Connecticut Trauma Committee
Hunter's Ambulance
January 21, 2016

-Draft-

Present: Shea Gregg, Chairman; Greg Allard; Nabil Atweh; Deborah Bandanza; Kim Barre; Brendan Campbell; Tracy Evans; Jim Feeney; Wendy Furniss; Jacqueline McQuay; Laurie O'Brien; Paul Possenti; Kevin Schuster; S. Seetharama; Jen Tabak; Pina Violano

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Dr. Gregg called the meeting to order at 2:12 p.m. There were no new minutes.

Members of the committee were introduced and the composition of the membership was reviewed. Representatives are needed from the Paramedic and the Volunteer Committees of the EMS Advisory Board.

Old Business
None

OEMS Report
A data manager is in place who will modernize the data system for Trauma. The EMS data system is functioning and a report for the legislature was presented last fall. The goal now is to bring the trauma database to full and robust functionality.

There is a goal of filling the position of Director of OEMS by March 2016. The position of Training Coordinator is being filled by two EMS instructors.

New Business
Regulations and statutes regarding the committee were distributed and the responsibilities of the committee were reviewed. "The committee shall, at least annually, review protocols and recommend changes to the commissioner through the EMS Advisory Board, and evaluate the status of the trauma system and recommend changes through the EMS Advisory Board". It was noted that field triage protocols were last revised in 2006 and current data through TQIP may be relevant for triage field protocols. Dr. Gregg asked the members to review the document and bring recommendations to the next meeting.

Priorities
- Registry Access and Updates

All designated trauma centers are required to submit data to the State Trauma Registry, but there exists a need to reach out to non-designated hospitals to also submit trauma data. In order to capture true trauma data, all hospitals in the state need to participate. The value of data collection can be demonstrated by dashboards created by the DPH, and by developing protocols and evaluation quality of care at referring centers. Dr. Gregg suggested forming a data ad hoc committee to evaluate the minimum data points

required for submission and to revise the regulations to include wording that non-designated hospitals be required to submit data.

- Injury Prevention

Pina Violano suggested that the committee looks at the top three injury mechanisms associated with pediatric, geriatric, and victims of violent crime to be able to link evidence-based prevention programs with outcomes to focus on the most effective programs.

- Trauma Triage Protocols

The field triage protocols should be updated to reflect ACS 2011 field triage criteria as outlined in the newest Resources for the Optimal Care of the Injured Patient 2014. There was a recommendation that clinical criteria not be listed under the regulations guiding the State Trauma Committee as these become outdated but instead to identify an alternative mechanism by which the protocols are reviewed and revised. It was recommended that they can then be incorporated into the EMS guidelines. Dr. Campbell remarked that the American College of Surgeons is moving away from mechanism-based field criteria and putting the emphasis on physiological criteria.

EMS Advisory Board Updates

The initial draft of the Connecticut Community Planning and Response to Active Assailant and Hybrid Targeted Violence Incidents was distributed to the committee for comments. This draft was prepared to define and make recommendations for level of preparedness and training required for these events.

A proposal to make the State Trauma Committee a standing committee of the EMS Advisory Board was distributed to the committee for comments. This proposal will be brought to the next legislative committee meeting.

Open Forum

Proposals were made to create a research ad hoc committee. Another ad hoc committee to report on upcoming ACS reverification site visits was also suggested.

Upcoming programs were announced: An EMSC program offering CME is scheduled for March 1; a Train-the-Trainer program for EMS pediatric readiness will be held February 29 and will also offer CME. Pina Violano described a statewide program that distributes pediatric simulation kits to hospitals. As part of this program, pediatric practices are being evaluated for emergency readiness.

Dr. Gregg acknowledged the long service and extraordinary contributions of Dr. Jacobs to the State Trauma Committee, mentorship, and to the statewide trauma system.

The meeting adjourned at 3:30 p.m.

Respectfully Submitted,

Deborah Bandanza