

## Connecticut Trauma Committee

ZOOM Meeting

November 1, 2023

Present: Shea Gregg, Chairman, Chayelle McKay, Recorder, Manny Moutinho, Ron Gross, Matt Lissauer, Renee Malaro, Pete Ingraldi, Dayna Failla, Karl Schmidt, Robert McLoughlin, Joanne Kim, Bethany Ayotte, Jen Tabak, Paul Possenti, Adrian Maung, Nick Aysseh, AJ Sangosanya, Monika Nelson, Rich Kamen, N. Moreau, Eliza Little, Kim Barre, James Powell, Thanos Petrotos, Vijay Jayaraman, Ann Marie Cook, Alfred Croteau, Dale Guerrero, Emily Christison-Lagay, Heath Walden, K. Dwyer, Jay Bresky, Gary Kaml, Angie, Dave Bailey, J. Mancarella, Taylor Fusco-Ruiz, Jess Gildea, Nicole Velez, R. Crogan

Meeting called to order at 14:00

TOPIC	ISSUE	DISCUSSION	ACTION
Approval of minutes		<ol style="list-style-type: none"> <li>1. Ron Gross</li> <li>2. Group</li> </ol>	Minutes approved.
Introductions	Any new first-time attendees	<ol style="list-style-type: none"> <li>1. James Powell new Injury Prevention Coordinator for St. Vincent's Medical Center.</li> <li>2. Taylor Fusco-Ruiz new Trauma Program Manager at St. Francis.</li> <li>3. Nicole Velez new Trauma PI Coordinator at Stamford Hospital.</li> <li>4. Robert McLoughlin new trauma faculty at UCONN.</li> </ol>	
Gratitude/Success Sharing	Recognitions	Open Forum	
OEMS Report		-R. Kamen reports nothing specifically new. If anyone has questions for the Department of Public Health or EMS, he is happy to field those.	
CEMSMAC Report		<p>-The current vision is in its final stages of proofing. The next step is the Department of Public Health review with the Commissioner. They are hoping for roll out towards the first of the year. This will include the TXA protocol.</p> <p>-S. Gregg states this is a work product of the entire group which he appreciates the input over this time period. It is appreciated and has really made a difference.</p>	
EMS Advisory Board Report		-The Advisory Board update will be included with the hemorrhage control letter that was approved by the EMS advisory board. See below.	
State Trauma Registry Update		<p>-E. Little has been leading the way of rebuilding the state registry with the help of the data committee that meets every month or bi-monthly.</p> <p>S. Gregg recognized M. Nelson and the rest of the team members that have come together to really flush out and validate the data.</p> <p>-One of the recommendations of the State Trauma Systems visit is that the state gets a trauma registry together to better understand our patterns and where injury prevention can have more effect.</p> <p>-This aggregated data is done through a program called Power BI, which is a Microsoft program and it allows interactive manipulation of the data A remaining hurdle is that they need to work internally with the Commissioner's approval to share this. They will also need to work with the IT department to figure out a location (probably on the</p>	

		<p>DPH website) that will be password protected to share this with people who need it. think any.</p> <ul style="list-style-type: none"> <li>-E. Little gave a demonstration of some of the reports and data fields (7 pages).</li> <li>-Any requests for additional items will go through the data trauma committee. M. Nelson has agreed to be the point person for this if you have data reports that you would like to see.</li> <li>-The data is currently not available to anyone and is working on the approval. The intended availability is for the beginning of the new year or for the end of this year. A point person from each hospital is going to receive a username and a password to be able to utilize this kind of view only interactive data. They will not be able to change or add things.</li> </ul>	
ACS COT		<ul style="list-style-type: none"> <li>-Jonathan Gates was not present for updates</li> </ul>	
Legislature		<ul style="list-style-type: none"> <li>-S. Gregg drafted a letter that was approved by the Trauma Committee for hemorrhage control education, mainly legislative support for it. There are about 5 or 6 states who have passed legislation that support bleeding control education in the high schools. He applauds the efforts within the state for the people who have been able to move into the high school and get that up and running. This letter was drafted and approved by the EMS advisory board to move forward to meet with the heads of Public Health. This is being brought here for the purposes of additional discussion.</li> <li>Much of the meeting was focused on this discussion.</li> <li>Some key points: <ul style="list-style-type: none"> <li>-There are hopes that this would be something that we could potentially get into a bill by the time the new year comes around.</li> <li>-There are a number of states who have Stop the Bleed programming and/or hemorrhage control kits in state and public buildings. They have to have hemorrhage control kits within them just as if they would have AEDs.</li> <li>-There needs to be clear communication around what we set up for our legislators to be putting forward to the public regarding Stop the Bleed information. The hope is to bring forward subject matter expertise.</li> <li>-We need to highlight that not all bleeding could be corrected by Stop the Bleed.</li> <li>-We should be encouraging Stop the Bleed and what Dr. Jacobs vision was in teaching Stop the Bleed.</li> <li>-Stop the Bleed is not the problem. It's how we communicate with our legislators in this letter that leaves us in a light that we might have to be careful about.</li> <li>-Stop the Bleed is getting people to understand that not only should they acknowledge the fact that they want to help but that it could actually give you some insight into how to do it most effectively.</li> </ul> </li> </ul>	

		<p>-This is a letter that basically opens the dialogue and allows us to actually sit down with the two leads of the Public Health Committee and state the importance of it.</p> <p>-An example given was not everybody expects that CPR is going to work in 100% of patients but we still want people to try.</p> <p>-This is not the actual bill and we as a committee would help once the bill is crafted and make sure that it is in line with what the trauma centers throughout the state are able to do and what science supports.</p> <p>-We can show what are we doing from an injury prevention standpoint.</p>	
Old Business		<p>-Trauma as a standing committee is another priority. We are still not a standing committee where we would have a vote on the EMS advisory board. There is support from EMS advisory board to actually bring that seat back to the table.</p> <p>-TXA with new protocols coming out.</p>	
Gray Book – 2022 Standards discussion		No new info.	
Injury Prevention Update		<p>-Update on ad hoc injury prevention- still in progress. The injury preventionists are meeting on a quarterly basis. They have not gotten everyone together to have the discussion yet. It will be brought back to the group when information is available.</p> <p>-Recent 3rd annual statewide gun buyback. It was very successful. The event occurred a few days after the recent tragedy and it was received well by administrative leadership and the Lieutenant Governor et all.</p>	
	Not One More – Healthcare Heroes Campaign	Ongoing Work being done.	
	Hospital Violence Intervention Program (HVIP)	Ongoing work being done.	
	Fall Prevention	No new updates.	
Verification Calendar Development		Proposal for Statewide Trauma Verification Calendar. Pending decisions and further input.	

Meeting adjourned at 15:12

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