Missouri Department of Health and Senior Services
Time Critical Diagnosis -Trauma Systems Task Force Webinar Highlights
November 17, 2010 1:30 p.m. – 3:30 p.m.

Those participating: Mark Alexander, CoxHealth; Jami Blackwell, CoxHealth; Sandy Brennecke, Cardinal Glennon Children's Medical Center; Kent Cantrell, Excelsior Springs Fire Dept./MARCER; Jason Cullom, St. Joseph Hospital West; Lori Davis, North Kansas City Hospital; Mary Jo Draper, Vandiver Group; Dolly Giles, Pike Memorial County Hospital; Cindy Gillam, Department of Health & Senior Services; Robert Grayhek, St. Francis Medical Center; Christine Green, Cardinal Glennon Children's Medical Center; Paul Guptill, Missouri Hospital Association; Angeline Hein, Skaggs Regional Medical Center; Emily Hollis, Department of Health & Senior Services; Amy Knoernschild, Lake Regional Health System; Kaisey Martin, Department of Health & Senior Services; Bryant McNally, Missouri Hospital Association; Ruby Mehrer, LifeFlight Eagle; Dr. Samar Muzaffar, Department of Health & Senior Services; Dr. Wally Patrick, Heartland Regional Medical Center; Dr. Douglas Schuerer, Washington University; David Seastrom, Children's Mercy Hospital & Clinics; Jason White; and Sandy Woods, St John's Regional Medical Center.

Adult Trauma Regulation Discussion

- Discussed adding volume criteria for Level I Trauma centers. Asked the group if they would like to consider adding Green Book Volume levels to Level I Trauma centers. When this was looked at in 2009, it did not appear to present an issue but we need to run the numbers again to make sure that no Level I would have to change. It is very important to do what is practical for the state and also not change the standard of care. Solution is to rerun Volume and ISS score and discuss in December. The COT recommends that we follow the Volume criteria.

- Page 2 (i). Post discharge repatriation in stroke and STEMI built in. add the language to the trauma regulations.

- Page 3 (1). Do we want to count patients that are < 24 hours or only ones that are a full admit? The state does not require a count of <24 hours at the time and it would be more work for facilities and an unfunded mandate.

  One issue brought up is that if the population needs this data for community resources or for program creation in relation to the data then it would be a public service to have the data. Should the data be state collected or hospital collected? Doug mentioned that EMS data already states where patient is going and we can follow trends that way.

  The group decided that it would be too much data to enter and that they should keep the language the same. As a parallel process, it would be good to work to create and coordinate a local, regional, and state educational program.

- Next issue is PGY 3. Suggestion made to modify PGY 3 to include 3rd year clinical training. Verification of new language in Green Book.

- Pg 46 of the Green Book
  Neurosurgery: Discussion response required in Pediatric regs with response times and who responds.
  Adult regs: IH Level I, PH Level II which is slightly different in the Green Book
  In house Neurosurgery Level 1 attending
  Question: Can we put in the Green Book language? Green Book states that a backup call for neurosurgeons is needed.
  Noted that State regs do not require call schedule.
  Comment regarding plan or transfer agreement and that 85 to 90% of patients are kept regionally.

Question: If we have a neurosurgeon and they are busy, would this mean that they are still open or that they have gone on diversion? This would be getting into EMTALA issues. If this issue came up then we would use the transfer agreement.
Comment that: Isn't the purpose of trauma to have available resources when the patient arrives? Pre-hospital does not have CT machines so it is a guessing game until the patient actually arrives.
Decision:
1. Add language B.U. for L1 and L2
2. Include transfer agreement on L2

Conclusion: The potential language will be added and discussed on next webinar.

- Green Book: discussion about page 67, surgical and medical subspecialty.
  Does group feel we should modify for Level I, II, and III surgical specialties?
  Discussion: L2 may not have a cardiac surgeon. Suggest leaving thoracic and removing cardiac for L2 but leave in place for L1.
  Hand surgeons may fall under plastics or orthopedic specialties. Do we want to add hand or leave as an assumption?
  Hand and microvascular surgery added for Level I with transfer agreement if not available. Dialysis added for Level I's. Orthopedic surgery – PA added for Level III.

- ED requirements
  a. Board issues? Certification.
  Question: Do we want to list all Boards? U.S., Canada, and European?

  Yes: list all three boards – off of page 41 of the Green Book

- Green Book pages 65-66.
  For all of them

- Radiologic capabilities
  Add MRI as proposed language
  Sonography: Green Book includes L2 sonography available 24/7; will add to regulations for Level II.
  CT coverage- Add CT coverage for L3? Yes. CT and technologist with 60 minute response time for technologist.

  OR Equipment Green pages 63-64
  Do we wish to change, add or remove anything?
  No equipment changes made. PA response time added for Level III OR staff.

- Laboratory: Add stroke and STEMI language regarding patient prioritization.

  End of webinar – Next webinar: December 15, 2010 at 1:30 p.m.
  Open for questions

- Question: 4.f.1: issue with requiring 16 hours of nursing courses on 2nd to last page 4. f.3: Only give 14.2 hours for this. Keep language here-copy and paste new language in. Need to discuss.

- Request to reformat the regulations and be consistent with pediatric regulations.