FTSAC Commons Hour

July 26, 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.

Review of agenda: standards to be reviewed.

Standard …. Title

Speaker	**Organization/Facility**	**Comments**
Laura Hamilton	Bayfront Health	Explanation of how document structured: Condensed into three chapters; Level 1, Level 2, and Pediatric into one chapter Red changes are revisions made and corporated into standard by the subcommittee
Laura Hamilton	Bayfront Health	Standard 3: Surgical Services, Staffing, and Organization Capabilities required related to trauma surgery coverage must be continuously available Trauma surgeon must be dedicated to single trauma center while on call and the call schedules are to be published Level 1 Capabilities include comprehensive soft tissue coverage including microvascular expertise Level 1 & 2 centers should be capable to diagnose and manage acute facial fractures – with specialists from ENT, Oral Max, and/or Plastics All centers must have continuous capability available or a transfer process
Laura Hamilton	Bayfront Health	Asked for opinions on needs to be addressed

		Suggested changing language to say “all trauma centers – instead of Level 1 and Level 2” Floor opened for comments – None provided and no oppositions to suggestion
Laura Hamilton	Bayfront Health	Section B – surgeons required to have current TLS privileges in General Surgery and/or Pediatric Surgery Be either board certifies or approved through the alternate pathway level; Pediatric Trauma Centers must have at least two surgeons that are board certifies or board eligible in Pediatric Surgery Level 2/ Pediatric must have at least one board certified surgeon Floor opened for comments
Lisa Dinova	FTSAC	Requested to have time to read and get back with comments
Laura Hamilton	Bayfront Health	Mentioned email sent out by FCOT General and Pediatric Surgeons having full unrestricted privileges Asked for other opinions but her understanding is that FCOT does not want to change portion of standard.
Lisa Dinova	FTSAC	Explained FCOT position to pull back and based on Trauma Surgeons need to be credentialed as General Surgeons (Privileges in General or Pediatric Surgery) Referenced FCOT’s Dr. Pappas email and agreed supports General Surgeons or Trauma Surgeons having general surgery privileges
Laura Hamilton	Bayfront Health	General or Pediatric Surgery specific to FL and shall have a minimum of five qualified trauma surgeons assigned to the trauma service with at least two trauma surgeons available, providing primary and backup trauma coverage Question the wording of “24 hours a day when summoned” Floor opened for input
Lisa Dinova	FTSAC	Questioned if trauma center volumes require 5 surgeons: adequate trauma surgeons to cover trauma call schedule Requested to hear from trauma centers on if the should the number be smaller
Candace Pineda	South Florida	Number was five to ensure coverage for a 24 hour call or 12 hours to ensure everyday coverage; ensuring basic coverage

Laura Hamilton	Bayfront Health	Clarifies that Candance's input allows for adequate service and surgeons to take breaks Floor open for stakeholders' comments
Susan Ono	Orlando Health	Agreed that it was a great idea to hear stakeholder comments
Molly	TPM at Ascension Sacred Heart – Panama City	Questioned do some trauma centers have part time charges; her facility has four full time surgeons and three part time trauma surgeons that help to cover calls Questioned if 5 total means full FTE
Lisa Dinova	FTSAC	Questioned if ACS lists a specific number of surgeons

Laura Hamilton	Bayfront Health	Stated ACS does not list a specific number and probably be left alone
Brenda Benson	AVP for East and West Florida Divisions for Trauma	Agreed to leave the number alone; recommends keeping minimum number and size Stated that sometimes the interpretation of what can cover trauma services to be different from what trauma professionals want Recommends keeping a minimum of five in the standard
Candance Pineda	South Florida	Agreed with Brenda Benson and should leave as is
Laura Hamilton	Bayfront Health	Opened floor for additional comments
Deanna Sowers	St. John's	Questioned if the goal is to have one document for Level 1, Level 2, and Pediatric, the sentence at the end of one shall be at least one qualified pediatric trauma surgeon for the trauma service How will apply to Level 2 centers that are also service pediatric?
Laura Hamilton	Bayfront Health	The red markings are recommendations to be brough over that can be marked through
Lisa Dinova	FTSAC	Emphasized if working off Level 1 Standards document that may not be in Level 2 Standards; implied would look into if desired by group. Suggested to say pediatric centers and combine A&B
Laura Hamilton	Bayfront Health	Questioned if Pediatric Trauma Centers must have at least one surgeon or certified
Anonymous	Unknown affiliation	Agreed, that it is one trauma surgeon . Stated if caring for pediatric patients or at pediatric trauma centers the goal is for Florida to align with Pediatric Level 2's with Pediatric Trauma Centers having at least one board certified pediatric surgeon also matching ACS
Lisa Dinova	FTSAC	May need to determine Level 1 Or Pediatric Centers

Laura Hamilton	Bayfront Health	Questioned wording to be used. Does it capture the needs to be a Level 1 or Pediatric Trauma Centers?
Lisa Dinova	FTSAC	Agreed. Suggested getting rid of line down because it was covered in the questioned statement. Asked for opinion
Anonymous	Unknown Affiliation	Questioned if should be board certified or eligible.
Laura Hamilton	Bayfront Health	Thanked for comment. Stated that topic should be brought up again and looked at. Each trauma surgeon who is a member of the trauma service and takes trauma calls shall sign the Department Health, Surgeon General's commitment statement. Primarily for trauma responsibilities being physically present in the hospital, performing no elective surgeries, specific to Florida and taking no other calls elsewhere. Surgeon General's commitment statement needed by council.
Lisa Dinova	FTSAC	Agreed
Laura Hamilton	Bayfront Health	Opened floor for stakeholder comment.
Candace Pineda	South Florida	Questioned if the same elements are in the standards, is there value in having it
Lisa Dinova	FTSAC	Stated didn't understand but insinuated it's the application manual
Laura Hamilton	Bayfront Health	Agreed with Lisa Dinova
Candace Pineda	South Florida	Questioned purpose of having trauma surgeons to sign commitment statement as a requirement for their role if its already in standard. Implied commitment statement is just paperwork
Susan Ono	Orlando Health	Agreed, multiple commitment statements and papers which require time
Lisa Dinova	FTSAC	Questioned if the things in questioned are needed by DOH
Kate Kocevar	FLDOH Trauma	Agreed that the information discussing is a professional job description which the surgeons are agreeing to in order to maintain that position. She agreed to withdraw the other piece.
Lisa Dinova	FTSAC	Supports Kate's decision and comment to take it out.
Candace Pineda	South Florida	Reiterated available at one trauma center for call and refrain from general surgery and being immediately available for trauma care is within the standards (burden of proof)
Kate Kocevar	FLDOH Trauma	Agreed
Laura Hamilton	Bayfront Health	Restated for confirmation that the trauma surgeon must be dedicated to a single trauma center while on call. Eliminating them taking anything at anywhere

		else published backup call schedule and primary backup.
Candace Pineda	South Florida	Suggested value be added as to how many things can be done while on trauma call, supporting most centers common practices. Allowing more and restates that trauma surgeons need to be dedicated & available for trauma patients
Laura Hamilton	Bayfront Health	Keeping expectations but eliminating the promise on paper (commitment statement) Opened floor for comments. (None received)
Laura Hamilton	Bayfront Health	Reiterated qualifications of each trauma surgeon, laid out TLS all privileges and pediatric surgery, current board certification or board eligibility and general surgery or the alternate pathway Proof of board certification or actively participating in the certification process The alternate pathway believed to be different than the ACS alternate pathway discussed to aligned with unrestricted privileges to provide surgical care. The documentation that the general surgeon manages the minimum of 28 trauma cases per year and that can include operative and nonoperative interventions; the documentation of a minimum of 10 category one CEM credits per year and written attestation from the Chief of Neurosurgery and the current TLS provider is the same. Open floor for comments.

Lisa Dinova	FTSAC	Stated should align with the alternate pathway as far as managing a minimum of cases. Volumes and other areas are covered.
Laura Hamilton	Bayfront Health	Agreed.
Lisa Dinova	FTSAC	In relation to CME, going to align with MOC if they were calling education. Going to align with the OC in one area and should align with it.
Susan Ono	Orlando Health	Agreed. Should not have different sets of standards. All have gone to MC.
Laura Hamilton	Bayfront Health	Questioned opinion. Write attestation for neurosurgery
Candace Pineda	South Florida	Old standards when neurosurgeons were unavailable and credentialed trauma surgeons did neurosurgery work
Susan Ono	Orlando Health	Don’t think needed but want to make sure in the Level 1 standards.
Laura Hamilton	Bayfront Health	Stated yes, within Level 1 standards
Lisa Dinova	FTSAC	Goal is to align to have one set of standards. If something separate that a Level 2 or Pediatric doesn’t need it should be inserted.

		As a caveat, like the ACS it applies to whatever. Goal is to have one set of standards if exception needed to note within the same section
Laura Hamilton	Bayfront Health	Documentation of 28 trauma cases per year, seven per quarter Questioned if needed.
Susan Ono	Orlando Health	Not a bad idea to have Laura's suggestion included, considering when any new trauma center comes online it is unknown how busy the center will be or what the surgeons are coming with. Forcing the insurance that the right people are hired.
Laura Hamilton	Bayfront Health	Agreed and asked for comments.
Dr. Orlando Hunter – Trauma Surgeon	Kendall	Agrees with keeping a minimum number of cases. 28 sets is a very low bar to put things in perspective at Level 1 Center . At any given time a trauma surgeon within a 24-40 hour period will go through 20 cases.
Alicia	Unknown Affiliation	Questions posed about neurosurgery (not understood)
Laura Hamilton	Bayfront Health	Level 1 has one neurosurgeon on call 24/7 and respond quickly if needed to be in house but not physically in the building
Mark McKinney	FTSAC	It would be unusual for neurosurgeon to be in house 24/7.
Alicia	Unknown Affiliation	It is understood that the statement allowed trauma surgeon leeway to provide intervention during that time. Arriving quickly, within probably 15 minutes. Are we saying take that away or they already have privilege? Would like to make sure it is understood
Mark McKinney	FTSAC	Agreed. Just states that trauma surgeons can manage neurosurgeon while neurosurgeon drives in and can start the resuscitation provide to deliver neurocritical care Not against having it. Gives neurosurgeon a chance to think about all the people in the building when they are home that are helping care for the patient.
Susan Ono	Orlando Health	Figured that what Alicia is looking for has not been discussed yet. Only attestation has been removed.
Laura Hamilton	Bayfront Health	Thanked Susan Ono for clarification. Stated Pediatric Surgeon Board certified actively participating in the process or meeting the alternate pathway. Will work with alternate pathway that TS has. Next one is when the number of pediatric surgeons on staff is too few to sustain the pediatric trauma panel. General surgeons who are board certified or actively participating in the process may serve on the trauma team. They have full unrestricted privileges to provide trauma care. Surgeons need to manage a minimum of 12 cases per year and an average of three per quarter. The 10 category on CME. Going ahead and changing to MOOC and written attestation from the chief of Neurosurgery, which was

		eliminated. The minimum of three cases per quarter, full and unrestricted privileges, and that general surgeons that are board certified can serve on the trauma team when there's not enough pediatric surgeons. Opened to council for discussion. Floor open for stakeholder comments.
Deanna Sowers		Does the pediatric panel need to just be for Level 1 and Pediatric centers?
Laura Hamilton	Bayfront Health	Replied Level 1 and Pediatric. Questioned whether to move up for the entire standard.
Deanna Sowers		Questioned if mean for B altogether.
Laura Hamilton	Bayfront Health	For the pediatric surgeon parentheses Level 1 and Pediatric Centers
Deanna Sowers		Agreed may make more sense.
Laura Hamilton	Bayfront	Opened floor for comments. None opposed. Moved on to General Surgical Residence. Must be trauma rotation with defined objectives and curriculum, is for Level 1 Centers senior surgical residents, which is year four and above, may fill the end hospital general surgical requirement if the TMD ensures that there is a qualified general surgeon or pediatric surgeon that is still going to arrive promptly when summoned and to attest in writing that each resident capable of providing appropriate assessment and responses to emergency changes, instituting initial diagnostic procedures, initiating surgical procedures and that again would be a statement that's on file for the Department of Health. Opened for council.
Lisa Dinova	FTSAC	Agrees as long as aligns across the board for the different levels because now some Level 2's starting to get residents, and as long as ACS doesn't have anything more specific.
Susan Ono	Orlando Health	Questioned verbiage. Statement looks to imply there must be a trauma rotation. Not recalled in other documents.
Laura Hamilton	Bayfront Health	Responded within the 2022 standards, can tell where it can be pulled up.
Susan Ono	Orlando Health	Would like for it to say, the trauma rotation for PGY-34 and five general surgery residents. Must have been defined by objectives and curriculum
Lisa Dinova	FTSAC	Stated along the same lower lines. Suggested to leave off the Level 1 component and leave any program that has those types of residents
Laura Hamilton	Bayfront Health	Will reword to reflect the trauma rotation for PGY345, General Surgical residence must find objectives and curriculum. Opened for stakeholder comments. None received.

		Last part of the residence portion mentioned. When a trauma alert patient is identified, the attending trauma surgeon shall be summoned and take an active role by participating in patient care during the resuscitation. The attending will also accompany the senior surgical resident to the OR and each surgical resident needs to have a current TLS. Open for comments.
Lisa Dinova	FTSAC	Follows along with what are required to have for residency programs. Requested to know who were already dealing with residents and how aligns with the requirements.
Dr. Orlando Hunter	TMD – Kendall	Think the verbiage aligns with current practices of academic trauma centers
Laura Hamilton	Bayfront	We don't have time to finish but will get into neurologic section. There is surgical coverage, trauma centers must have board certified board eligible neurosurgeons continuously available and will need to change this leveling but Level 1 Pediatric centers must be at least one board certified or board eligible neurosurgeons that have completed a pediatric neurosurgery fellowship. Would like to know if already in place or if it would be a cost added to some centers on Council. Open floor for comments.
Lisa Dinova	FTSAC	Trying to recount Florida verbiage and the pediatric standards.
Mark McKinney	FTSAC	Not sure if board certified neurosurgeon who can take care of Pediatrics is needed.
Dr. Orlando Hunter	TMD – Kendall	Agreed with Dr. McKinney. Would be equivalent to having trained pediatric surgeon
Laura Hamilton	Bayfront	Discussion can be safely removed. The top has been changed to reflect all Trauma Centers for wording. #2 states there shall be a minimum of 1 qualified neurosurgeon to provide trauma coverage 24 hours a day in hospitals. Qualifications of each neurosurgeon takes call should be or certification the alternate pathway. Documentation that the hospital is granted privileges to provide neurosurgical and trauma care for adult and pediatric patients
Lisa Dinova	FTSAC	Level 2 and Pediatrics should have one qualified neurosurgeon on call and arrive promptly when summoned to provide trauma coverage for 24 hours a day. Suggested to change for all levels to have neurosurgeon on call and arrive promptly when summoned. Currently, only

		Level 1’s requires in house which would be an additional cost for Level 2’s and Pediatric Centers

Kate – Review of upcoming meeting schedule DOH Trauma website for occurrence of meetings

The next meeting will be Thursday, August 3, 2023, from 1500-1600.

Request for any further feedback.

Meeting adjourned.