

South Central Regional Trauma Advisory Council
General Membership / Executive Council
June 21, 2011

- Minutes -

1) Welcome, Introductions, Sign-In: (16:01 hours)

a) The following members were in attendance:

Dan Williams	SCRTAC / Madison FD	Angie Pagenkopf	Grant Regional
Mike Sloan	Meriter Hospital / UWHC	Barb Hahn-Hermening	Mercy Janesville
Kim Heyer	UWHP Platteville	Tim Bjelland	Mile Bluff
Rebecca Jacobs	St. Mary's Sun Prairie	Melody Mulhall	UWHC/Am Fam
Amy Stacey	UWHC	Jodie Eckert	Boscobel Health
Stephanie Wanek	Boscobel Health	Sheryl Krause	St. Mary's Madison
Connie Henry	Sauk Prairie Hosp/EMS	Tina Strandlie	Stoughton Hospital
Heather Godemann	St. Clare Baraboo	Carmen Luther	Reedsburg Med. Cnt.
Lee Faucher	UWHC	Linda Tyler-Doudna	Richland Hospital

2) Approval of the April 26, 2011 Minutes

a) Motion by Connie Henry, 2nd by Linda Tyler-Doudna: Unanimous approval

3) State Trauma System updates:

a) State Budget as it relates to trauma

i) The DHS has been informed that there will be a 10% cut in the 2011-2012 RTAC budgets. The SCRTAC will receive \$44, 920 in the next contract year, down from \$49, 911 in the current year. All RTACs are being assessed the same budget-cut across the board.

b) RTAC contracts for 2011-2012

i) Contracts have not yet been released by the DHS, as the final budget has not been completed. There will likely be a delay in having the contracts distributed. Many of the fiscal employees of the DHS have left the office for other positions, making the contract progress more challenging.

c) STAC Update

i) The Secretary has not yet appointed any STAC positions. The secretary has reportedly informed the trauma coordinator that he has received the applications and will be working toward appointments in the future. The SCRTAC has been, and continues to be unrepresented on the STAC.

d) Hospital Trauma Designation Reviews: Now the 'Classification Review.'

i) Preparation

(1) A reviewer training session was held. Many new reviewers have been assigned, including 2 from the SCRTAC (Lori McKibben and Dr. Rob Whinney from Mercy Janesville). The training session shed light on some of the more confusing grey areas that were apparently frequently misinterpreted by reviewers.

(2) Hospitals in our region that are scheduled for review should have received an email from the State Trauma Coordinator, with info on the date, etc.

Hospitals that have not submitted data to the registry will NOT be evaluated: They should work diligently to complete this data entry, so they can be reviewed at a future date.

(3) Hospital should use the ACS Gold Book as the guide-book for their reviews.

ii) Peer assistance

(1) There are a number of new Trauma Coordinators in the SCRTAC (new to their positions at SCRTAC hospitals). Any new Trauma Coordinator, or any trauma coordinator looking for guidance, is encouraged to contact a seasoned trauma coordinator from one of the other SCRTAC hospitals for support. Contact info for Trauma Coordinators can be found on the SCRTAC website, under the 'Hospitals' link

http://www.scrtac.org/SCRTAC_Hospital_Page.html

(a) If the information listed for you or your hospital is no longer up-to-date, please send an email to Dan Williams (dan@scrtac.org) with the updated information.

e) WITRAC Pilot update

i) Williams continues to work on this patient tracking project with the Beloit, Janesville, and Madison Fire Departments, as well as with Paul Wittkamp from the DHS and Lori Wallman from the WHEPP. Williams will be providing hands-on train-the-trainer sessions in August and September for these agencies.

f) ACS Visit to Wisconsin

i) The American College of Surgeons will be assessing the State of Wisconsin Trauma System June 27-30. The SCRTAC is encouraged to attend and participate: This is our opportunity to voice our opinions on what works and what does not work with current local, regional and state trauma systems. SCRTAC members are encouraged to attend on the following dates/times:

(1) June 28, all day: (EMS, Patient Flow, System Coordination, and Disaster Preparedness are from 10:15-11:00 AM).

(2) June 30, 1-2 PM: Summary report of the findings presented to the members in attendance.

ii) A full written report will be composed by the ACS panel, and will be released to the DHS in a few months. The DHS will review the report and must approve the release of any ACS report information to trauma system participants.

4) Trauma Registry

a) DI registry training (June 7th) review

i) SCRTAC members that attended the registry training voiced concern over ongoing discrepancies and grey areas associated with the registry criteria. There is hope that the pending ACS report will clarify many of these discrepancies. There is a need for consistency across the state and the region, so these areas of confusion must be clarified.

(1) The Data Management Committee of the STAC will be tasked with addressing these concerns.

- (2) There will likely be an update on the inclusion/exclusion criteria for determining which patients should be entered into the registry.
 - b) Registry updates
 - i) The registry is scheduled to be 'down' this Friday afternoon (June 24th).
 - (1) After this date, the Report Writer feature should be operative!
 - ii) Strandlie encourages all hospitals to check on the 'destination hospital' on transfers in the registry. She found that the update had altered her entries to erroneous hospitals. Furthermore, she was not able to access data from 2005-2009.
- 5) SCRTAC Administrative Items
 - a) Amended Budget to reflect 10% cut
 - i) The DHS requires the SCRTAC to submit an updated budget for the 2011-2012 contract period, reflecting the assigned 10% budget cut. A new budget amount of \$44,920 must be approved and submitted.
 - (1) A budget showing a 10% cut was tentatively passed at the April meeting.
 - (2) Williams explained to the committee that budgetary needs for 2011-2012 had changed since that meeting. He further explained the inability to encumber funds from contract year-to-year for our SCRTAC Trauma Conference.
 - (3) A draft budget was displayed on the overhead, and the committee discussed items, and made a few changes/recommendations.
 - (4) Motion by Tim Bjelland, 2nd by Linda Tyler-Doudna, to approve the amended budget reflecting the 10% cut: Unanimous approval
 - (a) Budget will be posted on www.scrtac.org
 - b) 2010-2011 spending
 - i) Williams gave a budget status report for the current 2010-2011 contract period. Because we are not permitted to encumber funds into the next year's SCRTAC Trauma Conference, funds that had been assigned to the conference would need to be re-assigned to currently needed items.
 - (1) Williams displayed a list of beneficial items to the committee that could be purchased with available funds. The committee amended this list after discussions on each line item.
 - (a) Motion by Tim Bjelland, 2nd by Tina Strandlie, to accept the amended list as items to be purchased during June 2011 with current contract year available funds, with a maximum of \$500 to be spent on design of the SCRTAC Logo: Unanimous approval.
 - (b) Motion by Mike Sloan, 2nd by Tim Bjelland, to spend up to \$3000 on trauma manikin(s) for trauma education purposes: Unanimous approval.
 - (i) Williams and Sloan will research manikin options that will best suit the SCRTAC needs.
 - (2) Williams discussed the possibility of having remaining available funds if the trauma manikin(s) is/are not financially possible.
 - (a) Motion by Tim Bjelland, 2nd by Linda Tyler-Doudna to give Dan Williams discretionary purchasing authority for remaining 2010-2011

monies. The purchases must be in the best interest of the SCRTAC:
Unanimous approval.

- c) RTAC Coordinator
 - i) The SCRTAC Coordinator position was vacated by Lynne Sears on April 25th. We thank Lynne for her years of guidance, direction, and leadership.
 - ii) Tim Bjelland was appointed the position of Interim RTAC Coordinator at the April 26th SCRTAC Meeting.
 - iii) A job announcement for the SCRTAC Coordinator was posted on the website, at UWHC ED and Dept. of Surgery, and distributed via the SCRTAC list-serve.
 - iv) 1 person applied for the position: Dan Williams, the current SCRTAC EMS Coordinator.
 - (1) Williams' letter of application was distributed to the committee.
 - (2) Williams spoke to his application and interest in the position.
 - (3) At this time, Interim SCRTAC Coordinator Bjelland assumed the role of meeting chair:
 - (a) Motion by Mike Sloan, 2nd by Carmen Luther, to approve Dan Williams' application and appoint him to the position of SCRTAC Coordinator: Unanimous approval.
 - (i) Dan Williams now assumes the role of SCRTAC Coordinator
 - 1. Thank you Dr. Tim Bjelland for assisting the SCRTAC with leadership during the interim.
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- 6) Performance Improvement (PI) (*Faucher*)
 - a) Introduction to the 2011 SCRTAC PI Data Collection Worksheet
 - i) Q & A, discussion on data points
 - (1) Faucher and Williams went through the 2011 SCRTAC PI Data Collection Worksheet column by column and answered any questions/concerns.
 - (a) Patient identifiers: Should NOT contain patient names.
 - (b) If the patient was brought to the hospital by means other than EMS, then POV should be entered on all fields pertaining to EMS
 - (i) GCS, EMS report, etc
 - (c) Trauma Activations: Should be patient based, not staffing based. IF the patient meets the criteria, the activation should be made. Variations from this model will likely be identified during site reviews.
 - (2) Faucher introduced a potential Data Center for Quality Improvement from the UWHC. This would be a web-based, secure access, data-collection site for our SCRTAC PI initiative. It would basically be our own registry, constructed by the IT department at UWHC, housed by the UWHC, but accessible only by the hospital that enters the respective data and authorized SCRTAC representative(s). One hospital could not look at another hospital's data. UWHC could not look at another hospital's data.
 - (a) Easy to add to in the future if needed
 - (b) Built-in system of checks will limit errant data entry.
 - (c) Database will likely assign a patient identifier.

- (d) Motion by Tim Bjelland, 2nd by Tina Strandlie, to have the UWHC build a secure access database for the SCRTAC PI/QI initiative: Unanimous approval.
 - ii) State trauma registry and the SCRTAC PI initiative
 - (1) A few SCRTAC members have voiced concern over the possible double-entering of data, and the need for the state trauma registry to collect data for the SCRTAC PI initiative.
 - (a) The current State Trauma Registry does not collect all data elements needed for the SCRTAC PI initiative.
 - (b) The current State Trauma Registry is currently not a reliable means of SCRTAC required data collection, and data is not readily available for review, in the format that we would require.
 - b) Web based data entry
 - i) See item 6)A)i)(2) above
- 7) Trauma Education (objective #5)
- a) Course offerings
 - i) Members were reminded to visit the SCRTAC website, www.scrtav.org for a complete listing of trauma related educational opportunities, for both hospital and pre-hospital providers.
 - b) Trauma Education Program (TEP).
 - i) Williams encouraged hospitals to contact him to schedule TEPs for their area(s). dan@scrtac.org
 - ii) Reservations are currently being accepted for summer and fall 2011.
 - c) SCRTAC Trauma Education Conference (for hospital based providers)(*Krause*)
 - i) The SCRTAC Trauma Education Conference work-group met just prior to this meeting. Tentative dates are December 2nd or 9th, and possible venues include Epic or the Marriot hotel. The workgroup will be determining conference topics, speakers, and more. The workgroup is also working to minimize expenses.
- 8) Injury Prevention
- a) Report on recent, current, and future IP initiatives in the SCRTAC
 - i) Williams read a letter from Diane Eberdt of Lodi EMS, reporting the success of the IP program in her community “Every 15 minutes.”
 - (1) Please contact Diane directly for additional information on the IP program.
- 9) Other
- a) None
- 10) Next Meeting: August 23, 2011 4 PM Middleton EMS
- 11) Adjourn (18:11 hours)
- a) Motion by Linda Tyler-Doudna, 2nd by Connie Henry: Unanimous approval.