



Wisconsin Division of Public Health  
 State Trauma Advisory Council  
 September 6, 2017  
 Madison Marriott West  
 Salon ABCD  
 1313 John Q Hammons Drive  
 Middleton, WI 53562  
 1:00 pm – 2:30 pm

<https://connect.wisconsin.gov/dhstrauma>

For those calling in to the meeting:  
 Phone: (877) 336-1829 Passcode: 6413961

**Agenda:**

Topic:	Lead:	Follow-up Items:	Notes:
Introduction of STAC Board	Dr. Beckman		
Approval of STAC Meeting Minutes from June 7, 2017	Dr. Beckman		June 7, 2017 minutes were approved.
<i>Stop the Bleed</i> Campaign	Dr. Beckman		Dr. Beckman reported on the Stop the Bleed Campaign.
Preparedness Funding Update	Bill Oemichen		OPEHC Director Bill Oemichen presented information on OPEHC's current Hospital Preparedness Program (HPP) and Public Health Preparedness Funding (PHEP) funding from the Assistant HHS Secretary for Preparedness (ASPR) and the Centers for Disease Control (CDC) respectively. Both agencies are discussing implementing a new risk-based funding formula which would impact preparedness funding for Wisconsin. ASPR is proposing that Wisconsin would be one of the states that would no longer receive \$3.6 million in ASPR HPP grant funding and Oemichen noted this would negatively impact the funding of the trauma database and EMS Medical Director, among other OPEHC activities. Oemichen also noted DHS Secretary Linda Seemeyer is communicating with the Wisconsin Congressional Delegation on the potential harmful impacts of such cuts on Wisconsin disaster preparedness.
State Trauma Coordinator Position Update	Bill Oemichen		OPEHC Director Oemichen reported that he and other senior Division of Public Health leaders have just completed second interviews of candidates, that a decision has been made, and that he is waiting for department approval to extend an offer to the top selected candidate for the position.



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DHS 118 Trauma Rule Update	Bill Oemichen	OPEHC Director Oemichen reported that the draft of DHS 118 was just reviewed by the DHS Office of Legal Counsel and that OPEHC is now reviewing comments in preparation for a submittal of the draft to the Legislative Clearinghouse for its review. OPEHC would then prepare a final draft for hearings later this fall. Oemichen noted the timeline keeps changing, but that OPEHC is still hoping the new DHS 118 rule would be able to take effect early next year with a delayed full implementation date of six months to ensure hospitals are educated on the new rules. Oemichen also noted hospitals would not be evaluated under the new rules until they take full effect on or after July 1, 2018.
Trauma System Research	Bill Oemichen/Caitlin Washburn	OPEHC Director Oemichen and Interim Trauma Program Coordinator Caitlin Washburn presented information on the organization and funding of trauma facility evaluation programs in Minnesota, Iowa, Illinois and Michigan, as well as from other states such as Pennsylvania. This information will be used by the STAC Board as it moves forward on implementation of its 2017-2019 strategic plan.



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<p>Transport of Patients to Undesignated Trauma Care Facilities</p> <ul style="list-style-type: none"> <li>• Number of undesignated facilities</li> <li>• What is the Hospital Access Effect in Rural Communities</li> <li>• Transport/triage guidelines</li> </ul> <p>Recommendation from STAC Board</p>	<p>Discussion with STAC Board</p>	<p>Extensive discussion on whether the STAC Board should recommend to DHS that EMS services bypass undesignated hospitals when transporting trauma patients. This discussion was an extension of the joint STAC and EMS board meeting in June. STAC Board members discussed the provision of care in trauma-rated facilities versus unrated facilities, and also discussed potential trauma facility access issues. OPEHC Director Oemichen stated that 12 of the state's 123 hospitals are not rated for trauma care and that several hospitals have recently lost their trauma classification. He then noted this is why the bypass issue is now being raised. OPEHC Director Oemichen further commented that the northern part of Wisconsin contains relatively few trauma facilities so that hospital bypass could lead to a significant patient care issue given the amount of time it might take to transport a trauma patient from the accident scene to a trauma facility. Oemichen also noted this would likely leave a rural community without EMS coverage for a time as the EMS service is transporting trauma patients the longer distance.</p> <p>STAC Board members focused on the state transport/triage guidelines. Jason Selwitschka commented it may be beneficial to add a threshold of 45 minute transport to the nearest designated trauma facility. However, other STAC Board members and audience members argued there isn't any tangible research behind this time frame and argued that Wisconsin would need to further research the significance of drive time specific to the state (30 minutes, 45 minutes, etc.) Jason Selwitschka noted agreements and stated that a suggested timeframe could be included in the triage guidelines moving forward with this research as a tool to EMS services when determining the most appropriate facility. He</p>
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			<p>further noted this discussion may vary based on the level of the ambulance service and that Advanced Life Support rigs can maintain patient status for longer periods of time than Basic Life Support services. The STAC Board agreed further discussion is needed following rejection of a motion to recommend a 45 minutes timeline be added to the Transport/Triage Guidelines.</p> <p>STAC Board members and audience participants brought up that timing on trauma facility updates on the state's website and stated that a source for real time trauma classification would greatly benefit EMS services because a number of EMS services do not know if their area hospital is a trauma center and if so, which level they are. OPEHC Director Oemichen noted in response that OPEHC had made a commitment to the EMS Board at its August 1, 2017 meeting that hospital trauma classification information would be more regularly and broadly communicated.</p> <p>Additional discussion from an audience member focused on whether this discussion could be an opportunity to involve air medical transport. Many rural EMS services have few resources to provide 911 services to their area and that long transport times may take away the only emergency medical 911 service to their primary service area, potentially jeopardizing the residents of that area.</p> <p>In summary, the STAC Board determined this issue needs to address EMS level of care, accessibility of a list of currently designated trauma care facilities, research on a time threshold for taking a patient to a trauma center vs. the closest area hospital, and the consideration of air transport.</p>
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Committee Report outs (time permitting) <ul style="list-style-type: none"><li>• Data Management</li><li>• Trauma Coordinators</li><li>• CRC</li><li>• RTAC Coordinators</li></ul>	Dr. Beckman		Committee reports were postponed to the next STAC Board meeting due to time limitations.
Next STAC Meeting: <ul style="list-style-type: none"><li>• December 6, 2017</li><li>• Agenda Items for next STAC meeting</li></ul>			

**“Parking Lot” Items:**

- STAC Strategic Plan
- Progress Checks on Ongoing Initiatives