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| **Presenter: Andrew Hiriart**<br>**Topic: Call to Order/Approval of Minutes** | Andrew Hiriart called the meeting to order. The minutes from the meeting on September 5, 2024, were approved. Attendance will now be tracked by going to https: www.setrac.org/trauma or the QR Code at the end of the meeting. Suzanne reiterated that at the end of each meeting attendance need to be logged to received credit for that meeting. At the end of each meeting there is a QR code for scanning and logging the attendance for that meeting. | The committee has no further recommendations. |
| **Presenter:** Andrew Hiriart<br>**Topic:** New Business<br>○ Q1-Q2 2024 Data Review<br>○ Adult | Andrew advised he would only be showing Q1-Q2 Adult data as there was some things in the pediatric data that needed resolving before the data was ready to be shared. The pediatric data will be reviewed at the January 9th meeting. Andrew reported on 16,583 adult records from 34 facilities submitting data. As a reminder the adult data includes patients 16 and older regardless of the facility they were treated at.<br>Slides reviewed<br>• **SETRAC Trauma Level by Month**<br>Data was shown for the first two quarters January – June, the data was separated by designated Levels 1-4. Non designated reported zero for the first two quarters. Level I represented the highest submission levels, as the summer months approach the Level Is tends to go up while the other Levels tend to fluctuate back and forth. There was a little decrease in June from all Levels nothing super significant. The total for all Levels were 16,583 represented in the data set<br>**Total Patient by Designation Level (Quarterly)**<br>The data shown went back to 2018-Q2 2024 The data fluctuated due to hospitals going into pursuit showing the level change across the year. Overall, the data showed a rise in patient volumes across the year definitely Level Is. Level IIs kind of dipped down after 2018 and then showed a rise. The Level IVs had a drop in 2023 and are holding steady. As far back as 2023 there were no non-designated that were submitting data showing a flat line. Overall trend is an increase in patients across the board | The slides going forward to show how many Levels there are |

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| | for trauma.<br>• **Levels by ISS**<br>A breakdown of the ISS of the four main categories; Trauma broken down by designation level (Level I – Level IV). Most of the patients were represented in the ISS 0-9 which was the Level I facility. All facilities report the highest level of patients in the 0-9 category and drop down as the ISS increases across the board. The highest ISS going to the higher-level facilities in general which is what they like to see. They always keep an eye on missing ISS data there were no missing ISS data for the first two quarters from Level I and Level III but there was a little missing ISS data from Level IIs and IVs. They have project in place where they reach out to those facilities.<br>• **Records Missing ISS**<br>Records were shown from 2015 to present. They looked at what levels had missing ISS records. They saw that Level IVs had missing ISS records. Suzanne advised it may have been because some Level IVs was using Mavin where they could submit records without ISS which would explain why they had a significant number of missing ISS data. Andrew advised if using AIS coding and coding using a .9 code it will not generate an ISS so again there is an education level. There are some reasons why you would use an ISS with a .9 basically a .9 is an injury with no information. As far as 2020 it has decreased significantly so the efforts are helping with the registry workshops teaching on coding. They continue to educate on the importance of reporting a proper ISS.<br>• **Injury Severity Score with Mortality**<br>The ISS mortality was shown and discussed broken down by total records, the total mortality, and total records that represented the death and ISS category they were in.<br>Level I – 4.390%, Level II – 3.005%, Level III – 0.967 | |

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| | Level IV - 1.738% The highest level of ISS tends to be the ISS >=25. One thing they look at is the ISS 0-9 category. Of 30 patients 1% mortality one thing to consider the ISS score does not indicate mortality but they are related in the sense that the higher the ISS there is a likelihood of morbidity and mortality. They are working with the EMS partners to make sure the hospital and EMS are on the same page.<br>• **Hospital Arrival Methods**<br>There are protocols in the different agencies on where the patients are taken. Percentage by all Levels were displayed and discussed Ground Ambulance 77.5%, Private or Public Vehicle- Walkin – 17.7%, Helicopter Ambulance – 4.2%, Police – 0.4%, Not Documented – 0.1%, Other – 0.1% Fixed Wing Ambulance – 0/0%<br>• **Mortality by Age - Adult**<br>Broken down by age groups by the total of patients and number of deaths. Typically ages 19-44 tends to rise in mortality by a percentage and drops down. They tend to see more in the geriatric elderly plus population with increase in falls, morbidity, and mortality they will continue to watch the trends.<br>• **Top Five Mechanisms of Injury Adult**<br>Falls -10,452 @ 58.2%, Motor Vehicle – 2,361 @ 13/1% Struck by Against (Assaults, Unintentional, Intentional) 1,235 @ 6.9%, Firearm 819 @ 4.6%, Cut Pierce-Stabbing/Cuts (unintentional, Intentional) 778 @ 4.3%<br>Andrew mentioned one of the things they want to do for next year once the committee chairs are in place is to focus on falls if the subcommittee agrees as falls continues to rise every year it is up 20%. Andrew mentioned the heat map with zip codes that Grace made to see where falls are occurring. Andrew thinks falls will continue to go up as the geriatric number goes up, we are living longer and continue staying busy. He wants to look at other things that can be done to mitigate falls. The | |

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| **Presenter:** Andrew Hiriart<br>**Topic:** Coding Education | heat map will pinpoint the area that have the most falls and maybe doing education in the community will help. Andrew mentioned there is a firearm committee as well and the efforts are ongoing. There are different events where hospitals provide gun locks. Since 2016 falls has gone up to almost 50%. There was a slight decrease in motor vehicle, struck by against showed steady, firearm continues to fluctuate. Falls is always going to be the top mechanism it's a big umbrella on the types of falls i.e. elderly, intoxication, work related, etc.). Diving into the fall data and looking at the types of falls and how they are coded will make a difference. Stephen asked if the slides could show how many facilities are in each Level. Grace said she could do it.<br>• **Top Five Mechanisms of Mortality**<br>Discussion of the total, percentage, mortality percentage, and deaths was had. Grace will take a further look into the mechanisms.<br>• **Transfer Out by Level – Adult**<br>A pie graph was shown Level 1 –39 @ 2%, there are Level I facilities that don't take care of pediatric patients so they would be transferred out. Level II 81 @ 5%, Level III 1008 @ 56%, Level IV 664 @ 47% the trend shown is what they want to see.<br>Andrew advised he always wants to hear feedback to make the subcommittee better.<br><br>At present they are working on the trauma registry workshop for the spring. He did an IRR on gunshot wounds 10 questions was sent out to facilities with a 60% overall rate which is good for the first one. They will provide more education at the next trauma registry workshop and send a pretest posttest with education in the middle to see if there was improvement. | |

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| **Presenter:** Rebecca Crocker/Chris Campbell<br>**Topic:** Standing Reports<br>○ Trauma Registry Workgroup Update<br>○ ACS Update<br>○ Trauma Rules Update | **Trauma Registry Workshop Update**<br>Rebecca reported they had a small group meet if anyone is interested in joining the group please let them know. They can help with planning they don't have to present anyone interested is welcome to help with planning of the next trauma registry workshop. Their next planning meeting is November 18th.<br><br>**ACS/Trauma Rules Update**<br>Chris reported briefly on the Charcoal book deficiencies. They had 40% that did not pass the ACS verification she believes 56% is having a focus review. They are serious about this. Chris advised on a few things 1) look at your survey reports. 2) They look at the case reviews that the surveyors put in 3) Then it goes to Jorie who determines if there are additional deficiencies that the surveyor didn't give. 4) When you sit with your surveyor explain what your process is. Chris asked that Carrman send the slides out after the meeting so everyone could have them. Andrew mentioned data validation if there is anything anyone need help with the RAC is here to help Suzanne, Chris, and Andew will help.<br><br>There are no updates on the rules they are still in process. | The committee has no further recommendations. |
| **Open Discussion**<br>○ Old 2025 Calendar Invites Removal<br>○ January 2nd Meeting moved to January 9th | Suzanne asked that everyone delete the old 2025 individual meeting invites and Carrman will send out the new 2025 Trauma Day meeting invites. She advised the data subcommittee of the election for committee leaders in Pediatric, Injury Prevention, and Trauma Committee. They will be voting for new committee leadership today in those committee meetings the nominees will have a chance to give a 1–2-minute introduction speech. Friday morning, November 8th Suanne will send the ballots to each facility there is one vote per facility she asked that it be returned to her by 5:00pm Monday, November 11th. Once the new chairs are selected their names will be presented at the board meeting Monday, January 27th for approval. Once approved the new leadership will start their roles.<br>January's meeting is on January 2nd Suzanne asked how everyone felt | The committee has no further recommendations. |

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| | moving it to the 9th everyone agreed. The July's meeting will also be moved from July 3rd to July 10th due to the 4th of July holiday everyone agreed. Suzanne asked that everyone please scan the QR code at the end of each meeting so that there is record of attending the meeting. | |
| **Next Meeting /Adjourned** | There being no other items for discussion, the meeting was adjourned. The next meeting **– Trauma Day, Thursday, January 9, 2025, 9:00am – 10:00am – In Person Meeting** | |
| **Attendees** | Blake Milnes, Alexa Ayala, Christian Arick, Christine Campbell, Alyssa Badillo, Stephen Mora, Andrew Hiriart, Sharon Humphreys, Tammi Culp, Jessica Yell, Sarah Abbott, Lisa Martinez, Cristy Stermer, Lisa Marinez, Jessica Vickers, Jackline Nwokejiobi, Gloria Bagshaw, Krisann Shoemaker, Brandy Valdez, Anika Butler, Susannah Meg Michael, Rebecca Crocker, Kristal Whittington, Niragi Patel, Michele Carter, Nichole Davis, Julie Matson, Ben Shapley | Code Words<br>Pumpkin/Pie |