

South Central Regional Trauma Advisory Council
 Executive Council Meeting
 May 26, 2009
 - Minutes -

1) Welcome and Introductions (*Williams*)

a) Sign-in sheet

Kevin Kaminski	Fort Health Care		Katie Egan	UW Student EMS, et al
Terri Kelm	Columbus Com. Hosp.		Amy Franklin	Boscobel Area Health
Dan Williams	SCRTAC EMS / MFD		Linda Tyler-Doudna	Richland Hospital
Connie Henry	Sauk Prairie EMS/Hosp.		Janet Volk	Reedsburg Medical Center
Diane Eberdt	Lodi Area EMS		Lori McKibben	Mercy Hospital Janesville
Joe Ketrakus	Meriter Hospital		Tim Bjelland	Hess Memorial (Mauston)

2) Approval of the March 2009 minutes

a) Motion by Henry, Second by Bjelland: Unanimous

3) State Updates (*Williams*)

a) 2008-2009 Contract Objectives

- i) Williams reported that the work plan objectives that had been issued by the previous leadership were no longer valid, and that the new objectives issued through the State Trauma Coordinator were more realistic and measurable. To document that the objectives are met, each RTAC will simply check a YES or NO on a verification sheet. It will be the responsibility of each RTAC to provide the supportive documentation should there be an audit.

b) 2009-2010 Contract Objectives

- i) Williams passed around a copy of the final DRAFT of the proposed 2009-2010 RTAC objectives, issued by the State Trauma Coordinator. (The objectives have been posted to the SCRTAC website, under 'documents.')
- These should be finalized at the State RTAC coordinators meeting on June 2nd.
- ii) New for the 2009-2010 contract year is a RTAC specific objective. Each RTAC is to decide upon an objective that would benefit their individual region, and take steps to complete that objective.
- (1) Williams explained that the State Trauma Coordinator fully supports the SCRTAC in using the Trauma Education Program (TEP) as this region's specific objective, if we so chose.
- (2) The group discussed this region specific objective, and decided that it made sense to continue with the TEP, and to declare the TEP and EMS/ED education as the SCRTAC region specific objective. The group also discussed that this did not prevent the SCRTAC from pursuing other ideas and activities, as the contract does not limit the activities of the RTAC, only creates minimum criteria.

c) 2009-2010 Contract Updates

- i) Contract Status

- (1) The state had hoped to have contracts out to each RTAC by last month, but due to the change in leadership from EMS to Hospital Preparedness, and many other 'challenges,' that is delayed.
- (2) The State will likely not be able to deliver contracts until the passing of the State of Wisconsin Budget.
- ii) Budget Cuts and Contract Amount
 - (1) Each RTAC is likely going to face budget-cuts consistent with cuts of each State Agency. The Governor has declared a 5% cut across the board, and the RTACs will likely fall under this knife. This 5% cut would result in a \$2,500 cut in our SCRTAC budget for 2009-2010, leaving a balance of \$47,500.
 - (2) The State Trauma Coordinator wanted to express her concern that this 5% cut discussion may be exact, may be an overestimation, or an underestimation. She does not have control of the situation, but just wanted each RTAC to be prepared for a likely budget cut, and this may be anywhere from 0-10%, or more. A 10% cut for the SCRTAC is \$5,000, and would have an impact on ability to pay EMS/TSS staff, etc
- d) State Trauma Registry Update
 - i) The State Trauma Coordinator has announced that the work on the State Trauma Registry continues to move forward. The anticipated unveiling of the updates and changes to the registry will be during the 2009-2010 budget year, with a goal of November 31st. Connie Rigdon is the master of the registry at this time, so any questions or concerns about accessing the registry (Passwords, etc) can be directed to her.
 - (1) The group entered into discussion on the State Trauma Registry, including topics of WARDS, access, timing-out while on-line and entering data, inadequate flow-sheets vs. adequate flow-sheets, and GCS concerns with WARDS and how it is reported (single number vs. broken down into the three categories). The discussion was a round-robin open format, with members having issues being supported by other members that either shared the same issues, or could provide help and support.
- 4) SCRTAC Updates
 - a) EMS (*Williams*)
 - i) Trauma Education Program (TEP): The TEP continues to have good reviews and good attendance. Surveys distributed at the completion of each TEP continue to show a clear benefit of the program.
 - (1) Recent and upcoming sessions
 - (a) May 12 Oregon FD/EMS
 - (b) May 19 Sauk Prairie (AV nightmare!)
 - (c) May 21 DeForest FD EMS
 - (d) Upcoming
 - (i) June 9 Richland Center, The Richland Hospital
 - (ii) June 15 Waukesha Memorial Hospital
 - 1. Train-the-trainer for the SERTAC

- (2) Continue for 2009-2010?
 - (a) The TEP was initially prioritized by the SCRTAC for the 2008-2009 contract year. Williams introduced discussion about whether or not the SCRTAC should continue with the TEP into the next contract year. Williams reminded all that the TEP could be used to fulfill the requirement of the region specific objective.
 - (i) Motion by Bjelland, Second by Henry, to continue delivering the TEP for the 2009-2010 contract year, with a goal of program delivery to 60% of SCRTAC EMS agencies, based on presentation locations and proximal location of the EMS agencies to each presentation: Unanimous
 - (b) Changes in the TEP?
 - (i) Williams informed the group that the current Triage and Transport Guidelines, as well as the current guidelines for Definition of Major Trauma will be reviewed this fall, and will likely have significant changes.
 - (ii) Changes to these documents will be built into the TEP when announced. This new material will not only be a marketing tool, but also a good reason for the program to 're-visit' areas that may have already experienced the original TEP. The group did not feel the need to make changes in the program at this time.
 - (c) Hospital Admin, ER MDs, EMS MDs
 - (i) Williams is currently developing presentations for each of the above listed target audiences. These presentations will highlight the important role that they each share with-in the trauma system, as well as outline their responsibilities as participants in the State Trauma System.
 - 1. Currently, not all participants in the State Trauma System are operating under the same rules and guidelines... or at least, are selective in following such guidelines and rules.
- ii) Scheduling
 - (1) With the membership's approval of continuing the TEP into the 2009-2010 contract year, Williams will again start to schedule TEPs.
 - (2) If your service/hospital has not attended and/or hosted a TEP, please contact Dan Williams (dan@scrtac.org) to organize one for the near future.
- iii) Peds Trauma Program
 - (1) TSS Chris Carbon and Williams delivered pediatric specific EMS education to the Boscobel area EMS agencies, and the program was well attended and received.

- b) Hospital
 - i) 'Trauma Coordinator' group update (*Volk*): See below.
 - ii) Other
 - (1) Discussion about the trauma patient assessment for medical-surgical nurses. Joe Ketarkus has reserved a room at Meriter on October 14th of 2009 for this program.
 - (a) The group continues to see the importance of this program as overall trauma care education, as well as a means of secondary injury prevention.
 - (b) The group re-affirmed the need to make this an SCRTAC priority amongst the Trauma Coordinators in 2009.
 - (2) Discussion about the previously introduced workshop for new trauma coordinators in our region. Though all realized the benefit of such a program, the consensus was to use a mentoring approach, rather than workshop approach. With the mentoring approach, a new trauma coordinator would be paired-up with a seasoned trauma coordinator(s), and would receive more individualized support and education.
- 5) Peer survey development
 - i) Small group assignments review
 - (1) At the last SCRTAC meeting, the group was divided into groups that reflected job responsibilities (EMS, Trauma Coordinators, and Trauma Registrars). Each group was tasked with developing survey-type questions pertaining to performance improvement that could be sent to their peers. The goal of each survey is to find ways that we can better understand the needs of our trauma care providers in providing top-notch trauma care.
 - (2) Williams distributed DRAFT surveys that had been developed by the Trauma Coordinators and the Trauma Registrars. The EMS related survey questions were never forwarded to Williams: If you have these survey questions, or know of their whereabouts, please contact Dan Williams, dan@scrtac.org.
 - ii) Decide on delivery format
 - (1) The group decided an email link to the survey would be most logical. Williams will finalize the survey for each job category, and distribute as a link. Each Trauma Coordinator is asked to please distribute this survey link to those individuals at your facility that would best address the given issues.
 - iii) Review DRAFT surveys
 - (1) The group reviewed each survey and made corrections as necessary. Williams was given permission by the group to distribute the surveys without a second review of the survey after corrections are made.
- 6) Other: None
- 7) Next Meeting: July 28th, 4 PM, Middleton EMS
- 8) Adjournment: Motion by Ketarkus, Second by Kaminski: Unanimous