

**6-25-19 RDSTF-5 Trauma Advisory Board
Executive Committee and General Meeting Minutes
Florida Department of Health St. Lucie County Auditorium**

Executive Committee Meeting

Welcome: Clint Sperber welcomed attendees and provided safety and logistics information on the location. Dr. Pappas thanked Clint for hosting the meeting.

Roll Call:

Executive Committee Members:

Orlando Health: Eric Alberts, Dr Joseph Ibrahim, Susan Ono
Halifax – April Hultz
Central Florida Regional: Not represented
EMS Chair/South: Chief Chris Stabile
EMS Vice/North: Dr. John McPherson
EMS Central: Not represented
Advent Health: Not represented
St. Lucie: Clint Sperber
Municipal: Commissioner Elise Dennison

Dr. Pappas reminded members that the extended care and county government seats are currently vacant. There are six of the nine Executive Committee members present and a quorum was reached.

Ex-officio Members

CFDMC: Lynne Drawdy
FCOT: Not represented
ATPC: Not represented
EMS AC: Not represented
FHA: Not represented
FDLE: Not represented

Guests:

Catherine Billen, CFDMC
Ronda Cerulli, DOH
Dave Crowe, DOH
Jay Finnegan, CEO of St. Lucie Medical Center
Richard Hall, St. Lucie Fire District
Karen Matthews, Safe Kids
Matt Meyers, DOH
Aaron Shaw, St. Lucie Fire District
Karen Thurmond, Air Care
Lydia Williams, DOH

Call to Order: The chairs called the meeting to order at 9:37 am.

Review and Approval of Minutes: Dr. Pappas reminded members that the minutes are posted on the website. Clint Sperber moved to approve the May minutes, and Dr. McPherson seconded the motion. There was no further discussion and the motion carried.

CFDMC/RDSTF Update: Clint Sperber reported that Dr. Scott Rivkees has been appointed as the State Surgeon General. He is a practicing pediatric endocrinologist and with UF. Clint advised that Dave Freeman has retired as Executive Director of the Central Florida Disaster Medical Coalition but will remain on the Coalition Board, as an RDSTF Co-chair, and with the regional medical assistance team. Clint announced that Lynne Drawdy has been appointed by the Board as the Coalition Executive Director. Lynne reported that the Executive Committee is focusing on succession planning and a new response coordinator will be coming on board in July. Clint advised that the April regional mass casualty exercise after action report has been shared with stakeholders.

Executive Director's Report: Lynne reported that we have heard that most of the special projects the Coalition submitted for funding last September were approved, but the Trauma project was not eligible as it was for staff. She advised that the Coalition will continue to support the Trauma Advisory Board and committees.

Dr Pappas reminded attendees that there are two vacant seats on the Executive Committee. We are looking for a county government representative with an interest in health and public safety, and for an extended care administrator or clinical leader. Dr. Pappas stated that the new terms for Executive Committee members begin March 2020, and we need to begin to think about the nominations process.

System Support Committee Update: Ronda reported that the committee has been focusing on sharing best practices and posting resources, and are in the process of scheduling a face-to-face meeting.

Preparedness Committee Update: Susan Ono advised that the committee reviewed the opportunities for improvement from the April mass casualty exercise after action report. She stated that the committee has asked for monthly updates from the Coalition to ensure that we are not duplicating projects, and will focus on serving as subject matter experts for trauma in coalition projects. For example, the group will identify the essential elements of information needed from Trauma in an incident. They will also champion decontamination efforts at hospitals and assist in getting people engaged on these teams. They have discussed identifying a supply list for trauma supply carts at acute care hospitals for mass casualties. They are also looking at access to education provided in trauma centers for acute care hospitals seeing trauma patients in a mass casualty event. ATLS is typically open and posted and they are exploring if TNCC can be opened to others.

Dr. Pappas thanked the group for their work and stated Preparedness is an important component of the Region 5 Trauma Advisory Board.

Clinical Leadership Committee Update: Dr. Pappas stated this is the newest committee, focused on integration and recommending best practices. Dr. McPherson stated that the group is happy to have a clear mission statement and is exploring several regional best practices. The group began with pediatrics. Dr. Plumbley is developing a white paper including best practice care of pediatric patients at non-trauma centers; he hopes to have these guidelines at the next meeting. The group also discussed several areas of controversy, including use of TXA in the field and spinal immobilizations. Dr. McPherson has reviewed a variety of TXA protocols. Most of the literature is from the Iraq war. He noted that there are a variety of approaches and acceptance. They are in the process of compiling all of the protocols within the region to recommend as simple regional standard. Issues include varying agreement by trauma surgeons on usefulness. He stated that they will be asking the trauma center medical directors for their input and support of a regional protocol. Dr. McPherson stated that the committee has also looked at spinal immobilization overuse and the detriment this

can cause. He stated that this has been studied for years. He reported on a Maine study that looked at all cervical spine patients with significant injuries; out of 15,000 patients, they only missed three fractures with no significant detriment to the patient. Some EMS staff have expressed concerns over being chastised when not using spinal immobilization. The goal is a regional protocol. Dr. McPherson stated that the committee also plans to look at how to manage head trauma patients on anti-coagulant medicines, and where these are to be transported (acute care or trauma center).

Dr. Pappas thanked all of the committees, and reminded members that the committee are open to additional members.

New Business: There was no new business raised.

Larry Lee Leader of the Year Award: Clint Sperber advised that the Executive Committee reviewed the nominations received; there were a total of three nominations for two individuals. It was a difficult decision and, in the end, the Executive Committee felt that both individuals deserve this award. So, the winner of the CFDMC Larry Lee Coalition Leader of the Year Awards for 2018 were presented to Eric Alberts & Dr. Peter Pappas. Eric received his recognition at the March Coalition meeting.

Clint advised that Dr. Pappas was nominated by the Executive Committee and his nomination stated: “Dr. Peter Pappas has led the Region 5 trauma agency plan pilot project for the past three years. He has worked tirelessly to bring together stakeholders from across the region to explore the potential for creating a regional trauma agency, leading to the creation of the RDSTF 5 Trauma Advisory Board and the Executive Committee, with a vision to create a forum for communication and collaboration among trauma system stakeholders in RDSTF 5 by sharing of best practices and opportunities within the regional trauma system with the goal of achieving optimal patient care. There are three committees supporting this vision, including the Preparedness Committee (focused on ensuring trauma is integrated into all preparedness initiatives, the System Support Committee (focused on injury prevention), and the newly created Clinical Leadership Committee (focusing on identifying and sharing best practices). In recognition of his commitment and leadership, the Executive Committee selected Dr. Pappas as the Advisory Board's Executive Director. This was selected as a best practice and Dr. Pappas presented on the Trauma Advisory Board at the 2018 national healthcare coalition conference.”

Dr. Pappas thanked Clint for the recognition and stated that the work by all members of the Trauma Advisory Board has opened doors for improved trauma care in Central Florida, and that by working together, we can provide a tighter weave of care for our citizens.

Adjourn: The Executive Committee adjourned at 10:03. Dr. Pappas announced a 15-minute break and the General Meeting will commence at 10:18 am.

Next Conference Call: The next Executive Committee conference call will be held on July 9 at 11 am.

General Meeting

Welcome: Dr. Pappas welcomed the group and stated that these meetings are held quarterly and will focus on issues/topics of interest to all within the region. The meetings will also travel around the region and will spotlight stakeholders.

Stakeholder Spotlight – St. Lucie County Fire District: Clint Sperber introduced Chief Aaron Shaw and Lt. Richard Hall of the training division of St. Lucie County Fire District. They presented a history of the fire district, which began more than 100 years ago as a volunteer fire service and has expanded to a county fire department covering all hazards with 390 uniformed staff, 21 rescue trucks, 14 fire engines, air rescue, and specialty ops units. Dr. Liu is their medical director. He discussed their trauma response. They follow State of Florida trauma alert guidelines, and all trauma patients go to Lawnwood. Lawnwood has a trauma gray and they have adopted those criteria. He shared data on response time. They are preparing for active shooter response and have developed an SOG. Training over the past year includes NFPA 3000, trauma refresher classes, and retraining on START and JumpSTART. They did Stop the Bleed and SAVE training in 2016. Next year, they will focus on NIMS, including a tabletop. They have a SWAT team that trained with the sheriff's office, carry guns and can go into the hot zone. They will be retrofitting a school bus as an ambu-bus for mass casualty incidents (up to 18 ambulatory patients) and which can also be used to rehab fire fighters.

The fire district is proud of their history, progressiveness in handling all hazards, and their interactions in the community. They are gearing up for expansion of the ports including yachts, and for the new passenger trains. Dr. Pappas stated that our planning should be on a regional level event and he expressed interest in the trauma gray guidelines. Dr. McPherson asked for their protocols on TXA and spinal immobilizations; these were just revamped and they agreed to share these. Dr. McPherson stated that he would like to engage Dr. Liu on the clinical leadership committee. Chief Stabile stated that Martin and St. Lucie Counties have good relationships, and have mutual aid agreements through the Treasure Coast Firefighters Association. In a recent large fire, all contributed to the response.

Dr. Pappas thanked both for the presentation.

Disaster Communications: Matt Meyers provided an overview of communication mechanisms currently available (see attached presentation). The Coalition utilizes Constant Contact during blue skies and Everbridge during gray skies. Other communication mechanisms include the website and meetings. AHCA requires hospitals to report bed availability during an event. FLHealthStat was previously used but has now been replaced by ESS, a web-based reporting system. This is statutorily required for all inpatient beds. AHCA is in the process of providing access to this information to local emergency management and the coalitions. The system does not have the capacity to alert. AHCA has agreed to allow the coalitions to open the system for exercises. In an event, hospitals will enter required information on bed availability by type, and AHCA will produce reports. But it does not close communications gaps. Lynne advised that AHCA is willing to build reports needed at the local level and we need to identify our needs. Dr. Pappas asked if we can call AHCA and ask that they open this for a 20 car accident, and Matt stated the system cannot be used in that way. Dave Crowe reported that DOH has a 24 hour duty officer but AHCA doesn't. It would be difficult for AHCA to stand up ESS in a smaller, short-notice event. Matt stated that we need to think about communication needs across the system and not just for individual entities.

He reviewed WebEOC, an emergency management software used to help coordinate disaster response and communicate with multiple partners. It is typically created at the local level and is a great tool for sharing the broad picture. Almost all county EOCs have this. Information flows from the local level to the state, but is not good at crossing county boundaries. For example, in Pulse, information was not shared outside Orange County.

It can be used to manage resource coordination. During an incident, the coalition monitors local WebEOC and request to the State ESF8, and tries to find local assets available for these requests. HSIN is also a tool used during the recent MCI drill. This is a federal resource free to partners, and can be used to post/share information across disciplines. In the April drill, there were webcams to six different EOCs who talked, and shared information in real time. Matt stated that each county has a County Warning Point, typically at dispatch or the county EOC, where all information regarding events is reported, and they notify the state. Radios and dispatch centers are the most common method for sharing information with hospitals. Dispatch calls EMS and EMS calls the hospital. This is very reliable during blue skies but did not work in Hurricane Michael when all communications were lost. We do have COWS (communication towers on wheels) that were used in events like the 1998 tornados when all phones were down in a specific area.

EMResource was used across most of the region until a few years ago when the state discontinued funding. This is still used in Orange County, and Orange County pays for surrounding counties. This is used daily for bed reporting, trauma alerts, hazmat alerts and two-way communication between EMS and hospitals. However, this system does not interact with ESS. Eric Alberts stated that EMResource is a valuable tool, and also provides weather alerts and BOLOs from law enforcement. Clint stated that this was not used in the lower three counties. Lynne reported that it was available but was not used. This may have been because there were few hospitals at that time so communication was easier. The group asked about cost and Lynne agreed to have Todd Stalbaum present further information on EMResource. She stated that the cost is approximately \$15,000 annually for a county with a population of 350,000. Chief Stabile said that he saw EMResource at Orlando Health and thinks this could be useful in the south end of the county. Dr. McPherson asked about costs for inputting data; this is typically handled by staff in the ED. April Hultz stated that Halifax would be interested in learning more about EMResource.

Lynne stated that we need stakeholders to identify the essential elements of information needed and provide input on communication platforms that meet their needs. This was the highest priority from the mass casualty after action report and the Coalition will take the lead in this effort.

Open Discussion on April Exercise: Eric Alberts reported that the regional full-scale mass casualty exercise was held on April 11 with eight of the nine counties in the region participating. There were 1500 victim volunteers testing medical surge at 37 hospitals, and more than 100 agencies participating. The scenario was a terrorist attack using bombs and ricin. There were four capabilities and six objectives practiced. He stated that regional strengths included improvement in patient tracking, demonstration of 20% medical surge in real time, and improvements in hospital incident command systems. Opportunities included communication challenges across hospitals, disciplines and counties. The Coalition will take the lead in convening a workgroup to address this. Other improvements noted were the need to have hospital senior leaders champion recruitment and sustainment of decontamination teams. He stated that we are asking the EID Collaborative Workgroup and the Trauma Advisory Board to champion this at their hospitals. We also need senior leaders to champion improvements in fatality management, including a decedent coordinator that are not part of the medical surge team, and temporary morgue space. We also need a regional patient tracking policy. We added calls from consuls regarding foreign national victims, only Chile got a good response. Dr. Pappas commended Lynne and Matt for the coordination of the exercise and the entire exercise team.

New Business:

Stakeholders provided the following announcements:

The City of Palm Bay is working with the Coalition on a SAVE Train-the-Trainer course.

Dr. Ibrahim announced that Dr. Kim Maddox will be doing grand rounds at ORMC on August 16 at 1 am. He will send the announcement to Lynne to share with the group.

Chief Stabile reported that Martin County is planning a rescue task force exercise next month at the high school, which will involve all fire rescue and law enforcement in the county. All are invited to participate and he will send out this information.

Commissioner Dennison stated that she saw communications breakdowns in the April exercise. She congratulated Dr. Pappas on his recognition.

Dr. Pappas thanked the presenters and Clint Sperber for hosting the meeting.

The chairs adjourned the meeting at 12:04 pm.

Dr. Pappas announced the next general meeting will be held in the winter at Halifax.