

<b>Trauma Committee</b>		<b>Date: 6/14/2023</b>	
		<b>Time: 1300-1400</b>	
		<b>Location: Baytown</b>	
<b>Facilitator:</b>	Julie Matson	<b>Note taker:</b>	
<b>Attendance:</b>			
<b>Agenda</b>			
<b>Agenda Item</b>	<b>Lead</b>	<b>Info/Open/Closed</b>	
Introduction/Announcements	Julie		
RAC R data summary Q1 2023- participation requirements/standardization	Julie		
Trauma rules timeline	Julie		
Designation rules definitions public forum timeline	Julie		
Designation focused survey	Julie		
Uncompensated care survey/distribution	Julie		
ICD-10 Initial and Refresher Classes (OCT)	Julie		
Medical Director Participation	Julie		
<b>Minutes</b>			
<b>Approval of previous minutes</b>	Approval of minutes of March 2023		
<p>Data and requirements were discussed with the group. Discussion was had regarding the new RAC assessment and some of the data changes that will need to be made to ensure that we are reporting out data required by the new RAC rules. Discussion was also had that once we start collecting new data, we should start looking at different projects based on our data collection.</p> <ul style="list-style-type: none"> <li>Robust discussion was had on EMS transfers out. Many people are struggling with EMS giving prolonged ETAs on sick trauma patients. Several people discussed contracts and gave suggestions that they reach out to their hospital/county to review their EMS contracts to see if they have key performance indicators (KPIs) or metrics surrounding emergent/routine transfers.</li> </ul> <p>The trauma rules timeline was discussed. The new plan is adoption by the state in April of 2024 and go live September of 2024. Public comment regarding the draft rules is set to open in December of 2023 and close in January of 2024. A gap analysis was created from the excel spreadsheet by Maysoon Bader (with the ability for timelines, priority status, etc.) which will be sent to the group. Members of the group are to review the gap analysis and email Kathy/Julie ahead of time their specific hot topics/pain points for discussion so that the committee can put together a proposal for a letter to be sent during public comment by the RAC chair.</p> <p>The designation focused survey information that Jorie discussed at GETAC was also brought up. If you have a survey under the current rules and require a focused survey after the new rules have been adopted, you will be required to have your focused survey under the new rules. This is why all facilities need to be working through their own personal gap analysis now in preparation for the new rules. If you have a survey prior to the new rules being implemented, please be sure to have the current rules handy in case the surveyors give you a potential deficiency on the new rules so that you can politely ask questions about the deficiency.</p> <p>Discussion was also had about the RAC rules and RAC participation packets. The participation packets will go out next week. From this topic, the question was asked how often we need to update our trauma plan for the region. It was discussed that it needs to be reviewed annually and updated as needed. Julie to send the link out to all subcommittee members so they can review with their TMDs and bring any suggested changes to the next RAC trauma committee meeting.</p>			

The Uncompensated Trauma Fund Survey was discussed. It was stressed that the survey be taken by each individual facility to show the impact the reduced funding will have. The survey link will be re-sent by Julie, so everyone has it at the top of their inbox. From what we remember from last Trauma committee meeting there are 3 facilities that will either drop their designation or decline to re-designate when the time comes.

The ICD-10 initial and refresher course was discussed, and flyer distributed. The goal is to have the class in October and in Baytown. It was asked by committee members if we could avoid October 16<sup>th</sup> and Fridays if possible. It was noted that we will have to go by what dates are available by the group, if possible, we will try to avoid those timeframes. When dates are finalized, Kathy and Julie to send out. The same process will be required that a check will be collected for the full amount of the class (either initial or refresher) and once successfully completed the check will be given back to the participant to destroy. This is because we are unable as a RAC to pay for students that do not show up to a class.

Medical Director participation was discussed. It was agreed upon that requiring them to be in person was not feasible as they have response times they are held to as well as they are often in the OR on those days. Also Jorie reported at GETAC that a virtual option for the medical directors was required. It was agreed upon as a group that the easiest way would be to put the committee meetings first so they are at a set time and the GA meeting after. This way we also have current and relevant information to report out to the GA meeting instead of information from 3 months prior. All in attendance agreed upon this solution. Julie to bring to the BOD for discussion and/or approval.

Maysoon brought up a topic for discussion regarding a centralized place to have all our documents such as a google drive that is password protected with several administrators so there are multiple points of oversight. It was also brought up that we might have the potential to password protect certain portions of the RAC-R website so that no one person or people would have control of the drive. Julie to bring up to the BOD the possibility of password protecting the website and/or the use of a google drive (ensuring no bylaws would be violated) and report out the discussion.