




SMRTAC TPM Meeting Minutes

September 14, 2022

10:30-11:15

Present: Alex W, Tayler B, James M, Kari W, Melissa B, Jen M, Kristin S, Kim J, Maria P, Peggy Sue G, Terri E, Alisha, Sharon W, Mariah R, Greg H, Angi G, Gail N

Item	Discussion	Accountability
Welcome	Any new members?	
On-line Nursing education	<ul style="list-style-type: none"> Trauma educational modules plan to be available Jan.1, 2023 	All
Trauma Program Managers 101	<ul style="list-style-type: none"> Provided by STAC, Grand Rapids, September 22 	All
SMRTAC funding for Trauma Program Managers 101	<ul style="list-style-type: none"> Will request funding from SMRTAC for mileage and hotel 	
Data collection for SMRTAC PI Committee and MDH related to transfers/admission	 <p>NS Data Collection (002).docx</p> <ul style="list-style-type: none"> Please collect the date for patients admitted to your facility for August 2022 through December 2022. Angi Grimm will create a spread sheet for collection. It will be sent out when available. Kristin will investigate a SMRTAC folder to store the documents. The link will be sent out when available. 	
Case finding and considering Rhabdomyolysis, Chemical (ingestion or exposure), or certain poisoning as trauma cases. In TNCC they talk about these forms of trauma injury, but it seems even under the circumstances that these Non Trauma Alert patients are admitted or transferred they don't require audit and registry entry correct?	Committee suggested to include if these conditions were the result of a traumatic event.	Maria Pellowski

<p>Do other TMP's or MDH have any guidance/clarification on the following? I run into some patients who have late hypotension. They weren't a trauma alert activation, maybe most of their scans, labs etc are back, and for some reason they have hypotension episodes. I look to see if the nurse or the provider addressed it and explained it away or maybe they added on more testing because of it. We have a bit of difficulty determining when to categorize it as a missed TTA then. Our interpretation is very subjective to so many variables. Sometimes the hypotension occurs after admitted or while being medically boarded in the ED. Is there a point where were documenting an end time to the trauma alert activation would be helpful in closing that window? If so, how would we determine when the end time is? When all results are back and dispo is planned?</p>	<p>Committee suggested upgrading the activation if recognized timely. Other considerations for review:</p> <ul style="list-style-type: none"> • Heartrate • Medications • Provider awareness/recognition/documentation • Any other signs of hemorrhage 	<p>Maria Pellowski</p>
<p>Round Table</p>	<p>STAC Updates: Angi G</p> <ul style="list-style-type: none"> • Level IV admission criteria extended to June 30th, 2023 • Criteria 10.1 and 10.2 revisions to be posted on the State Trauma website • Primary reviews to be completed within 2 weeks of patient discharge <p>SMRTAC Updates: Kristin S</p> <ul style="list-style-type: none"> • Mariah Rabbe accepted the Education/Outreach Co-chair position • An additional co-chair is needed • Educational offering for 9/20/22. Rhiannon Osborne will present a case involving a patient who opened the helicopter door while in flight from 11:30-12:30, lunch will be provided. • Opening positions for 2023: Pediatric Specialist, Aeromedical member, and Vice Chair. • Send additional SMRTAC agenda items to Kristin today. 	<p>All</p>
<p>Next Meeting</p>	<p>TBD</p>	<p>All</p>