

## 6-13-23 RDSTF-5 Trauma Advisory Board Executive Committee Meeting Minutes

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

**Roll Call:**

Trauma Chair/Orlando Regional/Orlando Health: Dr. Zito, Dr. Plumley, Susan Ono, Courtney Gleaton  
Trauma Co-Chair/Halifax/Halifax Health: Dr. Janeen Jordan, Rachel Hamlett  
Level II Rep/Lake Monroe Hospital/HCA: Not present  
EMS Chair/Martin County (South): Chief Kammel  
EMS Co-Chair/Brevard (North): Not present  
EMS Central Rep/Orange (Central): Dr. Zuver, Dr. Fitpatrick  
County DOH/St. Lucie County: Clint Sperber  
Acute Care Hospital/Sebastian River Medical Center: Not present  
Extended Care/Orlando Health and Rehab: Tino Marco  
Municipal Government/City of Leesburg: Not present  
County Government/Orange: Not present

Six of the eleven voting members were present and a quorum was reached.

**Ex Officio/Stakeholders/Guests Present:**

Danielle Deceseare  
Lynne Drawdy  
Nicole McKee  
Matt Meyers  
Dr. Dustin Nguyen  
Michelle Rud  
Sonny Weisthaupt  
John Wilgis

**Call to Order:** Dr. Zito called the meeting to order.

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

**Executive Director's Report:** Dr. Pappas stated that as the pandemic has ended, he suggested returning to at least one face-to-face meeting each year. He stated that in the past, the meetings were rotated around the district. He suggested that we plan a face-to-face meeting later this year or early next year, and we will explore adding CMEs. He asked for thoughts, and the group agreed.

**CFDMC/RDSTF Update:** Lynne Drawdy provided an update from the recent RDSTF meeting update, including radiation resources available within the region and the emergency management redistricting. This does not impact the Coalition or Regional Trauma Advisory Board boundaries. Clint Sperber provided an update on the June Coalition meeting, held at Indian River State College. Former FEMA Administrator and FDEM Director Craig Fugate spoke with tips on planning and response, there was a hurricane season briefing, a presentation on the Florida First Lady's first responder support program, and Dr. Tim Moore, the Indian River State College President, provided an overview of the college's preparedness initiatives. Lynne provided an update on the April exercise and will send the after-action report to the Executive Committee.

**Florida DOH Trauma Update:** Dr. Pappas advised that FDOH is moving through the process to revise the trauma standards. He stated that FCOT is looking at a pit crew for strokes and will be selecting the new chair at a meeting this week. He stated that the upcoming assessment of trauma service areas will be out by the end of August.

## Committee Updates

**System Support Committee:** Courtney Gleaton advised that Arnold Palmer Children's Hospitals, HCA Lake Monroe, HCA Osceola and Holmes Regional Medical Center were represented on today's call and the group discussed the #1 injury mechanism, falls. Each shared their fall prevention initiatives. Courtney advised that Arnold Palmer has a new trauma program manager, Julie Frey. Dr. Pappas thanked Courtney for leading this group.

**Preparedness Committee:** Michelle Rud reported on Monday's meeting. She stated that attendance was low and asked all trauma programs to please ensure they have a representative at the Preparedness Committee meetings. Dr. Pappas stated that this is an important committee and engagement is very important, as this committee provides a foundation for regional response to major trauma events. Dr. Plumley stated that the pediatric readiness app is going live in a couple of weeks. If you put the child's weight into the app, it gives guidance on equipment, drugs, treatment guidelines, etc. This app will be available to emergency departments. He thanked Sonny Weisthaupt for putting this together. Dr. Pappas asked if it will be available to EMS in the field and Dr. Plumley stated that all healthcare can use this. He will share access to the app when it is ready.

**Clinical Leadership Committee:** Dr. Pappas stated the group is working on improving EMS engagement and will be scheduling a meeting with EMS medical directors in the coming months, and then at least an annual meeting. He stated the group is also looking at pediatric trauma and whole blood adoption in the region.

**Extended Care Committee:** Tino stated the committee's next meeting is at the end of June. They are looking at what markets assist each hospital system, a focus on transition of care, and appropriate placements. They will also ensure they are communicating their capabilities to hospitals.

### Old Business:

**Pediatric Trauma:** Dr. Plumley stated TXA is recommended only for 12 and up. He stated they are waiting for a study due soon regarding efficacy in younger children. There has been some overuse in pre-hospital care.

Dr. Plumley stated that they are working on severe brain injury guidelines and will be getting information on that soon. Some counties would have long ground transport. Dr. Pappas stated that this would be useful information and suggested including this on the website. He emphasized that it is important that Level 2 trauma centers are ready for pediatrics. The grey standards go into effective September 1st.

**Whole Blood Adoption:** Dr. Pappas asked which trauma centers are using whole blood. Dr. Plumley stated they have been using whole blood for six months for ages 1 and up. He noted that some hospitals only use for males due to RH issues, but they have a process in place to address this. Other hospitals using whole blood are Orlando Health, HCA Osceola, and Halifax. Dr. Pappas asked how we can better share whole blood guidelines. We can put these on the website or have a workshop on whole blood adoption to share best practices. Dr. Zito suggested gathering and sharing guidelines with hospitals and EMS. Susan Ono stated that Suzi Mitchell would be a good contact. He will ask Dr. Curcio to contact the other trauma medical directors to get their buy-in on this. Clint Sperber asked if there is something he can share with the Lawnwood CEO. Dr. Pappas asked if ORMC is publishing data on utilization and outcomes. Dr. Zito stated they are discussing this. Dr. Pappas asked all trauma centers to share their whole blood guidelines.

### Conclusions/Motions:

- Dr. Pappas will schedule a face-to-face meeting in the coming months
- We are working on filling the city government seat in Lake County
- We will publish pediatric and whole blood guidelines
- All trauma centers should participate in the Preparedness Committee

**Next Executive Committee Meeting: August 17, 2023 at 9:30 am**

**Adjournment:** Dr. Zuber moved to adjourn.

## 6-12-23 RDSTF-5 Trauma Advisory Board Clinical Leadership Committee Minutes

**Attending:** Dr. Alicia Buck, Lynne Drawdy, Dr. Desmond Fitzpatrick, Dr. Robert Ford, Dr. John McPherson, Dr. Peter Pappas, Dr. Rick Ricardi, Dr. Joel Rowe

**Call to Order:** Dr. Pappas called the meeting to order and thanked all for attending.

**Review and Approval of Minutes:** The April minutes were previously sent out and no issues were raised.

### **Coalition Updates:**

**April 20<sup>th</sup> Regional Medical Surge Full Scale Exercise:** Lynne reported on the exercise. The scenario was intentional train derailments at multiple locations across the region, resulting in hundreds of casualties, and chemical exposure. Fifty-four (54) hospitals in nine counties participated with more than 2,000 students going into the hospital emergency departments with triage tags and moulage simulating victims. All regional emergency management offices and county health departments participated, along with most of the EMS agencies, the FBI and law enforcement. More than 100 partner agencies supported the exercise.

The draft after action report/improvement plan has been distributed. Regional strengths identified include:

- Hospital Incident Command System (HICS) has improved over previous years
- We exceeded the 20% surge requirement
- We activated the regional burn annex and the Southeastern Regional Burn Surge plan
- Overall, communications improved
- Interactions between emergency operations centers and emergency operations centers to hospitals has improved (COVID has strengthened this)

Regional opportunities identified include:

- Identify what hospitals expect from emergency management and what emergency management expects from hospitals
- Communications (need a regional radio communication plan, including who is on them, what channels, bandwidth for multiple agencies, training)
- EMResource was recently updated and had a new look during the exercise, which was a little confusing. An EMResource Steering Committee is working on best practice guidelines to standardize usage and training.
- Patient decontamination continues to be an issue for most hospitals. Eric Alberts is researching decontamination teams across the nation and will share his findings.
- Mass Fatalities. The regional mass fatality plan doesn't address fatality management at hospitals. We will meet with hospitals, medical examiners and law enforcement to expand the plan and then hold a tabletop exercise.
- Patient tracking. During the initial response phase, most hospitals use paper forms as it slows the process if they start uploading into electronic health records. This is a statewide issue, and we will work with the state and Florida Hospital Association on this issue.
- Family reunification. This remains an issue. The Coalition hosted a meeting on May 31 to review the design for a family reunification exercise. These will be scheduled in each county over the coming months.
- Patient transport and transfers: Transport capacity remains a high priority. We need to continue to build EMS engagement.
- Blood supply issues. We need to engage One Blood. In a future exercise, we need to do timing studies to ensure we are calculating blood usage realistically.

- Communications with Poison Control Centers in a major disaster (calls during the exercise almost brought down their system)
- Free-standing emergency departments. These have limited capacity for medical surge and decontamination. CMS and AHCA have given no direction for the FSEDs. We need to develop a staffing model for this.

**May 17<sup>th</sup> Radiation Surge Tabletop:** Lynne also provided an update on the May 17<sup>th</sup> Radiation Surge tabletop exercise. This was a statewide exercise led by Region 5, with regional breakout groups.

Regional strengths identified included:

- Access to radiation subject matter experts (Region 5 has a nuclear power plant, hospital trained SMEs, FDOH Bureau of Radiation Control, Civil Support Team, and REACTS)
- EMS and hospitals have policies and PPE. EMS and hospital policies include decontamination screening whenever there is an explosion. Hospital personnel train and exercise on decontamination and there are Hazmat Teams in most jurisdictions.
- Many hospitals have clinicians knowledgeable in treating radiation injuries. Region 5 has a Radiation Injury Treatment Network hospital.
- There are disaster behavioral health response plans and response teams to assist in managing the behavioral health consequences of the event.

Regional opportunities identified included:

- Many regional, county, hospital and EMS plans are out of date and the regional radiation surge annex is new and has gaps (e.g., no plan for setting up a community reception center, including location, staffing, equipment and operation). Plans for public messaging are not in place for this type of event.
- Radiation detection devices are inadequate in some areas and in many areas are out of date.
- There is no system for patient tracking and inadequate plans for family reunification.
- There are inadequate decontamination teams for this type of event (both at hospitals and Hazmat teams).

### **Old Business:**

**Orange County Trauma Gray Guidelines:** Dr. Fitzpatrick stated implementation is going well. He noted that crews are having some issues with the head injury guidelines, and they are providing guidance. He stated they are collecting data, and at six months they will present this to the committee. Dr. McPherson asked if TXA for isolated patients is included, and Dr. Fitzpatrick stated not at this time. Dr. McPherson suggested that be addressed and will add that to the agenda for the next meeting. Dr. Zito is an expert in this, and he will ask her to address this for adults. Dr. Fitzpatrick will address ages 5 and older with Dr. Plumley. Dr. Pappas stated data from a large study is expected soon. He stated that the FCOT pediatric trauma section looked at this and came out with a position statement that to hold until that larger study comes out and they will then publish a consensus statement applicable to anywhere in Florida. Dr. Pappas noted that the committee is meeting this week and expects to have something by the October meeting.

### **New Business:**

**EMS Engagement:** Dr. McPherson stated there was a meeting last week on increasing EMS engagement. Multiple ideas were shared. He shared that the plan is to have the EMS medical directors meet to formulate a plan. They discussed sharing protocols and other ideas to engage EMS. Dr. Zuber stated that there was a quarterly regional EMS medical directors meeting prior to COVID. He will reach out to gather contacts and

schedule a Zoom meeting with an open forum. Dr. Pappas asked how we can support Dr. Zuver in this. Dr. Zuver asked for contact information for the medical directors in Indian River, St. Lucie and Martin Counties. Lynne will provide that information. Dr. Zuver agreed to reach out individually to the EMS medical directors to make sure they understand the purpose of this meeting. The meeting will be limited to medical directors and associate medical directors. Dr. McPherson asked about inviting EMS medical directors from outside our region to attend as they might be a good resource. The group agreed to limit the initial meeting to Region 5 participants but expand at subsequent meetings.

**Whole Blood Adoption:** Dr. Pappas suggested a survey to see who is using whole blood. He stated that Chief Kammel put together a resource packet for whole blood adoption.

**Next Meeting:** August 14<sup>th</sup>.

The meeting adjourned at 3:39 pm

## 6-12-23 RTAB Preparedness Committee

**Participating:** Eric Alberts, Lynne Drawdy, Matt Meyers, Michelle Rud

The group discussed the need to ensure EMS in all counties within the region are using EMResource. We need to promote what a valuable tool this is, how it helps hospitals prepare, and how it improves patient care.

Michelle Rud stated that there has been a change at HCA, Kim Wright is no longer the director and Michelle will send Lynne the contact information for the new director.

Eric will send the information on the new Arnold Palmer Hospital trauma manager

Lynne reminded the group there are two items pending:

- 1) Education on RTCC (a PowerPoint was drafted and we identified individuals to present)
- 2) Triage – military vs. civilian. Michelle stated that all use either START or JumpSTART and she is not sure if they would be willing to change. Eric suggested that we hold until after the Israeli presentation at the December conference. We can then decide if we want to ask Dr. Zito if she wants to take this to the clinical leadership committee.

Lynne has sent out the April regional full scale medical surge after action report. This demonstrated the group's work in helping non-trauma centers prepare to handle trauma and burn cases.

The group discussed engagement by Preparedness Committee members. They reviewed the committee membership. Michelle agreed to present the committee update at Tuesday's Executive Committee call and to solicit members. We need trauma clinicians and representatives from HCA Lake Monroe, HCA Lawnwood and Holmes.

## 6-13-23 RTAB System Support Committee

Attending: Lynne Drawdy, Courtney Gleaton, Ingrid Londono, Nichole McKee, Mandy Robinson, Kristin Shinner

Courtney welcomed the group. Nichole introduced Mandy Robinson. Courtney advised that attendance has been low over the past few meetings.

Courtney stated that she would like the group to set some common goals. Following the last meeting, a survey was sent out to the trauma centers to identify the top three injury mechanisms. Across all trauma centers, falls was the #1 injury mechanism and motor vehicle crashes were #2. The third differed among the centers. Courtney asked for the group's thoughts. Mandy stated that she has only been in this job for two months, but falls is a big issue. She is working with other departments, such as physicians and rehab. They are starting a new class next week on balance and fall prevention for 25 seniors. They sent out invitations to those age 65 or older who are a fall risk or have already experienced a fall.

Kristin Shinner shared her falls program; they are doing something similar in-house. She stated that some communities have paramedicine programs and suggested partnering with them. They can provide services such as home safety checks, and they can help patients apply what you teach them. She stated they will follow-up to ensure patients are fully educated and will follow them to see if they are re-admitted, which shows impact. She stated that they had one patient who fell every morning when getting out of bed. The paramedics visited and found that his bed frame was broken, tilting and causing the falls. They got him a new bed frame and he has not been re-admitted since. They can code these visits and get paid without charging the patients. She stated that she has contact information and can provide information on their meetings. Courtney stated this is a great research project. Kristin stated that they are working on a pilot study and hope to publish this.

Ingrid Londono stated that she is learning from the others. They are also working on falls prevention program, using CDC materials, such as the self-assessment. They had a program from October through January, then they stopped for their survey and the director left. Falls are their #1 injury mechanism and she is working to get buy-in on the program from nurses and physicians. Kristin stated that she has had challenges in getting buy-in from nurses due to high turnover and that she has found better buy-in from working with the charge nurses. She stated that they had a trauma booklet printed with information on the falls program and they have the chaplains provide this to patients in the welcome package. Kristin stated that if you do not have chaplains, you can use case managers. Ingrid stated that she is concerned that a lot of the information provided goes into the trash and she will try to engage case managers and will also look at partnering with the paramedicine program. She stated that with all the different duties nurses have, they are reluctant to take on more. Courtney stated that they do this as part of the admission process, using Epic. Kristin stated that they also do a safety check upon admission and at every shift change. The nurses do this. She stated that she can show where this is in the electronic health records and that nurses are required to complete this. Ingrid stated that the assessment they do is much more comprehensive and allows them to provide specific resources, such as low or no-cost home improvements. Courtney also suggested asking case management to walk through the discharge assessment.

Courtney stated that they are having difficulty with pediatric falls; parents feel like children are always going to fall. Kristin stated that they are working with schools on playgrounds and equipment. Courtney stated that Arnold Palmer got a grant to put up fall prevention signs in playgrounds but there was no mechanism for tracking impact. There is a pediatric injury prevention conference coming up and she will look for ideas there. Ingrid will send Courtney information on their child injury prevention program.

Courtney asked if the group was interested in a quarterly or annual face-to-face meeting. All agreed to meet quarterly. In the past they have rotated meetings at different hospitals, and all agreed to continue that. Courtney will work out a schedule and send this out. The group will continue to focus on falls and look at motor vehicle crashes. Ingrid said there is a motor vehicle crash coalition meeting on June 20 and 21, targeting teens. She will send that information out to the group.