STAC MEETING MINUTES

JULY 6, 2011

Location: Sabin Conference Room Time: 1 PM-3PM

Facilitator: Walt Biffl

Committee members present: Walt Biffl ✓ Ray Coniglio ✓ Kyle Dahm ✓ Kris Hansen ✓ John

Nichols ✓ Maura Proser ✓ Lara Rappaport ✓

Committee members absent: Anthony Kern, Randy Lesher, Charity Neal, Joel Schaffer

EMTS staff: Randy Kuykendall ✓ Margaret Mohan ✓ Krystel Banks ✓ Michelle Reese ✓ Jesse Hawke ✓

Holly Hedegaard ✓

Attendees: Karen Maciejko, Mary Shelton, Gail Finley, Anna Seroka, Cassie Greene, Carolyn OPatik, Bart Bachura, Nancy Frizell, Karen Lindhorst, Melody Mesmer, Dale Quinby, Tamara Connell, Travis Polk, Tony DeMond, Dee Crump, Amy Carter, Arlene Harms, Nicola Hopkins, Lori McDonald, Phyllis Uribe, Sue Slone, Chris Montera, Kim Muramoto, Toni Moses, Anastasia Hartigan, Theresa Dorsey, Jeff Schanhals, Dan Noonan, Eric Schmidt, Ralph Vickrey, Pat Tritt, Scott Bourn, Connie Conour, Tracy Lauzon, Karen Masters

Review of Minutes: Motion to approve minutes of the June 1, 2011, meeting by Kris Hansen, second by John Nichols and passed unanimously.

Topic 1 Staff Updates

Discussion: 1. STAC membership - One SEMTAC appointment and two department appointments expire in September. SEMTAC to address at the July 7, 2011 meeting and a call for applications will be sent out for the department's appointments.

- 2. Key Principle Recommendation Grid The grid developed by the DRC for use when deliberating on trauma designation recommendations for level III V facilities was distributed to the administrator and trauma nurse coordinator of each facility for review and comments. Three comments were received one asking that the grid indicate no action is required when facilities meet all designation criteria. The grid has been revised to address this comment. The other two comments received expressed opinions that the actions described on the grid are too punitive.
- 3. Destination Protocols The destination protocols for 6 regions have been submitted. Each RETAC is charged with reviewing and revising as necessary the destination protocols for their areas due to the revised trauma triage algorithms approved by the Board of Health in March 2011. The destination protocols are posted on the EMTS web site under Trauma Program Trauma Triage Protocols. The following RETACS have submitted destination protocols Foothills, Mile High, Northeastern, San Luis Valley, Southeastern and Southwest.

Action Item(s) None. Information only

Topic 2 STAC subcommittee - Assisting Rural Trauma Centers

Discussion: The subcommittee has met two times in the last quarter. Discussion centered on how best to assess the need of the rural trauma centers. Recommendations from the ACS Consultative Visit as well as other brainstorming ideas were reviewed. Three focus areas have been identified - Resources, Data, Obtaining feedback directly from the rural trauma centers.

Action Item(s) A tool kit is being developed for the TNC. Resources, templates, reference materials, etc. will

be posted on the CDPHE Trauma Program web page for easy access. Identification of what data would be the most useful and what are available, needs to be further refined.

Topic 3 Benchmark Reports

Discussion: Preliminary findings from the data analysis on intracranial monitoring were presented. The EMTS Data Program will engage the neurosurgical community in further discussion regarding the preliminary results and any recommendations for additional analyses.

The next benchmark reports will focus on trauma in the elderly, with emphasis on patients who sustain rib or pelvic fractures.

Action Item(s) Work with Dr. Nichols to gather additional feedback from the neurosurgical community on the results of the analysis on the patterns of use of intracranial monitors

Topic 4 Interfacility Transfer Rule Rewrite

Discussion: The focus of the subcommittee is to identify the patient conditions/diagnoses that would require consultation/transfer to a Level I or II trauma center. Data from the trauma registry were used to identify the number of patients reported by Level III facilities that meet the current rules for consultation/transfer. Not all conditions included in the rules can be identified in the trauma registry, so the analysis was limited to identifying patients with significant head injuries, spinal cord injury with neuro deficit, major chest or abdominal injuries, or posterior pelvic fractures as defined in rule. In 2009-2010 (2 year total), 2886 trauma patients meeting the above criteria were reported by Level III facilities. Approximately 20% of these patients were transferred from the ED to another facility. The remaining 80% were admitted to the Level III. Of these patients, approximately 4% were then later transferred to another facility. In addition to looking at the criteria from the current rules, a second analysis looked at the transfer/admission patterns for severely injured trauma patients (as defined by ISS 16-75, rather than by specific diagnoses). During this same 2 year time period (2009-2010), 1278 patients with ISS 16-75 were reported by Level III facilities. Of these patients, 27% were transferred from the ED and 73% were admitted to the Level III. Of the patients admitted, approximately 6% were later transferred after initial admission at the Level III.

The committee discussed additional analysis and method(s) that could be used to identify those trauma patients that should be transferred to a Level I or II facility.

Action Item(s) More in-depth analysis of the types of patients admitted to Level III facilities and later transferred to a Level I or II, continue to develop a list of conditions requiring transfer and seek a response from the various specialty groups - neuro, general surgery, orthopedics, etc.

Next meeting

An interim meeting will be on August 16, 2011 from 1-3 at CDPHE, in conference room C1A.