THE FLORIDA TRAUMA SYSTEM ADVISORY COUNCIL

BROWARD COUNTY

CERTIFIED COPY

PROCEEDINGS:	EMS Advisory Council Meeting
DATE:	Thursday, June 16, 2022
TIME:	Commenced at 1:00 p.m. Concluded at 2:53 p.m.
LOCATION:	Seminole Hard Rock 1 Seminole Way Hollywood, FL 33314 And remotely via Microsoft Teams

Taken before Johnny Caldera, Court Reporter and Notary Public in and for the State of Florida at Large, pursuant to notice of taking The FL Trauma System Advisory Council meeting on June 16, 2022.

INDEX TO APPEARANCES

BOARD MEMBERS:

Lisa DiNova (moderator)
Candace Pineda (co-moderator)
Kate Kocevar (department trauma administrator)
Kaylin Williams (department council coordinator)
Darwin Ang, M.D.
Brad Elias
Joseph Ibrahim
Mac Kemp
Larry Reed
Mark McKenney, M.D.
Nicholas Namias, M.D.
David Summers
Glenn Summers

ALSO PRESENT: (remotely via Microsoft Teams)

Eric Alberts
Amanda Hessein
Anne Blevins
Tracy Bilski
Brad Elias
Lianne Brown
Cecilia Romero
Wendy Devanney

Enrique Ginzburg
Zachary Hoover
Joseph Ibrahim
Jennifer Sweeney
Jo Roland
John Wilgis
Karen Macauley
Larry Lottenberg
John Learn
Dawn Lewis
Mark McKenney
Cynthia McCauley
Nicholas Namias, M.D.
Lisa Nichols
Nina Roberts
Susan Ono
Mark Pessa
Melissa Reinhold
Ryan Beall
Shelby Rivera
Steve Smith
Melissa Smith
Michelle Strenth
Kaylin Williams
Wendy Williams

(Proceedings commence at 1:00 p.m., transcript of proceeding began at 1:32 p.m. due to remote difficulties with original court reporter.)

MS. KOCEVAR: -- at that point in time, you would have to address their rules, if there is, as to how the appointment is made. You have to make sure that you do fall into one of the categories as you're applying. Now you may fall into more than one and you can apply for the different positions, but at that point in time it is brought over to the governor's office and the governor's -- and whatever committee he may have, then determines who are the selections.

DR. ANG: Larry, if it's anything similar to the governor's appointment, which it probably is, to the Florida Board of Medicine, which, as you know, I was a member of, you can be continuously reappointed and kept on it as per the governor's choice.

MR. REED: So this committee, like some other committees, I guess, is actually a political committee, not really otherwise? Just want to enter that statement.

DR. BILSKI: Can you hear me, Kate?

MS. KOCEVAR: I can.

DR. BILSKI: Okay, this is Tracy Bilski. So my

understanding, then, is that none of the people that are in the active list have submitted letters of resignation, is that correct?

MS. KOCEVAR: Well, defining the active list that we have listed as of right now, the members that are listed there, yes, have continued to serve. And the only official resignation that we had received was Mr. Laws and Donna.

DR. BILSKI: So if any of these other folks submitted a letter of resignation or requested to be off the counsel, who would have cognizant of that?

MS. KOCEVAR: That’s another great question, doctor. We were thankful enough that our members here do communicate with my office and with those that work with it and have set that in from an official standpoint, once we receive any indication, I always just make sure that the governor’s office is aware that this is what’s happened. I do not know if they officially went to the governor’s office first and then us second, I can't speak to that.

MS. DINOVA: All right. Any other comments, questions?

(No verbal response.)

MS. DINOVA: Okay. We will move on with this list as it stands right now. Hopefully we will get

some movement out of the governor's office on this, sooner rather than later.

So, for the previous charter, we had the lead roles and responsibilities were listed at the tail end of the charter and all I did for those is just move them up a different order. This is the previous -- this is the previous draft, or the previous charter. I just took these and moved them up, so that they -- we listed the what and the who and what they're supposed to do. So that really was just some clerical changes there. These are the roles and responsibilities that we have set out for the moderator and co-moderator and for the council members. We do have some details a little bit further in our council bylaws about member attendance to meetings and such, but these are just the general descriptions of what each person is supposed to fulfill.

Does anybody have any changes or recommendations they'd like to make to this section? I'll scroll down in just a minute after people have a chance to read. Everyone seems to be checking through them. Do we have any questions, comments, suggestions for changes for these sections?

(No verbal response.)

MS. DINOVA: Okay. So we've established the who, we've established what they're supposed to do. These are just the council procedures and the rules of holding these. It does address that we have our formal meetings quarterly, such as this, and then we also have our Commons Hours meetings that are held on a rotating basis determined by any projects that are ongoing at the moment. All of our meetings are of course held in the Sunshine, so of course everything is posted so that everyone can join in.

Any suggestions to the procedures section?

(No verbal response.)

MS. DINOVA: Okay. And then in the constraints, basically was just what are our challenges for that. And again, this is just something that I moved from the previous charter, moved it up a little bit, before we get to our goals and our assumptions, basically that we're going to meet the goals that we set forth.

So at our Commons Hours meeting, we discussed the priorities and goals for this council. Previously, the priority one was to develop this set of recommendations and methodologies necessary for the DOH to perform the statewide Trauma System Assessment as outlined in Section 395.4025 of the

Florida Statutes. This is the assessment that they have to provide every three years, what the council has to give them in advance is the -- a set of recommendations of what should be in that assessment. So what we have done previously is we had the -- I don't know why my microphone is cutting in and out. Maybe when I turn my head. We have had a -- put together the actual, I'm sorry, the actual recommendations. And what we discussed on the Commons Hour is to go ahead and keep those same recommendations because the last assessment that they put forth was pretty thorough and just to update it with new dates and new additions of the rules and guidelines and the statutes, not the statutes, but the recommendations through the Gray Book and those things, was to make those changes. So the commentary here would be about, do we need to keep that as a priority because we are required by statute to do that every three years. So we would need to be working on a new recommendation for the DOH because the assessment is due in August of 2023, so we would need to get that to them as soon as possible, so that they can start working on that assessment. So we would like to take commentary about leaving this as priority number one for the advisory council.

And if anybody had any other recommendations that we would need to add, we'll be bringing up the actual recommendation at our next meeting, so that we can go through and discuss if there needs to be any changes. Probably have a Commons Hour before that so that we can make suggestions to it. But for today we're just looking at leaving this as a priority in our charter.

Any questions, comments?

(No verbal response.)

MS. DINOVA: Okay, Dr. Ang, thank you. I know, unfortunately, we're still only at eight, so we don't have a quorum to vote, but Kate, are we allowed to take recommendations and then send it out as a -- as like an email vote to the council members?

MS. KOCEVAR: I do not believe an email vote is considered in the Sunshine, you know, as far as that is concerned. So I think recommendations can certainly be taken into consideration, but I do not believe that a vote could actually be done via electronic email.

MS. DINOVA: Okay. All right, so any recommendations, then? So we recommend to keep this as our top priority, Dr. Ang?

DR. ANGS: I agree. Yes.

MS. DINOVA: Okay. All right. We will leave that as priority one, then.

On the old charter that we had, the second priority was to provide recommendations to the DOH relating to the implementation of the statutory changes to the house bill 1165, that's the bill that basically created this. We have basically concluded this. We went through and generated the materials to show that we have the technical expertise, we have the council up and running. We're attempting to get the members situation situated. But it appears that we would be able to close this priority and then I actually have a section where we can keep in the charter actions that we, the priorities that we have completed. So we'll have a running list of things that this council has accomplished and closed.

So do we have any recommendations about -- or close it as a complete file?

DR. ANG: We don't have a final product yet, right?

MS. DINOVA: We would -- so, on the draft, after the discussion on the Commons Hour, on the draft, what I did was pull this out and moved it down to, you'll see there's a section down here for completed priorities and assignments on the last page of the

printout. And then I've got it pulled up on the screen here. So this is the draft of being able to move that down as a completed.

DR. ANG: There was a change we did a couple years ago though.

MS. DINOVA: So this particular task, we did, we closed -- we did this in 2018, it was still sitting on our charter as priority number two, as an act of --

DR. ANG: Oh, so this is the step, up here?

MS. DINOVA: Yeah, this is something that we've already completed, but it was still sitting in our charter as an active priority. So that was the recommendation, is to close this and move it to a completed item on the charter. So that we can move in a new priority.

MR. KEMP: Okay.

MS. DINOVA: Agreed? I think I heard Mr. Summers, Mr. Kemp, thank you. Okay.

So then, moving onto the third priority, this one is a little tougher to see on the screen. But it is to the one that's going to cause some discussion. To evaluate and modernize pamphlet 150-9, the Florida Trauma Center, and conduct a study of the use of ACS verification process versus Florida verification

process for all types of Trauma Centers. So, we're not going to delve into the standards themselves today because we're trying to establish those subcommittees to do that. What we're looking at is leaving this as a priority on our charter so that we can start getting those crosswalks done. And we had almost gotten to a point where we had a full draft of the Florida standards completed and then the Gray Book published. So I feel like we're probably going to be starting over a little bit, but I think we can take a lot of those recommendations that we had from before, pull them into one document, and it will be a much faster process than it was previously.

So for today, based on the Commons Hours discussion that we had, I added onto here where we will leave that as a priority, but then update it, right. So to develop the crosswalk between the Florida Trauma Center Standards and now update it to the Resources for Optimal Care of the Injured Patient 2022. So now we can use Gray Book. And we added in, off of those discussions, ways that we can monitor our deliverables, which I suppose should be deliverables and goals, Dr. Ang suggested earlier. So our deliverables and our goals are to create these reports, the crosswalk, and engage stakeholders and

participation, which we're going to have a discussion about in a little while.

So looking at the draft of the charter that we have today, the red is the updated changes from what it stated previously in our charter. And there's a couple more sections to this, it goes through ten. One of the big things, as we have this conversation, is going to be to develop the proposed set of updates to the Florida Trauma Center Standards and then identifying topics and challenges to Florida's Trauma System that's not addressed in the resources manual because there are a few things that Florida has that the resources manual does not addressed. So we'd be creating a report including the standards listed there that are not addressed. We would need to look at identifying the estimated costs increase for the ACS standards, above what the Florida Trauma Center Standards currently require. We would have to do that cost appraisal to make sure that we're staying within that $200,000 per year or the $1 million, and five years rule. So as we go through, we would need to do that. We would need to develop a literature review relating to the quality of each system of verification, develop a set of performance measures comparing patient outcomes, identifying potential

models and processes and requirements for Trauma Center verification and designation, assessing the impacts of those potential changes on the Trauma Centers, and making sure that we're getting stakeholder feedback on those proposed changes. Soliciting that stakeholders feedback throughout all the action steps and utilizing those subcommittees like we did before.

The subcommittees were really fantastic, previously we had 32 of the 36 Trauma Centers in the state participate on one of the three parts of the subcommittees. So I'm hoping that we can get that reactivated and move this forward. And then of course we would need to solicit experiences from other states to use ACS for verification, maybe create a report to include that feedback from community stakeholders.

So most of this is the same as what we had before, just with some updates. So would we like to keep this as a priority in our charter with the suggested changes, do we have more comments to add into it?

I'm sorry, who was that?

DR. SMITH: Hello? Can you hear me?

MS. DINOVA: Yes. I can, just state your name

for the court reporter, please?

DR. SMITH: Yes, Dr. Steve Smith at UF in Gainesville. I'm also a ACS reviewer and served on the committee on trauma for about 20 years.

You know, we went through an extensive process comparing the orange book standards and the effects of migrating to that for an extended period of time. And I think it is simply going to kick the can down the road another two or three or four years if you follow the exact same process for the Gray Book. Most of this, the criteria in the Gray Book, that have not changed, although there are a few changes. The book has simply been reformatted to reduce some of the redundancy of the standards and make it somewhat of a more organized document that corresponds to other ACS documents.

So frankly, I don't think you need to do all that stuff again. I mean, that has been done. The comparison of happening in other states has been done. That's not going to change if you do it again with the Gray Book. Frankly, I think what you've suggested is a tremendous waste of time and will simply delay updating the archaic and outdated standards that we're working with right now. So I think you need to rethink that process. I think you

need to build on the work that's previously been done and move forward. I don't think that you should repeat the entire process again.

MS. DINOVA: Well, and I agree with you very much. One of the things that I asked for on the Commons Hour is if anybody had started a crosswalk between Florida and Gray Book. I heard a couple people say that they had started that process, but to be perfectly honest, no one sent it to me. So I started one, but I didn't get it.

DR. SMITH: Your crosswalk --

MS. DINOVA: It was yours.

DR. SMITH: -- orange book and the Florida standards is not going to change the --

MS. DINOVA: What we have is crosswalk started, and I'm seeing some heads shaking, that we're going to get some more input on those, get sent directly to me. But I also have all of the comments from when these subcommittees were together before, so I would like to have one document where we have Florida Standard, how that aligns with the Gray Book and the comments from all that work that we had put in previously, so we can just go through and go, yup, this one didn't change, yup, this is what we wanted to change for before, perfect, we can move on.

So that we'll have, basically, four or five columns. We'll have four or five columns aligned where we can see all of that in one place. And I think it will be a much, much faster process this time.

(Cross talk.)

MS. DINOVA: -- because it refers to a specific pamphlet in the statute, so we have to update that pamphlet until we can get the actual statute changed.

That was one of the priorities that Kate had talked about in her review, was getting everyone to -- when the DOH has presented that to the -- to the governor's office and to the legislation previously, there was no appetite to take that up because they felt that it was a DOH initiative. And it needs to be something that comes from us, the stakeholders, because we have to have the rule open first, so we can then change the statute, but we have to go through those legislative hurdles before we can make any change to our Florida standards, unfortunately, the way it's written into the law.

So the way that we avoid that is by, as Kate stated before, having our government relation folks reach out and try to get that exemption so that we can get the rule open so we can make those changes,

but as far as actually referencing directly to the ACS Gray Book, we cannot do that right now. We legally have to reference the DOH pamphlet and try to get the updates to the pamphlet.

But I do agree with you that there's a lot of it that we've already done, and I would make sure, absolutely, that as we get those subcommittees together, I think it would be a much faster process of going, okay, we talked about this, this is what it says now, here's what we said before, let's go with that, so. I don't think it's going to be as arduous as previous attempts.

DR. SMITH: I have two other questions regarding what you said. Where is there evidence that adopting ACS standards would increase costs? I'm not aware of anything in that regard.

MS. DINOVA: It was kind of hard to hear you, I think you were asking about where's the evidence that if we switched to ACS it would cost more? Is that the gist of the --

DR. SMITH: Yeah, I'm not aware of any evidence that the ACS process would increase costs at the Trauma Centers. My gut feeling is that it would be the converse, I think it would be more economical. And then, another thought, but that trains left the

station, if I remember, I'll come back to you.

MS. DINOVA: Well, the simple -- we did do some research into that previously, but just off the top of my head, the things that I know would cost more, I know that there are some physician differences that were for physician coverage and on-call coverage, but even just looking at the fact that right now the Department of Health comes out and does our site surveys and our designations on their costs and not the cost to the center, the Trauma Center, the Trauma Center doesn't pay anything for that. Whereas, when we go to the ACS, its several thousand dollars to get them to come and do that survey and its every three years versus right now our current survey process with the DOH is seven years, but even if not, even if we switched to a three-year cycle, it's still on the DOH as dime and not on the Trauma Center.

So I think if -- I don't remember the current pricing for the ACS verification, but I want to say it was close to $30,000. It includes your TQIP fees, but you still have to have them come out and do the consultative visit and then also -- if you're not already an ACS center, and then you have to have them come out and do the verification visit. And every time you get reverified, it's several thousand

dollars that we're not paying right now.

DR. SMITH: Well, the tradeoff would be, first of all, all the visits are now virtual, so there's a cost reduction. The tradeoff would be, is frankly, no offense to anyone, you could reduce the DOH staffing for trauma by applying the ACS process. That's what other states do. They essentially have the -- they reduce inhouse, by transferring those funds to the ACS process. The experience of other states is more economical than maintaining a state agency with a lot of staffing to do this. And really, if you look at the other states, the only two states that aren't using the ACS process in this way are our state, Florida, and Pennsylvania.

So I don't think you really need to survey the entire country, because in effect, those are the two states that don't use the ACS process. New York is previous hold out, but they saw the error of their ways about 10 years ago and went with the ACS process with very good results. I'll end my discussion at that point, I don't want to waste too much time.

MS. DINOVA: Well, thank you for your comments. And I hope and I know that you will be engaged if we do start this process back up because I do know that you have a different perspective on it, coming from

being a verifier, so I appreciate that.

So looking at the charter, since we can't change the statute today, do we need to keep this goal of evaluating our current Florida Trauma standards and getting them updated and modernized to the 2022 ACS guidelines?

DR. SUMMERS: Yes.

MR. KEMP: Yes.

MS. DINOVA: All right, we'll leave that on there for now and I look forward to lots of great conversation when we get to the standards.

Okay. The next priority that we have previously listed was the development of the plan to implement the ACS recommendations from the Trauma Center consultative visit. As we learned towards the end of last year, it doesn't appear that the ACS is going to be doing any consultative visits for systems anytime soon. So my recommendations that I received at the Commons Hour meeting was to go ahead and close this one off basically due to things beyond our control and try to leave it on as a potential -- bring it back around once the ACS is doing system visits again.

Does anyone have any issue with moving that as not a top priority right now, but something to go

back and look at in a year or so when ACS gets caught up?

DR. SUMMERS: I agree, David Summers.

THE COURT REPORTER: I'm sorry, what was that comment, and who spoke?

MS. DINOVA: All right, we'll make sure that that stays listed as a potential.

Does anyone else have any questions or comments?

(No verbal response.)

THE COURT REPORTER: May I get the name of the speaker who just spoke?

MS. DINOVA: Yes, that was David Summers, thank you.

Okay, nothing else on that one.

So there's that. We'll move it. Something that had been recommended previously when I went back and looked at minutes from previous Commons Hours and from previous transcripts of these meetings was that we had talked about having a priority to encourage the development and sharing of trauma related education materials for hospital and prehospital providers. Basically creating that CEU library. I know that one used to exist, that one of the Trauma Centers kind of hosted it and that has gone away, but the concept of this when we were discussing it was to

create a platform and to determine who is going to host that platform. At one point we were hoping that the DOH was going to be able to do that for us. I'm not sure what their staffing changes, if that's still going to be able. So we're going to have to look into who could host it, but the concept was that each Trauma Center around the state would create one CE per year, because we're doing them anyway, get those submitted into one library where we can have them accredited for, of course, nursing and physician, which most of us do in our facilities, but also reaching out with our EMS partners and trying to get those same CEs accredited for our EMTBs and MTPs in the state so that they would have access, sometimes pediatric topics are either not covered very much or not covered very well. So if we, as the Trauma Centers of the state, are creating those CEs, we'll be able to police the content a little bit better and also the rotation of them. So maybe every three years we'd drop ten and ten centers give us new ones, and then a year later, ten different centers, and bring it back around. So I added this back on as a priority to try to get that CE library.

Yes, Ms. Kocevar?

MS. KOCEVAR: Lisa, yes, I think this is a very

important issue that we have recognized in the past. I know personally, having worked on these surveys and the amount of time it takes to collect all this data to provide to us is timely. One of the suggestions that I personally could see that -- one is that I was privileged to work our -- at DOH to see where we could -- working with the centers to get these classes. Also, working with CE broker because MQA uses CE broker to get a lot of the information for your licensing.

And so we were trying to figure out if there was a way that we could maybe connect with them and once we got this library up and moving, the CE broker then would be able to accept your accredits and then in the process, we would connect with MQA via CE broker to try and then download some of that information and make it a little easier during survey time.

So I think this is still a very valuable piece, one of the big pieces. And I started to talk to some of you, unfortunately until 2019/2020 came, where, yes, there were classes that you were all doing. And the fact is that you had a lot mapped out already. We had to figure out how to start gathering all those educators together to produce those classes and figure out how to get it onto a central location so

everybody in the state knew what was going on and where you could get classes. And then of course get the CEUs assigned. I was trying to have you all kind of run with that on the foreground, while we were all working in the background trying to figure out how to implement this integration that we could do.

So I do hope that we can continue to pursue this. And one of the things I'll ask from all of you from the Trauma Center is get your educators involved, all right, and find out what kind of classes, what type of PowerPoints do they have, anything can we get CEUs assigned to it. And then I think from the State's perspective, I'm looking at one of our surveyors, Ms. Cox, who is stepping back from doing direct surveys, but has a great background in education and trauma and she might be able to enlist her to try and help us get this off the ground. So I do hope that we can continue to pursue this and keep this on the charter.

MS. DINOVA: Any other comment?

MR. NAMIAS: Lisa?

MS. DINOVA: Yes?

MR. NAMIAS: Nick Namias from Miami. As I'm listening to this, with the work that we have to do to update the pamphlet, which I think is the most

important thing, as we await the potential for legislative change to let us just use whatever current version of the ACS book there is. Do we really, you know, in a state that really is about small government, isn't this kind of a big government thing for the Trauma Centers to become involved in creating the educational platforms for the other Trauma Centers. There's plenty of private and public and sources for continuing education, like why is the state, why are we advising the state to be involved in this? It might not even be a governmental thing to do.

MS. DINOVA: The state was only going to host the platform. The Trauma Centers would provide the content. The state was just going to provide the platform so that it was in one location that any of the stakeholders in the state would be able to access.

MR. NAMIAS: I'm just going to voice my descent here, that the state shouldn't be involved in this business at all. There's plenty of other places to get your education or not reliant on the government hosting it. Trust me, I mean, my politics are that there's a lot of things the government should be doing that it isn't, but here's one where I think if

we’re talking small government, this is something that can be thrown overboard first. There’s plenty of sources. I’m not sure that we need to be in this business.

MS. DINOVA: Okay. It was a topic that had been brought up before because I know that we have some Trauma Centers in the state where some of their nurses, especially, were having to pay for their continuing education classes, that they weren’t being provided necessarily by their facilities, so it had been brought up by, in fact, I think it was Donna, when she was here previously, had said that there’s not just one good place for people to go to get good free CEs that covered trauma topics. That they had found that to be a challenge for them.

MR. NAMIAS: There’s a lot of things people can't get for free. The state doesn’t give those out either.

MS. DINOVA: Do you have any other suggestions of how we could provide the continuing ed, but not post it on the DH platform? Because I feel, tell me if I’m wrong, I feel like that your concern is having the DOH involved with it. Is there another way that perhaps we could do it without involving them? Is there someone else that can host it on a different

platform that would still be open access to all of the stakeholders?

MR. NAMIAS: I just don't think it's the business of the Florida Trauma System Advisory Council. We're here to advise on the trauma system but providing continuing education for providers is the business of people who have companies that provide continuing education for providers. I mean, the state doesn't host the CMEs for surgery, I mean, I go to professional meetings to get me CMEs. I get CMEs through the journals I subscribe to. It's --

MS. DINOVA: Yeah. I will say I agree with you on that point and I think it is frankly a little bit easier for some of the physician providers to get those CEs, then perhaps an EMT, who is not making as much to have to then pay for their CEs, that maybe we as a trauma system could provide for them. I think Mr. Summers had a comment.

DR. SUMMERS: Yeah, David Summers. So in the past we ran the trauma education library through the trauma program managers association, and it was actually very successful because it brought the ability for great education that might be coming out of, say, Miami, and be able to offer it to other areas now virtually. And in the past, it was usually

printed or video. But it was a great advantage because we're all doing a lot of great stuff, but as a nurse, or as a paramedic, to be able to travel to go to different programs is not feasible, for employer reimbursement or getting time off, so the library itself was a great asset. And it's a shame that it sunsetted. So I think that's the direction I'm looking at, is that it's just another resource to be able to offer education and instead of everyone taking stuff at their own center, they're getting to hear what's happening at other centers. So if it's something better suited to be ran through the program manager, what's the group called now, Florida?

MS. DINOVA: ASC center, yeah.

DR. SUMMERS: Yeah, that one. That might be an opportunity.

MR. NAMIAS: This is something seems better run through either the AFTC or the FCOT, right, if they want to provide. But those CEs or CMEs or whatever -- none of them come for free, I mean, every organization -- if I want to offer CMEs for a lecture in Miami, from my department I have to pay the university for processing the CMEs. So the CMEs aren't free, somebody pays for them.

MS. PINEDA: This is Candance Pineda. We have

this discussion when we were looking at updating the standards a few years ago to add this. This was done previously maybe 10 plus years ago through Tampa in a grant. That was hard to maintain. The nurses would commonly use the same hour over and over again, so there's -- it sounds like a great idea, but operationally, it's a challenge that we should take offline maybe through AFTC.

MS. DINOVA: Okay. All right. So we can -- I'm hearing that maybe we want to remove -- we don't want to not add this as a priority for this particular council?

MR. NAMIAS: I think it's a great thing for the FCOT and the AFTC to work together on. Take it out of the government.

MS. DINOVA: Yeah, the only governmental portion of it was the hosting the platform. Okay, I guess we will remove that then.

So with that and with the other ones that we've closed and moved, we would be able to add another one or two priorities. I know that we've had some discussion previously about creating more of a statewide format for engagement for our EMS partners to be a portion of this advisory council or not necessarily members of the council, but for us to

branch out and reach out to them.

Mac, you had brought up before, I'm trying to find your words, I had them written down, about a suggestion that you had for a priority for this council.

MR. KEMP: Yeah, that was a long time ago. I'm trying to remember.

MS. DINOVA: I know. I went back and read all of the minutes.

MR. KEMP: But the thing is, as far as connections with Trauma and EMS, it's been very little, still very little today. It's better now. We do have -- reporting trauma issues on the EMS advisory council. I'm reporting EMS issues here. But historically it's been a disconnect and maybe locally between trauma surgeons and local EMS systems, maybe, but not even really there, for the most part. so I just suggest to you that the way to improve patient outcomes, trauma surgeons got nothing to work with if they don't have great hospital care for those patients. So the only way to get that is to be involved in what their processes are and what their training has been on trauma. Most, as far as in statute, the EMTs and paramedics have to have so many CEUs every couple of years, doesn't require any

trauma after they have their initial trauma training. They don't have to have anything. We have international trauma life support, we have prehospital trauma life support. What most agencies do have those classes, but it is not required by anybody except certain medical directors in the state. So it's just something to think about if you want to improve patient outcomes overall, you have to start at the beginning of when people are having issues. The other thing for this council to think about is with EMSTARS, the state data collection system, EMSTARS is the preliminary EMS state collection system in the nation. We're collecting more data on more patients and connecting them to more systems. Currently, it is connected to Florida Traffic Safety database and it's also connected to AHCA database, so you can look at the type of injury a patient has based on their crash record, where it occurred, whether it was on the intersection, or a curb, whatever it was, and you can track that patient through EMS and all the way to their discharge from the hospital. How much the healthcare cost there was. And there's going to be a lot more researchers that will use this and are starting to use this now. So there's some powerful connections, if we will use

them, and it will benefit in the end the patient most of all as to find the right things. I know one of the initiatives right now in many Florida systems is the carrying of whole blood. So that's being driven by research on specific patients and we're seeing amazing outcome, changes. People that would have, without doubt, died in the field, are now being resuscitated and brought to the hospital in stable shape, stable enough to be able to have surgical intervention. So it's things like that that are going to make a difference in trauma outcomes in the future. So we need to be looking ahead.

MS. DINOVA: I agree with that. Specifically with EMS, working on the EMSTARs counsel to be able to migrate and merge the EMS records with our trauma registry. Where they can integrate without annual entry, but that will require revision and looking at the Florida Trauma Data Dictionary. Several years ago we removed the Florida elements and just went to ACS, and ACS had since removed specific elements to EMS. Such as procedures, other things that if we turn those field back on in Florida then all that data will flow automatically. So, that's something that we need to look at through this.

DR. SUMMERS: Excuse me, this is Summers, just

in case you needed a quorum. I'm in the game.

MS. DINOVA: Thank you, Dr. Summers. That means we have quorum friends.

So, what could we, taking those two points, what could we list out as a priority for us? For this counsel. I'll take suggestions for wording.

MR. KEMP: I think one of the things that Candace said is linking our Trauma Data set within Department Health with EMSTARs, would be tremendous.

MS. DINOVA: So, for this council, it would be to create a recommendation -- so, it would be to create a recommendation linking the EMSTARs database to the Florida Trauma Data Bank? Okay. So what are some steps we would need to do for that?

DR. ANG: Identify fields that are in -- fields that -- and get them to cross --

MS. PINEDA: We need to advise the Florida Trauma Dictionary.

THE COURT REPORTER: I'm sorry, can I get speaker names please.

MS. PINEDA: Candace Pineda.

MS. DINOVA: Okay. Why do I feel like revise the Trauma Data Dictionary is going to be -- my question to that is, how has that previously been done? Or has it been done?

MS. KOCEVAR: I was going to say, so this is the Common Hours calls again, that could start happening, just to have the discussions start. And I just want to kind of remind everyone it was in 2018 and it was decided that a Florida T Club collaboratively come into being and that was when it was decided that the college file would be accepted. And that the specific Florida pieces were then going to be removed, prior to that, you were working off of a 2016 data dictionary that was, was occurring.

So, I do believe that our comments are as calls, that would probably be the best way to strike these discussions and Mac, we'll definitely need to have your crew on there too. To some of our Common Hour calls. And then from there, once we kind of see how much of material we're talking about, because I'd have no clue right now, and I don't know if Candance you do, or Mac does. It will get a better sense then of really kind of how big is the mountain that we need to do.

MS. PINEDA: Chief -- this is Candance Pineda again. Chief DiBernardo and myself, will be meeting with the ESO and the National Registry tomorrow. To discuss what fields are already existing that can be brought over, as long as we update the dictionary.

MS. DINOVA: Okay. So take a look at what I have added here as a recommendation.

Oh, I'm sorry, Mr. McCoy.

MR. MCCOY: No, no, Mr. McCoy is --

MS. DINOVA: For the Court Reporter.

MR. MCCOY: But, yes, we did do, look at this over the years. And I think Dr. Ang and some other folks might have been involved when we got to this registry standpoint and then it's kind of went several alterations about different Florida elements and things like that. All of those Florida elements, and Candance is 100 percent correct, they were for linking and getting that where we could provide that EMS data back to the trauma system.

So, those being removed, but we never really sat down and studied, did a, you know, different types of probabilistic linkages to see what was the best. I think, in concert with your revision of the Data Dictionary, we're going to have to get some staff in here, some EPY staff, to look at those at those linkages and what's needed and what's best. Because the data is just not that good. And we got to figure out what's the magic sauce that makes it connect.

MR. KEMP: This is Mac Kemp again. The thing is, is it's the purview of this committee, though, to

make recommendations to move things forward. And I realize, it's going to be a long process. It's not going to happen overnight. But we should make that recommendation to start moving toward that. I'm quite sure it's not going to happen in my career. I will be retired by the time that happens. But that's okay. We need a starting point to merge these databases together because it's the right thing to do for our patients in Florida.

MS. DINOVA: Yes, sir. And we still have until some of the -- we could get it on here and hopefully, after we get some of the other priorities, that we've listed, get those completed and get how we started on these.

So, I think, Dr. Ibrahim, I think you raised your hand online? Go ahead and unmute your mic. Dr. Ibrahim, are you trying to --

Well, I'll take note that Dr. Ibrahim was on the line. That gives us all 10 of us, okay.

It looks like she's trying to reconnect it to make sure that you have access.

MR. KEMP: Someone in the audience.

MS. DINOVA: Come on up to the microphone so we could hear you. He's making it live for you, I think. Go ahead now.

MS. QUINTANA: Hi. I'm reading the recommendation and it seems like your recommendation has two different things. One, it's saying is to link it. Linking means, we still stay with the NTDB Trauma Data Registry and then just see how we link the EMSTARs. But, then later on, you're talking about revising the Trauma Data Dictionary. In Florida, my understanding is we're using the NTDB so what are we revising.

MS. DINOVA: I agree.

MS. QUINTANA: Add if I'm misunderstanding.

THE COURT REPORTER: May I get your name.

MS. DINOVA: State your name.

MS. QUINTANA: Olga Quintana.

MS. DINOVA: Candance?

MS. PINEDA: Specifically, EMSTARs is all of our state EMS medical records. So they have a lot more data elements than the NTDB requires. It used to be Florida requirements to track meds, procedures, times, certain things. All of that is now optional. I think some centers continue to collect it.

MS. QUINTANA: Yeah, I do.

MS. PINEDA: So, right now, if they collect it, it would be automatically, it would come directly from the EMS medical record into our trauma

registries without manual entry. But I think it has to be on our Florida Data Dictionary in order for that to be allowed.

MS. QUINTANA: So, we have a Florida Data Dictionary?

MS. PINEDA: Mmhmm.

MS. QUINTANA: No, we don't.

MS. PINEDA: Yes, we do. It's old but it is still a --

MS. QUINTANA: I thought it was just --

MS. PINEDA: -- Florida Data Dictionary.

MS. DINOVA: Go ahead, Michael.

MS. PINEDA: It says, the national fields are required. And there's a few additional elements, but all of the additional, like, 100 plus Florida were removed.

MR. LEFFLER: Yeah, so we do have a Florida Data Dictionary. Michael Leffler, for The Court Reporter.

We do have a Florida Data Dictionary. And what it says is two things. It says, you either send us your validated NTDB data sent file, your submission. And we'll accept that, and that meets all requirements for data reporting in state. But, if you did still include those Florida specific fields that are outlined in that data file, you could

continue to just submit it the way that we always collected it. But we have never updated business rules associated with that.

And almost all centers in Florida are sending us their NTDB data file instead of using the old methodology.

MS. PINEDA: So, currently, what I'm being told, from our vendors, is you may have it, but it doesn't cross the Florida because the Florida Data Dictionary doesn't require it or have it.

MS. QUINTANA: Yeah, I guess that's my point is that we need to clarify that. Because I know that we are all doing it differently. So, I don't know if that would have -- like we kept, at Ryder, I'm still collecting all of the EMS stuff, just because we do a lot of research. But I know that it's not a requirement so people might be looking at, oh, now I have to collect more stuff. Or if it's going to just merge that would be excellent. Thank you.

MS. PINEDA: This is Candance Pineda again. Especially with that UUID that's a 35 alphanumeric characters. Right now a manual reentry of that is a very high possibility of data entry error. Which is defeating the purpose of being able to track patients from start to finish. So, if we can have it

automatically upload, with all of this technology, we'll actually have very clean data that matches.

MS. DINOVA: So, what I'm hearing is that Candace is going to talk to the vendors.

MS. PINEDA: Tomorrow.

MS. DINOVA: Tomorrow, and see, get some background information for us on that. And then, she could bring it back to our next meetings to see if this is going to be feasible or not. I know one of the hang ups is going to be is that not all of the EMS agencies are using the UUID's yet.

MS. PINEDA: Also, updated on that, so it is not a requirement through NEMSIS, until they get to V5, which --

MS. DINOVA: Right.

MS. PINEDA: -- I think is next year. However EMSTARs and all of the agencies in Florida have turned it on for over a year now.

MS. DINOVA: Yeah.

MS. PINEDA: So, it is actually in your run reports. In different agencies, it's in different spots, you may not know that it's the UUID or called that, but Florida actually is -- it's not printing on the run reports. I can get with you and show you where.

MS. DINOVA: Dr. Ibrahim, it looks like your hand up again.

DR. IBRAHIM: Can you hear me now?

MS. DINOVA: We can.

DR. IBRAHIM: Oh, sorry about that. So, sorry to go back, but you know, when we were talking about trauma data -- brought it up in there as well. You know, we kind of looked at this more with CQuIP when we had our group with Dr. Kerwin. But I thought we were just using national definitions, you know, from ACS, I didn't, you know, are we really going to redefine and have our own separate dictionary as well? I realize we're, Dr. Smith brought this up a little bit, but I just think speaking of time, I mean, that's going to, I feel like we're kind of starting over in some ways.

MS. PINEDA: This is Candace Pineda again. I'll be able to clarify more tomorrow. But from what I'm being told, if in order for the State to accept the data elements where most all centers are already collecting, that dictionary has to be updated to receive and transmit those files.

MS. DINOVA: So, this is Lisa. So what if we put, revise the trauma data dictionary / create an import or export for the EMS data, so that will leave

it open as to whether we need to either update the data dictionary, or if we'll just be able to create an import or export, based on what the vendors tell us in coming meetings. Does that kind of cover it for us?

DR. ANG: I think we should probably table back until our next meeting and then make that a priority once we know --

MS. DINOVA: After that, okay.

DR. ANG: -- right, once Candace finds out.

MS. DINOVA: Okay, so I'll list on here as a potential, future, priority.

Does anyone have any other recommendations of things that this counsel should list as a priority for our charter, or do we have enough on our plates?

DR. ANG: I wanted to maybe propose, like go back, an action step to priority one, or providing a set of recommendations for assessments in the trauma system. And that new proposal is to look and evaluate, and possibly integrate the statewide TQIP collaborative reports by the ACS. We may need to work with FCOT to provide a report as a deliverable. We already have a systemwide benchmark in the report that we use through the American College of Surgeons, and so, that should be something that we should look

at, at FGSAT, as part of that 2023 report.

MS. DINOVA: Okay, so you want to add that in to --

DR. ANG: So, yeah, like action step number five.

MS. DINOVA: On which priority? I'm sorry.

DR. ANG: The first priority.

MS. DINOVA: Okay, so action step five here too.

DR. ANG: Right, the first priority, where we are providing a set of recommendations for the assessment of the trauma system. And that would be to look and evaluate / integrate statewide TQIP collaborative report by the American College of Surgeons. And to work with FCOT to provide a report as a general report.

MS. DINOVA: That is called the --

DR. NAMIAS: Collaborative. The TQIP collaborative report.

MS. DINOVA: Collaborative. Thank you. That's the word I was looking for is collaborative. You know what I was thinking Dr. Namias, didn't you?

Okay. All right.

DR. ANG: That's the gist of it.

MS. DINOVA: Okay, thank you. Any other additions, comments, suggestions?

(No verbal response.)

MS. DINOVA: So we actually have a quorum now that we have all of our folks online. So I can entertain a -- I'm going to go down and just -- I'm page down each one of these again, just so we could see it in whole, since now we can vote on it. And just quickly look at the changes we made, okay? So, just updating the date here, this was just some clerical changes to move the background, the mission, the numbers, and adding in the year the council was created, onto this page. Going through, we just moved the roles and responsibilities up. The procedures, the constraints, and the assumptions are the same as previous. And then these are the priorities in line, keeping in mind that we have a section down below for the ones that have been completed.

Okay. All right, here's our second one. And then remember, this one's got several.

DR. NAMIAS: It should say TQIP up there. Like, Florida Collaborative TQIP.

MS. DINOVA: Yes, sir. Yup, yup. I thought it in my head. Okay. We'll need to set a due date for our recommendations to get them to the Department of Health. Again, keeping in mind that the assessment

is due on August of 2023. So, if we approve this charter today, then we will be able to bring a draft of the recommendations to the next meeting, and possibly, get that sent out prior to. So that everyone can take a chance to look at it. And then we will be able to make suggestions to that and take a vote, so that we can get those recommendations to them as soon as possible. To hopefully give them as close to, at least, 10 months to get that report completed. So do we want to set a recommendation for us to have a vote on our recommendations report at the next Advisory Council Meeting? Do we want to put that date in there and have a Common Hour in between to discuss it?

So we set it -- I stumbled all over that, so let me try that again. So, between now, but today approve the charter, but we would need to add a date, a due date, for the is priority so we could get the report, our recommendations report, to the DOH so they could work on creating the big giant report. So, what I was saying is, perhaps we set a due date for our recommendations to be voted on at our next live meeting, which I believe is in September. And we'll set a Commons Hour meeting or two between now and then to discuss a draft of that. Because I think

we can use what we currently have and just make updates. So, I believe that that is -- I'm just going to put September 22nd because we don't have an actual, hard, date yet. But I believe it's going to be in September. Okay, so I'll leave that.

Moving on to the next priority. Was the standards priority that we know we're going to have lots of great conversation about the revision of the standards. But for a priority for the council to have listed would be to evaluate and modernize our pamphlet. And conduct those studies, as needed. Do we have any discussion on these points? Before we put it through.

(No verbal response.)

MS. DINOVA: Okay. We were able to close and move these. We decided to table that one. And I have a potential, future, priority listed here. And our completed priority, that we finished back in 2018, that we're finally going to remove.

So, with that said, we need to take a vote on approving this charter as it stands, with the changes.

DR. NAMIAS: Motion to approve.

DR. REED: Second.

MS. DINOVA: That was Dr. Namais?

DR. NAMAIAS: Yes.

MS. DINOVA: Thank you. And Dr. Reed, seconded. Okay. All in favor?

(WHEREUPON, the committee members responded with "aye.")

MS. DINOVA: Any opposed?

(No verbal response.)

MS. DINOVA: All right, hearing no opposition, I will make sure I get a completed copy of this out to each and every one of you, showing the changes that we made to it, today.

Wow, we did something, gosh. All right.

So, I would like to reach out now and have an update on the Florida Standards Review subcommittees that we've talked about. Like I said, it was fantastic last time. We had 32 of the 36 centers represented. And I would love to get some more involvement. These are the folks that have reached out to me thus far, I know I have blanks on your facilities and your roles, and your emails, I'm actually going to get rid of this here, but I do want to show, these are the folks that have reached out to me. These are some of the tasks that we're going to have to do to get there. But I would like anybody who is interested in being a part of those

subcommittees, we want to get as many of our stakeholders involved in those conversations as possible. We'll be doing that through the subcommittees. I believe, I know we did it before, is we had a Level 1 and P's subcommittee. We had Level 2 subcommittee and then we had a Peer Review subcommittee.

So each committee gathered. We would discuss each standard, line by line, make recommendations to changes. Once we had the Level 1 and P's committee and the Level 2 committees had gone through those, we then sent those changes to the Peer Review committee, who also went through it, line by line, and make suggestions and recommendations to the changes. So what I would like to do is get those reactivated. We were really good last time about making sure that we had representatives on each of those subcommittees from areas all around the state. I actually put where the facility location is, that you worked for, and tried to make sure that we had some of those spread out, so that we could all have good discussion about it for what's specific to our areas.

So my request is, is that if you are interested in participating in these subcommittees, please, please, reach out to me, so that we can get you added

to this list. I would really like to get these Common Hours started, as soon as possible. But I can't do it with a dozen of us. So, I would encourage you to reach out to me to get put on to that, to be put on to these committees. And then, we'll be sending out notifications of Commons Hours when we get some dates set for that.

And then, if you have at Crosswalk, I saw a couple of hands and head nodding's going on that you guys have worked on Crosswalks already, get those sent over to me also and I'll try to merge all of those into one document. And also, we'll pull over the commentary that we had from the previous subcommittee, so that we're not starting from scratch. Okay.

Oh, is it not sharing? Which list? I'm sorry, did someone --

DR. NAMIAS: Lisa, as the moderator -- this is Dr. Namias. As the moderator, I think you can voluntell people what committees they're on.

MS. DINOVA: Well, if we get to there --

DR. NAMIAS: If you're on the foot sac, and you accepted the appointment, you know, it comes some with some work and you can voluntell. You know, appropriate voluntellings.

MS. DINOVA: That's what's posted. So what's

posted on the screen right now -- oh, no, it's not, hold on. I'm sorry, I see that it didn't switch when I switched screens here. Let me share.

So these -- let me give it a second because it's lagging. Okay, could you guys see there's an Excel spreadsheet pulled up now? With a list of names. These are the folks who have -- there it goes, woohoo. Okay, these are the folks who I have listed that have reached out to me, since we've had the Commons Hours meetings, over the last couple of months. And Dr. Namias, you're absolutely right. If it comes down to it, we'll have to start voluntelling folks.

DR. NAMIAS: Well put me on --

MS. DINOVA: And all of the -- the Advisory Council will always be involved because once we get the draft of the standards, it will have to come to us to go through and approve, to make the recommendation to the Legislation. It would have to be a document coming from us any way, so we will all be engaged, at one point or another. But I would love to have that early engagement on these subcommittees.

Yes, Ms. Kocevar.

MS. KOCEVAR: Yes, just to follow up, thank you, Dr. Namias, I love the voluntelling, that's a great thing. But one of the things that I'm going to

strongly recommend, over the last two or plus years, I've seen a lot of our rosters change at our trauma centers. And there's been a lot of people in and moving in Florida, taking over some of these positions. And I think this is a great opportunity for you to start getting involved with really what's happening in Florida. You get to start meeting all of your other compadres, who are running trauma centers, you know to do that. But it also gives us a fresh perspective. If you're coming, you know, into this from a different area, or from a different state, or whatever, at different approach, whatever it might be. I can only ask that you really consider this. Because I think this really does immerse you that into understanding how a Florida trauma system that we're trying to get integrated all the time, will get your voice also heard.

MS. DINOVA: I added my email list up on the Excel spreadsheet for those of you that don't already have it. So that you can send that email to me. And like I said, once I get this list of everybody, we'll get some Commons Hours meetings posted and start the work for that.

The other thing that I would like to engage everyone in is, we kind of touched on it before, is

to, us as stakeholders need to engage with our legislative members and the things that Kaylin had talked about before, about trying to get the rule opened up so that we could get the statute opened up. So that we could actually do something with this once we get a draft of it. So please get with your government relations folks and ask them to please try to get the legislation to make this a priority for the upcoming session. Because, previously, when it came strictly from the Department of Health, they felt that it was coming from them and not form us. So we need to make our voices heard so that we can actually make these changes once the draft is completed. Okay.

All right, so, moving onto future business. We have future meeting dates and locations. So we are required, as a council, to meet quarterly. We do try to have those live, now that we can do that. And we typically have aligned with other EMS or meetings, state meetings, that are going on. So typically we would have a meeting in September, generally in the Daytona-ish area. Orlando, I'm sorry, Daytona is later. In the Orlando-ish area. And then we also have our meeting in January, that's the one that's in Daytona. And then generally this one, of course, is our Spring meeting that's down south here.

What we're looking for, the Department of Health, is working to get the state calendar done, so I can't give any specific dates yet. Because it has not been approved, thus far. So we'll get those dates out to you guys as soon as Kaylin gets the approved calendar. But that leaves us with needing a Fall meeting somewhere else.

How nice would it be if we, as Trauma Centers, took turns hosting that Fall meeting? So that we could see each other's center, so that we could see what each other are doing, and so then it would move around the state, right. We know those three are probably going to be, if not in the same city, probably pretty close to it, right. So we got a central, we got two centrals, one east coast, on central. We've got a south. But there's a lot of the state that's not covered with those.

So what I would be looking for is, for you guys to go back to your centers and see if anybody would be willing to volunteer to host a Fall meeting. I would suggest that it's in November, only because we have a September meeting already. So October doesn't make a lot of sense. We have a January meeting, so December doesn't make a lot of sense, so it kind of puts us in that November bracket to have our third quarter

meeting. Or fourth quarter meeting.

So if you are interested in hosting, in November, we could move dates around. Because it's not going to be aligning with anything, so it will be up to you and your center, if you're willing to host, what dates we would need to be there. It's just a one-day thing. You see we're here for a few hours.

I know that we've hosted down south before. I don't want to be the first one to go, oh, sure, I'll host, because then all of you are going to look at me and go, of course, so that you don't have to travel. But, if anybody else is willing to volunteer, I'm willing to travel and go to you. Okay, so reach out to your leadership and see if you're willing to host. We had it, we did have it down at Candace's center one time and it was fantastic. We were able to go around and see their facility and their hospital and stuff, so.

MS. KOCEVAR: Lisa, just to follow up. This is Kate Kocevar. To follow up. Yes, Candace, you guys did a great job with that. And one of the, I think, really neat thing that when we have it at the Trauma Center is people from the hospital actually get to come and see what's going on. And the anxiously see that there's activity, there's not this fictious

council that does something, you know. And so I think it was a really neat thing, particularly for our group when we arrived, to see how many people in the hospital were interested. And they had a chance to come and listen and to participate.

And to be honest with you, you know, when I looked at that, I thought, geese this kind of neat, we should be doing this more often. You know, so that we get a chance to allow nurses and not just doctors, but I think at one point out there we had a bunch of radiologists in there, and we had radiology techs in there. And they were seeing, you know, just the business of activity going on and to understand, maybe, how it would affect their world, at some point with that.

So I could strongly encourage everyone to kind of think along those lines. And not only allows your hospital to kind of shine, but it really kinds of give an idea that the staff members in that hospital do play in a very important role and they get to see how it plays out.

MS. DINOVA: Yes, Mr. Taylor.

MR. TAYLOR: Michael Taylor. Does it make any sense to possibly align that with FCOTs visiting professor's series, or don't they do that every year?

Just a thought, because that seemed a -- go ahead Candance, I don't know if they align.

MS. PINEDA: No, I was going to suggest that. But that FCOT meeting is going to be October 6th at Memorial, so that may be close to the September meeting here.

MS. DINOVA: Yeah, I think it's going to be within two or three weeks of the September meeting.

MR. TAYLOR: Okay, it just seemed to be convenient that the visiting professor was all over the state and then at the end it was FCOT and the Trauma Association of Trauma Managers Association, everybody got together at one hospital for the grand finale on a Friday. Just a suggestion.

MS. DINOVA: Yeah. I mean, if we decide that we want to do it that close, we certainly can. Unless someone else wants to volunteer and be able to visit somewhere. But I'll put down, I didn't realize that you were hosting that at Memorial in September.

MS. PINEDA: October 6th.

MS. DINOVA: October 6th.

MS. PINEDA: FCOT.

MS. DINOVA: All right. So with all those little things I'm asking you to volunteer for, there's my email address. Please feel free to reach out and to

copy Kaylin on it for me.

All right, I'm going to open up the forum for any public comments. Anything that anybody else would like to share, discuss, bring up? Anybody on the line who would like to unmute themselves, just please make sure that you, again, state your name for The Court Reporter to record.

(No verbal response.)

MS. DINOVA: Ringing phones and hearing emails, I like it. Okay, anybody here on the Council have anything else that we need to address before we close this meeting?

(No verbal response.)

MS. DINOVA: Okay, well then, I will take a motion -- oh, hold on, Ms. Kocevar.

MS. KOCEVAR: Just one more thing. This is the first time that we didn't have, you know, Michael Leffler running a meeting, all right. So I just wanted to give Lisa a big round of applause. I think she did a great job, stepping in here, for the first time.

MS. DINOVA: Thank you.

MS. KOCEVAR: Well, I'll tell you, Candace is sitting next to me, and I know that you do a lot of stuff in the background too, you know, getting

everything ready for this meeting up to and going forward. So, you know, there a couple of people who do a lot of work, all the time, all right, and it kind of gets tiring. I mean, they have their own full-time jobs, type of thing. So again, everybody who's out there, to make this system even better, we need to hear from all of you. Participate. Participate. Participate.

But, congratulations, ladies. You did a great job with your first meeting.

MS. DINOVA: Well I appreciate that. Thank you. And I promise that it will get more organized as I go.

Yes, sir? Mr. Summers.

DR. SUMMERS: David Summers. Probably a little too premature for this group. But the Florida Emergency, EMS for Children, has been working on a psych project. And that's a safe transportation of pediatric neonates, the pediatric and neonates, for EMS agencies.

We have come up with a position statement. And also even a draft PowerPoint that can be distributed either electronically or virtually, or in person. For EMS agencies around the state. We're looking for position, support of the position statements, but it's a little bit too soon to bring it hear.

MS. DINOVA: Okay.

DR. SUMMERS: It's going to be discussed a little bit further at MSAC meeting, I believe. Yes, we've discussing it at the other constituency groups here, getting some support for it, so. I'll bring something more formal to our Sep-- well, maybe September, depends on the date. I'll be here.

MS. DINOVA: Yeah, that would be great. We could add it on and have you do a presentation on it, that would be fantastic. Thank you.

All right, anything else from anyone?

(No verbal response.)

MS. DINOVA: I'm not seeing anyone in the room, but I'm short and can't see over the podium.

Okay, anyone online?

(No verbal response.)

MS. DINOVA: All right, well then, I will entertain a motion to adjourn.

DR. SUMMERS: Motion to adjourn.

MR. KEMP: Second.

MS. DINOVA: All right, from Mr. Summers and Mr. Kemp.

We are adjourned.

Sorry, I was supposed to take a vote on that.

Is anyone opposed to us adjourning?

(No verbal response.)

MS. DINOVA: No, I didn't think so. Okay, now we could go.

(Thereupon, the meeting adjourned at 2:53 p.m.)

CERTIFICATE OF REPORTER

THE STATE OF FLORIDA:
COUNTY OF BROWARD:

I, JOHNNY CALDERA, a Court Reporter in and for the State of Florida at Large, do hereby certify that I was authorized to and did report the proceedings in the above-styled cause, at the time and place set forth; that the foregoing pages, numbered from 1 through 62, inclusive, constitute a true and complete record of my notes.

I further certify that I am not an attorney or counsel of any of the parties, nor related to any of the parties, nor financially interested in the action.

Dated this 6th day of July 2022.

Johnny Caldera

Johnny Caldera, Court Reporter
Notary Public, State of Florida
Commission No.: GG 148028
Expiration: October 3, 2021