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 3 1 2018

ORIGINAL

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

American Court Reporting
407.896.1813
PERSONS PRESENT:

MAC KEMP
BRAD ELIAS, MD
LISA DINOVA, RN, BSN
DAVID SUMMERS, RN
MARK MCKENNEY, MD
ZEFF ROSS, FACHE
NICHOLAS NAMIAS, MD
ROBERT REED, MD
JOSEPH IBRAHIM, MD
DONNA YORK, RN, MSN (phone)
GLENN SUMMERS, MD (phone)
DARWIN ANG, MD (phone)
LEAH COLSTON, BUREAU CHIEF, BUREAU OF EMO
MICHAEL LEFFLER, OPERATIONS MANAGEMENT CONSULTANT, MANAGER
PROCEEDINGS

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

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

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

(PLEDGE OF ALLEGIANCE.)

Thank you.

UNIDENTIFIED SPEAKER: Thank you.

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

MR. LEFFLER: Dr. Reed?

DR. REED: Present.
MR. LEFFLER: Mac Kemp?
MR. KEMP: Here.
MR. LEFFLER: Dave Summers?
MR. SUMMERS: Here.
MR. LEFFLER: Dr. Summers?
DR. SUMMERS: Here.
MR. LEFFLER: Donna York?
MS. YORK: I'm on the phone.
MR. LEFFLER: Dr. Ang?
DR. ANG: (No audible response.)
MR. LEFFLER: Dr. Namias?
DR. NAMIAS: Here.
MR. LEFFLER: Zeff Ross?
MR. ROSS: Here.
MR. LEFFLER: Lisa DiNova?
MS. DINOVA: Here.
MR. LEFFLER: Dr. Elias?
DR. ELIAS: Present.
MR. LEFFLER: Dr. Ibrahim?
DR. IBRAHIM: Present.
MR. LEFFLER: Dr. McKenney?
DR. MCKENNEY: Here.
MR. LEFFLER: Excuse me. Dr. Ang -- go on
the record and show that Dr. Ang did not answer.

MS. COLSTON: Okay. Great. Thank you. We
have --

MR. ROSS: I think he's on the phone.

Maybe give another shot at it.

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

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

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

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

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

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

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

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

So the -- we sent out a draft and we did receive a couple of comment and so, Michael, I'm going to let you walk through what those
comments are and what they look like. So and we do have the bylaws posted on the screen.

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

MR. LEFFLER: There are copies in the back.

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

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

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

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

So we'll go ahead and start with Article 1. When we get completed with the article and the
suggested changes, we can do a motion and a second and a voice vote to approve.

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

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

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

DR. MCKENNEY: Second.

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

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

Is there any motions for change to Article 2?

DR. MCKENNEY: (Not using microphone.)
MR. LEFFLER: Dr. McKenney, if we can use the microphones to help -- assist our court reporter.

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

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

DR. MCKENNEY: Thank you.

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

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

Additionally, near the bottom of it, where it says, with the rules and regulations of the State of Florida, the Department of Health, period, Council members are not prohibited from receiving compensation or reimbursement for travel expenses from their employer.
MR. LEFFLER: Do I see a second to Mr. Ross' --

DR. MCKENNEY: (Not using microphone.)

MR. LEFFLER: I show Dr. McKenney's second. All those in favor? (Council members responded.) All right shows voice vote carried. Any other suggested changes to Article 2? (No response.)

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

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

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

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

DR. NAMIAS: So what you're doing is removing the parenthetical Department? That's your motion?
MR. ROSS: No, sorry. You can leave the parenthetic Department. The motion was literally adding the statement that we can get the reimbursement from employers because that was a bone of contention among some. They wanted to make sure they could, that it wasn't the DOH or State in any way reimbursing.

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

Ms. DiNova?

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

(Not using microphone.)

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

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

MS. DINOVA: Okay.

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

MR. ROSS: It's "or," not "for
reimbursement," "or reimbursement from their employer."

    MR. LEFFLER: All right. Are we good here?
    MS. COLSTON: That's fine. We need to add -- okay.

    MR. LEFFLER: I'm sorry. Go ahead.
    MS. COLSTON: So then, I would suggest or I would put before the Council as a recommendation where it says members may not be reimbursement per diem or -- and/or travel expenses by the Department, I would add just a simple phrase, by the Department, because otherwise it's -- we're kind of conflicting if we say may not be reimbursed up there and then Council members are not prohibited from receiving from their employer.

    MR. ROSS: Okay.
    MS. COLSTON: Okay.
    MR. ROSS: Just for discussion, you can eliminate that sentence and just include mine and it does the same thing.

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

    The Department doesn't want to be in the -- on the hook. I mean that --
MS. COLSTON: Okay.

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

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

MR. ROSS: Are we done with that one?

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

MR. ROSS: Right.

DR. NAMIAS: By the Department.

MR. ROSS: By the Department, right.

MS. COLSTON: Right.

MR. LEFFLER: Mr. Ross?

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

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

Second, it states, excuse me, that the moderator can certainly excuse, you know, some of the people for different ideas or whatever.

I would suggest that we make it that their
present -- where it says -- I'm just reading my notes here.

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

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

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

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

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

      All right. Do I see a -- Mr. Ross, I understand your motion, you would like to change it to three meetings -- failure to attend three meetings in a calendar year, the Council can
recommend that the Governor receive membership
applications.

MR. ROSS: Right.

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

DR. ELIAS: Second.

DR. MCKENNEY: Second.

MR. LEFFLER: Second by Dr. McKenney.

All those in favor?

DR. NAMIAS: I have discussion.

MR. LEFFLER: Dr. Namias?

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

What is the reason for this?

MR. ROSS: The reason -- okay. This was
discussed at the first meeting because we felt
that if you were appointed to the committee by
the Governor that you should be in attendance.
This permits so that if -- and I'm in Broward
County -- Broward County gets a hurricane and
got a shooting, which we had this past, you
know, time period, I could -- may not have been
able to make two meetings.
And felt that if it's three meetings within the year, because there are four meetings within the year, it made a little more sense. That was the only reason that I --

DR. NAMIAS: Okay. So --

MR. ROSS: -- am making that suggestion.

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

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

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

MR. ROSS: Right. Versus a term.

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

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

MR. LEFFLER: Is there any other discussion?

Dr. Ibrahim?

DR. IBRAHIM: I know this was brought up a few minutes -- a few moments ago, but the common -- do we need to put anything in there about the common hours being excused or being not
considered part of that?
   Just more of a question than anything.
   MR. LEFFLER: Is there any discussion amongst the Council on the suggestion as for that?
   MR. ROSS: We all agreed, common hours were voluntary, if you would.
   MR. LEFFLER: Yeah.
   MR. ROSS: They're not a real meeting, in essence.
   MR. LEFFLER: The common hours were intended to not have an attendance requirement. We can add that explicitly in there is that is -- is that your motion, Dr. Namias?
   DR. NAMIAS: My motion is to add it explicitly because 20 years from now --
   MR. ROSS: Yeah.
   DR. NAMIAS: I move to add an explicit clause that says, parenthetically, common hours do not count towards regular or special meetings.
   MR. LEFFLER: To get back on posture. Mr. Ross, do you have an objection to adding that to your motion?
   MR. ROSS: No, I agree with it.
MR. LEFFLER: Ms. DiNova?

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

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

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

MR. ROSS: No.

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

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

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

DR. ELIAS: Second.
MR. LEFFLER: Dr. Elias, second.

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

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

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

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

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

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

MR. LEFFLER: Dr. McKenney?

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

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

MR. ROSS: Then I would suggest you --

MR. LEFFLER: -- amend your motion --
three-quarters.

MR. ROSS: Be consistent. Yeah.

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

MR. KEMP: Yes.

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

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

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

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

DR. MCKENNEY: Second.

MS. DINOVA: Second.

MR. LEFFLER: Seconded by Dr. McKenzie and Ms. DiNova.

MR. ROSS: I just have a --

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

MR. ROSS: Yeah, I have a question with
regard to that. And although I do agree it's nice to have that, do you want to put the purpose in that conforms to the federal -- the state statute that delineates what the purpose of the Council is and make that in agreement with the statute?

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

Is there anymore discussion regarding that?

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

Or is -- I mean -- or is there a difference between the two.
MS. COLSTON: So the mission is often something that you would love to achieve. That's your pie in the sky -- well, that's your vision. But your mission is, we are going to do this.

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

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

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

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

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

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

DR. REED: How about --

DR. MCKENNEY: -- issues.

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

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

DR. MCKENNEY: And that might -- that might
do it. In reference to the Council mission --

DR. REED: Right.

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

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

MR. KEMP: No objection.

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

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

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

MR. LEFFLER: Dr. Reed?

DR. REED: I think purpose is sort of a broad view, you know, which is like making the best trauma system. The details are all the various little things we're going to do in processing that.
And if you put all the details into the purpose that kind of muddies the waters, I think, from the global view.

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

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

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

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

DR. MCKENNEY: (Raised hand.)

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

Any other suggested revisions to Article 3?

Mr. Ross, you're recognized.

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

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

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

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

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

MR. SUMMERS: Second.

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

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

UNIDENTIFIED SPEAKER: Every three years?

MR. LEFFLER: Correct.

UNIDENTIFIED SPEAKER: It starts in '20?

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

(Pause.)

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

I would remove that and put it in number 4.
I know there's a 4, but, you know, insert
another number 4 that is more, I guess,
self-explanatory that says, ensure all reports,
recommendations, analysis and studies of the Council (hereafter referred to -- you may want to cut and paste this one from what I sent in -- but, ensure all reports, recommendations, analysis and studies of the Council (hereafter referred to as document) to the Department, the Department Surgeon General, Governor of Florida, Florida legislature, or published by the Department of Health, shall contain within the one document both the majority and minority opinions of the Council.

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

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

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

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

All right. Seeing no objection, all right.

All those in favor of the -- all those in favor
of the language on item number 3, say aye.

(Council members responded.)

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

All right. Now we'll move on to --

Mr. Ross, you're recognized. We'll continue to discuss item number -- your proposed item number 4.

MR. ROSS: So item number 4, which is --

almost there. Is as stated up there.

MR. LEFFLER: Okay.

Dr. Reed, you're recognized.

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

MR. ROSS: Yes.

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

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

And then take out the comma after event.

MR. ROSS: Fully agree.

DR. REED: I was an English major.

MR. ROSS: I pretend to be one.
MR. LEFFLER: All right. Do I see a --

Mr. Ross, is your motion accepted?

MR. ROSS: Yes.

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

DR. ELIAS: Second.

MR. LEFFLER: Dr. Elias.

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

All those opposed. (No response.)

Show item number 4 added by voice vote.

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

Mr. Ross, you're recognized.

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

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

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

Mr. Ross, can you confirm item number 6
aligns with your motion?

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

MS. COLSTON: After methodology?

DR. REED: Yeah.

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

MS. COLSTON: Take out validation?

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

MR. LEFFLER: Mr. Ross, is --

(Pause.)

MR. ROSS: I think that looks correct.

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

Do I see a second?

MR. SUMMERS: Second.

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

All those opposed? (No response.) Showing
no opposition, show the suggested edit added.

MR. ROSS: I just have one other question.

MR. LEFFLER: Yes, Mr. Ross.

MR. ROSS: The charter.

MR. LEFFLER: Yes.

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

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

MR. ROSS: And the charter?

MR. LEFFLER: The charter is an annual document.

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

MR. ROSS: (Not using microphone.)

MR. LEFFLER: Yeah.

MR. ROSS: We need two screens.

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

And this was offered up at the May 24th
meeting.

MR. ROSS: Yeah.

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

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

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

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

Because there may be some things, when we take this before the State Surgeon General, that
for whatever reason the Department won't be able to support -- you know, I don't know what those things may be or may not be.

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

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

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

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

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

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

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

MS. COLSTON: Okay.

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

Dr. Namias, you're recognized.

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

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

Any other discussion? (No response.)
So, Mr. Ross, we'll go ahead and formalize your motion and vote. So your motion is to make the suggested -- go ahead, you're recognized.

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

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

(Pause.)

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

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

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

DR. NAMIAS: Second.

MR. LEFFLER: Second by Dr. Namias.

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

All those opposed?

DR. MCKENNEY: (Raised hand.)

MS. DINOVA: (Raise hand.)
MR. LEFFLER: Show one opposition, Dr. McKenney. And Ms. DiNova.

All right. Show the suggested edit accepted.

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

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

Dr. Namias, you're recognized.

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

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

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

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

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

And that officers shall serve for one year and may be reelected for no more than two
consecutive terms.

MR. LEFFLER: Is there discussion?

DR. MCKENNEY: That was a little quick.

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

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

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

MR. ROSS: Seventy-five percent.

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

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

You know, we're stuck at an impasse versus a majority, you know, short of a tie, almost certainly would get us to a moderator and a co-moderator. So, you know, I definitely want
to work with the group, but I don't want to get stuck where, you know, neither side's giving and we can't make any progress.

So I would stick with majority.

MR. ROSS: I have no qualms with that.

It's a good point.

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

MR. ROSS: Yes.

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

(Mr. Leffler conferring with Ms. Colston.)

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

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

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

MS. COLSTON: Right here? Okay.

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

Remove the word, reappointed, on the third line. And we're there.
MR. LEFFLER: Okay.

Dr. Namias, you're recognized.

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

Does that need to be explicitly in there?

MR. LEFFLER: That is up to you all.

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

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

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

MR. LEFFLER: That is correct.

Dr. Namias?

DR. NAMIAS: That doesn't exclude nonmembers.

UNIDENTIFIED SPEAKER: That's right.

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

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

UNIDENTIFIED SPEAKER: I've got no concern.

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

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

Mr. Ross?

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

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

MR. LEFFLER: I'm just here to facilitate the meeting until you guys choose who your
DR. NAMIAS: But I think that's what we want our moderator to do is facilitate the meeting. We're not electing a king or a president or any blurring of the lines between those things.

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

Ms. DiNova?

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

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

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

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

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

MR. LEFFLER: Correct.

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

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

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

DR. MCKENNEY: (Not using microphone.)

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

DR. MCKENNEY: This is kind of an off to the side. As a quick aside, I'm getting a text that at least one of the Council members on the phone is trying to get in to offer some verbiage and can't get in.
MR. LEFFLER: I understand. If you're on the phone and a Council member would like to add in, please star 6 to un-mute your line.

Hello? (Pause.)

DR. ANG: Hello, this is Darwin.

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

DR. ANG: Hello, this is Darwin.

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

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

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

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

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

DR. ANG: Okay. All right. Sorry, I
didn't get that.

MR. LEFFLER: And also, please show the attendance amended to include Dr. Ang.
Are we still considering a motion?
MR. ROSS: So I'll just reiterate what I have --

DR. ANG: I'm good.
MR. ROSS: -- as the motion --
MR. LEFFLER: Go ahead, Mr. Ross, you're recognized.

MR. ROSS: I'll reiterate the motion.

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

The moderator shall ensure a quorum is present at each meeting of the Council. The moderator will work with the Department section staff to ensure activities of the Council are
carried out and align with the purpose of the
Council or as otherwise authorized under Florida
statutes.

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

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

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

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

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

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

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

Mr. Summers, you're recognized.

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

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

MR. LEFFLER: I'll tell you that there is
language further down in the bylaws that
addresses the ability to amend the agenda and
the right for Council members to have agenda
items added.

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

    MR. LEFFLER: Okay. We'll continue.
Is there a second to Mr. Ross' motion?
    DR. IBRAHIM: Second.
    MR. LEFFLER: Seconded by Dr. Ibrahim.
All of those in favor say aye. (Council
members responded.)

    All those opposed? (No response.)
    All right. Show that edit approved.
Are we striking the co-moderator language,
Mr. Ross, or is that going to be in the second
motion? I'm sorry.

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

    MR. LEFFLER: Are we striking the --
    MR. ROSS: So that can go.
    MR. LEFFLER: Yes.
    MR. SUMMERS: Yes.
MR. LEFFLER: Dr. Reed, you're recognized.

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

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

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

Okay. I understand.

Mr. Ross, is that your motion?

MR. ROSS: Yes.

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

Do I see a second? Excuse me.

Mr. Kemp, you're recognized.

MR. KEMP: (Not using microphone.)

MR. LEFFLER: Okay. Is there a second?

MR. SUMMERS: Second.

MR. LEFFLER: Second by Mr. Summers.

Mr. Kemp?

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

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

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

    MR. LEFFLER: Is there any further discussion?

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

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

    MR. ROSS: No.

    MR. LEFFLER: -- motion?

    Dr. McKenney, you're recognized.

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

    But it opens up the options to pick up somebody who me might think, you know, can get
the job done.

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

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

Is there a second to that motion?

MS. DINOVA: Second.

MR. LEFFLER: Second by Ms. DiNova.

Dr. Reed, do you have discussion?

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

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

DR. REED: Right.

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

MR. KEMP: No.

MR. LEFFLER: Okay.

MS. COLSTON: If I understand it correctly,

Mac's suggestion is that the moderator is a
member of the Council. If they -- that member of the Council does not have voting privileges, then we're in trouble.

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

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

And then there was discussion.

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

MS. COLSTON: Yes.

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

MS. COLSTON: That's absolutely correct.

DR. REED: Dealing with those logistics and making sure that what we've captured is what we want to have captured. And I think the body -- the Council members are the ones who apply the thought content, the speciality knowledge, their expertise in trauma centers, trauma systems, trauma care, you know, and getting one of us
involved in that kind of logistical management
sort of takes away that expertise.

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

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

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

So if it's the Council recommendation, then
somebody can motion that from the Council and
make the recommendation. You know, but we just
cannot take away voting privileges, as somebody
said.
MR. LEFFLER: And I apologize for the point of order.

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

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

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

All those -- all those in favor say aye.

(Council members responded.)

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

All those in favor say aye.

MS. COLSTON: Raise your hand.

MR. LEFFLER: Raise your hand. I'm sorry.

One, two, three, four. All right. There are four.

All those opposed. Show the -- yes.

(Council members responded.)

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

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

Is there any other discussion relating to
the moderator and co-moderator? (No response.)

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

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

   (A break was had.)

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

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

   We are then also going to take another
vote. We're going to relook at the motion that,
I believe, Mac proposed for the group, which was to -- that the moderator and co-moderator would be members of the Council -- standing members of the Council. The vote was very close and then we realized that we did not take into account the votes that were on the phone.

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

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

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

We will send you a clean copy after this meeting so you will have the opportunity to review it and we will pull the bylaws up tomorrow before the vote so that we can look at
them one more time very quickly before you take
the vote on adoption of the bylaws.

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

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

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

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

DR. SUMMERS: I can hear you.

MS. YORK: I can hear you.

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

Dr. Ang?
DR. ANG: Hello.

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

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

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

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

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

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

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

Dr. Summers, are you on the line?

DR. SUMMERS: Glenn Summers, no objections.

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

The next thing that we want to do with the members on the phone is we want to rerecord the -- or we want to re-entertain the vote for
Mr. Kemp's motion that the moderator and co-moderator be a member of the Council body.

Is there any discussion before we vote?

(No response.)

Seeing no discussion, all -- go ahead.

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

MR. LEFFLER: That is the motion.

DR. SUMMERS: Okay.

MR. LEFFLER: Okay?

MS. YORK: This is Donna.

MR. LEFFLER: Yes, Donna.

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

Just a thought.

MR. LEFFLER: I understand.

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

MR. LEFFLER: Okay. Any other discussion
on the phone? (No response.)

Any discussion on the floor?

Dr. McKenney, you're recognized.

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

MR. LEFFLER: Okay.

Dr. Reed, you're recognized.

DR. REED: (Not using microphone.)

DR. ANG: I agree.

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

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

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

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

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

MR. LEFFLER: I understand. Any further discussion?

Dr. Namias, you're recognized.

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

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

Any further discussion by the members on the phone?

DR. SUMMERS: I think we could maybe consider having a representative from the Department of Health serve as moderator, i.e.
yourself, to facilitate these discussions as
you're doing now. This seems to work fairly
well. Allow the other members to focus on their
agenda.

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

MR. LEFFLER: Thank you, Dr. Summers.

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

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

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

Mr. Kemp?

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

MR. LEFFLER: Dr. Elias?

DR. ELIAS: No.

MR. LEFFLER: Ms. DiNova?

MS. DINOVA: Yes.

MR. LEFFLER: Mr. Summers?
MR. SUMMERS: Yes.

MR. LEFFLER: Dr. McKenney?

DR. MCKENNEY: No.

MR. LEFFLER: Mr. Ross?

MR. ROSS: Yes.

MR. LEFFLER: One second.

Dr. Namias?

DR. NAMIAS: No.

MR. LEFFLER: Dr. Reed?

DR. REED: No.

MR. LEFFLER: Dr. Ibrahim?

DR. IBRAHIM: No.

MR. LEFFLER: Dr. Summers?

DR. SUMMERS: No.

MR. LEFFLER: Donna York?

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

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

MS. YORK: No.

MR. LEFFLER: And, Dr. Ang?

DR. ANG: No.

MR. LEFFLER: All right. The motion fails four to eight. Okay.
Are we complete with discussion on Article 3? Or, excuse me, Article 4?

MR. ROSS: Is there another paragraph?

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

MR. LEFFLER: Thank you, Dr. Reed.

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

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

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

MR. LEFFLER: So to -- as a point of order, we just stated that the moderator and co-moderator would not necessarily be a member of the Council.
Does it require additional modifications to the language in this section? It references members.

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

MR. ROSS: Right.

MR. LEFFLER: Is there a discussion?

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

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

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

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

MR. LEFFLER: Is there discussion on the motion?

DR. NAMIAS: So, Mr. Ross, you're -- the purpose of your amendment is ensure that any additional offices created are members?
Because, as it stands, the moderator and co-moderator can be nonmembers. But you're saying, if we elect any additional officers, they must be members?

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

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

Is there a second to Mr. Ross' motion?

MS. DINOVIA: (Raised hand.)

MR. LEFFLER: Second by Ms. DiNova.

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

All those opposed say nay. (No response.)

Showing no opposition, show the suggested as amended.

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

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

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

DR. SUMMERS: No.
MR. LEFFLER: Is there objection?

DR. SUMMERS: No.

MR. LEFFLER: All right.

DR. ANG: No.

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

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

All right, moving on. Show the edit adopted.

Mr. Ross, you're recognized.

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

MR. LEFFLER: Is there discussion? Is there discussion on the phone? (No response.) Is there a second?

MR. SUMMERS: (Raised hand.)

MR. LEFFLER: Second by Mr. Summers.

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

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

Showing no objection, show the edit
adopted.

All right. On the phone, is there objection?

DR. SUMMERS: No.

DR. ANG: No.

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

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

Mr. Ross, you're recognized.

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

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

MR. LEFFLER: Okay.

MS. COLSTON: So what we'd like for you to do -- everybody received Mr. Ross' edits previously. So if we can just review what you
have in front of you. If you have any
objections to his proposed changes, please
recognize -- be recognized and heard and we can
have discussion on that.

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

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

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

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

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

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

DR. REED: Okay.

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

MS. DINOVA: As well as the
parliamentarian. That was kind of the point with the other discussion.

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

MS. DINOVA: Okay.

(Dr. McKenney returned to the meeting room.)

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

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

MR. LEFFLER: All right. I see a motion by Dr. Namias to approve the changes to Article 5. Is there a second?

MR. ROSS: (Raised hand.)

MR. LEFFLER: Mr. Ross is second.

All those in favor in the room, say aye.

(Council members responded.)

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

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

DR. SUMMERS: Aye.
DR. ANG: Aye.

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

See the edit adopted.

We'll move on to Article 6. All right. We'll give you guys just a moment to review Article 6.

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

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

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

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

MR. LEFFLER: That is correct.

MR. ROSS: Okay. And, you know, what the regular meetings are about, when to hold them and the 30-day advanced notice, which we've already discussed.
MR. LEFFLER: Is your change your motion?

MR. ROSS: Yes.

MR. LEFFLER: All right.

MR. ROSS: Thank you.

MR. LEFFLER: Is there discussion?

Mr. Summers, you're recognized.

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

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

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

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

Dr. Namias, you're recognized.

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

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

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

MR. LEFFLER: Is there any other discussion?

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

MR. ROSS: But as far as possible.

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

MR. ROSS: And that's reasonable.

MS. COLSTON: Perfect.

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

MR. ROSS: So moved.

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

MR. SUMMERS: Second.

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

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

MS. COLSTON: Okay.

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

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

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

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

All those opposed? (No response.)

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

DR. SUMMERS: Aye.

DR. ANG: Aye.

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

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

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

Mr. Kemp, you're recognized.

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

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

DR. MCKENNEY: Yeah.

MR. LEFFLER: Is there any discussion
specifically that wants to address that point?

Dr. McKenney, you're recognized. Sorry.

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

MR. LEFFLER: Okay. On the next page.

Dr. Namias, you're recognized.

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

MR. LEFFLER: Virtual --

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

MS. COLSTON: Virtual teleconference.

MR. LEFFLER: Virtual teleconference?

DR. NAMIAS: Sure.

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

MR. ROSS: No. That's good.

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

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

MS. COLSTON: So we're good with Article 6.
MR. LEFFLER: Is there any further suggested changes to Article 6? (No response.)

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

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

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

MR. ROSS: Yes, thank you.

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

MR. ROSS: Yes, thank you.

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

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

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

UNIDENTIFIED SPEAKER: (Raised hand.)

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

DR. REED: (Raised hand.)

MR. LEFFLER: Seconded by Dr. Reed. Is
there any -- all those in favor in the room, say aye. (Council members responded.)

All those opposed? (No response.)

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

DR. SUMMERS: Aye.

DR. ANG: Aye.

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

Showing no opposition, show the edit adopted.

Moving on to Article 8 related to the bylaws.

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

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

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

Is there a second?

MS. DINOV: Second.

DR. NAMIAS: Second.

MR. LEFFLER: Second by Ms. DiNova.
All those in favor in the room, say aye.
(Council members responded.)
All those opposed? (No response.)
Showing no opposition, on the phone, all
those in favor say aye. (No response.)
All those opposed?
DR. SUMMERS: Aye.
MR. LEFFLER: Showing no opposition, show
the edit adopted.
All right. So what we're going to do
tonight is we will produce a clean copy for you
all to -- that we'll send out to you all
tonight. Our meeting will be at 1:00 and we
will amend the agenda for July the 12th to make
the first order of business to adopt -- formally
adopt the bylaws.
Can I entertain a motion for that?
MR. ROSS: So moved.
DR. NAMIAS: So moved.
MR. LEFFLER: Is there a second?
DR. IBRAHIM: (Raised hand.)
MR. LEFFLER: Second by Dr. Ibrahim.
All those in favor in the room say aye.
(Council members responded.)
All those opposed? (No response.)
Showing no opposition in the room, all those in favor on the phone of moving the adoption of the bylaws to tomorrow's meeting on July the 12th?

DR. SUMMERS: Aye.

DR. ANG: Aye.

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

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

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

The first section would be in the charter background.

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

MR. ROSS: Just grammatically, the second sentence should read, The establishment of a Florida Trauma System Advisory Council, FTSAC, provides a uniform -- a unifying forum for both the trauma community and the State to be heard and would facilitate opportunities to realize
goals and objections as outlined in Chapter so-and-so Florida statutes.

MR. LEFFLER: Is that your motion?

MR. ROSS: Yes.

MR. LEFFLER: Is there a second?

DR. MCKENNEY: (Raised hand.)

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

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

All those opposed? (No response.)

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

DR. SUMMERS: Aye.

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

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

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

Seeing none, we will move on to the Council mission.
Mr. Ross, would you like to introduce your changes?

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

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

MR. ROSS: To amalgamate the two, yes.

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

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

MR. ROSS: And the answer is yes.

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

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

DR. NAMIAS: Second.

MR. LEFFLER: Dr. Namias seconds.

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

All those opposed? (No response.)

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

DR. SUMMERS: Aye.

DR. ANG: Aye.

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

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

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

Ms. DiNova, you're recognized.

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

MR. LEFFLER: Thank you for the clarification.

Dr. Reed?

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

MR. LEFFLER: I understand.

DR. NAMIAS: You may want to consider just
putting Larry.

DR. REED: Yeah.

MR. LEFFLER: Okay. Mr. Summers?

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

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

MR. ROSS: No.

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

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

DR. NAMIAS: Second.

MR. LEFFLER: Second by Dr. Namias.

All those in favor in the room, say aye.

(Council members responded.)

All those opposed? (No response.)

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

DR. SUMMERS: Aye.

DR. ANG: Aye.

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

Seeing no opposition, show the credential
section amended.

Is there any further changes needed to the credentials section?

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

Yeah, there we go. All right. Thanks.

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

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

MS. COLSTON: Stakeholders.

MR. LEFFLER: Excuse me, stakeholders.

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

DR. NAMIAS: I have a question.

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

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

MR. LEFFLER: We would have constituents.

DR. NAMIAS: Because I noticed the FCOT fell off the list of constituency meetings for the EMSAC this time.
MS. COLSTON: Okay.

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

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

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

MS. COLSTON: Okay.

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

MS. COLSTON: Okay.

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

MS. COLSTON: And you guys want to --

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

MS. COLSTON: Oh, that's interesting.

Okay.

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

MS. COLSTON: Yeah.

DR. NAMIAS: It's an administrative issue with our executive director --
MS. COLSTON: Yes.

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

That's all.

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

DR. NAMIAS: No.

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

DR. NAMIAS: Uh-huh.

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

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

DR. NAMIAS: Yeah, I don't think it matters
what it's called.

MS. COLSTON: Yeah.

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

MS. COLSTON: Yes.

DR. NAMIAS: -- and now to be with this.

So --

MS. COLSTON: Yes.

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

MS. COLSTON: On the EMSAC schedule?

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

MS. COLSTON: On both.

DR. NAMIAS: Yeah.

MS. COLSTON: On FCOT? On here?

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

MS. COLSTON: Okay.

DR. NAMIAS: -- for this --

MS. COLSTON: Okay. Perfect.

MR. LEFFLER: All right. Thank you.

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

DR. NAMIAS: We could stay there.

MR. LEFFLER: Is there any other suggested
edits to the stakeholders section?

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

MS. COLSTON: Add others.

MR. LEFFLER: Yes.

MS. COLSTON: Okay.

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

MR. ROSS: Yes.

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

DR. NAMIAS: Second.

MR. LEFFLER: Second by Dr. Namias.

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

All those opposed? (No response.)

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

DR. SUMMERS: Aye.

DR. ANG: Aye.

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

Hearing no opposition, show the edits
adopted.

Next, changes to the timeline.

Mr. Ross, you're recognized.

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

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

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

MR. ROSS: Understood.

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

MR. ROSS: Yes.

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

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

Mr. Ross, you're recognized.
MR. ROSS: And this, again, was more specific, if you would, with regard to the study on the national certification of the peds trauma services that the Council shall evaluate the laws, rules, et cetera, as you see it written.

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

MR. LEFFLER: Okay. Is there discussion?

(No response.)

Is there a second?

MR. SUMMERS: Second.

MR. LEFFLER: Second by Mr. Summers.

All those in -- excuse me.

Dr. Reed, you're recognized.

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

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

DR. REED: Okay.

MR. LEFFLER: -- give flexibility to the statute. If in 20 years there was another
organization that potentially offered --

DR. REED: Okay.

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

Dr. Namias, you're recognized.

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

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

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

One is that we could align the charter to
match the statutory language and then clarify in the report that's provided -- that we create to the legislature that they ACS is the only national accrediting body, or we can make the suggested change.

Is there further discussion?

Ms. DiNova?

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

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

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

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

MS. COLSTON: Yeah.

DR. REED: -- standard.
MS. COLSTON: Yeah, we just -- we kind of just want to --

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

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

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

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

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

MR. ROSS: No.

MR. LEFFLER: Is there discussion?
Dr. Ibrahim, you're recognized.

DR. IBRAHIM: Again, showing my ignorance a little bit, but should the ABA be part of this as well with burns kind of falling under trauma? Again, just a question and more of a discussion than anything. Should that be included as part, because I know that's -- you know, they do some of the verification for burn centers, too.

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

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

DR. IBRAHIM: I'm not sure.

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

MR. LEFFLER: Dr. Reed.

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

MR. LEFFLER: That is correct.

DR. REED: -- looking at pediatric burn trauma centers. You know, that -- those are the things we can tackle down the line. You know,
dealing with burns and other organizations.

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

MR. LEFFLER: That is correct.

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

MS. DINOVA: (Raised hand.)

MR. LEFFLER: Second by Ms. DiNova.

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

(Council members responded.)

All those opposed? (No response.)

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

DR. SUMMERS: Aye.

DR. ANG: Aye.

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

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

Moving on to --
Mr. Ross, you're recognized.

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

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

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

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

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

MR. ROSS: Agreed.

MS. COLSTON: Thanks.

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

Is there a second to Mr. Ross' motion to
adopt the action steps as described?

    DR. MCKENNEY: (Raised hand.)

    MR. LEFFLER: Second by Dr. McKenney.

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

    All those opposed? (No response.)

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

    DR. SUMMERS: Aye.

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

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

    Mr. Ross, you're recognized.

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

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

    Seeing no discussion, is there a second?
DR. NAMIAS: Second.

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

DR. NAMIAS: Yes.

MR. LEFFLER: Dr. Namias seconds the motion.

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

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

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

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

DR. SUMMERS: Aye.

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

Seeing no opposition, show the edit adopted.

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

MR. ROSS: And for the third, this now would read, expand the study of the use of the ACS in concert with the change that we made previously, national verification process versus
Florida's verification to all types of trauma centers.

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

Seeing no discussion, is there a second?

DR. IBRAHIM: (Raised hand.)

MR. LEFFLER: Second by Dr. Ibrahim.

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

All those opposed? (No response.)

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

DR. SUMMERS: Aye.

DR. ANG: Aye.

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

Seeing no opposition, show the edit adopted.

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

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

MS. COLSTON: Action steps.

MR. LEFFLER: Yes, the action steps.

MR. ROSS: Again, with regard to the action steps, the specific, I believe that the date may
need to be changed from December 31 of '18 as in concert with what was done previously.

MS. DINOVA: (Not using microphone.)

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

MR. ROSS: Right.

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

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

MS. COLSTON: Right.

MR. ROSS: -- delivered.

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

MR. ROSS: Right.

MS. COLSTON: So you tell me what you -- what kind of date you want me to put in here and I'll do it.
MR. ROSS: We may be chewing off -- you know, biting off a lot to do.

MS. COLSTON: Yes.

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

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

MR. ROSS: Yeah.

MS. COLSTON: Okay. All right. And so we'll leave the deliverable the same as well. I'm going to kind of just take it a little bit of a different path. So the action steps, number one, we're going to change that to be determined at a later date, rather than December 31.

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

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

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

DR. NAMIAS: Second.
MS. COLSTON: Okay. All in favor say aye.

(Council members responded.)

On the phone, aye?

DR. SUMMERS: Aye.

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

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

MS. DINOVA: Two.

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

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

And then there are some changes to the
deliverables, which is to develop
recommendations for revisions to Florida trauma
standards as a date to be determined.
And then also to the DOH-based -- DOH-based

--

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

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

MR. ROSS: Right.

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

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

So, everyone's had a moment to review.

Mr. Ross' motion is to accept these changes,
these draft -- these changes to the priority
assignment four.

All in favor? (Council members responded.)

Any discussion? (No response.)

Any opposed? (No response.)

On the phone?

DR. SUMMERS: Aye.

DR. ANG: Aye.

MS. COLSTON: Okay. Hearing no opposition,
those changes are adopted.
We're moving to priority assignment number five, and I am making that change. It's evaluating access to trauma care. There are no changes under the assignment, but in action steps it says, pursuant to HB 1165.

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

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

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

MR. ROSS: Perfect.

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

MR. ROSS: Uh-huh.

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

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

MR. ROSS: Correct.

MS. COLSTON: Okay. So his proposed recommendations are on the screen and I've also read them aloud here. Under action steps, he
would like to perform this assignment based on steps that are outlined in HB 1165 and we will define those pursuant to the statute at a later date.

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

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

MR. SUMMERS: Second.

MS. COLSTON: Mr. Summers seconds.

Any discussion? (No response.)

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

Any objection? (No response.)

Okay. That change is adopted.

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

MR. ROSS: Right.

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

And then an additional change is date and
location of meetings is to be determined by the Council. The only thing I would say is the Council may not be able to determine that. That may need to be determined by the Department because the State has to negotiate contracts and locations and that sort of thing.

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

MR. ROSS: Perfect.

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

Is that okay, Mr. Ross?

MR. ROSS: Yes.

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

Motion by Mr. Ross. Is there a second?

DR. MCKENNEY: (Raised hand.)

MS. COLSTON: Seconded by Dr. McKenney.

All in favor? (Council members responded.)
All opposed? (No response.)

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

On the phone?

DR. SUMMERS: Aye.

DR. ANG: Aye.

MS. COLSTON: Thank you.

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

It looks like it came from the bylaws.

MR. ROSS: Yes.

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

UNIDENTIFIED SPEAKER: We did that.

MS. COLSTON: Shame, shame.

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

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

Number seven requires a -- do we want to
keep two-thirds, or do we want to go with
three-quarters majority vote as we have been
doing in the other?

Any discussion on that? (No response.)

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

UNIDENTIFIED SPEAKER: Three-quarters.

MR. ROSS: Three-quarters majority is
consistent.

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

MR. ROSS: Yes.

MS. COLSTON: -- for that. Okay.

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

MR. ROSS: Right.

MS. COLSTON: -- no minority opinion.

Okay.

Any discussion? (No response.)

Second on the amended motion? Because I
skipped over that.
DR. MCKENNEY: (Raised hand.)

MS. COLSTON: Dr. McKenney.

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

Any opposed? (No response.)

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

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

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

Mr. Ross, is that correct?

MR. ROSS: That's correct.
MS. COLSTON: Okay. So the motion is to accept these edits under the Council lead roles and responsibilities.

Any discussion?

All in --

DR. NAMIAS: Yes.

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

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

MS. COLSTON: Oh.

DR. NAMIAS: But I could be wrong.

UNIDENTIFIED SPEAKER: No, you're correct.

MR. LEFFLER: No, you're right.

DR. NAMIAS: Okay.

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

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

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

MS. COLSTON: Third line from the bottom.

Okay. Okay. Thank you.

Any further discussion? (No response.)

Good catch, Dr. Namias.
Okay. Did we take a -- oh, Dr. Reed?

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

MS. COLSTON: Oops. Thank you. Okay.

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

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

Any opposed? (No response.)

Okay. Changes are adopted.

We're going to look, then, at constraints.

There's only one proposed edit here and I will accept as a motion on the floor.

Mr. Ross, is that appropriate?

MR. ROSS: Yes.

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

May I also recommend or may I not recommend, but would the Council entertain us also adding in from the Department as we did in
the bylaws. Does that align?

MR. ROSS: Yes.

MS. COLSTON: Is that okay?

MR. ROSS: Yes.

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

Do I have a second?

DR. MCKENNEY: (Raised hand.)

MS. COLSTON: Dr. McKenney seconds.

Any discussion? Any further discussion?

(No response.)

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

Any opposed? (No response.)

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

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

I think I need a raise.
The Department section staff shall serve as the expert for Sunshine Law requirements in preparation of all materials required to be presented by the Governor -- to the Governor, house speaker and senate president.

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

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

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

MR. ROSS: Yes.

MS. COLSTON: Do I have a second?

DR. MCKENNEY: (Raised hand.)

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

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

Any opposed? (No response.)

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

And so we're going to --
MR. LEFFLER: We're going to need to amend the agenda.

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

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

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

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

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

Is there anybody on the phone that would like to provide public comment on the bylaws and
the charter?  (No response.)

DR. SUMMERS: No.

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

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

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

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

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

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

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

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

So what I've got in here is an actual crosswalk and it starts out by going through and by -- it is in order of Florida standard. And what I did is, all of the standards that are in the orange book we matched up which Florida
standard it went to and gave you the sections of it and made any notes, like if it was just the closest match or if it was an exact match. What would -- the difference of it was.

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

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

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

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

DR. MCKENNEY: First off, thank you. That was -- that's an enormous undertaking and I greatly appreciate it.
The one thing I didn't quite follow along was you said the highlighted. I'm not seeing highlights on my --

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

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

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

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

DR. MCKENNEY: Thank you.

MR. LEFFLER: So where we left off on our commons hour meetings over the last couple of weeks is that, once we had completed the
crosswalk, we could begin to look at some cost analysis differences between the standards.

Is there any discussion amongst the group regarding that?

MS. DINOVA: (Shook head.)

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

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

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

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

Is that what you're saying?

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

DR. REED: Right.

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

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

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

DR. REED: Right.

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

DR. REED: Right.

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

DR. NAMIAS: So there's a cost.

MS. DINOVA: Would be their time.

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

So there --

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

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

Is there any thoughts on that?

DR. REED: I think it's going to depend upon the item. Because some of these things, I mean, like that, adding in a time on a -- on a flow sheet, you know, and then having a process to capture it and track it, might not seem like it's expensive, but it can be a logistical problem if you don't already have it in your
system, having seen it been incorporated in
other places. And it doesn't happen
immediately.

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

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

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

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

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

And other times it's documenting process.
And if it isn't crystal clear on the cost we
could maybe estimate the time, then estimate the
amount the person who's collecting the data
would get paid and, you know, we could come up
to some value on that, maybe.
That's what was crossing my mind as I was going through the same calculus.

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

Is there anymore discussion related to that idea?

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

MR. LEFFLER: Okay. Dr. McKenney?

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

I think it'll be obvious if you have to hire, you know, if it clearly states you need this person, you look for the fair market value of that person's salary. If it's a time-based event, then we could look to see if the time adds up so much that, perhaps, you had to hire
additional people that others that haven't gone
through the college have not hired.

I could see it going either way, actually.

MR. ROSS: Uh-huh.

MR. LEFFLER: Is there a volunteer or a
motion to form a workgroup that would -- of
Council members or personnel that you feel
appropriate to undertake the cost estimate? I'd
entertain a motion.

MR. ROSS: So moved.

MR. LEFFLER: So moved. Mr. Ross has a
motion to formulate a workgroup of either
Council members or appropriate expertise to
analyze -- to develop a methodology for
analyzing costs.

Is there a second? Is there discussion?

DR. NAMIAS: Discussion. I think that our
TPM representatives here could even reach out to
nonmember TPMs to be on such a workgroup.
Because the trauma program managers, you know,
know how much it adds when they have to add one
more box to check or thing to measure.

MR. LEFFLER: Yes, that's a valid point.

And we did account for that in our subcommittee
and workgroup section of our bylaws that it need
not necessarily be a Council member that is appointed to a committee, subcommittee or workgroup.

    DR. NAMIAS: All right.

    MR. LEFFLER: Dr. Ibrahim?

    DR. IBRAHIM: You know, given that, would it be prudent for us, maybe to form almost like a survey to send out to the TPMs across the state? Or maybe identify TPMs that we think, you know, have gone through the recent process, those kind of things, and send this out to them and get -- I mean, almost like a questionnaire.

    MR. LEFFLER: I can tell you from the Department's standpoint that we have the capability to facilitate a survey developed by this Council or a committee or workgroup of the Council.

    Ms. DiNova, did you --

    MS. DINOVA: I was just going to say, I think a survey is a great way to go because it'll hit a broader spectrum. Because, frankly, there's two TPMs on this Council. And I've done a lot of it already.

    But also I think we need to hit more than just one or two that we would have access to.
So doing something across the board would be a much better avenue for us.

What I will say is, I think we're going to hit stumbling blocks when it comes down to some of the things associated with costs, especially with physicians and surgeons. Facilities are not going to share that, most likely, because, you know, my facility versus your facility versus another facility. We're not going to want to share how much we're paying our trauma surgeons.

So I don't know that we're going to get those kind of answers. I think we will get answers regarding, like, trauma registrars and, like you were talking about checking the boxes, how much time that's going to take.

I still think that there -- we're going to have to go down some other avenues to find some of these other costs.

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

DR. MCKENNEY: Yeah, there's a couple books out there for fair market value of surgeons, which would -- then we wouldn't have to pry into that level of information, which is the AAMC and
the MGMA.

And those are -- although they're expensive, they're obtainable and they give you a breakdown on the expected salary for the average person at this location.

MR. ROSS: Uh-huh.

MR. LEFFLER: Is there any other discussion?

Dr. Ibrahim.

DR. IBRAHIM: And, you know, along those same lines, it might be -- if there's any way to do -- to de-identify it -- I don't know if that's really possible, but somehow to anonymously give us their information if there were those concerns.

And then, secondly, you know, especially looking at those centers that have recently undergone the verification process, I think they would be especially beneficial to this -- to this project.

MR. LEFFLER: That's a good point.

Is there anyone that would like to volunteer to head such a workgroup? (No response.)

DR. MCKENNEY: Maybe we leave it with the
group, then.

MR. LEFFLER: Yeah. Then I think at this point we would leave it with the group and we can -- we can work through assignments through our commons hour -- our commons hour meetings.

Any further discussion?

Dr. Namias.

DR. NAMIAS: I just want to point out, as we try to find people to lead things, the problem is, the reason that most of us are here is because we're already leading something and we are so incredibly busy that I think most of us are used to having the ability to have an idea and then point to somebody to execute on it.

And so we're going to face this problem over and over about finding someone to head workgroups of anything. So we might have to just be workgroups without a member leader and count on the Department for the execution of, you know, the administrative parts. Find a book, get a book, search a database, those sorts of things.

Our TPMs know that because we keep telling our TPMs to do all that work. And we're already
doing it here, which is not going to be possible.

MR. LEFFLER: Is there a recommendation about identifying personnel within the Florida trauma system that -- who could possibly take this up as a work item?

DR. SUMMERS: I think one of the issues we're going to face, too, is that there are likely multiple solutions to each one of these problems that different institutions would undertake differently.

You know, be it the 15-minute versus 30-minute response times, the personnel issues and all that. So we're going to have to look at a variety of solutions to each of these things. So it's going to be a very complex undertaking.

MR. LEFFLER: Yeah, I understand. Thank you, Dr. Summers.

DR. NAMIAS: So I think it should be done as, we can have -- we can have workgroups and every one of us could be a workgroup.

MR. LEFFLER: Uh-huh.

DR. NAMIAS: But, in all honesty, I just don't see Dr. McKenney, Dr. Ibrahim or myself, you know, finding the four or five --
MR. LEFFLER: Sorry, Dr. Namias.

DR. NAMIAS: -- you know, finding the four or five or six hours it takes to compile a list of costs and all that. I think we'll need administrative support from the Department.

With the Council identifying the needs for the to do items, but we would need administrative support from the Department to execute on that. I mean, Dr. Ibrahim or Dr. McKenney --

MR. LEFFLER: I can tell you from a Council perspective, if we -- if we were given a list of survey questions, per se, we don't have an objection of developing the survey, provided that you all provide us the questions.

DR. NAMIAS: Yeah.

MR. LEFFLER: We don't want to get in a position of having an advisory body and the Department wind up generating the questions.

DR. NAMIAS: We'd generate the questions.

DR. REED: Right. We would try to -- like, for example, like the first issue where the response time of 15 minutes versus 30 minutes. That may end up in higher call pay costs.

MR. LEFFLER: Yeah.
DR. REED: And there we could ask for a survey of all existing centers. Right now, your surgeons respond within 30 minutes, how much would it cost you, your group, to increase that or decrease it to 15 minutes.

MR. LEFFLER: Uh-huh.

DR. REED: And get the response from the State.

DR. NAMIAS: So a workgroup of members moderated by someone from the Department on the line could come up with these questions. But then I just -- I can't imagine that Dr. Ibrahim's going to go now and open SurveyMonkey and start typing it. Right?

That's what we need -- we need the Department for the administrative part.

MS. COLSTON: That's absolutely --

DR. NAMIAS: Yeah.

MS. COLSTON: -- and that's -- that's an assumption on our part, that we would do that. We will support whatever you guys need.

Now I think where we will need your help at, because, you know, we all know how surveys work. You send a survey out and you have the best intentions and the data will be helpful,
but nobody answers your survey.

So what will help from you all, for you all to do is to reach out to your colleagues and say, there's a survey coming from the Department of Health, we need you to answer that survey.

So, yeah, we're happy to do whatever it is you need to do on the admin side, but we'll need your help to get folks to respond to that survey.

Dr. Ibrahim?

DR. IBRAHIM: And I think, you know, in this room you have the vehicles --

MS. COLSTON: Yes.

DR. IBRAHIM: -- able to get through FCOT, through regional --

MS. COLSTON: Yes.

DR. IBRAHIM: -- trauma agencies, through the different things. So I think we have that --

MS. COLSTON: Yes.

DR. IBRAHIM: -- ability and I don't think -- given, again, the great work that she's done put -- and her group's done putting this together with this and the common hours, I don't think it would take very long to develop the
question list you need for the survey. I really
don't.

MS. COLSTON: No, I mean, we used to do
surveys all the time. So -- or at least I did.
I haven't done them in a while, but while you
guys are meeting, we can be creating the meeting
survey, you know, and messaging and all that.
We can pretty much pull that -- it's a
relatively simply process.

Yeah, whatever you guys need, we can do
that. Okay.

MR. LEFFLER: So I think the consensus is
that as a group we will develop the survey and
that the Department would facilitate that survey
and you all would help us solicit responses from
that survey.

We have a very -- in our previous meeting
on May 24th, we set a very aggressive deadline
to having this done -- having this study
completed.

What kind of deadline do we want to put on
getting the cost estimates? It's probably the
biggest part of our tasking from the
legislature.

DR. REED: Couple of years.
(Laughter.)

DR. NAMIAS: And this guy's your state trauma medical director.

DR. REED: I know reality.

MR. LEFFLER: Ms. DiNova.

MS. DINOVA: Wasn't it set forth in the statute that it's due by December?

MR. LEFFLER: It is due by December. We would require probably 30 days to move it through the administrative process and the transmit process to get it over there.

So we would need it no later than November -- the end of November.

Dr. Ibrahim?

DR. IBRAHIM: You know, given that, I think if we have our commons hours, you know, every week that you give us, I really think a month to develop the questions and then that will give sufficient time. We'll probably need a month to two month minimum to get all the results back or to get the people's answers.

So, I mean, you're really -- a month to get the questions, a month to two months beyond that to get all the replies back from all the different trauma centers. So in total you're
looking at three months to then really start doing the work. And, I mean, that puts us into --

MR. LEFFLER: October.

MS. COLSTON: We're in October.

DR. IBRAHIM: Yes. I mean you may have to say, I think, even a little bit less for the replies, I don't know, but I think that's the most I would say.

MS. COLSTON: So, based on that -- because -- and it's good. So this -- it's got to be -- we've got to talk this through. And I don't want to be unrealistic, so it's good that we're talking about it.

I think, if possible here's what I would propose to the group. Because we're -- we won't have three months to collect the data. That would put a really unrealistic burden on you guys to do the actual work, I think, that's required.

So can we help facilitate this in such a way that we can try to get the data a little bit quicker? What I would recommend for this particular group is, at our next commons hour, perhaps you all can begin to start thinking
about the questions. So let's start, you know, and I know your schedules are busy and time is tight, but if we can write them down and you all just send them all in an e-mail to us so that at the next commons hour we can have them all consolidated and we can talk about them.

So that's one week. If we have to have another commons hour to discuss those or, you know, we're using that commons hour to actually discuss what you guys have proposed as the survey questions, we can look at them at the one week common hour.

Next week after that, you all agree that these are the survey questions we're going to use. That second week we will get that survey out.

Now if I'm oversimplifying this, backtrack me and tell me it's too aggressive and I'm okay with that. If we need to do it. But I think we can get the questions done two to there weeks max. I think we can have a survey out the door in that three-week time period -- at the end of that three-week time period.

We'll use a month to collect the data. Beginning at week two, if we have not received
any outreach, we can start to begin outreach from our office with you all's assistance and we can start getting people to answer our surveys just by virtue or calling them and saying, hey, you know, can we walk you through this, you know.

How important is this to us? It's very important to me, so I think we're willing to put forth the staff, the time and the effort to reach out to folks and to get these answers to these questions. So we can do that, too.

We can kind of, you know, send out the passive aggressive survey and say, please answer. And then we can go after folks and say, hi, it's your friendly DOH person calling on behalf of your wonderful Trauma System Advisory Council and we, you know, can we help you facilitate completion of the survey?

So then, let's say, so at three weeks we got another month. So now we're at a -- almost two months. So that puts us then at September, right? July? Yeah. So August, September, end of September. August, I mean October, November, you guys can use the information that you have because we'll be on a tight deadline to compile
everything, get it together for you and we can
set up some aggressive commons hours. You know,
maybe once or twice a week.

And I know that's asking a lot, but you are
volunteering your time, so we'll work with you
accordingly to get that done.

But I think we can get it done if we just
try to, you know, adapt and do some things just
a little bit differently.

What do you guys think?

Ms. DiNova? Yes.

MS. DINOVA: I just have a question. Don't
we have another face-to-face meeting scheduled
either September --

MS. COLSTON: In October.

MS. DINOVA: -- or October?

MS. COLSTON: Yes.

MS. DINOVA: So if we could have all the
data back from the centers by then, then we
could use that --

MS. COLSTON: That's correct.

MS. DINOVA: -- meeting to try to crunch it
all together into some sort of --

MS. COLSTON: Right.

MS. DINOVA: -- format that we could turn
MS. COLSTON: Right. And, you know, as we go through, as you guys walk through this, you're going to tell us other things that you need, too. So we're going to work on positioning ourselves to be able to, you know, be able to actively work on what it is you need to work on and have the data and resources that we need.

So if that sounds like a plan to you guys, we can pull that together and start to try to facilitate the completion of that. You know, I mean, I don't know what else it is you'll need, but if our first tasking, and I'm sorry because I was kind of not paying attention to some of the conversation, so, but, if the -- one of the first things that we're starting to try to think about is the survey questions that you'll need to use for this data, then let's target next commons hour as the time when everyone that's attending that meeting will walk in with some proposed questions that they've sent to us so that we can put them together and start to talk about them.

Dr. Reed?
DR. REED: Lisa, just to clarify. You've got the whole comparison between Florida and the college here. And these latter pages, and I don't know how many, it's a lot, are the ones where there's nothing in the Florida standards.

And I assume that that's -- those are the ones we want to focus on. Am I correct? Am I misunderstanding? Is there other --

MS. DINOVA: No.

DR. REED: -- ones we need to look at?

MS. DINOVA: Technically there's three sections to that crosswalk. And you're right. The one that you're looking at is really the middle section.

DR. REED: Right.

MS. DINOVA: Because then there's another whole section that's just Level 3 and 4s, which we don't do in Florida at all.

DR. REED: Right.

MS. DINOVA: So we would be looking at that middle section. But then we also would be looking at, when you look at the Florida standards, those highlighted components, because that's stuff that Florida requires that the ACS does not.
So that's things that we're already doing that, if you switched to ACS you would not need to do. But, you know.

DR. REED: I don't know if that's --

MS. DINOVA: But they are required by Florida right now.

DR. REED: Right. I don't know if that's part of our question right now. I think our --

MS. DINOVA: The --

DR. REED: I have always interpreted our question that looking at what it would cost to do the college versus what it currently costs to do Florida. Right?

(CROSSTALK)

MS. COLSTON: Yes.

DR. MCKENNEY: What additional costs, if any.

DR. REED: Right. Exactly.

MS. DINOVA: What additional costs.

MS. COLSTON: Yeah, I mean it's just a cost comparison --

DR. REED: Right. I mean --

MS. COLSTON: -- essentially between --

DR. REED: -- you're right that there would be --
MS. COLSTON: -- the two programs.

DR. REED: -- something lost if --

potentially if we went to the college and didn't
do Florida.

So, can you just e-mail us out those pages
of where Florida doesn't have stuff so we can
have those as an isolated set of -- an isolated
list so we can all go through those and come up
with the cost-related concepts that, you know,
where these things may employ some additional
funding or need additional funding. And so we
don't have to worry about all the other stuff.

MS. DINOVA: Yeah, I can do that. It's --

Michael already sent out the full document.

DR. REED: Right.

MS. DINOVA: But I can get it and separate

it out and sent it through Michael out to you
guys.

DR. REED: Yeah.

MS. DINOVA: Yes.

DR. REED: I think if we just focused on

that it would help us get -- avoid getting lost

in some weeds here and there.

MS. COLSTON: Great recommendation. Thank

you, Dr. McKenney.
DR. MCKENNEY: First off, again, this is huge. I can't even imagine the number of hours that it took, but to -- and to -- I hate to ask for more, but one additional thing might be to number each of the pages so when we get to an issue we can talk about something on, you know, page 67, as opposed to bouncing around and looking for it. If that's possible.

MS. DINOVA: Yeah, that's even --

DR. MCKENNEY: And, again, wow, thank you.

(Dr. McKenney exited the meeting room.)

MS. COLSTON: Yes, thank you, Ms. DiNova, for the work that you have done there.

So the ask is that we're going to send --
Ms. DiNova's going to send only the relevant information that Dr. Reed was talking about with some numbered pages as well.

And we can -- if you'll send us the document, I mean, we can do that, but if you'll just separate the document as you need to and we'll take care of it. We'll e-mail that out to the group before the end of the week.

Michael, can we do that?

MR. LEFFLER: Yes.

MS. COLSTON: We'll e-mail this information
by the end of the week.

So the next -- I'm sorry, Dr. Namias.

DR. NAMIAS: Just a question.

MS. COLSTON: Yes, sir.

DR. NAMIAS: The transcription of these meetings will be very valuable because we're -- we're moving on a fast timeline.

MS. COLSTON: Yes, sir.

DR. NAMIAS: And as you know, even you momentarily missed parts of the conversation. So I'm sure we all are, too.

How fast can the transcription be turned around and sent to us so we can refer to it when we're going to complete our tasks?

MS. COLSTON: I would have to talk to our court reporter who is here today. And I don't know if she is willing to give us an answer just yet. So we will talk to her and I can get that information to you guys and let you know as soon as possible.

Okay. So are there any other questions at this time? (No response.)

All right. So I'm going to very rapidly walk through what I think our next schedule -- our next few meetings will look like in the
schedule and we're going to put it up there. It's not on the board any more for some reason.

So, what we just talked about, we're going to send you some additional information. If there is any other additional information that you guys will need to develop these survey questions, please don't hesitate to let us know or let -- so we can circulate to the group because I don't know that DOH will always have the information that you're looking for. But there may be something that your peers have that may be useful.

But we talked about having each of us when we walk away from here, by the time we conduct the next commons hour meeting, we are going to -- and that was going to be on the 17 -- the 18th. I'm sorry, July 18th, next Wednesday.

You guys are going to come to that meeting with some survey questions developed -- some potential survey questions. Okay?

Does anybody have any objection to doing that? (No response.)

On the 18th, that's next Wednesday, you will come with some survey questions. We will ask that you send those to Michael Leffler so
that we will have them and can begin to start
compiling them there in the meeting.

We will be a webinar so that we can -- you
can have access to it and look at it. If that's
not convenient, we'll send you a Word document
that you can also reference. Okay?

So, yes, Dr. Reed?

DR. REED: What's the time for the meeting?

MS. COLSTON: Three o'clock.

MR. LEFFLER: Three o'clock Eastern time.

MS. COLSTON: Three o'clock Eastern time.

Okay. So on the 18th we'll have draft
questions and we will discuss during that
meeting the survey questions that we would like
to use.

Now, again, we are working under a tight
deadline and I don't want to be unrealistic, so
push back if it is unrealistic, but if we can
come to some consensus on the 18th about those
survey questions, then technically we could have
those survey questions out the door as soon as
you guys approve them.

If you'd like, though, we can use that hour
on the 18th to discuss the survey questions and
then the next commons hour meeting is on the
26th, the following week after that.

MR. LEFFLER: (Not using microphone.)

MS. COLSTON: We can come back together and
agree to circulate the survey. So that's two
weeks. We've come up with the survey and we
will be sending it out within two weeks.

What do you all think about that?

UNIDENTIFIED SPEAKER: Is July 26th also at
three p.m.?

MS. COLSTON: Yes, sir.

MR. LEFFLER: We can entertain other times
if we need to.

MS. COLSTON: Yes. And so you guys know,
if we need to change the time and we can find
some that's convenient for everybody.

Dr. Ibrahim?

DR. IBRAHIM: Again, this is a selfish
issue, but I have clinic every Wednesday
afternoon.

MS. COLSTON: Okay.

DR. IBRAHIM: So can I e-mail my questions?

Could I do that and then you could still discuss
them, someone can bring them up, if I e-mailed
them to Mr. Leffler. Would that be okay?

MS. COLSTON: Absolutely. Yeah. That's
fine.

MS. DINOVA: I was just going to say, I'm pretty sure you already sent this out, but I can't find it. Do you have the timeline of when all the different commons hours meetings and when our next face-to-face meetings are?

MR. LEFFLER: I originally sent out a meeting notice for the month of June for the commons hour. Yesterday I noticed the commons hours for July, which are the 18th and 26th.

I can make arrangements to do commons hours at any time. I just need seven days' notice. Oh, it's -- I need seven days -- it needs to be posted for seven days, so I really need eight days' notice.

MS. COLSTON: Okay. So I'm not hearing any objection or push back to the current schedule I'm proposing. Draft questions for discussion on the 18th, finalize and send on the 26th.

So is everybody in agreement with that? (No response.)

If you can't attend, please make sure you send your questions in anyway so that we can at least talk about them.

And in reference to Dr. Ibrahim's question,
he said every Wednesday he has, you know, he's on duty so he can't attend the meetings, but the week after that, on the 26th, the meeting will be on a Thursday afternoon.

So remember, they rotate Monday, Tuesday, Wednesday, Thursday every week and always at 3:00.

So if you can't attend a meeting, just make sure you get your information to us because your input is pretty important here.

Okay. So this is going to be our initial schedule. Once we finalize that and do the survey then we're going to get -- we're going to give folks a month. So, what's a week from the 26th?

And this is assuming, now, that we're going to finish on the 26th. So we're going say, on August 26 is when those responses will be due back; is that right?

MR. LEFFLER: When the survey will be approved.

MS. COLSTON: That's a month. Yeah, we're going to get it sent out and --

MR. LEFFLER: It will go out then. I was saying -- I was looking at having the -- having
the survey sent out the first week of August, which would be a couple days after the 26th and then they would have a month to --

MS. COLSTON: Until August 31st.

MR. LEFFLER: -- August 31st. And at three weeks we would start intervening or soliciting responses.

MS. COLSTON: Okay. So are we setting it -- so say again. So August 1, send the survey out.

MR. LEFFLER: August 1, send the survey out.

MS. COLSTON: August 31st --

MR. LEFFLER: August 31st --

MS. COLSTON: -- it's due.

MR. LEFFLER: -- it's due.

MS. COLSTON: So everybody should have responses by week two. Depending on how many responses we've got, we're going to start reaching out to you guys so that you can help put us in touch with the folks we need to talk to. Okay?

Mr. Ross.

MR. ROSS: I would only suggest, very truthfully, that after a week of the survey
going out, start sooner. Make the calls.


MR. ROSS: And we'll get you to the right people. It'll smooth out the process and make it more expeditious.

MS. COLSTON: And so I can tell the folks when I call them that you said I could harass them earlier.

MR. ROSS: Right.

MS. COLSTON: Okay. I'm just checking to make sure. No, I'm just kidding.

So, no, that's no problem. And you're right, you know, I would have done it a week after and said, hey, did you get my survey. But I don't want to be too pushy so, but we can do that, definitely.

So now we're at August 31st where we've hopefully gotten as much participation on the survey as possible. We'll probably need a week to collate all of the data that we get and put it in some presentable format to be usable to the group.

So August 31st. I need a calendar. August 31st is a Friday. So the whole next week after
that is September --

UNIDENTIFIED SPEAKER: September 1st through the 7th.

MS. COLSTON: And that's Labor Day.

UNIDENTIFIED SPEAKER: (Not using microphone.)

MS. COLSTON: Okay. So what about the week after that, then, because some folks take off for Labor Day.

UNIDENTIFIED SPEAKER: (Not using microphone.)

MS. COLSTON: I'm sorry?

UNIDENTIFIED SPEAKER: September 10th through the 14th.

MS. COLSTON: September 10th through the 14th.

So at commons hour we'll go ahead -- we'll send you guys the data as soon as we get it put together, but the week of September 10th through the 14th, whenever that commons hour meeting is -- and you're getting this down?

UNIDENTIFIED SPEAKER: Yeah.

MS. COLSTON: We will -- you guys can use that time to discuss the data and, you know, begin working on stuff. So now we're at
September -- the second week of September and so every commons hour after that, I guess, can be used to kind of work on getting the assessment done.

Does that work for everybody? (No response.)

And maybe we'll kind of do a pulse check at the end of September. That's a couple of weeks. To see where we are, what your needs are, you know, how close are we to completion and that sort of thing.

Any comments, questions, suggestions? (No response.)

Okay. So we'll kind of just leave it right there because I think when we do a pulse check we still have at least a month. We have October, yeah. October to -- and November because you guys said, well, we want this done by November 30th or we said we need it done by November 30th.

So I think we're -- that's some good time right there for us to be able to determine where we need to be at moving forward.

Does that work for everybody? (No response.)
And I know that's only still only an extra
month, Dr. Ibrahim, but we -- at least we're
there.

If we can move faster we will and we can
always move the timeline up if we -- if we're,
you know, ahead of schedule. But at least we
have a schedule now. Okay? All right.

What's next on the agenda?

And we'll send this out to you guys, too,
in an e-mail so that you'll have it. We'll
probably send out calendar invites with some key
dates as well so that you'll have it on your
calendar. You'll probably get tired of crap
from us, but that's okay. We're here to help.

Okay. So we've done through, we've kind of
done our roundtable.

Was there anything else that we needed to
do for this, Mike?

MR. LEFFLER: No. We are going to -- like
I said, we are going to defer adoption of bylaws
and election of officers until tomorrow morning.

MS. COLSTON: Okay.

MR. LEFFLER: And charter.

MS. COLSTON: And charter.

MR. LEFFLER: Until tomorrow afternoon's
meeting.

MS. COLSTON: I can't tell you -- I can't promise how soon we'll get the bylaws and stuff -- the clean copies done, but we'll get them to you sometime this evening. So we've got an Advisory Council awards ceremony that they're having. You guys know about that.

So we've got to be there, but we'll get it done and sent to you and then we'll talk about it tomorrow.

Yes, sir, Dr. --

MR. SUMMERS: So the October --

MS. COLSTON: I mean Mr. Summers.

MR. SUMMERS: The October meeting is slated for 16th, 17th, 18th --

MS. COLSTON: That's correct.

MR. SUMMERS: -- in St. Augustine?

MR. LEFFLER: It's on the agenda for tomorrow. Future meeting schedule is on the agenda for tomorrow.

MS. COLSTON: Okay. So we'll -- yes, we're going to talk about the future meeting schedule tomorrow I think. So, but yes, you're right.

Thank you. The EMSAC in October.

Okay. Well I have no closing remarks. I
think I have run my mouth enough. So if there's nothing else, we'd like a -- we'll entertain a motion to adjourn.

MR. ROSS: So moved.

MS. COLSTON: Yes, thank you, sir. And do I have a second?

MR. SUMMERS: Second.

MS. COLSTON: There better not be any discussion. (Laughter.)

All right. All in favor? (Council members responded.)

Great. Thank you.

Opposed? I'm sure there's no one.

Thanks so much. Have a great evening.

(The Florida Trauma System Advisory Council Workgroup Meeting adjourned at 4:11 p.m.)
CERTIFICATE

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

CYNTHIA R. GREEN, Court Reporter
Notary Public, State of Florida
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