



## State Trauma Advisory Committee (STAC) Meeting

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### Minutes

**Date/Time:** April 15, 2015, 11:30AM-12:49PM  
**Location:** High Point, NC

**Chair:** James O. Wyatt III, MD  
**Recorder:** Sandy Coble

#### Members Present:

Michael Barringer, Michael Chang, Regina Crawford, Amy Douglas, Elizabeth Dreesen, Carolyn Foley, Jennifer Haynes, John Petty, George Ross, Sharon Schiro, Leigha Shepler, Becky Tesseneer, Michael Thomason, Becky Ward, Ginger Wilkins, Tripp Winslow, Jay Wyatt

**NEXT MEETING:** July 15, 2015

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Dr. Wyatt called the meeting to order.

Minutes were approved.

#### Announcements:

Beverly Tolbert will be leaving us to take another position within the system. Sandy Coble will be the new recording secretary. Other newcomers to the group are:

Dr. James Kessel

UNC Injury Prevention Coordinator: Catherine Eagan

Wake Med Trauma Registrar: Susan Jackson

BMC Outreach Coordinator: Brian Lackey

Brenner Children's Pediatric Trauma Registrar: Tammy Rush

UNC Trauma Registrar: Denise Thomason

Missions Hospital Trauma Medical Director: Dr. David Jacobs

New Hanover Trauma Registrar: Tara Brooks

OEMS EMSC Coordinator: McKenzie Cook-Beamer

#### STATE REPORT

##### Regina Crawford:

Many changes with legislation and bills are being tracked daily and weekly email updates provided. Some of the items being introduced and tracked are:

HB 109 –Motorcycle Safety Helmets, SB 154-Clarifying the Good Samaritan Law, HB 327-Allows the Use of Pepper Spray by EMS Workers, SB 377–Appropriate Funds for Drug Overdose Meds, SB 531 – The Study of The Need of Pulse Oximeters in Schools, SB 381- Community Paramedicine Pilot Project/Funds, HB 560– Assault on Emergency Workers and Hospital Personnel, HB 647– Epipens in all child serving businesses, HB 715-Payment for Ambulance Services.

Rules Review: The May meeting for EMS and Trauma Rules was postponed until July. HB 74, introduced last year, is looking at all the rules across the State for every state agency. Our rules will expire on 12/31/15, if rules are not

reviewed. We take second seat to HB 74 but are hoping to be on the agenda for the Medical Care Commission agenda for July.

No further report or discussion.

### **Dr. Tripp Winslow**

Narcan (Naloxone) With increased prevention efforts and dissemination of increased access throughout the state, it's working quite well. The Medical Board just approved police use of auto injectors for the IM route for auto injectors for all police and non-credentialed first responders. This is with the oversight and permission of the local county EMS medical director.

The Medical Board recently approved the possible use of transit TXA. New Hanover and Cabarrus Counties are using it. TXA is given with a memorandum of understanding from the receiving trauma center ahead of time.

Spinal Immobilization: There is increased discretion for EMS "Not" to use backboards. A backboard is not required to completely immobilize a patient. An EMS patient can be spinally immobilized if they have a c-collar and are appropriately secured to a stretcher. There is the need for Trauma Centers to forego negative feedback to paramedics who appropriately use the protocol because the protocol does not require a backboard to appropriately spinally immobilized patients. We've seen a few patients with DQ after a long transport and we want to make people aware of this protocol.

No further report or discussion.

### **Amy Douglas**

Most site visits have been scheduled.

The state has recently passed a Stroke Designation which falls under OEMS's task. Hospitals will send in their certification for strokes and be advertised as a stroke center. The publication will be out in June. The stroke certification will come from JAHCO, the American Heart Association and one other agency but all so far have come from JCAHO and AHA.

DNR: Everyone is familiar with the canary yellow form and OEMS is responsible for fulfilling the orders for these forms. Just to let you know our volume of these, in March, we sent out 18,000 DNR forms and 14,000 Most Forms which is standard volume. The forms go to hospitals, nursing homes, physician's offices and are a huge cost. We are researching going electronic to reduce costs.

No further report or discussion.

## **COMMITTEE REPORTS**

### **Injury Prevention: Leigh Shepler**

Discussion was on the Motorcycle Helmet Law and Naloxone. Another bill of interest was HB 192 – Consent Court – which means someone can go into court and admit guilt and only have to pay our court costs and all other costs are waived. Typically this includes a headlight being out or something similar. What is being introduced is when a child safety infraction is listed for not using a proper child restraint, they can pay \$50 and have all other costs waived. This does not give incentive to use a car seat. This is our concern and we will continue to follow this bill as it moves through the system.

A couple of our members went to a new excellent inaugural course, Injury Prevention Coordinators Course, which is through ATS, which may be a requirement in the future. Other discussion included the changes for Injury Prevention in the Orange Book.

No further report or discussion.

## **Trauma Program Managers: Jennifer Haynes**

The Registry is working to bring the American Trauma Society to NC. Discussion with ATS has taken place. It looks like a course will be available August, October or November. There are no funds available to help with the cost, and it's approximately \$500/person for the course. But with enough interest, we would be able to bring at least one course here. The course date is yet to be determined. New Hanover has volunteered to host the course with travel as the only concern. WakeMed has also volunteered to host.

The Trauma Registrar needs to have some standardization in the industry. There are some concerns as to whether all injuries are being coded consistently across the board. This is another reason to bring this course here. To support our new managers in the state, we have developed a Mentor Program that includes an Orientation Packet which will answer questions and assign a Mentor from the same level which will provide support.

Also discussed was a possible share point which would be helpful and include policies, guidelines, and protocols. The new PRQ from the American College of Surgeons is available online now but not to print yet.

Also offered, the RAQ coordinators trialed Doc Matters, made specifically for health care, which is free online service that is secured and may be something you could use. You may store files, communicate, name/allow groups, give permissions, it has a lot of flexibility with no costs. We are staying after this meeting today to go over the Orange Book until about 3:00pm.

No further report and no discussion.

## **Registrars: Becky Ward**

Consistency of data seems to be a running theme today, and it needs some work. We are also having a meeting today at 3:00 to go over the new data dictionary and hopefully confirming that we are collecting things similarly. While we can't compare scenarios, we can discuss how we can review, collect data and enter information consistently so our data is meaningful. Time to review cases and enter that information is still a concern.

There is a registry symposium in May that will be held at WakeMed.

We have concerns that the state does not have a registry that we can look at the data. They see the data that we send them but we don't have a way of looking at the registry itself to be able to see what it actually looks like, what the pick lists are, data points, ways to enter a test patient to see what the flow is like to use the registry, as previously in NTRACS, but not available in B5. Also, until an effective dictionary is formed, consistency is a problem. Sharon and Amy will follow up with John Fisher for a resource at no cost. Definitions of the two versions need to be fine tuned, and the state requirements are being reviewed as well. We want data that fits the need of everyone from what's submitted.

One of the goals is efficiency. Eliminating data points would speed up the data entry process. Second, what are the top 10 things that are slowing you down in the use of B5? Advise Amy & Sharon to take back to John Kutcher to discuss the specific issues. We should focus on data OEMS is not getting. If the data is something we don't need, we will remove it.

No further report or discussion.

## **RAC Coordinators: George Ross**

Brian Lake was welcomed as RAC coordinator. McKenzie Cook-Beamer also helped with the group utilizing the HERSA grant to provide many ENPC classes. Future grants were discussed. Projected classes that will be provided are: PCAR (Pediatric Care After Resuscitation) Proposed classes are to be held at Carolinas Medical Center and the other at WakeMed with details to follow. ENPC Instructor classes are planned to build the instructor pool to fulfill future instructor needs. To increase pediatric education, the course, The Pediatric Fundamentals of Care Support, from the Society of Critical Care Medicine, will be offered. This is a two-day course

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offering a 4-yr certification, applicable to trauma and critical care along with EMS and hospital workers.

Two Educational offerings: The May Day Conference held at UNC on May 6-7, offers 13 hours of credit. Also the Triad RAC is holding their Piedmont Triad Regional Trauma and Acute Care Symposium on May 19, from 8:30-4:00.

No further report or discussion.

#### **EMS: Shawn Cates**

We provide the electronic data base for all hospitals to capture the EMS runs that come to the facilities. We had a request in 2012 that the initial EMS run did not provide the information needed, and we are working on the linkage to get complete information as the program now links by demographic information only.

Also, EMS agencies are assigned a Facility code, an F Code. The Facility code must be used to link the PCR to you. Use of facility codes is a must. Transitioning the EMS State Dictionary from Version 2 to Version 3 is an opportunity to improve the facility code use.

According to Chief Crawford, currently there is no way to alert EMS statewide, it is shared exchange. In the future, updates will be posted to the website. Info is sent out through the CIS system that may help. Spread info through RAC meetings. Rural hospitals don't have the latest information. Info is shared through the yearly Medical Director meetings to provide that education.

No further report or discussion.

#### **PI Subcommittee: Carolyn Foley**

Two new committee members were introduced: Megan McKing, CMC NE, Dorie Johnson from New Hanover

Several projects for our committee:

- 1) Standardized Reports: there will be a meeting in the next 2 weeks of the subcommittee to review the product DI has given us.
- 2) Resource Book: similar to TPMs, our goal is to help the new person coming in and share the resources we have accumulated to share the processes, dashboards, and contact information.

No further report or discussion.

#### **Committee on Trauma Report: Dr. Jay Wyatt**

NC TQIP Collaborative-Dr. Michael Chang

We are working to bring TQIP sites and the data up by bringing in an outside vendor, ArborMatrix, from Michigan, who has worked with this data before. We were approached to work as a Pilot in NC, and are now working on the details. We are working on a funding source, BCBSNC, for continuing this beyond the pilot.

Application for a Level 2 Trauma Center in Charlotte is being considered. Further discussion will take place in an adhoc committee, put together by Chief Crawford after this meeting. More info to come.

Registry: Sharon shared that it is taking a lot of time to migrate from version 4 to B5, but they are working on the state level on consistency across the board.

Backboard issue: not standard for immobilization.

No further report or discussion.

#### **NC American Trauma Society: Ginger Wilkins**

Treasurer Report - \$8,938.00

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The money received from membership is seed money for scholarships and grants. Two \$2500 grants were awarded this year with monies available through our program membership:

- 1) Wake Forest Baptist, submitted by Shawn Griffin, "Heat and Eat" Program.
- 2) WakeMed Safe Kids Coalition: Their presentation was for a Swim Safety Grant on how to prevent drownings, which was also bi-lingual, which helps reach all our citizens.

No further report or discussion.

### **Motorcycle Helmet Bill & Naloxone Bill: Alan Dellapenna**

Naloxone: Access began in 2013; collaboration from all sides helped and is making a difference. From 1968 to 2012, motor vehicles were the leading cause of death. Heroin use has had a 402% increase over the last 4 years. There have been over 400 documented reversals using naloxone since this passed.

SB 154 – requires reporting overdoses to parole officers.

Naloxone, the rescue drug is making a difference, thanks for your work.

Motorcycle Helmet Bill: CDC rated NC as Number 1 with lives saved because of the motorcycle helmet law. NC was Number 1 in healthcare dollars saved as a result of our effect helmet law. A survey showed that over 90% of motorists support the current law and almost 80% of motorcyclists support the law. The current law was enacted January 1, 1968, which required wearing a helmet. There is a group 1,000 strong that wants to repeal this law. What are the arguments?

- 1) Freedom Argument of Adults to choose, their model is "Let Those Who Ride Decide"
- 2) Helmets are not effective; data is wrong and manipulated by the feds to hide the truth.

28 states have weakened their laws and 28 states have seen their death, injury rates and disability go up 20-40%. This is just a picture of what happened in Florida. The current laws have worked very well for 47 years and changing the current law is an expensive mandate that we all get to pay for, for a few people who chose not to wear a helmet.

Speak to your lawmakers, tell your trauma story, and challenge the wrong stories. The fiscal impact – costs of Medicaid is not being considered in the legislative process because it's going through insurance and transportation. A fiscal note should be attached to figure out who is going to pay for the Medicaid costs.

Be intentional about White Coat Day, May 16 – show up and show your support.

No further report or discussion.

No New Business

Meeting Adjourned