



# TCD Update Call

Missouri Hospital Association  
December 3, 2018



# Agenda

- i. Welcome
- ii. Workgroup composition and building assumptions
- iii. Financial Workgroup Update
  - i. Hospital Survey
  - ii. Future funding possibilities
  - iii. Future funding priorities
- iv. Data Workgroup Update
  - i. Identification of data elements
  - ii. Proposal for data “pending”
- v. Rule and Regulatory Workgroup Update
  - i. [190.241-243](#)
  - ii. Regulations
- vi. Action items
- vii. Next meeting- January 7, 2019



# State TCD Workgroup

Finance

**Sarah Willson**

Pat Mills

Mark Alexander

Dr. Andrews

Jeff Howell

Daniel Landon

Heidi Lucas

Ruby Meher

Theresa Roark

Ted Wedel

Rules/Regulatory

**Mark Alexander**

Sarah Willson

Pam Jackson

Dr. Sabina Braithwaite

Ted Wedel

Meghan Henderson

Robin Kaiser

Debbie Leoni

Jami Blackwell

Dr. Nix

Mike Wallace

Angela Morris

Ruby Meher

Data Collection

Dr. Sabina Braithwaite

Kat Probst

Theresa Roark

Sarah Willson

Pat Mills/Sarah Luebbert

Dr. Nix

Robin Kaiser



## Don't change-

- Responsibility of department oversight
- Baseline transport protocols
- Level of hospital financial impact

More

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

Prescriptive Rules and Regulations  
Difficulty with surveyor availability  
Variability in regulatory interpretation

Less

# DRAFT

## Financial Collection Process

- Hospitals\*
  - Trauma
    - Level I BJC; Truman
    - Level II CenterPoint
    - Level III Lake Regional
  - Stroke
    - Level I St. Luke's; SSM St. Clair Fenton
    - Level II Lake Regional
    - Level III Mo Baptist Sullivan
    - Level IV Salem Memorial
  - STEMI
    - Level I CoxHealth
    - Level II Poplar Bluff; Northeast
    - Level III Phelps County
    - Level IV Hedrick Medical

### Desired Outcome

To have a baseline expense for each level of care for participating hospitals.

\*Hospitals who provided feedback they would like to participate

# Financial Collection Process

- Emergency Medical Services
  - Process update by Mark Alexander
- TCD DHSS (past two years)
  - Fixed cost: fte, department sq ft charge, IT, etc.
  - Variable cost: supplies, license, training, travel, etc.



# Funding Comparison

## Arkansas

- [TCD Budget](#)
- [Funding Source](#)

## Texas

- [Texas Trauma System Funding](#)

## Virginia

- [Budget](#)

## Missouri

- [Honorarium](#)
- [197.050](#)
- [EMS Regulations](#)



# Potential Funding Sources

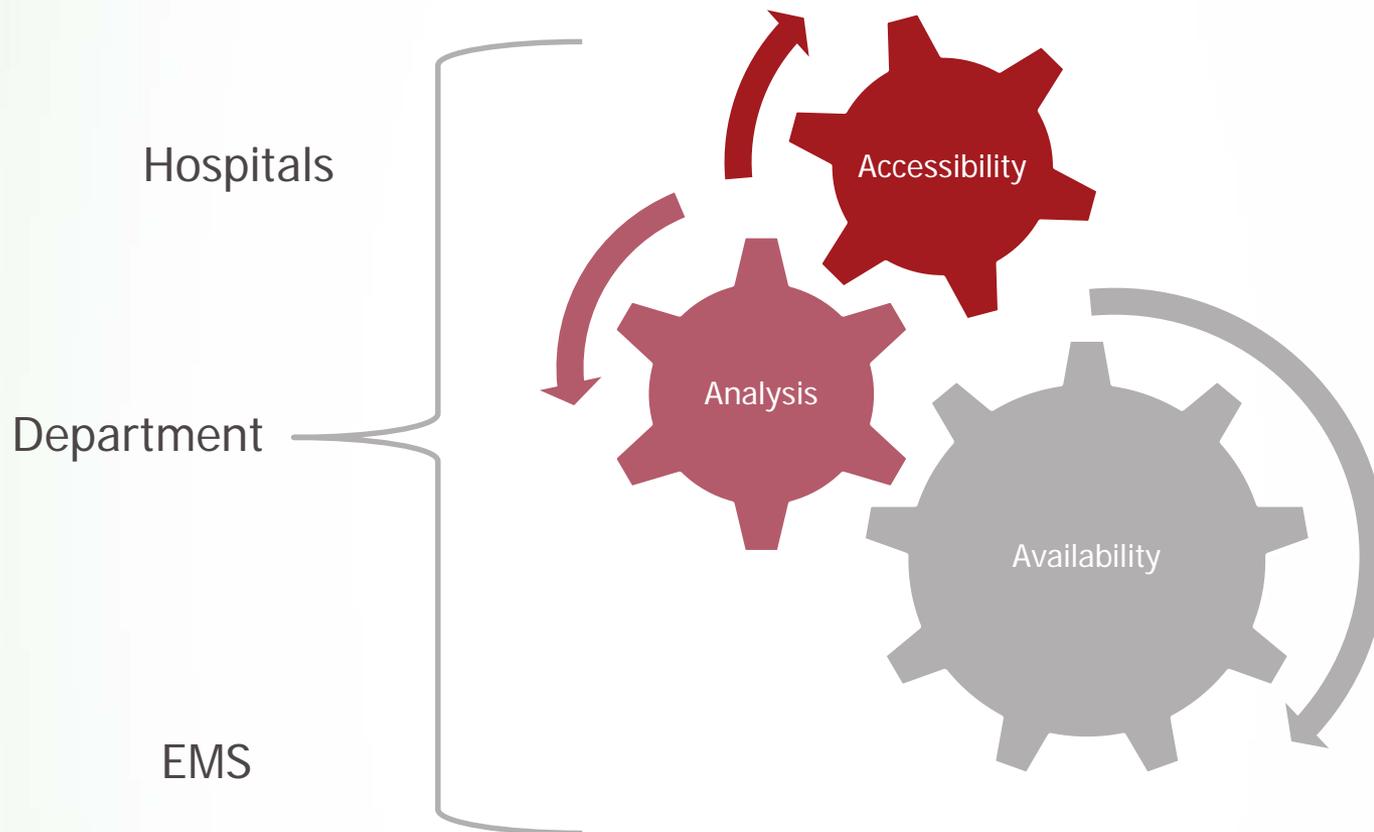
- Constitutional limitations in Missouri
- DHSS Head and Spinal Injury Fund
- Hospital Licensure under [197.050](#)



# What should be funded...



# Data



Draft Proposal



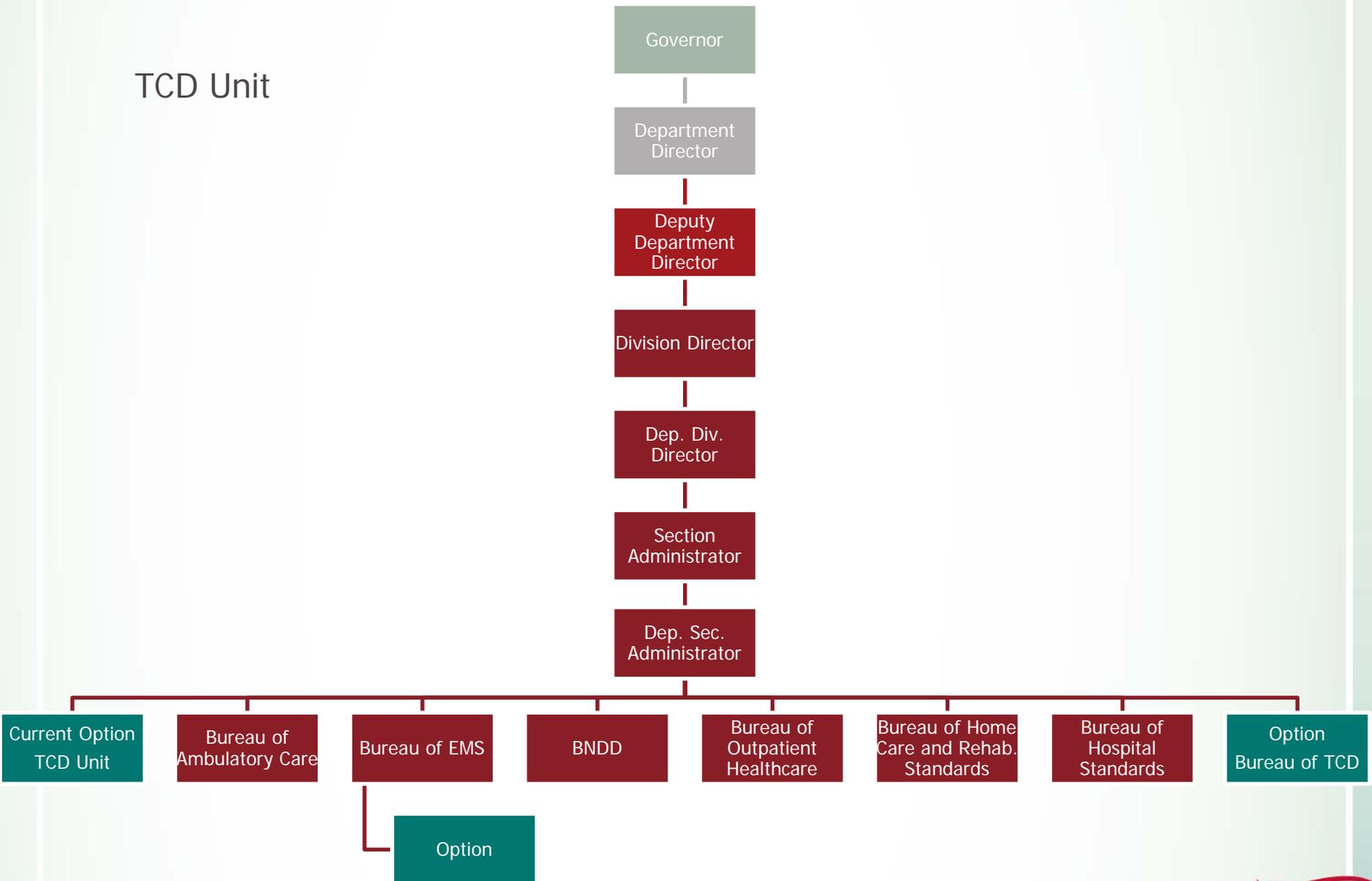
# Rules and Regulatory

- [190.241, 242, 243](#)
- Real work of wants translated into rule and regulations which work for the majority

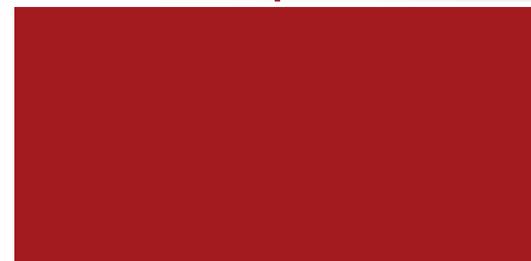
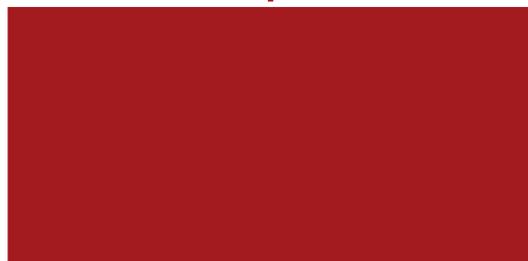
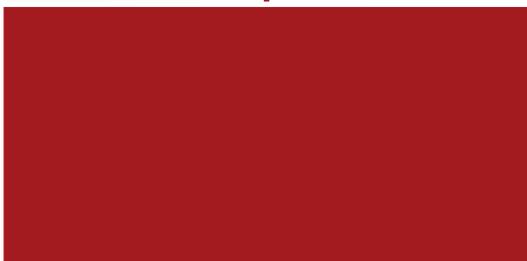
Example: "The official designation will be completed after (a) the hospital completes the ArSRH application and (b) the ADH has completed a site visit to review the application and tour the facility. To date, fourteen hospitals have been officially stroke designated as by ADH."



# TCD Unit



TCD



# Action Items

Action	Responsible	Date Accomplished	Comment



# 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...



## ARK Stroke Update 2018

- **Stroke System of Care** - The stroke system was launched in the southwest region and now is moving to a statewide rollout. In an effort to build on the same principles and successes of the Arkansas Department of Health's (ADH) trauma system, the ADH has launched a program to help ensure a common standard of care is followed by pre-hospital (EMS) and in-hospital providers.
  - **EMS** - For EMS, this includes adherence to patient care guidelines such as performing a pre-hospital stroke screen (BE FAST is recommended), applying a stroke band, pre-notifying the receiving hospital a suspected stroke patient is en-route, and meeting appropriate destination and critical transfer protocols. The stroke bands are a particularly important component of the quality improvement process and have been a cornerstone of the trauma system's success. The ID numbers printed on the bands are used to tie together the pre-hospital and in-hospital data systems to track the patient from first medical contact through discharge and all steps along the way to drive performance improvement.
  - **Hospitals** - For hospitals, this includes demonstrating they meet evidence-based standards in acute stroke performance. To do this, the ADH is working with hospitals to help them achieve state stroke designation. This designation is based on criteria set forth by the Department using national best practices to ensure that hospitals demonstrate the ability to provide patients with the best acute stroke care possible. The ADH is provisionally designating all AR SAVES and all Mercy telestroke participating hospitals as stroke designated (Arkansas Stroke Ready Hospital or ArSRH). 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.
- **STEMI Pilot** – The ADH is taking a regional approach to STEMI care to put in place standards of care to optimize patient outcomes. This includes a pilot program in the northeast and southwest regions to improve care coordination between EMS and hospital emergency departments to reduce first medical contact to treatment times. There are various components including providing 12-lead EKG equipment to EMS services, utilizing a cellphone application platform to enable efficient data transfer between EMS and hospitals, and web-based education to increase knowledge of the latest STEMI patient care guidelines.
- **STEMI Best Practices** – The ADH, in collaboration with the STEMI Advisory Council, has developed a STEMI best practices operations toolkit for EMS, PCI and non-PCI hospitals. The purpose of this document is to optimize STEMI patient care by promoting a standard of care and increase adherence to the latest evidence-based treatment guidelines. We are working to disseminate this document across the state to healthcare providers.
- **Stroke Best Practices** – The ADH, in collaboration with the Wisconsin Health Department, is developing a best practices toolkit to assist EMS agencies in consistently providing optimal stroke care and to improve care coordination among EMS agencies and hospital emergency departments (ED). This resource will provide a variety of tools that support continuing education, performance improvement efforts and community education. This document will soon be disseminated to pre-hospital providers across the state.



# ARK Trauma Update 2018

## Quality Measures

The office of State Procurement is finalizing the Arbormetrix contract. This contract will allow the Trauma Section to benchmark performance metrics for all Level III and IVs. This is an exciting project that will assist hospitals in looking at their own data and receive reports regarding quality improvement and help identify best practices. The most important part is that these reports will deliver timely performance feedback to our level 3's and 4's with objective and relevant clinical measures that include benchmarks and peer comparisons assessing efficiency, case mix, and quality of care. Our goal is to have the contract signed August 31, 2018.

## TQIP

The 1st Arkansas American College of Surgeons Trauma Quality Improvement Program Collaborative Report has been delayed by American College of Surgeons, we had hoped to receive our first collaborative already and we had discussed these reports at the last TAC meeting so there may be questions as to why they have not received these yet. The delay is with the American College of Surgeons (See attached email) If there are specific questions regarding these reports please feel free to have them contact us.

## Burn Coverage

In case this comes up, please see the attached letter from Arkansas Children's Hospital. Arkansas Children's Hospital will no longer be taking adult burn patients (Those over the age of 21) They are currently working with UAMS to provide this care, but that is currently in process. We have discussed this with the Call Center and they are working with burn units in Memphis, Shreveport, and Northwest Arkansas among others to meet this need. We have expanded the telemedicine program with the Call Center and they will be coordinating a new process until such time UAMS offers a more comprehensive unit. If there are specific questions please have them contact us and we can help with all of the details. We have commitments from all those that we have spoken to that they will take whatever load of the patient may arise during this time. If the opportunity presents itself please provide a general thank you to our trauma centers for assisting during this time.

## Rules Update

For revision on the Trauma System Rules and Regulations (Rules), the Trauma Section is meeting weekly and inputting recommended changes into the Qsource website. All hospital trauma program managers were sent a link to provide comment and/or recommend language for revision through the Qsource website. The ADH website also has a detailed process outlining how anyone can provide comment on the rules as well. This is located under the trauma section of the website. After the Rules have been closed for comment ADH will put together expert panels to review all comments. We plan to discuss this more in depth at the next TAC in 2 weeks. The process has been moving along very well so far, but if there are questions please have them contact their trauma program manager or our office and we are glad to assist.



