TOPIC	DISCUSSION/RECOMMENDATION	ACTION/FOLLOW-UP
Presenter: Dr. Michelle McNutt **Topic: Call to Order/Approval of Minutes**	Minutes from the meeting on March 3, 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: Blood Workgroup Update**	Next meeting will have a best practice guideline to put out for the region. Blood products across the county are becoming center of care for EMS at the same time becoming difficult to obtain for both prehospital and in hospital. Tried many times to turn it into a full regional program with exchange at the hospital level one with the blood center which is not possible currently. The best path for this is to produce a best practice document for the region to follow. There are 8 or 10 EMS agencies that carry some sort of blood component in the RAC region at this point. It has reached the tipping point across the country starting to see whole blood and component blood therapy programs pop up.	Best Practice Guideline for the region on blood products.
Presenter: Chris Collier **Topic: Burn Surge MCI Update**	April 12, 2022, held a two-phase exercise one was a tabletop exercise focusing on the response portion of an incident and the other was the phase two portion the functional side physically inside a CMOC activation, 4-6 hours post incident of a surge and how to handle it. A scenario of a hypersomnia breach which could occurred at 225 and 610 area causing up to 110 victims with the majority at least 60 being burn patients. Working on an after-action plan that has not been released yet. Areas for improvement were having more clinical knowledge when doing the exercises, working more with the clinical side, and looking at recommendations. The biggest thing is there were approximately 5 burn beds available in the region that is with Memorial Hermann and UTMB Shriners our capacity at that time. Non burn center hospitals would have to	The committee has no further recommendations

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	treat burn patients for a time until appropriate care could be found it could be up to 96 hours or longer to get proper placement. Intermediate time frame hospitals would need to have a plan in place to care for burn patients, supply, and personnel demand for up to a week until the patients can be moved. Not only just burn training is needed but having burn specialist come to the non-burn facilities to help and give their expertise during a surge if the patient cannot be moved quickly. There is a lot of language used in the field between EMS, responders, and hospitals when talking about MCI. There needs to be a common language when describing things in the region when it comes to triage, transportation, load balance, patient distribution, and triage methods being used. They are working on the challenges and a plan to get everybody working on the same page. Recommendation was made to form a workgroup for those interested, those on the RHPC side and the Trauma committee to come up with a best-case scenario to manage the demand.	
Presenter: Chris Campbell **Topic: ACS Survey in the Virtual World Report**	The new Trauma book came out going through them waiting on the new compliance document from DSHS. The rules are going to move to the rules committee in June for comparison. Gave an update for those doing TETAF surveys. TETAF added a new thing where basic level 4 trauma centers with OR, ICU capability in five or more ER to OR cases and/or 5 or more ER to ICU cases with ISS greater than or equal to 9 and/or receive trauma transfers will require an additional surgeon to the team. The definition for the surgeon is five or more ED to OR or ED to ICU. Level 4 trauma centers be prepared to have a surgeon there and to fill out the rehab, OR and ICU portion of the survey. Dr. McNutt will discuss the Charcoal Book at the next meeting.	The committee has no further recommendations
Presenter: Brett Dodwell **Topic: Trauma Research Workgroup Update**	Embarked on next focus for the research group is top five mechanism of	The committee has no further recommendations

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• **Reminder Torniquet Data**	injury per zip code for the entire RAC with anticipation of developing a heat map. The next Trauma Research Workgroup meeting is July 7, 2022, from 1:00pm-2:00pm.	
Presenter: Andrew Hiriart **Trauma Data Registry Update:**	Andrew presented 2021 data slides for review. 4th quarter data was received. Total percentages were shown for Pediatrics and adults for; volume by designation levels from 2018 - 2021, Mortality percentage by designation by level from 2015-2021, and the Top Five Mechanisms of injury. Falls and Motor Vehicle were the top two out of the five mechanisms for both adult and pediatrics. Grace gave an overview of the New RAC rules to be implemented in 2023-2024 they are still being reviewed and has not been finalized. The state is having all the RACs look at their programs for system regions of care not only for trauma but for stroke, cardiac care, and the acute service lines. They would like for the RACs to score themselves according to a toolkit that they have in place 33 metrics score of 1 not meeting metrics at all. A score of 2 -5 exceeding those metrics. It will be implemented in 2023 and the programs will go into effect. The RACs will look at their programs at the end of the year take the survey if there are areas that need improving the RACS will need to do a performance improvement plan in 2024. There are not many specifics given as far as data points but what they are looking for is the overall system of care. How the trauma committee is interacting with partners outside of trauma facilities and EMS agencies. Are we sharing data, doing programs that include long term facilities, public health, local government leaders, and the general public? They also want to know more about patient outcomes including mortality, double transfers, and demographics. Some we are doing and some we may need to expand more upon such as outcomes and discharge disposition. The most resent EMS committee meeting EMS was open to collecting data based upon the information the	The committee has no further recommendations

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	committee is wanting. Andrew advised that the workgroup within the trauma subcommittee is looking at a registry and data collection education. On September 16, 2022, there will be an all-day Trauma Registry Workshop an in person and virtual event geared toward trauma program managers, other nurses, those in the business of collecting, reviewing, and abstracting data, registrars whether clinical or nonclinical. For the event they are seeking nursing continual education credits as well as trauma specific registry hours certificates which is a new trauma specific education requirement of the HCS for level 1 and 2 centers for their registry staff. A save the date flyer and brochure will be coming out soon with the speakers, itinerary, and presentations. The Subcommittee is looking for a Co-Chair if interested please reach out to Andrew or Tonya Carter.	
Presenter: Sarah Beth Abbott **Topic: Pediatric Committee Update**	Sarah thanked Andrew for his in-depth data presentation at the last meeting. Cary Cain and Angie Hayes presented on child abuse prevention and training tools. Dr. Kaziny spoke on the NPRP assessment results from our area and was very pleased with the response rate and wants to make sure we continue. He also shared he received RIB approval for showing and studying the effectiveness of the PECC workshop. Hopefully more information will be coming out of it and that looking to a virtual opportunity. The next Pediatrics Committee meeting will be June 9th at 11:00 a.m.	The committee has no further recommendations
Presenter: Kacey Sammons **Topic: Injury Prevention Committee Update**	Tonya gave a quick update in the absence of Kacey and Kristen. Spencer Greene guest speaker for Injury Prevention gave a presentation on snake bite prevention and treatment. Child Abuse Prevention month April 2022 was discussed. Had over 40 agencies in our SETRAC Region that requested education material and lapel pins that were delivered. Discussed It's Only A White Line initiative and possibly doing an awareness campaign more to come on that. A call went out for leaders for	The committee has no further recommendations

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	the workgroups and were answered, Melanie Bradshaw is the leader of our Fall Prevention Workgroup and David Watson is the leader of our Firearm Safety Workgroup. May is water safety month we have flyers on water safety in English and Spanish on our website under injury prevention and resources. If need assistance finding it reach out to Tonya or Kristen.	
Presenter: Kat Samuel **Topic: Stop The Bleed Subcommittee Update**	The Month of May is the National Stop the Bleed Month and May 19th is the National Stop the Bleed Day. The Stop the Bleed Texas Coalition Newsletter was shared, and everyone was encouraged to reach out to creeves@hotrac.org to be added to the listserv to receive updates and the newsletter. The large Stop the Bleed training was mentioned. Jennifer Carr is the group lead Jennifer.carr@christushealth.org for those interested in helping were asked to reach out to Kat or Brett. A workgroup leader is needed. Once established they will need people to volunteer to lead the workgroup/taskforce and the logistics of how often to meet will need to be determined. Suggestion was made to make the leader of Stop the Bleed a paid position instead of volunteer. Kat is the point of contact at the RAC level for Stop the Bleed it takes up 50% of her time to coordinate the requests coming in and getting them disbursed to instructors as well as the request for classes. With the state Stop the Bleed Coalition, Stop the Bleed is not going to go away as a RAC there is going to be pressure to continue. At the RAC level each RAC has a section in the newsletter to fill out. A suggestion was made for a meeting call with Brett, Kat, and Tonya, to discuss a Stop the Bleed Committee to develop a workgroup and funding the position. Kat will send an email through the listserv for availability for a meeting call. Kat will send a follow up email with the information discussed.	The committee has no further recommendations
Presenter: Chris Collier **Topic: EMS Committee Update**	Next EMS meeting is Friday, May 20, 2022. Started doing the meetings with case presentation the whole system approach it was well received the plan is to continue doing it. A few things discussed 1) RAC rules 2) Briefed on new state initiative to buildout the EMS workforce will be coming	

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	available to get people to go to school. Recently learned about PI how RACs are covered. As a RAC when it comes to doing actual performance improvement there are laws that do protect the RACs and agencies that are involved in the PI process that was not previously known will discuss along with the RAC rules.	
Open Discussion	Dr. Helmer asked the if headway was made or any discussion on trauma patients being transferred to the nearest trauma center as opposed to miles away? It is an important issue. Patients are sent to him from 60 miles away when 3 or 4 trauma centers are in between him. They are in the process of working on the rules at DSHS. Destination is up to the Medical Directors of the hospitals. Maybe this subject could be put on the agenda to be discussed further. There is not much data on transferring trauma patients. Andrew advised the data is collected, but it is blinded. TTCF is Monday, May 23, 2022, in person only and GTEC is the week of May 22, 2022, in Austin as well.	Discuss trauma patient transfers to nearest trauma centers.
Adjourned / Next Meeting	There being no other items for discussion, the meeting was adjourned. Next Meeting will be held Thursday, July 7, at 2:00pm to 3:30pm - SETRAC – Virtual Meeting	