Trauma Committee

			Date: 3/17/2026
			Time: 0900-1030
			Location: Microsoft Teams
Facilitator:	Julie Matson / Kathy Rodgers	**Note taker:**	Julie Matson
Attendance:	See Microsoft Teams sign-in sheet		

Minutes

Agenda Item	**Lead**	**Info/Open/Closed**
Introduction/Announcements	Julie/Kathy	
RAC-R data summary Q4 2025 and CY 2025	Julie/Kathy	
RAC-R Data Updates – Transfer Protocols and Wristbands	Julie/Kathy	
Delayed Trauma Transfer Ranking Survey Analysis	Kathy	
Regional Opportunity for Improvement/PI Committee Process	Julie/Kathy	
Trauma Data Repository Update	Julie/Kathy	
Regional Trauma Plan	Julie/Kathy	
Review Professional Development Requirements	Julie/Kathy	
DAQ Q&A	Julie/Kathy	

Call to Order at 0900

- Introductions:
  - Rachel – the new PI coordinator from HCA Pearland and Julie the new Trauma Program Manager from HCA Pearland.
- Robust discussion regarding Q4 and Calendar Year 2025 data
  - Discussion was brought up regarding the Level IVs with 101 or more patients that take patients to the OR, and/or admit to the ICU – these facilities will have a surgeon be a part of their surveys now.
  - Julie asked the committee members to make sure their numbers are adding up when submitting data as sometimes the total number does not match the individual categories.
  - When looking at the pediatric categories, ATVs and Other vehicles (i.e. electric scooters and bikes) are outpacing motor vehicle crashes for our pediatric MOIs.
    - Julie suggested looking at data for individual campuses and then potentially looking at an injury prevention project surrounding non-licensed electric vehicles.
  - Transfers were discussed for Q4 with notation that a bigger discussion would be held regarding transfers later on the agenda
  - Calendar year 2025 data was then discussed
    - It was noted that we had almost 8500 charts entered into the registry, but the total number of blunt and penetrating mechanisms were around 6900 cases so somehow, we are missing a significant portion of charts that are being reporting in the registry.
    - As a region, our level IVs did over 550 orthopedic cases, so again a reminder was given that those facilities will have two surveyors (a nurse and a surgeon) with the implementation of the new rules.
    - Top 3 pediatric MOIs were Fall, ATV/OTHER vehicle, and MVCs
    - It was noted that we have high door-to-decision times in our 16-24 and over 25 ISS categories which was surprising and something to note as a majority of these patients should be known transfers out shortly after arriving at a facility that does not have the resources to care for these patients.

        - It was noted that some facilities that function with more resources, may take longer to decide to transfer a patient out because they are evaluating if they have the capability to care for that patient population.
        - Julie noted that at GETAC there was a lot of discussion regarding taking out the Level I and Level II data or evaluating it separately because they do have the resources to care for most of these patients and they may spend a longer time working them up to find something that warrants transfer out of their facility.
        - It was also noted at the GETAC meeting that more rural areas of Texas may not have the ambulance capacity to do a long transports to a higher level of care because it would take their ambulance out of the area for a prolonged time leaving residents of that community without 911 ability.
        - Longer transfer out times were something that we could consider bringing to the regional PI committee as a regional OFI.
        - Double transfers were discussed and it was noted that all double transfers should be sent to the regional PI committee for review.
        - It was brought up that for transfer review at each facility that we may have longer transfers in the lower ISS categories but that could be ok if our internal protocols allow for longer transfer times for lower acuity patients.
        - Julie reported yes, there are two separate things that will be looked at during your survey regarding transfers:
            - Transfer protocols based on your own internal identification of emergent, urgent, and nonurgent transfers. These should be data driven based on injury patterns and acuity related to your hospital's resources.
            - State PI project – these are GCS less than 9 or SBP less than 90 or both on arrival to your ED should have a door-to-departure time of less than two hours. The state PI project is something that we need to track either on the spreadsheet given to us by DSHS or on your own internal spreadsheet. This will also be tracked on a regional level given the significant differences of regions in Texas with specific challenges in each area.
        - A question regarding transfers came up about patients that present a certain way and then end up with injuries that are much worse than expected based on presentation. It was noted that these cases happen and that is what the PI process is for – to evaluate those cases to see if it was appropriate for the work-up/transfer to be prolonged.
            - It was noted that you just need to be prepared to speak to the deviations in protocols and how it was discussed and evaluated in the PI process and the resolutions/outcomes.
- Julie showed the breakdown of door-to-decision and door-to-departure time for each quarter. Overall, it looks like times are decreasing or maintaining at least since we have had a larger focus on transfer protocols. Julie will continue to bring these graphs but also start to look at the breakdown of the state PI parameters.
    - EMS wristband data was shown for Q4 as it was the first quarter that we were required to start documenting in our registry. It was noted that we had 720 EMS transports and had 324 wristbands applied for a 45% compliance rate.
    - There were two facilities that reported they did not have a way to capture the EMS wristband and everyone was reminded that as of Sept 1, 2025 – we are required to have a place to capture this in our registries and we need to find ways to capture the wristband number in the EMR.
    - It was noted that as of right now EMS is not required to place a wristband, but the new EMS rules are allotted to go live Sept 1, 2026, and then they will be required to place a wristband on every patient.
    - Julie next discussed the addition of data points to our quarterly submission to add in the state/regional PI project on transfers. Agreed upon additions to the data for Adults aged 16-64:
        - Number of patients GCS less than 9 on arrival
        - Door-to-decision time for patients with GCS less than 9
        - Door-to-departure time for patients with GCS less than 9
        - Number of patients with SBP less than 120 on arrival
        - Door-to-decision time for patients with SBP less than 120
        - Door-to-departure time for patients with SBP less than 120
        - Number of patients with GCS less than 9 and SBP less than 120 on arrival
        - Door-to-decision time for patients with GCS less than 9 and SBP less than 120
        - Door-to-departure time for patients with GCS less than 9 and SBP less than 120
        - Reason for transfer delay (based on options on the state spreadsheet)

- It was noted that we should all be collecting this data anyways (either on the provided spreadsheet or in our own documentation) for our surveys anyways so this information should be easy to report to the RAC.
- It was reported that some facilities may have longer door-to-decision times because of facility acceptance. The discussion surrounding that was facility acceptance should not affect door-to-decision time. Anytime it is noted in the chart that the patient should be transferred should be the door-to-decision time.
- Julie went over the data requirements for participation on the RAC-R Trauma committee and noted that 100% participation in data submission is required to meet participation requirements. A reminder calendar invite has been sent to everyone with the link to data submission. The data link closes the final day at midnight and will not be re-opened unless there are extenuating circumstances and those have been communicated to myself and/or Kathy prior to the deadline.
- It was asked if we could get a confirmation receipt once the data has been entered. Julie and Kathy to bring that up at the board meeting with Diana. Miranda from UTMB reported that she believes there is a way for an automatic email to be sent back as she does that with CEs for education.

- Kathy showed the delayed transfer reasons presented at the GETAC meetings
  - It was noted that system issues seemed to outweigh geographical constraints.
  - The data was broken out by Rural, Urban, and overall state ranking.
  - The top 5 State Rankings were:
    - Delayed transport
    - Delayed transfer decision-time
    - Complex life-saving interventions
    - Delayed image reads
    - Delayed transfer acceptance
  - Image reads and transfer acceptance were not in the top 5 for urban facilities and instead they cited emergent and urgent time-sensitive transfer needs not identified.
  - Some discussion surrounding image reads was had where at GETAC it was reported that ED physicians should be able to do some limited real-time image reads. This was noted to be variable by physician and how comfortable they are with reading imaging.
  - Bed availability issues were discussed but it was noted that these patients should really be ED-to-ED transfers so bed availability should not be an issue. It was noted that at UTMB all trauma transfers except isolated hip and isolated complex hand should be transferred ED-to-ED and if this is not happening, the TPM should be notified.
  - We did report that UTMB does not have control over transfers of the TDCJ population. These are handled by the prison system. This is a larger project undertaking that is something UTMB will be tackling down the road.
- Draft Regional PI request form was presented to the group, and the process was discussed at a high level. It was noted that the PI committee's first official meeting is at the end of March and these processes and forms are subject to change. Julie did note that she will send out the draft for any regional PI needs and encouraged people to utilize the form and turn it in ASAP so that the PI committee can use the draft form to walk through some cases and identify if any changes need to be made.
  - All double transfers are to go to the regional PI committee.
  - The PI committee should meet once a month unless there are no cases to review and in that case the meeting will be cancelled.
- A brief update on the trauma data repository was given. Current go live for the project is slotted for Sept/Oct.
- Regional Trauma Plan was presented
  - The plan was reviewed and approved in June of 2025. It was requested that we put it in a new format to align with other regional plans. It was suggested that we put pediatric readiness into the trauma plan, plan to be sent to the regional PECCs for generic input on pediatric care protocols.
  - It was suggested that the pediatric protocols should be broad such as transport protocols and pediatric facility capabilities.
  - The only other thing is missing is the regional prehospital triage guidelines which are with the EMS committee at this time.
  - The committee members are comfortable moving forward with these additions and will be brought back once completed for a final vote.
- Professional Development Request Requirements were reviewed
  - Anything on the pre-approved list will be approved as long as the correct process is followed
  - If the class is not on the pre-approved list you are welcome to still turn in a form and the board will vote on if it is approved or not. If you do not want to pay prior to knowing if it is approved, you may send a request

into the board to review the course, but you will need to do that in enough lead time so the official request can be approved at a board meeting prior to the educational offering.
    - Correct process is as follows:
        - Sign up for the course and pay for it
        - Fill out Professional Development Form found on the RAC-R website
        - Turn in the completed Professional Development Form and proof of payment to RAC executive assistant no later than the Friday before the Board of Directors meeting that is prior to your training.
        - The BOD meetings can be found on the RAC-R website calendar.
        - You will receive an email reporting if the board approved your request
        - CEs/Certificate of completion needs to be sent into the RAC executive assistant no more than 2 weeks prior to the end of the class.
        - Once received, reimbursement will be processed.
        - Each person gets up to $1,000 per fiscal year for educational offerings. If the offering is more than $1,000 the RAC will pay up to $1,000 for an approved course.
        - It was also noted that if you are going to a conference or something that offers multiple CEs, if you only turn in (for example) 2 CE hours and there are 16 CE hours offered, the RAC may not reimburse you for that educational offering.
- DAQ Questions
    - Reported that the new requirement is use of the DAQ for surveys post Jan, 1 of 2027. If you have a survey before that and have sent DSHS your application, you can request a DAQ to review and fill out once it is released.
    - It was suggested that you obtain one even if you are not required to use it because you will still be held to the DSHS standards during your survey.
    - A list of potential deficiencies from surveys were discussed:
        - Disaster drills and Job Action Sheets for liaisons
        - A data quality plan, PI plan, and trauma operational plan are required as 3 separate plans
            - Julie to send out the UTMB Data Quality Plan to the group
        - Pediatric Readiness and adoption of a PECC
            - Requested that pediatric readiness be a topic of conversation at the June Trauma Committee meeting.
        - OPPE protocol and oversight of the hospitalists
    - Kathy and Julie offered themselves as a resource to help with survey preparation.

Meeting Adjourned at 1045