

WRTAC State Report

October 10, 2014

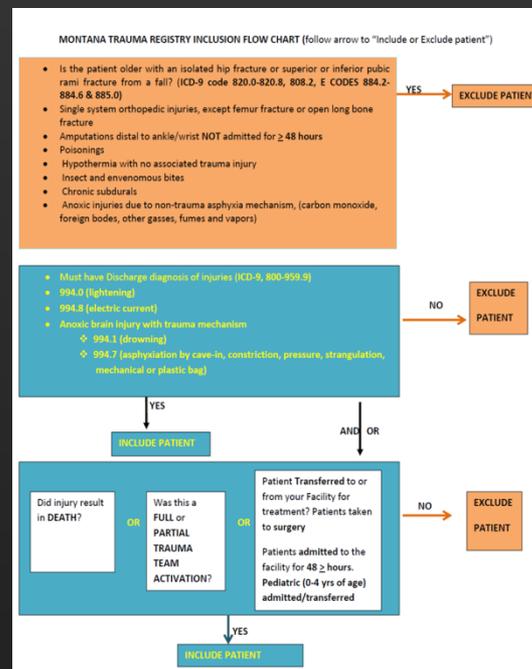
NEW Montana Trauma Facility Designation Criteria

- New criteria will be effective for designations starting January 1, 2015.
- New criteria will be posted on our website: www.dphhs.mt.gov/ems after the State completes the website redesign sometime in early Nov 2014

Montana Trauma Registry Inclusion Criteria

- We did NOT change registry criteria. The criteria is the exact same, just in a different format
- Tried to simplify the form using a flow chart instead of the previously used columns
- We received many complaints that the old format was difficult to understand
- We were missing many patients that actually did meet criteria

Trauma Registry Inclusion Criteria <small>April 2008</small>		
Column I	Column II	Exclusions
<p>PRIMARY criteria for inclusion</p> <p>MUST have Discharge diagnosis of injuries (ICD-9 codes between 800.0 - 959.9)</p> <p>These injuries are also included:</p> <p>All patients with burns and a trauma mechanism of injury or meeting severity criteria for referral by the American Burn Association or:</p> <p>994.0 - lightning 994.8 - electrical current</p> <p>All patients with anoxic brain injuries due to a trauma mechanism of injury:</p> <p>994.1 - drowning; 994.7 - asphyxiation and strangulation: suffocated by - cave in, constriction, pressure, strangulation, mechanical, bed clothes, plastic bag</p> <p>Open long bone fractures taken to surgery at your facility within 24 hours of arrival at your facility</p> <p>All patients taken to surgery at your facility for intracranial, intra-thoracic, intra-abdominal, or vascular surgery</p>	<p>→ AND Must have one or more from Column II</p> <p>All patients that initiated FULL or PARTIAL Trauma Team Activation at your facility</p> <p>All patients hospitalized at your facility for 48 hours or more</p> <p>All patients with admission to an Intensive Care Unit at your facility</p> <p>All patients who die in your facility, including those who die in the Emergency Department</p> <p>All patients transferred to another facility for evaluation/treatment not available at your facility</p> <p>All pediatric patients with injuries between the ages of 0-4 admitted to the facility (even if not for 48hrs or longer)</p> <p>Transfers from another facility not meeting inclusion criteria (isolated hip fx/fall from same height, etc.)</p> <p>Poisoning</p> <p>Hypothermia and other cold injuries (with no associated trauma) unless Trauma Team Activation</p> <p>Bites - <u>insects, snakes</u> (envenomation injuries)</p> <p>Chronic subdural hematoma</p> <p>Anoxic brain injuries due to <u>non-trauma mechanism of asphyxia</u>: Carbon monoxide - Inhalation food/ foreign bodies, other gases, fumes, vapors</p>	<p>These are not eligible:</p> <p>Late effects of trauma, injury codes 905-909, ("Late effects" should be documented as such by the physician)</p> <p>Hip fractures resulting from falls from same height (without other significant injuries) (Injury codes 820 - 821) Isolated hip fractures/femoral neck fractures when coded with: (E884.2) - fall from a chair, (E884.3) - fall from wheelchair, (E884.4) - fall from bed, (E884.5) - fall from other furniture, (E884.6) - fall from commode, (E885) - fall from same level from slipping, tripping, or stumbling</p> <p>Unilateral pubic rami fractures resulting from falls from same height (without other significant injuries)</p> <p>Single-system orthopedic injuries (except femur fractures)</p> <p>Amputations distal to ankle/wrist NOT admitted to your facility for ≥ 48 hours</p> <p>Transfers with previous trauma, but now admitted for medical reasons not associated with the trauma or those transferred for personal convenience</p> <p>Transfers from another facility not meeting inclusion criteria (isolated hip fx/fall from same height, etc.)</p> <p>Poisoning</p> <p>Hypothermia and other cold injuries (with no associated trauma) unless Trauma Team Activation</p> <p>Bites - <u>insects, snakes</u> (envenomation injuries)</p> <p>Chronic subdural hematoma</p> <p>Anoxic brain injuries due to <u>non-trauma mechanism of asphyxia</u>: Carbon monoxide - Inhalation food/ foreign bodies, other gases, fumes, vapors</p>



Montana Trauma Registry Inclusion Flow Chart

MONTANA TRAUMA REGISTRY INCLUSION FLOW CHART (follow arrow to "Include or Exclude patient")

- Is the patient older with an isolated hip fracture or superior or inferior pubic rami fracture from a fall? (ICD-9 code 820.0-820.8, 808.2, E CODES 884.2-884.6 & 885.0)
- Single system orthopedic injuries, except femur fracture or open long bone fracture
- Amputations distal to ankle/wrist NOT admitted for ≥ 48 hours
- Poisonings
- Hypothermia with no associated trauma injury
- Insect and envenomous bites
- Chronic subdurals
- Anoxic injuries due to non-trauma asphyxia mechanism, (carbon monoxide, foreign bodes, other gasses, fumes and vapors)

YES

EXCLUDE PATIENT

- Must have Discharge diagnosis of injuries (ICD-9, 800-959.9)
- 994.0 (lightening)
- 994.8 (electric current)
- Anoxic brain injury with trauma mechanism
 - ❖ 994.1 (drowning)
 - ❖ 994.7 (asphyxiation by cave-in, constriction, pressure, strangulation, mechanical or plastic bag)

NO

EXCLUDE PATIENT

YES

INCLUDE PATIENT

AND OR

Did injury result in DEATH?

OR

Was this a FULL or PARTIAL TRAUMA TEAM ACTIVATION?

OR

Patient Transferred to or from your Facility for treatment? Patients taken to surgery
 Patients admitted to the facility for 48 \geq hours.
 Pediatric (0-4 yrs of age) admitted/transferred

NO

EXCLUDE PATIENT

YES

INCLUDE PATIENT

Facility Resource Guide



- Guide will be available to assist with transfers, locums knowledge of facilities and capabilities
- Will include Facility/Staff Info, Patient Transport Info, Lab & Radiology Info.
- Also including Air Medical, Facility Designation List, and Summary of ECP Levels

Examples...

BARRETT HOSPITAL & HEALTHCARE

DILLON, MT.

Main Number: 406-683-3000

ED Direct Number: 406-683-3051



J K Lawrence

Patient Transport Information	
Distance to closest Trauma Center (Area Trauma Hospital and/or Regional Trauma Center)	* St. James Healthcare, Butte=65 miles * St. Patrick Hospital=138 miles
Routine Flight Service (s)	Summit Life Flight Network Northwest MedStar Air Idaho
Routine Ambulance Service	BLS, ALS w/RN: Beaverhead BLS only: Grasshopper, Wisdom, Lima, Ruby Valley

Facility & Staff Information

Type of Facility	Critical Access Hospital
Trauma Designation Level	Trauma Receiving Facility
Number of Inpatient Beds	18
ICU Available	No--special care monitoring available
Telemetry Available	Yes
Operating Room	Yes
Anesthesia	Yes—CRNA
Respiratory	Yes
Number of ED Beds/Bays	7
Staffing Levels in ED:	
Provider	MD or PA
Nursing	1- RN
Other	1-ED Tech

Lab Information

Blood Products Available	Yes
	Must order platelets
Rapid Transfusion Protocol	Yes
Coumadin/Blood Thinner Protocol	No
TXA Available	No
Staff available/on-call	24/7

Radiology Information

Capabilities	X-ray w/portable CT— 32 slice Ultrasound MRI— Mon-Fri only
Staff available/on-call	In-house: Mon-Fri: 7a-9p On-call: Mon-Fri: 9p-7a Sat-Sun: 24 hours

NORTHWEST MEDSTAR

BASE LOCATION: MISSOULA, MT. (AIRPORT) & SPOKANE, WA.

DISPATCH: 800-422-2440

BUSINESS LINE: 800-572-3210



Response & Staffing

Response Times: Cover all of Montana from bases in Missoula & Spokane	
Staffing Levels: Missoula:	<ul style="list-style-type: none"> 2 teams: Flight RN & Paramedic: Transport >28 days old & all OB 1 team: Dedicated NICU RN/RN team
Spokane	<ul style="list-style-type: none"> 3 Adult teams: RN/ RRT (cross-trained as NREMT-P & EMT). Transports > 8 years old. 2 Perinatal Pediatric specialty team: RN/ RRT. Transport newborn to 8 years.

Services Available

Scene: All patients, Full services Critical Care Transport Services:

- Dedicated high risk obstetrics
- Neonatal
- Pediatric
- Trauma

Limitations

- Rotor: weight limit is 400 lbs.
- Fixed: weight limit is 400 lbs.

As a general guideline, the widest part of the patient's upper torso cannot exceed 28 inches for all aircraft.

The axial plane (total height) cannot exceed 17 inches for the patients transported in the EC135 RW.

Equipment & Abilities

- Critical Care meds
- Night vision goggles
- Invasive & non-invasive ventilation
- Balloon pump
- Nitric oxide administration
- MOBI
- Ventricular Assist Device transports
- Passengers allowed if weight limit not exceeded

Types of Aircraft

Missoula:	EC 135 RW King Air 90	
Spokane:	EC 135 RW Pilatus PC12	

Montana Trauma System Conference

- Was held September 10th
- 60 people attended
- Deb Syverson, RN Trauma Coordinator at Sanford Health Level II Trauma Center, Fargo, ND presented
- Designation, Inclusion Criteria, Facility Resource Guide
- Web-Based Collector Training
- Best Practices:
 - Chris Benton, Beartooth Billings Clinic
 - Heather Wicks, Livingston Healthcare
- **COMING SOON: MTS presentations & documents will be available on EMSTS website: www.dphhs.mt.gov/ems**



Differences for Plant Hospitals

- One-to-One
- One-to-Many
- One-to-One
- One-to-Many
- One-to-One
- One-to-Many
- One-to-One
- One-to-Many

Web-based Collector Training

- Go Live expected January 2015
- Initial training was held over multiple dates in August.
- Training continued at MTS and several people took advantage of further training at the lab that evening
- Now what?
 - Looking at upcoming dates to continue training
- This is mandatory training for paper abstract users



Rocky Mountain Rural Trauma Symposium

- 303 people attended
- Great presentations on:
 - Disaster Preparedness: Joplin, MO 2011 EF5 Tornado
 - Austere Medicine: Cases from the Last Frontier
 - Shock: Concepts in Resuscitation
 - Scenes of Compassion: Emergency Scene Emotional Crisis
 - Pelvic Ring Injuries
 - Musculoskeletal Trauma: Surviving the Night
 - Excited Delirium
 - Mock Trial
 - Emergency Response to an Armed Intruder
 - Case Studies





2015

Montana Trauma Systems
Conference

Billings

September 23rd

Rocky Mountain Rural
Trauma Symposium

Billings

September 24th & 25th

2015 Montana Trauma System Calendar

STATE TRAUMA CARE COMMITTEE:

February 11
May 13
August 12
November 18

Central RTAC

January 22
April 23
July 23
October 22

Eastern RTAC

March 12
June 11
September 10
December 10

Western RTAC

January 9
April 10
July 10
October 9

Advanced Trauma Life Support (ATLS):

Feb 27 & 28 Great Falls
March 27 & 28 Billings
May 29 & 30 Missoula
November 6 & 7 Billings

Trauma Coordinator Meeting/WebEx:

February 4

Spring Fever: April 11, Missoula

2015 Montana Trauma Systems Conference:

September 23, Billings

2015 Rocky Mountain Trauma Symposium:

September 24 & 25 Billings

Holiday

January						
Su	M	Tu	W	Th	F	Sa
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April						
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July						
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October						
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February						
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May						
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31						

August						
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November						
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March						
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June						
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September						
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26	27	28	29	30		

December						
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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

ATLS Dates

Feb 27 - 28 Great Falls

March 27 - 28 , Billings

May 29 – 30 Missoula

November 6 – 7 Billings

Injury Prevention Coordinator

- Bobbi Perkins took a new position as Bureau Chief at AMDD (Addictive & Mental Disorders Division)
- Interviews have been done
- Will keep you updated!
- Vista: Rosemary Doonan until Summer 2015

NASEMSO/ACS COT Joint Project



- New collaborative effort between these two groups to find common indicators to benchmark trauma systems nationally
- Further discussion will occur at NASEMSO Annual Meeting Oct. 6-10th in Ohio

Update on ACS Decision

- New Level II criteria requires 24/7 in-house anesthesia & OR crew. ACS decision not to change criteria despite much concern and requests from rural Level II facilities.
- The new “Tequilla Sunrise” Resources for Optimal Care of the Injured Patient 2014 is available on the ACS website; facs.org/quality-programs/trauma for download
- There will be a compendium of changes with a cross walk from the 2006 Green Book Criteria to the 2014 Orange Book Criteria next week

