



## NC Committee on Trauma Meeting

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### Minutes

**Date/Time:** April 20, 2011 at 9:30 a.m.  
**Chang, MD**  
**Location:** High Point, NC  
**Hinson**

**Chair:** Michael  
**Recorder:** Jennifer

**Members Present:** Michael Barringer, Doug Blazek, Bruce Cairns, Michael Chang, Thomas Clancy, Regina Crawford, Ted Delbridge, Elizabeth Dressen, Stephen Flaherty, Randy Kearns, Shayn Martin, Robert Monson, James O'Connor, Richard Ozment, John Petty, William Shillinglaw, Michael Thomason, Burke Thompson, Osi Udekwu.

**Guest:** Jay Requarth

Next Meeting: July 20, 2011 at High Point Regional Hospital in Winston-Salem, NC.

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The meeting was called to order by Dr Chang. Minutes from the previous meeting were approved. New members and existing members introduced themselves.

#### **Agenda Item 1: Presentation and Q/A with John Kutcher, CEO, Digital Innovations**

John Kutcher, CEO of Digital Innovations, gave a presentation that covered a number of topics, including NTDB, TQIP, and Burn Registries. The presentation covered a number of topics:

- DI is the primary vendor for the majority of participants in NTDB
- He gave a brief history of DI and its relationship with NTDB
- There are some data definitions and terms that differ between NTDB and TQIP
- DI offers a TQIP Module, at an additional cost, map these differences from NTDB to TQIP
- This TQIP module is available at an additional cost to DI subscribers, much as a premium channel is an additional cost to cable TV subscribers
- The charge is currently \$3000, distributed over 3 years

Brenda Harrington then covered a number of other topics regarding NTRACS user support with DI. There is a statewide list server that addresses many common questions and provides a forum for discussion of these topics.

On April 28, there will be a registrar training session at UNC Chapel Hill, Carrington Hall.

Attention was then turned to the topic of Burn Registry matters. Dr Cairns pointed out that North Carolina is the only state with 2 ABA verified burn centers, and both are at COT-verified Level I trauma centers. He asked the question: "is it a state obligation to house the burn data?" If so, is there a module to do so? It was pointed out that, to the ABA, the NC Trauma Registry is not relevant to ABA verification. The question was thus raised as to whether the NC Trauma Registry could, or should, serve the ABA and National Burn Registry needs. The statement was made that if the NCOEMS wants burn data to be included in the NCTR, the NCOEMS must be current with current NBR

standards. This discussion is relevant to the NCCOT because, de facto, this would mean that burn care must be part of the trauma system. Since Burn Centers in North Carolina are not designated by NCOEMS, there are no Rules/Regulations that apply in this matter.

**Action Item:** Involved parties should meet to discuss and move forward with clarifying the burn registry issues. ?DI will provide these service at no charge to NCOEMS?

### **Agenda Item 2: Integrated Trauma Centers involving specialty hospitals**

Drs. Thomason, Clancy, and Chang all brought this topic individually to various members of the COT at the recent COT meeting in Washington DC. Many different opinions were obtained. Some felt that the trauma center should hire their own orthopedic trauma surgeons to take care of the patients that had multiple injuries, so they did not have to be transferred to non-trauma centers. Others felt as if this were an EMS issue and triage protocols should mandate that polytrauma patients should never be taken to these specialty hospitals. Others felt as if these issues should be discussed on a case-by-case basis, since no two situations were the same. Dr Chang read an opinion that received by email from Dr Cribari, the current chair of the Verification Review Committee (attached). Dr Cribari has appointed an ad hoc sub-committee within the VRC to look at case-specific issues in trauma center verification, headed by Chuck Yowler.

**Action Items:** 1) Dr Chang is going to bring this issue to Dr Yowler. 2) Drs Thomason, Clancy, and Chang are going to meet with Regina Godette-Crawford to discuss this at the state level.

### **Agenda Item 3: NC response to statewide tornado damage April 16, 2011-**

Dr Flaherty raised the general question: “what was the role of the statewide disaster plan in managing the injuires sustained in the storms of April 16? This led to a wide-open discussion, where a number of important points were made:

1. Some trauma centers (WakeMed, ECU) received more than 20-30 patients
2. There was no system for determining admission capabilities to other trauma centers in the state
3. There was no mechanism to contact and offload patients to other trauma centers
4. Dr Alson, who serves as Disaster Medical Advisor, was working in the ED at Wake Forest Baptist that day and was not notified of any of the ongoing matters
5. This means that ESF-8 did not seem to be active

After much discussion, in a broad sense, there was a lack of use of existing resources and communication.

**Action Plan – Dr Chang will discuss with NCOEMS and request a seat at any after-action debriefing that may take place at the state level.**