



State Trauma Advisory Committee (STAC) Meeting

Minutes

Date/Time: October 21, 11:30AM
Location: High Point, NC

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

Members Present:

Michael Barringer, Michael Chang, Thomas Clancy, Regina Crawford, Amy Douglas, Carolyn Foley, Cyndi Mastropieri, John Petty, George Ross, Sharon Schiro, Leigha Shepler, Betsy Tesseneer, Michael Thomason, Osi Udekwa, Becky Ward, Ginger Wilkins, Tripp Winslow, Jay Wyatt

NEXT MEETING: January 20, 2016

Welcome and call to order by Dr. Wyatt.

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

STATE REPORT:

Tripp Winslow

- An Advisory Group will be developed to report to the Allied Health Subcommittee to advise on Scope of Practice issues for EMS. The Board would meet quarterly each year at the EMS Advisory Council, and the group would be comprised of one member from each of the COT, NC College of EMS Physicians, NC Assoc. Of EMS Administrators, NC Chapter of National Assoc. of EMS Physicians, an unaffiliated physician and Dr. Tripp Winslow would be a non-voting member.
- Presented at the last Emergency Medicine Today Conference, Pediatric Pre-hospital Intubations Procedures for Airways, not done by critical care and transport, are being reevaluated. Data shows between 55-58%, no advantage to pre-hospital intubations in rural and urban areas. There is consideration, for ground EMS, of making this equipment optional because evidence seems to show the ALS measures are better and based on overall success rates with 150 intubations per year. This decision would be best handled by the local EMS.
- Airways Evaluation forms for RSI are being reviewed for tracking cardiac patients after procedures that would encourage continuous capnography in hospitals and emergency departments. Age of the patient would also be a factor and risk of cardiac arrest.
- After review of computerized data sets on 1,098 intubations and 760 intubations, it was found that intubations without prior proper resuscitation, will probably result in cardiac arrest, patient death. The use of Ketamine is suggested, bag the patient, and give IV fluids, will improve vital signs prior to the stress of positive pressure ventilations. NCEP is reviewing and will make changes to make this procedure safer.

Regina Godette-Crawford

- Our rules are moving forward but with significant time delays and delays due to the change in levels going from 6 to 4. When changes are made, general statues must align with our rules.
HB 327: Weapons on Ambulances; was strongly opposed and changed to a Study Bill but the 4 new credentialing levels were included in that legislation. When the original bill died, this information had to be re-introduced. The new credentialing rules are in line with the national levels and are moving forward. Some of these trauma rules along with education rules will go back to the EMS Advisory Council in February for approval of current rules, and it will then move forward to the Medical Care Committee.

- We are progressively moving forward with a full staff; after adding two new staff members. On the EMS side, we are fully operationally staffed.
- The Ebola grant was received.
- Chief Crawford announced that this would be her last meeting as she is retiring 11/30/15. Thank you to the COT, under Jay's direction; the partnership with all of you has been a wonderful journey. With 15-20 bills in the legislature this past session, it is imperative that we as EMS are recognized by the General Assembly as well as Trauma and stay in the forefront. She plans to be an advocate in this continued process.

Amy Douglas:

- Sharon and Amy are working to revive the State Annual Trauma Report that has not been done in several years. Rhonda Vincent has offered her expertise to help in publishing this report that will appear the beginning of next year.
- Site Visits are continuing.
- Thanks to Regina for all her support in trauma and personally as my boss for the last three years.

Will Ray:

Disaster Program

- Beginning in July, Will became the new Program Manager for Hospital Preparedness from the OEMS.
- The program is designed to broadly support the infrastructure within the state when it comes to preparedness. We are working to streamline and improve the operational mission perspective to meet the needs of the state.
- We have been the custodian of federal assets since 2009; after the application process was completed for the National Mobile Disaster Hospital, NC was awarded sole ownership of this mobile unit on 10/16/15.
- With the operational support in place to pre-hospital, EMS and Fire agencies to support medical surge, support from all eight trauma centers, this recovery asset will be in the mix to assure we are hitting all the major risk factors and operational phases.
- Additionally, there are multiple resources including mass water purification assets in warehouse inventory as well as back up HVAC systems. Hard structures are also available to help keep facilities in operation.
- The Disaster Program needs to hear from you if there are suggestions for improvement; the program wants to know that they are engaging and supporting well.

COMMITTEE REPORTS

Injury Prevention: Leigha Shepler

- A Statewide Injury Prevention and legislative update was given by Alan Delapeno:
 - There is a tamper-resistant packaging law for e-cigarettes that will go into effect December 1, 2015. This is due to a 1600% increase in poisonings among children according to Poison Control.
 - A Grant of \$120,000 will be available to the SBI for a drug take back program partnering with Safe Kids for disposal of prescription drugs.
 - A million dollar donation was given to the Carolina Poison Control Center.
 - Driver Education funding was reinstated.
 - The motorcycle helmet law was preserved.
 - The ATV bill to decrease the age limit to 6 years of age was not adopted.
- A one million dollar grant for RX drug prevention was awarded to NC DHHS, with \$50,000 allotted for the purchase of Naloxone; \$25,000 to law enforcement; and \$25,000 to community-based organizations.
- Falls Prevention for adults and pediatrics were discussed. Evidence based health promotions are limited and there is no funding. With data all over the board, it is difficult to determine the root cause and what populations should be targeted. ICD-10 coding may help with better understanding for the different types of falls and how we might outreach to the caregivers. For adults, an initiative has started with beauty and barber shops that would allow falls prevention information to be shared with the clients.

- There will be a conference call with TCCA to seek funding for Falls Prevention from CMS to push this effort and hopefully get some funding for this program.

Trauma Program Managers: Cyndi Mastropieri

- This will be Betsy Tesseneer's last meeting as she will be retiring. We appreciate her work and dedication to trauma since 1994.
- The American Trauma Society Registry Course was discussed. With the online course not available for 6-7 months, some centers have had to go over budget to send their registrars out of state to attend the courses to stay current and meet the ACS standards. Continued work with Amy to develop a course is ongoing to provide affordable education.
- Concerns with DI Registry were discussed along with additional costs involved with ICD-10 implementation.
- TXA and how this information will be captured to insure consistent data is being researched.
- The Orange Book is a continued discussion, sharing how the new standards are being met.

Registrars: Becky Ward

- Lisa Parker with Caramont is our newly elected Vice Chairman, effective 2016.
- Exercises in ICD-10 were done.

RAC Coordinators: George Ross

- There are three vacancies in our RAC; the mountain RAC, UNC RAC, and Duke RAC positions are unfilled.
- Brian Lake was named our new RAC Secretary.
- The announcement was made at the last TCAA meeting that the TCAA organization has moved officially from New Mexico to Charlotte, NC, and is recruiting new employees.
- After clarification from the ACS on the new rules in the Orange Book, all transfers out from your facility must have a PIPS review. Monitoring of patients that come into your facility still need to be done.
- Feedback to EMS and referring facilities from us as a RAC center was discussed. A review of New Hanover County and CMC will be done to collectively put together accurate feedback on patients that are sent to us.
- Education:
 - There are two rural trauma developments courses available planned in Columbus County.
 - Vidant has a December TNCC class.
 - The ATLS class scheduled at Baptist has been cancelled; but if you need more information, reach out to Gail or Cyndi.
- For clarification: TCAA is the Trauma Centers Association of America, is a national organization that focuses on program improvement and the benefits of advocacy. It lobbies on behalf of trauma centers for funding, support, and helps push agendas on the national level. Since they are now located within the state, we will have direct access to them.
- A plan for TCAA to present at a future STAC would be a possibility to consider.

PI Subcommittee: Carolyn Foley

- The Performance Improvement Committee met and discussion was on preparation for site surveys. Denise Verga with Moses Cone shared their encounter and successes.
- Brainstorming on how the information is captured, along with best practices from MTP, TQIP, and TBI.
- Two projects in progress that will be finalized in January:
 - 1) A PI site survey prep list that would include time line goals.
 - 2) A PI Trauma Coordinator Resource Reference.

Committee on Trauma Report:

Dr. Jay Wyatt

- Dr. Thomason requested, from the National COT, that we endorse our involvement in validating a Needs Based Assessment Tool that has come out of recent trauma center designations in the state of Florida. NC has volunteered to assist with this project.
- As a Future Trauma Leader Award recipient, Dr. Peter Fischer has volunteered and tasked to lead this state project overseen by OEMS to the Trauma Systems Committee and will be working with Sharon Schiro on this project.
- The role of the COT is not to recommend specific legislation but provide a validated tool, a scoring system that would assess the need for/against a trauma center in an unbiased method and distribution of patients. Information will be presented to our COT prior to submitting it nationally.
- A subcommittee will be appointed to review Scope of Practice issues that will create a filter that would determine how authoritative boards can be and restrictions.
- Dr. Wyatt announced his resignation as Chairman of COT/STAC, effective after this meeting. Due to responsibilities within the state and hospital, it is very difficult to handle things nationally. Dr. Wyatt appreciates the opportunities that this position has allowed and will continue to participate.
- Dr. Mark Shapiro, the current Vice Chairman, will take over as Chairman for 2016.
- Dr. Wyatt was thanked for his leadership and strong working relationships within the COT.

NC American Trauma Society: Ginger Wilkins

- The committee did not meet. No Report.

NEW BUSINESS:

- Resident paper presentations were scheduled but unfortunately none of the winners were able to be with us today.
- A regional competition will be held in November, with updates to come.

OLD BUSINESS:

Dr. Udekwu

NC Trauma Center Comparison Date Update:

- The information from the NC Trauma Registry is to selectively help centers determine how they view in the context of the state based practice. A blinded survey among Trauma Directors and TPM will be done to compare where they fall within TQIP data vs. state based data. This refined group of patients will show mortality rates, hospital LOS, ICU LOS, and compare with their state average and other centers.
- The core data set is moderately injured patients with ISS scores of 10-24, that comes to any one of our trauma centers, looking at mortality rates as a primary outcome indicator of quality from the patient perspective. Hospital and ICU LOS can be used as proxies for complications or systems deficiencies.
- A new project for Pediatrics is looking at the utilization of imaging studies for patients with blunt torso injury, CT utilization rates vs. formal ultrasound.
- A slide presentation of the data was given using risk adjusted methodology with information from the NC Trauma Registry.
- To determine the data integrity and validation, the logic errors and completion rate issues can be reviewed. Relationship between ISS and diagnosis codes need to be reviewed to see if there is a major fluctuation.
- Other areas to consider are age, severity of injury in a limited case selection, review of time to femur fixation; time to operate for open tib fib fractures. Are these delays prompting longer LOS?
- By removing the youngest and oldest patients, the least injured, patients who come in with a 50 unit resuscitation and GCS of 3; it would be a look at patients who should be treated fairly similarly within our institutions.
- Outcomes divided by cost as a measure of value is what is being looked at.

- Relevant information is the goal.
- At next STAC, for better understanding, a general description of the data that shows the overall global ISS score entered totally in NC as well as some of the standard deviations of the numbers will be provided.
- Now that we are getting good data, this will help us get the outcomes we want, the valid data we want, and this is a fresh start.
- Thanks to Rhonda Vincent for her help and efforts with the graphs for this presentation.
- The next meeting of this committee will be December 3, from 10am-noon at the OEMS office and you all are invited to come.
- The data variances and the possibilities of differences in ISS scoring not only exist with this data set but also with TQIP; learning to validate all of this is necessary.

A Trauma Registry Course will be held February 6-8, 2016, with more information to follow.

STAC meetings will continue to be held at the Millis Education Center in High Point until another venue is selected.

Meeting Adjourned