AGENDA

Injury Prevention and Public Education Committee Meeting
Governor's EMS and Trauma Advisory Council (GETAC)

Department of State Health Services (DSHS)
Tenet Hospital of Providence
3280 Joe Battle Blvd
El Paso, Texas
Monday, January 29, 2018
9:00 A.M. – Noon

Call to Order/Roll Call ………………………………………………………… Shelli Stephens Stidham, Chair

Shelli Stephens Stidham, Julia Perez, Kevin Rix, Mary Ann Contreras , Kayla Engle, Stewart Williams, Jennifer Northway, Dr. Shenoi, Courtney Edwards and Cassandra Dillon, Marisa Abbe, Dr. Mark Sparkman

Welcome to new committee members…………………………………………..Shelli Stephens Stidham, Chair

Welcome to Jennifer Northway and Kayla Engle. General summary of GETAC and committee responsibilities. Core components originally developed in 2014, becoming more mature. Standards and indicators for level one and two trauma centers is a national document developed by Safe States. The committee is currently aligning the Texas document with the national document which will also include level 3 and 4 trauma centers standards and indicators. Shelli reviewed the Spectrum evidenced based fact sheets, of which the committee is working on the opioid spectrum guide.

Reading of the GETAC Vision and Mission Statements ……………………… Shelli Stephens Stidham, Chair

GETAC Vision: A unified, comprehensive, and effective Emergency Healthcare System

GETAC Mission: To promote, develop, and advance an accountable, patient-centered Trauma and Emergency Healthcare System.

Review and approval of minutes from November 18, 2017 meeting ………………..……Committee members

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Discussion and possible action on the following items:

Work on opioid poisoning "spectrum of prevention" tool ……………………….............Committee members

Discussion:

- Courtney: add information that came from DSHS Region 6 guest speaker coming to Parkland in February. Also include CDC recommendations. Courtney will report this information to the committee in February. Jennifer also has contributions. Mary Ann to bring Dr. Teetor's information to the meeting in February- Shelli to send fact sheet to Jennifer, Courtney and MAC for review.

Update about pilot test of submersion report form ……………………...………………Marisa Abbe

- In progress.
- Qualitative research/hypothesis is generating- it won't define which intervention is most successful. Mostly assessment of reasoning of why people do what they do.

Update and work on Evidence-Based Childhood Drowning Prevention Fact Sheet ………..Committee members

- Marisa working with Dan Dou from DSHS. Using the PICO question as a process of assessment of drowning prevention initiatives. "Do swimming pool barriers reduce submersions and submersion deaths?" Currently 4 articles reviewed. Low grade evidence so far. Dr. Shenoi revised document and sent out last week to Marisa.
- PICO #2 "Among children who have had formal swimming instructions, do they have a reduction in drowning or death as compared to those who have not had instructions?"
- Marisa has a small group from the committee that wants to be a part of this. Let Marisa know if you want to be a part. Mark would like to be included in this group.
- Kevin has an additional 4 documents on pool barriers- Kevin will send to Marisa for review and inclusion
- WHO did a revision and recommendation study regarding barriers and childhood drowning several years ago that did not include some current articles, confirming this work needs to continue.

Revision of the Texas Hospital-Based Injury Prevention Components document.................Committee members

- Data, collaboration, evidence based strategies, evaluation and training for IP professional are TX components
- National components: data, leadership, resources, partnerships, intervention
- Now looking at alignment of Texas document with national document. This including revision the order of the of TX components.
- Leadership section of TX doc
- Stewart, Jennifer and Courtney attended National meeting regarding the document.

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L Leadership section discussion and revisions for Level 3 and 4: See accompanying document

- L1- include level 4 and 3 trauma centers
- L2- Julia, and Kayla want included for Levels 3-4 yes. Justification: Still a standard because of JACHO safety standards, including suicide prevention assessment.
- Jennifer: Needs to be in alignment with hospital strategic plan
- Stewart- if it isn't a requirement for level 2, should not be a requirement of 3-4

R- Resources: Discussions and revisions

- Including providing training for the IP professional at the hospital.
- Kevin: must have the resources to provide. Need the resources to provide the training
- **R1**- Julia- important. Trauma Coordinator is responsible for outreach. If this is a requirement, administration could provide an FTE to work with the TC. Trauma registrar: in order to have a FT TR-there needs to be 500 patients. Is there a way to define the necessity of a FTE for IPC?
- Stewart- this is the MODEL that we want. Consider if the program have the adequate resources to complete the sustainable program.
- L1 only with FT
- MAC a way to compare community population with hospital injury admission? A ratio? In order to define necessity of FTE
- Mark- research here?
- Julia: on DSHS criteria: there is a requirement of a specific number of trauma admits for FT registrar. Level 3-4 are verified by the state. This quantification of time or percentage determines how much the TC works for the program of trauma. Julia to bring essential criteria requirements for Level 3-4 - to the next meeting.
- Shelli- can we add additional language for L3-4.
- Kevin: Important to include TX specific requirements to this document.
- Stewart disagrees- need guiding documents to keep document validated. There isn't information for 3-4
- Currently, the indicators and standards exist. If the indicator doesn't exist, can they meet the standard?
- Jennifer: agrees with Stewart
- Shelli- we can add
- Julia- Can we suggest TETAF to add this to their requirement for verification.
- Shelli- Maybe TETAF can use this document for state surveys. This doc should be a part of the surveys
- Courtney- this document can inform the TETAF criteria
- **R2-**
- Julia- again back to having a specific person to do IP
- Shelli- will a 3/4 center hire a specific person?
- Jennifer- most hospitals won't hire that specific person-
- Shelli- R2 isn't for 3/4- they might not be able to hire for a IP person, but could train that person that is in R4
- **R3** is the training piece that could be applied in 3/4 - as a "model standard"
- **R4**- IVP professional job description is - not for 3 or 4 center
- **R5**- program staff training for IVP-
- Jennifer- 3/4- program staff can be loosely defined- maybe not housed in trauma- ie ED staff does CPS - can they be a part of this indicator? Will it benefit neonatal to have support for training?

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- Stewart: needs to reflect any training that would reflect the core competencies recommended training.
- **R7**- provides education and outreach on VIP topics-
- Julie- partners with RAC/other facilities for outreach they don’t do IPV as a stand-alone/and do have a seat fitting station. They do not train their own staff-. R7 should be at level 3 and 4
- Shelli- 3/4 are partnering with other groups for outreach-
- Stewart- L3/4 - are they meeting any of the spectrum levels?
- **R8**- orientation to newly hired IVP professionals to familiarize the professional with the core components-
- Shelli- GETAC working on this, and should be included at 3/4
- **R11**- state and tech. Assistance from state and others for expertise on IP

D1- utilization of data

- Agreed all around
- **D2**- yes all around
- **D3**- access/and data professional- yes
- **D4**- data from community population data use-
- Julia- they only pull from registry- aspirational? They typically only use data from registry and RAC to decide program
- Stewart- this is a challenge -
- **D4** yes
- **D8** internal sharing of IP - Yes
- **D9** no
- **D13**- community annual report that includes data findings
- Julia- this is done more internally and with the RAC- some type of report that shows what is being done should be done
- Shelli- what is required for documentation for designation-
- Kayla- Maybe for a 3 but not for a 4?
- **D13**- yes
- **D14**- knowing top MOI from registry-Yes

I Interventions

- **I-1**utilizing evidence based and evidenced informed strategies to choose your initiatives- Yes for 3/4
- 2 multi-level interventions are used for strategies-
- Jennifer- considers this important for 3-4
- **I-2** yes
- **I-4** collaboration with external partners for multi-level interventions
- **I-4** yes
- **I 6**- evidence-based strategies are selected that are logistically feasible to support over time
- **I-6** Yes
- **I-7** monitoring program implementation of its intervention strategies to define ensure that they are being implemented effectively
- Julia- this is significant for orientation and training and should be included
- **I-8** evaluation of CAUSES of injury and violence- Shelli- high level

- **I-9** engaged in pursuing policy and or advocacy opportunities
- Julia this could be possible with collaboration
- Kevin- it says organizational OR legislative
- Stewart- the word ENGAGED- can that mean collaborates? Do we assume?
- Mark- concerned that the TPM doesn't have time
- Jennifer- TPM can work with their organizational governmental representative/it doesn't have to be someone working in trauma services
- **I-9** yes
- **I-11**community report-yes

P- Partnerships

- **P-1**- yes
- **P4** yes
- **P-6**- no collaboration with local, state or national agencies-
- **P-7**-yes multi-level interventions -
- **P-8**- yes Partnerships are included in the annual report -
- P-9 -yes collaboration with partners to promote policies
- P10 - Yes training and tech assistance for primary prevention

Presentation format and criteria for presenting to the committee …………..Shelli Stephens Stidham, Chair-

- Tool to be used for presentation to GETAC that includes evidence based and evaluation
- Shelli to send out to group

Review the following palliative care documents: ***Palliative Care Guidelines (American College of Surgeons), Adult Comfort Care Order Set Sample (Vanderbilt University Medical Center),*** **and the** ***Best Practices Guide: Palliative Care for Review (American College of Surgeons)*** **……………………..……… Committee Members**

- Overall review, and *committee agreed to support this* within the Texas trauma system

Social media involvement of IP committee

- Greenberg meeting- looking at national safety observances, pick one quarterly to endorse, provide information that can be included on DSHS social media messaging. IE Feb teen dating and violence month
- Etc... What is it we want to support for education/forward toolkit from CDC, NSC, etc…?
- Quarterly posts:
- Shelli will send out suggestions via email and committee will vote online
- Initiatives, programs, and potential research that might improve injury prevention efforts in Texas

General Public Comment
(Comment time may be limited at Chair's Discretion)
Announcements ……………………………………………………………Shelli Stephens Stidham, Chair

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Review and list agenda items for next meeting ………………………………..Shelli Stephens Stidham, Chair

Future meeting dates ………………………………………………….….….

All workday meetings are from 9:00 a.m. until noon. All quarterly meetings are from 1:00-2:30 p.m.

Wednesday, February 14, 2018 – regular quarterly meeting in Austin 1p-230p
Friday, April 20, 2018 – workday meeting in San Antonio
Wednesday, May 9, 2018 – regular quarterly meeting in Austin
Friday, July 27, 2081 – workday meeting in Amarillo
Wednesday, August 22, 2018 – regular quarterly meeting in Austin

Adjournment ……………………………………………………………………. Shelli Stephens Stidham, Chair