

**4-15-21 Region 5 Trauma Advisory Board  
Executive Committee & General Meeting Minutes**

**Welcome:** Dr. Pappas welcomed and thanked all attending.

**Roll Call:**

Trauma Chair – Orlando Regional/Orlando Health: Eric Alberts, Susan Ono

Trauma Co-Chair – Halifax/Halifax Health: Not present

Level II Rep – Central Florida Regional/HCA: Andrea Gibson

EMS Chair – Martin County (South): Chief Chris Kammel, Chief Chris Stabile

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

EMS Central Rep – Orange (Central): Not present

County DOH – St. Lucie: Clint Sperber

Acute Care Hospital – Sebastian River Medical Center: Rebecca Wilson

Extended Care – Orlando Health and Rehab: Not present

Municipal Government – Commissioner Jimmy Burry, City of Leesburg

County Government – Orange: Not present

7 of the 11 voting members were present, and a quorum was reached.

**Ex Officio:**

Dr. Patricia Byers, FCOT

**Stakeholders/Guests:**

Beverly Cook, CFDMC

Lynne Drawdy, CFDMC

Shaun Marie Hicks

Kelley Jenkins, Lawnwood

Amy Johnson, Advent Health-New Smyrna

Kate Kocovar, Florida Department of Health

Matt Meyers, CFDMC

Gaylen Tips, Holmes Regional Medical Center

Lydia Williams, DOH-St. Lucie

**Call to Order:** The co-chairs from Orlando Health and Martin EMS called the meeting to order. Lynne asked meeting participants for permission to record the meeting for minutes and stated the recording will be destroyed after minutes are completed. There were no objections.

**Review and Approval of Minutes:** A motion was made by Eric Alberts, seconded by Clint Sperber, to approve the February minutes as submitted. There were no objections and the motion carried. As there were not a quorum at the February meeting, the December minutes were not approved. A motion was made by Rebecca Wilson, seconded by Clint Sperber, to approve the December Executive Committee & General Meeting minutes. There were no objections and the motion carried.

**Executive Director's Report:**

Dr. Pappas announced that the Municipal Government Seat has been filled by Commissioner Burry, City of Leesburg in Lake County. The group welcomed Commissioner Burry, and he stated that he is pleased to join and looking forward to learning more about his role.

Dr. Pappas advised that the Trauma Preparedness Committee has been working on a draft regional Trauma Casualty Plan, supported by the Clinical Leadership Committee. He stated that the draft plan will be presented later in today's meeting.

### **CFDMC/RDSTF Update:**

Lynne Drawdy stated that from an RDSTF perspective, the state is kicking off the State Homeland Security Grant funding cycle and The Coalition will participate. Additional updates/activities include:

- The Coalition received approval for an ambu-bus from USASI funding. Matt Meyers is working with a stakeholder committee in developing the bus, and we should have the funding and the vehicle next fall.
- The Florida Hospital Association gave the CFDMC almost half a million dollars and we are working with nursing homes in improving infection control and response at these facilities, offering subject matter expert consultants, training and equipment.
- At the request of hospitals and The Emerging Infectious Disease Collaborative, mental health training is a priority. We are currently offering mental health first aid courses and will send 16 individuals through a train-the-trainer program to sustain this training. She stated that the coalition is working with counties within the region to ensure that all stakeholders understand the plans for medically complex children.
- The Coalition's hospital equipment committee recently updated the minimum hospital readiness equipment list; it was previously focused on chemical events but now addresses all hazards, including infectious diseases. The Coalition is working now to ensure that all hospitals within the region receive the equipment identified.
- A draft infectious disease plan has been created that integrates both the Ebola plan and the pandemic plan. This will be shared with stakeholders.
- She stated that the Coalition is working on a supply chain mitigation strategy, using lessons learned during the pandemic.

**Florida DOH Trauma Update:** Kate Kocevar said things have been very steady from a trauma standpoint and is thankful for stakeholders. Leah Colston has resigned; Michael Leffler served as the interim director and Steve McCoy, who was the EMS chief, has now been selected as the director. Kate stated the office is meeting statutory requirements and have done four trauma virtual surveys which have provided learnings. She thanked stakeholders who participated. She stated that they are looking at developing a hybrid system for future visits. The State Legislature is meeting, and we do not have any legislation that affects trauma. COVID is top priority. Dr. Pappas said he is looking forward to a healthy, productive relationship with Steve McCoy.

### **Stakeholder Spotlight:**

CFDMC Board Chair Eric Alberts provided an overview of the Coalition (see attached presentation). Eric stated that the Coalition sponsors an annual hospital mass casualty drill and this year's drill is planned for October 21. He opened the floor for questions and there were none. Dr. Pappas noted that CFDMC provides a lot of value to the healthcare system in preparing for disasters.

### **Committee Updates**

**System Support Committee:** Matt Meyers stated that the committee members were unavailable today and asked that he report on their behalf. He stated that the group discussed that there has been a significant increase in ATV accidents and a significant increase in drownings with 23 since January 1st. They are putting forth injury prevention efforts with limited face-to-face due to COVID, doing fall and burn prevention efforts and partnering with community groups. May is Trauma Awareness Month. Dr. Pappas also mentioned seeing an increase in ATV crashes as well. Any ideas on injury prevention can be given to this committee.

**Preparedness Committee:** Eric advised that Dr. Bilski was not able to join the meeting today. He gave the committee overview and provided background information on the Region 5 trauma coordination plan. In early 2020, there was a large-scale bombing incident in the middle east producing a lot of trauma victims. Locally we realized hospitals would be quickly overwhelmed and there is no plan of coordinated distribution or transfer of patients. He stated that the committee utilized the federal MOCC (Multi-Organization Coordination Center) concept, developed during COVID, to draft the regional trauma coordination plan. The Preparedness Committee shared the draft plan with the Clinical Leadership Committee who approved the concept. The Preparedness Committee send out the draft plan to all trauma stakeholders and asked for Executive Committee approval to proceed with gathering input on the plan, planning a functional drill over the summer, and integrating the plan into the fall full-scale mass casualty drill.

**Clinical Leadership Committee (CLC):** Dr. McPherson said the committee met and reminded stakeholders that the committee developed five trauma protocols as best practice guidelines. These are posted on the Coalition Trauma page and have been previously distributed to trauma stakeholders. These include pediatric trauma, geriatric head injuries, management of COVID19 patients, spinal immobilizations and use of TXA in the field. He asked the Executive Committee for approval of these guidelines. At their meeting this week, they also came to consensus on the draft trauma coordination plan and will be working to engage the EMS medical directors in the plan. They will also work with the Preparedness Committee on evaluation of the exercises.

**Extended Care Ad Hoc Committee Update:** Dr. Pappas reported for Tino Manco. Tino has sent out invitations to recruit committee members from extended care sector. They are about a year behind due to COVID. They are asking for a motion to extend period for a year for the Ad Hoc Committee beginning April 2021. Dr. McPherson made a motion to extend committee's activities to 2021, was seconded by Rebecca Wilson with no opposition.

#### **Old Business:**

**Approval of Trauma Protocols:** Dr. Pappas asked for a motion to approve the five trauma protocols submitted by the Clinical Leadership Team. He stated that these have been posted for more than 90 days and all contain a link for providing feedback. Rebecca Wilson moved to approve the protocols and a second was made; there was no discussion or opposition and the motion carried.

**Regional Trauma Casualty Plan:** Dr. Pappas asked that the draft plan include a 30-day period for review and input and asked that the Preparedness Committee hold a workshop to allow questions and comments. Dr. McPherson emphasized t that the Clinical Leadership Committee will also reach out and engage EMS medical directors in the plan. Lynne advised that we will be submitting an abstract presenting the plan at the December National Healthcare Conference in Orlando. Dr. McPherson made a motion that the Executive Committee approve putting the plan out for review and comment by stakeholders and post on the Coalition website trauma page; Rebecca Wilson seconded the motion. The group discussed the need to have Corvena operational if we are going to test that during the exercise. Lynne stated that we are registering hospitals, EMS and other stakeholders. Juvare has bought Corvena and may be renaming it. Juvare owns WebEOC and EMResources which will make this platform even more robust. Dr. Pappas said following stakeholder workshop and the 30-day review, the plan will be finalized at the June meeting.

**New Business:**

Chief Stabile said he will no longer be able to serve on the Advisory Board as he has retired early. He stated that he was also the Vice Chair for the Coalition and will vacate that seat as both will be better served with someone actively involved in EMS. He nominated Chief Chris Kammel, the EMS Chief in Martin County, to take his place in both roles. He stated that the Coalition will vote on this at the April Board Retreat. Dr. Pappas noted that the new Chief will be automatically accepted considering our by-laws. Dr. Pappas thanked Chief Stabile for his contributions to the Trauma Advisory Board and wished him well. Chief Stabile said serving on the committees gave him a different perspective and was an educational experience for him. He stated that he is looking forward to continuing as a member of the Coalition. Eric also thanked Chief Stabile for his contributions to the Coalition.

**Adjourn:** A motion was made and seconded and the meeting was adjourned at 10:49 am.

**Next Executive Committee Call**

**June 8, 2021**

**Next General Meeting**

**August 12, 2021**

## 4-13-21 R5TAB Clinical Leadership Committee

**Participating:** Dr. Traci Bilski, Dr. Ernest Block, Beverly Cook, Lynne Drawdy, Dr. John McPherson, Matt Meyers, Dr. Peter Pappas, Dr. Mark Pessa

**Call to Order:** The meeting was called to order at 8:03 am.

**Review and Approval of Minutes:** Dr. McPherson asked for any discussion/changes to previously submitted minutes. A correction noted on Page 2; the reference to DMAT should be changed to DMEP (Disaster Management Emergency Preparedness). The minutes were approved with the noted change.

### **CFDMC Update:**

- **Corvena Update:** Lynne advised that requests for registrations have been sent to all hospitals, emergency management, public health and EMS agencies; however, many have not yet registered. She reminded the group that this is an 18 month pilot in partnership with Florida Hospital Association to test a communication system that other states have found to meet all stakeholder needs. We hope to utilize this in the upcoming exercises of the trauma plan. The registration process is simple; organizations simply provide the names and email addresses of those who need access to the communication platform. This information should be sent to Lynne.

### **Old Business:**

Dr. McPherson advised that the five trauma protocols have been posted to the website and all include a link for providing feedback. He reminded the group that these will be presented for approval at Thursday's Executive Committee meeting.

### **Regional Trauma Mass Casualty Planning:**

Dr. McPherson provided background information on the development of the draft plan. In early 2020, a large scale bombing event in the Middle East produced a large number of trauma victims. The Trauma Preparedness Committee discussed and agreed that the local trauma system would be quickly overwhelmed in this type of event and that no plan existed on how patients would be coordinated. In September 2020, a tabletop exercise was held with trauma stakeholders. The after action report highlighted the need to develop and exercise a regional trauma coordination plan. Dr. McPherson stated that the Preparedness Committee took the lead on this, supported by the Clinical Leadership Committee. The Coalition shared with the Preparedness Committee a new federal concept called a multi-organization coordination center (MOCC). The MOCC was developed during COVID for coordinating patient distribution during a surge. The Preparedness Committee reviewed the MOCC toolkit and adapted this to create a regional trauma coordination plan.

Dr. McPherson asked for consensus from the Clinical Leadership Committee on the concept so that this can be presented at Thursday's Executive Committee. Following Executive Committee approval, the plan will be sent out for review and comment by all stakeholders. Dr. Bilski explained that the concept is that a clinician is making decisions on distribution and transferring of patients during an incident. The plan shows how this fits into an already established Incident Command System (ICS) and ESF8. Page 3 has a graphic that shows where the Trauma Coordination Center (TCC) sits in the ICS. Highlights of the plan getting patients to the right facility with appropriate resources with a clinician making patient movement and placement decisions. Roles of all stakeholders are defined in the plan. The plan includes appendices such as process flow and forms, which will need to be adapted during the exercise.

Once the plan is approved, the Preparedness Committee will identify individuals to staff the TCC and plan a functional exercise over the summer which will include training. We will also integrate this into the region's full-scale exercise in October 2021. Dr. McPherson stated that the Clinical Leadership Committee will play a key role in securing clinicians as evaluators for the exercise.

Staffing for the TCC includes:

Director - filled by a Region 5 IMT member  
Medical Officer - County EMS medical director  
Call Takers –filled by 311 personnel  
Transfer Coordinator - experienced hospital staff member from non-impacted area  
Transport Coordinator - paramedic supervisor (one from impacted and one from non-impacted county).

In an event which produces a large number of trauma patient, the Incident Command (IC) will activate the TCC. If the Incident Command does not recognize the need, the local trauma center may contact IC and offer the TCC as a critical resource.

The group discussed the need to reach out individually to the county EMS medical directors; Dr. McPherson and Dr. Bilski agreed to do this. All EMS medical directors have been sent the plan. Mark Pessa offered to help as well.

Dr. Bilski stated that she is very excited about this concept, which uses the military concept for coordination of scarce resources. Dr. Pessa agreed and stated the trauma centers have been asking for this. He stated that an exercise would be helpful. Dr. Bilski advised that there will be training in the key roles included in the functional drill in July and then integration into the annual MCI drill.

Dr. McPherson stated that we will need clinicians to assist with evaluation. Lynne advised that the previous annual MCI exercises have focused on medical surge. Although there were typically a few trauma alerts included these were not always recognized or addressed. Dr. Pessa indicated that in the last exercise, communication failures were again an issue; he stated that the ORs were not alerted. It was noted that ORs need to be alerted well in advance and each hospital should set up their Hospital ICS to get all involved. Lynne stated that Corvena will also be tested during the exercise, so it is essential to get the right people registered.

There was consensus from those on the call to move forward, with no objections, to present the draft plan to the Executive Committee. Lynne will send out in advance of the meeting.

Dr. Pappas noted the need to include trauma program managers on the list. Dr. McPherson and Dr. Bilski will ask the trauma medical directors to participate in reaching out to the EMS medical directors to get their buy-in. Lynne will send out an updated Trauma stakeholder list.

**New Business:** There was no new business.

Meeting adjourned at 8:38 am.

Next meeting is June 8, 2021.

## 4-12-21 Trauma Preparedness Committee Call

**Participating:** Eric Alberts, Dr. Traci Bilski, Beverly Cook, Lynne Drawdy, Matt Meyers, Susan Ono

**Discussion:** Lynne asked for any other comments on the draft trauma plan. Two issues raised earlier (big picture and organizational chart) were addressed. The appendices are too large to email but will be posted to the trauma website, along with the draft plan, once the Clinical Leadership Committee approves on Tuesday. Lynne thinks we can offer this plan as a best practice.

Once approved, we will hold a functional drill in July to exercise the plan and go through the forms/plan appendices to ensure they capture everything we need and to practice roles. Following the functional drill, then the goal is to integrate the plan into the regional mass casualty exercise in October with all hospitals in the region participating, focusing on capability, not just capacity.

Eric stated we need to identify who will serve in these roles and be at the coordination center and involve them in the functional drill and include clinicians in order to have a more successful outcome. Lynne said that once the plan is approved, we will design a list of all these people and set up groups in Everbridge. Eric suggested that we capture photos of those in the exercise to utilize later.

Lynne mentioned that they are looking for abstracts at the ASPR National Conference in December and she suggested we submit an abstract, along with lessons learned. The deadline is this Friday and Lynne will submit it with preliminary data. Potential presenters were identified.

Next Steps:

- Present to Clinical Leadership Committee on Tuesday, and broader stakeholder committee for buy-in. Will allow 30 days for comments.
- Preparedness Committee meets to finalize plan, documents, identify people in each county to fill roles
- Preparedness Committee plans functional exercise (includes training), set up Everbridge group
- Integrate into full-scale exercise
- Lynne will submit abstract for national conference (Pappas, Bilski, Alberts, Drawdy as presenters)

## 04/13/21 RTAB System Support Committee

**Participants:** Sheryl Aldarondo, Beverly Cook, Kristin Darculio, Courtney Gleaton, Matt Meyers, Michelle Rud, Tina Wallace

Tina said good morning to all and called the meeting to order.

**Minutes:** A motion and seconded to approve the minutes from the last meeting; there was no opposition and the motion carried.

### **Updates:**

Orlando Health - Sheryl gave an update on their injury prevention efforts saying they have done a couple events for pedestrian safety, including 187 stops with citations at the last event for crosswalk violations. Have been going to senior center for last couple of months to do fall and burn prevention. Seniors were very receptive. She and Courtney did prevention bags and gave a lot of literature out. Due to COVID, they are essentially grounded as far as teaching. Even if virtual, the instructors and students have the same equipment, and it must be sanitized. Most are not letting people in facilities such as schools. She is doing blogs on fall, burn and pedestrian safety.

Arnold Palmer Hospital - Courtney recently was certified as a child passenger safety technician and has done car seat safety checks. She also did a drive-through baby shower with FDOH and did car seat checks there too. She partnered with Boys and Girls clubs and talked to middle school students about injury prevention. Coming up, has a parent class with public library and drowning prevention with Children's Safety Village. May is Trauma Awareness Month and upcoming is able to fit people in the community with helmets.

Osceola Regional - Michelle spoke with the Chief at Osceola County regarding and increase in drownings at Westgate Resorts. There have been 23 since the beginning of January so may want to look into and reach out to them. She has the water watcher tags. Most programs are at locations and are on hold. She was working on a fall prevention program at Osceola but has been paused because of staffing issues.

Central Florida Regional - Kristin indicated there was a lot planned with the community but not doing anything at this time as far as outside activities, only in the hospital. Focus is on getting things out to low income with lack of transportation and access to a computer. Were able to do two schools/universities to do clinicals on Stop the Bleed class. Done virtual falls class. Currently calling back 100% of trauma patients that leave the facility to follow-up on injury prevention tips given. This is going a lot better since unknown number is no longer showing up on caller ID but is showing Kristin's number now. She provides her information to patients, so this process is more friendly, more people are willing to answer her call and it is working better. Trying to set up tips on Facebook page. Working with marketing director on short tips on adult care – ATV injury increase and pedestrian vs. car injuries increased too.

Matt gave Lynne's apologies for not making the call. They have put together a planning team and drafted a Mass Casualty Coordination Plan that is moving up through the ranks for approval. The draft plan was modeled from the federal MOCC program. We will see an announcement on this shortly and will exercise the plan, once approved, at a functional trauma mass casualty exercise in a few months. The focus has been more on capacity in the past and we are looking at expanding to capability.

Matt briefed committee on CORVENA to address gaps in communication as have showed up in after-action reports. It provides a platform for patient tracking and improving resource sharing and we are doing a pilot over 18 months. Matt can give a demonstration if anyone is interested.

Tina indicated she will not be able to report out at Executive Committee meeting and asked that someone report out for this committee. No one indicated they were available; the Coalition will do it if no one else can.

Kristin asked Michelle to talk about symposium – HCA hospitals providing virtual injury prevention program. They can let everyone know when they have everything together and send out information on the symposium.

The group adjourned at 10:25 am.