



State Trauma Advisory Committee (STAC) Meeting

Minutes

Date/Time: July 20th, 2016, 11:30 A.M
Location: Millis Education Center
High Point, NC

Chair: Mark Shapiro, MD
Recorder: Jordan Toole

NEXT MEETING: Friday, October 7th, 2016 at High Point Regional Millis Education Center

Welcome and call to order by Dr. Mark Shapiro at 11:30am.

Next meeting will be on Friday, October 7th, which is not the normal Wednesday. This is due to a conflict with the ACS Meeting and due to Dr. Mark Hemmila from the University of Michigan Health System who is coming to discuss TQIP with all of us.

STAC Minutes approved and seconded.

State Report with Chief Tom Mitchell:

- Updates: OEMS has replaced the Assistant Chief position with Chuck Lewis
 - Para Medicine: We were successful in getting the Community Para Medicine Pilot Project extended. A report is due back to the General Assembly on March 1st, 2017.
 - Trauma Rules/ACS: Currently open for public comment; accepting comments until August 15th; they will then return to Medical Care Commission in November, and what they propose effective will be implemented January 1st; currently looking into removing the old DNR forms with the red stop sign, since the MOST forms answer everything that is needed; turn into EMOST, which will be all electronic;

Trauma Systems with Amy Douglas:

- Updates:
 - OEMS Website: Contacts have been updated since the previous STAC meeting; if you are aware of any updates, please remember to submit them so we can keep the website as update as possible
 - Site Visits: All are currently scheduled for the year; UNC (September), New Hanover (November), and CMC (December); ACS is currently scheduling twelve to fourteen months out for re-verification
 - TCAA Updates/Concerns: Representative here that Dr. Christmas will introduce
 - Helmet Extraction Course: Sport Medicine Education course held on August 8th from 6-8pm; \$20 per person; held at Wake Forest Baptist football field; indoor education and hands on extractions on field

Software Changes to DI with Sharon Schiro:

- Updates: Any change to the EMS Provider list would be free, but any other change would require a fee; changes varied from adding specific medications to actual changes; the lowest cost for a change was \$1,000; all of the changes/information will be sent out and everyone can discuss if we want to go through with this and if so, budgets can be adjusted for the next fiscal year; we will negotiate with DI, which they have a history of helping us for free, but we do need to stabilize and stop changing constantly
 - Even though we have yet to finalize the July Data Dictionary, we are already working on the January 2017 Data Dictionary; a new system is being promoted that will be a release of the data dictionary on January 1st, which means we will accept changes, starting in July

OEMS with Dr. Tripp Winslow:

- Updates:
 - Ketamine: Currently engaging in a pilot project with Cumberland County where we are using ketamine in intubations without paralytics, but paralytics as a back-up; medical board is currently looking at expanding the scope of practice
 - Naloxone: Uses continue to expand, including with first responders; the State has made it much easier to obtain; currently there is a strong synthetic narcotic that is circulating that requires 6-12 milligrams of Naloxone to reverse
 - Antibiotics: Currently have some systems that use antibiotics in the pre-hospital arena for open fractures and sepsis, which helps the hospital meet its core measures
 - Pediatric Intubation: Looking at adjusting the equipment list for ambulances so that endotracheal tubes are optional, due to literature stating that pre-hospital intubation for children is not helpful/harmful; many systems have been using bag-mouth systems
 - TXA: Recommended against children due to possible effect of seizures
 - Helicopter Transport: Sharon Schiro and our group have continued working on this
- Blood Products: Concern was raised for FFP/Platelets on Transport; Paramedics should perform blood transfusion? The document was misinterpreted, so there are no limitations for them; paramedics have been approved across the state by their counties to engage in blood transfusion; helicopter transport agencies have been engaging in this for some time;

TCAA Updates/Advocacy with Dr. Christmas and Chevonna Williams (TCAA Rep):

- Updates: Goal is to increase awareness of trauma at the state level; field days in the past but want to enhance and expand upon current efforts; want to explore funding such as grants, and public and private opportunities; want to identify members that we can contact at state level to develop a resolution to bring awareness and find people who can serve as champions; if you have concerns with anything at the state level, we want you to have means of finding information in terms of what is going on; go to our website or email for advocacy updates (traumacenter.org)

Air Transport with Dr. Udekwu:

- Updates: Research due to question of what a helicopter ambulance provides to us and if they are beneficial; are there patients that demonstrate improved mortality with helicopter transportation in NC, and why; no answers, but we have looked at demographics and looked at what has occurred in the past; North Carolina has gone from 200 air transport to 1,400 per year within 25 years; relative percentage has increased from 7.3 to 9.1; the ISS has dropped from 17

to just under 14; we look at ground vs. air and we know the variability within our data set will be lower; when you restrict the ISS score from 10-24, it shows no benefit from air over ground for most patients

- Is the goal to decrease air traffic? We are currently trying to gather all questions and then find answers to those questions; not looking to do anything in specific; it is all about performance; main goal would be to search for what we can rationally choose as a provider to pick patients who would benefit from air transport to minimize air triage and costs; we are gathering this information and giving this to Dr. Winslow, Dr. Toschlog, and Dr. Thomason who are steering this research

Committee Reports

Injury Prevention with Colleen Mistovich: NC is currently one of 23 states that was awarded a \$30 million grant that will be paid out over five years; NC's focus this year will be on intimate partner violence, domestic violence and sexual assault, followed by brain injury in middle schoolers, Fall prevention, prescription and alcohol overdoses; prescription and alcohol overdoses have applied for over ten grants in twelve weeks, such as opioid addiction; funding is there for Narcan education, but no funding to actually purchase; legislation has passed the usage of it and insurance will cover it, which it is \$70 a kit out of pocket with a \$3 copay; there will be an education session on August 18th for Children and Guns

Trauma Program Managers with Kathleen Boss: We came together to formulate a mentor packet for TPN's coming on and what they should be doing; we will be breaking down sections of the orange book; came up with more questions on clarifications for transfers; updating the system so there will be a change log

Trauma Registrars with Becky Ward: Discussed the data dictionary and additions for next year's version; wanting clarification about sedatives in paralytics from COT they were to include in GCF qualifiers; have no guidelines to go off of; coming up with a complete list of questions they need to be answered; there will be a data dictionary training after TQIP for the October meeting

PI Subcommittees with Carolyn Foley: Discussed opportunities and issues related to site surveys, such as IR, OR times, and OPP's for liaisons

RAC Coordinators with Bryan Lake: Questioned patient follow-up for hospitals that do not accept a patient and how to follow-up with that; rule is to get information regarding patient from other hospital, but how do we go about doing that; how to get patient information on patients outside of RAC; if refusal compromised quality care, how would we know; is there a definition of diversion; this has been a long term issue with no consistency

Committee on Trauma Report with Dr. Mark Shapiro: Needs assessment has been an ongoing project with Peter Fischer leaving and Mike Thomason taking over; ATLS course cost increased to \$45 per student; rural trauma and ATCN were big topics in regards to how to develop PI process and build support for referring centers; Resident Paper Competition took place and want to invite winners to present to us at STAC meeting; Dr. Barringer discussed Level III trauma with the orange book and how that will meld with TQIP; more discussion to come on orange book; currently eighteen projects that the steering committee needs to file down and choose top projects

Air Medical Group with Dennis Taylor: East Care has added fourth helicopter that will be based at Mt. Olive Airport; Program Manager for Duke Life Flight was elected to Board of Directors for AMES; National Air Medical Transport Conference will be held in Charlotte from Sept. 26th-28th; East 2017 will have a Medical Practitioner workshop; motion passed to create a subcommittee of APP's

CLOSING

- Discussion of future meetings and times: Subcommittees meet 9:00-10:00am; COT from 10:00-11:30am; STAC from 11:30-1:00pm; looking into Skype ability to allow individuals unable to attend to be a part of the meeting; we will discuss with our guests attending the next meeting from Michigan to discuss what would be best with them and then will email out the final decision

Meeting Adjourned at 1:06pm.