



Trauma Improvement Committee (TIC)  
Meeting Minutes

February 15, 2024

**Facilitator:** Gregory Kann, M.D. [KannG@saccounty.gov](mailto:KannG@saccounty.gov)

**Attendees:** EMS and Hospital Group

Topic	Minutes	Open Items
Welcome and Introductions	Approval of Minutes: <b>August 17, 2023</b> – Motion: Tressa Naik, Second: Jeremy Veldstra <b>November 9, 2023</b> – Motion: Brian Morr, Second: Amelia Hart	
Quarterly Data Review	<p><b>2023 2Q and 3Q Data</b> <u>Slide 23:</u> Jeremy Veldstra: Can you send me the information for calls when my hospital is contacted as the base and we approve a destination different than it should be? I want to follow up with my team.</p> <p><b>Shock Index</b> <u>Slides 24 and 25:</u> Dr. Kann: The physiologic trauma triage criteria in policy states a heart rate greater than systolic blood pressure. So, a shock index exists in trauma triage criteria; it is just not stated specifically as a shock index. This is a potential area of improvement to remind crews that a shock index of greater than one is trauma triage positive. We looked at if we did that; how many patients would that have added to the trauma system? 214 overall in 2Q and 261 in 3Q.</p>	SCEMSA to send improper desintations approved by base to the base station liasions



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	<p>Sydney Freer: We sent a sample of those 214 to our trauma hospitals and it looked like the hospitals did not end up activating most of those patients that were not activated from the field.</p> <p>Dr. Kann: Shock index has been added in neighboring counties, is this something we want to clarify?</p> <p>Dr. Naik: How much more complicated would this make it in the field?</p> <p>Amelia Hart: Shock index is built in, though.</p> <p>Dr. Kann: Did any of the shock index patients we sent you go to the OR?</p> <p>Jeremy Veldstra: Two of them were coded 911, which is our highest activation.</p> <p>Amy Richards: A few of mine were pediatric, so we would have to adjust for that.</p> <p>Sydney Freer: I can send ones to the hospitals that are not trauma centers and ask if those patients ended up needing to go somewhere else? That might be more productive information than from the hospitals that are trauma centers.</p> <p><b>TXA Use</b> <u>Slides 26 and 27:</u></p> <p>Dr.Kann: This is the first three quarters of 2023. This is an underutilized medication in the field, and we are making changes to the TXA policy. We want to bring to the MAC, TXA for mild to moderate TBI. These are interventions that have shown to be helpful. We want to get our crews more comfortable with TXA administration.</p> <p>Dr. Perlstein: I want to caution you about TXA because I can tell you from reviewing cases that the complications are there. However, there are conflicting studies and flawed research, so I don't know what the answer is.</p>	<p>SCEMSA to follow up with non-trauma facilities on the shock index of one patient</p>



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	<p>Dr. Kann: It is true that there are conflicting studies, but I am not prepared to say no to a medication that may have an effect.</p> <p>Dr. Perlstein: I have not seen a study that has proven it has a mortality difference; the CRASH-2 trial was very flawed. What I ask of you is that you study it within your own agency because this is a wave across the country based on a flawed study, and risks are there.</p> <p>Dr.Kann: As a medical director for the county, I have to follow the best practice, which, as of now, seems to be TXA. However, tracking and research will continue.</p>	<p>SCEMSA to continue looking at / tracking TXA use and complications (including arterial complications)</p>
<p>Policy Review</p>	<p><b>PD# 8065 – Hemorrhage</b></p> <p>Dr. Kann: We talked about taking out “physician” and making it a base hospital contact instead. I am also proposing that we put head injury with a GCS of 9 -15 and reactive pupils into our TXA inclusion criteria. Exclusion being GCS less than 9.</p> <p>Amelia Hart: Should we put some kind of mechanism in there?</p> <p>Dr. Resnick: There is a difference between someone with a potential traumatic brain injury and a scratch on their head after a ground-level fall.</p> <p>Jeremy Veldstra: Now we are entering the discussion we have had multiple times in this county. Do we want to allow our paramedics to work at the top of their scopes, or do we want to prioritize all the potentials?</p> <p>Matt Burruel: The theme has been letting paramedics be clinicians.</p> <p>Sydney Freer: I think this will come to the education component.</p> <p>Medic Machado: I think we are going to read this and question some of it. Pupils? What if one is and they are different sizes? Or what if their baseline is altered? If we can make things more black and white, it is easier for us to interpret.</p>	<p>SCEMSA to add considerations for TXA for head injuries (will be reviewed at March MAC meeting)</p>



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Topic	Minutes	Open Items
	<p>Medic Boyle: Maybe add considerations?                      Dr. Resnick: I favor a more well-thought-out policy. The head injury seems too vague.                      Adam Blitz: In general, I would like to see more policy emphasis on hemostatic agents rather than tourniquets or TXA.</p> <p><b>PD# 5052 – Trauma Destination</b>  <b>PD# 5053 – Trauma Triage Criteria</b>  <b>PD# 6000 – Trauma Care System</b>  <b>PD# 8015 – Trauma</b></p>	
Case Presentations	<p><b>Julie Carrington and Medic Ryan – Cosumnes Fire Department</b>                      Julie Carrington: Sometimes, taking care of the patient is the easiest part of the paramedic's job. Getting to the patient and gathering information can be very difficult.</p> <p><b>Dr. Shelby Resnick – Kaiser Hospital South</b>                      Dr. Resnick: Kudos to the medics for catching both the trauma and the overdose, which allowed us to not be behind the 8-ball on either issue.                      Dr. Resnick: I found the language "titrated to adequate respiratory status" interesting for Narcan.                      Amelia Hart: When I am in a rig or when I am flying, if they are breathing okay and perfusing, I am not going to give Narcan because I am going to get swung on, or there could be complications. We have limited space, so part of it has to do with paramedic safety. If they are okay, I will get them to you guys.                      Dr. Perlstein: I also prefer this to avoid risking noncardiogenic pulmonary edema until the patient is at the hospital.</p>	



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Adjournment	See the presentation schedule below. We encourage collaboration between the providers and the hospitals for the presentation, but the schedule is so we have an idea of who will be picking cases and coordinating the presentation each meeting.	

**Next Meeting: Thursday, May 16, 2024: 1:00– 3:00 pm at Mercy San Juan.**



Trauma Improvement Committee (TIC)  
Meeting Minutes



**Emergency Medical Services  
Trauma Improvement Committee**

**2024 Meeting Dates / Presentation Schedule**

<b>Date:</b>	<b>5/16/2024</b>	<b>8/15/2024</b>	<b>11/21/2024</b>	<b>2/20/2025</b>
<b>KHS</b>		X		
<b>MSJ</b>		X		
<b>SRMC</b>				X
<b>UCDMC</b>				X
<b>Cosumnes Fire</b>	X			
<b>Folsom Fire</b>	X			
<b>Metro Fire</b>			X	
<b>Sacramento City Fire</b>			X	

# Trauma Improvement Committee

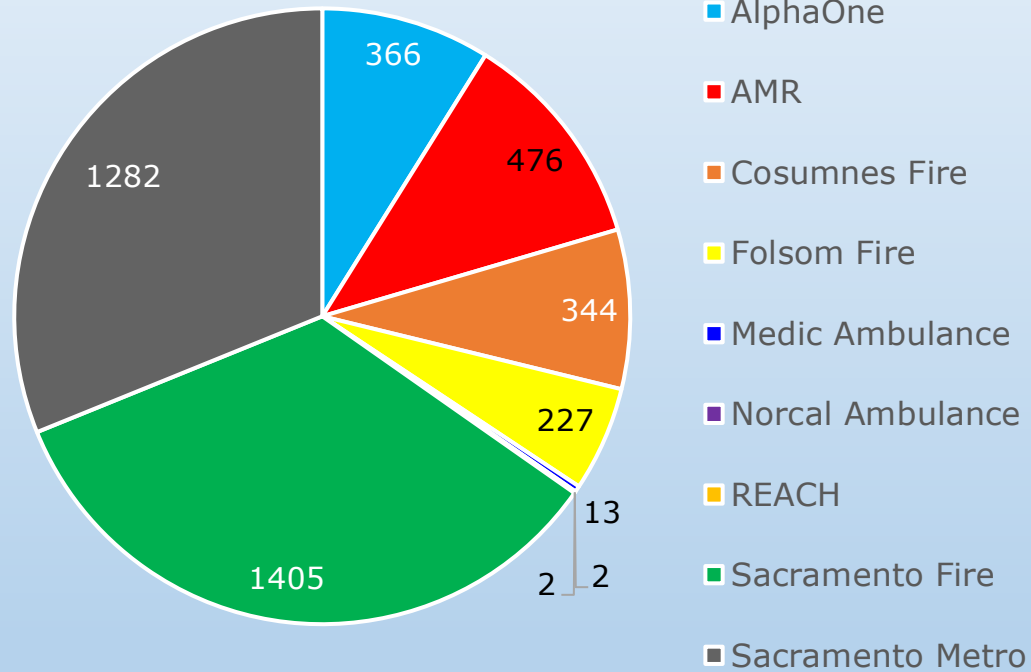
Facilitated By: Gregory Kann, M.D.

2023 – 2nd and 3rd Quarter (April-Sep)

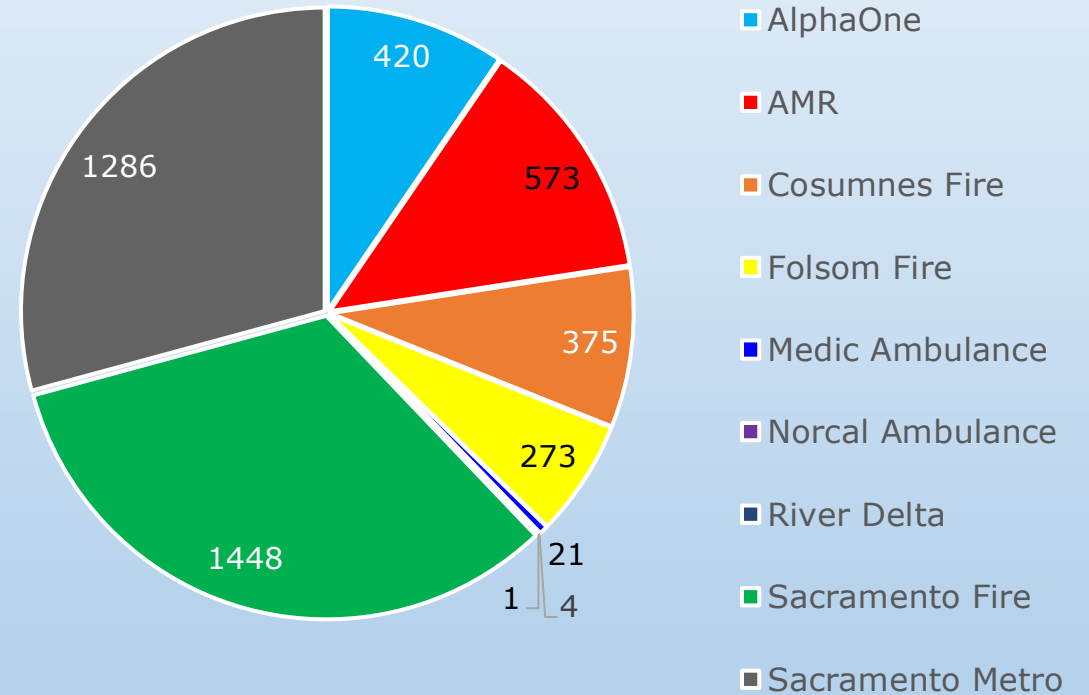
Presented February 15<sup>th</sup>, 2024

# Trauma Incident Counts per Provider for 2023 2Q and 3Q

2nd Quarter



3rd Quarter



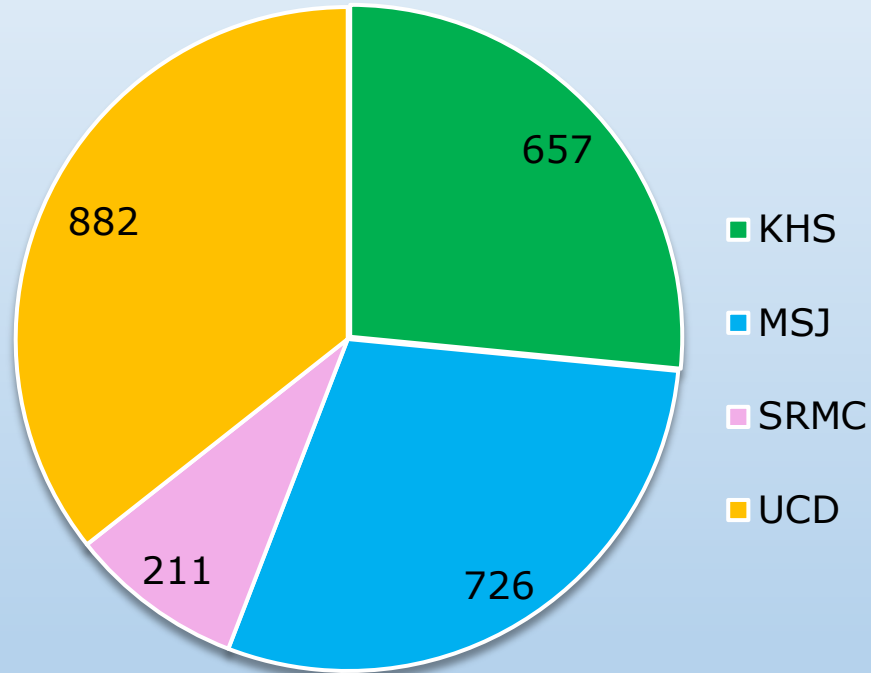
CEMSIS EMS Data



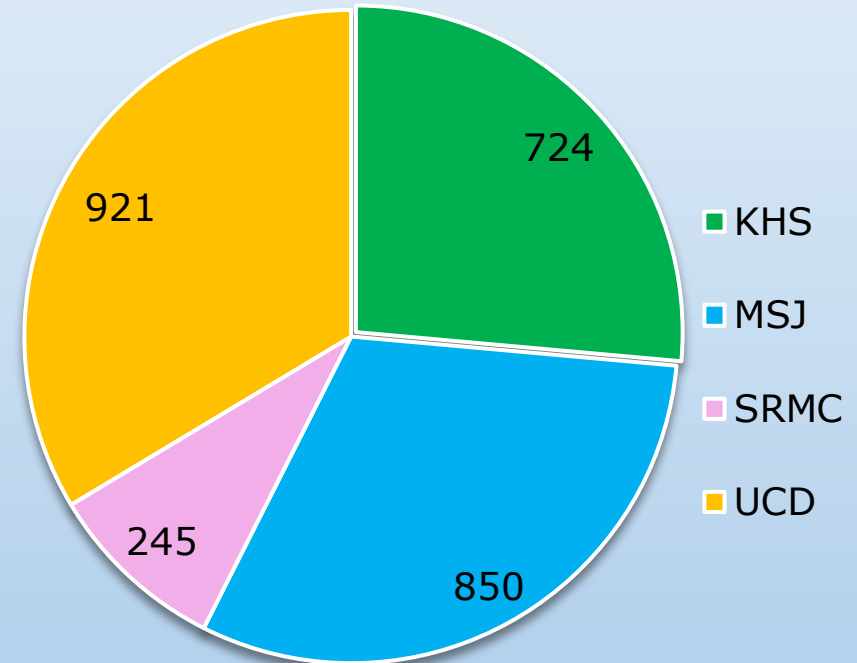


# EMS Transport Hospital Distribution for 2023 2Q and 3Q

2nd Quarter



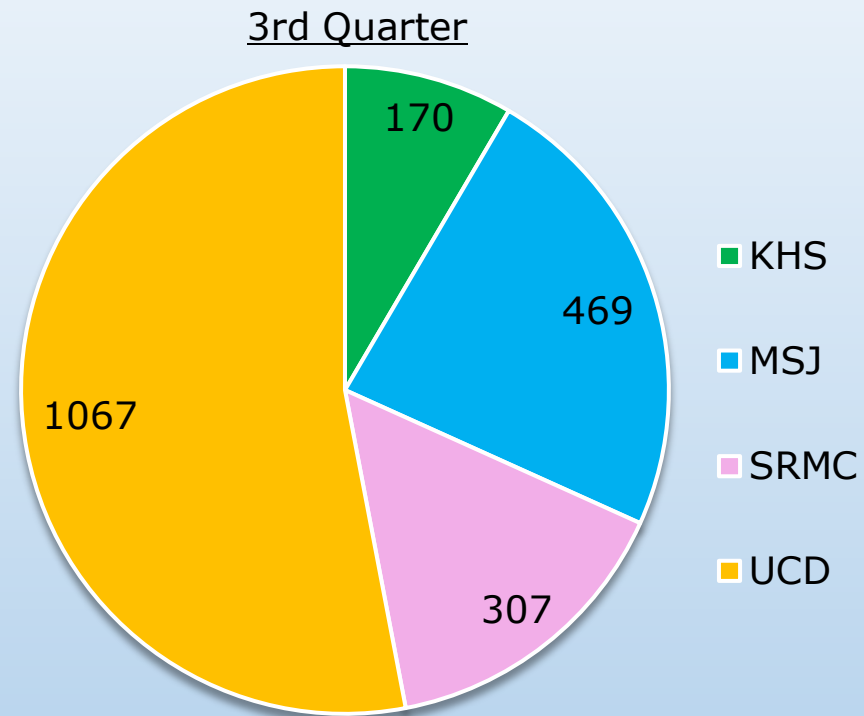
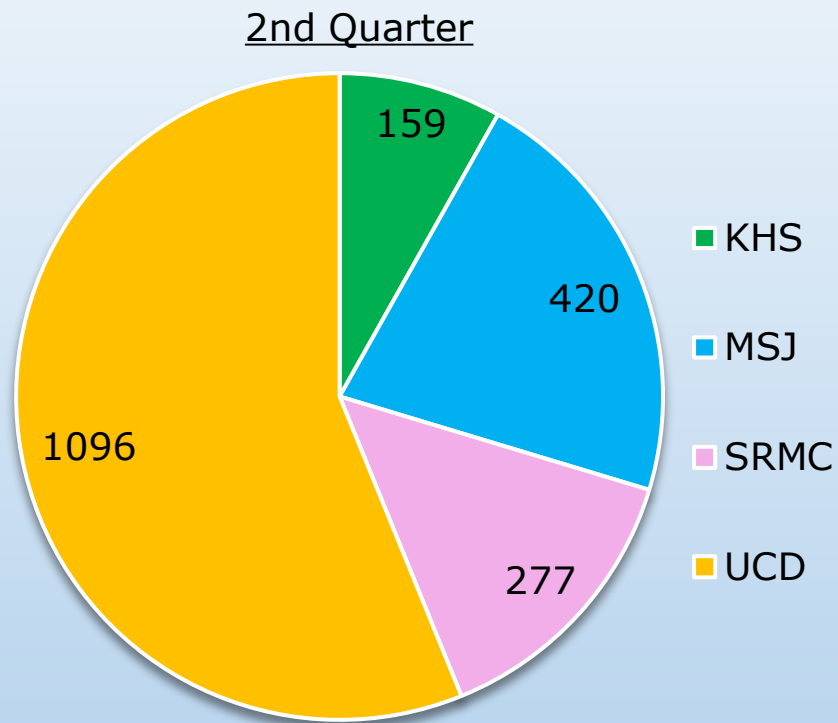
3rd Quarter



*CEMSIS EMS Data*



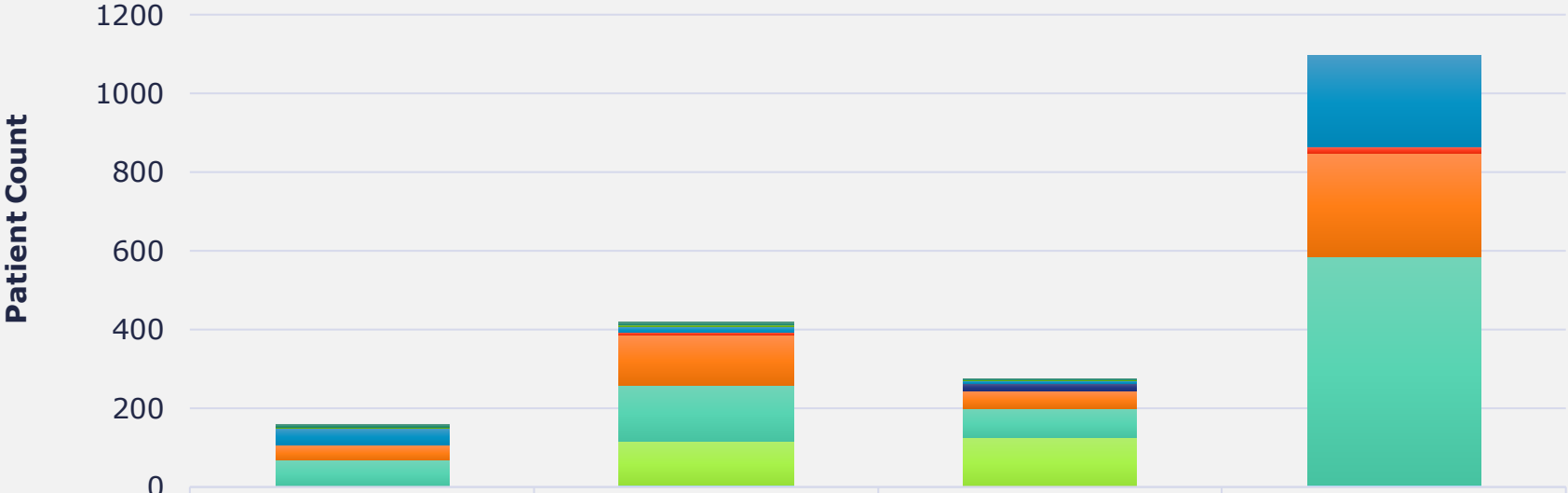
# Total Patients per Hospital for 2023 2<sup>nd</sup> and 3<sup>rd</sup> Quarter



*Patient Registry Hospital Data*



# Emergency Room Disposition 2023 2Q- per Hospital

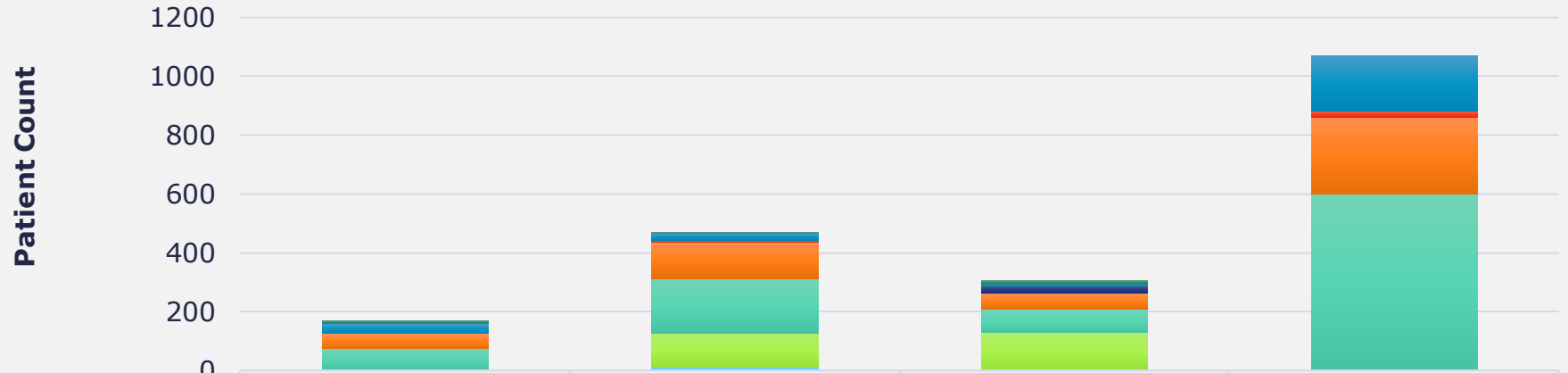


	KHS	MSJ	SRMC	UCD
■ Transferred to another hospital	6	7	4	
■ Other (jail, institution, etc)	3	5	1	
■ Operating room	42	15	8	231
■ Obervation			19	
■ Not Applicable (Direct Admit)		5	2	16
■ ICU	39	129	42	264
■ Floor bed (general admission, non specialty unit bed)	66	142	75	580
■ ED Discharge		112	125	
■ Deceased/Expired	3	3		5
■ AMA		2	1	

Patient Registry Hospital Data



# Emergency Room Disposition 2023 3Q- per Hospital



	KHS	MSJ	SRMC	UCD
Transferred to another hospital	9	3	13	
Other (jail, institution, etc)		1	1	
Operating room	36	22	5	184
Observation			25	
Not Applicable (Direct Admit)		7		23
ICU	48	125	54	261
Floor bed (general admission, non specialty unit bed)	73	184	80	599
ED Discharge		114	129	
Deceased/Expired	4	12		
AMA		1		

Patient Registry Hospital Data



# Emergency Room Disposition- Rolling 4 Quarters

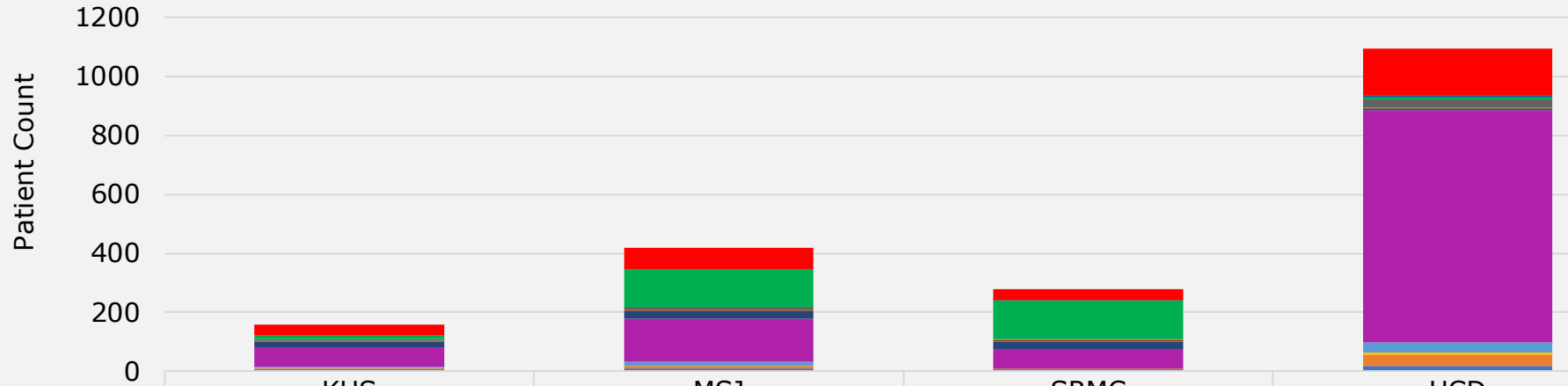
Emergency Room Disposition	KHS				MSJ				SRMC				UCD				Grand Total
	2022-4Q	2023-1Q	2023-2Q	2023-3Q	2022-4Q	2023-1Q	2023-2Q	2023-3Q	2022-4Q	2023-1Q	2023-2Q	2023-3Q	2022-4Q	2023-1Q	2023-2Q	2023-3Q	
AMA					1	1	2	1		1	1						<b>7</b>
Deceased/Expired	10	5	3	4	5	4	3	12					4	2	5		<b>57</b>
Floor bed (general admission, non specialty unit bed)	72	67	66	73	140	134	142	114	82	87	75	80	535	431	580	599	<b>3277</b>
ED Discharge					96	69	112	184	128	106	125	129					<b>949</b>
ICU	31	46	39	48	154	121	129	125	37	41	42	54	246	249	264	261	<b>1887</b>
Not Applicable (Direct Admit)	1	1			5	2	5	7	4	7	2		25	13	16	23	<b>111</b>
Observation									32	25	19	25					<b>101</b>
Operating room	17	27	42	36	24	12	15	22	9	13	8	5	146	157	231	184	<b>948</b>
Other (jail, institution, etc)	2		3		3	3	5	1			1	1					<b>19</b>
Transferred to another hospital	3	5	6	9	3	1	7	3	7	8	4	13					<b>69</b>
<b>Grand Total</b>	<b>136</b>	<b>151</b>	<b>159</b>	<b>170</b>	<b>431</b>	<b>347</b>	<b>420</b>	<b>469</b>	<b>299</b>	<b>288</b>	<b>277</b>	<b>307</b>	<b>956</b>	<b>852</b>	<b>1096</b>	<b>1067</b>	<b>7425</b>

Patient Registry and Hospital Data

**Trauma Improvement Committee**



# Hospital Discharge Disposition 2023-2Q

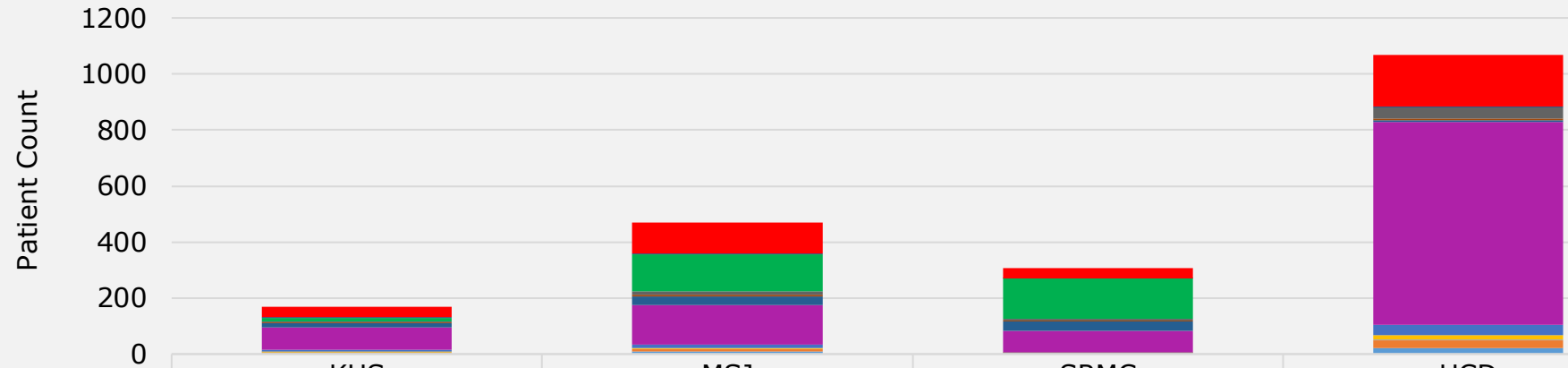


	KHS	MSJ	SRMC	UCD
■ Skilled Nursing Facility (SNF)	39	72	35	160
■ Psychiatric Visit		1	1	7
■ Not Applicable (ED Disposition)	12	129	131	5
■ Long Term/Intermediate/Rehab Facility	4	11	4	30
■ Hospice care	3	4	6	2
■ Home with Home Health Services	21	24	24	5
■ Discharged to home or self-care (routine discharge)	64	147	66	790
■ Deceased/Expired	5	14	1	33
■ Correctional Facility or in Law Enforcement Custody		1		9
■ Another type of institution not defined elsewhere	3			1
■ AMA	2	9	3	37
■ Acute care hospital	6	8	6	17

Patient Registry and Hospital Data



# Hospital Discharge Disposition 2023-3Q



	KHS	MSJ	SRMC	UCD
■ Skilled Nursing Facility (SNF)	36	110	36	183
■ Psychiatric Visit	3	3	1	2
■ Not Applicable (ED Disposition)	13	131	143	
■ Long Term/Intermediate/Rehab Facility	4	13	7	42
■ Hospice care	4	5	3	4
■ Home with Home Health Services	15	31	33	6
■ Discharged to home or self-care (routine discharge)	80	140	78	726
■ Deceased/Expired	5	13	1	37
■ Correctional Facility or in Law Enforcement Custody	2	5	1	15
■ Another type of institution not defined elsewhere	2			2
■ AMA	2	7	1	29
■ Acute care hospital	4	11	3	21

Patient Registry and Hospital Data



# Hospital Discharge Disposition- Rolling 4 Quarters

Emergency Room Disposition	KHS				MSJ				SRMC				UCD				Grand Total
	2022-4Q	2023-1Q	2023-2Q	2023-3Q	2022-4Q	2023-1Q	2023-2Q	2023-3Q	2022-4Q	2023-1Q	2023-2Q	2023-3Q	2022-4Q	2023-1Q	2323-2Q	2023-3Q	
Acute care hospital		3	6	4	4	5	8	11	5	16	6	3	21	9	17	21	<b>139</b>
AMA	5		2	2	13	5	9	7	1	6	3	1	13	19	37	29	<b>152</b>
Another type of institution not defined elsewhere	2	3	3	2									1	1	1	2	<b>15</b>
Correctional Facility or in Law Enforcement Custody	1	1		2	2	2	1	5				1	12	17	9	15	<b>68</b>
Deceased/Expired	4	13	5	5	15	15	14	13	1		1	1	28	31	33	37	<b>216</b>
Discharged to home or self-care (routine discharge)	60	72	64	80	135	111	147	140	75	82	66	78	658	582	790	726	<b>3866</b>
Home with Home Health Services	9	15	21	15	34	25	24	31	31	24	24	33	2	2	5	6	<b>301</b>
Hospice care	2	2	3	4	6	4	4	5	5	4	6	3	2	1	2	4	<b>57</b>
Long Term/ Intermediate/Rehab	1	3	4	4	8	17	11	13	4	7	4	7	26	28	30	42	<b>209</b>
Not Applicable (ED Disposition)	15	10	12	13	108	78	129	131	133	107	131	143	4	2	5		<b>1021</b>
Psychiatric Visit		2		3	5		1	3			1	1	4	4	7	2	<b>33</b>
Skilled Nursing Facility (SNF)	37	27	39	36	101	85	72	110	44	42	35	36	185	156	160	183	<b>1348</b>
<b>Totals</b>	<b>136</b>	<b>151</b>	<b>159</b>	<b>170</b>	<b>431</b>	<b>347</b>	<b>420</b>	<b>469</b>	<b>299</b>	<b>288</b>	<b>277</b>	<b>307</b>	<b>956</b>	<b>852</b>	<b>1096</b>	<b>1067</b>	<b>7425</b>

*Patient Registry and Hospital Data*

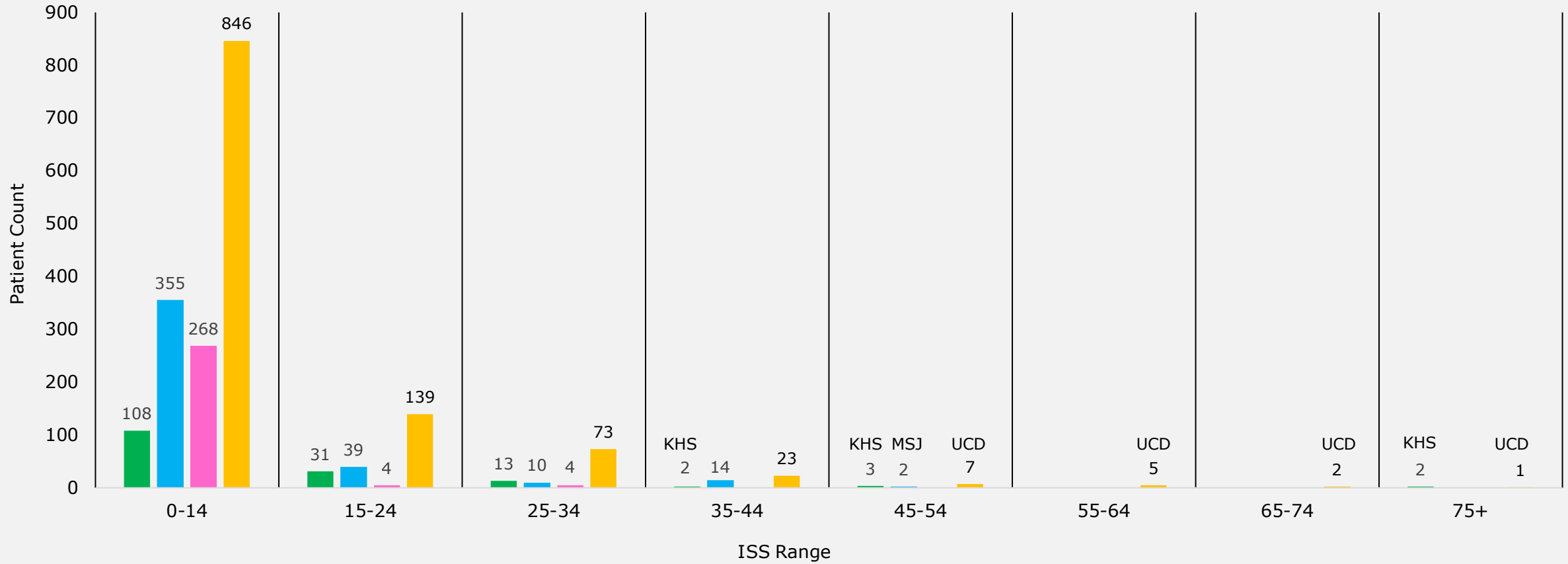
## Trauma Improvement Committee





# ISS Range per Hospital – 2023 2Q

■ KHS ■ MSJ ■ SRMC ■ UCD



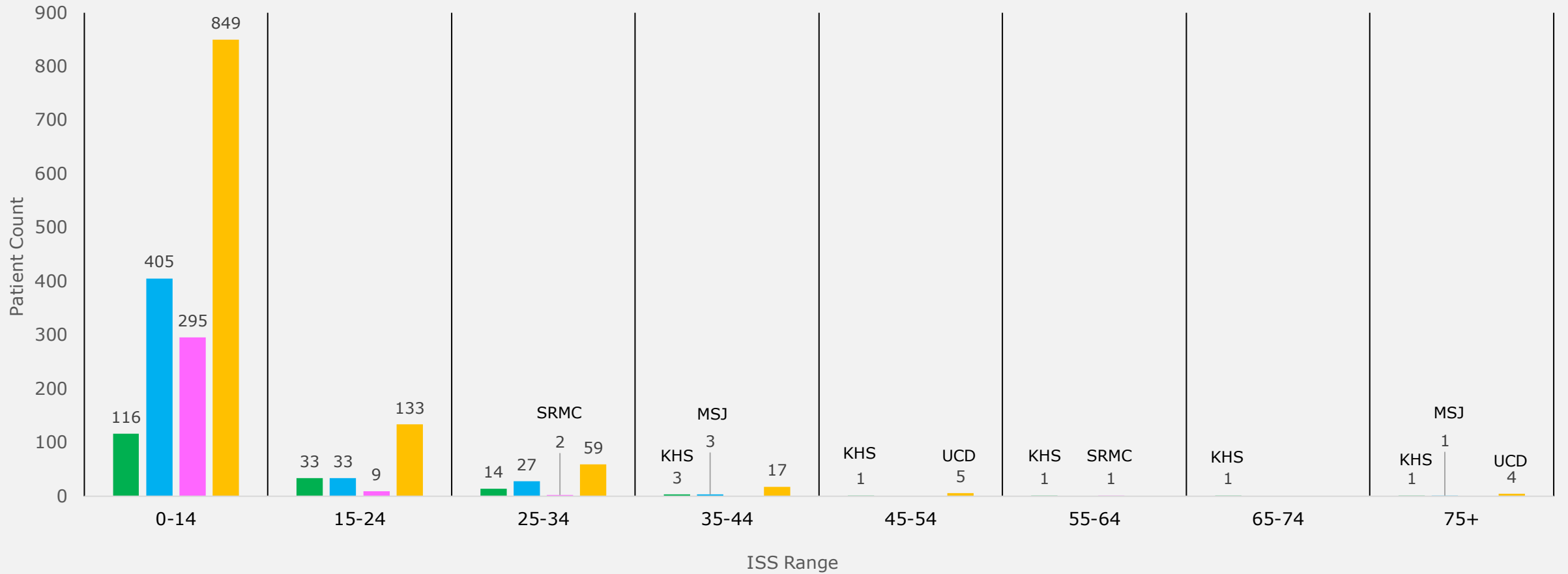
Patient Registry and Hospital Data

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# ISS Range per Hospital – 2023 3Q

■ KHS ■ MSJ ■ SRMC ■ UCD



Patient Registry and Hospital Data

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# IS Score per Hospital – Rolling 4 Quarters

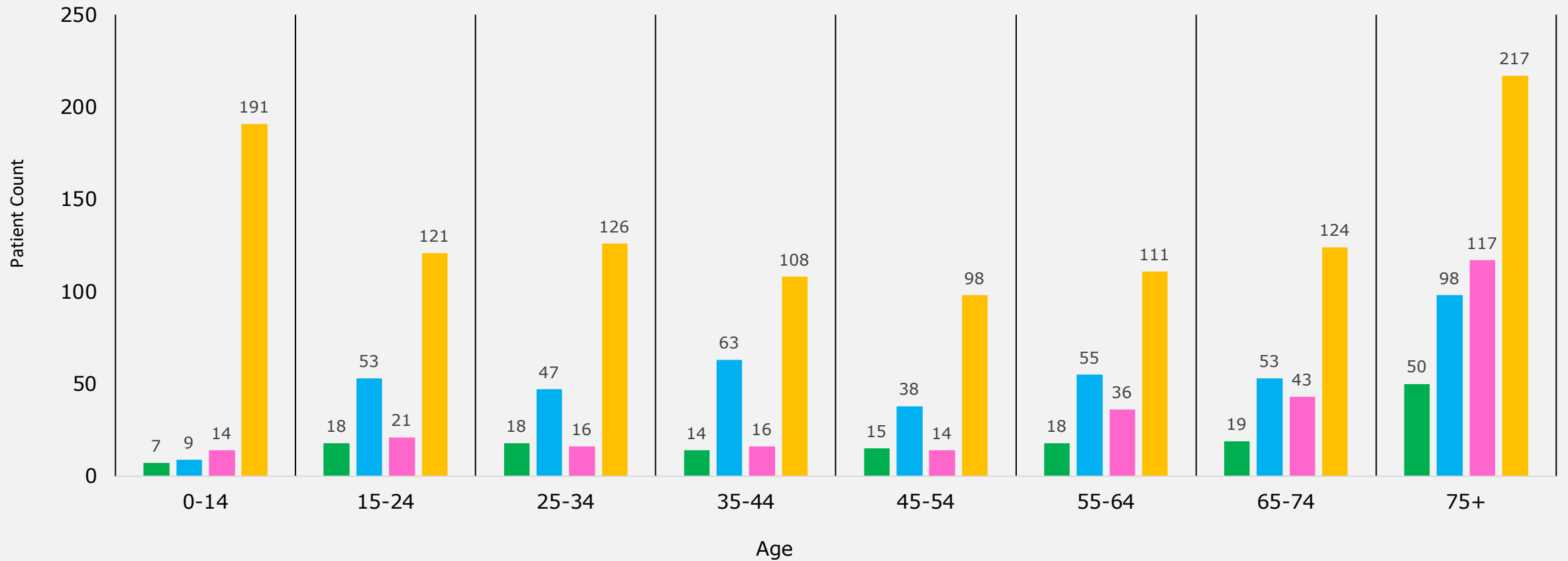
ISS Range	KHS				MSJ				SRMC				UCD				Grand Total
	2022-4Q	2023-1Q	2023-2Q	2023-3Q	2022-4Q	2023-1Q	2023-2Q	2023-3Q	2022-4Q	2023-1Q	2023-2Q	2023-3Q	2022-4Q	2023-1Q	2023-2Q	2023-3Q	
0-14	95	99	108	116	370	292	355	405	287	273	268	295	713	638	846	849	<b>6009</b>
15-24	20	19	31	33	34	33	39	33	5	12	4	9	144	128	139	133	<b>816</b>
25-34	14	25	13	14	21	17	10	27	6	1	4	2	78	68	73	59	<b>432</b>
35-44	3	7	2	3	6	2	14	3	1	1			13	15	23	17	<b>110</b>
45-54	1		3	1		1	2			1			6	3	7	5	<b>30</b>
55-64	1			1								1	1		5		<b>9</b>
65-74	1	1		1									1		2		<b>6</b>
75+	1		2	1		2		1							1	4	<b>12</b>
<b>Totals</b>	<b>136</b>	<b>151</b>	<b>159</b>	<b>170</b>	<b>431</b>	<b>347</b>	<b>420</b>	<b>469</b>	<b>299</b>	<b>288</b>	<b>276</b>	<b>307</b>	<b>956</b>	<b>852</b>	<b>1096</b>	<b>1067</b>	<b>7424</b>

*Patient Registry and Hospital Data  
\*Note: One Record ISS not Documented 2Q*



# Patient Age Range per Hospital – 2023 2Q

■ KHS ■ MSJ ■ SRMC ■ UCD



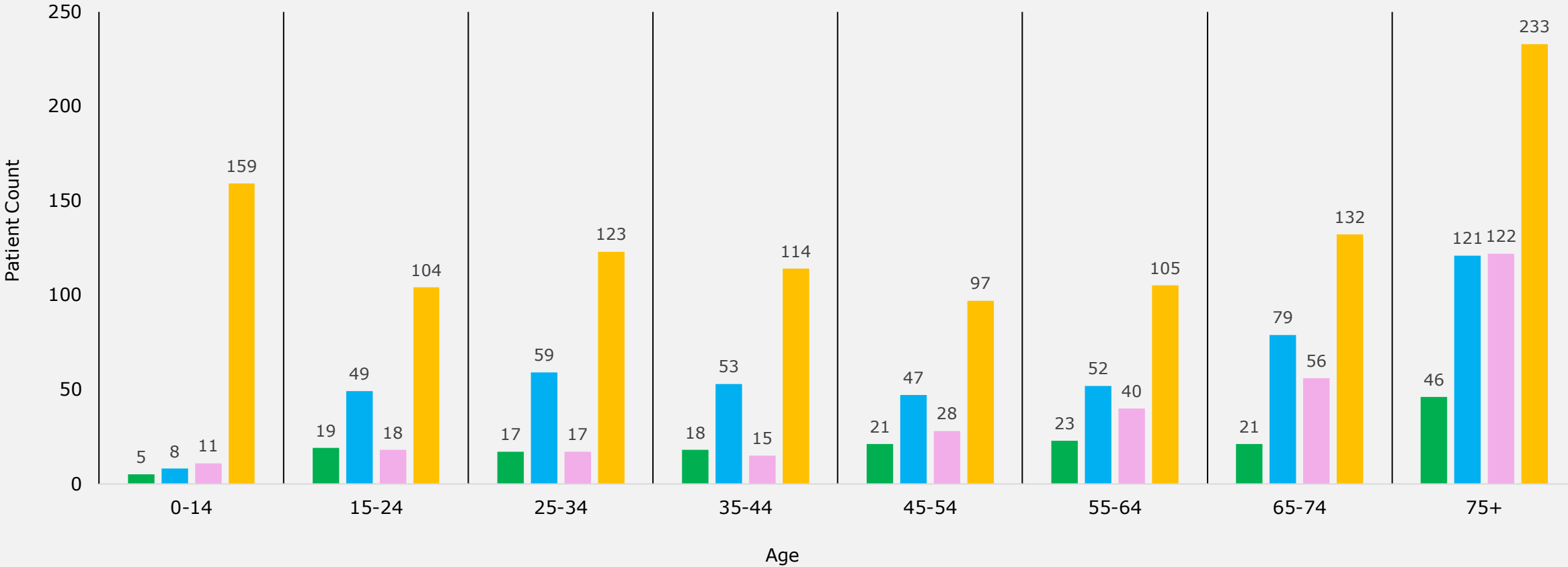
Patient Registry Hospital Data

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# Patient Age Range per Hospital – 2023 -3Q

■ KHS ■ MSJ ■ SRMC ■ UCD



Patient Registry Hospital Data

Trauma Improvement Committee



# Patient Age Range per Hospital – Rolling 4 Quarters

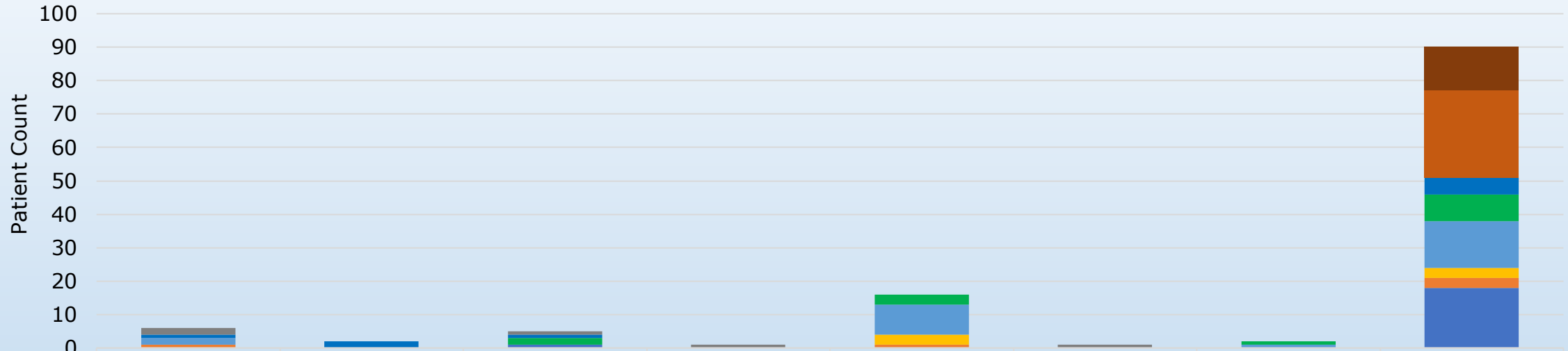
Age Range	KHS				MSJ				SRMC				UCD				Grand Total
	2022-4Q	2023-1Q	2023-2Q	2023-3Q	2022-4Q	2023-1Q	2023-2Q	2023-3Q	2022-4Q	2023-1Q	2023-2Q	2023-3Q	2022-4Q	2023-1Q	2023-2Q	2023-Q3	
0-14	2	5	7	5	5	7	9	8	6	3	14	11	66	59	191	159	<b>557</b>
15-24	4	13	18	19	46	25	53	49	17	22	21	18	112	94	121	104	<b>736</b>
25-34	22	17	18	17	50	40	47	59	21	14	16	17	105	93	126	123	<b>785</b>
35-44	20	11	14	18	63	26	63	53	19	17	16	15	97	102	108	114	<b>756</b>
45-54	12	19	15	21	41	41	38	47	27	17	14	28	81	76	98	97	<b>672</b>
55-64	16	18	18	23	50	49	55	52	23	34	36	40	107	92	111	105	<b>829</b>
65-74	17	18	19	21	62	44	53	79	53	54	43	56	142	107	124	132	<b>1024</b>
75+	43	50	50	46	112	114	98	121	133	127	117	122	246	229	217	233	<b>2058</b>
Not Recorded					2	1	4	1									<b>8</b>
<b>Totals</b>	<b>136</b>	<b>151</b>	<b>159</b>	<b>170</b>	<b>431</b>	<b>347</b>	<b>420</b>	<b>469</b>	<b>299</b>	<b>288</b>	<b>277</b>	<b>307</b>	<b>956</b>	<b>852</b>	<b>1096</b>	<b>1067</b>	<b>7425</b>

Patient Registry and Hospital Data

**Trauma Improvement Committee**



## 2023-2Q IFTs with Primary Impressions of Trauma EMS Data



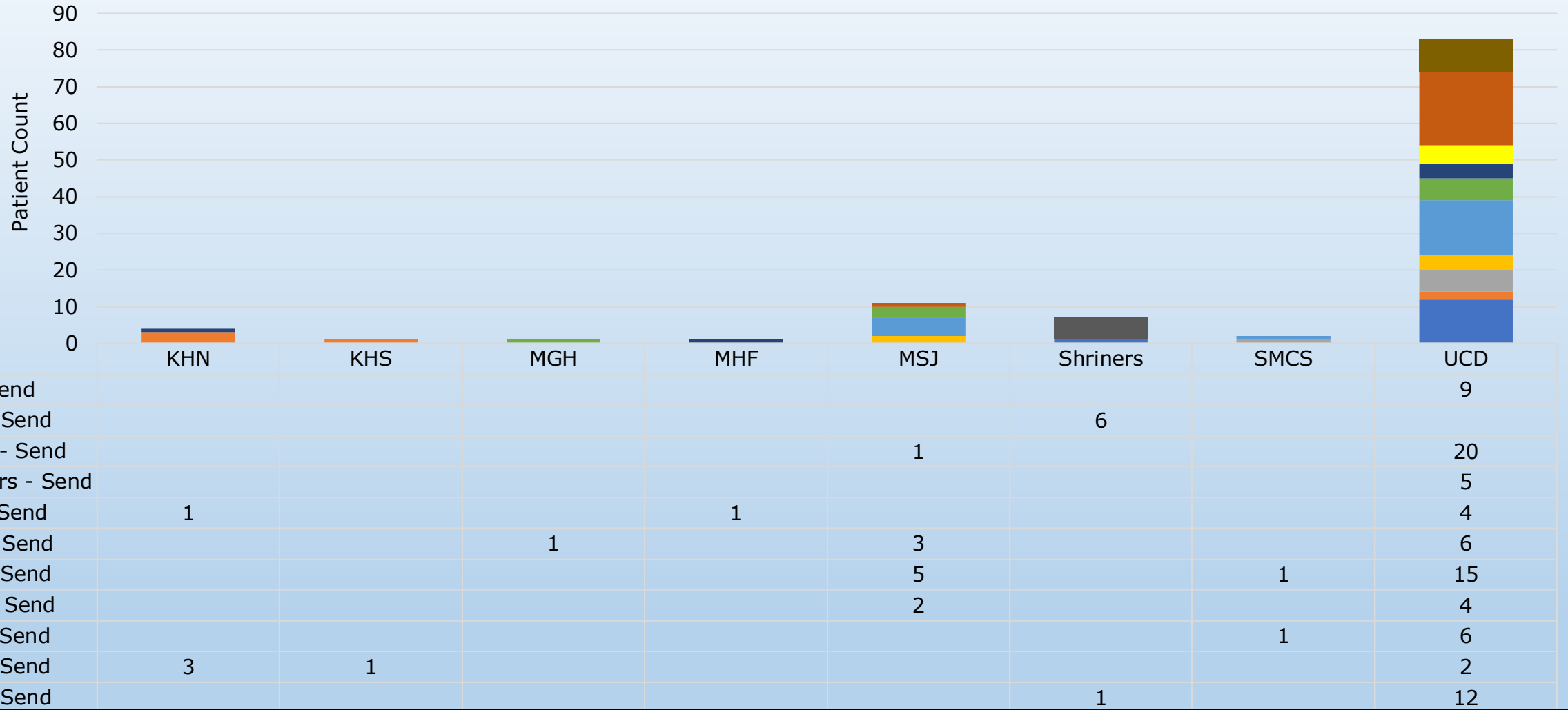
	KHN	KHR	KHS	MHF	MSJ	Shriners	SMCS	UCD
VA - Send								13
UCD - Send	2		1	1		1		
SMCS - Send								26
MSJ - Send	1	2	1					5
MHS - Send			2		3		1	8
MHF - Send	2				9		1	14
MGH - Send					3			3
KHS - Send	1				1			3
KHN - Send			1					18

*Patient Registry and Hospital Data*

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## 2023 3Q IFTs with Primary Impressions of Trauma EMS Data



*Patient Registry and Hospital Data*

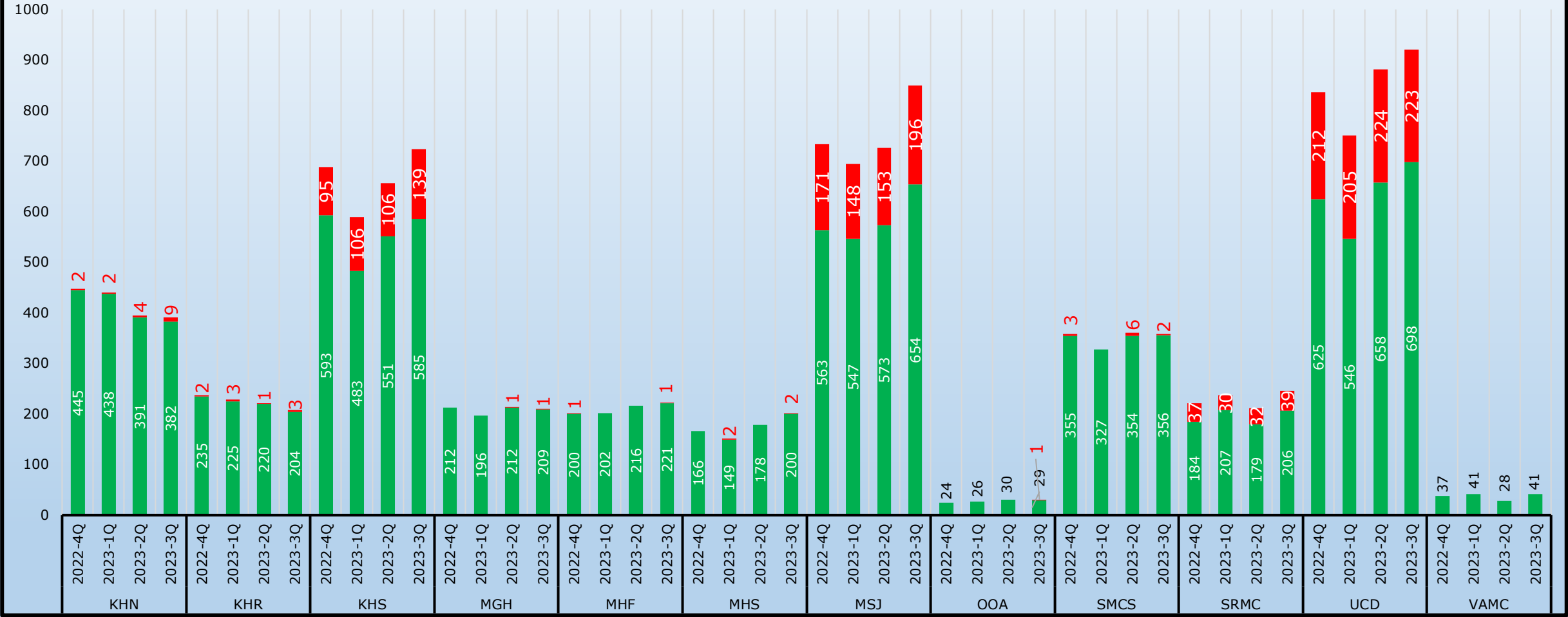
# Trauma Improvement Committee





# EMS Transported Patients with Primary Impression of Trauma Negative vs Positive Trauma Triage Criteria - Rolling 4 Quarters

■ Negative TTC    ■ Positive TTC



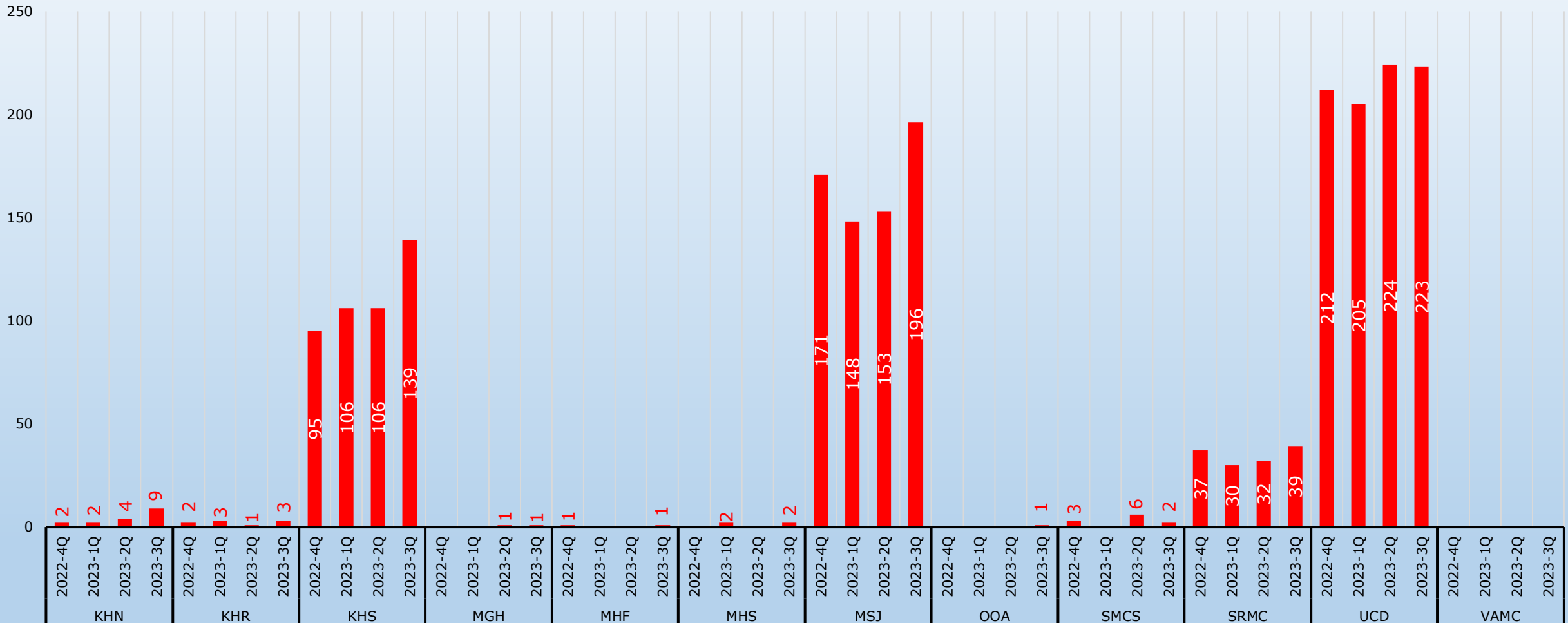
CEMSIS EMS Data

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# EMS Transported Patients with Primary Impression of Trauma with a Positive Trauma Triage Criteria - Rolling 4 Quarters

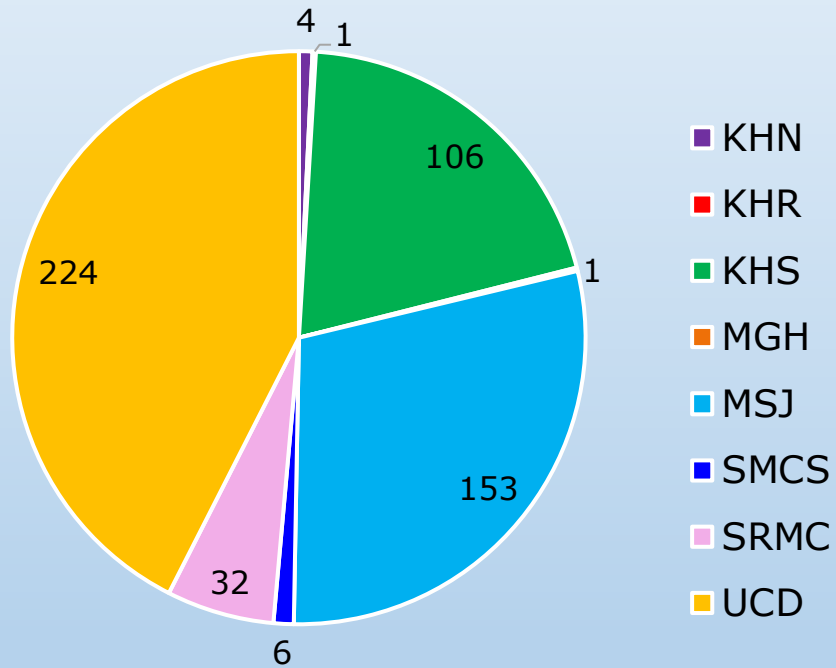
■ Positive TTC



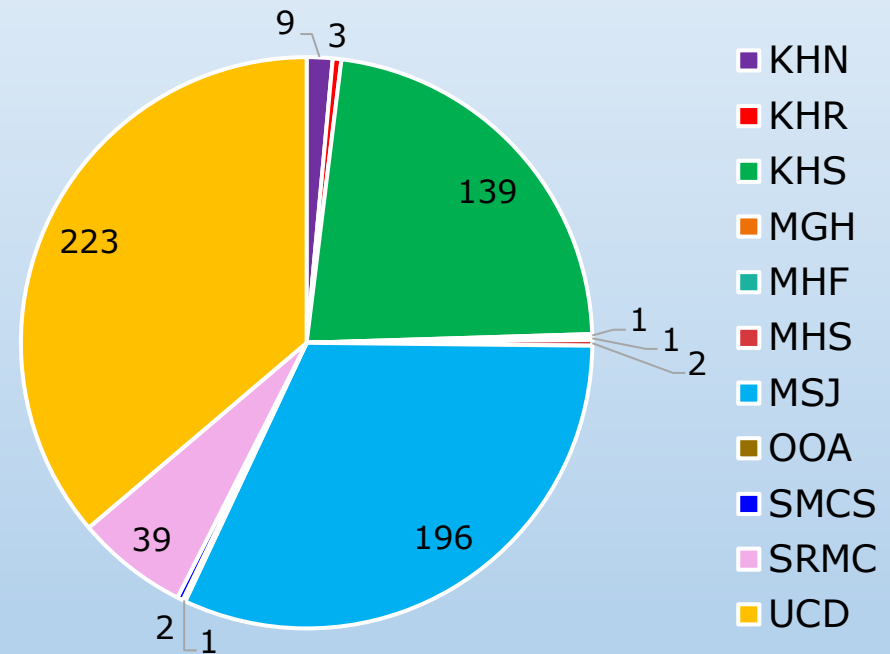
CEMSIS EMS DATA

# EMS Transported Patients Meeting Trauma Triage Criteria 2023 2Q and 3Q

2nd Quarter



3rd Quarter



CEMSIS EMS Data



# Review of Positive Trauma Triage Criteria to Non-Trauma Hospital – 2023 2Q

Documented Trauma Triage (Drop down box)	Findings (ePCR Narrative)
•All Penetrating Injuries	•GSW (+) TTC, Transported to MSJ (Documentation Error)
•Death in Same Passenger Compartment	•MCI (+) TTC, Instructed to SMC by the Disaster Control Facility
•Death in Same Passenger Compartment	•MVA (+) TTC, Instructed to SMC by the Medical Control Facility
•Motorcycle Crash > 20 MPH	•Motorcycle Crash (+) TTC, Cleared by Med Control for MGH
•All Penetrating Injuries	•Puncture Wounds/Dog Bite (-) TTC
•Auto Vs Pedestrian/Bicyclist Thrown	•MVA, Patient Request for SMCS (-) TTC
•Fall Adult > 20ft	•Ground Level Fall (-) TCC
•Fall Adult > 20ft	•Ground Level Fall with Laceration to the Face (-) TTC
•Pelvic Fracture	•Ground Level Fall with Possible Hip Dislocation (-) TTC
•Pelvic Fracture	•Ground Level Fall with Possible Hip Dislocation (-) TTC
•Resp Rate < 10 or > 29 RR or Need for Ventilatory Support	•Ground Level Fall (-) TTC
•Resp Rate < 10 or > 29 RR or Need for Ventilatory Support	•Ground Level Fall (-) TTC

*CEMSIS EMS DATA*



# Review of Positive Trauma Triage Criteria to Non-Trauma Hospital – 2023 3Q

Documented Trauma Triage (Drop down box)	Findings (ePCR Narrative)
• All penetrating injuries to head, neck, torso, and extremities proximal to elbow or knee	(+) TTC Penetrating injury (stabbing) to LT eye
• Fall Adults: > 20 ft	(+) TTC Unwitnessed Fall, with ALOC and Hematoma on Head, Transported to KHS <b>(Documentation Error)</b>
• Need for ventilatory support	(+) TTC Unresponsive after fall, <b>Airway unstable</b> , Transported to closest ER.
• Systolic Blood Pressure <90 mmHg	(+) TTC Unwitnessed fall with possible Pelvic Fracture, Request by family to Transport to KHN, <b>(Base was contacted)</b>
• All penetrating injuries to head, neck, torso, and extremities proximal to elbow or knee	(-) TTC Skin tear on LT leg due Hoyer lift
• Amputation proximal to wrist or ankle	(-) TTC Stated bus hit patient's hand, ETOH
• Amputation proximal to wrist or ankle	(-) TTC Ground Level Fall with skin tears on LT and RT hand
• Auto v. Pedestrian/Bicyclist Thrown, Run Over, or > 20 MPH Impact	(-) TTC MVA with soreness and headache
• Auto v. Pedestrian/Bicyclist Thrown	(-) TTC Possible Open fracture on forearm from falling off a bike
• Fall Children: > 10 ft. or 2-3 times the height of the child	(-) TTC Adult Ground Level Fall
• Motorcycle Crash > 20 MPH	(-) TTC MVA Neck Pain, no deformities, and able to move extremities and walk to gurney
• Paralysis	(-) TTC Ground Level Fall with right leg pain and unable to bear weight, unstable airway after pain management
• Paralysis	(-) TTC Assaulted with RT hand pain, small laceration to head
• Respiratory Rate <10 or >29 breaths per minute	(-) TTC Ankle Pain after fall with swelling and unable to bear weight
• Respiratory Rate <10 or >29 breaths per minute	(-) TTC Shoulder Dislocation
• Run Over, or > 20 MPH Impact	(-) TTC The patient stated that their foot was ran over by a car, but able to walk without discomfort
• SBP < 110 for age > 65	(-) TTC Ground Level Fall
• Two or more proximal long-bone fractures	(-) TTC Fall with LT arm pain, swelling and crepitus present

CEMSIS EMS DATA



# Shock Index Classification for EMS Transported Patients with a Negative Trauma Triage Criteria 2023 2Q

<b>Shock Index Classification</b>	<b>Count</b>
No Shock ( < 0.6 )	1112
Moderate Shock ( ≥ 0.6 to < 1.0 )	2240
Severe Shock ( ≥ 1.0 )	214
No Shock Value	24
<b>Total</b>	<b>3590</b>

*CEMSIS EMS Data*



# Shock Index Classification for EMS Transported Patients with a Negative Trauma Triage Criteria 2023 3Q

<b>Shock Index Classification</b>	<b>Count</b>
No Shock ( < 0.6)	1127
Moderate Shock ( $\geq 0.6$ to < 1.0 )	2376
Severe Shock ( $\geq 1.0$ )	261
No Value	21
<b>Total</b>	<b>3785</b>

*CEMSIS EMS Data*



# Outcome of Field TXA Patients 2023- 1Q, 2Q, and 3Q

Field TXA Patient	Field Blood Pressure	Destination Blood Pressure	Blood Products Received	Destination TXA Administered	VTE/PE Present
Patient 1	80/30	108/65	Yes	Yes	No
Patient 2	No Documentation	104/91	Yes	No	No
Patient 3	No Documentation	<b>CPR</b>	No	No	No
Patient 4	65/50	66/P	Yes	Yes	<b>Yes-PE</b>
Patient 5	0	90/P	Yes	No	No
Patient 6	90/40	90/P	Yes	No	No
Patient 7	80/40	UTO	Yes	No	<b>Yes-PE</b>
Patient 8	181/105	162/94	No	No	No
Patient 9	74/45	102/64	Yes	No	No
Patient 10	86/58	66/35	Yes	No	No
Patient 11	70/37	90/p	No	No	No
Patient 12	70/60	80/P	Yes	Yes	No
Patient 13	74/P	90/P	Yes	No	No
Patient 14	No Documentation	UTO	Yes	No	No
Patient 15	94/86	162/150	No	No	No
Patient 16	103/66	96/64	Yes	No	No
Patient 17	80/P	UTO	No	No	No
Patient 18	50/60	UTO	Yes	No	No
Patient 19	86/128	140/P	No	No	No
Patient 20	130/94	UTO	No	No	No
Patient 21	88/P	UTO	Yes	No	No

CEMSIS EMS and Hospital Data





# Missed Opportunities for Field TXA 2023 – 2Q and 3Q

Hospital	Count
KHS	2
MSJ	4
SRMC	2
UCD	8
<b>Total</b>	<b>16</b>



# Hospital Data - County of Origin Out of Area vs Sacramento County 2Q and 3Q

## 2nd Quarter

Hospital	Out of Area	Sacramento County	Unkown	Total
KHS	13	132	14	159
MSJ	23	361	36	420
SRMC	0	277	0	277
UCD	333	430	333	1096
<b>Total</b>	<b>369</b>	<b>1200</b>	<b>383</b>	<b>1952</b>

## 3rd Quarter

Hospital	Out of Area	Sacramento County	Unkown	Total
KHS	12	149	9	159
MSJ	24	381	64	420
SRMC	0	307	0	277
UCD	294	422	351	1067
<b>Total</b>	<b>330</b>	<b>1259</b>	<b>424</b>	<b>2013</b>

*Patient Registry and Hospital Data*

