

<b>Name of Meeting: RTAC Meeting</b> <b>Date: Thursday March 17</b> <b>Location: Virtual</b> <b>Time Called to Order: 09:18 am</b> <b>Time Adjourned: 10:44</b>
Chair: Gina Brandl Attendance: April Bauch, Kelly Bechel, Heather Berg, Jenny Blenker, Dr. Michael Clark, Robbie Deede, Meghan Foltman, Robin Geiger, Amanda Herbert, Del Horn, Jason Keffeler, Christopher Keller, Bob Kirkley, Brenda Maier, Ken Marg, Brenda Meyer, Kristine Parent, Jodi Rohaley, Mark Schroeder, Sara Steen, Tina Stephanus, Amanda Tabin, Robert Towne, Linda Vollmar, Daniel Wall

AGENDA ITEM	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ACTIONS	RESP PARTY
Minutes approval	Del Horn motion, Dan Wall Second. Motion approved for approval of minutes		
Correspondance	None		
HERC update	Robbie provided updates: COVID-Transitioning to active monitoring. Surge is decreasing. Transitioning to programmatic work. Survey findings will be shared once approved. Trauma elevated on hazard vulnerability assessment-in the top 10. Preparedness plan is open for review. Continuity of operations is in progress. Working to document the infectious disease annex and highlight what we did over the last 2 years. ABLs allocation distributed to MMC and Aspirus. If EMS wants seats please reach out.	Rick Dalton (Marshfield) and Mary Moore (Aspirus). More seats to be allocated soon.	
State Trauma	No updates		
State EMS section	Dr. Clark shared updates: <ul style="list-style-type: none"> <li>• Office is planning for an emergency rule change to address an inadvertent requirement that AEMTs have ACLS. AEMTs must apply for a waiver to be in complete compliance until the rule is corrected.</li> <li>• CEUs completed between 7/1/20 – 9/30/20 are not valid for 2023-2026 renewal unless an appeal is granted to the provider from the EMS office.</li> <li>• American Rescue Plan Act has 3 branches of funding coming to WI EMS. More information will be coming.</li> <li>• FAP process application opens May.</li> <li>• EMS flex grants opens late summer.</li> </ul>		

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	<ul style="list-style-type: none"> <li>• May reopen DHS 110 for some EMS concerns.</li> <li>• Goals from EMS office: <ul style="list-style-type: none"> <li>○ Re-start and expand Telecommunicator CPR project</li> <li>○ Improve WARDS and E-licensing: improved links, electronic forms, data reports</li> <li>○ Move to electronic Operational Plans</li> <li>○ Updated EMS Communications Plan</li> <li>○ Continued and expand Townhalls/Open Forums</li> <li>○ Finalization of Community Paramedic implementation</li> </ul> </li> <li>• Reviewing POC US at paramedic level. Potentially FAST.</li> <li>• PTSD provisions expanded to EMS providers.</li> </ul>		
2021 NCRTAC trauma Registry data summary	<p>Gina reviewed the data ppt. Falls is by far the highest mechanism and cause for ED visits. Noted high scene time for ISS &gt;15. May be an opportunity to improve. If using an intercept would it include the whole scene time? Intercept arrival occurs on scene? Lots of discussion about intercept times. Can we pull documentation for scene reason listed in registry? Can we know the MOI? Can it be separated by service? Interested to know location of incident. On scene is when rig gets on scene. Single victim vs multi casualty incidents.</p> <p>Is it at pt or on scene?</p> <p>ED LOS: Those not activated at risk for longer length of stay. Need to work on activating according to criteria. Need to review criteria.</p>	<p>Would like more data on scene times. Can we see the spread of time? Can trends be given to each service? Metro vs rural separation? Waiting aircraft? Can consider HEMS? Need to bring increased awareness to this issue. Please pull state report for our region. Clarify if pulls from at pt or on scene start time. Description statistics looking at distribution-is it outlier driven? Get data to PI and EMS out of hospital. Dan Wall will help on PI. Need to work on EMS scene documentation-arrival on scene at campground vs ½ mile in to where accident occurs. Maybe be an educational project to address the change.</p> <p>Make trauma activations a project.</p>	

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	Projects resulting from Data: Falls should be injury prevention, ED LOS >3 hrs, need for activation, and EMS Scene time.	Falls project: web-based referral form project was used in the past. Not being utilized by EMS agencies. May have dropped off during COVID. Have stand up banners for display on falls. Working with ADRC for stepping on programming.  PowerPoint will be posted with minutes.	
Blood shortage update	Seemed to be down south in WI. Our region seems to be ok. Occasional isolated incidents maybe related to FFP and PLT. Fox valley had some issues as well. Impacted blood agency was Red Cross. This is a vulnerable area for shortage.	No action or recommendations.	
Peds imaging guidelines	Dr. Roberts is not available. Can implement now. Document is available. Do not pan scan children 17 and under. Avoid CT neck and chest. Do CXR first.		
PI committee	Looking to schedule meeting in the next 2 weeks to establish committee and priorities. Gina and Sara are co-chairs. Want participation from all facilities. Daniel Wall wants to participate.		
Out of hospital committee	Discussed distribution of pelvic binders. If have more ambulances can possibly have more		
Injury prevention committee	Stepping on classes going on both MMC and Aspirus. Will look at the falls App.		
Conference planning	Conference is coming up April 7. Registration is open. Dell Horn will help with on-site registration.		
Regional trauma plan action items	Lowest scores <ul style="list-style-type: none"> <li>• Support members in Classification review process (go through sections at meetings, put together guides and resources for facilities to use)</li> <li>• Integrate rehab into regional plan</li> <li>• Coordination with Trauma medical directors and EMS medical directors</li> <li>• Coordinating facilities work collaboratively to meet the needs of the RTAC.</li> </ul>	Spread the action items throughout the councils.	

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Other business	None		
Future agenda items	New reps for trauma on HERC needed. Jason's seat for trauma and Dr. Clark's seats for EMS are open.		
Member announcement	CRC seats open and STAC seats open. MRSE exercise requirement for HERC working with Marathon County March 24 brief for day of. April 14 exercise-no movement of patients.		
Adjournment	10:44		
Approval:	Sara Steen		