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Florida Committee on Trauma

Ray Alexander TIMES

SUMMER 2018

Message from the Chair

Nicholas Namias, MD, FACS

Chair, Florida Committee on Trauma

More community, less committee.

This statement, which I learned from Peter Pappas, MD, FACS, is more relevant than ever for the Florida Committee on Trauma (FCOT). The FCOT is dedicated to serving as the authoritative resource for effective communication and collaboration between trauma surgeons, program directors, program managers, and the rest of the team in order to maintain patient safety and quality care. As I hope you can see in the first FCOT Ray Alexander Times since it was developed by Patricia Byers, MD, FACS, the FCOT is alive and well and has big plans to provide open dialogue and collaboration between all Florida trauma programs.

Ray H. Alexander, MD, FACS

Raymond H. Alexander, MD, FACS (1938-1992) was a pioneer and leader for Florida trauma. Dr. Alexander played a pivotal role in the development of the legislated trauma system in Florida. His leadership was evident through his participation as chief of the Region 4 Regional Committee on Trauma, service as medical director of the trauma program at the University Medical Center, chief of surgery at the University of Florida Health Science Center in Jacksonville and service as medical director of Florida's Emergency Medical Services office. We want to honor Dr. Alexander's leadership and communication by bringing back the FCOT member newsletter.

Recap of Last Business Meeting

Our last business meeting was held on April 6, 2018 in Orlando, Florida. We had an excellent turnout at this event. We heard from this year's visiting professor, Dr. Rosemary A. Kozar, MD, PhD, FACS. She presented her lecture, "What's New in Trauma and Hemorrhagic Shock?" to the group after spending the previous five days traveling to various

institutions. Dr. Kozar visited Tampa General, Lawnwood Regional Medical Center, the University of Florida, and Memorial Regional Hospital. We thank her for the time she took out of her schedule to join us, and for sharing her insight and expertise with current and future trauma surgeons here in Florida.

We also heard a number of excellent abstract presentations from this year's Resident Paper Competition. Jeremy Kauffman, MD from Johns Hopkins All Children's Hospital won the competition with the piece "Characteristics of Out-of-Region and Potentially Avoidable Transfer among Pediatric Trauma Patients." The second-place prize went to Joshua Parreco, MD from the University of Miami Miller School of Medicine. Dr. Parreco presented the abstract, "Nationwide Outcomes and Risk Factors For Reinjury After Penetrating Trauma."

Florida Trauma System Advisory Council

During the April 6, 2018 Business Meeting, we also discussed the recently passed trauma legislation, which, among many other actions, created the Florida Trauma System Advisory Council. Those appointed include:

Dr. Robert Reed
State Trauma Medical Director
April 27, 2018 - April 27, 2019
Indianapolis, IN

Malcolm Kemp
Tallahassee, FL
April 27, 2018 - April 27, 2020

David Summers
Jupiter, FL
April 27, 2018 - April 27, 2021

Donna York
Gainesville, FL
April 27, 2018 – April 27, 2019

Dr. Darwin Ang
Gainesville, FL
April 28, 2018 - April 27, 2020

Dr. Glenn Summers
Gulf Breeze, FL
April 27, 2018 - April 27, 2021

Dr. Nicholas Namias
Miami, FL
April 27, 2018 - April 27, 2019

Zeff Ross
Cooper City, FL
April 28, 2018 - April 27, 2020

Lisa DiNova
Valrico, FL
April 27, 2018 - April 27, 2021

Dr. Brad Elias
St. Augustine, FL
April 27, 2018 - April 27, 2019

Dr. Joseph Ibrahim
Orlando, FL
April 27, 2018 - April 27, 2020

Dr. Mark McKenney
Miami Beach, FL
May 11, 2018 - April 30, 2021

I am excited to report that three current members of the FCOT are part of the Florida Trauma System Advisory Council. In addition to myself, both Drs. Darwin Ang and Joseph Ibrahim are active FCOT members.

TQIP Collaborative Proposal

Going forward, FCOT will focus its efforts around quality of care for the trauma patients of Florida by implementing a collaborative TQIP project amongst Florida trauma centers, led by Dr. Andrew Kerwin. As determined at the November 2017 business meeting, the FCOT membership finds common interest in developing a shared best practices model for improving care in Florida.

J.J. Tepas III, MD, FACS, FAAP

Footprints of Giants: A Brief History of the Florida Committee on Trauma

The most accurate image of human endeavor is the societal footprint it leaves behind.

In 1973, the Florida Legislature passed what is known today as the Raymond H. Alexander, M.D., Emergency Medical Transportation Services Act. Dr. Alexander was a vascular surgeon who was part of a generation that was drafted into the military and deployed to Southeast Asia during the Vietnam conflict. Like so many of his colleagues, he returned to civilian life with an understanding of the role of a trauma system in assuring optimal care for the injured patient. Dr. Alexander had been recruited to the University of Florida, and despite his duties directing the general and vascular training programs, he quickly established himself as a committed member of the Florida Committee on Trauma (FCOT). In many respects, Dr. Alexander's arrival was the herald of the modern era of the FCOT.

State committees on trauma were essentially local extensions of the Committee on Trauma of the American College of Surgeons. Members were appointed by the College upon recommendation of committee members, and were term limited. By the time Dr. Alexander began his appointment as chairman of the newly established University of Florida Department of Surgery in Jacksonville, the committed surgeons who were the core of FCOT had expanded its scope to include every provider with an interest in the delivery of trauma care. Thus, by 1983, FCOT was one of the country's largest state coalitions of clinicians committed to improvement of trauma care. The first edition of *Resources for Optimal Care of the Injured Patient* (ORD) had been published and was guiding development of system standards across the country. The *Advanced Trauma Life Support* (ATLS) course had been developed and was being promulgated worldwide. FCOT was repeatedly recognized as a leader in effective dissemination of this, and many other educational courses across the state. Thus, this coalition of clinicians represented a unique asset of expertise with the capability and motivation to collaborate effectively with state and local leaders to assure that Florida citizens would have the best trauma care possible. No other element in the state was better qualified to advocate for the entire spectrum of optimal care when it came to access, quality, outcome, cost-containment and system efficacy. The history of the FCOT is reflected in the accomplishments of this group in partnership with the Florida Department of Health and numerous community leaders throughout Florida's 67 counties.

The modern history of FCOT reflects the birth and maturation of the Florida trauma system. In the early 1980s, its senior leaders Dr. Arthur Trask and Dr. Quillen Jones began an extensive lobbying campaign to persuade the legislature to authorize implementation of a trauma system based on the concepts defined in the ORD, including independent site visit review before designation. At the time, Dr. John West had begun a similar campaign in Orange County, Calif., and based his recommendations on what was repeatedly documented as a preventable death rate greater than 40 percent for that county. Dr. West was an enthusiastic ally of the FCOT, publicly remarking that he would be willing to testify that any preventable injury fatality was attributable to absence of a trauma system. While this may have been a bit of hyperbole, it does illustrate the intensity of commitment that finally brought passage of the Roy E. Campbell Act of 1990. The tenets of this legislation are now located in section 395 of Title XXIX and include what is often referenced as the "64-J trauma standards."

With passage of enabling legislation came the hard details of trauma system implementation including triage protocol development, system performance

measurement and monitoring of fiscal sustainability. The bonds of support that had been built between the leaders of the DoH and FCOT brought a vast array of talent committed to the process of rulemaking and policy development. Some notable illustrations of this collaboration include the Access to Care report chaired by Dr. Lawrence Lottenberg and Dr. Lori Romig, the appointment of a FCOT representative as a member of the FL EMS Advisory Committee and inclusion of FCOT members on the trauma triage technical advisory panel charged with development of the statewide trauma alert scoring system.

In collaboration with many members of the FCOT the Office of Trauma, FL DoH Division of Emergency Operations under the leadership of Susan McDevitt, RN, MS, MBA, initiated a long-term strategic planning project intended to provide accountability to the legislature and guide the continued growth and development of Florida's trauma system. Members of the FCOT who were involved with development of the National Surgical Quality Improvement Program and its injury focused version, TQIP, collaborated with McDevitt and her colleagues in assuring that the Florida Trauma system was fully engaged in best practices as they were defined by clinical evidence.

One of the best examples of effective collaboration in pursuit of the common good was the integrated commitment of FCOT and FL DoH to assure access to care and system fiscal solvency. This included repeated attempts to obtain budget-based line item funding of the trauma system and appropriation of support for indigent care as initially authorized in the Campbell Act. To support this effort and objectively quantify this critical need, FCOT members assisted DoH in completion of the Cost of Readiness report led by Dr. Paul Taheri and Dr. David Butz. Despite these efforts, line item support of the Florida trauma system remained a mirage. Gov. Jeb Bush, in vetoing what many agreed was a flawed bill, did authorize the DoH to conduct a comprehensive assessment of the Florida trauma system to be offered as a request for proposals (RFP) from interested applicants.

> ***"The modern history of FCOT reflects the birth and maturation of the Florida trauma system."***

Under the leadership of Dr. Lewis Flint, members of the FCOT representing multiple institutions submitted the successful proposal, and in concert with the staff of DoH, produced what many agree is one of the most comprehensive evaluations of the design and function of a trauma system ever published. Analysis of trauma center performance documented a statistically and clinically significant increase in survival odds for patients triaged to a trauma center. Assessment of trauma service area coverage affirmed that 93 percent of Floridians resided within an hour drive to a trauma center and detailed recommendations for additional trauma center deployment necessary to match population growth.

In the wake of the World Trade Center bombing and with enhanced focus on mass casualty care, the report recommended revision of trauma service regions to improve collaboration with state and federal emergency response agencies. In the process of defining these and the many other goals described in the comprehensive report, it became apparent that successful implementation would be best achieved by even closer coordination of the work of DoH with the guidance of FCOT. This was implemented by appointment of the FCOT chair as an advisory member of the senior leadership of the DoH Office of Emergency Services. Other members of the FCOT worked with DoH leaders as consultants in development of a performance assessment program that mirrored national initiatives and guided DoH in its mission of performance improvement. Much of the educational content of the "Bombs, Burns, and Blast" initiative required to expand capabilities for mass casualty care came from members of the FCOT. One of the most significant was the disaster management curriculum initially authored by Dr. Eric Frykberg, which is now used as a training curriculum around the world.

The legacy of the FCOT is, and will ever be, the Florida Trauma System. FCOT was the instigating social force and the

intellectual driver of a comprehensive continuum that extends from prevention to population management. None of these accomplishments would have been possible without the integrated effort, guidance and support of the leaders of the DoH. As partners, great progress in the delivery of high quality, accountable care for every injured Florida citizen was achieved. As the American health care system continues to transform, that partnership remains the best hope that future victims of the disease of injury will be assured that their care will be the best that is humanly possible provided by a system that is an effective asset rather than an unmanageable societal cost.

Peter Pappas, MD, FACS

Leaders in Trauma Partner to Create Florida's First Regional Trauma Advisory Board

The Region 5 Trauma Advisory Board is a partnership of Trauma System stakeholders supported by the Central Florida Disaster Medical Coalition and the Florida Department of Health. Its goal is to create a forum for dialogue and collaboration across the many disciplines and institutions engaged in trauma care within the nine counties of Regional Domestic Security Task Force (RDSTF) Region 5.

The Trauma Advisory Board consists of an Executive Committee and three constituent committees: Trauma System Support, Preparedness and Trauma Agency Development. FCOT members and member institutions — including Orlando Regional Medical Center, Arnold Palmer Hospital, Halifax Hospital, Central Florida Regional Medical Center and Holmes Regional Medical Center — play a prominent role in developing and leading the board.

Together with leaders from EMS, acute care hospitals, public health, post-acute care and municipal and county government, FCOT members in Region 5 are developing mechanisms for collaboration and cooperation at the local and regional level for injury prevention, disaster preparedness and the optimal care of every trauma patient.

For more information on the Trauma Advisory Board, contact Dr. Peter Pappas, Executive Director of the Region 5 Trauma Advisory Board at **contact@floridacot.org**.

Mac Kemp, MEd, MSs

The Connection Between Trauma Surgeons and EMS Personnel

Historically, there has always been a gap between trauma surgeons and EMS personnel. This has been true in Florida as well as the rest of the nation. However, with changes in the severity of injuries in recent years from active shooter/hostile events (ASHE), this has begun to change. With battlefield-type wounds from automatic weapons of a high caliber, bombs, vehicles and other weapons, the time has come to closely connect the continuum of care from the time of attack to the ambulance, to the emergency room and to the trauma surgeon in a hospital surgical suite. Protocols for everyone involved are changing rapidly and the public is looking for solutions.

Many healthcare personnel were taught just a few years ago about the Golden Hour of Trauma. The idea was to quickly move patients toward definitive care at hospitals and reduce unnecessary delays from on the scene to the emergency room. Today the Golden Hour has been compressed and is outdated. With battlefield-type wounds, patients only have minutes to live, not an hour. New ways of responding and new treatment regiments are being worked out for immediate field care on the scene, and discussion is taking place about the most rapid methods of transport for patients who have been victims of an attack.

These are the very discussions that trauma surgeons need to be involved in to help direct EMS and emergency room personnel to make snap decisions that might save lives. First responders are, in many cases, now faced with multiple severely injured patients all at once. Currently, in most metropolitan areas, it only takes two or three critically traumatized patients to overload a trauma center. In recent events, we have seen those numbers expanded up to dozens or hundreds of injured patients, as was the case in Orlando and Las Vegas.

EMS systems across Florida and across the nation are currently developing policies to deal with mass trauma casualties as best as they can. Unfortunately, most EMS systems run on at least a partial operational process called system status. This means that most EMS systems have cut their static, 24-hour-a-day coverage to be more efficient and provide what is known as peak-load coverage. In these systems, call load at any given day and time is matched with available resources and ambulances. This usually means that most EMS systems are not prepared for large surges in activity such as an active shooter situation.

Historically, EMS system personnel have not gone into hazardous scenes. When there is one shooter at a normal violent event, it makes the most sense to stage at a distance until law enforcement has neutralized the threat. With active, ongoing hostile events it has been found that the injured cannot wait until the scene has been declared totally safe and clear of all threats, so the emerging model of response has changed for EMS to enter hazardous scenes under specific conditions to begin an immediate evacuation process.

Tourniquets, Israeli style pressure bandages, rapid patient movement techniques, ambulance exchange points, rescue task forces and much more will lead to moving patients faster and much more rapidly to emergency rooms and trauma centers. Trauma surgeons need to be involved in the local EMS system and emergency room processes to ensure the patients they are getting are in the best shape possible upon arrival.

The good news in Florida is there are trauma surgeons that are very involved on a statewide basis with the Florida Department of Health Emergency Medical Services Advisory Council. What is needed, in

addition to this, is that trauma surgeons should also be involved at the local level to work with local EMS medical directors to make sure that trauma care is tailored to the needs of the local community.

Could the need arise for trauma surgeons to go to the scene of an ASHE event? Is the local EMS system utilizing the best medical treatment protocols for severely traumatized patients? Could closer cooperation between local EMS systems, trauma centers, non-trauma centers and physicians improve patient outcomes?

Remember that in a large mass casualty event, not all patients will go to the trauma center — if one exists in the region. Events of this type affect the entire community. Everyone needs to be involved, but the key to improved outcomes is good communication between all partners and pre-planning for one of these types of events.

Trauma surgeons, get involved!

National Events

1

FCOT July Business Meeting
July 10, 2018
Orlando, Florida

2

ClinCon 2018
July 10-14, 2018
Orlando, Florida

3

Clinical Congress 2018 - American College of Surgeons
October 21-25, 2018
Boston, Massachusetts

4

TQIP 2018
November 16-18, 2018
Anaheim, California

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