

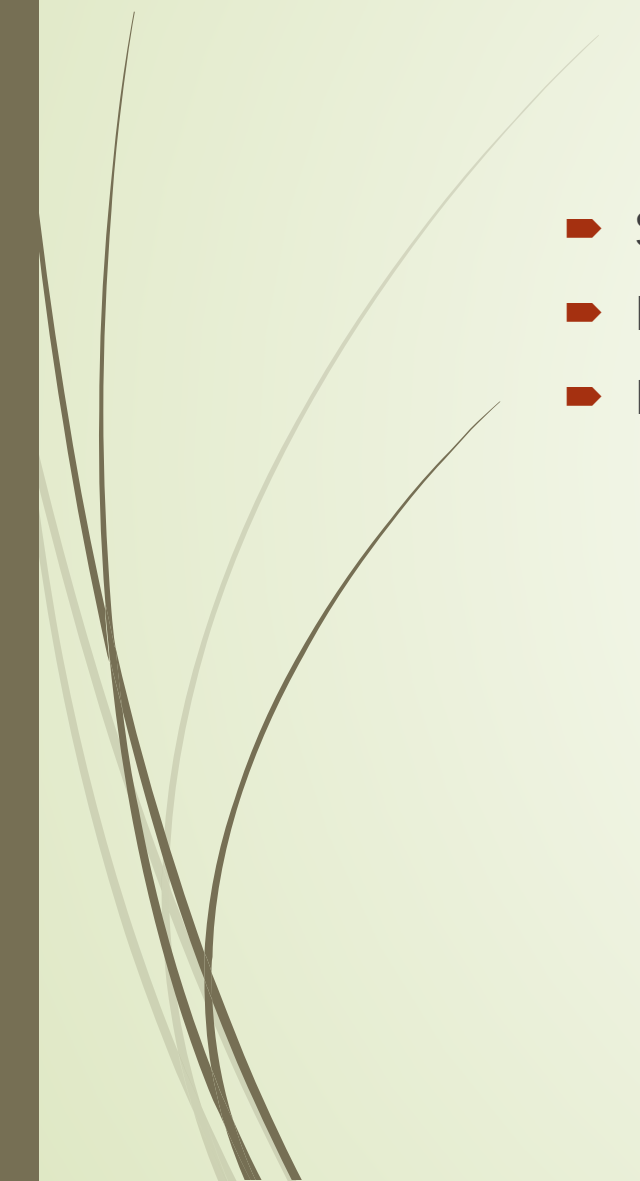


Systems of Care Time Critical Condition

- Tom Nehring
- May 5, 2015



Definitive Care

- ▶ Stabilization vs. definitive care
 - ▶ Eye on where definitive care can be rendered
 - ▶ Reason for system is to give direction prior to event
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Time Critical Conditions Definitive Care In Rural States

- ▶ Tertiary hospitals are few and far between
- ▶ Therefore longer transports and distance are obstacles in rendering definitive care
- ▶ The mere presence of a hospital does not insure that definitive care can be rendered
- ▶ EMS must recognize the facilities within their region that can provide for definitive care
- ▶ Appropriate transport methods must be chosen
- ▶ All stakeholders must be present at the table

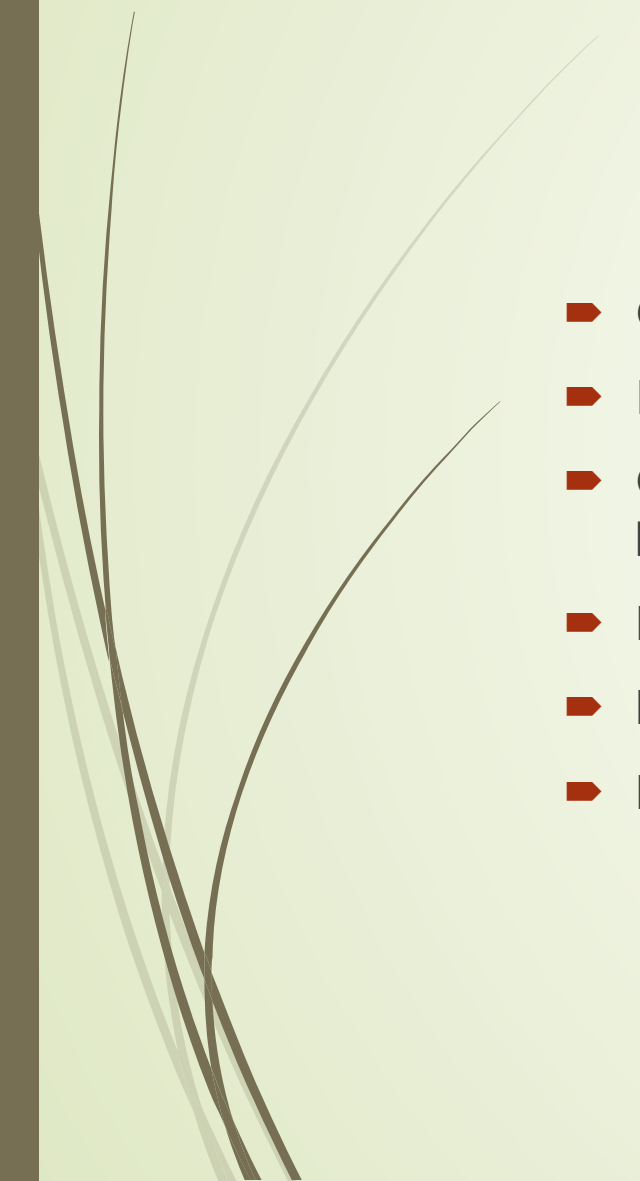


Definitive Care in Rural States

- ▶ DEMST has been given responsibility for Time Critical Conditions system development
- ▶ Includes EMS System, Trauma System, Stroke System and Cardiac System
- ▶ Each system has accompanying statewide continuum representation
- ▶ Evaluation should begin at the start of the process
- ▶ Develop measurement
- ▶ Public/private partnerships are important – cannot afford all resources necessary
- ▶ 1st Step – determine stakeholders – not perfect but a start – add stakeholders as process matures



Definitive Care in Rural States

- ▶ Get champions and early adaptors
 - ▶ Determine elements within each system to launch efforts
 - ▶ Competition should have a low priority – objective third party should be the lead – AHA, State Department of Health, Office of Rural Health, etc.
 - ▶ Enabling legislation
 - ▶ Funding? Private vs. Public
 - ▶ May be easier in less populated states
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Rural Trauma System

- ▶ All but one hospital is designated at some level of trauma designation
- ▶ Levels II through Level V
- ▶ No level I
- ▶ State designation for Levels IV and V
- ▶ ACS designation for Levels II and III
- ▶ All but six hospitals are Critical Access Hospitals
- ▶ Some Level IV and Level V hospitals vary in availability of surgeons and full time ER Physicians



Rural Trauma System

- ▶ State organized in 4 regions
- ▶ At least one Level II in each region
- ▶ Strength – QI or PI process
- ▶ Designation visits – Levels IV and V - Statewide Trauma Coordinator and Surgeon and Trauma Coordinator from Level II facility
- ▶ Mature system in existence for over 25 years



Stroke System

- Six years old
- Was in Chronic Disease
- Transitioned one year ago
- Significant progress
 1. Public education
 2. Hospital designation
 - Comprehensive Stroke Center
 - Primary Stroke Center – JCAHO
 - Acute Stroke Ready Hospitals – State Designation
 3. EMS Transport Plans



Stroke System



- ▶ Signs and symptoms – EMS, public, etc.
- ▶ Based on data early engagement of EMS is essential
- ▶ Over 50% of strokes delivered by POV
- ▶ Data has determined that definitive care can be rendered more quickly if arriving by EMS
- ▶ Determine window of time from onset to definitive care



Cardiac System

- ▶ Youngest of the systems
- ▶ Transition from the STEMI project – grant from The Helmsley Charitable Trust
- ▶ To start - determine elements or components – a few
 - ▶ Hypertension
 - ▶ Congestive failure
 - ▶ STEMI
 - ▶ Prevention
 - ▶ Cardiac Ready Communities (stolen from Montana)
- ▶ Champions – MD's , nurses, EMS, grassroots