

South Central Regional Trauma Advisory Council
General Membership / Executive Council
 October 25, 2011, 4 PM
 - Minutes -

- 1) Welcome, Introductions, Sign-In (Meeting called to order at 16:06 hours)
 a) The following members were in attendance:

Courtney Norton	Arena EMS	Barb Hahn-Hermening	Mercy Janesville
Angie Pagenkopf	Grant Regional	Travis Brecka	Reedsburg EMS
Heather Godemann	St. Clare Baraboo	Carmen Mihlbauer-Lutner	Reedsburg Area Medical Center
Abby Swan	Divine Savior	Charles Cotter	Tyrol Basin Patrol
Tina Strandlie	Stoughton Hospital	Melody Mulhall	UWHC / Am. Fam. Children's
Shelly McGuire	Edgerton Hospital	Rebecca Jacobs	St. Mary's Madison & Sun Prairie EC
Jody Makos	Monroe Clinic	Paul Whitkamp	WI DHS EMS
Marianne Peck	DHS Trauma Co.	Mary Ann Roelli	Mem. of Lafayette Co.
Marion Tong	Brooklyn EMS	Mary Crowley	Mile Bluff Mauston
Brenda Clark	St. Mary's Janesville	Mary Anderson	UWHC/ Am. Fam. Children's
Philip Fusco	Moundview Memorial	Dan Williams	SCRATAC Coord. & Madison FD

- 2) Approval of the August 23, 2011 minutes
 a) Motion by Philip Fusco, second by Connie Henry: Unanimous approval
- 3) State Trauma System updates:
 a) Marianne Peck, State Trauma Coordinator gave brief review of State Trauma System updates:
 i) STAC (State Trauma Advisory Council) updates: Dr Patel and Dr. Iskaandar are gone from Wisconsin, and no longer on STAC.
 ii) The STAC currently sits at a number of 10, leaving two seats yet to fill. Marianne will be working to have these seats filled in the near

future. Administrative rule has guidelines that must be met regarding the composition of STAC, such as rural vs. urban, MD vs. pre-hospital vs. Trauma coordinator, etc.

- iii) Highest level of activation for major trauma patients at hospital facilities: The state does not mandate which patients must be highest or lowest activation levels at your facility. They do, however, want you to be sure to have patients that meet any of the 6 ACS (American College of Surgeons) major trauma criteria be at the highest level of activation at your hospital.
 - iv) Level IV trauma care facilities can, with approval of the State Trauma Coordinator, substitute RTTDC (Rural Trauma Team Development Course or CALS (Comprehensive Advanced Life Support) for ATLS (Advanced Trauma Life Support).
 - v) WARDS (Wisconsin Ambulance Run Data System): Mary Ann Roelli is having a difficult time getting a response from the State EMS Office with WARDS related questions and access problems. Marianne will look into this. IF anyone else is having issues, please let Marianne Peck know about it as soon as possible.
- 4) Injury Prevention
- a) SCRTAC Injury Prevention Initiative: Back-Raft
 - i) Williams gave an update and overview of the 2011 SCRTAC Injury Prevention Initiative: All traumatically injured patients that require spinal immobilization, and that are to be transferred from a Level III or IV facility to a Level II or II Center, be placed on a Back-Raft air mattress device prior to transfer. Skin conditions will be evaluated before and after, and our goal will be to eliminate pressure ulcer injury in these patients.
 - ii) Williams introduced Brandon Hodges, CEO of Thomas EMS, who is the recommended vendor for the initiative. Mr. Hodges gave a quick overview of the product and journals that support its use. He and the representative from Boundtree Medical did a demonstration with the device, using volunteer Paul Wittkamp as an immobilized victim. Paul raved about the product, and how it made a huge difference in the level of comfort while laying on the backboard. A training video produced by the NCRTAC was shown, and can be used as a training tool at your facilities:
<http://www.youtube.com/watch?v=9Avva9pqqRo>
 - iii) Williams will be distributing Back-Rafts and pumps to each Level III and Level IV facility, with the exception of the Dane County

Hospitals (Less than 20 minutes to the UW Trauma Center). Please contact Williams ASAP if you were not able to get your Back-Rafts or pumps at the meeting.

- iv) The Back-Raft Injury Prevention Initiative will be starting on January 1, 2012. Level III and IV facilities are asked to please have staff trained on the application of the Back-Raft device before January 1st. Trauma Centers are asked to have staff trained in Back-Raft deflation/removal, as well as skin condition documentation by the 1st of January as well.
 - v) All hospitals in the SCRTAC are encouraged to promote this Back-Raft injury prevention program with their surrounding EMS agencies. This program will be most beneficial if the patient is immobilized in the field on a backboard that already has the Back-Raft in place. The SCRTAC does not have the funds to supply our 155 EMS agencies with the Back-Rafts, so the participation by EMS is voluntary, but highly encouraged.
- b) Other regional IP initiatives?
- i) None given at the meeting by the membership

5) SCRTAC Structure

- a) PI Committee Chairperson (nominations and appointment)
 - i) There is currently an open seat for the position of SCRTAC PI Chair. At the last SCRTAC meeting, it was announced that nominations would be open until the October meeting.
 - (1) Nomination by Philip Fusco for Philip Fusco
 - (2) Nomination by Melody Mulhall for Melody Mulhall.
 - ii) Because two parties shared an interest in this position, discussion took place on having co-chairs:
 - (1) Motion by Abby Swan, second by Heather Godemann, to create the positions of co-chairs of the PI Committee: Unanimous approval.
 - iii) Motion by Connie Henry, second by Mary Anderson, to appoint Philip Fusco and Melody Mulhall to the positions of co-chairs of the SCRTAC PI Committee: Unanimous approval.

6) Performance Improvement

- a) SCRTAC 2011-2012 PI Initiative
 - i) Demonstration of the web-access SCRTAC registry (*Faucher*)
 - (1) Dr. Faucher gave an overview and demonstration of the new web-access portal for the SCRTAC PI Initiative. We thank the

UWHC for their generosity in both developing and hosting this database for the SCRTAC.

- (2) Reminder: the data entered by each facility can only be viewed by that facility. No other hospital can look at your data, and vice-versa. The SCRTAC Coordinator can review the overall (region wide) data of all hospitals combined.
- (3) Each hospital in the SCRTAC should be entering all major trauma patients that meet the criteria for the State Trauma Registry into the SCRTAC registry.
- (4) Each hospital should send SCRTAC Coordinator Dan Williams an email with the names, titles, and email addresses of those at the facility that should have data entry and review access. Williams will enter these into the system.

ii) Data entry guidelines / objectives

- (1) User instructions and guidelines can be found on the SCRTAC website at http://www.scrtac.org/SCRTAC_Documents_Page.html
- (2) Each hospital should be entering data at this time. Hospitals are asked to try to keep up-to-speed, not going over 2-3 months behind. A guideline for submission deadlines was previously distributed.

7) SCRTAC Administrative Items:

- a) Contract 2011-2012
 - i) The contracts have reportedly been approved, but have not yet been delivered to our fiscal agent. No funds have been received to date.
- b) Budget
 - i) No funds have been received to date. No budget entries to report.

8) Trauma Education

- a) SCRTAC Trauma Education Conference (Dec. 2, EPIC, Verona)
 - i) Registration incentive?
 - (1) In an effort to promote and support the 1st annual SCRTAC conference, we are asking each hospital to set a goal of sending at least 5 representatives to the conference.
 - (2) The SCRTAC would like to recognize those facilities that do send at least 5 representatives. Members were asked to brainstorm some ideas for recognition: none offered.
- b) Course Offerings

- i) Williams reminded the group to visit the SCRTAC website for trauma related training opportunities:
http://www.scrtac.org/SCRTAC_Trauma_Education_Page.html
 - c) Trauma Education Program (TEP)
 - i) Williams continues to take requests for this free trauma education program. Please contact him at dan@scrtac.org to schedule a date.
 - ii) Upcoming TEPs:
 - (1) Potosi Fire and Rescue, November 16, 7 PM
 - (2) Janesville St. Mary's Hospital, December 15, 6:30 PM
 - d) MCI Education, Sauk County, October 20th.
 - i) Williams presented the topic of MCI Command for EMS to the Sauk County Fire Chiefs, Sauk County EMS Leaders, 911 Center, and Sheriff's Office. Because this important topic falls under the RTAC supported Wisconsin EMS Emergency Preparedness Plan (WEEPP), Williams offered the program free of charge as an SCRTAC educational opportunity.
- 9) Other
- a) Due to the proximity of the next meeting (December 27th) with the Christmas holiday, Williams petitioned the group about re-scheduling the meeting for a later date. A show-of-hands vote concluded that we would reschedule for January 3rd, 2012, 4 PM, at Middleton EMS
- 10) Next Meeting: January 3, 2012, 4 PM, Middleton EMS
- 11) Adjourn: Motion by C. Henry, second by Pagenkopf, unanimous approval