



SETRAC Trauma Committee

Thursday March 3, 2022
SETRAC Conference Center, 1111 N. Loop West, Suite 160, Houston, TX 77008
Virtual Meeting

Page 1 of 5

TOPIC	DISCUSSION/RECOMMENDATION	ACTION/FOLLOW-UP
Presenter: Dr. Michelle McNutt Topic: Call to Order/Approval of Minutes	Minutes from the meeting on January 6, 2022, were approved with no changes. Attendance will now be tracked by going to https://www.setrac.org/trauma . This is where you also will enter your code words	Minutes approved with no changes
Presenter: Eric Bank Topic: Whole Blood • Component Therapy Program	Bellaire and CyFair Fire Depts are still active both with whole blood A few more agencies are going through the process as this goes on. Recommended developing a best practice guideline to follow and send out to keep the positive momentum going. This is becoming more of a regular practice then just a specialty that is seen every now and then. There is a place in Florida that sells a life flight blood tag. Potentially develop a guideline data base and start to collect prehospital blood data throughout the region. Potential project for the research committee. Will present best practice document at the next meeting and attach the ABB guideline for prehospital blood products for approval will discuss with Brett and Data Subcommittee to see if it is worth studying. May look at utilization, wastage, as well as complication.	The committee has no further recommendations
Presenter: Chris Collier Topic: Protocol for EMS agencies during an MCI	With the last surge the group did not meet. Will have one soon. There is a lot of interest. Since COVID is slowing down multiple agencies want to review protocols for EMS and test their processes. There are a few exercises and trainings coming up with agencies across the region. Important to note the April 12 th on 100 burn patient response. Testing ability to respond to a mass burn incident in our region. There is only one verified burn center in Houston. There will be two phases morning and afternoon. Morning phase tabletop with response agencies. Afternoon functional exercise. Will focus on collaboration between Emergency Preparedness and Clinical. The next call will be March 17 th bringing more	The committee has no further recommendations



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Page 2 of 5

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	facilities in for a drill on the operation. Another full-scale exercise will be in Montgomery County on April 8 th consisting of scenarios on the MCI side. There is a large interest in participating in the workgroup. The next EMS Committee meeting will be March 18 th . Started incorporating cases to present during the EMS committee. Will be bringing in different systems as a whole system approach down from the EMS side to the Air Medical involved in the hospital through surgery and outcome being identified. On the 18 th Dr. Osborn is going to present on the steps. The goal is to incorporate in the prehospital meetings. Reach out to me, Allen, Dr. Osborn, or Justin the EMS Committee Co-Chairs for reporting.	
Presenter: Chris Campbell Topic: ACS Survey in the Virtual World New Expectations for ACS Guidelines	ACS Update sent out in trauma system newsletter. New staffing and staffing education is coming out in the new standards. Registrars must be a current Certified Abbreviated Injury Scale Specialist and all registry staff must take and pass the most recent version of the AIS course in Texas and taken within the first year. It will be good if people have not retaken the course to take a refresher. All registry staff must take an ICD-10 course or refresher course every 5 years. All register also must have 24 hours of trauma related CEs during a three-year cycle. The ACS standards will require that level threes and fours meet the standards. Must create a structured plan for the trauma operations plan that Jorie put out on the DSHS website. Written performance improvement and patient safety plan that covers defined process also a data quality plan that is part of the operations plan. Slides are available. Should all be reviewing the data once per quarter especially if submitting to TQIP every quarter to show compliance. New Protocols and guidelines that each center will have to have. There are a lot of changes that may make a huge impact on more registrars as it relates to FT requirements for admissions. Tonya will send the presentation slides out after the meeting.	The committee has no further recommendations



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Page 3 of 5

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Presenter: Brett Dodwell Topic: Trauma Research Workgroup Update • Subcommittee Leadership	The research committee has two potential projects that has been discussed in a couple of the subcommittee meetings. Dr. Drake's "It's Only A White Line" which is the stranded motorist fatality project and mechanism by injury zip codes for the entire RAC. The thought process is building a heat map or visual map by zip code for our entire RAC region listing the top five trauma mechanisms of injury. The group voted not to do the stranded motorist project right now but will do the injuries zip code mechanisms. Will reach out to Dr. Arredondo for a prevention initiative. This is a project that Dr. Drake partnered with TXDOT.	The committee has no further recommendations
Presenter: Stephen Mora Trauma Data Registry Update:	It's Only A White Line was discussed in the data meeting and resolved. The data micro view from Q1 2018 – 2021 - Q3 2021 was discussed the level 1's and 2's trending on track with similar numbers back in 2018 and kind of split and broke away so there is a gap between the two. Contributing factor is the downgrade of Memorial Hermann SW trauma program. There has been an uptick in level 4's activity probably at the same time. A distribution of those patients was still arriving at that facility and are still arriving there, so there is an uptick in level 4 activity otherwise the other levels have remained steady. Top five mechanisms of injury falls are the highest, motor vehicle, assaults, and firearm. Mortality by designation level 1 have the higher mortality percentage because they get the bulk of the critical patients followed by the level 2 and the others make up the percentages from 2015-2021. Pediatrics data is the same information level 1 make up the bulk of the volume do not be alarm by the dip in Q3 it will change when the Q4 data come in there was a center whose data will be included it will probably regress back up to where it should be. Level 4 make up another bulk of the next highest volume of pediatric patients due to geographic location parents will take their children to a center that is close to their neighborhood rather than come all the way	The committee has no further recommendations



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Page 4 of 5

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	to the medical center. That correlates why there is an increase in level 4 activity and the other levels 2's, 3's and non-designated are all stable over time. Top 5 mechanism for pediatric injury Fall, Motor Vehicle, Struck by Against, Fire Object Substance, Transport land other. Mortality percentage 2020-2021 dropped there were at the non-designated one patient expired 100 percent mortality was to be expected. The number was so small will normalize when the rest of the data for Q4 is in. Same issue occurred with the level 3 they had a total of three patients out of five that were in the critical group which drove their mortality percentage up quite a bit that little peak as well caused by a low volume of patients that ended up expiring. Did not see anything alarming they were all in the ISI group greater than or equal to 25.	
Presenter: Sarah Beth Abbott Topic: Pediatric Committee Update	No update the committee meeting was canceled last meeting, so we do not have anything to report. 4-Part Pediatric education series beginning April 14th CEU's provided.	The committee has no further recommendations
Presenter: Kacey Sammons Topic: Injury Prevention Committee Update	Fall prevention committee workgroup have 30 trained to be Tai Chi fall prevention instructors. Currently doing Tai Chi at Huffman on Tuesday and Thursday. Will visit with Kingwood to talk about Tai Chi.	The committee has no further recommendations
Presenter: Kacey Sammons Topic: Stop The Bleed/Child Abuse Prevention/Firearm Prevention	Still have several stop the bleed instructors, but we do not have an active workgroup at this point and time within injury prevention, but still have the kits they are available for people that want them. April is Child Abuse Prevention month registration is live and virtual it will be April 1st and there is a small cost for CEs an excellent education opportunity provided by Texas Children Hospital and Texas Memorial Hermann. SETRAC is paying for a limited quantity of blue pinwheel lapel pens and child abuse prevention materials for regional hospital providers who often care for child abuse and maltreatment patients. They will be distributed throughout the	The committee has no further recommendations



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Page 5 of 5

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	month of April. The planning on this is still in progress. Firearm prevention Harris County District Attorney's office has a safe storage public service announcement they aired and are trying to work with regional facilities to help disseminate via websites and social media outlets. Tonya has the links and will attached to the chats for anybody interested. There is also a registration for Cape Day.	
Open Discussion	A date has been set for the Trauma Registrar Workshop for September 16, 2022. Tonya is wanting to put together a calendar for national regional awareness topics if you know of regional awareness events or anything you would like to participate in. She wants to create unified messaging so everyone can send the dates out together. If you have ideas for that let her know. Tomorrow is the last day for early registration group rates for Society Trauma Nursing Conference in Las Vegas at the end of March early April. Memorial Hermann Trauma symposium registration is open its March 25 th . That is a virtual and in person event.	The committee has no further recommendations
Adjourned / Next Meeting	There being no other items for discussion, the meeting was adjourned. Next Meeting will be held Thursday, May 5, at 2:00pm to 3:30pm - SETRAC – Virtual Meeting	