

Summary of Trauma Summit IV

The EMS Authority wants to thank our gracious hosts at UCSD Trauma Services with a special thanks to Dr. Raul Coimbra for offering to host the Summit. Summit IV was hosted at a beautiful venue in San Diego. The Summit was planned for an afternoon session with presentations designed to update the attendee with current Trauma System concepts.

With the Summit planned for the afternoon of the first day of the conference, the morning provided a thought-provoking trauma care agenda. The full day agenda provided the following:

Registration & Continental Breakfast

Welcome & Overview, Raul Coimbra, MD, PhD, FACS and Daniel Davis, MD

Case Presentations

Moderator: Mike Sise, MD, FACS

Panelists: James Davis, MD, FACS, Jay Doucet, MD, FACS,
Kenji Inaba, MD, FACS and Ali Salim, MD, FACS

Critical Issues in Nursing Panel

Moderator: Peter Fedullo, MD

Panelists: Patricia Graham, RN, MSN, CCRN, CS, Heidi Hotz, RN
and Matthew Powers, MS, BSN, RN, MICP, CEN

Core Controversy in Trauma: Unstable Patient with Pelvic Fracture: Where to Go?

Moderator: Ali Salim, MD, FACS

- **OR for Pelvic Packing:** David Wisner, MD
 - **Angio for Embolization:** H. Gill Cryer, MD, PhD
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KEYNOTE LECTURE: A Vision for California EMS, Howard Backer, MD

CONCURRENT SESSIONS

A. TRAUMA SUMMIT IV

- **State of the Trauma System,** Robert

B. CALIFORNIA RESUSCITATION COLLABORATIVE

- **A Statewide EMS TBI Network,** Christopher
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Mackersie, MD

- **Access to Care: A Study of California**, Renee Hsia, MD, MSc
- **Field Triage and Re-Triage – Obstacles and Solutions**, James Davis, MD, FACS
- **Trauma Center Designation Process**, Cathy Chidester, RN, MSN and Lynn Bennink, RN
- **CEMSIS and Trauma System PI – How Does California Develop a TQIP-like Program?** H. Gill Cryer, MD, PhD
- **Regional Trauma Coordination Committee Updates**, Nancy Lapolla, RN, Jim Davis, MD, Raul Coimbra, MD, Joe Barger, MD, David Shatz, MD
- **Open Forum**, with all the Summit speakers

Giza, MD

- **Cardiac Arrest as a Public Health-Reportable Disease**, Angelo Salvucci, MD
- **Building a Simulation Program**, Aaron Bair, MD, MSc
- **ART: The LA County Experience**, Baxter Larmon, PhD, MICP
- **Q&A**

The Summit ended with an open forum for all to discuss the State Trauma System in California. The following is a summary of comments provided:

Comments from Open Forum

- Need to study “mechanism of injury” to determine if it is a valid triage criteria
- Develop a standard definition of under and over triage to be used across state
- If a trauma patient crosses LEMSA jurisdictional lines...should sending LEMSA have the responsibility to ensure the same high level of care at the receiving LEMSA?
- Can we support a State Trauma Performance Improvement Education Forum?
- In order to support the State Trauma System with an annual budget of \$1 million; it would equate to \$17/patient if state trauma patient volume count = 560,000/yr.
- Can California develop a TQIP program such as Michigan? Should it be regional as an RTCC TQIP? Consider pediatric population TQIP

Measuring trauma center outcomes with:

- data standardization
 - complete and accurate data collection
 - data validation
 - risk-adjusted benchmarking

and correlation with processes of care.

That's **M•TQIP**



Excerpt from Michigan website www.mtqip.com ... The objective of MTQIP is to measure and improve the quality of care administered to trauma patients in Michigan. This is a voluntary collaboration between Level I and II trauma centers in the State of Michigan, funded by Blue Cross Blue Shield of Michigan and Blue Care Network of Michigan. The consortium supports a collaborative quality initiative (CQI) for trauma providers. Hallmarks of the program are complete and accurate data collection, data validation, risk-adjusted feedback on outcomes, and implementation of mechanisms to measure and correlate processes of care with outcomes.

- When the group was asked what they believe to be “top priorities” for the State Trauma System... the following responses were received:
 - Quality data
 - Performance Improvement Program supported by data
 - Support for regionalization
 - Collection of non-trauma facility data
 - Fill geographic gaps in trauma care
 - State EMS Authority to have medical and administrative support for the State Trauma System
 - Partner with EMS Medical Directors for EMS trauma research
 - Consider “healthcare coalition” linked with LEMSAs (federal funding available)