Central Region Meeting Minutes

5/2/19
12:00 PM to 2:00 PM
University Hospital
1 Hospital Dr
Columbia, MO 65212
Meeting room: 1L03

REGIONAL COMMITTEE MEMBER ATTENDANCE:

	Name	Required Regulation Committee Position	Central Region Committee Position	Attendance
1	Jeffrey Coughenour, MD	EMS Medical Director	Regional Medical Director	Not Present
2	John Clemons, Paramedic	Paramedic	Committee Chair	Present
3	Kat Probst, Paramedic	Ground EMS Rep	Vice Chair	Present
4	Lori Drennan, RN	EMS Consumer	Secretary	Not Present
5	Charles Ludy, DO	ER Physician		Not Present
6	Travis Richards, Paramedic	Air EMS Rep		Present by Phone
7	James Baysinger, BSBA, RN, Paramedic	STEMI Coordinator		Present
8	Donna Pond, BSHA, RN, CEN	Stroke Coordinator		Present
9	Leeann Johnson, RN,	Trauma Coordinator		Present
10	OPEN	Training Entity Rep		
11	OPEN	First Response Agency Rep		
12	OPEN	EMT		
13	OPEN	Emergency Dept. Rep		
14	OPEN	At Large member		
15	OPEN	At Large member		

AGENCY REPRESENTATIVES IN ATTENDANCE:
One the phone: Brandon Buckman, AE 5; Crystal Lloyd, Lake Regional; Travis Richards, AE 38; Bethany Brandt, SSM St Mary's; Jason Mayberry, Salem Memorial; Mariah Swanker, Lake Regional; Chante McKim, NRMC.

In Person: Candice Monnig, UHC; Tom Yate, Macon EMS; Kristi Baden, Boone; Jen Thomas, Capital Regional; Heather Blakeman, Boone; Julia Hudler, Lake Regional; Suzanne Weckman, Phelps Health; Michelle Lester, UHC; Russell Flick, AE 119; Joan Drake, MU Flight; Liz Kendrick, EMS for Children; Jackie Gatz, MHA Preparedness.

MEETING MINUTES:
Chairman John Clemens called the meeting to order at 12:07 pm.

The agenda was reviewed and accepted as written. March meeting minutes were reviewed. Kristi Baden motioned to approve the minutes as written, Suzanne Weckman seconded the motion. All were in favor, motion passed.

Jackie Gatz with Missouri Hospital Association was introduced as guest. Mrs. Gatz provided an update and overview of healthcare coalitions across the state and the current initiative to focus on collaboration between prehospital, hospital, and preparedness at the state level. She provided contact information to all present.

OLD BUSINESS:

Data – Leeann Johnson reported:
At the TCD conference we were able to share our regional data from the last 3 years we collected. This was very well received and many other regional attendees ask how we were able to accomplish the data collection. We were able to show several outstanding increases in our percentages. The posters were gone over and are attached to these minutes.

TCD Summit Recap – Very successful this year. 144 paid attendees and there was a lot of positive feedback on the speakers and topics. They found the new topics presented to have a positive impact. It was also noted that many liked the one day and they are considering adding sepsis for next year. John Clemens reported that he handled the booth and had a lot of interaction with providers from other regions, especially with the data.

TCD – Kat Probst reported:
Kat Probst was unable to attend more than 30 minutes of the last meeting due to being at another conference. There is some movement but it is still slow and there isn't much to update on.

There will be a meeting held on Friday, May 17, 2019 from 9:30 a.m.-12:00 p.m. at the Governor's Office Building, 200 Madison Street, Jefferson City in Room 450. This meeting will be to gather information and recommendations for the TCD Consultant hired by the group. The invitation is attached to these minutes.

Regulations – Kat Probst reported that these are still in legal review as far as we know.

Bylaws – We will send out the final draft of the bylaws for review with this set of minutes.

Legislation –

SB 291 The Communications Bill went to house calendar today and is on track but is expected to have a bunch of amendments added. It will be interesting how it moves forward.

LAGERs has been attached to a moving bill and Brent Hemphill, MAA lobbyist is going to try to add it to another bill to also to help. Jason White encouraged MAA to start getting letters out to get this through, a template is being worked on. If you receive a request to send a letter please send your support.

Medical Helicopter Issue - AE hired a lobbyist a few weeks ago and nothing has moved since then. The Senate bill has also completely slowed. SB103 appeared today and that would affect for profit helicopter services only.

TNT - The work group for this is working on a conference call in the next couple weeks to get information for NY program. There are 2 main concerns from the group being looked into, one is a possible shift from supplier vs. provider and the documentation necessary for treat and release vs. patient refusal. It is felt that we need to eventually get information out on this in the form of education to our services. We also have not heard anything back DHSS on the definition.

DHSS on Medicaid Manual - We still have not heard back from them about this update to the manual.

Clean Up Language - A county agency is seeking our support in bill they are going to propose that would change some of the language that protects their coverage area as a county agency also, currently it only covers districts. Their lobbyist has worked together with Brent Hemphill, MAA lobbyist and Jason White and made sure the language would hurt no one else but support the needs of the agency.

State Projects - Updated within the previous section.

Stroke Assessment – Donna Pond reported: This information was presented at the MAA meeting in March and she did not receive a lot of feedback. She found out people can be authorized to utilize MEND within their guidelines and protocols without issues. Donna is going to continue working on this. It was suggested to evaluate what current services are utilizing across the region. Air Evac reported they are utilizing LAMBS for their Missouri services. It was also suggested we might need to invest time into our training centers within the region and seeing if there would be an opportunity to teach new providers.

Committees –

STEMI – Michelle Lester – The coordinators have been meeting monthly that last couple months since everyone has designations coming up. Many have received their dates and they

will all continue to meet about designation needs until at least after designations and then move forward with other regional needs.

Stroke – Donna Pond – Still working to establish the committee.

Trauma – Leanne Johnson - Still working to establish the committee.

Pediatric - Liz Kendrick – Liz Kenrick report that there is a lot of movement on this at the state subcommittee level. The trauma representatives are working on "right place in the first place" initiative. The are working on data to show how delayed the transport to level 1 centers are and effects on the patient. Data at this time has shown this occurs more within the cities than within the rural areas.

Sepsis - Suzanne Weckman - Still working to establish the committee. If you have any resources at your facility submit the information to Suzanne.

Interfacility Transports - John Clemens and Kat Probst – Still working on the first draft and it is coming along well, we need also need someone on the hospital side to help. Kristi Baden has volunteered to help with this.

Education Outreach - Rich Dandrich and/or Eric Murffin were contacted to lead committee but are not present we are still working to establish the committee.

Continuous Quality Improvement - Kat Probst - Still working to establish the committee.

Model Pre-Hospital Treatment Guidelines - John Clemens - reported that over the last month he has worked on a group of around 10 individuals from across the region that will review the suggested guidelines. Drafts will hopefully submit at the next meeting for approval.

Model Pre-Hospital Education Guidelines - within Educational Committee

Model Pre-Hospital Administrative Policies – Still working to establish the committee.

Healthcare Coalition and EMS Mutual Aid Coordination - Kat Probst – no further report after Jackie Gatz introduction.

501 (C) 3 – Misty Jones – Leeann Johnson provided a hand out that provides an opinion from the state on that ability of regions to collect money. The opinion suggests that it is not a welcomed practice. We will seek to establish a separate supportive committee under a 501(c)3 with a separate established board.

NEW BUSINESS:

Educational Opportunities -

1. May 22nd 9-11 – 2-hour ECG Course - Contact Kristia Baden, Boone
2. MAA June Leadership Seminar – June 11th and 12th , the Lake of the Ozarks
3. CADs hosted by MAA & ADAM – See attached flyer
    1. May 21st – Maryville, MO
    2. May 22nd – Hannibal, MO
    3. June 26th – Springfield, MO
    4. June 27th – Farmington, MO

Motion to Adjourn – Kat Probst motioned adjourn, Tom Yates seconded the motion. All were in favor, motion passed.

NEXT MEETING: June 4, 2019, University Hospital 1L03 12-2 pm
Respectfully submitted by Kat Probst

Certified Ambulance Documentation Specialist Courses

hosted by MAA & ADAM

May 21st, 2019
Northwest Missouri
Northwest Missouri State University, Colden Hall
3rd Floor, 800 University Dr, Maryville, MO 64468

May 22nd, 2019
Northeast Missouri
Marion County Ambulance District Training Center,
142 Jaycee Drive Hannibal, MO

June 26th, 2029
Southwest Missouri
Springfield Police and Fire Training Center, RM 102
2620 Battlefield Rd, Springfield, MO 65807

June 27th, 2019
Southeast Missouri
South-Central Training Center, SFCAD
820 Electric Street Farmington, MO 63640

Registration 9:00 am to 9:30 am
Class 9:30 am to 5:00 pm
Lunch and refreshments will be provided
****6 hours of MO EMS CEUs will also be offered for this course****

The Certified Ambulance Documentation Specialist (CADS) certification is the first offered by NAAC that is specifically geared for **EMTs, paramedics and other EMS field practitioners**. It is also appropriate for EMS QA/QI personnel, supervisors/managers, compliance officers, billers and anyone else involved in EMS clinical care or any aspect of the ambulance service revenue cycle.

Every one of your agency's EMS field providers should take the CADS course. Having providers at your agency with the CADS credential shows a true commitment to quality care and top-notch documentation by your agency.

The CADS certification can give providers the edge by:

Opening new doors
Advancing their career
Improving their status as a healthcare professional

The CADS course is designed to be completed in 5-6 hours of course instruction, followed by a final exam. The CADS certification is a lifetime certification with no annual recertification requirements. Well worth the investment for a lifetime of better documentation.

Cost for Seminar:
$200 for MAA and/or ADAM Members ● $250 for Non-Members

For more information and registration visit:

www.moambulance.org

Central Region TCD Scorecard

Indicators: REPORT % OF PATIENTS WITH THAT MET THE INDICATORS

	BENCHMARKS-STEMI (No transfers)	2505	4532	7504	0907	0615	5307	8642	0329		1st Qrt Average
1	**% OF PATIENTS WITH** Door to EKG < 10 min (**No transfers)**	88.0%	100.0%	87.0%	93.0%	73.0%	100.0%	50.0%	82.0%		**84%**
2	**% OF PATIENTS WITH** Door to Lytic Administration < 30 min (**No transfers) (If none N/A)**	0.0%									**0%**
3	**% OF PATIENTS WITH** Door In Door Out (DIDO) < 30 min (**No transfers) (If none N/A)**					20.0%					**20%**
4	**% OF PATIENTS WITH** Door to Primary PCI < 90 min who arrived via **POV** (**No transfers)**	50.0%	90.9%	88.0%	89.0%		100.0%	100.0%	100.0%		**88%**
5	**% OF PATIENTS WITH** Door to Primary PCI < 90 min who arrived via **EMS** (**No transfers)**	85.0%	100.0%	64.0%	100.0%	100.0%	100.0%	100.0%	100.0%		**94%**
6	**% OF PATIENTS** who arrived via POV	43.0%	48.0%	37.0%	56.0%	45.0%	67.0%	36.0%	45.0%		**47%**
7	# Community Events Held/Supported/Attended promoting TCD and events educating on the importance of activating 911 (Include all events even if you also account for them in other TCD categories)	4	1	0	0	3	3	2	0		**13**
	BENCHMARKS-TRAUMA	**5748**	**1111**								**1st Qrt Average**
1	**% OF LEVEL 1 TRAUMA PTS WITH** Door to Surgeon arrival <15 min FOR LEVEL 1 TRAUMA CENTER		90.0%								**90%**
2	**% OF LEVEL 1 TRAUMA PTS WITH** Door to Surgeon arrival <30 min FOR LEVEL 3 TRAUMA CENTER	92.0%									**92%**
3	**% OF LEVEL 1 TRAUMA PTS WITH** Door to OR <60 min	50.0%	100.0%								**75%**
4	**% OF LEVEL 1 TRAUMA PTS WITH** Door to Transfer TO HIGHER LEVEL <60 min	17.0%									**17%**
5	**% OF LEVEL 1 TRAUMA PTS** who arrived via POV	17.0%	5.0%								**11%**
6	# Community Events Held/Supported/Attended promoting TCD and events educating on the importance of activating 911 (Include all events even if you also account for them in other TCD categories)	3	41								**44**
	BENCHMARKS-STROKE (No Transfers)	**2505**	**7504**	**4532**	**7020**	**5307**					**1st Qrt Average**
1	**% OF PATIENTS WITH** Door to CT < 25 min **(No Transfers)**	88.0%	62.0%	80.0%	64.0%	79.0%					**75%**
2	**% OF PATIENTS WITH** Door to CT Interpretation <45 min **(No Transfers)**	90.0%	60.0%	48.7%	75.0%	86.0%					**72%**
3	**% OF PATIENTS WITH** Door to physician arrival < 10 min **(No Transfers)**	65.0%	64.0%	31.9%	75.0%	96.0%					**66%**
4	**% OF PATIENTS WITH** Door to Needle < 60 min who arrived via EMS **(No Transfers**	0.0%		93.3%	100.0%	100.0%					**73%**
5	**% OF PATIENTS WITH** Door to Needle < 60 min who arrived via POV **(No Transfers)**	0.0%		100.0%		100.0%					**67%**
6	**% OF PATIENTS** who arrived via POV **(No Transfers)**	55.0%	77.0%	42.3%	13.0%	50.0%					**47%**
7	# Community Events Held/Supported/Attended promoting TCD and events educating on the importance of activating 911 (Include all events even if you also account for them in other TCD categories)	5	0	2	1	3					**11**
	BENCHMARKS-PREHOSP		**4807**								**1st Qrt Average**
1	**% OF HELICOPTER TCD PATIENTS WITH** Pt Contact to depart scene time < 15 min (Emergency Scenes)										
2	**% OF HELICOPTER TCD PATIENTS WITH** Pt Contact to depart facility scene time < 20 min (Interfacility Transfers)										
3	**% OF GROUND AMBULANCE TCD PATIENTS WITH** Pt contact to depart scene time <15 min (Emergency Scenes)		45.0%								**45%**
4	**% OF GROUND AMBULANCE TCD PATIENTS WITH** Pt Contact to depart facility scene time < 20 min (Interfacility Transfers)	70.7%	81.0%								**76%**
5	# Community Events Held/Supported/Attended promoting TCD and events educating on the importance of activating 911 (Include all events even if you also account for them in other TCD categories)		0								**0**

Central Region TCD Scorecard

Indicators: REPORT % OF PATIENTS WITH THAT MET THE INDICATORS

	BENCHMARKS-STEMI (No transfers)	2505	4532	7504	0907	0615	5307	8642	0329		2nd Qrt Average
1	**% OF PATIENTS WITH** Door to EKG < 10 min (**No transfers)**	76.0%	100.0%	100.0%	87.0%	92.0%	85.0%	83.0%	92.0%		**89%**
2	**% OF PATIENTS WITH** Door to Lytic Administration < 30 min (**No transfers) (If none N/A)**	0.0%				100.0%					**50%**
3	**% OF PATIENTS WITH** Door In Door Out (DIDO) < 30 min (**No transfers) (If none N/A)**					50.0%					**50%**
4	**% OF PATIENTS WITH** Door to Primary PCI < 90 min who arrived via **POV** (**No transfers)**	67.0%	83.3%	68.0%	100.0%	50.0%	100.0%	100.0%	100.0%		**84%**
5	**% OF PATIENTS WITH** Door to Primary PCI < 90 min who arrived via **EMS** (**No transfers)**	50.0%	100.0%		100.0%		83.0%	100.0%	100.0%		**89%**
6	**% OF PATIENTS** who arrived via POV	53.0%	31.8%	33.0%	60.0%	67.0%	54.0%	27.0%	38.0%		**45%**
7	# Community Events Held/Supported/Attended promoting TCD and events educating on the importance of activating 911 (Include all events even if you also account for them in other TCD categories)	5	0	0	0	1	2	1	0		**9**
	BENCHMARKS-TRAUMA	**5748**	**1111**								**2nd Qrt Average**
1	**% OF LEVEL 1 TRAUMA PTS WITH** Door to Surgeon arrival <15 min FOR LEVEL 1 TRAUMA CENTER		95.0%								**95%**
2	**% OF LEVEL 1 TRAUMA PTS WITH** Door to Surgeon arrival <30 min FOR LEVEL 3 TRAUMA CENTER	100.0%	93.0%								**97%**
3	**% OF LEVEL 1 TRAUMA PTS WITH** Door to OR <60 min	100.0%									**100%**
4	**% OF LEVEL 1 TRAUMA PTS WITH** Door to Transfer TO HIGHER LEVEL <60 min	66.0%	100.0%								**83%**
5	**% OF LEVEL 1 TRAUMA PTS** who arrived via POV	20.0%	1.5%								**11%**
6	# Community Events Held/Supported/Attended promoting TCD and events educating on the importance of activating 911 (Include all events even if you also account for them in other TCD categories)	3	50								**53**
	BENCHMARKS-STROKE (No Transfers)	**2505**	**7504**	**4532**	**7020**	**5307**					**2nd Qrt Average**
1	**% OF PATIENTS WITH** Door to CT < 25 min **(No Transfers)**	86.0%	60.0%	92.9%	56.0%	79.0%					**75%**
2	**% OF PATIENTS WITH** Door to CT Interpretation <45 min **(No Transfers)**	89.0%	53.0%	39.7%	50.0%	76.0%					**62%**
3	**% OF PATIENTS WITH** Door to physician arrival < 10 min **(No Transfers)**	83.0%	54.0%	34.1%	44.0%	94.0%					**62%**
4	**% OF PATIENTS WITH** Door to Needle < 60 min who arrived via EMS **(No Transfers**	50.0%		75.0%		83.0%					**69%**
5	**% OF PATIENTS WITH** Door to Needle < 60 min who arrived via POV **(No Transfers)**	100.0%		50.0%		83.0%					**78%**
6	**% OF PATIENTS** who arrived via POV **(No Transfers)**	58.0%	93.0%	43.0%	33.0%	40.0%					**53%**
7	# Community Events Held/Supported/Attended promoting TCD and events educating on the importance of activating 911 (Include all events even if you also account for them in other TCD categories)	8	0	2	2	2					**14**
	BENCHMARKS-PREHOSP		**4807**								**2nd Qrt Average**
1	**% OF HELICOPTER TCD PATIENTS WITH** Pt Contact to depart scene time < 15 min (Emergency Scenes)										
2	**% OF HELICOPTER TCD PATIENTS WITH** Pt Contact to depart facility scene time < 20 min (Interfacility Transfers)										
3	**% OF GROUND AMBULANCE TCD PATIENTS WITH** Pt contact to depart scene time <15 min (Emergency Scenes)		39.0%								**39%**
4	**% OF GROUND AMBULANCE TCD PATIENTS WITH** Pt Contact to depart facility scene time < 20 min (Interfacility Transfers)	70.7%	86.0%								**78%**
5	# Community Events Held/Supported/Attended promoting TCD and events educating on the importance of activating 911 (Include all events even if you also account for them in other TCD categories)		1								**1**

Central Region TCD Scorecard

Indicators: REPORT % OF PATIENTS WITH THAT MET THE INDICATORS

	BENCHMARKS-STEMI (No transfers)	2505	4532	7504	0907	0615	5307	8642	0329		3rd Qrt Average
1	**% OF PATIENTS WITH** Door to EKG < 10 min (**No transfers)**	83.0%	100.0%	100.0%	100.0%	100.0%	100.0%	71.0%	100.0%		**94%**
2	**% OF PATIENTS WITH** Door to Lytic Administration < 30 min (**No transfers) (If none N/A)**	0.0%				100.0%					**50%**
3	**% OF PATIENTS WITH** Door In Door Out (DIDO) < 30 min (**No transfers) (If none N/A)**			4.5%		86.0%					**45%**
4	**% OF PATIENTS WITH** Door to Primary PCI < 90 min who arrived via **POV** (**No transfers)**	86.0%	100.0%	79.0%	100.0%	100.0%	100.0%	100.0%	100.0%		**96%**
5	**% OF PATIENTS WITH** Door to Primary PCI < 90 min who arrived via **EMS** (**No transfers)**	100.0%	100.0%		100.0%		100.0%	100.0%	100.0%		**100%**
6	**% OF PATIENTS** who arrived via POV	16.0%	42.9%	100.0%	41.0%	57.0%	40.0%	30.0%	32.0%		**45%**
7	# Community Events Held/Supported/Attended promoting TCD and events educating on the importance of activating 911 (Include all events even if you also account for them in other TCD categories)	2	1	0	0	3	2	0	0		**8**
	BENCHMARKS-TRAUMA	**5748**	**1111**								**3rd Qrt Average**
1	**% OF LEVEL 1 TRAUMA PTS WITH** Door to Surgeon arrival <15 min FOR LEVEL 1 TRAUMA CENTER		97.0%								**97%**
2	**% OF LEVEL 1 TRAUMA PTS WITH** Door to Surgeon arrival <30 min FOR LEVEL 3 TRAUMA CENTER	100.0%									**100%**
3	**% OF LEVEL 1 TRAUMA PTS WITH** Door to OR <60 min		100.0%								**100%**
4	**% OF LEVEL 1 TRAUMA PTS WITH** Door to Transfer TO HIGHER LEVEL <60 min	100.0%									**100%**
5	**% OF LEVEL 1 TRAUMA PTS** who arrived via POV	14.0%	1.4%								**8%**
6	# Community Events Held/Supported/Attended promoting TCD and events educating on the importance of activating 911 (Include all events even if you also account for them in other TCD categories)	1	47								**48**
	BENCHMARKS-STROKE (No Transfers)	**2505**	**7504**	**4532**	**7020**	**5307**					**3rd Qrt Average**
1	**% OF PATIENTS WITH** Door to CT < 25 min **(No Transfers)**	77.0%	40.0%	64.3%	80.0%	95.0%					**71%**
2	**% OF PATIENTS WITH** Door to CT Interpretation <45 min **(No Transfers)**	86.0%	60.0%	42.0%	93.0%	95.0%					**75%**
3	**% OF PATIENTS WITH** Door to physician arrival < 10 min **(No Transfers)**	76.0%	30.0%	47.8%	87.0%	100.0%					**68%**
4	**% OF PATIENTS WITH** Door to Needle < 60 min who arrived via EMS **(No Transfers**	25.0%		91.7%	25.0%	100.0%					**60%**
5	**% OF PATIENTS WITH** Door to Needle < 60 min who arrived via POV **(No Transfers)**	0.0%		100.0%		50.0%					**50%**
6	**% OF PATIENTS** who arrived via POV **(No Transfers)**	60.0%	80.0%	43.9%	40.0%	36.0%					**52%**
7	# Community Events Held/Supported/Attended promoting TCD and events educating on the importance of activating 911 (Include all events even if you also account for them in other TCD categories)	4	0	2	3	2					**11**
	BENCHMARKS-PREHOSP		**4807**								**3rd Qrt Average**
1	**% OF HELICOPTER TCD PATIENTS WITH** Pt Contact to depart scene time < 15 min (Emergency Scenes)										
2	**% OF HELICOPTER TCD PATIENTS WITH** Pt Contact to depart facility scene time < 20 min (Interfacility Transfers)										
3	**% OF GROUND AMBULANCE TCD PATIENTS WITH** Pt contact to depart scene time <15 min (Emergency Scenes)		54.0%								**54%**
4	**% OF GROUND AMBULANCE TCD PATIENTS WITH** Pt Contact to depart facility scene time < 20 min (Interfacility Transfers)	70.7%	97.0%								**84%**
5	# Community Events Held/Supported/Attended promoting TCD and events educating on the importance of activating 911 (Include all events even if you also account for them in other TCD categories)		1								**1**

Central Region TCD Scorecard

Indicators: REPORT % OF PATIENTS WITH THAT MET THE INDICATORS

	BENCHMARKS-STEMI (No transfers)	2505	4532	7504	0907	0615	5307	8642	0329		4th Qrt Average
1	**% OF PATIENTS WITH** Door to EKG < 10 min (**No transfers)**	76.0%	100.0%	100.0%	88.0%	85.0%	100.0%	89.0%	100.0%		**92%**
2	**% OF PATIENTS WITH** Door to Lytic Administration < 30 min (**No transfers) (If none N/A)**	0.0%									**0%**
3	**% OF PATIENTS WITH** Door In Door Out (DIDO) < 30 min (**No transfers) (If none N/A)**					54.0%					**54%**
4	**% OF PATIENTS WITH** Door to Primary PCI < 90 min who arrived via **POV** (**No transfers)**	100.0%	90.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		**99%**
5	**% OF PATIENTS WITH** Door to Primary PCI < 90 min who arrived via **EMS** (**No transfers)**	100.0%	100.0%	63.0%	100.0%	0.0%	100.0%	100.0%	95.0%		**82%**
6	**% OF PATIENTS** who arrived via POV	43.0%	48.0%	33.0%	50.0%	46.0%	50.0%	40.0%	40.0%		**44%**
7	# Community Events Held/Supported/Attended promoting TCD and events educating on the importance of activating 911 (Include all events even if you also account for them in other TCD categories)	3	3	0	0	0	2	2	0		**10**
	BENCHMARKS-TRAUMA	**5748**	**1111**								**4th Qrt Average**
1	**% OF LEVEL 1 TRAUMA PTS WITH** Door to Surgeon arrival <15 min FOR LEVEL 1 TRAUMA CENTER		96.0%								**96%**
2	**% OF LEVEL 1 TRAUMA PTS WITH** Door to Surgeon arrival <30 min FOR LEVEL 3 TRAUMA CENTER	100.0%									**100%**
3	**% OF LEVEL 1 TRAUMA PTS WITH** Door to OR <60 min	100.0%	100.0%								**100%**
4	**% OF LEVEL 1 TRAUMA PTS WITH** Door to Transfer TO HIGHER LEVEL <60 min	100.0%									**100%**
5	**% OF LEVEL 1 TRAUMA PTS** who arrived via POV	0.0%	6.5%								**3%**
6	# Community Events Held/Supported/Attended promoting TCD and events educating on the importance of activating 911 (Include all events even if you also account for them in other TCD categories)	4	39								**43**
	BENCHMARKS-STROKE (No Transfers)	**2505**	**7504**	**4532**	**7020**	**5307**					**4th Qrt Average**
1	**% OF PATIENTS WITH** Door to CT < 25 min **(No Transfers)**	75.0%	83.0%	57.6%	80.0%	89.0%					**77%**
2	**% OF PATIENTS WITH** Door to CT Interpretation <45 min **(No Transfers)**	90.0%	67.0%	36.5%	87.0%	89.0%					**74%**
3	**% OF PATIENTS WITH** Door to physician arrival < 10 min **(No Transfers)**	82.0%	58.0%	42.3%	73.0%	77.0%					**66%**
4	**% OF PATIENTS WITH** Door to Needle < 60 min who arrived via EMS **(No Transfers**	100.0%		75.0%	25.0%	67.0%					**67%**
5	**% OF PATIENTS WITH** Door to Needle < 60 min who arrived via POV **(No Transfers)**	66.0%		71.4%	50.0%	45.0%					**58%**
6	**% OF PATIENTS** who arrived via POV **(No Transfers)**	48.0%	75.0%	48.6%	67.0%	30.0%					**54%**
7	# Community Events Held/Supported/Attended promoting TCD and events educating on the importance of activating 911 (Include all events even if you also account for them in other TCD categories)	6	0	2	1	2					**11**
	BENCHMARKS-PREHOSP		**4807**								**4th Qrt Average**
1	**% OF HELICOPTER TCD PATIENTS WITH** Pt Contact to depart scene time < 15 min (Emergency Scenes)										
2	**% OF HELICOPTER TCD PATIENTS WITH** Pt Contact to depart facility scene time < 20 min (Interfacility Transfers)										
3	**% OF GROUND AMBULANCE TCD PATIENTS WITH** Pt contact to depart scene time <15 min (Emergency Scenes)		45.0%								**45%**
4	**% OF GROUND AMBULANCE TCD PATIENTS WITH** Pt Contact to depart facility scene time < 20 min (Interfacility Transfers)	70.7%	91.0%								**81%**
5	# Community Events Held/Supported/Attended promoting TCD and events educating on the importance of activating 911 (Include all events even if you also account for them in other TCD categories)		1								**1**

2018 Central Region TCD Scorecard

Indicators: REPORT % OF PATIENTS THAT MET THE INDICATORS

	BENCHMARKS-STEMI (No transfers)	1st Qrt Average	2nd Qrt Average	3rd Qrt Average	4th Qrt Average	Total Average
1	**% OF PATIENTS WITH** Door to EKG < 10 min (**No transfers)**	84%	89%	94%	92%	90%
2	**% OF PATIENTS WITH** Door to Lytic Administration < 30 min (**No transfers) (If none N/A)**	0%	50%	50%	0%	25%
3	**% OF PATIENTS WITH** Door In Door Out (DIDO) < 30 min (**No transfers) (If none N/A)**	20%	50%	45%	54%	42%
4	**% OF PATIENTS WITH** Door to Primary PCI < 90 min who arrived via **POV** (**No transfers)**	88%	84%	96%	99%	92%
5	**% OF PATIENTS WITH** Door to Primary PCI < 90 min who arrived via **EMS** (**No transfers)**	94%	89%	100%	82%	91%
6	**% OF PATIENTS** who arrived via POV	47%	45%	45%	44%	45%
7	# Community Events Held/Supported/Attended promoting TCD and events educating on the importance of activating 911 (Include all events even if you also account for them in other TCD categories)	13	9	8	10	40
	BENCHMARKS-TRAUMA	1st Qrt Average	2nd Qrt Average	3rd Qrt Average	4th Qrt Average	Total Average
1	**% OF LEVEL 1 TRAUMA PTS WITH** Door to Surgeon arrival <15 min FOR LEVEL 1 TRAUMA CENTER	90%	95%	97%	96%	95%
2	**% OF LEVEL 1 TRAUMA PTS WITH** Door to Surgeon arrival <30 min FOR LEVEL 3 TRAUMA CENTER	92%	97%	100%	100%	97%
3	**% OF LEVEL 1 TRAUMA PTS WITH** Door to OR <60 min	75%	100%	100%	100%	94%
4	**% OF LEVEL 1 TRAUMA PTS WITH** Door to Transfer TO HIGHER LEVEL <60 min	17%	83%	100%	100%	75%
5	**% OF LEVEL 1 TRAUMA PTS** who arrived via POV	11%	11%	8%	3%	8%
6	# Community Events Held/Supported/Attended promoting TCD and events educating on the importance of activating 911 (Include all events even if you also account for them in other TCD categories)	44	53	48	43	188
	BENCHMARKS-STROKE (No Transfers)	1st Qrt Average	2nd Qrt Average	3rd Qrt Average	4th Qrt Average	Total Average
1	**% OF PATIENTS WITH** Door to CT < 25 min **(No Transfers)**	75%	75%	71%	77%	74%
2	**% OF PATIENTS WITH** Door to CT Interpretation <45 min **(No Transfers)**	72%	62%	75%	74%	71%
3	**% OF PATIENTS WITH** Door to physician arrival < 10 min **(No Transfers)**	66%	62%	68%	66%	66%
4	**% OF PATIENTS WITH** Door to Needle < 60 min who arrived via EMS **(No Transfers**	73%	69%	60%	67%	67%
5	**% OF PATIENTS WITH** Door to Needle < 60 min who arrived via POV **(No Transfers)**	67%	78%	50%	58%	63%
6	**% OF PATIENTS** who arrived via POV **(No Transfers)**	47%	53%	52%	54%	52%
7	# Community Events Held/Supported/Attended promoting TCD and events educating on the importance of activating 911 (Include all events even if you also account for them in other TCD categories)	11	14	11	11	47
	BENCHMARKS-PREHOSPITAL	1st Qrt Average	2nd Qrt Average	3rd Qrt Average	4th Qrt Average	Total Average
1	**% OF HELICOPTER TCD PATIENTS WITH** Pt Contact to depart scene time < 15 min (Emergency Scenes)					
2	**% OF HELICOPTER TCD PATIENTS WITH** Pt Contact to depart facility scene time < 20 min (Interfacility Transfers)					
3	**% OF GROUND AMBULANCE TCD PATIENTS WITH** Pt contact to depart scene time <15 min (Emergency Scenes)	45%	39%	54%	45%	46%
4	**% OF GROUND AMBULANCE TCD PATIENTS WITH** Pt Contact to depart facility scene time < 20 min (Interfacility Transfers)	76%	78%	84%	81%	80%
5	# Community Events Held/Supported/Attended promoting TCD and events educating on the importance of activating 911 (Include all events even if you also account for them in other TCD categories)	0	1	1	1	3

Missouri Department of Health and Senior Services
P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

Margaret T. Donnelly
Director

Jeremiah W. (Jay) Nixon
Governor

MEMORANDUM
ATTORNEY-CLIENT CONFIDENTIAL COMMUNICATION

TO: **Dean Linneman, Administrator**
Greg Natsch, Chief Bureau of EMS
Sharon Ayers, Senior Counsel Office of General Counsel
Jennifer Stilabower, General Counsel Office of General Counsel
Nancie McAnaugh, Deputy Director

FROM: **Brenda Arndt, Legal Counsel**
Office of General Counsel

DATE: **August 24, 2010**

RE: **Dr. Andrews' question regarding the ability of the regional (SAC) committees to raise/manage money for regional educational opportunities.**

Section 190.001, RSMo (Cum. Supp. 2009) establishes the state advisory council on emergency medical services and defines the purpose of the council as follows:

> "The purpose of the council is to make recommendations to the governor, the general assembly, and the department on policies, plans, procedures and proposed regulations on how to improve the statewide emergency medical services system. The council shall advise the governor, the general assembly, and the department on all aspects of the emergency medical services system.
>
> § 190.101.5, RSMo (Cum. Supp. 2009).

Further, section 190.101.2, RSMo (Cum. Supp. 2009) also recognizes the state EMS medical directors' advisory committee and the regional EMS advisory committee as subcommittees of the state advisory council on emergency medical services. These two subcommittees are defined in section 190.100, RSMo (Cum. Supp. 2009) as follows:

> (34) **Regional EMS advisory committee-** a committee formed within an emergency medical services (EMS) region to advise ambulance services, the state advisory council on EMS and the department.
>
> (38) **State EMS medical directors advisory committee-** a subcommittee of the state advisory council on emergency medical services formed to advise the state

advisory council on emergency medical services and the department on medical issues.

None of these definitions authorize the committee or subcommittees members to do anything other than to advise. The 2010 Random House Dictionary defines the term "advise" as "to give counsel to; offer an opinion or suggestion as worth following". There is nothing mentioned in these respective statutes about the committee or subcommittee providing education to the regions, collecting money to provide such professional education or writing grants to get such money. Therefore, it would be beyond the statutory authority of such committees to do these functions in their roles as committee or subcommittee members.

Dr. Andrews suggested that the regional SAC subcommittees could fundraise on their own, something akin to a 501(c)(3). In addition to the fact that there is no statutory authority for the EMS regional committees to serve in such fundraising roles, there is also a problem in that the Internal Revenue Service has specific requirements for setting up 501(c)(3) such as that it has to be an organization and among many other things it may not attempt to influence legislation as a substantial part of its activities. As stated above, section 190.001, RSMo (Cum. Supp. 2009) defines "the purpose of the [state advisory] council is to make recommendations to the governor, the general assembly, and the department on policies, plans, procedures and proposed regulations on how to improve the statewide emergency medical services system." Further, section 190.001, RSMo) Cum. Supp. 2009) states "the [state advisory] council shall advise the governor, the general assembly, and the department on all aspects of the emergency medical services system." It would seem the main role of the state advisory council members is to influence legislation in that they are making recommendations and advising the governor and the general assembly on statewide emergency medical services systems. Of course the regional committees are only supposed to advise the state advisory council on EMS and the Department of Health and Senior Services.

Dr. Andrews also suggested setting up an association to raise money and conduct educational opportunities similar to what the Air Ambulance people did by creating an association. Chapter 352 of the Missouri Revised Statutes explains the incorporation and use of religious and charitable associations- Charitable Gift Annuities. Any type of association that might be formed would have to be independent of the membership on the state advisory council/regional committees as there is no statutory authority for the members of the state advisory council and regional committees to form an association etc…..

Finally, there is nothing in the statutes that would prohibit the members of the SAC committees from collaborating with the Department of Health and Senior Services to work on grants that would fund such opportunities to provide education in the regions. The Department of Health and Senior Services would have to be the receiving agency and implement such a grant. The grant requirements would dictate the specifics of how the grant would work. The collaboration with the Department of Health and Senior Services would also be dependent on the ability of the Department of Health and Senior Services to apply for such a grant based on staff resources etc….

In conclusion, the regional committee members would need to do such fundraising, creating an association etc… independent of their role as SAC committee and subcommittee members. The only exception would be if the Department of Health and Senior Services applied for such a grant to

collaborate with the regions on such educational opportunities. This is contingent on Department of Health and Senior Services financial and staff resources.

Central Region TCD Coordinators Agenda

5/2/19
12:00 PM to 2:00 PM
University Hospital
1 Hospital Dr
Columbia, MO 65212
Meeting room: 1L03

Agenda Topics

- Welcome/Introduction
- Approval of minutes

EMS/TCD Coordinators Agenda
Old Business

- Data
- TCD
- Regulations
- Bylaws

New Business

- New legislation
- Updates on state projects……..John and Kat
- Stroke assessment……Donna
- Committee(s)
    - Time Critical Diagnosis –
    - STEMI;
    - Stroke;
    - Trauma;
    - Pediatric;
    - Sepsis;
    - Inter-facility/departmental transfers & the management thereof
    - Education outreach
    - Continuous Quality Improvement
    - Model Pre-Hospital Treatment Guidelines
    - Model Pre-Hospital Education Guidelines
    - Model Pre-Hospital Administrative Policies
    - Establishment of a 501c3 for donations to the CREMSC
- Open discussion/round table……All
- Wrap up/adjournment

Education Opportunities

NEXT MEETING: June 4, 2019, University Hospital 1L03 12-2 pm

	"panagospd@wustl.edu"; Katherine Probst; "troark@mhanet.com"; "michael.wallace@med-trans.net"; Willson, Sarah; "hmoy@wustl.edu"
Subject:	Time-Critical Diagnosis Forum-May 17, 2019
Date:	Thursday, April 18, 2019 9:49:03 AM

This e-mail is to request your attendance at a forum to review our identified outcomes to improve our state's Time-Critical Diagnosis (TCD) system and introduce new resources to support our collaborative next steps on Friday, May 17, 2019 from 9:30 a.m.-12:00 p.m. at the Governor's Office Building, 200 Madison Street, Jefferson City in Room 450.

The TCD Committee and our Department agreed enlisting the assistance of a consulting group would allow us to adhere to the tight timeframe requested by our stakeholders for finalizing recommendations while decreasing burden for our volunteer committee members. We have contracted with Havron & Associates; both Doug Havron and Dr. David Marcozzi will present at our meeting on May 17, providing all stakeholders information on how they will support our system development. Below is an agenda for the meeting:

- Introductory Remarks – Dr. Randall Williams, Director, Missouri Department of Health and Senior Services
- Review TCD History and Current State – Dean Linneman, Director, Division of Regulation and Licensure, DHSS
- Understand other National Program Methodologies and Innovative Strategies – Doug Havron and Dr. David Marcozzi
- Review Missouri's Future Plan of Action – Doug Havron and Dr. David Marcozzi
- Closing Remarks – Dean Linneman

Doug Havron, RN, BSN, MS is the Chief Executive Officer for Havron & Associates LLP. David Marcozzi, MD, MHS-CL, FACEP is Associate Chair of Population Health, Department of Emergency Medicine, University of Maryland School of Medicine and Co-Director of the Program in Health Disparities and Population Health, as well as Assistant Chief Medical Officer for Acute Care at University of Maryland Medical Center. Dr. Marcozzi was formerly the Director of Medical Preparedness Policy at the White House National Security Council.

Please use the link below to register for this event. Space is limited so registration will be closed after 200 registrants. This link will remain open until close of business, Friday, May 10 or until 200 have registered.
https://stateofmissouri.wufoo.com/forms/missouri-timecritical-diagnosis-system-meeting/

We look forward to continuing this work with you to enhance our state's Time-Critical Diagnosis system.

Randall