

State Trauma Advisory Committee
February 24, 2014
10:00 AM – 3:00 PM
Meeting

Minutes

Attendees

Committee Chair

Committee Vice-Chair

Robert Mackersie, MD, FACS Joe Barger, MD, FACS

Regional Trauma Coordinating Committees Members

David Shatz, MD Fred Claridge James Davis, MD, FACS
 Nancy Lapolla, MPH John Steele, MD, FACS

Local EMS Agency Members

 Cathy Chidester, RN, MSN Dan Lynch Jay Goldman, MD, FACEP

Constituent Members

BJ Bartleson H. Gill Cryer, MD, PhD Ramon Johnson, MD, FACEP
 Jan Serrano, RN Robert Dimand, MD Ken Miller, MD, FACEP
 Myron Smith, EMT-P Lynn Bennink, RN (guest)

At-Large Members

Barry Fisher, EMT-P, MPA  Cyndi Stoll, RN, BSN

State of California – EMS Authority Staff

Daniel R. Smiley Tom McGinnis, EMT-P Farid Nasr, MD
 Howard Backer, MD, FACEP Bonnie Sinz, RN

Minutes

A. Introductions

All members introduced.

B. Approval of Agenda

Agenda approved with the following additions:
Core Measures
Affordable Care Act Grant Information

C. Approval of Minutes

October 2, 2013 Minutes approved as written.

Standing Agenda Items

D. Update of EMS Authority Systems Division – Bonnie Sinz/Howard Backer

- Bonnie and Farid continue to manage the state trauma program for the EMS Authority
- Bonnie will be out of the country from mid-March through mid-April.
- CEMSIS Update
 - The new software (ImageTrend) is working well with providers and LEMSAs submitting data successfully
 - CEMSIS-Trauma has 22,000+ records with most LEMSAs close to submitting their 2013 data (based on the 2013 Admissions NTDS)
 - CEMSIS-EMS has 1.2 million+ records (based on NEMSIS 2.2.1) with successful submission to NEMSIS
 - Each LEMSA has a password to have access to their own data from the system
 - EMS Authority will be developing a compliance report for each LEMSA showing how well the Trauma Centers are providing the NTDB data elements
 - EMSA has 3 year contract with ICEMA for the use of Image Trend; additional funding sources are being explored

Action: EMSA to provide a demonstration of CEMSIS at next face-to-face meeting

- EMSA is sharing an epidemiologist with Agency; we will have her 50%+ time; will be working with us to analyze the data and provide for matching of data systems, e.g. CEMSIS-EMS with CEMSIS-Trauma
- Cathy Chidester gave a report on Los Angeles' Measure B audit: concern about no Trauma Center in the San Gabriel Valley, recommended system review by ACS; audit asks if funding has improved the system, money mainly goes towards indigent care, working with Trauma Centers to be part of ACS' TQIP. Report can be found at <http://www.auditor.ca.gov/pdfs/reports/2013-116.pdf>

E. RTCC Updates

South West – Nancy Lapolla

- Grand Rounds was held on October 18, 2013 with system case reviews

Action: Members asked that “lessons learned” from case reviews by shared at next STAC meeting

- Looking at specialty care access
- Standardization of MCI Plans

South East – John Steele

- Monthly conference calls
- Developing standard protocol for c-spine clearance
- Developing educations calendar

Action: Each RTCC to send EMSA regional education opportunities to be posted on EMSA's website

Central – Jim Davis

- Merced County has a university with high risk population and no Trauma Center within county borders; patients are transported to Modesto Trauma Centers
 - How can we help the community recognize the need for a Trauma Center?
 - Does the need get vocalized at the Board of Supervisor level?
 - Can EMSA provide injury data for county to be used to support a Trauma Center designation?

Action: Dr. Mackerzie and Dan Burch will coordinate with Merced County EMS agency to schedule a visit to Merced Public Health to discuss. Epic data shows the following five leading causes of injury death in Merced County for 2011:

Source: CDPH Vital Statistics Death Statistical Master Files; Population: 259,288, All Ages

Rank	Cause Of Injury	Number of Injuries	Rate
1	Suicide/Self-Inflicted	31	12.0
2	Unintentional–Poisoning	28	10.8
3	Unintentional - MVT, Unspecified	18	6.9
4	Unintentional – Fall	13	5.0
4	Homicide/Assault	13	5.0
5	Unintentional - MVT, Occupant	9	3.5

*Prepared by: California Department of Public Health, Safe and Active Communities Branch
Report generated from <http://epicenter.cdph.ca.gov> on: February 26, 2014*

Epic data shows the following five leading causes of non-fatal injury hospitalizations in Merced County for 2011:

Source: CDPH Vital Statistics Death Statistical Master Files; Population: 259,288, All Ages

Rank	Cause Of Injury	Number of Injuries	Rate
1	Unintentional – Fall	648	249.9
2	Unintentional – Poisoning	129	49.8
3	Unintentional – MVT, Occupant	98	37.8
4	Homicide/Assault	94	36.3
5	Suicide/Self-Inflicted	78	30.1

*Prepared by: California Department of Public Health, Safe and Active Communities Branch
Report generated from <http://epicenter.cdph.ca.gov> on: February 26, 2014*

- Outcome for system cases presented at RTCC were shared reflecting concerns over the triage of neurosurgical cases and the use of soft collars:
 - Dr. Shatz met with North RTCC EMS Medical Directors (includes San Joaquin) to discuss c-spine immobilization policy with the goal to have a standard protocol used throughout region; also discussed at EMDAC
 - Dr. Shatz has been asked by San Joaquin to participate in county PI program: through this relationship San Joaquin will be urged to reassess their triage policy for neurosurgical cases; should be triaged to Level II Trauma Center as they have neurosurgical coverage and timeliness of care can be improved

Bay Area – Joe Barger

- Working on Developing a template for “Intercounty Agreement” as required in Title 22 - regional use
- Fred Claridge (Alameda County EMS Administrator) and Dr. Rick Klein (trauma surgeon Regional Medical Center-Santa Clara County) are new co-chairs of RTCC
- Continue working transfer data and re-triage template; adding pediatrics
- Working on details of Asiana plane crash summary; triage; utilization of Trauma Centers; communication system.
- Monterey County looking to designate Level II in early 2015

North – David Shatz

- Meeting in January with very good attendance
- goal of quarterly meetings and expand invitation list
- C-spine immobilization review – working on regional standard protocol in the field
- Timeliness of transfer throughout the region

F. STAC Project Subcommittee – Bonnie Sinz

The subcommittee has finalized the Trauma System/Center Assessment Guidance Toolkit. A brief description of all documents was provided and electronic copies provided with agenda. Survey was reviewed and process described. All documents were approved as written.

Action: Describe benefit of survey in introduction. Test Survey Monkey with Santa Barbara, Los Angeles and SSV. Survey results will be provided to all.

The next project for the subcommittee will be the Trauma Re-Triage process.

G. Data and Performance Improvement process status- Gill/ACS

Melanie Neal from ACS TQIP provided a power point presentation (attached) on the TQIP program and how states can become a member:

- Ability to evaluate data as it relates to outcome
- Can personalize the state participation and the available reports
- State would need infrastructure for participation
- Michigan functions independently with their TQIP and is funded by blue cross/blue shield
- Georgia's program more closely aligned with TQIP
- Discounts available to hospitals if state joins
- Beginning a pediatric program; no level III at this time (may start in a year)
- No work with non-trauma facilities
- Funding:
 - CA Healthcare Foundation
 - Covered California
 - Sierra Foundation
 - Kaiser
- Need to provide examples on how TQIP improves outcomes
- Need to reduce cost of additional registry staff
- There is a PICU data program with CCS with a significant amount of trauma data

Action: Have Melanie provide posters of best practices when she comes to the Trauma Summit V

Core Measures: request for prehospital core measures specific to trauma. Dan Smiley and Joe Barger to develop the request to be distributed to members and RTCC Chairs for comment. Current measures are available at: http://www.emsa.ca.gov/Media/Default/PDF/CM_2013_FINAL.pdf

H. CEMIS-based research – Bob

Kristan Staudenmayer and Rene Hsai are continuing their research on destination of trauma patients and Dr. Ewen Wang will be joining them to look at pediatric specific data.

I. Rural Trauma Team Development Course – Jan Serrano

Tabled

J. EMDAC Report – Drs. Goldman/Barger

David S. is working with EMDAC to develop a standardized approach to c-spine immobilization in the field, i.e. soft vs. hard collar and use of backboard. David provided information on a device (x-collar) that may help with the controversy.

K. State Trauma Plan Status – Bonnie/Howard

Final revisions being made with deadline of March EMSAAC meeting; abbreviated goals and objectives were provided at the meeting; Nancy and Dan B. felt that 30 day pre-public review would be enough time; plan for final approval at December EMS Commission meeting.

L. Regulatory Packages Update – Tom

STEMI, Stroke and EMSC have final drafts with some editing on the plan submission requirements; trying to streamline the process

M. Trauma Managers Association – Jan

Lynn Bennink is the new president; has a “watch” position on the new data bill AB 1621

N. State Trauma Summit V – Bonnie

EMSA will be joining with Stanford and Santa Clara Valley Medical Center to host the State Trauma Summit V. It will be August 22nd from 12:30-5 at the Oshman Family Jewish Community Center in Palo Alto. CME will be provided along with BRN and EMS CE. Cost will be kept at a minimum (approx. \$50) The trauma conference will be held at the same location all day August 21st and half day August 22nd.

Topics under consideration:

- TQIP – State program
- RTCC Best Practices
- Affordable Care Act
- Re-triage/IFT

Planning for a pre-summit workgroup session on August 20th:

- Re-triage/IFT “buddy system” guidance
- State Performance Improvement and Patient Safety Program development

The workgroup members will be by invitation only. An email asking for interest will be sent out and EMSA and Dr. Mackersie will decide on membership that is balanced both geographically and by credentials. A one year commitment will be necessary. Stanford Medical Center will host the work groups from 1:00 P.M. – 5:00 P.M.

O. Top Ten items from RTCCs to consider when revising trauma regulations – Bonnie/Dr. Mackersie

RTCCs have submitted their top ten issues with the current trauma regulations (attached).

Action: Members are to review the list, add additional recommendations for change. To be discussed at next meeting.

P. Intercounty Agreement requirement/Regional Cooperative Agreement for IFT – Bonnie

The regulatory requirement for an intercounty agreement has been in place since 1999. Some counties still struggle to comply. The agreement is necessary when trauma patients are transported from the field across LEMSA jurisdictional lines to get to a Trauma Center. The agreement can be a letter of support from the receiving LEMSA or a co-signed triage and destination policy. Compliance is a local issue as

there are different scenarios involved. Trauma Plans will no longer be approved without these agreements in place. A template letter was provided (attached) to assist the LEMSA in the process. The sending LEMSA is responsible for initiating the discussions.

Q. Status of membership- Farid

A request for interest in the two "at large" positions and there was an excellent response from multiple constituencies and surgical specialties. Bob and Howard will review the applications and make a determination.

R. Next Meeting

The next meeting will be a conference call sometime in May and the next face-to-face will be in September. A doodle will be sent out to determine availability.