

10/25/2010

Time Critical Diagnosis System Professional Education Meeting

Highlights and Breakout Reports

Those participating: Dr. Iftexhar Ahmed, Research Medical Center; Dr. Lynthia Andrews, Heartland Regional Medical Center; Rebecca Baker, St. John's Regional Health Center; Carol Beal, St. John's Regional Health Center; Jody Hyman, Dept. of Health & Senior Services; JoAnn Cantriel, Capital Region Medical Center; Dr. Doug Char, Washington University School of Medicine; John Clemens, Marion County Ambulance District; Cindy Gillam, Dept. of Health & Senior Services; Dale Green, PRN Healthcare Consultants; Gina Gregg, Lee's Summit Medical Center; Belinda Heimericks, Dept. of Health & Senior Services; Kathleen Henderson, St. Joseph Medical Center; Emily Hollis, Dept. of Health & Senior Services; Lisa Hutchison, St. John's Mercy; Kaisey Martin, Dept. of Health & Senior Services; Taz Meyer, St. Charles County Ambulance District; Dr. Samar Muzaffar, Dept. of Health & Senior Services; Jennifer Parreira, Research Medical Center; Douglas Randall, St. Louis Fire Department; Dr. John Russell, Cape County Ambulance; Wayne Sanders, West County EMS & Fire Protection District; Kristin Seymour, Barnes-Jewish Hospital; Eddie Spain, St. John's Regional Health Center; Chad Staley, Montgomery County Ambulance District; and Jessica Thomas, Capital Region Medical Center.

The Department of Health and Senior Services (DHSS) and the Professional Education committee met to establish the process, procedures and end products of the committee. Professional Education plans to have the project completed in a six to eight month time span. The committee has four sub-groups including Stroke, STEMI, Trauma and Pre-Hospital who are working independently to ensure the quality and integrity of each sub-group is fully integrated.

The overall goal is to provide professional education guidelines and resources for Trauma, Stroke, STEMI and Pre-Hospital, as well as a comprehensive overview of the TCD system that explains the system process and how each piece works in conjunction with the other pieces. All parts are overlapping and this understanding provides the framework to ensure the best patient outcome. Utilizing a systems approach will benefit end users to view the TCD system as a whole and as a public health system.

Charter, Mission Statement and Ground Rules

The Professional Education Charter and Ground Rules were reviewed to establish the expectations and roles of members of the committee. Both documents are attached.

Subgroup Leads and Lead Expectations

- Provide leadership and direction for work group activities to achieve desired end products.
- Provide and/or link with expertise to assure work group activities and approaches are evidence based and effective.
- Work with DHSS leads to establish plan and agenda for work group process. Coordinate activities prior to each work group meeting.
- Represent and report on work group activities to colleagues and at regional and statewide meetings.
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Work Group	Work Group Lead	DHSS (& TVG) Support
Trauma-Hospital based professionals	Ted Shockley, RN, Springfield	Joan Eberhardt, RN
STEMI-Hospital based professionals	George Kichura, MD, St. Louis Lisa Hutchison, RN, Springfield	Cindy Gillam, RN
Stroke-Hospital based professionals	Eddie Spain, Springfield Carol Beal, RN, Springfield	Belinda Heimericks, RN Karen Connell
Pre-Hospital professionals	Dr. John Russell, MD, Cape Girardeau Taz Meyers, St. Charles	Jody Hyman, EMT-P

Messaging

An update from the Public Education committee was provided. The process and results from the focus group findings with the Hughes Group were discussed. The focus groups had many opinions; however, the most recommended messaging centered on the slogan “Minutes Matter” and “Call 911”. The overall recommendation for photography use was to showcase individuals and families who were either on the phone or in the happy recovery mode.

The Public Education piece is being divided into Phase I and Phase II. Phase I is to introduce the TCD system and get it out in the public. The goal is to have the patient recognize the system as a vehicle to care. Overall branding is critical at this phase. Phase II is to provide more specific information. There was discussion about utilizing the Phases for Professional Education as well.

The inclusion of a poster campaign for the Professional Education group was proposed. Overall consensus of the group was that it would be highly beneficial for all healthcare providers to have access to posters and other media. The goal is to provide quick TCD education opportunities, reminders and to visually pull all the various entities together. Hospitals are welcome and encouraged to add their own logos to the printed media for display.

Subgroup Tasks

- List what your institutions want from this effort
- Determine if you want subgroups, e.g. physicians, nurse, allied health professionals
- Review tasks and compile work plan with respective leads for each of the major tasks
- Determine meeting approach(es) you will use, e.g., webinars, in-person meetings and list support needed from DHSS staff
- List of future meetings dates

Goals:

- Establish a network of information to identify best practices for Stroke, STEMI, and Trauma both in and out of hospital that can be utilized both regionally and across the state.
- Have an in-person meeting midway and at the end of the process
- Utilize existing professional education avenues to educate healthcare professionals at all levels about the TCD system
- Compile a list of core competencies from basic through advanced skill levels and knowledge. Use the core competencies to create algorithms for training purposes
- Have an established plan to maintain the most current information in the database and website

- List free education opportunities to ensure that all facilities and healthcare professionals are able to learn about the TCD system
- Maintain balance for educational opportunities between urban and rural areas
- Provide education to the health care system that individuals utilizing the 911 system will be asking questions specifically about TCD symptoms. We must have education for dispatchers and healthcare providers so they can have the best information available for the public. Using professional education to create an algorithm with specific questions for dispatchers to ask the patient and a quick information guide will be beneficial. Using this information will be critical to link the patient efficiently and effectively into the TCD system
- Provide professional education that the patient may enter the system at any point. Some individuals may be hospitalized with another issue and have a stroke or STEMI event. This needs to be addressed so that the best outcome is reached regardless of the point of entry
- Develop support and endorsements from various medical entities. Create list of supporters to give credibility to the TCD process. Reach out to specific trade organizations for physicians, nurses and other professional groups
- Consider pulling together a group of train-the-trainers who would be able to speak about TCD on a regional level.

Breakout Reports

❖ **Out of Hospital Breakout Group Bullet Points – 10/25/10**

❖ Participants: Taz Meyer, Dr. John Russell, John Clemens, Chad Staley, Douglas Randall, Wayne Sanders, Jody Hyman, Lindy Andrews, Kaisey Martin

- Subgroups
 - Medical Directors
 - To explain how this will affect services
 - EMS and Paramedic professionals
 - To focus on transport and treatment
 - Administrators
 - To explain the financial reimbursement aspects of TCD
- Objective 1: Provide Trauma, Stroke and STEMI groups with information on the regulations and how it affects treatment and transport
 - This will be different not only for each region but also for each service
 - County Lines
 - Rural Issues
 - Across State Lines Transports
- Objective 2: Determine what will be in clinical content review in order to tailor the information so services and regions are able to understand the objectives and determine their needs
 - Some services are already working towards utilizing TCD guidelines
 - Some services are waiting for designation of hospitals
 - Some services are not on board
- Assignments
 - Work to get a Medical Director liaison

- Create a resource list that will contain multiple opportunities for education with multiple levels of cost
- Require a resource person to act as a point of contact for small services to provide the opportunity to call someone for resource recommendations, not for putting services together
- Put together comprehensive list of resources for website

➤ Determine Meeting Approaches:

- Monthly webinar meeting coordinating with Education Committee SAC meetings
 - Expand meetings to one hour with Bureau first and TCD second
 - Held third Wednesday of the month
 - 6-8 months of webinars
 - One face-to-face meeting before the overall group meets again

❖ **Stroke Breakout Group Bullet Points – 10/25/10**

❖ Participants: Kathleen Henderson, Gina Gregg, Belinda Heimericks, Jo Ann Cantriel, Dr. Iftekhar Ahmed, Jennifer Parreira, Carol Beal, Eddie Spain, Dale Green, Dr. Samar Muzaffar

➤ **What do your Institutions want from this effort?**

- Consistency & Quality of Care
- Goal to change the institutions to meet the expectations of the community
- Get away from “who I work for” & “where I work”
 - Have education for patients & MD’s that they will resume care with their doctor
- Right patient to the right place at the right time
- Education to the professional about how the process works for the system
 - System: what it is and how it works
- Identify high quality reference/resource tool kit for education
- Establish broad recommendation of basic education criteria to meet
 - I.e. Emergency Dept. RN --- Lytics, EKG, interpreter, etc.
- Components: Plan for reperfusion
- Determine if you want sub-groups
 - Should be a system approach
 - ◆ Joint training (like disaster training)
 - ◆ This way they collaborate and see other points of view to fix the holes in the process
 - ◆ Keep recommendations of points for each to touch on in education broad – provide help if needed
 - ◆ Focus on learning opportunities
 - Issues with pre-hospital
 - Lytics
 - 12-lead EKG
 - Cardiac Rehab

- ◆ Reach out to existing groups and give them points to cover that need progress
- Leave individual treatment education to existing entities

➤ Determine Meeting approaches:

- One hour monthly webinar
- Wednesdays during the mid month
- 12:30 - 13:30
- Provide content by Monday 48 hours before meeting via email

❖ **STEMI Breakout Group Bullet Points – 10/25/10**

❖ Participants: Cindy Gillam, Jessica Thomas, Kristin Seymour, Dr. Doug Char, Rebecca Baker, Lisa Hutchison

➤ **Work Plan:**

- Maximize immediate reperfusion
- Education focus
 - Nursing
 - Cath Lab
 - ED
 - MD
 - Lab
 - Radiology
 - ◆ Cardiac CT – Rule out dissection
- Professional Source
 - AHA/ACC STEMI course
 - ACLS/BLS
 - EKG
 - Reperfusion
 - National organizations
 - ◆ AACN
 - ◆ ACC
 - ◆ AHA
 - ◆ AMA
 - ◆ ENA
- Approach Educational Hierarchy – look for existing programs
 - Guideline developers – ACC, AHA, AHRQ
 - 2nd Tier – End user education
 - ◆ Primary Education – disseminate guidelines to members of specialty groups
 - 3rd Tier – Internal reinforcement
 - ◆ Hospital based education
 - ◆ Fatality pathways
- Determine Meeting Approaches:
 - Monthly webinar
 - ◆ Include a conference call

- ◆ 6-8 months of webinars
 - ◆ April 2011 can be mid-meeting
 - ◆ November – March: Tuesday afternoons, 3-5pm
 - ◆ Dr. Kichura will lead and determine which Tuesday each month
- Assignments:
 - Compile a catalog
 - Pilot program for education on TCD
 - ◆ Metropolitan and rural hospitals
 - Lunch & Learn