SAC-Trauma Subcommittee Discussions-Highlights by Issue
November 2009 through March 18, 2010

LEVEL IV TRAUMA CENTER REGULATIONS

11/24/09

- Dr. Kessel shared information he received as part of ACS/COT national discussion
  - COT reversing themselves on Level IVs
  - Some institutions can manage more patients
  - Must verify capacity
  - ACS acknowledged need for them to play more of a role
  - Level IV centers must have relationship with higher level center.
- Dr. Muzaffar stated that she will insert language from stroke that acknowledges role that Level IVs play in regional plans
- Current concern that small hospitals not in the system so can't evaluate their outcomes and care
- Concern expressed that we are bending the rules too much to accommodate Level IVs and need to set core standards. Don't want patients admitted to level IV center with potential for undetected complications that delays definitive treatment. If they keep these patients, then that hospital will need surgeon.
- Ok to keep if single system, isolated injury and have capacity to care for that and admit.

1/26/10

- Discussed option of modifying scope of what can be done at a Level IV center. Discussed the addition of language that requires Level IV to have supervisory relationship with higher level facility when Level IV centers keep patients.
- Question regarding definition of supervisory relationship and it was stated that this is doctor to doctor and not service to service.

  Con
  - Believe supervisory relationship or consultation is appropriate for patients being triaged and prepared for transport or transfer and is not appropriate for admissions.
  - For seemingly minor trauma in patient that is admitted, there may be subsequent complications and issues that warrant higher level care and will be more difficult to transfer when complications occur, not to mention provide timely treatment.
  - Strong sentiment was expressed against allowing IVs to be pseudo II-IIIs without adequate medical staffing, supervision and equipment-standards in place for higher level centers.

  Pro
  - The retaining facility would have primary responsibility for oversight.
- Group concluded that should not create sub-tier of level IV center and would revisit potential options in discussion of current trauma regulations for level III centers.

2/23/10

- Did review of Level IV centers

3/18/10

- Reviewed purpose of Level IV
  - Bring more facilities into the trauma network
  - Help stabilize patients for transfer.
- Did edits on document

TRAUMA FIELD TRIAGE

11/24/09

- Pursuing transport protocol for trauma
- EMS expressed concern that step 2 had too much specificity.

- Local areas have established rules to meet their special interests
- Now have national standards and authority.
- Recommendations for wording on Step 2—if within 30 minutes go to higher level, if greater than 30 minutes go to closest.

1/26/10

- Did further discussions and edits on terms.
- Need definition for pediatric capable center.
- Over triaging children is important philosophy.

3/18/10

- Reviewed and made further edits
- MARCER expressed concern regarding this document being too specific and stated would send revised approach

PEDIATRIC TRAUMA

11/24/09

- Identified need to have definition to provide distinctions between pediatric trauma center and pediatric capable trauma center.

1/26/10

- Need to update definition of severely injured child

TRAUMA REGISTRY

11/24/09

- Want regular report from registry

2/23/10

- Discussed trauma registry and how that will serve as base for stroke and STEMI

COMMUNITY PLAN

1/26/10

- Need to provide 45 day limit for time allowed for Department to review plans.
- Suggest add provision that requires follow-up to evaluate at least every year
- Suggested that Department come up with template/format for community plans.
- Chief Cantrell recommended that an appeal process be added.
- Suggested that full SAC be aware of plans submitted and subsequently approved.
- Questioned whether there was a need for those submitting plan to identify which conditions the plan applies.
- Concern expressed that Department's review may not assure same levels of expertise as have in region.

3/18/10

- MARCER expressed concern that plan approval process seems bureaucratic since already have medical experts at regional level and don't need other layers of review.
- Would like regulations to define who approves the plan at the state level.
- MARCER indicated that they were convening a group to offer proposed revisions and asked Department to share.