

**South Central Regional Trauma Advisory Council
General Membership / Executive Council
October 26, 2010
- Minutes -**

1. Welcome and Introductions: The following table shows those in attendance:

Brent Bischoff	Paratech Ambulance	Angie Pagenkopf	Grant Region Health
Mary Roelli	Mem. Hosp. of Lafayette Co.	Tim Hillebrand	Dane County EMS
Marianne Peck	Meriter Hospital	Connie Henry	Sauk Prairie EMS/Hospital
Lori Tuescher	Rural Medical EMS	Mindi Slayton	Monroe Clinic Hospital
Rebecca Jacobs	St. Mary's Sun Prairie EC	Diane Eberdt	Lodi Area EMS
Brian Cushman	Upland Hills/Dodgeville EMS	Michael Sloan	Meriter Hospital
Lynne Sears	UWHC/American Family	Joe Ketarkus	Meriter Hospital
Sheryl Krause	St. Mary's Hospital Madison	Terri Kelm	Columbus Hospital
Dan Williams	SCRTAC EMS/Madison FD		

2. Approval of the August 24, 2010 minutes.
 - a. Motion by L. Sears, 2nd by C. Henry: Unanimous approval.
3. State Trauma System Updates (Sears).
 - a. State Trauma Coordinator Position:
 - i. The vacant State Trauma Coordinator Position has not yet been filled. Diane Christen of the State DHS is following state guidelines and protocols for filling this position, including internal postings and interviews. The position has not yet been posted outside of the state union pool. The position is listed as a master's degree RN prepared position. It is not known if/when the position will be externally posted, as internal candidates have 1st dibs. The state generally implements a hiring freeze for all positions effective Nov. 1 of each year. Hiring after Nov. 1 requires additional approvals and steps.
 - b. Site Visits:
 - i. The designated Review Committee (DRC) had recommended that the hospital trauma site reviews re-start in February 2011.
 - ii. With the absence of the State Trauma Coordinator position, much of the key infrastructure, support, and follow-up needed to make the February start date a reality is missing. So, the actual start date remains an unknown. However, delays are likely.
 - iii. Re-education of the site-reviewers will be necessary to insure consistency and quality of each site-review.
 - iv. Stay tuned to the web-site for further updates.
4. Trauma Registry:
 - a. Status:
 - i. The registry is operational at this time, and a few updates have been performed since the last SCRTAC meeting.
 1. Icons at the bottom of the screen should be accessible in all browsers now.

- b. User comments/feedback:
 - i. None offered by the attendees
- c. RTAC data review:
 - i. Williams reminded the committee of the ability to obtain ‘canned’ reports for the SCRTAC. Former State Trauma Coordinator Connie Rigdon had advised our RTAC that we should determine what criteria we would like to see in a report and get that to the state, so a canned report could be generated through DI. (The State apparently can request canned reports of Di, but individual RTACs requesting customized reports of Di would incur a significant charge).
 - ii. The group brainstormed canned report criteria that would likely be helpful in our SCRTAC data review and PI projects.
 - 1. J. Ketarkus discussed the old State reports, and the +/- ‘s that they offered.
 - 2. Age?
 - 3. Injury Severity Score (ISS)?
 - 4. Length of stay (LOS) in the ED before transfer to a Level I or Level II?
 - 5. Number of days a patient remained in an ICU?
 - 6. Did the patient go to the OR from the ED?
 - 7. Did the patient go to the ICU from the ED?
 - 8. Sex of the patient?
 - 9. GCS?
 - 10. GCS by EMS?
 - 11. Blood ETOH?
 - 12. Mechanism of injury (MOI)?
 - 13. Time to disposition?
 - 14. Was there a ‘Trauma Activation’ at the facility?
 - a. When?
 - b. Was a Trauma Flow Sheet used?
 - c. It was noted that this item (14) would need to be added to the current State Trauma Registry at the recommendation of our committee.
 - iii. The understanding of the committee with respect to the canned reports is that each hospital would be able to run the canned report on their own trauma patients. Then, each hospital would bring this data to the SCRTAC for further evaluation and discussion, hopefully leading to performance improvement region-wide.
 - 1. It is the committee’s understanding at this time that hospitals could only look at their own data, not other hospital’s data.
 - iv. Williams will contact the State DHS representative dealing with the Trauma Registry to see what steps are needed to create a canned report based on our input.

- v. Williams will contact the State DHS representative dealing with the Trauma Registry to see what steps are needed to add the items in 4(C)(ii)(14) above.
- 5. Performance Improvement (PI):
 - a. J. Ketarkus of Meriter Hospital informed the committee on Meriter Hospitals current PI initiatives, including the following:
 - i. Time till the patient is done with x-rays/imaging
 - ii. Were trauma flow sheets used?
 - iii. IS there an EMS patient care report?
 - iv. GCS by EMS?
 - v. GCS by ED staff?
 - b. PI Topic Selection:
 - i. The SCRTAC is contractually required to perform a PI process/activity for at least one specific issue or process within the region.
 - ii. The committee supports the following PI activities for the SCRTAC region: The goals include promoting the following:
 - 1. EMS run sheet present with each qualifying trauma patient.
 - 2. EMS GCS reported on the patient care report and broken down into the three categories.
 - 3. Time to transfer less than 3 hours.
 - 4. Having the 'Trauma Activation' criteria added to the State Trauma Registry, including time of activation and the presence of a Trauma Flow Sheet.
- 6. Regional Triage and Transport Protocol:
 - a. Williams informed the committee of his assigned follow-up from last meeting regarding the adoption of the State of Wisconsin Trauma Field Triage Protocol as the SCRTAC's triage and transport protocol. Williams had been assigned by the committee to contact each Level I/II in the region, as well as regional helicopter transport agencies to notify them of our recent adoption of the protocol, and for their support in following this protocol in our region. The following were contacted and fully support this protocol:
 - i. UWHC Level I (Lee Faucher, MD)
 - ii. American Family Children's Hospital (Lynne Sears, NP)
 - iii. Mercy Janesville (Lori McKibben/Robb Whinney, DO)
 - iv. Med-Link (Gunderson Hospital of Lacrosse)
 - v. Med-Flight (Danny Williams of UWHC)
 - vi. Med-Evac (Aspirus Hospital of Wausau)
 - b. Despite multiple emails/telephone calls, the following did not respond/reply to our requested statement of support:
 - i. REACT of Rockford Memorial Hospital
 - ii. Flight-for-Life (Waukesha/Fondulac/McHenry)
 - iii. Spirit-of-Marshfield (St. Joseph's/Marshfield Clinic)
- 7. Trauma Education (Objective #5):
 - a. Course offerings:

- i. Meriter Hospital's *Boo-Boos to Belly Aches*, pediatric EMS education, November 3, 2010, 5-9 PM.
 - ii. St. Mary's/ Meriter's/ UWHC's *Advancing Emergency Care – Current Trends and Topics*, November 17, 2010, 9am-2pm, Epic Campus. (For ER RNs)
 - iii. UWHC's *Trauma Night*, December 8, 2010, 6-9pm, Clinical Science Learning Center. For EMS providers.
 - iv. Gunderson Lutheran's *Trends in Emergency Care 2010*, November 5, 7:30am-4:45pm, La Crosse, WI.
 - v. WEMSA's *Working Together 2011*, January 26-29, 2011, Milwaukee, WI.
 - vi. WITC's *Emergency Services Conference*, March 9-12, 2011, Rice Lake, WI.
 - vii. Tomahawk Fire & Rescue School, September 10-11, 2011, Tomahawk, WI.
 - b. Trauma Education Program (TEP) update:
 - i. The new 2010-2011 SCRTAC is currently accepting reservations. The SCRTAC EMS Staff are putting the final touches on the program, and are encouraging each hospital and/or EMS service to consider hosting the program this late fall, winter, or spring of 2011. Contact Dan Williams at 608-576-1843, or dan@scrtac.org for details and to book your presentation. It is FREE!
 - c. SCRTAC Spring Conference:
 - i. Linda Pittz will be the contact from the University that will assigned to our conference.
 - ii. A planning work group meeting has tentatively been set for November 12th, 4 PM, location TBD (conference call may also be an option). Lynne Sears will notify those involved directly.
 - iii. Reminder to all, that this will be a hospital based trauma education program, aimed at providing trauma education to RNs and MDs in our region.
8. Injury Prevention:
- a. Report on recent/current/future IP initiatives in the region:
 - i. Lodi EMS is in the process of planning an "Every 15 Minutes" program that deals with drinking and driving prevention. They are in the early stages, and will keep the group posted of further details.
9. Other:
- a. Mike Sloan, MD of Meriter discussed the SCRTAC website, and the need to have updated contact info for Trauma Coordinators, Trauma Registrars, and Trauma Medical Directors of each hospital in the region.
 - i. Williams will attempt to update the site with any offered contact info from each facility/individual.
 - b. Williams requested that each representative reach-out to neighboring facilities/services that are not or have never been active in the SCRTAC. Each hospital in the region is required under DHS 118 to participate in

SCRTAC meetings. The SCRTAC needs each hospital and EMS service to be active to accomplish our objectives, and to make region-wide improvements to our regional trauma system.

- i. Please make a contact or two to neighboring trauma coordinators inviting their participation.
- c. Williams petitioned the committee for information on current guidelines/protocols for removing patient's from EMS back-boards. One ER MD in our region is looking for additional information on this topic and asked if there was a region-wide guideline or protocol.
 - i. No written protocols on this topic in hospitals represented at the meeting, however the 'goal' at many facilities is less than 20 minutes.

10. Next Meeting: December 28, 2010 4 PM Middleton EMS

11. Adjournment 17:26 hours

- a. Motion by J. Ketarkus, 2nd by C. Henry: Unanimous