### Trauma Performance Improvement Committee
#### Conference Call
**May 26, 2016**
**12:00 PM - 1:00 PM**

#### Members Present:
- Forrest Calland
- Valeria Mitchell
- Greg Stanford
- Lou Ann Miller

#### Members Absent:
- Mike Aboutanos
- T. J. Novosel
- Bryan Collier

#### OEMS Staff:
- Cam Crittenden
- Dwight E. Crews

#### Others:

#### Topic/Subject | Discussion | Recommendations, Action/Follow-up; Responsible Person
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**TPIC Annual Report** | Committee reviewed the draft of the TPIC Annual Report. Dwight reviewed the summary data in the report with vital sign data quality, number of trauma incidents and with the number of trauma patients who met step 1 trauma triage criteria. Data is shown by region and by agency in the report. Greg commented that we are looking at if vital signs were completed and if the patient was correctly triaged to a trauma center. We don’t need all 4 vital signs for trauma triage. We just need respiratory rate, blood pressure and GCS. Committee agreed that we only need to look at the 3 vital signs with correct trauma triage. Dwight will update the tables based on the 3 vital signs. Lou Ann commented about the red shading in the tables. The red in the tables are highlighting numbers above or below average. Greg commented that we don’t have a threshold or a target for all vital signs reported. Committee discussed and suggested a target of 80 percent. Lou Ann also mentioned the highlighting in the table with the number of trauma step 1 patients who were taken to non trauma centers. Cam asked if the committee received comments from the first report. Committee agreed that the target would be 80 percent. Committee discussed that setting a target with the percentage of patients taken to non trauma centers would be controversial. Committee agreed to color code the numbers in the table. Lou Ann commented that Table 2. Adult Criteria is out dated and that newer information is available from 2014 or 2015. Lou Ann commented on the unknown or not reported destination. Lou Ann questioned if the destination field is required in VPHIB. | Update vital signs summary to reflect only the 3 vital signs related to trauma triage. (Dwight)
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<th>Topic/Subject</th>
<th>Discussion</th>
<th>Recommendations, Action/Follow-up; Responsible Person</th>
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<td>Lou Ann commented on the listings for Level IV trauma centers and the Level P trauma centers. The Level IV trauma centers are out of state and the Level P is a pediatric trauma center. The pediatric trauma center is the National Children’s Medical Center in Washington, DC. Committee agreed to move the Level P trauma center to Level I-P. Forest mentioned that agencies may stop reporting vitals once they have one vital sign that meets the step 1 trauma triage criteria. With the report, we are looking at all vital signs with patients, not initial vital signs. Lou Ann asked if we can pull from the initial set of vitals. Dwight will check to find out and will evaluate if possible. Dwight will get report ready to review next week for the meeting on 6/2. Will present to the full committee next Thursday.</td>
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<td>Data Quality Report</td>
<td>Forest asked if it is possible to show in a data quality report if an agency has all 3 step 1 criteria reported. Dwight will check and can let the committee know. Dwight will work on after the Annual Report is complete. Need to show how many vital signs are missing by agency. Then all organizations will see the numbers.</td>
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<td>PUBLIC COMMENT</td>
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<td>UNFINISHED BUSINESS</td>
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