

Texas Trauma Coordinators Forum

VOLUME VIII, ISSUE 2

NOVEMBER 1, 2011

From The President

Treating the “Neglected Disease of Modern Society”

The system to manage injured individuals, trauma patients has been through multiple evolutions since the 1960's. This is largely due to the experiences gained by caring for the casualties of the military events during the Korean, Vietnam, and now the wars in the Middle-East being implemented in the civilian trauma systems. Yet, the volume of research and innovative improvements in our society over the past 50 years has not translated into the same demonstrated improvements in trauma care, trauma morbidity and mortality or outcomes. Prevention of the injury and forming a fully-integrated response readiness system may in fact be the “key” to decreasing the morbidity and mortality numbers.

The Model Trauma System Planning and Evaluation (MTSP&E) document produced by the Health Resources and Services Administration (HRSA) in 2006 utilizes an Injury Prevention and all-inclusive focused model to guide trauma system development and ongoing maintenance. This model strongly recommends combining the Trauma and Public Health communities to impact system improvements.

First, a brief history lesson. In 1966, a white paper on injury titled “Accidental Death and Disability” described trauma as the “neglected disease of modern society”. This document was the initial attempt to discuss and apply lessons learned from our military experi-

ences into civilian trauma care. The Trauma Systems Planning and Development Act of 1990 was the next major step in the evolution of trauma care as we know it today. This Act resulted in a 1992 version of a document titled the “Model Trauma Care Systems Plan” (MTCSP).

This plan's approach was focused on an inclusive trauma care system, rather than just trauma center development. A HRSA assessment in 2002 found that few existing trauma systems met all the criteria outlined in the 1992 MTCSP; and that the 1992 document did not include the role of injury prevention, public health and disaster planning. The “Model Trauma System Planning and Evaluation” (MTSP&E) document released by HRSA in 2006 is the most modern guide for statewide trauma systems development.

The MTSP&E describes a process to link Trauma Systems and Public Health. Most trauma program managers have a knowledgeable understanding of the components and goals of a functional Trauma System. Public Health is “what we *as a society do collectively*, to assure the conditions in which people can be health”. The assurance of a safe and healthy environment for all citizens in all locations and activities is realized through a network of governmental agencies, private and volunteer organizations, and

individuals. A primary focus of the 2006 MTSP&E is to establish an “inclusive system” to develop, monitor, maintain and improve the development of Trauma Systems on a local, regional and statewide level. The strategy of the Public Health approach is not that different than what we strive for in our trauma programs. This strategy includes three core functions: identifying a problem (*assessment*), devising and implementing an intervention (*policy development*) and evaluating the outcome (*assurance*).

Implementing the MTSP&E will improve and expand the *assessment* opportunities we currently have to improve our trauma programs and systems through access and integration of multiple data bases to evaluate the patterns and occurrences of trauma. Our current major data source is the Texas EMS and Trauma Registry. There are many, many more local, regional and state data sources available for Trauma Systems to utilize to make educated and evidenced-based decisions to improve trauma patient outcomes and system efficiencies. Access to these data bases through a linking of Public Health and Trauma Systems is essential.

Implementing the MTSP&E will improve and expand the *policy development* opportunities we currently have to improve our trauma programs and systems through building constituencies, partnerships and coalitions; and using legislative authority and funding to improve the



President Scott Christopher

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TTCF 2011 Strategic Planning

On January 7, 2011 the Texas Trauma Coordinators Forum met at Driscoll Children's Hospital in Corpus Christi, TX to compile the strategic plan for the upcoming year.

The following items were discussed during this meeting:

Meeting Dates:

Austin, Texas

- February 22, 2011
- May 10, 2011
- August 16, 2011
- November 18, 2011

All meetings will be held at Embassy Suites Austin Central, 5901 North IH-35, Austin Texas. The November meeting is tentative.

There was also confirmation of all the positions, filled and unfilled during this meeting.

Board of Directors:

- President**
Scott Christopher
- President-Elect**
Marvin Cloud
- Past President**
Brenda Putz
- Secretary**
Brett Dodwell
- Treasurer**
Jacky Betts
- Historian**
Kathy Rodgers
- Parliamentarian**
Robin Garza
- Director at Large 1**
Lisa Price
- Director at Large 2**
Lori Boyett

Committee Chairs:

Mentorship/Membership

- Wendi McNabb
- Tracy Cotner-Pouncy

Level 3/Level 4

- Jerri Pendarvis
- Wanda Wiktorik
- Janice Markwardt
- Patsy Lefevre

Finance/fundraising

- Cheryl Dykes
- Barbara Dillingham

Public Relations/

Legislative

- Earvin Baker

Pediatrics

- Janet Pointer
- Brad Goettl

Injury Prevention

- Kara Tapley
- Tammy Hanson

Education

- Courtney Edwards
- Cindy Jenkins

Trauma Registry

- Irene Lopez
- Ruby Flores



Texas Trauma Coordinators Forum

"The idea of creating a mentor "pool" of individuals approved by the Board was entertained"

Education Committee

TTCF partnered with St. David's Medical Center to offer a TNCC Instructor Class on August 15, 2011 in AUSTIN, TEXAS. It was a great success.

Twelve members attended the last meeting. Topics discussed were; review of 3rd quarter education offerings (TNCC on Aug 15th, Forensics in Healthcare on Aug

16th), the committee reviewed topics for the 2012 educational calendar, questions for the general 2012 survey monkey were explored, a discussion on CE solutions for 2012 was also conducted, and the November education offering of pediatric trauma/audit filters was reviewed.

by Courtney Edwards



First row

- Courtney Edwards - faculty
- Jackie Condeck - faculty
- Cindy Jenkins - Faculty
- Carl King - Helper

Second row

- Robin Gage - helper
- Dale Vaughn - Faculty
- Deloris Londerholm - helper
- Lara Boyett - helper

Last row

Mentorship and Membership



Co-Chair Cotner-Pouncy reported 12 new members at the meeting. There was a welcome photograph taken of the new members and all obtained new member welcome packets. There was an extensive Q&A session and the new members were introduced to the Board Member Mentors for future contact.

Financial Report



The Profit & Loss spreadsheet was submitted with the Balance Sheet by Treasurer Jacky Betts. Total income \$16,626.77, total Expense \$20,521.66, Current Balance \$16,897.59. Mr. Betts explained that while there was a net income loss of near \$3,000 the organization remains financially strong. He pointed out that the TTDEC course this year had about ½ the normal volume of attendees. There was a motion to accept the Treasurer's report as written by Cindy Jenkins with a second by Marvin Cloud. The motion passed without opposition and the Treasurer's reports was accepted as written. The CroFab vendor and booth were announced by the Treasurer. The membership was encouraged to visit this booth at some point during today's meeting. Mr. Betts also reported on the November TTCF meeting in conjunction with the annual Texas EMS Convention in Austin. He stated that the hotel hosting the meeting (Hilton) is sold out and that there is no possibility of a TTCF reserved room block. It was stressed to the general membership to book a room at the numerous hotels located close to the meeting hotel.



Trauma Registry Committee

Chair Lopez and Co-Chair Flores reported 23 members attended. Topics discussed included: Recommendations for Trauma Rule changes to include enhanced education of registrars to 4 CEs annually and encourage hospital administrations to allow increased activity with trauma system activities. Conversation stating the responsibility for the 3588 application piece in the rule

changes is confusing and needs to either be edited or removed. There was encouragement of registrars to obtain CSTR and/or CISS certification. The general 2012 survey questions from the committee were not analyzed so the results will be sent out once this is completed. Chair Lopez stated "the trauma registry database is an important factor to the Trauma Systems, the database and what is

in it is only as good as what is placed in it. The more support and education that is given to those people in our roles, will do nothing more than have a positive impact to the quality of the data and personal job satisfaction. This is a change from what has been expected in the past but without change, we are accepting the status quo."

Injury Prevention Committee

Co-Chair Hanson reported 19 members attended. Topics discussed were; recapped of last meeting, discussed 3 pronged coalition (TTCF, TETAF, and GETAC) planning phase of Texas

Injury & Violence Prevention Conference 6/20-6/22, 2012 which will be hosted by St. David's in Austin. There will be two tracks offered, intentional and unintentional

with CEs. The fall prevention programs at committee members' hospitals were also discussed. Lastly, a discussion ensued regarding local upcoming injury prevention events

Pediatric Committee

Co-Chair Goettl reported 6 members attended. Topics discussed; development of two survey questions for the general survey, ENPC revision scheduled for late 2012, obtaining ven-

dors for TTCF meetings that may be pediatric focused, restructuring of the pediatric committee was discussed and further discussion is slated for the November TTCF general meeting and 2012 Stra-

tegic Planning meeting, and consideration was given to educational offerings that are presented at the pediatric committee being disseminated to entire general membership.

Level III Committee

Co-Chair Wiktorik reported 20 plus members attended. The red line rule revision document was discussed in depth with highlights of revisions including a 6 month decrease in time of new trauma center employees obtaining required courses; title change to

“Trauma Program Manager”; ICS 100 and 200 disaster education; AAAM requirement for TPMs. The trauma registrar title change to “Trauma Data Manager” was discussed and a unanimous vote to change the TPM FTE from 0.8 to

1.0 was recorded. ICU nursing certifications for those nurses “floating” to the ED and those involved in trauma resuscitation were discussed. Lastly, the TOPIC and ACS Disaster Course in November at GETAC was conversed.

Level IV Committee

Chair Markwardt reported 34 members in attendance. Topics discussed included; the red line rule revision document and the trauma facility criteria checklist, electronic vs. paper trauma flowsheets and a trauma

flowsheet questionnaire was circulated that contained the questions ... Does your facility have an electronic or paper trauma flow sheet ... Do you feel there may be an interest or benefit in developing a standardized Level IV

trauma flow sheet. The Chair reminded all attendees of the importance to reviewing the rule revision document and participation in the revision process.

Public Relations/Legislative Committee

This is the Committee responsible for providing the Forum's newsletter, maintaining the list-serve, maintaining the Forum's website and keeping the members informed of upcoming legislative changes.

The Committee had 6 members in attendance where we discussed past and future newsletter production, items for consideration at the 2012 Strategic Planning Conference, setting realist deadlines, and developing questions for the upcoming general survey

The TTCF newsletter is emailed and there are limited quantities available at the

meetings.

The list-serve is being maintained by Margarie Mellott. Go to <http://health.groups.yahoo.com/group/ttcf/>. The list-serve provides you with an avenue to converse with other trauma coordinators and support staff in the State. It also helps to keep you informed about what is going on in the State by providing periodic emails to your account.

The website is up and running. We are currently trying to update the Board and Committee pages with the pictures of those members.

We have added the ability to pay for the meeting with PayPal and to purchase items from the website. Please let us know how we can improve in this area.

Please make sure we have a good email address on file. Please contact Earvin Baker @

earvin_baker@hchd.tmc.edu if you have any ideas to share.

We know that the Texas Legislature is not in session right now, but we will keep you informed!

Volunteers are needed and appreciated.



TRAUMA, CRITICAL CARE & ACUTE CARE SURGERY 2012

CAESARS PALACE
LAS VEGAS, NEVADA
MARCH 26-28, 2012

Your hospital has a disaster plan. Do you?



Texas is a large state with diverse geography, climates and weather. Many types of natural disasters threaten Texas, including, wildfires, tornadoes, winter storms, floods, extreme drought, hurricanes and more. While natural disasters occur frequently, they are not the only threat we face. Other emergencies we should learn about and get prepared for include pandemics, hazardous-materials incidents and bioterrorism. Most hospitals have an All-Hazards Emergency Operations (Disaster) Plan that puts a system in place to manage the event when a disaster strikes. The plans should be reviewed and tested frequently to ensure they are functional. But when a disaster occurs, your first thoughts are probably about your family members and those close to you:



Where are they? Are they OK? How do we get through this? Disasters can strike quickly and sometimes without warning. Your family may not be together in the same place when they happen, so it is important to have a personal or family disaster plan in advance. Some of the things you can do to prepare for the unexpected, such as making an emergency supply kit and developing a family communications plan, are the same for both a natural or man-made emergency. Having a plan for your family will help ensure their safety and your peace of mind during difficult times. The Texas Department of State and Health Services (DSHS) has built a website to help families develop a disaster plans available at www.TexasPrepares.org. Checklists and sample plans make it easy for people to wrap their

minds around how to prepare. A new feature on the site is videos of Texans that have experienced a disaster first hand. Their stories are real and I hope provide inspiration to be prepared.

Matt Berry, BSN, RN
Shannon Medical Center
Manager: Trauma Services,
Communications Center,
Emergency Operations.



**Trauma care doesn't stop
at the ED doors
Why should
trauma education?**



The trauma nursing course that starts... Where the other courses end

Target Audience

This course is designed to give pediatric nurses who work in acute care, critical care, and perioperative areas the foundational, evidence-based information and critical thinking skills necessary to care for the hospitalized trauma child. PCAR covers a wide range of pathophysiologic and nursing concepts and is designed to be a broad, core-level program, rather than an advanced or specialty area-specific course.

Course Content

Day 1 is an introduction to basic topics relevant to the nursing care of the hospitalized injured child:

- The trauma continuum of care
- The biomechanics of trauma
- The body's response to injury
- Assessment of the injured inpatient
- Caring for the patient in shock

Day 2 Learners participate in guided, interactive case studies that address the care of hospitalized children with injuries to various body regions. Each module is designed to introduce specific trauma care concepts including pathophysiology, assessment modalities, and complications. Surgical, medical, and nursing management options and outcome criteria are presented while discussing patients with:

- Thoracic trauma
- Abdominal trauma
- Musculoskeletal trauma
- Brain trauma
- Spinal cord trauma



**Pediatric Care
After Resuscitation**

A 2-Day Trauma Fundamentals Course

Thursday & Friday
March 29 & 30, 2012
8:00 am - 4:00 pm

At
**Dell Children's Medical Center
of Central Texas**
Austin, Texas

Hosted by



theCare Family

Registration
Registration is required and the deadline is **December 2, 2011**. Please register online at www.taleofourcities-houston.com
You must register early because space is limited and registrations will be accepted on a first-come/first-serve basis. Late and on-site registration may be accepted if space allows.

Save Lives and Build Resilience

Tale of Our Cities

Planning for an Interdisciplinary Response to Terrorist Use of Explosives

Wednesday December 14, 2011 7:30 am - 4:45 pm JW Marriott Houston

Terrorists' use of explosives present unique medical and emergency management challenges.

Current trends in global terrorism require that public health, public safety, and health care systems be prepared to cope with such challenges.

During this extraordinary meeting, international and national experts with first hand experience of the impact of terrorists' events will share how the lessons they learned can benefit local planning in Houston.

For more information, please contact taleofourcities@tdamgroup.com



Target Audiences

Emergency Management, Emergency Medical Services, Governmental Administration, Hazardous Materials, Health Care, Hospitals, Law Enforcement and Security, Public Health, Public Safety, Communications, and Homeland Security

Presenters for December 14, 2011

In addition to national experts in the area of preparedness and response, international experts invited are:

COLONEL (RET) PROFESSOR ISAAC SHKENAZI, MEd, MS, MPA, MHS
Former Surgeon General, Israel Home Front Command Director, Urban Terrorism Preparedness Project NPII Harvard School of Public Health Faculty of Health Sciences Ben Gurion University of the Negev, Israel

RAHID JOONIA, MBBS, FRCS, FRCSed
Former Director General Health, Ministry of Pakistan Islamabad, Pakistan. Currently, Professor Neurosurgery Aga Khan University Hospital Karachi, Pakistan

SIMON LEWIS
Head of UK Emergency Planning and Response British Red Cross London, United Kingdom

WORHOJIT ROY, MD, PROFESSOR IN PUBLIC HEALTH
James Tata Centre for Disaster Management, TISS Mumbai, India

FERNANDO TURÉSARÓ, MD, Ph.D., FACS
Head of General and Emergency Surgery, Gregorio Marañón University General Hospital Madrid, Spain

Agenda for December 14, 2011

- 7:30 am Registration
- 8:00 am Welcome and Opening Remarks
- 8:30 am International Presentations
- 12:35 pm Lunch
- 1:15 pm International Presentations continued
- 2:20 pm Local Presenters
- 3:30 pm Panel Discussion
- 4:45 pm Closing Remarks and Adjournment

Trauma Survey Etiquette Brenda Putz, RN

Do you ever wonder what you should do for your trauma surveyor when they visit your facility?

Here are a few do's:

Offer your assistance or recommendations with lodging. They don't know your area or a convenient, appropriate hotel. Offer to pick them up at the airport and transport them to and from your hospital. If the airport is many miles away, it is ok if you don't. They will rent a car.

Make sure everyone knows what time to start and are there on time. Do ensure your TMD, other physicians, your administrators and key directors in trauma care are there. This is a hospital wide program. Demonstrate that by including the other department directors in

this opening meeting. It demonstrates hospital commitment. Again, at the exit interview your TMD and your administration at the least should be there to demonstrate commitment.

Inform the front desk in the lobby who is coming and who to call. Make sure they know who you are. Meet your surveyor at the front desk/lobby and escort them to the meeting room.

During the facility walk through, you and your TMD should be available to the surveyors. You will accompany the nurse on the walk through. Your TMD will accompany the physician. If you only have a nurse surveyor, then you both should be available during the walk through. If the TMD is

not needed, the surveyor will tell him/her.

Notify the ancillary department directors in advance you will have a VIP touring. They need to ensure they and one of their staff members is available.

As with any guest, have coffee, water or other beverages available for the surveyor in the review room or take a few minutes to show them where they can purchase. Finger foods, sandwiches, fruit, and cookies, whatever you choose, should be available for lunch. Show them the nearest restroom as well. You don't want them wandering your halls.

At the end of the survey, please escort your surveyor/s to the front lobby and/or offer them a ride to the airport.

Have a great surveyor!!

“Honk if you love Jesus. Text while driving if you want to meet him!”

“Neglected (cont)”

delivery of trauma care. Systems development will best be accomplished through the designation of a lead agency(s) with the authority to develop policy, including those for trauma systems development, implementation, coordination, evaluation, and identification of additional funding sources.

Implementing the MTSP&E will improve and expand the *assurance* opportunities we currently have to improve our trauma programs and systems through encouraging the actions of others, requiring actions through regulation, and/or providing services directly. As mentioned previously, the goal of Pub-

lic Health is to “assure the conditions in which people can be healthy”. Developing an “inclusive” system through **volunterism** or **voluntoldism** is essential in the development and implementation of a functional, pre-planned, interoperable emergency medical, trauma care, and all-hazards response system.

Criteria / benchmarks have been created to assist trauma systems stakeholders to perform a “gap” analysis to identify trauma system areas needing further development. Efforts have already been underway in Texas to compare these benchmarks with the findings and recommendations of the American Col-

lege of Surgeon's assessment of the Texas Trauma System in 2010. The membership of TTCF should be engaged and prepared to be active participants in the creation of a “Model Trauma System” for the State of Texas. A link for you to read the “Model Trauma System Planning and Evaluation” document has been created on the TTCF web site. I encourage all of you to take time to review this document. A formal presentation on the MTSP&E process will be provided at a future TTCF meeting.

Scott Christopher

DSHS Report-Emily Parsons



DSHS plans to eliminate mailing letters notifying the hospitals of designation if there are no contingencies. If designation is awarded with contingencies, the facility will get a letter stating contingencies. The FY12 funds will be reduced to \$57 million per State budget cuts. The application for-

mat (for 2010 calendar year patients) will remain the same as last year. However, the application will not be as closely "prereviewed" as last year due to the ability of DSHS staff to allot time to that task-
Trauma Facility Designation Update -
 "In Active Pursuit" – 15

hospitals
 Total: 262
 Level I: 17
 Level II: 10
 Level III: 49
 Level IV: 186

Stroke Facilities
 Total Primary Level II
 Centers – 69

(3) Level III apps in; one scheduled to survey



Texas EMS Trauma Acute Care

Foundation Update-Brenda Putz

New TETAF website now functioning: www.tetaf.org.

The TETAF Trauma survey process continues to be strong, and now includes Stroke Centers surveys. The current focus of the TETAF Trauma Committee remains on Trauma Rule Revision.. TETAF has begun work on developing a set of minimal trauma activation criteria and is in the discussion phase of building a Data Management course.

Texas Emergency Nurses Association

(ENA) Update-Cynthia Jenkins



The **ENPC** course revision will be rolled out in 2012. You must go through rollout to stay as an instructor

The integrity of the **TNCC** Test-A has been compromised.

- ◆ North Texas-No Test A
- ◆ Other Areas-Decide on Your Own
- ◆ To Obtain Tests C and D, call National ENA @ 1-800-900-9659 (option 3)

TTCF Price Increases Coming Soon!

Just a reminder that the membership fee and the meeting fee will increase on January 1, 2012.

The November 2011 meeting fee will be \$40.00

The January 2012 & forward meeting fees will be \$50.00

The 2012 membership fee will be \$25 (whether paid at the November 2011 meeting or waiting until 2012).



MEETING NOTICES



Texas Trauma Coordinator's Forum (TTCF)

Board Meeting

Friday, November 18, 2011
0800-0945
Hilton Austin
500 East 4th Street, Austin, TX

General Meeting

Friday, November 18, 2011
1000-1630
Hilton Austin

Texas EMS Trauma & Acute Care Foundation (TETAF)



General Meeting

Saturday, November 19, 2011
5:30pm-7:30pm
Hilton Austin

Governor's EMS and Trauma Advisory Council (GETAC) Meeting Notification Hilton Austin Hotel

Saturday, November 19, 2011

- 9:00am – 10:30am Disaster/Emergency Preparedness Committee
- 10:30 am – 12:00pm Stroke Committee
- 1:00pm – 2:30pm Stroke Committee
- 2:30pm – 4:00pm Cardiac Care Committee
- 4:00pm – 5:30pm Injury Prevention Committee

Sunday, November 20, 2011

- 9:00am – 10:30am Trauma Systems Committee
- 10:30 am – 12:00pm EMS Committee
- 1:00pm – 2:30pm Medical Directors Committee
- 2:30pm – 4:00pm Pediatric Committee
- 4:00pm – 5:30pm Air Medical Committee

Monday, November 21, 2011

- 5:00pm – Governor's EMS and Trauma Advisory Council

Welcoming a New Coordinator

November 2002 I was desperate for a job. Having been laid off from two jobs in a span of 8 months, I for some reason found myself waiting nervously for an interview for a nurse assistant position at Wilson N. Jones Medical Center (WNJ). My background prior to this interview had been as a student at the University of North Texas (for some reason I thought I wanted to be a psychologist), a brief stint with Texas Instruments, and loads of customer service ranging from Dell technical support to dipping ice cream at Braums. Needless to say, working in healthcare was foreign to me. Little did I know at the time how much this interview would not only impact me, but hundreds of other people?

Shortly after starting at WNJ, I decided to go to nursing school. I had most of the credits needed from my previous degree so spending 2.5 years to obtain a career seemed like a good deal. In July 2005 I passed state boards and was halfway through my preceptorship in the emergency department at WNJ. Minus a brief 18 months in the ED at Baylor University Medical Center, I have remained in the emergency department at WNJ. I can say with the utmost honesty, never did I really see myself venturing away from the clinical side. I loved teaching the new students, sharing my knowledge, and learning from theirs. I loved the instant gratification of an acute MI and knowing you made a huge difference to someone. I even loved the everyday stress of the controlled chaos we call the emergency department. However after a very brief 5 years, I needed a change. January of this year my new ED director created a new position entitled Special Programs Coordinator. The timing could not have been more perfect. In one week I went from my comfort zone of the emergency department to being the coordinator for our chest pain and stroke center, EMS liaison, and maybe trauma (at that time it was unknown if we wanted to be a trauma center). I now worked in an office Monday-Friday from 8-5 (which was perfect since I have three amaz-

ingly awesome daughters). What an adventure it has been during the past 9 months. In May our new CNO rearranged our organizational chart (I think that is CNO 101 and is the first thing they must always do).

The restructure worked out well for me as I was able to hand off a vast majority of my responsibility for stroke and chest pain and begin to really focus on developing a trauma program.

In May I attended the Trauma Designation Education Course in Austin and found myself with far more questions, fears, worries, ect... than I had prior. Despite all these worries, I had also discovered TTCF and was ecstatic to have the opportunity to join the organization. I quickly learned I was indeed not alone and now had a valuable set of resources available to me. Since May I have completed the TOPIC course, Trauma Program Manager Course, TCAR, attended local and regional RAC

meetings, and attended more meetings than I ever thought I would. I have spent countless hours reading policies

and procedures from various facilities, researching topics, asking numerous questions (even ones that seemed like common knowledge), reading the essential criteria over and over, learning about trauma registries, trauma finance, writing policies, developing education, and so much more all directed toward the single objective of becoming a level III trauma center. Despite feeling like I have learned more in the past few months than I have in a long time, despite feeling overwhelmed; I am excited about the opportunities and challenges which lay ahead of me. I cannot wait till the end of the year when we plan to start acting like a trauma center. I still have a long road to travel before we become a designated trauma center, but I cannot wait till that day happens so I can look back and see once again how a simple interview changed my life and impacted so many other people.

Shawn Ballard R.N., BSN, CEN
Texas Health Presbyterian-WNJ in Sherman



Shawn Ballard



Texas Trauma Coordinators Forum

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Our mission is to promote and address educational needs of the various facilities and institutions that provide trauma care in our State

Membership is open to anyone interested in improving care for trauma patients. Meetings of the TTCF are held quarterly and provide an outstanding opportunity to network with Trauma Coordinators and Trauma Program Managers from throughout Texas. During meetings, members receive updates on legislative issues, injury prevention programs, trauma registry requirements, and rule changes.

TTCF HISTORY

In 1991, Trauma Coordinator positions were added to several facilities providing trauma care in the Dallas area. This was a new, largely undefined role whose benefit was unclear. Institutional support and structure for the role was nonexistent.

Several Dallas Coordinators began meeting together for lunch to share ideas and support. Soon, Coordinators from Forth Worth began attending the lunches as well.

By early 1992, the group expanded into north Texas. The original membership expanded to eleven. These eleven individuals formalized the original trauma coordinators group under the North Texas Division of the American Trauma Society. Membership soon leaped from eleven to twenty-five, to over one hundred by mid-1992.



Educational Opportunities

Upcoming TTCF Educational Events:

November Meeting-EMS conference

Other Events

Texas EMS Conference 2011-Nov. 20-23, 2011
Austin, Texas

Trauma, Critical Care, & Acute Surgery 2012
March 26-28, 2012
Caesars Palace Las Vegas, Nevada

26th Annual Trauma Conference
April 26-27, 2012
Harrhahs Casino North Kansas City, Missouri

Society of Trauma Nurses-15th Annual Conference
April 11-13, 2012
Hyatt Regency Savannah, Georgia

More Events

Pediatric Care after Resuscitation Course-
Dell Children's Medical Center
March 29-30, 2012
Austin, Texas

Texas Health Cleburne, TNCC
December 7-8, 2011

"Tale of Our Cities" Bioterrorism Conference
December 14, 2011
Houston, Texas

To **REGISTER**, visit
<http://www.taleofourcities-houston.com/registration.php>