

Bay Area Regional Trauma Coordinating Committee
Meeting Notes
April 12, 2010
1100-1500
Alameda County EMS Agency

Attendance: J. Jones, R. Kline, L. Raby, G. T. Lynch, G. Crippen, T. Leet, B. Teufel, M. Modrich, C. Campbell, J. Goldman, J. Ogar, A. Marcotte, K. Benedict, S. Ruiz, G. Gilbert, M. Frenn, L. Yonaka, J. Sherck, R. Mackersie.

Meeting called to order at 11:10 am by Chair: Joe Barger

DRAFT

1. Self introductions accomplished

Topic	Discussion	Decision (s)	Follow-up
2. Review and approval of minutes		Minutes approved with correction for meeting of February 8, 2010	
3. Discussion on RTCC membership –Joe Barger	<ul style="list-style-type: none"> • The goal at the end of the day is to include all non trauma centers. Bruce Lee asked California fire to nominate/ vote a representative but he has not heard back on who has been appointed. 		
4. EMSA update- Johnathan Jones	<ul style="list-style-type: none"> • State plan is in the rudimentary stage. There is no work groups set up yet. Something will be presented at the Summit but we do not know the topic yet. • Pediatric Critical Care documents will be going to the EMS Commission and we will soon have time to comment on the work again. Comments may be submitted individually or may also be submitted as a committee through the RTCC. • LEMSAs plans- State is looking closely at the goals outlined in each counties plan including laws that may be affected. They are looking to see if the goals are measurable. Solano County is close to being completed and San Joaquin has no trauma plan to date. • Future topics- to look at the holes in the system. Does every trauma center 		

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	<p>follow what they say they are doing and does each trauma center meet the same regulations?</p> <ul style="list-style-type: none"> • Jay Goldman- Kaiser suggested that trauma plans could address a plan when the system is out of or not at compliance. Realistically looked at what happens when things go down, like equipment or other hospitals in the system. • Kent Benedict- Santa Cruz- When VMC did not have neurosurgery due to staffing the system flexed to solve the problem. It was not monitored. Dominican has fairly good neurosurgery and they had to deal with a change in the destination policy to keep the patient's in the county but it was not in the trauma plan. • Linda Raby suggests that the TAC could review the cases that were affected (either kept or sent out) and see how it impacted the system. • Johnathan Jones suggests that counties should not communicate with their trauma centers referencing words such as "de-designating" a center. Provide a work environment that is non- threatening and one that will work for both parties and work on a plan to resolve the problem areas. • Joe Barger presented a question "Should we address this as a regional process when things change within the system?" • Bill Tuefel suggested we could take an inventory of the known areas where we sometimes have a deficiency within each trauma system. The fix is what do we do,not what are the deficiencies? • Richard Kline suggests we look at the problem areas and ask them what they are doing to fix it? You have to have a back-up plan to fix things. Example: If a service is not available to provide the care needed for the patient, do you have a back-up plan which will allow the patient access quickly and efficiently? One that will provide a "rapid transfer" for appropriate services. • Jan O. states that the last regulations were put into place in 1999 and 2000. How can we look at this as a regional perspective not as a county perspective? Thus looking at resources in the region. • J. Jones- Ask Joe B. and other TAC members to ask the State to take a softer approach to implementing regulations. 		
5. Report on State TAC- Dr. Mackersie	<ul style="list-style-type: none"> • Presently the State Trauma plan is at the stage where the outline is being developed. Referencing the 1999 ACS guideline and 1992 HRSA report. It was due on 4/01/10. They have met twice and the meetings were productive. The financial piece which addresses tracking trauma finances within the 		

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	<p>system does not fit the State of California. This area will have to be trimmed down or eliminated all together. When the outline is completed it will be sent to Bonnie S. and Johnathan J. then Dr. Tharratt. The group will be asking volunteers from the State to look at it including members of the RTCC's. The process will be from the bottom up. He is hoping for some serious writing to be done this summer. Hopefully they will have at least 10 or 12 people from the State to get a general "Draft". It is projected the plan will be rolled out by 12/02/10.</p> <ul style="list-style-type: none"> • Joe B. What can the RTCC do while the plan is being written? • J. Jones- Each county could look at their plan and to see if they are being successful or are there areas which need to be revised. Perhaps form some type of a group of individuals who could sit down with each county to build a more effective plan. 		
<p>6. Work group reports and 7. Future direction of the RTCC groups (Information combined).</p>	<ul style="list-style-type: none"> • Group A: R. Kline- Reviewed the data from all trauma centers except for SFGH (did not submit data).Rick and Johnathan are looking at OSHPD data. They would like to develop a rapport with an epidemiologist and eventually develop a report over the upcoming months. • Group B: L. Raby- The group decided to move forward with the information gathered. There is no need to go back and ask those facilities to submit the information which was requested a year ago. Linda asked the group what they propose she do with the information? Dr. Mackersie suggested the State bring the information to the Disaster Committee. She will add Chinese Hospital into the data report for SF as it was inadvertently removed at some point. • Group C: G. Gilbert reports he sent an email to Dave but he has not responded. Nothing to report until Greg receives the policies and work done to date by last lead on the policy group. • Group D: C. Campbell- Injury Prevention shared her draft questionnaire and asked for input. She will continue to work on the draft. The draft will be sent out to each LEMSA representative who will be responsible for contacting each facility in their county. 		
<p>8. Round Table Discussion- Group</p>	<ul style="list-style-type: none"> • Dr. Mackersie asked the group if they had implemented guidelines for re-triaging patients in their counties. He reports he would like to implement these guidelines into the State plan and suggests that the plans will be asking each non-trauma center to have plans set in place for re-triaging patients. • Bill T. reports this should be done with a join effort from EMS and the trauma 		

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	<p>center. In Coastal Valley and Marin County the trauma center took the lead and developed guidelines very similar to Santa Clara's, which was well received.</p> <ul style="list-style-type: none"> • Joe B. reports that Santa Clara have trauma re-triage guidelines in place and has also been introduced into San Benito. They like the idea and the ED doctors are very supportive of this approach. • L. Raby wanted to know if any of the groups are tracking PI issues and if so do you have to look at confidentiality statements with data? • Dr. Mackersie reports when looking at systems and delays you do not submit the information in a way in which you could identify the patients. You are looking at fixable things in the system, not specifics on direct patient care. Delays in the system with transfers for example. Patient information can be easily changed such as dates, sex, age, or anything specific so the patient could not be tracked/ identified. • J. Jones reports that confidentiality statements are not required if the State works with the facilities or has ties within the system. Fresno has a very robust PI review in place. He is going to the April meeting of TAC and he will ask them what they reviewing and what indicators are they using to measure the results. • Dr. Mackersie suggests that as the State plan is being worked out, questions will arise. He proposes that these questions/ topic be added to the RTCC agenda. • Joe B. requests the EMDAC members become involved with discussions involving the development of the State Trauma plan now with hopes they will continue to provide input and direction as needed. • Linda R. reports she will bring a couple of examples for the June meeting on PI review of systems if cases are located. <p>R. Kline and J. Jones will also bring one case for the June meeting.</p>		
	<p>Meeting Adjourned at: 1500 hours</p>		

Next meeting: Scheduled for: June 14th, 2010 Alameda County EMS Agency 1100-1530
Future agenda items: Update on State Trauma Plan