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STATE OF FLORIDA  
DEPARTMENT OF HEALTH

FLORIDA TRAUMA SYSTEM ADVISORY COUNCIL  
WORKGROUP MEETING

JULY 11, 2018  
1:10 P.M. - 4:11 P.M.

CARIBE ROYALE ORLANDO, CARIBBEAN BALLROOM VII  
8101 WORLD CENTER DRIVE  
ORLANDO, FLORIDA, 32821

RECEIVED AUG 31 2018

ORIGINAL

Reported by:  
Cynthia R. Green, Court Reporter  
Notary Public - State of Florida

1     PERSONS PRESENT:

2

3     MAC KEMP

4     BRAD ELIAS, MD

5     LISA DINOVA, RN, BSN

6     DAVID SUMMERS, RN

7     MARK MCKENNEY, MD

8     ZEFF ROSS, FACHE

9     NICHOLAS NAMIAS, MD

10    ROBERT REED, MD

11    JOSEPH IBRAHIM, MD

12    DONNA YORK, RN, MSN (phone)

13    GLENN SUMMERS, MD (phone)

14    DARWIN ANG, MD (phone)

15    LEAH COLSTON, BUREAU CHIEF, BUREAU OF EMO

16    MICHAEL LEFFLER, OPERATIONS MANAGEMENT CONSULTANT, MANAGER

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P R O C E E D I N G S

July 11, 2018

1:10 p.m.

(The Florida Trauma System Advisory Council Workgroup Meeting was called to order, after which the following took place:)

MS. COLSTON: Welcome everybody. We are glad to see some public attendees here for the Florida Trauma System Advisory Council Workgroup Meeting on today's date, which is -- what is today's date? July the 11th at 1:10 p.m. We are at the Caribe Royale Hotel and my name is Leah Colston. I am the Bureau Chief for the Bureau of Emergency Medical Oversight.

I'm being very formal, just so you all know, because we do have a court reporter present and so we are recording the proceedings of this particular meeting, even though it is a Workgroup, so that we can share the Workgroup's activities on -- via transcript with anybody who might be interested.

So, what I will ask for you to do is, there are microphones -- two microphones on the table to my left, your right, and there's one microphone over to the right, over here on this

1 table. If you are going to speak, please ensure  
2 that you have a microphone in your hand.  
3 Otherwise, the court reporter will not be able  
4 to hear you and cannot accurately record what  
5 you are saying.

6 For those that are on the phone, if you  
7 need to speak, we will ask you to speak clearly.  
8 And if you are not speaking, please ensure that  
9 you've place your phones in mute so that we have  
10 the least amount of background interference on  
11 the telephone line as possible.

12 So at this time we'll go ahead and call the  
13 meeting to order. And I'd like to ask everybody  
14 to rise so that we can say the Pledge of  
15 Allegiance, please.

16 (PLEDGE OF ALLEGIANCE.)

17 Thank you.

18 UNIDENTIFIED SPEAKER: Thank you.

19 MS. COLSTON: Michael will now conduct a  
20 role call of all the members that are present  
21 and we are un-muting the lines so that those who  
22 are attending by phone can indicate their  
23 presence on the line.

24 MR. LEFFLER: Dr. Reed?

25 DR. REED: Present.

1 MR. LEFFLER: Mac Kemp?  
2 MR. KEMP: Here.  
3 MR. LEFFLER: Dave Summers?  
4 MR. SUMMERS: Here.  
5 MR. LEFFLER: Dr. Summers?  
6 DR. SUMMERS: Here.  
7 MR. LEFFLER: Donna York?  
8 MS. YORK: I'm on the phone.  
9 MR. LEFFLER: Dr. Ang?  
10 DR. ANG: (No audible response.)  
11 MR. LEFFLER: Dr. Namias?  
12 DR. NAMIAS: Here.  
13 MR. LEFFLER: Zeff Ross?  
14 MR. ROSS: Here.  
15 MR. LEFFLER: Lisa DiNova?  
16 MS. DINOVA: Here.  
17 MR. LEFFLER: Dr. Elias?  
18 DR. ELIAS: Present.  
19 MR. LEFFLER: Dr. Ibrahim?  
20 DR. IBRAHIM: Present.  
21 MR. LEFFLER: Dr. McKenney?  
22 DR. MCKENNEY: Here.  
23 MR. LEFFLER: Excuse me. Dr. Ang -- go on  
24 the record and show that Dr. Ang did not answer.  
25 MS. COLSTON: Okay. Great. Thank you. We

1 have --

2 MR. ROSS: I think he's on the phone.  
3 Maybe give another shot at it.

4 MS. COLSTON: Dr. Ang, are you on the  
5 phone? (No response.)

6 Dr. Ang, if you do -- if you are on the  
7 phone and have muted yourself and cannot  
8 un-mute, please send us an e-mail to Michael,  
9 M-I-C-H-A-E-L dot Leffler, L-E-F-F-L-E-R at  
10 flhealth dot gov.

11 Great. So, again, welcome. We're glad to  
12 see everybody here. The purpose of today's  
13 meeting is to kind of work through -- continue  
14 the work that we began with developing bylaws  
15 and a work charter that will govern the  
16 operations of the Council and that charter will  
17 govern -- excuse me -- will kind of outline what  
18 the priorities are for the Council for the next  
19 year.

20 There are some pre-identified work  
21 activities for this Council outlined in statute  
22 and so, of course, those are the very first  
23 things that appear on that charter. But there  
24 are other things that the Council has already  
25 identified that they'd like to begin looking at

1 regarding priorities.

2 So, the first thing that we want to do is  
3 -- and let me just say, so this is a publically  
4 noticed meeting. We have folks from the general  
5 public here. We're happy to have you here and  
6 thankful that you are attending.

7 We will have an opportunity for public  
8 comment before the Council votes on approval of  
9 the bylaws and the charter, so please feel free  
10 to weigh in if you have public comment and you  
11 will -- you will be given an opportunity to  
12 speak at the appropriate time.

13 So we're going to jump right in if there  
14 are no objections. The Council did work on  
15 developing a bylaw set and so we -- we really  
16 used some things that we already had in place.

17 What we did was, we kind of tweaked it to  
18 meet the needs of this particular Council, but  
19 it still outlines some very clear delineations  
20 on the membership. It identifies a moderator.  
21 It speaks to Council attendance and  
22 participation, as bylaws generally do.

23 So the -- we sent out a draft and we did  
24 receive a couple of comment and so, Michael, I'm  
25 going to let you walk through what those

1 comments are and what they look like. So and we  
2 do have the bylaws posted on the screen.

3 You also have -- are there copies on the  
4 back.

5 MR. LEFFLER: There are copies in the back.

6 MS. COLSTON: There are copies of the  
7 bylaws in the back if you feel more comfortable  
8 looking at it closer to you and cannot see on  
9 the screen.

10 But we'd like to walk through the bylaws  
11 and talk about the revisions that were received  
12 and then we will walk through the charter as  
13 well and talk about the charter. But we'd like  
14 to approve those today once we receive public  
15 comment, if any, on both of those documents.

16 So, Michael, I'll turn it over to you.

17 MR. LEFFLER: All right. Good afternoon.  
18 I think what the easiest way to do this is, we  
19 did receive some suggested changes to the bylaws  
20 from you all. What we had talked about was, I  
21 was going to let the members that suggested  
22 those changes introduce those changes as we move  
23 through each article.

24 So we'll go ahead and start with Article 1.  
25 When we get completed with the article and the

1 suggested changes, we can do a motion and a  
2 second and a voice vote to approve.

3 What we'll do at the -- after we've  
4 completed this document, after our recess, we  
5 will come back and we will formally approve the  
6 bylaws in accordance with the last article that  
7 states the two-thirds majority, if that's what  
8 we choose.

9 So, is there any objection to Article 1  
10 outlining the name of the Council and aliases?  
11 (No response.)

12 All right. Seeing no change, do I have a  
13 second to move to the next article?

14 DR. MCKENNEY: Second.

15 MR. LEFFLER: Second by Dr. McKenney. All  
16 those in favor? (Council members responded.)  
17 So it showed approved. Move to the second  
18 article.

19 Article 2 is Composition. The major  
20 revision that we talked about at our May 24th  
21 meeting was to the attendance policy. That is  
22 the area that is highlighted in yellow.

23 Is there any motions for change to  
24 Article 2?

25 DR. MCKENNEY: (Not using microphone.)

1 MR. LEFFLER: Dr. McKenney, if we can use  
2 the microphones to help -- assist our court  
3 reporter.

4 DR. MCKENNEY: I just have a question on  
5 the highlighted section. Number 3, it says,  
6 total regular or special meetings. I just  
7 wanted to confirm special meetings does not  
8 include common hours.

9 MR. LEFFLER: Correct. Special meetings  
10 are separate from common hours. We would define  
11 special meetings as those meetings that were  
12 formal Council meetings called outside of our  
13 normal quarterly required Council meeting.

14 DR. MCKENNEY: Thank you.

15 MR. LEFFLER: Mr. Ross, you're recognized.

16 MR. ROSS: On the second paragraph of  
17 Article 2, I would suggest that it read "Council  
18 members" rather than membership. Council  
19 members shall serve on a voluntary basis.

20 Additionally, near the bottom of it, where  
21 it says, with the rules and regulations of the  
22 State of Florida, the Department of Health,  
23 period, Council members are not prohibited from  
24 receiving compensation or reimbursement for  
25 travel expenses from their employer.

1 MR. LEFFLER: Do I see a second to  
2 Mr. Ross' --

3 DR. MCKENNEY: (Not using microphone.)

4 MR. LEFFLER: I show Dr. McKenney's second.  
5 All those in favor? (Council members  
6 responded.) All right shows voice vote carried.

7 Any other suggested changes to Article 2?  
8 (No response.)

9 All right. Moving on to -- Article 3 is  
10 the purpose of -- sorry, go ahead.

11 MS. COLSTON: We need to backtrack and get  
12 that language. "Council members are not  
13 prohibited --

14 MR. LEFFLER: Mr. Ross, would you repeat  
15 your -- your suggested change? I'm sorry.

16 MR. ROSS: It should read "Council members  
17 shall serve on a voluntary basis," and then,  
18 near the end, you know, where it says "Florida  
19 and Department of Health period," it should read  
20 "Council members are not prohibited from  
21 receiving compensation or reimbursement for  
22 travel expenses from their employer."

23 DR. NAMIAS: So what you're doing is  
24 removing the parenthetical Department? That's  
25 your motion?

1 MR. ROSS: No, sorry. You can leave the  
2 parenthetic Department. The motion was  
3 literally adding the statement that we can get  
4 the reimbursement from employers because that  
5 was a bone of contention among some. They  
6 wanted to make sure they could, that it wasn't  
7 the DOH or State in any way reimbursing.

8 MR. LEFFLER: Yeah. The statute prohibits  
9 the Department from reimbursing members for  
10 travel and per diem.

11 Ms. DiNova?

12 MS. DINOVA: This actually was in one of  
13 the previous versions (unintelligible) sent out.

14 (Not using microphone.)

15 Oh, sorry. The changes that he's  
16 suggesting are actually in one of the previous  
17 changes that you --

18 MR. LEFFLER: Yes, and I sent all of those  
19 changes out to everyone. I just wanted the -- I  
20 just wanted you guys to introduce and make the  
21 motions to change.

22 MS. DINOVA: Okay.

23 MR. LEFFLER: All right. Mr. Ross, can you  
24 confirm that the language on screen is correct?

25 MR. ROSS: It's "or," not "for

1 reimbursement," "or reimbursement from their  
2 employer."

3 MR. LEFFLER: All right. Are we good here?

4 MS. COLSTON: That's fine. We need to add  
5 -- okay.

6 MR. LEFFLER: I'm sorry. Go ahead.

7 MS. COLSTON: So then, I would suggest or I  
8 would put before the Council as a recommendation  
9 where it says members may not be reimbursement  
10 per diem or -- and/or travel expenses by the  
11 Department, I would add just a simple phrase, by  
12 the Department, because otherwise it's -- we're  
13 kind of conflicting if we say may not be  
14 reimbursed up there and then Council members are  
15 not prohibited from receiving from their  
16 employer.

17 MR. ROSS: Okay.

18 MS. COLSTON: Okay.

19 MR. ROSS: Just for discussion, you can  
20 eliminate that sentence and just include mine  
21 and it does the same thing.

22 DR. NAMIAS: The Department doesn't want to  
23 be on the hook in any way.

24 The Department doesn't want to be in the --  
25 on the hook. I mean that --

1 MS. COLSTON: Okay.

2 DR. NAMIAS: Just make sure that it's not  
3 paid by the Department.

4 MS. COLSTON: Where's the -- okay.

5 MR. ROSS: Are we done with that one?

6 MS. COLSTON: Yes. So we can add "for the  
7 Department."

8 MR. ROSS: Right.

9 DR. NAMIAS: By the Department.

10 MR. ROSS: By the Department, right.

11 MS. COLSTON: Right.

12 MR. LEFFLER: Mr. Ross?

13 MR. ROSS: With regard to the item in  
14 green, about the Council members failing to be  
15 present for two consecutive or three total  
16 meetings during their term, there are a few  
17 things with this.

18 One, I thought it really should be during a  
19 calendar year, rather than their term, because  
20 some people have a one, two or three year and  
21 it's not -- it's an equity thing.

22 Second, it states, excuse me, that the  
23 moderator can certainly excuse, you know, some  
24 of the people for different ideas or whatever.  
25 I would suggest that we make it that their

1 present -- where it says -- I'm just reading my  
2 notes here.

3 Okay. If a majority of the Council -- you  
4 know, put it as, Council members failing to  
5 present for three regular meetings in a single  
6 calendar year shall be considered to have  
7 abandoned their appointment and by supermajority  
8 vote of the full Council, the Council may  
9 request the Governor accept applications for  
10 replacement Council member.

11 Because, really it's the Governor who  
12 appointed. We can't --

13 MR. LEFFLER: Give us just a second. I'm  
14 going to pull the document up.

15 DR. NAMIAS: I have a question. How are we  
16 making a motion on text that appears struck out  
17 in the version that's on the screen and in the  
18 --

19 MR. LEFFLER: I apologize. This is the  
20 suggested edit, so I'm going to pull the other  
21 one back. (Pause.)

22 All right. Do I see a -- Mr. Ross, I  
23 understand your motion, you would like to change  
24 it to three meetings -- failure to attend three  
25 meetings in a calendar year, the Council can

1 recommend that the Governor receive membership  
2 applications.

3 MR. ROSS: Right.

4 MR. LEFFLER: All right. Is there a  
5 second?

6 DR. ELIAS: Second.

7 DR. MCKENNEY: Second.

8 MR. LEFFLER: Second by Dr. McKenney.

9 All those in favor?

10 DR. NAMIAS: I have discussion.

11 MR. LEFFLER: Dr. Namias?

12 DR. NAMIAS: I have discussion. What is  
13 the rationale behind this move? Like was it the  
14 substance of this? If you could explain it to  
15 us, whoever made the motion.

16 What is the reason for this?

17 MR. ROSS: The reason -- okay. This was  
18 discussed at the first meeting because we felt  
19 that if you were appointed to the committee by  
20 the Governor that you should be in attendance.  
21 This permits so that if -- and I'm in Broward  
22 County -- Broward County gets a hurricane and  
23 got a shooting, which we had this past, you  
24 know, time period, I could -- may not have been  
25 able to make two meetings.

1           And felt that if it's three meetings within  
2 the year, because there are four meetings within  
3 the year, it made a little more sense. That was  
4 the only reason that I --

5           DR. NAMIAS: Okay. So --

6           MR. ROSS: -- am making that suggestion.

7           DR. NAMIAS: So you wanted to change it  
8 from two consecutive or three total regular to  
9 three total regular?

10          MR. ROSS: Three total regular in a  
11 calendar year.

12          DR. REED: A calendar year. As opposed to  
13 term.

14          MR. ROSS: Right. Versus a term.

15          DR. NAMIAS: In a calendar year. Thank  
16 you.

17          MR. ROSS: And then we request the Governor  
18 to make that replacement.

19          MR. LEFFLER: Is there any other  
20 discussion?

21          Dr. Ibrahim?

22          DR. IBRAHIM: I know this was brought up a  
23 few minutes -- a few moments ago, but the common  
24 -- do we need to put anything in there about the  
25 common hours being excused or being not

1 considered part of that?

2 Just more of a question than anything.

3 MR. LEFFLER: Is there any discussion  
4 amongst the Council on the suggestion as for  
5 that?

6 MR. ROSS: We all agreed, common hours were  
7 voluntary, if you would.

8 MR. LEFFLER: Yeah.

9 MR. ROSS: They're not a real meeting, in  
10 essence.

11 MR. LEFFLER: The common hours were  
12 intended to not have an attendance requirement.  
13 We can add that explicitly in there is that is  
14 -- is that your motion, Dr. Namias?

15 DR. NAMIAS: My motion is to add it  
16 explicitly because 20 years from now --

17 MR. ROSS: Yeah.

18 DR. NAMIAS: I move to add an explicit  
19 clause that says, parenthetically, common hours  
20 do not count towards regular or special  
21 meetings.

22 MR. LEFFLER: To get back on posture.  
23 Mr. Ross, do you have an objection to adding  
24 that to your motion?

25 MR. ROSS: No, I agree with it.

1 MR. LEFFLER: Ms. DiNova?

2 MS. DINOVA: Well, my comment is, if you  
3 read further on, in Article 6, regular meetings  
4 are already defined and common hours as not  
5 defined as regular meetings. So they're  
6 already, by definition, not part of regular  
7 meetings.

8 DR. NAMIAS: I'll withdraw my motion if we  
9 don't change that text when we get to it.

10 MR. LEFFLER: Mr. Ross, do you have any  
11 objection to that?

12 MR. ROSS: No.

13 MR. LEFFLER: All right. Mr. Ross, would  
14 you please restate your motion just so we can  
15 get a voice vote on that?

16 MR. ROSS: Council members failing to be  
17 present for three regular meetings during a  
18 single calendar year shall be considered to have  
19 abandoned their appointment and by supermajority  
20 vote of the full Council, the Council may  
21 request the Governor accept applications for a  
22 replacement Council member.

23 MR. LEFFLER: All right. Do I see a second  
24 to Mr. Ross' motion?

25 DR. ELIAS: Second.

1 MR. LEFFLER: Dr. Elias, second.

2 All those in favor. (Council members  
3 responded.) I see a voice vote carried.

4 All right. Is there any other changes --  
5 proposed changes to Article 2? (No response.)

6 All right. Seeing none, we'll move on to  
7 Article 3.

8 Mr. Ross, can you confirm on the screen  
9 that we captured the --

10 MR. ROSS: Yeah. I'll repeat it again.

11 Council members failing to be present for  
12 three regular meetings during a single calendar  
13 year shall be considered to have abandoned their  
14 appointment and by supermajority vote of the  
15 full Council, the Council may request the  
16 Governor accept applications for a replacement  
17 Council member.

18 MR. LEFFLER: Dr. McKenney?

19 DR. MCKENNEY: One quick question. Do we  
20 have a definition of supermajority? In this  
21 case I thought it was three-quarters.

22 MR. LEFFLER: The term three-quarters is  
23 explicitly used throughout the -- we can --

24 MR. ROSS: Then I would suggest you --

25 MR. LEFFLER: -- amend your motion --

1 three-quarters.

2 MR. ROSS: Be consistent. Yeah.

3 MR. LEFFLER: All right. Article 3. Is  
4 there any suggestion as to Article 3?

5 MR. KEMP: Yes.

6 MR. LEFFLER: Mr. Kemp, you're recognized.

7 MR. KEMP: I would suggest for the first  
8 sentence to say "the purpose of the Council is  
9 to," and adding this, "promote the best trauma  
10 system possible for patients in Florida, then  
11 continue with the sentence, "promote an  
12 inclusive trauma system and enhance cooperation  
13 among the trauma system stakeholders."

14 I would suggest this as -- to make this  
15 Council more patient-centric rather than  
16 member-centric.

17 MR. LEFFLER: I understand. Is there a  
18 second to Mr. Kemp's suggestion?

19 DR. MCKENNEY: Second.

20 MS. DINOVA: Second.

21 MR. LEFFLER: Seconded by Dr. McKenney and  
22 Ms. DiNova.

23 MR. ROSS: I just have a --

24 MR. LEFFLER: Mr. Ross, you're recognized.

25 MR. ROSS: Yeah, I have a question with

1 regard to that. And although I do agree it's  
2 nice to have that, do you want to put the  
3 purpose in that conforms to the federal -- the  
4 state statute that delineates what the purpose  
5 of the Council is and make that in agreement  
6 with the statute?

7 MR. LEFFLER: I had -- I mean, I don't have  
8 an objection. As point of reference, when we  
9 had met on the 24th we had kind of looked at the  
10 statutory purpose and I think that our purpose  
11 here aligns with that. It is not explicit. We  
12 felt that some of the language was cumbersome,  
13 or you all felt some of the language was  
14 cumbersome.

15 Is there anymore discussion regarding that?

16 DR. MCKENNEY: That's an interesting point,  
17 actually. So we have a mission, which I guess,  
18 to me, kind of sounds like a purpose. And we  
19 have a modest disparity between our mission and  
20 our purpose. You know, it mentioned -- would  
21 that normally be essentially copy and paste or  
22 an exact -- at least include an exact replica so  
23 we're crystal clear on our mission?

24 Or is -- I mean -- or is there a difference  
25 between the two.

1 MS. COLSTON: So the mission is often  
2 something that you would love to achieve.  
3 That's your pie in the sky -- well, that's your  
4 vision. But your mission is, we are going to do  
5 this.

6 You have a statutory charge that says that  
7 you are a council that is developed to do XYZ.  
8 But you guys can go above and beyond what that  
9 calls for. So if you guys decide, we're going  
10 to make sure we don't lose focus of patients in  
11 Florida, you know, I want to make sure because I  
12 was kind of paying attention to what I was  
13 typing, but if the goal is to ensure that we  
14 don't forget -- not we, but you all, we don't  
15 forget that the focus of the Council is to  
16 provide the best possible care for the trauma  
17 patients in Florida, you can have that as well  
18 as developing and evolving an inclusive trauma  
19 system that serves, you know, the -- so, I mean,  
20 it's up to you.

21 This is your Council and you should build  
22 it accordingly. I don't think we've lost what  
23 the statutory mission is with this, either. And  
24 so that's another point that I just wanted to  
25 make sure, but and -- so again, it's completely

1 up to you.

2 It's good that you're discussing this now  
3 because you will fully understand what your  
4 purpose is when we're done here. So it's a good  
5 thing. It's up to you guys.

6 MR. LEFFLER: Dr. McKenney, did you want to  
7 suggest an amendment to Mr. Kemp's motion?

8 DR. MCKENNEY: Well, I really like to  
9 promote the best trauma system possible, you  
10 know, focus on our patients. And I just  
11 wouldn't mind having an exact replica of the  
12 sentence included somewhere in our purpose an  
13 exact replica of our mission sentence.

14 Because we're pretty close, but we're just  
15 off by a smidge. And if no one else is very  
16 concerned about it, you know, I can move on  
17 also. If anybody else has --

18 DR. REED: How about --

19 DR. MCKENNEY: -- issues.

20 MR. LEFFLER: Dr. Reed, you're recognized.

21 DR. REED: How about the preface to that  
22 first sentence under Article 3, in reference to  
23 our mission or the statute, comma, the purpose  
24 is.

25 DR. MCKENNEY: And that might -- that might

1 do it. In reference to the Council mission --

2 DR. REED: Right.

3 DR. MCKENNEY: -- which is, you know,  
4 listed on the page in front of me, which I also  
5 appreciate, and I like the addition about the  
6 patients.

7 MR. LEFFLER: Mr. Kemp, do you have any  
8 objection to the amendment?

9 MR. KEMP: No objection.

10 MR. LEFFLER: All right. Showing no  
11 objection. Mr. Ross, you're recognized.

12 MR. ROSS: If I'm not mistaken, the last  
13 time we discussed as well statements like on how  
14 to maximize the existing trauma centers,  
15 emergency departments, emergency medical  
16 services infrastructure and personnel.

17 And I don't know if we want to lose that  
18 from the discussion the last time or include it  
19 here.

20 MR. LEFFLER: Dr. Reed?

21 DR. REED: I think purpose is sort of a  
22 broad view, you know, which is like making the  
23 best trauma system. The details are all the  
24 various little things we're going to do in  
25 processing that.

1           And if you put all the details into the  
2 purpose that kind of muddies the waters, I  
3 think, from the global view.

4           MR. LEFFLER: Any other discussion? (No  
5 response.)

6           Mr. Kemp, could you take a look there and  
7 see if this aligns to your motion?

8           MR. KEMP: It's moving. It's hard to read.  
9 (Pause.) Yes.

10          MR. LEFFLER: All right. Do I see a second  
11 to Mr. Kemp's motion to amend the language?

12          DR. MCKENNEY: (Raised hand.)

13          MR. LEFFLER: Dr. McKenney seconds. All  
14 those in favor. (Council members responded.) I  
15 see a voice vote passed.

16          Any other suggested revisions to Article 3?

17          Mr. Ross, you're recognized.

18          MR. ROSS: On Item Number 3, where it says,  
19 provide recommendations to the Department of  
20 State -- on state statutes, administrative  
21 rules, planning documents, policies related to  
22 the care of severely injured persons and  
23 analysis of the Florida trauma system due on  
24 August 31, 2020.

25          MR. LEFFLER: Do I see a second to

1 Mr. Ross' motion?

2 And, yes, just to clarify. It will also be  
3 due every three years after that. Do you want  
4 to add a clarifying statement relating to that?

5 MR. ROSS: I think it's a good idea.

6 MR. LEFFLER: Okay. Do I see a second?

7 MR. SUMMERS: Second.

8 MR. LEFFLER: Second by Mr. Summers. All  
9 those in favor of the amended language?

10 We'll wait -- we'll wait and catch up and  
11 let Mr. Ross confirm his language and take a  
12 vote.

13 UNIDENTIFIED SPEAKER: Every three years?

14 MR. LEFFLER: Correct.

15 UNIDENTIFIED SPEAKER: It starts in '20?

16 MR. LEFFLER: 2020 and then it'll be every  
17 three years after.

18 (Pause.)

19 MR. ROSS: Yeah, everything but the green I  
20 agree with. And now I wanted to discuss the  
21 item in green.

22 I would remove that and put it in number 4.  
23 I know there's a 4, but, you know, insert  
24 another number 4 that is more, I guess,  
25 self-explanatory that says, ensure all reports,

1 recommendations, analysis and studies of the  
2 Council (hereafter referred to -- you may want  
3 to cut and paste this one from what I sent in --  
4 but, ensure all reports, recommendations,  
5 analysis and studies of the Council (hereafter  
6 referred to as document) to the Department, the  
7 Department Surgeon General, Governor of Florida,  
8 Florida legislature, or published by the  
9 Department of Health, shall contain within the  
10 one document both the majority and minority  
11 opinions of the Council.

12 In the even the Council has on minority  
13 opinion, the published document shall clearly  
14 state, no minority opinion.

15 MR. LEFFLER: Okay. I'll let -- I think as  
16 a point of order and to help with this, can we  
17 make number 4 a separate motion after we  
18 complete number 3?

19 We'll go ahead and remove -- we'll remove  
20 the green on 3 and we'll approve 3 and then  
21 we'll make a separate motion for number 4.

22 Does anyone have any objection to removing  
23 the items in green? (No response.)

24 All right. Seeing no objection, all right.  
25 All those in favor of the -- all those in favor

1 of the language on item number 3, say aye.

2 (Council members responded.)

3 All right. All those opposed. (No  
4 response.) Seeing no opposition show it passed  
5 by voice vote.

6 All right. Now we'll move on to --  
7 Mr. Ross, you're recognized. We'll continue to  
8 discuss item number -- your proposed item  
9 number 4.

10 MR. ROSS: So item number 4, which is --  
11 almost there. Is as stated up there.

12 MR. LEFFLER: Okay.

13 Dr. Reed, you're recognized.

14 DR. REED: Yeah. You got a run-on  
15 sentence.

16 MR. ROSS: Yes.

17 DR. REED: After minority opinions of the  
18 Council, that should be a period.

19 And then in the event the Council has no  
20 minority -- in the event, that should start a  
21 new sentence, capital I.

22 And then take out the comma after event.

23 MR. ROSS: Fully agree.

24 DR. REED: I was an English major.

25 MR. ROSS: I pretend to be one.

1 MR. LEFFLER: All right. Do I see a --  
2 Mr. Ross, is your motion accepted?

3 MR. ROSS: Yes.

4 MR. LEFFLER: Do I see a second to  
5 Mr. Ross' motion?

6 DR. ELIAS: Second.

7 MR. LEFFLER: Dr. Elias.

8 All those in favor of the suggested  
9 addition of item number 4 say aye. (Council  
10 members responded.)

11 All those opposed. (No response.)

12 Show item number 4 added by voice vote.

13 All right. Any other suggested changes to  
14 Article 3, Purpose?

15 Mr. Ross, you're recognized.

16 MR. ROSS: Number 6. I suggest putting in,  
17 assist the Department with the development of  
18 methodology, data source, data elements,  
19 formulas, data analysis, results validation of  
20 Florida trauma system State statute so-and-so.

21 The analysis provides information to  
22 enhance and then it continues as it is.

23 MR. LEFFLER: Is there any discussion? (No  
24 response.)

25 Mr. Ross, can you confirm item number 6

1 aligns with your motion?

2 MR. ROSS: (Pause.) Methodology, data  
3 source. It's data source, data elements on the  
4 very first -- keep going up, to the right. Data  
5 source.

6 MS. COLSTON: After methodology?

7 DR. REED: Yeah.

8 MR. ROSS: Right. After formulas it's data  
9 -- after formulas it's data analysis.

10 MS. COLSTON: Take out validation?

11 MR. ROSS: Move validation and results  
12 validation. Which I feel should go after data  
13 analysis just -- that's how it happens.

14 MR. LEFFLER: Mr. Ross, is --

15 (Pause.)

16 MR. ROSS: I think that looks correct.

17 MR. LEFFLER: Okay. Is there any more  
18 discussion regarding Mr. Ross' motion? (No  
19 response.)

20 Do I see a second?

21 MR. SUMMERS: Second.

22 MR. LEFFLER: Second by Mr. Summers. All  
23 those in favor, say aye. (Council members  
24 responded.)

25 All those opposed? (No response.) Showing

1 no opposition, show the suggested edit added.

2 MR. ROSS: I just have one other question.

3 MR. LEFFLER: Yes, Mr. Ross.

4 MR. ROSS: The charter.

5 MR. LEFFLER: Yes.

6 MR. ROSS: Is that reviewed annually or  
7 every three years or is the bylaws annually or  
8 every three years? I get confused.

9 MR. LEFFLER: The bylaws do not have a  
10 revision schedule. They require -- as we have  
11 it proposed right now, and we can get to that  
12 article, amendments to the bylaws are by  
13 two-thirds majority.

14 MR. ROSS: And the charter?

15 MR. LEFFLER: The charter is an annual  
16 document.

17 There a -- the highlighted area at the top  
18 was also a recommendation to be added. We kind  
19 of transitioned pages here.

20 MR. ROSS: (Not using microphone.)

21 MR. LEFFLER: Yeah.

22 MR. ROSS: We need two screens.

23 MR. LEFFLER: Is there any discussion  
24 regarding the highlighted text? (No response.)

25 And this was offered up at the May 24th

1 meeting.

2 MR. ROSS: Yeah.

3 MR. LEFFLER: Mr. Ross, you're recognized.

4 MR. ROSS: I would say that the Council  
5 shall have a defined charter or work plan with  
6 prioritization of issues and projects approved  
7 by the Council. The charter shall be reviewed,  
8 revised and approved at least annually.

9 MS. COLSTON: So I just want to say, I  
10 think we have the Department in there because  
11 the Council is statutorily charged with making  
12 recommendations to the Department. And so any  
13 work that's identified we want to make sure that  
14 DOH is onboard so we can support where  
15 necessary. And so that why I think we put  
16 Department in there.

17 The way it rolls, I -- you know, the  
18 Department's not going to say, no, you can't do  
19 that. I mean we have an Advisory board for a  
20 reason. But we just have to make sure that, as  
21 the administrator of the Council, we have to  
22 make sure that we understand what the Council's  
23 doing and can be supportive in that instance.

24 Because there may be some things, when we  
25 take this before the State Surgeon General, that

1 for whatever reason the Department won't be able  
2 to support -- you know, I don't know what those  
3 things may be or may not be.

4 But in order to ensure that it's still a  
5 joint effort as -- so that the Department, as  
6 the administrator of the group, can support the  
7 effort. That's why we have the Council in as a  
8 co-approver.

9 MR. ROSS: My thought process behind that  
10 was with regard to the Council acting as an  
11 independent body and having the Department's  
12 role supporting the Council.

13 So if you want to use a different word  
14 rather than approve, accept, but that way it  
15 signifies we're still an independent body for  
16 the Governor and it goes through the DOH.

17 MS. COLSTON: That's one thing. I just  
18 want to make sure that, you know, it's good on  
19 both ends. I mean, I think the idea was for  
20 this to be a partnership. It is a  
21 Governor-appointed body, but it is administered  
22 by the Florida Department of Health.

23 So I would just say, maybe, you know, if  
24 you guys can maybe help define what that looks  
25 like or help define what that word might be,

1 that might be helpful.

2 DR. MCKENNEY: You know, I kind of like it  
3 the way it is, actually. To kind of stress that  
4 we work together to get to the best possible  
5 outcome. I don't think we're going to have an  
6 issue, but, you know, to see it spelled out  
7 clearly I would be supportive of the way it  
8 looks. That we work together and it's stated  
9 right there that approved by the Department and  
10 the Council.

11 So I would take it as the currently  
12 highlighted one would be my recommendation.

13 MS. COLSTON: Okay.

14 MR. LEFFLER: Do we want to entertain -- is  
15 there anymore discussion regarding this edit?

16 Dr. Namias, you're recognized.

17 DR. NAMIAS: We may be looking way too  
18 deeply into this, but I do like the idea that  
19 the Council would be independent and might  
20 suggest something that the Department doesn't  
21 like and doesn't -- and won't do, but that's  
22 okay.

23 MR. LEFFLER: That's a good point. Thank  
24 you, Dr. Namias.

25 Any other discussion? (No response.)

1           So, Mr. Ross, we'll go ahead and formalize  
2 your motion and vote. So your motion is to make  
3 the suggested -- go ahead, you're recognized.

4           MR. ROSS: And the suggested motion would  
5 be that it read "the Council shall have a  
6 defined charter or work plan with prioritization  
7 of issues and projects approved by the Council  
8 and the charter shall be reviewed, revised and  
9 approved at least annually.

10          MR. LEFFLER: Can you confirm that the text  
11 reads as your motion?

12           (Pause.)

13          MR. ROSS: If you want to put in, at least  
14 annually, so we could do more often as needed.  
15 Otherwise, it's fine.

16          MR. LEFFLER: Is there any other discussion  
17 regarding Mr. Ross' motion? (No response.)

18           Do I see a second to Mr. Ross' motion?

19          DR. NAMIAS: Second.

20          MR. LEFFLER: Second by Dr. Namias.

21           All those in favor say aye. (Council  
22 members responded.)

23           All those opposed?

24          DR. MCKENNEY: (Raised hand.)

25          MS. DINOVA: (Raise hand.)

1 MR. LEFFLER: Show one opposition,  
2 Dr. McKenney. And Ms. DiNova.

3 All right. Show the suggested edit  
4 accepted.

5 All right. Article 4. Is there any other  
6 changes to Article 3? (No response.)

7 All right. Moving on to Article 4,  
8 Officers. Is there discussion?

9 Dr. Namias, you're recognized.

10 DR. NAMIAS: The officers shall be selected  
11 by a majority. Is that our -- is majority our  
12 supermajority, three-quarters majority, or is it  
13 a --

14 MR. LEFFLER: I believe in this context it  
15 would be simply majority.

16 DR. NAMIAS: Simple majority. No  
17 objection. No change. Just the question.

18 MR. LEFFLER: Mr. Ross, you're recognized.

19 MR. ROSS: And in concert with that, I  
20 would say that the officers shall be an elected  
21 moderator and co-moderator. All Council  
22 officers shall be elected by supermajority of 75  
23 percent of the Council -- vote of the Council.

24 And that officers shall serve for one year  
25 and may be reelected for no more than two

1 consecutive terms.

2 MR. LEFFLER: Is there discussion?

3 DR. MCKENNEY: That was a little quick.

4 MR. LEFFLER: Dr. McKenney, you're  
5 recognized.

6 DR. MCKENNEY: Maybe I can see the two  
7 together to see what the change was. I think I  
8 lost track of that for a second.

9 MR. LEFFLER: This would require a --  
10 Mr. Ross -- correct me if I'm wrong -- this  
11 would require a supermajority election of the  
12 moderator and co-moderator.

13 MR. ROSS: Seventy-five percent.

14 MR. LEFFLER: Seventy -- excuse me, 75  
15 percent vote for moderator and co-moderator.

16 DR. MCKENNEY: The issue that could arise  
17 is, what if we had a majority, but not a  
18 supermajority vote and we couldn't get to a  
19 supermajority vote. We have a six to four split  
20 between two qualified people and neither side's  
21 budging.

22 You know, we're stuck at an impasse versus  
23 a majority, you know, short of a tie, almost  
24 certainly would get us to a moderator and a  
25 co-moderator. So, you know, I definitely want

1 to work with the group, but I don't want to get  
2 stuck where, you know, neither side's giving and  
3 we can't make any progress.

4 So I would stick with majority.

5 MR. ROSS: I have no qualms with that.  
6 It's a good point.

7 MR. LEFFLER: Right. We'll show your  
8 motion will be amended to a majority vote,  
9 Mr. Ross?

10 MR. ROSS: Yes.

11 MR. LEFFLER: Okay. Any other discussion  
12 regarding the suggested edit?

13 (Mr. Leffler conferring with Ms. Colston.)

14 All right. Mr. Ross, can you confirm the  
15 text of your motion?

16 MR. ROSS: I'll start at the top because  
17 there's a couple of words missing.

18 The officers shall be an elected moderator  
19 -- very top, first paragraph.

20 MS. COLSTON: Right here? Okay.

21 MR. ROSS: Shall be an elected moderator  
22 and co-moderator. All Council officers shall be  
23 elected. Right. That goes away. Exactly.

24 Remove the word, reappointed, on the third  
25 line. And we're there.

1 MR. LEFFLER: Okay.

2 Dr. Namias, you're recognized.

3 DR. NAMIAS: Maybe bordering on the  
4 ridiculous, but as I sit here I'm thinking what  
5 a wonderful moderator you're making right now  
6 and no where in there is it explicitly stated  
7 that the moderator has to be a member of the  
8 Council.

9 Does that need to be explicitly in there?

10 MR. LEFFLER: That is up to you all.

11 DR. NAMIAS: Or can we -- can we go find  
12 someone at Publix and nominate them to be the  
13 moderator and vote on them?

14 MR. LEFFLER: That's up to you all.

15 MS. DINOVA: My only comment on this is, a  
16 little bit further down in the this same  
17 article, we put for eligibility all Council  
18 members in good standing are eligible to be  
19 elected as officers, as outlined in Article 4.

20 MR. LEFFLER: That is correct.

21 Dr. Namias?

22 DR. NAMIAS: That doesn't exclude  
23 nonmembers.

24 UNIDENTIFIED SPEAKER: That's right.

25 MS. DINOVA: Right.

1 DR. NAMIAS: So it doesn't -- it does not  
2 exclude nonmembers. So, as it stands, when we  
3 make nominations I can nominate Mr. Leffler to  
4 be the moderator for the Council; is that  
5 correct?

6 MR. LEFFLER: I think we should -- if you  
7 guys feel that is a concern, we should entertain  
8 additional language.

9 UNIDENTIFIED SPEAKER: I've got no concern.

10 DR. NAMIAS: I like it the way it is  
11 because I'd like to nominate you.

12 MR. LEFFLER: We can entertain discussion.  
13 If that -- if you would like the Department to  
14 serve as the meeting executor.

15 Mr. Ross?

16 MR. ROSS: I think you do a fabulous job.  
17 I think later on the definition, where it says  
18 the moderator will work with the Department,  
19 staff, et cetera, to carry out -- there's a  
20 check and balance, which I think is important to  
21 have.

22 So in all deference, and I do think you do  
23 a fabulous job --

24 MR. LEFFLER: I'm just here to facilitate  
25 the meeting until you guys choose who your

1 moderator is.

2 DR. NAMIAS: But I think that's what we  
3 want our moderator to do is facilitate the  
4 meeting. We're not electing a king or a  
5 president or any blurring of the lines between  
6 those things.

7 MR. LEFFLER: I understand. Is there a  
8 suggested revision to the language?

9 Ms. DiNova?

10 MS. DINOVA: The only thing I would say is  
11 that I agree. I tend to agree that we do need  
12 sort of that checks and balance of having the  
13 moderator and the co-moderator be Council  
14 members and -- because we've already said, later  
15 on, that the secretary and the parliamentarian  
16 are going to be DOH members.

17 So at this point we're now handing over  
18 every position to a DOH member and putting that  
19 responsibility on them instead of assuming it  
20 ourselves.

21 MR. LEFFLER: I understand. Further  
22 discussion? (No response.)

23 All right. Is there a motion on the floor?  
24 (No response.)

25 Mr. Ross?

1 MR. ROSS: We're defining -- we've already  
2 done above the moderator, correct?

3 MR. LEFFLER: Correct.

4 MR. ROSS: Okay. I like the moderator  
5 shall preside over all meetings of the Council.  
6 The moderator shall conduct the meetings in  
7 accordance with Robert's Rules of Order, approve  
8 the draft agendas prepared by the Department  
9 prior to the Department's distribution to the  
10 full Council and other interested parties.

11 At least, I'd love it a month in advance,  
12 30 days, but I don't know if that's possible.

13 MR. LEFFLER: Our intention is to do 30  
14 days and we will align to what you guys require.  
15 I'll tell you this time we did, obviously, two  
16 meetings very close to each other.

17 DR. MCKENNEY: (Not using microphone.)

18 MR. LEFFLER: Dr. McKenney, let's -- we  
19 have to make sure we're using microphones.  
20 You're recognized.

21 DR. MCKENNEY: This is kind of an off to  
22 the side. As a quick aside, I'm getting a text  
23 that at least one of the Council members on the  
24 phone is trying to get in to offer some verbiage  
25 and can't get in.

1 MR. LEFFLER: I understand. If you're on  
2 the phone and a Council member would like to add  
3 in, please star 6 to un-mute your line.

4 Hello? (Pause.)

5 DR. ANG: Hello, this is Darwin.

6 MR. LEFFLER: Dr. Ang, is that you?

7 DR. ANG: Hello, this is Darwin.

8 MR. LEFFLER: Dr. Ang, you're recognized.

9 DR. ANG: Hi, sorry about that. I had  
10 technical difficulties earlier, but I just was  
11 curious. So the co-moderator is not considered  
12 an officer?

13 Because at the beginning of the document it  
14 says the officers shall constitute the moderator  
15 and the secretary. And then it goes along to  
16 say, on the bottom, is the detail that the  
17 moderator its role, the co-moderator and then  
18 the parliamentarian/secretary.

19 I just wasn't clear on whether the  
20 co-moderator was also considered an officer.

21 MR. LEFFLER: Dr. Ang, to clarify, we've  
22 made a couple of edits and the elected officers  
23 will be a moderator and a co-moderator and the  
24 co-moderator would be an officer of the Council.

25 DR. ANG: Okay. All right. Sorry, I

1 didn't get that.

2 MR. LEFFLER: And also, please show the  
3 attendance amended to include Dr. Ang.

4 Are we still considering a motion?

5 MR. ROSS: So I'll just reiterate what I  
6 have --

7 DR. ANG: I'm good.

8 MR. ROSS: -- as the motion --

9 MR. LEFFLER: Go ahead, Mr. Ross, you're  
10 recognized.

11 MR. ROSS: I'll reiterate the motion.

12 Under moderator it should read the  
13 moderator shall preside over all meetings of the  
14 Council. The moderator shall conduct the  
15 meetings in accordance with Roberts Rules of  
16 Order, approve the draft agendas prepared by the  
17 Department prior to the Department's  
18 distribution to the full Council and interested  
19 parties at least 30 days in advance of the  
20 meetings, and ensure all Council members are  
21 provided an equal opportunity to be heard.

22 The moderator shall ensure a quorum is  
23 present at each meeting of the Council. The  
24 moderator will work with the Department section  
25 staff to ensure activities of the Council are

1 carried out and align with the purpose of the  
2 Council or as otherwise authorized under Florida  
3 statutes.

4 MR. LEFFLER: Mr. Ross, can you confirm  
5 your motion -- your textual motion?

6 MR. ROSS: I made it streamlined. The very  
7 first sentence. The moderator shall preside  
8 over all meetings of the Council.

9 MR. LEFFLER: Mr. Ross, can you --

10 MR. ROSS: Everything but the shaded area  
11 of where it's "the moderator shall designate".

12 MR. LEFFLER: Okay. We can move to that in  
13 the next part.

14 MR. ROSS: Right. So the -- above that is  
15 correct.

16 MR. LEFFLER: Okay. All right. Any other  
17 discussion?

18 Mr. Summers, you're recognized.

19 MR. SUMMERS: Do we need language in there  
20 to allow items to be added to the agenda in less  
21 than 30 days?

22 Having chaired many a meeting and trauma  
23 being a very fast-moving target --

24 MR. LEFFLER: I'll tell you that there is  
25 language further down in the bylaws that

1 addresses the ability to amend the agenda and  
2 the right for Council members to have agenda  
3 items added.

4 MR. SUMMERS: I'm good with that. Thank  
5 you.

6 MR. LEFFLER: Okay. We'll continue.  
7 Is there a second to Mr. Ross' motion?

8 DR. IBRAHIM: Second.

9 MR. LEFFLER: Seconded by Dr. Ibrahim.

10 All of those in favor say aye. (Council  
11 members responded.)

12 All those opposed? (No response.)

13 All right. Show that edit approved.

14 Are we striking the co-moderator language,  
15 Mr. Ross, or is that going to be in the second  
16 motion? I'm sorry.

17 MR. ROSS: Under co-moderator I would just  
18 simply put the Co-moderator shall serve as the  
19 moderator in the absence of the moderator and  
20 shall perform all functions of the moderator as  
21 defined in the bylaws.

22 MR. LEFFLER: Are we striking the --

23 MR. ROSS: So that can go.

24 MR. LEFFLER: Yes.

25 MR. SUMMERS: Yes.

1 MR. LEFFLER: Dr. Reed, you're recognized.

2 DR. REED: Yeah. Just simplify it to what  
3 Mr. Ross said. The moderator -- the  
4 co-moderator shall serve as the moderator in the  
5 absence of the moderator.

6 That way you don't have the gender issues.  
7 Because those are getting increasingly  
8 complicated.

9 MR. LEFFLER: And remove all the rest of  
10 the text after moderator?

11 Okay. I understand.

12 Mr. Ross, is that your motion?

13 MR. ROSS: Yes.

14 MR. LEFFLER: All right. Any other  
15 discussion? (No response.)

16 Do I see a second? Excuse me.

17 Mr. Kemp, you're recognized.

18 MR. KEMP: (Not using microphone.)

19 MR. LEFFLER: Okay. Is there a second?

20 MR. SUMMERS: Second.

21 MR. LEFFLER: Second by Mr. Summers.

22 Mr. Kemp?

23 MR. KEMP: I just have a question. Did we  
24 address whether the officers -- the moderator  
25 and the co-moderator are Council members or can

1 be anybody?

2 MR. LEFFLER: Dr. Namias, you're  
3 recognized.

4 DR. NAMIAS: As it's written, it could be  
5 anybody. And that's why I make no motion.

6 MR. LEFFLER: Is there any further  
7 discussion?

8 MR. KEMP: Well, personally, I think that  
9 the moderator and the co-moderator should be of  
10 this body. So I would suggest the change would  
11 be the officers shall be a moderator and  
12 co-moderator, both of which shall be Council  
13 members.

14 MR. LEFFLER: Mr. Ross, do you have any  
15 objection to the amendment to your --

16 MR. ROSS: No.

17 MR. LEFFLER: -- motion?

18 Dr. McKenney, you're recognized.

19 DR. MCKENNEY: Yeah, I would -- I'm sort of  
20 going along with Nick. I think I would keep it  
21 as it because it still has to require a majority  
22 vote. So if we don't, as a majority, agree in a  
23 nonmember, it's not going to happen.

24 But it opens up the options to pick up  
25 somebody who me might think, you know, can get

1 the job done.

2 MR. LEFFLER: But let me make a suggested  
3 point of order. Let us make a -- is there a  
4 motion to amend the requirement that the  
5 moderator be a member of the Council?

6 So I'm just going to separate your  
7 amendment as a separate motion.

8 Is there a second to that motion?

9 MS. DINOVA: Second.

10 MR. LEFFLER: Second by Ms. DiNova.

11 Dr. Reed, do you have discussion?

12 DR. REED: Yeah. One thing is, we haven't  
13 established if the moderator is a nonmember of  
14 the Council, does the moderator have voting  
15 privileges? He wouldn't, if he's a nonmember.

16 MR. LEFFLER: So would your suggested  
17 motion be that if the moderator is a non-Council  
18 member that they have no voting privileges?

19 DR. REED: Right.

20 MR. LEFFLER: Mr. Kemp, do you have an  
21 objection to adding that to your motion?

22 MR. KEMP: No.

23 MR. LEFFLER: Okay.

24 MS. COLSTON: If I understand it correctly,  
25 Mac's suggestion is that the moderator is a

1 member of the Council. If they -- that member  
2 of the Council does not have voting privileges,  
3 then we're in trouble.

4 MR. LEFFLER: I'm sorry. That is my point  
5 of order.

6 MS. COLSTON: So I think we have to  
7 entertain that the motion on the floor was, and  
8 that was seconded by Lisa DiNova, was that the  
9 member -- the moderator is a member of the  
10 Council. And that was seconded.

11 And then there was discussion.

12 DR. REED: And I don't think we're done  
13 with the discussion.

14 MS. COLSTON: Yes.

15 DR. REED: Because the issue is, you know,  
16 to moderate is simply a matter of moving the  
17 meeting forward.

18 MS. COLSTON: That's absolutely correct.

19 DR. REED: Dealing with those logistics and  
20 making sure that what we've captured is what we  
21 want to have captured. And I think the body --  
22 the Council members are the ones who apply the  
23 thought content, the speciality knowledge, their  
24 expertise in trauma centers, trauma systems,  
25 trauma care, you know, and getting one of us

1 involved in that kind of logistical management  
2 sort of takes away that expertise.

3 I don't think you need to be a trauma  
4 expert to be on -- the moderator, per se. I  
5 think that you need to have some expertise in  
6 trauma to be on the Council, or at least an  
7 association with trauma.

8 MS. COLSTON: Great point. And so I think  
9 the only concern the Department would have and,  
10 you know, we're -- we always try to be careful,  
11 is we don't want there to be any perceived  
12 interference from the Department in the Council  
13 activities.

14 So we just want to make sure. Now, if you  
15 guys agree to it, I'm sure Michael does not mind  
16 moderating the Council, you know, or any one of  
17 us, whoever's available we can -- I mean because  
18 you're -- you're correct. It's simply moving  
19 forward and saying, you know, okay, let's do  
20 this and running through the process.

21 So if it's the Council recommendation, then  
22 somebody can motion that from the Council and  
23 make the recommendation. You know, but we just  
24 cannot take away voting privileges, as somebody  
25 said.

1 MR. LEFFLER: And I apologize for the point  
2 of order.

3 MS. COLSTON: Yeah. No. It's okay.

4 MR. LEFFLER: So Mr. Kemp's motion is that  
5 the -- that the moderator and co-moderator be a  
6 member of the Council body. And is there  
7 further discussion? (No response.)

8 All right. And is there a second by  
9 Ms. DiNova? All right.

10 All those -- all those in favor say aye.  
11 (Council members responded.)

12 All those opposed say -- all right. Let's  
13 go ahead and record a hand vote.

14 All those in favor say aye.

15 MS. COLSTON: Raise your hand.

16 MR. LEFFLER: Raise your hand. I'm sorry.  
17 One, two, three, four. All right. There are  
18 four.

19 All those opposed. Show the -- yes.  
20 (Council members responded.)

21 Is there -- is there any vote for the  
22 record on the telephone? (No response.)

23 All right, showing no vote, show Mr. Kemp's  
24 motion failed five to four.

25 Is there any other discussion relating to

1 the moderator and co-moderator? (No response.)

2 All right. Do you guys want to take a  
3 few-minute break, Dr. Ibrahim?

4 All right, let's entertain a motion,  
5 Dr. Ibrahim motions to break, seconded by  
6 Dr. McKenney. We'll break for 10 minutes.

7 (A break was had.)

8 MS. COLSTON: We're going to call back to  
9 order. So we appreciate everything that you  
10 guys have been working with us on this so far.  
11 Between me trying to get accustomed to a new  
12 computer without a mouse and us working through  
13 some things, we've realized that this has not  
14 been perfect thus far and that's okay.

15 So we have three members on the phone,  
16 Donna York, Dr. Ang and Dr. Summers. And so we  
17 just are going to kind of roll back because  
18 we've been taking votes on the proposed changes  
19 and live edits that we've taken during this  
20 particular meeting. And so we'd like to go back  
21 and just kind of walk through and make sure that  
22 there haven't been any objections to the changes  
23 that we've talked about so far.

24 We are then also going to take another  
25 vote. We're going to relook at the motion that,

1 I believe, Mac proposed for the group, which was  
2 to -- that the moderator and co-moderator would  
3 be members of the Council -- standing members of  
4 the Council. The vote was very close and then  
5 we realized that we did not take into account  
6 the votes that were on the phone.

7 So we don't want to be out of order and we  
8 want to make sure that the votes are properly  
9 tallied. So we are going to retake that vote.

10 The next thing that we will be doing a  
11 little differently than what we have been doing  
12 is, we are going to use Mr. Ross' version of  
13 corrections. We will go back through and  
14 incorporate all of the changes made on the  
15 previous document so we don't have to relook at  
16 those.

17 But what will happen is, we're going to  
18 provide a clean copy that you will review in the  
19 morning. And we are going to postpone the vote  
20 on the bylaws until tomorrow. You will have the  
21 opportunity to review it.

22 We will send you a clean copy after this  
23 meeting so you will have the opportunity to  
24 review it and we will pull the bylaws up  
25 tomorrow before the vote so that we can look at

1           them one more time very quickly before you take  
2           the vote on adoption of the bylaws.

3           However, we want to make sure that we get  
4           through these bylaws and then also look at the  
5           proposed work charter that you have. We do have  
6           two members on this Council that are also  
7           members on the EMS Advisory Council and they  
8           have a meeting that they have to go to at 4:30,  
9           is it?

10           So they will need to leave. So we want to  
11           try to maximize their attendance here and get  
12           through as much as we can.

13           So, with that being said, I'm going to turn  
14           it back over to Michael and we will -- if you  
15           will go back and tally and make sure that all of  
16           the articles are okay and then retake the vote.

17           MR. LEFFLER: All right. Members on the  
18           phone, can someone confirm that you guys can  
19           hear me?

20           DR. SUMMERS: I can hear you.

21           MS. YORK: I can hear you.

22           MR. LEFFLER: I understand. So we'll go  
23           ahead and start back with -- so I hear Donna,  
24           Dr. Summers. And Dr. Ang, are you there?

25           Dr. Ang?

1 DR. ANG: Hello.

2 MR. LEFFLER: Yeah, just confirming you're  
3 on the line. All right.

4 DR. ANG: Yes, this is Dr. Darwin Ang.

5 MR. LEFFLER: Dr. Ang, Ms. York and  
6 Dr. Summers, can you guys confirm verbally that  
7 the changes that we have gone through so far  
8 that you have no objections to?

9 DR. ANG: I have no objections to them.  
10 This is Darwin Ang.

11 MR. LEFFLER: I understand, Dr. Ang, thank  
12 you.

13 MS. YORK: This is Donna. I have no  
14 objections. I sent you an e-mail to that  
15 effect.

16 MR. LEFFLER: Yes. And we received your  
17 e-mail. Thank you.

18 Dr. Summers, are you on the line?

19 DR. SUMMERS: Glenn Summers, no objections.

20 MR. LEFFLER: All right. I understand all.  
21 Thank you. We will ensure that that is recorded  
22 for the record.

23 The next thing that we want to do with the  
24 members on the phone is we want to rerecord the  
25 -- or we want to re-entertain the vote for

1 Mr. Kemp's motion that the moderator and  
2 co-moderator be a member of the Council body.

3 Is there any discussion before we vote?

4 (No response.)

5 Seeing no discussion, all -- go ahead.

6 DR. SUMMERS: Michael, just for a  
7 clarification, that the -- that the moderator  
8 and co-moderator are members of the Council?

9 MR. LEFFLER: That is the motion.

10 DR. SUMMERS: Okay.

11 MR. LEFFLER: Okay?

12 MS. YORK: This is Donna.

13 MR. LEFFLER: Yes, Donna.

14 MS. YORK: So I sort of thought -- so my  
15 comment -- and I don't feel strongly -- my  
16 comment is that sometimes if there's a moderator  
17 and you're spending your time trying to make  
18 sure that you follow Robert's Rules of Order and  
19 you have everything straight, you may lose your  
20 actual thinking on whatever's being discussed.

21 Just a thought.

22 MR. LEFFLER: I understand.

23 MS. YORK: Or maybe everybody else is much  
24 better at, you know, double-tasking than I am.

25 MR. LEFFLER: Okay. Any other discussion

1 on the phone? (No response.)

2 Any discussion on the floor?

3 Dr. McKenney, you're recognized.

4 DR. MCKENNEY: Thank you. I just wanted to  
5 reiterate that whoever the moderator is has to  
6 obtain a majority vote of the Council, so there  
7 is the ability for the Council to be confident  
8 that there's at least some representation and  
9 confidence by the Council.

10 MR. LEFFLER: Okay.

11 Dr. Reed, you're recognized.

12 DR. REED: (Not using microphone.)

13 DR. ANG: I agree.

14 DR. REED: I guess my -- or the concern is  
15 that if you're moderating and, as Donna said,  
16 you're so focused on the moderation and what  
17 rules you have to follow in doing that, that  
18 when a vote comes up are you necessarily as  
19 appraised as you would be if you were just  
20 sitting there working it through.

21 I'm not sure. I know that I can sometimes  
22 get really focused on one thing and not pay  
23 attention to something else. So that's just  
24 something to consider.

25 MR. LEFFLER: Ms. DiNova, you're

1 recognized.

2 MS. DINOVA: As a counterpoint to that, I  
3 would suggest that the moderator if -- even if  
4 they are sometimes getting bogged down a little  
5 bit in some of the Robert's Rules, they are the  
6 ones who are actually paying the most attention  
7 to all the points that are being presented.

8 And, let's be honest, they're probably  
9 going to carry some power in how the discussion  
10 goes.

11 MR. LEFFLER: I understand. Any further  
12 discussion?

13 Dr. Namias, you're recognized.

14 DR. NAMIAS: Well that's precisely why we  
15 should have the opportunity to have a nonmember  
16 be the moderator because the moderator should  
17 not be carrying any power in how the discussion  
18 goes.

19 MR. LEFFLER: Any further discussion? (No  
20 response.)

21 Any further discussion by the members on  
22 the phone?

23 DR. SUMMERS: I think we could maybe  
24 consider having a representative from the  
25 Department of Health serve as moderator, i.e.

1 yourself, to facilitate these discussions as  
2 you're doing now. This seems to work fairly  
3 well. Allow the other members to focus on their  
4 agenda.

5 And that may be, I think, a reasonable  
6 proposal.

7 MR. LEFFLER: Thank you, Dr. Summers.

8 Any other discussion before we vote? (No  
9 response.)

10 All right. To restate, the motion is that  
11 a member of the Council be the moderate -- the  
12 member of the Council body be the moderator or  
13 -- and a co-moderator.

14 What I'm going to do is, we'll do a  
15 rollcall vote. I'll call your name, if you'd  
16 respond to your vote and I will -- and once we  
17 complete the ones in the room, I will move to  
18 the phone to record those votes.

19 Mr. Kemp?

20 MR. KEMP: (Not using microphone.) Yes.

21 MR. LEFFLER: Dr. Elias?

22 DR. ELIAS: No.

23 MR. LEFFLER: Ms. DiNova?

24 MS. DINOVA: Yes.

25 MR. LEFFLER: Mr. Summers?

1 MR. SUMMERS: Yes.

2 MR. LEFFLER: Dr. McKenney?

3 DR. MCKENNEY: No.

4 MR. LEFFLER: Mr. Ross?

5 MR. ROSS: Yes.

6 MR. LEFFLER: One second.

7 Dr. Namias?

8 DR. NAMIAS: No.

9 MR. LEFFLER: Dr. Reed?

10 DR. REED: No.

11 MR. LEFFLER: Dr. Ibrahim?

12 DR. IBRAHIM: No.

13 MR. LEFFLER: Dr. Summers?

14 DR. SUMMERS: No.

15 MR. LEFFLER: Donna York?

16 MS. YORK: Can you ask me again what we're  
17 voting on? I'm so sorry.

18 MR. LEFFLER: Ms. York, the motion on the  
19 floor is that the moderator and co-moderator be  
20 members of the Council body.

21 MS. YORK: No.

22 MR. LEFFLER: And, Dr. Ang?

23 DR. ANG: No.

24 MR. LEFFLER: All right. The motion fails  
25 four to eight. Okay.

1           Are we complete with discussion on  
2 Article 3? Or, excuse me, Article 4?

3           MR. ROSS: Is there another paragraph?

4           DR. REED: I'd just like to point out to  
5 the Council that we always have the option of  
6 changing this should we decide we want to do it  
7 differently.

8           MR. LEFFLER: Thank you, Dr. Reed.

9           Okay. Question, Mr. Ross? You're  
10 recognized.

11           MR. ROSS: Under the eligibility, the  
12 Council -- the Council may create additional  
13 officers or offices -- officers -- as needed  
14 through a formal motion and two-thirds  
15 supermajority, but we've been using  
16 three-quarters so we'll stay consistent to amend  
17 Article 4 of the Council's bylaws.

18           Election of the members to the newly  
19 created officer positions shall be completed in  
20 a separate motion and by the three-quarters  
21 vote.

22           MR. LEFFLER: So to -- as a point of order,  
23 we just stated that the moderator and  
24 co-moderator would not necessarily be a member  
25 of the Council.

1           Does it require additional modifications to  
2           the language in this section? It references  
3           members.

4           So, Mr. Ross, your motion would be that it  
5           includes the word members?

6           MR. ROSS: Right.

7           MR. LEFFLER: Is there a discussion?

8           DR. NAMIAS: I like to see the word  
9           inserted so we can read it before we discuss it.

10          MR. LEFFLER: Okay. So, Mr. Ross, please  
11          restate your motion. I'm sorry.

12          MR. ROSS: The Council may create  
13          additional officers -- additional officers, as  
14          needed, through a formal motion and  
15          three-quarter vote to amend Article 4 of the  
16          Council's bylaws.

17          Election of members to newly created  
18          officer positions shall be completed in a  
19          separate motion and by a three-quarter majority  
20          vote.

21          MR. LEFFLER: Is there discussion on the  
22          motion?

23          DR. NAMIAS: So, Mr. Ross, you're -- the  
24          purpose of your amendment is ensure that any  
25          additional offices created are members?

1           Because, as it stands, the moderator and  
2 co-moderator can be nonmembers. But you're  
3 saying, if we elect any additional officers,  
4 they must be members?

5           MR. ROSS: That's correct. The last  
6 sentence -- well, should I do the next --

7           MR. LEFFLER: Well let's -- let's stay one  
8 paragraph at a time.

9           Is there a second to Mr. Ross' motion?

10          MS. DINOVA: (Raised hand.)

11          MR. LEFFLER: Second by Ms. DiNova.

12          All those in favor say aye. (Council  
13 members responded.)

14          All those opposed say nay. (No response.)

15          Showing no opposition, show the suggested  
16 as amended.

17          I'm sorry. Is there -- on the phone, is  
18 there discussion related to the amendment that  
19 future officers be members of the Council?

20          Ms. York, is there -- Dr. Summers and  
21 Dr. Ang, is there any discussion on your end  
22 related to that future officers be members of  
23 the Council?

24          DR. ANG: No, I don't have any.

25          DR. SUMMERS: No.

1 MR. LEFFLER: Is there objection?

2 DR. SUMMERS: No.

3 MR. LEFFLER: All right.

4 DR. ANG: No.

5 MR. LEFFLER: Donna, do you have -- for the  
6 record, do you have any objection?

7 Donna, if you would -- if you're having  
8 trouble communicating, please e-mail your  
9 response to me.

10 All right, moving on. Show the edit  
11 adopted.

12 Mr. Ross, you're recognized.

13 MR. ROSS: Just the last sentence to clean  
14 it up. All Council members in good standing are  
15 eligible to be elected officers outlined in  
16 Article 4.

17 MR. LEFFLER: Is there discussion? Is  
18 there discussion on the phone? (No response.)

19 Is there a second?

20 MR. SUMMERS: (Raised hand.)

21 MR. LEFFLER: Second by Mr. Summers.

22 All those in favor say aye. (Council  
23 members responded.)

24 All those opposed, say nay. (No response.)

25 Showing no objection, show the edit

1 adopted.

2 All right. On the phone, is there  
3 objection?

4 DR. SUMMERS: No.

5 DR. ANG: No.

6 MR. LEFFLER: Show the -- show the edit  
7 adopted.

8 All right. We're going to change our  
9 process, as we discussed here, to work through  
10 some of Mr. Ross' suggested edits. And I'll let  
11 him introduce the edits as they come.

12 Mr. Ross, you're recognized.

13 MR. ROSS: On Article 5, this simply  
14 defines, in a simple manner, rather long manner,  
15 but simple manner, the responsibilities for the  
16 Department, including everything that was  
17 already there, the meeting space, notice, that  
18 type thing.

19 It's in concert with the 30 days that we  
20 said previously. So if you just go through  
21 that. I mean I could read it.

22 MR. LEFFLER: Okay.

23 MS. COLSTON: So what we'd like for you to  
24 do -- everybody received Mr. Ross' edits  
25 previously. So if we can just review what you

1 have in front of you. If you have any  
2 objections to his proposed changes, please  
3 recognize -- be recognized and heard and we can  
4 have discussion on that.

5 We'll give you a couple of minutes to go  
6 ahead and look through that if you haven't done  
7 so already. We are on Article 5, which I  
8 believe is on page 3.

9 It looks like he's done some consolidation  
10 of language and is deleting some of the  
11 duplicate language where it was consolidated  
12 into the paragraph above it.

13 Are there any objections to the changes  
14 that are being recommended by Mr. Ross?

15 DR. REED: Point of clarification. It  
16 mentions the Council's secretary in the change  
17 there, about halfway down.

18 Is there still a secretary or we just have  
19 moderator and co-moderator?

20 MR. LEFFLER: The secretary will be served  
21 by the Department's staff member.

22 DR. REED: Okay.

23 MR. LEFFLER: Ms. DiNova, you're  
24 recognized.

25 MS. DINOVA: As well as the

1 parliamentary. That was kind of the point  
2 with the other discussion.

3 MR. LEFFLER: Yeah, it's the same role.  
4 That's correct.

5 MS. DINOVA: Okay.

6 (Dr. McKenney returned to the meeting  
7 room.)

8 MR. LEFFLER: So we'll go ahead and give  
9 you an opportunity to review Article 5 and then  
10 we will entertain discussion and proposed  
11 changes.

12 DR. NAMIAS: Can I make a motion to approve  
13 the proposed changes in Article 5?

14 MR. LEFFLER: All right. I see a motion by  
15 Dr. Namias to approve the changes to Article 5.

16 Is there a second?

17 MR. ROSS: (Raised hand.)

18 MR. LEFFLER: Mr. Ross is second.

19 All those in favor in the room, say aye.

20 (Council members responded.)

21 All those opposed, say nay. (No response.)

22 On the phone, all those opposed to the  
23 changes to Mr. Ross' Article 5 or, excuse me,  
24 the amended language to Article 5, say aye.

25 DR. SUMMERS: Aye.

1 DR. ANG: Aye.

2 MR. LEFFLER: All those opposed? (No  
3 response.)

4 See the edit adopted.

5 We'll move on to Article 6. All right.

6 We'll give you guys just a moment to review

7 Article 6.

8 All right. Mr. Ross, would you go ahead  
9 and summarize your change?

10 MR. ROSS: The changes listed above enables  
11 the Council to have every July the annual  
12 meeting, the schedule for the quarterly meetings  
13 so that we can all know where and when.

14 The meeting quorums. The presence of a  
15 quorum we discussed previously. The attendance  
16 at 75 percent or three-quarters.

17 The approval of the motions. I think that  
18 was at two-thirds majority, if I'm not mistaken,  
19 from previous discussion. I may be incorrect so  
20 I want that confirmed.

21 MR. LEFFLER: That is correct.

22 MR. ROSS: Okay. And, you know, what the  
23 regular meetings are about, when to hold them  
24 and the 30-day advanced notice, which we've  
25 already discussed.

1 MR. LEFFLER: Is your change your motion?

2 MR. ROSS: Yes.

3 MR. LEFFLER: All right.

4 MR. ROSS: Thank you.

5 MR. LEFFLER: Is there discussion?

6 Mr. Summers, you're recognized.

7 MR. SUMMERS: In reference to calendar, I  
8 don't know, a year ahead of time, I know for the  
9 Department would be extremely challenging  
10 because of watching how it works with the EMS  
11 Advisory Council and the constituency group  
12 meetings.

13 So I know that would -- that might provide  
14 a hardship for you all. So, what are your  
15 thoughts?

16 MR. LEFFLER: Our original intention, just  
17 to clarify the Department's standpoint, was as a  
18 -- being judicious with our State resources, was  
19 the try and align with the EMS Advisory Council  
20 meetings, which, you are right, sometimes  
21 they're not always set out a year ahead of time.

22 However, you guys have -- if you guys  
23 choose to meet in a different way than with the  
24 EMS Advisory Council, we would -- I mean that's  
25 your prerogative. It's to accommodate the

1 schedule of the members.

2 Dr. Namias, you're recognized.

3 DR. NAMIAS: So I would suggest that we do  
4 stay aligned with the EMS Advisory Council  
5 because I think there's a -- there is a bit of a  
6 blurring of who are the constituents of the  
7 Trauma Advisory Council, who are the  
8 constituents of the EMS Advisory Council.

9 Appointees may end up continuing to serve  
10 on both. There's an infrastructure already  
11 built for the EMS Advisory Council, particularly  
12 with this CLINCON meeting.

13 So I suggest we remain aligned with the EMS  
14 Advisory Council.

15 MR. LEFFLER: Is there any other  
16 discussion?

17 MS. COLSTON: Just as a point of  
18 clarification, we do have information on, but  
19 probably all the way to a year in advance.

20 MR. ROSS: But as far as possible.

21 MS. COLSTON: So, I mean, we're happy to  
22 try to do it and, you know, with the  
23 understanding -- I mean, it's not like you guys  
24 are going to fine us or anything if we can't do  
25 a year in advance, but we can always shoot for

1 that and then do the best that we can do.

2 MR. ROSS: And that's reasonable.

3 MS. COLSTON: Perfect.

4 MR. LEFFLER: I would suggest that there be  
5 a motion to amend that part to align with the  
6 EMS Council -- Advisory Council or as determined  
7 by the Council.

8 MR. ROSS: So moved.

9 MR. LEFFLER: Is there a second on the  
10 amendment?

11 MR. SUMMERS: Second.

12 MR. LEFFLER: Can you show us where that's  
13 -- where that's at in there, Dave --  
14 Mr. Summers?

15 MR. SUMMERS: That was in the first --  
16 under Article 6, meeting schedule, the Council  
17 shall, by vote, each July establish an annual  
18 meeting schedule for the quarterly regular  
19 meetings.

20 MS. COLSTON: Okay.

21 MR. ROSS: As reasonably possible or in  
22 concert with.

23 MR. LEFFLER: So is it -- you're fine with  
24 the amendment to your motion?

25 MR. ROSS: Yes.

1 MR. LEFFLER: Is there further discussion  
2 on the motion as amended? (No response.)

3 All those in favor in the room say aye.  
4 (Council members responded.)

5 All those opposed? (No response.)

6 Showing no opposition in the room, on the  
7 phone, all those in favor say aye.

8 DR. SUMMERS: Aye.

9 DR. ANG: Aye.

10 MR. LEFFLER: All those opposed? (No  
11 response.)

12 MS. COLSTON: Ms. York did leave. She has  
13 a presentation.

14 MR. LEFFLER: I understand. Okay. Moving  
15 on to Article 7. Or, excuse me.

16 Mr. Kemp, you're recognized.

17 MR. KEMP: Does the -- in the meeting  
18 quorum and the approval of Council motions or  
19 actions, does that -- do we need to specifically  
20 include phone attendance in there or is that  
21 just accepted?

22 MR. ROSS: That was part of it. It's in  
23 there somewhere.

24 DR. MCKENNEY: Yeah.

25 MR. LEFFLER: Is there any discussion

1 specifically that wants to address that point?

2 Dr. McKenney, you're recognized. Sorry.

3 DR. MCKENNEY: I'm sorry. I think that's  
4 included in the bottom sentence that's on the  
5 screen right now.

6 MR. LEFFLER: Okay. On the next page.

7 Dr. Namias, you're recognized.

8 DR. NAMIAS: I would make a motion to  
9 change the word Skype to --

10 MR. LEFFLER: Virtual --

11 DR. NAMIAS: -- electronic or virtual or  
12 something presence. Skype is a brand and it's  
13 probably the worst of them.

14 MS. COLSTON: Virtual teleconference.

15 MR. LEFFLER: Virtual teleconference?

16 DR. NAMIAS: Sure.

17 MR. LEFFLER: Mr. Ross, do you have an  
18 objection?

19 MR. ROSS: No. That's good.

20 MR. LEFFLER: Is there any other objection  
21 to the amendment to the motion that's already  
22 passed? (No response.)

23 All right. Thank you. All right. Moving  
24 on to the next Article 6.

25 MS. COLSTON: So we're good with Article 6.

1 MR. LEFFLER: Is there any further  
2 suggested changes to Article 6? (No response.)

3 All right, seeing none, we'll move on to  
4 the next article, Article 7.

5 Article 7 relates to subcommittees --  
6 committees, subcommittees and ad hoc workgroups.  
7 I'll give you guys just a minute to review the  
8 suggested edits.

9 Mr. Ross, do you move for your suggested  
10 edits to article to be adopted as an amendment?

11 MR. ROSS: Yes, thank you.

12 MR. LEFFLER: Or, excuse me, adopted as a  
13 motion?

14 MR. ROSS: Yes, thank you.

15 MR. LEFFLER: Is there a second? Or,  
16 excuse me, is there discussion? (No response.)

17 Is there discussion on the phone? (No  
18 response.)

19 Hearing no discussion, is there a second to  
20 Mr. Ross' amendment to amend Article 7?

21 UNIDENTIFIED SPEAKER: (Raised hand.)

22 MR. LEFFLER: Is there a second? (No  
23 response.) Is there a second?

24 DR. REED: (Raised hand.)

25 MR. LEFFLER: Seconded by Dr. Reed. Is

1 there any -- all those in favor in the room, say  
2 aye. (Council members responded.)

3 All those opposed? (No response.)

4 Showing no opposition in the room, all  
5 those in favor on the phone, say aye.

6 DR. SUMMERS: Aye.

7 DR. ANG: Aye.

8 MR. LEFFLER: All those opposed? (No  
9 response.)

10 Showing no opposition, show the edit  
11 adopted.

12 Moving on to Article 8 related to the  
13 bylaws.

14 Mr. Ross, do you want to introduce your  
15 edit?

16 MR. ROSS: It was simple. Just the bylaws  
17 may be established, repealed or otherwise  
18 amended upon two-thirds majority vote of the  
19 full Council.

20 MR. LEFFLER: Is there discussion? (No  
21 response.)

22 Is there a second?

23 MS. DINOVA: Second.

24 DR. NAMIAS: Second.

25 MR. LEFFLER: Second by Ms. DiNova.

1 All those in favor in the room, say aye.  
2 (Council members responded.)

3 All those opposed? (No response.)

4 Showing no opposition, on the phone, all  
5 those in favor say aye. (No response.)

6 All those opposed?

7 DR. SUMMERS: Aye.

8 MR. LEFFLER: Showing no opposition, show  
9 the edit adopted.

10 All right. So what we're going to do  
11 tonight is we will produce a clean copy for you  
12 all to -- that we'll send out to you all  
13 tonight. Our meeting will be at 1:00 and we  
14 will amend the agenda for July the 12th to make  
15 the first order of business to adopt -- formally  
16 adopt the bylaws.

17 Can I entertain a motion for that?

18 MR. ROSS: So moved.

19 DR. NAMIAS: So moved.

20 MR. LEFFLER: Is there a second?

21 DR. IBRAHIM: (Raised hand.)

22 MR. LEFFLER: Second by Dr. Ibrahim.

23 All those in favor in the room say aye.  
24 (Council members responded.)

25 All those opposed? (No response.)

1           Showing no opposition in the room, all  
2 those in favor on the phone of moving the  
3 adoption of the bylaws to tomorrow's meeting on  
4 July the 12th?

5           DR. SUMMERS: Aye.

6           DR. ANG: Aye.

7           MR. LEFFLER: All those opposed? (No  
8 response.)

9           Showing no opposition, the adoption of the  
10 bylaws will take place on July the 12th.

11           Okay. We are going to move on to  
12 finalizing the charter. We'll use the same  
13 methodology that we've been using since we came  
14 back from the break for identifying edits to the  
15 charter.

16           The first section would be in the charter  
17 background.

18           Mr. Ross, do you want to introduce your  
19 changes to that?

20           MR. ROSS: Just grammatically, the second  
21 sentence should read, The establishment of a  
22 Florida Trauma System Advisory Council, FTSAC,  
23 provides a uniform -- a unifying forum for both  
24 the trauma community and the State to be heard  
25 and would facilitate opportunities to realize

1 goals and objections as outlined in Chapter  
2 so-and-so Florida statutes.

3 MR. LEFFLER: Is that your motion?

4 MR. ROSS: Yes.

5 MR. LEFFLER: Is there a second?

6 DR. MCKENNEY: (Raised hand.)

7 MR. LEFFLER: Second by Dr. McKenney. Is  
8 there discussion? (No response.)

9 Seeing no discussion, all those in favor of  
10 amending the background with the suggestion that  
11 it say -- in the room, say aye. (Council  
12 members responded.)

13 All those opposed? (No response.)

14 Seeing no opposition in the room, all those  
15 on the phone of adopting the suggested edits to  
16 background, say aye.

17 DR. SUMMERS: Aye.

18 MR. LEFFLER: All those opposed? (No  
19 response.)

20 Hearing no opposition, see the suggested  
21 edits to the background adopted.

22 Is there any further motion to amend the  
23 background? (No response.)

24 Seeing none, we will move on to the Council  
25 mission.

1           Mr. Ross, would you like to introduce your  
2 changes?

3           MR. ROSS: The changes are as indicated  
4 above, but if I'm not mistaken we made some  
5 other changes in the bylaws that should really  
6 be in concert with this.

7           MR. LEFFLER: I understand. Would you like  
8 to amend the -- would you like to --

9           MR. ROSS: To amalgamate the two, yes.

10          MS. COLSTON: We'll have to work on that  
11 wording.

12          MR. LEFFLER: For working purposes,  
13 Mr. Ross, is this wording sufficient? We can do  
14 some cleanup on this before you guys vote on it  
15 just to make sure that it aligns with your --  
16 the intent.

17          MR. ROSS: And the answer is yes.

18          MR. LEFFLER: Okay. Is there a second? Is  
19 there discussion regarding to Council mission?  
20 (No response.)

21                 Is there a second to Mr. Ross' motion to  
22 make the suggested changes to align?

23          DR. NAMIAS: Second.

24          MR. LEFFLER: Dr. Namias seconds.

25                 All those in favor in the room, say aye.

1 (Council members responded.)

2 All those opposed? (No response.)

3 Seeing no opposition in the room, on the  
4 phone, all those in favor of aligning the  
5 Council mission in the bylaws in the charter,  
6 say aye.

7 DR. SUMMERS: Aye.

8 DR. ANG: Aye.

9 MR. LEFFLER: All those opposed? (No  
10 response.)

11 Seeing no opposition, the changes to the  
12 Council mission is adopted.

13 Next section. Next section would be  
14 related to Council members ensuring that we have  
15 the correct credentialing.

16 Ms. DiNova, you're recognized.

17 MS. DINOVA: I am a BSN, not an MSN.

18 MR. LEFFLER: Thank you for the  
19 clarification.

20 Dr. Reed?

21 DR. REED: Could you put me down as  
22 R. Lawrence Reed. Dr. Namias informs me that  
23 nobody who knows me knows who Robert Reed is.

24 MR. LEFFLER: I understand.

25 DR. NAMIAS: You may want to consider just

1 putting Larry.

2 DR. REED: Yeah.

3 MR. LEFFLER: Okay. Mr. Summers?

4 MR. SUMMERS: If you can add a RN after my  
5 name.

6 MR. LEFFLER: Mr. Ross, do you have any  
7 objections to the proposed changes?

8 MR. ROSS: No.

9 MR. LEFFLER: All right. Is there  
10 discussion? (No response.)

11 Is there a second to amend the credentials  
12 in the member section?

13 DR. NAMIAS: Second.

14 MR. LEFFLER: Second by Dr. Namias.

15 All those in favor in the room, say aye.

16 (Council members responded.)

17 All those opposed? (No response.)

18 Seeing no opposition in the room, on the  
19 phone, all those say aye. All those in favor of  
20 the amended credentials, say aye.

21 DR. SUMMERS: Aye.

22 DR. ANG: Aye.

23 MR. LEFFLER: All those opposed? (No  
24 response.)

25 Seeing no opposition, show the credential

1 section amended.

2 Is there any further changes needed to the  
3 credentials section?

4 DR. MCKENNEY: You know, just a -- I'm not  
5 seeing my name under the Council members. Maybe  
6 it dropped to the next page down, possibly.

7 Yeah, there we go. All right. Thanks.

8 MS. COLSTON: We'll clean that up, too.

9 MR. LEFFLER: All right. Next section is  
10 shareholders.

11 MS. COLSTON: Stakeholders.

12 MR. LEFFLER: Excuse me, stakeholders.

13 Is there suggested edits to that? We made  
14 the correction related to the AFTC.

15 DR. NAMIAS: I have a question.

16 MR. LEFFLER: Dr. Namias, you're  
17 recognized.

18 DR. NAMIAS: So the EMS Advisory Council  
19 has constituents and there's a -- there are  
20 constituency meetings during this. Will the  
21 FTSAC have constituents?

22 MR. LEFFLER: We would have constituents.

23 DR. NAMIAS: Because I noticed the FCOT  
24 fell off the list of constituency meetings for  
25 the EMSAC this time.

1 MS. COLSTON: Okay.

2 DR. NAMIAS: But it wasn't added to the  
3 constituents of FTSAC. I don't know if that's  
4 an oversight or a problem with our new executive  
5 director or an intentional direction that things  
6 are moving.

7 MS. COLSTON: When you say FCOT tell off as  
8 a constituent --

9 DR. NAMIAS: Yeah. So normally we appear  
10 on the calendar that comes out --

11 MS. COLSTON: Okay.

12 DR. NAMIAS: -- from the DOH for the EMSAC  
13 -- for the constituency meetings.

14 MS. COLSTON: Okay.

15 DR. NAMIAS: FCOT is in one of the slots --

16 MS. COLSTON: And you guys want to --

17 DR. NAMIAS: -- every time and this time we  
18 weren't.

19 MS. COLSTON: Oh, that's interesting.  
20 Okay.

21 DR. NAMIAS: So -- okay. So if it's not  
22 intentional, we can correct that with just --

23 MS. COLSTON: Yeah.

24 DR. NAMIAS: It's an administrative issue  
25 with our executive director --

1 MS. COLSTON: Yes.

2 DR. NAMIAS: -- who's new to the job.

3 That's all.

4 MS. COLSTON: Yeah. I don't think it -- I  
5 don't think it was intentional.

6 DR. NAMIAS: No.

7 MS. COLSTON: You should remain. Now, to  
8 answer your question about the difference  
9 between calling it a constituency group and an  
10 organizational or, you know, stakeholder or  
11 whatever, they have groups that are already  
12 their own small groups. Kind of like the TQIP  
13 --

14 DR. NAMIAS: Uh-huh.

15 MS. COLSTON: -- group is it's own small  
16 group. So they have the Florida Air Medical and  
17 I think they're going to call themselves  
18 something different now.

19 So -- and I guess it was just borne out of  
20 the fact that they represent a constituency  
21 group, whereas ours are kind of not necessarily  
22 formed groups, but they're like stakeholders.  
23 They have a stake in the -- so -- but you guys  
24 can call it whatever you want.

25 DR. NAMIAS: Yeah, I don't think it matters

1 what it's called.

2 MS. COLSTON: Yeah.

3 DR. NAMIAS: But I think it does -- it  
4 could to -- we come to CLINCON to be with the  
5 EMS providers --

6 MS. COLSTON: Yes.

7 DR. NAMIAS: -- and now to be with this.  
8 So --

9 MS. COLSTON: Yes.

10 DR. NAMIAS: -- we'd like to be on that  
11 schedule.

12 MS. COLSTON: On the EMSAC schedule?

13 DR. NAMIAS: On the -- well on the --

14 MS. COLSTON: On both.

15 DR. NAMIAS: Yeah.

16 MS. COLSTON: On FCOT? On here?

17 DR. NAMIAS: Yeah. FCOT wants to be on  
18 this schedule --

19 MS. COLSTON: Okay.

20 DR. NAMIAS: -- for this --

21 MS. COLSTON: Okay. Perfect.

22 MR. LEFFLER: All right. Thank you.

23 MS. COLSTON: And you guys are on here, so.

24 DR. NAMIAS: We could stay there.

25 MR. LEFFLER: Is there any other suggested

1 edits to the stakeholders section?

2 DR. MCKENNEY: You can probably drop the  
3 last one.

4 MS. COLSTON: Add others.

5 MR. LEFFLER: Yes.

6 MS. COLSTON: Okay.

7 MR. LEFFLER: Mr. Ross, are you fine with  
8 the amendments to your motion?

9 MR. ROSS: Yes.

10 MR. LEFFLER: All right. Is there a  
11 second?

12 DR. NAMIAS: Second.

13 MR. LEFFLER: Second by Dr. Namias.

14 All those in favor on the phone say -- or  
15 in the room, say aye. (Council members  
16 responded.)

17 All those opposed? (No response.)

18 Seeing no opposition in the room, on the  
19 phone, all those members in favor of the  
20 suggested edits to the stakeholders say aye.

21 DR. SUMMERS: Aye.

22 DR. ANG: Aye.

23 MR. LEFFLER: All those opposed? (No  
24 response.)

25 Hearing no opposition, show the edits

1 adopted.

2 Next, changes to the timeline.

3 Mr. Ross, you're recognized.

4 MR. ROSS: And that was, again, just simply  
5 cleaning and saying it was the organizational  
6 meeting on May of 24 of '18.

7 MS. COLSTON: So, for this, once you guys  
8 finalize this, we're going to put in whatever  
9 the date that it's adopted through one year to  
10 the next date, and once we put that in there,  
11 we'll take that out.

12 I put that in there for informational  
13 purposes. But it will actually be a date. So  
14 it'll be one year.

15 MR. ROSS: Understood.

16 MR. LEFFLER: Okay. Mr. Ross, are you fine  
17 with removing --

18 MR. ROSS: Yes.

19 MR. LEFFLER: -- your suggested edits? All  
20 right.

21 Next section. Priority and assignment  
22 number one. We can actually move through action  
23 steps and deliverables as part of the suggested  
24 edits.

25 Mr. Ross, you're recognized.

1 MR. ROSS: And this, again, was more  
2 specific, if you would, with regard to the study  
3 on the national certification of the peds trauma  
4 services that the Council shall evaluate the  
5 laws, rules, et cetera, as you see it written.

6 And it's relatively specific of what we  
7 need to do and that's what we were aiming to do.

8 MR. LEFFLER: Okay. Is there discussion?  
9 (No response.)

10 Is there a second?

11 MR. SUMMERS: Second.

12 MR. LEFFLER: Second by Mr. Summers.

13 All those in -- excuse me.

14 Dr. Reed, you're recognized.

15 DR. REED: Yeah. Just, we're talking about  
16 a national trauma center accreditation body that  
17 certifies compliance. Why are we not mentioning  
18 the College of Surgeons and what if there's  
19 another body out there?

20 MR. LEFFLER: I believe that the specific  
21 statutory reference was to a national  
22 accreditation body and that was to --

23 DR. REED: Okay.

24 MR. LEFFLER: -- give flexibility to the  
25 statute. If in 20 years there was another

1 organization that potentially offered --

2 DR. REED: Okay.

3 MR. LEFFLER: -- those services. As of  
4 right now I don't think that any of us are aware  
5 of another organization that accredits pediatric  
6 trauma centers.

7 Dr. Namias, you're recognized.

8 DR. NAMIAS: So maybe to sort of validate  
9 Dr. Reed's concerns and as members of the  
10 American College of Surgeons as well, there's  
11 always concern that somebody else can raise a  
12 flag and call themselves a national accrediting  
13 body with a post office box somewhere in  
14 Tuscaloosa.

15 And, you know, who knows what players come  
16 in going down the road. So even though in  
17 statute it's a national accrediting body, I  
18 think that this Council should use the American  
19 College of Surgeons as the only valid,  
20 legitimate body that there is.

21 MR. LEFFLER: I think there's a couple  
22 different ways we could -- we could -- I  
23 understand your point. I think there's a couple  
24 different ways we can look at it.

25 One is that we could align the charter to

1 match the statutory language and then clarify in  
2 the report that's provided -- that we create to  
3 the legislature that they ACS is the only  
4 national accrediting body, or we can make the  
5 suggested change.

6 Is there further discussion?

7 Ms. DiNova?

8 MS. DINOVA: I just would point out that  
9 number three under the action steps actually  
10 says we have to define who the national  
11 accrediting bodies are.

12 MS. COLSTON: So this is just your work  
13 charter. It doesn't have to be exactly straight  
14 out of statute. It just says, so you guys can  
15 say whatever you want. And it does identify  
16 what you'll be using.

17 So I think we probably will be more  
18 concerned about what it -- what your serve --  
19 your study looks like and what that report looks  
20 like.

21 DR. REED: All right. And I think it's  
22 going to be hard enough just doing the  
23 comparison with one --

24 MS. COLSTON: Yeah.

25 DR. REED: -- standard.

1 MS. COLSTON: Yeah, we just -- we kind of  
2 just want to --

3 DR. REED: If we try to find other  
4 organizations that claim they do this, I -- you  
5 know, I don't want to have to compare to them,  
6 too.

7 MS. COLSTON: Right. Yeah. And so I mean  
8 we can put in here that it's going to be the  
9 ACS, you know, if you like. It doesn't matter  
10 because we already know you're going to do a  
11 study one way or another and you're going to  
12 identify the national accrediting body and that  
13 sort of thing.

14 So we just want to make sure that we can  
15 sell the story of what the Trauma System  
16 Advisory Council is doing, and here's our  
17 charter and what we're going to work on for the  
18 next year.

19 MR. LEFFLER: Okay. So it was recommended  
20 that the suggested amendment to Mr. Ross' motion  
21 be that we clarify ACS.

22 Mr. Ross, do you have an objection to the  
23 amendment?

24 MR. ROSS: No.

25 MR. LEFFLER: Is there discussion?

1 Dr. Ibrahim, you're recognized.

2 DR. IBRAHIM: Again, showing my ignorance a  
3 little bit, but should the ABA be part of this  
4 as well with burns kind of falling under trauma?

5 Again, just a question and more of a  
6 discussion than anything. Should that be  
7 included as part, because I know that's -- you  
8 know, they do some of the verification for burn  
9 centers, too.

10 MR. LEFFLER: Dr. Namias, you're  
11 recognized.

12 DR. NAMIAS: So, since -- I believe that  
13 the ABA verification now does fall under the  
14 college and not just the ABA.

15 DR. IBRAHIM: I'm not sure.

16 DR. NAMIAS: I believe that's the case. So  
17 we can keep it simpler that way.

18 MR. LEFFLER: Dr. Reed.

19 DR. REED: Our initial work was just  
20 looking at the pediatric trauma centers and I  
21 don't think we're --

22 MR. LEFFLER: That is correct.

23 DR. REED: -- looking at pediatric burn  
24 trauma centers. You know, that -- those are the  
25 things we can tackle down the line. You know,

1 dealing with burns and other organizations.

2 But right now, we're supposed to be  
3 focusing on pediatric trauma centers done by  
4 Florida standards versus the college standards.

5 MR. LEFFLER: That is correct.

6 The motion is still on the floor to state  
7 ACS versus national accrediting body. Is there  
8 a second to the motion?

9 MS. DINOVA: (Raised hand.)

10 MR. LEFFLER: Second by Ms. DiNova.

11 All those in the room -- all those in the  
12 room in favor of editing to ACS, say aye.

13 (Council members responded.)

14 All those opposed? (No response.)

15 On the phone, all those in favor of editing  
16 national accreditation body to the -- to  
17 changing to American College of Surgeons, say  
18 aye.

19 DR. SUMMERS: Aye.

20 DR. ANG: Aye.

21 MR. LEFFLER: All those opposed. (No  
22 response.)

23 All right. Showing no opposition, see the  
24 amendment or, excuse me, see the edit adopted.

25 Moving on to --

1 Mr. Ross, you're recognized.

2 MR. ROSS: And once again the action steps  
3 are the clarification of what is going to be  
4 done. The format utilized or required to be  
5 utilized needs to be defined. The data required  
6 for the study and as you go along, you know, you  
7 see it's specific.

8 MR. LEFFLER: Is there discussion? (No  
9 response.)

10 Seeing no discussion, is there a second to  
11 Mr. Ross' motion to make the suggested edits to  
12 the action steps?

13 MS. COLSTON: So I would just, as a point  
14 of clarification from the Department's  
15 standpoint, we're going to need this before  
16 12/15 so we really need it by November 30th, if  
17 we can move that up.

18 Because we've got to route it through our  
19 approval process before we can send it to the  
20 Governor's office.

21 MR. ROSS: Agreed.

22 MS. COLSTON: Thanks.

23 MR. LEFFLER: Is there any other  
24 discussion? (No response.)

25 Is there a second to Mr. Ross' motion to

1 adopt the action steps as described?

2 DR. MCKENNEY: (Raised hand.)

3 MR. LEFFLER: Second by Dr. McKenney.

4 All those in favor, say aye. (Council  
5 members responded.)

6 All those opposed? (No response.)

7 All right. On the phone, all those in  
8 favor of the suggested edit to the action step,  
9 say aye.

10 DR. SUMMERS: Aye.

11 MR. LEFFLER: All those opposed? (No  
12 response.)

13 All right. Show the action step edited as  
14 adopted as amended.

15 Mr. Ross, you're recognized.

16 MR. ROSS: And with regard to the second  
17 assignment that we have, again, a little more  
18 specific with regard to looking at the matrix of  
19 not just the pediatric now, but the trauma  
20 centers, the emergency departments, the  
21 infrastructure, personnel, rules, you know, and  
22 looking at that as we had discussed.

23 MR. LEFFLER: Is there discussion? (No  
24 response.)

25 Seeing no discussion, is there a second?

1 DR. NAMIAS: Second.

2 MR. LEFFLER: Is that Dr. Namias? For the  
3 record, was that Dr. Namias?

4 DR. NAMIAS: Yes.

5 MR. LEFFLER: Dr. Namias seconds the  
6 motion.

7 Any further discussion related to the  
8 adoption of the change in the next assignment?  
9 (No response.)

10 All right. All those in favor, say aye.  
11 (Council members responded.)

12 All those opposed, say nay. (No response.)

13 On the phone, all those in favor of the  
14 suggested edit by Mr. Ross say aye.

15 DR. SUMMERS: Aye.

16 MR. LEFFLER: All those opposed? (No  
17 response.)

18 Seeing no opposition, show the edit  
19 adopted.

20 Mr. Ross, you're recognized for your  
21 motion.

22 MR. ROSS: And for the third, this now  
23 would read, expand the study of the use of the  
24 ACS in concert with the change that we made  
25 previously, national verification process versus

1 Florida's verification to all types of trauma  
2 centers.

3 MR. LEFFLER: Is there discussion? (No  
4 response.)

5 Seeing no discussion, is there a second?

6 DR. IBRAHIM: (Raised hand.)

7 MR. LEFFLER: Second by Dr. Ibrahim.

8 All those in favor of the proposed change,  
9 say aye. (Council members responded.)

10 All those opposed? (No response.)

11 Hearing no opposition, on the phone, all of  
12 those in favor of the suggested edit, say aye.

13 DR. SUMMERS: Aye.

14 DR. ANG: Aye.

15 MR. LEFFLER: All those opposed? (No  
16 response.)

17 Seeing no opposition, show the edit  
18 adopted.

19 Mr. Ross, you're recognized for your next  
20 motion.

21 MR. ROSS: Okay. I'm just catching up.

22 MS. COLSTON: Action steps.

23 MR. LEFFLER: Yes, the action steps.

24 MR. ROSS: Again, with regard to the action  
25 steps, the specific, I believe that the date may

1 need to be changed from December 31 of '18 as in  
2 concert with what was done previously.

3 MS. DINOVA: (Not using microphone.)

4 MS. COLSTON: Well this is -- this is the  
5 expanded.

6 MR. ROSS: Right.

7 MS. COLSTON: So this is the one that  
8 you're taking on. So you all set the due date  
9 on that one.

10 MR. ROSS: Originally it was December 31.  
11 The report was TBD, you know, as far as when it  
12 was going to be --

13 MS. COLSTON: Right.

14 MR. ROSS: -- delivered.

15 MS. COLSTON: So do you just still want to  
16 do it by December 31st? Or, I mean, because we  
17 haven't really determined when you're going to  
18 want to submit that. If we're going to do it by  
19 December 31st, then -- but you guys have kind of  
20 identified that the date has been pushed back a  
21 little bit on the other one.

22 MR. ROSS: Right.

23 MS. COLSTON: So you tell me what you --  
24 what kind of date you want me to put in here and  
25 I'll do it.

1 MR. ROSS: We may be chewing off -- you  
2 know, biting off a lot to do.

3 MS. COLSTON: Yes.

4 MR. ROSS: So I think we may want to either  
5 put it TBD --

6 MS. COLSTON: Here? Okay. And you guys  
7 can always come back and amend this later. So  
8 we just determine at a later date.

9 MR. ROSS: Yeah.

10 MS. COLSTON: Okay. All right.

11 And so we'll leave the deliverable the same  
12 as well. I'm going to kind of just take it a  
13 little bit of a different path. So the action  
14 steps, number one, we're going to change that to  
15 be determined at a later date, rather than  
16 December 31.

17 And then our deliverable, of course, would  
18 naturally be affected. We'll determine that at  
19 a later date as well.

20 Are there any objections to any of the  
21 other recommendations that have been made or  
22 proposed by Mr. Ross? (No response.)

23 Okay. Is there is a second to adopt these  
24 changes, then?

25 DR. NAMIAS: Second.

1 MS. COLSTON: Okay. All in favor say aye.  
2 (Council members responded.)

3 On the phone, aye?

4 DR. SUMMERS: Aye.

5 MS. COLSTON: All opposed? (No response.)

6 Okay. We are adopting the priority  
7 assignment slash assignment number three with  
8 the changes proposed by Mr. Ross. I'm sorry,  
9 that's number?

10 MS. DINOVA: Two.

11 MS. COLSTON: Okay. So now we're looking  
12 at priority assignment number four, which is to  
13 evaluate and modernize pamphlet 150-9, the  
14 Florida trauma standards. There's no change  
15 there except to renumber it to number four.

16 The action steps that you'll please review  
17 is to prepare a gap analysis and create a trauma  
18 standard subcommittee. Mr. Ross has included a  
19 third number to prepare a gap analysis for the  
20 Florida pamphlet 150-9 versus the ACS' COT  
21 guidelines.

22 And then there are some changes to the  
23 deliverables, which is to develop  
24 recommendations for revisions to Florida trauma  
25 standards as a date to be determined.

1           And then also to the DOH-based -- DOH-based  
2           --

3           MR. ROSS: In other words, the deliverable  
4           to DOH.

5           MS. COLSTON: Okay. So we would prepare  
6           draft --

7           MR. ROSS: Right.

8           MS. COLSTON: -- standards then to the  
9           Department.

10           Okay. I'm going to -- if I can, I'll work  
11           with you later and kind of reword that just a  
12           little bit, but we understand what the intent of  
13           that is.

14           So, everyone's had a moment to review.  
15           Mr. Ross' motion is to accept these changes,  
16           these draft -- these changes to the priority  
17           assignment four.

18           All in favor? (Council members responded.)

19           Any discussion? (No response.)

20           Any opposed? (No response.)

21           On the phone?

22           DR. SUMMERS: Aye.

23           DR. ANG: Aye.

24           MS. COLSTON: Okay. Hearing no opposition,  
25           those changes are adopted.

1           We're moving to priority assignment number  
2 five, and I am making that change. It's  
3 evaluating access to trauma care. There are no  
4 changes under the assignment, but in action  
5 steps it says, pursuant to HB 1165.

6           I yield to Mr. Ross to kind of explain  
7 that, please.

8           MR. ROSS: Within the house bill there were  
9 certain steps. I can define it later, if you  
10 need.

11          MS. COLSTON: Okay. So what I'm going to  
12 add in, if you don't mind, is just steps to be  
13 defined at a later date.

14          MR. ROSS: Perfect.

15          MS. COLSTON: You guys have some pretty  
16 meaty stuff that you're going to work on here --

17          MR. ROSS: Uh-huh.

18          MS. COLSTON: -- so I think we'll have some  
19 time to look at this.

20          Now we can keep the deliverable due date in  
21 at December 15, 2019; is that okay?

22          MR. ROSS: Correct.

23          MS. COLSTON: Okay. So his proposed  
24 recommendations are on the screen and I've also  
25 read them aloud here. Under action steps, he

1 would like to perform this assignment based on  
2 steps that are outlined in HB 1165 and we will  
3 define those pursuant to the statute at a later  
4 date.

5 And the deliverable date -- due date will  
6 be December 15, 2019. And this is evaluating  
7 access to trauma care, incorporating all  
8 providers in the spectrum of trauma care.

9 So we have a motion. Do we have a second?

10 MR. SUMMERS: Second.

11 MS. COLSTON: Mr. Summers seconds.

12 Any discussion? (No response.)

13 All in favor in the room and on the phone,  
14 please say aye. (Council members responded.)

15 Any objection? (No response.)

16 Okay. That change is adopted.

17 Next we're going to move to Council  
18 procedures. We've got just a couple of changes  
19 recommended. One of the changes is by Skype.  
20 I'm going to replace that with via video  
21 teleconference --

22 MR. ROSS: Right.

23 MS. COLSTON: -- or whatever that was that  
24 we said. Okay.

25 And then an additional change is date and

1 location of meetings is to be determined by the  
2 Council. The only thing I would say is the  
3 Council may not be able to determine that. That  
4 may need to be determined by the Department  
5 because the State has to negotiate contracts and  
6 locations and that sort of thing.

7 But we can keep, you know, date and  
8 location will be determined in accordance with  
9 availability or something like that.

10 MR. ROSS: Perfect.

11 MS. COLSTON: Okay. Policies and  
12 procedures and availability.

13 Is that okay, Mr. Ross?

14 MR. ROSS: Yes.

15 MS. COLSTON: Okay. And then you can see  
16 the other changes. Common hours will be held if  
17 they're desired by the Council, essentially.  
18 And then supporting materials will be published  
19 consistent with the requirements of the bylaws.  
20 Those are the additions under Council  
21 procedures.

22 Motion by Mr. Ross. Is there a second?

23 DR. MCKENNEY: (Raised hand.)

24 MS. COLSTON: Seconded by Dr. McKenney.

25 All in favor? (Council members responded.)

1 All opposed? (No response.)

2 I'm sorry, I forgot to ask if there was any  
3 discussion. (No response.)

4 On the phone?

5 DR. SUMMERS: Aye.

6 DR. ANG: Aye.

7 MS. COLSTON: Thank you.

8 Okay. Next we're going to move to Council  
9 lead roles and responsibilities. If you'll just  
10 take a look, Mr. Ross has defined roles and  
11 responsibilities for the moderator.

12 It looks like it came from the bylaws.

13 MR. ROSS: Yes.

14 MS. COLSTON: Not a lot of difference  
15 there. Oh, I'm sorry, geez, I just skipped over  
16 a whole bunch of -- okay. Can we go back,  
17 please. Rewind to Council procedures.

18 UNIDENTIFIED SPEAKER: We did that.

19 MS. COLSTON: Shame, shame.

20 Okay. Council, if you would, please,  
21 consider items number six, seven and eight that  
22 Mr. Ross has proposed under Council procedures.

23 Number six just kind of talks about  
24 preparation and distribution of minutes.

25 Number seven requires a -- do we want to

1 keep two-thirds, or do we want to go with  
2 three-quarters majority vote as we have been  
3 doing in the other?

4 Any discussion on that? (No response.)

5 We've got two-thirds supermajority. We  
6 were not using that anymore. Do we want to use  
7 that here or do we want to go to three-quarters  
8 majority?

9 UNIDENTIFIED SPEAKER: Three-quarters.

10 MR. ROSS: Three-quarters majority is  
11 consistent.

12 MS. COLSTON: Yes. Okay. I'm amending  
13 your motion --

14 MR. ROSS: Yes.

15 MS. COLSTON: -- for that. Okay.

16 And then the last one is the Council  
17 reports recommendations, et cetera. Kind of  
18 defines it's aligned with the other language  
19 that we talked about with --

20 MR. ROSS: Right.

21 MS. COLSTON: -- no minority opinion.  
22 Okay.

23 Any discussion? (No response.)

24 Second on the amended motion? Because I  
25 skipped over that.

1 DR. MCKENNEY: (Raised hand.)

2 MS. COLSTON: Dr. McKenney.

3 All opposed -- all in favor, aye. (Council  
4 members responded.)

5 Any opposed? (No response.)

6 Okay. Great. Now we can move to Council  
7 lead roles and responsibilities. So if you can  
8 just review the moderator roles and co-moderator  
9 roles. Again, it reflects what's in the bylaws  
10 that we just walked through.

11 We will make sure that these things line up  
12 as well, based on the changes we made in the  
13 bylaws also. So when we send the version out  
14 and we take a look at it tomorrow, you guys help  
15 us out with that because we want to make sure  
16 that we don't deviate between the bylaws and  
17 this.

18 It looks like the biggest thing here is  
19 that, under the Council lead roles and  
20 responsibilities, we've got a chunk of things  
21 that have been identified for the Department of  
22 Health. Again, this doesn't look much different  
23 than what's in the bylaws.

24 Mr. Ross, is that correct?

25 MR. ROSS: That's correct.

1 MS. COLSTON: Okay. So the motion is to  
2 accept these edits under the Council lead roles  
3 and responsibilities.

4 Any discussion?

5 All in --

6 DR. NAMIAS: Yes.

7 MS. COLSTON: I'm sorry, Dr. Namias.

8 DR. NAMIAS: So the words rollcall. I  
9 believe in this context it's R-O-L-L, not  
10 R-O-L-E.

11 MS. COLSTON: Oh.

12 DR. NAMIAS: But I could be wrong.

13 UNIDENTIFIED SPEAKER: No, you're correct.

14 MR. LEFFLER: No, you're right.

15 DR. NAMIAS: Okay.

16 MS. COLSTON: Where is that? I'm sorry.

17 DR. NAMIAS: I just saw it flicker by. It  
18 said R-O-L-E call. It may be best to search the  
19 document for R-O-L-E.

20 DR. MCKENNEY: Yeah. Third line from the  
21 bottom.

22 MS. COLSTON: Third line from the bottom.  
23 Okay. Okay. Thank you.

24 Any further discussion? (No response.)

25 Good catch, Dr. Namias.

1           Okay. Did we take a -- oh, Dr. Reed?

2           DR. REED: On item six there, the -- you  
3 have an apostrophe after meetings. There should  
4 not be one after it.

5           MS. COLSTON: Oops. Thank you. Okay.

6           I believe we had a second and we've had  
7 discussion.

8           All in favor in the room and on the phone,  
9 aye. (Council members responded.)

10          Any opposed? (No response.)

11          Okay. Changes are adopted.

12          We're going to look, then, at constraints.  
13 There's only one proposed edit here and I will  
14 accept as a motion on the floor.

15          Mr. Ross, is that appropriate?

16          MR. ROSS: Yes.

17          MS. COLSTON: Okay. And this just aligns  
18 with changes we made to the bylaws. It says,  
19 however, Council members may be reimbursed for  
20 travel expenses and compensated by the member's  
21 employer. And that aligns with the changes  
22 recommended in the bylaws.

23          May I also recommend or may I not  
24 recommend, but would the Council entertain us  
25 also adding in from the Department as we did in

1 the bylaws. Does that align?

2 MR. ROSS: Yes.

3 MS. COLSTON: Is that okay?

4 MR. ROSS: Yes.

5 MS. COLSTON: Okay. Okay. So the motion  
6 is to accept changes made -- recommended for  
7 constraints.

8 Do I have a second?

9 DR. MCKENNEY: (Raised hand.)

10 MS. COLSTON: Dr. McKenney seconds.

11 Any discussion? Any further discussion?

12 (No response.)

13 Okay. All in favor in the room and on the  
14 phone. (Council members responded.)

15 Any opposed? (No response.)

16 Okay. We're adopting the changes as  
17 recommended in the constraints section.

18 We're moving to assumptions. There are a  
19 couple of changes made here under the  
20 resource-related assumption. It says, the first  
21 one is the Department section staff will  
22 actively participate in preparation and support  
23 of the Council, to include completion of  
24 assignments and action items.

25 I think I need a raise.

1           The Department section staff shall serve as  
2 the expert for Sunshine Law requirements in  
3 preparation of all materials required to be  
4 presented by the Governor -- to the Governor,  
5 house speaker and senate president.

6           Let me make sure I'm not being too excited  
7 and skipping anything.

8           So those two changes are going to be made,  
9 I think, from a Department's perspective, we  
10 don't have any problems with serving in those  
11 roles and we have to anyway. So we're good with  
12 that.

13           So do -- as a motion, Mr. Ross?

14           MR. ROSS: Yes.

15           MS. COLSTON: Do I have a second?

16           DR. MCKENNEY: (Raised hand.)

17           MS. COLSTON: Is there any discussion? (No  
18 response.)

19           Okay. All in favor in the phone -- on the  
20 phone and in the room? (Council members  
21 responded.)

22           Any opposed? (No response.)

23           Okay. Great. We will accept the changes  
24 listed under assumptions.

25           And so we're going to --

1 MR. LEFFLER: We're going to need to amend  
2 the agenda.

3 MS. COLSTON: (Conferring with  
4 Mr. Leffler.)

5 MR. LEFFLER: All right. We're going to  
6 make some modifications to the agenda as we are  
7 going to postpone adopting bylaws until  
8 tomorrow. We will conduct officer election --  
9 excuse me.

10 We will conduct officer elections after --  
11 immediately after adopting the bylaws. We are  
12 required by Florida Sunshine statutes to take  
13 public comment before any vote before the  
14 Council.

15 I think this would be an excellent  
16 opportunity to provide opportunity for public  
17 comment on discussion of the bylaws before the  
18 Council votes for them tomorrow. And the  
19 charter, excuse me. Excuse me. We'll take  
20 public comment on the bylaws and the charter.

21 Is there anybody in the room that would  
22 like to provide public comment on the bylaws or  
23 the charter? (No response.)

24 Is there anybody on the phone that would  
25 like to provide public comment on the bylaws and

1 the charter? (No response.)

2 DR. SUMMERS: No.

3 MR. LEFFLER: All right. Seeing no public  
4 comment we will, as previously stated, we will  
5 adopt bylaws at the opening of the meeting  
6 tomorrow immediately followed by election of  
7 officers.

8 The next item on the agenda is the  
9 pediatric trauma center verification roundtable.  
10 What we wanted to do now is, I know that in the  
11 last couple of weeks we have done lots of work  
12 on our commons hour discussions on identifying,  
13 you know, kind of what our next steps are.

14 I'd like to kind of have a formal  
15 discussion here so that we can identify where  
16 we're at, what the next steps need to be and  
17 identifying target dates for those steps and  
18 assignments for either a person or multiple  
19 members to work on those items and bring them  
20 before the Council.

21 Ms. DiNova, I know, has worked the last  
22 couple of weeks on doing a crosswalk related to  
23 the Florida and ACS standards. And I know that  
24 at this point we were trying to limit it to the  
25 pediatric, but I know that you did -- you did

1 more than that.

2 Ms. DiNova, you -- would you -- you're  
3 recognized to discuss your crosswalk to this  
4 point.

5 MS. DINOVA: Okay. I've prepared these  
6 binders of each of us and you'll see that it has  
7 multiple different sections in it.

8 I would like to point out one thing is, the  
9 reason that I went ahead and looked at some of  
10 the Level 1 and Level 2 things for the State in  
11 comparison is because if you take note of ACS  
12 Chapter 10, it says that hospitals that pursue  
13 verification as pediatric trauma centers must  
14 meet the same resources requirements as adult  
15 trauma centers, in addition to pediatric  
16 resource requirements.

17 So without looking at the adult stuff we  
18 couldn't do a full side-by-side comparison of  
19 the pediatric because they have to meet the  
20 adult things also.

21 So what I've got in here is an actual  
22 crosswalk and it starts out by going through and  
23 by -- it is in order of Florida standard. And  
24 what I did is, all of the standards that are in  
25 the orange book we matched up which Florida

1 standard it went to and gave you the sections of  
2 it and made any notes, like if it was just the  
3 closest match or if it was an exact match. What  
4 would -- the difference of it was.

5 And then, because there are things that the  
6 Florida standards address that the ACS does not,  
7 the only way to kind of look at those was, as we  
8 went through and did this, actually highlighted  
9 the Florida standards and then made you guys  
10 copies of those Florida standards, both for all  
11 Level 1, 2 and pediatrics in there.

12 And what you'll note when you're looking at  
13 those is there are some sections that are  
14 highlighted. Those are the things that are not  
15 addressed by ACS. Those are Florida alone  
16 standards when you look at that.

17 So the first section tells you what the ACS  
18 says and what Florida's answer is to that. And  
19 then looking at the other sections, that is what  
20 Florida says that the ACS did not address.

21 MR. LEFFLER: Dr. McKenney, you're  
22 recognized.

23 DR. MCKENNEY: First off, thank you. That  
24 was -- that's an enormous undertaking and I  
25 greatly appreciate it.

1           The one thing I didn't quite follow along  
2 was you said the highlighted. I'm not seeing  
3 highlights on my --

4           MS. DINOVA: When you look in the actual  
5 Florida standards section. So the first part,  
6 that crosswalk, that is the stuff that matched  
7 up exactly, ACS and Florida.

8           And then towards the back of that you'll  
9 see that there's actually a whole lot of stuff  
10 that was just ACS only and I've marked that as  
11 saying that it's not required by Florida  
12 standard.

13           But the only way to show you what Florida  
14 has that ACS doesn't address, because there is a  
15 lot of things that Florida has that ACS doesn't,  
16 especially in regards to, like, education and  
17 nursing components and stuff, that's what's  
18 highlighted in the Florida standards in the  
19 back.

20           So what's highlighted is not addressed by  
21 ACS, but is by Florida.

22           DR. MCKENNEY: Thank you.

23           MR. LEFFLER: So where we left off on our  
24 commons hour meetings over the last couple of  
25 weeks is that, once we had completed the

1 crosswalk, we could begin to look at some cost  
2 analysis differences between the standards.

3 Is there any discussion amongst the group  
4 regarding that?

5 MS. DINOVA: (Shook head.)

6 MR. LEFFLER: Dr. Reed, you're recognized.

7 DR. REED: Yeah. Lisa, I also echo this --  
8 this is an enormous amount of work that you've  
9 put together very well.

10 And if I'm following what you've laid out  
11 here, we have -- in the section where it says --  
12 it involves ACS standards that do not have a  
13 direct correlating Florida standard. Then these  
14 would be the lines or the items that we would be  
15 looking at to see what these -- each of these  
16 items cost.

17 So the first one I see, for example, is the  
18 attending surgeons immediate -- within 15  
19 minutes arrival for patients with appropriate  
20 activation, criteria must be monitored by the  
21 hospital's trauma Pitch program, CD9, Type 1,  
22 that's in ACS Chapter 2 for Level 1 and 2s. And  
23 we don't have a Florida standard for that. And  
24 it does not require monitoring. And so that  
25 means that Florida doesn't require us to capture

1 the attending's arrival time, but the college  
2 does.

3 Is that what you're saying?

4 MS. DINOVA: There's slight differences and  
5 what Florida does address is we have it laid out  
6 as a prompt response. And that's laid out in  
7 the definitions part that's up in the front  
8 there. It doesn't say 15 minutes, per se. It  
9 says a prompt response.

10 DR. REED: Right.

11 MS. DINOVA: And prompt response is in the  
12 definitions.

13 MR. LEFFLER: In the Florida standards  
14 there is a note related to prompt response that  
15 says 30 minutes.

16 MS. DINOVA: Right. So, but what the  
17 difference there is, is that Florida didn't  
18 require the monitoring --

19 DR. REED: Right.

20 MS. DINOVA: -- to be reported for survey.

21 DR. REED: Right.

22 MS. DINOVA: So I don't know that you could  
23 put a cost to that as opposed to -- except for,  
24 just like the program manager or whoever has to  
25 monitor that and keep track of it. That would

1 be the cost associated with it.

2 DR. NAMIAS: So there's a cost.

3 MS. DINOVA: Would be their time.

4 DR. NAMIAS: So there's a cost. I mean  
5 there's calculable hours, you know, percent of  
6 an FTE for that person because maybe by the time  
7 we add all those things in the TPM can't do it  
8 anymore.

9 So there --

10 MS. DINOVA: Right. And that's the part  
11 that I have no way of figuring that out. But  
12 that's why I left a nice blank column for us to  
13 fill in as we go.

14 MR. LEFFLER: So I think it would be  
15 prudent for the Council to entertain discussion  
16 related to how we could develop a tool to  
17 analyze costs.

18 Is there any thoughts on that?

19 DR. REED: I think it's going to depend  
20 upon the item. Because some of these things, I  
21 mean, like that, adding in a time on a -- on a  
22 flow sheet, you know, and then having a process  
23 to capture it and track it, might not seem like  
24 it's expensive, but it can be a logistical  
25 problem if you don't already have it in your

1 system, having seen it been incorporated in  
2 other places. And it doesn't happen  
3 immediately.

4 So the problem is, how do you actually  
5 estimate that? I don't have a clue, you know.

6 DR. NAMIAS: And that's why we have a panel  
7 of experts, because that's the best -- the  
8 closest you can come, whatever we agree on.

9 DR. REED: I think it'll be different for  
10 another issue. You know, a different analysis  
11 for the issue. It's going to be issue-by-issue.  
12 Until we get handy with it, we might have some  
13 way of working it out.

14 MR. LEFFLER: Dr. McKenney, you're  
15 recognized.

16 DR. MCKENNEY: I've been thinking about  
17 this also. Sometimes it's clear you have to  
18 hire personnel and then you could look for the  
19 fair market value of that person.

20 And other times it's documenting process.  
21 And if it isn't crystal clear on the cost we  
22 could maybe estimate the time, then estimate the  
23 amount the person who's collecting the data  
24 would get paid and, you know, we could come up  
25 to some value on that, maybe.

1           That's what was crossing my mind as I was  
2 going through the same calculus.

3           MR. LEFFLER: A couple weeks ago in one of  
4 our commons hour meetings we had discussion  
5 related to reaching out to memorial -- Mr. Ross'  
6 hospital and Tampa General, who have ACS  
7 verified pediatric trauma centers or whatever --  
8 whatever trauma centers you felt were necessary  
9 to solicit some of this information.

10           Is there anymore discussion related to that  
11 idea?

12           MR. ROSS: Anything we have we'd be happy  
13 to share it up with.

14           MR. LEFFLER: Okay. Dr. McKenney?

15           DR. MCKENNEY: Yes. That's actually a --  
16 you know, it seems like a great idea. You could  
17 look to see on those that have gone through the  
18 process if they've hired additional personnel to  
19 account for the minutes.

20           I think it'll be obvious if you have to  
21 hire, you know, if it clearly states you need  
22 this person, you look for the fair market value  
23 of that person's salary. If it's a time-based  
24 event, then we could look to see if the time  
25 adds up so much that, perhaps, you had to hire

1 additional people that others that haven't gone  
2 through the college have not hired.

3 I could see it going either way, actually.

4 MR. ROSS: Uh-huh.

5 MR. LEFFLER: Is there a volunteer or a  
6 motion to form a workgroup that would -- of  
7 Council members or personnel that you feel  
8 appropriate to undertake the cost estimate? I'd  
9 entertain a motion.

10 MR. ROSS: So moved.

11 MR. LEFFLER: So moved. Mr. Ross has a  
12 motion to formulate a workgroup of either  
13 Council members or appropriate expertise to  
14 analyze -- to develop a methodology for  
15 analyzing costs.

16 Is there a second? Is there discussion?

17 DR. NAMIAS: Discussion. I think that our  
18 TPM representatives here could even reach out to  
19 nonmember TPMs to be on such a workgroup.  
20 Because the trauma program managers, you know,  
21 know how much it adds when they have to add one  
22 more box to check or thing to measure.

23 MR. LEFFLER: Yes, that's a valid point.

24 And we did account for that in our subcommittee  
25 and workgroup section of our bylaws that it need

1 not necessarily be a Council member that is  
2 appointed to a committee, subcommittee or  
3 workgroup.

4 DR. NAMIAS: All right.

5 MR. LEFFLER: Dr. Ibrahim?

6 DR. IBRAHIM: You know, given that, would  
7 it be prudent for us, maybe to form almost like  
8 a survey to send out to the TPMs across the  
9 state? Or maybe identify TPMs that we think,  
10 you know, have gone through the recent process,  
11 those kind of things, and send this out to them  
12 and get -- I mean, almost like a questionnaire.

13 MR. LEFFLER: I can tell you from the  
14 Department's standpoint that we have the  
15 capability to facilitate a survey developed by  
16 this Council or a committee or workgroup of the  
17 Council.

18 Ms. DiNova, did you --

19 MS. DINOVA: I was just going to say, I  
20 think a survey is a great way to go because  
21 it'll hit a broader spectrum. Because, frankly,  
22 there's two TPMs on this Council. And I've done  
23 a lot of it already.

24 But also I think we need to hit more than  
25 just one or two that we would have access to.

1 So doing something across the board would be a  
2 much better avenue for us.

3 What I will says is, I think we're going to  
4 hit stumbling blocks when it comes down to some  
5 of the things associated with costs, especially  
6 with physicians and surgeons. Facilities are  
7 not going to share that, most likely, because,  
8 you know, my facility versus your facility  
9 versus another facility. We're not going to  
10 want to share how much we're paying our trauma  
11 surgeons.

12 So I don't know that we're going to get  
13 those kind of answers. I think we will get  
14 answers regarding, like, trauma registrars and,  
15 like you were talking about checking the boxes,  
16 how much time that's going to take.

17 I still think that there -- we're going to  
18 have to go down some other avenues to find some  
19 of these other costs.

20 MR. LEFFLER: Dr. McKenney, you're  
21 recognized.

22 DR. MCKENNEY: Yeah, there's a couple books  
23 out there for fair market value of surgeons,  
24 which would -- then we wouldn't have to pry into  
25 that level of information, which is the AAMC and

1 the MGMA.

2 And those are -- although they're  
3 expensive, they're obtainable and they give you  
4 a breakdown on the expected salary for the  
5 average person at this location.

6 MR. ROSS: Uh-huh.

7 MR. LEFFLER: Is there any other  
8 discussion?

9 Dr. Ibrahim.

10 DR. IBRAHIM: And, you know, along those  
11 same lines, it might be -- if there's any way to  
12 do -- to de-identify it -- I don't know if  
13 that's really possible, but somehow to  
14 anonymously give us their information if there  
15 were those concerns.

16 And then, secondly, you know, especially  
17 looking at those centers that have recently  
18 undergone the verification process, I think they  
19 would be especially beneficial to this -- to  
20 this project.

21 MR. LEFFLER: That's a good point.

22 Is there anyone that would like to  
23 volunteer to head such a workgroup? (No  
24 response.)

25 DR. MCKENNEY: Maybe we leave it with the

1 group, then.

2 MR. LEFFLER: Yeah. Then I think at this  
3 point we would leave it with the group and we  
4 can -- we can work through assignments through  
5 our commons hour -- our commons hour meetings.

6 Any further discussion?

7 Dr. Namias.

8 DR. NAMIAS: I just want to point out, as  
9 we try to find people to lead things, the  
10 problem is, the reason that most of us are here  
11 is because we're already leading something and  
12 we are so incredibly busy that I think most of  
13 us are used to having the ability to have an  
14 idea and then point to somebody to execute on  
15 it.

16 And so we're going to face this problem  
17 over and over about finding someone to head  
18 workgroups of anything. So we might have to  
19 just be workgroups without a member leader and  
20 count on the Department for the execution of,  
21 you know, the administrative parts. Find a  
22 book, get a book, search a database, those sorts  
23 of things.

24 Our TPMs know that because we keep telling  
25 our TPMs to do all that work. And we're already

1 doing it here, which is not going to be  
2 possible.

3 MR. LEFFLER: Is there a recommendation  
4 about identifying personnel within the Florida  
5 trauma system that -- who could possibly take  
6 this up as a work item?

7 DR. SUMMERS: I think one of the issues  
8 we're going to face, too, is that there are  
9 likely multiple solutions to each one of these  
10 problems that different institutions would  
11 undertake differently.

12 You know, be it the 15-minute versus  
13 30-minute response times, the personnel issues  
14 and all that. So we're going to have to look at  
15 a variety of solutions to each of these things.  
16 So it's going to be a very complex undertaking.

17 MR. LEFFLER: Yeah, I understand. Thank  
18 you, Dr. Summers.

19 DR. NAMIAS: So I think it should be done  
20 as, we can have -- we can have workgroups and  
21 every one of us could be a workgroup.

22 MR. LEFFLER: Uh-huh.

23 DR. NAMIAS: But, in all honesty, I just  
24 don't see Dr. McKenney, Dr. Ibrahim or myself,  
25 you know, finding the four or five --

1 MR. LEFFLER: Sorry, Dr. Namias.

2 DR. NAMIAS: -- you know, finding the four  
3 or five or six hours it takes to compile a lists  
4 of costs and all that. I think we'll need  
5 administrative support from the Department.

6 With the Council identifying the needs for  
7 the to do items, but we would need  
8 administrative support from the Department to  
9 execute on that. I mean, Dr. Ibrahim or  
10 Dr. McKenney --

11 MR. LEFFLER: I can tell you from a Council  
12 perspective, if we -- if we were given a list of  
13 survey questions, per se, we don't have an  
14 objection of developing the survey, provided  
15 that you all provide us the questions.

16 DR. NAMIAS: Yeah.

17 MR. LEFFLER: We don't want to get in a  
18 position of having an advisory body and the  
19 Department wind up generating the questions.

20 DR. NAMIAS: We'd generate the questions.

21 DR. REED: Right. We would try to -- like,  
22 for example, like the first issue where the  
23 response time of 15 minutes versus 30 minutes.  
24 That may end up in higher call pay costs.

25 MR. LEFFLER: Yeah.

1 DR. REED: And there we could ask for a  
2 survey of all existing centers. Right now, your  
3 surgeons respond within 30 minutes, how much  
4 would it cost you, your group, to increase that  
5 or decrease it to 15 minutes.

6 MR. LEFFLER: Uh-huh.

7 DR. REED: And get the response from the  
8 State.

9 DR. NAMIAS: So a workgroup of members  
10 moderated by someone from the Department on the  
11 line could come up with these questions. But  
12 then I just -- I can't imagine that  
13 Dr. Ibrahim's going to go now and open  
14 SurveyMonkey and start typing it. Right?

15 That's what we need -- we need the  
16 Department for the administrative part.

17 MS. COLSTON: That's absolutely --

18 DR. NAMIAS: Yeah.

19 MS. COLSTON: -- and that's -- that's an  
20 assumption on our part, that we would do that.  
21 We will support whatever you guys need.

22 Now I think where we will need your help  
23 at, because, you know, we all know how surveys  
24 work. You send a survey out and you have the  
25 best intentions and the data will be helpful,

1 but nobody answers your survey.

2 So what will help from you all, for you all  
3 to do is to reach out to your colleagues and  
4 say, there's a survey coming from the Department  
5 of Health, we need you to answer that survey.

6 So, yeah, we're happy to do whatever it is  
7 you need to do on the admin side, but we'll need  
8 your help to get folks to respond to that  
9 survey.

10 Dr. Ibrahim?

11 DR. IBRAHIM: And I think, you know, in  
12 this room you have the vehicles --

13 MS. COLSTON: Yes.

14 DR. IBRAHIM: -- able to get through FCOT,  
15 through regional --

16 MS. COLSTON: Yes.

17 DR. IBRAHIM: -- trauma agencies, through  
18 the different things. So I think we have that  
19 --

20 MS. COLSTON: Yes.

21 DR. IBRAHIM: -- ability and I don't think  
22 -- given, again, the great work that she's done  
23 put -- and her group's done putting this  
24 together with this and the common hours, I don't  
25 think it would take very long to develop the

1 question list you need for the survey. I really  
2 don't.

3 MS. COLSTON: No, I mean, we used to do  
4 surveys all the time. So -- or at least I did.  
5 I haven't done them in a while, but while you  
6 guys are meeting, we can be creating the meeting  
7 survey, you know, and messaging and all that.  
8 We can pretty much pull that -- it's a  
9 relatively simply process.

10 Yeah, whatever you guys need, we can do  
11 that. Okay.

12 MR. LEFFLER: So I think the consensus is  
13 that as a group we will develop the survey and  
14 that the Department would facilitate that survey  
15 and you all would help us solicit responses from  
16 that survey.

17 We have a very -- in our previous meeting  
18 on May 24th, we set a very aggressive deadline  
19 to having this done -- having this study  
20 completed.

21 What kind of deadline do we want to put on  
22 getting the cost estimates? It's probably the  
23 biggest part of our tasking from the  
24 legislature.

25 DR. REED: Couple of years.

1 (Laughter.)

2 DR. NAMIAS: And this guy's your state  
3 trauma medical director.

4 DR. REED: I know reality.

5 MR. LEFFLER: Ms. DiNova.

6 MS. DINOVA: Wasn't it set forth in the  
7 statute that it's due by December?

8 MR. LEFFLER: It is due by December. We  
9 would require probably 30 days to move it  
10 through the administrative process and the  
11 transmit process to get it over there.

12 So we would need it no later than November  
13 -- the end of November.

14 Dr. Ibrahim?

15 DR. IBRAHIM: You know, given that, I think  
16 if we have our commons hours, you know, every  
17 week that you give us, I really think a month to  
18 develop the questions and then that will give  
19 sufficient time. We'll probably need a month to  
20 two month minimum to get all the results back or  
21 to get the people's answers.

22 So, I mean, you're really -- a month to get  
23 the questions, a month to two months beyond that  
24 to get all the replies back from all the  
25 different trauma centers. So in total you're

1 looking at three months to then really start  
2 doing the work. And, I mean, that puts us into  
3 --

4 MR. LEFFLER: October.

5 MS. COLSTON: We're in October.

6 DR. IBRAHIM: Yes. I mean you may have to  
7 say, I think, even a little bit less for the  
8 replies, I don't know, but I think that's the  
9 most I would say.

10 MS. COLSTON: So, based on that -- because  
11 -- and it's good. So this -- it's got to be --  
12 we've got to talk this through. And I don't  
13 want to be unrealistic, so it's good that we're  
14 talking about it.

15 I think, if possible here's what I would  
16 propose to the group. Because we're -- we won't  
17 have three months to collect the data. That  
18 would put a really unrealistic burden on you  
19 guys to do the actual work, I think, that's  
20 required.

21 So can we help facilitate this in such a  
22 way that we can try to get the data a little bit  
23 quicker? What I would recommend for this  
24 particular group is, at our next commons hour,  
25 perhaps you all can begin to start thinking

1 about the questions. So let's start, you know,  
2 and I know your schedules are busy and time is  
3 tight, but if we can write them down and you all  
4 just send them all in an e-mail to us so that at  
5 the next commons hour we can have them all  
6 consolidated and we can talk about them.

7 So that's one week. If we have to have  
8 another commons hour to discuss those or, you  
9 know, we're using that commons hour to actually  
10 discuss what you guys have proposed as the  
11 survey questions, we can look at them at the one  
12 week common hour.

13 Next week after that, you all agree that  
14 these are the survey questions we're going to  
15 use. That second week we will get that survey  
16 out.

17 Now if I'm oversimplifying this, backtrack  
18 me and tell me it's too aggressive and I'm okay  
19 with that. If we need to do it. But I think we  
20 can get the questions done two to three weeks  
21 max. I think we can have a survey out the door  
22 in that three-week time period -- at the end of  
23 that three-week time period.

24 We'll use a month to collect the data.  
25 Beginning at week two, if we have not received

1 any outreach, we can start to begin outreach  
2 from our office with you all's assistance and we  
3 can start getting people to answer our surveys  
4 just by virtue or calling them and saying, hey,  
5 you know, can we walk you through this, you  
6 know.

7 How important is this to us? It's very  
8 important to me, so I think we're willing to put  
9 forth the staff, the time and the effort to  
10 reach out to folks and to get these answers to  
11 these questions. So we can do that, too.

12 We can kind of, you know, send out the  
13 passive aggressive survey and say, please  
14 answer. And then we can go after folks and say,  
15 hi, it's your friendly DOH person calling on  
16 behalf of your wonderful Trauma System Advisory  
17 Council and we, you know, can we help you  
18 facilitate completion of the survey?

19 So then, let's say, so at three weeks we  
20 got another month. So now we're at a -- almost  
21 two months. So that puts us then at September,  
22 right? July? Yeah. So August, September, end  
23 of September. August, I mean October, November,  
24 you guys can use the information that you have  
25 because we'll be on a tight deadline to compile

1 everything, get it together for you and we can  
2 set up some aggressive commons hours. You know,  
3 maybe once or twice a week.

4 And I know that's asking a lot, but you are  
5 volunteering your time, so we'll work with you  
6 accordingly to get that done.

7 But I think we can get it done if we just  
8 try to, you know, adapt and do some things just  
9 a little bit differently.

10 What do you guys think?

11 Ms. DiNova? Yes.

12 MS. DINOVA: I just have a question. Don't  
13 we have another face-to-face meeting scheduled  
14 either September --

15 MS. COLSTON: In October.

16 MS. DINOVA: -- or October?

17 MS. COLSTON: Yes.

18 MS. DINOVA: So if we could have all the  
19 data back from the centers by then, then we  
20 could use that --

21 MS. COLSTON: That's correct.

22 MS. DINOVA: -- meeting to try to crunch it  
23 all together into some sort of --

24 MS. COLSTON: Right.

25 MS. DINOVA: -- format that we could turn

1 in.

2 MS. COLSTON: Right. And, you know, as we  
3 go through, as you guys walk through this,  
4 you're going to tell us other things that you  
5 need, too. So we're going to work on  
6 positioning ourselves to be able to, you know,  
7 be able to actively work on what it is you need  
8 to work on and have the data and resources that  
9 we need.

10 So if that sounds like a plan to you guys,  
11 we can pull that together and start to try to  
12 facilitate the completion of that. You know, I  
13 mean, I don't know what else it is you'll need,  
14 but if our first tasking, and I'm sorry because  
15 I was kind of not paying attention to some of  
16 the conversation, so, but, if the -- one of the  
17 first things that we're starting to try to think  
18 about is the survey questions that you'll need  
19 to use for this data, then let's target next  
20 commons hour as the time when everyone that's  
21 attending that meeting will walk in with some  
22 proposed questions that they've sent to us so  
23 that we can put them together and start to talk  
24 about them.

25 Dr. Reed?

1 DR. REED: Lisa, just to clarify. You've  
2 got the whole comparison between Florida and the  
3 college here. And these latter pages, and I  
4 don't know how many, it's a lot, are the ones  
5 where there's nothing in the Florida standards.

6 And I assume that that's -- those are the  
7 ones we want to focus on. Am I correct? Am I  
8 misunderstanding? Is there other --

9 MS. DINOVA: No.

10 DR. REED: -- ones we need to look at?

11 MS. DINOVA: Technically there's three  
12 sections to that crosswalk. And you're right.  
13 The one that you're looking at is really the  
14 middle section.

15 DR. REED: Right.

16 MS. DINOVA: Because then there's another  
17 whole section that's just Level 3 and 4s, which  
18 we don't do in Florida at all.

19 DR. REED: Right.

20 MS. DINOVA: So we would be looking at that  
21 middle section. But then we also would be  
22 looking at, when you look at the Florida  
23 standards, those highlighted components, because  
24 that's stuff that Florida requires that the ACS  
25 does not.

1           So that's things that we're already doing  
2           that, if you switched to ACS you would not need  
3           to do. But, you know.

4           DR. REED: I don't know if that's --

5           MS. DINOVA: But they are required by  
6           Florida right now.

7           DR. REED: Right. I don't know if that's  
8           part of our question right now. I think our --

9           MS. DINOVA: The --

10          DR. REED: I have always interpreted our  
11          question that looking at what it would cost to  
12          do the college versus what it currently costs to  
13          do Florida. Right?

14          (CROSSTALK)

15          MS. COLSTON: Yes.

16          DR. MCKENNEY: What additional costs, if  
17          any.

18          DR. REED: Right. Exactly.

19          MS. DINOVA: What additional costs.

20          MS. COLSTON: Yeah, I mean it's just a cost  
21          comparison --

22          DR. REED: Right. I mean --

23          MS. COLSTON: -- essentially between --

24          DR. REED: -- you're right that there would  
25          be --

1 MS. COLSTON: -- the two programs.

2 DR. REED: -- something lost if --  
3 potentially if we went to the college and didn't  
4 do Florida.

5 So, can you just e-mail us out those pages  
6 of where Florida doesn't have stuff so we can  
7 have those as an isolated set of -- an isolated  
8 list so we can all go through those and come up  
9 with the cost-related concepts that, you know,  
10 where these things may employ some additional  
11 funding or need additional funding. And so we  
12 don't have to worry about all the other stuff.

13 MS. DINOVA: Yeah, I can do that. It's --  
14 Michael already sent out the full document.

15 DR. REED: Right.

16 MS. DINOVA: But I can get it and separate  
17 it out and sent it through Michael out to you  
18 guys.

19 DR. REED: Yeah.

20 MS. DINOVA: Yes.

21 DR. REED: I think if we just focused on  
22 that it would help us get -- avoid getting lost  
23 in some weeds here and there.

24 MS. COLSTON: Great recommendation. Thank  
25 you, Dr. McKenney.

1 DR. MCKENNEY: First off, again, this is  
2 huge. I can't even imagine the number of hours  
3 that it took, but to -- and to -- I hate to ask  
4 for more, but one additional thing might be to  
5 number each of the pages so when we get to an  
6 issue we can talk about something on, you know,  
7 page 67, as opposed to bouncing around and  
8 looking for it. If that's possible.

9 MS. DINOVA: Yeah, that's even --

10 DR. MCKENNEY: And, again, wow, thank you.

11 (Dr. McKenney exited the meeting room.)

12 MS. COLSTON: Yes, thank you, Ms. DiNova,  
13 for the work that you have done there.

14 So the ask is that we're going to send --  
15 Ms. DiNova's going to send only the relevant  
16 information that Dr. Reed was talking about with  
17 some numbered pages as well.

18 And we can -- if you'll send us the  
19 document, I mean, we can do that, but if you'll  
20 just separate the document as you need to and  
21 we'll take care of it. We'll e-mail that out to  
22 the group before the end of the week.

23 Michael, can we do that?

24 MR. LEFFLER: Yes.

25 MS. COLSTON: We'll e-mail this information

1 by the end of the week.

2 So the next -- I'm sorry, Dr. Namias.

3 DR. NAMIAS: Just a question.

4 MS. COLSTON: Yes, sir.

5 DR. NAMIAS: The transcription of these  
6 meetings will be very valuable because we're --  
7 we're moving on a fast timeline.

8 MS. COLSTON: Yes, sir.

9 DR. NAMIAS: And as you know, even you  
10 momentarily missed parts of the conversation.  
11 So I'm sure we all are, too.

12 How fast can the transcription be turned  
13 around and sent to us so we can refer to it when  
14 we're going to complete our tasks?

15 MS. COLSTON: I would have to talk to our  
16 court reporter who is here today. And I don't  
17 know if she is willing to give us an answer just  
18 yet. So we will talk to her and I can get that  
19 information to you guys and let you know as soon  
20 as possible.

21 Okay. So are there any other questions at  
22 this time? (No response.)

23 All right. So I'm going to very rapidly  
24 walk through what I think our next schedule --  
25 our next few meetings will look like in the

1 schedule and we're going to put it up there.  
2 It's not on the board any more for some reason.

3 So, what we just talked about, we're going  
4 to send you some additional information. If  
5 there is any other additional information that  
6 you guys will need to develop these survey  
7 questions, please don't hesitate to let us know  
8 or let -- so we can circulate to the group  
9 because I don't know that DOH will always have  
10 the information that you're looking for. But  
11 there may be something that your peers have that  
12 may be useful.

13 But we talked about having each of us when  
14 we walk away from here, by the time we conduct  
15 the next commons hour meeting, we are going to  
16 -- and that was going to be on the 17 -- the  
17 18th. I'm sorry, July 18th, next Wednesday.

18 You guys are going to come to that meeting  
19 with some survey questions developed -- some  
20 potential survey questions. Okay?

21 Does anybody have any objection to doing  
22 that? (No response.)

23 On the 18th, that's next Wednesday, you  
24 will come with some survey questions. We will  
25 ask that you send those to Michael Leffler so

1 that we will have them and can begin to start  
2 compiling them there in the meeting.

3 We will be a webinar so that we can -- you  
4 can have access to it and look at it. If that's  
5 not convenient, we'll send you a Word document  
6 that you can also reference. Okay?

7 So, yes, Dr. Reed?

8 DR. REED: What's the time for the meeting?

9 MS. COLSTON: Three o'clock.

10 MR. LEFFLER: Three o'clock Eastern time.

11 MS. COLSTON: Three o'clock Eastern time.

12 Okay. So on the 18th we'll have draft  
13 questions and we will discuss during that  
14 meeting the survey questions that we would like  
15 to use.

16 Now, again, we are working under a tight  
17 deadline and I don't want to be unrealistic, so  
18 push back if it is unrealistic, but if we can  
19 come to some consensus on the 18th about those  
20 survey questions, then technically we could have  
21 those survey questions out the door as soon as  
22 you guys approve them.

23 If you'd like, though, we can use that hour  
24 on the 18th to discuss the survey questions and  
25 then the next commons hour meeting is on the

1 26th, the following week after that.

2 MR. LEFFLER: (Not using microphone.)

3 MS. COLSTON: We can come back together and  
4 agree to circulate the survey. So that's two  
5 weeks. We've come up with the survey and we  
6 will be sending it out within two weeks.

7 What do you all think about that?

8 UNIDENTIFIED SPEAKER: Is July 26th also at  
9 three p.m.?

10 MS. COLSTON: Yes, sir.

11 MR. LEFFLER: We can entertain other times  
12 if we need to.

13 MS. COLSTON: Yes. And so you guys know,  
14 if we need to change the time and we can find  
15 some that's convenient for everybody.

16 Dr. Ibrahim?

17 DR. IBRAHIM: Again, this is a selfish  
18 issue, but I have clinic every Wednesday  
19 afternoon.

20 MS. COLSTON: Okay.

21 DR. IBRAHIM: So can I e-mail my questions?  
22 Could I do that and then you could still discuss  
23 them, someone can bring them up, if I e-mailed  
24 them to Mr. Leffler. Would that be okay?

25 MS. COLSTON: Absolutely. Yeah. That's

1 fine.

2 MS. DINOVA: I was just was going to say,  
3 I'm pretty sure you already sent this out, but I  
4 can't find it. Do you have the timeline of when  
5 all the different commons hours meetings and  
6 when our next face-to-face meetings are?

7 MR. LEFFLER: I originally sent out a  
8 meeting notice for the month of June for the  
9 commons hour. Yesterday I noticed the commons  
10 hours for July, which are the 18th and 26th.

11 I can make arrangements to do commons hours  
12 at any time. I just need seven days' notice.  
13 Oh, it's -- I need seven days -- it needs to be  
14 posted for seven days, so I really need eight  
15 days' notice.

16 MS. COLSTON: Okay. So I'm not hearing any  
17 objection or push back to the current schedule  
18 I'm proposing. Draft questions for discussion  
19 on the 18th, finalize and send on the 26th.

20 So is everybody in agreement with that?  
21 (No response.)

22 If you can't attend, please make sure you  
23 send your questions in anyway so that we can at  
24 least talk about them.

25 And in reference to Dr. Ibrahim's question,

1 he said every Wednesday he has, you know, he's  
2 on duty so he can't attend the meetings, but the  
3 week after that, on the 26th, the meeting will  
4 be on a Thursday afternoon.

5 So remember, they rotate Monday, Tuesday,  
6 Wednesday, Thursday every week and always at  
7 3:00.

8 So if you can't attend a meeting, just make  
9 sure you get your information to us because your  
10 input is pretty important here.

11 Okay. So this is going to be our initial  
12 schedule. Once we finalize that and do the  
13 survey then we're going to get -- we're going to  
14 give folks a month. So, what's a week from the  
15 26th?

16 And this is assuming, now, that we're going  
17 to finish on the 26th. So we're going say, on  
18 August 26 is when those responses will be due  
19 back; is that right?

20 MR. LEFFLER: When the survey will be  
21 approved.

22 MS. COLSTON: That's a month. Yeah, we're  
23 going to get it sent out and --

24 MR. LEFFLER: It will go out then. I was  
25 saying -- I was looking at having the -- having

1 the survey sent out the first week of August,  
2 which would be a couple days after the 26th and  
3 then they would have a month to --

4 MS. COLSTON: Until August 31st.

5 MR. LEFFLER: -- August 31st. And at three  
6 weeks we would start intervening or soliciting  
7 responses.

8 MS. COLSTON: Okay. So are we setting it  
9 -- so say again. So August 1, send the survey  
10 out.

11 MR. LEFFLER: August 1, send the survey  
12 out.

13 MS. COLSTON: August 31st --

14 MR. LEFFLER: August 31st --

15 MS. COLSTON: -- it's due.

16 MR. LEFFLER: -- it's due.

17 MS. COLSTON: So everybody should have  
18 responses by week two. Depending on how many  
19 responses we've got, we're going to start  
20 reaching out to you guys so that you can help  
21 put us in touch with the folks we need to talk  
22 to. Okay?

23 Mr. Ross.

24 MR. ROSS: I would only suggest, very  
25 truthfully, that after a week of the survey

1 going out, start sooner. Make the calls.

2 MS. COLSTON: Okay. Absolutely. No  
3 problem.

4 MR. ROSS: And we'll get you to the right  
5 people. It'll smooth out the process and make  
6 it more expeditious.

7 MS. COLSTON: And so I can tell the folks  
8 when I call them that you said I could harass  
9 them earlier.

10 MR. ROSS: Right.

11 MS. COLSTON: Okay. I'm just checking to  
12 make sure. No, I'm just kidding.

13 So, no, that's no problem. And you're  
14 right, you know, I would have done it a week  
15 after and said, hey, did you get my survey. But  
16 I don't want to be too pushy so, but we can do  
17 that, definitely.

18 So now we're at August 31st where we've  
19 hopefully gotten as much participation on the  
20 survey as possible. We'll probably need a week  
21 to collate all of the data that we get and put  
22 it in some presentable format to be usable to  
23 the group.

24 So August 31st. I need a calendar. August  
25 31st is a Friday. So the whole next week after

1 that is September --

2 UNIDENTIFIED SPEAKER: September 1st  
3 through the 7th.

4 MS. COLSTON: And that's Labor Day.

5 UNIDENTIFIED SPEAKER: (Not using  
6 microphone.)

7 MS. COLSTON: Okay. So what about the week  
8 after that, then, because some folks take off  
9 for Labor Day.

10 UNIDENTIFIED SPEAKER: (Not using  
11 microphone.)

12 MS. COLSTON: I'm sorry?

13 UNIDENTIFIED SPEAKER: September 10th  
14 through the 14th.

15 MS. COLSTON: September 10th through the  
16 14th.

17 So at commons hour we'll go ahead -- we'll  
18 send you guys the data as soon as we get it put  
19 together, but the week of September 10th through  
20 the 14th, whenever that commons hour meeting is  
21 -- and you're getting this down?

22 UNIDENTIFIED SPEAKER: Yeah.

23 MS. COLSTON: We will -- you guys can use  
24 that time to discuss the data and, you know,  
25 begin working on stuff. So now we're at

1 September -- the second week of September and so  
2 every commons hour after that, I guess, can be  
3 used to kind of work on getting the assessment  
4 done.

5 Does that work for everybody? (No  
6 response.)

7 And maybe we'll kind of do a pulse check at  
8 the end of September. That's a couple of weeks.  
9 To see where we are, what your needs are, you  
10 know, how close are we to completion and that  
11 sort of thing.

12 Any comments, questions, suggestions? (No  
13 response.)

14 Okay. So we'll kind of just leave it right  
15 there because I think when we do a pulse check  
16 we still have at least a month. We have  
17 October, yeah. October to -- and November  
18 because you guys said, well, we want this done  
19 by November 30th or we said we need it done by  
20 November 30th.

21 So I think we're -- that's some good time  
22 right there for us to be able to determine where  
23 we need to be at moving forward.

24 Does that work for everybody? (No  
25 response.)

1           And I know that's only still only an extra  
2 month, Dr. Ibrahim, but we -- at least we're  
3 there.

4           If we can move faster we will and we can  
5 always move the timeline up if we -- if we're,  
6 you know, ahead of schedule. But at least we  
7 have a schedule now. Okay? All right.

8           What's next on the agenda?

9           And we'll send this out to you guys, too,  
10 in an e-mail so that you'll have it. We'll  
11 probably send out calendar invites with some key  
12 dates as well so that you'll have it on your  
13 calendar. You'll probably get tired of crap  
14 from us, but that's okay. We're here to help.

15           Okay. So we've done through, we've kind of  
16 done our roundtable.

17           Was there anything else that we needed to  
18 do for this, Mike?

19           MR. LEFFLER: No. We are going to -- like  
20 I said, we are going to defer adoption of bylaws  
21 and election of officers until tomorrow morning.

22           MS. COLSTON: Okay.

23           MR. LEFFLER: And charter.

24           MS. COLSTON: And charter.

25           MR. LEFFLER: Until tomorrow afternoon's

1 meeting.

2 MS. COLSTON: I can't tell you -- I can't  
3 promise how soon we'll get the bylaws and stuff  
4 -- the clean copies done, but we'll get them to  
5 you sometime this evening. So we've got an  
6 Advisory Council awards ceremony that they're  
7 having. You guys know about that.

8 So we've got to be there, but we'll get it  
9 done and sent to you and then we'll talk about  
10 it tomorrow.

11 Yes, sir, Dr. --

12 MR. SUMMERS: So the October --

13 MS. COLSTON: I mean Mr. Summers.

14 MR. SUMMERS: The October meeting is slated  
15 for 16th, 17th, 18th --

16 MS. COLSTON: That's correct.

17 MR. SUMMERS: -- in St. Augustine?

18 MR. LEFFLER: It's on the agenda for  
19 tomorrow. Future meeting schedule is on the  
20 agenda for tomorrow.

21 MS. COLSTON: Okay. So we'll -- yes, we're  
22 going to talk about the future meeting schedule  
23 tomorrow I think. So, but yes, you're right.  
24 Thank you. The EMSAC in October.

25 Okay. Well I have no closing remarks. I

1 think I have run my mouth enough. So if there's  
2 nothing else, we'd like a -- we'll entertain a  
3 motion to adjourn.

4 MR. ROSS: So moved.

5 MS. COLSTON: Yes, thank you, sir. And do  
6 I have a second?

7 MR. SUMMERS: Second.

8 MS. COLSTON: There better not be any  
9 discussion. (Laughter.)

10 All right. All in favor? (Council members  
11 responded.)

12 Great. Thank you.

13 Opposed? I'm sure there's no one.

14 Thanks so much. Have a great evening.

15 (The Florida Trauma System Advisory Council  
16 Workgroup Meeting adjourned at 4:11 p.m.)

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## C E R T I F I C A T E

STATE OF FLORIDA )

COUNTY OF ORANGE )

I, CYNTHIA R. GREEN, Court Reporter,  
certify that I was authorized to and did report the  
aforementioned July 11, 2018 Florida Trauma System  
Advisory Council Workgroup Meeting, and that the  
transcript is a true and complete record of my notes  
and recordings.

I further certify that I am not a relative,  
employee, attorney or counsel of any of the parties,  
nor am I financially interested in the outcome of  
the foregoing action.

DATED this 3rd day of August, 2018.

*Cynthia R. Green*

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CYNTHIA R. GREEN, Court Reporter  
Notary Public, State of Florida  
(electronic signature)

Notary Commission #EE 203636  
Commission Expires: 06/01/20