SERTAC EC Meeting Minutes – January 15, 2019

11:50 – 13:10

Regional Plan – Have committees review – submit in February

March Meeting – Caitlin – trauma informed care, compassion and fatigue and opioid training – 90 minutes – not wanting at present

Coordinator report – Nothing new to report at this time

Financial Report - $42,410 – still have $38,794 as of December 31st. Audit fees, WEMSA booth has been paid for ($1,000). Possibly give STB funds back to schools and into more training kits. Possibly create a STB app. Look into resources. Melanie will reach out to the HS to see if someone there would be interested. Dr. Dodgion and Dr. Davis is willing help with a work group

Conference – Similar cost to Lake Lawn, decreased the room block to 15.

Education – Kristen needs reimbursement to WEMSA information – Tom will take care of this; Optimal Course – she has the information, needs dates and locations – minimum 35 to 65 people. $14,000 cost for the course. Tentative date set for 7/11 – 7/12 at the WAC – Conference RM 1. Room has been reserved by Melanie. Kristen will complete the application

Injury Prevention – going forward with the app from NE WI for fall prevention.

EMS-C – PECC part-time guy ends in March. 36 of 70 PECC signed up by March 31st. They want to drive towards regional PECC. More information to come

Performance Improvement – Brenda needs data to support which project to focus on. Having a few barriers related to different Leveled trauma centers. Recommend high level PI. ED disposition – may not be best as it is changing. Will discuss during breakout today.

Medial Oversight – Ketamine protocols – 3 protocols sent (FFL, Kenosha, Germantown & Milwaukee County) – will review today and get a consensus on what steps to do next, goal is best practice and recommendations. Motion restriction – Dr. Brown will be providing some information for this as well. EMSC put out a position statement. Then send out blast emails and then place on a flag on the website – Best Practice Guidelines – Kristen requesting this be sent out electronically to their team; SALT triage endorsement – Jason Liu has been contacted – draft next meeting.

EMS – Rick – has nothing to report

Website – updated and current, trauma coordinator tool kit still not on website – learned we haven’t confirmed everything.

Purchases – Flyers and other information,

Stop the Bleed – continues to be high level of requests and needs, looking for new creative ideas

Grant – new stuff is amazing!

SERTAC – General Meeting 1-15-19

13:34 – 15:54

Introductions completed

Dr. Malone – presented fall prevention initiative, discussion was had on how to make this a global initiative instead of just one hospital or one system. [Michael.Malone@aurora.org](mailto:Michael.Malone@aurora.org) if you have information you would like to share.

Education – Hosting Optimal Course – STN class – will be hosting at WAC in July. Specific dates have not yet be shared. It will be a 2 day course.

EMSC – Patrick Swischka (appointed as state PECC). Working on getting 36 agencies to implement a PECC by March 31st. Then collaborate with those that already have a PECC rep to share what they have been doing and what should be done going forward. There is a newsletter available – Matt will email the link to Tom

PI – Just got the reports from Tom for regional data, open long bone fractures to ABX time – getting the data in image trend gets difficult. Need to contact Eric Anderson to add fields or discuss. Question about open fracture measuring. So the question is what is a project that could be done on all levels. Standard should be door to antibiotic in less than 1 hour. Talk to Eric to see if we can get additional parameters entered.

Injury Prevention – Looking into starting an APP for fall prevention, work together to create a collaborative effort, can look at the app at NEWRTAC website, needs more discussion on how to collaborate with so many different projects going on.

Medical Oversight – see notes from above. Copy here

EC – meeting updates – see EC meeting minutes

Possibly breakout sessions every other meeting everyone enjoyed the group discussion as opposed to always breaking out in groups.

Have someone report about what happens at the STAC meeting and the STATE EMS and CRC group.

Report back to STAC about concerns from the RTACs and feedback about lack of communication.