TSE Council

Minutes

Location: Oxford Suites, Boise, ID   **Date:** August 11, 2015   **Time:** 9 am – 5 pm

Participants

Nicole Noltensmeyer	Erin Shumard	Christian Surjan	Brad Huerta
Dennis Carlson	Greg Vickers	Casey Meza	Chris Way
Kevin Kraal	Drew Forney	Michael McGrane	John Mayberry
Stacey Carson	Bill Morgan	Marshall Priest	Harry Eccard
Wayne Denny	Toni Lawson	Bill Spencer*	Jami Thomas*
Brian O'Byrne*			

*Indicates participation via phone

Agenda Item	Discussion
Open Meeting	Quorum established. (12 of 17 members). Kevin Kraal moved to accept the July 11, 2015 minutes, Michael McGrane seconded, and the motion passed unanimously. Chris Way moved to accept today's agenda, Harry Eccard seconded, and the motion passed unanimously.
Regional Committee Reports	**North Region – Chris Way** The North Region has held one QI meeting using the guidebook developed by the state. They also have another QI meeting scheduled. The QI committee requests that the state council create standard benchmarks for the regional QI committees. **North Central Region – Bill Spencer** Jason Steik has taken a new position in Boise and is no longer able to serve as the North Central Chair. The committee will elect a new chair at their next meeting. No other news was reported. **Southwest Region – John Mayberry** The Southwest Region has finished their bylaws and the membership voted to accept them. They have created the following

Agenda Item	Discussion
	subcommittees: Trauma, Stroke, STEMI, Executive, Quality Improvement, and Nominating.
	South Central Region – Kevin Kraal The South Central Region reviewed the Trauma Priority Levels the state council developed. They will include those priorities in their power point training presentation. They anticipate that training will be complete next month and they will be sharing it with the other regional committees. The committee is currently working on their QI process.
	Southeast Region – Greg Vickers and Dennis Carlson The Southeast Region will hold their next meeting in September. It is anticipated that Dennis Carlson will be elected Chair and Drew McRoberts will move to Vice Chair.
	East Region - No report from the committee. Christian Surjan reported that they do not have a meeting scheduled in the next 3 months and Bill Morgan indicated that he would address it.
QI Process	During the regional committee reports, the need arose to have a discussion about the regional QI process. Bill Morgan recommended that the regional committees begin QI by reviewing all trauma deaths and transfers in their region. Once the QI process has been worked out, and then add other trauma cases, strokes and STEMIs. The North Region, represented by Chris Way voiced concerns that this would leave out a large portion of the population. Bill Morgan pointed out that the purpose of the regional QI is to identify areas for improvement that would be valuable to the whole region and that starting with a more general view will include more participants. Greg Vickers explained that because the regions each have unique challenges, they should have the autonomy to determine what they will focus on. Data from the last 5 years is available from the Idaho Trauma Registry (http://www.idahotrauma.org/). Stacey Carson and Cheryl Hansen are able to create reports on a regular basis that will assist the regional committees in determining areas that need improvement. Bill Morgan again reminded the Council that the purpose of QI is not to examine what the state tells it to, but to identify gaps in the system that need to be addressed and fixed. Kevin Kraal and Chris Way would like the chairs of all of the regional QI subcommittees to communicate with each other.

Agenda Item	Discussion
Trauma Priority Levels	The North Region, represented by Chris Way, voiced the following concerns regarding the TSE Council's approved Trauma Priority Levels: • Who will do the training? • What resources will they be given? • Why are there three levels? • What about pushback from hospitals? The Council responded by explaining that there is value to having a common language to describe trauma patients. The Trauma Priority Levels do not dictate how a hospital must respond. Harry Eccard indicated that it is easy to train and transition from a two-tiered system to a three-tiered system.
Stroke & STEMI Pilot Registry	The Council received no feedback regarding the proposed stroke and STEMI pilot registry. They reviewed the data elements and made the following changes: • Add "Time of first EMS EKG" to STEMI • Remove "age" and "age unit" from STEMI • Add ICD-10 codes Marshall Priest moved to accept the data elements for stroke and STEMI, and to proceed with the pilot. Kevin Kraal seconded the motion, and the motion passed unanimously. See Appendix A for the updated data list. Stacey Carson from the Idaho Trauma Registry will send a request to all the facilities statewide asking for volunteers to participate in the pilot. She would like to collect data from 5-6 facilities for 3 months.
Trauma Center Criteria	In the process of working on Trauma Application and Resource Packets, Nicole Noltensmeyer noticed that the criteria contained many duplications as well as omissions. The council spent the remainder of the meeting evaluating the criteria across the different levels as well as within each level. The council anticipates that they will complete the evaluation and finish making changes at the next council meeting on September 8th. A working copy of the criteria is available upon request by sending an email to noltensn@dhw.idaho.gov .
Next Meeting Agenda	Tuesday, September 8, 2015 from 9 am to 5 pm at the Oxford Suites in Boise • Finish trauma criteria • Application and Resource Packets • Regional PI process

Appendix A

STEMI Data
Name of initial receiving center
Patient First Name
Patient Middle Initial
Patient Last Name
Gender
Birthdate
Date of symptom onset
Time of symptom onset
Mode of arrival
Time of first EMS EKG
Pre-arrival notification
Pre-arrival notification time
Time of arrival at ED
Time of first hospital EKG
Cath lab activation time
Time of patient's arrival in cath lab
Door-to-needle time
Door-to-balloon time
If transferred, door-in-door-out time
Discharge disposition
ICD-10 Code
ICD-9 Code
Hospital Discharge Disposition

Stroke Data
Name of initial receiving center
Patient First Name
Patient Middle Initial
Patient Last Name
Gender
Birthdate
Event Date
Last known well date
Last known well time
Cincinnati Stroke Scale score
Mode of arrival
Pre-arrival notification time documented
Time of arrival at ED
Time seen by physician
Admission date
Admission time
Admission NIHSS score
Time of head CT
Time CT results reported to provider
If TPA not given, exclusion criteria
Time TPA given
Time of endovascular intervention
If transferred, door-in-door-out times
If transferred, name of secondary receiving center
Discharge date
Discharge Rankin Score
Discharge NIHSS score
Discharge disposition
ICD-9 Code
ICD–10 Code
Hospital Discharge Disposition