

Trauma Committee			Date: 3/11/2025	
			Time: 0915-1045	
			Location: Baytown	
Facilitator:	Julie Matson / Kathy Rodgers	Note taker:		
Attendance:	See sign-in sheet			
Agenda				
Agenda Item			Lead	Info/Open/Closed
Introduction/Announcements			Julie/Kathy	
RAC R data summary Q4 2024 & Year-End 2024			Julie/Kathy	
RAC-R State Data 2023			Julie/Kathy	
Uncompensated Care Application			Julie/Kathy	
Transfer Times for RAC-R			Julie/Kathy	
Survey Updates			Julie/Kathy	
Trauma Committee SOP/Trauma Plan			Julie/Kathy	

Question – do we need 1.5 hours for our meeting however we used the whole hour.

Data has been presented in 2 different forms: Q4 and a total calendar year. We will compare our RAC R data to the state report for RAC R data they are not the same

When we look at transfer times we may need to break down as < 2hours for unstable and stable > 2 hours.

Kathy did remind everyone that it is not a current rule for transfers < 2hours. But surveyors are looking at this criterion.

Number 1 MOI in RAC R is ground level fall – should be doing some form of injury prevention for ground level falls with some type of validation that the IP program worked or failed

Data for total admits OR and ortho does not correlate

+ all hospital submitted all 4 quarters

2025 – * put definition for each audit filter

- Transfers will be divided into door to decision time and door to door time – this should be able to look at delays
- Data should meet NTDS – this would take out contusions, burns, etc.
- Add blunt / penetrating
- Double transfers
- Add new pedi section: - ACS criteria < 15
 - Deaths
 - Total numbers
 - Transfer time
 - All ISS

For level IV those that have cases that go to OR other than ortho – must do a complete PI review

Did review RAC R state data – state 6500 total (2000 discrepancy)

What does M mean? - not sure

Uncompensated trauma care application due April 20. No neg numbers – use 50% of call across the board

Transfer times – can we work with EMS committee to bring data. We can work together to look at EMS times and how they affect transfer times? May be a regional issue. Could we place in minutes so that the minutes can then be utilized for our surveys and PI process

Some facilities spoke and stated that some facilities are asking for a complete workup prior to transfer. Will be a topic for TMD's.

GETAC: survey update – 66% contingency

Looked at a trauma subcommittee slide which looked at severe trauma patients transfer time. There is increased transfer times in RACs with Level I trauma centers. RAC R was increased

TMD – ideas for this group to work on – possible SOP and trauma plan

Will have an April meeting to go over the SOP that Julie has sent in an email – will have a work meeting in April

Respectfully submitted,

Kathy Rodgers