

Sacramento County Emergency Medical Services Agency

Trauma Improvement Committee Meeting



Date and Time: November 20, 2025, 1:00 PM – 3:00 PM
Location: Sacramento County EMS Agency, 9616 Micron Ave.
Conference Room 1; Sacramento, CA 95827
Facilitator(s): Greg Kann, MD FACEP, SCEMSA Medical Director

1. Welcome, Attendance, and Approval of Previous Minutes

- a. Discussion points:
 - i. Introductions completed for in-person and virtual attendees.
 - ii. September meeting minutes reviewed; correction noted regarding "Next Meeting" date.
- b. Details:
 - i. Participants clarified that the September minutes incorrectly listed the next meeting as February 2026. Correction made after review.
- c. Action:
 - i. Minutes approved with correction.
 - ii. Motion: Julie Carrington; Second: Jeremy Veldstra.

2. Upcoming MAC Policy Review

- a. Discussion points:
 - i. Four pediatric policies up for review: PD#8066-Pain Management, PD#9013-Pediatric Shock, PD#9017-Pediatric Trauma, PD#9018-Pediatric Pain Management.
 - ii. Primary feedback centered on PD# 9013-Pediatric Shock.
- b. Details:
 - i. Identified gap regarding inclusion of push-dose epinephrine for pediatric patients.
 - ii. Proposed dose: 1 mcg/kg every 2 minutes (max 10 mcg).
 - iii. Universal agreement that fluid bolus (20 mL/kg) must be clearly stated as first line intervention.
 - iv. Recommendation to clarify push-pull bolus technique for rapid crystalloid delivery.
 - v. UC Davis reviewing pediatric policies.
- c. Action:
 - i. SCEMSA to draft language for push-dose epi and present at MAC on Dec. 11.



- ii. UC Davis to provide further comments on Peds. Policies after physician review.
- iii. Updated policies to be redistributed and attached to calendar invite.

3. New Business – Data Cross-Reference Guide & EMResource Update

a. Discussion Points:

- i. Introduction of new critical care data cross-reference guides for accuracy and consistency.
- ii. EMResource enhancement: implementing diversion drop-down options to reduce free-text variation.

b. Details:

- i. Data Cross-Reference Guides intended to support high-turnover positions and ensure complete, standardized trauma/stroke/STEMI entries.
- ii. New diversion menu in EMResource includes standardized reasons—improves clarity and supports data analysis.

c. Actions:

- i. Guides to be attached to associated SCEMSA policies.
- ii. EMResource update to go live for trauma, STEMI, and stroke.

4. MCI Plan Implementation Update

a. Discussion Points:

- i. MCI Plan Go-Live officially pushed to May 1.

b. Details:

- i. Stakeholders requested more workgroup meetings and tabletop exercises to support understanding and operational readiness.
- ii. Plan remains connected to Policy 7500 (Disaster Management), which will continue to guide current operations.

c. Action:

- i. SCEMSA to reconvene MCI workgroup.
- ii. Tabletop drills will be planned.
- iii. SCEMSA to send updated workgroup participation request.



5. Prehospital Blood Program Update

a. Discussion Points:

- i. Program nearing launch; pending final American Red Cross signature.
- ii. EMS 22 and EMS 23 have been performing cold-chain tasks for 90+ days.
- iii. Initial units will use O-positive packed RBCs; intent to shift to whole blood when grant-funded.

b. Details:

- i. Hospitals will receive patients with blood unit + barcode + wristband identifying prehospital transfusion.
- ii. Wristband QR code links to program documents and SCEMSA contact info for adverse events.
- iii. Anticipated use: trauma, GI bleeds, postpartum hemorrhage, dialysis fistula rupture.
- iv. Data sharing must comply with IRB rules; internal CQI sharing permitted.
- v. Pediatric transfusion expansion discussed for future planning, with UC Davis noting ongoing pediatric research requiring coordination.

c. Action:

- i. SCEMSA to assign protocol number and list under Pilot Policies.
- ii. Dr. Mackey to prepare 1-page hospital information sheet.
- iii. SCEMSA to distribute go-live memo with 5-day notice before launch.
- iv. Hospitals to ensure ED, trauma surgeons, and blood bank leadership are briefed.

6. Data Review – 2025 Q2 Trauma Data

a. Discussion Points:

- i. Review of the 2025 Q2 Trauma Data.
- ii. ED disposition variability noted across hospitals, especially OR destinations.
- iii. Discharge destinations highlighted major impacts on APOT and system capacity.

b. Details:

- i. Hospitals emphasized challenges related to SNF acceptance times and weekend delays.



- ii. Updates on expanded MIH capacity across Metro, City, and Alpha One to hopefully reduce readmissions.
- iii. Trauma triage compliance reviewed incorrect – primarily documentation issues.
- iv. Out-of-county origin data discussed-plan to reduce to “Top 10 counties” for clarity.
- c. Action:
 - i. Continue APOT stakeholder work including SNF engagement.

7. Roundtable Discussion

- a. Discussion Points:
 - i. Mercy San Juan requested inclusion in all blood-program communications.
 - ii. UC Davis requested re-sending pediatric policies and 2026 meeting dates.
 - iii. General support and enthusiasm for upcoming blood program launch.
- b. Action:
 - i. SCEMSA to send 2026 meeting invites as one consolidated set.
 - ii. SCEMSA to include all hospitals in blood program updates.

8. Adjourned

Trauma Improvement Committee

Completed By: Sacramento County EMS Agency

2025 - 2Quarter (Apr-Jun)

Presented November 20, 2025



Agenda

Sacramento County Emergency Medical Services Agency



Trauma Improvement Committee (TIC)
Thursday, November 20, 2025
1:00pm – 3:00pm

Location: Sacramento County EMS Agency
9616 Micron Ave. Conference Room 1
Sacramento, CA 95827

Facilitator: Greg Kann, M.D., EMS Agency Medical Director

Topic	Presenter	Start Time	Length
Welcome and Introductions	Dr. Kann	1:00 PM	5 min
Approval of Minutes <ul style="list-style-type: none">September 4th, 2025	Dr. Kann	1:05 PM	5 min
Policy Review <ul style="list-style-type: none">PD#8066 - Pain ManagementPD#9013 - Pediatric ShockPD#9017 - Pediatric TraumaPD#9018 - Pediatric Pain Management	Dr. Kann	1:30 PM	15 min
Old Business <ul style="list-style-type: none">PHWB	Dr. Mackey	1:45 PM	10 min
New Business <ul style="list-style-type: none">Data cross reference guideEMResource Diversion Dropdown List	Dr. Kann	1:55 PM	10 min
Quarterly Data Review <ul style="list-style-type: none">2025 – 2nd Quarter Data Review	Dr. Kann	2:05 PM	20 min
Case Presentations and Review <ul style="list-style-type: none">None	Provider Rotation	2:25 PM	0 min
Open Meeting Discussion Items	All	2:30 PM	30 min

Next Meeting – February 19, 2026



Department of Health Services Emergency Medical Services Agency Trauma Improvement Committee 2025 Case Presentation Rotation

*Blue picks the case

Date:	2/24/2025	5/15/2025	9/4/2025	11/20/2025
KHS - Cosumnes	X			
KHS - Sac City Fire		X		
SRMC - Metro Fire		X		
SRMC - Folsom Fire				X
MSJ - Sac City Fire			X	
MSJ - Metro Fire				X
UCDMC - Cosumnes			X	
UCDMC - Folsom				X



Trauma Improvement Committee



Trauma Improvement Committee (TIC)
Meeting Minutes

September 04, 2025

Facilitator: Gregory Kann, M.D. KannG@saccounty.gov

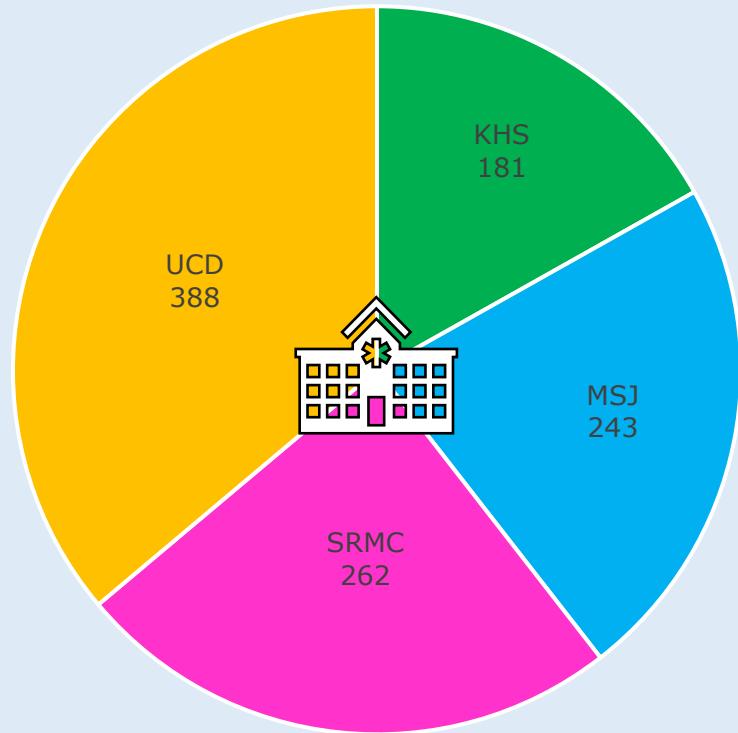
Topic	Minutes	Action Items
Welcome and Introductions	Approval of Minutes: May 2025 – Motion: Brian Moore; Second; Adam Blitz	
Quarterly Data Review	<p style="text-align: center;"><u>Trauma Data Review 1st Quarter 2025</u></p> <ul style="list-style-type: none"> i. Data Overview: A review of the third quarter 2024 data. ii. Key Metrics: <ul style="list-style-type: none"> a. System-wide discussion of notable decrease in overall trauma volume. b. EMS call volume remains steady/increasing – yet trauma admissions down across multiple hospitals. c. Committee to explore possible seasonal trends or documentation change. d. Discussion around primary impression trauma vs. positive TTC patients arriving at non-trauma centers. Desire to reduce misdirected trauma activations to zero. 	SCEMSA to trauma numbers and look for any discrepancies.
Policy Review PD #2007 – Trauma Hospital Data Elements PD #2525 – Prehospital Notification	<p style="text-align: center;"><u>Policy Review</u></p> <ul style="list-style-type: none"> i. PD# 2007 – Trauma Hospital Data Elements <ul style="list-style-type: none"> a. "Data shall be submitted no later than 90 days following the end of the quarter. Non-compliance with the data requirements can lead to program suspension." ii. PD #2525 – Prehospital Notification <ul style="list-style-type: none"> a. Conversation regarding whether to maintain "code 2 vs code 3" language. 	All policies will be reviewed again at the September 11, 2025, MAC meeting.

Trauma Improvement Committee (TIC) Meeting Minutes

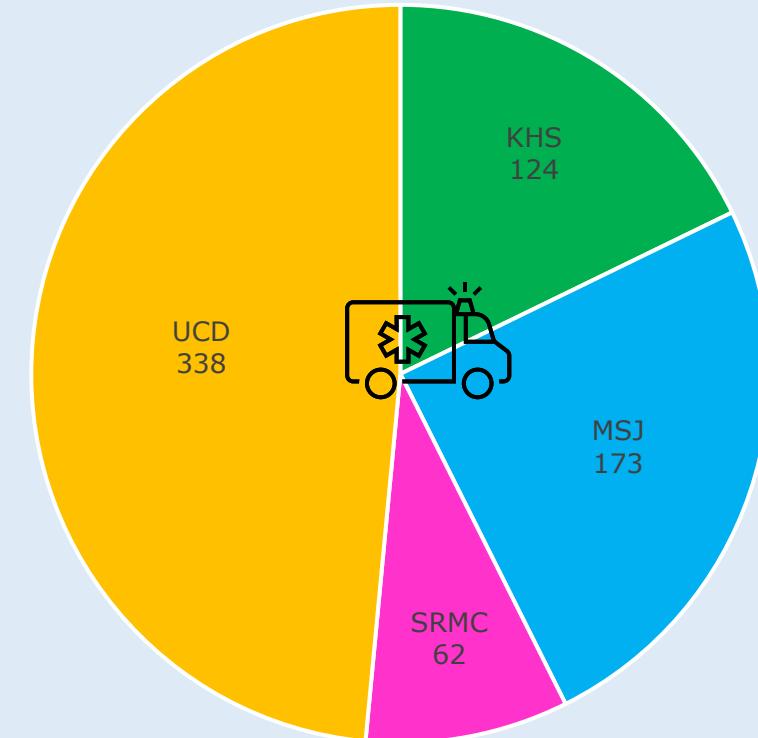
[https://dhs.saccounty.gov/PUB/EMS/Pages/Committees/TRC/Trauma-Review-Committee-\(TRC\).aspx](https://dhs.saccounty.gov/PUB/EMS/Pages/Committees/TRC/Trauma-Review-Committee-(TRC).aspx)

Hospital vs EMS Data 2025-2Q

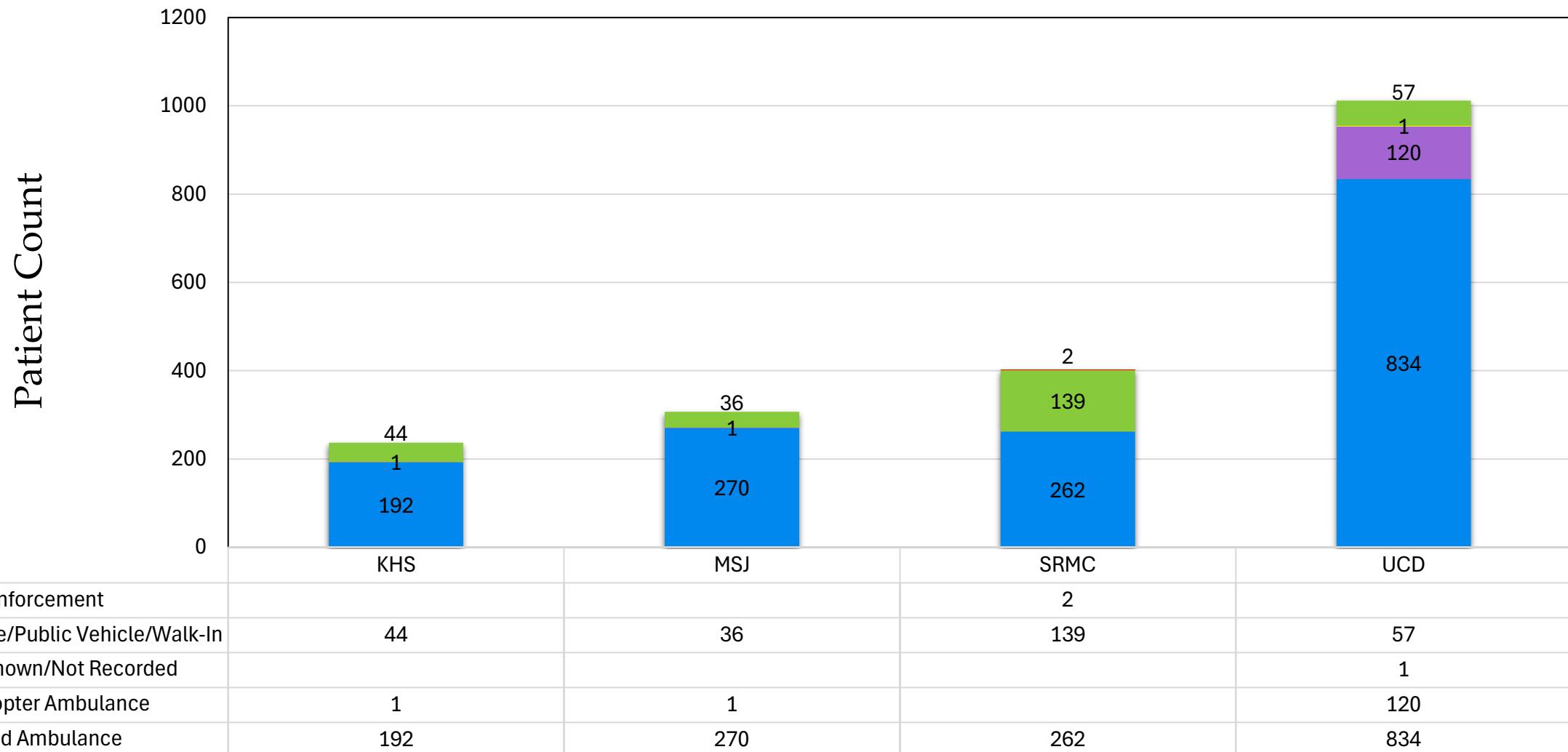
Hospital Data
Trauma patients from Sacramento County who meet
NTDB standards



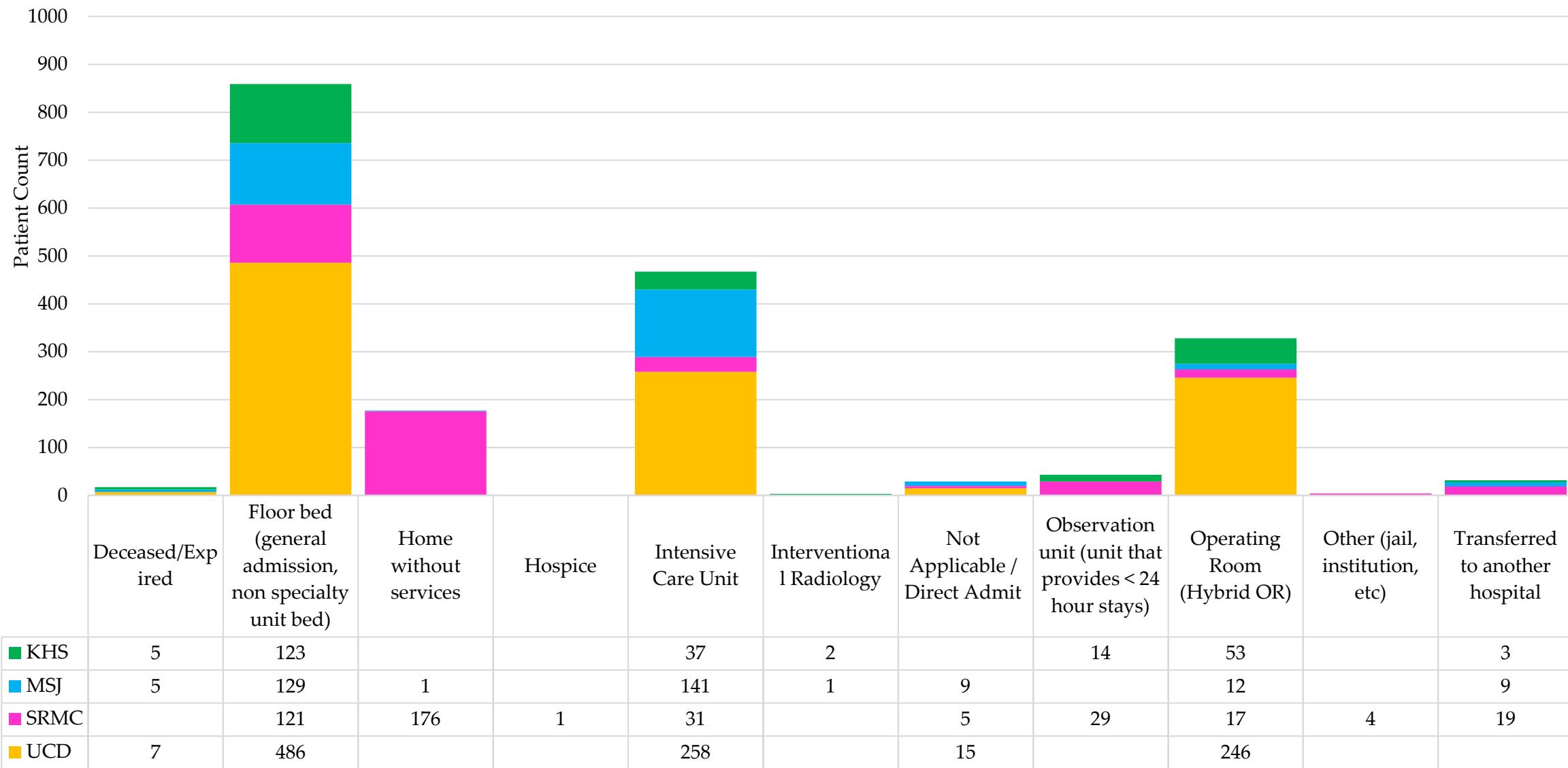
EMS Data
Sacramento County EMS Patients Meeting
SCEMSA (+)TTC



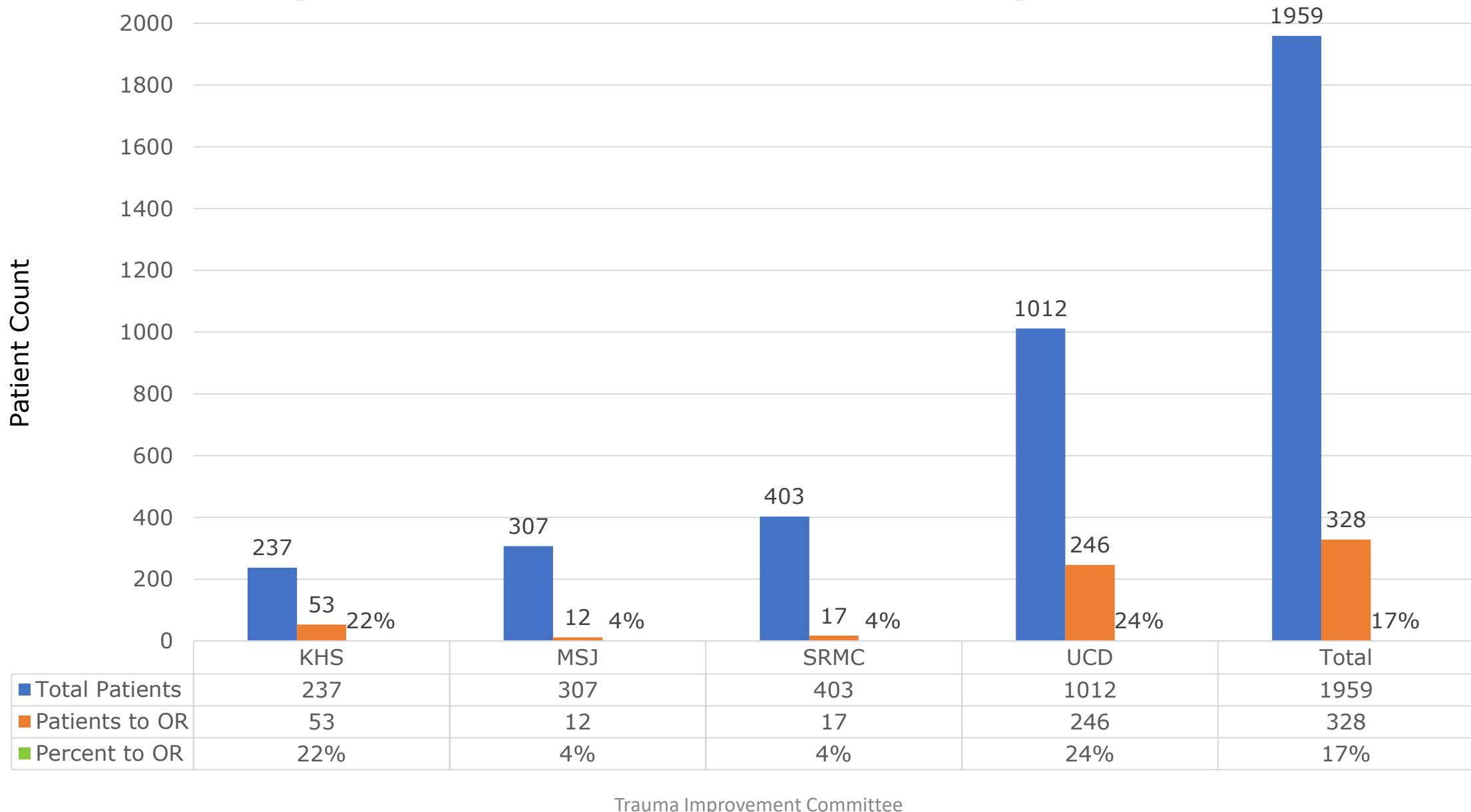
Patient Arrival Mode per Hospital 2025-2Q



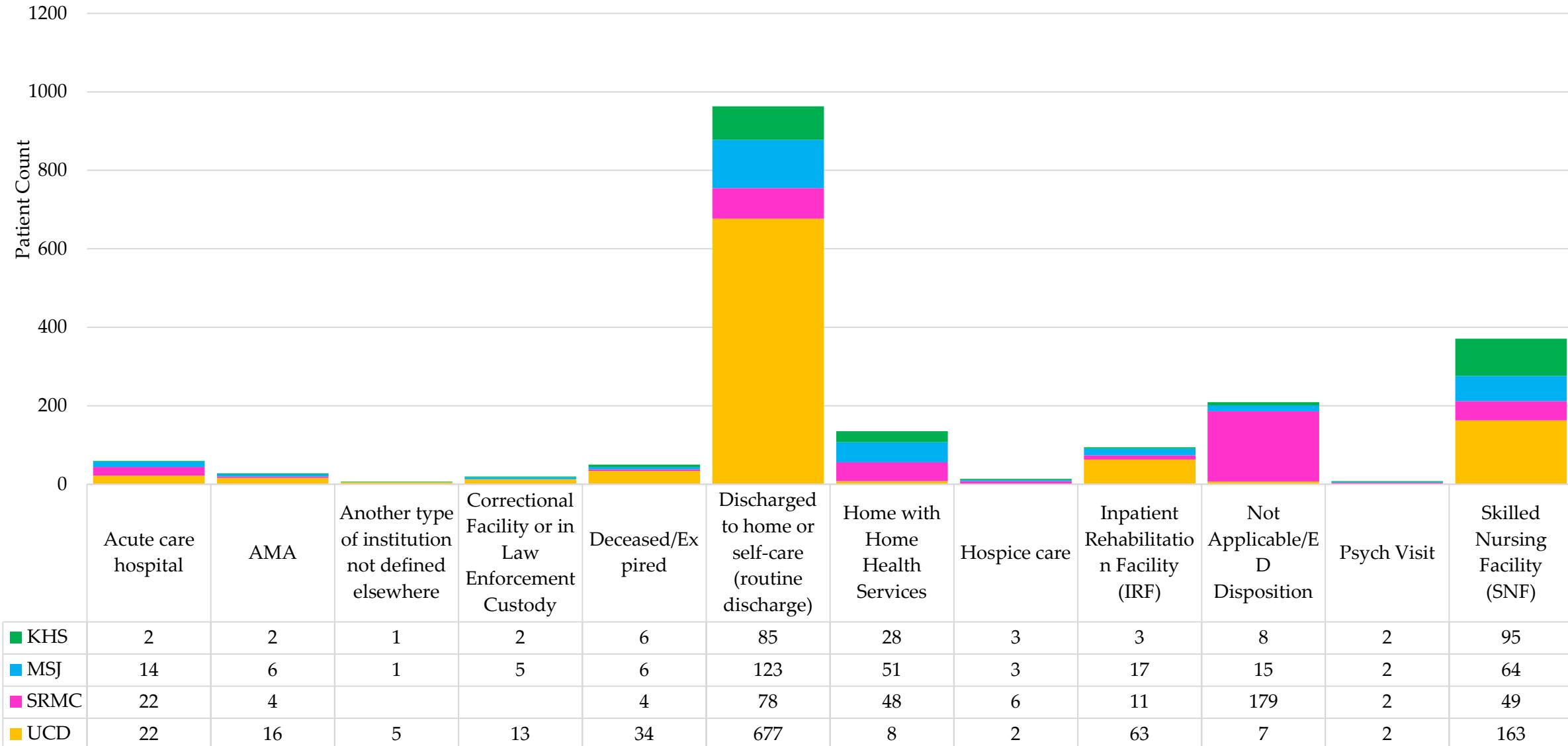
Emergency Room Disposition 2025-2Q



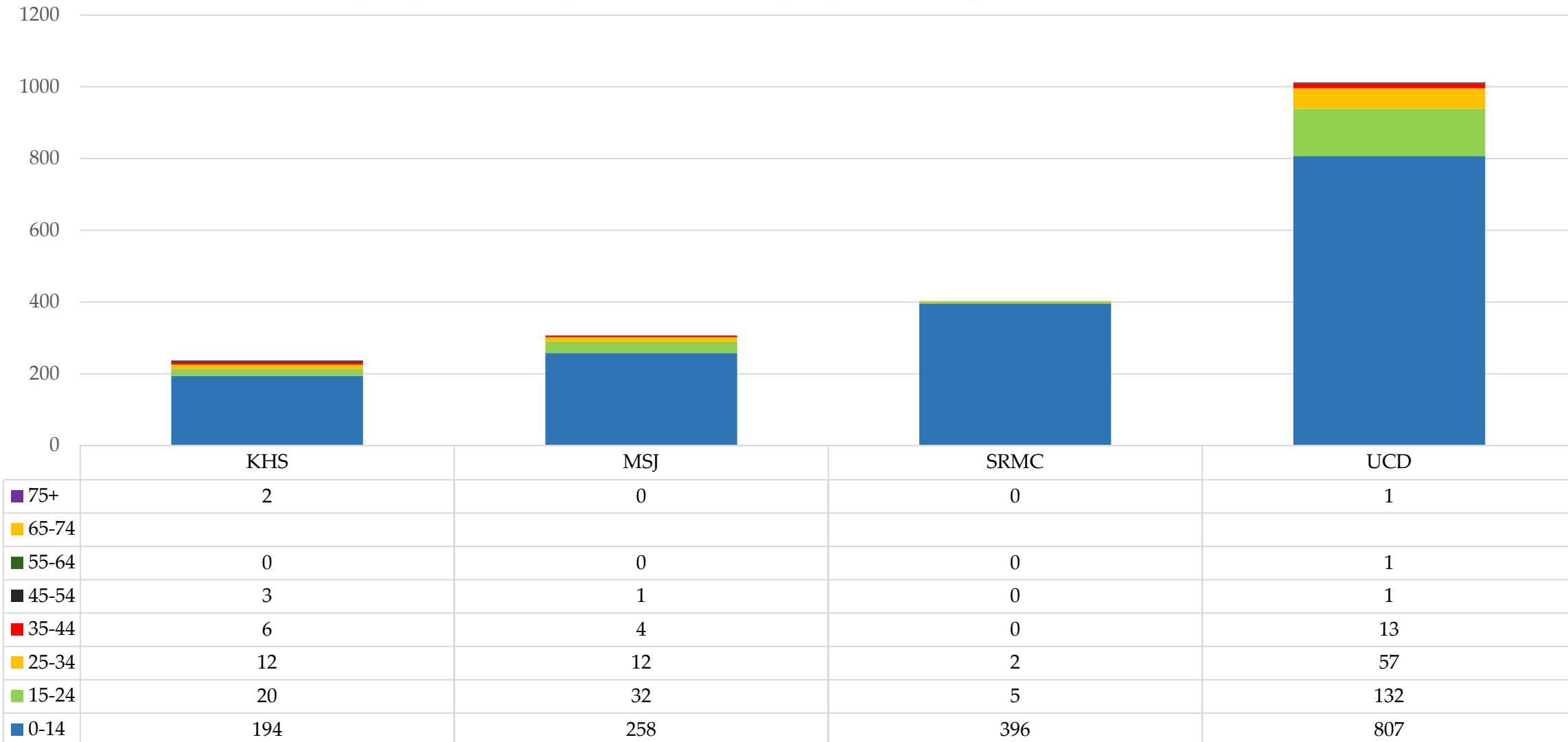
Percentage of Patients admitted to ED and discharged to OR 2025-2Q



Hospital Discharge Disposition 2025 - 2Q

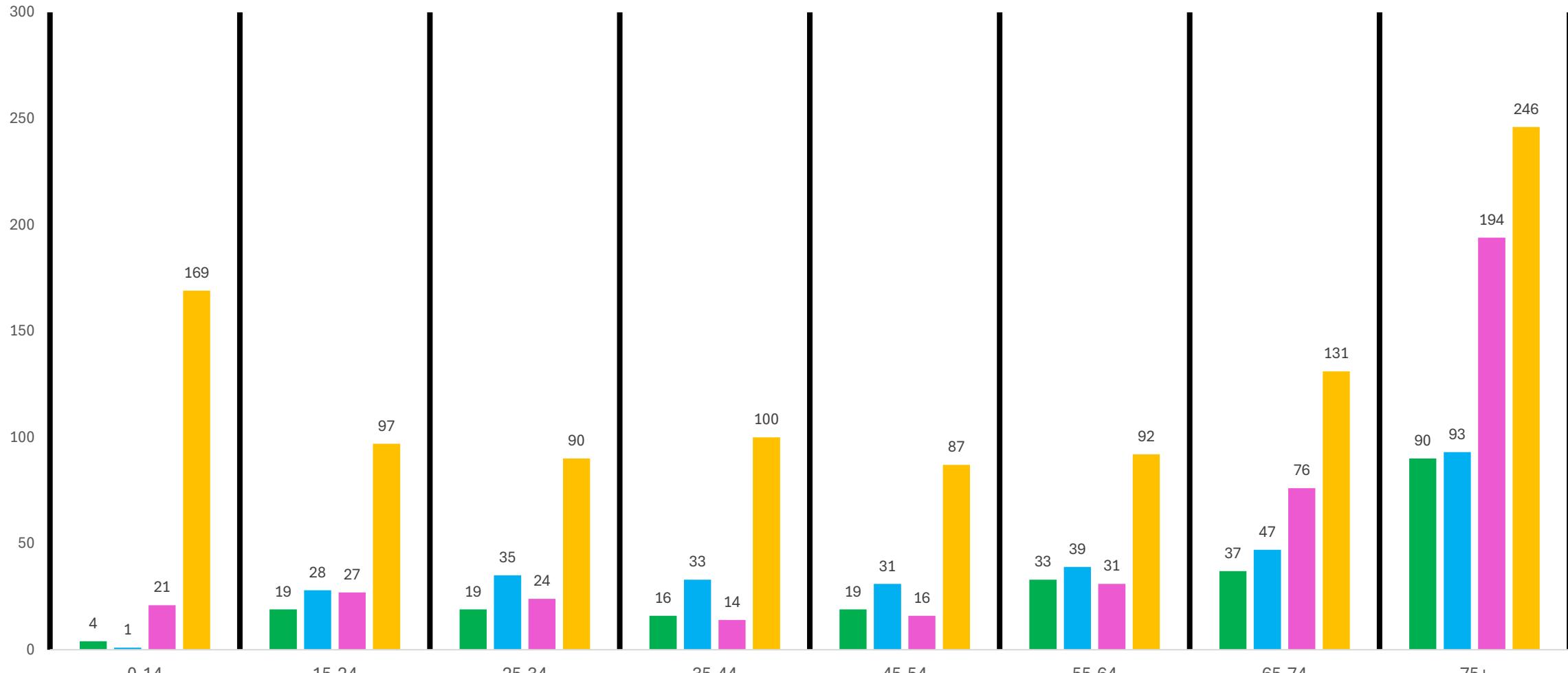


Injury Severity Score Range per Hospital 2025-2Q



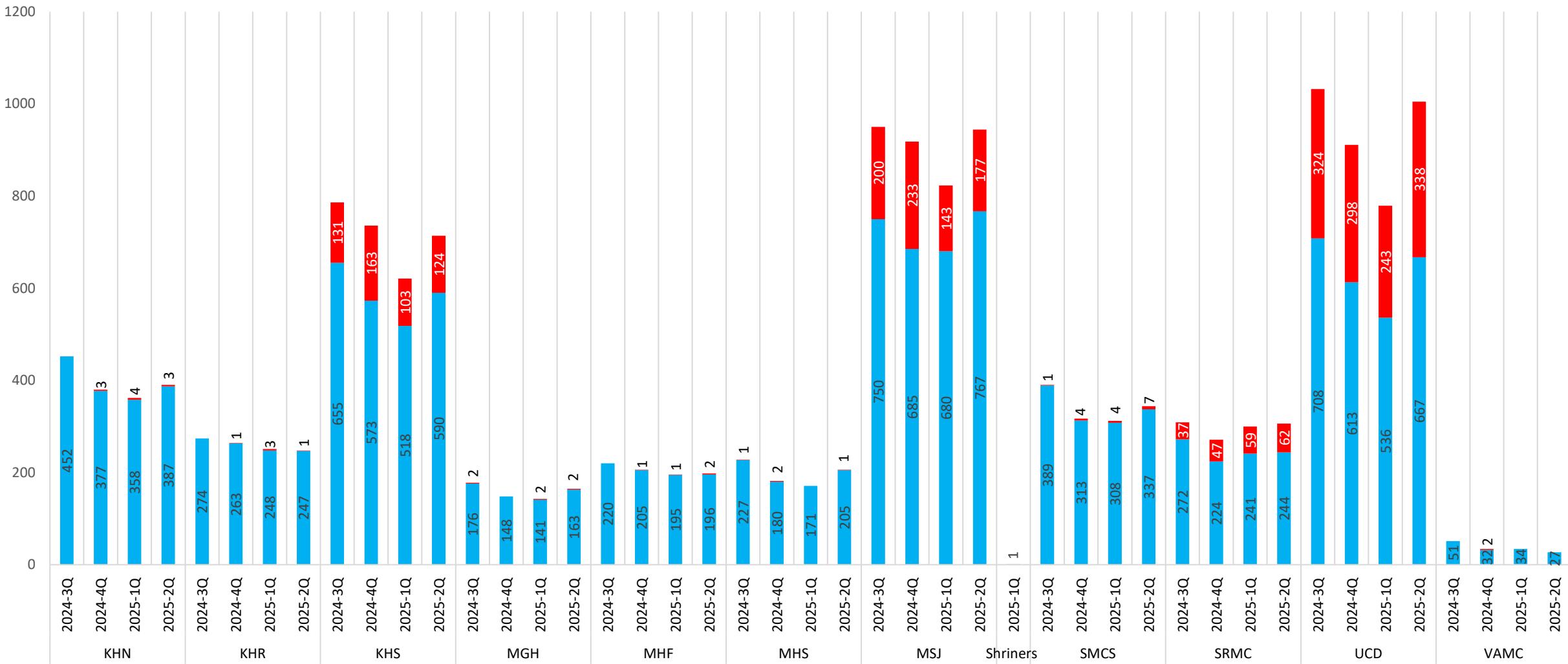
Patient Age Range per Hospital 2025-2Q

■ KHS ■ MSJ ■ SRMC ■ UCD



EMS Patients with a Primary Impression of Trauma 2025 2Q

■ Negative (-) TTC ■ Positive (+) TTC



2025 Q2 Review: + TTC Patients Taken to Non-Trauma Hospitals

Destination	Findings	Documented eInjury.03 or eInjury.04
KHR	91f - Fall from bed / Head strike/ Hip Pain and Shortening right leg	"Suspected pelvic fracture" and "EMS Provider Judgment"
KHN	36F- Dog bite to face	"Penetrating injuries to head, neck, torso, and proximal extremities"
KHN	25M -PT on motorcycle accelerated into a parked semi truck / thrown 5-10ft from bike /no helmet/ no LOC/ 2in lac forehead, 4in lac cheek, wrist deformity. C-collar applied. PER NARRATIVE Trauma Alert to KHS	"Rider separated from transport vehicle with significant impact (eg, motorcycle, ATV, horse, etc.)"
KHN	57M Multiple dog bites rt upper arm	"Penetrating injuries to head, neck, torso, and proximal extremities"
MGH	67f- GLF / No LOC / + Back pain	"Suspected pelvic fracture"
MGH	66M- Hit guardrail / c/o Pre-existing Rt hip pain bearing weight	"Chest wall instability, deformity, or suspected flail chest" and "Pedestrian/bicycle rider thrown, run over, or with significant impact"
MHF	34M fall from motorized skateboard / no head strike/ deformity to his left wrist and distal lower extremity / knee pain / Trauma Alert to SRMC	"Suspected fracture of two or more proximal long bones"
MHF	33M- Assault / punched and kicked in the face/ head pain and repetitive questioning/ per PD pt was unconscious for 1min/ transported c2 Trauma Alert to SRMC	"Glasgow Coma Score <= 13" and "Fall Adults: > 20 ft. (one story is equal to 10 ft.)", "EMS Provider Judgment"

2025 Q2 Review: + TTC Patients Taken to Non-Trauma Hospitals - Continued

Destination	Findings	Documented eInjury.03 or eInjury.04
MHS	21M-patient was playing football with his students when he ran into a basketball pole/ + LOC per narrative Trauma Alert to KHS	'Systolic Blood Pressure <90 mmHg' and 'EMS Provider Judgment'
SMCS	58M- fight / punched in the head and bit in armpit and on earlobe/ no LOC	'Penetrating injuries to head, neck, torso, and proximal extremities'
SMCS	89F- GLF - hip pain 6/10 no obvious signs of deformity, shortening, or rotation	"Suspected pelvic fracture"
SMCS	63M- laceration to finger / on blood thinners	"Active bleeding requiring a tourniquet or wound packing with continuous pressure"
SMCS	33M- Per report PT was hit by a car two weeks ago and has been experiencing shoulder pain since /PT has a deformity, pain and reduced mobility in his right shoulder	"Pedestrian/bicycle rider thrown, run over, or with significant impact"
SMCS	61M- Fall with lt sided rib pain – not 10ft fall	'Fall from height > 10 feet (all ages)'
SMCS	82F- GLF hit head/hematoma/ on thinners c2 UCD with trauma alert	"Anticoagulants and Bleeding Disorders", "Low-level falls in young children (age <= 5 years) or older adults (age >= 65 years) with significant head impact"
SMCS	35F- vehicle vs pedestrian x2days ago/ 10/10 lower back pain/ neck pain with limited mobility upward	"Pedestrian/bicycle rider thrown, run over, or with significant impact"

County of Origin Patient Count by Hospital

2025-2Q

Receiving Hospital	Alameda	Amador	Butte	Calaveras	Colusa	Contra Costa	El Dorado	Humboldt	Lake	Lassen	Los Angeles	Mendocino	Merced	Napa	Nevada	Placer	Plumas	Sacramento	San Joaquin	Shasta	Sierra	Siskiyou	Solano	Sonoma	Stanislaus	Sutter	Tehama	Washoe	Yolo	Yuba	Not recorded	Grand Total	
KHS		4		1															2		1						3	7	237				
MSJ		1	1				5									8	8				1					5	8	307					
SRMC																												403					
UCD	2	9	11	3	2	1	53	2	6	2	1	5	2	2	2	7	2	2	13	5	1	1	12	1	4	22	3	1	79	16	1012		
Grand Total	2	14	12	4	2	1	58	2	6	2	1	5	2	2	2	15	10	2	15	5	1	1	12	1	4	22	3	1	87	16	352	337	1959