



State Trauma Care Committee minutes November 18, 2015

Call to Order

Brad Pickhardt called to order the regular meeting of the State Trauma Care Committee at 1205 on November 18, 2015 in Helena, MT

Members Present: Brad Pickhardt, Lauri Jackson, Sam Miller, Freddy Bartoletti, Leah Emerson, Brad Von Bergan, Rick Haraldson, Zach Sturges and Joy Fortin

Guests: Michelle Cole, Megan Hamilton, Jim DeTienne, Gail Hatch, Robin Suzor, Barry McKenzie, Samantha Kaufman, Erik Fisher, Lyndy Gurchiek, Sue Noem, Harry Sibold and Carol Kussman, Janet Trethewey, Shari Graham, Chris Benton, Jeremy Brokaw, Alyssa Sexton, Michelle Schaefer, Kari Samuel, Francine Janik, Chad Engan, Drew Goss

Absent: Kevin Box, Tim Sinton, Roberta Shupe, Denny Maier, Elaine Schuchard and Don Whalen

Minutes were approved (Barry McKenzie motioned) from the August 2015 meeting.

RTAC Reports:

- **ERTAC Report-** Continue to use PI indicators to pull cases for review which the region seems to really enjoy. There was a great education case on impalement. Having the infusion of money to the RTAC has been very welcomed and appreciated.
- **CRTAC Report** – Nice attendance at the last RTAC. Continue to monitor PI indicators set by the region, specifically focusing on >2L of crystalloid and geriatric activation (>55). There was a good discussion about use of TXA with subdural/epidural bleeds.
- **WRTAC Report** – Started using PI indicators for the first time to pull cases for review. 3 indicators were chosen for the first attempt. At the nurse education meeting a “mini TOPIC” case review was done along with a discussion of the expected mortality tool/taxonomy.

OLD Business

Trauma System Update – Carol Kussman

- **PRQ revision:**

The Trauma systems section is almost complete with the Regional PRQ which was provided to the Level II Trauma Program Manager for review and feedback.
- **ACS Verification**

This remains a huge challenge for rural trauma centers. Brad Pickhardt and Michelle Cole stated they are still unsure if their facility will continue with ACS Verification or have just state designation as a Regional Trauma Center. They plan to meet with administration in December and will need to make the final determination at that point. Trauma Systems is arranging for out of state reviewers in preparation for a March review. The committee would like reviewers from primarily the Western U.S. and they can be either urban or rural. The format of the review was discussed and decided that it would follow the same format as ACS: start at noon on day 1 with chart review, following by PRQ dinner, day 2 is the tour and follow-up. The pay reimbursement of the surgeon reviewers was also discussed. The committee wants to reimburse better than ACS to make it attractive. The Regional Trauma Centers (RTC) will pay for the review and there appears to be no issues with EMSTS accepting a “fee for service” from the RTCs as long as it’s cost-coverage only/balanced billing. All expenses would be through the EMSTS office.
- **Trauma Administrative Rules 37.104.3007.3030, MCA 50-6-415:**

Some language changes were shown to the committee. No objections to the changes, but the language will need to be approved and reviewed to make sure “should” “shall” etc... are appropriate for legal purposes.
- **CV5 Conversion:**

Discussion of adding some additional fields for tracking at the State level including financial data—charged vs. collected. Most of the group stated this is too hard to capture and see changes over the year. The committee members wanted to know what financial data is currently available that is truly meaningful. Many times the billing and collections are done independent of the program and that information is not shared. However, many of the smaller facilities are able to track these changes and this can provide needed/valuable information/data for them to support keeping a trauma program or keeping the hospital doors open. Also discussed whether Rehab should be included. This is a DI custom field. The primary tool for evaluating rehab patients is the Functional Independence Measure (FIM) score. It is measured at least on arrival at the rehab and again on discharge. It shows the patient’s progress (or lack thereof) towards independence.

Alyssa is going to check with NASEMSO listserv to see how other states are collecting financial data as well as rehab data.

- **Montana Trauma Systems Conference**

Was September 23, 2015 the day before RMRTS. 72 attendees were present

The agenda included:

Digital Innovations on-site training on use of the DI Report Writer (software based)

Mike Glenn, Trauma/Surgical PI Coordinator at Harborview Medical Center

PIN network panel discussion

Session with groups identifying case PI issues, documentation and using new JCAHO

Taxonomy in determining opportunities for improvement

Best practices

- **Rocky Mountain Rural Trauma Symposium**

Was September 24-25, 2015 in Billings at the Crowne Plaza Hotel. 291 attendees. The agenda included:

Mass Gathering Medicine

Donning/Doffing & Fit Testing

Mechanism of Injury

EMS Role in Prevention

CSI: Partnering Forensics with Trauma Care

Predictive Modeling: Compensatory Reserve Index

Multiple Geriatric & Pediatric topics

Drowning Resuscitation

Street Drugs

Infectious Disease

- **New Business**

- **Geriatric & Pediatric Data-** Discussion about what ages constitute geriatric and pediatric in the State of Montana for data purposes. It was finally agreed upon that Pediatrics are younger than 15 years old and Geriatrics are age 55 and older.

- **STCC Expiring Terms:** There are 8 STCC terms expiring and these have been advertised broadly at RTACs and on the listserv. There are many applicants for the different representatives that have been submitted to the Governor's Office. However, Stacy Otterstrom is out on maternity leave until mid-December and appointments won't be made until after the New Year. Openings include:

- Central Region Trauma Advisory Committee
 - Eastern Regional Trauma Advisory Committee
 - Indian Health Service (IHS) Representative
 - Western Region Trauma Advisory Committee
 - Montana Trauma Coordinators Representative
 - Montana Emergency Nurses Association Representative
 - Private Ambulance Operators
 - Montana Committee on Trauma Representative
- **NASEMSO (National Assoc. of State EMS Officials) Update:**
 - Alyssa provided a quick update on the Trauma Managers Council Meeting which included:
 - Partnerships in Trauma- ACS Liaison Report- Dr. Ronald Stewart
 - COT Position Statement related to designating trauma facilities based on a needs based assessment of the system, therefore, limiting large Level I/II/III centers in more urban/populated areas and potentially mandating other smaller facilities to become designated if the need for a trauma center is present. NASEMSO Trauma Managers felt this is inappropriate and were upset that they were not included in the discussion prior to this position paper being released. Alyssa is on the committee to draft a response to ACS on behalf of the Trauma Manager Council.
 - TQIP Overview & Update- Melanie Neal, ACS—TQIP is now required of the Level I/II/III facilities seeking ACS designation.
 - Developing trauma system w/limited resources, strategies, challenges, lessons learned—Many states are struggling with this issue and funding is always a topic of discussion
 - ICD-10 Transition—States are prepping with training for trauma staff to assist in an easier transition to ICD-10. Most are currently accepting both ICD-9 and ICD-10 until January 1, 2016.
 - Trauma Survey—A survey of all trauma systems nationwide was conducted and the preliminary report presented at NASEMSO. Alyssa will share the final report when released.
 - ATS Liaison Report- Ian Weston, ATS
 - Jim reported that Drew Dawson retired from the National EMS Committee and is returning to Montana. EMS Compass is a project the National EMS Committee is currently working on and more information will be forthcoming, but basically it starts putting more emphasis on PI measures for EMS.

- Harry Sibold gave an update on DEA issues and EMS. Due to federal regulations there is a lot of confusion surrounding EMS and controlled substances. It all stems from a statute from over 40 years ago that did not keep up with current practice and could essentially shut down EMS. North Carolina is carrying forth a bill to remedy the issue. He will keep us apprised of the situation at future meetings.
- **COT Update:** Brad Pickhardt states he is still frustrated with ACS response about the rural perspective concerning the new requirements that needs to be in place for a Level II facility, which can be cost prohibitive. Although ACS states that they will continually re-evaluate the orange book and make small changes/corrections, that has yet to be done.
- **MMA/Legislation Update:** Chad Engan gave a quick update to the committee on his involvement with MMA and that they have chosen trauma system funding as a special project looking at ways to increase the amount of funding at the state level. Currently Montanans only pay approximately 10 cents/person for trauma care. It was discussed that using the 3 consecutive Preventable Mortality Studies to support the argument needs to occur. Dr. Gallea from Helena is also involved in this project.
- **Trauma Data Report-** being worked with data from 2008-2013 with a 2014 separate report that is made for the public to understand what the Trauma System is looking at. This report will include system information and background, trauma event count, patient demographics, injury characteristics and outcomes. This will be available this fall and early winter, hopefully.
- **Air Medical Update:** The Air Medical meeting was cancelled for November, but Jim still gave a quick update that NASEMSO still continues to move forward with Model Rules which are still embargoed and cannot yet be shared. Also an update of the Interim Economic Committee Study on Air Medical subscription and cost with the next meeting to be held at the Capitol on December 2nd. Jim is on the agenda.

Also Sam Miller gave a quick update on his August concern of overutilization of air medical for medical concerns and then getting discharged from ER. Michelle Cole stated that they are looking at similar concerns and is asking the other larger, software based facilities to submit some air medical data to her and they will compile the information. Freddy stated this is a big issue across the state and would like to see the information presented at the next STCC.

- **EMS/Cardiac Ready**

Request for Proposal (RFP) is in place for a new EMS data system. Several companies have submitted proposals and the EMS/ECC will be making a decision in December.

Helmsley Grant- \$4.6 million grant submitted for Mobile Sim trucks. Several meetings have been held and the group urged EMS to submit the grant. More information will be forthcoming if/when Montana receives the grant.

- **Injury Prevention**

Jeremy Brokaw presented MDT crash data and BRFSS data to the group in a PowerPoint. It was well received and he was urged to continue providing this type of information to the committee.

- **Q1 2015 Data Report – Carol Kussman**

Data was provided on 1st and 2nd quarter registry data including gender, race, patients by age, injury type, location, ISS, LOS, disposition, payors, ED dwell time, TTA, and the State PI Indicators.

Kari Samuel was introduced as the new epidemiologist working with our trauma and injury prevention section for data.

Committee Reports

- **PI/Designation sub- committee:**

Designations were approved for Ruby Valley Hospital (Sheridan), Prairie Community Hospital (Terry), St. Luke Community Hospital (Ronan), Daniels Memorial Healthcare (Scobey), Northern Montana Hospital (Havre), Teton Medical Center (Choteau), Marias Medical Center (Shelby) and Poplar Hospital (Poplar)

- **Education sub-committee:**

The Montana Trauma Coordinator Course is being revised; the final module was reviewed and edited until the appointed time when DI webex to discuss CV5 for the software based users occurred. The group got to see the Montana version of CV5 and answer questions/make recommendations for modifications. The facilities will have until December 4th to get any additional recommendations to DI before the go-live date of January 1st.

- **Round table**

- This is Leah Emerson's last STCC. Tim Sinton also has decided to allow his position to vacate.

- Quik Clot representative is here to speak with anyone interested. He is previously LE and based out of Big Fork.

The meeting concluded at 1530 with no public comment. **The next meeting is February 10, 2016 in Helena.**