



## NC Committee on Trauma Meeting

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### Minutes

**Date/Time:** January 22, 2014  
**Location:** Raleigh, NC

**Chair:** James O. Wyatt III, MD  
**Recorder:** Michele Jordan

**Members Present:** Thomas Clancy, Regina Crawford, Amy Douglas, Mark Newell, Edmund Rutherford, Sharon Schiro, Michael Thomason, Eric Toschlog, James Wyatt, PJ Hamilton-Gaertner, Osi Udekwu

**Guest Present:**

**Next Meeting:** April 16, 2014 High Point, NC

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Meeting was called to order by Dr. Wyatt. Minutes were approved.

1. While opening, Dr. Wyatt introduced himself and the panel followed.
2. Chief Crawford reported to the panel that there were eight sites identified for the public meetings on the rules update for EMS and Trauma rules. Webinars were used. Two of the sites were not able to be used. The webinar was broadcasted at most of the community colleges in the state. There was an onsite visit for the eastern part of the state and there was representation across the state. The rules are put on the website and feedback was welcomed. The rules are usually updated every two years. One of the big issues of the meeting on the EMS side was medical procedures being done out in the field. Weapons on ambulance was an issue that was discussed. Chief Crawford told the panel there was no need for weapons on the ambulances; however she did address the need to have conflict resolution education implemented.

Fragmenting the EMS system was discussed at the public meeting also. It was suggested that private providers seek their own medical oversight; it will still go through the system medical director of EMS. This matter will be followed up on continuously. The public rules have been left out in order to receive comment from the communities.

The administrator's conference was cancelled. The task force will meet on the 10<sup>th</sup> of March and the target is to get a draft out and move forward.

There were not many issues on the Trauma side of EMS. The topic that was discussed the most was aligning up with the ACS guidelines. Also there are no rules or guidelines for a facility to act as a practicing trauma center. It is the goal of the state to have the state rules line up with the rules of the American College of Surgeons. There are no more public meetings scheduled.

3. There were some registry concerns and there was a webinar to discuss the EPIC meeting in Madison, Wisconsin. There has been some improvement. Some templates will be built to accommodate some trauma centers. There are not enough personnel resources to use when it comes to entering data in the EPIC software at most places. The goal of the trauma facilities when it comes to EPIC is to have an easy way to document and when site visits are done, it should be very user friendly for the reviewers to manipulate through the charts and seek the

info that is needed. It was suggested that the paper flow sheet used for trauma should be used and then scanned into EPIC until a template is build. Some administrations are against that.

The webinars may be instituted monthly that will allow users to voice their concerns or give suggestions on how to improve inputting data. Burn centers are concerned about how to enter the data in also. This will continue to be an ongoing matter and the centers have agreed to collaborate with each other on how improvements can be made. Minutes will be put out to be viewed from the webinar. It was suggested that if all centers in the state will be using EPIC, all users should enter data in the same way so that it will be uniformed. That will be a matter that can be introduced to DI.

4. Time to treatment and outcomes was discussed. It was suggested that the project be started again. Performance and kinds of treatments were discussed. Time to definitive care was discussed. More discussions in April. Evidenced base practiced and performance improvement. There are still some challenges with the linkage but the kinks are being worked out. The different RACS will be looked at on time to treatment and prolonged times.
5. Amy Douglas reported that the PI issues are being resolved. The terms for the Report Writer are not understood by some. The reports are being redesigned and the registry team is coming up with new ideas for improvement. There is a need for EMR. Custom data points will allow flexibility and give temporary fields. A conference call will be in place with the Chief, Sharon, Amy and Jon from DI.
6. Sharon reported Jane Brice's project is still in progress. The second dataset request has been received and improvements are being matched between EMS and trauma records. The project for Stizel is still in progress. The SOS coding is required for this project.

Dr. Udewu submitted a request for the PI data. All sites need to resend their V4 data so we can capture record changes that were rejected by the Central Site due to a DI glitch. Data quality issues still need to be addressed, but this is on hold pending access to the data dictionary. Amy is working on getting the data dictionary in our hands, and then it will be updated to reflect the changes over the last year. The concerns about the software and report writer have been heard from John. Progress is moving forward. Sharon will continue to take classes in EPIC through UNC so that she can understand what data available and how it's entered. She is taking report-writing classes through EPIC so that she can help getting data out of EPIC and into the trauma registry and link to additional EPIC data for research purposes if required.

7. The floor was opened for any discussions. Dr. Clancy discussed the importance of ISS scores. ISS is considered what the diagnosis is of a patient. When entered into the registry, it is suggested that the scores be entered in the same way across the state. There should be an average of coding complications in all facilities. NTDB data is inconsistent. This matter will be discussed more in the STAC meeting. The inconsistency is in whether DOA's or ED deaths are ISS 75.

Meeting adjourned.