



MISSISSIPPI STATE DEPARTMENT OF HEALTH

---

Mississippi Trauma Advisory Committee  
Minutes

**December 6, 2010**

**10:00 a.m.**

**570 East Woodrow Wilson Blvd, Jackson, MS**

---

---

Members Present

---

- **William "Pete" Avara, MD**
  - **Rick Carlton, MD**
  - **Rodney Frothingham, MD**
  - **Hugh Gamble, MD**
  - **Doug Higginbotham**
  - **Jerry Howell**
  - **Amber Kyle, RN**
  - **John Nelson, MD**
  - **John Porter, MD**
  - **Wade Spruill**
  - **Josh Wenzel, NREMT-P**
  - **Ben Yarbrough, MD**
- 

---

Agenda

---

- **Call to Order/Acceptance of Minutes**
    - Meeting called to order by Dr. Avara at 10:06 a.m.
    - Motion to approve Minutes of September 1, 2010 meeting made by Dr. Nelson, seconded by Dr. Porter. Motion passed.
  - **Introduction of New Members**
    - Dr. Avara introduced new members to the committee: Dr. Hugh Gamble, Dr. John Porter, and Dr. Raul Pinon.
  - **Rules and Regulations Sub-committee Update**
    - Ms. Kyle reported that the Pediatric Task Force had met on Friday, December 3, 2010 and had started the re-write of Chapter 13. At the Strategic Planning Conference, MTAC decided to keep current levels of pediatric trauma care (primary, secondary, tertiary). The Task Force developed a draft for the tertiary level of pediatric trauma care and will meet again to develop the primary and secondary
-

---

---

levels. The secondary level will mainly address isolated orthopedic injuries/care.

- Ms. Kyle also addressed that under the current regulations, Trauma Centers receive a pediatric designation at the same time as their Trauma Center designation. The new Chapter 13 will make pediatric trauma center inspection and designation separate from the adult inspection and designation.

- **Strategic Planning Conference reports**

- Dr. Gamble reported on Partial Capability. Issues associated with this topic include a method to determine when coverage exists in real-time, along with call schedule requirements at each participating hospital. The goal is to use the limited neurosurgery and orthopedic surgery assets in Level III Trauma Centers to reduce the stress on Level II Trauma Centers. At this time, the use of general surgery assets in Level IV Trauma Centers is not considered due to after care and transfer issues.
  - Ms. Gail Thomas reported on Patients' Choice. The main issue is EMS' fear over lawsuits. One Trauma Region has elected not to allow patients' choice in a trauma setting. Additional information will be presented at the next meeting.
  - Mr. Higginbotham reported on Protecting PI Data. He suggested a joint effort between MHA, the State Medical Association, and the Nurses' Association to craft legislation that will sufficiently address the concern over confidentiality of PI data. He also stated that this may not be completed during this legislative session due to issues related to Medicare, re-districting, and the budget.
  - Mr. Wenzel reported on the EMS Roadmap. Rural inter-facility transfers is one of the most pressing concerns as many contracts call for a minimum number of ambulances to stay in the county. Another area of concern is air ambulances, particularly if they are being used to their maximum capacity. Due to the number of EMS associations/organizations throughout the state, there may be difficulty in obtaining consensus on the issues affecting EMS presently and in the future.
  - Dr. Carlton reported on Training and Education issues. There has been a great deal of discussion regarding ATLS, including a Functionality Sub-committee recommendation that the Level IV E&D chart be changed to allow physicians take ATLS once every 10 years instead of the requirement of maintaining currency in ATLS (once every 4 years). Another option is to allow physicians to take ATLS once, and not require re-certification. Dr. Porter reported that there is an ACS Rural Trauma Course that UMMC is authorized to teach that may be more appropriate for the majority of physicians in Mississippi. Dr. Porter will investigate and report back to the committee at the next meeting. Additionally, Physician Extender/Mid-Level Provider training was considered. Currently, physicians have ATLS and nurses have TNCC as required training, but Physician Assistants and Nurse Practitioners do not have any required training. Dr. Carlton recommended that the Rules and Regs Sub-committee set the requirement for ATLS (or a similar course) for PAs and ATLS or ATCN for NPs.
  - Mr. Tim Thomas reported on Level IV designation. One area of concern is the high turnover of Trauma Registrars at Level IV Trauma Centers. This may be an opportunity for regions to contract with facilities to provide data input services to obtain a higher level of accuracy and consistency. Additionally, Level IV TCs may
- 
-

---

---

find that pooling resources, or aligning with larger facilities, especially in the areas of the Registry and PI, may help to reduce the burden on a small number of individuals. As discussed at the conference, the regions desire greater involvement in the application and designation process. Dr. Miller reported that applications received by the Department will be forwarded to the regions for review and comment, at the same time the Department is reviewing the application. A regulation change will have to be made to have the applications go directly to the regions before the Department. Also, a regulation change will be made to have the regions conduct on-site visits to each Level IV at least once during each three (3) year designation period.

- Mr. Spruill reported on Region Design. At this time, there is no recommendation to change the current structure as more research is required. Some of the issues being reviewed include transfer patterns, communications, EMS resources, and medical control. During the discussion, the topic of a statewide medical communications system was addressed. Motion made by Dr. Gamble, seconded by Dr. Frothingham, that it is an objective of MTAC that a statewide medical communications system, the structure to be determined, should be developed as soon as possible. Motion carried.

- **State Trauma Registry Update**

- Ms. Carrie McFarland reported that all data submissions were current. The new software updates have been installed are currently in the Test mode.
- Mode of Arrival and Location of Injury are data fields that are under scrutiny.
- 71% of the hospitals are not using the QA module.
- A coding class is scheduled for March 23-24, 2011; details to follow.
- A fact sheet on state trauma statistics is being developed for public distribution.

- **Regional Reports**

- Ms. Susan Perrigin, Administrator for the North Trauma Care Region reported that BMH\_Golden Triangle, Columbus will be re-applying as a Level III Trauma Center when their current designation as a Level II Trauma Center expires (June 2011). She also reported that there will be a meeting of the region's Clinical Committee on December 9, 2010, and that representatives of Alabama's Trauma Program will be present to discuss cross-border transfer of patients.
- Ms. Cherri Rickels, Administrator for the Delta Trauma Care Region reported that the board structure is in place, the audit of the region's finances has been completed, Dr. Renia Dotson has been appointed as the Region Medical Director, and that the first meeting of the Nurse Manager and EMS Committees will be held on December 7, 2010.

- **Trauma Care Trust Fund**

- Dr. Miller reported that the November distribution of the TCTF will be \$6.66 Million; \$6 Million to be distributed in accordance with the distribution model and \$660,000 to be distributed to Level IV Trauma Centers. Dr. Miller added that this distribution is exactly half of the previous two distributions due to the reduction in collections, primarily traffic fines.
- 
-

- 
- There was a discussion on the Play or Pay revenue anticipated for this year. Dr. Miller reported that three (3) Level III capable hospitals and two (2) Level II capable hospitals had been invoiced for Play or Pay. If all of the hospitals pay, the revenue will be \$5.26 Million. Motion made by Dr. Gamble, seconded by Dr. Yarbrough to have Rules and Regs/Functionality Sub-committees research and recommend increases to Play or Pay and report back at the June 2011 meeting. Motion carried.

- **Hospital Inspections Reports**

- The committee adjourned for Executive Session at 11:43 am.
- The committee reconvened at 1:03 pm.

- **Request for Exception to Regulations**

- Ms. Thomas, Administrator for the Coast Trauma Care Region presented a request from Memorial Hospital of Gulfport (MHG) and Singing River Hospital, Pascagoula, to waive the requirement of a back-up call schedule for Trauma/General Surgery (Mississippi Trauma Care System Regulations, paragraph 901b.). The request had been recommended for approval by the Coast TCR PI Committee and the Coast TCR Board of Directors. Motion made by Mr. Higginbotham, seconded by Mr. Spruill to approve the request with the following conditions: 1). Each hospital will monitor trauma surgeon availability and timeliness of arrival through the PI process, and 2). Each hospital will report back to MTAC in twelve (12) months (December 1,2011) with the results of the monitoring. Motion carried.

- **Burn Center Inspection and Designation Process**

- Dr. Miller presented a draft of the Burn Center application for review by MTAC. The next step in the process is recruiting objective, credentialed inspectors to perform a Burn Center survey.

- **Trauma Activation Criteria**

- Dr. Miller reported that during the seven (7) Trauma Center inspections conducted in September and October 2010, it was discovered that hospitals, even those in the same corporation and trauma region, were not using the same trauma activation criteria.
  - The MHA Committee on Trauma has asked the Department to make the development of standard/core trauma activation criteria a priority.
  - The MSDH Trauma staff developed a list of trauma activation criteria derived from a number of organizations throughout the country, as well as those included on the CDC Field Triage Decision Scheme adopted by MTAC. Dr. Miller presented this draft list, and also explained that it has been sent to the region Medical Directors, as well as the Trauma Medical Directors of the Level I and II Trauma Centers. Dr. Miller has requested that comments be returned no later than January 8, 2011. He will present the list to the State PI Committee for review, and will present it to the Rules and Regs/Functionality Sub-committees for adoption as Appendix C of the Trauma regulations.
-

---

---

- **Level V Trauma Centers**

- Ms. Kyle requested guidance from MTAC concerning whether or not to continue research into splitting the current Level IV designation into Level IV and Level V designations.
- The consensus of MTAC at this time is to keep the current designation system and research the possibility/feasibility of partial play.

- **2011 Meeting Dates**

- Dr. Miller presented proposed meeting dates for 2011. MTAC meetings and EMSAC meetings will be on the same day; MTAC starting at 10:00 am, and EMSAC starting at 2:00 pm.
- Dates for 2011 are: March 8; June 9; September 1; and December 1.

---

---

- **Adjourned at 1:48 pm-Next meeting scheduled for March 8, 2011**

---

---