



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Mississippi Trauma Advisory Committee
Minutes

February 11, 2015

10:00 a.m.

Osborne Auditorium

570 East Woodrow Wilson Ave, Jackson, Mississippi 39215

Members Present

- **William "Pete" Avara, MD, Chairman**
 - **William Bassett**
 - **Debbie Berry**
 - **Rick Carlton, MD**
 - **Clyde Deschamp, PhD**
 - **Mark Galtelli**
 - **Hugh Gamble, MD**
 - **Doug Higginbotham**
 - **Kevin Holland**
 - **Amber Kyle, RN**
 - **Heather Kyle, RN**
-

Agenda

- **Call to Order/Acceptance of Minutes**
 - Meeting called to order by Dr. Avara.
 - Motion to approve Minutes of October 22, 2014 meeting made by Mr. Holland, seconded by Mr. Galtelli. Motion passed.
 - **Region reports**
 - Reports from the region administrators were included in the information package distributed to each member.
 - **Rules/Regulations and Functionality Sub-committee Report**
 - The report was made by Dr. Carlton. The committee met on January 30, 2015, and the Rules/Regulations Taskforce is meeting every month to make recommendations to the Trauma Regulations based on the American College of Surgeons Committee of Trauma 2014 Resources for Optimal Care of the Injured Patient, commonly referred to as the "Orange Book." The revisions to the Trauma Rules and Regulations will need to go through a committee to be reviewed for economic
-

impact. MTAC approved that the committee for that function would be the MS Hospital Association System of Care Committee. Dr. Carlton also explained the process for formal review of regulations would be through the Board of Health on to the Secretary of State's office.

- MTAC recommended for the Rules/Regulations and Functionality Subcommittee to review diversion at its next meeting and make recommendation to MTAC at the May's meeting.
- Dr. Miller updated MTAC on the tourniquet memo to Dr. Currier based on information from other areas that have implemented the use of tourniquets by first responders.
- Dr. Carlton also reported to the MTAC members that the Rules/Regulations and Functionality Committee also discussed the concept of a five tier trauma system where a Level V trauma center would be to stabilize and transfer. There are still questions to vet out, so the committee will continue to discuss this at a later date.
- Discussion occurred about hospital diversion and the need for an exact definition. The goal would be real time bed status availability and statewide medical control. Recommendation is for more research of options to be continued by the bureau and be provided to the sub-committee and to MTAC.

- **Burn Sub-Committee Report**

- Mr. Galtelli reported that the Trauma Registry Sub-Committee approved the burn inclusion criteria.
- Mr. Galtelli reported that the sub-committee is working on developing a performance improvement committee within the Burn Sub-Committee, and as it matures, it will move within the Trauma Performance Improvement Committee.

- **Trauma Registry Sub-Committee Report**

- Ms. Heather Kyle reported on an annual basis there is an update and enhancement made to the collector software of the Trauma Registry. With the current one, there is 139 modifications, most is automapping with the National Trauma Databank and drop-boxes to speed the process for the end users.
 - Trauma activation is being added with this enhancement that will aid for performance improvement opportunities.
 - Ms. Kyle also reported about future projects for the committee that include defining inclusion and exclusion of ICD-10 codes.
 - The MEMSIS viewer has been a project that has been in the works since 2009 and is in the final stage of testing. The subcommittee recommends to MTAC alignment of EMS data within MEMSIS with what is on the prehospital tab in the Trauma Registry and for some of these elements to be made mandatory. Motion made by Dr. Gamble, second by Mr. Galtelli for the MEMSIS alignment with the Trauma Registry, motion carried.
 - The minimum data set project was explained by Ms. Heather Kyle. The final data set came to a total of 266 mandatory fields, 83 for the National Trauma Databank, 11 required for the State, and 172 that are additional fields. 274 fields will be optional that were once before mandatory fields. 28 fields will be auto-populated, and 129 fields will be for burn patients. Motion made by Mr. Holland, second by Mr.
-
-

Galtelli for the minimum data set project to be carried out for the Trauma Registry, motion carried.

- **Mississippi Association Trauma Administrators (MATA)**

- Dr. Miller reported MATA will meet the data prior to MTAC with a purpose to have consistency amongst the regions.
- Three items discussed: Level IV applications for Trauma Care Trust Fund Distributions; Corrective Action Plans Monitoring by the Regions; and Regionalizing Registrar Training.
 - Every Level IV trauma center will complete an application for Trauma Care Trust Fund distribution at least once a year, usually in the fall during the time of the annual \$10,000 stipend
 - The regions have more interaction with the trauma centers and should monitor and report back to the Department on the status and/or the completeness of the Corrective Action Plan.
 - Reduce registrar training in Jackson and replace it with webinars, web-x and/or on-site regional training by State Trauma Staff.

- **State Trauma PI Committee Report**

- Ms. Muzzi reported that the committee met on January 22, 2015. The committee has almost finished work on the survey template which is a tool to assist the inspectors on which elements a trauma center needs to pass in terms of a critical or programmatic element. This tool will also assist with objectivity on a consistent basis to the inspection process.
- A consultant has been selected to work on the reviewing the draft State Trauma PI Plan which has been in draft form for many years. He will review other state trauma PI plans, American College of Surgeons' PI documents, etc, and will be reviewed at the next State Trauma PI Committee.

- **Trauma Care System Corrective Action Plan**

- Finance Sub-committee
 - Dr. Hugh Gamble is the Chair of the Finance Sub-committee. MTAC recommended that at least annually a report on how much money is flowing through the trauma program be generated to this committee, with an analysis of where the money is coming from, where it is going, etc.
 - Volunteers were asked to be involved on the Finance Committee to contact Dr. Avara or Dr. Gamble.
 - In an effort to have financial accountability and planning as a purpose for Finance Sub-committee, the reports conducted at the financial audits of the t Level I-III's will be forwarded to this committee.
 - Education/Injury Prevention Sub-committee
 - Discussion occurred about whether there is a need for a full committee with a chairman or to utilize the data from the trauma registry and just report to MTAC and to the regions. Discussion also occurred about the disconnect about prevention at MSDH and the need to communicate to all areas who support injury prevention.
-
-

- **Bureau Update**

- Ms. Muzzi reported House Bill 389 originally was written for the fee to not go to the trauma fund. A motion was made and seconded for MTAC to write a letter supporting the texting and driving bill with a portion of the funds to go to the Trauma Care Trust Fund.
- Ms. Muzzi reported that the Fall 2014 TCTF distribution was \$12.6 million
- There were 12 Level IV Trauma Center designations since the last MTAC meeting:
 - Crossgates River Oaks Hospital, Brandon
 - King's Daughters Hospital, Yazoo City
 - Quitman County Hospital, Lawrence
 - Simpson General Hospital, Mendenhall
 - Scott Regional Hospital, Morton
 - Calhoun Health Services
 - Marion General Hospital
 - Neshoba County General Hospital
 - North Mississippi Medical Center, Eupora
 - North Mississippi Medical Center, West Point
 - Perry County Hospital
 - Wayne General Hospital

- **MHA Systems of Care Committee**

- Mr. Holland reported that the Mississippi Hospital Association has a group working on a comprehensive study on the financial health of the Mississippi statewide trauma program.
- The purpose is to be educational, and to be informative about the legislation surrounding the program. There is a cost analysis section that shows the direct financial impact of the trauma program on hospitals and the funding shortfall.

- **Open Session**

-
-
- **Adjourned at 12:10 p.m. - Next scheduled meeting is May 13, 2015.**
-
-