



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Mississippi Trauma Advisory Committee
Minutes

July 24, 2013

10:00 a.m.

Osborne Auditorium

570 East Woodrow Wilson Ave, Jackson, Mississippi 39215

Members Present

- **William "Pete" Avara, MD, Chairman**
 - **William Bassett**
 - **Rick Carlton, MD**
 - **Janie Clanton**
 - **Clyde Deschamp, PhD**
 - **Mark Galtelli**
 - **Hugh Gamble, MD**
 - **Doug Higginbotham**
 - **Kevin Holland**
 - **Amber Kyle, RN**
 - **Heather Kyle, RN**
 - **John Nelson, MD**
 - **Josh Wenzel**
 - **Ben Yarbrough, MD**
-

Agenda

- **Call to Order/Acceptance of Minutes**
 - Meeting called to order by Dr. Avara.
 - Motion to approve Minutes of April 23, 2013 meeting made by Dr. Yarbrough, seconded by Mr. Holland. Motion passed.
 - **Region reports**
 - Reports from the region administrators were included in the information package distributed to each member.
 - **Rules and Regulations Sub-committee Report**
 - The committee has two proposed changes. Ms. Kyle addressed the change to the trauma region map due to the move of Winston County from the East Central Region to the Central Region. The second change is adoption of Air Transport
-

Guideline; Mark Galtelli would address this during his presentation.

- Ms. Kyle reported for the Finance Task Force. The group is working with MHA to develop a survey to accurately determine the cost of trauma, not just uncompensated care. Additionally, the group is looking at alternative funding models, for both hospitals and EMS. The task force should be able to make a report by the end of the calendar year. Mr. Jimmy McManus reported on the progress of the Partial Capability Task Force. The group has met twice and is working to define partial capability with regard to rules, procedures, and protocols. The task force continues to collect data and at this time, there are no recommendations.
- Mr. Mark Galtelli reported that the Air Transport Task Force is proposing adoption of guidelines to assist ESM providers and aircraft dispatch organizations to determine what trauma patients, under what conditions, are appropriate for air transport. After a lengthy discussion, it was recommended that the guidelines only apply to pre-hospital use at this time, hospital use of air transport for inter-facility transfer would continue to be a decision of the attending physician/practitioner.
- Motion made by Dr. Deschamp, seconded by Mr. Wenzel, to recommend to the Board of Health the adoption of Air Transport Guidelines for pre-hospital use and the changes to the Trauma region map, motion passed.

- **Functionality Sub-committee Report**

- Dr. Carlton reported on the discussion of a number of issues.
- There was a discussion on compensation for members serving on various committees and/or workgroups. At this time, there is no recommendation for the committee.
- The Department is working with Jackson State University to develop transfer pattern and direct delivery geographic models to be used to discuss the size and number of Trauma Regions. Again, no recommendation at this time.
- Dr. Carlton reported that there needs to be greater integration and collaboration on injury prevention efforts. Many offices within the Department, as well as civic organizations, have injury prevention efforts ongoing and could benefit from a pooling of resources and messages.
- Destination guidelines appear to be working. As an example, within the last year, the number of total Bravo activations has declined, and the number of Bravo activations that are discharged to home from the ED has declined from approximately 75% to approximately 56%.

- **Trauma Registry Sub-Committee Report**

- Ms. Kyle reported that the sub-committee is continuing to re-evaluate the data sets as well as defining registrar training in light of the upcoming regulation changes.
 - The sub-committee is working on a competency tool for training of registrars, as well as a registry validation process.
 - 89% of all trauma centers in Mississippi are submitting data to the National Trauma Data Bank (NTDB).
 - The sub-committee has also constituted a task force to review trauma registry inclusion criteria.
-
-

- **State Trauma PI Sub-Committee Report**

- Mr. Oliver reported that the committee met on June 27, 2013. There are no significant systematic trends.
- Several issues are being discussed, including overtriage, the impact of hospital diversion on the system, and medical control.
- All of the regional medical directors will be invited to the PI meetings; they may attend in-person or call in.

- **System Update**

- Dr. Miller reported that the Spring 2013 TCTF distribution was \$10M.
- Dr. Miller reported that all of the PEER evaluations have been completed and at this time, the PEER Committee is satisfied with the administration of the program.
- There were three Level IV Trauma Center designations since the last MTAC meeting: Laird Hospital in Union, Tallahatchie General Hospital in Charleston, and Tyler Holmes Community Hospital in Winona.

- **Open Discussion**

- Dr. Carlton recommended proposed a resolution of appreciation from the committee to Dr. John Porter for his work as a member of MTAC and as the chair of the PI committee. Motion by Mr. Higginbotham, seconded by Dr. Yarbrough, motion passed.
- Dr. Carlton addressed the issue of inmates with traumatic injuries and the authority of wardens to direct EMS to hospitals, especially if those hospitals do not meet the Trauma Activation Criteria and Destination Guidelines. In accordance with the Uniform Healthcare Decision Act (commonly referred to as "Patient Choice"), the warden of a correctional facility is considered the surrogate for making decisions regarding appropriate medical care of inmates.
- Mr. Wade Spruill, the administrator of the Southeast Trauma Care Region, asked the committee to review diversion, especially diversion due to the lack of intensive care/critical care beds. On average in his region, hospitals are on critical care diversion over 50% of the time.
- Mr. Spruill also addressed the issue of Level IV trauma centers holding burn patients while awaiting air transport to out-of-state burn centers. This issue will be addressed by the Burn Sub-committee, which was previously constituted by the Central Region, and was approved to be a sub-committee of MTAC, due to the state-wide nature of burn care.

- **Trauma Center Designations**

- Open Session adjourned to move to Executive Session to discuss Trauma Center survey results.

-
-
- **Adjourned at 11:58 a.m.-Next scheduled meeting for October 16 24, 2013 is cancelled, the Strategic Planning Conference will be November 5-6, 2013.**
-
-