

Statewide Trauma Advisory Council

Wednesday, September 3, 2025



Acronyms

- ATLS: Advanced Trauma Life Support
- DHS: Department of Health Services
- EMS: Emergency medical services
- EMSC: Emergency medical services for children
- RTAC: Regional Trauma Advisory Council

Agenda

- Introductions and announcements
- Review and approve June 2025 meeting minutes
- Bylaws
- State Trauma Plan
- Regional Trauma Plan template
- 2026 Data Dictionary
- DHS 118 update
- Classifications over time
- ATLS 11 update

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)
 - ◆ **Amanda Alcantar-Kistner**, RN, Region 1, Level IV
 - ◆ **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

Bylaws

State Trauma Plan



Regional Trauma Plan Template

Regional Trauma Plan Template

Deliverable based on Wisconsin Administrative Code ch. DHS 118.05(2) Reviewing and approving the department's proposed format and content of RTAC trauma plans.

2026 Data Dictionary

Updated NTDS Requirements

- Hospital event
 - ◆ Unplanned visit to the operating room (retired)
 - ◆ Unplanned return to the operating room (new)
- Element intents
 - ◆ Added to each data element page
 - ◆ Removed from appendix
- Current smoker
 - ◆ Includes nicotine inhalation
 - ◆ Excludes chew tobacco or snuff

New Optional Data Elements

- TR17.77 Timely arrival for consulting services
- TR17.56 FAST exam
- TR5.23 Registrar name
- TR45.10 Reason SBIRT was not done

Updated Elements

- TR17.44 Reason for transfer delays
 - ◆ Adding new options
 - ◆ Removing duplicate options
- TR31.4 Audit
 - ◆ Adding new options
 - ◆ Removing duplicate options
- TR5.60 Prehospital procedures
 - ◆ Removing non-procedure options
- TR15.31 Medications
 - ◆ Removing non-medication options

Updated Elements

- TR33.28 Referring hospital medications given
 - ◆ Removing non-medication options
- TR17.25 ED discharge date
 - ◆ Same name as TR17.41 in NTDS
 - ◆ Change to ED physical discharge date
- TR17.26 ED discharge time
 - ◆ Same name as TR17.42 in NTDS
 - ◆ Change to ED physical discharge time
- TR17.32 Consulting service type
 - ◆ Adding pediatric option

Other Changes

- Mark as complete required
- Language consistency
 - ◆ Hospital
 - ◆ Trauma Center

Reason for Transfer Delays to Add

- EMS issue
 - ◆ EMS transfer unit with the appropriate level of care not available
 - ◆ EMS declines interfacility transfer
- Receiving facility issue
 - ◆ Difficulty obtaining accepting hospital
 - ◆ Bed availability

Reason for Transfer Delays to Remove

- Reason for transfer delay
 - ◆ Delayed identification that the patient needed trauma center resources
 - ◆ High ED census at receiving hospital/busy
 - ◆ High ED census at transferring hospital/busy
 - ◆ In-house imaging delay
 - ◆ Late requesting transporting EMS unit

Reason for Transfer Delays to Remove

- Reason for transfer delay continued
 - ◆ Patient status change/complication
 - ◆ Referring hospital issue radiology
 - ◆ Waiting for transporting EMS unit
- EMS issue
 - ◆ Out of county

Audits to Add

- Adverse med event, reaction, or wrong med
- Concern with receiving facility (divert, delay, etc.)
- Death (pre-hospital)
- Delay in diagnosis
- Delay in obtaining subspecialty consult
- Delay in obtaining trauma consult
- Delay in physician response: trauma surgeon

Audits to Add

- Deviation from standard related to ED care
- Deviation from standard related to inpatient care
- Deviation from standard related to trauma service
- ED LOS > 2 hours with ISS > 15
- Error in diagnosis
- Massive transfusion protocol activation
- Missed diagnosis
- NAT-non accidental trauma

Audits to Add

- No FAST exam performed
- No trauma activation by EMS that met criteria
- No trauma page received/wrong info
- Organ donation case
- Patient < 18 years old and not weighed
- Patient met transfer criteria and admitted locally
- Pediatric admission

Audits to Add

- Prehospital delay
- Prehospital issue
- Provider downgraded trauma
- Tourniquet use
- Transferred and did not meet transfer criteria

Audits to Remove

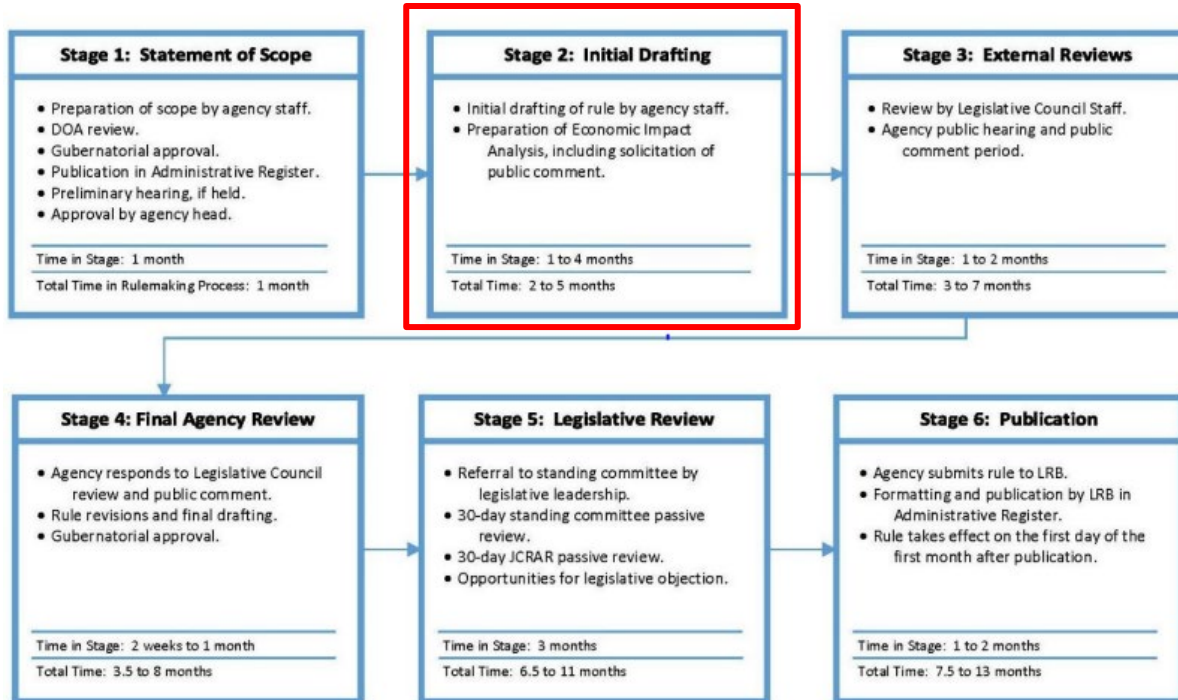
- Appropriateness of prehospital and ED triage
- Appropriateness, completeness, and legibility of documentation
- Compliance of TTA, as dictated by program protocols
- Delay in assessment, dx, technique, disposition, or tx
- Delays in care due to the unavailability of ED physician

Audits to Remove

- Glasgow Coma Score ≤ 8 , no endotracheal tube or surgical airway
- Glasgow Coma Score not present (prehospital)
- Response time > 30 minutes (dispatch to arrival on scene prehospital)
- Transfer after 3 hours in the initial hospital
- Vital signs are not recorded (prehospital)

DHS 118

Overview of Administrative Rulemaking Process



Please note this overview describes the process for a "typical" rulemaking. Rules developed using extraordinary processes, such as citizen-initiated rulemaking or internal board approvals, may require additional time.

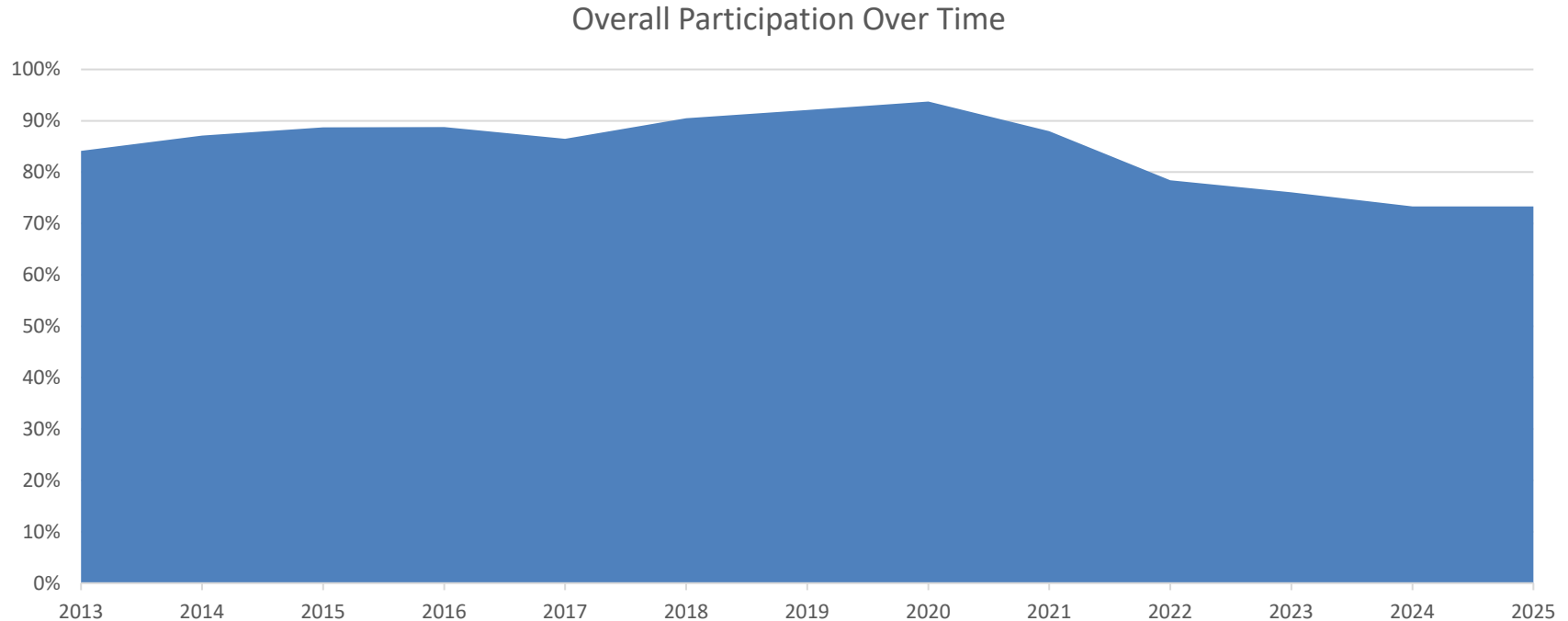
Classification Over Time



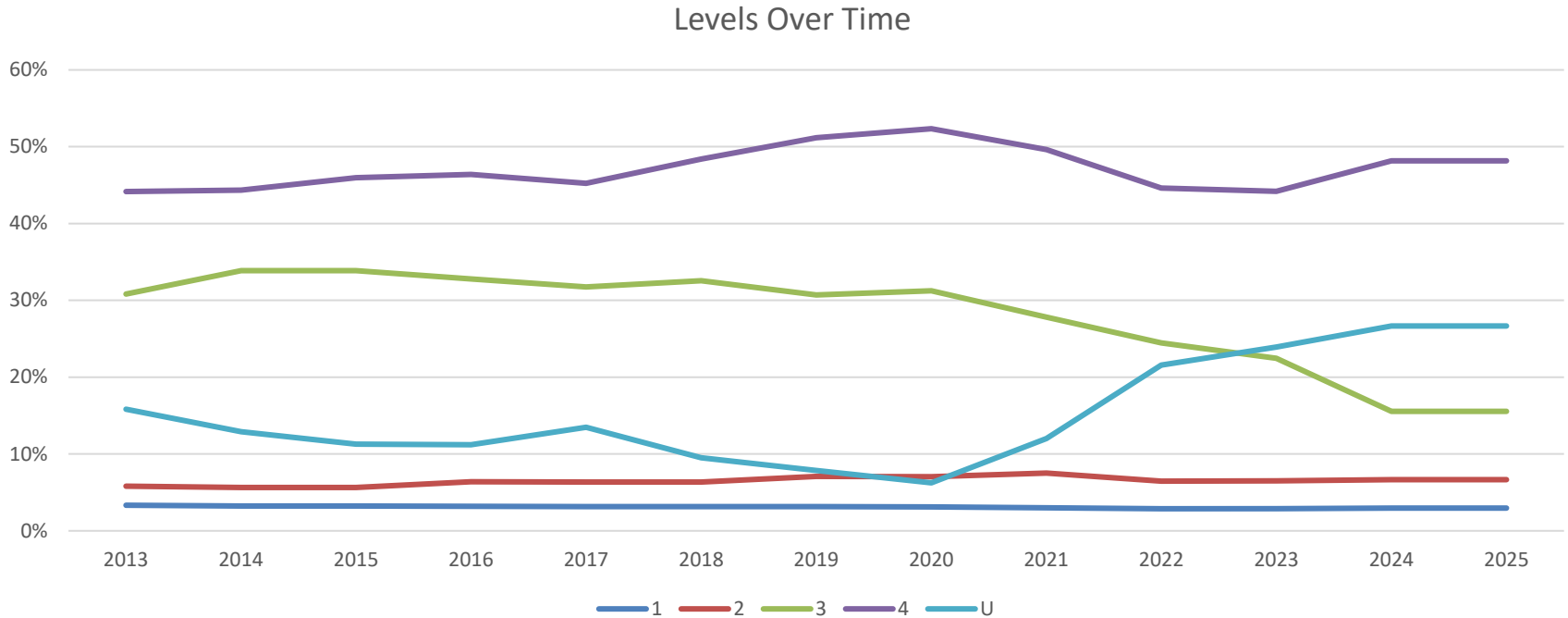
Quick Glance

Trauma Level	Number	Percentage
Level I	4	3%
Level II	9	7%
Level III	21	15%
Level IV	66	48%
Unclassified	38	21%
	138	

Percent Participation Over Time



Changes in Levels Over Time



Changes in Levels Data

Change in Level	Since October 1, 2021	Since STAC September 2024
Unclassifications due to voluntary opt outs	12 total 7 CAH	+2 total +1 CAH
Unclassifications due to criteria deficiencies	10	0
Level II to Level III	1	0
Level III to Level IV	8	+2
New or previously unclassified hospital to Level IV	4	+3

Entering or Returning to Classification

- Three hospitals currently In Active Pursuit status
- Three hospitals currently scheduled but did not wish to be recognized as In Active Pursuit
- Four hospitals have expressed interest but nothing formal has been scheduled

ATLS 11 Update

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 Hegranes
- Data Management: Laura Kalscheur and Katie Prather
- Trauma Coordinators: Lisa Heinz and Rebecca Ekenstedt
- Performance Improvement: Thomas Bergmann and Kristin Braun

Public Comment Related to the Wisconsin Trauma Care System