



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Mississippi Trauma Advisory Committee  
Minutes

**May 11, 2016**

**10:00 a.m.**

**Osborne Auditorium**

**570 East Woodrow Wilson Ave, Jackson, Mississippi 39215**

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Members Present

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- **William "Pete" Avara, MD, Chairman**
  - **Rick Carlton, MD**
  - **Debbie Berry**
  - **Clyde Deschamp, PhD**
  - **Mark Galtelli, NEMTP**
  - **Kevin Holland**
  - **Mark Galtelli**
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Agenda

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- **Introductions**
  - **Call to order/Acceptance of Minutes**
    - Meeting called to order by Dr. Avara.
    - A recommendation to approve the minutes from February 2016 meeting was made pending the approval of a quorum.
  - **Region Reports**
    - Mr. David Bonner introduced Dr. David Meloy, east central rep, CMO at Rush Hospital.
  - **Activation Criteria/Destination Guidelines**
    - Ben Richards gave a detailed description of the differences between the two sheets of activation criteria/destination guidelines to the audience. Ben explained the information used on the activation criteria/destination guidelines came from the ACS (orange book).
    - Dr. Duncan Donald explained that the State PI committee had some disagreement over what the proposed criteria should be. These are found on page 38 of the orange book (Resources for Optimal Care of the Injured Patient) with another set on
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page 39 of the orange book. Dr. Donald explained that he had presented at the prior MTAC meeting changing the Alpha activation criteria to remove pelvic fracture, while the handout provided at that meeting showed the “minimum criteria for full Trauma Team activation” from the orange book page 38. He then suggested (Dr. Donald stated in his own opinion, not of the State PI Committee), that one option might be to evaluate the State Trauma Registry with the new proposed Alpha criteria as compared to the old Alpha criteria to determine the change in Alpha activations, and its subsequent effect on over triage. Then he gave some Southeast region data for the audience.

- Dr. Donald then stated that the current BRAVO activation destination guidelines required EMS to carry those patients to a Level I, Level II, or Level III facility, which was causing some over triage of lower acuity patients going to higher level facilities and bypassing Level IV facilities. Per the recommendations of the state PI committee, Dr. Donald suggested opening those destination guidelines to include Bravo patients going to a Level I, Level II, Level III, or Level IV facility if needed.
- Dr. Donald was asked by Dr. Carlton about reviewing the outcome of the patients in our region. Dr. Duncan responded no, he did not have the data with him. Our region reviews patient outcomes and has that data, but he did not have it to present at that time.
- Jimmy McManus explained there is not a hospital side of the activation criteria/destination guidelines either.
- Mark Galtelli explained how the trauma registry data does not give us the outcome in the format we need in order to make that decision. Mr. Galtelli asked if Image trend will be able to provide us data in the usable format needed. Ben Richards answered, yes; there are selections that will give us the right data we need.
- Gail Thomas, the Coast’s region administrator, asked if we could approve the activation criteria/destination guidelines with the minor changes made at this time.
- Dr. Pete Avara requested data in a usable form. Dr. Avara asked the members of MTAC where this issue should go next?
- Ben Richards explained that the criteria should go to EMSAC for approval.
- Dr. Clyde Deschamp made a motion to accept the changes on activation criteria/destination guidelines (1<sup>st</sup> page), Dr. Carlton, second.
- Jim Craig, Director of Health Protection for MSDH, spoke about how long it would take to get the activation criteria/destination guidelines approved within MSDH. Mr. Craig stated it could be approved as early as October 2016. Mr. Craig talked about research teams available in Mississippi that can analyze the data and see how it will affect economic impact in order to make a decision.
- Clyde Deschamp announced it is not in the right format for us to view and there is not a field available within DI software for us to see it in the format we need.
- Jimmy McManus said the data is available now, but it only has data from June 2015.
- MTAC members decided to take this issue to the next EMSAC meeting.

- **Committee Reports**

- Rules and Regulations
    - Amber Kyle was not available to give the update; therefore, Ben Richards updated the audience on the rules and regulations. Mr. Richards announced the Level 1-4 chapters have been submitted for review to the board of health. The pediatric chapter and burn chapter are being prepared to go to the board
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- next.
- Functionality
    - Clyde Deschamp updated the committee on information about the burn centers and how all centers were okay with being recognized, but not awarded, except JMS.
    - Jim Craig gave a brief history on how Mississippi used to have a burn center and we came to funding JMS with a percentage of trauma patients, mainly burn patients.
  - Burn Subcommittee
    - NSTR
  - Trauma Registry Subcommittee
    - Jimmy McManus announced there were 39 data sets that will be added to Image trend. Some fields were added for no charge, but others are \$125 each. Mr. McManus gave details about the data sets that are possible for us and the data that we will be able to pull within the registry. Image trend is working on Mississippi data right now, putting it into the software. We are not sure when the data will be available to pull reports just yet. Mr. McManus talked about the Image trend training on report writing, system user information, and data entry held next week May 17-19, 2016 for all user groups. After this training, Image trend will be making rounds to all regions for training as well. The majority of the training will be based on making modifications to the software so we can run the reports when the data becomes available.
    - A question asked: Will the past 11 years of data be able to be brought in to image trend? Jimmy McManus answer, that is something they are working on right now.
  - MATA
    - Norman Miller gave an update on MATA. Heather Muzzi gave Norman an update on a list of items that needed to be done. Dr. Miller asked Heather Muzzi if these items were priority and she answered, no, they are just random.
    - Dr. Miller explained MATA puts items in priority order and right now they are focusing on FY17 and have requested that all level VI applications be sent to them for review. Then, MATA will send a letter saying the hospital qualifies to be a level IV hospital. Once this is done, the application will only have to go to Dr. Currier to sign. This will take  $\frac{3}{4}$  of work off of MSDH. A request for all level I, II, III, and burn center inspections is put off a year so the state can go through the transition to Image trend and inspections not pick up until transition is made. Dr. Miller requested information about other committees that this request would need to go to besides EMSAC and MTAC. This will give the regions the opportunity to get more involved. Dr. Miller also requested clarification of the two bills that were passed by legislature.
    - Jim Craig addressed the two bills explaining the reasons for the decisions by the legislature about critical access hospitals. If anyone would like to make comments about these decisions, they are meeting on May 16, 2016 to gather comments to take to the board if anyone would like to attend.
    - Dr. Avara asked for Mr. Craig to explain how this might affect the trauma system.
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- Jim Craig explained how all of the funds that we have to run the trauma system have been swept to be moved to the general fund of MSDH. Therefore, the money that goes to the trauma regions and hospitals will have to be requested for future years. Mr. Craig stated that after June 30, 2016, we will not be able to track the funds coming in for trauma. Trauma, EMS, and domestic violence funds will be part of these funds that will be swept into one fund.
  - Dr. Clyde Deschamp asked if the money in the general fund will still be marked for trauma with the money we are collecting for trauma.
  - Mr. Craig stated that the same cuts for the general fund program are for everyone in the Mississippi Department of Health programs that are funded through state funds. Programs that are funded through grants will not be affected. If it is not a line item in the budget, then the money will go towards other line items such as the Ronald McDonald house. Mr. Craig recommends trying to reach out for other funding options, for example, like the Mississippi Healthcare Alliance with STEMI and Stroke.
  - Jimmy McManus asked how this will affect the money going towards training law enforcement. Jim Craig answered that there is no more funds that will go towards training law enforcement. We have no control of knowing where the money will go after June 30, 2016. Also, unless we can justify why money is being spent, they will see no use in using the money towards those items any longer. Trauma will be a new state general fund program.
  - Jim Craig continued to explain the meaning of funds going into the general funds of MSDH and gave examples of which of his departments will experience cuts because they are mainly general funded. Jim Craig also gave examples of how we could get funds from other areas in order to operate.
  - Dr. Clyde Deschamp made a comment on how MHCA has taken a \$200,000 fund and are getting accurate data.
  - Wade Spruill asked if MHA has gotten a grasp on how much money is about to get cut from trauma hospitals.
  - Kevin Holland said he is no longer on that committee and the funds being cut are coming from not only the trauma system, but other funds as well. We need to bring the attention to the need of trauma funding.
  - Dr. Norman Miller stated we were getting \$10 million from traffic tickets, etc. and \$10 million from taxes on ATV, motorcycles, etc.
- **State Trauma PI Committee**
    - Ben Richards gave the update on what the committee members are working on. They are looking at what they can work on with the new registry software and getting data out.
    - Dr. Avara stated we need to be able to show the legislature we are saving more lives with the trauma system of care.
- **Bureau Update**
    - The announcement of Heather Muzzi resignation was made.
    - Ben Richards stated the bureau reports are the same as last meeting, just with different numbers.
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- **Bleeding Control Program**

- Wayne Vaughn, Director of Emergency Planning and Response, addressed issues with training and kits being distributed. EMS has developed 30 minute training and will conduct a train the trainer class for people to attend in order to train their regions on the bleeding control program.

- **Approval Process**

- Wayne Vaughn explained the approval process within the Mississippi Department of Health, Emergency Management Services Department and Bureau of Acute Care Systems. Policies and procedures will be developed and put in a presentation style format for the next MTAC meeting to review.

- **Open Discussion**

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- **Adjourned at 12:20 p.m. - Next scheduled meeting is August 24, 2016.**
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