



Society of Trauma Nurses
Rural Trauma Special Interest Group Meeting
Thursday, April 9, 2009, 0730 – 0900
Phoenix, AZ

Meeting Minutes

Welcome, Agenda, and Introductions: The meeting was called to order by Deb Syverson, chair, at 0730. This is the 6th Annual meeting of the rural SIG group. Congratulations to John Bleicher, Trauma Coordinator from Montana, for getting this group started.

Self introductions were made and each participant was asked to share their definition of “rural”.
Overview of the different definitions of rural:

- Level II trauma center with a 100 mile transport distance to a Level III trauma center
- Majority of the State is Level IV and V trauma centers and many are CAH, the State is considered Frontier, and they only have one Level I Trauma center
- One Level I Trauma Center, limited resources such as surgeons, large catchment zone, and significant issues with snow causing problems with air ambulance, 2 ½ hour delay to get to definitive care
- One Level II Trauma center with 150 beds, four Level IV Trauma Centers, the goal is a Golden Day not the Golden Hour, fixed wing is a turbo prop, the village clinic does not have any MD, NP, or PA’s, it is manned by a community health aide; vast areas are wilderness
- One Level I Trauma Center and three Level II Trauma centers with 78 hospitals in the State
- Two Level II Trauma centers, many hospitals are CAH and not designated, 100 miles between facilities, frontier country, issues with transport
- Level I Trauma Center with a population of 110,000, referrals received for various areas, large catchment area
- State population 650,000 with six Level II facilities, several CAH hospitals that are designated as Level IV or V, majority of State is Frontier, 90% of the EMS agencies are volunteer services
- State population 850,000, one Level I that is surrounded by three Level III, and three Level IV
- State with lots of air transport to bridge the rural areas to tertiary care
- Level II with 10 CAH in their region, provide significant amount of regional PI to the surrounding areas looking at system issues, most ambulance services are volunteer
- State with 85% of the EMS services are volunteer with only one helicopter service

Thank You: A special “thank you” was said for John Bleicher for identifying the need for a rural special interest group and for taking the time to make sure the unmet needs of rural centers are being heard. John will be stepping down as the Rural SIG Co-Chair.

Review of 4/10/08 Minutes: No changes.

STN Executive Committee Update: Jackie from Connecticut, STN Board of Director's SIG Liaison, provided the following information:

- The STN has hired a new management firm: SMS
- A new website has been created with a members only section
- They are enhancing all of the electronic communications for the STN
- The TOPIC course has a 2nd edition
- An upcoming issue of Journal of Trauma Nursing will be dedicated to rural trauma issues
- SLIPS program will be coming out soon and it will have a PowerPoint presentation
- Electronic Library of Trauma Lectures will be updated soon
- Janet Cortez from the Education Committee is looking for a rural representative on the committee

STN Collaboration with EAST Rural Trauma Committee – “Rural Trauma” Judi Muhr shared with the committee the results of a survey that was completed as a joint effort between STN and EAST. There were 209 responses to the survey and the majority of respondents were trauma nurse coordinators. The summary concluded the following:

- State funding is needed for trauma centers
- Trauma Medical Directors are the greatest support for the Trauma Nurse Coordinators
- Rural centers need access to National Trauma Associations and more outreach activities from referral centers
- Finances, medical staff involvement, and trauma education challenge rural centers

The complete PowerPoint presentation is available on the EAST website at www.east.org; under the annual scientific assembly; 2009 meeting handouts; Rural trauma care 2009.

“Trauma Nursing, From Resuscitation through Rehabilitation”: The 4th edition of “Trauma Nursing, From Resuscitation through Rehabilitation” has been released and is available. This is an excellent resource manual for all trauma services.

Rural SIG Project Recommendations (Education, Resources, Documents, Trauma Coordinator Mentors, Grants, Injury Prevention): Discussion included the following:

- Alaska has guidelines for caring for patients with head injuries without the use of CT scanners
- Telehealth – many states are utilizing this technology in a variety of ways.
- Some states are utilizing their Hospital Associations to assist with providing resources for trauma coordinators to mentor each other.
- Some rural hospitals (that do not have access to blood products) are beginning to utilize hypertonic saline.
- Regional Performance Improvement activities: North Dakota and Nebraska have starting doing some regional PI activities. Some things that have been identified:
 - Needs to be lead by a MD that is non-threatening
 - Need to provide positive responses
 - Consider using some cases that went well and share the resources that were utilized
 - The committee felt that some PI tools need to be placed on the website and also some treatment algorithms.
 - The TOPIC course needs to be at least a 1½ day course.

Journal of Trauma Nursing: The Journal of Trauma Nursing is looking for articles. There are resources available to assist you if you have questions or reservations about writing an article. For more information, contact Kathryn Schroeder, Editor in Chief.

Web Site Recommendations: Many recommendations have already been discussed and noted. There are some resources available on the Rural SIG page of the website. Deb requested volunteers to review postings before putting them on the web site. The following trauma coordinators will review documents before they are uploaded to the Rural SIG website:

Deb Syverson; Vicky Black; Mary Rotert

Future Conferences: The next Society of Trauma Nurses conference will be held in Orlando, FL on April 7-9, 2010. A physician speaker recommendation was made for a “Rural Trauma SIG” supported concurrent session in Orlando – Dr. Don Jenkins from Mayo Clinic, Rochester, MN.

Recorder,
Shelly Arnold, RN
Bismarck, ND

Submitted,

Deb Syverson, RN, BSN
STN Rural SIG Chair