

REMS TRAUMA COMMITTEE MEETING MINUTES

September 13, 2011

Present: Carolyn Marsh, Melissa Hall, Tina Skinner, Wayne Perry, Amy Matkins, Nael Hasan, Debbie McIntyre, Jennifer Shiflett

Meeting Called to Order at 1515

TOPIC	DISCUSSION	ACTION ITEMS	RESPONSIBLE PARTY
Welcome/Introductions	Introductions where made to all members of the meeting. Dr, Roberts was unable to attend due to clinical obligations at the hospital.		Melissa
Review/Approval of Minutes	June 14, 2011 meeting minutes approved at 1520.		Melissa
Chair Report	<p>The Trauma Activation Criteria was revised at Mary Washington to include the over 65 population on anticoagulant therapies. It was noted that this patient population most often needed an upgrade in care and high ISS scores. The MWH Trauma activation criteria model the CDC Field Triage Decision scheme.</p> <p>The VA OEMS Trauma Site Survey Team will be visiting on September, 29, 2011 for MWH verification as a Level II Trauma Center. Wayne has been asked to attend the opening conference during the survey.</p>		Melissa
REMS Regional Council Report	<p>Wayne discussed the current revision to the regional protocols to include the trauma plan within the protocols. He welcomed recommendations to the current trauma protocols. Group requested to view the current protocols prior to making recommendations.</p> <p>He also discussed the updates to the regional QI committee, mentioning the revision to the PI loop closure form. Most often agencies do not give enough information to close the loop, citing, "the case has been reviewed and closed". The QI committee recommended that the agency report what the basic action was (i.e. education was provided, a protocol revised, provider counseled, etc.). The exact details are not needed. The QI Committee has also formed a subcommittee to review cases and provide feedback quicker.</p> <p>Wayne mentioned the need for an aeromedical rep on the committee. Carolyn also mentioned the need for representatives from other EMS provider levels.</p> <p>Wayne discussed the provider confusion over the trauma</p>	<p>Debbie will provide a member to the QI committee.</p>	Wayne

	<p>activation criteria at MWH. It was noted that providers question why certain traumas are activated and why some are not, especially when an EMS provider is very specific of the patient's condition over the HEAR radio. Melissa mentioned the trauma triage education being done by the Trauma team and that our activation criteria is shared during the presentation but providers are told to utilize the regional trauma triage decision scheme when caring for a trauma patient. Providers should not be using the MWH activation criteria when making transport decisions. The MWH activation criteria is used internally by the staff at MWH. Tina seconded Melissa's comment and restated providers should only be using the regional field trauma triage decision schemes. Dr. Hasan agreed, stating providers should not call Code Yellow and Code Orange activations in the field especially without giving additional information. Dr. Hasan is working to standardize the EMS HEAR report into the hospitals. The report should not take providers any more than a minute to provide the patient information. He will need OMD support to standardize the process. Jennifer Shiflett has volunteered to work with Dr. Hasan in developing an EMS report. Dr. Hasan has also asked Dr. Roberts to work on the report as well.</p>	<p>Melissa to send Debbie a copy of the MWH Trauma Activation Criteria.</p> <p>Jen to send a draft EMS report to group. Dr. Hasan & Dr. Roberts to meet to discuss HEAR report. Melissa suggested contacting SRMC as well for their input. Wayne to find a contact a SRMC.</p>	
REMS PI Committee Report	<p>Carolyn discussed the 2nd Qtr. Trauma System Indicator, "Identify the number of chest trauma calls reviewed where assessment of breath sounds were noted in the PCR". The results showed a 96% compliance rate of assessment of breath sounds in chest trauma. The benchmark was set at 90% and met. The 3rd Qtr Trauma system indicator is, "Total number of trauma patients who did not require extrication and were transported within 15 minutes of arrival on scene AND Total number of trauma patients that were not transported in 15 minutes of arrival on the scene."</p>		Carolyn
Old Business	<p>QI Indicators Benchmarks: Dr. Hasan and Carolyn have established benchmarks for each QI indicator.</p> <p>Aeromedical Trauma Patient Data: Regarding the 1st Qtr trauma system indicator data, Dr. Roberts has requested aeromedical agencies provide the # of trauma transports and destinations at this meeting. He is interested in outmigration of trauma patients in the region. Debbie and Amy will need to escalate the request to their leadership teams.</p>		Group

New Business	None		Group
Meeting was adjourned at 1616			
Next Meeting December 13, 2011 3-5PM			

Rappahannock EMS Council
 TRAUMA COMMITTEE MEETING MINUTES
 December 13, 2011

Present: Dr. Roberts, Melissa Hall, Wayne Perry, Tina Skinner, Debbie McIntyre, Brian Solada, Joe Taylor

Meeting called to order at 15:10

TOPIC	DISCUSSION	ACTION ITEMS	RESPONSIBLE PARTY
Review/Approval of Minutes	September 13, 2011 meeting minutes were approved at 15:15.		Dr. Roberts
Chair Report	<u>ACS Trauma Site Survey</u> took place last week. We will have the final details in 6-8 weeks. The surveyors encouraged us to continue building a strong hospital/EMS relationship. They spoke favorably of Tina's position as EMS liaison, and how well she has bridged the gap.		Dr. Roberts
REMS Regional Council Report	<u>QI Process</u> – A new REMS form developed by the QI Subcommittee for EMS Incident Review Closure has been created (see attached). Wayne noted that currently each agency has its own reinforcement policy for QI. This form will offer a paper trail to help “close the loop.” Tina added that closing the loop rests with the Medical Directors as they are in charge of QI programs. The group discussed the need to change the punitive culture of the QI process which has lead agencies in the past to ignore requests. The agencies need to join together to spread the word that the system is changing from purely punitive to system-changing and educational. The agencies need to take this message to the masses and then we need to “walk the walk.” The OMD's need to be part of this process as well. It was discussed to put a 30 day time limit for return of the new QI Forms to REMS which could be added verbiage in the email to the agency involved with perhaps a “request receipt.” The group agreed to see how this works over the next few months then and		Wayne Perry

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	<p>review. <u>Trauma Classes</u> – REMS asked Trauma Services to assist with case studies for the intermediate and paramedic classes in April if anyone from Trauma would like to assist. <u>Revised Protocols</u> - Shooting for a March/April timeframe for rollout.</p>		Wayne
REMS PI Committee Report - Carolyn Marsh	<u>No Report (per Wayne)</u>		
Old Business	<p><u>HEAR Report</u> – Dr. Roberts expressed his concern with a revised, shortened HEAR report not giving enough information, which he based on a few prior PI'd cases. He noted that most of the trouble with HEAR reports is garbled speech due to transmission problems more than the content of the reports. Tina added that the goal was to design a more limited, concise, "optimal" report. The group discussed the need for a consistent reporting form, although noted that different hospitals require different pieces of information from providers. Dr. Roberts asked if we could look at the HEAR forms from other hospitals with trauma centers such as INOVA. The driving force should be quality clinical care. Dr. Roberts added that he will look at the MESSAGEIT form from Melissa and discuss with Dr. Hasan.</p>		Dr. Roberts/Melissa
New Business	<p><u>REMS QI Reports</u> – Dr. Roberts asked how the data from QI reports can to be used to improve the system. Wayne noted that the problem lies with the current system of gathering data. Many of the agencies do not use the form. Dr. Roberts suggested that the OMDs</p>		

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	<p>require this of their agencies, and noted that this was mandatory in California.</p> <p><u>EMSAT Video</u> – Dr. Bilski has committed to the EMSAT video regarding Pregnancy and Trauma, although has not committed to a specific date. The filming will be some time in January. It was noted that Sparky wants to remain in the loop.</p> <p><u>Next Quarterly Meeting</u> – The group agreed that the next quarterly meeting can take place in the same 3:00-5:00pm timeframe.</p>		
Adjournment	Meeting adjourned at 16:15.		

Rappahannock EMS Council
 TRAUMA COMMITTEE MEETING MINUTES
 March 29, 2012

Present: Melissa Hall, Tina Skinner, Greg Fleck

Meeting called to order at 15:15

TOPIC	DISCUSSION	ACTION ITEMS	RESPONSIBLE PARTY
Review/Approval of Minutes	December 13, 2011 minutes were approved at 15:20.		Melissa Hall
Chair Report	<p><u>Melissa Hall</u> – Dr. Roberts is in the SICU with a patient and is unable to attend. No quorum noted. Mary Washington Hospital’s Trauma Center has been verified by the American College of Surgeons Committee on Trauma. MWH’s Trauma Center is the first Level II trauma center in Virginia to receive this distinguished designation, and only the third of all Virginia trauma centers. The other two are MCV and Inova’s Level I centers. The ACS has higher standards than the state verification, and is very focused on the PI system. Melissa noted that the ACS surveyors were very impressed with our regional EMS system. MWH TC will be rolling out the message of ACS verification to the EMS community and thanking them for the important role that they played in this designation by providing them with ACS announcement penlights in the EMS room at MWH.</p>		Melissa Hall
REMS Regional Council Report	Wayne Perry not present		
REMS PI Committee Report - Carolyn Marsh	<p>Carolyn Marsh not present No Report (per Wayne) <u>QA/QI Status</u>- Greg Fleck noted that the TBI markers were documented last quarter. The group required clarification of the data, and would like a report from Carolyn Marsh.</p>	Wayne Perry to be contacted regarding QA/QI report and indicators.	Melissa Hall and Dr. Roberts

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	<p>Melissa would like information about the 2013 indicators. It was noted that the QA/QI committee believed that Melissa was a member of that committee. Melissa had just received her letter of invite for her first meeting in May, 2012. Melissa asked how the QI indicators are selected, and noted that there has not been any discussion or representation of QA/QI in the Trauma Committee.</p>		
<p>Old Business</p>	<p><u>Aeromed Case Rounds</u> – MWH TC will be setting up quarterly case rounds with our aeromed managers. LifeEvac is on board. We are awaiting word from AirCare.</p> <p><u>HEAR Report</u> –Tina Skinner brought a copy of the revised MWH HEAR report internal form as well as the current form, and forms from UVA and VCU for comparison. Dr. Hasan also wants a uniform revised HEAR format for EMS providers. The group noted positives noted from other HEAR reports are as follows:</p> <ol style="list-style-type: none"> 1. UVA’s form had boxes for STEMI and Stroke. 2. UVA and VCU had spaces for up to 3 calls from EMS per patient on each form. <p>It was suggested that a pre-alert box should appear on the form.</p> <p>It was also suggested that a special box be on the form for the input of trauma data. It was also suggested that either through paper color or a sticker that trauma be color coded. Also discussed was whether or not all of this trauma data was appropriate for the HEAR form. Melissa expressed concern with the dangers of double</p>		<p>Melissa Hall and Dr. Roberts</p>

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	<p>documenting as all of this information should be on the state PPCR. She will bring this to Amy, the trauma registrar, and Dr. Roberts for their review.</p> <p>Also discussed was the need to get this issue back into the hands of emergency services. It was also suggested that we get an update from Dr. Hasan regarding the status of this project as this needs to move forward.</p>		
<p>New Business</p>	<p><u>State and Regional Committee Expectations</u> – The group discussed the need to know the specific expectations of the state and region for this committee. Issues raised included:</p> <ol style="list-style-type: none"> 1. The timeframe for the Trauma Plan 2. The need for a REMS designee at each committee meeting 3. The need for this to be a regional meeting with representation from all regional hospitals 4. The need for a mission statement which will be put on next quarter’s agenda <p><u>Trauma Month - May</u> The group discussed possibilities for Trauma Month. Melissa asked the group for suggestions for injury prevention projects from the committee. Tina suggested we highlight the latest EMSAT video, “Trauma in Pregnancy” by MWH TC’s Dr. Bilski and featuring Colonial Beach Volunteer Rescue Squad providers as well as 2 LifeCare and Chancellor Volunteer Fire and Rescue providers. It was suggested that we have a premiere showing either outside or at a local theater, and have a “playbill” with information</p>		

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	about the content of the video as well as information about REMS and the Trauma Committee and their supportive roles for our EMS providers. It was agreed that we will need to move on this quickly. The group set a tentative date of Friday, May 11 th . <u>Spotsylvania Fire and Rescue</u> – Greg Fleck reported that 52 of their providers have just been certified in ITLS.		
Adjournment	Meeting adjourned at 16:45.		

**Rappahannock EMS Council
Trauma Committee Meeting
June 28, 2012**

Members Present: Dr. Lawrence Roberts, Co-Chairman; Dr. Jordan Crovatin, Co-Chairman; Denice Greene, HCA Spotsylvania Regional Hospital; Kelly Swan, AirCare; Brian Solada, LifeEvac; Jen Brown, Mary Washington Healthcare; Melissa Hall, Mary Washington Healthcare; Joey King, LifeCare Medical Transports; Pamela Bertone, REMS Staff Support

Members Excused: Dr. Steven Taylor, Fauquier OMD; Dr. Shin Sato, Mary Washington Hospital; Mark Crnarich, King George County Volunteer; Lori Knowles, Stafford County Career ; Wayne Perry, REMS Executive Director; Carolyn Marsh, REMS Systems Coordinator

The meeting was called to order by co-chairs, Dr. Roberts and Dr. Crovatin, at 3:00p.m. at the REMS Council Training Center.

Old Business:

- Reviewed previous meeting minutes and there were no corrections or additions.
- Concerned for low participation and need to work on improving this.

New Business:

- Dr. Roberts is now a member of the REMS Board of Directors.
- Process Improvement (PI): PI procedures have been established and will be ongoing. The information will be on a quarterly basis and the focused topic at this time is patients being placed on backboards.
- There is a REMS PI committee and Trauma committee. Information will be generated to conjunction of both.
- There is a need for a pre-hospital provider on the QI and Trauma Committees.
- If there is a state requirement want to incorporate additional procedures.
- Other ideas for the PI process include: Pediatric initiatives, penetrating injuries, on-scene times, and use of air flights and utilization of triage plans.
- Important factors of the program include: better analysis of data, yearly indicators in addition to quarterly.
- Committee members present agreed to the day and times of the meetings.
- Low turnout and participation is a concern.
- Dr. Roberts will speak with Kevin Dillard regarding the following: Define goals and objectives of the committee, purpose, need to increase participation, continued assistance / support from REMS, committee scope, other areas to include in meeting and is teleconference feasible.
- Round Table Discussion:
AirCare: None
Spotsylvania Regional Medical Center: None

LifeEvac: Hired new nurse and one new medic

Mary Washington Healthcare: MVA / Motorcycle incidents have increased, narcotics abuse has increased, TECC Course on August 6, 2012, ATLS late October / early November and EMS outreach program continues to focus on trauma triage.

Culpeper County: Skill day scheduled for October 6, 2012.

Adjournment: Meeting was adjourned at 4:30p.m.