

7-9-19 Trauma Clinical Leadership Committee

Participating: Dr. Traci Bilski, Catherine Billen, Lynne Drawdy, Dr. Figueroa, Dr. John McPherson, Dr. Donald Plumbley, Todd Stalbaum, Gallen Tripps

Welcome: The group welcomed Dr. Figueroa from Holmes. Dr. Figueroa introduced the new Holmes trauma program manager, Gallen Tripps. Dr. Figueroa stated that all four Health First hospitals are now under one leadership. Dr. Shinebart is the head of the hospital division and Brett Esrock is the CEO. Trauma falls under the hospital division.

Dr. McPherson advised that the minutes from the last meeting were distributed. To recap, the Clinical Leadership Committee's focus is to assess existing best practices in EMS and trauma and standardize management of trauma patient throughout Region 5.

TXA: Dr. McPherson reminded the group that they began with TXA utilization, assessed the literature, and reviewed use across the region. Some EMS and trauma agencies are using TXA. Dr. Plumbley discussed use in pediatric patients, and Dr. Husty discussed use in adults and children who meet age/weight criteria. He sent out some literature reviews on TXA from Iraq. Dr. McPherson suggested sending out a request for protocols, and use these to come to consensus on best practice in the use of TXA. There is a physician statement on TXA use that Dr. Zuver sent out from National Association of EMS MDs but it has little detail. He has the TXA protocol from Martin County and Dr. Husty agreed to send the Seminole protocol. Dr. Plumbley stated that he did some research on pediatric use and the literature provides information on pre-hospital use by weight. Dr. McPherson asked Dr. Plumbley to send the literature to Lynne to share with group. He stated that we need to include trauma center directors and physicians in this decision. Dr. Figueroa stated they have an established policy on TXA but he is not sure if it extends to use with EMS. He will find and send the policy. Dr. McPherson will send these out to the group. The goal is a standard procedure within the region. Dr. McPherson asked Dr. Husty to review the protocols and draft this to send out to trauma centers and EMS directors to gain their consensus. This can then be submitted to the Executive Committee to adopt. We cannot require compliance but can encourage all to adopt the regional protocol.

Spinal Immobilization: Dr. McPherson stated that the group has also reviewed spinal immobilization; this varies throughout the region. Dr. Husty will provide his protocol. Dr. Zuver presented the national best practice paper. The discussion last meeting was focused on over immobilizations being the problem, not under. The group discussed appropriate use and Dr. Figueroa expressed concern at allowing this to be at the discretion of first responders at the scene. He cited an issue with a trauma center in South Florida that had some issues. He feels that if the patient is a trauma alert, they should be immobilized. Dr. McPherson stated that some are concerned over over-immobilizations. He suggested the group review Dr. Husty's protocol as it seems to be working. He suggested that paramedics have a checklist to follow that would allow for discretion. Dr. Figueroa suggested gathering all protocols across the region and doing a literature review for further discussion on this issue. Dr. Bilski volunteered to work on this. She stated she has protocols from Pennsylvania, New York and Virginia. McPherson stated that in a literature review he found a large study that stated there was a very small number that missed fractures. Dr. Bilski reported that she attended a recent national meeting where a study showed that there was allow incidence of missed injuries. Dr. McPherson will reach out to the medical directors and ask that they send their protocols to Lynne to share with the committee. He stated that he knows this will be a little controversial with the trauma centers. He asked if there is any literature from a trauma surgeon perspective. Dr. Plumbley stated that it will be important to educate the acute care hospitals. Lynne advised that there are monthly calls with the acute care hospitals emergency preparedness staff and if we know what level to target, we can invite them to participate. Dr. Plumbley suggested the ED medical directors.

Dr. McPherson stated that there are other issues that are controversial that the group can tackle at future meetings.

EMResource: Lynne advised that she invited the Preparedness Committee to this call to hear about EMResource. Todd Stalbaum discussed use of EMResource, which has been used in Orange County since 2001. This is a communication tool among hospital EDs, fire and EMS. Orange County piloted this and the state then adopted this for have a bed reporting. Two years ago, the state moved to FLHealthSTAT; this did not work well. Now AHCA has moved to ESS but that only provides bed reporting, it does not allow for communication. The communication provided via EMResource allows for better transportation decisions and allows EMS to alert hospitals re trauma, hazmat, etc. It also provides an alerting mechanism in a mass casualty event; texting alerts to clinicians at the hospitals. In the April regional mass casualty exercise, lack of communication was cited as the biggest issue. EMResource eliminates that problem. Lynne reported that DOH has a new tool they are looking at and we will soon be given information on that. Dr. McPherson asked which counties use this; Todd explained that Orange County uses and pays for Seminole and Osceola hospitals. Dr. McPherson asked re cost and expressed concern over adding FTEs to manage data. Todd explained that no FTEs are needed; the EDs update every two to four hours, using paramedics sitting with patients or the charge nurse. It is approximately five minutes of entry time per 24 hours for each facility. The licensing cost is per capita (approximately \$15,000 annually for a county with a population of 350,000). This might be something that we could do as a region through the coalition. Dr. McPherson suggested a brief overview to hospital administrators. Lynne stated that Chief Stabile from Martin County has also expressed interest. Todd will put together a quick overview and will also ask EMResource for any videos. Todd stated that even BOLOs can be sent via EMResource. Lynne will raise this at the next Preparedness Committee meeting and ask that they champion a presentation for the region's EDs using GotoMeeting. Todd provided a link to the EMResource website: <https://www.juware.com/emresource/>

Next meeting:

TXA – Dr. McPherson & Dr. Husty

Spinal mobilization – Dr. Bilski

Pediatric guidelines – Dr. Plumbley