



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**Bureau of Acute Care Systems**

**Mississippi Trauma Advisory Committee  
Minutes**

<b>Date</b>	<b>Chair</b>	<b>MSDH Facilitator</b>		
October 8, 2019	Dr. W. Duncan Donald (MD)	Mr. David Hall		
<b>Members Present</b>				
Dr. Duncan Donald (MD); Dr. Kendell McKenzie (MD); Dr. Jonathan Wilson (PhD); Ms. Amber Kyle; Dr. Clyde Deschamp (PhD); Dr. Hugh Gamble (MD); Mr. Walter Grace; Mr. David Grayson; Mr. Wade Spruill; Ms. Kathy Waddell; Dr. Rick Carlton (MD); Dr Pete Avara (MD); Mr. Dwayne Blaylock; Dr Hans Tulip (MD); Dr. Ben Yarbrough (MD)				
<b>Visitors Present</b>				
Ms. Gail Thomas; Ms. Lisa Miller, Mr. Tyler Blaylock; Dr. Jeff Gibbs; Ms. Cherri Rickels; Mr. Reed Branson; Mr. Michael Albrecht; Ms. Donna Grisham; Ms. Brandy Vance; Ms. Patty Causey; Mr. Tim Thomas; Dr. Norm Miller (PhD); Mr. Jimmy McManus; Ms. Gloria Smalley; Ms. Maggie Wolley; Mr. Lee Williams; Mr. Dennis Hebner				
<b>MSDH Staff Present</b>				
Dr. Thomas Dobbs; Mr. Jim Craig; Mr. David Hall; Ms. Teletha Johnson; Ms. Tammy Wells; Ms. Stacey Maurer; Ms. Teresa Windham; Mr. Wayne Vaughn; Ms. Margaret Cooper; Ms. Lynette Harper				
<b>Call to Order 10:00 a.m.</b>	<b>Dr. Donald</b>			
<b>Old/Ongoing Business</b>				
<b>Agenda Item(s)</b>	<b>Discussion</b>	<b>Recommendations/ Actions</b>	<b>Responsible Person(s)</b>	<b>Due Date(s)</b>
<b>MSDH/BACS Report</b>	<p>Mr. Hall provided the BACS Report:</p> <ul style="list-style-type: none"> <li>• Mr. Hall acknowledged and thanked the members for their service and contributions</li> <li>• Hall introduced Ms. Kathy Waddell, newest appointment to the MTAC, representing the Southeast Region, currently serves as CEO Wayne County Hospital</li> <li>• Updated MTAC List now 16 members, including Dr. Donald</li> <li>• Hall provided the Annual Financial Report (copied to binders)               <ul style="list-style-type: none"> <li>- Provided information as to funding by source</li> <li>- Pointed out how changes in legislation have altered revenue patterns over the last few years</li> <li>- Went through specific revenue sources, i.e. pay or play, etc.</li> <li>- 2016 we lost the fines from moving violations</li> </ul> </li> </ul>			

<p><b>Off agenda</b></p>	<ul style="list-style-type: none"> <li>- FY17 no funds to replace the loss of fines for moving violations</li> <li>- FY18 funds allocated from the General Fund to compensate for the loss of fines for moving violations</li> <li>- Pointed out the significance of the pay of play fees in terms of providing funding for the trauma system</li> <li>- Pointed out HB 1629 has partially restored authorization to spend – now at 28M</li> <li>- BACS administrative costs once again kept to a very low minimum – less than 4% (3.3%)</li> <li>- Goal – to keep administrative cost low and get the majority of the funds to those caring for trauma patients</li> <li>- Dr. Deschamp asked how does STEMI/Stroke SOC affects trauma financials</li> <li>- Hall noted trauma funds are expenditures are totally separate from STEMI/STROKE</li> <li>- Provided group with amount expended related to registry and contracted employees</li> <li>- Hall noted the implementation of the Web-Based Trauma Registry is in the last stage(s); plan to complete validation processes and build QA/MV reports by end of the calendar year; presently performing necessary validation processes to check the data; recognized Mr. Jimmy McManus, who has worked to assist BACS in the implementation of the new Web Registry</li> <li>- Hall noted BACS is working with DI to ensure congruency between the Legacy and Web Registries and with the data dictionary</li> <li>• Off Agenda: <ul style="list-style-type: none"> <li>- Mr. Spruill asked about the fee structure for non-participating hospitals; asked if the fee structure is current/sufficient; questioned if the logic for its use is still accurate or if it should be amended</li> </ul> </li> </ul>	<p>Ms. Kyle to obtain recommendation from the Trauma Funding Task Group</p>	<p>Ms. Kyle</p>	<p>APR MTAC</p>
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	<ul style="list-style-type: none"> <li>- Dr. Gamble gave background on where the fee structure came from</li> <li>- Dr. Donald referenced a study from Georgia that showed the cost of trauma care</li> <li>- Ms. Kyle noted MHA has previously looked at the current fee structure back in 2015 and recommended it stay the same; noted she chairs the trauma funding task group – Dr. Donald asked the group for a recommendation on the current fee structure</li> <li>- Mr. Spruill asked MHA SOC Committee provide guidance on this matter – Dr. Donald concurred</li> <li>- Mr. Spruill asked how much money remains available in the Stop the Bleed program</li> </ul>	Mr. Hall to send the amount left in Stop the Bleed grant to regions	Mr. Hall	
<b>MSDH/BACS Data Presentation</b>	<p>Ms. Windham presented the data presentation (see PPT):</p> <ul style="list-style-type: none"> <li>• Data primarily to answer questions posed at the July MTAC... <ul style="list-style-type: none"> <li>- What is the breakdown in age of transfer encounters? &lt;15 = 19.5%; 16 – 64 = 58.7% and &gt;65 = 21.8%.</li> <li>- What is the breakdown of ground EMS arrivals vs. Air EMS arrivals for all encounters? 94% Ground; 6% Air.</li> <li>- What is the number of encounters that are double transfers? 1.6 % of encounters are documented as transferred more than once.</li> <li>- What is the percent of transfers out of state that are in system vs out of system? Of all transfers, 12.4% are transferred out of state (in-system); 6.8% are transferred out of state (out of system); 80.8 % stays within the state; question of the encounters transferred out of system, do we know what services they are requiring? What type of patients are being transferred out of state?</li> <li>- Ms. Thomas states on the coast facilities transfer to sister facilities.</li> </ul> </li> </ul>	Ms. Windham to follow up out of state / out of system transfers.	Ms. Windham	
<b>State Trauma System Medical</b>	<p>Dr. Donald provided the Clinical Effectiveness Committee Report:</p> <ul style="list-style-type: none"> <li>• Legislative Matters</li> </ul>			

<p><b>Director's Report(s)</b></p>	<ul style="list-style-type: none"> <li>- Capital Day and the need to develop a plan or focus for advocacy efforts for the coming session</li> <li>- Bill to add a fee on DUI failed last year</li> <li>- Asked MTAC for thoughts or recommendations as to the plan or focus</li> <li>- Asked whether we should expand Stop the Bleed, noting other states have provided funding for this on a larger scale through the trauma system; Mr. Spruill recommends we not focus our funds on the STB program if we are already short of funds to provide to hospitals and physicians</li> <li>• Clinical Matters <ul style="list-style-type: none"> <li>- Ms. Kyle states there is a child death review, and at their last meeting there was a large number of deaths of underage children drivers in motor vehicle collisions; Kyle states she believes it would be good to collaborate with this group</li> <li>- Donald noted the CEC would like to see a statewide trauma education week, with offerings such as TOPIC, TNCC, ATLS etc.</li> <li>- Donald noted he had asked the medical directors and PI committee for their thoughts as to the top three issues facing the trauma system; noted he received back the following: transfer to higher level of care, undertriage, air transport, transport to definitive care, delay with EMS, opportunities with education, interfacility collaboration, EMS utilization, wall times, destination guidelines and lack of data to determine if guidelines are effective, trauma registry (a lot of data but not useful), overutilization of air EMS, not enough EMS for transfers, need for hand physicians</li> <li>- Donald noted the CEC had discussed possibilities for how the system might make use of telemedicine; how we might work to possibly establish state</li> </ul> </li> </ul>			
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	<p>criteria to utilize our level I and 2 centers and keep some of these patients at the initial facility</p> <ul style="list-style-type: none"> <li>- Group discussion: 1) If a trauma patient is not seen in ED by neuro or maxillofacial, they are not mandated to be seen in the office; 2) so how can we know how many of those patients are discharged from the ED and what treatment they received?</li> <li>- Question of how EMS is evaluating the destination criteria – or is that being evaluated? Mr. Hall states he can reach out to the bureau of EMS and see if they have any ongoing PI related to the destination guidelines.</li> </ul> <p>Dr. Donald provided the State PI Committee Report:</p> <ul style="list-style-type: none"> <li>• Clinical Matters <ul style="list-style-type: none"> <li>- Notes the PIC continues to evaluate transfer times for activated patients</li> <li>- States the performance metric in the last legislative bill set the goal to transfer to a higher level of care to 114 minutes (states he’s unsure of how they came up with that number)</li> </ul> </li> </ul>			
<b>Trauma Care Presentation</b>	Ms. Grisham, representing the North Trauma Care Region, presented this presentation	Delta Region asked to present at next meeting	Ms. Rickels	<b>Next meeting</b>
<b>MATA</b>	<p>Ms. Gail Thomas provided the report:</p> <ul style="list-style-type: none"> <li>• MATA met at the MEMS conference 5 of 7 directors present</li> <li>• The group concerned regarding the committees becoming ad-hoc meetings</li> <li>• Requests Performance Improvement Committee meetings be open to phone in option; Dr. Donald states understands the idea behind it but concerned as to who all may be in the room on the other end of the phone (importance of ensuring confidentiality); Dr. Wilson asked how much participation the regions would expect to gain using any prospective call-in option; Mr. Hall states the STEMI and Stroke PIC also require in-person PIC meetings, and this approach has worked to gain the trust of the stakeholders in these SOC</li> </ul>		Ms. Thomas	

<p><b>Sub-Committees and Reports</b></p>	<p>Dr. Donald states most MTAC subcommittees will begin meeting on an ad-hoc basis. Donald states he will count on MTAC to help drive the agenda for future subcommittee meetings.</p> <ul style="list-style-type: none"> <li>• Functionality <ul style="list-style-type: none"> <li>- Dr. Deschamp: no specific information to report but noted interest in working on tele-services for trauma; Dr. Donald states he and Dr. Tulip would like help of those interested to move this project forward</li> </ul> </li> <li>• Rules and Regulations <ul style="list-style-type: none"> <li>- Ms. Kyle: no specific information to report</li> </ul> </li> <li>• Registry Subcommittee <ul style="list-style-type: none"> <li>- Mr. McManus: task group met and reviewed data dictionary; recommendations made and submitted to DI; Trauma Registrar and Trauma Program Manager classes upcoming this month; DI has been working with hospitals related to post install issues.</li> </ul> </li> <li>• Burn <ul style="list-style-type: none"> <li>- Mr. Galtelli: not present today; Ms. Windham provided a report; last meeting focused on pediatric resources; JM Still and Regional One to provide list of requirements for committee to review; Dr. Donald asked if the subcommittee had data related to number of pediatric burns; the answer was yes; Dr. Donald asked for burn subcommittee to meet and complete the recommendations as soon as feasible</li> </ul> </li> </ul> <p>There was discussion on the inclusion and exclusion criteria.</p> <p>There was discussion regarding the data validation process and information related to the PIPS reports.</p> <p>Mr. McManus states one issue seen with the web registry is the open records in the web registry. In the legacy, software hospitals, we're not able to submit records unless the records are closed – that's not the case with the Web Platform.</p>	<p>Motion – to keep registry subcommittee as standing meeting – Ms. Kyle; 2<sup>nd</sup> Dr. Wilson No opposed.</p> <p>Burn subcommittee to meet and complete the recommendation for required list for pediatric patients.</p>	<p>Mr. McManus</p> <p>Mr. Galtelli</p>	
<p><b>New Business</b></p>	<p>Mr. Spruill asked for review of air transport providers, states to look at data for</p>	<p>Motion to review data regarding air</p>		

	<p>appropriate use of air transport; Dr. Donald states this may be difficult due to the volume; Dr. Wilson suggested we look at the outcomes of patients transported by air; Dr. Carlton questioned if we are collecting the data needed to make a determination in this matter; Carlton states would need to know all the parameters. Dr. Donald and Dr. Wilson suggest looking at diagnosis code and ED Disposition of receiving facility.</p> <p>Dr. Donald states UMMC and USA have been working on research related to blood products and blood transfusions in Journal of American College of Surgeons. We have a tremendous opportunity as a state system regarding research projects utilizing our surgeons at the Level I – III Centers.</p>	<p>transport appropriateness: M – Mr. Spruill S – Dr. Wilson. P – w/o Opposition</p>		
<b>Announcements</b>				
<b>Adjourned 11:45 a.m.</b>	<b>Next Meeting: January 9, 2020</b>	<b>Minutes Recorded by: Ms. Teresa Windham DBH</b>		