

NTRAC
TPM/AC/NN Meeting
August 2, 2018

Members Present:

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|-------------------------------|------------------------------------|
| 1. Kim Monday – Nocona | Kmonday@noconageneral.com |
| 2. Jessica Coker – Faith Comm | jcoker@fchtexas.com |
| 3. Enoc Espinoza – Graham | Eespinoza@grahamrmc.com |
| 4. Josh Miller – Seymour | Jmiller@seymourtexas.com |
| 5. Colter Garrett – Olney | Cgarrett@olneyhh.com |
| 6. Diane Smith – Faith Comm | dsmith@fchtexas.com |
| 7. Cassie Cox – URHCS | Ccox@unitedregional.org |
| 8. Laura Pressler – URHCS | Lpressler@unitedregional.org |
| 9. Jacky Betts – URHCS | Jbetts@unitedregional.org |
| 10. Lee Williamson – Electra | Lee.williamson@electrahospital.com |
| 11. Kayla Ellis – Graham | kellis@grahamrmc.com |
| 12. Mary Thompson – Wilbarger | Mthompson@wghospital.com |
| 13. Corrie Holcomb – Nocona | ckirkendall@noconageneral.com |

Agenda:

Nomination for Acute and Neonatal representatives for the executive board – Cassie Cox (Acute Care) and Amanda Quesada (Neonatal) chosen by the TPM/AC/NN committee

Trauma:

1. IO training needs in our area for humeral head as the preferred site – RAC to discuss buying trainers that facilities can sign out to train staff
2. **Send in your receipts for nondisposable equipment (\$750 allotment) and education reimbursement for the fiscal year by Aug 8 to Melissa – (fiscal year Sept 1, 2017 to now)**
3. STB – continue with classes in the communities – several communities teaching the school staff, week before school
4. Laura can help with info on certification test reviews – TCRN – contact her
5. Trauma Activations – are we (facilities) activating as much as we should, does our activation criteria need to be updated?
6. Trauma Rule change proposal concerns – Meeting to hear concerns Aug 22 11-1 in Austin, still to schedule meetings in DFW Sept/Oct
 - a) Change in language about lab and respiratory personnel – on call **AND** in house 24/7 (radiology remains on call or in house)
 - b) **Trauma Med Dir – 10 call shifts in ER per month – this is a major one for most of our facilities!**
 - c) Other changes were small changes that we can adapt to – just need to be sure and notice the changes when they are final so we can adapt to them

Acute:

7. Cassie – URHCS challenges implementing and monitoring new measures – ex. Chest pain; Thrombectomy – procedure to come – working on approval

Neonatal:

8. URHCS – received their Level 2 Neonatal designation