

Hawaii Trauma Advisory Council



(HTAC) Meeting Friday, May 09, 2025

Virtual Meeting

<https://us06web.zoom.us/j/89916499988?pwd=rSgQYsdTI2qbgYOb74HtARpv5ZY6av.1>

Meeting ID: 899 1649 9988 Passcode: 998622

This meeting will be held using interactive conference technology under section 92-3.7, Haw. Rev. Stat. (HRS). Committee members, staff, testifiers, and the public can choose to participate in person or online via zoom or teams. This meeting will be recorded.

Meeting Public Disclosure / Sunshine

This meeting, including audio and video, is being recorded and made available to the public in accordance with State of Hawaii Sunshine Law, Chapter 92, Hawaii Revised Statutes (HRS) §92-1 through §92-13. Members of the public are welcome to observe the proceedings, and the Hawaii Trauma Advisory Council (HTAC). HTAC may be referred to as the “board” in official documents and proceedings. Please be advised that anything you say during the board meeting may be captured and publicly accessible.

The agenda and meeting materials are available for inspection at EMSIPSB’s office and on the HTAC board website at <https://health.hawaii.gov/emsipsb/hawaii-trauma-system/hawaii-traumaadvisory-council/>

The virtual meeting provider of zoom/teams does offer closed captioning of this meeting and official transcript will be posted with a video on the board website. If you need an auxiliary aid/service or other accommodation (including oral, written, or ASL interpretive services) or are unable to submit testimony due to a disability, please contact the EMSIPSB office at (808) 733-9210 or email DOH.emsac@doh.hawaii.gov as soon possible. Requests made as early as possible have a greater likelihood of being fulfilled. Upon request, this notice is available in alternate formats.

The recording of this meeting will be published on the State of Hawaii, Department of Health, Emergency Medical Services & Injury Prevention System Branch, Hawaii Trauma System webpage at <https://health.hawaii.gov/emsipsb/hawaii-trauma-system/>

The Hawaii Trauma Advisory Council (HTAC) board is an ad-hoc committee established by the State of Hawaii, Department of Health, Emergency Medical Services & Injury Prevention System Branch, in accordance with 2006 HB3142 CD1 (Session Law 2205/Act 305) to advise on all matters related to trauma care. The Session/Law 2205/Act 305 and HRS §321-22.5 does not specially call out HTAC nor establish quorum or membership requirements. As such the department and branch have established operational procedures for HTAC ad-hoc committee, these procedures upon final review and approval of the ad-hoc committee will be posted to the Hawaii Trauma Systems webpage.



Meeting Public Disclosure / Sunshine

HTAC Ad-Hoc Committee Executive Sessions

Hawaii Revised Statutes (HRS) §92-5(a)(8) permits a board to hold a meeting closed to the public to deliberate or make decisions upon matters that require the consideration of information that must be kept confidential pursuant to state or federal law, or a court order.

The HTAC board may advise on all matters relating to trauma care, this includes but is not limited to reviewing protected health information (PHI) and peer review trauma case studies that focus on trauma system quality assurance, trauma care performance improvement, and patient safety. PHI is safeguarded under the federal and state privacy of individually identifiable health information including (HRS) §323B-3, §323B-3 and federal Health Insurance Portability and Accountability Act (HIPAA), which both mandates the confidentiality of individual health information. Similarly, Hawaii Revised Statutes (HRS) §663-1.7, §624-25.5 ensure peer review case studies and quality assurance is considered confidential and not subject to discovery.

As such the HTAC Ad-Hoc committee may post on agendas executive sessions or call executive session meetings. When an executive meeting is anticipated, the agenda will describe the purpose and statutory authority along with HRS §92-5(a)(8), and other laws applicable (i.e. Trauma Case Review or Trauma Peer Review in accordance with HRS §663-1.7, §624-25.5) to the HTAC board that allow executive meeting. Such posting will use as much detail as possible without compromising the executive meeting purpose. The general public will not be allowed to attend such executive sessions and removed from any virtual meeting. These sections of the meeting will not be recorded or made publicly available.

Written Testimony Report

Written Testimony: To ensure the public as well as HTAC members receive testimony in a timely manner the HTAC board request all written testimony be submitted two business days prior to the scheduled meeting date. Any written testimony submitted after such time will be distributed verbally at the meeting by the board and posted to the board website post the meeting. Please note any written public testimony submitted will be public record and contact information will be available for public inspection and copying. **Written testimony may be submitted via e-mail to DOH.emsac@doh.hawaii.gov or via US Postal Service addressed to Hawaii Department of Health, Emergency Medical Services and Injury Prevention System Branch, Attn: Hawaii Trauma Advisory Council, 3675 Kilauea Avenue, Trotter Building, Honolulu, HI 96816, or by facsimile to: (808) 733-9216**

All written testimony received will be reviewed in accordance with the agenda topic such testimony has been submitted. For written public comments these will be reviewed prior to the adjournment of the meeting by the chair, vice chair, or DOH EMSIPSB assigned staff member.

No written testimony has been received or submitted for the May 09, 2025 meeting.

Oral / Public Testimony

Oral Testimony: HTAC will also consider public testimony given at the meeting on any item relevant to this agenda. Pursuant to section §92-3, Hawaii Revised Statutes (HRS), and section §17-2000-18, Hawaii Administrative Rules (HAR), the Board may limit public testimony to three minutes per agenda item. Individuals may submit oral testimony during the meeting by sending an email request to DOH.emsac@doh.hawaii.gov by Wednesday, May 7, 2025, at 9:30 a.m.

Public members and attendees may provide oral testimony upon call for public testimony by the board. The public request will be made by posting the public members full name and state request for public committee on the topic with the message / chat function of the virtual meeting. The board chair calls upon staff if any public committee request have been made for each agenda topic. When providing oral public testimony, the public should simply announcing/identifying themselves and the item they want to testify about during the public testimony portion of the meeting which will be at the end of each agenda topic. Individuals may also provide audiovisual oral testimony by using the “Raise Hand” feature in Teams or Zoom, clicking the “Unmute” icon to talk, and clicking the “Start Video” icon to turn camera. Individuals should refrain from profanity or uncivil behavior; violations may result in ejection from the virtual meeting without the ability to rejoin. The board will not be responsible for bad connections on the testifiers end. Note the oral public testimony will be open up by the chair or vice chair and in coordination with branch staff. All public guest should remain on mute until recognized by the chair, vice chair, or staff.

No advance oral public testimony has been received in advance, the board will open to oral public testimony at the end of each agenda item.

Agenda

Posted on State Calendar of Public Meetings
at: <https://calendar.ehawaii.gov/calendar/>

Posted on HTAC Trauma Systems Page:
<https://calendar.ehawaii.gov/calendar/>

**Note: Agenda Items may be
taken out of order**

AGENDA

Note: Agenda Items may be taken out of order

- 0900 Welcome, Opening Remarks, Voting Member Introductions, Quorum
Matt Wells RN, HTAC Vice Chair, Trauma Program Manager, Pali Momi Medical Center
- 0910 DOH & EMSIPS Branch Updates
Garrett D. Hall, MS, BSN, RN, CSTR, CAISS, Acting EMSIPS Branch Chief and State Trauma Program Manager
- Trauma System Updates / Reports
Trauma System Rules
Trauma Contract Updates and Modifications
Trauma System Key Performance Indicators (KPIs)
Trauma System Plan
Trauma Registry
- EMS Updates / Reports
Injury Prevention Updates/Report
Legislative Updates/Reports
Status of EMSIPS Branch Chief Position
HTAC Sunshine Law and Stakeholder Overview
Sunshine Law and Ethics Training
- 0940 HAH State Trauma Coalition
Matt Wells RN, HTAC Co-Chair, Trauma Program Manager, Pali Momi Medical Center
- 1000 Data Modernization and Interoperability
Pulsara to ESO integration and Health Data Exchange (HDE)
*Matthew Koenig, MD, FNCS Medical Director of Virtual Care, The Queen's Health Systems
Associate Professor of Medicine, University of Hawaii John A Burns School of Medicine*
- Pulsara Implementation "Band and Scan Project"
Garrett D. Hall, MS, BSN, RN, CSTR, CAISS, Acting EMSIPS Branch Chief and State Trauma Program Manager
- 1020 Data Presentation / Key Performance Indicators (KPIs)
*Garrett D. Hall, MS, BSN, RN, CSTR, CAISS Acting EMSIPB Chief and State Trauma Program Manager
Dan Galanis PhD, EMSIPB State Epidemiologist*
- 1030 Reports
Emergency Medical Services Advisory Committee (EMSAC)
Office of Public Health Preparedness
Hawaii Healthcare Emergency Management (HHEM)
Hawaii Society of Trauma Nurse Leaders
Emergency Medical Services for Children (EMSC)
Keiki Injury Prevention Coalition (KIPC)
Regional Trauma Advisory Council Reports
- 1100 Adjournment

Welcome / Call To Order

Voting Member Roll call and Introductions

Call for Quorum

Opening Remarks

HTAC Voting Members

Organization	Representative
HTAC Chair Maui Memorial Medical Center	Caesar Ursic, MD, FACS
HTAC Vice Chair / Pali Momi Medical Center	Matt Wells, RN
EMSAC (Emergency Medical Services Advisory Committee) Chair	Marily Matsunaga
EMSAC – Maui County	Vacant
EMSAC – Kauai County	Vacant
EMSAC – Hawaii County	Chris Honda, EMT-P
EMSAC – Oahu	Korey Chock, EMT-P
EMSAC – EMT	Tito Villanueva EMT
Wilcox Medical Center	April Dieguez, RN
Tripler Army Medical Center	Dwight Kellicut MD, FACS
The Queen's Medical Center	Jill Slade, RN
North Hawaii Community Hospital	Michelle Morua, RN
Maui Memorial Medical Center	Jeffrey Later, RN
Kona Community Hospital	Wendi Wanger, RN
Kapiolani Medical Center for Women and Children	Alissa Lo, RN
Hilo Medical Center	Darshe Mendoza, RN
Castle Medical Center	Kim Flesch, RN



Hawaii State Department of Health
 Emergency Medical Services and Injury Prevention Systems Branch
 May 09, 2025



Emergency Medical Services (EMS) & Injury Prevention Systems Branch Updates

Garrett D. Hall MS BSN RN CSTR CAISS

State Trauma Systems Program Manager & Acting EMSIPS Branch Chief

Garrett.Hall@doh.hawaii.gov



Hawaii State Department of Health
Emergency Medical Services and Injury Prevention Systems Branch
May 09, 2025



EMSIPS Branch Updates

- EMS Statues Review and Administrative Package to Legislators planed
- EMS and Trauma Rules updates to get kicked off
- EMSIPS Branch Websites to be Updated
- EMSIPS Branch Celebrates National Trauma Month, Nurses Week, Upcoming EMS Week, and State Water Safety Day
- EMSIPS Branch integrated into DOH social media notifications so please follow DOH social media channels
- EMSIPS Branch in Partnership with Queens has funded and excited to announce the reboot of the Hawaiian Islands Trauma Symposium – Save Date Nov 21, 2025
- State Live with Health Data Exchange
- EMSIPS Branch Chief Position

Trauma System Update / Reports

Garrett D. Hall MS BSN RN CSTR CAISS

State Trauma Systems Program Manager & Acting EMSIPS Branch Chief

Garrett.Hall@doh.hawaii.gov



Hawaii State Department of Health
Emergency Medical Services and Injury Prevention Systems Branch
May 09, 2025



Trauma Systems Section Updates/Reports

- **Trauma System Rules**
 - The branch is moving forward with the process of establishing trauma system rules with the goal of officially kicking off the rules writing process over the next 3 months
 - This will follow the HRS requirements, and this process will be inclusive for our trauma system partners to participate
 - Goal is to have rules process conducted over the next 12 months with established trauma system rules and trauma system funding rules finalized with 1 year of kick off.
- **Trauma Contract Updates and Modification**
 - The branch will be asking for additional funding this year for the trauma system. We have been functioning at the same level of funding since the creation of the trauma system however recent event including the fireworks and Maui Fire have exposed trauma system vulnerabilities. The community and public health need has continued to grow yet we have not received or requested an increase in funds since the inception we are moving forward with a memo request to DOH Director and Governor to approve adding Straub Burn Center as an official member of the trauma system.
 - National demands on the trauma system with requirements of the Trauma Quality Improvement Program (TQIP), all centers participating are now required by ACS, however funding increase to accommodate the cost has not been factored in this is another example of how trauma system demands, and national best practices are impacting our leveled off funding. Additionally, the branch has a goal to establish a of Hawaii Trauma Quality Improvement Program (HITQIP) Collaborative like other states. Participation in the HITQIP will be a contract modification for trauma systems funds.
 - Trauma Surgeon leadership and Trauma System participation requirements will be established in contract modification
 - Contract Request for centers to submit a report on all uncompensated care provided and provider call time report to the branch details will be rolled out and stand report will be provided, the request for these details will need to be received before we submit our annual report to the legislator.
- **Trauma System Key Performance Indicators (KPIs)**
 - Need to establish a workgroup / sub-committee for public facing KPIs
 - Need to establish process for executive session review of Performance Improvement and Patient Safety (PIPS) State KPIs and review

Trauma Systems Section Updates/Reports

- Trauma System Plan

- The State Trauma System Plan Update and next steps how would HTAC advise the branch to move forward with this process
- Trauma Subspecialty Survey Results and update of form for end users

- Trauma Registry

- All trauma centers are live! Huge accomplishment and will be able to build out quarterly Trauma System Dashboards, stay tune for more information from the branch
- Branch survey for Trauma Registry Professionals Workgroup, still pending a recommendation or nomination of a Trauma Registry Professional who will be the Chair of this group with support of the branch staff, then kick off and go live
- Data Dictionary work in progress, all trauma centers information has been received
- ESO struggles with registry defects, product quality, and system functional issues. The branch is currently in negotiations with ESO on potential refund due to hardship placed on hospital and state staff as a result of poor engineering quality, defects, and ongoing submission issues. If all goes as plan the branch may issue possible contract modification and reallocation of additional trauma funds to centers, it will be a small amount for the hardship, if should we receive a credit for this year's registry subscription. More to come on this in the coming weeks / months.
- Trauma Registry CE will be offered at Hawaiian Islands Trauma Symposium
- State ESO System Admin Draft Policy to be sent out to all trauma program managers today for review

Trauma Systems Section Updates/Reports

• Trauma Registry

- Improvement and ticket resolution has improved with ESO, branch holding daily standups
- Everyone should be reviewing the notifications with ESO Patient Registry, big update coming that will impact Insight Reports May 13th.
 - Table and column change; [Response - Activation].Activation Criteria → [Response - Activation - Activation Criteria].Activation Criteria
 - Column change; Lab EtOh BAC Level → Lab EtOh BAC Level (g/dL)
 - Column change; Lab EtOh BAC Level Null Value → Lab EtOh BAC Level (g/dL) Null Value
 - Column change; Referring Facility Designation → Referring Facility Discharge Transfer Rationale
 - Column change; Referring Facility Designation Base Code Descriptor → Referring Facility Discharge Transfer Rationale Base Code Descriptor
 - Column change; Service → Response Activation Team Member Service
 - Column change; Service Base Code Descriptor → Response Activation Team Member Service Base Code Descriptor
- Registry Releases for May 27th
 - PR-14778: Hawaii HDE to Trauma Registry Data Mapping Errors - High Priority Data Quality Issue - Case 00975348: Incorrect mapping of EMS Prehospital Cardiac Arrest and Medical Unit into Patient Registry JKW - Approach for retrospective correction
 - PR-14568: Blood Summary - Fields appearing when turned off - "within first X hours"
 - PR-13937: Pre-Existing conditions not saving after multiple attempts by different registrars
 - PR-11908: Insights Pt Reg add "Unable to Perform" columns for Mental Health and Alcohol Screening
 - PR-14250: BHSP - Unable to Lock two Encounters - Encounter has validation failures - Encounter says "Great Job" but won't lock. Looks to be related to "Arrived from" field being blank
 - PR-14286: Error msg when trying to save "Emergency Department Transfer Delay Field"
 - PR-13706: Insights: "Procedure Elapsed time ED Arrival to Procedure start" field not working in Insights

Emergency Medical Services (EMS) & Injury Prevention Systems Branch

EMS Section Report/ Update HTAC Meeting May 09, 2025

Garrett D. Hall MS BSN RN CSTR CAISS

State Trauma Systems Program Manager & Acting EMSIPS Branch Chief

Garrett.Hall@doh.hawaii.gov



Hawaii State Department of Health
Emergency Medical Services and Injury Prevention Systems Branch
May 09, 2025



EMS Systems Section Report / Update

- EMS Key Performance Indicators (KPIs) / Response Times by County
- EMS Quality Assurance (QA) Review
 - Disposable Blankets added to inspection check list
 - Development of Protocol & Policy for EMS / Air Medical Patient Complaints
- EMS Billing Data Configuration Standards
- EMS Protocols App (Update Coming)
- Branch Data Modernization

Work in Progress of Developing KPIs & Benchmarks with EMS Industry Standards

Benchmark Category	Urban/Suburban	Rural	Source												
Response Time ALS Priority 1 of Fractile / Percentile Response Reporting Percentile Index = $(N+1) \times P$ Where N= Total number of calls and P=desired percentile (e.g. 0.90 for 90 th) 1. Sort the number of calls by fastest to slowest response time. 2. Calculate, example 50 calls $(50+1) \times 0.90 = 45.9$ 3. The 90 th Percentile is between 45 th and 46 th fastest response time. 4. If needed interpolate: $Fractile\ Time = RT_{45} + 0.9 \times (RT_{46} - RT_{45})$	<table border="1"> <thead> <tr> <th>Setting</th> <th>Response Time Goal</th> <th>Fractile/Percent to Goal Priority 1 Calls</th> </tr> </thead> <tbody> <tr> <td>Urban EMS</td> <td>≤ 8 mins</td> <td>90%</td> </tr> <tr> <td>Suburban EMS</td> <td>≤ 10 mins</td> <td>90%</td> </tr> <tr> <td>Rural EMS</td> <td>≤ 20 mins</td> <td>90%</td> </tr> </tbody> </table>		Setting	Response Time Goal	Fractile/Percent to Goal Priority 1 Calls	Urban EMS	≤ 8 mins	90%	Suburban EMS	≤ 10 mins	90%	Rural EMS	≤ 20 mins	90%	NASEMSP, CAAS, and NHTSA promote fractile response time standards as the most meaningful way to measure EMS system performance
Setting	Response Time Goal	Fractile/Percent to Goal Priority 1 Calls													
Urban EMS	≤ 8 mins	90%													
Suburban EMS	≤ 10 mins	90%													
Rural EMS	≤ 20 mins	90%													
Unit Hour Utilization UHU=Total Time Unit is on a Call / Total time Unit is Available (Staffed) Note All units are on call 24/7	<table border="1"> <thead> <tr> <th>UHU Value*</th> <th>Interpretation*</th> </tr> </thead> <tbody> <tr> <td>0.30 – 0.40</td> <td>Optimal Range – balanced workload and readiness</td> </tr> <tr> <td>< 0.25</td> <td>Underutilized – possibly over-resourced</td> </tr> <tr> <td>> 0.45</td> <td>Overburdened – risk of delay response, burnout</td> </tr> <tr> <td>> 0.50</td> <td>Critical Overload – not sustainable long-term</td> </tr> </tbody> </table>		UHU Value*	Interpretation*	0.30 – 0.40	Optimal Range – balanced workload and readiness	< 0.25	Underutilized – possibly over-resourced	> 0.45	Overburdened – risk of delay response, burnout	> 0.50	Critical Overload – not sustainable long-term	NEMSMA Best Practices * Urban, Suburban, and Rural are all similar, but may allow lower utilization for rural EMS to ensure coverage for a specific region or area		
UHU Value*	Interpretation*														
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> 0.50	Critical Overload – not sustainable long-term														
Time on Task Is the total duration an EMS unit is committed to a call Time on Task = Time Unit Back In-Service – Dispatch Time ESO Insights (40 - 60 mins (< 60 mins)	60 - 90 mins (< 90 mins)	NHTSA EMS Compass, NEMSQA Measures												
Total Time to First Patient Contact Is the total duration from dispatch time to first patient contact	< 11 mins	< 20 mins	NAEMSP, CAAS, NHTSA Rural EMS Guidelines												

Branch Data Modernization

- EMS Tenant Admins and EMSIPSB State IT Admins for each Tenant – Policy and Protocol Coming Soon!
- ESO EMS & Facility State ID Update Project ≈ 6-8 months
- State EMS and Trauma Data Dictionary Goal 8/1/2025
 - New Schema for HIEMIS / NEMIS with validation rules
- EMS EHR/ePCR to Hospital EHR (ESO HDE) – Live!
 - Bidirectional dataflow from EMS / Hospitals and Trauma Registry
 - Federal CURES Act Title IV: Interoperability & Information Blocking Rules – mandates that EMS and Hospitals remove barriers to clinical information flow and ensure structured health data exchange between healthcare system stakeholders
 - EMS data are integrated into Hospital EHR meeting Center for Medicare and Medicaid (CMS) conditions of participation and The Joint Commission (TJC) and Det Norske Veritas (DNV) accrediting standards.
- EMS, Trauma, Stroke, Burn (Acute Care) Data Visualizations / Dashboards

Emergency Medical Services (EMS) & Injury Prevention Systems Branch

Injury Prevention (IP) Section Report/ Update HTAC Meeting May 09, 2025

Garrett D. Hall MS BSN RN CSTR CAISS

State Trauma Systems Program Manager & Acting EMSIPS Branch Chief

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Hawaii State Department of Health
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IP System Section Report/Update

- Drowning / Water Safety
 - Quick Review of Hawaii Water Safety Plan / Presentation at next meeting
- Traffic Safety
 - HDE Live – Outcomes Data
- Fall Prevention
 - Covered during legislative update
- Suicide Prevention
 - Federal SAMHSA Grant / EMS Personnel Scholarships for completing Online Training/Education program covering Mental Health, Substance Use Disorders, Trauma-Informed Care, Recovery-Based Care, Suicide Prevention, Motivational Interviewing, Harm Reduction, and Naloxone
- Branch Data Modernization

Emergency Medical Services (EMS) & Injury Prevention Systems Branch

Legislative Update HTAC Meeting May 09, 2025

Garrett D. Hall MS BSN RN CSTR CAISS

State Trauma Systems Program Manager & Acting EMSIPS Branch Chief

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Hawaii State Department of Health
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Legislative Report / Update

- **HB0784 – Relating to Health**

Makes an appropriation for the operation of an additional ambulance for the island of Hawaii to be based in Makalei. Effective 7/1/2050. (SD1)

- **HB0474 – Relating to Fall Prevention**

Appropriates funds to the Department of Health to fund the current Fall Prevention Campaign. Effective 7/1/3000. (SD1)

- **SCR86 SD1 HD1**

Department of Health; Emergency Management Systems; Aeromedical Services Working Group; Report

HTAC Sunshine Law Stakeholder Overview

Garrett D. Hall MS BSN RN CSTR CAISS

State Trauma Systems Program Manager & Acting EMSIPS Branch Chief

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HTAC Sunshine

- Operating Procedures for HTAC – Draft need approval at next meeting
- Meeting Agenda Posted 6 days in advance
- Meeting Minutes and Supporting Documents to be posted on Trauma Systems Website
- Has the ability to go into executive session to for peer review, performance improvement, and quality items when needed based on HRS for PHI, HIPAA, Peer Review, and Quality work however only limited to members for executive session.
- Is Ad-hoc and temporary, will continue with quarterly meetings for trauma system updates

HAH State Trauma Coalition

**Matt Wells RN, HTAC Co/Vice Chair, Trauma Program Manager,
Pali Momi Medical Center**

HAH State Trauma Coalition Draft Mission

The Hawai'i State Trauma Coalition aims to diminish the overall impacts of traumatic injury across Hawaii through multi-agency collaboration to improve both access to, and quality of, care, achieved through data collection, injury prevention, advocacy, and education.

Call to Action for Board Members

Data Modernization and Interoperability

Data Modernization and Interoperability

- Pulsara to ESO integration and Health Data Exchange
Matthew Koenig, MD
- Pulsara Implementation “Band and Scan Project”
Garrett Hall, RN

Data Presentation / Key Performance Indicator (KPI)

Reports

Public Comment

Adjournment