

Trauma Committee		Date: September 10th, 2019	
		Time:	
		Location: Baytown	
Facilitator:	S. Meg Michael	Note taker:	S. Meg Michael
Attendance:	See sign in sheet		

Agenda

Agenda Item	Lead	Info/Open/Closed
RAC-R Goals- Review	Meg	Closed
HOTRAC Trauma Data Collection	Meg	Open
Case Review- Anticoagulated Patient with Head Trauma	Meg	Closed
Set Agenda Items for December meeting	All	Closed

Minutes

Approval of previous minutes	Minutes from 03-21-2019 were distributed and reviewed. Motion by Vicki Tarnow with second by Amy Pounders to approve minutes as written. Motion carried.	Minutes approved as written.
-------------------------------------	--	------------------------------

Agenda item: RAC-R Goals- Review **Presenter:** Meg Michael

Discussion: Meg presented RAC-R goals provided by Dianna Grimm-Mapp for committee review and feedback. Short-term and long-term goals were presented and reviewed. No suggestions received for additional goals.

Conclusions: No feedback for any additional goals was received from the members present.

Action items	Person responsible	Deadline
✓		

Agenda item: HOTRAC Trauma Data Collection **Presenter:** Meg Michael

Discussion: Meg presented the idea of using a trauma data collection tool within the RAC. Diana Grimm-map provided initial suggestion prior to committee meeting that HOTRAC uses a trauma data collection tool that they submit quarterly.

Conclusions: Committee members came to a consensus that this would be a valuable tool to adopt and use within the RAC-R group.

Action items	Person responsible	Deadline
✓ Diana to send committee group a copy of the HOTRAC data collection tool for review.	Diana Grimm-Mapp	
✓ Review HOTRAC data collection tool in next meeting, December 10 th , 2019	Group	

Agenda item: Case Review- Anticoagulated Patient with Head Trauma **Presenter:** Meg Michael

Discussion: A case review over an anticoagulated patient with head trauma was presented by Meg Michael. After the case was presented to the group several discussion points were reviewed. Group members were asked and discussed what trauma team activation criteria they had at their individual facilities with regard to patients presenting with a trauma MOI and on current anticoagulation therapy. Several variances in trauma team activation criteria were noted including age of the patient and exclusions (i.e. Aspirin, Plavix). Several members mentioned a barrier to activation is that patients often do not remember the names of their medications or know if they are on an anticoagulant. Meg presented a question to the group about what facilities have a current rapid anticoagulation reversal protocol. Also, the group discussed importance of

EMS agencies considering appropriate destination facility with high risk patients such as the elderly trauma patient on a blood thinner medication. Meg concluded the case study and stated how this case demonstrated why it's important to consider an internal source of bleeding in low mechanism trauma in patients on anticoagulation even with a normal exam.

Conclusions: Recommendation from group was for members to send group copies of their facility rapid anticoagulant reversal protocol if possible. Also discussed was importance of providing staff nurses on the frontline a possible badge buddy or some type of quick reference of common anticoagulant names and reversal agents.

Action items	Person responsible	Deadline
✓ Committee members to send group their individual facility anticoagulation reversal protocol if available.	Group	

Other Information

Open Forum: No additional feedback received.

December Agenda: Discuss adopting a trauma data collection tool within the RAC. Review HOTRAC collection tool.