TSE Council

Minutes

Location: Oxford Suites, Boise, ID **Date:** Tuesday, March 8, 2016 **Time:** 9 am – 5 pm

Participants

Angie Jackson	Nicole Noltensmeyer	Brad Huerta	Bill Spencer
Wayne Denny	Casey Meza	Chris Way	Christian Surjan
Brian O'Byrne	Mike Weimer	Jami Thomas	Harry Eccard
Erin Bennett	Bill Morgan	Stefanie Magee	Dennis Carlson
Kate Barnes	John Mayberry	Kevin Kraal	Mike McGrane
Cheryl Hanson	Toni Lawson	Stacey Carson	Greg Vickers (via phone)

Agenda Item	Discussion
Open Meeting	A quorum was established with 13 of 17 council members present. Chris Way moved to approve the minutes from the 2/9/16 meeting, Mike Weimer seconded, and the motion carried unanimously. Bill Spencer moved to approve the agenda for today, Chris Way seconded, and the motion carried unanimously.
Idaho Trauma Registry	Stacey Carson and Cheryl Hansen from the Idaho Trauma Registry gave a presentation. Stacey explained the differences between the different types of data collection. See Appendix A. Cheryl gave a demonstration of Image Trend and how it can be used for Level IV and V Trauma Centers to track their PIPS data. Instruction packet is available on request by contacting the TSE office.
Trauma Priority Levels vs. Trauma Team Activation	A problem was identified in one region where the EMS providers are being asked to let the hospital know what priority level their patient is, and also to advise the hospital regarding their trauma team response. Because each hospital is going to have a different response to the three priority levels, it was determined that EMS should not be making that decision for the hospital. The question of who should make change the patient's priority level when their level based on the established criteria is different than the patient's actual acuity. After some discussion Chris Way moved to remove "Emergency MD discretion" from Priority 1, and add "Provider discretion" to all three priority levels. Bill Spencer seconded the motion, and the motion carried unanimously.

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STEMI Activation Protocol	Kate Barnes, the Chest Pain Center Coordinator for St. Luke's Treasure Valley gave a presentation on STEMI transfers. A group of approximately 30 stakeholders began meeting together with the goal of reducing STEMI door-to-door-to-balloon times. They started by identifying the pitfalls of the current practice. The group determined that best practice included the sending facility making one call to the transfer center, establishing treatment protocols, and having a standardized checklist/handoff form. Kate then presented a STEMI case (de-identified) that began at a facility that had presented some of the biggest transfer challenges. With the new practices in place, the patient door-to-balloon time was 93 minutes. Kate will make her presentation available to the regional committees.
Gift from EMS for Children	Nicole Noltensmeyer, who is also the EMS for Children Program Specialist, presented an EZ-IO trainer kit to each of the TSE regional committees. The kits are to be shared among the EMS and hospital providers in their region. She asked the each regional committee identify one person who will keep track of the kit. That person should always know where the kit is and make sure that it is being shared between the hospitals and EMS agencies. Nicole asked that the regional Chairs let her know who they have chosen in their region to take on that responsibility.
Regional Reports	**North Region: Chris Way** Chris and Casey Meza met with all of their regions hospital CEO's regarding TSE. All of the facilities in the North Region plan to apply for trauma designation. In their bylaws, they have added a representative from the local health district as a voting member of the committee. They have sent out a survey to all of the EMS agencies in their region. See Appendix B. Their next meeting is Friday, March 18th at 10am (Pacific Time) and immediately following the meeting they will hold an EMS round table. **North Central Region: Angie Jackson** Their next meeting is March 22nd. They recently held a STEMI case review that included everyone from the first EMS crew all the way through to the cardiologist. They participated in Spring Fling which gave them the opportunity to educate EMS personnel in TSE. They have also begun producing a quarterly TSE newsletter for their region. **Southwest Region: John Mayberry** Attendance at the regional meetings has been good. **South Central Region: Kevin Kraal** No regional meetings since last Council meeting. **Southeast Region: Dennis Carlson** The regional committee held a mock trauma conference that was well attended by EMS. Their next meeting is on March 9th and will include a presentation by Greg Vickers on developing a PIPS program. They will also be discussing the recent Idaho

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	Simulation Event in Rupert. **East Region: Brian O'Byrne** The east region held their last meeting in Arco. Their Vice Chair has stepped down and they are seeking a replacement. They have begun their process improvement by presenting cases only, but plan to add the analysis portion soon. They have identified the need to have dispatch involved on their committee.
Surveyors	The Council determined that an ED physician that has appropriate experience at a higher level of care can perform site surveys for Level IV and V Trauma Centers, Level III Stroke Centers, and Level II STEMI centers. The only exception would be for a Level IV Trauma Center that has surgical capabilities. In that case, the physician site surveyor would need to be a board certified surgeon. TSE program staff will send Surveyor Application Packets to all of the regional Chairs.
Trauma Medical Director in a Level IV Trauma Center	It recently became evident that the criteria for a Level IV Trauma Center's Trauma Medical Director was not clear. The Council agreed that the medical director does not need to be an MD. The criteria will be clarified in the next version of the Standards Manual.
Designations	The TSE program staff received applications from Saint Alphonsus in Boise and Eastern Idaho Regional Medical Center in Idaho Falls for Level II Trauma Center Designation. Both facilities submitted the appropriate documentation from the American College of Surgeons verifying that they both meet the standards to be a Level II Trauma Center. Chris Way moved to designate both facilities as Idaho Level II Trauma Centers, Angie Jackson seconded, and the motion carried unanimously.
911 Education	To clarify what "pre-notification" means for trauma, Christian Surjan explained that in order to bill for trauma activation a facility must receive pre-notification that a trauma patient is being transported to them. The pre-notification can only come from EMS, dispatch, or law enforcement. Christian and Nicole will work on an educational webinar for EMS providers, dispatch, and law enforcement on the importance of pre-notification.
Farm/Ranch Injuries	John Mayberry presented an opportunity to submit a study on farm and ranch injuries to North Pacific Surgical. The study will look at farm and ranch injuries that occurred in 2014 and compare them to the same injuries that occur in 2017 or 2018. He will use data from three Level II Trauma Centers and one Level III Trauma Centers. The study will serve to provide North Pacific Surgical with useful data, but will also show the Idaho Legislature how the TSE system is improving care in Idaho. See Appendix C.
Patient Transfers	The Southeast region requested input from the Council regarding trauma transfers of patients that are DNR or on comfort care. The TSE program staff will track the prevalence of this occurrence and the TSE Council will develop guidelines and a statement to put forth to the Legislature. It was decided that the TSE Council has no legal authority in this matter, but does have an obligation to inform the lawmakers in Idaho.

Agenda Item	Discussion
Press Release	The Director of the Department of Health and Welfare will hold two ceremonies to present designation certificates to the first six designated centers. The first one will be to present to Saint Al's for Level II Stroke Center and Level II Trauma Center, and EIRMC for Level II Trauma Center designations. The second one will occur a few months later and will be to present Lost Rivers Medical Center, Clearwater Valley Hospital, and Teton Valley Medical Center, with for Level IV Trauma Center designation.
TSE Council Meetings	The TSE Council has been holding eight hour meetings once a month while developing the TSE system. Now that the Rules and Standards Manual have been published and are permanent Rule, there isn't as much need to hold a full day meeting. The Council will still need to continue to meet monthly to vote on designations, waivers, etc. It was decided that at the end of each Council meeting, it will be decided if the next month's meeting will need to be a full day or not. The Council would also like to hold Council meetings in other regions once or twice a year. Casey Meza and Chris Way volunteered to host the first Council meeting outside of Boise.
American Heart Association (AHA)	The AHA stroke coordinator for Get With The Guidelines (GWTG) requested time on an upcoming Council agenda to present their registry program. The Council determined that the amount of data required for GWTG, the cost of participation, and the inability of the Council to access that data makes GWTG impractical for Idaho.
EMS Perspective of TSE	There is a consensus that EMS providers in Idaho do not have a good understanding of TSE. The regional committees will do more to reach out to all EMS providers. TSE program staff and Dr. Morgan will request to be on the agenda for the EMS Advisory Committee and the EMS Physicians Commission.
Next Meeting Agenda	Tuesday, April 12th from 9am to 5pm at the Oxford Suites in Boise.

Idaho Time Sensitive Emergency -- Data Collection and Reporting Matrix

Data Type	Data Sources	Required by Law	Centralized Statewide	Collection Tools
Trauma	Hospital EMS (PERCS) OHS (crash) BVRHS (deaths)	Yes - Since 2003 - https://legislature.idaho.gov/idstat/Title57/T57CH20.htm To Determine Data Items Available for Comparative Analysis: Data Dictionary of Items From All Data Sources (after linkage): www.idahotrauma.org/ReportingStandards/Documents/ITRElementsTable2013.pdf To Determine Data Items Hospitals Must Report to Central Registry: Data Dictionary required by Idaho (hospital reporting): www.idahotrauma.org/ReportingStandards/Documents/DataDictionary2015TSECouncil.pdf Inclusion Criteria required by Idaho: www.idahotrauma.org/ReportingStandards/InclusionCriteria.cfm	Yes Data should be reported to central registry within 180 days.	Hospital Reporting Image Trend (web-based) Provided by central registry No charge to hospitals OR Hospitals that elect to collect an expanded set of data items need to purchase third party registry software and export data in specified XML file format to central registry.
Stroke	Hospital	Yes - Enacted in 2015 - https://legislature.idaho.gov/idstat/Title57/T57CH20.htm Pilot Phase (5 hospitals) Data Dictionary required by Idaho: www.tse.idaho.gov/Portals/80/Users/143/79/1679/Forms/Stroke%20dataset.pdf Inclusion Criteria required by Idaho: In development based on outcome of pilot project	Yes Data to be reported to central registry within 180 days.	Excel File (designed by Bureau EMS) The Excel file contains only the minimum data set defined by the TSE Council. May be a subset of data files already collected by a hospital.
STEMI	Hospital	Yes - Enacted in 2015 - https://legislature.idaho.gov/idstat/Title57/T57CH20.htm Pilot Phase (5 hospitals) Data Dictionary required by Idaho: www.tse.idaho.gov/Portals/80/Users/143/79/1679/Forms/STEMI%20Dataset.pdf Inclusion Criteria required by Idaho: In development based on outcome of pilot project	Yes Data to be reported to central registry within 180 days.	Excel File (designed by Bureau EMS) The Excel file contains only the minimum data set defined by the TSE Council. May be a subset of data files already collected by a hospital.
Performance Improvement and Patient Safety (PIPS)	Hospital	Not Required by Statute Hospitals seeking state trauma designation must collect PIPS data http://www.tse.idaho.gov/Portals/80/Users/143/79/1679/Forms/PIPS.pdf Hospitals seeking verification by the American College of Surgeons must collect PIPS data	No Data should be collected & analyzed concurrently at the hospital	Image Trend (web-based) Provided by central registry No charge to hospitals OR Third party vendor OR Other mechanism of hospital choice (excel,etc)

Appendix B

EMS survey to identify gaps in pre-hospital triage and transportation decision-making processes to include coordination with local TSE planning in the region.

Trauma

1. Does your EMS service utilize protocols that allow for by-pass of a critical trauma patient past a local facility in order to go to a trauma center?

2. Does your EMS service utilize a priority triage system with trauma patients?

3. Does your EMS service have adequate access to trauma education annually?

Stroke

4. Does your EMS service protocols allow for a by-pass of a stroke patient beyond a local hospital without a CT scan or thrombolytic therapy stroke treatment?

5. Does your EMS service use a recognized pre-hospital patient survey to determine the probability of a patient having a stroke?

6. Does your EMS service have adequate access to stroke education annually?

STEMI

7. Does your EMS service have the ability to obtain and transmit 12 lead EKGs to your local hospital?

8. Does your EMS service have by-pass protocols to take a STEMI patient to a facility that can treat a STEMI with either a catheter lab treatment or thrombolytic treatment?

9. Does your EMS service have adequate access to STEMI education annually?

10. What is the most important thing that the TSE committee can provide for your EMS service in the next year?

Appendix C

Farm and Ranch Related Injuries in Southern Idaho 2014

Introduction:

Idaho's agriculture ranks among the top 5 states for production in potatoes (# 1), barley (#1), peas (#2), alfalfa (#2), prunes/plums (#2), sugarbeets (#2), hops (#3), beans (#4), lentils (#4), onions (#4), sweet cherries (#5), and spring wheat (#5).[1] 11.8 million acres are currently being farmed by 24,000 operations.[2] Over 2 million head of cattle are currently being raised on Idaho ranches and feedlots. Idaho leads the nation in trout production, ranks 3rd in cheese manufacturing, and 5th in milk production. Agriculture continues to grow in Idaho with cash receipts lately reaching record highs ($4.5 billion).[3] Idaho's agriculture industry employs thousands of individuals and drives many rural economies.

Unfortunately, the agriculture industry is among the most hazardous of professions.[4,5] Farmers and ranchers are at 40% higher than average risk for fatal and nonfatal injuries than all workers in the US. Youth are also at risk since family members and hired hands under the age of 20 often participate in machinery tasks and large animal care. In 2012 a United States fatality rate of 20 deaths per 100,000 workers was reported.[6] The surveillance of agriculture injury in Idaho is in its infancy and therefore specific data regarding the incidence, risk, specific injuries, disabilities, and cost of farm and ranch related injuries is unknown. Based on nationwide incidence, the numbers and cost are unfortunately expected to be high.

In 2014 the Idaho Time Sensitive Emergency (TSE) system was established with members from emergency medical services, hospitals, healthcare providers, public health experts, health insurers, rehabilitation providers, legislators, and community representatives.[7] The TSE program seeks to surveil and improve the care of patients suffering injury, heart attack, or stroke. Idaho trauma centers with searchable injury registries have been present in Idaho for many years but a state-wide database has only recently been constructed.

We hypothesize that farm and ranch related injuries in Southern Idaho will be substantial and serious in regards to risk of disability and death. The injuries are likely to occur in rural areas and may involve long transport times. We hypothesize that our data will be of use to the Idaho TSE Council and Regional Committees in formulating improvements in care that can be tracked.

Appendix C (continued)

Methods:

Since the calendar year 2014 will be the more recent year prior to the inception of the Idaho TSE and since we will have near complete data from both trauma centers and the state registry for that year, we have chosen 2014 as our baseline for a survey of farm and ranch related injuries. Each of the four trauma centers, Saint Alphonsus Regional Medical Center (SARMC), Portneuf Medical Center (PMC), Eastern Idaho Regional Medical Center (EIRMC), and St Luke's Magic Valley Medical Center (SLMV), will query their trauma registry for patients with the injury codes E828.0 - .9 (Accident involving animal being ridden), E906.8 (Other injury caused by animals), and E919.0 (Agricultural machines). The list of patients generated will be culled for farm and ranch specific injuries by research staff at each of the facilities. Farm and ranch related injuries will be defined by injuries known or likely to have occurred on a property intended for farming, ranching, animal care, or milk production (among other activities) and relating to that activity. A liberal definition will be applied.

Southern Idaho will be chosen as our region of survey since it is the less mountainous area of the state and lies along the I-84 corridor where 3 Level II and 1 Level III trauma centers are accessible. We think the data will be 'cleanest' and easier to analyze from this region.

Patient data will be de-identified and stored in password protected databases. In addition to specific demographic information such as age, gender, zip code of injury, etc. injury data of all injuries recorded by each trauma center will be collected. Scene response information, transport modes, and times will be elicited from both the center registries and the statewide registry. The number of operations, ICU length of stay (LOS), total length of stay, and discharge outcome will be recorded. No specific analysis other than a reporting of results is planned. If cost of hospitalization data is available, this will be recorded as well.

References

1. 2014 Idaho Annual Agriculture Bulletin, US Department of Agriculture, National Agricultural Statistics Service, available at http://www.agri.idaho.gov/AGRI/Categories/NewsEvents/Documents/Bulletin_id.pdf
2. 2014 State Agriculture Overview Idaho, available at http://www.nass.usda.gov/Quick_Stats/Ag_Overview/stateOverview.php?state=IDAHO
3. Idaho State Department of Agriculture, available at http://www.nasda.org/9383/States/ID.aspx
4. Farm Safety, US Dept of Labor, Program Highlight, Fact Sheet No. OSHA 91-39.
5. Safety and Health Topics, Agricultural Operations, US Department of Labor, available at https://www.osha.gov/dsg/topics/agriculturaloperations/
6. Agricultural Safety, The National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention, available at http://www.cdc.gov/niosh/topics/aginjury/
7. http://www.tse.idaho.gov