Trauma Committee			Date: 03/12/2024
			Time: 0915-1015
			Location: Baytown
Facilitator:	Julie Matson / Kathy Rodgers	Note taker:	
Attendance:	Medical Directors online: Dr. Arellano, Dr. Pandya, Dr. Granchi, Dr. Person See sign-in sheet for in person attendance		

Minutes

Agenda Item	Lead	Info/Open/Closed		
Introduction/Announcements	Julie/Kathy			
RAC R data summary Q2 2024	Julie/Kathy			
Trauma Rules Update	Julie/Kathy			
DMEP Course	Julie/Kathy			

Minutes

Q1 data was discussed. Average transfer times were down from last quarter but still over 3 hours for our highest ISS category. It was discussed that a lot of our lower ISS scores are isolated injuries and don't require emergent transfer, but we really need to focus on getting our more severely injury patients out in a timely manner.

We also noted a significant amount of orthopedic injuries going to the OR at Level IVs and discussed that we are unsure of what the proposed rules will look like since the 157.125 being withdrawn in April.

There were a lot of severely injured deaths at Level 3 centers. Kathy commented that those were hers and she had a lot of high acuity GSWs in the last quarter.

Updates were given on the new proposed rules. As we know the rules were withdrawn in April after they received over 4000 public comments. Several themes were noted in the public comments such as align with the ACS standards, delay the implementation timeframe, and decrease the financial and resource burden. We discussed several items that were either revised or removed, such as TQIP and annual PIPs summary were removed, language surrounding PI was modified, the rules for Level IV facilities regarding upgrading to Level III for certain areas were removed. There were also several items that were not changed.

The DMEP course was discussed. The state is providing a DMEP course to the TMD and the TPM of each facility. Everyone should have received notification that they were enrolled. This is a self-paced course. If your TMD already has the course, they can assign it to another trauma surgeon but this information needs to be communicated to DSHS ASAP.