

7-7-20 RDSTF5 Trauma Advisory Board Clinical Leadership Committee Virtual Town Hall

Attendees: Dr. Traci Bilski, Dr. Ernest Block, Commissioner Elise Dennison, Lynne Drawdy, Dr. Edgar Figueroa, Dave Freeman, Dr. John McPherson, Dr. Peter Pappas, Dr. Andrew Skattum, Dr. Hezedean Smith, Melissa Smith, Gaylen Tips, Tina Wallace, Kimberly Wright

Welcome: Dr. Pappas welcomed all and thanked all for participating. Purpose is to hear about the exciting work of CLC. Provided some guidelines as a resource for all on hot topics. RTAB is a completely voluntary and grass-roots efforts. Come together and share wisdom to benefit trauma systems

Call to Order: Dr. McPherson called the meeting to order and recapped what the Clinical Leadership Committee has accomplished to date. He stated their task was to develop protocols that would benefit the region if generalized.

Draft Protocols: Dr. McPherson stated that the committee tackled first those that were controversial or where there were issues that there was interest in standardizing. These included pediatric trauma guidelines, TXA used by EMS, spinal immobilization, and geriatric head trauma on anticoagulants. The committee researched and provided drafts for review and input.

Dr. Traci Bilski stated that these protocols are not mandates and no one must adopt these. The purpose was to create a clearinghouse with resources, and these guidelines can be used or modified. These are researched, evidence-based and vetted, and can be used by EMS or hospitals.

Dr. McPherson stated that he will send out updated documents with the references included for discussion at the next Executive Committee meeting on August 18. Dr. Bilski encouraged questions or feedback. Dr. Block asked if these gain consensus and are used as a resource and guidelines, do we have a process for capturing experience or feedback? Dr. McPherson stated that is the purpose of the Clinical Leadership Committee, which is supported by the Coalition. Lynne stated that we can set up a survey link for feedback and include it on the documents. Dr. Dean suggested that we capture ease of implementation and if the protocol is measurable. Dr. Bilski stated that it might be difficult to evaluate as these will be locally implemented.

New Business:

Regional Imaging Resources for Patients of Larger Dimensions: Dr. Skattum brought up the issue of problems imaging large patients, and CTs limited by girth or weight. He asked if others have this problem or any solutions? He asked if we need to identify a facility and develop transport protocols. Dr. Skattum asked if any of the hospitals in Central Florida can scan a patient over 350 pounds? Dr. Figueroa stated that he has not seen this as a problem, and they do bariatrics in Viera with open scanners; and Holmes can scan up to 450 pounds. Dr. Dean stated that he does not believe there are any barriers at ORMC. Dr. McPherson will ask each of the counties and report back at next meeting. Dr. Skattum stated that would be helpful as right now the assumption is that it can't be done. Lynne will send out a request to the hospitals and EMS requesting this information.

Testing: Dr. McPherson expressed concern re testing with flu season coming up and a spike in COVID. Right now, PCR studies are the standard? There is an FDA emergency use authorization for mini rapid point of care tests; the devices cost about \$300-\$400 and tests are \$20 and with a result in 30 minutes. He asked if an update on availability of testing/turnout time on results be helpful? Dr. Figueroa stated that are also questions regarding the validity of the tests. With many false negatives, they are treating everyone as if COVID positive and minimizing contact. Dr. McPherson said he is looking at potential for rapid test with high specificity. Dr. Pappas agreed and stated that COVID is not going away and this could be a discussion at the next Clinical Leadership Committee call.

Closing:

Dr. McPherson raised the issue of permissive hypotension in hemorrhagic patients receiving fluids by EMS. These need guidance from the trauma centers. Dr. Bilski stated that these patients shouldn't be getting a lot of fluid. She asked if

there was any new literature challenging this. Dr. McPherson stated that this may require re-education. Dr. Dean stated their protocol states a maximum of two liters. Dr. Pappas stated that we can ask the EMS directors to share their protocols.

Dr. Bilski thanked all for participating. She asked if anyone has questions or needs clarification on the protocols to please reach out. Dr. McPherson stated that the Clinical Leadership Committee wants to be a clearinghouse for information/resources, such as the bariatric issue. Dr. Pappas reminded all that anyone can call for a meeting to discuss an issue. He thanked Dr. McPherson and Dr. Bilski for their leadership.

The meeting adjourned at 10:46 am.