

TEAM Revision

Meeting Minutes-Conference Call

February 27, 2008

Present: Jill Mackey-Feist, Jeff Larson, Patrea Kroll, Michelle Haun-Hood,
Cathy Murphey, Mark Anderson, Susan Werner, and Lesa Beth
Titus

Next meeting: March 18, 2008; Phone Conference @ 0930

Jill introduced Jeff Larson from Good Samaritan Regional medical Foundation. Jeff was invited to provide input from the foundation regarding the Project Manager Application. It was his suggestion to include the dollar amount to the application.

Susan Werner recapped issues regarding the project contract information. Susan made some revisions to the language of the contract to make it more compatible with the State. Susan recommended that the posting be generated from Good Samaritan.

Additional recommendations to the Project Manager application include:
Adding Jill's email address
Request applicant to submit demonstration of writing skills

Curriculum Review Update:

| Section | Who Reviewed | Comments |
|------------|---------------|---|
| Shock | Jeff Solheim | Revisions to the shock lecture will not be as extensive as initially thought |
| Pediatrics | Mark Anderson | Update Statistics Emphasize using a Broslow type system Talk more about RSI in the ped's patient. Explore adding information regarding cuffed ET tubes. Discuss primary AND secondary confirmation of ET tube placement. Emphasize on-going evaluation Emphasize the ventilation aspect and fluid administration instead of the use of bicarb in the breathing section Circulation seems to be okay—There is a nice algorithm for vascular access if we wanted to use that. Talk about rapid release of blood and the blood types we should use Abdominal section—talk about the use of FAST exam. Brain-stress the importance of reducing secondary injury. Use ativan instead of valium; use dilantin instead of phosfenytoin Spine-Discuss SCIWORA injuries in greater detail Include information about non-accidental trauma Include information about non operative management of splenic injury and the vaccines we should be giving. |

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|-----------|------------------|---|
| Facial | Mark Anderson | Rearrange so the lecture will flow more smoothly. Talk about the overall pattern of facial fractures instead of specific information Update optical injuries |
| Transport | Ted via Michelle | Add that the 5 th leading cause of death in the elderly is trauma Change transport by air "must" be considered to "should be considered" Add continuous end tidal CO2 monitoring is recommended Fluid warmer should be used for blood administration If paralytics are used during transport, pain meds &/or sedation should be used |

Skills station:

The group discussed the potential of developing a skills stations that emphasized the Special Population trauma patients.

Additionally it was recommended that the organized, systematic approach to evaluating the patient be a primary focus of the skills stations.

Cathy Murphey suggested that perhaps in the future an oversight committee might be developed to monitor new equipment that surfaces, then make periodic updates to the course to include the new equipment (i.e. SAM splint, IO drill).

Also, the EZ-IO drill information should be added to the skills stations as well as rapid infuser/warmer. Also add discussion about the SAM splint.

Michelle suggested that a subcommittee be formed to review skills stations issues. Lesa Beth will take the lead in getting a committee together.

General Information:

Timeline remains that the pilot be ready by October with a full roll-out in 2009.

March 27th will be the cut off date for Project Leader applications. This will allow the group to reconvene to review applications prior to April 1st.