



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Mississippi Trauma Advisory Committee
Minutes

January 16, 2013

10:00 a.m.

Underwood Auditorium

570 East Woodrow Wilson Ave, Jackson, Mississippi 39215

Members Present

- **William "Pete" Avara, MD, Chairman**
 - **Rick Carlton, MD**
 - **Janie Clanton**
 - **Clyde Deschamp, PhD**
 - **Mark Galtelli**
 - **Hugh Gamble, MD**
 - **Doug Higginbotham**
 - **Kevin Holland**
 - **Heather Kyle, RN**
 - **John Nelson (represented by Bill Oliver)**
 - **John Porter, MD**
 - **Josh Wenzel**
 - **Jonathon Wilson, RN**
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Agenda

- **Call to Order/Acceptance of Minutes**
 - Meeting called to order by Dr. Avara.
 - Motion to approve Minutes of November 7, 2012 meeting made by Dr. Carlton, seconded by Mr. Holland. Motion passed.
 - **Region reports**
 - Reports from the region administrators were included in the information package distributed to each member. Central TCR did not submit a report, Dr. Deschamps presented a verbal report.
 - **Rules and Regulations Sub-committee Report**
 - Dr. Miller made the R&R sub-committee report as Ms. Kyle was unable to attend.
 - Proposed changes:
 - Rule 1.1.4: Adds to the definition of the Mississippi Trauma Care System
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Plan. Defines the plan as a 3 year plan which always incorporates the latest Trauma Regulations as adopted by the Board of Health, regardless of the publication date of the plan. Motion to approve by Mr. Holland, second by Dr. Carlton, motion carried.

- Rule 1.4.1: Locates the Trauma Registry Inclusion Criteria on the Department website. Motion to approve by Mr. Holland, second by Mr. Wilson, motion carried.
 - Rule 1.4.3: Adds requirement for trauma registrar initial and recurring training. Motion to approve by Mr. Oliver, second by Mr. Higginbotham, motion carried.
 - Rule 6.1.9: Editorial correction changing neurosurgeon response time from 60 minutes to 30 minutes. Motion to approve by Mr. Holland, second by Dr. Carlton, motion carried.
 - The sub-committee formed a task force to address the Trauma Care Trust Fund Distribution Formula, specifically looking at EMS distribution and hospital fixed distribution. Mr. Bill Oliver was appointed as the Task Force leader.
 - The sub-committee formed a task force to address partial capability under Rule 1.2.17. Mr. Jimmy McManus was appointed as the Task Force leader.
 - The sub-committee formed a task force to address air ambulance activation criteria. Mr. Mark Galtelli was appointed as the Task Force leader.
 - **Functionality Sub-committee Report**
 - Dr. Carlton reported that there were no specific projects that the sub-committee was working on; many of the same concerns regarding the addition of more systems of care were being addressed by EMSAC. A report on STEMI and Stroke Systems of Care is a permanent agenda item for EMSAC.
 - **Trauma Registry Sub-Committee Report**
 - Ms. Kyle reported that the sub-committee continuing with its efforts to review the data dictionary as well as standards defined by the National Trauma Data Bank. Dr. Porter suggested that the sub-committee also look at the Trauma Quality Improvement Program (TQIP) data dictionary.
 - **State Trauma PI Sub-Committee Report**
 - Dr. Porter reported that the sub-committee has not met since the November meeting; the next meeting is scheduled for January 29, 2013.
 - Dr. Porter gave a brief overview of the Trauma Quality Improvement Program (TQIP) and how UMC uses the risk-adjusted data in its program.
 - **System Update**
 - Dr. Miller reported that the PEER Committee report on the Trauma Care Trust Fund had been completed; there were two (2) recommendations that have already been addressed. The final version of the report should be on the PEER website within the next few weeks. Dr. Deschamp reminded the committee that it had previously requested an annual report on the expenditure of trauma funds by the Department for administrative expenses. Dr. Miller stated he would review the process to obtain
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this information.

- The Fall 2012 TCTF distribution is being calculated on a \$10M distribution, plus \$590K for Level IV stipends. The accounting firm is currently working on the distribution sheets; the invoices should be completed by the end of the month.
- One of the recommendations of the PEER report was to institute annual audits of the trauma regions, trauma centers, and EMS agencies that receive TCTF. With the exception of the Central TCR, audits for FY2010 and 2011 were completed by December 2012. Audits for FY2012 distributions will start after February, 2013.
- There were no Level IV Trauma Center designations since the last MTAC meeting. Upcoming Trauma Center inspections are Singing River Hospital (Level II) and Ocean Springs Hospital (Level III) during the week of January 21, 2013.
- Dr. Miller asked to committee to review the following requests:
 - An ad-hoc Burn Committee has been formed under the sponsorship of the Central TCR. Should this committee become a sub-committee of MTAC to address state-wide burn care issues, or should it stay as a committee under the Central TCR? Motion by Dr. Deschamp to establish a Burn Sub-Committee of MTAC, second by Mr. Galtelli, motion carried.
 - Is EMS required to declare a trauma activation during the transfer of a patient from one hospital/trauma center to a higher level trauma center? Since the receiving hospital has already accepted the patient and understands the patient's condition, there is no requirement for EMS to declare a trauma activation during a transfer. Additionally, there is no data in the PI review to support such a requirement. If the patient's condition deteriorates during the transfer, EMS must notify the receiving hospital. If the hospital has an internal process for notifying physicians/staff of an incoming transfer, they may use the term "trauma activation," but EMS is not required, nor encouraged, to activate during transfers.

- **Trauma Center Designations**

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

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- **Adjourned at 11:50 a.m.-Next meeting is scheduled for April 17, 2013 @ 10:00 a.m. in the Osborne Auditorium.**
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