

# CT TRAUMA COMMITTEE MEETING

Connecticut Hospital Association  
110 Barnes Rd, Wallingford, CT 06492

Thursday, January 24, 2019 2:00 p.m.

## AGENDA

1. Call to order–Shea C. Gregg, MD, Chairman
2. Approval of Minutes- December 2018 Meeting
3. Introductions
4. OEMS Report
5. Subcommittee Reports
6. Old Business
  - EMS advisory board update
  - State Trauma Registry update
    - Collector v5 transition
    - Data submission
  - Liaison to the ACS COT Position
  - Stop the Bleed
  - Protocol updates:
    - Field trauma triage comment request
    - Termination of efforts/determination of death in the field update
  - Gun Violence as a Public Health issue
7. New Business
  - 2018: Year in Review (Goals and Objectives)
  - Discuss draft Goals and Objectives for 2019
8. Open Forum
9. Adjourn

**Call-in number: 866-421-2934**

**Access Code: 32437828**

Connecticut Trauma Committee  
Connecticut Hospital Association  
January 24, 2019

Present: Shea Gregg, Chairman; Deborah Bandanza, Recorder; Kevin Dwyer; Tara Elliott; Peter Ingraldi; Jean Jacobson; Richard Kamin; Adrian Maung; Jacqueline McQuay; Laurie O'Brien; Ruth Piehler; Paul Possenti; John Quinlavin

Meeting was called to order at 14:05

TOPIC	ISSUE	DISCUSSION	ACTION
Approval of minutes		Minutes for December 2018 were reviewed. In the last paragraph on the Hemorrhage Control Education section, it should read: "As mentioned in previous discussion, Dr. Gregg reiterated that as a state entity..." It was previously recorded as "state regulatory entity..." The December minutes were approved with the correction.	December 2018 minutes will be revised to reflect the correction.
OEMS Report		<p>EMS and Trauma Data: Ann Kloter continues to work with DI, BEST, and DPH IT on several challenges. Good progress has been made on the resubmission of demographic files by EMS organizations. The trauma registry software conversion to V5 continues.</p> <p>The protocols sub-committee has finished its work on the revised cycle and work continues on incorporating approved updates. A report summarizing the work of the Mobile Integrated Health sub-committee will be coming out.</p>	
EMS Advisory Board update	EMS documentation at hospital handoff	Regulations mandate that for all patients sustaining trauma, EMS documentation must be left at the hospital at handoff. This practice is inconsistent and a sub-committee is working to develop a one page document that provides condensed critical information at handoff.	Dr. Kamin will keep the committee informed of progress.
State Trauma Registry update	Collector V5 transition	<p>Some centers have reported mapping issues and these will be brought to DI for resolution. Standard Reports are not as comprehensive in V5 as in V4.</p> <p>The Director of OEMS has determined the fairest option for data migration is to</p>	Dr. Gregg will bring the concerns to DI.

		take the funds that have been earmarked for migration and give it to DI to get a discount for the centers on the migration fee. This will cover 10-years data. Another option to data migration is a service contract at annual cost to cover maintenance and support of V4.	
	Data submission	There is a need for de-identified data being submitted to the state. The old regulations required a name and HIPAA requirements for transmission of patient-identified data is labor-intensive with a manual entry for each record submitted.	Dr. Gregg will discuss this particular field with Ann Kloter.
Liaison to ACS COT position		This is a statutory position with voting rights on the EMS Advisory Board, appointed by the governor. A candidate has been put forward but no movement has been made.	Dr. Gregg will keep the committee informed of progress.
Stop the Bleed		Dr. Ron Gross and ConnectiCares are working to scale Stop the bleed to trauma centers and increasing the instructor roster. The State Trauma Committee supports hemorrhage control as an education effort regardless of the brand used. The commissioner does not endorse one brand over another.	
Protocol Updates	Resuscitation Initiation and Termination (6.15)	Dr. Gregg will present a talk at the Connecticut Trauma Conference entitled "When Enough is Enough" and will address termination of efforts in the field.	
	Field Trauma Triage Guidelines	The updated protocol will be brought to the State Trauma Committee, then to CEMSMAC, and then to the commissioner. The update embraces the fact that geriatric and pediatric trauma patients are special populations that should be transported to trauma centers.	
Gun Violence as a Public Health Issue		Dr. Gregg conducted research into gun violence in Connecticut. This research shows that after Sandy Hook, significant gun legislation was passed. Connecticut is the 5 <sup>th</sup> lowest state for gun deaths (5.1/100K people), and hospitals most affected by gun violence patients have violence prevention efforts in place.	The CT trauma committee will continue to monitor.
2018: Year in Review	Duties and Goals	The duties of the CT Trauma Committee shall, at least annually, review protocols and evaluate the status of the trauma system and recommend changes to the	

		<p>commissioner through the EMS Advisory Board.</p> <p>Goals for 2018 were to:</p> <ol style="list-style-type: none"> <li>1. Work in collaboration with CEMSMAC to provide input regarding the update of prehospital care protocols. <i>This was accomplished by discussion and recommendation for pelvic binders, intraosseous lines, termination of efforts, and the field triage guidelines.</i></li> <li>2. To facilitate the creation of a statewide trauma registry and encourage information sharing through the deployment of updated registry software and dashboard access. <i>Funding and infrastructure is in place and trauma centers are submitting data.</i></li> <li>3. To propose and support state legislation that will facilitate the yearly update of the state's trauma data dictionary to the National Trauma Data Bank. <i>HB-5163 passed.</i></li> <li>4. To propose and support legislation that will allow the state trauma committee to be recognized as a standing committee under the commissioner of public health that will afford it voting rights on the CEMSAB. <i>This remains a goal. A bill will be put forward in the coming year.</i></li> <li>5. To build a CT Trauma Committee sub-committee on injury prevention based on the data that comes out of the statewide trauma registry. <i>Once the state registry is running, the data will be used to determine injury prevention efforts.</i></li> </ol>	
Goals and Objectives for 2019		<p>Goals for 2019:</p> <ol style="list-style-type: none"> <li>1. To work in collaboration with CEMSMAC to provide input</li> </ol>	Committee members approved the goals for 2019.

		<p>regarding the update of prehospital care protocols.</p> <ol style="list-style-type: none"> <li>2. To continue facilitating the creation of a statewide trauma registry and advocate for information sharing through de-identified dashboard access.</li> <li>3. To propose and support state legislation that will support the CT State Trauma Committee being recognized as a standing committee of CEMSAB with voting capacity.</li> <li>4. To build a CT Trauma Committee sub-committee on injury prevention based on the data that comes out of the state-wide trauma registry.</li> <li>5. To support programs that bring hemorrhage control education to civilians throughout the state of Connecticut.</li> </ol>	
Open Forum	SB-46: An Act Prohibiting Hospitals From Charging Fees for Trauma Activation	This bill was introduced by Sen. Martin M. Looney of the 11 <sup>th</sup> District and was referred to the Joint Committee on Public Health. CHA and Trauma Centers of America are aware of the bill. A public hearing will be held February 11.	Trauma Committee members will present testimony at the hearing.
	HB-6161: An Act Requiring the Use of Helmets by Motorcycle Operators and Passengers Under Twenty-One Years of Age	This bill was introduced by Rep. Michelle L. Cook of the 56 <sup>th</sup> District and referred to the Joint Committee on Transportation. A Public hearing is scheduled for February 25.	
	Trauma Conferences	<p>The Connecticut Trauma Conference will be held April 4 and 5 at Foxwoods.</p> <p>Stamford Hospital will present their annual trauma conference on May 17.</p>	

The meeting was adjourned at 15:15.

Respectfully submitted,

Shea C. Gregg, M.D.

# CT TRAUMA COMMITTEE MEETING

Connecticut Hospital Association  
110 Barnes Rd, Wallingford, CT 06492

Thursday, March 21, 2019 2:00 p.m.

## AGENDA

1. Call to order–Shea C. Gregg, MD, Chairman
2. Approval of Minutes- January 2019 Meeting
3. Introductions
4. OEMS Report
5. Subcommittee Reports
6. Old Business
  - EMS advisory board update
  - State Trauma Registry update
    - Collector v5 transition
    - Data submission
    - Migration funding
    - De-identification of data
  - Liaison to the ACS COT Position
  - Stop the Bleed
  - Protocol updates:
    - Field trauma triage comment request
7. New Business
  - CT Trauma Committee meeting day of the week change
8. Open Forum
9. Adjourn

**Call-in number: 866-421-2934**

**Access Code: 32437828**

Connecticut Trauma Committee  
Connecticut Hospital Association  
March 21, 2019

Present: Shea Gregg, Chairman; Deborah Bandanza, Recorder; Tara Elliott; Jonathan Gates; Peter Ingraldi; Jean Jacobson; Ann Kloter; Renee Malaro; Jacqueline McQuay; Monika Nelson; Calvin Norway; Laurie O'Brien; Ruth Piehler; Kevin Schuster

Meeting was called to order at 14:05

TOPIC	ISSUE	DISCUSSION	ACTION
Approval of minutes		Minutes for January 2019 were reviewed and approved.	
OEMS Report		The trauma registry software conversion to V5 continues.  The Legislative Mobile Integrated Health Committee is finalizing the report for submission to the legislature.	
State Trauma Registry update	Collector V5 transition	Transition is almost complete. The program managers and registrars would like training on the QA tab in V5. This tab can be used to satisfy the ACS requirement that the registry be an integral part of the PI process.	Dr. Gregg will contact Digital Innovations to provide training webinars.
	Data submission	The upgrade of the state repository to V5 needs to be complete before data can be received. At the trauma centers, records with admission dates through 12/31/2018 will be entered into V4. Data from V4 should be submitted to the state by March 31, 2019. Records with admission date 1/1/2019 will be entered into V5. Once the V5 platform at the state is ready, 2019 data can be submitted.  There was a discussion about Digital Innovations hosting the central site on the DI servers in Maryland. However, the DPH would like the registry kept on the BEST servers in Connecticut.	A meeting with Dr. Gregg, Digital Innovations, and the DPH will be held March 22.
	Migration funding	Data migration will be partially funded through the state. Each center is responsible for approximately \$3000 for migration.	
	De-identification of data	For V4 records, data submission is not de-identified, as per State regulations. V5	Each center performs HIPAA procedures for identifiable PHI.

		records will submit de-identified data, as required by the NTDB Data Dictionary.	
	EMS/Trauma data linkage	With V5 data submission having de-identified data, there was a question as to how EMS data can be linked to the trauma data. Discussion revealed that each center collects EMS PCR numbers that could potentially be used to link the data.	Dr. Gregg will speak with Digital Innovations to see what other states have done to link EMS and trauma data.
	Trauma Cloud	<p>There was concern about trauma data being held on the Trauma Cloud and new data agreements requiring signatures from each center. If the agreement is not signed, data will not be validated for submission to TQIP or NTDB. If a center does not want their data on the Cloud, DI would charge an initial fee and an annual subscription fee.</p> <p>Calvin Norway clarified the Trauma Cloud. The trauma centers are currently using the Trauma Vendor Alliance Cloud, which takes the center's data and translates it into NTDB/TQIP files for submission. The Cloud under discussion is the Trauma Vendor Alliance Cloud that has been used for the last few years. The difference is that new data agreements with each vendor have to be signed since the ACS is no longer involved. The centers are using the same structure that has been used the last few years.</p> <p>The benefit to the Trauma Vendor Alliance Cloud is the ability for the registry vendors to make changes in one place as opposed to multiple local registries.</p>	
Liaison to ACS COT position		This is a statutory position with voting rights on the EMS Advisory Board, appointed by the governor. A candidate has been put forward but no movement has been made.	Dr. Gregg will keep the committee informed of progress.
Stop the Bleed		Dr. Ron Gross is continuing efforts with ConnectiCares.	
Protocol Updates	Field Trauma Triage Guidelines	The update embraces the fact that geriatric and pediatric trauma patients are special populations that should be transported to trauma centers.	Ongoing. Dr. Gregg will keep the committee informed of progress.



Legislative efforts	SB-46: An Act Prohibiting Hospitals From Charging Fees for Trauma Activation	This bill was introduced by Sen. Martin M. Looney of the 11 <sup>th</sup> District and was referred to the Joint Committee on Public Health. A public hearing was held February 11 with representatives from all Connecticut trauma centers testifying. The bill has not progressed.	
	HB-6161: An Act Requiring the Use of Helmets by Motorcycle Operators and Passengers Under Twenty-One Years of Age	This bill was introduced by Rep. Michelle L. Cook of the 56 <sup>th</sup> District and has passed joint favorable in the Joint Committee on Transportation.	
CT Trauma Committee meeting day change		Due to room availability issues on the 3 <sup>rd</sup> Thursday of every other month, it was proposed that the State Trauma Committee meet immediately following the Trauma Meeting Group on the first Wednesday of every other month. Both meetings occur in the same month, rooms are available at CHA, and the State Trauma Committee would still meet at 2:00pm.	Dr. Gregg will discuss the issue with Dr. Campbell.

The meeting was adjourned at 15:20.

Respectfully submitted,

Shea C. Gregg, M.D.

# CT TRAUMA COMMITTEE MEETING

Connecticut Hospital Association  
110 Barnes Rd, Wallingford, CT 06492

Thursday, May 16, 2019 2:00 p.m.

## AGENDA

1. Call to order—Shea C. Gregg, MD, Chairman
2. Approval of Minutes- March 2019 Meeting
3. Introductions
4. OEMS Report
5. Subcommittee Reports
6. Old Business
  - EMS advisory board update
  - State Trauma Registry update
    - Collector v5 transition
    - Data submission
    - Migration funding
    - De-identification of data
  - Liaison to the ACS COT Position
  - Stop the Bleed
  - Protocol updates:
    - Field trauma triage
  - CT Trauma Committee meeting day of the week change
7. New Business
  - V4 Support
  - CEMSMAC Position
8. Open Forum
9. Adjourn

**Call-in number: 866-421-2934 Access Code: 32437828**

Connecticut Trauma Committee  
Connecticut Hospital Association  
May 16, 2019

Present: Shea Gregg, Chairman; Deborah Bandanza, Recorder; Brendan Campbell; Tara Elliott; Ron Gross; Peter Ingraldi; Jean Jacobson; Adrian Maung; Jacqueline McQuay; Patricia Morrell; Monika Nelson; Laurie O'Brien; Kevin Schuster; Jennifer Tabak

Meeting was called to order at 14:05

TOPIC	ISSUE	DISCUSSION	ACTION
Approval of minutes		Minutes for March 2019 were reviewed and approved.	
OEMS Report		There is an open seat for a member of the trauma committee on CEMSMAC. Dr. Gross will submit his name for consideration.	
State Trauma Registry update	Collector V5 transition	Transition to V5 is complete. Training on the QA tab in V5 will be conducted at the May 20 meeting of the Trauma Meeting Group.	
	Data submission	Data for 2018 has been submitted to the central repository. There has been no notification from the state to the trauma centers to commence data submission.  Discussion was held about linking EMS and trauma data. The committee discussed using the EMS PCR number as a linkage point, since this number is entered into the trauma registry.	Dr. Gregg will follow up with DPH.  Dr. Gregg invited committee members to participate in the Wednesday teleconference.
	Migration funding	Data migration will be partially funded through the state. Each center is responsible for \$2625 for the migration of 10 years data.  Each center will submit a Letter of Commitment to DPH.	
	De-identification of data	V5 records will submit de-identified data, as required by the NTDB Data Dictionary.	
Liaison to ACS COT position		This is a statutory position with voting rights on the EMS Advisory Board, appointed by the governor. A candidate has been put forward but no movement has been made.	Dr. Gregg will keep the committee informed of progress.
Hemorrhage Control Education		Dr. Ron Gross will have meetings with insurance company CEOs for funding	

		<p>and unrestricted grants for the Stop the bleed program.</p> <p>He will be meeting with Raffaella Coler to involve OEMS with the program, specifically so the kits on the ambulances are consistent with ACS recommendations for purchase. Dr. Gross has spoken with Pat O'Neil, president of the company that puts the kits together for the ACS, about volume discounts for the state.</p> <p>Dr. Campbell reported that the ACS is looking for vice-chairs in each state to promote Stop the Bleed. Kevin Schuster and David Shapiro have been recommended for Connecticut.</p> <p>Dr. Gross met with Dr. Eileen Bulger, chair of the ACS-COT, regarding what Connecticut as a state is trying to accomplish and has received approval.</p>	
Protocol Updates	Field Trauma Triage Guidelines	As part of the legislation that went live in October 2018, field trauma triage protocols need to be up to date. This language will be brought to CEMSMAC for addition to the guidelines.	Ongoing. Dr. Gregg will keep the committee informed of progress.
CT Trauma Committee meeting day change		<p>Due to room availability issues on the 3<sup>rd</sup> Thursday of every other month, it was proposed that the State Trauma Committee meet immediately following the Trauma Meeting Group on the first Wednesday of every other month. Both meetings occur in the same month, rooms are available at CHA, and the State Trauma Committee would still meet at 2:00pm. Call in capability will still be available.</p> <p>The proposal would enhance the attendance at the State Trauma Committee meeting and could be more convenient to the committee members who attend both meetings.</p> <p>Dr. Campbell will discuss the change with the surgeons in the COT meeting.</p>	

		The State Trauma Committee approved the change pending approval from the State COT members.	
New Business	V4 support	Hartford Hospital had a technical issue and contacted DI. During the discussion, DI mentioned that there would be no support for V4. The State Trauma Committee was told that V4 support would continue even after V5 transition.	Dr. Gregg will contact DI for clarification.
Open Forum	SB-46: An Act Prohibiting Hospitals From Charging Fees for Trauma Activation	This bill was introduced by Sen. Martin M. Looney of the 11 <sup>th</sup> District and was referred to the Joint Committee on Public Health. A public hearing was held February 11 with representatives from all Connecticut trauma centers testifying. The bill will not progress.	
	HB-6161: An Act Requiring the Use of Helmets by Motorcycle Operators and Passengers Under Twenty-One Years of Age	This bill was introduced by Rep. Michelle L. Cook of the 56 <sup>th</sup> District, has passed joint favorable in the Joint Committee on Transportation, and has cleared the House.	
	St. Francis Hospital trauma symposium	St. Francis will hold their trauma symposium on September 11, 2019, with the theme "Getting to Zero".	
	Bridgeport Hospital trauma symposium	Bridgeport Hospital will hold their 25 <sup>th</sup> annual trauma symposium, Issues in Trauma Care, on September 25, 2019 at the Holiday Inn in Bridgeport.	

The meeting was adjourned at 15:05.

Respectfully submitted,

Shea C. Gregg, M.D.

# CT TRAUMA COMMITTEE MEETING

Connecticut Hospital Association  
110 Barnes Rd, Wallingford, CT 06492

Wednesday, September 4, 2019 2:00 p.m.

## AGENDA

1. Call to order—Shea C. Gregg, MD, Chairman
2. Approval of Minutes- May 2019 Meeting
3. Introductions
4. OEMS Report
5. Subcommittee Reports-CEMSMAC(Gross)
6. Old Business
  - EMS advisory board update
  - State Trauma Registry update
    - Collector v5 transition
    - Data submission
    - Migration funding
    - De-identification of data
    - V4 Support
  - Liaison to the ACS COT Position
  - Stop the Bleed
  - Protocol updates:
    - Field trauma triage
7. New Business
  - Driller
  - Legislation: Trauma Activation Fees
8. Open Forum
9. Adjourn