6-9-26 RDSTF-5 Trauma Advisory Board Executive Committee Minutes

Welcome: Dr. Pappas welcomed those in attendance.

Roll Call:

Trauma Chair – Orlando Regional/Orlando Health: Dr. Tracy Zito, Jeana Swain, Eric Alberts
Trauma Co-Chair – Halifax/Halifax Health: Rachael Hamlett
Level II Rep – Lake Monroe Hospital/HCA: Meghan Thomas, Melissa Ell
EMS Chair – Martin County (South): Christian Montoya
EMS Co-Chair – Brevard (North)
EMS Central Rep – Orange (Central): Dr. Christian Zuver, Dr. Desmond Fitzpatrick
County DOH – St. Lucie County: Lydia Williams
Acute Care Hospital – Nemours: Adela Casas-Melley, Robert Kirk
Extended Care – Advanced Rehabilitation Institute: Annette Seabrook

8 of 9 voting members were present for a quorum

Ex Officio:
FHA: John Wilgis

Other Stakeholders/Guests:

Aaron Rhodes	Heather Ouellette	Maggie DeAngelo
Angelica Sugrim	Jenn Hulse	Michael Tayler
Beth Boatwright	Jennifer Mills	Pedro Cruz
Beth Boatwright FDOH	Julie Frey	Dr. Peter A Pappas
Dr. David Rubay	Karissa Perry	Scott Wilson
Eddie G Brooks	Kelley Jenkins	Dr. Scott Zenoni
Ericka Jacobs	Kesha Cummings	Shauna Young
Fanley Romelus	Lina Chico	Sheryl Aldarondo
Gene Buerkle	Lynne Drawdy	

Call to Order: Jeana Swain called the meeting to order.

Review and Approval of Minutes: Adela Casas-Melley moved to approve the minutes. There was no discussion or opposition and the minutes were approved.

Executive Director Update: Dr. Pappas provided updates from the recent EMSAC and FTSAC meetings in Fort Lauderdale, highlighting discussions on pre-hospital transfusion programs, including use of drones to deliver blood products, e-bike and e-scooter injury trends, and evolving approaches to cervical collars and backboards. He reported there has been progress in developing revised trauma standards, FCOT did stand up an ad hoc committee known to put forward recommendations; these are on the FCOT website.

CFDMC/RDSTF Update:

DOH and RMOCC Virtual Meeting: Lynne shared an invitation to a Florida Department of Health virtual meeting to look at development of a statewide MOCC.

FY 26-27 Planning: Lynne reported that the Coalition has received the new fiscal year contract and has received some additional funding this year. The Coalition will be hiring a Deputy Director position. New tasks for this year include a cyber security support plan, an extended healthcare delivery support plan, and a healthcare workforce assessment.

Pediatric Tabletop: Lynne advised that the G7 Pediatric Center of Excellence will facilitate a pediatric surge tabletop exercise with the three children's hospitals on September 2nd.

SPOTLIGHT TALK: Scott Wilson, Regional Trauma System Coordinator, Metrolina Trauma Advisory Committee

Scott presented a comprehensive overview of their regional trauma system in North Carolina, covering their structure, performance improvement processes, educational initiatives, and disaster preparedness coordination (see attached presentation). Dr. Pappas thanked Scott for sharing this with our region and stated that he looks forward to continuing to collaborate. Annette Seabrooks asked if and how they include inpatient rehab in their efforts. Scott stated that rehabs have been a traditionally neglected area. They are in the process of a statewide trauma system re-design, focusing on outcomes, and they have included rehab centers and SNFs in this effort.

Florida Department of Health Update: Gene Buerkle provided updates on trauma standards development and a review of the recent survey data and priorities, refreshed voluntary alternate reporting, legislation regarding specialty designed children's hospitals, the trauma registry enhancements and data reporting capabilities, and pre-hospital blood programs.

System Support Committee: Sheryl Aldarondo stated that the committee met and they are working on gathering data on e-bike and e-scooter injuries and whether those injured wore helmets. The group is focused on whether injury prevention efforts are making an impact and if not, how the group can come together on this. Most are providing Stop the Bleed, falls prevention, and burn prevention trainings, providing car seats and bike helmets, and working on pedestrian safety and drowning initiatives.

Clinical Leadership Committee: Lynne reported that the committee met Monday and discussed several issues previously reported on today, EMSAC and FTSAC updates, the RMOCC, and whole blood in the field, use of cervical collars and backboards, and use of EMResource across the region. The group also discussed use of plasma and will research the literature for discussion at the next meeting. The group also discussed continuing to engage EMS.

Extended Care Committee: The system support committee did not meet this month. They are working on a survey to get input from the trauma centers on post-acute issues and needs for discussion at their next meeting.

New Business: There was no new business raised.

Next Executive Committee Meeting: The next meeting is Tuesday, August 11th at 11 am.

Adjournment: Christian Montoya moved to adjourn. Dr. Pappas thanked all for attending.

6-8-26 Trauma Clinical Leadership Committee

Participants: Dr. Ayanna Baker, Lynne Drawdy, Dr. Desmond Fitzpatrick, Dr. Sanjiv Gray, Dr. Robert Ford, Dr. Peter Pappas, Dr. David Rubay, Dr. Tracy Zito, Dr. Christian Zuber

Call to Order: Dr. Zito called the meeting to order at 3:04 pm. Dr. Pappas welcomed Dr. Gray to the group.

Dr. Zito reported that there was an earthquake in the gulf 20 minutes ago. Lynne will send out an alert regarding the quake; some counties reported damage but there is no tsunami warning.

The group agreed that AI note taking would not be allowed; the official minutes come from Lynne.

Review and Approval of Minutes: Lynne apologized for the delay in getting the minutes out following the exercise. Dr. Rubay moved to approve the minutes; Dr. Zito seconded the motion. There was no opposition and the motion passed.

CFDMC Update:

DOH and RMOCC: Lynne sent out the invitation to a webinar. Florida Department of Health has contracted with a vendor to do a feasibility study for a statewide RMOC. Dr. Zito stated that she heard a little from the consultants at the EMSAC meeting. This is a federal requirement for the states. We will stay engaged with the state but may need to continue to look at a regional plan. They will be sending out the link to the meeting this week and Lynne will send out to the committee. Dr. Zito stated that she is interested to see if there is any funding to support this.

Dr. Zito stated that David Summer is no longer the project manager for Pulsara. Lynne stated that Pulsara is keeping some project managers in Florida and we will continue to promote this at the regional level. David was the individual who provided status reports. Dr. Zito asked where each county is in implementing Pulsara. Dr. Zuver stated that in Orange County, all the smaller agencies are using it and Orange County and the City are working toward implementation. Lynne stated that Dr. Zuver's leadership in this effort has been instrumental and this type of leadership is needed in all counties. Dr. Zuver stated that he hopes the loss of the project manager does not signal loss of support from the state as this would impact getting agencies to adopt. Dr. Gray stated that a previous unsuccessful patient tracking called Tweage has been a barrier in Seminole. Lynne stated that the product was not effective. She suggested that the best promotion of Pulsara is from current users. Dr. Zito stated that David has agreed to stay on the Stop the Bleed committee.

Lynne reported that during COVID, Florida Hospital Association funded EMResource statewide. When that funding ended, Lynne submitted an Urban Area Security Initiative (USAS) to fund EMResource. It is a federal cross-discipline funding stream for metro areas and Orlando has one. UASI has been funding EMResource across the region for the past two years. She stated that she is about to put in a project to sustain this for next year. She stated that her project manager has been working with a steering committee on this for the past two years to provide training, standardize processes, etc. She stated that her concern is that outside the metro area, the counties are not using this. Our plan is to have a meeting in those counties not using this and meet with emergency management, the hospitals, and EMS to show the benefit; she will invite the clinical leadership committee members to these meetings. If counties do not agree to use this, we will lose the funding for those counties. Dr. Zito asked what the impact would be if we lost this and how this differs from Pulsara. Lynne stated that EMResource provides bed availability, facility status, etc. Pulsara is a

patient specific app. Dr. Zito asked how these counties manage without EMResource and Lynne stated that it is by phone call or radio. As more and more hospitals come on board, this would be even more important. Lynne stated that Pulsara and EMResource together are valuable tools for both daily use and for events. Dr. Zuver stated that it is embedded in Orange County but it has been difficult to get agencies outside the metro area to use this regularly. We are missing Volusia, Brevard, Indian River, and the Treasure Coast counties. Dr. Zito asked Lynne to find out how Texas manages bed availability.

FY 2027 Planning Update: The Coalition's contract has been renewed effective July 1st and we will receive additional funding for this year. We will be hiring an additional position for the Coalition and will be advertising in July. The new tasks for this year are a cyber plan and the healthcare extended downtime plan. There will also be a healthcare workforce assessment. Dr. Zito stated that she was glad to know that the Coalition is adding a position. Dr. Pappas stated that the Coalition is in good shape as compared to six months ago. Lynne agreed, and stated that the Board has developed a contingency plan to sustain the coalition in the loss of federal funding.

EMSAC/FTSAC Update: Dr. Pappas stated these were held last week. Whole blood and field transfusion was a big topic and there was a lot of support from DOH on this. There are some grant opportunities to help EMS agencies with this. E-bike injuries was a major topic and the group reviewed data which shows the increase in these injuries, and the need for legislation and local efforts. He stated that this might be a project for System Support. Another topic was cervical collars. Dr. Zito asked if it was just collars and Dr. Pappas stated the discussion included backboards. Dr. Zuver stated there is no evidence to support C-collar and backboard use and the majority agree it is better to work with the trauma centers on a plan. Dr. Fitzgerald stated that some agencies are getting rid of these without engaging the trauma centers. He has some literature and will send to Lynne to share with the group. Dr. Pappas stated that there was discussion about the RMOCC. The FTSAC is continuing to work on the draft of the new standards. The FCOT presented their recommendations and these are on the website.

Old Business:

- **EMS engagement**: Dr. Zuver is leading this effort and states that he is struggling to get engagement outside the metro area. Dr. Zuver will continue to promote this and schedule a separate virtual meeting. Lynne stated that this is a Coalition strategic objective and she is happy to support Dr. Zuver.

- **Whole Blood Programs:** The group discussed the status in the region's counties; Dr. Zuver stated that some counties are exploring. Dr. Ford stated that they are exploring and next steps is to get an agreement with a blood bank. Dr. Gray stated that Seminole does not have a program. Volusia is in its infancy. Dr. Fitzpatrick stated that Orange County has shared information and resources with Lake County.

New Business:

- Plasma: Dr. Zito raised the issue of having liquid plasma as a field-delivered product for use in burns, TBIs and hemorrhagic shock. Plasma has a longer shelf life than whole blood. Orange County has been discussing this and will pull together the literature for use in TBIs for further discussion at the next Clinical Leadership Committee meeting. Dr. Zuver stated the research supports this, and the question is can we exchange similar to whole blood. Dr. Zuver stated

that this could also be beneficial for the EMS agencies not carrying whole blood. Dr. Zito agreed. Dr. Pappas stated that the FCOT research committee might be able to assist.

Next Meeting: The meeting adjourned at 4:01 pm. The next meeting is August 10, 2026.

6-9-26 Trauma System Support Committee Meeting Minutes

Participants: Sheryl Aldarondo, Lina Chico, Lynne Drawdy, Jess Henwood, Robert Kirk

Lina Chico welcomed participants. She stated that the group provides regular updates on their injury prevention activities. She stated that she would like to capture these in an infographic to share these services to our communities, on our websites. We could keep this updated as we receive grants or add services.

Lina stated that Orlando Health Arnold Palmer Hospital for Children offers:

- A grant-funded car seat service for families that cannot afford a car seat for their child, The request is emailed to r-carseatchecheck@orlandohealth.com and APH provides a free car seat as long to children that meet the minimum age, weight and height for the seat. They track these.
- Regular car seat checks; this is either appointment-based or at open events.
- Still have some bike helmets and upon request they schedule an appointment.
- Offers Stop the Bleed Training
- Provides basic injury prevention presentations in the community (e.g., at public libraries)
- Provides a presentation called Conversations with Caregivers that is well received. They partner with the fire department, with the sheriff's office, with the safety village, etc.

Jess Henwood stated that Health First Holmes Regional offers throughout Brevard County:

- Holmes does Stop the Bled (in schools).
- Holmes partners with the Space Coast TPO and the Transportation Pedestrian Organization for Impact Teen Drivers training
- Holmes is partnering with schools to focus on e-bike and e-scooter safety.
- Holmes still has some bike helmets from a previous event; there is an event in July for families with special needs.
- Holmes is also focusing on falls prevention as 60% of traumas in Brevard County are ground-level falls. She is teaching a class tomorrow.
- Holmes does Stop the Bleed and Falls trainings in their four sister hospitals. They are also starting to partners with the Center for Family Caregivers for these trainings.
- Jess stated that she rotates where she goes monthly to introduce herself and put out flyers, such as libraries, rehab centers, etc. She stated that she also has worked with the hospital discharge units to include flyers and her contact information in the discharge papers.
- They are continuing with the Be Seen, Be Safe campaign created by Dr. Zenoni and have provided over 16,000 safety lights. These are provided at community events such as races, and to running clubs. They are also provided in trauma bays to those injured.
- They also have a Trauma Survivor Network and just finished an event with 24 survivors. The hospital president and a trauma surgeon and nurses participate, along with therapy dogs. The feedback was very positive.

Lina stated that falls prevention is a priority for all and suggested that we look at how we can make an impact by changing behaviors. She stated that partnerships with organizations like the Center for

Family Caregivers is important as they can help us understand how to make homes safer. Jess stated that the data shows that most falls are at home or assisted living facilities. Many of these patients are on blood thinners. Jess said that getting into the assisted living facilities can be challenging.

Lina stated that Orlando Health has also started a trauma survivor network.

The group discussed the need to identify impacts from their programs, such as water safety programs impacting drownings. Many of the drownings in Florida are from those out of state so how do we reach those? They discussed the need to get information and resources out to those who need it, and how to battle false information.

The group discussed increasing e-bike and e-scooter injuries. Lynne stated that the Trauma Clinical Leadership Committee asked if the System Support Committee could look at the e-bike injury data and programs to impact these. Lina asked if each trauma center could bring data for the past two to three years to the next meeting (ICD10 data, whether they were wearing a helmet, etc.). The group discussed the need for legislation and local ordinances, and safety courses at schools for parents and children.

Nemours: Robert Kirk reported:

- He reached out to Delaware for information on their e-bike injury prevention program. E-bike helmets are different from bike helmets. In Delaware, if law enforcement pulls over a youth without a helmet, they give them a token to get a helmet. He stated that we would need to get grants as these helmets are more expensive. The group discussed the need to reach out to retail stores to better label these and provide safety information. Robert stated that he tracks these injuries as the registry takes a lot of time to enter information.
- He stated that their neurosurgeon is also active in firearm injury prevention. He stated that he would be willing to share with others. Delaware also received a grant for firearm locks to give out.
- He stated that they do have a child seat program and he is working with administration to begin other programs.
- Robert asked for any injury prevention information on fireworks to prepare for the 4th of July. Lina stated that Arnold Palmer will send out safety tips on social media. Jess stated that Health First also has these messages. The group discussed other media campaigns.

The group discussed ways to get injury prevention information out, such as pediatrician offices.

ORMC: Sheryl Aldarondo reported:

- She just finished up a Stop the Bleed class. She stated that ORMC continues to provide many of these with large classes at United Way, Healthcare Pathways, etc. She is also providing these to hospital security personnel.
- ORMC also has falls prevention courses and these have a post-test. She stated that they usually see a big knowledge increase following the training, which is 20 sessions over 10 weeks.

- ORMC is also doing burn prevention education in the community, including universities and culinary arts programs, including prevention and treatment.
- ORMC will also resume Best Foot Forward for back to school.