

## 12-14-21 RTAB Clinical Leadership Committee Minutes

**Participating:** Dr. Tracy Bilski, Beverly Cook, Lynne Drawdy, Dr. John McPherson, Matt Meyers, Dr. Joe Olivi, Dr. Peter Pappas

**Welcome/Call to Order:** Dr. Pappas welcomed all. Dr. McPherson called the meeting to order at 8:03 a.m.

**Review and Approval of October Minutes:** Dr. McPherson stated that the minutes were very thorough, and Dr. Pappas moved to approve. There were no objections and the motion carried.

### **CFDMC Update:**

**Burn Tabletop Exercise:** Matt Meyers reported that the tabletop was held on December 10 with approximately 40 participants from EMS, hospitals, the Warden Burn Center, emergency management, and public health. The tabletop went well and a hotwash was held. The draft AAR will be sent out for review by all stakeholders.

**NHCC Conference:** Dr. Bilski reported on the panel presentation regarding the regional trauma coordination center plan at the National Healthcare Coalition Conference on December 1. She stated the presentation was well received and the audience had questions, and several requested a copy of the plan.

**Proposed 2022 Committee Schedule:** The group agreed to continue the same schedule for 2022. Lynne will send out calendar invitations.

**Annual Coalition Conference & Trainings:** Lynne reminded the group that the Coalition Annual Conference is scheduled for December 17; the panel presentation on the regional trauma coordination center plan will be included. There are several pre-conference trainings on December 16. The agenda and registration link are posted on the website.

### **Old Business**

**RTCC Medical Officer:** Lynne advised that the current plan calls for the EMS medical director from the impacted county to be medical officer in the trauma coordination center. She stated that Dr. Zuver suggested that this role should be filled by an EMS medical director from a non-impacted county. Dr. Bilski moved to change the plan as suggested; Dr. McPherson seconded the motion. There was no further discussion or opposition and the motion carried. Dr. McPherson asked for a copy of the plan; Lynne will update and send this out.

**Whole Blood for EMS:** Dr. Pappas provided an update. The committee has met once and will meet again on December 15. They are setting up guidelines and resources for EMS agencies interested in providing whole blood in ambulances. Dr. McPherson stated that the Medical Director from San Antonio who has implemented this program is willing to speak to the group. They have given 60 units of whole blood; Dr. McPherson has sent out a video with this presentation. Dr. Olivi asked if all trauma centers have whole blood available in the trauma bays? Dr. Bilski stated that ORMC and Osceola Regional do and Dr. Pappas stated that not all do. He stated this is a great opportunity to get all six trauma centers online. Dr. Olivi said they are in the early infancy of getting whole blood at their facility. He suggested the committee set up a workshop for trauma centers. Dr. Bilski agreed and stated that she will help with this. She stated that there are many old-timers with a lot of mistrust and education is key. Dr. McPherson agreed and stated that this is now a very safe product but there

is a lack of understanding. He stated that the San Antonio video addresses some of these roadblocks.

**New Business:**

Dr. McPherson stated that his agency is also rolling out use of ultrasound. He may have feedback on that at the next meeting.

**Next Meeting: The next meeting is February 15, 2022**

## 10-12-21 RTAB Clinical Leadership Committee Minutes

**Attendees:** Dr. Tracy Bilski, Dr. Gary Curcio, Lynne Drawdy, Dr. John McPherson, Matt Meyers, Dr. Peter Pappas, Dr. Andrew Skattum

**Call to Order:** Dr. Pappas welcomed all. McPherson called to order at 8:03 a.m.

**Review and Approval of Minutes:** The minutes from the June and August meetings were previously distributed to members. Dr. Bilski moved to approve the minutes as submitted; Dr. Curcio seconded the motion. There was no discussion or opposition and the motion carried.

### CFDMC Update:

**August Trauma Drill After Action Report:** Lynne advised that the draft after action report was sent out to the Clinical Leadership Committee and Executive Committee for review and input. It will also be sent out to all trauma stakeholders.

**Burn Annex & Tabletop Exercise:** Matt advised that the draft burn annex has been sent out for review. This was developed utilizing the federal template and working with subject matter experts from the Warden Burn Center at Orlando Health to draft the annex. The plan integrates with the Southeastern US burn coordination plan and will be integrated into the trauma coordination plan.. A tabletop exercise has been scheduled for December 10 to validate the plan. Trauma stakeholders will be invited to participate.

**Old Business:** There was no other old business to discuss.

### New Business

**Whole Blood for Trauma and EMS:** Dr. McPherson stated that many air medical providers provide medical infusions of whole blood; providing this on ground units is a little more difficult. Obstacles include having blood on units 24/7. He advised that he attended a presentation by San Antonio on their use of whole blood in ambulances. South Florida is also piloting this and have transfused 28 units of whole blood in last few months. San Antonio discussed the coordination needed among blood banks, trauma centers and EMS. The biggest challenge was getting blood banks to trust EMS with blood. EMS had to demonstrate they had coolers that would keep the blood cool enough with an alarm system. They checked out a lot of blood at once (60 units), kept it for two weeks and what was not used was transferred to a trauma center so it was not wasted. They feel the system is working well. Dr. McPherson asked about the cost of the refrigeration units for ambulances and learned that they are not expensive (\$2,000-\$3,000). Dr. McPherson suggested that we ask Dr. Winkler to speak at the next meeting. Dr. Pappas stated this is relatively new but important and agreed that we should invite Dr. Winkler to present. The group discussed air care; some are already providing whole blood. Dr. Skattum suggested that we find out who does this and logistically how they manage this. Dr. Pappas stated that Air Care is affiliated with Orlando Health, and he will check with Dr. Bilski. Dr. McPherson will check First Flite in Melbourne. Dr. McPherson stated that he will work with the Coalition to invite speakers to present on this at the Clinical Leadership Committee in December and to present at the Executive Committee meeting. Dr. McPherson stated that a regional approach seems to work best and this fits within the mission of the Regional Trauma Advisory Board. Dr. Pappas agreed and stated that DOH sees this as an area of interest. Dr. Pappas stated that many counties are rural areas and there are long transport times. Dr. McPherson stated that San Antonio administered 35 units, and some were not trauma patients; there were unexpected uses. He stated that Brevard County EMS wants to pursue this. Dr. McPherson will send a video to Dr. Pappas and

Lynne to send out to the Clinical Leadership and Executive Committees. Dr. Pappas stated this will be added to the December meetings.

Dr. Pappas advised that he is the new Florida Committee on Trauma Chair. FCOT stated that they have learned that for ATLS courses, all instructors were renewed through 2022. He stated that it is important that these courses be offered during 2022. Dr. Curcio has volunteered to each. He stated that we need to determine other course coordinators. Dr. Skattum stated that this has been a statewide deficiency but is getting better over the last year. Dr. Pappas stated that instructor courses need to be a priority, as well as courses for all. He stated that we need to improve the visibility of available courses on the ACS website so that you don't have to search individual institutions to find these. Dr. McPherson asked if the rules have changed re the number of courses needed to sustain the teaching certificate. Dr. Pappas stated that the rules have not changed; they just extended the deadline through 2022. He will send out this extension when received. Dr. Skattum stated they are transition from the ninth edition to the tenth edition and we need to ensure the new standards are available to those who have not taken the course. Dr. Pappas stated there is a 14 question quiz on the new standards. He will add resources on ATLS, including highlighted changes in the tenth edition to the FCOT website within the next few months.

**Next Meeting:** December 14, 2021

**Adjourn:** The meeting adjourned at 8:38 am.

## 8-10-21 RDSTF-5 Trauma Advisory Board Clinical Leadership Committee Minutes

**Welcome/Roll Call:** Participants: Dr. Tracy Bilski, Beverly Cook, Lynne Drawdy, Dr. John McPherson, Matt Meyers, Dr. Peter Pappas

**Call to Order:** The meeting was called to order at 8:02 am

**Review and Approval of Minutes:** A quorum was not reached, and approval of the minutes was pended until the October meeting.

**CFDMC Update:** Lynne announced that the full-scale exercise in October has been cancelled due to current COVID surge. It will be rescheduled in the spring of 2022. The functional drill on Friday will be virtual only. Matt is drafting a new Burn Annex which will be shared with the Trauma Advisor Board. The new Juvare eICS Super User training has been completed and FHA is reaching out to train all users. There is a need to get EMS and emergency management trained as this will greatly improve communications in disasters. This new system will not be able to be used during Friday's drill, but a demonstration will be provided. .

### Old Business

**Regional Mass Casualty Planning:** Lynne reiterated that the functional drill on Friday will be virtual, and the link has been sent out to stakeholders. 59 participants have signed up so far. She will send a final reminder out today. On Thursday, Lynne will send out to all the materials for the drill. Dr. Pappas mentioned he has reached out to EMS and has not gotten much response. Lynne state that we are offering incentives for EMS and hope this will increase participation. Dr. McPherson stated that he will contact the EMS medical directors to encourage participation.

### New Business:

Dr. Pappas said he is concerned about trauma's capability to continue to function with COVID patients competing for same resources as trauma patients. Dr. Bilski said they are accustomed to the ebbs and flows of what happens during the year such as with increased ICU patients in the Winter when flu season begins. However, this is an exaggerated version of that. They are having to hold patients in places they don't like to hold them, such as spinal injuries in the ER. They are cycling people through, and adapting, but there is a strain on ICU. Everyone is working together to care for all patients. A lot of hospital systems have shut down for transfers. Dr. McPherson said from an EMS perspective, some hospitals in the state are having difficulty with oxygen and they are contracting with different agencies to provide transport. Dr. Pappas shared that he and Lynne are getting a list together of EMS agencies. Dr. McPherson asked for purposes of making EMS calls, what is the decon equipment being provided as an incentive to EMS for participation in the functional drill? Lynne shared that Chief Kammel from Martin County recommended a decon sprayer. Lynne will send Dr. McPherson the specs for the equipment.

**The next meeting is scheduled for October 12, 2021.**

## 8-3-21 Trauma Center COVID Response Call

### Participating:

Dr. Mark Pessa, Holmes  
Dr. Tracy Bilski and Jenny Kellams, ORMC  
Dr. Gary Curcio, Lawnwood  
Dr. Andrew Skattum, Central Florida Regional  
Mark Ross & John Wilgis, Florida Hospital Association  
Kate Kocevar & Michael Leffler, FDOH  
Lynne Drawdy & Matt Meyers, Central Florida Disaster Medical Coalition

**Welcome:** Dr. Pappas welcomed group and stated this is a forum to provide situation awareness and discussion on coordination during the COVID surge. Dr.

**CFDMC Response/Resources:** Lynne advised that the coalition's response role is to situational awareness and resource coordination. Over the past year, pandemic response included daily sit reps, monitoring requests from county EOC to state and shifting funding to provide equipment to hospitals. This point in the response is different than earlier as there is no current Florida Executive Order or public health emergency declaration. The coalition continues to share information and if the trauma centers have needs we can take those requests to the Board to try to fund. Matt stated that in monitoring county to state mission requests he has seen some requests for vents and for testing and vaccination supplies, which the state has met.

**August 13 Trauma Coordination Center Drill:** Lynne stated that the new trauma coordination center is a resource for load balancing catastrophic numbers of trauma patients across the region and state. The concept was based on the MOCC (multi-organization coordination center) which was developed for the pandemic. If the hospitals requested this, we could implement this.

**Florida DOH Trauma Update:** Dr. Pappas stated that trauma patients are competing for the same resources as COVID patients and asked what can be done to support the trauma centers. . Michael stated that their office has done in the past and can try to address any challenges re standards or fulfilling trauma requirements. In July 2020, the state put out guidance on standards to provide relief. If trauma centers are having those challenges, they would welcome hearing these and working to alleviate these. He cautioned that the state is severely limited in providing resources or making legislative changes. Kate stated that they have worked through site surveys during the pandemic, and suggested that if there is difficulty in meeting a standard during the pandemic, document this, including when it started, what the hardship is, and what you are doing. Dr. Pappas asked if there were any questions for FDOH and there were none.

## **Trauma Center Status Updates:**

The trauma centers expressed concerns over the surge. Most have implemented altered visitation standards. Most have numbers beyond what they were at the height of the pandemic. Many are at or over 100% capacity. Those in the ER who are capable of sustaining without intervention are sent home and they are encouraging acute care hospitals to handle low level trauma cases. It was suggested to the state the need for emergency credentialing in hospitals. The state said this is up to the hospital credentialing board. Dr. Pappas stated that FCOT created a call list, and he will send out a link to this on the FCOT website. There are also best practice guidelines on physician credentialing on the website. A statewide mechanism would be the gold standard. As a compromise, FCOT is trying to create a mechanism to allow hospitals to cooperate with each other, similar to what hospital systems do.

## **Discussion:**

Dr. Pappas stated that we will feel the surge for weeks to come and asked what we can do to support each other or what the needs are.

John Wilgis from Florida Hospital Association thanked the group for allowing them to participate. He said that they are seeing all of these issues across the state. HHS tele-tracking data is available daily; the report will be sent to the Coalition to share. He stated the FHA main focus is to advocate for hospital needs, such as AHCA providing waivers. He stated that the CMS federal waivers remain in place but don't speak specifically to trauma. He asked that they raise trauma issues to FHA so they can advocate. He said that there is some language in the 1135 blanket waiver that may be helpful. He will send this to Lynne to send out. One bullet is related to medical staff. CMS is waiving requirements to allow for physicians whose privileges expired or new physicians to practice before fully credentialed to meet COVID surge. This may not apply to private insurance.

Lynne advised that the Emerging Infectious Disease Collaborative will focus this year on a vaccination campaign that all regional organizations can endorse and promote, reaching out to the Florida Healthcare Alliance to see if there are ways to collaborate with employers on vaccines and mitigation strategies, and providing behavioral health resources to healthcare employers to support and retain the workforce.

Dr. Pappas reminded all that the next Trauma Executive Committee and General Meeting will be held on August 12.

## **Conclusions**

- **FHA will send out data to the coalition to share**
- **Dr. Pappas will send out the FCOT contract list and guidelines on emergency privileges**
- **The trauma advisory board will continue to be a forum for trauma issues and needs**
- **Communication and cooperation are vital - we need to help and support each other.**

The group thanked Dr. Pappas for convening the call.

## 6-8-2021 Region 5 TAB Clinical Leadership Committee

**Participating:** Beverly Cook, Lynne Drawdy, Dr. John McPherson, Matt Meyers, Dr. Peter Pappas, Dr. Chris Zuber

**Call to Order:** Dr. McPherson called the meeting to order at 8:02 a.m.

**Review and Approval of Minutes:** Dr. Zuber moved to approve the April minutes; there were no objections.

**CFDMC Update:** Lynne indicated the ongoing need for improved communication and shared that we are working with the Florida Hospital Association on a new communication platform; this is currently on hold as a new version of Corvena will be released very soon. We are hoping to have this available for the drill but will definitely incorporate this into the full scale exercise. All hospitals in the state will have access to this system. HCA and AdventHealth are already using this, and our region will pilot this with EM, hospitals and EMS.

**Regional Mass Casualty Planning:** Lynne noted that the August functional drill will be held on Friday, August 13<sup>th</sup>. Lynne will send the plan to Dr. Zuber for review as well as the tabletop after action report. The Plan identifies specific roles and the most critical is the Medical Officer who will make decisions on level of care for patients. This role is designed to be filled by the impacted county EMS medical director. Lynne asked Dr. Zuber if he would play this role in the drill. We have received buy-in from trauma medical directors but not from all EMS medical directors. Dr. McPherson and Dr. Pappas will send out letters to the EMS Medical Directors to encourage participation in the drill.

Lynne said this functional drill will identify one individual as a 'player' for each role and we will invite all others to observe and provide feedback. We are working with the 311 Call Center now. The plan is only for catastrophic events that would overwhelm the region's trauma centers.

**Next Meeting:** Dr. Pappas suggested that we may need to schedule a call with the EMS Medical Directors before the drill.

**Adjourn:** The meeting adjourned at 8:33 am.



## 4-13-21 R5TAB Clinical Leadership Committee

**Participating:** Dr. Traci Bilski, Dr. Ernest Block, Beverly Cook, Lynne Drawdy, Dr. John McPherson, Matt Meyers, Dr. Peter Pappas, Dr. Mark Pessa

**Call to Order:** The meeting was called to order at 8:03 am.

**Review and Approval of Minutes:** Dr. McPherson asked for any discussion/changes to previously submitted minutes. A correction noted on Page 2; the reference to DMAT should be changed to DMEP (Disaster Management Emergency Preparedness). The minutes were approved with the noted change.

### **CFDMC Update:**

- **Corvena Update:** Lynne advised that requests for registrations have been sent to all hospitals, emergency management, public health and EMS agencies; however, many have not yet registered. She reminded the group that this is an 18 month pilot in partnership with Florida Hospital Association to test a communication system that other states have found to meet all stakeholder needs. We hope to utilize this in the upcoming exercises of the trauma plan. The registration process is simple; organizations simply provide the names and email addresses of those who need access to the communication platform. This information should be sent to Lynne.

### **Old Business:**

Dr. McPherson advised that the five trauma protocols have been posted to the website and all include a link for providing feedback. He reminded the group that these will be presented for approval at Thursday's Executive Committee meeting.

### **Regional Trauma Mass Casualty Planning:**

Dr. McPherson provided background information on the development of the draft plan. In early 2020, a large scale bombing event in the Middle East produced a large number of trauma victims. The Trauma Preparedness Committee discussed and agreed that the local trauma system would be quickly overwhelmed in this type of event and that no plan existed on how patients would be coordinated. In September 2020, a tabletop exercise was held with trauma stakeholders. The after action report highlighted the need to develop and exercise a regional trauma coordination plan. Dr. McPherson stated that the Preparedness Committee took the lead on this, supported by the Clinical Leadership Committee. The Coalition shared with the Preparedness Committee a new federal concept called a multi-organization coordination center (MOCC). The MOCC was developed during COVID for coordinating patient distribution during a surge. The Preparedness Committee reviewed the MOCC toolkit and adapted this to create a regional trauma coordination plan.

Dr. McPherson asked for consensus from the Clinical Leadership Committee on the concept so that this can be presented at Thursday's Executive Committee. Following Executive Committee approval, the plan will be sent out for review and comment by all stakeholders. Dr. Bilski explained that the concept is that a clinician is making decisions on distribution and transferring of patients during an incident. The plan shows how this fits into an already established Incident Command System (ICS) and ESF8. Page 3 has a graphic that shows where the Trauma Coordination Center (TCC) sits in the ICS. Highlights of the plan getting patients to the right facility with appropriate resources with a clinician making patient movement and placement decisions. Roles of all stakeholders are defined in the plan. The plan includes appendices such as process flow and forms, which will need to be adapted during the exercise.

Once the plan is approved, the Preparedness Committee will identify individuals to staff the TCC and plan a functional exercise over the summer which will include training. We will also integrate this into the region's full-scale exercise in October 2021. Dr. McPherson stated that the Clinical Leadership Committee will play a key role in securing clinicians as evaluators for the exercise.

Staffing for the TCC includes:

Director - filled by a Region 5 IMT member  
Medical Officer - County EMS medical director  
Call Takers –filled by 311 personnel  
Transfer Coordinator - experienced hospital staff member from non-impacted area  
Transport Coordinator - paramedic supervisor (one from impacted and one from non-impacted county).

In an event which produces a large number of trauma patient, the Incident Command (IC) will activate the TCC. If the Incident Command does not recognize the need, the local trauma center may contact IC and offer the TCC as a critical resource.

The group discussed the need to reach out individually to the county EMS medical directors; Dr. McPherson and Dr. Bilski agreed to do this. All EMS medical directors have been sent the plan. Mark Pessa offered to help as well.

Dr. Bilski stated that she is very excited about this concept, which uses the military concept for coordination of scarce resources. Dr. Pessa agreed and stated the trauma centers have been asking for this. He stated that an exercise would be helpful. Dr. Bilski advised that there will be training in the key roles included in the functional drill in July and then integration into the annual MCI drill.

Dr. McPherson stated that we will need clinicians to assist with evaluation. Lynne advised that the previous annual MCI exercises have focused on medical surge. Although there were typically a few trauma alerts included these were not always recognized or addressed. Dr. Pessa indicated that in the last exercise, communication failures were again an issue; he stated that the ORs were not alerted. It was noted that ORs need to be alerted well in advance and each hospital should set up their Hospital ICS to get all involved. Lynne stated that Corvena will also be tested during the exercise, so it is essential to get the right people registered.

There was consensus from those on the call to move forward, with no objections, to present the draft plan to the Executive Committee. Lynne will send out in advance of the meeting.

Dr. Pappas noted the need to include trauma program managers on the list. Dr. McPherson and Dr. Bilski will ask the trauma medical directors to participate in reaching out to the EMS medical directors to get their buy-in. Lynne will send out an updated Trauma stakeholder list.

**New Business:** There was no new business.

Meeting adjourned at 8:38 am.

Next meeting is June 8, 2021.

## 2-9-21 RTAB Clinical Leadership Committee Minutes

**Welcome:** Dr. Pappas welcomed all and thanked participants for attending.

### **Roll Call:**

Dr. Traci Bilski, Orlando Health

Dr. Block, Osceola Regional

Dr. Curcio, Lawnwood

Lynne Drawdy, CFDMC

Dr. John McPherson, Brevard EMS & Clinical Leadership Committee Chair

Matt Meyers, CFDMC

Dr. Peter Pappas, RTAB Executive Director

**Call to Order:** Dr. McPherson called the meeting to order at 8:03 am.

**Review and Approval of December Minutes:** Dr. Bilski moved to approve the minutes; there was no discussion, and the minutes were approved.

### **Old Business:**

- **Resources for Trauma Guidelines**
- **Pediatric Trauma**
- **TXA in the Field**
- **C-Spine Immobilization**
- **Geriatric Trauma**
- **COVID**

Dr. Pappas stated that the Executive Committee held a planning meeting last week. Chris Stabile felt as long as it was clear that these are guidelines and not mandates, these will be acceptable to the EMS agencies. Dr. Pappas asked if the Clinical Leadership Committee is ready to bring these to the Executive Committee for a vote today and the group agreed that they were. Lynne suggested that we leave the survey link on the documents to allow for continuous feedback, and the group agreed. Lynne advised that these have been sent to the Executive Committee and we will post these to the website. Dr. Curcio stated that he feels these are a good resource for those who are adding or changing a policy. Dr. Block agreed that these are a helpful resource.

### **New Business**

#### **2021 Goals**

Dr. Pappas stated that the trauma plan for MCIs is a priority, and the Preparedness Committee is taking the lead on this. Those interested in participating in the development of the regional plan may reach out to Dr. Ibrahim or Dr. Bilski. We are also adding additional partners to planning for the MCI exercise, including the National Guard, EMS, and law enforcement. Dr. Bilski stated that the Preparedness Committee met yesterday, and they are looking at a new federal concept called a MOCC (multi-organization coordination center).

Dr. McPherson asked about the Corvena pilot. Lynne explained that the coalition is beginning an 18 month pilot of a new communication and event management software called Corvena. Florida Hospital Association is providing access to the software during the pilot. Dr. McPherson asked if there are meetings with the region's emergency managers, and Lynne advised that they meet quarterly. Dr. McPherson asked if there is a list of MCI equipment for acute care hospitals and Lynne reported that the Preparedness Committee developed this; it was sent to all acute care hospitals in the region and also posted to the website.

Dr. Bilski advised that once the plan is developed, we plan to test it during the regional MCI full-scale exercise, planned for October 21, 2021. She stated that we will need the Clinical Leadership Committee's help in recruiting clinicians as evaluators for the exercise. The coalition will assist in creating the exercise evaluation guides and training evaluators. Lynne will provide an example of an EEG and will research to see if there are any that are clinical.

The group discussed adding aeromedical to the group. Dr. McPherson stated that he has spoken with three of the region's EMS medical directors and will keep them updated. He agreed to reach out to the state EMS.

Dr. Bilski stated that developing the plan and the exercise will take a lot of effort and the Preparedness Committee is meeting more often.

Lynne advised that the Preparedness Committee had talked about rural trauma training for acute care hospitals. Dr. Bilski stated that this may be difficult as hospitals would have to pay staff for the day's training and would have to have a training director. Dr. Curcio stated that there was an ACS DMAT training at Osceola County two years ago, with Dr. Armstrong as the director. He stated that they are in the process of revamping the training. There is some clinical in the course, but it is designed for management. Dr. McPherson asked if there is a DMAT instructor guide. Dr. Block agreed to research the DMAT course.

The group agreed to complete the plan and conduct an exercise which will identify any additional gaps, and the group can then focus on creating those resources.

Lynne will share the after action report from the 2019 exercise. The group discussed the need to encourage EMS to participate. Lynne stated that we can sometimes get EMS to provide an ambulance to simulate bringing patients to the emergency departments, but we need to include EMS in the overall exercise as part of the response system.

Dr. Bilski suggested a focus on geriatric trauma and will bring data to the next meeting.

**Adjourn:** The group adjourned at 8:56 am.

**Next Meeting**      April 13, 2021