NASEMSO FULL TRAUMA MANAGERS COUNCIL 2018 ANNUAL MEETING MINUTES

Date: Tuesday, May 22, 2018 1030-1200 hrs. Place: NASEMSO Annual Meeting, Omni Hotel, Providence, RI

Chairperson: Carole Mays (MD)

NASEMSO Trauma Manager Council Members -Key: A=Attendance, S=State, R=Region

A	Name	S	R	A	Name	S	R	A	Name	S	R	A	Name	S	R
	Alice Floyd	AL	S			IL	GL	√	Sherri Wren	NE	WP		Jason Rhodes	RI	E
√	Julie Rabeau	AK	W		Katie Hokanson	IN	GL		Richard Fenlason	NV	W		Richard Wisniewski	SC	S
	Fuapopo Avgalio	AMS	W		Margot McComas	IA	WP		Vicki Blanchard	NH	E	√	Rebecca Baird	SD	WP
√	Noreen Adlin	AZ	W			KS	WP		Tom Hendrickson	NJ	E	√	Robert Seesholtz	TN	S
	Diannia Hall-Clutts	AR	S		Richard Bartlett	KY	S	√	Liana Lujan	NM	S		Jane Guerrero	TX	S
	Elizabeth Winward	CA	W		Paige Hargrove	LA	S		Linda Tripoli	NY	E		Marlene Carbullido	GM	W
	Grace Sandeno	CO	WP		Rick Petrie	ME	E		Amy Douglas	NC			David Sweeney	USVI	E
		CT	E	√	Carole Mays	MD	E	√	Nicole Brunelle	ND	WP		Jolene Whitney	UT	WP
	Mary Sue Jones	DE	E	√	Bertina Backus	MA	E			NMI	W			VT	E
	Sam Hurley	DC	E	√	Eileen Worden	MI	GL		Sue Morris	OH	GL	√	Cam Crittenden	VA	E
	Kate Kocevar	FL	S	√	Chris Ballard	MN	GL		Grace Pelley	OK	S		Tim Orcutt	WA	W
√	Renee Morgan	GA	S		Wayne Vaughn	MS	S		Camillie Storm	OR	W		Sherry Rockwell	WV	E
	Tiffany Lightfoot	HI	W		Nicole Gamm	MO	WP			PA	E		Caitlin Washburn	WI	GL
	√ Christian Surjan	ID	W	√	Alyssa Johnson	MT	WP			PR	E	√	Kelli Perrotti	WY	WP

NASEMSO Trauma Manager Council Associate Members and Guests

A	Name	State or Org		A	Name	State or Org		A	Name	State or Org		A	Name	State or Org
	Juliet Altenburg	PTSF		√	Kathy Robinson	NASEMSO Staff Liaison		√	Tim Held	MN		√	Lauren	SC

√	Dave Bradley	PTSF		√	Martin Duffy	CO		√	Gerard Christian	NH		√	Deena	GA

TOPIC	DISCUSSION	ACTION	RESPONSIBLE PERSON/S	STATUS	
				OPEN	CLOSED
Call to Order **Review of the 10/24/17 Fall Meeting Minutes**	Welcome and call to order 1025 hrs. Rob Seesholtz moved to approve; Chris Ballard 2nd. All in favor. None opposed. Motion passes.	Roll-Call completed (see attendees above).	Carole Mays		CLOSED
NASEMSO Update	NASEMSO has been working on many projects with deliverables; some are: NHTSA National EMS Projects of Significance;NHTSA Scope of Practice Model; NHTSA Fatigue in EMS;REPLICA;.ASPR Project on Interfacility Transport of Ebola and other HCID Patients; National Collaborative on BioPeparedness and others.	Members to review in NASEMSO Board meeting minutes if interested. Many of the projects will be highlighted at this Annual Meeting.	Carole Mays		CLOSED
Regional Reports	**East** – Has not met **Great Lakes** – Meets every quarte and is mostly a support meeting connecting with folks. Wisconsin has joined. Illinois is not attending. We share and strategize about rehab and registries. **South** – No Meeting. Rob mentioned that it is important that if you are a chair, to please understand it involves time and if you want this organization to thrive it is important that you are committed. The group mentioned that alternates can assist if the chair cannot organize the meeting. **West** – Meeting frequently There is a lot of preparation, and Julie reports out on trauma. **Western Plains** – Alyssa Johnson spoke (Carmen has stepped down). They have not met. Martin was volunteered to head this meeting. Kelly was nominated as alternate. There will be a vote next spring where an official voting process will occur. Martin has graciously accepted.	Regional meetings of the TMC should occur quarterly to update members. Regional meetings will be held at the annual meeting (in the morning). In the past, the TMC had regional meetings on the phone to update, relay regional information and activities in each region. The NASEMSO Regional Council Meetings don't necessarily include the TMC. We are asking NASMESO to allow us to report out what we are doing at our annual and regional meetings.	Sherry Rockwell Eileen Worden Grace Pelley Julie Rabeau Christian Surjan	OPEN	

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Sub-Committee Reports	**Policy-** Rich is the appointed person from the TMC on the NASEMSO Government Information Committee. Julia Altenburg sits on the Committee representing STN. The federal budget status is unknown if 2018 and will be agreed upon in March. HR 880 was passed in February. Stop the Bleed® campaign; SC had a bill that went into SC legislature, HB5002 to put Stop the Bleed® in all classrooms. The bill did not this did not pass; they will refile in January 2019.		Rich Wisniewski- Not present. Carole Mays reporting.		CLOSED
	Mentoring-Sheri asked for feedback on the new format as presented during this Annual Conference and Meeting. She asked for agenda items and will schedule a meeting to begin coordinating the 2019 Annual Meeting.	Carole asked for topics for next years meeting.	Sherri Wren	OPEN	
	The newmembers are not getting on the list serve roster. The State Directors are responsible for appointing new members to NASEMSO. New Trauma Managers will be added once this is done.	Liana volunteered to talk about the NM PI program being rolled out July 1, 2018. Consider a presentation from the Trauma Data Analyst Forum. Perhaps a presentation from Clay Mann. It was suggested that we have a joint session of the Data Manager Council; for EMS and Trauma as some folks may be wearing both hats.			
	Next spring, Sheri will be handing the baton over to a new chairperson; she asked for volunteers to let Carole know.. The mentoring tool kit is also part of this and needs someone to help keep it updated. Sheri asked for volunteers to take over the mentoring toolkit. Members have mentioned that they use the mentoring toolkit and is found to be a valuable resource; it should not be taken away at this time.		Members		
	Trauma Data Analyst Forum – Jolene Whitney saw a gap and put together this meeting because of the questions of data for trauma. Trauma data from different states is being presented at that webinar meeting. It's an informal meeting that anyone can attend.	Contact Jolene or Kathy Robinson if you want to be included in the quarterly webinar.	Jolene Whitney not is attendance; Alyssa Johnson	OPEN	
TMC Liaison Reports	**ACSCOT Trauma Systems** Completed Hawaii and Alaska system assessments as of 2018. Alaska mentioned that it went well. A needs based approach to trauma systems was discussed. They have reviewed the "Orange Book"; revision comments are due. They continue to make adjustments to that	Kathy Robinson sent out the request for ACS "Orange Book" revision comments.	Kelli Perrotti for Rich Wisniewski		CLOSED

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	document. The ACS is wanting to updated it to be more evidence based as not all centers have the same capacity. There are looking at GIS metrics. Pediatric Trauma system development and CDC field triage is moving to NHTSA. State funding is used to attend. There is a company called Toxell working through Joe Farrell (NASEMSO) to look at EMS data sets to find out whether there are trauma center need predictors defferent than the trauma decision tree as to where the patients should go. This is in beginning stages. Four states have signed on. They have a deliverable by September of this year, it is moving slower than they originally thought. **ACSCOT Rural Trauma** The Rural Trauma TDC was discussed, the 4th addition came out 2016. In 2017, there were 110 courses that had been held. Emphasizing communication and teamwork that goes into this course. flexibility for the rural area's so that they can get what the rural centers need. They talked about internal liaisons and pushing rural out to the other COT committees. The Rural needs assessment was discussed about how to engage rural Le el III and Level IV's. There are Level III TC's but the committee was made up of rural surgeons, need have rural physicians on the rural committee. If you know of an exceptional rural Level III surgeons, please let the COT know. Kelly sent out a survey to include the NASEMSO TC to potentially help disseminate a survey about rural trauma. The COT did Beta testing on two different hospitals to get their input. There was a lot of discussion about Stop the Bleed® in rural states and the challenges and success with getting this going.Have had problems with tourniquet application. ACS - Looking for level III surgeons does not have to be ACS verified center. At the meeting they discussed the problems with Level II trauma centers. It was also discussed that there was concerned with the new ATLS format and whether it was too onerous.	The ACS is looking for test site and if states are interested contact Kelli or ACS and they will get you set up for the new tool. It was asked if the results of ACS rural survey would be made public. Can we put this on the agenda next year? Kelli mentioned that it still wasn't clear where the survey would be at that time.	Kelli Perrotti	OPEN	

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	Jim Dodd mentioned that Kelli represented NASEMSO very well. **ACSCOT Governance** An article that was submitted to the Journal of Trauma for publication on minimnal requirements for Trauma Systems. The article has not yet been accepted for print. **NHTSA/ACS Data Linkage** Alyssa attend this committee. NHTSA funded, comes directl out of the NASEM report. Six recommendations for ACS ad NASEMSO for data sharing from EMS NEMSIS and through trauma system and registries. This group met and included a lot of different folks. Looked at how we can best share data. This will be a best practice white paper on data sharing. Looking at cost side of data sharing. The rough draft is being worked on. There will be a quick turn around. **National Safety Council** Alyssa was asked to do a quick power point about data falls for the elderly and registry. Should probably be presented at next year's TMC. About what different registry's capture on falls. There has been no further movement on this. **IAEMSC Annual Leadership Summit Position Statement on the NASEM Report** Cam attended the IAEMSC Annual Leadership Summit for NASEMSO. They were developing a position paper about the NASEM report. "Trauma" did not come up, but the discussion was very EMS focused. The IAEMSC position paper has come out and NASEMSO was asked to signe on. The TMC Steering Committee was asked to support this position paper. The TMC felt that we did not need to support their statement. Carole asked if some folks could look at the NASEM report and comment on the report. Tim Held felt that the TMC core tenants are still relevant, but the document would need to be revised to present to other organizations. The original TMC document was submitted in	When able to share with the TMC, Carole will forward it. Recommendation to present as Webex at the Fall meeting (TBD). What is NASEMSO asking us to do again? Perhaps an assessment of the NASEM report. Perhaps we should re-package and resubmit.	Carole Mays Carole Mays & Alyssa Johnson Alyssa Johnson Cam Crittenden	OPEN OPEN	

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	2016. There was concern that we were asked for an opinion but it didn't go anywhere. Tim indicated that if we reword and rework the document we wanted our leadership to answer our concerns. It was mentioned that the NASEM report recommendations is getting momentum.				
NHTSA-Request for Information: Improving Prehospital Trauma Care	**Q1-** Wilderness and Rural are impedements to care Stakeholder training in forestry. We are 75% volunteer, pre-hospital is an aging population. Keeping the volunteer Pre-hospital trained and wanting to stay volunteers. Medical direction in volunteers in rural clinics. We have de-designation of rural Level IV trauma centers due to horrible care, and local ems insists that they cannot transport to the next town. He knows better. Local medical director is sovereign and demands sovrenty to make all decisions and that bureaucrat cannot tell him what to do. Protocols and scope can vary based on medical directors. Deteriorating EMS infrastructure. Being able to get an ambulance to response and the inter-facility transportation of trauma patients. It is an unfunded system. Considered a non-essential system. And there is no money and no infrastructure to have ambulance services. There is an unwillingness to change. **Q2 –** Zero. 10% reduction every 5 years. **Q3 –** 10 % reduction every 5 years **Q4 –** Technology of any kind. Military take all the best practices learned overseas and apply them. Improving both rural and wilderness care and bring in military rotor-wing. Civilian helicopters may not be able to fly. But for military rotor they do not supply medical transport. Please see agenda 2050. Take the military concepts and utilize them in pre-hospital setting. Military care does not translate for co-morbidity and medical issues in elderly population. **Q5 –** Skip **Q6-**Yes, there are things that can be done. Including: Education, access, individual state protocols. Raise bar for standards of care. Need more data for evidence based care. PI. Will revisit as research comes.	The RFI for NHTSA was passed out to the TMC. At the request of Dia Gainer the Councils were to place this on the Council Agenda for discussion and submittal of discussion points. Carole will pull the discussion oints together and submit to Dia. Comments due to NASEMS0 7/12/18 & 7/26/18 to NHTSA	Carole Mays	OPEN	

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	Q7 – see q6 interffacility transports. Time standards. Geriatric Trauma activations. Special populations trauma activations **Q8 –** Data driven process improvements and standardizations, validation of data. Completed compass measures. Benchmarking (like TQIP) **Q9 –** It is done in some states, some work closely with border patrol. We need pilot testing because we don't understand how this will work. We are the content experts, but we don't understand either. There are liability issues. Cost effectiveness is important. Need to focus from a preparedness. Need to include for preparedness for mass casualty. Could be utilized for Search and Rescue. Barier is level of practice. They are combat trauma based. They are not paramedics. Use them for teaching tactical medical care (pararescue). Integrating training. Similar challenges for physicians (military). DOD grant. Could this be potential funding for EMS. Inform response to this, we have a lot of questions, we need a pilot program. This is happening, and we need to be on forefront. **Q10 -**That's money, adviertisement. Public campaign. Like breast cancer awareness. We have things for drunk driving, stop the bleed, This initiative is about releasing funds to initiate a program., such as fancy colored ribbons. Being brought to the forefront as the leading cause of mortality and morbidity is important from a national as well as state perspective. Money from a lead federal agency. **Q11-** Vehicles should be designed with emergency responders in mind. Data collection from car computers. **Q12 -**Swoop and scoop, early decision to transport (air vs ground)also depends on money. Adapting an entirely new model for EMS transporting. **Q13 –** Ambulances don't always carry the necessary equment. Have ems providers work closely or have more money for pediatric recognition program. Given them more money to more effectively run the pediatric recognition programs. Incorporate EMSC standards from EMSC into all the trauma programs. Consider partnerships with big pharma to release funds to do these things.				

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	Q14 – Tribal are sovereign nations, very low level of volunteer response. Improve training supplies and equipment for volunteers. They don't necessarily have a trauma center to take their patients to Increase partnership with tribal liaison's. Make distance learning available. Do not interact with the reservations, and a lot do not have EMS or 911. Try to ensure there are no barriers to their participation and education and access. Make it easy to come. **Q15-** Adopt some of the studies that have been done with the military. We need a more formalized public approach. Looking at global research, taking all of this and come up with a workable plan. Civilian interventions e.g., managing injuries. Combine cardiac and Stop the Bleed®. **Q16-** Look at role of the MD. **Q17-** The framework is there, we need to collect data, we don't know yet. Community interventions could help with this. It's all well and good to train people, needs to be a more comprehensive to supply them with equipment. We do not teach civilians about stopping bleeding. **Q18-** This is impossible to look at, looking to the future, what it will tell you is time to scene and time to the injury, information that is hard to get to the provider. **Q19-** This may help with some things, burn care with trauma, but this is in the hospital…EMT's with low volume may improve under-triage rates, this may be good to see this is what it looks like and how bad is it? **Q20-** Education, prevention, it would have to be integrated with an existing visit. **Q21-** It's evidenced based and it's data driven. **Q22-** It's enhanced communication and collaboration. **Q23-** See answer to research question. Military data should be research compliant. **Q24-** Funding. The State's have authority. We don't have any transparency for the general public.				

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TMC Workplan	Carole shared the TMC Workplan format and the draft that was worked on in Oklahoma City. **<u>Goal 1 – Trauma Injury Prevention.</u>** Asking people what they are doing in their own states, are you part of the drills in your region. Developed a questionnaire and a listserv query. Carole reviewed the questions with the group. Cam – VA is creating injury prevention committee, applied for grant money and conducted a grant analysis. So much work has been done on injury prevention. Brought a gap assessment, pulled together stakeholders and did a gap analysis. Whether state is participating in grant or not (Cam – handouts available). "Core State Violence and Injury Prevention Program (Core SVIPP). **<u>Goal 2-State Trauma Leadership in Statewide Disaster and Mass Casualty Planning.</u>** A listserv query was distributed on who does disaster planning in the state. Alyssa gave a presentation on disaster planning (PowerPoint available on request). How many entities are going to develop the same inventory map? It appears that many entities are doing this? ECCC contracted with ASPR to develop this map to help with patient care. Two drills one live and on table top drills are required by trauma centers to receive CMS Health care money. Montana has incorporated this into their requirements. We should be coordinating with HPP. They fund our trauma system. This is how we do our training, advanced burn life support and basic life support for our trauma system. I sit on our advisory committee. 2017-2022 Hospital Preparedness (HPP) – Public Health Emergency Preparedness (PHEP Cooperative Agreement). Alaska says this is a major funding source for them. Georgia says you have to be careful as this is grant funding and be taken away if you use it to pay for salaries. This information just came out in 2017. See capability #4 for surge capacity as related to trauma. These drill requirements are in the new orange book. Idaho Christian S. has been pulled into the preparedness role.	The Trauma Monograph 2005 was compared with 2010 (copy available on request). Alyssa will send out website links for information. Look under website link #1. Alyssa passed out the Technical Resources: Specific Hazards/Patient Care resources link: Copies available on request. Alyssa will send out the slides	Carole Mays Cam Crittenden Alyssa Johnson	OPEN OPEN	

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	The money is all federally funding. Can we collaborate with Preparedness? Wyoming says they are doing this, and this can be claimed by the trauma system. How is trauma being integrated into preparedness in the Dept. Alaska shows the value of the trauma system to Department members. Alaska says partners learn our value, it's a good integration. This may be more appropriate for rural and frontier states. TN says there is no reason for preparedness to collaborate because this is not part of his current role. Is this an attempt to include systems in the preparedness role. Alaska helps with a lot of their preparation for exercise. This improves the outcomes to their exercise. Montana, Health Care Coalition, HRSA flex grant, preparedness and trauma are going to help plan a regional disaster drill. Georgia sites disaster planning as a deficiency. Joe Farrell talked about how EMS data is used to link to trauma data, emergency systems, demographics, spatial resolution, motor vehicle crash data, linked trauma data. Alyssa said we have multiple entities working on data, we are not sure who is working on what project.				
	<u>Goal 3- Trauma Rehabilitation.</u> Should we be the ones that look at the rehab registry. There is a lot we need to do as an individual state. What is rehabilitation? Did we make a difference from EMS to the trauma center for rehabilitation. Getting the data is going to be difficult. Sherri talked about rehabilitation for Nebraska to include advanced, intermediate and general levels.	Sherri will send out a draft of what her state is working on.	Sherri Wren	OPEN	
	Carole passed out a ballot for the group to vote on their top three priorities for the purpose of future planning. Trauma System & Evaluation Guide and Benchmarking Indicator & Scoring (BIS) Tool was added.	Following the multivoting the Top Three issues for the TMC Workplan are: 1. Trauma Systems Revisions 2. Trauma Rehabilitation 3. Disaster/ MCI Planning 4. Trauma Injury Prevention	Carole Mays	OPEN	

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Recap Issues identified for the next meeting	The TMC Workplan will be placed on hold until after the August 2018 NASEMSO Board Retreat in Reno, NV. Regional RMC Meetings are expected to occur. The meeting was adjorned at 1545 hrs.	The TMC will attempt to aligne with the NASEMSO Strategic Plan. Regional Representatives/Alternates are to connect with TMC region members quarterly.	Carole Mays Regional Reps	OPEN OPEN	

Respectfully Submitted, Liana Lujan RN,