



## State Trauma Advisory Committee (STAC) Meeting

---

### Minutes

**Date/Time:** July 15, 2015, 11:30AM  
**Location:** High Point, NC

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

#### Members Present:

Thomas Clancy, Regina Crawford, Amy Douglas, Elizabeth Dreesen, Carolyn Foley, Cyndi Mastropieri, George Ross, Michael Thomason, Osi Udekwu, Becky Ward, Ginger Wilkins, Tripp Winslow, Jay Wyatt

**NEXT MEETING: October 21, 2015**

---

Dr. Wyatt called the meeting to order.

The minutes were emailed. If you have any revisions, please let us know.

#### Introductions:

Lee France, Registrar  
Jackie Brady, Pediatric PI Coordinator  
Morgan Keeter, TPM/Administrator  
Dr. Jim Kessel, Site Reviewer with ACS  
Al Bonifacio, UNC TPM

#### STATE REPORT:

Tripp Winslow

- Decreasing backboard use with EMS is moving forward. More EMS systems are implementing TXA usage but must coordinate usage in conjunction with the receiving trauma centers to monitor the outcome.

Regina Godette-Crawford

- HB 327: Legislation to put Pepper spray and weapons on ambulances  
This bill was introduced by Representative Dobson as a study bill rather than legislation to be reviewed from Manteo to Murphy in April 2016, to determine what is best. The bill made it through the House but when it went to the Senate, it was rejected because Handguns was added to the bill. Our rules and designations of Level I and Level II Centers were included in this bill. When the bill stopped, our new statutes were delayed as well but it is on the agenda for November, 2015. Due to this delay, the new trauma rules are not in place yet.
- HB 487: Community Paramedicine Pilot Projects: Funding to DHHS, \$210,000, is going to fund 3 Community Paramedicine Projects which will drive the reimbursement. DMA will look at the data and reimbursement for EMS services – Treat/Release, Treat/No Transport, Treat to Alternative Destinations, rather than just transporting to a hospital, which is the only way to be reimbursed at this point.

Amy Douglas

- HB 765: ATV Bill lowering the age from 8 years old to 6. Alan Dellapenna will update on this bill later. Originally this bill was a cleanup bill that the ATV age restriction was added with no regard to motor size. It comes in as part of another bill and is overlooked. This bill has had 15 amendments since its beginning in April. The current law is age 8 which is lower than industry standards. The Consumer Product Safety Commission's previous law expired in 1998, which limited age, helmets and engine size. A lot of research went into the consent decree originally that needs to be re-implemented in NC which will take everyone's efforts to make it happen. Representatives Catlin; represents New Hanover County, and McElraft; represents Carteret and Jones Counties, should be contacted to encourage change. According to Wikipedia - the American Academy of Pediatrics recommends that no children under the age of 16 should ride ATVs. Helmets are also recommended. The standing house environment meeting is held Thursdays at 10 am in the Legislative building 544, if you would like to attend.
- State wide planning by Sharon will provide statewide quarterly data planning for a year to update on V5 data and give everyone feedback on the quality and improvements. Two research projects are being done at this time, and we are open to new ideas.
- Site Visits are beginning, there are 5 site visits beginning in August through November: Moses Cone, CMC-NE, Wake Forest, Cleveland, and Duke.

## COMMITTEE REPORTS

### Injury Prevention: Leigha Shepler

- The committee did not meet today. No Report.

### Trauma Program Managers: Cyndi Mastropieri

- The new Orange Book mandates as a new standard that new employees, within 12 months of hire, must attend the ATS Trauma Registry course or a state approved course. Since no ATS classes are available in NC until 2016, the state is working on a state approved Trauma Registry course. Until then, the ATS course is the best option.
- Discussed were lobby day and the experience there; supporting the Trauma Systems Development State Bill and also a Trauma Center Support Bill.
- TPM Mentorship Program: A mentorship program is in the works to help new TPMs get oriented into their new roles and for better understanding.
- We are reviewing the Orange Book, discussing and sharing ideas on what each place does to meet the standard.

Other discussion:

There are many changes in the Orange Book including writing the report. One of those changes includes making Level I and Level II centers a more equal playing field. The education expectations of CME are for ensuring quality care; although for Level II trauma centers, some requirements may be difficult to attain.

### Registrars: Becky Ward

- Discussion was held regarding election of a new vice chair for the committee to replace our previous VC who left to pursue other opportunities.
- A Head Injury Presentation was given by CMC which sparked some helpful discussion.
- Small vs. Large Registry preferences were discussed.

Caramont discovered a way to identify and remove specific data, default or hide the information that would keep the registrar from having to touch that information. This can be done per data field, if it is an editable field.

TXA can be tracked if it is set as a custom field – TXA given: Yes or No.

50 custom data fields are available without additional cost.

Tracking TXA could possibly be a procedure code but the Registrars should decide which way this information should be captured so that everyone is consistent on their reporting.

#### **RAC Coordinators: George Ross**

- Two of our RAC members are leaving, Mark Johnson, long term RAC member and previous RAC chair, and Al Bonifacio, who has moved on to Trauma Program Manager. We appreciate and thank you both for your RAC service.
- Education: discussed were ways to better communicate and help spread education opportunities. We will be emailing any educational offerings especially ATLS, Trauma conferences, and Rural Trauma Team Development across the state.
- TXA in our region: EMS agencies are actively using it and updates of usage will be provided.
- A project to present at STAC at a future meeting is in process.
- A regional attempt was made for a Committee on Trauma with our RAC meeting in hopes of encouraging Trauma Surgery and Emergency Medicine from community hospitals to get together and talk about trauma care. There was good representation, mainly Medical Directors participated. The outcome was good, and everyone wants to see it grow. We will continue to encourage it, and for now it is a permanent fixture at our RAC meetings. Collaboration with the COT is encouraged for our next meeting.

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

- The Trauma Coordinators met and reviewed several new items in the Orange Book. Over/Under Triage was one of those discussed along with PI plans. A manual review of reports has begun with opportunities in hopes of completing the review by next week. We are hoping to include an Excel spread sheet form to submit to DI for consideration/answers/fixes related to having information standardized.
- Small vs. Large Registry: depending on your choice, keep in mind that all the data elements in these reports may not work for you.
- Taxonomy: Joint Commission and implementation. A tool was developed in Excel format which is cost effective for trial. Events that would require this type of review are defined if there is a need.
- Mentoring: is available if there is a need.
- Dashboards: screen shots of the registry are available in electronic version vs. hard copy to help the new TPM along with other tools and resources.
- Site Visit Tips will be shared in the future to help other facilities know what is expected with the new rules.

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

- A lot of the issues the COT discussed have already been addressed, TXA and backboards.
- Dr. Jacobs mentioned in COT regarding Mandatory Autopsies, there are other issues we need to fight rather than try to mandate autopsies without funding. We need to increase our autopsy rate which will improve closure on PI issues.
- TQIP Collaborative – will be addressed at the NC/SC American College of Surgeons meeting this weekend. Dr. Cliff Ko will speak to this at the event.
- Dr. Udekwu presented some research ideas:

Thanks to the State for their support, we have been meeting monthly to at the Dorothea Dix Hospital to wrap our heads around how best to use our data from the NC Trauma Registry in a relevant way to drive our PI initiatives that will allow us to at least partially fulfill the requirement for risk-adjusted data and performance improvement. We are using the data set in a more versatile and open way than traditionally done. We will focus on the proxy fields that will allow us to look at multiple logistic regressions on elderly patients like we did on the younger data set, looking at live patients discharge disposition in a functional independence measure is the strategy. How are we performing comparatively with other centers?

Only 10% of the data set is children. The focus is utilization of CT patients with blunt abdominal injury. Our utilization dropped from 35% to 25% using truncal CT and no increase in utilization of formal ultrasound as opposed to FAST. Looking at a 12 year period, there were no significant changes in mortality rates. This suggests that we still have room for improvement.

- Additionally, the research meetings are open for anyone who wants to participate at the Dorothea Dix hospital and teleconferencing may be available also.

**NC American Trauma Society: Ginger Wilkins**

- The committee did not meet. No Report.

**BUSINESS UPDATE:**

**Alan Dellapenna: HB 765 Reframing ATV Restrictions**

- This bill that lowers the age for ATV usage was slipped in on page 15 of a 54-page bill. It removes the parental supervisory responsibility. It transfers the advisory piece of which kind of ATV you can ride to a trade industry group that has been around a long time and is pushing back on safety regulations. Since 2005 regulation, the industry will sell any size ATV to any parent who wants to purchase. Since tracking ATV injuries beginning in 1981, NC has the highest ATV death rate. 43% of the deaths are among youth, and 93% of those were youth riding adult size ATVs. Passing this bill so quickly is not a fair compromise. Since passing the 2005 law, the death rate has had a 59% drop in childhood ATV deaths.
- Thank you for your support on the recent Helmet Safety law.

**NEW BUSINESS:**

- Congratulations to Wake Forest, who just had their Burn Survey in May and was re-verified as an Adult Burn Center and also received their Initial Pediatric Burn verification.
- Meeting Minutes:  
A request was made to have faster turnaround of the STAC minutes in order to be able to report the information back to individual committees. We will work on this in the future to get the minutes out within a couple of weeks after the meeting.

Meeting Adjourned