

Connecticut Trauma Committee (Draft Minutes)  
Connecticut Hospital Association  
October 27, 2016

Present: Shea Gregg, Chairman; Deborah Bandanza, recorder; Kim Barre; Brendan Campbell; Raffaella Coler; Brian Cournoyer; Elizabeth Denby-Callahan; James Feeney; Timothy Graves; Joshua Hajjar; Rob Lanouette; Kathleen Lavorgna; Renee Malaro; Jacqueline McQuay; Patricia Morrell; Paul Possenti; Kevin Schuster

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Call to order at 1407 hours.

TOPIC	ISSUE	DISCUSSION	ACTION
Minutes	Minutes of July 2016	NO changes.	Motion to approve passed unanimously
OEMS Report			The report will be forwarded to the committee members.
State Trauma Registry Update		<p>The letter to Commissioner Pino was received and, work on the state trauma registry is moving forward. An NTSB-sponsored Go Team evaluated the registry system.</p> <p>The goal for the trauma registry is to have a working system by next year. There are 4 phases for this implementation.</p>	The Go Team will send their report to the state and will be making several recommendations. Many of these recommendations are already being addressed. Julie Violante from Digital Innovations will be the vendor liaison with the DPH.
	Phase 1	A new server has been moved to a more centralized location in the state and is being prepared to accept submission of data from CT	Bridgeport Hospital, as a smaller trauma center, will be the test center for data submission. Digital Innovations

		Collector version 4.2.0.	will work with Ann Kloter to provide appropriate IT support to move forward using collector on the new server. Additional work will be necessary to determine the elements of a report that would be useful. The Trauma data subcommittee has been tasked with looking at the elements contained within the current regulations and updated data dictionary to come up with a list of items that should be included in a useful report that is compatible with state requirements and useful for QI purposes.
	Phase 2	Once Phase 1 is complete, all trauma centers with Collector 4.2.0 will submit data from 2012 forward using the isend function within the registry. The Yale Health System uses Trauma Base and, once the code is written, those centers will be able to submit data via FTP.	
	Phase 3	Connecticut has a custom registry based on regulations, and those regulations take 8 – 10 years to change. The committee has will draft a statute so that the State Trauma Committee will be able to advise the Commissioner and maintain a trauma registry that is up to date with NTDB and TQIP guidelines. This statute would allow more freedom to update the state's data dictionary. Dr. Lavorgna suggested that the sponsor be someone	The committee will be looking for a legislative sponsor to bring the statute to the long session.

		<p>who is familiar with IT.</p> <p>Dr. Gregg suggested that the committee investigate whether a non-specialized version of Collector would be less expensive than the specialized version currently in use.</p> <p>Dr. Gregg will work with the legislative committee to submit the statute and guidelines to the legislative session.</p>	
	Phase 4	<p>Once the contents of the reports have been clarified, reports will be generated to provide feedback to state agencies and trauma centers. Dr. Gregg asked the committee to forward him recommendations for other reports that committee members would find beneficial for research and PI programs.</p>	<p>Once the system is functioning properly, the committee members recommended that all data requests go through the data committee.</p>
Future goals for the state trauma registry		<p>The committee stressed improvement in communication between Digital Innovations and the hospitals regarding notification of updates, educational sessions, and webinars.</p>	
Legislative Update	Voting position on the EMS Advisory Board	<p>The proposal is for the chair of the State Trauma Committee to have a voting position on the EMS Advisory Board. The State Trauma Committee is a regulatory committee with the focus on regulations, protocols, and updates; the ACS-COT has a voting position already but has a different focus: research, education, and the ACS agenda. The goal is to have voting privileges from both</p>	<p>Sponsors will be sought after the current election.</p>

		aspects.	
	Standing committee on EMS Advisory Board	The proposal is for the State Trauma Committee to be made a standing committee on the EMS Advisory Board with the capability of updating protocols, addressing the Commissioner directly, and sharing the same abilities as CEMSAB.	Sponsors will be sought after the election.
	Trauma Triage Guidelines	Proposal that the trauma triage guidelines, updated last in 2011, be updated to the latest state trauma triage field protocols and contained in the pre-hospital care protocol book.	
Workgroup for registry regulation evaluation/data dictionary		Dr. Gregg asked Jackie McQuay to form the data subcommittee that will look at the current data dictionary and suggest revisions based on the NTDB and TQIP guidelines.	Dr. Gregg will ask Julie Violante from DI for a spec product that can then be compared to the data dictionary currently in use.
Injury Prevention subcommittee		Dr. Gregg asked that an Injury Prevention subcommittee be formed to look for opportunities for collaboration with injury prevention activities in the state in an effort to collaborate, scale and use resources more effectively.	Ongoing
Trauma Conferences		Stamford Hospital will host a trauma symposium on November 14. The topic is The Golden Hour: Across the Spectrum and will include talks on child abuse, non-al firearm injuries, and bleeding control.	
B-Con		A version of B-Con is being taught in Region 1 and includes training on moving and transporting	

		the bleeding patient. There is an opportunity to potentially engage other members of the EMS committee to begin training this skill set to the civilian population given the recent support from the American College of Surgeons and the US government.	
TXA in the field		The pre-hospital administration of TXA continues to be discussed by pre-hospital care providers and although the committee recommended that TXA not be administered in the field, some services are still interested.	Dr. Gregg has encouraged any service interested in changing the protocol to come before the committee with data.
Adjournment			Meeting adjourned at 1515 hours

Respectfully submitted

Shea C. Gregg, MD

Chair, CT State Trauma Committee