

0:0:0.0 --> 0:0:1.20

Kennett, Justin

Hey, good afternoon everybody.

0:2:33.950 --> 0:2:34.550

Leffler, Michael

Alright, good.

0:2:34.590 --> 0:2:35.40

Leffler, Michael

Go ahead.

0:2:35.50 --> 0:2:35.480

Leffler, Michael

Good.

0:2:35.770 --> 0:2:36.300

Leffler, Michael

Excuse me.

0:2:36.310 --> 0:2:37.320

Leffler, Michael

Good afternoon, everyone.

0:2:38.250 --> 0:2:39.320

Leffler, Michael

Maybe you guys know me.

0:2:39.330 --> 0:2:40.560

Leffler, Michael

My name is Michael Leffler.

0:2:40.570 --> 0:2:43.550

Leffler, Michael

I'm the deputy chief for the Bureau of Emergency Medical Oversight.

0:2:44.230 --> 0:2:47.230

Leffler, Michael

Umm, so as many of you I'm sure have heard.

0:2:47.410 --> 0:2:55.680

Leffler, Michael

We've had a a change in leadership in our state EMS office or excuse me, our state trauma office, Kate Kosovar has left the Department of Health.

0:2:56.490 --> 0:3:1.570

Leffler, Michael

So I'll be filling in as the interim until we hire a new trauma section manager.

0:44:11.560 --> 0:44:17.460

Dinova, Lisa

What if we changed it to something like prehospital activations may be downgraded after arrival, and assessment by the trauma team lead?

0:44:19.630 --> 0:44:26.90

Dinova, Lisa

And then something where we say, you know, must have approval by the attending trauma surgeon.

0:44:27.200 --> 0:44:32.370

Pineda, Candace

Do but do we need this as a standard right?

0:44:45.600 --> 0:44:45.760

Leffler, Michael

You.

0:44:32.380 --> 0:44:46.960

Pineda, Candace

Is it a standard that our trauma centers are downgrading or is this something that can be done individually at your own hospital but is not in a state guideline, essentially encouraging it or allowing it?

0:44:47.680 --> 0:45:2.750

Leffler, Michael

And I'll tell you from my perspective as I think it should be a standard that and that I mean this is you guys's thing, but this has been a recognized problem in multiple places and I think it needs to be a standard that's just that's just my personal opinion.

0:45:5.340 --> 0:45:6.640

Cory Hewitt - Ocala

I don't think they're saying.

0:45:5.80 --> 0:45:10.70

Pineda, Candace

I just worry as we add it as a standard, you're encouraging the hospitals to do downgrade and I don't.

0:45:10.680 --> 0:45:11.110

Cory Hewitt - Ocala

Right.

0:45:12.210 --> 0:45:13.940

Pineda, Candace

I don't know if that's good for centers.

0:45:12.650 --> 0:45:16.420

Cory Hewitt - Ocala

I don't think there's anything in the ACS addressing this either.

0:45:16.480 --> 0:45:18.920

Cory Hewitt - Ocala

I can't find anything in the orange or the grade book.

0:45:21.750 --> 0:45:22.120

Pineda, Candace

Yeah.

0:45:22.130 --> 0:45:29.250

Pineda, Candace

If anything, the orange or Gray Book adds Group A couple of additional, umm, trauma alert criteria.

0:45:33.840 --> 0:45:34.180

Cory Hewitt - Ocala

Right.

0:45:29.260 --> 0:45:52.570

Pineda, Candace

That's not in our current Florida statute about activating, but I think the college would be kind of upset if because they ask you initially, what are your activations, who arrives and if you don't maintain that own own standards of having the trauma surgeon and the ER physician evaluating that patient, that could be an issue.

0:45:52.800 --> 0:46:0.420

Pineda, Candace

So some may see downgrade as as you're trying to get out of assessing your patients.

0:46:4.390 --> 0:46:8.570

Leffler, Michael

But if it, what if the standard says prehospital trauma alert activations?

0:46:8.920 --> 0:46:9.370

Leffler, Michael

Uh.

0:46:10.500 --> 0:46:12.30

Leffler, Michael

Our prehospital trauma alert?

0:46:12.460 --> 0:46:16.100

Leffler, Michael

Ohh, activations must be met by the by the trauma team.

0:46:18.460 --> 0:46:19.460

Leffler, Michael

It may not be downgraded.

0:46:21.480 --> 0:46:25.10

Melanie Sinclair

I don't know that that's so specifically in our facility.

0:46:25.20 --> 0:46:36.800

Melanie Sinclair

Level 2's are met by RED physicians, and trauma is consulted to come down, and so I think that would put a challenge in our facility, unless I'm misunderstanding what you're saying.

0:46:39.0 --> 0:46:43.490

9b9c4bde-817b-4f40-8e56-42156192758b

Is that an internal alert though an internal level too that is.

0:46:42.520 --> 0:46:45.430

Melanie Sinclair

Doesn't matter if it's internal or coming from EMS.

0:46:45.440 --> 0:46:49.60

Melanie Sinclair

If it's a level 2, the Ed takes charge of that case.

0:46:52.950 --> 0:47:0.380

9b9c4bde-817b-4f40-8e56-42156192758b

And we had started to have this conversation at our ATC meeting back in the fall and we didn't get a chance to bring it up again.

0:47:0.390 --> 0:47:7.920

9b9c4bde-817b-4f40-8e56-42156192758b

But there's been discussion about internal levels versus what the state of Florida recognizes as a trauma alert.

0:47:9.30 --> 0:47:16.590

9b9c4bde-817b-4f40-8e56-42156192758b

It sounds like there's some discrepancy among the centers as to how we are identifying and EMS alert once it arrives at your facility.

0:47:17.420 --> 0:47:18.460

9b9c4bde-817b-4f40-8e56-42156192758b

That's that's why I asked.

0:47:18.470 --> 0:47:19.800

9b9c4bde-817b-4f40-8e56-42156192758b

Was that a level 2?

0:47:19.810 --> 0:47:22.620

9b9c4bde-817b-4f40-8e56-42156192758b

That was an internal call that only your your response to.

0:47:31.650 --> 0:47:31.800

Cory Hewitt - Ocala

It's.

0:47:31.160 --> 0:47:45.270

Melanie Sinclair

So for level 2's, regardless if EMS calls it or it's an in House activation, Edu is the team that responds, and then if they feel that trauma is needed, then they respond promptly, once consulted.

0:47:50.160 --> 0:47:50.420

Cory Hewitt - Ocala

Doesn't.

0:47:49.660 --> 0:47:50.470

Swain, Jeana M

This is Gina.

0:47:50.140 --> 0:47:50.700

9b9c4bde-817b-4f40-8e56-42156192758b

Yeah, that was.

0:47:50.620 --> 0:48:4.240

Swain, Jeana M

I wonder if this like belong better in like one of our API indicators that we need to monitor for the Department of Health rather than here, and trying to script it out as to what we can and can't do.

0:48:4.250 --> 0:48:5.450

Swain, Jeana M

Should we just monitor it?

0:48:24.820 --> 0:48:25.530

Pineda, Candace

This is Candice.

0:48:25.540 --> 0:48:30.480

Pineda, Candace

I would support that in some manner that I think in the ACS.

0:48:30.490 --> 0:48:34.390

Pineda, Candace

That's a standard to look at over and under triage and providing the right resources.

0:48:35.160 --> 0:48:47.900

Pineda, Candace

If you wanna reword it that way and say umm, you know, patients meeting trauma activation criteria should be evaluated and provided the appropriate resources.

0:48:47.910 --> 0:48:48.850

Pineda, Candace

I don't know something like that.

0:49:3.850 --> 0:49:12.860

Leffler, Michael

I think that this is something we should probably consult with our EMS partners on I I think that they're probably better position to articulate their challenge.

0:49:12.940 --> 0:49:15.370

Leffler, Michael

And and you all to consider whether this should be a standard.

0:49:16.100 --> 0:49:18.490

Leffler, Michael

I'll give you a couple examples and some of these are very old.

0:49:19.130 --> 0:49:20.290

Leffler, Michael

Uh, we had a.

0:49:21.980 --> 0:49:22.710

Leffler, Michael

Promise center.

0:49:22.720 --> 0:49:32.270

Leffler, Michael

That routinely would downgrade pediatric trauma alerts because they had a contract with another healthcare facility to provide physician coverage.

0:49:32.360 --> 0:49:37.290

Leffler, Michael

And if they don't, they could rule out the need to activate the trauma team.

0:49:37.720 --> 0:49:43.850

Leffler, Michael

It was a cost saver to them and it it caused a lot of a lot of challenges.

0:49:44.320 --> 0:50:9.690

Leffler, Michael

We've had a number of different feedback from some of our EMS partners on on, you know, pyramid calls, trauma alert and EMS is coming lights and sirens with that patient and they're getting a call over the radio down grading the trauma alert and that that's just the point of contingent with the EMS system that you know, I think I think they're probably better to speak on those individual challenges than than I am.

0:50:9.700 --> 0:50:13.70

Leffler, Michael

But I I would like that for something with us to perhaps consider and come back to.

0:50:14.980 --> 0:50:17.560

Pineda, Candace

Michael, I appreciate and support that comment.

0:50:17.570 --> 0:50:36.10

Pineda, Candace

That's why I have such angst about saying maybe downgraded because to me that supporting or that's going against the issue that you said we want EMS if they have that that thought in that rationale that they need the expertise of a trauma center, then we need to provide that initial evaluation.

0:50:36.20 --> 0:50:42.340

Pineda, Candace

If there's nothing wrong with the patient, there's no harm in the patient getting the full assessment that the the EMS provided.

0:50:43.300 --> 0:50:47.930

Leffler, Michael

What with the stair we had here said prehospital trauma activations must be met by the trauma team.

0:50:52.260 --> 0:50:54.270

9b9c4bde-817b-4f40-8e56-42156192758b

I I 1000% support that.

0:50:54.280 --> 0:50:56.250

9b9c4bde-817b-4f40-8e56-42156192758b

I think that says it all somehow.

0:50:56.260 --> 0:51:3.690

9b9c4bde-817b-4f40-8e56-42156192758b

I'm kind of confused about where we do what rabbit hole did we go down because that language I think pretty much says exactly what we want it to say.

0:51:3.700 --> 0:51:3.940

9b9c4bde-817b-4f40-8e56-42156192758b

Right.

0:51:4.660 --> 0:51:9.460

9b9c4bde-817b-4f40-8e56-42156192758b

You have to have your team respond to a trauma or you can't downgrade it before you've ever even seen the patient.

0:51:12.990 --> 0:51:18.740

Hamilton, Laura E.

I would agree with that my hesitancy would be it's gonna start with every old ground level fog.

0:51:18.750 --> 0:51:24.410

Hamilton, Laura E.

It's downgraded, and then eventually it's gonna turn into like ohh it was just a low speed motorcycle.

0:51:24.420 --> 0:51:25.900

Hamilton, Laura E.

Like I I can just see it going.

0:51:28.330 --> 0:51:28.870

Pineda, Candace

Right.

0:51:29.170 --> 0:51:29.320

9b9c4bde-817b-4f40-8e56-42156192758b

Yeah.

0:51:28.950 --> 0:51:36.580

Pineda, Candace

That that's why I want that downgraded word out and just focus on the things that we need them to do.

0:51:36.590 --> 0:51:44.280

Pineda, Candace

Is they have to be met and evaluated by the trauma team, like you can always call down.

0:51:44.290 --> 0:51:47.40

Pineda, Candace

You can say we don't need CT, we don't need blood bank.

0:51:47.50 --> 0:51:50.170

Pineda, Candace

We don't need OR, but they still need that evaluation.

0:51:52.620 --> 0:51:53.770

Lianne

Hey, Candace, this is Leanne.

0:51:53.780 --> 0:51:57.660

Lianne

And so are we defining the team based on the highest level of activation?

0:51:57.670 --> 0:52:3.980

Lianne

In other words, if it's not a highest level activation, then it doesn't necessarily require the full team to meet the patient.

0:52:3.990 --> 0:52:4.700

Lianne

Is that what we're saying?

0:52:5.330 --> 0:52:8.700

Hamilton, Laura E.

Well, that's the other thing is everything is the highest level.

0:52:8.810 --> 0:52:10.610

Hamilton, Laura E.

That's where we kind of getting a little loop.

0:52:13.140 --> 0:52:13.560

Lianne

Not true.

0:52:11.450 --> 0:52:18.80

Pineda, Candace

Well, actually, that's where we can add value, because the American call to surgeon says have a guideline.

0:52:18.90 --> 0:52:20.550

Pineda, Candace

So this is where you can put guideline or policy.

0:52:21.70 --> 0:52:21.270

Cory Hewitt - Ocala

What?

0:52:20.700 --> 0:52:27.740

Pineda, Candace

Have a guideline of who responds to your highest level to each levels of activation.

0:52:29.330 --> 0:52:29.740

Pineda, Candace

Right.

0:52:29.750 --> 0:52:40.720

Pineda, Candace

So I it's generic enough to say must be met in evaluated by the team and then have a guideline of who must respond to your high each level of activation.

0:52:44.660 --> 0:52:45.230

9b9c4bde-817b-4f40-8e56-42156192758b

I agree with that.

0:52:44.500 --> 0:52:57.420

Leffler, Michael

So I'm going back through some conversations that we had a while ago and I think one of the ways that we address the, the, the, the level issue previously is that we defined.

0:52:57.540 --> 0:53:7.580

Leffler, Michael

So so I I guess it would be helpful for some of the describe what they what they call level 2 activation because the way that we solved this before is we actually added AD under #4.

0:53:7.590 --> 0:53:34.280

Leffler, Michael

That said, the OR excuse me, the trauma medical director may require other disciplines to participate in the trauma team, and I think that's how we handled the the the level issue before is that we defined what a minimum like what a minimum response is for a level 2 and and then added that caveat to allow the trauma medical director to define the levels and who else would need to be there.

0:53:40.450 --> 0:53:40.650

Leffler, Michael

Yeah.

0:53:34.720 --> 0:53:40.970

Pineda, Candace

I believe if you Scroll down just a little bit we incorporated that because that's also an American College of surgeon one right there.

0:53:40.980 --> 0:53:46.130

Pineda, Candace

And what is cross out SG all centers you must approve and have roles and responsibilities.

0:53:46.880 --> 0:53:51.620

Pineda, Candace

Scroll down a little bit more somewhere and it may be in one of the other.

0:53:51.630 --> 0:53:52.680

Pineda, Candace

I can pull it up.

0:53:52.870 --> 0:53:57.550

Pineda, Candace

It specifically says divine define your levels of activation and who responds.

0:54:31.110 --> 0:54:36.920

Hamilton, Laura E.

So then would this be met at a minimum for the trauma team at a minimum?

0:54:39.620 --> 0:54:39.950

Pineda, Candace

Uh.

0:54:37.730 --> 0:54:40.340

Leffler, Michael

Yeah, I think that that that works.

0:54:41.930 --> 0:54:45.360

Pineda, Candace

And just see Matt and evaluated bye.

0:54:48.860 --> 0:54:50.340

Hamilton, Laura E.

Guys, it's like, hey, how you doing?

0:54:50.350 --> 0:54:50.450

Hamilton, Laura E.

Bye.

0:54:51.240 --> 0:54:51.530

Hamilton, Laura E.

OK.

0:54:52.880 --> 0:54:56.180

Hamilton, Laura E.

Umm, activations must be met and evaluated by the trauma team.

0:55:2.840 --> 0:55:5.90

Lianne

Hey, this is Leon again and again.

0:55:5.400 --> 0:55:12.380

Lianne

Are we saying that we would internally define what the trauma team is based upon highest level of care versus level 2?

0:55:17.90 --> 0:55:17.730

9b9c4bde-817b-4f40-8e56-42156192758b

I would say yes.

0:55:21.510 --> 0:55:21.820

Lianne

Right.

0:55:21.830 --> 0:55:22.820

Lianne

That's what I'm saying that.

0:55:17.620 --> 0:55:25.490

Cory Hewitt - Ocala

So I think that's what we need to add the per hospital policy so that people can determine what teams and what response levels.

0:55:26.400 --> 0:55:27.110

Lianne

OK, that's good.

0:55:27.100 --> 0:55:27.320

Pineda, Candace

Yeah.

0:55:27.120 --> 0:55:31.910

Lianne

I just want to make sure that this allows for that because it says they must be Amit and evaluated by the trauma team.

0:55:32.500 --> 0:55:39.80

Lianne

And we're saying that the highest level activation requires a trauma surgeon, emergency physician and two recess nurses.

0:55:39.90 --> 0:55:44.300

Lianne

So then that not highest level wouldn't necessarily require all of those team members, correct?

0:55:46.820 --> 0:56:2.470

Pineda, Candace

The the American College of Surgeons 5.5 trauma surgical evaluation for activations below the highest level says the trauma program must define and meet acceptable response time for surgical evaluation, for activations other than the highest level.

0:56:2.740 --> 0:56:4.10

Pineda, Candace

And it says create a.

0:56:4.20 --> 0:56:9.90

Pineda, Candace

You must have a criteria for lower level activation where trauma surgical response is required.

0:56:9.160 --> 0:56:12.450

Pineda, Candace

So that gives you that leverage in your own institution.

0:56:14.640 --> 0:56:15.370

Lianne

Yeah. OK.

0:56:12.720 --> 0:56:17.660

Pineda, Candace

You need to define what your different levels of activation and who who needs to rest.

0:56:18.740 --> 0:56:19.330

Lianne

That's great.

0:56:19.340 --> 0:56:25.980

Lianne

I just wanted to make sure that we weren't being held to having a trauma surgeon have to respond to a lower level trauma activation immediately.

0:56:40.420 --> 0:56:41.520

Hamilton, Laura E.

OK, so we have.

0:56:45.0 --> 0:56:48.90

Hamilton, Laura E.

Prehospital activations must be met in evaluated.

0:56:48.100 --> 0:56:55.10

Hamilton, Laura E.

If they were not made a prehospital activation, they're going to still be assessed by the Eddie physician.

0:56:55.20 --> 0:56:57.280

Hamilton, Laura E.

And then made one of indicated.

0:56:59.230 --> 0:57:3.270

Hamilton, Laura E.

Everyone is going to arrive when they're notified.

0:57:5.160 --> 0:57:7.140

Hamilton, Laura E.

Response times will be documented.

0:57:9.460 --> 0:57:13.740

Hamilton, Laura E.

We agree that the highest level of activation that there should be a trauma surgeon.

0:57:16.980 --> 0:57:21.310

Hamilton, Laura E.

And that others may be required by the TMD.

0:57:23.210 --> 0:57:23.790

Hamilton, Laura E.

So then.

0:57:26.470 --> 0:57:26.840

Hamilton, Laura E.

Yeah.

0:57:26.850 --> 0:57:33.820

Hamilton, Laura E.

So all that would be left in there is the criteria for the lower level correct.

0:57:39.760 --> 0:57:41.700

Hamilton, Laura E.

Can I see Michael Taylor?

0:57:41.710 --> 0:57:42.460

Hamilton, Laura E.

You have your hand up.

0:57:47.730 --> 0:57:48.670

Tayler, Michael

We're trying to take it down.

0:57:48.680 --> 0:57:50.50

Tayler, Michael

I got my I got my question answered.

0:57:50.370 --> 0:57:50.810

Hamilton, Laura E.

Oh, OK.

0:58:6.990 --> 0:58:8.540

Hamilton, Laura E.

All right, So what do you guys think?

0:58:8.550 --> 0:58:11.960

Hamilton, Laura E.

Should we stop here for the day at 3:57?

0:58:11.970 --> 0:58:22.130

Hamilton, Laura E.

So I know we're not gonna change the world in 3 minutes and and I think that this criteria is obviously really important.

0:58:29.630 --> 0:58:30.90

9b9c4bde-817b-4f40-8e56-42156192758b

Sounds good.

0:58:30.300 --> 0:58:30.540

Cory Hewitt - Ocala

OK.

0:58:33.60 --> 0:58:35.900

Hamilton, Laura E.

OK, let me just look at.

0:58:37.680 --> 0:58:38.480

Hamilton, Laura E.

Next week.

0:58:41.890 --> 0:58:43.620

Hamilton, Laura E.

OK, Monday is presidents day.

0:58:43.630 --> 0:58:46.330

Hamilton, Laura E.

We will be meeting on Tuesday.

0:58:50.950 --> 0:58:51.770

Hamilton, Laura E.

Three to four.

0:58:51.780 --> 0:58:54.20

Hamilton, Laura E.

So then we can pick up there, so I guess.

0:58:55.990 --> 0:59:1.590

Hamilton, Laura E.

Maybe over this time, just think about how we can incorporate the.

0:59:4.660 --> 0:59:5.450

Hamilton, Laura E.

Criteria.

0:59:5.460 --> 0:59:11.520

Hamilton, Laura E.

What that criteria would be for a lower level of activation set sound good.

0:59:16.480 --> 0:59:17.170

Pineda, Candace

Sounds good.

0:59:17.220 --> 0:59:22.260

Pineda, Candace

I'll send this a level of activation for below the highest, so maybe we can incorporate that.

0:59:25.120 --> 0:59:31.870

Dinova, Lisa

And I just want to thank everybody for getting on in, taking the time to go through this so that we can have these kinds of conversations.

0:59:32.80 --> 0:59:36.430

Dinova, Lisa

I really appreciate all of the involvement that we've had in the last few weeks.

0:59:37.100 --> 0:59:40.750

Dinova, Lisa

It's really helping us come together and get this consensus document.

0:59:40.760 --> 0:59:41.590

Dinova, Lisa

So thank you all.

0:59:42.110 --> 0:59:43.0

Hamilton, Laura E.

Or shores?

0:59:43.10 --> 0:59:43.300

Hamilton, Laura E.

Yeah.

0:59:43.310 --> 0:59:43.870

Hamilton, Laura E.

Thank you guys.

0:59:44.650 --> 0:59:45.510

Cory Hewitt - Ocala

Hey, great leadership.

0:59:47.360 --> 0:59:47.600

Jill Brown

Yep.

0:59:49.480 --> 0:59:49.740

Leffler, Michael

Yep.

0:59:48.890 --> 0:59:50.30

Pineda, Candace

Welcome back, Michael.

0:59:50.900 --> 0:59:58.120

Leffler, Michael

Well, it's great to be back in, in and I apologize it's it's a, a it.

0:59:58.130 --> 1:0:1.310

Leffler, Michael

This is you guys this thing I just get, I get excited about talking about it.

1:0:1.320 --> 1:0:3.560

Leffler, Michael

So ohh, I hope I'm helpful.

1:0:4.180 --> 1:0:8.10

Dinova, Lisa

Well, you know, all the back story from what all the discussions that we had before.

1:0:8.20 --> 1:0:14.310

Dinova, Lisa

So it kind of helps us think about things that maybe we're not thinking of this go round that we had thought about last go round.

1:0:14.320 --> 1:0:15.50

Dinova, Lisa
So thank you.

1:0:14.830 --> 1:0:15.160

Leffler, Michael
Yeah.

1:0:15.170 --> 1:0:18.360

Leffler, Michael
That no worries, I mean this is we're, I'm excited about this.

1:0:21.460 --> 1:0:22.110

Leopoldo Malvezzi
Thank you all.

1:0:22.320 --> 1:0:22.520

Leopoldo Malvezzi
Bye bye.

1:0:22.750 --> 1:0:22.940

Leffler, Michael
Yep.

1:0:22.650 --> 1:0:24.70

Hamilton, Laura E.
Thank you guys.

1:0:23.750 --> 1:0:24.440

Dinova, Lisa
Channel next week.

1:0:24.80 --> 1:0:24.690

Hamilton, Laura E.
Have a great week.

1:0:26.150 --> 1:0:26.610

Pineda, Candace
Thank you.

1:0:26.760 --> 1:0:27.320

Swain, Jeana M
Thank you all.