



Meeting Minutes



Meeting Title	Mississippi Trauma Advisory Committee (MTAC)	
Meeting Location	VTE	
Meeting Date	11/4/2022	
Called to Order @	10:05am	
In Attendance “☑”	<input checked="" type="checkbox"/> Duncan Donald, MD (Chair) <input type="checkbox"/> Jeremy Rogers, MD <input checked="" type="checkbox"/> Mr. Jonathan Wilson <input type="checkbox"/> Mr. Andy Woodard <input checked="" type="checkbox"/> Mr. Mike Cole <input type="checkbox"/> Ms. Suzanne Joslin <input checked="" type="checkbox"/> Mr. Dennis Hebner <input checked="" type="checkbox"/> Kendall McKenzie, MD <input checked="" type="checkbox"/> Clyde Deschamp, MD <input checked="" type="checkbox"/> Hugh Gamble, MD <input type="checkbox"/> Hans Tulip, MD <input checked="" type="checkbox"/> Ms. Pam Wallace <input checked="" type="checkbox"/> Ms. Katherine Waddell <input checked="" type="checkbox"/> Ms. Amber Kyle <input checked="" type="checkbox"/> Mr. Mark Galtelli <input checked="" type="checkbox"/> Mr. Tyler Blalock <input type="checkbox"/> Mr. Chris Howard <input type="checkbox"/> Mr. Ben Shrivner <input checked="" type="checkbox"/> Jason Stacy, MD <input checked="" type="checkbox"/> Mr. David Grayson	<input checked="" type="checkbox"/> Mr. Scott Stinson <input checked="" type="checkbox"/> Bob Galli, MD <input checked="" type="checkbox"/> Mr. Chuck Carter <input checked="" type="checkbox"/> Mr. Benji Sessums <input checked="" type="checkbox"/> Ms. Hope Ladner <input type="checkbox"/> Ms. Anita East <input checked="" type="checkbox"/> Ms. Melissa Downey <input type="checkbox"/> Ms. Maggie Wooley <input type="checkbox"/> Ms. Beth Alliston <input checked="" type="checkbox"/> Mr. Chris Montera (ESO/Visitor) <input checked="" type="checkbox"/> Ms. Christy McGregor <input checked="" type="checkbox"/> Rick Carlton, MD <input checked="" type="checkbox"/> Ms. Melanie Nunnally <input checked="" type="checkbox"/> Ms. Harper Mims <input checked="" type="checkbox"/> Mr. Mark Davis <input checked="" type="checkbox"/> Mr. Norman Miller (Visitor)
	MSDH and MTCSF Staff Members Present “☑”	<input checked="" type="checkbox"/> Mr. David Hall <input checked="" type="checkbox"/> Ms. Teresa Windham <input checked="" type="checkbox"/> Ms. Teletha Johnson <input checked="" type="checkbox"/> Ms. Stacey Maurer <input checked="" type="checkbox"/> Ms. Tammy Wells <input checked="" type="checkbox"/> Ms. Elaine Coleman



Meeting Minutes



	AGENDA TOPIC	NOTES
I	Call to Order	Dr. Donald called the meeting to order at 10:05 am
II	Roll Call	Quorum met
III	a. Review of Minutes	M: Ms. Kyle 2 nd : Dr. Stacy
III	b. Bureau of Acute Care Systems i. MSDH/BACS Report	<p>Mr. Hall informed the group Ms. Kyle and her committee are working to update trauma rules and regs.</p> <ul style="list-style-type: none"> • The rules and registry committee did not meet and the meeting will be rescheduled. • Amendments to the Pay or Play option will be discussed in the Rules and Regulations meeting due to wording that needs clarity. • Current rules are being updated to reflect the newest Resources for Optimal Care (ACS book Grey book). • New National Guidelines for EMS Field Triage of Injured Patient will be released on November 27, 2022. This will be posted on the MSDH EMS website as a stand-alone document. • Sole Source vs RFP with regards to registry-Looking at criteria to determine if SS or RPF is needed. • Working towards common vendor for EMS and Trauma Registry. • EMS Registry committee has been formed and will collaborate with Trauma Registry Committee. Scott Stinson is the chair for that committee. • Trauma Care Trust Fund (TCTF) distribution for the current semester is in process. Anticipate total distribution to be around \$12 Million. • TCTF Cost comparison: Regions-\$1,050,000 with MHA-\$650,000 for a saving of \$400k in administrative costs. Saved over \$200k per year in education costs since transitioning. • The foundation has requested an increase in funds for administrative costs. Deliverables have not been met. Decreasing the number of deliverables was offered to the Foundation as this would allow for the same amount of funding to go to the hospitals. Mr. Hall requested a



Meeting Minutes



	AGENDA TOPIC	NOTES
		<p>recommendation from MTAC regarding the ask of the Foundation. Mr. Hall reminded the group incremental funding would put the cost back up to previous amounts before the transition vs. a need to increase on an individual basis with ideas brought back to MTAC that would allow for opportunities that might offer to meet the needs of the Foundation's request. Ms. Kyle asked if there is anything in the contract regarding incremental increases. Mr. Hall says there is not. Mr. Hall states if there is a need to increase operational costs within the foundation, there may be some things that can be handled within BACS. If there is a deliverable identified that the foundation is unable to accomplish, possibly look to see if there is somewhere else to put those deliverables rather than on the foundation. Key deliverable for the foundation is the distribution of the TCTF.</p>
	<p>ii. Clinical Report</p>	<p>Designations:</p> <ul style="list-style-type: none"> • Currently have 2 centers scheduled within the next few weeks for on site designation visits. • Level IV centers have had education and assistance provided for the application and submission process. • Application is due 120 days before expiration. If due in December, the applications are due now. <p>Annual Capability Assessment:</p> <ul style="list-style-type: none"> • Sent to facilities and waiting for responses from a couple facilities. <p>Trauma System Support meetings (following MTAC):</p> <ul style="list-style-type: none"> • All virtual • Last quarter's meeting provided education regarding activations and documentations of activations. • Next meeting agenda <ul style="list-style-type: none"> ○ Information related to activations and transfers. STPIC is monitoring TAT on alpha transfers. The Arrival to Disposition (time ED MD decides to transfer) goal has been set for 60 minutes for Level IV facilities and 90 minutes for Level III facilities. <p>Scorecard report:</p> <ul style="list-style-type: none"> • Dr. Donald reviewed score card and notified the group



Meeting Minutes



	AGENDA TOPIC	NOTES
		<p>what the STPIC is monitoring.</p> <ul style="list-style-type: none"> • POV vs EMS Arrival to Facility <ul style="list-style-type: none"> ○ The number of EMS arrivals continues to be greater than POV arrivals. • TCI 1A-Mortality by age group, location died <ul style="list-style-type: none"> ○ Majority 16-64 age group ○ Percentage of overall registry volume • TCI 1B-Mortality by ISS Subgroups <ul style="list-style-type: none"> ○ Largest % is in the ISS >24 which is expected. ○ Lower ISS with mortality is likely from the patient not getting full workup and expiring. • TCI 2C-ISS >24 without TTA/Missed Activation/under triage by Age Group <ul style="list-style-type: none"> ○ overall under triage rate is $\leq 5\%$ but unsure if breakdown by ISS range. Published national standard for ISS >15 to be $\leq 5\%$ for under triage. ○ Will rerun report with parameter of ISS >15 instead of ISS >24. • TCI 3A-ED LOS (average in minutes) Transfer to Acute Care Hospital (ACH) GOAL ≤ 130 minutes <ul style="list-style-type: none"> ○ Goal for Level III is 90 minutes ○ Goal for Level IV's is 60 minutes. ○ Total time-arrival to ED Dispo/Decision plus ED Discharge to Departure-should be ≤ 130 minutes. ○ Trying to narrow down where the problem lies. Are problems with determining the need for transfer (ED Arrival to ED Disposition/decision) or from Disposition to Departure times. Attempting to identify if issues with individual facility issues, problems getting acceptance/receiving facility or problems getting the patient out via EMS. <p>Discussion: Clarification of definitions "ED Discharge" is same as ED disposition. Dr. Donald states discussion around this metric is being reviewed at STPIC meetings. This prompted the setting of goals for ED Arrival to ED Disposition/decision to be ≤ 60 minutes for Level IV and ≤ 90 minutes for Level III facilities. Dr. Stacy asks if there is a breakdown/graph by facilities level</p>



Meeting Minutes



	AGENDA TOPIC	NOTES
		<p>of care. Suggested breakdown by level with times. Ms. Windham states this breakdown was done at the STPIC meeting. Dr. Stacy asks if that breakdown prompted the goal setting for Level III and Level IV. Dr Donald confirmed. Dr. Donald also stated there was discussion at the STPIC meeting around if the Alpha patients should be going to Level IV and Level III facilities initially but given some of the geographic locations transferring that patient to a higher level of care initially would delay treatment and significantly strain the EMS system. Ms. Kyle asks for clarification regarding data presented-have alpha activation called and documented in the registry. Ms. Windham confirms. Ms. Windham states dashboard breaks down Alpha transfer, Burn, pediatric, ALL and Not Activated. Ms. Kyle asks if we are confident Alpha activations are being called/documentated in the record. Ms. Windham states on the dashboard ISS GT 24 and no TTA, the report for that FY says 393 encounters that met the criteria. Doesn't say if the patients were transferred but that is something that could be monitored. Ms. Kyle states there was previous discussion regarding Level IV's not activating Alpha trauma's because there wasn't a team that would respond. Ms. Windham states education provided in Trauma System Support meetings regarding the importance of Alpha activations at Level IV's.</p>
	<p>iii. State Medical Director Report(s)</p>	<ul style="list-style-type: none"> • Dr Donald reported STPIC focus on getting Alpha patient population transferred out earlier, hence the new recommendations, ED Arrival to ED Disposition/decision to be ≤60 minutes for Level IV and ≤90 minutes for Level III facilities. • EMS: Request from EMS for facilities to provide better feedback regarding strengths/opportunities around patient care/outcomes. • CEC-discussion around several issues: <ul style="list-style-type: none"> ○ Education”



Meeting Minutes



	AGENDA TOPIC	NOTES
		<ul style="list-style-type: none"> ○ asked to support trauma symposium. ○ To expand ATLS course offerings across state ○ ASSET course hoping to offer course in spring (UMC) ○ discussion regarding TQIP-setting up collaborative to share data with those participating. Mississippi and Alabama sharing. ○ System issues regarding repatriation. Repatriation program is in progress. ○ Stop the Bleed-discussion around tourniquet usage. Concern from surgeons regarding frequent/inappropriate use. No bad outcomes related. There is a need for education. ● 1st Mississippi Critical Care Conference to be held March 2023 hosted by UMC. Will be a 2-day conference.
	<p>iv. Sub-Committees/Task Group Reports</p> <p>a. Trauma Care Trust Fund</p> <p>b. Rules and Regulations</p> <p>c. Trauma Registry</p>	<ul style="list-style-type: none"> ● Group is looking at formula distribution model and making sure it is equitable for everyone. Looking at how can quality/patient care be involved. Not looking at the change in burn center distribution currently. Three areas of TCTF: EMS, Burn and Hospitals/physicians. Group has not received feedback from EMS. Looking at GAP assessment of uncompensated care. Identifying what is the cost for level trauma facility to be a trauma center. Are there opportunities for Pay or Play rates when looking at formula. No further discussion. How to tie in the quality component. May tie goals into formula for Levels III and IV facilities. ● Did not meet. In process of rescheduling meeting. Nothing to report. ● Ms. Johnson will be reaching out to all facilities with data quality reports. The reports have been caught up and facilities will be receiving monthly reports going forward. ● Ms. Kyle asks if current registry vendor has mentioned when they will be updating cloud/server registry to mirror new changes to NTDB that will be active on 1/1/2023. Asks if there is a target date? Ms. Windham



Meeting Minutes



	AGENDA TOPIC	NOTES
		<p>states had conversations but nothing in writing currently. Mr. Hall voiced issues with customer service and concerns regarding when they will provide updates and complete web-based product. Ms. Kyle asked who the current registry vendor for EMS is. Mr. Hall stated Image Trend.</p>
<p>III</p>	<p>c. MTCSF</p>	<p>Mr. Gardner: Two-part presentation: what the foundation has been doing and discussion regarding funding.</p> <p>Foundation activities:</p> <ul style="list-style-type: none"> • Active shooter and STB training in Lamar County elementary school. MTCSF, Forrest General Staff and EMS provided education and support. • Active shooter and STB training 114 elementary students, school nurse and staff and law enforcement trained in Newton County over the summer. MTCSF, Anderson Regional and Ochsner Laird provided education and support. • Mississippi Law Enforcement Training Academy graduates were taught STB by MTCSF • Circle of Excellence Recognition Pin presented to nurse at Baptist Golden Triangle • On-going education regarding Alpha and Bravo activation criteria. Providing badge buddies with criteria. • Mr. Gardner introduced Matt Edwards as the MTCSF Education Coordinator. He will mainly cover South of I-20 as well as assist in other parts of the state. • Education: <ul style="list-style-type: none"> For FT 2022: <ul style="list-style-type: none"> ○ 1113 Courses Completed <ul style="list-style-type: none"> ▪ multi-level class: 452 ▪ Level 4: 150 ▪ Level 3: 133 ▪ Level 2: 118 ▪ Level 1: 76 ▪ EMS/Fire: 145 ▪ Burn Center: 27



Meeting Minutes

	AGENDA TOPIC	NOTES
		<ul style="list-style-type: none"> ○ TNCC: From July 2022 to September 2022, MTCSF has taught 33% of all TNCC courses statewide. ○ ATLS reimbursement has increased: first quarter of FY <ul style="list-style-type: none"> ▪ 42 courses reimbursed ▪ 5 ATLS instructor courses reimbursed. ● Trauma Center and EMS Support Report for Q3 2022: <ul style="list-style-type: none"> ○ Trauma Center Support by facility <ul style="list-style-type: none"> ▪ multi-level: 30 ▪ Level 1: 8 ▪ Level 2:3 ▪ Level 3: 6 ▪ Level 4: 26 ▪ Pediatric: 2 ○ Support Type <ul style="list-style-type: none"> ▪ Billing/Funding/Distribution ▪ Check-in/Needs ▪ Designation & Standards (2nd highest) ▪ Local Evidence Based injury prevention ▪ MTAC ▪ Performance ▪ Registry/PI ▪ TPM Collaborative (highest) ▪ Trauma Town Halls ○ Reimbursement: <ul style="list-style-type: none"> ▪ 85% of allocation used for FY 2022 ▪ FY 21 reimbursement \$200,801 ▪ FY 22 reimbursement \$384,074 ▪ FY 23 anticipate increases in the fixed and variable cost. ● Stop the Bleed interests are rising. ● Symposium Update: <ul style="list-style-type: none"> ○ Golden Nugget Biloxi ○ May 1-4, 2023 “Navigating Disparities in Trauma Care” ○ Symposium 1.5 days with a pre-symposium Cadaver lab, Registry training and 8-hour course option.



Meeting Minutes



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		<p>Appeal to MTAC to support slight increase in Administrative Funding.</p> <ul style="list-style-type: none"> • Current administrative funding is \$650,000. • Projected savings over first 5 years will exceed \$2M. • MTCSF board is requesting 3% annual increase in administrative funding. Board is composed of 3 physician medical directors, 6 hospital executives and 2 ambulance company executives. Mr. Gardner states a 3% increase would be \$19,500 and thus savings would go from \$800,000 to \$780,500 in FY 2023. • Mr. Gardner states the 3% increase over the next 3 years would provide flexibility to being able to address ongoing costs accrued along the way. • Cost involving traveling throughout the state for food, lodging, human resources, contract source fees and other fees have increased. • States increasing internal cost, External cost and increase in demand for services. • When having in person meetings, MTCSF provides lunch, snacks and drinks and those costs have increased as well. <p>Discussion:</p> <p>Dr. Donald asks 3% annual increase is that going forward in perpetuity. Mr. Gardner says he would like for it to go forward in perpetuity but reasonably a broader length consideration would be welcomed. Dr. Donald clarified request is for this year and next two years. Ms. Kyle-is 3% to help cover inflation rate and expenses or also to increase compensation. Mr. Gardner says a little of everything. Compensation adjustments have been made because health care benefits and operating costs have increased. Not used for education. Some may be used toward incremental increases. Lawyers and outside accountants. Foundation subcontracts certain services. Mr. Cole asks: Are funds available to give departmental increase? Have other departments involved had an increase? Mr. Hall states no incremental increases for regions and no one in the system</p>



Meeting Minutes



	AGENDA TOPIC	NOTES
		<p>has received incremental increases for departments. BACS has continued to reduce administrative costs. Dr. Donald clarified with Mr. Hall-in order to increase the funds to the foundation that money would have to pull from elsewhere within the TCTF. Mr. Hall states that money would come from money that would be distributed to hospitals. Mr. Hall states deliverables should be met and has provided option of decreasing the number of deliverables the foundation is responsible. Mr. Gardner addressed Mr. Cole’s question. Initially there was no budget because it was unknown the costs at the time. Mr. Gardner states that calculations for FY 2023 show a \$25,000 loss based on projections of what it costs the foundation to do business. Dr. Gamble clarifies foundation is not asking for TCTF to give money but asking for increase in administrative budget by \$19,500 from another budget. Instead of TCTF and taking money from hospitals recommend SBOH and ask for expansion of TCTF. Dr. Deschamp asks has anyone looked at what the foundation is doing and identifying clinical outcomes and find a way to measure impact of services. Mr. Hall states BACS is working on outcomes of certain aspects to see benefits across the entire trauma system. Mr. Gardner refers to his education slides where there are educational offerings and hours of support.</p> <p>Motion: Dr. Wilson Asks MTCSF to deliver a detailed analysis of cost increase required by the foundation and bring to MTAC in January 2023</p> <p>2nd: Dr. Deschamp</p> <p>In Favor: All</p> <p>Opposed: none</p> <p>Mr. Hall states a contract modification could be made at any time during the year.</p>
IV	New Business a. Consent Agenda	<p>Discussion:</p> <p>Dr. Donald and Ms. Windham presented Consent Agenda to group. Any items that would need to be voted would not be on</p>



Meeting Minutes



	AGENDA TOPIC	NOTES
	<p>b. Burn Center</p>	<p>the consent agenda. Items that need to be reported would be in a consent agenda (written report) to review prior and those items would be approved and move on to new business during the meeting. Or if a consent agenda item needed further discussion or had questions, the committee could ask for that item to be held out and have the discussion. Dr. Wilson states imperative that members read prior to meeting. Ms. Kyle asks if the items would be available for non MTAC members as well. Ms. Windham states agenda is public but detailed items would be just for members. Ms. Kyle states the nonmembers/ stakeholders can currently see and hear what is going on. Concern that those not on the committee will be unable to stay up to date on items discussed. Dr. Stacy has used consent agenda and those groups have abandoned it after seeing decrease in efficiency in those meetings.</p> <p>Mr. Hebner states concern due to only meeting quarterly. Discussion regarding items are important.</p> <p>Dr. Donald asks for ideas/comments. Ms. Kyle states maybe hybrid agenda because it is needed to have a discussion and reports still go out before the meeting for review and the information is still discussed during the meeting for those that do not get the consent agenda.</p> <p>Dr. Wilson proposed information to be distributed before meeting and allow for pre visual and allow for discussion.</p> <p>Discussion:</p> <p>Dr. Donald informs MTAC of the closing of JM Still Burn Center at Merit Health Central. Adversely affect the care of burn patients in our state. BACS working with Region One in Memphis, TN and USA Health in Mobile, AL to assist with taking burn patients from MS.UMC will also assist with burn care as much as possible.</p> <p>Burn care TCTF distribution will be distributed between Region One and USA Health University. USA is in process of applying</p>



Meeting Minutes

	AGENDA TOPIC	NOTES
		<p>to be a burn center for MS. Neither thinks they can take the entire volume of burn patients individually.</p> <p>Dr. Donald suggests MTAC to ask legislature for increase in funding to re-establish a new burn center in MS. Establishing staffing for the burn center will take time and effort.</p> <p>Ms. Kyle:</p> <ul style="list-style-type: none"> • discussion regarding acute care for adults at Region One and USA, has there been discussion about pediatric care? Is Le bonheur a burn center or can they assist with pediatrics? • How/where will post-op/follow up/outpatient care be provided? • Reimplantation services- has there been discussion about how this will be addressed? • Suggest reconstituting burn committee <p>Dr. Donald response:</p> <ul style="list-style-type: none"> • Reimplantation services-reaching out across the state to identify who offers service. Currently 2 facilities but coverage isn't 24/7 • Pediatric burn care-Le Bonheur has agreed to assist as needed also speaking with Brook Army Medical Center in San Antonio, Texas is an option if needed. • Burn committee-ideal to re-establish committee. Members need to be established and appoint positions. <p>Ms. Kyle- Le Bonheur, Region One and USA touch our borders so if we send patients outside the borders how do they get paid? Dr Donald states they would have to apply to be designated as a MS burn center. Ms. Kyle states rules and regs does not address burn center borders, only trauma centers. Mr. Hall states there is currently no statute or other legal authorities stating cannot to use outside the borders. Merit Health Central has shared they will continue to provide current patient care as outpatient treatments. Ms. Kyle asks if Merit Health Central agrees for future care or just for current patients. Mr. Hall will get clarification regarding current patient's only or if they will accept new burn patients on an outpatient basis.</p>



Meeting Minutes



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		<p>Dr. Deschamp recommendation to establish burn center in MS. Ms. Kyle states burn care needs to be inclusive for all ages. Dr. Deschamp states to impress upon legislature it is imperative to identify a burn center for MS.</p> <p>Dr. Wilson suggests introducing recommendation to EMSAC. Dr. Donald will take to EMSAC.</p> <p>Motion: Dr. Deschamp-Formal recommendation for MTAC request BOH for position statement to legislature due to loss of burn center which is creating undue hardship on our citizens and recommend legislative funding be appropriated to create a burn center inclusive of all age patients. Separate increase for burn care from current TCTF, should be in addition to not included in the current TCTF</p> <p><i>2nd:</i> Ms. Kyle</p> <p>In Favor: ALL</p> <p>Opposed: None</p> <p>Proposal 10% increase in \$28M. Most paid out \$26M.</p> <p>Motion: Dr. Gamble-propose 15% increase dedicated to the TCTF. Exclusive of burn care and of other health department programs.</p> <p><i>2nd:</i> Dr. Wilson</p> <p>In Favor: ALL</p> <p>Opposed: None</p> <p>Ms. Kyle asks-if asking for support for burn care, is it worth asking for 15% for addition to TCTF. Concerned it will get connected even if two separate requests.</p> <p>Trauma Advocacy Day in Jackson</p> <p>Dr. Stacy asks when the last time an increase was requested. 2017 asked 2019 in place. Increase in authorization to spend not</p>



Meeting Minutes



	AGENDA TOPIC	NOTES
		an increase in amount. We are net up since 2017 due to the authorization to spend was increased.
V	Announcements	Upcoming Meetings: <ul style="list-style-type: none"> • January 13, 2023 • April 14, 2023 • July 14, 2023 • October 13, 2023
VI	Adjourn	Meeting adjourned at M: Dr. Gamble 2 nd : Dr. Wilson
	Next MTAC	January 13,2023

ACTION ITEMS			
#	Step	Person (s) Responsible	Due Date
1	MTCSF to deliver a detailed analysis of cost increase required by the foundation	MTCSF	January 2023 MTAC meeting
2	Formal recommendation for MTAC request BOH to formulate position statement to legislature due to loss of burn center which is creating undue hardship on our citizens and recommend legislative funding be appropriated to create a burn center inclusive of all age patients. Separate increase for burn care from current TCTF, should be in addition to not included in the current TCTF	MTAC Chair to present to EMSAC	



Meeting Minutes



ACTION ITEMS

3	propose 15% increase dedicated to the TCTF. Exclusive of burn care and of other health department programs.		
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