



Feb 17, 2026 (1200 PM) - Zoom

SERTAC GENERAL MEETING MEETING MINUTES

SERTAC CHAIR: Kelli Anderson

SERTAC COORDINATOR: Tom Thrash

Welcome and Introductions by Keli Anderson

Guest Speaker – Keli Anderson

Trauma Multidisciplinary Meeting Structure

Keli Anderson presented on how she runs trauma multidisciplinary meetings at Ascension St. Joseph's Hospital.

- Details

- Kelly: Shared that meetings are held quarterly with 50% attendance requirement for members

- Kelly: Described sending previous meeting minutes, case reviews, and data to department representatives at least one week prior to meetings

- Kelly: Explained documentation process including PI indicators, trauma mortality worksheets, and confidentiality notices

- Kelly: Presented inpatient rounding system built into Epic that triggers daily assessments for trauma patients

- Wendy: Asked about inpatient rounding expectations and metrics

- Jon: Questioned if there was pushback from departments about additional charting requirements

- Kelly: Acknowledged initial resistance but noted staff eventually embraced the system after understanding its purpose

- Conclusion

- Inpatient rounding in Epic was identified as a potential solution for trauma patient monitoring that could be shared more broadly

- Documentation templates and workflows presented could serve as models for other facilities

Non-Fatal Strangulation Presentation

Lea Florenza delivered a comprehensive presentation on non-fatal strangulation, its medical implications, and proper assessment.

- Details

- Lea: Defined strangulation as a form of asphyxia produced by constant application of pressure to the neck
- Lea: Shared that victims of strangulation are 750% more likely to be killed by their partner
- Lea: Presented videos explaining the physiological impacts, including that it takes only 11 pounds of pressure to occlude carotid arteries
- Lea: Emphasized that strangulation victims are often under-evaluated in emergency departments because they frequently lack visible injuries
- Lea: Noted that 80% of strokes in women under 45 can be related to strangulation events

- Conclusion

- Strangulation should be recognized as a serious predictor of future homicide
- Healthcare providers should be aware that fatal strangulation can occur without visible injuries
- Resources are available through the Strangulation Institute website for protocols and education

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1. Tom Thrash (SERTAC Coordinator) presented regional trauma data.

Regional Trauma Data Review

Keli Anderson presented regional trauma data on behalf of Tom.

- Details

- Keli: Reviewed EMS record data showing a significant jump in December cases
- Keli: Noted that patients 80+ years old represent the highest age group in trauma entries
- Keli: Presented data on ATV/UTV accidents, falls, and pelvic fractures admitted to level 3/4 centers
- Ginger: Commented on the need for better understanding of how reports are pulled and definitions used

- Conclusion

- Regional data shows elderly patients continue to be a significant trauma population
- More clarity is needed on data definitions and report methodology

Subcommittee Reports:

PI Committee: Performance Improvement Projects

Three PI projects were presented during the performance improvement subcommittee meeting.

- Details

- Meghan: Presented standardizing tourniquet documentation in Epic at Aurora Sinai, including placement time, removal time, location, and who applied it
- Michelle: Shared implementation of an OPA (Our Practice Advisory) to ensure tertiary surveys for trauma patients by admitting teams to place surgical consults
- Elizabeth: Discussed implementation of a geriatric fall alert system at Aurora Mount Pleasant to expedite head CT scans for elderly fall patients not on anticoagulants
- Elizabeth: Showed data indicating fall alert patients received CT scans in 17 minutes versus 70 minutes for non-alert patients
- Jon: Asked about the ordering process for head CTs in the fall alert system
- Amy: Questioned the ESI level assignment and imaging workflow for these patients
- Conclusion
 - All three projects demonstrated innovative approaches to improving trauma care
 - The geriatric fall alert system showed promising early results in expediting imaging
 - Epic builds and alerts can be effective tools for improving compliance with trauma protocols

Medical Oversight Committee:

Kelly and Ginger provided updates on medical oversight activities.

- Details
 - Kelly: Mentioned work on abdominal junctional tourniquet (AAJT) implementation at Ascension St. Joseph's with Frederit Hospital, planned for March 1st
 - Ginger: Noted that centers can modify shared guidelines based on their available resources
 - Ginger: Mentioned upcoming addition of Dr. Blank's rib fracture presentation to the SERTAC website
- Conclusion
 - Lessons learned from the AAJT implementation will be shared with the region
 - Guidelines should be adapted to fit individual facility resources

Education Committee:

Leah provided updates on upcoming educational opportunities.

- Details
 - Leah: Reported that Basic Disaster Life Support (BDLS) classes are being planned after curriculum updates
 - Leah: Estimated classes might be available by summer or fall rather than May/June
 - Leah: Mentioned burn education classes are available through Ascension's burn educator
- Conclusion
 - BDLS classes will be available after board approval of updated curriculum
 - Contact information for burn education was shared in the chat

Injury Prevention:

Kelly Faymoville provided an update on injury prevention resources.

- Details
 - Kelly: Highlighted available resources including falls prevention toolkits, exercise magnets, and gun locks
 - Kelly: Invited suggestions for additional injury prevention initiatives that could be funded through SERTAC
 - Amy: Mentioned Stop the Bleed classes and availability of kits for public classes
- Conclusion
 - Resources are available through the SERTAC website
 - Members are encouraged to suggest new injury prevention initiatives

EMSC:

Krystal provided updates on the Pediatric Readiness Assessment.

- Details
 - Krystal: Announced the Pediatric Readiness Assessment opens March 3rd through May 31st
 - Krystal: Encouraged all Wisconsin emergency departments to participate
- Conclusion
 - Emergency departments should plan to complete the assessment during the open period

Conference:

HERC: Nothing to Report

Coordinators: nothing to report

EXECUTIVE COUNCIL UPDATE: April 21 meeting will be in person at Aurora St Lukes Heil Center

The meeting adjourned at 237 PM,

