

## Meeting Minutes

<b>Meeting:</b>	Critical haemorrhage project expert reference group meeting
<b>Location:</b>	Via Zoom.
<b>Date:</b>	Thursday 17 September 2020
<b>Time:</b>	10.00 - 12.00
<b>Attendees:</b>	Kerry Gunn (Chair), Dominic Fleischer, Susan Mercer, David Drower, Tony Smith, Gabrielle Nicholson, Paul McBride, David Lang, Caroline Gunn, David O'Byrne, Richard Charlewood, Christopher Jephcott, Tony Smith, Susan Mercer, Richard Aickin, James Moore, Renate Donovan, Sandy Ngov (Minutes)
<b>Apologies:</b>	Andy Swain, Ian Civil, Orla Fowden, Jack Hill

Discussion	Actions/ Follow up
<p><b>Introduction</b></p> <p>Minutes and actions from last meeting approved.</p> <p>The pre-hospital group will be meeting tomorrow. Tony can provide an update on sector consensus (re destination policies and other guidance recommendations) following that meeting. The guidance will be amended to reflect outcomes.</p>	<p>1. Tony to update on pre-hospital group meeting outcomes.</p>
<p><b>Quality improvement indicators/metrics</b></p> <p>Complete trauma registry dataset for the latest financial year is now available. Early indications show trauma numbers are lower than previous year, not entirely due to COVID-19. Will begin looking into haemorrhage shortly.</p> <p>Update on data matching: Data requests have progressed, although still ongoing.</p> <ul style="list-style-type: none"> <li>- NZBS: Process underway.</li> <li>- ANZMTR: Negotiations underway with Monash.</li> <li>- St John/WFA: Finalising data sharing agreement.</li> <li>- Air ambulance: Discussions underway with 3 helicopter services. 2 use the EPRF while 1 use paper-based records. <b>Noted</b> that a separate approval process may be needed for air ambulance data stored in EPRF.</li> </ul> <p>Discussion on adding new points to the NZTR (trauma registry):</p> <ul style="list-style-type: none"> <li>- Data points of interest raised from this group previously include the administration of TXA and the activation/deactivation of the massive transfusion protocol.</li> <li>- The intention is for critical data points to be included in the quality dashboard.</li> <li>- <b>Noted</b> that any changes will be taken to the data governance group for approval.</li> </ul>	<p>2. Everyone to suggest any additional data points/critical timestamps of interest to add to the trauma registry.</p>

Discussion	Actions/ Follow up
<p><b>Guidance and bundle</b>  <i>Draft guidance document shared with the group.</i></p> <p>Activation of code crimson:</p> <ul style="list-style-type: none"> <li>- Based on previous discussions the group agrees that the bundle should only advise out-of-hospital staff to provide all available information and notify hospital staff at the earliest possible.</li> <li>- Following this, clear parameters (ABC score) can be given for in-hospital activation of a code crimson (activation of bundle).</li> <li>- The group agrees senior registrars should be empowered to activate the bundle themselves (process needs to be permissive to implement at smaller centres).</li> <li>- The group suggest a robust clinical governance system is needed at each centre. This will review clinician’s decision making, review of each case, whether activations were appropriate etc.</li> </ul> <p>Paediatric resuscitation:</p> <ul style="list-style-type: none"> <li>- The pathway for paedes has been extrapolated from the adult pathway.</li> <li>- There is no evidence of ABC score validated in paediatrics. The group agrees to focus on the principles of resuscitation if the patient is a child.</li> <li>- Remove age and weight guidance, as hospitals will have their local paediatric guidelines.</li> </ul> <p>Other feedback on draft guidance:</p> <ul style="list-style-type: none"> <li>- Under Haemorrhage support – patient warming: Where possible keep language generic. ie, change 7b forced air warmers to <b>activate external warming</b>.</li> <li>- Under resuscitation priorities in the bundle: Platelet count of &gt;100 for ICH is not comparable to other guidelines. Revise to emphasise <b>massive</b> bleeding.</li> <li>- Under Goals of treatment while bleeding: Remove systolic blood pressure value of 80mmHg. Revise this to <b>maintaining perfusion without excessive volume expansion/hypertension</b>.</li> <li>- Under reversal of anticoagulants: Change volumes of vitamin K when on warfarin.</li> <li>- Add a section to highlight special circumstances (paediatrics, obstetrics, elderly).</li> </ul> <p><b>Further feedback/comments on the Guidance will be due 5 days after the revised document is sent out.</b></p>	<p>3. Kerry to update the guidance document based on feedback and resend to the group offline.</p>
<p><b>Comms</b></p> <p>Sector engagement:</p> <ul style="list-style-type: none"> <li>- The team have met with three regional trauma networks to discuss support for implementation.</li> </ul> <p>Process for project rollout/implementation:</p> <ul style="list-style-type: none"> <li>- Due to limited resources we have identified 6 hospitals we would like to directly support for localised process improvement/implementation. These hospitals are Palmerston North, Hawkes Bay, Tauranga, Whangarei and Nelson.</li> </ul>	<p>4. Kerry and David to review capacity to include South Island hospitals suggested.</p>

Discussion	Actions/ Follow up
<ul style="list-style-type: none"> <li>- These medium size (by caseload) hospitals would have the most benefit from direct support/implementation. Larger hospitals will be well resourced to integrate the guidance in existing practices and smaller hospitals will find less relevance. <b>Group agrees on this approach.</b></li> <li>- Suggested that South Island hospitals Southland (Kew) and Dunedin to be included if possible.</li> </ul>	
<p><b>Other business</b></p> <p>Narrative is now <a href="#">on the website</a>.</p> <p>The group agrees to have an additional meeting in November.</p>	<p>5. Everyone to complete the doodle poll.</p>
<p><b>Close</b> – Next meeting scheduled for 19 October 2020.</p>	