

South Central Regional Trauma Advisory Council

General Membership / Executive Council Meeting

August 23, 2011

* Minutes *

1. Welcome and Introductions, Sign-In: Meeting called to order at 1600 hours.
 - a. The following members were in attendance:

Dan Williams	SCRTAC / Madison FD	Lori McKibben	Janesville Mercy
Brenda Clark	St. Mary's Janesville	Barb Hahn Hermening	Janesville Mercy
Janet Volk	Reedsburg Area Medical Center	Angie Pagenkopf	Grant Regional
Jody Makos	Monroe Clinic Hospital	Marianne Peck	DHS/DPH
Connie Henry	Sauk Prairie Hospital & EMS	Marisa Roembke	EMSC
Diane Eberdt	Lodi Area EMS	Melody Mulhall	UWHC/Am Fam
Phillip Fusco	Moundview Memorial	Heather Godemann	St. Clare Baraboo
Tim Bjelland	Mile Bluff Medical Center	Courtney Norton	Arena EMS
Mary Roelli	Mem. Hosp. of Lafayette Co.	Abby Swan	Divine Savior
		Mary Anderson	UWHC/Am Fam

- b. New Trauma Coordinators in the SCRTAC:
 - i. Abby Swan, Divine Savior Health Care, Portage
 - ii. Jody Makos, Monroe Clinic Hospital, Monroe
 - iii. Phillip Fusco, Moundview Memorial Hospital, Adams/Friendship
 - iv. Brenda Clark, St. Mary's Hospital, Janesville
 - v. Sandi Kindig, UWHP Watertown
2. Approval of the June 21, 2011 Minutes:
 - a. Motion by Janet Volk, second by Melody Mulhall: Unanimous approval
3. State Trauma System updates:
 - a. State Trauma Advisory Council (STAC):
 - i. The Secretary of the DHS has made long-awaited appointments to the STAC. The following people were appointed to STAC, including a representative from the SCRTAC!
 1. Ann O'Rourke MD, Surgeon, South Central RTAC
 2. Paul Reckard MD, Surgeon, Northeast RTAC
 3. Jason Selwitschka, Paramedic, Fox Valley RTAC
 4. Dan Diamon, Paramedic, Lake Superior RTAC
 5. Tom Thelen RN, Administrator, North/Northwest RTAC

- ii. Dr. Nirv Patel will be leaving the area and will no longer be a part of the STAC. His last meeting will be October 12th. He has been a huge asset to the STAC, and the trauma in general: He will be greatly missed.
 - iii. Current members of the STAC that will maintain their positions include:
 - 1. Cheryl Paar RN, Southwest RTAC
 - 2. Alex Beuning MD, North/Northwest RTAC
 - 3. Brenda Fellenz RN, North Central RTAC
 - 4. Gaby Iskander MD, North Central RTAC (Current Chair)
 - iv. After the October STAC meeting, there will still be four (4) vacancies on the STAC. They will be filled as the timeline requires, following statutory requirements for member composition.
- b. ACS Review of the Wisconsin Trauma System:
- i. The American College of Surgeons conducted a consultation review of the Wisconsin Trauma System in June of 2011.
 - ii. A full 105 page report has been submitted to the DHS by the ACS. The DHS is reviewing the report and approving its release to trauma system participants.
 - iii. The following is a preliminary list of recommendations from the review:
 - 1. Revise the administrative rules and eliminate outdated language
 - 2. Strengthen DHS' enforcement of the existing and future statutes and rules
 - 3. Create an Executive Board that includes Trauma, EMS, and Disaster Preparedness
 - 4. Identify and provide DHS staffing resources necessary for a successful system
 - 5. Develop a contemporary Trauma System Plan
 - 6. Establish a dedicated funding stream for the Trauma System
 - 7. Clearly define criteria for accepting injury admissions to Level III and IV facilities
 - 8. Monitor and enforce criteria for all Trauma Facility classifications
 - 9. Develop and disseminate clinical criteria for all inter-facility transfers
 - 10. Develop a State-level performance improvement plan for the Trauma System with collaboration from all partners
 - 11. Explore existing data sets to support and evaluate how the Trauma System functions
- c. Hospital Trauma Classification Reviews
- i. Classification reviews have resumed as of August 2011
 - ii. The review team is short a number of surgeons; surgeons will be recruited in the near future.
 - iii. Lori McKibben and Rob Whinney from Janesville Mercy are reviewers from our region.

- iv. Marianne Peck sent-out an email regarding site reviews... If you have not been receiving emails from Marianne lately, please send her an email to be sure that you are on her list (Marianne.peck@dhs.wisconsin.gov)
 - 1. Fill out the pre-reviw electronically, not hand-written
 - 2. ALL 2010 data should be entered for review
 - 3. Cardiac arrest patient = highest level. Hanging victim = highest level if they meet the criteria
- v. Next Sate Trauma Meetings will be held October 11-12, at the Sheraton Hotel in Madison. Agendas will be posted to the state trauma web-site.
- vi. EMS Run Reports: HFS 110.34(7) REQUIRES EMS documentation to be left at the ER upon EMS transport. This can be a State DHS approved work-sheet or a full patient care report. A full State patient care report must be submitted to the receiving hospital within 24-hours of patient transport. See HFS 110 for additional information.
- vii. Training packet for hospital Trauma Coordinators: Williams inquired with Marianne Peck about the existence or need for a packet that could be given to trauma coordinators that are new to their position. The SCRTAC has nearly 25% new trauma coordinators since April. Marianne and Volk were under the understanding that the STAC Trauma Coordinators Committee may have developed something n the past, or was slated to develop a packet, but that they were not aware of it every being completed and/or distributed. Marianne Peck will check into this for our next meeting.
- viii. Site Review preparation: Williams reminded the group that trauma coordinators could draw-upon the experience and expertise of their fellow SCRTAC trauma coordinators in preparing for site classification reviews. In the past, trauma coordinators have even done mock site reviews! If you would like site review preparation assistance, but are not comfortable soliciting the help of your neighbors, contact Dan Williams, and he will help to get the ball rolling.

4. WITRAC:

- a. Pilot Update:
 - i. Beloit, Janesville, and Madison Fire Departments have been selected to participate in the OJA funded Phase II Patient Tracking Pilot, aimed at tracking patients from the scene of a MCI through triage, transport, and hospital arrival.
 - ii. Beloit Memorial, Mercy Janesville, and UWHC have also been awarded funds from the WHEPP to participate with their respective FD in the patient tracking pilot.
 - iii. Dan Williams is working with WHEPP Region 7 Coordinator Lori Wallman to deliver training on WITRAC, patient tracking, and hand-held scanner usage, to both the FDs and the associated hospitals.
 - 1. Beloit FD/Memorial Hospital training was August 23rd

2. Janesville FD/Mercy Hospital training is September 13th
 3. Madison FD/UWHC training has not yet been scheduled pending hardware purchase by the MFD.
 - iv. Dan Williams' time and mileage to support this program is largely being supported by WHEPP funding.
- b. Access and incident creation:
- i. Williams petitioned the group for info about WITRAC usage at their respective hospital. Of the 12 hospitals reps that answered the question, "Who is tasked with WITRAC access, incident creation, and updating?"
 1. 6 replied that WITRAC access, alerts and updates are largely the role of hospital administration
 2. 4 replied that WITRAC access, alerts and updates are largely the role of ER staff
 3. 2 replied that WITRAC access, alerts and updates are largely the role of "other" staff (Access Center at UWER, i.e.)
 - ii. Williams petitioned the group about creating a WITRAC alert: "If an EMS agency were to call into your ED via radio and request a WITRAC alert be created for a given location, how many of your respective hospitals could have the WITRAC alert created within 5 minutes of notification by EMS? (14 responses):
 1. Yes: 1
 2. No: 13
5. Trauma Registry:
- a. Reports: Reminder that supportive documents for WI Trauma Registry usage can be found on the SCRTAC website (www.scrtac.org) as well as the state trauma website (<http://www.dhs.wisconsin.gov/trauma/TraumaRegistry.htm>)
 - i. Canned report access: Very few (1) rep from the SCRTAC hospitals reported to have gained access to the registry to generate canned reports. Marianne Peck strongly encourages all TCs and/or registrars to begin using the registry for generating canned reports, and to look at some of the 'big picture' info that can be obtained, such as 'Falls vs. MVCs.'
 - ii. Some of the more detailed info may not be as accurate as it could be based on the infancy of this registry, but the big items are pertinent.
6. SCRTAC Structure:
- a. Williams reminded everyone of the current set-up of the SCRTAC Executive Committee, that everyone in attendance at the General Membership meeting is a voting member of the Executive Council, given the composition requirements of HFS 118 are followed. This format was adopted several years ago after the SCRTAC

endured challenges with meeting quorum numbers, etc. Furthermore, the concept of individual committees of the SCRTAC was dropped, and one of a committee of the whole Executive Council/General Membership was adopted. This format promoted a decrease in duplication of time/effort and was more efficient at the time.

- b. Williams informed the committee that HFS 118 includes language about having a “PI Committee Chairperson,” and that we currently do not have that position identified.
 - c. Williams informed the group that current State mandated documentation requires signatures by the RTAC Coordinator as well as the RTAC Chairperson. The SCRTAC currently does not have identified committee leadership positions, and therefore does not have an identified RTAC Chairperson.
 - d. Motion by Tim Bjelland, 2nd by Janet Volk, to establish the position of SCRTAC Chairperson for a 2-year term, terminating on June 30th (to match the RTAC Contract with the state). Unanimous approval.
 - e. Motion by Tim Bjelland, 2nd by Connie Henry, to establish the position of Performance Improvement (PI) Chairperson for a 2-year term, terminating on June 30th (to match the RTAC Contract with the state). Unanimous approval.
 - f. Williams opened the floor to nominations for SCRTAC Chairperson:
 - i. Janet Volk of Reedsburg Area Medical Center was the only nomination.
 - 1. Janet Volk was elected by the Executive Council to the position of SCRTAC Chairperson, to a two-year term, ending June 30th, 2013
 - g. Williams opened the floor to nominations for SCRTAC Performance Improvement Chairperson:
 - i. No nominations were solicited by the membership. The nominations remain open, and will be accepted through the next SCRTAC meeting. Members are strongly encouraged to consider submitting a nomination for this important position.
7. Performance Improvement (PI):
- a. SCRTAC 2011-2012 PI Initiative
 - i. Report on current data
 - 1. Very limited data due to poor submission of data by our SCRTAC hospitals.
No data displayed due to poor total numbers.
 - ii. Reporting concerns / solutions:
 - 1. Williams petitioned the group for input on what steps could be taken to make this initiative more user friendly, and ultimately a success.

- a. Janet Volk recommended that data be submitted by the 15th of the month rather than the 1st of the month. The committee supported this change.
 - 2. From now on, SCRTAC hospitals should submit the SCRTAC 2011-2012 PI Initiative data to Dan Williams (dan@scrtac.org) by the 15th of the EVEN month, and this data should include patients from 3 and 4 months prior.
 - a. Qualifying trauma patient data for June and July 2011 should be submitted by October 15th.
 - b. If you have not submitted data for any periods of January-July 2011, please submit to Dan Williams by October 15th.
 - i. Contact Dan Williams (dan@scrtac.org) or 608-576-1843 with any questions
 - ii. Instructions and the spreadsheet can be found at the SCRTAC website (http://www.scrtac.org/SCRTAC_Documents_Page.html)
 - iii. Web Access data collection project update/needs
 - 1. Lee Faucher MD has informed the SCRTAC that UWHC will develop, host and support our SCRTAC registry. We are grateful to Dr. Faucher and UWHC for making this a reality.
 - a. NEEDED FROM EACH SCRTAC HOSPITAL:
 - i. Names and email addresses of representatives of each hospital that should have access to the web-access registry.
 - 1. Send this info to Dan Williams (dan@scrtac.org) ASAP.
 - 2. Construction of the registry may take several months, so continue to submit your data to Dan Williams.
8. SCRTAC Administrative Items:
- a. Contract 2011-2012
 - i. Contracts are on hold, at the level of the Secretary of the DHS. The secretary may impose a reduction in funds after-all, TBD.
 - b. Budget:
 - i. Williams informed the committee that a fully funded budget (no budget cut) would need to be approved by the group. The committee had approved one with a 10% cut at the last meeting. Since that time, the Marianne Peck was informed that there would likely NOT be a cut if funding. So, a fully funded budget must be approved ASAP. Williams submitted a DRAFT budget to the state with clear documentation that it would need to be approved at our August 2011 meeting.
 - ii. Williams Displayed on the overhead the proposed and submitted budget reflecting full funding (no 10% cut).
 - 1. Motion by Bjelland, 2nd by Volk to accept the proposed and submitted budget as written to be the SCRTAC 2011-2012 budget. Unanimous approval.

- a. Williams will post the newly approved budget to the SCRTAC website upon 2011-2012 contract approval.
 - c. 2010-2011 Objective Completion Certificate
 - i. The State requires each RTAC to 'sign-off' on the objectives for the previous contract year, confirming accomplishment of each objective.
 - ii. Williams has completed this document, however it needs to be signed by the SCRTAC Chairperson. With the newly elected Chairperson, Williams will forward this to Janet Volk for review and signature, before she forwards it to the State.
 - d. Report on purchases from June 2011 meeting directives:
 - i. Williams gave a report of spending and expenditures that closed-out the 2010-2011 contract funding.
9. Injury Prevention:
- a. SCRTAC Injury Prevention Initiative:
 - i. The membership has supported a region-wide secondary injury prevention program aimed at preventing pressure ulcers in the back-board immobilized patient.
 - ii. The SCRTAC has purchased Back Raft air mattresses and hand-pumps to be used on transfers of back-boarded patients from Level III/IV Trauma Care Facilities to Level I/II Trauma Centers.
 - 1. Equipment will be distributed to outlying Level III/IV facilities based on need established by transfer numbers from 2010 (obtained from UWHC and Mercy Janesville).
 - 2. The initiative will be a voluntary program, but the SCRTAC strongly encourages region-wide participation. Williams showed a brief power-point introducing the program.
 - a. Level III/IV facilities will be responsible for training staff, applying the device, and storing the equipment.
 - b. Level I/II facilities will be responsible for training staff, removing the device when the patient is removed from the long-board, cleaning the device if possible, and collecting/returning the device to the SCRTAC or the hospital of origin.
 - c. The details of the program will be further explained and discussed at the October 2011 SCRTAC meeting. A train-the-trainer session was suggested for the October meeting as well.
 - d. Members supported using the Back-Raft initiative as a means of SCRTAC promotional with EMS, inviting EMS' voluntary participation in the program after viewing a Back-Raft demonstration.

- e. Some data will be collected that can be used to support or negate the program for future support and potential advancement to EMS.
- b. Other regional IP initiatives: None offered by the membership.

10. Trauma Education:

- a. SCRTAC Trauma Education Conference – “Care Beyond the ED”
 - i. December 2nd, EPIC, Verona, WI
 - 1. Please start to spread the word to members of your facilities that care for trauma patients after they leave the ED and/or OR. Likely participants will be med-surge RNs, Hospitalists, therapists, etc.
 - 2. A full brochure and web-posting will be coming-out in October.
- b. Trauma Course Offerings: See the SCRTAC website, www.scrtac.org and click on ‘Trauma Education.’
- c. SCRTAC Trauma Education Program (TEP):
 - i. September 8th, 6:30 PM, Divine Savior Hospital, Portage, WI
 - ii. September 12th, 7 PM, Marshall Area EMS, Marshall, WI
 - iii. October 18th, 7 PM, Arena EMS, Arena WI
 - iv. Please contact Dan Williams dan@scrtac to schedule a FREE SCRTAC TEP at your facility.
- d. MCI Training Marquette County:
 - i. On the morning of August 13th, SCRTAC Coordinator Williams and NCRTAC Coordinator Fraley will provide START/JumpSTART, MCI Leadership for EMS, and MCI response training to Marquette County EMS. A full scale MCI training exercise will follow in the afternoon. Williams will apply SCRTAC hours to his time in providing the morning education.

11. Other:

- a. SCRTAC Logo: The committee viewed multiple proposed SCRTAC logos to be used in brochures for conferences, shirt embroidery, mailings, websites, etc...
 - i. The committee selected an orange colored horizontal back-board, with ‘SCRTAC’ in royal blue in the middle of the back-board. On the left end of the backboard is an image of the State of Wisconsin, with the SCRTAC region highlighted in royal blue. Inside the SCRTAC region is a white ‘H’ for hospital.
 - ii. Marisa Roembke recommended the slogan “SCRTAC... We’ve got your back!”

12. Next Meeting: October 25, 2011 4 PM Middleton EMS

13. Adjourn (18:05 hours): Motion by Connie Henry, 2nd by Lori McKibben: Unanimous