

2-10-26 RDSTF-5 Trauma Advisory Board Executive Committee Meeting Minutes

Roll Call:

Trauma Chair – Orlando Regional/Orlando Health: Dr. Tracy Zito

Trauma Co-Chair – Halifax/Halifax Health: Rachael Hamlett

Level II Rep – Lake Monroe Hospital/HCA: Rick Ricardi

EMS Chair – Martin County (South):

EMS Co-Chair – Brevard (North): Dr. John McPherson

EMS Central Rep – Orange (Central)

County DOH – St. Lucie County

Acute Care Hospital – Nemours: Mallory Danner

Extended Care: Jeana Swain, Fanley Romelus

Ex Officio

Municipal Government – City of Palm Bay

County Government – Orange

FCOT, AFTC, EMSAC, FHA

Six of nine voting members were represented for a quorum.

Trauma Stakeholders Present:

Alicia Buck

Amanda Freeman

Angelica Sugrim

Ayanna Walker

Beth Boatwright

Bobby Ford

David Rubay, MD FACS

Deborah Collinge

Eddie Brooks

Heather Ouellette

Howard Smith, MD

JJ Henderson, RN

Julie Frey

Kari Ruble

Karissa Perry

Kimberly Waters

Lily Nguyen

Lina Chico

Lynne Drawdy

Michelle Rud

Olive Gaye

Peter A Pappas MD FACS

Reginald Kornegay

Rick Ricardi

Scott Zenoni

Sonny Weishaupt

Susi Mitchell

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

Review and Approval of Minutes: Rachael Hamlett moved to approve the December minutes as submitted and Dr. McPherson seconded the motion. There was no discussion or opposition and the motion passed.

Executive Director's Report:

Update from EMSAC and FTSAC meetings: Dr. Pappas provided updates from the January meetings in Orlando.

- Dr. Pappas stated that EMSAC discussed the EMS Compact and Florida's participation.
- Field Transfusion by EMS: Dr. Pappas stated that whole blood programs received significant attention. The Governor's proposed budget includes \$14 million funding to support EMS agencies developing field transfusion programs, including training and equipment. FCOT and AFTC have partnered in developing and releasing a survey to Florida Trauma Centers on whole blood utilization and whole blood Trauma Center - EMS exchange programs.
- E-bikes: EMSAC discussed e-bike injuries. FCOT and AFTC are partnering on developing a survey for trauma centers for incidence and injury patterns. This is valuable for information to support advocacy for injury prevention and public policy.
- Dr. Pappas stated that there was a discussion regarding RMOCCs. He stated that FDOH recognizes the importance of having rapid and efficient patient distribution plans in place for hurricanes, disasters, and large scale military casualties/

CFDMC/RDSTF Update:

- Lynne provided an update on the April 9th Central Florida MCI Exercise. We confirmed with ASPR that last year's exercise was the largest hospital-based exercise in the nation. She stated that this year, the exercise is even bigger as we are partnering with the Tampa Bay region in the exercise. Many of our hospital systems have hospitals in that region, and it also will help us to address an identified gap in cross-jurisdictional coordination and communication. In our region, all hospitals except one are participating, most full scale with 2,300 students going into the emergency departments as victims, and a few hospitals and free standing emergency departments playing as a tabletop with triage tags only. She stated that four of the nine county emergency management offices are playing full scale and the City of Ocoee EMS will also play full scale. She stated that the planning team includes more than 150 partners. The National Commander of the Civil Support Teams is bringing a group to observe the exercise.
- Trauma/Burn MCI Training: Lynne reported that the training will be held on March 2nd from 1 to 4 pm at the ORMC North Tower Conference Rooms. She thanked Dr. Zito and Dr. Howard Smith for sharing their expertise in this training. We will record and post the training as a just-in-time MCI resource. This training addresses gaps identified in previous exercises, providing acute care hospitals and FSEDs the ability to stabilize and hold higher acuity trauma/burn patients until they can be transferred to a higher level of care in an MCI. Jeana advised there is a flyer with the registration link. Lynne stated this has gone out to all hospitals and FSEDs, encouraging clinical personnel to attend. There are CMEs and CEUs available. The flyer is on the Coalition website. Lynne thanked Jeana and Krista Card for their efforts in pulling this training together. We will submit this training to ASPR as a potential best practice.

DOH Update: Beth Boatwright advised that the Florida Trauma common hours will be held February 25th at 3 pm. A notice will go out this week.

Committee Updates (note: all committee minutes are posted on the Coalition Trauma page at <https://www.centralfladisaster.org/trauma>)

Clinical Leadership Committee: Dr. McPherson stated that the group discussed engagement of EMS medical directors and fire/rescue chiefs. Dr. Zuver will set up a meeting and Dr. McPherson has been contacting the medical directors. The group also discussed whole blood in the field and the RMOCC.

System Support Committee: Lina stated they had a good meeting this morning and each trauma center shared their injury prevention activities, including Stop the Bleed, Best Foot Forward for pedestrian safety, falls prevention, and helmet safety in schools. The Arnold Palmer Hospital child passenger safety program has been extended to surrounding counties. The committee plans to share and promote initiatives related to Stop The Bleed at the April meeting, in preparation for the national Stop the Bleed Day on May 21st.

Extended Care Committee: Lynne stated the committee had a great initial meeting yesterday. Jeana reported that the group introduced themselves, reviewed the committee purpose and background of the trauma advisory board and committees. They discussed common issues, including Medicaid reimbursement, limited availability of higher acuity beds, issues in obtaining insurance approval for inpatient admissions, and the need to develop and share a resource list and tools. The group also agreed to a bi-monthly meeting schedule.

Adjourn: Rachael Hamlett moved to adjourn and Dr. Smith seconded the motion.

Next Executive Committee Meeting

April 14, 2026

2-9-26 RDSTF-5 Trauma Advisory Board Clinical Leadership Committee Minutes

Participants: See list below

Review and Approval of Minutes: Dr. McPherson asked if there were any additions to minutes. Dr. Rubay made a motion to approve and Dr. Zenoni seconded the motion. There were no objections and the motion carried.

CFDMC Update

- **April 9th MCI Exercise:** Lynne reported that planning was underway for the April 9th mass casualty exercise. She advised that she confirmed with ASPR that our exercise is the largest hospital-based exercise in the nation. This year, Region 4 (the Tampa Bay region) is participating in the exercise along with our region. Many of our hospital systems have hospitals in Region 4. It is an exciting and aggressive scenario. The FBI helps us to plan this. All but one hospital in the region is participating, most full-scale with 2300 victims, well in excess of the federal surge targets. A few hospitals and free standing emergency departments (FSEDs) are playing as a tabletop with triage tags only. There is a planning team with over 150 participants steering this exercise.
- **Trauma Burn MCI Training March 2:** Lynne thanked the workgroup for putting together this training. This training is in response to gaps identified in previous exercises and will prepare acute care hospitals and FSEDs to stabilize and hold higher acuity trauma and burn patients in an MCI until they can be transferred to a higher level of care. Dr. Zito from ORMC and Dr. Smith from the Warden Burn Center are the instructors. The training will be held the afternoon of March 2nd and is available in person and via Zoom. We will video and post this as a just-in-time resource in an MCI. Lynne advised that this has gone out to hospitals and FSEDs across the region. There are CMEs and CEUs available and she asked the flyer be shared with clinical staff.

EMSAC and FTSAC Update: Dr. Pappas stated that the EMS Advisory Council and the Florida Trauma System Advisory Council met in mid-January in Orlando. The EMSAC discussed joining the national EMS providers compact. He encouraged EMS Medical Director and Chiefs to be aware of this. Dr. Pappas stated that e-bike injuries, both adult and pediatric have seen a significant increase. Florida Committee on Trauma and the trauma program directors are working on a survey to send out to trauma centers to gain situational awareness on the increases in events and severity of injuries. They are also working with DOH and EMS agencies to better categorize these to prepare for potential legislation re oversight of these. There are some bills underway and this will be an ongoing issue and he is pleased to see that there is recognition about this new issue. There is \$14 to \$16 million in the Governor's budget to support whole blood in the field, including developing exchange programs. FCOT sent out a survey about trauma centers participating in these programs. He encouraged trauma centers to fill these out. Data will be shared with FDOH and FTSAC. A letter has gone out supporting these programs. EMSAC and FCOT are advocating for the FTSAC seats to be filled by the Governor's Office. He is also trying to encourage all of these groups to jointly meet at least once per year. Dr. McPherson asked about RMOCCs. Dr. Pappas said that FDOH wants to see these and stated that Region 5 is ahead of the pack in many ways but all need a process that is trained and exercise to distribute large number of patients. Dr. Zito is championing this effort in our region. Lynne stated that she believes we will begin to work on this immediately following the exercise.

Old Business

- **EMS engagement:** Dr. McPherson stated that he has spoken with the EMS medical directors in Martin and St. Lucie Counties about participating in this group, and he feels moving toward a conference call as Dr. Zuver suggested is something we should achieve this quarter. He also encouraged them to share this meeting invitation with their chiefs.
- Dr. Pappas reminded all about Tuesday's Executive Committee meeting.

Next Meeting: April 13, 2026

Participants:

Dr. Ayanna Baker
Dr. Bobby Ford
Dr. Christian Zuver
Dr. David Rubay
Dr. Desmond Fitzpatrick
Dr. John McPherson
Lynne Drawdy
Matt Meyers
Dr. Peter A Pappas
Rick Ricardi

2-10-26 Trauma System Support Committee Minutes

Participants: Lina Chico, Lynne Drawdy, JJ Henderson, Jess Henwood, Jasmine Webb

Welcome: Lina welcomed all and said that today we will have updates and talk about goals for the committee.

Updates:

- **Holmes:** Jess Henwood stated that they have been very busy and are getting a lot of response from the community. They are teaching Stop the Bleed (STB) with Brevard County schools. They did a skills day for students who took the course last month and their retention was phenomenal. She is posting a STB instructor course to increase these classes. She is hearing from teachers and coaches that they want this. Lina asked how she did this with the schools. She stated that she went to the School Board and they sent out a letter to the teachers, and the teachers who are interested reach out to her. She did with CTE classes who are preparing to be paramedics. She did one in Palm Bay with 911 dispatchers and law enforcement. She feels she is reaching a wide group. She promotes this as not just a mass casualty, but any type of instances, including yourself. She is teaching STB and falls prevention at her sister hospitals once a month and is scheduled out through December. They are also working in the community with Be Seen, Be Safe program, and have handed out 4,000 safety lights in 2026; 2,100 went to a recent marathon and she has done other events at Kennedy Space Center and the Brevard Zoo. Lina asked where the funding for lights come from? Jess stated that it is from the hospital foundation. The falls prevention is also gaining ground and taught a class recently with the largest attendance yet. The hospital is putting this course in the cardiovascular treatment plans. She has an OT and PT who comes with her to show them exercises. Lina asked what course she uses? Jess stated that it is specific course from Things First and is very well laid out and inclusive. Lina asked if these programs correlate with the top three mechanisms? Jess said that falls represent 51% of their traumas. Jess stated they also kicked off Trauma Survivor Day. Jess stated that starting in March they will have more pedestrian safety events. She had one event at a dangerous intersection with a trauma surgeon at the event. She said she has an amazing team to support these.
- **ORMC:** Lina reported for Sheryl. She has scheduled eight STB classes at their hospital for security new hires. She has been training groups at UCF and will do a second year with the American Legion motorcycle group. She is getting requests from Valencia School of Nursing and FAMU. She is doing falls prevention classes and will be starting back up with teen safe driver at local high schools. For Best Foot Forward she is waiting for the new information to come out. Lina will assist with these events in multiple counties. They just wrapped up their burn awareness week with 300 participants and created a burn workplace prevention social media video.
- **Arnold Palmer:** Lina stated that pedestrian safety group has grown to include EMS and other injury prevention friends. The car seat program is up and running. They have expanded services from the grant to Brevard, Lake and Osceola and is working with Satellite Fire Department and Kissimmee Fire Departments. They recently received funding to do a helmet campaign and

helmets. They are seeing an uptick in e-bikes and scooters and those without helmets with serious injuries. Jess stated that they are also seeing that in Brevard. Lina stated that falls is number one and they can dig into the data to identify specific issues. They are partnering with the public library re injury prevention called Mini Mischief Makers, and they break it out into different age groups. They are looking at how to get into the schools for e-bike and scooter and helmet education.

- **Statewide STB:** Lynne stated that we are still waiting for the funding from Florida Division of Emergency Management.
- **HCA Lawnwood:** JJ stated that she is working with Jim Dodd to include STB in all law enforcement classes and hopes to extend this into EMT and paramedic classes. All agreed that this is a good idea.
- **FDOH:** Jasmine stated that she is trying to get injury prevention training to the local health departments so this is available in each county. The next one will be child passenger safety and car seat training and she is planning on partnering with other partners. She wants to get STB training. She is planning to do a survey to see where there are gaps. Lina said let us know how we can support you.

Next Meeting: Lina suggested that at the April meeting, each participant present their top injury mechanisms. Lynne suggested looking at 2026 national recognition days, like Stop the Bleed, etc. and see if we can share programs and resources. May 21st is Stop the Bleed and we could do a Central Florida promotion. All agreed to bring their STB activities to the April meeting. JJ said that HCA is doing a lot that day, such as blood drives, playing the videos, setting up skills stations, etc.

2-9-26 Trauma Extended Care Committee Minutes

Participants: Lynne Drawdy (Central Florida Disaster Medical Coalition/CFDMC), Matt Meyers (CFDMC), Fanley Romelus (Orlando Health – Health Central Park), Annette Seabrook (Orlando Health Advanced Rehabilitation Institute), Kimberly Waters (HCA Rehabilitation Services)

Welcome/Introductions: Annette welcomed all present and thanked them for participating. Each participant introduced him/herself. She stated that we are continuing to identify participants across the continuum of care. Annette reported that we invited representatives of skilled nursing facilities, inpatient rehabilitation and home health. She stated that her goal for this meeting was to get to know each other, understand the history of how we got here, set a vision for moving forward, and establish a meeting schedule.

Background: Lynne stated that Florida has a couple of formal trauma agencies. Nine years ago, the Florida Department of Health had a vision to create a trauma agency in every part of the state. FDOH asked CFDMC to pilot development of a regional trauma agency. Dr. Peter Pappas, a local trauma surgeon, was the champion. Dr. Pappas is the Florida Committee on Trauma Chair. We had an initial kick-off meeting with all the trauma centers and stakeholders in 2017 in St. Lucie County. They reviewed the trauma center legislation and realized that it was very heavy on mandates and requirements. The stakeholders developed a trauma agency plan for FDOH but agreed that they did not want to create a formal trauma agency. Instead, they created the Region 5 Trauma Advisory Board, a collaborative that provides a forum for best practices designed to improve the trauma system. The Advisory board includes:

- an Executive Committee, with nine voting membership of the group
- the Clinical Leadership Committee, comprised of trauma center and county EMS medical directors. They have developed several best practice guidelines and are focused this year on spreading implementation of whole blood in the field programs across the region, and creation of a regional medical operations coordination center (RMOCC) to load balance patients in an MCI
- the Preparedness Committee, which has just sunset and was absorbed by the Coalition MCI planning team and the Clinical Leadership committee. This committee developed the original trauma coordination plan (the beginning step in the RMOCC), shared a free standing emergency department best practice guideline and spearheaded trauma/burn training for clinicians to allow acute care hospitals and free standing emergency departments to stabilize and treat higher acuity burn and trauma patients in an MCI until they can be transferred to a trauma or burn center.
- The System Support Committee is comprised of trauma center and health department injury prevention coordinators. They review data re trauma injuries to determine where to focus injury prevention efforts. They have had a big push for Stop the Bleed and are now looking at e-bike injuries.
- the Extended Care Committee has had several iterations but has not yet fully developed. Annette asked what the committee has accomplished in the past. There have been a few meetings but no real work or goals.

Lynne advised that the Extended Care Committee's purpose is to ensure optimal care for trauma patients after discharge from hospital for maximum return of function & quality of life. Lynne stated that the

committee can use the purpose statements to identify one of two goals or focus areas. Annette is a voting member on the Executive Committee and can also engage the trauma stakeholders for support.

Lynne advised that information on the Trauma Advisory Board and committees are posted at: www.centralfladisaster.org/trauma

Annette asked if the trauma agency pilot was rolled out across the state and if there are other extended care committees that we can reach out to. Lynne advised that the pilot did not spread and the priority shifted. There are a couple of trauma agencies and she will be meeting with them later this week and can ask if there are other extended care committees. Annette asked what counties are in our region. Lynne stated that this is Volusia, Lake, Seminole, Orange, Ocala, Brevard, Indian River, St. Lucie and Martin. Annette stated that we invited representatives from these counties. She asked how other committees identified and engaged committee members. Lynne stated that each committee identifies targeted groups. She stated that she would share the trauma stakeholder/committee list. She stated that many of the committees do not have huge turnouts but they have continued to achieve impressive results with small groups. Kimberly stated that she had belonged to a similar group in the past but although they shared what they were doing, there was no concrete action and she feels that having action would provide value. Lynne stated that sharing your own issues might lead the group to identify common goals. Fanley asked if there were any data or metrics re post-acute care. Lynne stated that there is a quality improvement committee under Trauma and she will research if there are any post-acute metrics.

Discussion re Potential Issues/Goals: Annette stated that Medicaid reimbursement is an issue. Kimberly stated that support from trauma providers in importance of getting patients resources they need and working together peer to peer, such as the authorization process for admission. Kimberly stated that another issue is sharing best practices. Annette agreed that there are opportunities for the admission process and feels that one of the challenges is the multiple levels of care. She stated there is a limited number of facilities that will take higher acuity patients. Fanley stated that they are building this now, with 10 of the 70 beds designed for high acuity, accepting trach/vent patients, etc. They are in the accreditation process and will be accepting patients soon. Annette said these types of facilities are in short supply. Lynne stated that identifying these resources might be a potential goal. Kimberly agreed and stated that a list of all the community resources for patients would be invaluable. Annette asked if the other committees subdivided the trauma patients such as burn, brain injuries, etc. Lynne stated that this has been limited. Annette asked how the work is done. Lynne stated that the committee typically identifies the actions needed and reports back to and requests resources to the Trauma Advisory Board Executive Committee. Annette asked if we should ask the trauma centers their challenges in getting patients to post-acute care. Kimberly said yes, insurance is a big problem but we can ask them what this committee can do for them. She suggested providing templates/tools on navigating insurance.

Annette asked what leverage the Trauma Advisory Board have with government in coverage. Lynne stated that Dr. Pappas and others are represented on the Florida Committee on Trauma and the Florida Trauma Advisory Council. The Florida Department of Trauma is a trauma stakeholder and they provide updates to

our group. For example, there is a proposed change to the Florida red light bill that might negatively impact funding for trauma centers. This committee can raise those issues to the Executive Committee to be shared with those two statewide committees.

Future Meetings: The group agreed to continue to meet at this day/time every other month

Next Steps:

- Committee members will let Annette know of any additional committee members to invite
- Lynne will send out minutes and will share the trauma stakeholder/committee list
- Lynne will ask the Florida trauma agency group if there are other extended care committees in the state, and if there are any post-acute metrics
- Annette asked the committee to send any questions for the trauma centers. She will work with Lynne on a survey of the trauma centers. She asked members to provide input on this. We will present this survey at the April meeting before it is sent out. Until that data is available, we can look at best practices/resources
- Lynne will send calendar invitations for the rest of the year