

Hawaii Trauma Advisory Council



HAWAII TRAUMA ADVISORY COUNCIL
State Trauma Program
Emergency Medical Services and Injury Prevention System Branch
Hawaii State Department of Health

Friday, February 14, 2025
9:00 AM – 11:00 AM

Virtual Meeting

Meeting Minutes

Date: 02/14/25

Time: 9:00 AM – 11:00 AM

Location: Virtual Meeting, RECORDED MEETING

- **Chair:** Dr. Caesar Ursic, MD (Chair, Hawaii Trauma Advisory Council)
- **Vice Chair:** Matt Wells, MBA, RN, BSN, TCRN (Vice Chair, Hawaii Trauma Advisory Council)

Welcome

9:02 AM – Opening Remarks, Introductions (Garrett Hall), Caesar Ursic, MD, HTAC Chair

- The meeting is brought to order by Chair Caesar Ursic, MD (Dr. Ursic) at 9:02 AM.
- Dr. Ursic introduces Garrett Hall, the new State Trauma Program Manager.
- Garrett has significant experience in trauma care, having worked in various trauma programs in Texas and with a strong background in clinical and informatics experience.
- Garrett shared his excitement about working in Hawaii and improving trauma care across the state.

9:06 AM – Establish Quorum (per HTAC Charter this requires 7 voting members) – Andrew Yonemura

- Marilyn Matsunaga, Mona Arcinas, Chris Honda, Korey Chock, April Diguez, Malia Eischen (MD), Howard Wong (MD), Jeffery Later, Wendi Wagner, Devin Puapong (MD), and Darshe Mendoza. – 11 Members

Attendees

- Alissa Lo, Andrea Chow, Andrew Yonemura, April Dieguez, Brent Lopez, Cesar Ursic, Chris Honda, Candace Lahm, Casey Herrforth, Chelsea Simon, Chris Montera, Christiana Bertocchi, Dan Galanis, Danny, Darshe Mendoza, DClisham, Debbie Kim Morikawa, Deborah Lau, Douglas Asano, Devin Puapong, Dwayne K. Lopez, Dwiegand, Elijah Pung, Eric Lau, Garrett Hall, Genia Taitano, Howard Wong, Michelle Morua, Jacob Mayer, Jasmine Okita, Jason Lopez, Jeff Later, Jen Shinde, Korey Chock, Kimberley Flesch, Kimsy, Kristy Luke, Libby Char, Lisa Dau, Marilyn Matsunaga, Max Matias, Meiko Arai, Michele Tong, Mona Arcinas, N.AhYo, Renee Yu, Ronald Kuroda, Shantra Lahui, Terrence Jones, Tina Miller, Vaughan, Wendi Wanger, Kui Gibson, and Other Zoom Members.

9:07 AM – Voting Items – Dr Ursic

Discussion/vote on the Hawaii Trauma Advisory Council (HTAC) 12/06/24 meeting.

- The minutes from the previous meeting were briefly reviewed.
- A motion was made by Wendi Wagner, Kona Community Hospital HTAC representative, to approve the minutes, and after a brief moment for anyone to voice changes or concerns.
- The minutes were approved.
- Marilyn Matsunaga, EMSAC Chair, abstained from voting since she was not at the previous meeting.

Discussion/vote on the future meeting dates.

- Dr. Ursic confirmed that August 15th, and November 14th as tentative meeting dates.
- August 15th was identified as a state holiday (Statehood Day), so the meeting date was changed to Thursday, August 14th.
- No objections were raised to the revised August 14th meeting date.
- November 14th, which falls on a Friday, was confirmed without issue.
- The meeting dates set for **May 9th, August 14th, and November 14th of 2025.**

9:10 AM – HTAC Voting Members Discussion – Dr. Ursic

- Dr. Ursic raised concerns about some EMSAC members no longer meeting membership criteria for HTAC. He suggested two solutions: amend the HTAC Charter to remove EMSAC's nomination power or clarify EMSAC's ability to nominate non-EMSAC members. Any changes would require a 10-day notification and would be addressed at a later meeting.

- Marilyn Matsunaga, EMSAC chair, questioned the interpretation of the EMSAC nomination process, noting the charter doesn't specify that nominees must be from EMSAC. Dr. Ursic agreed on the ambiguity and suggested a committee review.
- Devin Puapong, MD (Dr. Puapong) proposed adding members to EMSAC's roster to resolve the issue, but Dr. Ursic felt this might appear as "gaming the system." Marilyn Matsunaga emphasized EMSAC's original intent to foster collaboration between EMSAC and HTAC.
- Terrance Jones, MD (Dr. Jones) and Marilyn clarified that EMSAC's complex membership process is governed by state statute, which differs from HTAC's rules-based framework. Garrett Hall suggested sharing the HTAC charter and seeking legal guidance for clarity.
- Dr. Ursic proposed adding emergency medicine physicians from each of the four counties and a transport representative (aeromedical or ground). These additions wouldn't require a charter amendment, as there's no cap on membership.
- Dr. Puapong motioned to add the proposed positions, which was seconded by Jill Later and unanimously agreed upon. The next step would involve nominations and a vote at a future meeting.

Dr. Ursic confirmed the motion passed unanimously

- Dr. Ursic thanked everyone for their vote. He mentioned that the next step would be to formalize the expansion language and send it out to all members. He encouraged everyone, including non-voting members, to suggest nominees for these new positions.
- The plan is to compile these suggestions, notify members via email, and schedule a nomination vote at the next meeting.

9:37 AM - Hospital and County Updates – Dr. Ursic

- Dr. Ursic began the meeting by requesting updates from hospitals and counties.
- **Wilcox Medical Center:** April Dieguez shared that Dr. Christiana Bertocchi had returned as the trauma medical director after a leadership change.
- **Tripler Army Medical Center:** Audra Roulet - Absent (Vacation)
- **Maui Memorial:** Jeff Later provided no updates.
- **Queens Medical Center:** Jill Slade announced that they have a new trauma medical director Jin Ra coming in.
- **Pali Momi Medical Center:** No updates as Matt Wells was absent.
- **North Hawaii Community Hospital:** Dr. Howard Wong and Morua reported preparing for an ACS survey within the year.
- **Kona Community Hospital:** Wendi shared that their ACS survey is scheduled for June 17-18, and they are in the final stages of preparation.
- **Kapiolani Medical Center:** Alissa Lo reported 82 trauma registry cases for the last quarter of 2024, with an increase in falls, dog bites, and e-bite injuries. They passed their level 3 pediatric trauma center survey in August 2024 with no deficiencies.
- **Hilo Medical Center:** Darshe Mendoza reported an ACS verification scheduled for September 16, 2025, and that preparations are underway.
- **Castle Medical Center:** Kimberley Flesch reported their ACS re-verification survey will occur in 2026, with the survey window opening in April.

- **EMSAC:** Marilyn Matsunaga shared that EMSAC met recently to improve reports and that there are vacancies within their group.
- **Maui County:** Mona Arcinas reported that Medevac service had transitioned to Reach, and Rotor was no longer part of the program.
- **Hawaii County:** Chris Honda shared that they would be participating in a trauma case study with Brigham and Women's Hospital at the end of the month, which Kona Community Hospital would also be involved in.

9:49 AM - EMSIPSB – Branch Update — Garrett Hall

- Dr. Ursic opened the discussion by inviting Garrett Hall to provide the branch update.
- Garrett Hall shared a list of current House and Senate bills that could impact individual trauma centers, including those related to falls, EMS agencies, and opioid overdoses. He encouraged trauma professionals to review the list and reach out with questions.
- Garrett informed the group that the NEMSIS site was temporarily taken down due to issues with gender-specific data collection. Updates on agency and facility IDs for EMS and trauma data syncing will follow.
- Garrett mentioned discussions on linking tobacco funding to trauma care and highlighted legislative initiatives on blood alcohol content and an alcohol tax, which could help sustain the trauma system's funding.
- In response to Marilyn Matsunaga's question, Garrett reported that there were no updates on federal trauma and EMS funding yet. However, NEMSIS, funded by NHTSA, may be impacted by the new administration's initiatives.
- Debbie Kim Morikawa explained that the Trauma Fund's sustainability relies on cigarette tax revenue, which has decreased due to reduced smoking rates. The new bill seeks to increase the tax, which would contribute more to the Trauma Fund and ensure its long-term support.

9:55 AM – Trauma Registry update – Garrett Hall

- Garrett Hall provided an update on the transition to Eso registry software:
- After a challenging 9-month transition, 100% adoption was achieved, with Queens Center joining later.
- Garrett emphasized the registry's power in influencing statewide trauma patient care.
- Data shared covers May 1, 2024, to December 31, 2024, and is de-identified to protect patient information.
- Garrett acknowledged the importance of recognizing Indigenous lands, sharing the concept of Aloha Aina, which involves responsibility for land and people, and promoting truth and reconciliation.

Severe Traumatic Brain Injury (TBI) data:

- 33 patients with severe TBI (GCS \leq 8) were analyzed, with 12 transferred out of ED, 15 admitted, and 6 deaths in the ED, resulting in 48% mortality for severe TBI and 67% mortality for those admitted.

- Data showed high rates of severe TBI on the Big Island, but the lack of neurosurgical coverage leads to transfers to Oahu, highlighting a need for neurosurgery resources in the region.
- Trauma data can help advocate for resources, like neurosurgery, especially for regions with care gaps, like the Big Island.
- Garrett Hall will follow up on the inclusion of TBI transfers, as April Dieguez and Alissa Lo were absent from the data review.
- Alissa Lo pointed out the absence of e-bike injuries in the mechanism of injury slide. Garrett confirmed e-bike data isn't in the 2024 registry but will be available in 2025, and he offered to follow up with centers about this.
- Jeff Later emphasized that the data reflects only what is entered into the Eso registry, and historical data from previous systems is being transferred into the new system. The focus is on showcasing the Eso registry's potential for improving care.
- Dr. Ursic clarified that the data is incomplete and not definitive, but its goal is to inspire changes in care practices, especially for improving patient outcomes.
- Garrett highlighted opportunities for exploring best practices and collaborating on TBI care and data collection across the state, including using Teletrauma and neuro consults in rural areas.
- Casey Herrforth, MD, one of Hilo's ER Doctors, expressed appreciation for the data presentation, especially regarding neurotrauma in rural areas, emphasizing the importance of constructive discussions, even without precise numbers.

10:17 AM – Hawaii Society of Trauma Nurse Leadership Report – Jeff Later

- Jeff Later has been voted in as the new chair of the committee, with Audrey serving as vice chair. Jeff shared that the group is working on defining a state protocol for ESO administrative access to allow for state-level assistance with updates and troubleshooting across centers.
- The group is focused on improving data consistency across all trauma centers by encouraging the full use of the ESO system to drive better decision-making and outcomes.
- Efforts are underway to establish a standardized data dictionary to ensure that all centers handle core data consistently, improving quality and comparison.
- The group aims to offer support to all centers in effectively using the ESO system, ensuring smoother integration and use across the state.

10:20 AM – Pulsara Feedback – Dr. Ursic

- Dr. Ursic shared that he had reviewed a Pulsara demonstration and was impressed with its capabilities for improving communication between EMS and hospitals for stroke and neuro cases.
- Darshe reported that Hilo Medical Center had implemented Pulsara for stroke cases and was receiving positive feedback from both EMS and the ER teams. They noted improvements in times and overall care coordination.

- Michelle Morua from North Hawaii shared that they were among the first hospitals to pilot Pulsara, and it has been used for stroke activations with positive reviews from EMS and ER teams.
- Korey Chock from City and County of Honolulu emphasized that Pulsara is useful for neuro activations but noted that during critical trauma or neuro transports, paramedics may not always have time to input data due to the intensive nature of care.
- Dr. Ursic proposed a trial of Pulsara on Maui, particularly for STEMI and neuro cases. He expressed interest in gathering more feedback in the coming months to assess its broader applicability.

10:25 AM – Further State Clinical Guidelines - TBI Transfers – Dr. Eischen, Dr. Brill, and Dr. Taitano.

- Dr. Ursic reminded the group about a previous meeting where clinical guidelines for trauma care, particularly for non-level 1 trauma centers, were discussed as a top priority. He emphasized the need for clear guidelines for common injuries like TBI, especially in centers without neurosurgical support.
- Genia Taitano shared that work on a statewide TBI protocol is still ongoing. They have developed a protocol specific to Kona based on local practices, but reaching consensus for a state-level algorithm has been challenging, particularly for busy level 1 and level 2 centers.
- Dr. Ursic suggested starting with an existing document (Dan Donovan's) that outlines guidelines for when to transfer patients to higher levels of care versus when they can be managed at local centers. He stressed the importance of Queens Medical Center's involvement in refining and reinforcing these guidelines, especially as they are the major receiving center for patients in Hawaii.
- Dr. Ursic highlighted the critical need for uniformity across centers, particularly when small ERs without neurosurgical support are deciding whether to transfer a TBI patient. He acknowledged that not all TBI patients need to be transferred to Queens, and there's room for local centers to manage some cases, as Hawaii had pioneered practices now being adopted nationwide.
- Dr. Ursic urged the group to continue working on these guidelines, with support from Queens, Dr. Brill, and Dr. Taitano in Kona. He stressed that ongoing momentum is needed, and progress would be discussed further at future meetings.

10:28 AM - Hawaii Trauma Subspecialty Transfer Guide – Wendi Wagner

- Wendi provided an update on the Hawaii trauma subspecialty transfer guide, which was last updated through HTAC. She suggested that it would be beneficial to take it back to the Trauma Nurse Leaders group for review and updates, particularly to ensure the contact information for trauma subspecialists and capabilities at each center is current.
- Wendi mentioned the need for assistance from Garrett to help find contact information for non-trauma centers, like Kaiser, and promised to get the updated information sent out to all centers.

- The goal is to reduce the number of unnecessary transfers to Queens by making sure trauma centers know what subspecialty resources are available at other facilities.
- Dr. Ursic emphasized the importance of avoiding overwhelming Queens and pointed out that Maui is open for business, specifically for head injuries, orthopedic fractures, and less complex spine injuries. He invited centers, especially on the Big Island, to reach out if needed for patients that can be managed closer to home.
- Dr. Ursic also discussed a graphic listing medical centers, their available subspecialties, and contact information. He suggested sending this graphic to all trauma centers for verification and updating.
- Wendi agreed and emphasized that if there are additional subspecialties that aren't listed, centers should feel free to add them when reviewing the guide.

10:32 AM – Clinical Teaching Case – Dr. Ursic

- Dr. Ursic reminded the group that clinical teaching cases were something that had been requested by participants in previous meetings. For those unfamiliar, the idea is for one or two trauma centers to present a case from their recent list of patients that provided valuable learning experiences.
 - These cases should not be dramatic or extraordinary, but rather situations that taught lessons—either through successful outcomes or mistakes that were learned from.
 - The format would involve presenting a PowerPoint narrative detailing what occurred, allowing the rest of the group to learn from the experience.
- Dr. Ursic encouraged trauma centers to present cases they had discussed in their morbidity and mortality (M&M) reports or their PIPs programs, with a focus on reconfiguring those cases for the meeting audience.
- Dr. Ursic reassured everyone that all cases would be HIPAA compliant, as he would review all presentations in advance to ensure no patient-identifying information is included.
- Dr. Ursic reiterated his desire for clinical teaching cases to continue, stressing that it was not difficult to prepare, and hoped to see more centers contribute to future meetings.

10:34 AM – Roundtable – et al

- Dr. Ursic opened the floor for any final comments or statements from the group before the meeting adjourned.
- April Dieguez clarified that Wilcox Hospital does not have a neurosurgery department, despite the document stating otherwise. She confirmed that this would be updated once the document is sent out for approval.
- Alissa Lo brought up the rising trends in e-bike injuries and dog bites, which were mentioned earlier in Kapiolani's report. She turned the discussion over to Lisa Dau for further updates.
- Lisa Dau provided an update on the Keiki Injury Prevention Coalition. She shared information about the coalition's upcoming meeting and ongoing efforts regarding legislation for injury prevention, focusing on e-bikes, dog bites, fireworks, and more. She

invited others to join the coalition and shared the website for anyone interested in staying informed about their initiatives.

- Dr. Jones shared information about Reach 48, which now provides aeromedical services with a nurse and medic crew, and includes tranexamic acid in their pharmacopoeia. This opens the potential for pre-hospital administration of Tranexamic Acid (TXA) in Maui County for selected patients, including trauma cases.
- Jeff Later supported the idea of pre-hospital TXA administration, calling it a benign and useful option in trauma care, especially in Maui County.
- Dr. Ursic discussed the importance of antibiotics being administered to patients with open fractures to reduce osteomyelitis. He also mentioned the considerations for blood use in busy areas like Oahu, noting the importance of evaluating whether blood should be carried in ambulances in areas where it isn't routinely given in the ER during the first hour. He emphasized that TXA and antibiotics are more universally relevant for pre-hospital care.

Adjournment:

The meeting was officially adjourned at 10:42 AM HST.

Next Meeting: Proposed 2025 Future HTAC Dates

0900-1100 (virtual & and/or in-person)

May 9th (Scheduled)

Aug 14th (Confirmed)

Nov 14th (Confirmed)