

Trauma System Advisory Committee
3760 South Highland Drive Salt Lake City, UT 84106
5th Floor Board Room
Meeting Minutes
Monday, September 19, 2011

Committee Members:	Stephen Morris M.D., Tom White M.D., Jason Larson M.D., Craig Cook M.D., Clay Mann PhD, Deanna Wolfe RN, Nancy Chartier RN, Holly Burke RN, Mark Billmire, and Kevin McCarthy.
Excused:	Jim Beckstrand, and Hilary Hewes.
Guests:	Owen Anderson, Edward Redd, James Swink, Brady Hansen, Jesse Mena, Jay Downs, Stephanie Tennant, Breck Rushton, Janet Cortez, John Worley, Deanne Wonn, Nicki Walker, and Daniel Ditto.
Staff:	Jolene Whitney, Peter Taillac M.D., Guy Dansie, Iona Thraen, Diane Hartford, Robert Jex, Joshua Legler, Tami Goodin, and Annalyn Beers.
Presiding:	Stephen Morris M.D.

Agenda Topic	Discussion	Action
	<u>Welcome</u>	
Welcome and Introduction of Members	Stephen Morris M.D. introduced himself and the committee. Guests were welcomed by Dr. Morris. Bob Jex introduced the guests. It was announced Hilary Hewes with Primary Children's is the new member on the committee. Hilary will take the place of Majja Holsti as the Pediatric representative.	
	<u>Action Items:</u>	
Approval of July 18, 2011 Meeting Minutes	The Trauma System Advisory Committee reviewed the minutes from July 18, 2011 meeting. No changes were necessary. The minutes were approved to stand as written.	Deanna Wolfe RN, motioned to approve the July minutes. Jason Larson M.D., seconded the motion. None opposed. None abstained. Motion carried.
Status on Patient Safety Module/State PI Process	Iona Thraen and Diane Hartford gave the follow-up for the Patient Safety Module. It was presented in August at the Leadership Seminar in Torrey, where five regions and participants were identified. Iona and Diane will be collaborating with the DOH Regional Consultants to push out the module. Pre-hospital data and trauma registry reports will be used to supply regions with suitable feedback for performance improvement. Evaluations will be able to take place with fluid resuscitation once the module is in place to continue PI throughout the regions.	
Fluid Resuscitation Module	Diane Hartford announced the fluid resuscitation module was presented at the Leadership Seminar, the Utah Trauma Network, and also Western States Trauma Leadership Conference. The presentation is in the process of being developed into a podcast or video clip for further distribution. Dr. Peter Taillac relayed the positive feedback received from the fluid resuscitation module. Feedback at the TeleHealth Conference stressed the importance of the module being sent to trauma surgeons. All agency medical directors have received	

	<p>the module and Dr. Taillac will send the presentation to all the ED Managers and Medical Directors throughout the state as well. Dr. Craig Cook will be presenting the module to the ER doctors and trauma surgeons in Utah County. The presentation can only be distributed in the form of a PDF file. The fluid resuscitation committee will make the necessary changes to the presentation to enable the distribution as a teaching and training module.</p>	
<p>Trauma Triage Guideline Implementation Discussion</p>	<p>Bob Jex introduced the topic of Trauma Triage Guideline Implementation. Logan Regional Hospital and Cache Valley Specialty Hospital are both designated Trauma Centers. Logan Regional is designated as a Level III Trauma Center, and Cache Valley Specialty Hospital is designated as a Level IV Trauma Center. There is controversy as to which hospital is capable of providing the highest level of care appropriate to the patient, based on geographical location. Since the two facilities are within a close proximity, therein lies the dilemma as to which facility a patient should be transported to. Edward Redd M.D., stated the issue weighs on which hospital has the highest level of care versus which hospital is the closest appropriate center as stated in the EMS Systems Act (Title 26 Chapter 8a, Section 307).</p> <p>Bob provided an overview of the handouts related to the discussion; a memorandum from the Bureau of EMS which addresses Trauma Level III and IV criteria, and also destination protocols developed by Dr. Edward Redd. Logan Regional Hospital expressed dissatisfaction with the destination protocols.</p> <p>Breck Rushton, Emergency Department Nurse at Logan Regional Hospital provided information to the committee regarding hospital capacity and hospital staffing. Nicki Walker, Trauma Coordinator at Cache Valley Specialty Hospital provided information regarding hospital capacity and hospital staffing as well. Breck stated their facility is larger in size and therefore has a greater capacity to treat more patients at a given time. Since both facilities are designated trauma centers, Dr. Redd produced the designation protocols to minimize the questions as to which hospital to utilize when transporting patients.</p> <p>The destination protocol handouts consist of a Field Triage Decision Scheme (for EMS providers, based on the CDC guideline and approved by the TSAC), Category I and Category II Trauma Criteria, Non-Trauma Destination Protocol, and Trauma Patient Destination Protocol. The Trauma Patient Destination Protocol has the guidelines for the first patient, a second patient and then a third patient as well to utilize both</p>	<p>Craig Cook, M.D. motioned to recommend both hospitals are allowed to function to the level at which they are designated by the state. Cache County trauma systems are recommended to meet regularly every quarter over the next few years to combine PI processes, evaluate cases and share education as a group. The motion includes accepting the proposed guidelines by Edward Redd, M.D. Jason Larson, M.D. seconded the motion.</p> <p>The motion carried.</p> <p>Tom White, M.D. opposed.</p> <p>Deanna Wolfe, RN recommended the rules and statute to the next meeting to review.</p>

facilities trauma care. For example, if Logan Regional Hospital received a trauma patient and would pose a wait time for a second patient, the second patient would go to Cache Valley Specialty Hospital and visa versa.

Each agency commented stating their stand on the issue.

Breck Rushton introduced Corporate Attorney, Dan Ditto. Attorney Dan Ditto brought up some concerns of Logan Regional Hospital:

- Priority to be highest level of care instead of closest facility
- National Standards regulations being the set standard of care for litigation issues
- Substantial differences between Level III and Level IV facilities if overlooked would recommend merging the two levels

Jolene Whitney made the comment that it is her understanding that statute supersedes regulations and guidelines. The EMS Systems Act states that “ground or air ambulances should transport to a trauma center or closest emergency patient receiving facility appropriate to adequately treat the patient.” The committee created the guidelines to assist with the determination of the most appropriate destination to adequately treat the patient.

Nancy Chartier asked for statistics from both facilities on what percentage of patients are admitted and what percentage are transferred. Those statistics assist in the determination of where to transport the patient based on helicopter costs and packaging times. Neither agency could provide admittance and transferred statistics in the meeting.

According to statistics pulled from the Trauma Registry database, 23 trauma patients (severely injured) were received at Cache Valley and 257 at Logan Regional in the year 2010.

Cache Valley Specialty Hospital Administrator, John Worley gave a brief history of Cache Valley Hospital. John spoke of its progress in becoming a community hospital, which is the hospital’s current licensure status. John stated their main concern is being able to receive patients on a fair basis in order to provide care to the level for which they are capable.

The Bureau of EMS, Dr. Peter Taillac, and Bob Jex created a memorandum which outlines the differences between a Level III and Level IV facility according to the statutory requirements of Level III and Level IV Trauma Centers. The point was brought up that the Levels do not mean a Level IV trauma center cannot provide a high level of care. Although there is a

	<p>clear difference of hospital size and capacity, trauma center designation is determined by services not volume. There is no purpose in staffing for a higher level of designation without the patient volume needed to keep up resuscitation skills.</p> <p>Dr. Craig Cook mentioned the importance of trauma systems working together for the community. In the event of a disaster and multiple trauma catastrophes, facilities need to recognize the difference between each center and the ability to care for certain patients and multiple patients. The goal for all hospitals is the same in the long term perspective. Craig recommends each hospital acknowledges their level of care capability and work together to distinguish which patients should be received where in order to provide the best level of care to the community.</p> <p>Dr. Peter Taillac reiterated the importance of performance improvement process and the ability to do so. Peter also voiced the opinion that he would like to see the system develop so that both facilities are taking trauma patients regularly.</p>	
	<u>Informational Items:</u>	
Update on Rule Change	Bob Jex announced the rule change for the verification process has been re-posted for public comment.	
Trauma Data Reports	Diane Hartford reported Clay Mann has 2010 trauma registry data sets available. Diane has submitted the 2007 Emergency Department Annual Report Data to the Center for Health Data Review and it will be published on the Bureau's website in the near future.	
System Component Updates	<p>Guy Dansie gave the Disaster Prep report. A fiberoptic line was down for two days in Delta, Fillmore and Nephi. As a result, hospitals in Fillmore and Juab lost communications. The Bureau was able to supply satellite phones and additional radios to assist in this event. Guy reminded the committee that the Bureau has a disaster hotline available to assist in any way possible.</p> <p>Bob Jex provided the designation update. There are a couple of new Level IV designation applications that have been received from Utah County. Designation visits are being scheduled namely with Timpanogas as of current. Ogden Regional had a successful ACS verification visit with no deficiencies.</p> <p>Josh Legler announced the updates with POLARIS. There has been progress in the Trauma Registry with pre-hospital data linkage. There are currently 650,000 records in POLARIS and about 90,000 in the Trauma Registry.</p> <p>The Utah Hospital Association is working on improving the connection between hospitals and long-term care. The system is named LINC; Linking Information Necessary for Care. Josh will be attending LINC meetings to provide an EMS</p>	

	<p>perspective. A way EMS would like to benefit from this program is by making connections to long-term and acute care providers in the community in order to determine outcomes.</p> <p>Josh gave the report on the Pre-hospital Data conference which was held September 8, 2011. Deanna Wolfe and Janet Cortez presented at the conference, receiving high ratings. Further feedback and comments will be distributed by email. Performance Improvement needs to be more actively experienced by agencies. There are several ideas to incorporate data and PI with agencies and hospitals. Both Janet Cortez and Deanna Wolfe stated they were willing to mentor and serve as lead for implementing the regional PI process. Janet stated that this activity is a responsibility of being a designated Level I and II trauma center. This topic will be discussed further at the next Trauma System Advisory Committee meeting.</p>	
2011 Meeting Schedule	<p>1pm on Monday</p> <ul style="list-style-type: none"> • December 19 	
End of Meeting	<p>Next meeting is scheduled for Monday, December 19, 2011 from 1:00-3:00 p.m. at the Highland Building, 5th Floor Boardroom.</p>	