

State Trauma Advisory Council (STAC)
Meeting Minutes
February 4th, 2004
Comfort Inn
Madison, WI

Members Present

Cecile D'Huyvetter
Ray Georgen
Barb Larson
Aimen Shaaban
Andy Smerz (teleconference)
Steve Stroman
Randy Szlabick
John Weigelt
Dan Williams

DHFS Staff

MaryJean Erschen
Linda Hale
Jon Morgan
Marianne Peck
Dennis Tomczyk
Nan Turner
Paul Wittkamp

Special Guest - Melissa Gilbert, Liaison to Senator Brown's office.

Members Absent

Mark Bostwick
John Folstad
Patricia Hall
Ed Mishefske

Others in Attendance

John Walsh
Sherry Quamme
Neil Neinast
Eric Peterson
Cinda Werner
Jennifer Gerdman
Kathe Miranowski
Ann Younger Crandall
Kelly Stanislaus
Gretchen Aschoff
Michelle Ziemba
Joe Ketarkus
Nirav Patel
Merrilee Carlson
Tom Brazelton
Carol Immermann
Lynne Sears

Mercy Medical Center Affinity
Meriter Hospital, Madison
St. Joseph's Hospital, Marshfield
Aurora BayCare, Green Bay
Children's Hospital of WI, Milwaukee
St. Vincent, Green Bay
Luther Midelfort, Eau Claire
Theda Clark, Neenah
Theda Clark, Neenah
Wausau Hospital, Wausau
St. Joseph's, Marshfield
Meriter Hospital, Madison
Gundersen Lutheran, LaCrosse
Memorial Medical Center, Ashland
EMSC and UW Children's, Madison
Franciscan Skemp, LaCrosse
UW Children's Hospital, Madison

RTAC Liaison Subcommittee - 9AM - 10AM. Chair - Steve Stroman MD.

Summary by Dennis Tomczyk, Hospital Bioterrorism Preparedness Director -

- A. Two statewide workshops in April: First tract includes negative pressure rooms and surge capacity. Second tract includes recommendations for decontamination. There will be a brochure forthcoming; any questions contact Dennis.
- B. Group given a summary of the HRSA grant expectations for the EMS needs assessment and the triage/transport guidelines. (**See attached**). Dennis will perform the qualitative and quantitative analysis of the EMS Needs Assessment, but will not be interpreting the data or giving advice on what to do with the information gathered. (**These will eventually be used for RTACs to begin to form their regional trauma plans**).

Other discussion included future plans for the RTAC Liaison committee meetings. The group agreed the Liaison meetings are beneficial and gives liaisons an opportunity to find out what other RTACs are working on, how they are accomplishing their goals and progression on their triage and transport guidelines.

BREAK

STAC Meeting

1. Welcome and Introductions

Randy Szlabick, Chair, called the meeting to order at 10:20 am. Introductions were made around the room.

2. Approval of December meeting minutes - STAC

Barb Larson made a motion to approve the minutes as read, second by John Weigelt. Unanimous approval, motion carried.

3. Site visits to potential Level III and IV trauma facilities -Marianne Peck

The Trauma System Administrative Rules include an option for site visits at potential Level III and IV trauma facilities. Experts from other long-standing state trauma systems have suggested site visits occur at all hospitals applying for Level III or IV or none at all so as not to appear that certain hospitals are "favored" or not favored. STAC agreed that site visits could not be operationalized at this time due to fiscal issues, however there needs to be further discussion because if you do not inspect hospitals there will be no confirmation that a facility is functioning at the level it says it is. Was agreed to leave the language as is and to pursue this question at a later date when the need for site visits become a reality.

4. West Central RTAC - Marianne Peck

West Central RTAC has not made a decision on it's future as an RTAC at this time. STAC agreed a deadline of February 9th, 2004 was adequate time for a final decision. The RTAC must submit to the State another application to be an RTAC along with

letters of commitments from the coordinating and resource facilities. Marianne Peck will follow through with this.

5. Update on Performance Improvement

STAC was shown a letter from Wisconsin's Attorney General, originally sent to Senator Brown's office, regarding Performance Improvement in the Trauma system. The question remains whether the Office of the Attorney General has a clear understanding of what Performance Improvement should and does consist of, and that perhaps a second opinion, though from whom is unclear, should occur. There was agreement that there could be a meeting with Senator Brown and a contingent of STAC to educate and get legislative language which will best meet the needs of Wisconsin. Melissa Gilbert will follow-up with Marianne Peck and Senator Brown.

6. RTAC Objectives

F/U from Dr. Szlabick regarding taking ATLS on the road. The ACS-COT Chair, Dr. Cogbill, states that each facility where the course is held would have to be approved. It may be problematic to staff the courses in addition to securing staff that are familiar enough to have a smooth running course.

Update on Bureau changes - The Department of Public Health will be going through a reorganization including reducing the number of Bureau's from 6 to 5. The Bureau of EMS and Injury Prevention shall be eliminated as of July 1st. Injury Prevention shall be moving to the Bureau of Communicable Diseases, and a decision on where EMS shall be placed has not been decided. The Trauma System will continue to move forward as planned. The EMS Medical Director will continue to exist as always.

Suggestions made in response to these changes:

- A. Letters to DHFS Secretary, Helene Nelson.
- B. Find out how Wisconsin's Hospital Association weighs in on the upcoming changes.
- C. Inform the Coordinating facilities in the RTACs so they may respond.
- D. EMS Board per Dan Williams will also be responding, mobilizing their stakeholders and attempting to have an appointment with Secretary Nelson.
- E. Make sure all stakeholders give the same message - preference is for the Bureau of EMS and IP to stay together, separating them seems to slide back to where the Bureau was many years ago.
- F. Melissa Gilbert and Senator Brown will research the reorganization and will also set up a meeting with Secretary Nelson and will attempt to include STAC in the proposed meeting.

Further discussion re: potential funding resources such as fire dues, fireworks, licensing, increasing forfeiture for seat belt violations was again suggested for consideration.

Members of STAC feel it is important that representatives meet with Secretary Nelson to get better educated on what the reorganization will mean for the trauma system and

to assure that the Secretary's office is aware of what all the various commitments the EMS office does daily.

7. STAC Work plan

Keep the teleconference phone for the convenience of assuring a quorum but attempt to eliminate noise from outside sources. Be sure to recap questions. Does audience need a microphone etc?

There will be a meeting in March for further discussions on the Bureau reorganization and funding issues. There will be an RTAC Liaison meeting at 9am before STAC with Steve Stroman serving as Chair.

Dr. Weigelt made a motion to adjourn, second by Dan Williams

Respectfully submitted,

Marianne Peck
State Trauma Coordinator

EMS Assessment Guidelines

1. Each RTAC Liaison is to retain the original of the EMS Assessment. Copies of the completed EMS Assessments are to be mailed to:

Dennis J. Tomczyk
Director, Hospital Bioterrorism Preparedness
Wisconsin Division of Public Health
1 W. Wilson Street, Room 250
Madison, WI 53702
2. Compilation of Data
 - a. The Hospital Bioterrorism Preparedness Program (hereinafter, the PROGRAM) will compile all quantitative and qualitative data from the EMS Assessment in an EXCEL format.
 - b. Each assessment will be entered within two weeks of its receipt.
 - c. A listing of all those units that have responded to the EMS Assessment will be sent out every two weeks, beginning Friday, January 30. This bi-weekly reporting will continue until the deadline for completion of the surveys on June 30, 2004.
3. Report of EMS Assessment
 - a. A template of the proposed report format will be presented to the RTAC Liaison and the STAC and the Bureau of Emergency Medical Services and Injury Prevention (BEMSIP) for approval.
 - b. A report of all EMS Assessment data will be provided to each RTAC Liaison, STAC and BEMSIP by RTAC.
 - c. A report of all EMS Assessment data will be provided to each RTAC Liaison, STAC and BEMSIP by the State aggregate.
 - d. A report of all EMS Assessment data by RTAC and by the State aggregate will also be provided to each of the seven HRSA Regional Hospital Preparedness Committees.
 - e. The report will include an analysis of the quantitative and qualitative data along with Recommendations and Conclusions, based only on the data as reported by the respondents. There will be no interpretation of the data by the PROGRAM.
 - f. All Conclusions and Recommendations made will be reviewed by both the RTACs and the STACs prior to the printing of the Final Draft.
4. Ownership of Survey Results
 - a. The EMS Assessment by RTAC shall be the property of the RTAC. No data will be shared with anyone by the PROGRAM, other than the reports, identified in 3.a, 3.b, 3.c and 3.d. without the written permission of the RTAC, the STAC and BEMSIP.
 - b. All inquiries regarding the EMS Assessment in its Final Draft Form will be directed to the RTAC and/or the STAC and/or BEMSIP.
5. For the purposes of entering data for the EMS Assessments, the RTACs are numbered as follows:
 1. Northeastern Wisconsin RTAC (NEW)
 2. Fox Valley RTAC
 3. South East RTAC
 4. South Central RTAC
 5. Southwest Wisconsin RTAC (SWRTAC)
 6. North-Northwest RTAC

- 7. West Central RTAC
- 8. Lake Superior RTAC
- 9. North Central RTAC

6. Questions regarding the Contract and Funding

a. What is the term for the Contract?

The term of the contract is from January 1, 2004 through December 31, 2004.

b. How can I access the contract?

Each of the 9 RTAC contracts is located on the "Grants and Contracts" (GAC) web-site. For help in accessing the contract, please call Billee Bayou, Contract Specialist, Wisconsin Department of Public Health at 608-266-3558 or email at bayoubl@dhfs.state.wi.us.

c. When are funds available to the RTACs?

First of all, funds cannot be released without a contract signed by the Fiscal Agent.

Secondly, since this contract is a cost-reimbursed contract, there is a protocol for filing expenses and receiving reimbursement for these expenses. This protocol states that an expense report must be filed with the Department of Management and Technology (DMT-855) no later than 15 days following the month of activity so that reimbursement can be sent to the Fiscal Agent by the first week of the next month.

Example: The RTAC submits an expense report by January 15, 2004. The DMT processes this submitted report by February 3, 2004 and authorizes a check to be sent to the RTAC Fiscal Agent during the 1st week of March 2004.

d. How much will be available on January 1, 2004?

The contract is based on the expenses incurred by the RTAC each month. If there are no expenses, then there can be no request for reimbursement.

e. Will the RTAC receive an advance on the payment?

Depending upon when the contract is signed, returned and registered, the RTAC Fiscal Agent will receive a check for 1/12 the amount or \$2,500 in January, another 1/12 in February, and another 1/12 in March as an "advance". After that, the Fiscal Agent must submit actual expenses. It is very important to note that the advance **MUST** be expensed.

f. What is considered an expense?

An expense is documented in one of two ways:

- 1) an invoice is available to document the expenditure that has occurred.

Example: You have an Invoice from a vendor for \$500 for equipment, which you purchased.

- 2) a Purchase Order is available to document that the expenditure has been obligated, but not yet invoiced.

Example: You are going to purchase equipment and your organization has issued a Purchase Order so that you can buy \$500 of equipment.

g. What if I have questions about filing for expenses?

If you have questions about filing the expense report, please call Dennis Tomczyk at 608-266-3128 for an explanation of how and when to file the Expense Report.

g. What is the Risk Profile?

Since this is a Performance-Based Contract, the Wisconsin Division of Public Health can recoup funds for failure to achieve the negotiated objective. The recoupment is based on a mutually agreed upon Risk Profile. This process allows the Wisconsin Division of Public Health to “recoup” funding for non-performance or partial performance of a negotiated objective.

h. Who are the Fiscal Agents?

Northeastern Wisconsin RTAC (NEW)

Aurora BayCare Medical Center
2845 Greenbrier Rd. PO Box 8900
Green Bay, WI 54308
Contact: Eric Peterson
920-288-4301
eric.peterson@aurorabaycare.com

Fox Valley RTAC

Theda Clark Medical Center
130 Second St.
Neenah, WI 54956
Contact: Kelly Stanislaus
920-729-3347
kelly.stanislaus@thedacare.org

South East RTAC

Froedtert Memorial Lutheran Hospital
9200 W. Wisconsin Ave.
Milwaukee, WI 53226
Contact: Cathy Buck
414-805-5960
jvandeckr@fmlh.edu

South Central RTAC

University of WI Hospital and Clinics
600 Highland Ave.
Madison, WI 53792
Contact: Gary Eile
608-263-7897
g.eiler@hosp.wisc.edu

Southwest Wisconsin RTAC (SWRTAC)

Shared Health Services
2635 Hemstock Dr.
LaCrosse, WI 54601
Contact: Rose Wegner
608-781-4410
turnerwe@shsc/gpo.com

North-Northwest RTAC

St. Joseph's Hospital
2661 Co Hwy I
Chippewa Falls, WI 54729
Contact: Ray Myers
715-726-3202
rmyers@sjcf.hshs.org

West Central RTAC

Hudson Hospital
405 Stageline Road
Hudson, WI 54016
Contact: Kendall Hicks
715-377-5700
khicks@hudsonhospital.com

Lake Superior RTAC

Memorial Medical Center
1615 Maple Lane
Ashland, WI 54806
Contact: Les Whiteaker
715-685-5515
lwhiteaker@ashlandmmc.com

North Central RTAC

St. Joseph's Hospital

611 St. Joseph Ave.

Marshfield, WI 54449

Contact: Michelle Cartwright

715-387-7410

cartwrim@stjosephs-marshfield.org