

to survey hospitals not ACS verified. They are finalizing the drafts, they will go to STAC for approval, and then the documents will be sent out to the LEMSA's. Their next conference call is in May. The State is working on an online survey to send to the LEMSA's on trauma center assessments.

The EMS Authority sent out a letter asking for volunteers to work on the next phase of the Trauma System development. They are forming two workgroups, a Performance improvement and Patient Safety Program workgroup and a Regional Network development and re-triage workgroup. If anyone is interested they need to contact Bonnie Sinz at the EMS Authority. Sharon is interested and has sent her letter to Bonnie.

C. Rural Trauma Team Development Course Update

No new information.

D. Level III Transfer Guidelines Update

Lynn gave an update on the Level III Transfer guidelines. The Coordinators have been studying data collected from Level I and Level II hospitals on transfers from Level III's. The data didn't give any clear trending on types of injuries. Falls were the highest MOI at 37-38%, MVC 25%. It was difficult to trend according to GCS from the prehospital, the documentation on the prehospital PCR's are not always complete. The coordinators are going to look at the data again.

Lynn reviewed Chapter 4 from the new Orange Book on interfacility transfers. The chapter has a chart on their recommendations on types of injuries that should be transferred from a Level III to a Level I or II. The committee discussed the chart and felt this would be a good place to start discussion and see what the Level III's could handle. Each county may need to assess their Level III's, some Level III's just meet Title 22 and some can handle a higher level than the minimums required by Title 22.

Dr. Meissner discussed the chart on page two and made suggestions what patients KDMC could admit and which patients they would need to transfer. This will be discussed at next meeting.

The Orange Book states the transfer guidelines at a minimum should include:

1. Identification of patients injuries that require transfer
2. Methods of physician to physician communication between facilities to discuss patient injuries, treatment and agreement on transportation mode
3. Transportation guidelines, ground vs aeromedical, what type of personnel
4. Documentation requirements, process to identify and communicate PIPS

E. Quarterly Data

There was discussion on what type of data the committee would like to see on the quarterly reports. It was suggested the each quarter have a focus review on specific data. Suggestions were hypotension/shock, the geriatric population monitor the most common types of injuries or complications. The coordinators would like to implement the TQIP geriatric protocol, collect data and compare the data with previous data after implementation.

IV. New Business

A. TQIP Geriatric Protocol

The committee was supportive on adopting this protocol or a similar module. It would help the hospitals to be more aware of potential problems. This would help with the trauma team activation, when to use a specialist, hospitalist or PMD.

V. Case Presentations

No presentations

VI. Adjournment/ Next meeting date

The meeting was adjourned at 4:05

The next meeting is July 15th, at Community Regional Medical Center.