

**FTSAC Commons Hour**

**July 18, 2023**

**Council Members in attendance:**

Lisa DiNova

**Discussion Leader:**

Laura Hamilton

**Opening Comments:** Presented by Kate Kocevar – DOH

General business of the Florida Trauma System Advisory Council. The purpose of this meeting is to facilitate informal discussion between council members pursuant to Chapter 286, Florida Statutes, and Article I, Section 24, of the Florida Constitution. The Florida Trauma System Advisory Council will not vote or take any official action during the meeting.

Laura- Review of previous Review of agenda: standards to be reviewed.

**Standard V - Title: Emergency Department cont. from 7-13-23 discussion**

<b>Speaker</b>	<b>Organization/Facility</b>	<b>Comments</b>
Laura Hamilton	BayFront Health	<b>Alternate pathway review</b>
Lisa DiNova	FTSAC	Follow same side by side assessment of the alternate pathways – Compare to ACS pathway
Laura		Requested stakeholder and public comment – None received Added MOC to adult do the same for peds?
Lisa		Add MOC
Dr Namias	Jackson Ryder	Agreed consistent across the board
Laura		<b>5e.</b> Align like adult standard
Lisa		Align like adult
Laura		Requested stakeholder and public comment – None received
Laura		Current ATLS – ACS says once in the adult section
Namias		Follow previous
Dr Ginsberg	Jackson South	Only need it once?
Namias		ACS states only take once -
Lisa		Perhaps we send to FCOT for input?
Laura		Will send to FCOT
Laura		<b>7.</b> Review of standard
Namias		Allows residents to start while waiting for attending
Candace Pineda	Memorial Regional Hospital	ACS says only attending. Would we write in it would be in lieu of an attending 80% of the time?
Lisa		ACS says attending should we delete this and keep higher ACS
Namias		Who does this affect? Do we have any facility that it will hurt? Should we leave it for the center that needs it? Maybe our rural TC's might need it?

Ginsberg		Let the resident respond if the attending is available
Lianne Brown		Her center is in the panhandle and it will not affect them
Ginsberg		Have attendings with our residents
Namias		The concern is do we have a facility that desperately need this?
Alisha		We are Level II and don't foresee any issues with not having attending
Namias		Leave it in case there is a facility that might need to have it
Laura		<b>Section D</b> – resuscitation area nursing and support personnel staffing requirements  Remember that we need to have this written as a play book for new centers/programs/program leaders
Lisa		Leave it
Ginsberg		Leave it in
Laura		<b>Nursing technical support section</b> – no previous changes suggested
Lisa		Leave as a playbook
Laura		<b>Documentation Requirements</b> – no previous changes suggested
Laura		Do we leave it or change to NTDB data dictionary requirements
Susan Ono	Orlando Health	Remove “one or more pages” section from the wording
Candace		This list is more comprehensive and does not change as often. Add weight in kg and height for all patients
Marta Morales	Jackson South	Agree
Laura		<b>F</b> – Emergency Dept Resp.
Lisa		Leave as is
Ginsberg		Was subcommittee conversation to leave definition is as promptly
Candace		Promptly is defined as 30 min 90% of the time
Laura		Leave as is
Lisa		Leave as is
Lisa Nichols	Wolfson Children's Hospital	Trauma team members is that is All activations? What about levels
Lisa D.		You're right this does not address levels of response
Susan		ACS question has been why don't you have a tiered response?
Unsure who made the comment		Will add cost to their system as TS do not respond to their lower tiered
Candace		Add the “the highest level” activation
Susan		May have to address resident more thoroughly as far as tiered responses
Laura		Can we delete it since we already said that each center can establish their responders?
Ginsberg		“When notified of the highest tiered trauma alert” would allow residents to respond to lower tiered cases
Susan		References the TA patient in section 2

Laura		Can the TC define the trauma team?
Susan		Places that use tiered – the TA is highest and all must respond the other additional criteria is like elder etc. that have fewer responders ACS goal was to have attending respond to less. Add highest level
Lisa N		Based on #2 ED MD
Namias		Those not identified as TA in the field this applies to
Candice		This allows the ED MD to call the TA after arrival
Ginsberg		Real problem – for those that have tiered response this does not allow the TS to not respond
Candice		64 J spells out the TA criteria and this says that if it is outside of 64J than it can be a tier without full response
Susan		Send out as a discussion point for later?
Lisa N		Worked with TCAA and looked at CMS criteria – says any hospital can have additional criteria and thinks the section
Laura		Do we make a separate work group
Lisa		Send to AFTC and FCOT for input
Laura		Section G – Aligns with ACS
Namias		If it aligns keep it
Laura		No further comments
Laura		<b>Section H</b> – review
Lisa		So App’s current MD’s only once? I would make both current
Namias		Raise the bar for MD’s or lower for APP’s there will be a cost for either
Lisa		Cost for APP’s as well FI does not count them for response
Alisha		Lakeland requires for all in the trauma resusc.
Dea		We have TS APP’s respond -
Laura		Which do we do
Namias		Leave for the APP’s
Laura/Lisa		Add on additional cost
Susan		Would not add d/t additional cost

**Lisa** - Will need to change agendas so BOLO for updated agendas

**Laura** - Next meeting is next Wednesday all posted to the website Will send info to FCOT and AFTC for feedback on the sections as requested

**Kate** – Review of upcoming meeting schedule DOH Trauma website for occurrence of meetings. All documents are posted to the website.

Request for any further feedback

Meeting adjourn