

## State Trauma Advisory Committee (STAC) Meeting October 17, 2018

AGENDA ITEM		COMMITTEE/ (PRESENTER)	NOTES
<b>I</b>	<b>Call to Order</b>	Jacobs	
<b>II</b>	<b>Approval of Minutes</b>	Jacobs	<ul style="list-style-type: none"> <li>Minutes from the July 18, 2018 meeting were approved as written</li> </ul>
<b>III</b>	<b>State Report</b>	Lewis	<ul style="list-style-type: none"> <li>No report</li> </ul>
<b>IV</b>	<b>Trauma Systems Updates</b>	Douglas	<ul style="list-style-type: none"> <li>Anyone needing PCR access in Continuum should email Amy Douglas instead of Sean Kaye. She will set up your account and give you the appropriate access for the PCR's.</li> <li>Naval Medical Center Camp Lejeune underwent successful Level III site visit on July 24<sup>th</sup>. They have already received their NC Trauma Designation certificate, and their staff was recognized at today's meeting for all their dedication and hard work that has gotten their center to this point. This trauma center has the distinction of being the first designated Level III Naval Hospital in the US and also the first ACS verified Level III in NC. Their location in Onslow Co provides much needed resources for this area of the state, and they are providing care to military as well as the civilian populations in the area.</li> </ul>
<b>V</b>	<b>OEMS/Medical Director Update</b>	Winslow	<ul style="list-style-type: none"> <li>Pre-hospital Ketamine Protocol: Hospitals must send letter to EMS agency agreeing to receive patients. Currently 4-5 counties participating. State reviews all cases</li> <li>Continued deemphasis of backboards with EMS per NCCEP protocols</li> </ul>
<b>VI</b>	<b>Committee Reports</b>	RAC Coordinators (Lake)	<ul style="list-style-type: none"> <li>Working on determining delays in transport, considering trauma tracking form for use to better capture times in one readily available form.               <ul style="list-style-type: none"> <li>Data presented to STAC (for the first quarter of the year with 5 of the 8 regions reporting):                   <ul style="list-style-type: none"> <li>12.9% of Trauma 1 activations at outside facility greater than 4 hours.</li> <li>36.4% of Trauma 2 activations at outside facility greater than 4 hours.</li> <li>49.3% of Level 3 patients at outside facility greater than 4 hours.</li> </ul> </li> <li>In pulling the data noted that 32.9% of the charts had incomplete data. Researching this indicated the data dictionary is restrictive on where registrars can get the times from. Even if the time is available, or a close time is available, registrars are unable to use so the field is left blank making the length of stay time incalculable.</li> </ul> </li> </ul>
		Injury Prevention Coordinators (Campbell)	<ul style="list-style-type: none"> <li>Guest Speaker – Tracey Anderson, NC Vision Zero <a href="http://www.visionzero.org">www.visionzero.org</a></li> <li>Stop the Bleed Campaign – ongoing across the state</li> <li>Falls Prevention Initiatives – Duke, UNC, Wake Forest Baptist</li> <li>Trauma Nurses Talk Tough (Distracted Driving) – Navy</li> <li>NC Injury Free Academy (Violence Prevention) – Atrium Health</li> <li>Elect New Injury Prevention Sub-Committee Chair &amp; Vice Chair</li> </ul>

		<p>TPM's (Spain)</p>	<ul style="list-style-type: none"> <li>• <u>Upcoming Site Visits:</u> <ul style="list-style-type: none"> <li>○ Baptist Oct 2018</li> <li>○ Duke November 2018</li> <li>○ Caromont Nov 2018</li> <li>○ CMC/LCH/Cleveland/NE 2019</li> <li>○ Womack April 2019</li> <li>○ UNC 2019</li> <li>○ Vidant Jan 2020</li> </ul> </li> <li>• ACS currently conducting a pilot in which lead surveyor will select 40 charts for printing instead of requiring total patient list to be printed. Some sites reported nurse surveyor arriving one day early, requesting role descriptions ahead of time.</li> <li>• Moses Cone reported unable to complete the pediatric section in the PRQ and there were a lot of questions regarding this section. The word document would not allow this section to be filled out. Hopefully, this issue has been resolved.</li> <li>• <u>TOPIC/Stop the Bleed:</u> <ul style="list-style-type: none"> <li>○ Al Bonifacio would like to host a TOPIC course at UNC, he still needs approximately 5 additional people for a total of 15. Course will be Jan 22, 2019</li> <li>○ NC School Nurse Conference for 40-70 participants in 2 breakout sessions at the Greensboro Coliseum on Dec 6th will need 16 instructors and 16 kits. Please let Al know if you can help. Tammy will send out link to register.</li> </ul> </li> <li>• <u>Southeastern Pediatric Trauma Conference:</u> This will be held on Feb 1, 2019 at Guildford Community College in Colfax, NC. Tammy will send out link to register.</li> <li>• <u>TXA:</u> Jackie asked group what everyone was doing with TXA pre-hospital. Consensus was most are giving pre-hospital. Jackie stated Mission was considering stopping TXA pre-hospital due to recent literature. Jackie to send out literature reference TXA</li> <li>• <u>Seatbelt Sign:</u> Question was posed about who uses a positive seatbelt sign as part of trauma activation criteria. Mixed feedback, most centers are not using it in their criteria. If there are issues with assessment, suggested to do education with EMS or remove from criteria.</li> <li>• <u>Hurricane Impact:</u> New Hanover and Cape Fear were heavily impacted by the hurricanes and flooding. Many staff have lost homes or have homes that require a large amount of repair. Had multiple homeless people show up to ED looking for shelter during time of storm. Multiple challenges with evacuation and resources during this time. Still recovering. CISM teams deployed to assist with debriefings and emotional support during such a devastating time. Discussion held around how a large-scale evacuation would be conducted. This would be conducted at a state and federal level.</li> </ul>
		<p>Trauma Registrars (Parker)</p>	<ul style="list-style-type: none"> <li>• <u>State Information</u> (Sharon Schiro) <ul style="list-style-type: none"> <li>○ Reviewed process for deleting a patient from Registry</li> <li>○ Process for notifying Sharon of records that are marked as do not send to state.</li> <li>○ Only 4% of the records that Sharon has received have complications, so we need to confirm that the State is receiving all complications.</li> <li>○ 2019 Data Dictionary Changes are needed ASAP</li> </ul> </li> <li>• <u>Continuum</u></li> </ul>

			<ul style="list-style-type: none"> <li>○ Amy Douglas is the contact person for adding new users to Continuum</li> <li>○ To access Continuum: <a href="https://continuum.emspic.org/">https://continuum.emspic.org/</a></li> <li>○ If you do not have a user name/password, please contact Amy Douglas</li> <li>○ Not all EMS agencies have migrated to Nemesis v3. EMS agencies that did not migrate are still uploading reports to CIS</li> <li>○ No capability to see linked PCRs in Continuum. This is a feature in CIS.</li> <li>● <u>Education:</u> <ul style="list-style-type: none"> <li>○ AIS Course: December 10-11, 2018/Southern Regional AHEC; Fayetteville NC/ Cost: \$850</li> <li>○ ATS Registry Course: Atrium provided update regarding ATS Registry Course</li> <li>○ ICD-10 Course: Cape Fear was unable to negotiate a contract with K&amp;J Consulting for the ICD-10 Coding for Trauma course. Cape Fear is looking for a new vendor to provide the ICD-10 training.</li> </ul> </li> </ul>
	Process Improvement (Workman)		<ul style="list-style-type: none"> <li>● External Cause Code: Discussions surrounding the Hurricane with primary E-code</li> <li>● SBIRT: What do centers with positive screens?</li> <li>● Communication process w/Trauma Registrars: <ul style="list-style-type: none"> <li>○ Ways and means of communication with registrars related to complications, events and triage. Specific tools?</li> <li>○ How the registrars collect the information, rounds/ chart</li> </ul> </li> <li>● Site Visit Review Comments (related to recent surveys): <ul style="list-style-type: none"> <li>○ Tertiary Exams: Who gets them; Definition of missed injury</li> </ul> </li> <li>● Massive Transfusion: Role of TEG</li> <li>● Non-Surgical Admissions: How are these being addressed?</li> </ul>
	North Carolina Air Medical Alliance (Taylor)		<ul style="list-style-type: none"> <li>● No Report</li> </ul>
	PI/Research (Schiro)		<ul style="list-style-type: none"> <li>● NCTR data quality <ul style="list-style-type: none"> <li>○ Need all sites to do data validation consistently to improve data quality (example: need to catch discharge dates that are prior to ED arrival dates). Data validation should be performed weekly.</li> </ul> </li> <li>● Lots of research in progress or about to start. <ul style="list-style-type: none"> <li>○ Risk-adjusted outcomes</li> <li>○ Gunshot violence</li> <li>○ Helicopter utilization from scene</li> <li>○ Helicopter utilization-Inter-Facility Transfers</li> <li>○ LVAD</li> <li>○ Validating GCS-M as a pre-hospital triage tool</li> <li>○ Pediatric helicopter utilization</li> <li>○ Trauma and opiates: involves linking with death data</li> <li>○ Blunt spleen</li> <li>○ Effect of distance from trauma center on outcomes</li> </ul> </li> <li>● NC-TQIP: Capstone project</li> </ul>

			<ul style="list-style-type: none"> <li>○ Emphasized that this project includes all trauma centers in the state (including Level III's)—not just those participating in the TQIP Collaborative</li> <li>○ Most of discussion will be in NC-TQIP meeting.</li> <li>○ Survey is coming out to all TMDs, TPMs, TNCs. Need quick turn-around. Respond to survey before Thanksgiving</li> </ul>
		NC-COT (Jacobs)	<ul style="list-style-type: none"> <li>● New National COT Leadership: <ul style="list-style-type: none"> <li>○ Eileen Bulger, MD, FACS is COT Chair</li> <li>○ Ronald Stewart, MD, FACS is Medical Director, Trauma Programs</li> <li>○ Patrick Reilly, MD, FACS is Vice-Chair, COT and Chair, Regional Committees on Trauma.</li> </ul> </li> <li>● <u>TQIP</u>: <ul style="list-style-type: none"> <li>○ A total of 800 hospitals and 15 collaboratives participate in the Trauma Quality Improvement Program (TQIP).</li> <li>○ 2018 reports delayed due to transition to new vendor who provides the data collection and validation platform, as well as a portal for hospitals to access their benchmark reports. The vendor also delivers the data infrastructure used for TQIP analytics. Reports due out prior to annual TQIP meeting in November.</li> <li>○ The 2019 TQIP Conference will take place November 16-18 in Dallas, TX.</li> </ul> </li> <li>● <u>COT Best Practice Guidelines</u> <ul style="list-style-type: none"> <li>○ Newest Best Practice Guideline addresses Imaging in Trauma.</li> <li>○ Next guideline will be on non-accidental trauma. The guidelines will focus on child abuse, elder abuse, and intimate partner violence and are expected to be released in 2019.</li> </ul> </li> <li>● <u>Stop the Bleed</u>: More than 450,000 civilians have been trained. Nearly 30,000 registered instructors across the U.S. and in 77 other countries.</li> <li>● <u>MISSION ZERO Act</u>: Approved unanimously by US House of Representatives in September, and \$15 million was authorized to implement the program.</li> <li>● Upcoming Meetings of Interest <ul style="list-style-type: none"> <li>○ Region IV Trauma/ACS Resident Paper Competition; November 2-3, 2018 (Charlotte, NC)</li> <li>○ Annual TQIP Scientific Meeting: November 16-18, 2018 (Anaheim, CA)</li> <li>○ COT Annual Meeting: March 20–24, 2019 (Chicago, IL)</li> </ul> </li> </ul>
		NC-ATS (Shue)	<ul style="list-style-type: none"> <li>● Announced winner of 2018 NC-ATS Grant: Mecklenburg Safe Kids</li> <li>● 2019 Grant Process: Application accepted beginning November 15, 2018 through March 1, 2019</li> </ul>
<b>VII</b>	<b>New Business</b>		<ul style="list-style-type: none"> <li>● None</li> </ul>
<b>VIII</b>	<b>Next Meeting</b>	-	<ul style="list-style-type: none"> <li>● January 9, 2019</li> </ul>
<b>IX</b>	<b>Adjourn</b>	Jacobs	

Submitted by:

David Jacobs