Te Hononga Whētuki ā-Motu
National Trauma Network

Health Quality & Safety Commission New Zealand
Kupu Taurangi Hauora o Aotearoa

# Meeting Minutes

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| **Meeting:** | **Critical haemorrhage project expert reference group meeting** |
| **Location:** | Via Zoom. |
| **Date:** | Wednesday 11 November 2020 |
| **Time:** | 15.00 - 17.00 |
| **Attendees:** | Kerry Gunn (Chair), Dominic Fleischer, Susan Mercer, David Drower, Gabrielle Nicholson, Paul McBride, David Lang, Richard Charlewood, Christopher Jephcott, James Moore, Renate Donovan, Ian Civil, Sandy Ngov (Minutes)<br><br>Guest: James Le Ferve |
| **Apologies:** | Andy Swain, Orla Fowden, Jack Hill, Caroline Gunn, David O'Byrne, Richard Aickin, Tony Smith |

| Discussion | Actions/ Follow up |
|---|---|
| **Introduction**<br><br>19 October meeting was cancelled.<br>Minutes and actions from last meeting approved. | |
| **Guidance and bundle**<br>*Final draft guidance document shared with the group for feedback.*<br><br>Discussion on Guidance draft shared:<br>- Activate Code Crimson if the patient meets the criteria **and it has not already been activated.**<br>  o Discussion centred on whether this should be and/or has not already been activated. Group agrees to avoid unnecessary activation, the patient should meet the ABC criteria **and** not have received blood/code crimson already been activated.<br>- Give initial dose of TXA within three hours of injury. Begin infusion of 1 g (or 15 mg/kg, maximum dose of 1 g) over eight hours.<br>  o Discussion on whether to recommend 2g TXA upfront instead. Group agrees that follow up doses may not often be given (in a timely manner to be effective) and 2g upfront is safe to give in a hospital setting for those that meet the code crimson criteria.<br>- Suggestion made that we include in the guidance a statement around this project's scope and future discussions that may be relevant to the guidance going forward.<br><br>Implementation:<br>- **Publication of the guidance will be end of November.**<br>- The wider ERG input is due by Monday 16th Nov.<br>- Hospital visits are secured with Tauranga and Nelson hospital before year end.<br>- Other four visits will occur next year, ideally before March 2021. | 1. Kerry and David to update the guidance.<br><br>2. Richard to advise Kerry who are the blood bank/transfusion contacts at the other four hospitals. |

| Discussion | Actions/ Follow up |
|---|---|
| - Discussion on the framework of the visits:<br>  o Overview: Pre-visit zooms will be held with DHB teams to discuss best use of in-person visits. Suggested topics (ie, recommended performance indicators, existing processes, bundle components) to be covered based on relevance to the local team.<br>  o If resourcing allows, the team will look at ways to support the other DHBs implementation of the guidance. At this stage we expect the hospitals to adopt this as appropriate for their service (with ERG and wider ERG members championing the guidance where possible).<br>  o Blood bank staff have been included at Tauranga and Nelson. Richard to advise on who these contacts are at the other four hospitals. | |
| **Quality improvement indicators/metrics**<br><br>All data requests/matches are underway:<br>- This project will aim to combine NZTR data with ANZ massive transfusion registry, NZBS and EPRF data sets to give a trauma critical bleeding dataset and possibly present in dashboard format to support local audit.<br><br>Discussion on Appendix B: Relevant critical bleeding bundle performance indicators:<br>- Does not examine getting the right clinicians to the patient (senior level engagement at the bedside in appropriate time).<br>- We can confidently measure blood product usage and wastage, timestamps, ambulance triage codes (early identification), pre-hospital deaths and in-hospital mortality.<br>- Adding a new datapoint into the trauma registry for **code crimson activation** can be done.<br>- This and any other additional datapoint (ie, TXA use), would require approvals from the registry data governance group and agreement from the data collectors.<br>- **Suggested:** To have a separate national audit form collecting data on trauma code crimson, as part of routine data entry by trauma nurses. As with above, we would need wider consensus from the data collectors before deciding to do this. | 3. Recommended performance indicators/ audit points as reflected in Guidance to stay as is, pending any final feedback by 16 November. |
| **Other business**<br><br>James Le Ferve (emergency physician at ADHB) presented to the group on 'Prehospital blood and prehospital Code Crimson activation'. | |
| **Close –** No further meetings scheduled. The project team will be in touch if more meetings are needed in the new year. | 4. Sandy to share these minutes for approval by email. |