TSE Council

Minutes

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

Participants

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

* via phone

Agenda Item	Discussion
Open Meeting	Quorum established. (12 of 17 Council members present) Marshall Priest moved to accept the May 12, 2015 minutes, Brad Huerta seconded, and the motion passed unanimously. Chris Way moved to accept today's agenda, Marshall Priest seconded, and the motion passed unanimously.

Agenda Item	Discussion
Regional Committee Reports	**Jason Steik – North Central Region** The QI committee is holding their first meeting on Wednesday, June 10th. **Kevin Kraal – South Central** Kevin reported that the South Central region is experiencing good participation. They are currently developing a process for case reviews. **Brad Huerta – South East** In the absence of the Chair and Vice Chair from the Southeast Region, Brad reported that there has been an increase in TSE interest from the critical access hospitals in the region since Christian Surjan spoke at the Hospital Cooperative. **Chris Way – North Region** Chris Way reported that the North Region has decided to hold a general regional meeting every other month. The subcommittees will meet on the off months. Chris also reported that there is 100% participation from all of the facilities and EMS agencies in the region. **Brian O'Byrne – East Region** The East Region is currently working on their bylaws. They are struggling with participation, with only 2 of the 6 facilities and 5 EMS agencies currently participating. **John Mayberry – Southwest Region** Dr. Mayberry has contacted all EMS agencies in the region inviting their participation in the TSE. He has also sent letters to every facility in the region to invite participation, ask for the designation levels they will be seeking, and who their representative(s) will be.
TSE Registry	Stacey Carson from the Idaho Trauma Registry (ITR) gave a presentation regarding probabilistic linkage. She explained how data is linked from EMS records, the Office of Highway Safety, hospitals and Vital Records. The successful linkage rate between the Office of Highway Safety and hospital record is currently 73%. The successful linkage rate between EMS records and hospital records is currently 85%. A motion was made by Casey Meza to table the discussion of Time Sensitive Emergency (TSE) bands for one year, Drew Forney seconded, and the motion passed unanimously. The Council requested that TSE staff find out if it is possible to add patient name as a required field to the Prehospital Electronic Records Collection System (PERCS). The registry data elements for Stroke and STEMI were reviewed and finalized (see below). _____ made a motion to

Agenda Item	Discussion
	accept the Stroke data elements, _____ seconded, and the motion passed unanimously. _____ made a motion to accept the STEMI data elements, _____ seconded, and the motion passed unanimously. In order to determine the additional cost of adding Stroke and STEMI to the TSE registry, it was decided that the ITR would conduct a pilot program. The pilot program will consist of 5-6 hospitals of various sizes and locations throughout the state. The pilot program will last approximately 3 months.
QI Handbook	A Quality Improvement Handbook was developed by the TSE program staff with the aid of the Idaho Attorney General's office to assist regional TSE committees in conducting case reviews within the scope of the law. The Council decided to review the draft and bring recommendations to the next TSE Council meeting on July 14th. Several of the regional committees had questions about how they should pick cases to review. Dr. Morgan recommended starting with trauma cases that resulted in transfer or death. He further recommended that the regional QI subcommittees review only trauma cases for the first six months, as that is what providers are most familiar with.
Site Visits	The TSE Council may choose to visit facilities that are applying for designation using a national accrediting body or another state to perform verification. These site visits would not be a formal survey but would be for the purpose of meeting staff and becoming familiar with the facility.
TSE Jackets	Jami Thomas has agreed to be the point person for ordering TSE jackets. All requests should go directly to her and not through the TSE office. Jackets are to be paid for by the individual council member and will not be funded by the TSE program.
Trauma Triage	The Council agreed on a state wide three-tiered triage level for trauma patients. The Council would like feedback regarding the proposed triage levels (see below). Feedback may be submitted in writing to the TSE office tse@dhw.idaho.gov or in person at the next TSE Council meeting.
Application and Resource Packets	TSE staff presented the working drafts of all of the Application and Resource Packets. The Council decided that their time would be best spent reviewing them between now and the next meeting.
Next Meeting Agenda	Tuesday, July 14, 2015 from 9 am to 5 pm at the Oxford Suites in Boise • Quality Improvement Handbook • Trauma triage feedback • Application and Resource Packets

Agenda Item	Discussion
Adjourn	Chris Way moved to adjourn the meeting, Marshall Priest seconded, and the motion passed unanimously.

PROPOSED STROKE DATA DICTIONARY

1. Birthdate
2. Event date
3. EMS agency
4. Gender
5. Name
6. Last known well time
7. Time 911 called
8. Time of EMS arrival on scene
9. Time of EMS departure from scene
10. Cincinnati (FAST) stroke scale
11. Mode of arrival
12. Pre-arrival notification time documented Y/N
13. Name of initial receiving center
14. Time of arrival at ED
15. Time seen by physician
16. Admission Time and score of NIHSS
17. Time of head CT
18. Time CT results reported to provider
19. If TPA not given, exclusion criteria
20. Time TPA given
21. Time of endovascular intervention
22. If transferred, door-in-door-out times
23. If transferred, name of secondary receiving center
24. Discharge Date
25. Discharge Rankin and NIHSS scores
26. Discharge disposition

PROPOSED STEMI DATA DICTIONARY

1. Birthdate
2. Event date
3. EMS agency
4. Gender
5. Name
6. Time of symptom onset
7. Time 911 called
8. Time of EMS arrival on scene
9. Time of EMS departure from scene
10. Prehospital EKG available Y/N
11. Prehospital EKG done Y/N
12. If yes, time
13. Mode of arrival
14. Pre-arrival notification Y/N
15. If yes, time
16. Time of arrival at ED
16. Time of first hospital EKG
17. Cath lab activation time
18. Time of patient's arrival in cath lab
19. Door-to-needle time
20. Door-to-balloon time
21. If transferred, door-in-door-out times
22. Discharge disposition

PROPOSED TRAUMA TRIAGE GUIDELINES

Priority 1

- SBP of 90 or less, respiratory rate <10 or >29
- Tachycardia HR >130 AND meet Level 2 criteria
- Age specific hypotension in children
  - <70mmHg + 2 x age)
  - HR > 200 or < 60
- Respiratory compromise/obstruction
- Intubation

- Inter-facility transfer patients receiving blood to maintain vital signs
- GCS 8 or less with mechanism attributed to trauma
- Major limb amputation
- Pregnancy >20 weeks gestation with leaking fluid or bleeding or abdominal pain that also meets Level 3 criteria
- Open skull fracture
- Paralysis and/or sensory deficit of an extremity
- Penetrating injury to abdomen, head, neck, chest or proximal limbs including the knee and elbow
- Emergency MD Discretion

Priority 2

- GCS 9 to 13
- Chest tube/ needle thoracotomy
- Pelvic fracture (suspected)
- Two obvious long bone fractures (femur/humerus)
- Flail chest
- Near drowning
- Ejection from ENCLOSED vehicle
- Burns > 20% BSA OR involvement of face, airway, hands, or genitalia

Priority 3

- Death of same car occupant
- Extrication time > 20 minutes
- Fall 2 x patient's height
- Auto vs. bike OR auto vs. pedestrian
- Non-enclosed wheeled or mechanized transport > 20 mph
- Horse ejection or rollover
- 12" intrusion into occupant space or vehicle
- "Star" any window or windshield
- Rollover
- Broken/bent steering wheel
- Trauma mechanism w/ change in LOC
- Amputation of one or more digits
- 10-20% TBSA (second or third degree) and/or inhalation injury