

Fox Valley Regional Trauma Advisory Council (FVRTAC)

Region 6 General Membership Meeting Minutes

Date: June 17, 2026

Location: Public Safety Training Center, Appleton, WI (Hybrid)

Time: 1900

Quorum Determination

Total Participants: 19 | Quorum Met: Yes

Roll Call / Attendance

Voting Members and RTAC Representatives Present: Brian Randall, Jeff Grimm, Becky Stahl, Chuck Schultz, Sarah Milanowski, Heather Cavanaugh, Katie Jones, Terry Jones, Kota Maynor, Craig Scherer, Tom Marks, Tom Schelfhout, Mark Mandler, Gretchen Ryland, Sarah Presti, Keith Melvin and additional stakeholders.

Non-Voting: Jason Selwitschka, Coordinator.

Virtual Participants: Nicole Iezzi, Jennifer Tammen, Samantha Malliet, Michele Schaenzer, Brian Nolde, Susan Woelfel, Kiva Abel-Sann, Carissa Brunner, Dr. Michael Reis, Garrett Gogin, Sophia Wasco and additional Teams participants.

1. Call to Order

Chair Brian Randall called the meeting to order at 1900. Quorum established.

2. Approval of Agenda

Motion carried unanimously.

3. Approval of Previous Minutes

Motion carried unanimously.

4. Education – Abdominal Aortic and Junctional Tourniquet (AAJT)

Nicole Iezzi presented military and civilian evidence regarding AAJT use in traumatic cardiac arrest, hemorrhagic shock, junctional hemorrhage, pelvic hemorrhage, postpartum hemorrhage and prehospital trauma care. Hands-on demonstration completed.

5. State EMS Updates

Mark Mandler provided renewal and licensing updates.

6. Fox Valley HERC Update

Budget deliverables completed. Medical Surge Exercise findings, transport capabilities, WISCOM upgrades and vulnerable population planning reviewed.

7. Wisconsin EMSC Update

Pediatric readiness assessment results, pediatric education opportunities and pediatric-ready hospital recognition updates reviewed.

8. Committee Reports

Performance Improvement, Injury Prevention, Oversight and Symposium Committee reports presented.

9. Board Appointments

Sarah Milanowski appointed Injury Prevention Representative. Sarah Presti appointed Hospital Administrator Representative. Approved unanimously.

10. Regional Trauma Plan

Motion approved to submit current trauma plan and continue revisions.

11. FY2027 Meeting Schedule

Approved continuation of second Wednesday meeting schedule.

12. Funding Discussion

Coordinator Jason Selwitschka reported approximately \$11,000 remained available within the current grant budget period following final budget reconciliation. The remaining balance resulted primarily from unused budget categories, reduced travel expenditures, and other underutilized budgeted activities.

Discussion focused on reinvesting available grant funding into regional preparedness and education activities rather than returning funds at the end of the grant cycle. Board members reviewed opportunities that would provide lasting benefit to hospitals, EMS agencies, injury prevention programs, and regional stakeholders.

Jason proposed purchase of additional Stop the Bleed training kits and associated educational equipment. Discussion included acquisition of approximately eight to nine kits for placement throughout the region to support community education, trauma outreach, school programs, injury prevention initiatives, and preparedness training.

Members supported continued investment in Stop the Bleed programming, noting it remains one of the RTACs most visible and impactful regional initiatives. Jason confirmed the expenditure had been reviewed and determined to be allowable within existing grant parameters.

Board Action: The Board provided unanimous approval and support for utilizing the remaining FY2026 grant funds for Stop the Bleed training kits and associated educational resources. Staff were directed to proceed with procurement before the close of the budget period.

13. Coordinator Transition

Jason Selwitschka reflected on fourteen years of service and introduced Aaron Droessler as the incoming Regional Coordinator.

14. Regional MCI Response, RMCC Utilization, and Hospital Surge Capacity

The Board conducted an extensive after-action discussion regarding a recent Highway 41 incident involving four critically injured trauma patients arriving at ThedaCare Neenah within a short period of time.

Hospital Surge Capacity

Discussion emphasized that mass casualty incidents should be evaluated not only by patient count but also by the impact on healthcare-system resources. Members discussed trauma bay saturation, blood product utilization, respiratory therapy staffing, emergency physician availability, trauma surgeon coverage, operating room availability, and critical care capacity. Participants noted that a relatively small number of severely injured patients can create substantial operational strain.

Patient Distribution

Members discussed balancing destinations across the regional trauma system and utilizing available resources at surrounding trauma centers when operationally appropriate. The group acknowledged a longstanding perception that critically injured patients should routinely be transported to ThedaCare Neenah and discussed how future incidents may benefit from broader destination planning.

RMCC Utilization

Members reviewed the role of the Regional Medical Coordination Center and discussed opportunities to lower activation thresholds, improve familiarity with RMCC resources, and strengthen regional communication during evolving incidents.

Communication Challenges

Discussion included the need for improved communication among incident command, EMS transport units, dispatch centers, air medical providers, hospitals, trauma centers, and RMCC personnel.

Future Planning Recommendations

The Board supported continued review of the Highway 41 incident to identify strengths and opportunities for improvement. Members discussed additional educational programming related to Incident Command System principles, Medical Branch Operations, trauma patient distribution, hospital surge management, and RMCC utilization.

Members expressed interest in exploring additional guidance regarding RMCC notification thresholds and consideration of a regional mass casualty planning appendix addressing patient distribution, hospital notification, air medical coordination, and surge capacity concepts.

The Board supported incorporating hospital surge capacity, destination planning, patient distribution strategies, and RMCC activation scenarios into future RTAC and HERC exercises. Members emphasized the importance of continued collaboration among EMS agencies, fire departments, hospitals, trauma centers, dispatch centers, air medical providers, HERC leadership, and RMCC personnel.

15. Open Discussion

Regional coordination, injury prevention priorities, trauma destination planning, and educational opportunities were discussed.

16. Adjournment

Meeting adjourned at 8:32 PM.

17. Next Meeting

August 12, 2026 Board Meeting.

Region 6 FVRTAC | Wisconsin Department of Health Services | Official Record