

## **Regional Trauma Network**

**April 30, 2010**

**ATTENDANCE:** Dr. Edward Bigsby(phone), Videoconferenced: Jerry Primo, Grace Tsouignant, Shelli Arnold, Maribeth Larson, Dr. Michael Traktman, John Cox, Curt Lesage; Present: Lynn Nelson, Ed Unger, John Kosinski, Jodi McCollum.

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Agenda Item	Discussion/Recommendation/Conclusion	Action Taken	Process
<b>Call To Order</b>	The meeting was called to order by Jodi McCollum at 9:05 am See attendance listed. Introductions, Thank you to everyone attending.	The members began their business	
<b>A. Background</b>	<ol style="list-style-type: none"> <li>1. J Mccollum gave an overview of the UP Trauma Coalition, started about 5 years ago. It was discussed who was on that coalition and the purpose of the coalition. At the time the state was working on developing a state trauma plan and the group was formed to give the UP a voice in that plan. Now the state has a plan although it is unfunded. The thought is there is much we can do without funding. The state put together a document called the guidelines for implementation of the trauma plan. This is available on the MGH trauma center web page. In the past the UPTC discussed some education topics, did chart reviews, looked at transfer times etc. All of this was randomly selected, now with the state plan we have some guidelines on what this group needs to accomplish.</li> <li>2. J Mccollum added that each region within the state is different and within the region areas are different as well.</li> <li>3. The first step is having the core group of reps from the MCA. Then we can develop bylaws based on the state plan and members of the RTAC. After that subcommittees can be formed for different topics.</li> </ol>	No further action needed	Closed
<b>B. Follow up</b> <b>1. Funding</b>	<b>1. Update on State Trauma Plan: Funding</b> - Funding: The funding for the state trauma plan has not yet been approved. There is a budget for this money, which includes a Trauma Coordinator in each region. <ul style="list-style-type: none"> <li>- State Trauma Registry: The State has purchased a trauma registry system. This will be offered at no cost to hospitals. It is the same as the state EMS system, Imagetrend. There will be a Data Oversight Committee.</li> </ul>	1.Education to members.	Closed

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<p><b>2.RTN members</b></p>	<p>J Mccollum MGH was nominated for the Data Oversight Committee by STAC members. This software is not yet available and the Data Oversight committee has not yet met.</p> <p><b>2. MCA rep/RTN members</b>                  J Mccollum stated at the last meeting we discussed that the state would like one rep from each MCA. Some MCA's had picked there rep and some had not. The members discussed this:                  Alger county MCA: Amber Denmen                  Baraga county MCA: Gary Wadaga                  Delta County MCA: Ed Bigsby                  Dickinson County MCA: Michael Traktman                  Eastern UP MCA: Pat Hirt                  Gogebic/Ontonagon:                  Houghton/Keweenaw MCA: Jerry Primo                  Luce: Kim Kerridge??                  Marquette MCA: Lyn Nelson                  Iron county MCA: Curt LeSage                  Schoolcraft County MCA: Ed Unger</p> <p>Members discussed Menominee MCA. They work as part of Wisconsin, but members felt we should still invite them to work with us since they are part of the UP. It was stated that this is an important first step in working as a RTN and RTAC.</p>	<p>2.Will invite Menominee MCA to Region 8 meetings and establish the last remaining RTN members</p>	<p>Pending</p>
<p><b>3. Bylaws</b></p>	<p><b>3. Bylaws</b>                  J Mccollum stated a rough draft of the bylaws was distributed at the last meeting and emailed. A few suggestions for changes were discussed at the last meeting. The group went through the bylaws page by page suggestions for changes included:</p>	<p>3.Bylaws approved with minor changes emailed bylaws to</p>	<p>Closed</p>

<p><b>4. Meeting Times</b></p>	<ul style="list-style-type: none"> <li>- Section 2.4 Change term of office to two years. Also the terms should not change all at once it was suggested that half of the RTN members expire on even years and the other half on odd years. This way the whole board will not change at once. The group voted and agreed on this change to the bylaws.</li> <li>- Section 3.5 Vacancies, was changed to be section 2.6. A new Section 3.5 was added to discuss vacancies of officers and a special election if that situation occurs. The group approved this change.</li> <li>- Article V. Section 5.1 Discusses the role and functions of the RTAC. The current wording states” Develop destination protocols based on the American College of Surgeons field triage guidelines as referenced in the administrative rules. “ There was much discussion on this wording and what it represents. The reference to the ACS was felt to be inappropriate wording as this is the state trauma plan. Dr. Kosinski stated the state has for the most part adopted the ACS guidelines for trauma centers, which maybe why this references the ACS. Jerry Primo added that the ACS guidelines are not feasible for some hospitals. Dr. Kosinski stated not all centers need to be a level II or III. Some hospitals will be a Level IV trauma center, more of a stabilization center. After discussion about the ACS guidelines as well as the CDC field triage guidelines, it was felt this statement should be changed to “State Field Triage Guidelines”. This would eliminate the reference to the ACS. This is the state plan, which makes since to refer to the state triage guidelines. The group approved this change.</li> <li>- No other changes were discussed.</li> <li>- Another suggestion was to have one member of the advisory counsel elected by the board, and that person would get a vote with the RTN. This was discussed and it was determined that each MCA gets one rep, and the RTN should stay like that, with no extra people.</li> </ul> <p><b>The group voted to approve the bylaws with the minor changes made.</b></p> <p><b>J mccollum will make those changes and email the bylaws to the group.</b></p>	<p>all RTN members</p>	
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	<p>4. <b>Meeting Times:</b> The committee discussed when to meet. It was discussed that videoconferencing is a must for these meetings. It was suggested that the meetings be quarterly. Another suggestion was to have the meetings at different locations. If quarterly one meeting could be in the south, one west, one central and one east. Dr Bigsby also asked for a published annual meeting schedule.</p>		
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<p><b>B. New Business RTAC</b></p>	<p><b>1. RTAC</b>  <b>It was discussed now that we have established most members of the RTN and approved bylaws, the group should discuss the RTAC.</b>  First step is to have all members of the RTN nominate members for the RTAC. The group discussed who should be on the RTAC. The RTAC should be made up of anyone interested in improving trauma care through out the UP. This can include administrators, surgeons, physicians, nurses, EMS and consumers. This group should be all-inclusive. This group is open to really anyone interested.  It was discussed that the bylaws state the members of the RTAC must be voted in. This is simply a formality. The group would like to vote for these RTAC members electronically, so they are in place before the next meeting.  <b>Group decided they will bring this back to their MCA area and email j mcollum the list of people in their area interested in being on the RTAC. J mcollum will compile this list and email it to all members for electronic vote.</b></p>	<p>RTN members to send list of potential RTAC members to J mcollum</p> <p>J Mccollum will send this list to RTN members for electronic voting</p>	<p>Pending</p>
<p><b>C. Old Business</b></p>	<p>1. Level IV Criteria  A memo was sent to Michelle Mora asking for clarification on the Level IV criteria. The STAC is looking into this.</p> <p>John Kosinski stated that the state has decided to use ACS criteria for Level III trauma centers.</p>	<p>STAC is looking into the Level IV criteria</p> <p>State to use ACS criteria for Level III trauma centers</p>	<p>Pending</p> <p>Closed</p>

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<b>D. Other Issues</b>	1. Lyn Nelson discussed the EMS State Model Protocols. These are due by June 1 <sup>st</sup> . There is a state model protocol for spinal clearance. This is new for the State and the UP. Lyn asked if anyone had any comments on these model protocols. She also stated that we may need to make adjustments to the Acute Neuro Bypass protocol after June 1 <sup>st</sup> .	Lynn will inform the RTN of changes needed to the ANBP And other issues that arise with EMS protocols	<b>Pending</b>
<b>E. Next Meeting</b>	1. See above discussion about meeting times. The group will meet quarterly, with a rotating schedule of where these meetings are located. J Mccollum suggested the next meeting be Sept 23 <sup>rd</sup> before the MGH conference dinner. Michelle Mora from the state will be in the UP during this time. It was suggested that the RTN and RTAC meet together in September. The RTN can have a formal meeting after the RTAC if needed.	Next meeting Sept 23 <sup>rd</sup> at 3:30pm at MGH for RTAC and RTN  Publish yearly meeting schedule	
<b>F. Adjournment</b>	The meeting was adjourned at 10:05am.		