



Florida Trauma System Advisory Council Charter

Background:

Florida trauma system stakeholders are excellent resources who can provide vital recommendations to enhance Florida’s statewide trauma system. The establishment of the Florida Trauma System Advisory Council (FTSAC) provides a unifying forum for both the trauma community and the state to be heard, and would facilitate opportunities to realize goals and objectives as outlined in Chapter 395.402(2), Florida Statutes.

Council Mission:

To promote an inclusive trauma system and enhance cooperation among trauma system stakeholders by providing recommendations to the Department of Health on how to maximize existing and future trauma center, emergency department and emergency medical services infrastructure (including personnel).

Council Members (appointed by Governor):

Robert Reed, MD - State Trauma Medical Director
Malcolm Kemp - Standing Member of the EMS Advisory Council
David Summers - Representative of a local regional trauma agency
Glen Summers, MD - Trauma Surgeon representing nonprofit or public trauma center
Donna York - Trauma program manager who is actively working in a nonprofit or public trauma center
Darwin Ang, MD - Trauma Surgeon actively practicing in Level II investor-owned hospital
Nicholas Namias, MD - Representative of the ACS committee who has pediatric trauma care expertise
Zeff Ross - Representative of the Safety Net Hospital Alliance of Florida
Lisa DiNova - FHA Representative
Bradley Elias, MD - Board Certified EM physician not affiliated with a trauma center
Joseph Ibrahim, MD - Trauma Surgeon actively practicing in Level I trauma center
Mark McKenney, MD - Trauma medical director actively working who represents an investor-owned hospital

Stakeholders:

- Florida citizens and visitors
- Trauma Care Providers
- Acute Care Hospitals
- Emergency Medical Services providers
- Rehabilitation/Long Term Acute Care Providers
- American College of Surgeons/Committee on Trauma
- Florida Committee on Trauma
- Association of Florida Trauma Care (program managers)
- Local/Regional Trauma Agencies
- Law Enforcement Organizations
- Health Care Coalitions
- Rural Health Care providers
- Injury Prevention Partners/Stakeholders
- Florida Department of Health
- <add others as needed>

Timeframe:

1 year
Initial meeting 5/24/18

<p>Priority/Assignment 1:</p> <p>1. Conduct a study on the use of the ACS verification process vs. Florida’s verification process for standalone pediatric trauma centers.</p>	<p>Action Steps:</p> <p>1. Define parameters of the study, including:</p> <ul style="list-style-type: none"> a. Format and content b. Considerations, including but not limited to: <ul style="list-style-type: none"> i. Costs and requirements associated with obtaining/maintaining verification ii. Identification of ACS/state verified pediatric trauma centers, or those that are in process, and/or are capable of obtaining verification iii. Barriers to obtaining verification iv. Policy proposals that address the need and value of pediatric verification c. Draft report completed by 10/1 	<p>Deliverable(s):</p> <p>1. Develop and submit a report to the Governor, President of the Senate and House Speaker on or before December 31, 2018.</p>
<p>Priority/Assignment 2:</p> <p>1. Expand the study of the use of the ACS verification process v. Florida’s verification process to all types of trauma centers.</p>	<p>Action Steps:</p> <p>1. Following format and content of the pediatric trauma center study, develop draft report by 12/31/18</p>	<p>Deliverable(s):</p> <p>1. Report submitted to Legislature – date TBD.</p>
<p>Priority/Assignment 3:</p> <p>1. Evaluate and modernize Pamphlet 150-9, Florida Trauma Standards.</p>	<p>Action Steps:</p> <p>1. Create Trauma Standards Subcommittee (completed 5/24)</p> <ul style="list-style-type: none"> • Reed • Namias • Ibrahim • Ang • Summers MD • Summers • DiNova • York • Ross 	<p>Deliverable(s):</p> <p>1. Updated Trauma Standards to be submitted to the Department of Health for review and approval – date TBD.</p> <p>2. 64J-2.011 rule promulgation to adopt updated Trauma Standards – date TBD.</p>

<p>Priority/Assignment 4:</p> <ol style="list-style-type: none"> 1. Evaluate access to trauma care incorporating all providers in the spectrum of trauma care. Analysis should include: <ol style="list-style-type: none"> a. Geospatial analysis b. <Insert additional analysis elements> 	<p>Action Steps:</p> <p>TBD</p>	<p>Deliverable(s):</p> <p>TBD</p>
<p>Council Procedures:</p> <ol style="list-style-type: none"> 1. Meetings will be held at least quarterly and may be held face-to-face or via conference call. 2. “Commons Hour” meetings will be held once a week on rotating days of the week from 3:00P-4:00P EST to facilitate completion of assigned work activities. 3. All meetings of the council will be noticed and held in accordance with Florida’s Sunshine Laws. 4. Agendas outlining meeting objectives will be published in advance of meetings. 5. Formal Council Meetings will be conducted in accordance with Robert’s Rules of Order. 6. Workgroup members shall review meeting summaries and provide feedback or revisions as required. 	<p>Council Lead Roles/Responsibilities:</p> <p>Moderator:</p> <ol style="list-style-type: none"> 1) Lead problem solving, collaboration and continuous improvement to achieve workgroup goals and objectives. 2) Serves as a focal point to communicate and resolve issues identified requiring input or assistance from other sources. <p>Co-Moderator: Serves in the absence of the Moderator or as needed.</p> <p>Parliamentarian/Secretary: Staffed by the Department of Health and provides administrative support to the council.</p> <p>Council Members:</p> <ol style="list-style-type: none"> 1) Actively participate in meetings and abide by council attendance requirements. 2) Research assigned issues and share results with workgroup members. 3) Collaborate on the development of resolutions related to trauma system issues. 	
<p>Constraints:</p> <ol style="list-style-type: none"> 1. Time Related: <ol style="list-style-type: none"> a. Deliverables must be completed within the timeframes specified. 2. Resource Related: <ol style="list-style-type: none"> a. Council members may have competing priorities. b. Resources may become unavailable because of regular job responsibilities. 3. Funding Related: <ol style="list-style-type: none"> a. Council members do not receive reimbursement for per diem or travel expenses. 	<p>Assumptions:</p> <ol style="list-style-type: none"> 1. Delivery Related: <ol style="list-style-type: none"> a. Deliverables will be completed within the specified timeframes, unless communicated otherwise in the event of major disaster or mass casualty incidents or events. 2. Resource Related: <ol style="list-style-type: none"> a. Council members will actively participate in meetings and complete action items and/or assignments. 3. Output Related: <ol style="list-style-type: none"> a. The council will only focus on activities necessary to meet identified strategies and objectives. 	