



Southern Minnesota Regional
Trauma Advisory Committee (SMRTAC) Meeting
August 13, 2015
1:00pm – 3:00pm

MN DOT Office
Owatonna, MN

Minutes

SMRTAC Voting Members Present:

E	Jill Bondus	V	Hauge, Don	V	Walker, Laura
V	Crabtree, Robben	V	Morris, Dave	V	Williams, Pam
V	Drucker, Paul	V	Morris, Robert	E	Juntunen, Mike
V	Elsbernd, Terri	V	Schneider, Tom	V	Chestnut, Janet
V	Emanuel, Todd	V	Weller, Eric		

V - Present E – Excused W -Web

SMRTAC Staff:

 Sherrie Lejcher

 Deb Horsman

STAC/MDH Staff:

 Carol Immermann

 Chris Ballard

Regional Attendees (as signed in):

 Maria Flor

 Laurie McLevis

 Peggy Sue Garber

 Dan Hankins

 Jessica Serverin

 Dave Kohs

 Jill Hunchis

 Kim Lombard

 Jennifer McLaughlin

 Joan Hankins

 Meghan Lamp

 Vicki Neidt

 Gail Norris

 Angela Schrader

 Chris Kasal

 Karla Eppler

 Lilli Weivoda

 Annette Larson

 Mark Griffith

By video via SMRTAC website or conference call:

Call to Order at 1:05pm, Welcome and Introductions

Dave Morris

Approve Agenda for August 13, 2015 and Meeting Minutes of June 11, 2015

Motion introduced by Todd Emanuel, seconded by Janet Chestnut. No discussion, August 13th agenda and June 11th minutes approved by unanimous consent.

Disaster Planning

Eric Weller

Mr. Eric Weller reported a Minnesota Emergency Preparedness Grant is forthcoming; one portion of the grant is a burn surge plan for a catastrophic burn event which could overwhelm local and regional burn resources.

The current plan is metro centric in the sense that the burn centers in the metro areas have a plan to balance patients between burn centers when necessary. Mr. Weller is seeking input from RTAC's to develop a regional burn surge plan beyond a metro focus.

Mr. Weller and SMRTAC members discussed ways to off load patients from the burn centers in the Twin Cities to allow more burn capacity at the accredited burn centers in the region.

The burn surge evaluation will occur at many different levels to accommodate unique risks and regional opportunities. Fundamentally, the action plan would be to off-load patients from burn centers which could be overwhelmed quickly is a large scale event, educate to providers, a playbook regarding who to call to consult work if burn patients are cared for at non-burn centers and what equipment/supplies are required to sustain care for up to 7 days.

A present agree burn surge resource guide would be helpful for all topics including but not limited to transportation, supplies, medications, consults, capacity at regional burn centers and look to forward helping develop this plan.

SMRTAC Chair Update

Dave Morris

SMRTAC MCI assessment completed - some results indicate all have a plan but less than 30% train on the plan less than every 2 years. Still reviewing results, next SMRTAC will provide a broader overview.

Trauma Quality Improvement Plan (TQIP) - Trauma centers submit data to TQIP to provide risk adjusted benchmarking across trauma centers. Level I/II centers submit data to TQIP. A pilot project for level III centers will have opportunity to submit data to TQIP - Chris Ballard entered all MN level III's into the pilot project - for the first year a \$3500 fee to participate has been waived.

Regional Database data user agreement sample was distributed at the last SRMTAC meeting. Dr. Morris assessed the group for any questions or comments regarding the agreement. A final version of this agreement will be available at a future meeting as the legalities are solved.

Trauma Triage Guideline Updates - Carol Immermann reviewed some updates due to the new American College of Surgeons 'Orange Book' standards and the upcoming ACS site survey forthcoming later this year. The major update was in relation to terminology for gunshot wounds, this is to differentiate between penetrating injuries vs. gunshot injuries. Also, the pediatric GCS 'alterations' criteria will decrease by 2 points (Ped Red 9) and language will be added to include 'known intracranial bleed'.

Some updated cards are available at the meeting today but most are still at the printers and will be available at the next meeting. Overall most changes are not substantial.

Regional criteria for TTG - over one year of data available - will be studying data in respect to patients that have been transported to Rochester - initial information indicates

MDH – Statewide Trauma System Update

Chris Ballard

Mr. Chris Ballard provided an MDH trauma data process update - state trauma registry is statute authorized to be collected by the MDH. The data is classified in three categories to reflect and protect the nature of data. MDH is very protective of the data but this is also the substance of the issue regarding data sharing to state trauma system. MDH only recognizes state appointed SMRTAC representatives access to data, not non-appointed representatives. Individual RTAC's cannot collect data but the trauma system can. The trauma system can allow specified individuals access to data to generate reports - these individuals would be required to complete data security agreement - this is limited to two individuals per region. Image Trend has created a regional data report that is believed to provide the desired information to understand care in regions. Chris will work with regional leadership regarding the security requirements and how to operationalize the process.

Case Studies in EMS – ‘agencies reflect the attitude of their leadership’ Mark Griffith

Mr. Griffith presented the first study regarding a service that was down to 4 EMT's and was in serious jeopardy. The SCEMS region intervened with a team to help with recruitment and management with city leaders. The service went from 4 up to almost 17 with intervention. Also have medical direction issues in respect to little interaction with service.

Second study also reflected an ambulance service with few staff and little medical direction involvement. SCEMS intervened to help which has re-energized the service with staff, medical direction and with accountable leaders.

SMRTAC subcommittee found that when reaching out to EMS agencies in SMRTAC 77 services responded. The committee also surveyed 30-40 medical directors listed in the EMS service survey and only received 2 responses. EMS committee believes the disconnect between EMS agencies and their medical directors contributes to little EMS involvement in SMRTAC.

SMRTAC discussed the data presented and ultimately ask - what can trauma system do to help this?

Some open ended questions to ponder and study further are:

- How can MD's be educated regarding the needs of community EMS agencies?
- Can SMRTAC help develop resources to support EMS despite the lack of authority within SMRTAC?
- Can Practice Management Guidelines help?
- What are the desired qualities of an EMS agency?
- Leverage Mayo community EM group to develop support, resources, etc?
- Develop a report card on SMRTAC engaged agencies?
- EMS-RB has no purview over EMS medical direction.
- Ambulance managers can be a larger issue than medical direction if the manager is not a leader...

Action item resulting from this discussion:

- EMS subcommittee develop a recommended action plan back to SMRTAC to begin addressing concerns

Farmfest -

Maria Flor

Ms. Maria Flor reviewed the recent Farmfest event - overall increased activity at the SMRTAC booth and increased visibility. 75 people participated in the driving simulator. Estimated cost to complete this event is \$10,000 - all was donated (time, space, give aways)

Driving simulator Update

Peggy Sue Garber

Ms. Garber provided an update on the SMRTAC driving simulator. She is developing a method to promote wider utilization in the SMRTAC via a reservation process on the SMRTAC website. She is also looking for several individuals within SMRTAC who may champion the simulation. Ms. Garber is so looking for insurance coverage for the device to protect individuals/equipment when utilized for training and during transport. The target audience is really any type of group - could be with individuals as well as a presentation for larger groups.

STAC Update

Carol Immermann

The Level IV designation process is desired to be via a site visit and not just an application process (summary of the plan is on the state trauma website). This is still be approved by the STAC and will require statutory edits.

The State's data work plan has been approved by STAC

Subcommittee Chair Reports

Performance Improvement – Chris Kasal

The patient safety plan/PI will be reviewed at the next SMRTAC for final approval - working on edits to the plan document now.

Education/Outreach –Meghan Lamp

BCON - bleeding control for the injured (hemorrhage control course) has been POST accredited. Several courses have been completed at county agencies recently.

October meeting will have thoracic skill simulation lab for anyone interested.

November 11 - Steele county safety council presentation regarding SMRTAC will be offered to this business group from Steele County.

Pediatrics – Jill Hunchis

Last conference call occurred one month ago - reviewing Peds PMG's - low attendance at meetings and continue recruiting for members.

Trauma Program Managers – Gail Norris

Ms. Norris reiterated the driving simulator management process and need for volunteers to manage the device. The TPM subcommittee is looking for input.

Emergency Preparedness/Disaster – Eric Weller

Provided by Mr. Weller within the larger meeting agenda.

EMS – Mark Griffith

Provided by Mr. Griffith during the EMS Case Studies

Injury Prevention –Peggy Sue Garber

Provided by Ms. Garber during the driving simulator update.

Roundtable

Deb Horsman - acknowledged Jodi Kaiser and Kay Heard for their contributions to SMRTAC - both have experienced role transitions.

Upcoming Meetings:

- 2015 SMRTAC Meeting dates
 - December 10
- 2015 STAC Meeting dates
 - December 8

Meeting adjourned at 3:08 pm