Trauma System Advisory Committee
3760 South Highland Drive Salt Lake City, UT 84106
5th Floor Board Room
Meeting Minutes
Monday, June 15, 2015

Committee Members:	Craig Cook, MD, Don VanBoerum, MD, Holly Burke, RN, Janet Cortez, RN, Mark Dalley, Matt Birch, Rod McKinlay, MD, Grant Barraclough, Karen Glauser, RN, Steven Anderson and Mark Thompson
Excused:	Hilary Hewes, MD and Jason Larson, MD
Guests:	Clay Mann, Kris Hansen, Rachael Trostrud, Mike Rady, Arlene Bronson, Debra Nelson, Shawn Evertson, Laura Neilson (on the phone)
Staff:	Jolene Whitney, Mathew Christensen, Peter Taillac MD, Bob Jex, and Suzanne Barton
Presiding:	Craig Cook, MD

Agenda Topic	Discussion	Action
	Welcome	
Welcome	Jolene Whitney welcomed the Committee to the meeting and acknowledged new member Steve Anderson and guests present. Introductions of committee members around the room.	
	Action Items:	
Approval of Minutes	The March 23, 2015 Trauma System Advisory Committee meeting minutes were reviewed and approved by the committee members.	**Matt Birch motioned to approve the March 23, 2015 minutes. Mark Dalley seconded the motion. All present members voted in favor of the motion. No one opposed; none abstained. Motion carried.**
	Informational Items:	
Status of R426-9 – Dr. Craig Cook/Bob Jex	We spent a fair amount of time at our last committee meeting discussing the Trauma Center Needs Criteria rule change. There were a number of points brought up specific to that and you can refer to your minutes on page 2. We approved it in our committee and then the rule change went on to the EMS Rules Task Force committee and they approved it. Then it went to the State EMS Committee. The State EMS Committee approved some of the proposal but not all of it. To a certain degree they were not prepared to digest the whole gravity of what we were proposing and what it meant for the state as a whole. They wanted more time to be able to review the rule change, digest it and make an appropriate decision for their committee. Bob commented that the biggest problem was the criteria that we outlined for designation of the Level I and Level 2 trauma centers. There were concerns based around needs rather than market forces. Bob said they don't understand the nature of the trauma system and the systems approach to it. That basically was their big concern. We do have a meeting with a couple of the administrators tomorrow to discuss those issues. We don't think that the exclusive portion of the inclusive trauma system should be based on the market systems. We are very sensitive of the concerns of the hospitals and trauma centers in our state. We backed off and will spend the time that we need to develop the rule and consensus to maintain a trauma system in the state. We will let you know when it will be presented again to the EMS Committee and anyone is invited to attend that meeting.	**Rule R426-9 will be presented to the State EMS Committee for approval at their meeting on July 15, 2015. TSAC Committee members were encouraged to attend to voice their consensus regarding the rule.**

	Craig Cook commented that the criteria for the rule are based on the national standards from the American College of Surgeons criteria. We are on solid ground on recommending this rule. We need to make our recommendations based on what the best practice is for the state. Bob stated that we have in the State of Utah an inclusive trauma system that includes all trauma level I, level II, level III and level IV. Eighty-five % of trauma falls into that inclusive range and we think anyone that meets that criteria should be included in that inclusive portion of the state trauma system. In our minds that refers more to level 3 and level 4 trauma centers and if they meet the criteria, they should be designated regardless of where they are. We think a designated facility provides better trauma care. The exclusive nature of the inclusive system is the level I and level II trauma centers provide definitive care for trauma patients with resources that are not readily available to community hospitals. That was the issue and they don't understand the exclusive nature included in the inclusive trauma systems. Those resources ought to be limited because it takes a lot of money to operate a level I and level II trauma center and to duplicate those fixed costs in the system is not well advised. Another reason is if it dilutes existing level I and level II facilities numbers and they are not able to provide well managed practice systematic care the care suffers and we have enough research to point that out. With this literature search, it was very conclusive that with the addition of level I or level II centers in close proximity of other centers increases mortality in the community. Bob further stated that it is not our intent to advocate for certificate of need, we are advocating for a trauma center needs assessment and we are not opposed to additional level I and level II centers but it should be needed and the need should be demonstrated for the good of the community that they serve. Craig Cook commented that for this reason the American College of Surgeons came out with a consensus statement that some of us have looked at and read that really tries to address this issue in our country based on several different communities going down this path and really suffering with increased mortality and morbidity as you delude experience by reduplicating lots of resources. My opinion as a surgeon is to try and follow their guidelines and recommendations. Craig is on the committee for trauma with the state and he has brought this to their attention last month. The opinion was also that they should follow the American College of Surgeons opinions. Dr. Nirula, who is the chair for the University of Utah, is willing to back up our claim and would even be willing to write a letter to the State to back up our decision. Bob stated that Level V and the new criteria to move them to level IV's has been approved by the committee and the attorney's wanted to reclassify stroke and STEMI in the same section that required a rewrite. The rules are going forward now and hopefully will be ready before we have a level III survey schedule.	
Bureau Strategic Plan – Jolene Whitney/Bob Jex	Jolene stated that we just completed our strategic plan and the TSAC committee participated in the development of the plan last year at the Viridian Center. If you look at page 14, you will see the trauma	**Bob will find out if the Bureau Strategic Plan is available electronically**

	section. We wanted to make sure you all had a copy. In the future, we will include this in the agenda so you will know where we are with the goals and objectives. The Bureau Strategic Plan should be available online to download copies. You were also given a copy of Utah's Trauma System Outcomes and Trends for 2002 – 2013.	**online on the website.**
Trauma Center Surveys – Bob Jex	We have some surveys that are scheduled this year at Primary Children's Medical Center this Fall on November 2nd and 3rd. Stephen Fenton is their new medical director. Primary Children's, St. Mark's Hospital and Bear River Valley Hospital all have surveys coming up this year. We will be scheduling a focus visit with Jordan Valley Hospital that will be determined later this week. Jordan West Valley will be looking at a visit this year also. He visited Ashley Valley Medical Center out in Vernal and will have something for them this year. Busy year designation wise and will keep you updated on that. Valley View Medical Center is being surveyed the 24th of this month. They have been working really hard on this for three years. St. George will have their site visit in October. No new changes on the surveys for the time being. We will roll out the new criteria when the rule has gone through public comment and is approved and will send notice out to all the hospitals and committee members. The date we have been giving everyone for the change is July 1st. We are not distributing the green book anymore and are distributing the orange book. There are 22 hospitals that are designated and by the end of the year we will have 26 designated hospitals. Level V's will be grandfathered in as level IV's at their next survey and they will receive a new plaque that will show level IV but for now they are designated as a level V.	**Bob will send out a notice to the hospitals and TSAC Committee members when the new criteria has been approved.**
Discussion on role of free standing EDs in Trauma System – Bob Jex/Peter Taillac	We have discussed free standing ED's and their role in the trauma system at this committee before. We've had the question raised as to what is the role of the free standing ED's in EMS system the trauma system. We think there is a place for them and role for them in the system. We have reached the point where we want to have a definitive discussion on what their role is in the EMS and the trauma system. Peter and Bob had a conversation about that last week and came to the consensus that we would like to consider. Peter commented that the number of free standings is increasing in the state particularly along the Wasatch Front. They do play a really good role by providing emergency level care particularly in rural areas, having an ED with full resuscitating capabilities for critical and ill and potentially injured patients with a CT scan, etc. The question is how does EMS sort out which patients should go to a free standing ED knowing there is no in-patient capacity and which patients should skip the free standing and go to the full scale hospital. There is no reason if a child has a forearm fracture or a child who has been hit in the head, that is been knocked out and thrown up that they can't go to the free standing ED to be looked at and referred on if necessary. The problem is a lot of free standing ED's have put up signs that say trauma center which is very confusing to the public and the EMS community as well. There are some states that have started to craft the EMS guidelines to give the medics some guidance. We have made it very clear that free	**Peter and Bob will draft up language for the role of free standing EDs to present to the TSAC Committee at the next meeting on December 14th**

	standings will not preferentially by EMS receive critical trauma care patients unless they need to stop to administer emergency air management or there is not time to get to the next hospital. Bob and Peter would like to form a subcommittee to start looking at what is out there nationally in literature and what other states are doing. Peter has heard from conversation with some big city medical directors that EMS agencies in other states don't ever transfer to free standing ED's. This is a simple approach but not the best approach. This will minimize the number of secondary transfers and minimize delay in care particularly with trauma patients when delay in care is a negative thing. Currently we have a field triage decision scheme in the State that the EMS Committee has approved that has four steps that follow the ACS guidelines for triage and transfer of patients. Peter and EMS have an understanding with the first two steps what the guidelines should be for the free standing ED's. Peter and Bob will come up with some draft language to make it uniform all across the state and we can approve it through the TSAC Committee and then present it to the EMS Committee for approval to add to the triage guidelines.	
Medical Direction Update – Dr. Peter Taillac	The State EMS Protocol Guidelines that were published two years ago which have been used as a model by many EMS agencies around the state. Some have adopted them in tack and put their name on them and some have changed and altered them and taken out items to make them their own. These guidelines have helped us move along in a direction for better EMS care and consistency in the field. We will be reviewing and updating these again this year starting in the early fall. There is a set of national EMS model guidelines available now published by the National Association of State EMS Officials under a NHTSA Grant, Department of Transportation/EMS Office. We will look at those to see how much they match up with ours. We will put out an updated set this first quarter of next year. From a trauma data standpoint we have all the trauma data from 2002 - 2013 on the CD that was given out. We need to look at the data as a committee to see how we are doing a good job or if there is room for improvement. There is more documentation in regards to EMS obtaining pediatric vital signs in the field over the last seven years. We published a preventative mortality study and from that was developed an opportunity for an improvement in fluid resuscitation and Primary's brought it to our attention that EMS was not obtaining pediatric vital signs on kids. We decided to make this part of our performance improvement effort statewide and we have documented that the rate of pediatric vital signs has doubled virtually throughout the state. Dr. Hilary Hewes will be presenting this data at the Western Pediatric Trauma Conference in July. Peter expressed kudos to Primary's. The outcomes when a critically injured child is taken to Primary's are extraordinarily good and substantially better than when a critically injured child is taken to a different hospital that is not a level I pediatric hospital.	
Conflict of Interest Forms –	Our representative from the Attorney General's Office, Brittany Huff, has determined that the Statute that you were given a copy of	**Committee members need to fill out the disclosure**

Jolene Whitney	applies to this committee. Under 13 it states "public officer" means all elected or appointed officers of the state or any of its political subdivisions who occupy policymaking posts. So you are in appointed positions with the Department of Health and you are providing recommendations on policies for the Department of Health so you are considered policy makers. Therefore, the Utah Public Officers and Employee' Ethics Act applies to you. We need you to read over it and become familiar with what it says. Brittany has presented a memorandum. Forms where handed out that need to be filled out and at our next meeting we will have a notary public present to notarize the forms. Please direct any questions to Jolene.	**statement form and bring it to the next committee meeting on September 21 to be notarized by our notary public.**
Future Agenda Items	Agenda items for next meeting: 1. Pediatric head injury transfers to Primary Children's hospital not in database. 2. How to deal with pediatric head trauma in our state.	
Next Meeting	Monday, September 21, 2015.	**Meeting Adjourned**