Rappahannock EMS Council
Trauma Committee Meeting
September 24, 2012

Members Present: Dr. Lawrence Roberts, Co-Chairman; Melissa Hall, Mary Washington Healthcare; Lori Knowles, Stafford County Fire & Rescue; Tina Skinner, MWH EMS Coordinator; Alva Rose, LifeEvac; Debbie McIntyre, AirCare; Wayne Perry, REMS Executive Director; Pamela Bertone, REMS Staff Support

All other members were absent.

The meeting was called to order by co-chair, Dr. Roberts at 3:08p.m. at the REMS Council Training Center.

New Business:

- A request to change meeting minutes by Melissa Hall. Under MWH's report "narcotics abuse has increased" should be deleted. "Narcotic kit diversions have been noted in Spotsylvania and MWH is partnering to help enhance narcotic kit security". Meeting minutes were approved with that change.
- Dr. Roberts reported he reached out to all the OMD's to notify them of the meeting and gain support for the Trauma Committee. He did not hear back from any of them. He will now reach out to Kevin Dillard to discuss issues.
- REMS Trauma QI Report - Pam Bertone discussed the 4th Qtr. results – ETA's and HEAR reports to trauma center. She mentioned the lack of reporting and that the requirement is to report 10% of all calls not just 10% of trauma, so the agencies may not have listed any trauma patients in their report as there may not have been a trauma patient in the 10% of records pulled. Lori Knowles also mentioned the requests are confusing… "Do you want all trauma? (i.e, stubbed toe)". You must clarify what type of trauma you are looking for. Dr. Roberts asked why agencies were not calling in. Pam mentioned potential staffing issues. Dr. Roberts suggested creating a map with 10 minutes out for all jurisdictions surrounding each hospital. Lori mentioned how difficult it is at times to pull data from system. It was also mentioned some agencies are still on paper and the PI process can be time consuming for them as well. Dr. Roberts asked what was the purpose of collecting this data and having a PI program if REMS was not going to do anything with the information? Education / training / protocols are all connected to this process. How best can we get this information to the providers? Dr. Roberts suggested making a video of an ETA 3 minutes and no one in the room; their ETA 10 minutes with team trauma in room. Pam and Wayne also mentioned the REMS list serve as a mechanism to help with getting information to providers. Pam will send the recommendation to the Trauma QI Committee. She will also make flyers and get 4th qtr. information up on boards at MWH and on the list serve. The revised trauma score was discussed and how important the components were to the HEAR report to the hospital. Lori also mentioned how important it is to clarify how to obtain the QI

data and suggested sending indicator to providers to report to QI officer (i.e., if the provide did not put in instances “this happens if this happens to be the indicator”.) It was also mentioned to add the indicators to the pink form potentially. Tina mentioned OMDs really need to be more present and regulate the submission of data. Proposed asking board to recommend a certain percentage of data which should be QI’d. Can we ask EMT’s to fill out a form?

- Round Table Discussion:

  LifeEvac: Alva Rose - None
  AirCare: Debbie McIntyre - None
  REMS: Wayne reported the Trauma PI Plan needs review. He will send charter, mission, members, and current goals to group and must put on agenda for December board meeting.
  Stafford Fire & Rescue: Lori Knowles – None
  MWH Trauma: Melissa Hall – Reported from State Trauma Operation and Management Committee that the recent recommendations of requirement of PPCR reports either a full PPCR or abbreviated version of PPCR left in the ED will be mandatory sometime in October. The Governor should be signing the resolutions soon into legislation. In addition, there is a time requirement to submit the PPCRs to the hospital which will also be signed by the Governor. The time requirement is 12 hours. She also mentioned the State Trauma Committee is looking at the enforcement of the Trauma Triage Plan as the plan is not being consistently followed across the state.

  Wayne was asked to provide the group any ideas on what other council’s trauma committees are doing well and how they structure their meetings and attendance.

Old Business:

- EMS HEAR report is in the new regional protocols and is completed.

Adjournment: Meeting was adjourned at 5:05p.m.

Rappahannock EMS Council
Trauma Committee Meeting
Tuesday March 19, 2013

Members Present: Dr. Jordan Crovatin, Co-Chairman; Debbie McIntyre, PHI AirCare 2; Pamela Scholl, SRMC EMS Coordinator, and Wayne Perry, REMS Executive Director

Guests/Others Present: Tina Skinner, MWH EMS Coordinator

All other members were absent.

The meeting was called to order by co-chair, Dr. Crovatin at 3:35p.m. in the REMS Council Regional Training and Simulation Center.

New Business:

- Wayne presented the data from the latest QI report.
- Wayne asked for the committee to provide input into the FY2014 trauma QI indicators. Asking that suggestions be returned to the REMS Council before the May meeting of the Trauma QI committee.
- Wayne indicated that the protocol sub-committee would be looking at some of the newer therapies for trauma care that have been studied and reported from some battlefield cases. The two main ones being looked at are the pre-hospital use of TXE and the application of lyophilized plasma in trauma. The committee was asked to return any comments or suggestions to the REMS Council so they could be forwarded to the protocol sub-committee.
- Wayne indicated that the regional trauma triage plan is overdue for review as the committee did not meet last quarter. The committee recommended that we incorporate the 2012 CDC Trauma Guidelines and Mary Washington Healthcare agreed to review this document and recommend any needed changes to the REMS Council before the next meeting.
- SRMC reported that they are formally seeking designation as a Level III Virginia Trauma Center.
- SRMC reported that Dr. Smith is no longer the ED Physician group director and the interim director is Dr. Baxter.
- MWH reported that they are working on detailed plans for trauma by-pass as part of their verification requirements to have such process in place.

- Round Table Discussion – no issues for discussion

Old Business:

Adjournment: Meeting was adjourned at 3:55p.m.

REMS Council Regional Trauma Committee

Fourth Quarter FY2013 Meeting Thursday June 27, 2013

10:00 a.m. at Mary Washington Hospital Trauma Services Office

Attendees: L. Roberts, REMS Council Trauma Committee Co-Chair, Mary Washington Healthcare Trauma Services; M. Hall, Mary Washington Healthcare Trauma Services, D. McIntyre, PHI Air Medical – Fredericksburg, K. Twigg, Spotsylvania Citizen, L. Knowles, Stafford County Fire/Rescue, W. Perry – Staff Support, REMS Council

Old Business:

1. update on trauma triage plan – still pending per Melissa Hall, and Tina Skinner but should be completed within 2 weeks

New Business:

1. Trauma needs assessment discussion:
    a. Overview from State TSO&MC subcommittee (ITSAN – inclusive trauma system assessment need)
    b. Our proposed committee project
        i. To assess quality of trauma care in the REMS region (planning districts 9&16) – to determine if trauma care is the same regardless of where in the REMS region the injury occurred, time of day, etc- to evaluate if there are areas for improvement that brings the same quality of care to everyone regardless of location or time. Quality care includes
            1. Injury prevention
            2. EMS trauma training (career vs. volunteer)
            3. Transport
                a. Ground
                b. Aeromedical
            4. Trauma center proximity/availability
            5. Non-trauma center capability
            6. Jurisdiction trauma protocol variability
            7. Inter-facility transfer guidelines and variability
            8. Distribution of trauma resources
        ii. Data needed (discussion)
            1. Need to assess minimum data set needed
            2. Need to define “trauma” so we include the appropriate patients

3. For each jurisdiction, what is the level of training for pre-hospital providers & what are the crew configurations used (2 ALS vs. 1 ALS and 1 BLS, etc)
4. For each jurisdiction, what are the trauma protocols that are used?
5. Time of injury
6. Time of arrival to non-trauma center from scene
7. Time of arrival to trauma center from either scene or non-trauma center
8. Aeromedical? Their times if applicable
9. Carol Pugh – state Trauma statistician is a resource for what data points may best be used and how best to find them
10. OMD's can help "drive the ship" in terms of supporting this project and obtaining data from each jurisdiction.

c. Recommendations:
   i. Obtain OMD support – Dr. Roberts will draft a letter and call each OMD
   ii. Melissa Hall will call Carol Pugh at OEMS for "advice" – should we only look at patients who via the pre-hospital Trauma Triage decision scheme meet Step 1 criteria?
   iii. Lori Knowles at Stafford will review current PPCR documentation to see how best to search for data we need and also what data might be best searched for
   iv. Potential trial analysis in 1 jurisdiction, then ask each jurisdiction to participate

2. Next meeting, date TBA, we will discuss the recommendations further

Co-chair