Southeast Regional Time Sensitive Emergency (TSE) Committee
Location: Portneuf Medical Center
10/14/2015
Meeting Minutes

Present:

Next meeting: April 13, 2016 @ 1600 Portneuf Medical Center

I. Update from the State TSE:

Gift to EMS for children - (I was not present for this discussion)
Trauma Registry – Stacey Carson gave a presentation and showed the different registry's for trauma, stroke and STEMI. She also showed the PIPs program that could be used in the hospital. There is a spreadsheet on the TSE website that shows the differences in them.
IO Kit – The IO kit will be passed around to each facility for education purposes. Franklin County is going to take it first. Next facility to take IO kit will be Chief Gray from Blackfoot Ambulance. Please let Dennis know if you have something coming up and that you might need it for and he will try and get it to you.
Cheryl Hansen demonstrated Imagetrend which is the free software for Level 4 and Level 5 trauma centers to use for their PIPs programs.
TSE Council is accepting applications for surveyors. If you know any providers who may be interested please contact Nicole Noltensmyer at the state. Her email is NoltensN@dhw.idaho.gov.
DNR/DNI – Issue with patients that are DNR/DNI or comfort care only being transported to the trauma centers. There was discussion on the appropriateness of that. The state is going to track this and see how often this is happening then they will report it back to the TSE council. The TSE council doesn't have any authority to make any decisions regarding that however they can recommend guidelines to the state regarding that.

II. Bylaws Revision: Reviewed by laws and made appropriate changes. The changes will be sent to Nicole at the state for their approval.

III. Performance Improvement: Greg did a presentation on how PIPs can work for hospitals and how PMC has created their PIPs program. (Handouts attached)
In trauma the ACS and the State separate quality improvement into two categories: Case based care and system issues. System Issues are issues that arise that are not patient specific. For example was when we move patients over to the CT scanner we didn't have plugs near by the scanner to plug IV pumps, etc. This was identified on one of our post trauma critiques. Talked with the departments involved – radiology/engineering and had plugs placed. Issue was closed. You need to be able to identify issue found and what you did to fix the problem. With the PI process for patient specific issues the issues are related to case specific. The PIPs program can constantly be tweaked as you figure out your systems. Once you identify the issues, which you can get from reports, staff, through your chart reviews, etc. These can turn into issues that will be monitored consistently until the issues are fixed. Use the resources on the TSE website. The state has some basic forms that are a good place to start and we are able to assist with setting up systems as needed also.

IV. Roundtable:

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*If there is anyone not present that you feel should be invited to these meetings please email their information to rosas@portmed.org

Adjourn

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