

Minutes

Medical Control Committee Meeting

November 15, 1991

<u>MEMBERS PRESENT:</u>	<u>OTHERS:</u>
Jim Raymond, M.D.	Laurie Z. Smith, R.N.
Richard Bell, M.D.	Mike Stein, M.D.
Bob Malanuk, M.D.	Sue Mobley, R.N.
Ed DesChamps, M.D.	A.M. Futrell
John Sorrell, M.D.	Marshall Stone
Doug Norcross, M.D.	Joe Fanning
Debra Perina, M.D.	Victor Grimes
Carol Baker, M.D.	John Madden
	John McNeeley
	Doug Warren
	Butch Carter

The meeting was opened by Dr. Raymond, Chairman. He then welcomed all those present and explained the objectives of the meeting. He then called on Joe Fanning to explain the process that the committee was using for review and the alternative decisions the committee could make on review of each trauma center application.

Mr. Fanning explained to the group that the committee had decided to review each applicant in terms of "deal breakers" rather than using a process of point scores. As the result of this decision, the staff prepared a summary on each of the hospitals - based on all the (fourteen) items found in the American College of Surgeons guidelines as being essential for Level III or Community Trauma Centers except for training and some Q.A. items. The information in these summaries come from the application itself, subsequent correspondence and site team reports.

He then reminded the committee of the four choices it had in reaching a decision on each applicant.

The four possible decisions the committee could choose from on each hospital are:

1. The hospital has everything required and is designated with no questions or problems.
2. The hospital has the important essential items, but needs some minor changes/

improvements. This hospital is also designated but given a list of changes that could and should be easily corrected within 90 days.

3. The hospital has deficits in some important essential areas. These areas are not likely to be easy to correct and will probably require up to six months to correct.

4. The hospital has numerous serious deficiencies and should not be considered for designation, based on the information in this application.

The committee in its last meeting had determined that it would be easy to distinguish the hospital that might be determined to be in category 1 or 4 as defined. The tough decisions would be between categories 2 and 3.

After the explanation of the process and the decision choices, the committee then began reviewing the applicants.

Based on the agreed upon procedure the following hospital were reviewed for capabilities as community trauma centers:

1 - Conway Hospital

The following strengths were noted.

The Emergency Department was well organized and staffed adequately with both physicians and nurses 24 hours a day. All emergency department physicians (6) were career oriented and all had ATLS training. They were also supportive of the trauma center concept.

The following weaknesses were noted.

There was not adequate evidence of support by the surgeons or anesthesia to take their expected roles in a trauma center. They had no Q.A. program and had started the trauma register only the day before the site visit. Trauma organization and/or protocols had not been completed.

The Committee's decision was that designation should be withheld until the hospital can correct the deficiencies in the essential areas noted. The hospital has deficits in some important essential areas. These areas are not likely to be easy to correct and will probably require up to six months to correct.

Hillcrest Hospital

The following strengths were noted.

They had implemented a trauma register early in the process of development of trauma center. They also presented good surgical support of three surgeons accepting trauma call.

The following weaknesses were noted.

There was not a lot of support for the trauma center concept within the hospital. Some of its essential equipment and supplies were missing. Two anesthesiologists served both Allen Bennett and Hillcrest Hospitals - one being on call for both at one time. Trauma care protocols were not adequate.

The Committee's decision was that this hospital should not be considered for designation at this time, since it has a number of major deficiencies.

Loris Hospital

The following strengths were noted.

They had a very well developed application indicating good knowledge of the trauma center concept and its support. They had implemented the trauma register and had developed the makings of a good Q.A. program. They appeared to have enthusiastic support of all hospital groups. General Surgery supported the concept and was willing to be on call for the trauma team.

The following weaknesses were noted.

The hospital has only one anesthesiologist. Though that person seems to always be there for trauma call no provision is made to ensure availability 24 hours a day. Another problem is the staffing of the emergency department is not composed of career oriented (at least ATLS certified) emergency medicine physicians. They also use about 10% moonlighters. They also needed to establish relationships between members of the trauma team.

The Committee's decision was that designation should be withheld until the hospital can correct the deficiencies in the essential areas noted. The hospital has deficits in some important essential areas. These areas are not likely to be easy to correct and will probably require up to six months to correct.

Baker Hospital

The following strengths were noted: The emergency department facility is modern and well equipped for the present demand. So are the ICU and the QR. They have also implemented a very good trauma register programs.

The following weaknesses were noted.

Support by medical staff appeared very weak, especially among the surgeons. The emergency department doesn't demonstrate the organization for trauma care. The director does not have

ATLS nor EMS training. Of eight emergency physicians none have ATLS or emergency medical training. No activity has been accomplished for the development of a trauma team, relationships between team members, or trauma protocols.

The Committee's decision was that this hospital should not be considered for designation at this time, since it has a number of major deficiencies.

5-Baptist Medical Center- Columbia

The following strengths were noted: The hospital has a modern well equipped E.D., ICU, and OR. They had a very good trauma registry collecting all needed data. There was good support for the trauma center concept, especially by the emergency department physicians. The E.D. was well organized and staffed with well trained nurses and physicians for the care of trauma. The OR and ICU were also strong and well organized.

The following weaknesses were noted: They have a QA program but it needs to include trauma selected criteria and involve the surgeons in a leadership role in Q.A. review. They share surgery call rosters with other hospitals though they do have a back up plan when the surgeon on call is not available.

The Committee's decision was to designate the hospital as a trauma center, but with the understanding that the hospital will correct the problems noted and report them to the Committee within 90 days. The hospital has the important essential items, but needs some minor changes/improvements.

6-Kershaw County Hospital

The following strengths were noted: An organized trauma register has been implemented and functioning for at least 3 months. Two of the three general surgeon's had had previous experience in a trauma center and were willing to accept their role in trauma call.

The following deficiencies were noted:

There were essential items missing in the E.D., ICU, and OR. There was no organized Q.A. programs. There was only one anesthesiologist presently on staff. The Emergency Department is not organized as required under the criteria. The emergency department physicians did not demonstrate career orientation nor did any have ATLS training. Staffing of the ICU was not appropriate. They also have not developed a trauma team, protocols etc.

The Committee's decision was that this hospital should not be considered for designation at this time, since it has a number of major deficiencies.

7-Lexington Medical Center

The following strengths were noted:

The level of commitment and support to the trauma center concept was very strong. An excellent trauma register was implemented and functioning. There is strong anesthesia on call capability. The emergency department is well organized and staffed with qualified nurses and physicians.

The following deficiencies were noted: The Q.A. programs need a few improvements to become fully implemented for multidisciplinary trauma review. Though the trauma team protocols are being formed they were not completed and functioning.

The Committee's decision was to designate the hospital as a trauma center, but with the understanding that the hospital will correct the problems noted and report them to the Committee within 90 days. The hospital has the important essential items, but needs some minor changes/improvements.

8-The Regional Medical Center (Orangeburg)

The following strengths were noted: Essential equipment and supplies were found in the E.D., ICU and OR. The hospital had developed an excellent Q.A. programs and have implemented a trauma register.

The following deficiencies were noted: Support seemed to come only from administration and nursing. The emergency department was not organized according to criteria nor did the E.D. physician have at least ATLS training (2 of 6). The ICU is not organized nor staffed according to criteria. They have not developed a trauma team or the protocols necessary to support a trauma team.

The Committee's decision was that designation should be withheld until the hospital can correct the deficiencies in the essential areas noted. The hospital has deficits in some important essential areas. These areas are not likely to be easy to correct and will probably require up to six months to correct.

9-East Cooper Community Hospital

The following strengths were noted: The hospital has already implemented a trauma registry, an important component of a trauma center organization. The emergency physicians are all Board certified in Emergency medicine.

The following deficiencies were noted:

The hospital has not developed the organization necessary to support a trauma center. Neither have they demonstrated good strong support by all the groups necessary to make it work. Equipment and supplies were missing in several departments. There was no evidence of a quality assurance program for trauma. There was some question regarding E.D. nursing coverage on the third shift. The ICU was not organized to ensure (per criteria) that trauma patients would be given priority and appropriate care. There is little evidence of development of a trauma team, roles, relationships and specific protocols.

The Committee's decision was that designation should be withheld until the hospital can correct the deficiencies in the essential areas noted. The hospital has deficits in some important essential areas. These areas are not likely to be easy to correct and will probably require up to six months to correct.

10-Charleston Memorial Hospital

The following strengths were noted:

Administration and nursing were very supportive of the trauma center concept.

The following deficiencies were noted:

Equipment was missing in the emergency room. Quality assurance review for trauma does not go beyond the emergency department and consequently is no multidisciplinary nor completely organized. Organization on paper does not assure 24 hour anesthesiology (call schedules, etc.) coverage. The site team did not find appropriate nursing coverage in the emergency department. The ICU did not have appropriate coverage. The trauma team was not defined to include roles, relationships, specific protocols etc.

The Committee's decision was that designation should be withheld until the hospital can correct the deficiencies in the essential areas noted. The hospital has deficits in some important essential areas. These areas are not likely to be easy to correct and will probably require up to six months to correct.

11-Allen Bennett Memorial Hospital

The following strengths were noted: A basic multidisciplinary quality assurance program for trauma has been organized though not completely implemented. The Emergency Department physicians are all well trained and qualified.

The following deficiencies were noted: There was not a great deal of support for the trauma center concept. Some equipment was missing in the emergency department and the ICU. Though the trauma registry was established there was no experience as required. Two

anesthesiologists share call for two hospitals, severely diluting their capability for response. No evidence was found that a trauma team had been developed.

The Committee's decision was that designation should be withheld until the hospital can correct the deficiencies in the essential areas noted. The hospital has deficits in some important essential areas. These areas are not likely to be easy to correct and will probably require up to six months to correct.

12-Trident Regional Medical Center

The following strengths were noted: This hospital had involved almost all participants in the process. All seemed to understand their responsibilities. The hospital has very adequate resources and they are well organized to act as a community trauma center. The organization is most complete.

The following deficiencies were noted: No deficiencies were noted. However, the committee did note that the hospital has not had time enough to gain experience on how well the trauma center plan will work. Experience with the quality assurance will determine how well the organization will work.

The Committee's decision was to designate the hospital as a trauma center, but with the understanding that the hospital will correct the problems noted and report them to the Committee within 90 days. The hospital has the important essential items, but needs some minor changes/improvements.

13-Self Memorial Hospital

The following strengths were noted: The hospital has a fine facility and is very well equipped. The capability of the surgeons, anesthesiologists and other medical staff are more than adequate to assure prompt and adequate trauma care. ICU seems to be well organized to handle trauma.

The following deficiencies were noted: There did not appear to be real support of the trauma center concept by the Emergency Department physicians or the anesthesiologists. There is no evidence of a working multidisciplinary trauma quality assurance program. Neither the emergency department director nor any of the other emergency medicine physicians have any training or certification for the care of trauma. There is no evidence of development of a trauma team.

The Committee's decision was that designation should be withheld until the hospital can correct the deficiencies in the essential areas noted. The hospital has deficits in some important essential areas. These areas are not likely to be easy to correct and will probably require up to six months to correct.

14-Bon Secours St. Francis Xavier

The following strengths were noted: This hospital has a fine well equipped facility. All participants were involved in the process and were most supportive of the trauma center concept. The trauma center plan was well organized and the hospital is well prepared to act as a community trauma center.

The following deficiencies were noted: The Emergency Department has only one R.N. during the 11:00 to 7:00 a.m. shift. Though the trauma team concept has defined roles, relationships and specific protocols for trauma have not been developed. Though not a deficiency it was noted that the hospital share trauma call with other hospitals in the city.

The Committee's decision was to designate the hospital as a trauma center, but with the understanding that the hospital will correct the problems noted and report them to the Committee within 90 days. The hospital has the important essential items, but needs some minor changes/improvements.

The committee then reviewed again those applicants considered at the last meeting in October. This was done to assure that all hospitals would be reviewed under equal standards. After review the committee agreed that none of those decisions should be changed.

Dr. Bell then made a motion, seconded by Dr. Sorrell, that the decisions on designation of the last meeting and those made earlier this meeting be reaffirmed. The committee approved.

The summary of decisions for all hospitals seeking designations as Community Trauma Centers are attached to the minutes.

Dr. Bell then made a motion that all hospitals that are given a "category 4" decision on designation be allowed to resubmit an application after they have waited for 12 months. Dr. DesChamps seconded the motion and the committee approved it.

Discussion following the motion related that the hospital would need that length of time to be able to develop a sound trauma center plan and implement it according to the criteria.

Dr. Bell then made a motion that designation be made for a three year period, to be reviewed at that time. Dr. Norcross seconded the motion and the committee approved it.

Dr. Sorrell made a motion that hospitals submitting new applications be allowed to submit yearly, by the end of April -- for new applications and upgrades. Dr. Norcross seconded the motion and the committee approved it.

Dr. Sorrell called attention to the fact that the Navy hospital in Charleston accepts trauma

patients from the community area, and noted that they had not applied for designation. Staff noted that no applications had been sent federal hospitals since they are exempted from our control.

Dr. Bell made a motion seconded by Dr. Norcross that all federal installation hospitals should be put on notice as to the trauma system, that they should consider applying and can apply within the next 6 months. The committee approved the motion.

The committee reviewed the out-of-state site team report on Anderson Hospital's application for a level II hospital. The report noted their strengths as:

- A strong commitment and positive attitude by hospital staff, medical staff and administration
- Adequate facilities and equipment
- Support by radiology and neurosurgery
- Strong prehospital system in place

The report noted deficiencies as:

- There is no definition of the trauma team, codes, response, who is the trauma patient, protocols etc.
- Surgeons need additional CME in trauma care
- Nurses need credentialing in trauma care
- ICU physician coverage is not in house 24 hours a day
- More consistent involvement of the general surgeon
- Earlier involvement of non surgical specialists
- Need for improved documentation in nursing notes

The committee agreed that Anderson has deficits in some important essential areas. These areas are not likely to be easy to correct and will probably require six months to correct. The committee voted to withhold designation of Anderson hospital until they have corrected the noted deficiencies and reported corrections back to the committee within a 6 months period.

The committee agreed that in the cases of all hospitals for which designation was held pending changes--that a site team be sent to confirm those changes prior to designation. This site team would be composed of an EMS staff person and another person selected by Mr. Futrell and Dr. Raymond, based on the hospital's needs and deficiencies.

The committee requested staff to include in the letters to Elliott White Springs, Hilton Head and Chester hospitals that a main concern of the committee involved changes in critical staff. The hospital should address how the result of these changes will affect their capabilities.

The committee decided that the next committee meeting should be held during the February symposium at Myrtle Beach. Suggestions for the next agenda include:

1. "Do not Resuscitate" orders.
2. Administration of approved prehospital drugs in doses other than what is approved.
3. Review of additional information regarding the advantages and problems in using rectal valium.
4. Consideration of requirements and training necessary for Emergency Medical Dispatchers.
5. Problems surrounding EMTs/Paramedics getting information on nursing home patients.
6. Problems in getting the services to leave the ambulance run report at the hospital.
7. Development of triage and bypass protocols on regional and subregional basis.

Dr. Sorrell requested that an advanced copy of the agenda be sent with the meeting notices.

There being no further business the meeting adjourned.

Agenda items requested since the meeting include:

1. Reconsideration of requirement that paramedics in all services be trained regarding interhospital transport drugs.
2. Approval for administration of valium through E.T. tube.

Alternative Decisions upon Review of an Application for Designation as a Trauma Center

1. The Committee's decision was to designate the hospital as a trauma center. The hospital has everything required and is designated with no questions or problems.
2. The Committee's decision was to designate the hospital as a trauma center, but with the understanding that the hospital will correct the problems noted and report them to the Committee within 90 days. The hospital has the important essential items, but needs some minor changes/ improvements.
3. The Committee's decision was that designation should be withheld until the hospital can correct the deficiencies in the essential areas noted. The hospital has deficits in some important essential areas. These areas are not likely to be easy to correct and will probably require up to six months to correct.
4. The Committee's decision was that this hospital should not be considered for designation at this time, since it has a number of major deficiencies.

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correct the problems noted and report them to the Committee within 90 days. The hospital has the important essential items, but needs some minor changes/ improvements.

3. That designation should be withheld until the hospital can correct the deficiencies in the essential areas noted. The hospital has deficits in some important essential areas. These areas are not likely to be easy to correct and will probably require up to six months to correct.

4. That this hospital should not be considered for designation at this time, since it has a number of major deficiencies.