

COVID-19 IMPACT SURVEY RESULTS

Working with key stakeholders in the Mississippi Trauma Care System, a survey was developed and emailed to over 300 individuals on August 3. The survey results will quantify trauma system risk and opportunities, as well as aid trauma system planning and change. Thirty-two individuals responded to the survey.

Respondents included hospital executives, trauma medical directors, trauma program managers, registrars, and emergency services providers. Trauma program managers were the largest group of responders (68%).

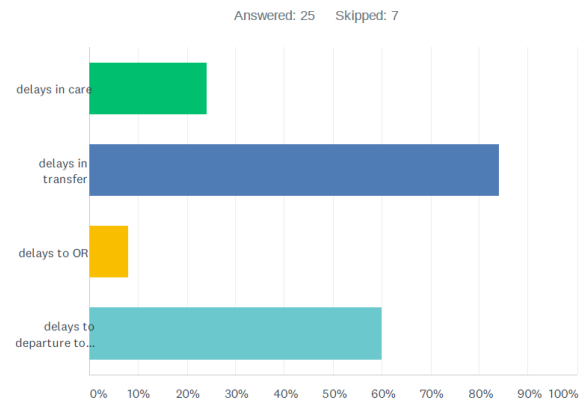
When asked to "Rate the level of stress on the bedside healthcare provider since the COVID-19 pandemic began," the survey showed significant (59%) and severe (19%) impacts on the survey group. However, in data comparisons from the same reporting periods 2019 and 2020, the transfer volumes and the average transfer to acceptance times remained stable. Injury Severity Scores (ISS) were about 6% lower at each ISS level.

An approximate 3% increase was noted in the percentage of EMS delays in trauma patient transfers/EMS total trauma patient transfers.

EMS trauma call volumes were unchanged from 2019 to 2020, based on fifteen (15)

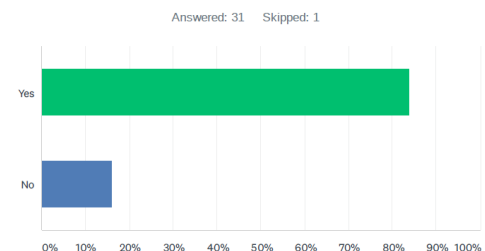
respondents. However, COVID-19 did increase wall times.

Q6 Specific to COVID-19, have you noticed any of the following:



If this is trauma specific, the delays may be reflective of all patients and suggest no delays for trauma patients. The survey indicated that despite the added stress, trauma patient care has remained a high priority and the trauma centers have continued to meet goals of patient care, despite delays.

Q13 Have you been able to stay concurrent with trauma data registry data entry?



In response to a survey question about care provided, most felt patient care remained high. Not surprisingly, most thought

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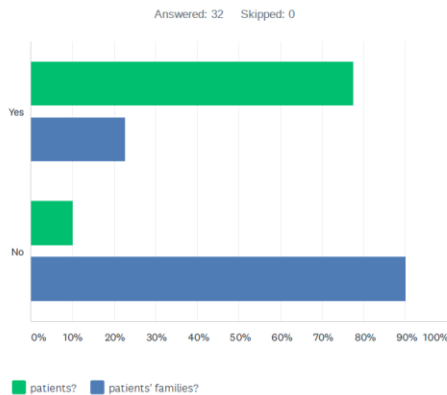
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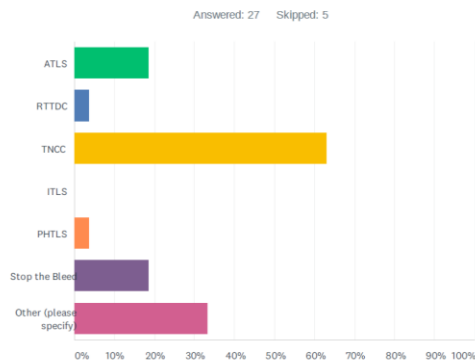
the patient's families did suffer from COVID-19 restrictions.

Q19 Recognizing the stress on resources COVID-19 has created, are you satisfied with the quality of trauma care being provided at this time to your



Education was delayed due to COVID-19 impact. TNCC was most often cancelled.

Q14 Indicate which educational opportunities you have had to cancel, if any.



This indicates that the focus of the MTCSF on TNCC and ATLS offerings were appropriate. Training opportunities will continue to increase, unless hampered by COVID-19 restrictions.

Thank you for your input. For more information on the survey, contact MTCSF staff.

QUARTERLY DISTRICT MEETING PARTICIPATION

MTCSF district meetings will continue in the virtual format. GoToMeeting invitations will roll out soon for our October 13, 2020 meeting in the North District, followed by invitations for the Central district on November 10, 2020 and the South District on December 8, 2020.

MTCSF is continually looking for individuals to present 10-15 minute "Lessons Learned" sessions during the virtual district meetings. This is a knowledge sharing opportunity that may save a life. Contact jgardner@mhanet.org for information.

News & Announcements

MEET THE MTCSF STAFF

John Gardner, Director of the Mississippi Trauma Care System Foundation is pleased to introduce three staff members.

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Dan Burgess comes to us from Gulfport, MS where he was the Trauma Program Manager at Merit Health Biloxi. Dan holds a Master of Nursing Education from the University of Wyoming. He is a member of the Emergency Nurses Association, Society of Trauma Nurses and served on the Government Affairs Committee at both the national and state level, where he was past chairperson. Dan has served on the Journal of Trauma Nursing Editorial Board for several years and contracted as the online editor for the journal. Dan worked as adjunct faculty for the University of Louisiana Lafayette and was full time nursing faculty at Western Kentucky University. He has been a guest lecturer on a variety of topics and is currently a peer reviewer for the Journal of Trauma Nursing and the Journal of Emergency Nursing. Mr. Burgess was appointed to the inaugural Mississippi Trauma Performance Improvement committee. He is experienced in education at the hospital, community college and university levels. He is a TNCC instructor and course director and has been instrumental in advancing a trauma center designation from Level IV to Level II.

Victoria Hickerson comes to the Foundation from Byhalia, MS where she served as an Emergency Department preceptor, charge nurse and trauma registrar at Methodist LeBonheur Olive Branch. Victoria is completing her MSN in education at Western Governor's University. Ms. Hickerson was voted 2019 Nurse of the Year. She is a Certified DECON Instructor and holds FEMA Incident Command System/ Emergency Operations Center certifications 100, 200, 700, 800 and Active Terrorist, also OSHA 10. She is certified in BLS, PALS, ACLS and TNCC. Victoria is experienced with the trauma registry and the challenges of our large number of Level IV centers. She was a DART Team Leader for LeBonheur member hospitals and presented evidence-based research throughout the Methodist LeBonheur System. She was a speaker at the 2018 Association of Healthcare Emergency Preparedness Professionals Annual Conference. Victoria is very active in community outreach for emergency / disaster preparedness.

Mr. Burgess and Ms. Hickerson are Education Coordinators and will work with you to meet educational needs through course coordination, trauma registry support, trauma survey readiness and performance improvement.

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Dr. Sheila Keller is President and Owner of Morgan Keller Consulting, LLC, Brandon, MS. We have contracted Dr. Keller as an analyst to support Trauma Registry improvements and provide required reporting to the MSDH. Dr. Keller has over 20 years of healthcare experience with expertise in quality improvement, patient safety, research, and evaluation. She has over 15 years of academic medical center experience directing research and Evidence Based Practice (EBP) for multi-disciplinary teams and teaching quality improvement at the graduate level. Consulting work includes over 15 years of experience working with the Mississippi Hospital Association, Mississippi Hospital Association Foundation, and other public and private entities in the areas of clinical quality improvement, data analysis, and grant evaluation. Some of you may know her from work on the Hospital Improvement Innovation Network (HIIN), Mississippi Nursing Workforce and the Dreyfus Health Foundation/Kellogg Foundation.

MTCSF BOARD OF DIRECTORS SELECTS CHAIRPERSON-ELECT

MTCSF board member Hans H. Tulip, MD, FACS, who serves as the Trauma Medical Director at Anderson Regional Medical Center,

Meridian, MS, was selected Chairperson-Elect during the September meeting. The Board is fortunate to have Dr. Tulip in this leadership role.



Are you interested in sharing news? You are invited to share recognition, announcements, and new employee and physician introductions to the Mississippi Trauma System in future Newsletters.

Send News and Announcements to
jgardner@mhanet.org

Spotlight on EMS

Mississippi Center for Emergency Services

Mississippi Center for Emergency Services (MCES) recently invited the Mississippi Hospital Association (MHA) leaders to tour their facility. MCES provides clinical and didactic education, advanced response and support services, and a centralized location for all current components of The University of Mississippi Medical Center emergency services programs and initiatives. Mission critical goals are:

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1) To train pre-hospital, public safety officials, emergency responders, and healthcare professionals in Mississippi to provide the highest level of emergency care.

2) To provide the highest level of critical care transport, public safety medical support and disaster medical care in Mississippi.

3) To provide a comprehensive research program to improve the clinical treatment of patients in Mississippi.



MCES is designed to meet the need for rapid, effective healthcare services for critically ill or injured patients in

unpredictable and remote environments. "The programs and trainings provided by MCES are designed to enhance the skills of those responders who will face a medical emergency or disaster in their community. We hope that through a collaborative effort with the MHA we can not only extend the reach of our mission but that of the MHA as well. On average MCES serves over 3,000 patients/customers a month through logistics, support, transport, response, treatment, and training," according to Stephen O. Houck, Director, Mississippi Center for Emergency Services at UMMC.

Trauma Team Activation Criteria

By Dan Burgess

Have you ever found yourself wondering if a patient meets activation criteria for the trauma team?

Patients often meet clearly defined criteria. In some instances, the criteria utilize terms that are undefined. In those circumstances both ALPHA and BRAVO team activations include "Emergency Physician / Hospital Provider Judgment." Remember that the correct thing to do is to err on the side of caution. Over-triage is preferable to under-triage.

External resources that may proactively assist in narrowing those gray areas include the ACS Red Book, Trauma Team Activation Criteria, Destination Guidelines, Bureau of Acute Care Systems, Mississippi Trauma Care System Foundation, and other trauma program managers. Any or all these resources can contribute to informed decisions in cases that may be at risk of falling through the gaps.

If retrospective review from your registry identifies patients with multisystem trauma that did not involve activation of the Trauma Team, then ask the questions: Did the patient meet Trauma Team Activation Criteria? Did we have the necessary information that would lead to an informed decision? Did they fall into a

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gray area? How might we have captured this patient by improved understanding of injuries and mechanisms resulting in a significant transfer of energy?

To make a long story short, when in doubt, activate, err on the side of caution.

Telehealth options are offered by many different facilities and can be great resources. These alternatives connect specialty care with a collaborative approach. Contact your local burn center for additional information on the services they provide.

Telehealth Tell a Friend

By Victoria Hickerson



Did you know Telehealth is available to help evaluate and treat burn patients? Smart phone apps are available in many areas. Regional One Healthcare offers a

free app to support the triage and evaluation of burn patients. The information is secure and HIPPA compliant. The app is user friendly and requires minimal patient information.

The provider can send pictures within the app and work simultaneously to provide the best plan of care. The advantages of this app include patient advocacy, team approach to treatment options and being cost effective. If interested in the Region One app, please contact:

Patty Causey
901-545-6089 Office
pcausey@regionalonehealth.org

Educational Opportunities

October

Date	Course	Contact
1-2	TNCC UMMC	kwilcher@umc.edu
10-11	TNCC Hattiesburg	sshappley@forrestgenera.com
12-13	TNCC Tupelo	jmwilliams@nmhs.net
14-15	ENPC Tupelo	jmwilliams@nmhs.net
16-17	ATLS UMMC	kwilcher@umc.edu
26-27	TNCC (Richland)	shyking2017@gmail.com

November

10-11	ENPC Meridian	shyking2017@gmail.com
11-12	TNCC Tupelo	jmwilliams@nmhs.net
12-13	TNCC Magnolia Regional Health Center	gary.johnson@air-evac.com
13-14	ATLS UMMC	kwilcher@umc.edu
17-18	ENPC Tupelo	jmwilliams@nmhs.net
19-20	TNCC (Instr.) UMMC	kwilcher@umc.edu
20-21	ATLS Hattiesburg	ATGLSbsmith@yahoo.com

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