



MINUTES

STATE TRAUMA ADVISORY COMMITTEE (STAC)

Date: July 16, 2014
Time: 11:00 am
Location: High Point, NC

Facilitated by: Dr James Wyatt

Recorder: Beverly Tolbert

Attachments: None

NEXT MEETING: OCTOBER 15, 2014

Members Present: Jay Wyatt, Amy Douglas, Tripp Winslow, George Ross, Thomas Clancy, Carolyn Foley, Angie Chisolm, Betsy Tesseneer, Kim Bailey, Brenda Medlin, Sharon Schiro, Mike Thomason, Dennis Taylor, Ginger Wilkins

Minutes/Summary

- Call to Order
- Minutes were approved
- **State Report**
Amy Douglas and Tripp Winslow gave report for Regina Crawford.
 - Federal ASPR grant was cut by 36% this year. This is considered a significant cut and will affect programs.
 - The Hospital Preparedness Program state office has undergone changes. Mary Beth Skarote has taken on new role to focus more on business operations. Will Ray will take her previous roles as the coordinator for disaster related issues.
 - The April exercise was in conjunction with NCEMS as it related to SMRS exercise at new site in Goldsboro.
 - Portions of Medical Disaster Hospital were deployed to Louisville and Mississippi to assist community to begin recovery from April 28th tornados. Small inpatient hospital was totally destroyed. Staff will remain 12 to 18 months.
 - Coalition development: The focus of the Hospital Preparedness Program agency has stepped back to evaluate the program and other states. The timeline for development will be formally released late this week to the regional healthcare coordinators. This will be 24 month process that will focus and engage all of the partners and stakeholder groups across state to ensure development of the infrastructure at the local organizational level.
 - The state office responsibilities are currently evaluating programs roles infrastructure due to budget.
 - Tripp Winslow reported NCCEP has approved new Select Spinal Mobilization protocol to de-emphasize backboards. Patient who has C-collar on EMS stretcher not on backboard please don't give negative feedback to EMS providers. Trying to prevent skin breakdown.
 - Project Revisions- CDC trauma triage guidelines are being reviewed by COT now.
 - With local Trauma Centers approval for use and sign-off, will ask Medical Board for additional medications and Transexemic acid to be added. Process will take 2 to 3 months. EMS will have to put information in system with letter from Trauma Center where they normally transport patients to agree.
- **Committee Reports**
 - **Injury Prevention- Kim Bailey**
 - Motorcycle Helmet Law- This year will still sit on the Senate floor, as they are focusing on budget. In 2015 it will be for repeal. As of now it has gone to study, more information about helmet.
 - ◆ Will look at Mopeds also for laws and requirements to come out of Senate. Want people to have license and reflective vests.
 - Statewide Injury Prevention Drug Summit- Dr. Tripp Winslow attended. 150 people attended and was very successful. Great feedback. The focus was on Miloxin to take further Police officers carrying NARCAN now and EMS if local Medical County Medical Director approves. Medical Responders with no credentials, firemen and police. Pitt County Sheriffs are doing already. Intranasal Only.



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• **Trauma Program Managers**

Trauma Program Manager- Angie Chisolm

- The group discussed Data Dictionary and updates. They have been posted on the website now. Will continue to update.
- Data Dictionary Committee will meet September 5th 2014 & two times a year to keep it updated. Will have next update at next STAC meeting in October.
- Working to develop Electronic Flow sheet downloads in registry for Trauma Programs, Registry Data Reports from State, Quality Data reports. Sharon Schiro is working on this now.
- Per Orange Book, we have to look at Regional benchmarking. It is required of all Trauma Centers. Need to work on State Trauma database to make sure entering quality information.
- In 2012 began working on proposal of subgroup or data dictionary for 2015 to see what type of benchmarks.
- Data Quality-
 - PI reviewing existing reports that have been created for North Carolina to cover multiple levels. Administrative reports/clinical reports/regional injury prevention reports.
 - A roll-out that includes registrars and will teach to enter information and complete information has to be the same. Sharon Schiro, RAC coordinators, Trauma Program Managers, and PI to include operations and clinical.
 - Sharon Schiro & Amy Douglas to sit on committee conference call with PI once a month. HOP committee once or twice a month.

• **Registrars**

Trauma Registrars- Brenda Medlin

- Group discussed update to the V5. Identified edit checks, provider times. Patch has been created by D.I.
- Created CQO coding in the background total of blood products and not working. Need feedback on upgrade for what is working well and what is not to be consistent.
- Data Migration- Entrax in V5, CMC is on hold due to resources for verifying data, they do have test application for CMC. Major issue in verifying Data is defaulted into ENTRAX system for your referring hospital. If CT scan is set default as non-applicable or unknown, then DI coded as having procedures.
- Group asked Registrars to go investigate their own ENTRAX and send back information. DI wants to charge for corrections to Database
- Recommend from State that DI fix corrections at No Charge. Amy Douglas will talk to John Kutcher with DI to address concerns from STAC/COT.
- Thanks to New Hanover for hosting Trauma Registry Symposium this year. 6 CEU's were given. Caramount will be hosting 2015.
- CMC hosted ICD- 10 coding with KJ consulting that was Trauma driven. 12 CEU's were given. 19 Registrars from North Carolina and 1 from Florida.
- UNC Burn registrar burn verifications for 2015 autopsy report. Recommended a letter from State for receiving Autopsy reports stating a statewide problem and need autopsy back timely. Will need to go through State Medical Board.
- There is a list of 30 complications that are not going over to NTBB. Non Trauma diagnoses- DI can't turn off information that is sent over to TQIP that non trauma are skewing data. Need to collect data for TQIP for non-trauma.
- Amy Douglas will contact reps to clarify because NTBB and DI are not the same.

• **RAC Coordinators**

RAC Coordinator- George Ross

- Mark Johnson and Dale Hill have stepped out as Chair and Secretary of RAC Coordinator Committee and Candy Vanvleet from Duke was voted in as Chair.
- Vidant Health is holding Trauma Conference on September 5th and Duke is holding Trauma Conference on September 12th 2014.
- Sharon Schiro is working on regional and multi RAC studies on what to get started and what perimeters to get those started and request Data and where IRB's go. Have some drive to collaborate to bring standardization and study what the variables are between the RAC's and what to improve. To date no study proves Trauma Systems are a benefit and these studies are to prove that RAC is a benefit to the State.
- EMS for Children Grant that came from PURSA –provided ENPC courses this past February that were held for free. Have heard that a grant was approved...just waiting on carryover money to hold more classes.
- Audit filters are being created for referring facilities on transferring trauma patients and filters for EMS that bring patients from the scene and how we become standardized to the matrix-



Minutes/Summary

- Regional guidelines and protocols were brought through RAC Coordinators. Currently the guidelines are wide spreads from transfers to very specific injury guidelines. Will share to all RAC's to become all standardized.
- Implemented monthly conference call and has gone very well to enhance collaboration between RAC's.

• **PI**

PI—Carolyn Foley

- Kelly Jarrell from Presbyterian was introduced.
- Discussed Non Trauma diagnoses advantages and disadvantages. Schedule NTBB Liaison to participate with PI group for a conference call to gain comprehension and understanding of non-trauma diagnoses and if they do or do not apply to TQUIP and how to approach DI.
- Primary emphasizes was review of reports (NC Standardize reports) that have been developed, still have a few items to add. Will have conference call or webinar.
- Reviewed Site Surveys for volumes and percentages and patient populations so that within reports of all information to have everything needed for site survey.

• **COT Report**

Chair of Trauma- Dr. James Wyatt, MD

- Discussed Rules and Regulations of new Resource Manual and specifically how Level III will be affected and ability to handle requirements. Will use National COT guidelines, will not hold every site to the requirements. The intent of State is to ensure safe patient care and not to prevent redesignations. In future July 2015 ACS resource manual will be the guideline. Tripp Winslow added that Regina Crawford wants more Trauma Centers. Objective is to help centers to meet guidelines. The state will call to question any deficiencies related to the criteria when there is a concern about care. Maintaining good PI programs and your level of care should be the focus.
- Dr. Shapiro is in charge of residency paper competition. North Carolina's two winners papers will be presented at October STAC meeting. 16 papers presented and 12 which are coming out of North Carolina.
- Level III Trauma Center at High Point Regional closed its program. There has been minimal impact from patient flow for Moses Cone or Wake Forest Baptist. Will continue to support those who were involved at this medical center.
- Discussion held by panel on PA's arrival time and if it counts as arrival time of attending. Standard is when actual attending responds. Level I or II PA's or NP's acting as attending at UNC collect both PA & attending's arrival. Also discussed when an emergency is assigned to a particular surgeon On Call and when they respond pertaining Ortho and Neuro and the response was varied and need to research more and come back to discuss.
- ADHOC Trauma Rules Committee - Regina Crawford, Level I, Level II, and Level III representatives met in May to attempt to itemize with concerns to not recommend itemizing A through L exceptions to the rules. Intend to make reference to resource document ACS Committee of Trauma as the optimal care document and a National Standard.
 - New Rule coming in this version that's proposed will give State EMS flexibility on manuals, bulletins non-binding but allow them to put existing Standard document and what fits best for North Carolina and not put burden or cost on Trauma Centers and give enough flexibility to enforce and will be recommendation.
 - Version II- All Trauma centers reference this document as Standard document. COT's intent is not that these be written in rule, the hope was to be able to maintain in a PI document owned by COT. The State overruled stating that's the fox guarding hen house. Bob Bailey, Chair of Committee and Regina Crawford gave their recommendations. Hopefully will continue as rules and regulations process continues over next few months.

• **State of State Registry**

Sharon Schiro

- Sharon Schiro gave presentation on The State of the Registry.
- V5 data has 41,000 records in system. If a site deletes a case, it doesn't delete at State level.
- Data Quality looks great overall. 95% or above complete validity for accuracy.
- There will be an Emergency Department variable in future. Emergency Department date rate where blank. Sharon is working with DI. Has been difficult to merge V4 to V5, could be a year to get merge done. DI is doing migration for V4 to V5. Sharon is going to write the code.
- V4 is January 1995 to present and then V5 thereafter.
- DI Issues: Need to have records deleted, Pull Data out of State Registry report writer.
- AAA talked about transfers to referring hospitals that were in a RAC, but not in same RAC. The minimum transfers of patients transferred are 39% and the maximum is 91%. This is the grouping of 1 of 8 Traumas with 1100 facilities out of state transfers.



Minutes/Summary

Meeting Adjourned.