

Statewide Trauma Advisory Council

Wednesday, December 4, 2024

Acronyms

- AAAM: Association for the Advancement of Automotive Medicine
- ACS: American College of Surgeons
- AIS: Abbreviated Injury Scale
- CD: Criteria deficiency
- CRC: Classification Review Committee
- DHS: Department of Health Services
- EMSC: Emergency Medical Services for Children
- FTE: Full time equivalent

Acronyms

- MD: Medical doctor
- PRQ: Pre-review questionnaire
- RN: Registered nurse
- RTAC: Regional Trauma Advisory Council
- STAC: Statewide Trauma Advisory Council
- TCAA: Trauma Center Association of America
- TOPIC: Trauma Outcomes and Performance Improvement Course

Agenda

- Introductions and announcements
- Review and approve September 2024 meeting minutes
- Status on previously voted on items
- Regional Performance Improvement Guideline (vote)
- Hospital classification data
- 2011 ACS Report gap analysis

Agenda

- EMSC report out
- Classification Review Committee
- RTAC coordinators
- Committee report outs
 - ◆ Injury Prevention
 - ◆ Data Management
 - ◆ Trauma Coordinators
 - ◆ Performance Improvement
- Public comment related to the Wisconsin Trauma Care System

STAC Members

- Four physicians who represent urban and rural areas
 - ◆ **Marshall Beckman**, MD, Chair, Region 7, Level III
 - ◆ **Jennifer Roberts**, MD, Region 2, Level II
 - ◆ **David Schultz**, MD, Region 6, Level II
 - ◆ **Levon O'hAodha**, MD, Region 1, Level IV
- Two registered nurses, as defined in Wis. Stat. § 146.40(1)(f)
 - ◆ **Gina Brandl**, RN, Region 2, Level II
 - ◆ **Rebecca Ekenstedt**, RN, Region 1, Level IV

STAC Members

- Two prehospital emergency medical services providers, including one representative of a municipality
 - ◆ **Jay McDonald**, RN, EMTB, Region 1
 - ◆ **Matthew Dykstra**, EMTP, Region 5
- Two representatives of a rural hospital
 - ◆ **Daniel Budreau**, MD, Region 3, Level II
 - ◆ **Tammy Aspeslet**, RN, Region 4, Level II

STAC Members

- Two representatives of an urban hospital
 - ◆ **Ann O'Rourke**, MD, Vice Chair, Region 5, Level I
 - ◆ **Kristin Braun**, RN, Region 7, Level I
- One member of the Emergency Medical Services Board
 - ◆ **Michael Clark**, MD, Region 2, Level II

Approval of Minutes

Status on Previously Voted on Items

Status Update

- In active pursuit: Launched 10/1/2024
- Drive time maps: In communications process
- Short form for unclassified facilities: Planned launch on 1/1/2025
- Data dictionary: In communications process, planned launch on 1/1/2025
- Trauma registry toolkit: Published 11/15/2024
- Education courses: Granted to the RTACs

Regional Performance Improvement Guideline (vote)

Hospital Classification Data

Quick Glance

Trauma Level	Number	Percentage
Level I	4	3%
Level II	9	6%
Level III	23	16%
Level IV	63	45%
Unclassified	41	29%
	140	

Changes in Levels Data

- Since October 1, 2021
 - ◆ 12 unclassifications due to voluntary opt outs, with seven being critical access hospitals
 - Two level III facilities
 - 10 level IV facilities
 - One level III to a IV

Changes in Levels Data

- Since October 1, 2021
 - ◆ 11 unclassifications due to criteria deficiencies, with three being critical access hospitals
 - Three level III facilities
 - Five level IV facilities
 - Three have since returned to the system
 - One level IV back to IV
 - One level III back to III
 - One level III to a IV

Changes in Levels Data

- Since October 1, 2021
 - ◆ One unclassified facilities pending CRC review as level IVs
 - ◆ 14 facilities are new facilities or have never been in the system
- 6 facilities opted out or had site review issues prior to new criteria

Qualitative Data for Opt Outs

Resources

- FTE for trauma program
- Provider engagement or unable to meet ortho- and general surgery requirements
- Turnover in positions

Standards

- Heavy lift
- Known criteria issues

Other

- Low financial return with lower volume of trauma patients
- Alternate trauma centers near by

Mitigation Measures – Resources

FTE

- Environmental scan

Mitigation Measures – Resources Not Addressed

- Provider engagement or unable to meet ortho- and general surgery requirements

Mitigation Measures – Resources

Turnover in Positions

- Trauma Onboarding Toolkit
- Implemented Trauma Program 101, plans for 201
- Trauma registry office hours
- Trauma Registry Toolkit
- Planned Trauma Registry 101 and 102
- Injury Prevention Toolkit
- Mentorship program

Mitigation Measures – Resources Turnover in Positions

- Educational opportunities
 - ◆ TOPIC – spring 2023
 - ◆ TCAA Finance and Business Course – spring 2023
 - ◆ AAAM AIS 15 Course – spring 2024
 - ◆ Funding through the RTACs – \$49,465 allocated

Mitigation Measures - Standards

- Broke apart level III and IV PRQ
- Created criteria quick guides for level III and IV
- Implemented criteria highlights (eight)
- Updated case request language on the agenda
- Revision of tour questions
- Refined waiver process
- Implemented 6-month check in with DHS staff
- Reporting period tables on website

Mitigation Measures - Standards

- Revised application process
- Implemented action plans for focused visits
- In active pursuit status
- Surgical Capabilities and PRQ flowcharts
- Tracking CDs for trends and reporting out (15)
- Medical Record and Document Review Resource (upcoming)

Mitigation Measures – Other

- Low financial return with lower volume of trauma patients
 - ◆ TCAA Finance and Billing course
 - ◆ Exploring quick sheet with Trauma Coordinators Committee
- Alternate trauma centers near by

Other Changes – Data Feedback

- Annual trauma reports
- Falls report
- Hospital data reports

Other Changes – Consistency for Site Reviews

- Nurse consultant to attend all site visits
- CRC retreats
- Checklist and validation tool implemented
- Revision of the final report
- Surgical Capabilities and PRQ flowcharts

Other Changes

- Updated and reorganized DHS Trauma and STAC website
- Created STAC charters
- Created the injury prevention subcommittee of STAC

Summary of Changes

Since October 1, 2021, DHS has completed 39 projects for the Wisconsin Trauma Care System

Discussion

- What has gone well?
- What opportunities are there?
- Other considerations from the group?

2011 ACS Report Gap Analysis

Assessment Areas

- Trauma System Assessment
 - ◆ Injury epidemiology
 - ◆ Indicators as a tool for system assessment
- Trauma System Policy Development
 - ◆ Statutory authority and administrative rules
 - ◆ System leadership
 - ◆ Coalition building and community support
 - ◆ Lead agency and human resources within the lead agency

Assessment Areas

- ◆ Trauma system plan
- ◆ System integration
- ◆ Financing
- Trauma System Assurance
 - ◆ Prevention and outreach
 - ◆ Emergency Medical Services
 - ◆ Definitive care facilities
 - ◆ System coordination and patient flow
 - ◆ Rehabilitation

Assessment Areas

- ◆ Disaster preparedness
- ◆ System-wide evaluation and quality assurance
- ◆ Trauma management information systems
- ◆ Research

Overview of Gap Analysis

- 93 recommendations
- 12 priority recommendations, determined by ACS
- Recommendation and current status will be presented, STAC is asked to recommend a desired status and determine if this is a priority for the Wisconsin Trauma Care System.

Category	Recommendation	Current Status	Desired State
Statutory Authority and Administrative Rules	<p>Revise the current trauma system rules.</p> <ul style="list-style-type: none"> o Use this as an opportunity to eliminate language that will become outdated in the foreseeable future and correct problems that have been identified over time. 	<p>Revised since 2011 to the 2014 Resources for the Optimal Care of the Injured Patient.</p> <p>Outdated again since the release of the gray book 2022 Resources for the Optimal Care of the Injured Patient.</p> <p>Still contains language that will become outdated over time.</p>	

Category	Recommendation	Current Status	Desired State
Statutory Authority and Administrative Rules	Strengthen the Department of Health Services' (DHS) enforcement of existing and future statutes and rules.	No enforcement ability.	
System Leadership	Realign the Department of Health Services organizational structure to create a new Bureau of Emergency Health Care and Preparedness, which encompasses and administers, under one umbrella, the trauma and Emergency Medical Services (EMS) systems, the developing stroke and ST Elevation Myocardial Infarction (STEM I) systems, and disaster preparedness.	<p>Aligned with Trauma, EMS and disaster preparedness.</p> <p>Not in the same office as the stroke program, with communication and relationships formed across offices. DPH does not have a STEMI program.</p>	

Category	Recommendation	Current Status	Desired State
System Leadership	Create an executive board with representation from the State Trauma Advisory Council (STAC), EMS Advisory Board, and the Hospital Preparedness program to facilitate joint planning and policy development.	Does not exist. Representation does exist across the boards.	
Lead Agency and Human Resources within the Lead Agency	Identify and provide the Department of Health Service staffing resources necessary to accomplish the objectives in the trauma system plan. <ul style="list-style-type: none"> o Reassign existing staff, hire additional staff, or use contractors to supplement existing staff to implement the trauma system plan. 	Dedicated: State trauma coordinator and trauma registry data manager. Trauma nurse specialist role through May 30, 2025. Split time: Data & Systems Manager Epidemiologist	

Category	Recommendation	Current Status	Desired State
Trauma System Plan	<p>Develop a trauma system plan.</p> <ul style="list-style-type: none"> o Convene the stakeholders under the leadership of an experienced facilitator and the leadership group. o Use the Wisconsin Statewide Trauma Care System Report (2001), the STAC Strategic Operational Plan (2009), the HRSA (2006) Model Trauma System Development and Evaluation document, and the appropriate sections of this American College of Surgeons Trauma System Consultation report as references. o Ensure that the plan is reviewed by the broadest possible stakeholder group, including all appropriate professional organizations or associations. o Ensure that the trauma system plan includes a specific timetable for completion of goals and objectives, and identifies responsible individuals, groups, or agencies for each goal and objective. 	No trauma system plan.	

Category	Recommendation	Current Status	Desired State
Financing	<p>Establish dedicated funding for the trauma system.</p> <ul style="list-style-type: none"> o Determine the amount of funding needed for the trauma system infrastructure. o Engage legislative and administrative leaders of state government, along with trauma system stakeholders, to establish a dedicated funding source. 	<p>Positions through the HPP program. RTAC budgets steady since 2005. 2024 received DOT grant for two years. No dedicated funding for site reviews-waiver process with no option to increase. 16700 DOT funds.</p>	
Emergency Medical Services	<p>Increase the State EMS Medical/Trauma Director position to half time (0.5 full time equivalent).</p> <ul style="list-style-type: none"> o Increase the interface with and support of local EMS medical directors. o Attend each State Trauma Advisory Council and EMS Advisory Council meeting o Participate at least yearly in Regional Trauma Advisory Council (RTAC) meetings o Engage fully in trauma system and disaster preparedness activities 	<p>Dr. Colella – Contract position</p> <ul style="list-style-type: none"> o Collab with National Field Triage Guidelines for rollout with RTACS. o Primary focus is on EMS. <p>Dr. Wegner – No FTE for trauma.</p> <ul style="list-style-type: none"> o Weekly trauma team meetings. o Final report and CRC recommendation reviews and signs for trauma classifications. 	

Category	Recommendation	Current Status	Desired State
Definitive Care Facilities	Clearly define criteria for acceptable injury admissions to Level III and Level IV facilities.	No current admission criteria for level III and IV.	
Definitive Care Facilities	Monitor and enforce criteria for all trauma facility classifications.	Limited enforcement ability. Recognition of level I and II implemented.	
System Coordination and Patient Flow	Develop and disseminate clinical criteria for inter-facility transfer of injured patients to the appropriate level of care.	Does not exist.	

Category	Recommendation	Current Status	Desired State
System-wide Evaluation and Quality Assurance	<p>Develop a plan for trauma system performance improvement with collaboration of the Department of Health Services, the State Trauma Advisory Council, the State Emergency Medical Services (EMS)/Trauma Medical Director, and the EMS Advisory Board</p> <ul style="list-style-type: none"> o Establish an oversight committee responsible for performance improvement coordination. o Establish process and outcome indicators/filters used for system evaluation. o Identify and educate participating members about the performance improvement process. o Define the process to disseminate performance improvement initiatives and educational opportunities to all trauma system participants. 	<p>No state level performance improvement plan exists.</p> <p>Hospital data reports and annual trauma report created.</p> <p>PI Dashboard for STAC PI group has been created.</p> <p>Regional Performance Improvement Process Guide in development by STAC PI committee.</p> <p>Trauma program 201 or PI series next for development.</p>	

Category	Recommendation	Current Status	Desired State
Trauma Management Information Systems	<p>Explore existing datasets to support and evaluate trauma system functions.</p> <ul style="list-style-type: none"> o Describe the pattern of injury and injury cost (Crash Outcome Data Evaluation System) o Use available datasets (e.g., Hospital discharge [UB 04], emergency department discharge, vital statistics) for performance improvement o Begin this process without waiting for the Wisconsin Trauma Registry or Wisconsin Ambulance Reporting Data System databases to become fully functional or reliable. 	<p>Patient Registry and WARDS are fully functional at this time.</p> <p>Data is being utilized for analysis through:</p> <ul style="list-style-type: none"> o Annual trauma report published annually. o Hospital data reports from trauma registry are sent to facilities quarterly. o Falls report from WARDS has been published. o Currently working with Office of Health Informatics (OHI) for hospital discharge data and trauma evaluation. 	

EMSC Report Out

Other Report Outs



Other Report Outs

- Classification Review Committee: Wayne Street
- RTAC Coordinators: Michael Fraley

Committee Report Outs

Committee Report Outs

- Injury Prevention: Amanda Tabin and Kathi Hegrans
- Data Management: Laura Kalscheur and Katie Prather
- Trauma Coordinators: Lisa Heinz and Rebecca Ekenstedt
- Performance Improvement: Thomas Bergmann and Kristin Braun

Questions or Public
Comment Related to the
Wisconsin Trauma Care
System