

## 2-14-22 RTAB Preparedness Committee Meeting Minutes

Participants: Eric Alberts, Dr. Tracy Bilski, Beverly Cook, Lynne Drawdy, Dr. John McPherson, Matt Meyers, Susan Ono, Dr. Peter Pappas, Rachel Reid, Daniel Warren

The meeting began at 4:05 p.m.

Full-Scale Exercise: Lynne mentioned we will be testing the regional trauma coordination center (RTCC) at this exercise. It has been three years since we have done a full-scale exercise with the hospitals (2020 and 2021 were cancelled due to COVID). Forty-three (43) hospitals participated in the 2019 exercise with over 1500 students entering the hospital system to test medical surge. This year will be more complicated because of federal funding requirements to complete a MRSE exercise with 20% surge, and the integration of the trauma center. Rachel Reid is the lead planner on the exercise. If hospitals do not participate, they have to give a reason per federal requirements. They also have to report the number of staffed beds in five bed types, which is used to calculate the region's 20% surge requirement. In the past, we asked hospitals for the number of patients and the acuity they wanted. With the 20% requirement it is significantly more than in the past. Our purpose is to help the hospitals, so we need to meet their needs. They are still responding to COVID, and staffing is a significant issue.

Lynne proposed the following to meet the federal 20% requirement, test the RTCC and meet hospital needs. First, allow hospitals to request the number of victims they want. We will assign acuity levels (green, yellow and red), based on the scenario. We will pre-stage victim volunteers at each hospital based on their request. The RTCC will start on the morning of the exercise. To test the RTCC and meet the 20% federal surge requirement, we will calculate the 20% surge and put that number through the RTCC process. Where we have a live victim volunteer, already staged at a hospital, we will consider those already placed (as if they had already been transported to the hospital). For the number above those pre-staged at the hospital, the RTCC will determine level of care needed, identify a facility and identify a transportation asset, all simulated with no patient movement. Dr. Bilski agreed with the proposal. Dr. McPherson asked if we have identified hospitals to participate and Lynne stated that we are already working with the hospitals; almost all hospitals in the region will participate. Dr. Pappas agreed this is a good plan. He stated that we had difficulty getting people on board initially and asked how we can maximize participation? Lynne stated that EMS is our primary gap, and we have our two EMS Board members helping with this.

Lynne asked if we are comfortable with using the same players as in the August functional drill? Dr. Bilski said she would prefer to keep the same people and Dr. Pappas agreed. We will need to ask for additional staffing in the transfer and transport roles to handle the numbers. Dr. McPherson said after the August drill it was identified the EMS Medical Director in the impacted county would be on scene and could not fulfil the role of RTCC Medical Officer. Lynne stated that that change was approved by the Clinical Leadership Committee and Executive Committee. She asked Dr. McPherson if he could serve as the Medical Officer for the drill, and he agreed. We plan to stage the RTCC at the Orlando EOC with the SimCell. The group discussed the role of the Medical Officer, which is to identify level of care needed for each patient. The transfer coordinators identify specific bed placements. Lynne stated that when the Juvare pilot is complete, we will have real-time bed availability data, but this will probably not be complete in time for the exercise. on...Matt said that the hospitals will use e-ICS to document HICS and EMResource gives bed availability. Detailed information on the pilot and the Juvare products are on the Coalition website. Lynne will send out the Juvare page link to the group.

Dr. McPherson asked if there will be a meeting with the RTCC players before the exercise and Lynne agreed to schedule a walk through with the players before the exercise. Eric asked Lynne to share this information at Tuesday's trauma meetings.

Meeting was adjourned at 4:33 p.m.