



SETRAC Trauma Research Workgroup

Thursday, May 4, 2023
SETRAC Conference Center, 1111 N. Loop West, Suite 160, Houston, TX 77008
Virtual Meeting

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TOPIC	DISCUSSION/RECOMMENDATION	ACTION/FOLLOW-UP
Presenter: Brett Dodwell Topic: Call to Order/Approval of Minutes	Brett called the meeting to order. The minutes from March 2, 2023 were approved. Attendance will now be tracked by going to www.setrac.org/trauma . This is where you will enter your code words given at the beginning and end of the meeting.	The committee has no further recommendations
Presenter: Brett Dodwell/Grace Farquhar Topic: Research Topics Top Five Mechanisms by Zip code	The focus for the research projects were discussed. Grace Farquhar gave a quick update on the top five mechanisms of injury by zip code heatmap platform. They are still waiting on data to put into the heatmap, they will be adding the age categories once they get that data and will include 2022 data. Right now, they have the 2021 data. Brett thanked Grace for the heavy lifting with the heatmap and graphs. He apologized for the delay that was out of their control they wanted to have the heatmap functioning and operational for today's meeting. He advised that they should have the heatmap functioning in two months hopefully to share at the next research workgroup meeting. Dr. Wilson mentioned at the last trauma committee meeting a special trauma mapping project that he, Baylor, UT, Dr. Fox, and Harris Health are working on. There may be some parallel alignment between what the RAC is doing with the heatmap project and what their group is doing. Brett is planning a meeting with those apart of the special mapping project to share what the research workgroup is doing with their heatmap project to make sure the efforts are not duplicated. The meeting will be May 10th Brett will report back to the group at the next trauma research workgroup meeting. Dr. Wilson thanked Brett for bringing the topic to the research group.	The committee has no further recommendations
Presenter: Brett Dodwell Topic: Research Topic Tourniquet Data Submission	Brett reminded the group to submit their 2022 tourniquet data if they had not already done so. They have 5 years of aggregate data 2018-2022. He advised they are years ahead of the other RACs as far as tourniquet data abstraction, harvesting and scrutiny at the RAC level.	The committee has no further recommendations



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	Total tourniquet uses for 2018-2022 has been steady with a small increase in the last three years with the 2022 data showing 468 tourniquets. Regional tourniquet uses by age the same years mapped out by age 0-15, 16-33, 34-50 (high risk group), and over 51 was mentioned. The high-risk age group in trauma has the predominate use of tourniquets. Same year tourniquet uses by mortality showed no change. The tourniquet uses slightly increased in the last three years mortality has slightly decreased in the last three years both going in the right directions. There were 26 fatalities as a numerator for 468 tourniquet cases as the denominator for the 2022 data. Percentage ED disposition to the OR broken down by designation level was shown Tourniquets arrived in the ED that went to the OR: • Level I – 49% • Level II - 44% • Level III - 9% ED to OR was shown for all five years showing it was stable and baseline. ED to OR by age breakdown 50% of the twelve cases small denominator for 0-15 age group going to the OR. Percentage of ED disposition ED to floor and to home. A trend Brett like to see. • ED to OR – 40% for all levels • ED to floor – 23% • ED to home – 9% Tourniquet application (actual physical location where the tourniquet was applied self, police, helicopter, ambulance, referring hospital, ED seen and unknown) vs. outcome by the 2020 data. The predominate location for tourniquet application was seen at 362 of the total denominators. There were 41 unknown locations sometimes in abstracting its possible not to know the location where the tourniquet was applied. They are going to keep a trend on it to make sure it doesn't grow if it does start growing it will be addressed a tthe data subcommittee workgroup and perhaps at the trauma registry	



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	workshop classes held twice a year to get the number more definitive. 22 fatalities of the 362 applications were applied at a scene. Note to point out of the 41 unknown locations there were zero mortalities. 22 arrival mode with mortality of 19 arrival mode by EMS of 389 cases. Everyone was given a handout of the CMS (Centers for Medicare and Medicaid services) Guidance, Stop the Bleed Texas Coalition, ICD10, 16 PCS procedure codes for tourniquet abstraction and reporting as a resource to take back to their facilities.	
Presenter: Brett Dodwell Topic: Open Discussion ○ State vs RAC Tourniquet Data ○ Stop the Bleed Coalition ○ Trauma Registry Workshop Reminder	State vs RAC Tourniquet Data Brett mentioned the STB coalition a statewide coalition mostly of RACs, hospitals, and EMS have been working with the state partners epidemiology pulling tourniquet data out of the state registry as opposed to tourniquet data at the RAC which is disseminated by hospital supplying it to the RAC itself. An overview showed a huge deficiency in the numbers at the state level compared to our RAC and other RACs that do robust tourniquet reporting. The state had a technical issue with the state's registry pulled data it has since been fixed. The numbers pulled now are much better and accurate but there is still a lot of work to do. The next state coalition meeting is May 5 th Brett is the chair of the data workgroup committee of the coalition they meet every first Friday at 9:30am–10:00am sharp If anyone is interested in joining the meeting reach out to Brett or Suzanne Curran. Trauma Registry Workshop Reminder Andrew Hiriart reminded every one of the free in-person trauma registry workshop May 26 th from 7:30am-4:30pm geared towards trauma data registry professionals, trauma program managers, registered nurses, and anyone involved in the collection, review, and validation of trauma data. 6.5 CE credits will be given. The registration deadline is Thursday, May 18 th there are 35 people registered as of today. Brett asked the instructors that will be doing a Kahoot to send their information to him. ESO will be providing lunch for the	The committee has no further recommendations



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	workshop. May is trauma month, stop the bleed trauma day is May 26th. Reminders TQIP deadline 1st quarter 2023 was extended the window opens May 15th as opposed to May 1st and ends on July 14th. State inclusion vs burns - the state is on track to change to 2023 NTDB inclusion criteria during this calendar year to exclude isolated burns. If following 2020 inclusion criteria, when sending isolated burns to the state they will be accepted, verified, and not excluded. When the state moves this year to 2023 inclusion criteria it will exclude isolated burns. Brett will keep everyone informed of the changes.	
Next Meeting/Adjournment	Thursday, July 6, 2023, from 1:00pm to 2:00pm - In Person Meeting In Person Meeting	Code Words: Trauma/Month