

STAC MEETING MINUTES

APRIL 9, 2014

Location: CDPHE, Sabin

Time: 1:00-4:00 PM

Facilitator: Walt Biffi

Committee members: Jeff Beckman ✓ Walt Biffi ✓ Lori McDonald ✓ Randy Leshar ✓ Charlie Mains ✓ Kyle Dahm ✓ Robert Handley ✓ Tamara Connell ✓ Andrew Berson ✓

EMTS staff: Randy Kuykendall Grace Sandeno ✓ Margaret Mohan ✓ Tamara Hoxworth ✓ Scott Beckley Steve Boylls Alexandra Haas Eileen Shelby ✓ Matt Concialdi

Attendees:

In person: Sherrie Peckham, Moriah McCutcheon, Jason Stoneback, Vickie Smith, Karen Maciejko, Karen Masters, Peggy Berkey, Deb Moynihan, Kiva Thompson, Misty Sakala, Kim Muramoto, Robert Hudgens, Cassie Greene, Shirley Terry, Victoria Thompson, Ed Lopez, Jeff Schanhals, Charisse Sparks, Terri Foechterl, David Dreitlein, Mark Turpen, Kent Collins, Laura Rogers, Steve Forma, Stephanie Eveatt, Anne Wardrop, Eric Schmidt, Jodi Townsend, Dee Crump, Denise Stong, Julie Ramstetter, Terry, Stephanie Haley Andrews, Phyllis Uribe, Valorie Arb, Linda Britton, Carl Smith, Nancy Frizell, Lynn Andersen, Peter Janes, Toni Moses, Ginna Sanders, Barbara Gabella, Sophie VanWyk, Craig Gravitz, Patti Thompson, Kim S., Linda Underbrink, Mel Mesmer, Josh Eveatt

By Telephone: Krista Terrell, Rob Leeret, Amanda Amsler, James Downey, Reg Franciose, Dana Knerl, Becky Oliver, Wendy Colon, Shalou Herrera-Puno, Vikki Pope, Shayne O'Connor, Dr. Conrad, Renee Elwell, Garrett Chism, Nathan Anderson, Tracy Lauzon, Carolle Anne Banville, Paula Golden and Helen Giron

Approval of Minutes, January 2014

Discussion: none

Motion to approve by: Mains 2nd by ? . Motion passed.

Announcements

Rule Change Hearing: The Level I volume criteria proposed rule change (400 changing to 320) is scheduled to be heard at the Board of Health meeting, April 16, 2014, at the Colorado Department of Public Health and Environment. Public comment is being taken through the day of the hearing.

Inclusions/Exclusions Criteria

Discussion:

The staff presented several instances where the Colorado Trauma Registry

inclusion/exclusion criteria do not match the criteria of the National Trauma Data Bank. In some cases the Colorado Trauma Registry has worked to better align with national criteria, and staff wanted the public to comment on these specific criteria. A change would affect the number of trauma patients recorded in the registry. After a robust discussion, the group agreed that there were good reasons to leave the criteria as they are and continue to collect the information as has been historically done.

Scope of Care - Orthopedic Injuries

Discussion:

Staff presented a brief history of the trauma system in Colorado and an overview of current rules regarding orthopedic care. Then Scott Beckley presented orthopedic data from the Colorado Trauma Registry (very detailed information on every trauma patient seen at a Level I, II and III trauma center) and the Hospital Discharge Dataset (administrative data set for all Colorado hospital admissions but with a focus on billing data. Does not include patients only seen in ED or dead in the ED.) Slides from both presentations are available on the website.

Staff acknowledged that there have been many changes in the care of trauma patients over the past 15 years since the time when many of these rules were written. Increased emphasis on outcomes. Orthopedic care has changed as well. Colorado has more orthopedic care available at level IV trauma centers and seeing more advanced ortho available at some level III trauma centers, both without any standards for how that care will be provided.

Not saying that rules are the answer, but looking for a consensus about how to establish standards of care, measure those standards and hold facilities accountable to providing quality care regardless of the level trauma center at which the care is received.

Staff presented several options that have been suggested:

- 1) Waiver process - similar to EMPAC waivers for medical directors who request something outside of the regular scope of practice for EMS providers.
- 2) Additional rules - additional mandatory consult and transfer rules and mandatory requirements for staffing, training, equipment, etc.
- 3) A la carte option: see Minnesota checklist - facility would self declare what the facility can take care of and then would be held to that list.
- 4) Watchful maintenance: the department could examine data and look at each and every case of certain injuries and where they went. Then look at care at individual facilities.
- 5) Other options. Looking for suggestions.

One problem is that Level IVs are not required to report to the Trauma Registry thus do not have evidence of care outcomes. Care outcomes not tracked in discharge dataset.

Another issue is that Level IIIs do not have some specific requirements for Ortho or

particular filters to look for ortho quality.

Question: Are there injury patterns that everyone can agree should go to Level I or IIs? Yes, High energy unstable pelvis fx, multiple long bone fx, concomitant vascular injuries.

Need standards for structure, process, accountability to assure quality in the new paradigm of blended levels of care.

Best practices plus review quality of care at the review.

General agreement that any hospital that is keeping surgical patients of any sort should be mandated to provide complete trauma data into a registry.

What additional capabilities necessary for part time Ortho? What set of things is required to create a safe environment for orthopedic surgical patients?

OR availability (with a specific time frame), medicine support for inpatient management, transfer criteria for anything that might have complications, facility-defined scope of care - based on what is typically seen in that community, telemedicine for days when ortho not on site, radiology, trained nursing staff (e.g. spot compartment syndrome), specific quality improvement on ortho available at the review.

Quality processes should focus on how to provide the best possible care every day for the capabilities that you have. If level IV with ortho, then ortho and anesthesia must be part of the quality improvement process.

Next Steps:

Find how many Level IVs are currently contributing to the dataset.

Find out how many Level IVs currently keep ortho: part time? Full time?

Look at level III and see what is applicable to level IV, include a la carte check list

Couple of clinicians to work on refining list of what should go to level I/II and start developing standards. Paula Golden, Dr Stoneback volunteered.

Next STAC meeting

The next meeting will be July 9, 2014, at 1:00 - 2:45 PM at Colorado Department of Public Health and Environment, 4300 Cherry Creek Dr. South, Denver, CO 80246