

ED Operations RAC – G
10/14/2020 11:00-12:00
Virtual
Brett Burnett M.D Chair

Sign In and Quorum call

Meeting Opened by: Brett Burnett M.D.

The Emergency Department Operations committee is charged with overseeing all aspects of the clinical and operational issues that impact Emergency Departments in Trauma Service Area – G (TSA-G). This includes, but is not limited to ED Diversion, EMS Interaction, sharing of best practices, and identification of issues that have impact to the emergency patient. The committee works collaboratively with the trauma, cardiac, stroke, and emergency preparedness committees to ensure continuity of care for those time-dependent pathologies. The group is multidisciplinary, multi-organizational, and will utilize collaboration and consensus as the model for decision-making.

1. Pediatric Disaster Response and Emergency Preparedness (Recurring agenda item) - Increase in NAT

COVID-19 is unequivocally affecting children. Isolation, contact restrictions, economic shutdown, and parental stress threaten children. Adolescents with special needs, disabilities, preexisting mental health problems, and socioeconomically challenges are at higher risk. ED caregivers must be vigilant to detect non accidental trauma (NAT).

2. Psych Patient Management

De-escalation attempts are not as glorious as chest tubes, intubation, cricothyrotomy, paracentesis or any other procedure done in the Emergency Department. Yet these techniques can save the lives of patients and the hospitals from auditor scrutiny.

3. Covid

August 21, 2020 JAMA. A Randomized Clinical Trial

Effect of Remdesivir vs Standard Care on Clinical Status at 11 Days in Patients With Moderate COVID-19

Among patients with moderate COVID-19, those randomized to a 10-day course of remdesivir did not have a statistically significant difference in clinical status compared with standard care at 11 days after initiation of treatment. Patients randomized to a 5-day course of remdesivir had a statistically significant difference in clinical status compared with standard care, but the difference was of uncertain clinical importance.

4. Emergency Department Diversion

Currently the RAC is supplying nursing staff for local East Texas hospitals. Hospitals will need to be able to recruit nurses through local staffing agencies. One option is Sadiant. The other option is Reliable Nursing.

5. Fall prevention as upcoming project

Meeting adjourned at _____

Respectfully submitted and recorded by _____ Brett Burnett M.D _____

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