

Idaho Region 2 TSE Committee



Fall 2016 Newsletter

Message from the Chair

Greetings from the Idaho Region 2 Time Sensitive Emergency Committee. Exciting new advancements throughout our state are occurring. Multiple facilities in Idaho have already achieved designation status for Trauma, STEMI, and Stroke. You can keep up to date by visiting the TSE web site at <http://www.tse.idaho.gov/>. Within our region we want to celebrate one of our own hospitals, Clearwater Valley Hospital in Orofino who just completed their site survey and were granted Level IV Trauma status, congratulations to CVH! Our region continues finding opportunities to enhance patient care through collaboration in committee and sub-committee meetings for Quality Improvement and Education. With every meeting we are able to discuss the improvement and development in the region and have found many opportunities for growth. Right now our focus is to enhance patient care through the development of streamlining our triage practices. We believe our cohesive teamwork and actions can improve patient care tremendously. We work with all EMS agencies and hospitals in our region to improve the care we provide and have a strong driven focus to continue to improve the outcomes for our Trauma, STEMI, and Stroke patients.

Current Initiatives

We continue the grow interest and capabilities for TSE in our region and invite, as well as encourage, all participants in healthcare to join us at the regional committee meetings. One of the common issues the committee has begun to address is the use of common terminology for trauma team activation. While the State TSE council has developed a trauma priority guideline, it has not been universally promoted for adoption by prehospital and hospital participants. The committee recognizes that this could lead to potential delays in activating the appropriate trauma team personnel. The committee has reviewed and discussed the state guideline and noted the need for some changes for consistency in the region 2 TSE system. The discussion on implementing a standard priority system and terminology included identifying challenges with timing, training personnel and updating protocols and procedures. Members agreed that they needed some time to review the terminology used in their organization for any conflicts the adoption may create before setting a timeline for adopting a standard guideline. It was noted that the Idaho State EMS Protocols had been updated with the priority levels but there wasn't a clear understanding of which EMS agencies have adopted the protocols and/or the terminology. Members will continue to look at this issue and develop timelines and terminology standards that will work for the system.

Committee Meetings

Full Committee

November 22, 2016

St Mary's Hospital

2:00 PM – 4:00 PM

Education Sub-Committee

After the Full Committee Meeting

Quality Improvement Sub-Committee (Closed)

October 25, 2016

Gritman Medical Center

Quality Improvement Subcommittee

The quality improvement sub-committee has met three times this year reviewing both trauma and STEMI cases. The reviews have created an opportunity for the facilities and EMS agencies to collaborate and share best practices and resources for improved patient outcomes.

Findings & Recommendations:

- The subcommittee noted that EMS scene times and trauma team activation & assembly times are very good.
- Procedures are in place that direct EMS to bypass the ED and go to the Cath lab with STEMI patients which saves valuable time.
- IV fluid volume administration for trauma continues to be monitored and has been more consistent with current standards since information on the subject was distributed in the previous newsletter.
- Use of backboards should be limited to an extrication device and patients removed as soon as safely possible consistent with the Idaho EMSPC protocols.
- Terminology related to patient priority levels for trauma activations should be standardized for prehospital and hospital use to avoid confusion and delays.
- Air Medical transfer patients with chest injuries should obtain chest imaging prior to transport to identify the need for a chest tube due to the potential of an expanding pneumothorax secondary to increased altitude during flight.

Education Subcommittee

The education subcommittee has convened twice this year and is in the process of determining sustainable ways to disseminate information and resources based on the QI recommendations to all of the TSE members and participants. This newsletter distributed on a quarterly basis was felt to be the most effect method to keep members informed. Future efforts will include looking at setting up a list serve as well as a resource sharing site for the members. Life Flight Network has plans to host "Late Night at Life Flight" where clinical and TSE system education will be offered twice a year. Many of the individual members are arranging and hosting organization specific training. While the education subcommittee does not coordinate these trainings, information and opportunities are discussed and disseminated at all committee and subcommittee meetings. If you are planning or offering any training and would like to share or coordinate the event, please send the information to Heather for distribution.

Committee Organization Membership

Clearwater County Ambulance

Clearwater Valley Hospital & Clinics

Gritman Medical Center

Lewiston Fire Department

Life Flight Network

Moscow Ambulance

Nezperce Ambulance

Public Health – Idaho North Central District

St Joseph's Regional Medical Center

St. Mary's Hospital & Ambulance

Syringa General Hospital & Ambulance

Contacts

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