

MISSOURI HOSPITAL ASSOCIATION
TIME CRITICAL DIAGNOSIS UPDATE
NOTES OF WEBINAR
10 a.m. Monday, December 3, 2018

WELCOME

Sarah Willson welcomed the group to the webinar. She reminded attendees that webinars will be held monthly through May, 2019 and that documents from previous calls as well as the state meetings are posted on the Missouri Hospital Association website for transparency.

WORKGROUP COMPOSITION AND BUILDING ASSUMPTIONS

Willson showed the group the current roster of individuals who have been invited to sit on the state TCD committee by Dr. Williams. The roster, including contact information, is posted on the MHA site and will be included as an attachment. A question was posed to provide titles on the roster. Willson will get with the group next week to gather this information at the next meeting and revise the roster.

Willson explained a couple of emerging assumptions which appear to be guiding principles of the state committee. Don't change — Responsibility of department oversight; baseline transport protocols; level of hospital financial impact. More of — Faster approval of community and regional plans; decision-making at the regional level; hospital involvement on regional committees; flexibility to adopt national certifications; data access and analysis across EMS and hospitals; inclusion of smaller hospitals at a baseline. Less of — prescriptive rules and regulations; difficulty with surveyor availability; variability in regulatory interpretation. Willson further explained she is tuned into the various needs of all sizes of hospitals and levels of care requirements and their impact. Willson will bring information to the group and seek feedback as the committee drafts potential processes and proposed changes. There was a question asked if EMS would be setting hospital inpatient care guidelines. Willson explained they do not have the authority to do that and MHA would not support that. Concerns continue to be voiced over the composition of the state committee. Willson acknowledges those concerns reiterating the committee was established by Dr. Williams. MHA asked for additional representation, but was denied. Willson explained understanding of the desire to keep the state committee small and have people involved who would outreach to those to whom they are accountable.

FINANCIAL WORKGROUP UPDATE

Willson updated the group on the composition and responsibility of the financial workgroup which is a sub-committee of the state program. Willson explained the work of identifying cost for EMS, hospitals and the department; of projecting future cost based upon the agreed upon structure of TCD in the future; and finding potential funding sources. Willson explained the goal of minimizing future cost increases for hospitals related to TCD. Willson shared with the group a list of hospitals (see slides) who either sent messages after the last meeting they would be willing to provide financial data or whom, based upon their geography and level status, might be

good to reach out to. Willson cautioned not every hospital on the list came forward to say they would provide information. Willson will begin working with hospitals to get a sense of average cost for each diagnosis and level.

Willson briefly discussed a couple of funding sources which the workgroup has reviewed. Attached is a list of how other states fund their TCD program. Missouri has significant constitutional limitations on tax, levy, surcharge, etc. increases whereby the dollars go to Education. The department does have the ability to increase fees for hospitals participating in the system. Many hospitals provided initial feedback to MHA that hospitals should not solely brunt the cost.

Post the webinar, Mercy reached out to Willson and offered to help facilitate the data collection. Missouri trauma hospitals gathered cost data several years ago through the FRA Steering Committee. The Mercy representative offered to work with that group again to collect data. The list of hospitals Willson provided on the slide during the webinar may change.

DATA WORKGROUP UPDATE

Willson shared with the group the composition of the data subcommittee. The responsibilities of the data workgroup include identifying essential data points which need to be collected in order to conduct quality reviews. The group has discussed utilizing data elements defined by national registries as the key metrics to collect. The group will also work with the department and potential IT vendors to identify and make recommendations as to the information structure needed in order to ensure all groups receive the information needed to collaborate, provide effective care and improve outcomes.

MHA's Healthcare Information Data Institute and SHINE of Missouri have submitted a draft plan of a potential process to utilize in systematic review of the state's needs. The goal of any plan is for EMS and hospitals to be able to use any vendor they like to collect and report data, however, to have a back end structure which allows seamless sharing of data and analytics.

RULE AND REGULATORY WORKGROUP UPDATE

Willson shared with the group the draft comments the regulatory subcommittee has been working on. [190.241-243](#) (document attached) is the first statute the group is reviewing. Willson provided a list of additional statutes which will also need to be reviewed on the "Parking Lot" slide at the end. The revisions may constitute potential legislation in 2020. The proposed changes will first be shared with the department by July of 2019. There are other hospital representatives on the workgroup. Willson will share any workgroup agreed upon changes with this advisory group to receive feedback. Willson notes this appears to be the real work of wants/needs translated into rule and regulations which work for the majority.

Willson explained the need to be open-minded about the possibilities of how to do things differently. Trust of one another and of our organizations to do the right thing will be essential. If every component of healthcare must be legislated, we could face some difficult challenges ahead. One example of being open to change was explained by Willson. This comes from

Arkansas: “The official designation will be completed after (a) the hospital completes the ArSRH application and (b) the ADH has completed a site visit to review the application and tour the facility. To date, fourteen hospitals have been officially stroke designated as by ADH.” Tour, not survey.

ACTION ITEMS

Parking Lot

- [190.102](#)
- [190.241](#)
- [190.242](#)
- [190.243](#)
- [190.176](#)
- [190.101](#)
- [190.102](#)
- [190.103](#)

Examples and Resources

- Just to get our minds creatively thinking...

NEXT MEETING

10 a.m. Monday, January 7, 2019

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