



State Trauma Care Committee minutes May 13, 2015

Call to Order

Brad Pickhardt called to order the regular meeting of the State Trauma Care Committee at 1207 on May 13, 2015 in Helena, MT

Members Present: Lauri Jackson, Sam Miller, Leah Emerson, Brad Von Bergan, Freddy Bartoletti, Tim Sinton, Roberta Shupe, Elaine Schuchard, Denny Maier and Rick Haraldson via teleconference

Guests: John Bleicher, Megan Hamilton, Michelle Cole, Patsy White, Shari Graham, TC Coble, Ellen Stinar, Jim DeTienne, Alyssa Sexton, Gail Hatch, Robin Suzor, Barry McKenzie, Samantha Kaufman, Lyndy Gurchiek, Joy Fortin, David Brown, Harry Sibold, Britta Cross, Don Leatham, Kevin Box, and Carol Kussman

Absent: Becky Arbuckle

Minutes were approved and read from the February 2015 meeting.

RTAC Reports:

- **ERTAC Report-** This RTAC is pulling cases from the Trauma Registry using Regional PI Indicators specific to the region. There is great discussion of the cases and PI issues identified. The March meeting had 47 people attend in person or via teleconferencing representing 22 facilities. ERTAC is also the host of this year's RMRTS 2015, which is being held in Billings at the Crowne Plaza Hotel September 24-25, 2015.
- **CRTAC Report** – The meeting date was changed to April 16, 2015 and this region is also using the Trauma Registry to identify cases that fell out using Regional PI Indicators. Facilities liked the format.
- **WRTAC Report** – 3 case reviews and nurse meeting talked about facilities that had recent designation reviews John presented on the Performance Improvement process. John Bleicher is retiring and will be missed by all. A new chair was approved which is _____ from Kalispell Regional Medical Center.

Trauma System Update – Alyssa Sexton

- **Requests from Legal Services:**

Can payment be requested for trauma center designations and it can be but it will require a rule changes which will be initiated. It was announced that the fee for ACS Verification for a Level II is \$15,000 and a Level III \$12,000. Everyone would like to see out of State Surgeon Reviewers.

The State will have to contract with the surgeons for this service.

The room thought it was still appropriate to offer designation free of charge to Montana Community Trauma Hospitals and Trauma Receiving Facilities.

- **PRQ revision:**

The Trauma systems section has been working on a new Regional and Area PRQ's which they adapted from Washington State. Alyssa will send out the draft revisions to the group when they are completed and formatted. Alyssa asked if the group wanted to put a time frame on response of providers which is included in the Washington State PRQ. It is something that is tracked already by the Regional and Area Hospitals and most did not feel it was necessary to put it in the PRQ.

- **TOPIC Course (Trauma Outcomes and Performance Improvement Course)**

Alyssa and Carol returned from a TOPIC Course in San Antonio, TX on May 3, 2015. It offers practical applications for all levels of trauma centers, from entry level to mature phase of program development. TOPIC Staff thought ACS will integrate the newer JACHO Taxonomy in the next 18 months. The Taxonomy identifies opportunities for improvement based upon the areas of Impact, Type, Domain, Cause/Factors and Prevention and Mitigation.

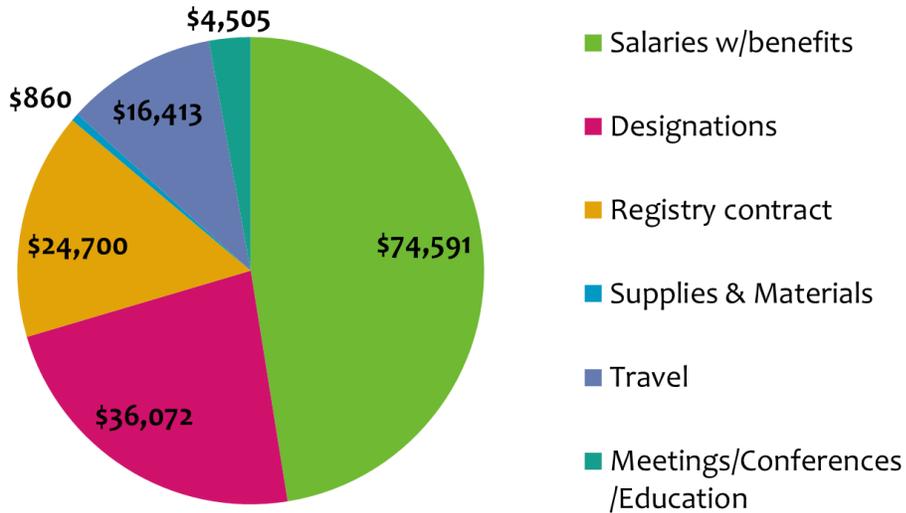
- **Risk Adjusted Benchmarking** it is an ACS Type 2 Criteria Deficiency if facilities don't perform Risk Adjusted Benchmarking. ACS has not provided the criteria and how they are programming for adjusted benchmarking. They want facilities to use TQUIP which is marketed and developed by ACS. Everyone agreed ACS is making this very proprietary and leaves facilities at a disadvantage if the criteria for benchmarking is not provided. NASEMSO State Trauma Managers are requesting ACS to share the risk adjusting codes/requirements. The State is also looking at a program offered by ArborMetrix which worked with Michigan State to develop MTQUIP Michigan Trauma Quality Improvement Program which is a collaborative of 27 Level I and Level II trauma centers that share data, with the goal of measuring care quality, identifying best practices and improving patient outcomes. Dr. Pickhardt and Dr. Maier thought the State should put this on the back burner and leave it up to the individual facility.

- **System Funding....**

2016 the State Trauma Program has limited funding. There is no more funding of the trauma surgeon reviewer performing CAH designation visits. There are new proposals to obtain funding for a temporary position for CAH –PINN-Trauma Performance Improvement Coordinator and they have applied through MDT in funding 2 TEAM courses in each region. Dayle Perrin with Hospital Preparedness has applied for funds to help provide scholarships

to RMRTS through a federal Ebola grant talking about infectious disease which includes Ebola.

Trauma System Budget:



John Bleicher brought up that he wrote an article for the Missoulian newspaper talking about improving trauma in the Trauma System. http://missoulian.com/lifestyles/health-med-fit/nurse-s-notes-trauma-care-can-be-improved-in-montana/article_28c6d3a3-af7b-53aa-b1a8-93bb3cdbe2e1.html. The trauma general fund budget is \$157,249 per year. That's an investment of about 15 cents per Montanan.

- **Trauma Administrative Rules 37.104.3007.3030, MCA 50-6-415:**
 - STCC Committee
 - Composition of site review teams—not accurate
 - RTAC Committees
 - Levels of Trauma Facilities
 - Trauma Registries and Data Reporting
 - Designation Procedures for Facilities not verified by ACS
 - Designation Procedures for Facilities verified by ACS
 - Length of Designation
 - Denial Modification, Suspension, or Revocation of Designation and Appeal
 - Reapplication for Designation
 - Complaint Investigation, Revocation or Emergency Suspension
- **Registrar Requirement for Designation (ACS):**
 - New clarification on previous requirements from ACS
 - “They must attend or have previously attended two courses within 12 months of being hired:”
 - (1) the American Trauma Society’s Trauma Registrar Course or equivalent provided by a state trauma program,
 - (2) the Association of the Advancement of Automotive Medicine’s Injury Scaling Course

Clarification:

Registrars hired prior to July 1, 2014 should have attended a training course
Registrars hired after July 1, 2014 must attend or have previously a training course
prior to site visit.

It does not change their continuing education requirement of 8 hours/year and the
Montana requirements: Must attend, or have previously attended, within 12 months of hire
a national or state trauma registry course.

- **CV5 Conversion (Name of software program that is used by the State of Montana):**

Actively engaged in discussion with DI regarding conversion to CV5 in January 2016.

Price varies depending on options: \$33,750-\$83,750

Will be applying Block Grant funding to cover price

Timeline:

Purchase after July 1st. Install by end of September (compliance with Block Grant)

Training in Fall with go-live January 1, 2016.

- **2015 Montana Legislature Update 64th Session:**

Air Medical Subscriptions did not become a bill but was picked up as a study bill to look at
the care, cost and subscriptions charged by Air Medical Services in Montana

Jim Detienne talked about having an action plan now to develop requests for the Trauma

Program. For trauma to be chosen as a study bill it needs to be; (1) accepted by
administration for requested funding in order to proceed further and (2) have a bill sponsor
who will take it forward. Taxing license plates, moving vehicle violations, DUI costs etc. does
not usually get accepted by the legislature.

- **EMS and Trauma System Awareness Month**

Partnered with MDT for a trauma article – have not seen a rough draft so far

A quarterly newsletter was developed and is a work in progress. It went out earlier this
week.

EMSTS Awards: May 21 at 10AM on Capitol Building Steps. We will be honoring John
Belicher with the Trauma System Award for his invaluable knowledge and guidance for the
trauma system of Montana. We wish him well!!

- **ATLS**

May 29-30, 2015 in Missoula is FULL except for 2 fresher slots

Added September 11-12, 2015 course in Helena due to the volume of people on the wait list
or requesting a course. There will be no refresher course available with this course.

November 6-7, 2015 in Billings is FULL except a 2 refresher slots

The Montana Committee on Trauma will look at the possibility to adding a 5th course next
year and where that course should be held at the meeting at RMRTS in Billings.

Regional and State PI Indicators Ideas:

- ERTAC trialed a new approach in December. The trauma registry was used to identify
charts that “fell out” of their RTAC PI indicators. The facilities were notified and completed

an abstract form and then presented their cases with, OFI's and action plan development which were discussed with those participating. The ERTAC PI indicators are:

ISS \geq 15 without TTA
GCS \leq 8 without ETT
ISS \leq 20 and death
IVF > 2000 NS
Backboard removal 30min from time of arrival to ED
Transfer time >3hr

- The CTAC has also identified specific PI indicators and will be trialing this PI form in April at their meeting. The CRTAC PI indicators are:

GCS \leq 8 without ETT
Age \geq 55 with ISS \geq 15 and no TTA
IVF >2000ml
EMS trip reports
Transfers with ISS \geq 15 with \geq 6 hrs. in ED or before transfer
Temperature documented

- WRATC will continue to use their same format which will include cases that "fell out" using the State PI indicators which are;

GCS \leq 8 without advanced airway support
ED Dwell Time for ISS \geq 15
No TTA but met physiologic criteria
Transfer of patient after admission to facility
Transfer of patient out of state

STCC committee openings

MEMSA- Montana EMS Association

ACEP- American College of Emergency Physicians

EMS update

Janet Trethewey has joined the office as the Cardiac Ready Communities Coordinator as part of the Helmsley Grant. Janet comes from Havre and has degrees in athletic training and sports medicine as well as an EdD in adult/higher education. After 25 years in academics at MSU Havre.

Mary Hill EMS Licensing Manager, has decided to dedicate more of her time to ranching and being closer to aging parents.

- **Year to Date 2014 Data Report – Carol Kussman**
YTD data comparison to the two previous years looking at trends.
There are approximately 200 paper abstracts to enter into the registry to complete 2014.
- **2013 Montana Preventable Mortality Study utilizing 2008 data with comparison to the 1990 and 1998 Rural Preventable Mortality Studies – Carol Kussman**
Brief overview of the study results including where do we go from here; putting our best efforts forth in the Trauma System and suggestions for publication were given.

Committee Reports

- **PI/Designation sub- committee:**
Many designation and focused reviews were discussed as well as a complaint was heard concerning a trauma facility designation. The committee stated there are good opportunities for improvement but “took no action” about the complaint.

- **Education sub-committee:**

The Montana Trauma Coordinator Course is being revised. Several modules were reviewed and edited. It was decided upon by the group that an additional module talking about pre-hospital care should be developed and Lyndy Gurchiek will compose this module. RMRTS and MTS were discussed.

- **Rocky Mountain Rural Trauma Symposium** – Planning has started with ERTAC for the conference being held on September 24-15, 2015 at the Crowne Plaza in Billings. Some of the speakers include Justin Sempsrott The Burning Man physician talking about mass gathering medicine, Steven Moulton talking about compensatory reserve index, Eileen Bulgur talking about geriatric trauma and MVC's, Katherine Wells talking about how to identify child abuse in the field and Jason Martin talking about street drugs and EMS Injury Prevention. There will be hands on sessions involving infectious disease, donning and doffing and FIT testing. There will be a session on a pediatric mock code given by St. Vincent's Hospital.
- Dr. Sibold reported on H.R. 836 Healthcare Safety Act, which looks to improve access to emergency medical services and relates services which helps provide a liability waiver for on call physicians pursuant to EMTALA.

The meeting concluded at 3:10PM with public comment, which there was none.