

# STAC MEETING MINUTES

NOVEMBER 30, 2011

Location: C1A

Time: 2PM-4PM

**Facilitator:** Walt Biffel

**Committee members present:** Walt Biffel ✓ Kyle Dahm ✓ Nancy Frizell ✓ Rob Handley ✓ Charlie Mains ✓ John Nichols ✓ Joel Schaefer ✓

**Committee members absent:** Maura Proser, Laura Rappaport, Kris Hansen, Randy Leshner

**EMTS staff:** Michelle Reese ✓ Jesse Hawke ✓ Grace Sandeno ✓ Margaret Mohan ✓

**Attendees:** Ray Coniglio, Phyllis Uribe, Tracy Lauzon, Sherrie Peckham, Travis Polk, Karen Masters, Dee Crump, Becky Oliver, Vikki Pope, Karen Lindhorst, Peggy Berkey, Pam Bourg, Carolle Anne Banville

**Review of Minutes:** Deferred to next meeting

**Welcome New Members:** Nancy Frizell

## Interfacility Transfer Rule Rewrite Project

**Discussion:** Multiple comments had been received from the stakeholder community in response to the Neurotrauma Transfer draft that was distributed in October. Rather than revising the current draft rule, the group stepped back to discuss the need to define the best process to follow as various sections of the rule are revised. Questions and viewpoints that were made during the meeting included:

- An underlying question needs to be answered - If the regulation requires consultation, what exposure and liability is there for the consulting physician/hospital when patients stay at lower level facilities and there are negative outcomes? Is the state liable since consult was mandated?
- Lower level facilities cannot be forced to keep patients they are not comfortable keeping – that is not the goal. Likewise, the goal is not to have facilities transfer patients that could be managed safely and locally.
- The accepting facility accepts the burden for care when the patient is transferred just as facility who keeps patients accepts the burden for care on the patients they keep.
- Facilities will need to be transparent when reporting data to CDPHE on the clients they are keeping.
- Facilities need to be specific in the facility defined scope of care when defining what clients they can care for at their facility. The standards of care requirements should be the same for any facility admitting the same patient type – regardless of the designation level.
- What should be the process of a consult? How is consult defined?
- Is a consulting physician considered part of the medical staff of the facility keeping the patient after consultation?
- Would seeking an opinion from the Attorney General Office help? Michelle Reese pointed out that as the legal counsel to the department, the Attorney General Office can advise as to whether CDPHE has the authority to enforce rules as written. They would not comment on physician malpractice or hospital liability questions.

Questions/Issues raised specific to neurotrauma transfers included:

- We need to know what the evidence is and/or what the literature says regarding subarachnoid hemorrhage patients with a GCS of 13,14,15 who stayed at a level III trauma facility

- Level III facilities keeping these patients would need to show that they have the same resources (personnel, equipment, training, etc., at a level II facility)
- For designation surveys, the survey team for Level III trauma centers with neuro coverage should come from level I or II facilities
- Clinical guidelines from the American Association of Neurological Surgeons should be used to evaluate care
- The rule needs to address family decisions regarding care and end of life exceptions.

**Action Items:**

- Try to figure out how to get answers to the liability/exposure questions. Explore whether a representative from COPIC Insurance can attend the January STAC meeting
- Revise the neurotrauma rule draft to insert level II requirements for level III facilities with expanded neurosurgical coverage wishing to keep and care for patients with intracranial hemorrhage.
- Remove the reversal of anticoagulants language from the draft rule and make coagulopathy a special consideration.
- Make sure that rule allows for patients who do not want aggressive care. Must be documented that family did not want.
- Lit search on liability for consults. Lit search on where head trauma is best managed.
- Issues of credentialing at remote facility – currently consults done with potentially no credentialing at remote facility. Grace has checked with CODOC, the stroke consult telemedicine system that is housed at the Colorado Neurological Institute. The hospitals have a very abbreviated way of credentialing the remote physician and only for telemed privileges. In addition, there are some relatively new CMS rules that address remote credentialing.

**Next meeting**

January 11, 2012, from 1pm-3pm at CDPHE, in the Sabin conference room (Building A)