Region 5 Trauma Preparedness Committee Call
Tuesday, May 14, 2019

Participating: Dr. Ibrahim, Dr. John McPherson, Dr. Tracy Bilski, Michelle Rudd from Osceola Regional, Matt Myers, Andrew Watts from FDLE, Lynne Drawdy, Catherine Billen (introduced)

Lynne welcomed group and reported there were two issues from the last meeting:

- Review AAR
- Update Matt Myers on communications.

Matt stated he would like to set up a GoToMeeting next month for a formal presentation on communications. He discussed the current communication avenues. First, each county establishes a county warning point. This is the collection point for what's going on and is transferred up to state as appropriate. Information is usually received through dispatch centers. Secondly, several counties have been using EMResource which connects dispatch, EMS and hospitals. Third method is ESS established by state AHCA, which reports bed availability at hospitals. This method is new as it took over for FLHealthSTAT which has been discontinued. The coalitions have been working with AHCA to improve the view at local and regional level with ESS. Still remaining gaps. Information from state does not flow down for awareness level.

Lynne discussed the draft coalition operations plan, which outlines a framework we can use to build better communication processes.

Dr. Ibrahim discussed having looked at this across the country, and mentioned nobody has it right, but this gave him a better understanding of what we are trying to build. He's been struggling to understand what all the groups do (RDSTF, trauma advisory board, coalition). He then questioned, "What is EMREsource used for, and what are its pros and cons? Matt explained that this is used in Orange County for hazmat alerts, trauma alerts, alerts for mass casualty incidents, allows the dispatch center to alert the hospitals and identify what type of incidents are coming their way. This system is not as useful in rural counties with one or two hospitals. The big issue is its cost. In times past, grant funds have paid for and all had access. Once grant funding dried up, Orange County paid for it to continue. This system shows bed availability across hospitals by bed type. ESS system – shows bed availability, but no alerts. Could EMResource provide all those needs or is there something that could provide all those needs? Don't know whether EMResource can share data with AHCA to meet their requirements.

A question was raised as to what southern counties use for their trauma alerts? Phone calls and radios still being utilized which is not so reliable, but they don't have the volume. In order to get across the region, funding would have to be identified and education provided. EMS and hospitals agree.

Dr. Ibrahim looked at trauma centers on the south end, in Lawnwood and Osceola Regional, for example. Downstream EMResource is a good way to look at PI. How can we make things better? This issue will be brought to Trauma Advisory Council for input. Orange, Seminole, Osceola

and Lake Counties already utilizing. These hospitals have access, but not all EMS utilize. Lake County, for example.

Dr. McPherson asked if there was someone he can speak with? Lynne answered that she will forward Todd Stalbaums' contact information.

Dr. Ibrahim mentioned having seen multiple mass casualties here in Florida, and all may now be more willing to see the value.

Matt will give a presentation on communications at the Trauma face to face meeting on June 25, including EMResource pricing and data integration.

Dr. Ibrahim stated this is very helpful and thanked Matt.

Dr. Ibrahim discussed the after-action report on April 11th from 8-12. Reviewed the simulation of suspects attacks on multiple locations, multiple explosions, ricin poisoning, and shooting.

Group discussed the Infrastructure, mainly the traffic congestion where 40 agencies involved, FBI, State, hospitals, municipals, schools.
Exercise went well. Most facilities set up Incident Command quickly. Having traveled around the country, Dr. Ibrahim found that some have not utilized IC as much. They have learned that you need to use this, they just don't utilize it during a disaster except when ER is full. This is being practiced on a regular basis. Decontamination, family assistance, and HICS communications all went well.

Opportunities for improvement:
ED communicating with handsfree device, and or radios. The use of an app called Zello app was suggested. Idea came from one of the college reviewers from UVA. The app turns mobile phones into walkie-talkies. It is can make channels and program groups. Further, the app breaks through, even while on silent. Another benefit is that is saves all messages. Group suggested possibly setting up a channel with all trauma medical directors. Problem arose where PPE ran out due to the number of patients.

Lynne will be sending the regional AAR. Emphasized need for communication across the region.

Dr. Ibrahim asked if others experienced good communications systems?

Tracy mentioned robust systems in other areas. She will research and share with group.

Dr. Ibrahim discussed we may need to look at different meeting times. Due to rounding in the morning this present many challenges. Asked whether we could split meetings up of needed? Later is better – after 3 pm. Going forward, Preparedness Meeting will be moved to the second Monday at 3pm. Group agrees.

Actions:
Lynne will send out AAR to this group.
Tracy: Will look into regional notifications and discuss research with group.