

Connecticut Trauma Committee
ZOOM Meeting
October 4, 2023

Present: Shea Gregg, Chairman, Chayelle McKay, Recorder; Matt Carlson, Bethany Ayotte, David Bailey, Jay Bresky, Nick Aysseh, AJ Sangosanya, Matt Lissauer, Vijay Jayaroman, Tara Vanderbes, N. Moreau, Monika Nelson, Ann Cook, Kimberly Davis, James Dodington, Dayna Failla, Jess Gildea, Matthew Hornick, Gary Kaml, Joanne Kim, Adrian Maung, Renee Malaro, Kim Barre, Paul Possenti, Peter Ingraldi, Tricia Morrell, Thanos Petrotos, Karl Schmidt, Kevin Schuster, Jennifer Tabak

Meeting called to order at 14:00

TOPIC	ISSUE	DISCUSSION	ACTION
Approval of minutes		Motion to approve minutes from the May 2023 meeting made by S. Gregg. Approved by a member. A. Maung seconded. None opposed.	Minutes approved.
Introductions	Any new first-time attendees	Welcome Dr. Sangosanya who is new to the meeting group and the new TMD at Bridgeport Hospital.	
Gratitude/Success Sharing	Recognitions	S. Gregg remarked it was great to see many people at the St. Francis Trauma Conference. There were some emotional and powerful talks from speakers across the state and from St. Francis proper. S. Gregg recognized R. Gross and the St. Francis team who put the conference together. It was wonderful to see people come together as a state and support the trauma community.	
OEMS Report		No report. No one on the line.	
CEMSMAC Report		D. Bailey announced no specific new updates. As for the EMS protocols; the document is pending release from the DPH. They are finalizing the work. It will include the TXA document. The last update was in 2022. S. Gregg recently taught a class to EMS on protocols and what the Trauma Committee has come together and worked on. It was appreciated by the EMT's that attended.	
EMS Advisory Board Report		In the past, the Trauma Committee put forth the language and legislation for the Trauma Committee to be recognized as a standing committee of the EMS Advisory Board aka CEMSMAC. For a variety of reasons, legislation did not go through. They were also focusing on things such as the State Trauma Field Triage protocols and the Data Dictionary. This level of legislation has been discussed again at CEMSMAC as a priority for this year.	

		<p>It will provide this committee voting rights on the advisory board. S. Gregg attends these meetings and brings back information to the Trauma Committee. The hemorrhage control letter was put forth and approved through this committee. We are looking for legislative support to bring hemorrhage control education to the high schools and to bring hemorrhage control kits into areas of public gatherings. We are looking for support with this from the EMS Advisory Board. S. Gregg had presented the letter to this group and will send the letter out again to this group if asked. Feedback was given and no changes were needed to be made. This will move forward to the Public Health Committee in the next session (in a few months).</p>	
State Trauma Registry Update		<p>Eliza Little not on the call for an update. M. Nelson updated that they are meeting as a State Committee Data Task Force monthly to work through what is going into Image Trend, how it's mapping and what the state is seeing from each trauma center. She is creating dashboards with the data she receives and will showcase this to all of us. This is a work in progress. We are getting there and making headway. There should be some delivery within the next few months.</p> <p>S. Gregg reported we should be able to show aggregate data for our level 1, 2 and 3 trauma centers. There are filters that are being installed. You will be able to see a heat map of your penetrating traumas, blunt trauma, falls, breakdown of ages, etc. You can also look at the state of CT by breakdown of county. The group has really come together and put in a huge amount of effort. Kudos to the data group!</p>	
ACS COT		<p>J. Gates not on the call for an update. S. Gregg asked if anyone had anything to share with those in contact with the ACS COT. Any new things with verification, information, or new points of interest to the group? Nothing mentioned.</p>	
Legislature		<p>B. Cournoyer not on the call for legislative updates from the CHA. See above for additional information regarding legislative updates.</p> <p>Follow up on bill discussion from last month: HB-6539 which is a data sharing bill that added fuel to our desire to set up a Trauma Registry and is sitting in committee and has not made it forward. We are making more progress with the data committee that is</p>	

		meeting monthly. See above (State Trauma Registry Update).	
Old Business	Pre-Hospital Protocol Updates	D. Bailey reports nothing new.	
Gray Book – 2022 Standards discussion	Statewide Radiology sharing	<p>S. Gregg asked who has been or will be verified with the new standards (gray book). Greenwich Hospital has their verification visit in January.</p> <p>Statewide Radiology Sharing- Greenwich Hospital explained how they view and share their imaging.</p> <p>S. Gregg asked is anyone perceives this as an issue. Most systems are able to view imaging through the cloud.</p> <p>Yale is not reporting any issues as long as the imaging has been loaded into Powershare and then downloaded into Epic.</p> <p>J. Tabak reported they have done a lot of work with this as many of their patients are transfers in. It seems to be dependent on the hands of the sending facility. If they know the correct process of uploading into the cloud, then it works fine. The process is getting better with less problems. Hospitals are not using discs as much. It also depends if the sending facility and your institution are not sharing the same cloud.</p> <p>Statewide Radiology sharing is still on the agenda. S. Gregg asked if there are any objections to removing this from the agenda.</p> <p>K. Davis expressed how can the State Trauma Committee address this issue if it is a locally sourced infrastructure issue?</p> <p>This has been approved to remove.</p>	
Injury Prevention Update	Stop the Bleed	<p>M. Nelson reported that Hartford Hospital held a Stop the Bleed class for the Boys and Girls Club. Dr. Lenworth Jacobs was present. Many people were trained. They are looking to purchase Stop the Bleed kits for the facilities. Dr. Jacobs vision is to hold Stop the Bleed classes for Boys and Girls Clubs nationally. If you would like to teach the Stop the Bleed class for Boys and Girls Clubs in your area, reach out to Monika Nelson for the contact person. J. Gildea reported that HOCC held a class for the Boys and Girls Club as an after school program. R. Malaro expressed interest in doing this in the Backus region.</p> <p>N. Aysseh reported they are working on Stop the Bleed programs in house at their facility.</p>	

	Injury Prevention	<p>N. Aysseh reported this past week was Child Passenger Safety Week. Car seats were give out during this week.</p> <p>N. Aysseh reported that November is National Injury Prevention day (November 18th). It will be celebrated on Friday, November 17th.</p>	
	Ad hoc Injury Prevention Meeting	<p>S. Gregg mentioned an ad hoc Injury Prevention meeting group.</p> <p>J. Dodington agreed that we coordinate our efforts in injury prevention across the system. There currently is an informal bi-monthly meeting with multiple injury prevention leads across the state led by Amy Watkins from CCMC. He would like to connect that group with Monika and liaise this group with the state and help to share information. Committee members here are presenting various injury prevention initiatives and statewide events.</p> <p>J. Bresky reported he was one of the members who came up with the ad hoc committee and this was further discussed at the St. Francis Trauma conference and presented to the Injury Preventionists at their meeting last month. Group consensus is they are interested in pursuing this as they are meeting regularly and reporting out what they are all doing. They would like to make sure they are doing it the right way and that they are not duplicating efforts. The goal is to give the best standing and make CT a safer place.</p>	
	Not One More – Healthcare Heroes Campaign	<p>J. Kim reported there was a Not One More PR conference at the end of June that was successful. The Not One More campaign would like to kick off the new fiscal year targeting Facebook, Instagram and TikTok. J. Kim and Dr. Gates attended a conference call with a high school in June and July on driving education programs. For a 30 hour driving program, 8 hours should be dedicated to talking about impaired driving, distracted driving and drivers condition. Dr. Gates shared his presentation and perspectives as a surgeon. Data was shared with the high school students. The conversation was very meaningful. They are looking to do this with other high schools in the state. J. Kim is in contact with Hartford High School. S. Gregg appreciates the efforts made on this. Asked what trauma centers can do to participate, what toolkits can be used and what things we can do as a whole to have more inclusiveness. J. Kim mentioned that the high school presentation can be shared with the Trauma</p>	

		<p>Program Managers and be edited and/or revised based on your needs.</p> <p>If you have any contacts with high schools or private driving schools, you can share them with Joanne Kim. She will collaborate with you on this. Joanne has resources/templates but does not have the network. If you have billboards or access to internal TV, she can provide you with the resources. She is also looking for upcoming health fairs that she can attend with her information.</p> <p>J. Kim recently attended the Stamford Health Expo.</p>	
	<p>Hospital Violence Intervention Program (HVIP)</p>	<p>J. Dodington reported statewide Commission on Gun Violence Prevention to move forward. They received some funding and now with the second round of funding hopefully programs are starting to see the dollars that were put forward by the state to do community violence programs.</p> <p>Recently had the National Health Alliance for Violence Intervention (HAVI) conference. There was great collaboration between the ACS COT and HAVI. There was a wonderful kickoff from Dr.'s Kirby and Campbell in the audience working on how to address community violence in a systemic way.</p> <p>There is a statewide firearm injury event later in October (actual date to be sent) where there will be a gun buy back.</p> <p>S. Gregg reports that the White House has an office of gun violence prevention. He asked where are our contributions to that? J. Dodington reported it will be exciting to see what coordination will be available. The people behind it are leadership from the Evertown group, Greg Jackson that is closely aligned with HAVI and work done by Rochelle Dicker from the ACS. He feels there is great insight into what is going and what is going to be happening at the national office. The goal is to make sure organizations know about federal opportunities and to make sure the work is being filtering down to the community. There is money in the Safer Community Act that has not been fully utilized. There is money for ERPO's (Extreme Risk Protection Orders) and dollars for community violence intervention. We have to make sure it's getting to the state level. CT is well poised to do this due to our state wide collaborations but there will be a federal partner formally on the other side.</p> <p>M. Nelson asked that this communication be sent to Chayelle McKay as she is now taking over this committee with Dr. Gregg. S. Gregg thanked Monika for her efforts this past year.</p>	

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	Fall Prevention	<p>S. Gregg reported that we just came off of Fall Prevention Week. Asked the group to report out their efforts on their behalf.</p> <p>J. Dodington working on outreach from a coordination standpoint of fall prevention. They are hoping to do more with the state.</p> <p>S. Gregg reported in looking at the data; falls are the number one problem/issue in the Trauma centers.</p> <p>S. Gregg reported that the Fairfield region participated in injury prevention during the Fall Prevention week (radio spot).</p>	
	Fire Prevention	<p>J. Bresky reported that October 8-14 is National Fire Prevention Week. This year's campaign is "Cooking Safety Starts with You". Topics include outdoor cooking with grills and fireplaces and indoors with kitchen safety. A lot of it is geared to younger children and seniors who bear the brunt of cooking accidents. They are two at risk populations. There are materials available through the NFPA (National Fire Protection Association). There is also a PSA that they produced in collaboration with the city police, fire and investigative unit and the State Fire Marshalls Association. The video is not back from the editors yet to share with this group.</p>	
New Business		<p>See above for ad hoc Injury Prevention committee.</p> <p>S. Gregg asked what is the vision of the ad hoc Injury prevention committee? How can we not be redundant but utilize the talent in this group to crossover to the state level?</p> <p>This group today is physician heavy and the other group at the Injury Prevention meeting is almost exclusive of physicians. It is almost a different feel to the meetings and a different outlook of which piece of the work we are doing. Each person brings their own special projects/focus (Amy being from Children's, Nick with car seats, Joanne with the Not One More and Jay being associated with the burn center). They each bring unique areas of specialty and share it across the platform with each of the other systems as to what is up and coming and what is available. Many of the people are new to their roles. There are a few people who have been in their roles longer. It is nice to have a mentor relationship across the state with other trauma centers with people who have been in injury prevention for a while to give them the benefit of their experiences.</p>	

		<p>At the State Committee meeting there is multidisciplinary representation. There is value to the new committee to coordinate efforts. We need to make sure the updates can be shared on a regular basis with upcoming injury prevention initiatives. We are looking for ways to scale and coordinate efforts across the state for campaigns like Stop the Bleed and Not One More, etc. The ultimate goal is to see our injury prevention efforts reducing the rate on injury prevention from a registry standpoint, the central repository where we enter the data. We want to see reductions in injury. The value at this committee meeting would be to share the monthly data. We look forward to be able to share data (ex. heat maps and things that are happening within the state). S. Gregg asked if this is valuable and would it be helpful?</p> <p>J. Dodington responded this is a great idea. There is an opportunity for synergy where we could formally create a liaison to State Committee. This would be a great way as the hospitals are well represented. We will need to make sure they are coordinating with the agenda to get those topics on and to make sure this group is disseminating the information through (in case there are places who are joining this meeting where there is not great injury prevention representation).</p> <p>S. Gregg asked if this should be a group or a liaison group. What would it look like?</p> <p>J. Bresky responded that still needs to be decided. This is a new concept/new idea. People are feeling it out and thinking about it. There is not a consensus of ideas yet. Ultimately, one person would speak as a voice to get everyone on the same page. This is a two-way street. Injury Preventionists are out doing the projects but it needs to be guided by the evidence that comes out of this committee. This needs physician buy-in and all stages of doing it. It is important to have program guidance and results.</p> <p>S. Gregg will move this to old business. J. Bresky and J. Dodington will be the point people and come up with a way that the Trauma Committee can coordinate efforts. Based on today's meeting with the example of the Boys and Girls Club; we are seeing people coming together to very successfully collaborate to provide education.</p> <p>J. Bresky to send out an email to the Preventionists group.</p>	
Open Forum	Zoom vs CHA	Do we want to keep this Zoom or drive to CHA every other month?	

		<p>J. Tabak mentions that CHA has accommodated a hybrid model. It is a nice option to be in person if able. We may be able to do the same since this meeting is tagged onto the Coordinator's meeting. We will need to ask Brian.</p> <p>S. Gregg stated a hybrid model would be ideal. If there are no objections we will use this model.</p> <p>G. Kaml stated no objection. Being able to join via Zoom will help to keep attendance up. It's lovely to see people live especially after Covid but it can be tough to break away for the extra travel time it takes. The hybrid option is the obvious resolution.</p> <p>S. Gregg asked if there are any conferences coming up or symposiums?</p> <p>J. Kim announced that October 17th is World Trauma Day. S. Gregg asked if our ribbon was still a black ribbon? There was no response.</p> <p>North East Regional Burn Conference is in Providence, RI on October 27th and 28th. It overlaps with the EMS Expo conference.</p>	
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Meeting adjourned at 14:53

Respectfully submitted,
Shea C. Gregg, M.D.