



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Mississippi Trauma Advisory Committee
Minutes

March 8, 2011

10:00 a.m.

570 East Woodrow Wilson Blvd, Jackson, MS

Members Present

- **William "Pete" Avara, MD (represented by Frank Ehrlich, MD)**
 - **Clyde Deschamps, PhD**
 - **Rodney Frothingham, MD**
 - **Hugh Gamble, MD**
 - **Doug Higginbotham**
 - **Amber Kyle, RN**
 - **Tony McCallum**
 - **John Nelson, MD**
 - **John Porter, MD**
 - **Wade Spruill**
 - **Ben Yarbrough, MD**
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Agenda

- **Call to Order/Acceptance of Minutes**
 - Meeting called to order by Dr. Ehrlich at 10:05 a.m.
 - Motion to approve Minutes of December 6, 2010 meeting made by Mr. Spruill, seconded by Dr. Yarbrough. Motion passed.

 - **Rules and Regulations Sub-committee Update**
 - Ms. Kyle reported that the Pediatric Task Force is still working on Chapter 13. The chapter is now 21 pages long, and not all of the issues have been addressed
 - Ms. Kyle also addressed the issue of physician assistants and nurse practitioners providing care to patients at other than Level IV Trauma Centers. Ms. Kyle recommended that a task force be established to specifically address efficiency, expectations, competency, and training requirements for PA/NP providing trauma care.
 - Dr. Miller addressed the proposed change to the Trauma Center application process. Under the current regulations, Trauma Centers must submit an application 60 days prior to expiration of designation. The change will increase that time to 90 days,
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and will require the Trauma Center to submit an original application and two copies to the region, which will then provide an initial review, and will forward the original application, one copy, and comments to the Department no later than 30 days prior to expiration of designation. The comments that the regions prepare will not go to the Trauma Center.

- Dr. Miller also discussed the proposed changes to the definition of "Immediate" and "Promptly" available as it applies to trauma response. Although the ACS Green Book defines "immediately" as 30 minutes from time of notification, and we have used this as a standard, there is no definition of "promptly," although it is generally agreed that it means a 60 minute response. The proposed change, which will be presented at the next meeting, will specifically define "immediately" and "promptly," by physician specialty and Trauma Center level.

- **Strategic Planning Conference reports**

- Dr. Gamble reported on Partial Capability. No new issues to report.
 - Mr. Higginbotham reported on Protecting PI Data. He will contact the Mississippi Hospital Association attorney and ask for an opinion from MHA on the Attorney General's opinion and the statutes regarding confidentiality of PI data.
 - Dr. Deschamps reported on the EMS Roadmap. There has been some discussion on this issue and they will be ready for presentation at the next meeting.
 - Dr. Porter reported on Rural Training Course. He reported that it looks like it will be a perfect course, it can go on the road, and it's only a ½ day long. There must be someone to be the course director, who has also completed the course and can be an instructor. Dr. Porter is looking at his schedule and the course schedule to find a time to attend.
 - Dr. Miller reported for Mr. Tim Thomas on Level IV designation. There is nothing additional to report. Dr. Ehrlich polled the committee on a decision to remove this topic from the agenda, committee voted to remove.
 - Mr. Spruill reported on Region Design. He has asked the regional administrators to verify patient referral patterns within their respective regions. Also, on March 10, Mr. Spruill will meet with a group of hospital administrators to complete a survey distributed by MHA. This survey will include opinions on success of the Trauma System, failures, recommendations for change, referral patterns, etc.
 - Mr. Jimmy McManus reported on Patients' Choice. In consideration of the Department's memorandum on patient choice, and the current statutes, the question remains at what point is the patient able to make a coherent decision about choice of care. Mr. Spruill addressed the committee that his region had sent a letter to the Department asking them to rescind the memorandum. Dr. Miller acknowledged that the letter had been received, and that it has been the only formal request to rescind the memorandum. Dr. Miller reiterated that the memorandum is a legal decision, not a medical decision. Dr. Ehrlich asked if one of the Special Assistant Attorneys General would be able to speak with the committee. Mr. Dennis Sharp spoke to the committee concerning two statutes that address patient consent, Miss Ann Code § 41-41-7, which deals with implied consent in emergency situations, and § 41-41-201, which deals with informed consent in healthcare. After extended discussion, a motion was made by Mr. Spruill, seconded
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by Dr. Yarbrough, to approve a recommendation from MTAC to EMSAC to rescind the Patient Choice memorandum dated May 17, 2010. Motion passed.

- **State Trauma Registry Update**

- Ms. Carrie McFarland reported that data submissions are a little behind this month due to the 6th falling on a weekend, all submissions should be current within a day.
- The Software update hospital version has been tested and has gone to the QA phase, and is now in testing at the Central Office.
- We are developing a website to publish trauma data; it's going to model our public health website and the Missouri website.
- We are encouraging hospitals to participate in the Trauma Quality Improvement Program, TQIP, which is a fee-based program of the National Trauma Database.

- **Regional Reports**

- Mr. Dan Burgess reported on the upcoming Coast Trauma Symposium on April 20-21, 2011 in Biloxi, with a AAAM class on April 19 as a pre-symposium meeting.
- Mr. Spruill reported on the Southeast Region. The region has adopted a new field triage decision scheme based on the CDC guidelines.
- Ms. Susan Perrigin reported for the North Region. The region PI committee has been formed.
- Ms. Cherri Rickels reported for the Delta Region. The region has formed committees and has held a number of meetings. There is enthusiasm to get the region working again.

- **Trauma Care Trust Fund**

- Dr. Miller reviewed the November 2010 distribution of the TCTF was \$6.66 Million; \$6 Million distributed to EMS and Level I-III Trauma Centers and \$660,000 to the regions for the Level IV Trauma Centers.
- Play or Pay revenue was \$3.7 Million and there was approximately \$300,000 in uncompensated care refunds. A supplementary distribution of \$4.0 Million was made in January 2011, for a total Fall distribution of \$10.7 Million, \$1.3 Million less than last year's \$12.0 Million.

- **Burn Center Inspection and Designation Process**

- Dr. Miller reported that one hospital, Crossgates River Oaks Hospital in Brandon has submitted an application for designation as a Burn Center.

- **State PI Committee**

- Dr. Ehrlich reported that the PI Committee met on March 7, and has developed PI indicators to be included in the State PI Plan. The overall goal was to select data points that are already being collected through the Trauma Registry, and therefore require no additional work from the regions or hospitals.
 - The committee will meet in April following the Coast Trauma Symposium to finalize the indicators and the format of the data reports.
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- **Level IV Education Grants**

- Dr. Miller reported that at a previous MTAC, it was decided to fund the mandated training (ATLS/TNCC) for the Level IV Trauma Centers by holding back an additional \$10,000 per facility. During the fiscal year, the regions would reimburse the Level IV TCs for their training costs, and then would submit a regional invoice for reimbursement from the Department.
- Dr. Miller proposed, based on a request from the region administrators, to grant education funds to the regions at the beginning of the fiscal year, and the regions would manage the disbursement to the Level IV TCs. Motion made by Dr. Yarbrough, seconded by Dr. Gamble. Motion passed.

- **Trauma Activation Criteria**

- Dr. Miller reported that during the Strategic Planning Conference, and later at a MHA Committee on Trauma meeting, he was tasked to develop standardized trauma activation criteria. There have been a number of iterations of this document, but the final document presented, is based on the CDC guidelines adopted last year by MTAC.
- The Alpha Criteria is the physiologic and anatomic criteria listed in boxes 1 and 2 of the CDC guidelines. The Bravo criteria is listed in boxes 3 and 4. The suggestion to make a consolidated form, with both activation criteria and destination guidelines on the same document, was made to reduce the number of lists that EMS and ERs had to remember when dealing with different categories of patients. The proposed document has been reviewed by the Trauma Medical Directors of the Level I and II Trauma Centers, and the Region Medical Directors. There have been no negative comments against the document.
- Motion made by Mr. Spruill, seconded by Dr. Deschamps, to table approval of the proposed Consolidated Activation Criteria and Destination Guidelines until the recommendation of MTAC to rescind the Patient Choice memorandum is acted on by EMSAC. Motion passed.

- **Adjourned at 2:00 pm-Next meeting scheduled for June 9, 2011**
