

TCD Committee October 25, 2018 at DHSS 912 Wildwood Drive, Jefferson City MO –Magnolia Conference Room

Attendees: Mark Alexander, Cox Health; Dr. Lynthia Andrews, SAC Chair, NW Region Medical Director; Jami Blackwell, Cox Health; Dr. Sabina Braithwaite by phone, State Medical Director; Dr. Jeffery Coughenour U of MO; Terry Ellsworth, DHSS; Brian Froelke by phone, Wash U; Pam Jackson by phone, St. Luke's Hospital KC; Robin Kiser, AHA; Debbie Leoni, SE Health; Dean Linneman, DHSS; Heidi Lucas, MO Nurses Association; Ruby Mehrer, MEMSA and Air Ambulance; Patrick Mills, MO State Medical Association; Dr. Sean Nix, St. Luke's Hospital-KC; April Ostendorf-Morris by phone, St. Francis Medical Center; Sarah Willson, MHA. Brian Waterman by phone, MHA for Teresa Roark.

Dean Linneman opened the meeting shortly after 10:00 am. Self-introductions. Attendance as above.

Meeting summary for October 11, 2018 reviewed. No content changes suggested. Spelling errors of names will be corrected by Ruby Mehrer.

Drop Box: Anyone not able to access the drop box information should contact Dean Linneman.

Data Elements Review, Dr. Braithwaite:

TCD Data summary of Oct 19 conference call reviewed. The document is available in the drop box.

MHA has a proposal to do a step wide analysis of what it is we need for data and how to get it.

A provider led proposal is out; when it is finished it will be a robust system. Updates now take place in the registries in Get With the Guidelines.

If Image Trends goes away, then we will need another system to use. A phase of discovery would be beneficial to figure out what works and what we need.

Dr. Braithwaite reached out to Gary Brown in Virginia about how their trauma system works but he has not responded yet. She will also talk to people in Kansas.

Debbie Leoni said lots of data already being gathered. Dr. Braithwaite said she is looking to capture data that falls through the cracks.

Terry Ellsworth said there is a need to require all hospitals to participate and to provide data. A grant available from MoDOT includes language that says data has to be shared to meet grant requirements.

Dean Lineman said if Missouri can model funding off other states, there may be a way to be able to pay for data input at smaller hospitals

Mark Alexander said EMS data has been operational. There is a need to shift to clinical. It is desirable to capture patient reports including those patients not transported.

MHA is exploring the cost estimate on data collection. Will take that information to the data group.

Dr. Braithwaite says EMS seems to be forgotten. Prehospital data does not get linked. She also said we need to expand to track sepsis patients in our TCD efforts.

Terry Ellsworth says there are lots of different vendors used for data. Vendors need to be able to bridge to Image Trends, so the state gets data. HDEs are using ESO.

It was suggested we need a data mapping program.

Accountability and collaboration are desired.

Dr. Jeff Coughenour said reports need to be free from outside influence and focus on the patient care aspect.

Robin Kiser said the EMS / Hospital info exchange has hurdles –the concerns include HIPAA violations. Mark Alexander said it is time to clear air on HIPAA concerns It is hospitals' responsibility to provide follow up information on patients. Dean Linneman said we need to determine if this issue will need a statutory change. Dr. Braithwaite says this is a national problem.

Sarah Willson will ask Jane Drummond to address HIPAA education on next MHA conf call. She will cite case law. Ms. Drummond is an attorney who has had the position of Director of DHSS.

Problems with information flow on both sides was discussed. Need better PI process especially in rural areas.

Dean Linneman suggested using Telehealth to educate and PI info. Committee members thought face to face education would be better.

If there are new decisions made that require more staff, that would be a good reason to expand. State has responsibility in infrastructure. Need to justify the need and figure out how to fund it.

Rules and Regs—Mark Alexander

Committee met Oct 22. See meeting summary in drop box.

Regulations can cause burdens. Dean Linneman is interested in reducing the burdens of regulations.

Statute is the general law. Regulations are the nuts and bolts of how to carry out the law.

Mark Alexander wants more flexibility in regulations, so they do not conflict with best medical practices.

Terry Ellsworth said MO may be able to enhance or restrict the scope of practice for prehospital personnel. Need to change the statute if we want more general statements that allow flexibility.

Sarah Willson indicated if the state mandates hospitals to be in part of TCD— then the state is responsible for the cost. Mark Alexander said adding language to the hospital licensing may be a possibility to avoid that. The focus should be on getting transfer agreements and sending the patient where they can get appropriate treatment. It was recognized the smaller hospitals are already feeder hospitals. Data submission is required by the state now. It was pointed out that EMS has to have an EMR but there are no requirements on specific data requirements on specific type of patients.

Sarah Willson says a \$10,000 or \$20,000 additional expense can cause small hospitals a huge finance burden. All agree data is needed but data collection should not cause a financial burden for small hospitals especially.

Dr. Braithwaite said 12 % of geriatric trauma goes to a trauma center and gets data captured. There was a question on what happens to the other 88%. Lots of data is missing.

KS and TX have micro hospitals which siphons off patients from larger hospitals that have Emergency Departments etc. The TCD industry will be more likely to go to hospitals with an Emergency Department.

TCD Statutes / Regulations

Questions: Should other disease processes be included, like sepsis? Is the 5year review cycle appropriate? What is the process to identify the designation/certification body?

Suggested: Change statute to reflect the medical director approving TCD protocols and having proper equipment, meds etc. based on protocols.

Mark Alexander will have new draft on the TCD regulations by next meeting.

Dr. Coughenour said the initial big picture items are those to address first.

Changing regulations may be something we can do.

Simplification, standardization can be achieved.

Meetings will be reduced to once a month in Nov and in Dec. Thursday, Nov. 15 and Thursday, Dec. 13 from 10am to 12pm were suggested.

Meeting adjourned at 12 noon by Dean Linneman.

Next Meeting

November 15, 2018, 10am to 12noon. Same location.

Summary respectfully submitted by Ruby Mehrer