NCRTAC Trauma Coordinator Meeting September 15, 2022 Aspirus Wausau Hospital & Teleconference

Members present: Gina Brandl, Sara Steen, Nikole Dekan, Jason Keffeler, Dana Klug, Chris Keller, Cathy Connor, Kaci Klemm, Megan Foltman, Jenny Blenker, Andrea Hebert, Dr. Michael Clark, Rachel Symons, Margaret Finco

Recorder: Michael Fraley

Call to order	Meeting was called to order by Brandl.
Introductions	Attendees provided brief introductions of themselves.
Trauma Team Activation Criteria	Discussed TTA criteria including some adding tourniquet use. Discussed elderly fall criteria used by Theda (attached) and the use of a mechanism to fast-track certain patients to CT.
	Falls identified as a challenge as the same presentation can turn out to be a very bad outcome in one patient while in another it can be no injury.
	Facilities should monitor undertriage. Highest level cases should never not be activated.
	Michael will collect TTA from all facilities and prepare a comparison matrix to review for the next meeting.
PI Indicators	Over/under triage is standard.
	Should have indicators for EMS, ED and inpatient.
	Discussed examples.
	Discussed process to identify cases to review.
Next meeting	Following the NCRTAC general meeting December 1, 2022.
	Review TTA comparison matrix.
	Review loop closure and documentation of process.

	Adult (ages 15-74)	Geriatric (age 75 and up)	Trauma Center Activation Criteria - 2022 e 75 and up) Pediatric (age 14 and under)	Tier 2 Criteria (partial team activation)
	Trauma Blue/Tier 1 Criteria	Additional Criteria for Tier 1 and Tier 2	Trauma Blue/Tier 1 Criteria	
	Physiologic Signs Glasgow Coma Scale <9 with Traumatic Mechanism	Criteria for Tier 1/Trauma Blue include all present in the Adult column AND the following criteria:	 Physiologic Signs Glasgow Coma Scale <9 or deterioration by 2 points 	
	(sustained)		(with Traumatic Mechanism)	_
	 Systolic Blood Pressure < 90 at any time 	 Glasgow Coma Scale <12 (X2)- new onset (sustained) 	 Systolic Blood Pressure < 70+2 times the years of age 	
_	 Pulse Rate <50 or > 130 (X2) 	 Flail Chest 	at any time	
_	 Respiratory Rate <10 or >29 (X2) 	 Fall > 10 feet 	 Pulse Rate <50 or >130 (X2) 	
	 Trauma Patient with Airway compromise 		 Respiratory Rate <10 or >29 (X2) 	
_	 Intubated patients from a scene or a transfer from 		 Trauma Patient with Airway compromise 	
_	another hospital		 Intubated patients from scene or another hospital 	
_	 Hypothermia ≤ 34.0C/93.5F with Traumatic mechanism 		 Hypothermia ≤ 34.0C/93.5F with Traumatic mechanism 	_
_	 New onset bilateral paralysis 		Anatomical Injury	
_	 Penetrating injury to the head, neck & torso proximal to 		 GSW to neck, chest, or abdomen, or proximal to elbow 	
_	the groin and axilla		or knee	
			 Transfers from other trauma facilities that are receiving 	
	Anatomical Injury		blood products to maintain vital signs	
	GSW to neck, chest, or abdomen		Utner	
	Iransiers from other trauma care facilities that are		does not meet this criteria	
	Other		SBP: Age x2 + 70	
	 Emergency physician's discretion to activate if patient 		1 year old 72 8 years old 86	
	does not meet this criteria		y 74 9 years old	
			76	
			78 1	
			80 12 years old	
			82 13 years old	
			/ years old 84 14 years old 98	_
	Inter Hospital Transfers: Transfers meeting Trauma Blue criteria will be called as Trauma Blues. Those meeting Tier 2 will be Tier 2 activations. Deternoration in a patient's condition during transport mandates a Tier 1/Trauma Blue activation. All recently	ia will be called as Trauma Blues. Those meeting Tier 2 will be insport mandates a Tier 1/Trauma Blue activation. All recently	Responding Team Members: Emergency Department Physician	l
	injured trauma patients must enter through the Emergency Department for evaluation prior to admission.	Department for evaluation prior to admission.	Trauma Surgeon (Tier 1 = 15 minutes, Tier 2 = 60 minutes) ED Primary RNNurse Recorder	S
	If patient admitted (with injuries) to another service, Consult to General/Trauma for Tertiary exam when any of the following	eneral/Trauma for Tertiary exam when any of the following	ED Procedure Person-may be an RN or ED Paramedic	
	conditions die mer		ED MEGICATION FINISE	
	 Fall from greater than standing height with recent anticoagulation/antiplatelet 	ulation/antiplatelet	Respiratory Therapist	
_	 Pedestrian/Bicyclist vs. Motor vehicle 		Radiology lechnologist	
-	 All pregnant trauma patients > 12 weeks 		Phiebotomist	
•	Two or more proximal long bone fractures		Social Services staff member or hospital chapitain	-
•	Motorcycle crash > 20 mph or w/ separation from vehicle		Clipper Team (1 RN 1 OR Tech) - Respond for Teat 1 On standby for T	1 9
	Injured patient that requires more than one sub-specialist		Pharmacist - Respond for Tier 1, On standby for Tier 2	ă
_	 Emergency Physician Discretion 		Halliades - Respond to Hell, on standary for the E	