

South Central Regional Trauma Advisory Council
 General Membership / Executive Council Meeting
 September 22, 2009
 MINUTES

1) Sign-in and introductions:

Dan Williams	SCRTAC EMS/MFD	Mindi Slayton	Monroe Clinic Hospital
Terri Kelm	Columbus Hospital	Paul Wittkamp	WI DPH / X-Plains EMS
Diane Eberdt	Lodi Area EMS	Connie Rigdon	WI DPH Trauma Coord.
Kevin Kaminski	Jefferson EMS/FHC	Janet Volk	Reedsburg Medical Cntr
Katie Egan	UWPD 1 st Resp.	Tina Strandlie	Stoughton Hospital
Linda Tyler-Doudna	Richland Hospital	Joe Ketarkus	Meriter Hospital
Stephanie Wanek	Boscobel Healthcare	Tim Bjelland	Hess Memorial
Sheryl Krause	St. Mary's- Madison	Brian Cushman	Upland Hills/Dod. EMS
Chris Hammes	SCRTAC EMS/MFD		

2) Approval of minutes, May 2009

- a) Motion by Hammes, second by Tyler-Doudna, unanimous

3) Contract update

- a) State Trauma Coordinator Connie Rigdon provided the following update: The contracts were sent to the DPH mailroom last Friday, and should be 'in the mail' now. UW Hospital and Clinics Authority is the SCRTAC fiscal agent. As a University agency, the UWHCA has a few special contract needs/addendums from the state. So, the state is using the same contract addendum this year that was used in last year's contract, so there should not be any significant contract issues. If the contract is signed by our RTAC and returned by October 10th with a CARS invoice, it will be processed by CARS by October 15th, and a check will be cut on November 1st. \$11,500 will be available at that time. This years RTAC budget will be \$49,500 (\$50,000 less a 1% budget cut).

4) State Updates (Presented by Connie Rigdon, State Trauma Coordinator)

- a) Trauma Registry: It is currently "a broken mess." But, there is light at the end of the tunnel. The state has signed a 2 year contract with Digital Innovations (DI) to be the host of the registry. They will provide new fields that can be queried, and will repair old fields that had been problematic. They will be more flexible with the fields, allowing for better data retrieval. DI also promises to fix the 'hosting instability,' apparently the issue behind the current frequency of 'dumping' you while you are actively logged-on. There will be a 5 month implementation period: the first two months will involve trauma telling DI how we want it to look; the last 3 months will be DI making it look the way trauma wants it to look. The new contract has provisions for both maintenance and education in the registry and its use. The new registry should have much improved reporting capabilities over the current set-up. Current data will not be lost, but may need to

- be 'washed' to make it more reliable/usable. The registry has the power to have WARDS upload directly to it, but this will come at a cost of \$30,000, and this has not been budgeted for at this time. Rigdon will be taking registry concerns dealing with mandatory reporting under HFS 118 to the legal council at the October State Trauma meetings. Currently, there has been no activity in a hiring process to replace the vacant State Trauma Registrar position, and no such activity is forecast in the near future.
- b) STAC: Rigdon updated the council on the agendas of the upcoming state trauma meetings. The new state trauma meeting format is to have all trauma meeting held in the same day, in an effort to be more fiscally responsible.
 - i) Data Systems: Will be dealing largely with the trauma registry. They will also be discussing mentoring and education for trauma coordinators. There will reportedly be a survey released soon that will assess the needs of hospital trauma coordinators.
 - ii) Trauma Coordinators: Topics will likely include mentoring, networking, CD-ROM resources, and the N-95 back-order issues.
 - iii) "Hot Topics": Expert presentation on H1N1, including stockpile of resources, responder immunizations, and more.
 - iv) Trauma Systems Management: Legal council will attend to discuss HFS 118, with particular direction as to what changes/conclusions can be made in HFS118 without having to re-open HFS 118 to state legislation. Also, discussions on updating the guidelines for definition of major trauma, as well as the triage and transport guidelines will likely be held. If they are approved by this committee, they may be taken to STAC for approval. These guidelines will be discussed at an ad-hoc committee on Tuesday the 6th at 5 PM, at the Sheraton Hotel in Madison.
 - c) DRC (designation Review Committee): They are working to update the website with all of the pertinent documents. They are also working to set guidelines for when a site review can be postponed, such as disaster, weather, pandemic, etc.
 - d) Other: None
- 5) Budget Report:
- a) Williams reported for Sears that a formal budget has not been prepared for this meeting due to the lack of an active contract. When a signed contract is in place, the budget will be reported. She was leery of putting the cart in-front of the horse at this time.
 - b) It is estimated that we will have approximately \$4000 in flexible funding options for the 2009-2010 contract period, and Sears requested that we consider ideas for using this money, such as injury prevention and/or education. She was particularly interested in the idea of hosting an educational seminar.
 - i) The council recommended re-visiting ideas that had been brainstormed in previous meetings to gain ideas.
 - ii) Strandlie reported that the SERTAC held a seminar that was very well received, and recommended the SCRTAC hosting a similar seminar.

- (1) Williams expressed interest in this option, but stressed the importance of timing the event to not be influenced by WATS, WEMSA, WPS, summer vacations, etc.
- 6) Objectives for 2009-2010, setting a work plan: (Objectives posted at: [http://www.scrtac.org/RTAC%20Objectives%20\(2009-2010\)%20final.pdf](http://www.scrtac.org/RTAC%20Objectives%20(2009-2010)%20final.pdf))
 - a) For objective #3, dealing with the regional trauma plan, the state RTAC Coordinators group is working to develop a uniformed template that each region can use as a guide to accomplish this objective. When this template is released, it will be necessary for many members of our RTAC to work on individual sub-sections.
 - i) Rigdon recommends that each RTAC keep their regional trauma plan general and broad, so as to not get lost in little details. “Don’t try to solve the world in this draft of the regional trauma plan.”
 - b) For objective #7, dealing with injury prevention programs, Williams requests that members bring past, present, and future injury prevention programs and ideas to the SCRTAC meeting for announcement, discussion, and promotion. Or, members can simply email Williams at dan@scrtac.org with this information whenever they have any injury prevention material.
 - i) Bjelland recommends that this council should review the injury prevention programs that are successful in our region and see if they can be replicated to all areas of our region in a uniform manner.
 - c) For objective #6, dealing with education, Williams announced the 2009 Wisconsin Chapter of the American Trauma Society conference, to be held in Wausau in November. The conference brochure can be downloaded at the state EMS website, or at the SCRTAC website.
 - i) If you have any trauma related educational opportunities at your facility/service, or if you are aware of any such opportunities, please notify Williams at dan@scrtac.org, so they can be announced at the SCRTAC meetings, and posted on the SCRTAC.org web-site.
- 7) Workshop Development: Med-Surge RNs
 - a) The council had discussed the need for trauma related education for med-surge nurses, including trauma patient specific assessment and pathophysiology. The council had set-aside October 2009 as a potential date for such a program, and Joe Ketarkus had reserved Meriter Hospital’s McConnell Hall for the event. Due to a number of reasons, this date is no longer feasible.
 - i) Volk introduced the option of using a state trauma coordinator’s program that is currently being developed for trauma care providers beyond the ER. Volk will gather additional information on this state offered program, and report back to the SCRTAC at the next meeting.
- 8) SCRTAC EMS Report:
 - a) Connie Rigdon addressed the council to acknowledge the Trauma Education Program (TEP) that was created by the SCRTAC EMS Staff. This program is

currently being given throughout the state. She shared all positive feedback that she has received from those that have seen the program, state-wide.

- b) Williams reports that the SCRTAC EMS Staff has been busy with the TEP, with three being given last week alone: Cross Plains EMS, Marquette County EMS, and at the SERTAC Seminar in Oconomowoc. Future TEPs are in the works at St. Mary's Hospital in Madison, and at Potosi EMS in Grant County. Beloit FD has requested a Pig Lab: Williams inquired from the group if the SCRTAC wants to continue to support pig-lab training for 2009-2010, and the group was in full support.
 - c) EMS Staff Model: The Trauma System Specialists (TSSs) met with Williams and Sears to determine a scheduling a payment model for the 2009-2010 contract period. The TSSs will be paid monthly, with the expectation that they will provide two TEPs (or other EMS related trauma education programs) per month. They will be contracted at 12 hours per month, \$30/hour for their work. Mileage, travel, meals, and other expenses are the responsibility of the TSS.
 - i) If a TSS is not scheduled for two (2) TEPs per month, the TSS may choose one of the following options:
 - (1) Decline full payment for that month, or
 - (2) Accept other work within the SCRTAC to fulfill hour requirements.
- 9) Injury Preventions programs in the SCRTAC:
 - a) This content was covered in item #6 above
- 10) Updating State and SCRTAC Trauma Guidelines
 - a) The possible updating of these guidelines was discussed in item #4b above.
- 11) Other
 - a) Volk motioned, and Ketarkus seconded a motion to switch the SCRTAC general membership / Executive Council meetings from the 4th Tuesday of every odd month to the 4th Tuesday of every EVEN month, so as to make the SCRTAC meeting more timely with corresponding State Trauma meetings. The schedule change would take place immediately, with the next meeting to be held on October 27th: Unanimous.
- 12) Next Meeting: October 27, 2009, 4 PM, at Middleton EMS
- 13) Adjourn
 - a) Kaminski motioned, and Egan seconded: Unanimous.