WESTAC Meeting

March 13, 2014

Essentia Health St. Mary's, Detroit Lakes

Members Present: Steven Briggs, MD; Vicky Black, Tom Vanderwal, Terry Anderson, Curt Ireland, Mark Jones, Bud Belk, MD; Terry Bergerson, Deb Stoa, Toby Jezzard, Tom Alinder, Natalie Rund, Deb Syverson, Ashley Ware, Laura Fiegen, Doug Harthan, Nan Widseth, Chad Machael, Sharon Beaudreau

1. Welcome. The group was welcomed by Deb Syverson. Minutes from the December meeting were distributed and reviewed. A motion was made to approve the minutes as written. The motion was seconded and passed.

2. MN State System. Deb Stoa attended the STAC meeting on behalf of the regional committee, and provided an update to the WESTAC. She stated that the state data dictionary is now available, in addition to the final 2012 data. This information will be sent to trauma centers throughout the state by Chris Ballard. There continues to be vigorous debate regarding differences in state vs ACS Level III trauma center criteria. There was also discussion about orthopedic coverage at the Level III facilities. There was also a significant amount of discussion regarding funding for the state trauma system, including a suggestion to use fees from auto insurance policies. The state is also working on validating the trauma registry data that has been collected. There will be an EMS director conference in Nov. Details are TBA. Clinical discussion topics included spinal immobilization and tourniquets. The state is working on a grant to provide combat gauze and/or tourniquets for all combines in MN. The STAC leadership mentioned specifically that they are impressed with the high levels of participation and the QI case reviews of the WESTAC. The long term goals and plans for the state trauma system were discussed, and Deb Stoa will send out this approved "vision" for the future. Future STAC meetings will be held 6/3, 9/9 and 12/9.

3. Financials. Greater Northwest EMS is now the fiscal agent for the WESTAC, and the new agreement was paid yesterday. Sarah Leceuta and Dr. Morris have both been paid their agreed upon salaries. With all accounts combined there is less than $1000.00 available to the WESTAC. Dr. Morris will attend a meeting in San Antonio, along with a representative from each region, and visit with regional leaders of trauma in San Antonio. The cost of travel for Dr. Morris will be taken from the state’s flex grant funds, which must be used by the end of April. Dr. Morris will provide information to our group at the next meeting.

4. TZD. Holy Koztrewzski provided the report. Toward Zero Deaths regional meetings will be held May 7th in Detroit Lakes and June 4th in Bemidji. Preliminary numbers from 2013 have been released by the state Highway department, with 380 motor vehicle related fatalities, and 60 motor cycle rider fatalities. A new impaired driving simulator has been purchased cooperatively by the Greater Northwest EMS and the regional MN State Patrol. They are hoping to work within the drivers’ education course curriculum. Other injury prevention projects include the safe heating of ice houses by Essentia Health, St. Mary's, and the Crookston TZD provides motor vehicle related safety informational handouts in the ER.

5. Trauma Registry. Many MN facilities are not current with their data submissions. If any facilities in the WESTAC region are experiencing any issues with the registry program, please let Deb know so we can facilitate the process at the state level. The group agreed that the most recent update seems to have lengthened the process as the system may freeze up completely, causing data to be lost. There was no additional discussion about the registry at the most recent MN Trauma Coordinators’ meeting last week. Last year the WESTAC received registry training, and the group would be interested in another session this year.

6. Non Designated Hospitals. The non-designated hospitals in the WESTAC region are Baudette, Hallock and Warren. The HIS facilities that are non-designated in our region are Red Lake and Cass Lake. There has been some outreach with provided with each of those 4 facilities, and trauma guidelines manuals have been provided. There is new management in Hallock and they may be open to designation. There is a new CEO in Warren and a new COO in Baudette, and they may be open to pursuing designation?

7. National Pediatric Readiness Projects. The WESTAC is moving forward with a QI study of pediatric radiation exposure. Based on the data that Deb was able to obtain, the state did well as a whole. There was some additional discussion about equipment such as pediatric sized central lines. There were concerns about stocking the specialized pediatric equipment due to cost and low frequency of use. In addition, how the equipment is made quickly available if it is kept in another department.

8. Regional Events. The North Dakota Statewide Trauma Conference will be held in Fargo September 24-25 at the Holiday Inn.

9. Roles during MCI. There is an exercise being planned for rural MN. Handouts were provided by Tom Alinder. The exercise will likely include 20 victims. The major questions being explored during the drill will be: Who determines which hospital to transport the patient to? Who serves as transport officer when the incident occurs in an area of overlapping catchment areas? It is apparent to most members that additional training is needed, especially with volunteers, and new paramedics and EMTs. There is also a need for regional training and more standardized checklist type information for staff on the scene. There is a lot of education that is needed, but federal funding is much more difficult to obtain than it was a few years ago. The group would like to ask all members to share any templates and plans that are already in place and/or being used. The group suggested that there be a quick table top exercise at next meeting. It was suggested that Mark Jones be the moderator.

10. TCAA. Dr. Briggs presented information from the Trauma Center Association of America sponsored “Lobby Day.” This was an event that allowed trauma stakeholders from across the country to lobby for trauma interests at the national level. There was initial discussion about health care reform, and then he was able to meet with ND legislators. There was discussion about the efforts for congressional re-authorization for public health grants in the amount of $228 million, in the hopes that some or all of this funding could be used to improve the trauma system nationwide. He added that one of the most interesting lessons learned from his visit was that it is extremely important to have the right contacts, and be able to motivate and pique the interest of the legislative aides, as these people serve as the gatekeepers to the congressmen and women and senators.

11. PI. Deb is looking into using flex grants funds to provide some sort of course to the WESTAC membership. Instead of the PI course part 3, there may be the opportunity to provide Trauma Coordinator or registry training. There was also discussion about head injury patients on long term anticoagulants. The group suggested that we create a list of treatment recommendations that we could provide to the regional facilities. The QI meeting will be called to order after the general meeting is adjourned.

12. Regional priorities and concerns. No detailed discussion.

13. Future dates. Next WESTAC meeting will be June 12. The location is TBD.

14. Other. No other issues discussed.

Meeting was adjourned at 1250.

The PI meeting started at 1255, and concluded at 1330.

*Secretary: Vicky Black, RN*