

South Central Regional TSE Committee

Meeting Minutes

February 4, 2015

Minidoka Memorial Hospital

All highlighted text indicates voted on and approved items. All red text indicates action items and future discussion.

Present; Stephanie Shawver, Deborah Robertson, Bradley Boden, Jay Blacksher, Almita Nunalle, Anne Fulmer, Kathy Elwell, Shelly McFarland, Kevin Kraal, Brandy Bartholomew, Mike McGrane, Cristian Surjan, Tom Mortimer, Mark Phillips, Brad B Rupert , Larry Troxell, Brenda Gully, Maria Hoggan, Lara McLean

Kevin-Need to get our bylaws written, asked for legal help, doesn't anticipate conflict, but wants to assure that we're doing things correctly. We also need to add education, identification to our mission. He would also like us to include dispatchers, and asked that we send invitations to the committee to them.

Mission statement

To improve outcomes of TSEs, as defined, through education, insuring appropriate ID, rapid transport & appropriate destination, both initial & definitive.

KK- It's important to identify existing resources available, that everyone should know who has what; ALS, CCT, dispatch, transport times etc. "Clan" knowledge included.

D.R. Asked if we should include the outlying agencies (Stanley) etc? All agreed.

M.M. Stated that there is a provision in the law to include, should we change definitions?

K.K. Amend Stanley into South Central region, include service areas in portions of adjoining counties that fit within established & existing referral patterns into region 4. A.N. "Catchment" maps developed normally for referral patterns should be added.

Duties Article 3

Identify and maintain a current catalog of existing resources or transport capabilities, level of care provided, dispatch resources and facility capabilities. Catalog if facility has access to telemedicine.

Outreach/education requirements

Article 4 Membership- Defined process that maintains equal opportunity- Add one member of the dispatch community, as selected by that group, to act as the designated representative for dispatch. Non-transport agencies will be included through the involvement of the transport agency.

K.K. Wants to include and encourage attendance by dispatch centers. T.M. Suggests a designated liaison, as well as a scripted TSE algorithm. Politics don't belong at this table.

We also need to catalog idiosyncrasies.

He asked the group how we can streamline dispatch, suggests we invite dispatch centers to suggest a designee.

Article 4 cont. Requirements of members to remain active-
If a member is not able to attend, you're able to send a representative or attend by phone.

Conflict of interest- Members will all disclose to the committee whom they are representing.

Terms for membership struck

If a member resigns or their position opens for whatever reason, they should make reasonable attempts to replace themselves.

Nominations for replacements of officers may be nominated by any member.

Article 5-Section 2- Duties of officers

Chair is responsible for meeting schedules; has capacity to cancel, invite ad hoc members & chair the meeting. Chair person or designee shall serve on State Committee.

Vice-chair- To chair when Chair is not available, to set agenda for next meeting.

Secretary- taking, keeping & distributing minutes

Election of officers shall occur the first meeting of odd number years with nominations submitted one month prior to, or at the prior meeting.

C.S. Rural will have money for prevention/education; the state will provide money for mileage of traveling members not paid by their agencies.

Article 6 Section 1

Location of the meetings shall be regularly rotated between locations and decided upon the meeting before. Meetings will be set for first Wednesday of the month, or will be set by the chair.

Section 2 Special Meetings. To be decided by Chair or their designee.

Section 3 The election of officers will be decided upon by the Chair or his designee, with the terms being as previously stated.

Article 7 - Subcommittees will be determined as needed.

Article 8 Struck.

Article 9 Majority rules- all actions requiring a vote shall be moved, seconded & voted on by majority. Any member of the committee may invoke calls for discussion at any time.

Article 10

Any member will be allowed to propose an amendment to bylaws, which shall require a one-month notification. Amendments shall be approved by 51% vote.

Article 11 disregard

- S.M. Education needs assessments are done by hospitals already. In reference to monies available to this committee for education/prevention, are there existing areas of need that have been unmet?
- KK-Those monies should be included with our resource list.
- **ACTION ITEM** Identify all members, come back with catalog of capabilities and resources to include, but not be limited to; educational abilities and needs relative to TSE. To state at what level their facility is rated, their inventory and facility capabilities such as lytic therapy, cath labs, surgeon on call, QRUs, Fire, BLS, ALS, ILS, training received, and a basic description of how their dispatch works.
- It was discussed that we are going to have to collect data, time of call, what was dispatched etc. in order to see that our patients are correctly identified and transported to closest appropriate facility.
- Outcomes need to be collected; can we draw upon existing collection resources?
- Next meeting agenda will involve resource identification then the naming of opportunities presented and how we will address them for the next 6 months.

Future concerns/goals

- Catalog resources at the state level as pertains to existing data collection.
- Make a wish list for data.
- TM Make a part of every meeting to look at data.
- Receiving hospitals are responsible to collect data.
- Say the word data as often as possible.

- MH wants to emphasize the patient's choice in destination, also need to be able to look back to see why destination choices were made.
- SS no platform available to help hospitals notify others about change in care capabilities.
- KK and DR say that the capabilities notification should be worked on by the state, as well as bed availability and diversions.
- Shelly would like to recommend as a committee, so that smaller hospitals could join up and get a data collector "share" between them all. KK would like CS to bring back a summary of data collection capabilities.
- Need to find a pediatrician.
- Item to remain on agenda- LZ s

Lara McLean-Secretary
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