Connecticut Trauma Committee
Connecticut Hospital Association
Draft Minutes-January 19, 2017

Present: Shea Gregg, Chairman; Deborah Bandanza, recorder; Brendan Campbell; Raffaela Coler; Brian Cournoyer; Kim Davis; Kevin Dwyer; Tara Elliott; Jean Jacobson; D'Andrea Joseph; Richard Kamin; Renee Malaro; Jonathan Martin; Jacqueline McQuay; Calvin Norway; Laurie O'Brien; Paul Possenti; Jennifer Tabak; Pina Violante

Meeting was called to order at 14:00

TOPIC	ISSUE	DISCUSSION	ACTION
Approval of minutes	December 1, 2016 minutes	There were no changes	Minutes were approved
EMS Advisory Board Update		The successful implementation in most of the state of the statewide prehospital care guidelines was discussed.	
State Trauma Registry update		The GO Team evaluated the EMS and trauma registries.	The final report for recommendations is due in February 2017.
	Phase 1: test submission	5,000 records from Bridgeport Hospital were submitted to test the servers. All records were received successfully and the data was able to be searched.	Phase 1 completed and successful but will need the greenlight from the state and Digital Innovations to proceed to Phase 2.
	Phase 1: report writing	Ann Kloter will be receiving training on report writing in the registry software. Standard reports are built into the software and a copy detailing those reports was sent to the committee members. Custom reports can also be generated.	Dr. Gregg asked to committee members to provide feedback on specific custom reports that would be helpful to the trauma centers.
	Phase 2: data submission	Once the state is ready, the trauma centers will be notified to submit their data from 2012 forward.	
Collector 4.2 vs. Collector V5		The 2017 NTDB/TQIP registry requirements have changed and must be used for all patient admissions beginning January 1, 2017. The changes are mainly operational definitions and data collection specifications. As a result of the NTDB changes, there was expressed concerned that the current collector version 4.2 deployed throughout the state will not be compliant, thus, obsolete. It was reported that the new version of collector (Version 5) is current to 2017 NTDB/TQIP standards and will remain up to date with future standards.	Data fields for V5 will be sent to the committee members for review. Committee members will provide feedback on V5. If indicated, the need for upgrade will be presented to CEMSAB.

		If it was necessary to upgrade to V5 from a state perspective, it was questioned whether the cost of a baseline version of Collector V5 would be less expensive than a customized version of Collector V5.	If necessary, this will be discussed with CEMSAB, OEMS, and DI.
EMS and NHTSA data		The EMS registry is looking to connect with NHTSA crash data. NEMSIS 3.4 compliance for prehospital care requires such a link. Once connected, the data linkage will be smoother between EMS and NHTSA, and grant availabilities are possible through NHTSA to support database work.	Work is ongoing.
EMS and Trauma registry link		There was discussion on the best possible means of connecting prehospital data to the trauma registry. In the past, the patient's social security number was used but now presents privacy concerns.	Dr. Gregg asked the committee members for feedback on a specific list of linkage recommendations provided by Ann Kloter and the NEMSIS data dictionary.
State registry reports		The committee discussed potential reports that would be beneficial to the trauma centers. A dashboard detailing dwell times for transfers was suggested, as well as information useful for injury prevention such as gun violence, geriatric data, pediatric data, and mechanism by zip code.	The committee members will provide report recommendations to Dr. Gregg. This will also be brought to the next Trauma Meeting Group meeting in March.
Non-designated hospitals data submission		Regulations require that all hospitals in the state submit trauma data to the state registry. With the state registry being non-functional, this has not been achievable. Additional discussion identified the potential lack of resources at the non-trauma verified hospitals and knowledge deficits with submission procedures. There is a limited data set built into Collector that could streamline data collection. Training, however, would still need to be done. A mentorship program between designated and non-designated hospitals has been used in the past and could be resurrected. With the state registry almost ready to accept submissions, the committee was asked for recommendations on how best to proceed. It was suggested that	The mentorship program will be brought to the next Trauma Meeting Group meeting in March. The construction of a dashboard will be discussed with DI and Ann Kloter.

		stakeholders in the various institutions be identified and presented with the benefits that can be gained from participation in the state submission. Dr. Gregg presented information on the new Medicare Quality Payment Program(QPP), which has 277 quality metrics, advancement in care metrics and improvement in care metrics. Participation in the QPP i is tied into Medicare reimbursement. Compliance with the quality metrics can lead to an increase in reimbursement for 2019. A dashboard with QPP quality metrics can be generated and might be able to provide an incentive for non-designated hospitals to participate in data submission.	
Legislative update	Intended changes brought for committee approval	1.) The creation of an additional Connecticut EMS Advisory Board 'standing committee' equivalent to the Connecticut EMS Medical Advisory Committee in statute. The Trauma Committee.	Motion was approved and will be brought to the EMS Advisory Board.
		2.) Looks to have the Commissioner adopt and issue trauma field triage protocols based upon national standards with the advice of two committees, the Medical Advisory Committee and the Trauma Committee. These protocols are currently delineated in regulation, in which the process of changing such regulations cannot keep pace with the constant evolution of the standard of care. This proposal offers the ability to maintain current standards.	Motion was approved and will be brought to the EMS Advisory Board.
		3.) Looks to have the Commissioner adopt standardized trauma data set forth by national organizations (i.e. the National Trauma Data Bank and the American College of Surgeons Trauma Quality Improvement Program) that outline national standards for which trauma data is relevant and important for trauma registry capture. The state's data points are currently delineated in regulation, in which the process of changing such regulations cannot keep pace with the constant evolution of quality of care data standards. This proposal	Motion was approved and will be brought to the EMS Advisory Board.

		offers the ability to maintain current standards.	
		4.) The state trauma committee will have statutory membership and voting rights on the Connecticut EMS Advisory Board.	Motion was approved and will be brought to the EMS Advisory Board.

The meeting was adjourned at 15:30.

Respectfully submitted,
Shea C. Gregg, MD
Chair, CT State Trauma Committee