

## **Southeast Regional Time Sensitive Emergency (TSE) Committee**

Location: Portneuf Medical Center

10/14/2015

Meeting Minutes

*Present:* Rod Jacobson – Bear Lake Memorial, Shane Howard – Oneida County EMS, Roxie Newsom – Portneuf Air Rescue, Jerry Rodgers – Portneuf Air Rescue, Drew Shaltry – Portneuf Air Rescue, Greg Vickers – PMC, Eric Hobson – Caribou County EMS, Sharon Hill – Bear Lake County EMS, Steve Hill – Bear Lake County EMS, Tracy McCulloch – Southeastern Idaho Public Health, Darin Letzring – Southeastern Idaho Public Health, Deving Hughes – Southeastern Idaho Public Health, Greg White – Caribou Memorial Hospital, Curtis Sandy – Portneuf Medical Center, Brian Briggs, Fort Hall Fire and EMS, Eric King – Chubbuck Fire Department, Tom Mortimer – Life Flight Network, Maria Hogan – Cassia Hospital (On the phone Nicole Neltensmeyer – State TSE/Idaho Bureau of EMS)

*Next meeting:* November 11, 2015 @ 1600 Portneuf Medical Center

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- I. **Update from the State TSE:** At the state TSE meeting yesterday in Boise the components for the manual for stroke, heart attack and trauma were finalized. They were voted on yesterday and completed. Those will now go to the legislature for gratification and then there will be a manual available in print to distribute to everyone. They will be delivered to your hospital most likely by Dennis. Please look at these manuals thoroughly, we encourage each of the facilities to choose a level they would like and go for verification in trauma, STEMI and stroke care regardless of the size of your facility. The more resources (EMS, Dispatch, hospital, etc...) we have working on this the better the outcome. The State TSE mission value is to reduce mortality in the state of Idaho. However that will require participation from everyone.
  - II. **Case Reviews:** We will be doing a case review today and we need to enter into the process that there will not be any finger pointing. We are here to learn from mistakes and from what is going well. Together we can do this. It is very important that no one is offended from these case reviews. The case review form helps to remove identifiers to help keep it confidential. The form takes all the information you need to review without revealing EMS and facility. When there are issues that need to be addressed then you have to go into a closed meeting where everyone will sign a waiver that they will not discuss or divulge any information that is discussed at the meeting.  
Per Dr. Sandy until we can get data points out of the registry down the road, we are going to have look at specific data points to find trends. If the facility is tracking that information it would be nice to get that information. In order to see if were being efficient we will need to utilize the state's data down the road when it's available.  
Greg met with Dr. McRoberts today and he wanted to bring to the committee – How do we want to do case reviews? Do we want one person that facilitates the case review? Or do we want a free form and have all involved do their portion of what they did? The only downfall to having the free forum is there isn't anyone there to represent the facility or agency. It's nice to have one person present and get in contact with each of those involved. If they use the form

online it's pretty laid out with the information that would be nice to present. There is usually a different person presenting each case. How do we pick the cases?

Tom Mortimer will bring case for review to next meeting.

### III. **Southeastern Idaho Health Dept – Darrin Letzring**

Darrin wanted to discuss why SE Idaho Health Department is at the meetings and the services that they can provide. We assist with mass casualty events and providing resources. Assist EMS, health care organizations to make sure they have what they need and doing bed tracking to know what facilities have available. They will help the incident commander on where he can take patient and what processes he needs to make that happen. They will also assist with community education and outreach for injury prevention. This will come in handy when you become verified it will be up to your facility to educate the community about certain issues such as CPR, injury prevention, etc. They are also to help with data analysis if needed.

#### **CASE REVIEW:** (Presented by Steve Hill)

Patient came to Bear Lake ER transported by ground to U of U. 21 yo F ATV Accident. Thrown from ATV and thought injury had happen around midnight. EMS did not have pain meds – Only able to give nitrous oxide (only one person able to give nitrous oxide). C collar was not placed on patient due she would not tolerate laying in supine position due to femur fracture.

#### **Case Review Times:**

2000 – Wreck occurred  
0000 – Pt reported missing  
0107 – Ambulance dispatched  
0124 – EMS located patient  
0200 – Left Scene  
0230 - @ BLM  
0235 – IV Access  
0240 – Pain relief (Morphine/Zofran)  
0250 – Pt to x-ray  
0330 – back from x-ray  
0415 – Foley  
0420 – Vacuum splint removed  
0425 – traction placed  
0440 – Call placed to U of U/report RN to RN  
0450 – Enroute to U of U  
0725 – Arrived @ U of U

There was an issue with no available pain medication on the ambulance. The only pain relief patient could be offered was nitrous oxide.

Would like to know when the decision to transfer time is. That would be a good benchmark to look at.

Appropriateness of transfer to U – Should have gone to PMC?? If patient was able to decide then it should be ok that transfer was to the U. Patient was 11 hours post injury by the time she arrived at U of U.

In reviewing care at Bear Lake there should have been a chest x-ray and pelvis plain film done – then clear c spine/abdomen. At that time you could decide if CT is warranted.

Question asked if there is a protocol for trauma patients on standard of what should be ordered or if it is provider dependent? Bear Lake does not have a trauma protocol currently. **Greg Vickers will get with Drew and meet with Bear Lake to work on that.**

**IV. Roundtable:**

Per Curtis Sandy: Petition TSE Council – to include cardiac arrest as part of a time sense of emergency. The new guidelines from AHA come out tomorrow some of the recommendations that we will see all post cardiac patients will need to go to a PCI facility whether they have a STEMI or not. Waiting until the spring to approach it to the State level – but start on the regional level.

\*If there is anyone not present that you feel should be invited to these meetings please email their information to [rosas@portmed.org](mailto:rosas@portmed.org)

Adjourn

/rs