

NORTHEAST WI Regional Trauma Advisory Council
Meeting Minutes
Wednesday, July 20, 2011
Bay Area Medical Center – Marinette, Wisconsin

RTAC members met for sub-committee meetings from 5:00pm-6:00pm

1. **Education/Injury Prevention** Responsibilities include but are not limited to: Conduct a regional needs assessment; determine educational priorities for public and professional constituents; develop a systems approach to prevention; serve as a clearing house for collection and dissemination of information.

Update:

- Tim Nowak presented the Trauma Plan
Dave will send to Marianne for review and feedback. The PPT will be reviewed at the October meeting. The plan is due at the end of this fiscal year.
- Tim shared a backboard pad made by Turley with the group. The goal of the pad is to reduce soars through comfort and non-skid material and secondarily act as a heating and cooling device.

2. **Performance Improvement** Responsibilities include but are not limited to: Develop a data collection system; collect and analyze trauma registry data; identify opportunities for improvement based on data.

No update

General Membership Meeting

The Executive Council (7 present for a quorum) and general membership meeting of the NEW RTAC was called to order by the Chair, Dr. Steve Stroman at 6:50pm. New guests were introduced. Mark Madigan made motion and Dr. Todd Nelson seconded the motion to approve the meeting minutes from January. The group agreed and the motion passed.

OLD BUSINESS:

Status of Funding Grants: \$49,911 is the RTAC annual budget (approx.\$550,000 split by 9 RTACs). It was originally cut by 5% but the Governor has reallocated the entire amount back to the RTAC. To date between \$25,000 and \$30,000 has been distributed to many good causes.

Electronic Triage Tracking Project: The goal of the project is to be able to track a patient across the state. The first pilot was completed and the second phase will be to pilot the program in rural areas (Brazeau and Kewaunee). The concept is a scanning system for basic triage, triage color, transportation method and location all done through a bracelet with a bar code and the service having a scanning device to enter information. Four mass casualty scenarios have been developed to test. Startup cost is approximately \$5,000 and WHEPP would like to fund startup costs for the program.

REPORTS:

- WHEPP Report:
 - New fiscal year reporting

- August 3rd webinar
 - Topic: the new concealed weapon law
- Operation Vigilant Guard
 - Report will be released soon
 - Scenario: 4 hospitals in LaCrosse flooded and 750+ patients had to be relocated.
 - Issues: reverse triage, electronic records, transportation logistics and hospital capacity
 - Will be running the program again in January 2012
- Iron Horse Fusion Centers
 - Cross board hospital systems
- Treasurers Report:
 - \$3,656 from previous year grant money left
 - Money will roll over into the new year.
 - Waiting for money to clear and the rest of the checks to be distributed
 - \$49,911 is the budget for this year
 - Brazeau had an outstanding grant request for Pedi Mates
 - Amanda Finn mad motion to approve the grant, many seconded the motion and the motion carried and was approved.
- STAC Report:
 - There is extra money left from the pedi bags. Marissa is thinking of doing generalized pediatric training with the additional funds. A suggestion was made by Dr. Steve Stroman to consider Pedi Mates.
 - Dr. Paul Reckard was introduced as the newest member of State Trauma Advisory Council. He is the Trauma Director at St. Vincent's Hospital. He will be a vital member to our RTAC as well as the State Trauma System.

NEW BUSINESS:

- ACS Recommendations
 - American College of Surgeons is the propagator of the entire trauma system (the entire medical system but trauma is a part of it).
 - It is a national organization that sets level 1 and level 2 criteria
 - The state sets level 3 and level 4 criteria
- Recommendations such as:
- Revise the administrative rules and eliminate outdated language,
 - Strengthen DHS' enforcement of the existing and future statutes and rules,
 - Create an Executive Board that includes both Trauma, EMS and Disaster Preparedness,
 - Identify and provide DHS staffing resources necessary for a successful system,
 - Develop a contemporary Trauma System Plan,
 - Establish dedicated funding stream for the Trauma System,
 - Clearly define criteria for accepting injury admissions to Level III and IV,
 - Monitor and enforce criteria for all Trauma Facility classifications,
 - Develop and disseminate clinical criteria for all inter-facility transfers,
 - Develop a State-level performance improvement plan for the Trauma System with collaboration from all partners, and,
 - Explore existing data sets to support and evaluate how the Trauma System functions.

- Elections of Executive Council Members
 - Terms are staggered, 1 and 2 year terms
 - Terms up this year: Rural member, Urban member, Pediatric, EMS Medical Director and 3 Members at Large.
 - Dave will send out information one month prior to the October meeting to collect nominations and then create a ballot for voting at the October meeting.
 - In order to be eligible for the board you must attend at least 2 meetings per year.
- Equipment Review
 - Dr. Todd Nelson shared information on the Hi-Lo Evac Endotracheal Tube that helps deter ventilator associated pneumonia.
- Thank you to Bay Area Medical Center for the use of their facility and catering.
The next meeting will be October 19, 2011 at St Vincent Hospital in Green Bay.

The meeting was adjourned at 7:09pm