



**Triad Regional Advisory Committee
Trauma/Disaster Meeting
November 13, 2008**

**Quality Inn – Hanes Mall
Winston-Salem, NC**

Attendance List:

The attendance list is on file and available upon request.

Welcome and Introductions: Dr. Michael Chang

Special welcome to Dr. Victor Freund, HPRHS neurosurgeon.

Approval of Minutes

Minutes approved as written.

T-RAC Reports

1. Regional Disaster Preparedness - Dwayne Young

Overview of the Disaster Preparedness Committee meeting held this morning regarding SMAT programs and activity within the SMAT II and III that were present. Discussed the specifics of the upcoming ASPR grant program and how it is proposed to be allocated through seven different projects to include administration, education, sustainability, exercises for the medical reserve corp along with lots of infrastructure maintenance. There was a presentation by Holland Consulting Planners on the development and maintenance of a regional medical response plan. Three subcommittees have been developed within the Disaster Preparedness Committee which will be the grants, the exercises, and the medical response. Each subcommittee will be developing ideas, questions and concerns about their various projects over the next several months. There were discussions specifically on activities at the emergency management level as well as some triage specific related items that were proposed for review. There is a lot of work to do over the next 8-9 months, if not sooner than that to get some of these grant projects up and going and to basically sustain what has already been established.

Hanes Mall October/November 2007 drill (shooting) will be played during lunch. Darrell Jeter reports there were 600 participants in this drill with 200 victims involved in this training video.

2. Performance Improvement - Gail Kluttz

Subcommittee meeting was held after the last T-RAC meeting. Discussed deaths <24 hours after admission for April, May, and June 2008. Reviewed cases presented by WFUBMC, Moses Cone, and High Point Regional Health System. Also reviewed transfers >6 hours to include death and no deaths. Minutes are available; however, these are not posted on the website due to confidentiality reasons. PI group will be meeting again today after this meeting to review pending cases and everyone is invited to attend.

3. Education - Linda Kalafut

With the new grant cycle there will be a couple more classes in the region. There are plans for three Trauma Nursing Core Courses and three Emergency Nurse Pediatric Courses. With the burn surge money we will be able to have several ABLs classes within our region. We will be hosting an ABLs class December 3 at Rowan Regional and are still waiting for the applications which will be posted on the website soon. There will be a \$25 fee which encompasses paramedics, physicians, nurses, and PAs. We need participation in these classes in order to continue funding from the state. If anyone is interested in hosting an ABLs class please see Linda. The same for TNCC and ENPC - the RAC will underwrite the money for at least 10 participants and she will be happy to discuss with anyone interested. Dates will be after February 15th with complete by July 1, 2009. Linda reports there are plans to have at least three rural trauma courses in this grant cycle.

Dr. Chang reports WFUBMC's burn center recently underwent a site visit by the American Burn Association to be verified as an ABA verified burn center. Chapel Hill is the only verified burn center in the Carolinas.

4. Injury Prevention - Leigha Shepler

In October Leigha attended a 2-day strategic planning workshop at the division of public health for injury and violence prevention to develop a comprehensive plan, reliable data collection, and policy monitoring program effectiveness. She reviewed the eight goals to be accomplished by 2014. Currently they are working on objectives to meet these goals. The plan will be available by early March 2009. The statewide injury prevention committee through the state trauma committee had put together a plan before this one came out; however, she believes the eight goals fall within the state's goals. She asks for comments on these goals.

She also announced the Safe Kids Northwest Piedmont will be applying to become a coalition and Myron Waddell and Donna Joyner are co-leaders on this project. There are six counties encompassed: Stokes, Forsyth, Davie, Yadkin, Davidson, and Surry. Currently they have the by-laws written and their next meeting is scheduled for November 21st. The public health department in Randolph County is also starting their own Safe Kids coalition. Out of the 17 counties in our RAC only two do not have Safe Kids coalitions. There is also interest in Rockingham County to start a coalition.

There will be a child passenger safety course March 23-26, 2009 in High Point. Also, a program on how your agency safely transports restrained children transported in an ambulance December 11th in Durham and December 15th in Wilmington; flyers are available. Also, Gail reports the Critical Incident Stress Management workgroup will hold a meeting November 19th at 9:00 a.m. in the warehouse in Lexington.

Dr. Chang asked how the information disseminated in the meeting ultimately reaches people who may want to participate in the courses/meetings. Discussion followed. Linda Kalafut reports this information is on the website. However, anyone needing further information can contact either Gail Kluttz or Linda Kalafut. For injury prevention contact information is on the T-RAC website too. Dr. Chang stresses the importance of having this information in one place. Linda states there will be more of a concentrated effort for this information to be on the T-RAC website with a link to the state.

Emergency Department Reports

- **NC Baptist Hospital** - Holly Mason
Did an informal EMS survey where the people in Region I how relationships are with the ED staff and one of the overwhelming suggestions from the paramedics that responded was that they want to encode on the radio to the charge nurse. Currently working with Dr. Alson to develop and will probably get a radio for the charge nurse and will be implementing this procedure in the next few weeks. Once Dr. Alson approves and it is determined how to roll out then a memo will be sent.
- **High Point Regional** - Angelina Drews
Currently trying to get more staff to be involved in the trauma PI process and invited two ED RNs (Katie and Jill) to attend today's meeting. They will present a case which they were involved in. Angelina reports they received a FAST ultrasound machine and training started today. She also explained a new process in terms of moving patients through the ED that they are currently piloting. Dr. Chang reports that since High Point received their Trauma Center Level III designation they have quite a bit of enthusiasm and are working on improving the trauma program.

Dr. Chang recapped the state plan, at this time, was to pursue durable funding through the NC General Assembly in January 2009. So a package was put together that described the scope of trauma injury, how trauma impacts the state financially, how trauma impacts the communities financially and came up with a strategic and tactical plan as to what they would do should the trauma system in North Carolina be funded. With the exception of Mississippi, Alabama, North Carolina and South Carolina, they are the only states that do not have state funding for the trauma system in the southeast. Most recently, Georgia and Tennessee obtained repetitive durable tax related funding; Florida did so 2-3 years ago.

Six months ago the state trauma advisory committee was divided into groups to write out strategic and tactical plans on definitive care, prehospital, rehab, performance improvement, education, safety, etc. and all of those have been done. They have now

created a draft of a document that summarizes what their plan will be should it receive trauma system funding from the state of North Carolina. The plan will also be used as a scorecard on how they are doing as they go through all of this. It appears that we are on track. The draft was presented at the EMS advisory council meeting yesterday in Raleigh. Presentations were made by Dr. Mears and Holli Hoffman regarding the status of EMS and trauma care in the state. It will be very good for everyone here to see what is going on at the state level. Dr. Chang will let Gail know when/where these presentations are available for viewing. Dr. Chang said if we do get state funding that it will, in a very positive way, greatly impact what we do in this group on a quarterly basis.

Dr. Alson reports that in the course of this process the state has calculated what actual costs are to run the trauma system and is ready to go to the legislature to seek that level of funding. Also included in the process is funding to maintain the disaster response system we have that is currently funded by ASPR and is actually rolled together (i.e., burn management, trauma, disaster).

New Business

- **AirCare Helicopter Safety** - Ricky Harold introduced Guy Maher Presentation on aircraft safety by Guy Maher, contract employee of Air Methods piloting for WFUBMC AirCare for 19 years and publisher of Vertical magazine. Safety by the numbers:
 - * Since January 1998 had 125+ deaths in medical emergency accidents, roughly 60% were at night, pilots were responsible for approximately 70% of these accidents.
 - * From December 1, 2007 until July 1, 2008 have had 9 additional accidents of 10 helicopters, 23 fatalities and the pilots could be responsible for 100% of these. Since July 1, 2008 have had air crash killing 3, state police air killing 4, department of public safety killing 1 (rescue not crash), air crash into high tech wires.
 - * Leading causes of helicopter EMS accidents "controlled flight" into terrain.
 - * "Unintentional flight" is adverse weather conditions, and disorientation in night operations.
 - * Pressure to fly: self imposed, program imposed, operator imposed, crew imposed or referral agency imposed. When the industry was in its infancy there was a rescue mentality; pressure has been replaced by the competition influence of today.
 - * Helicopter shopping: many services for air transportation and referral agencies "shop" for air transport.
 - * NTSB/FAA are extremely involved at this point. Talking about changing the regulations, on drawing board are already used at AirCare and, thus, will not affect them.
 - * Air Methods monitoring.
 - * TAWS - Terrain Awareness and Warning - equipment that advises the pilot of obstacles and terrain, towers in 40 mile radius that are 250'+.
 - * Night vision goggles - advancement to safety
 - * Specifically, AirCare safety culture is important.
 - * Safety Culture: Air Methods, WFUBMC, pilots, medical crews, other programs and referral agencies all involved.

- * Maintenance also very important at AirCare, have excellent staff.
- * Highly capable aircraft at WFUBMC, equipped with night vision goggles should this be mandated.
- * Conducting safe flight is no accident - everyone critical in the circle of care.

- **Trauma Case Presentation** - Dr. R. Shayn Martin, NC Baptist Hospital
Dr. Martin presented case with unique and interesting findings of a 20-year-old female, unrestrained passenger involved in high speed motor vehicle crash and required a prolonged extrication from the vehicle, and transported via air to ED at NC Baptist Hospital.

Meeting adjourned.

T-RAC meetings for 2009 at Quality Inn, Winston-Salem
February 12, 2009
May 14, 2009
August 13, 2009
November 12, 2009