCIs but also for potential and threatened large scale military operations with casualties coming from overseas. So being able to put RMOCCs together and patient loads/transfers in an efficient manner is key. We will need to utilize Pulsara for this. Michelle said she is keeping a finger on their progress. Dr. Zito said this state purchased and supported and we need to continue to promote this to all facilities. Eric said that it takes both EMS and hospitals, and if not all are using it we will not get the full benefit.

New Business:

- **Statewide MCI Coordination Plan:** Dr. Zito said this is where we need an RMOCC. She said that they will be discussing at their FCOT disaster meeting on Wednesday. We have support from the Clinical Leadership Committee and Preparedness Committee and Lynne has engaged all the Florida coalitions. Lynne suggested that a small group meet to develop an outline for a regional plan and then identify champions. She stated that if we do not take the lead at the local level, the state will. Dr. Zito agreed and stated she will discuss it with Lynne offline. Heather stated that she and Dr. Zenoni are willing to work on this plan. Lynne said we have the building blocks to develop this.

Next Meeting: The next Trauma Preparedness Committee meeting is scheduled for June 9, 2025.

The meeting adjourned at 4:22 p.m.

4-15-25 RTAB System Support Committee Minutes

Participating: Lina Chico, Beverly Cook, Jess Henwood, Monica Howington, Matt Meyers, Heather Ouellette

Statewide Stop the Bleed Project: Matt said the Florida Healthcare Coalitions (FLHCCs) have submitted all the required documents to get the funding to purchase the kits. Lina said once we get the funding, we can work together on this. She asked what the timeline is? Matt said the FLHCC will initially purchase about half the supplies, submit for reimbursement, and when received purchase the second half and submit for reimbursement. Lina indicated that they are very busy over the summer and need to plan. Lina reminded the group that the focus for this project will be faith-based organizations.

Updates:

- **Arnold Palmer Hospital**: Lina stated their car seat certification program is moving along; they received grants so if you know of families who cannot afford a car seat, please let them know. They are working with the Sheriff and Fire Departments to help. The hospital has incorporated a car seat questionnaire to ensure they are leaving safely in their vehicle. APH is participating in helmet/bike safety events and planning for a lot of helmets for back to school events.

- **ORMC**: Lina shared that Sheryl Aldarondo noted Stop the Bleed 3.0 is currently out and we need to be teaching that version. They are strengthening this at OCPS and in June they will be teaching OCPS staff on Stop the Bleed. In the next two weeks, she and Sheryl will be working on Best Foot Forward and reminding drivers to stop for pedestrians. Sheryl is participating in car seat checks, injury messaging and teaching kitchen safety.

- **Holmes**: Jess said they are busy and had an eventful and fun month. She shared that Stop the Bleed 3.0 is different and the new Power Point does not have bullets. They are preparing for the national May 22 Stop the Bleed Day with four classes that day. She said they have distributed over 2,000 safety lights for the community safety campaign with good feedback. She said they taught two falls prevention courses and have a bike helmet safety goal for the summer.

- **HCA Lake Monroe**: Monica is preparing for Trauma Awareness Month and Stop the Bleed in May. This is their first since COVID. They have did Stop the Bleed classes at Seminole County Public Schools. They are participating in Bike-Walk Central Florida and participating in the Trauma Survivor Network event.

Wrap-Up: Lina shared that regarding the Trauma Survivor Network, everyone is getting on board. If anyone wants to be trained on bike helmet fitting, they are welcome to come to theirs. Jess will be in contact with Lina about this.

Monica said Trauma Survivor Day is coming up on May 21st and they are very excited about this. She noted that if anyone has a date set, she would like to attend to support them and take pictures.

Lina said that Teen Driver Safety is an issue and all may want to consider rolling out their program around Memorial Day. Jess said she did a course on this and is planning something for summer.

Lina will report out at the TAB Executive Committee Meeting.

The meeting adjourned at 10:14 am

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
l. 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: GENE.BUERKLE@flhealth.gov or Michael.Leffler@flhealth.gov. 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.

PIT CREW ACS

STEMI Recognition and STEMI Alert Hospital Team Notification within 10 Minutes

10 MIN

ASA Admin Within 10 Minutes

EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL
EMSAC
FLORIDA

POSITION 01

STEMI PROTOCOL

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

RAPID ASSESSMENT

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

POSITION 02

POSITION 03

MEDICATION PREPARATION

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

15 MIN

Transport Within 15 Minutes

PIT CREW
CARDIAC ARREST

POSITION 03
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

POSITION 01
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

POSITION 02
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 1 minute and 45 seconds to prepare for next rhythm check

POSITION 04
MEDICATION MEDIC
- Establish vascular access IV/IO
- Prepares and administers all medications
- Administers 20mL flushes after all medications

POSITION 05
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 the code

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

POSITION 06
FAMILY LIAISON
- Gathers information for PCR
- Supports and consoles family
- Ensures no equipment is left behind
- Makes sure scene is clean prior to departure

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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.

PIT CREW CVA

Stroke Recognition And Stroke Alert Hospital Team Notification Within 10 Minutes

10 MIN

Coverdell Measures Last Known Well Documented Glucose Within 10 Minutes

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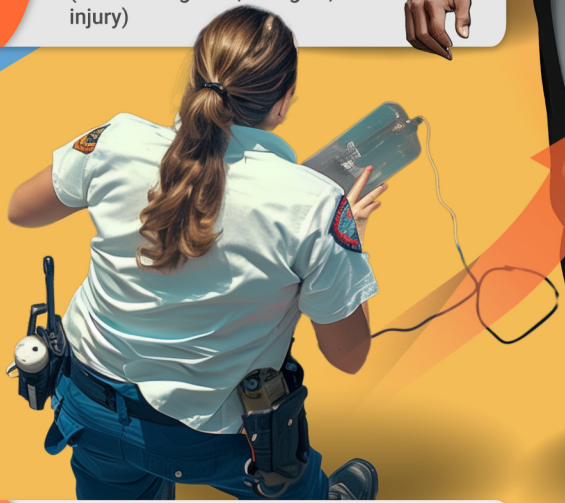
POSITION 01

STROKE EVALUATION

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



POSITION 02

INITIAL DIAGNOSTICS

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

POSITION 03

SUPPORT PREPARATION

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

15 MIN

Transport Within 15 Minutes

PIT CREW TRAUMA

POSITION 01

HEMORRHAGE CONTROL

CREW #1 (EMT OR PARAMEDIC)

- Assess for external hemorrhage
- Controls external hemorrhage

POSITION 02

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

POSITION 03

BREATHING

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

POSITION 04

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

POSITION 05

TEAM LEADER

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

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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 year.

- 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 Ouellette, 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.