

Connecticut Trauma Committee
ZOOM Meeting
May 3, 2023

Present: Shea Gregg, Chairman; Monika Nelson, Recorder; Bethany Ayotte, David Bailey, Jay Bresky, Walter Cholewczynski, Emily Christison-Lagay, Ann Cook, Robin Crogan, Kimberly Davis, James Doddington, Kevin Dwyer, Dayna Failla, Jonathan Gates, Jess Gildea, Ron Gross, Matthew Hornick, S Joyce, Gary Kaml, Rich Kamin, Joanne Kim, Jessica Mancarella, Adrian Maung, Chayelle McKay, Erin McLaughlin, Ryan Millea, Nancy Moreau, Tricia Morrell, Manuel Moutinho, Thanos Petrotos, Ruth Piehler, Alisa Savetamal, Karl Schmidt, Kevin Schuster, David Shapiro, Jennifer Tabak, Tara Vanderbes, Heath Walden.

Meeting called to order at 14:01

TOPIC	ISSUE	DISCUSSION	ACTION
Approval of minutes		M. Nelson apologized for forgetting 4 attendees on the previous minutes, all four attendees were notified and minutes resubmitted. Motion to approve minutes with addition of the four attendees from the March 2023 meeting made by R. Gross. G. Kaml seconded. None opposed.	Minutes approved.
Introductions	Any new first-time attendees	None	
Gratitude/Success Sharing	Recognitions	<p>It was stated that today, May 3rd is Trauma Registry Professionals Day and that all trauma registrars should be celebrated as they are a vital part of our Trauma centers.</p> <p>S. Gregg was recognized for joining the St. Vincent's Medical Center as Chief of Surgery. S. Gregg expressed gratitude for all support in the past year from all of the hospitals that he had the chance to work and partner with.</p>	
OEMS Report		No report, but R. Kamin was available if anyone had any questions.	
CEMSMAC Report		Reported update protocol process and if anyone is interested in attending it is open to participants. Regarding the protocols that have been reviewed and approved by this committee, question was asked when those protocols will be posted online – reported that the online protocols are being updated in mass as they revise the clinical protocols and then operationalizing and putting in an online format. Hoping to have the protocols published and online within the next month or so. Communication will go out when they are officially posted and available.	

EMS Advisory Board Report		Busy with protocols working with CEMSMAC, as well as very busy with various legislative issues that are being assessed for actionability. Important point as they are positioned as an advisory council to the Commissioner of Public Health as they are heavily involved in input in the EMS system in the state to be able to look at legislation outside of the regulatory organization of the DPH. If anyone has any thoughts or ideas that they would like brought forward in legislature regarding the EMS system, the EMS Advisory Board is available to assist with information and moving forward.	
State Trauma Registry Update		No DPH state registry representative on call. M. Nelson updated that two meetings were held so far for the State Data Committee and they are focusing on working on the mapping portion of the two registry systems that are being used in the state, and how that data maps into the ImageTrend state registry, as currently there is data that is missing when uploaded by hospitals. Using the NTDB ITDX file that we use to submit to TQIP as the data dictionary that changes yearly as it is deidentified and can be used for the purpose of data collection for the state.	
ACS COT		J. Gates was on call and reported no new updates.	
Legislature		B. Cournoyer not present for legislative update from the CHA. Follow up on bill discussion from last month: HB-6539 concerning the sharing and analysis of emergency call response data, which would strengthen our ability to build a central registry. This bill was referred to public safety and security and that is where we are right now.	
Old Business	Pre-Hospital Protocol Updates	D. Bailey presented update on TXA protocol. Protocol was presented to the group via zoom. Proposed Hemorrhage Control protocol with additional TXA language – which would include TXA indications, contraindications, dosage, administration, and pearls. Changes all occur in the bottom of the document – TXA 1 gram administered over 10 minutes. These mimic New Hampshire state protocols as well as many other state EMS protocols for TXA. All TXA additions read and explained by D. Bailey. One part from NH protocol that was not included was lengthy information regarding the	

reversal, but it was decided that this would not be included. 5 other protocols were sent out at the last meeting as background for this work.

Question of the dose of 1 gram compared to 2 grams, as some are moving to the higher dose – discussion from other members stating that current use at other centers is the initial dose of 1 gram followed by another 1 gram six hours after. Also reported that all papers reference 1 gram dose, and others mentioned that the CRASH2 studies all referred to 1 gram as dosing for initial TXA administration.

Others agreed that the 1 gram dose is more consistent with research and other protocols. Another question was raised regarding the 10 minute administration time and if agencies have the proper tools (pumps) that may be needed to administer over 10 minutes, as well as the logistics to do this. Again mentioned that the time was studied in the CRASH2 study and that is what should be used.

Regarding the logistics, EMS is more comfortable with different drips and administering medications over time, as it comes in a bag and can be easily administered over the 10 min timeframe.

Agreement on this stance as well.

Also question brought up regarding geriatric population and if different age-appropriate vitals should be considered.

M. Moutinho stated that the protocol is reasonable as written as most patients with bad hemorrhage will be showing some signs of shock, so adding additional verbiage may cause confusion. R. Kamin suggested to start off with the protocol as written and then have the ability to amend it if it is found that the geriatric population should be considered with different indication criteria. R. Gross agreed and endorsed protocol as written and reminded that medical control could also be contacted regarding additional questions for geriatric patients.

Motion to support this protocol as written – R. Gross approved, G. Kaml seconded. None opposed. None abstained.

Also reported that it may be a good idea to track the occurrence of pre-hospital TXA within our registries.

It was noted that the effort to bring this protocol to the committees was laborious and gratitude given to the protocol committee for bringing this forward and putting it together.

		D. Bailey was recognized for his efforts on this again.	
Gray Book – 2022 Standards discussion	Statewide Radiology sharing	New 2022 Standard CD 3.6 – Remote Access to Rad Imaging – need for radiographic sharing requirement. No new update, but will remain on the agenda.	
Injury Prevention Update	Stop the Bleed	D. Shapiro reminded that all that hold and complete STB course to please register the courses on the website in the instructor portal. Also reported that version 3 of STB is coming out this Fall and will update everyone to make sure all are on the same page in CT. Will share when a draft comes out.	
	Not One More – Healthcare Heroes Campaign	J. Kim reported that multiple community events were attended and more coming up. “Walk Like MADD” event at Foxwoods on April 22 nd along with Backus Hospital TPM and Injury Prevention coordinator. Community appreciated the presence. Also attended community event at Quinnipiac University with drunk-goggles allowing students and participants to see how it feels to wear them and experience the effects, especially when choosing to drive like that. Another “Walk Like MADD” event this Saturday, and “Celebrate West Hartford” event in June. Media team is also working on developing a new concept this year which will be presented when it is ready. J. Gates mentioned that we also have presence at the PGA tour again this year in June. Last year we had all of the 7 Trauma systems in the state represented with this campaign on the leader board as well as other signage. Also working on upcoming ideas for Memorial Day, July 4 th , and Labor Day. S. Gregg reported also that the Not One More website has a place where people can pledge and asked if this is an opportunity during these events to have a tablet or laptop where attendees can take the pledge there and then, as this can stimulate memory and have an influence by the number of clicks. J. Gates also brought up wrong-way driving as fatalities from this mechanism is influenced by impaired driving, and that can be an opportunity. Shared data from state on these fatalities as well as incidences of wrong-way driving.	
	Hospital Violence	J. Doddington reported Violence Prevention commission as it continues with D. Shapiro and C. Johndro with the DPH. HVIP	

	Intervention Program (HVIP)	<p>collaborative has been funded and offers assistance to any hospital that is looking to offer community HVIP programs and resources. Working collaboratively to expand this work with CHA and other hospitals within the state. Funding is also available from the state government, but involves additional politics with this.</p> <p>J. Doddington will send out information regarding additional funding opportunities in a DPH report from this commission. There is a call for funding for community partners. If anyone is interested they can apply. When the RFP is released, will update and share.</p>	J. Doddington sent DPH report for funding opportunities – M. Nelson distributed this report to this committee group via email following the meeting on 5/3/23.
	Fall Prevention	No new update.	
New Business	STB equipment/ education bills	<p>S.Gregg presented draft letter to the CT state Public Health Committee chairs. Brought the idea of hemorrhage control education to CEMSAB. First step was to draft a letter of intent with background on the issue addressed to the two members, then get approval for said letter from this committee, thirdly bring to CEMSAB and distribute and get input and get vote of support, and then move forward to meeting the state representatives. Reported that the four other states that had these bills passed focused education on the high school population, and hemorrhage control kits.</p> <p>Input on this draft letter – R. Gross brought up question of why only focus on high school students and not younger as STB was successfully taught to students as young as 9 years old. Recommended to remove the specificity and use general language of “all children”. R. Kamin reported barriers and difficulties of getting into the school systems, specifically the West Hartford system. Others agreed that the school systems have been hesitant in moving forward and following-up with teaching STB.</p> <p>S. Gregg reported that focusing on high-schools was consistent across the other bills that were passed in other states, and that should stay as the focus, as it may be looked as scary for younger students. However, we can still go on to teach younger, but having the bill start with high-school will hopefully benefit the cause as it has a consistent message and standard approach as the other bills that were passed.</p> <p>Reported that leaving the story of the Hartford Consensus is important and should be left in.</p>	

		<p>A Maung recommended to add that this is a free education. K. Davis recommended to add this education is easily retained and proven to save lives. S. Gregg agreed and will incorporate both additions.</p> <p>Motion of support for this letter – R. Gross approved. H. Walden seconded. None opposed. None abstained.</p> <p>D. Shapiro asked if there is value of each member sharing the letter with own legislators – S. Gregg reported that we first need to get it into a bill so that we can get our own legislators to support it. Will bring the process back to this committee when that happens.</p> <p>J. Mancarella added that if possible, having the ability to teach the reps this course to experience the content, it would be beneficial. Others agreed and D. Shapiro agreed to accompany S. Gregg to do so.</p>	<p>S. Gregg will finalize letter and, along with D. Shapiro, will present letter to CEMSAB and offer to teach course in next process.</p>
Open Forum	Protection of Kids on Social Media Act	<p>J. Bresky brought forward a national bi-partisan senate bill addressing the protection of kids on social media act. Addresses the mental health component that social media plays as a role, and proposes a ban or parental allowance on age-restricted children, as well as subjection to algorithmic content enhancement for certain age groups. This can be used as an injury prevention strategy as children use social media context as it may lead to traumatic injury, using examples of the “fire challenge” or the “speed filter”.</p> <p>Proposing that our committee draft a letter in support of this bill and work it up to larger organizations, endorsing tighter regulations on social media as a means to protect our kids. This is at the federal level at this time. Asked to share this bill with committee. Will add to Old Business in legislative updates on the committee agenda. J. Bresky will work on drafting a letter and present at next meeting.</p>	<p>J. Bresky sent the bill – M. Nelson distributed this bill to this committee group via email following the meeting on 5/3/23.</p> <p>J. Bresky will begin drafting a letter in support of this bill.</p>
	St. Francis Trauma Symposium	<p>R. Gross reported that St. Francis is holding a Trauma Symposium on September 6th and a Save the Date was sent out. Was asked to share the Save the Date and it can be sent out to the committee.</p>	<p>R. Gross sent the Save the Date – M. Nelson distributed this to the this committee group via email following the meeting on 5/3/23.</p>
		<p>K. Schuster reported successful Trauma Conference and planning will begin for next years’ Conference.</p>	

Meeting adjourned at 15:09.

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