

<h1>Trauma Committee</h1>			Date: 9/9/2025 Time: 0915-1045 Location: Baytown
Facilitator:	Julie Matson / Kathy Rodgers	Note taker:	Kathy Rodgers
Attendance:	See sign-in sheet		
Agenda			
Agenda Item		Lead	Info/Open/Closed
Introduction/Announcements		Julie/Kathy	Info
RAC R data summary Q2 2025		Julie/Kathy	Open
RAC-R Data Submission – potential to use Microsoft Form		Julie/Kathy	Open
Wristbands		Julie/Kathy	Open
EMS Time Out		Julie/Kathy	Open
DSHS New PI Standards		Julie/Kathy	Open
Committee Goals		Julie/Kathy	Closed
Announcements:			
<ul style="list-style-type: none"> Kathy Rodgers was celebrated for her Lifetime Achievement Award from TTCF. Stephanie Hurt was celebrated for her completion of her TCRN certification Miranda Culligan was celebrated for her poster acceptance to TQIP. 			
RAC-R Data Summary:			
<ul style="list-style-type: none"> Robust discussion surrounding data centered around our transfer times. It was noted by Julie and Kathy that DSHS is really focusing on ED LOS for patients that are transferring out of facilities. A transfer protocol is going to be needed for each facility that defines Emergent Transports, Urgent Transports, and Non-Urgent Transports. These protocols should be tailored to your facility's patient population. It was also pointed out that the state has their new transfer spreadsheet to track transfer delays and use of the sheet, while not mandatory, was highly encouraged by the RAC to help identify areas of opportunity surrounding ED LOS for transferred patients. It was noted that one facility had extremely extended transfer times, that facility was willing to speak about their data and reported that they were struggling with acceptance and bed placements. Julie Matson reported that if they are transferring to UTMB as a trauma patient (minus isolated hand and isolated hip injuries) that they should be an ED-to-ED transfer and to please reach out if this is not the case and we will look into it. Kathy Rodgers noted that if a patient is a known transfer out of your facility, please do not do any unnecessary studies, such as advanced imaging, as soon as you know the patient should be transferred, engage EMS, start the transfer process and only if there is time or other interventions are needed, should advanced treatment take place (but never to delay transport). Julie Matson reported that she has been working with some of the EMS agencies in her areas and they have all wholeheartedly agreed to early notification. The process is once a UTMB facility knows they are transferring a patient out; they will call EMS and ask for them to start to mobilize to that facility while they are looking for acceptance to a higher level of care. The patient will NOT be transferred until there is an accepting facility and appropriate discussions between the facilities have been completed. The EMS agencies said they would prefer this and would be willing to wait or stand down if the patient condition or need changed. Julie encouraged other people to reach out to their EMS agencies to work on this process to expedite transfers out. 			
RAC – R Data Submission			

- Proposal was brought to change the spreadsheet to a Microsoft Form where people can input their data and it can be compiled electronically. Formal motion to approve by Miranda Culligan, seconded by Desiree Fairly, no further discussion and motion carried.
- Julie to work on a Microsoft Form in the coming months (goal for Q3 – data but may test with Q4 depending on time)
- This will be a stopgap until ESO repository is put in place if the GA and Board approve utilizing ESO for a RAC-wide data Repository.

Wristbands

- Starting September 1st, 2025, we are required to capture the EMS wristband number on our patients in the registry.
- Many questions were had regarding if EMS was required to do this and what recourse if they decide not to.
- It was noted that the wristbands are in the trauma rules, not the EMS rules as of now, and we should be encouraging our EMS agencies to place the wristbands on all patients coming into the ED regardless of injury/illness.
- Discussion was had regarding what is the hospital's role in banding patients that come in by POV and transfer out. It was noted that the goal is to have hospitals band these patients for continuity of care.
- RAC-R will be sending out a survey regarding the number of transfers that each hospital does and providing an initial set of bands for facilities.
- It was noted that formal direction from DSHS surrounding hospitals banding patients has not been disseminated to hospital leadership who may question the need to purchase these bands once the RAC supply has diminished. Requesting clarification from DSHS to hospital administration regarding this.

EMS Timeout

- Discussion that starting September 1st, 2025, we need to be documenting and tracking our compliance with EMS timeouts. Kathy noted that we need to be over 80% compliance.
- Question was asked how we can document this easily and run a report. It was noted that for those in EPIC, a quick fix is a check box saying EMS Timeout was performed which can be reported on. Some facilities that do not have EPIC were saying this is not possible in their EMR. It was suggested to potentially add it to their registry, but manually track it until a more suitable solution can be found electronically.
- Julie Matson shared that they have an alert in EPIC that requires documentation if the EMS wristband and/or Timeout isn't done after the acuity has been entered on patients that arrive by EMS as a safety measure to ensure documentation.

DSHS New PI Standards

- Kathy and Julie STRONGLY encouraged people to attend more than one of the survey guideline training sessions presented by DSHS and showed people how to navigate to sign up for the sessions. It was encouraged to attend more than one as a lot of extremely important information is presented and there is an opportunity to ask questions at the end.
- It was noted that one of the new PI determinations will be Mortality with Regional Opportunity for Improvement – it was noted that RAC-R will be putting together a PI committee and it will not solely be focused on mortalities, but other regional opportunities for improvement (ESO data repository will help with this).
- From the Trauma committee we will be focusing on double transfers as well as mortalities with regional OFI to start, but that will evolve as the RAC-R PI committee does.
- Volunteers to be on the RAC-R PI committee were solicited, there were many interested parties, information was given to contact the RAC office with your interest.

Committee Goals

- Two committee goals were approved for FY26
 - Review/Discuss/Education on the new DSHS Survey Guidelines and Rule Implementation
 - Electronic Submission of Regional Trauma Data

Meeting adjourned at 1047

Minutes by Julie Matson