

## 9/27/18 NCRTAC Performance Improvement Committee Minutes

Attendees:

Sara Steen, Krista Henderson, Audrey Evans, Tara Kolodzik, Shirley Wiesman, Gina Brandl, Jason Keffeler

Regional Reports-Available reports were reviewed. Some data may be erroneous. Opportunity exists to reduce the decision time to transfer especially with elderly patients. The following reports are requested:

- Open fractures and timeliness of antibiotics and tetanus/DTAP
- Trauma team activation volume in comparison with ISS and transfers out
- Transfers out of the region
- Multiple transfers
- ED LOS >3 hrs when transferred to another hospital when ISS >15, same with elderly

Activation criteria-The group compared activation criteria across 10 hospitals. The ACS and the state mandate the following criteria for highest level activation:

- Confirmed blood pressure less than 90 mm Hg at any time in adults and age-specific hypotension in children.
- Gunshot wounds to the neck, chest, or abdomen
- GCS Less than 9 with mechanism attributed to trauma
- Transfer patients from other hospitals receiving blood to maintain vital signs
- Intubated patients transferred from the scene OR
- Patients who have respiratory compromise or are in need of an emergent airway
  - Includes intubated patients who are transferred from another facility with ongoing respiratory compromise (does not include patients intubated at another facility who are not stable from a respiratory standpoint)
- Emergency physician's discretion

A number of facilities had < 8 for GCS, which is not meeting standards. Regional activation criteria will not be pursued at this time, but the group is available for individual assistance with activation criteria.

Tara shared her pediatric activation criteria. Essentially the criteria are the same as adult except for considerations of BP, respiratory and non-accidental trauma.

Respectfully submitted,

Sara Steen

Performance Improvement Committee Chair