

Bay Area Regional Trauma Coordinating Committee  
Meeting Notes  
October 19, 2009  
1100-1500  
Alameda County EMS Agency

**DRAFT**

Meeting called to order at 1115 by Co-Chair person: Bruce H. Lee

1. Self introductions accomplished

Topic	Discussion	Decision (s)	Follow-up
<p>2. Review and approval of minutes</p>	<p>Minutes from previous meeting were reviewed and approved.</p> <p>Additions to agenda:</p> <ul style="list-style-type: none"> <li>➤ Ms Ogar had requested to add a discussion of MCI intercounty coordination and MOU's</li> <li>➤ RTCC meeting schedule and location</li> <li>➤ Outcomes of Trauma Summit in San Diego: Dr. Mackersie states some of the major goals identified: <ul style="list-style-type: none"> <li>❖ Major revision of State Trauma</li> <li>❖ Plan document is paramount</li> <li>❖ Coordination of all 5 RTCC's</li> <li>❖ Data collection</li> <li>❖ Policies/protocols</li> <li>❖ Air Ambulance</li> <li>❖ There is a need for leadership from the State EMS Authority-Dr. Tharratt. – to coordinate all the RTCC activities.</li> </ul> </li> </ul>	<p>Will be on today's agenda</p> <p>Continue the meetings on a bimonthly schedule and keep at same location for 2010,</p>	<p>Next meeting will be December 14, 2009 followed by February 8, Mr. Lee will send out meeting reminder</p>

Topic	Discussion	Decision (s)	Follow-up
<p>3. EMSA update – Bonnie Sinz</p>	<p>Ms. Sinz reports that all the RTCC's continue their project work. The South-east RTCC is planning a summit in February-similar to the one held by the BARTCC in San Francisco</p> <p>Ms. Sinz presented the information from EMS-C the revision of the Pediatric ICU document. Key points:</p> <ul style="list-style-type: none"> <li>❖ Definition of a critical trauma patient</li> <li>❖ Clarified age of pediatrics (&lt;15 years)</li> <li>❖ GCS score <math>\leq 12</math> with no sedation or analgesia.</li> <li>❖ Destination is stratified for age: &lt; age 5 to a Level1 of 2 Pediatric TC Or Level 1 with a CCS PICU if safe for transfer. &gt;age 5 any trauma center with peds capability.</li> <li>❖ Dr. Marianne Gauche-Hill responded to all comments and forwarded to the EMS-C TAC.</li> <li>❖ The document will go out for 15 day public comment and then to the EMS Commission.</li> </ul> <p>Ms. Sinz discussed the Trauma Summit in San Diego with the following key points:</p> <ul style="list-style-type: none"> <li>❖ It was standing room only, the next one will need a larger venue.</li> <li>❖ Pictures and discussion will be in the EMSA Dispatch (newsletter) on the EMSA website</li> </ul>		

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<p>3. EMSA update (cont)</p>	<ul style="list-style-type: none"> <li>❖ The next statewide summit is planned for December of 2010 in San Francisco-more than likely at the Marines Memorial Hotel.</li> <li>❖ Ms. Sinz listed the five future steps identified by the summit participants:               <ol style="list-style-type: none"> <li>(1) establishing a structured relationship for the RTCCs with the LEMSAs and the State EMS Authority;</li> <li>(2) profiling best practices of the RTCCs;</li> <li>(3) implementing a trauma registry with all of the LEMSAs;</li> <li>(4) writing an inclusive trauma plan; and</li> <li>(5) involving non-trauma hospitals in a statewide trauma system</li> </ol> </li> </ul> <p>Trauma Plan</p> <ul style="list-style-type: none"> <li>❖ Ms. Sinz states that the California Trauma Plan is based on the National Trauma Plan which there is now a new national trauma plan, and the state plan needs to be updated.</li> <li>❖ RTCC reps to the State TAC are:                David Ghilarducci-BARTCC                Raul Coimbra-Southeast RTCC                Nancy Lapolla-Southwest RTCC                Jim Davis-Central RTCC                _____ Raa North RTCC</li> </ul> <p>Trauma Registry</p> <ul style="list-style-type: none"> <li>❖ Ms Sinz describes the current process for the CEMSIS Trauma-Lancet Technologies is the sub-contracted vendor and working with Sierra-Sac for CEMSIS Trauma.</li> </ul>	<p>The State Trauma plan revision will be the first agenda item on the first TAC meeting agenda.</p> <p>The Trauma Plan should incorporate the following:</p> <ul style="list-style-type: none"> <li>❖ Authority Structure</li> <li>❖ Membership Structure</li> <li>❖ Voting Structure</li> <li>❖ Chair Structure</li> <li>❖ Mechanism to resolve issues that need resolution</li> </ul> <p>Johnathan Jones is working with Dr. Hoyt to schedule the meeting,</p>	

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3. EMSA Update (cont)	<p>Trauma Registry (cont)</p> <ul style="list-style-type: none"> <li>❖ Should be collecting data from the following counties as of Nov 15 <ul style="list-style-type: none"> <li>➤ Alameda</li> <li>➤ Coastal Valleys</li> <li>➤ Inland Counties</li> <li>➤ Los Angeles</li> <li>➤ Merced</li> <li>➤ Mountain Valleys</li> <li>➤ Sierra-Sac</li> <li>➤ Orange County</li> <li>➤ Riverside County</li> <li>➤ San Diego County</li> <li>➤ Santa Clara County</li> <li>➤ North Coast</li> <li>➤ Nor-Cal</li> <li>➤ Contra Costa</li> </ul> </li> <li>❖ Bruce Lee asks about the possibility of a registry report for the RTCC, since all but San Francisco are using Lancet.</li> <li>❖ Dr. Kline stated that there are limitations for developing a report as all data is not collected in the same manner by everyone.</li> </ul>	<p>Dr. Kline, Ms Sinz and Leon Bowman from Lancet need to me to devise the report format. The data can be quarterly, and there should be no cost to the RTCC for this report</p> <p>Ms. Sinz agrees to run a customized report off of the State data for the first half of 2010.</p> <p>Summary: The RTCC should be in control of our own data. Working with the State Trauma Registry, EMSA, Dr. Kline to develop something in a cost effective manner that will take the place of the current data report.</p>	

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4. State TAC meeting	No agenda as yet.	Johnathan Jones is working on this	
5. Trauma Prevention Activities	<p>Discussion ensued re: Elderly fall prevention as one example of trauma prevention activities.</p> <ul style="list-style-type: none"> <li>❖ Recent NEJM article discussing the cost savings of a ground level fall prevention program. Program cost \$5 million, but saved \$21 million in cost of care.</li> <li>❖ Stanford has a long standing program for elderly fall prevention.</li> <li>❖ Dr. Benedict presents information from Santa Cruz and San Benito.</li> <li>❖ Most programs study three areas: exercise, medication, and home modification.</li> </ul>	<p>Keep this as an agenda item</p> <p>State EMSA could provide a clearing house function for best practices.</p> <p>Dr, Ghilarducci will take this to TAC.</p>	
6. Working Group reports	<p>A. System Performance –Data Group- Dr. Kline – see attached data</p> <ul style="list-style-type: none"> <li>❖ Need state definition for inclusion criteria for Trauma Registry</li> <li>❖ Need inclusion criteria for NTDS</li> <li>❖ SFG does not collect discharge from ED</li> <li>❖ Discussion as to whether or not we can use our data for benchmarking.</li> <li>❖ Discussion concerning OSHPD data, need to develop queries.</li> </ul>	<p>Dr. Kline, Joyce Chung, and possibly David Ragland at Berkley can get together and develop queries. Also get Lancet involved.</p> <p>Ms. Sinz will get out David Ragland's contact information</p>	

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<p>6. Working Group reports</p>	<p>Group B-System Inventory/Resources Group/Linda Raby</p> <ul style="list-style-type: none"> <li>❖ 82 % return of Inventory</li> </ul> <p>Group C –Policies-Dr. Ghilarducci Dr. Ghilarducci presents the following policies-see attached</p> <ul style="list-style-type: none"> <li>❖ Trauma Triage-goal is to have the policy applicable to every county in the region- based on the CDC triage recommendations</li> <li>❖ Destination Policy-patients divided into major and minor mechanisms (for Level 1 and 2 and Level 3 destination. –for those areas with Level 3 centers when does the extended transport time to bypass a 3 to go to a 1 or 2 make sense? -Ms Sinz states that the EMSC guidelines separate out patients who are 5 and under from the general peds population.</li> <li>❖ Air ambulance utilization Should have input of Air transport task force</li> </ul> <p>Group D- Research and Grants No chair at present</p>	<p>Do the gap analysis on the 82% and follow up with the CEO's of the missing 18% .</p> <p>This should be a LEMSA decision and based on resources in the area,</p> <p>Policy to be changed to reflect EMSC guidelines. Trauma Center consultation is subject to local policies as well.</p> <p>Keep this work group on the agenda. Bruce Lee will send out policies electronically for members to use track changes for their recommendations. Dr. Ghilarducci will take to state TAC after changes are made.</p>	

Topic	Discussion	Decision (s)	Follow-up
7. New Business	MCI discussion-Jan Ogar Need to work towards standardized policies and MOU's	Add to the agenda for next meeting and add to policy group agenda.	
8. RTCC Accomplishments	<ol style="list-style-type: none"> <li>1. Plan development</li> <li>2. Trauma Registry-Data for region</li> <li>3. Relationship between BARTCC and EMSA</li> <li>4. Publishing of Best practices</li> <li>5. Coordination of RTCC's</li> </ol>		
9. Round Table	<p><b>Stanford-Wendy Hums-</b> suggested that we add prevention to the list of working groups instead of Research and Grants</p> <p><b>EMSA-Bonnie Sinz-</b> anticipate implementation of CEMSIS –EMS – by December</p> <p><b>San Mateo- Sam Barnett-</b> working with Stanford University to designate as Pediatric Trauma Center</p> <p><b>Regional Medical Center-Dr. Kline-</b> thanks everyone who submitted data for the RTCC reports.</p> <p><b>Regional Medical Center-Linda Raby –</b> ACS has a rural course-TMAC is trying to roll out courses</p> <p><b>Contra Costa County-Joe Barger-</b> note a rise in the number of motorcycle accidents in the county data. There is also statewide attention to this from the Office of Traffic Safety.</p> <p><b>John Muir Hospital-Kasey Hanson-</b>there is a trial ongoing in Alameda County,</p>	Will add as Work Group E-Injury Prevention	

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	Sacramento County and Tulare County with a mandatory interlock device on the ignition for first time DUI offenders. <b>San Francisco-Dr. Mackersie</b> -San Francisco General will be breaking ground for a new hospital.		
	<b>Meeting adjourned at 1500</b>		

Next meeting: Scheduled for: January 18, 2010  
 Alameda County EMS Agency  
 1100-1530

Future agenda items:

1. MCI discussion
2. Policies with member changes.