Mississippi
Trauma Care System Foundation

Trauma Times Sept.-Oct. 2021

Mississippi Trauma Care System Foundation News

Why Was this Transfer Necessary?

Dan Burgess MS RN CEN

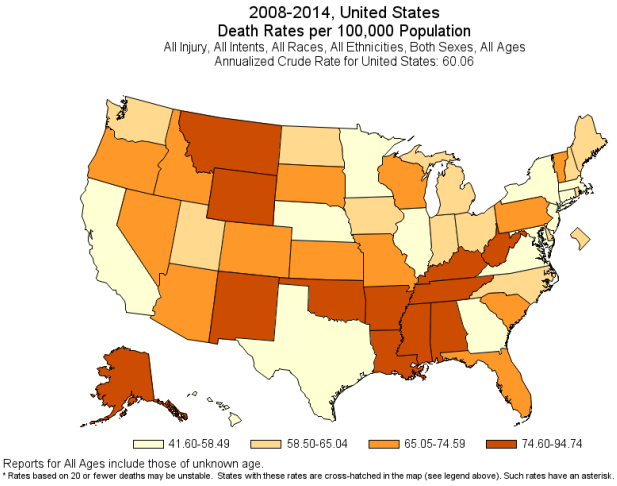
You are never too young, too old, or too new to make a difference.

When a transfer is necessary:

1. Definitive care is delayed, and
2. Valuable resources are encumbered

"Higher death rates for unintentional injury have been reported in rural areas compared with urban areas" .[1]

"Counties were placed in two categories—urban or rural—based on the NCHS urban-rural classification scheme for counties. The current study found that unintentional injury deaths were approximately 50 percent higher in rural areas than in urban areas, partly due to a greater risk of death from motor vehicle crashes and opioid overdoses. Also, because of the distance between healthcare facilities and trauma centers, rapid access to specialized care can be more challenging for people injured in rural areas." [2]



Perhaps we should consider restating an operative question from, 'Was this transfer necessary?' to 'Why was this transfer necessary?' A modifiable contributing factor identified in the CDC press release quoted above included 'rapid access to specialized care.' The Mississippi Department of Health recognizes the need. The Department has addressed it in the Legal Authority and Purpose statement, "To this end, the primary goal of the Mississippi Trauma Care System is to deliver the ***right*** patient to the ***right*** hospital the ***first*** time. The Trauma System of Care Plan, also adopted by the State Board of Health, provides standards in support of this primary goal." [3]

"Mississippi's death rate of 82 per 100,000 people due to injuries, both intentional and unintentional, greatly exceeds the national rate of 62 per 100,000. Despite evidence that most injuries are preventable, they continue to constitute one of the most tragic and costly public health problems to date." [4]

When an injured patient is taken to a facility, and the patient requires transfer to another facility, the primary goal of the Mississippi Trauma Care System has not been met.

To effectively identify the root of the concern, it would be beneficial for facilities transferring trauma patients to review all transfers utilizing the following questions to guide the determination:

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Question	Yes	No
1. Was the injured patient taken to the right hospital the first time?		X
2. Was airway patency a concern? (Unable to secure an airway)		
3. Cardiac Arrest?		
4. Were state destination guidelines followed in determining the appropriate facility?		
5. Were state destination guidelines sufficient to direct to the proper facility? (N/A if answer to # 2 is No)		
6. Were the destination guidelines deficient for identifying a patient requiring a higher level of care? (N/A if answer to # 2 is No)		
7. Were clinical conditions present to identify possible conditions requiring a higher level of care?		
8. Were there abnormal conditions at the hospital resulting in the hospital's inability to meet the patient's needs?		
9. Was the pre-hospital provider/dispatch notified of conditions resulting in alteration of the facility's ability to provide the needed care?		

EMS destination guidelines can be located at:

https://msdh.ms.gov/msdhsite/index.cfm/47,7961,305,382,pdf/MS_EMS_Triage_2017_vf.pdf

Drilling down to identify the root cause of a patient necessitating transfer may be accomplished by answering the above or similar questions along with comments to highlight specific factors contributing to a patient not being transported to the ***right*** hospital the ***first*** time.

[1] Olaisen RH, Rossen LM, Warner M, Anderson RN. Unintentional injury death rates in rural and urban areas: United States, 1999–2017. NCHS Data Brief, no 343. Hyattsville, MD: National Center for Health Statistics. 2019.

[2] Rural Americans at higher risk of death from five leading causes. CDC Press release. Thursday, Jan 12, 2017. https://www.cdc.gov/media/releases/2017/p0112-rural-death-risk.html

[3] FY 2021 Mississippi Trauma System of Care Performance Improvement and Patient Safety Manual approved by the Statewide Trauma System Performance Improvement Committee on January 19, 2021

[4] https://msdh.ms.gov/msdhsite/_static/43,0,98.html Retrieved 12 August 2021

✓ Remember to check the MTCSF Website Calendar for all educational opportunities. https://mstraumafoundation.org/calendar/

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Best Practice: Imaging in Trauma

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University of Mississippi Medical Center

Best practice guidelines are essential to providing quality patient care. They are designed to guide providers in decision-making based on the best available evidence. As a trauma system, we want the best outcomes for our patients. The American College of Surgeons Committee on Trauma (ACS) recognizes the need for best outcomes and has worked diligently to develop guidelines that minimize care variations. Guidelines are not limited to Level I or II trauma centers but are applicable across all levels of trauma care. A listing of ACS trauma guidelines can be found at

https://www.facs.org/quality-programs/trauma/tqp/center-programs/tqip/best-practice.

Imaging is one guideline that is universal to all trauma centers. It is structured to not only provide guidance and performance improvement on which studies to perform, but also includes specific considerations for those trauma centers that transfer patients. It recommends optimal imaging for various injuries, addresses minimizing radiation, provides cautions to consider, and supports early transfer that may otherwise be delayed if extensive studies are being performed. Sharing information between trauma centers is also a vital component.

Section 20 speaks specifically to processes and communication for transfer patients.

- Patients with injuries that exceed a facility's capabilities for treatment require only radiographs needed to identify potential life-threatening injuries that require intervention prior to transfer.
- Do not delay transfer to obtain additional radiologic images.
- All level 1 and 2 trauma centers must ensure capability to view and upload imaging studies from their referring facilities.
- A best practice is to have second-opinion radiology reads at the receiving trauma center, which is essential to identify clinically significant discrepancies that impact patient management.

Section 21 speaks to considerations for performance improvement and implementation.

- Establish a collaborative partnership between the trauma program and the radiology department to address trauma center criteria related to imaging the trauma patient and manage PI processes related to imaging.
- Establish processes to identify and manage delays in image order completion, timeliness of image interpretations, and quality of images that impact patient care or physician decision-making.
- Establish processes to monitor the use of pediatric-specific imaging guidelines and dosing for all pediatric imaging studies.

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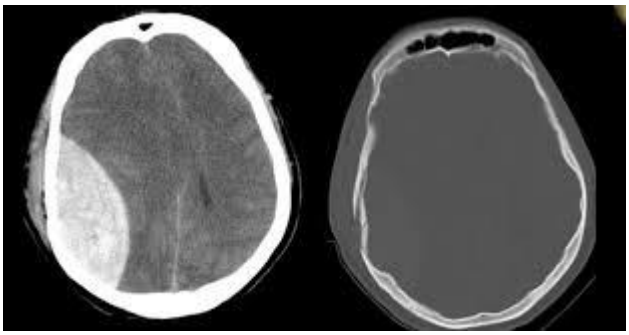
- Monitor the transfer of the patient's images and imaging interpretations to the definitive trauma care facility for timeliness and accuracy.

As a system of care in our state, guidelines like this keep us all on the same page and working to reach rapid transfer to definitive care while ensuring communication of findings is shared between centers. Below is a link to the full text of the guidelines.

https://www.facs.org/-/media/files/quality-programs/trauma/tqip/imaging_guidelines.ashx



How to Stay Trauma Ready in a Pandemic

Victoria Hickerson BSN RN CEDP Education Coordinator MS Trauma Care System Foundation

Commonly, when Mississippi Trauma Care System Foundation (MTCSF) staff calls to check on a trauma program manager (TPM), the TPM reply, "We are inundated with COVID patients, but the trauma patients have not slowed down either. They are still shooting, crashing, and burning!" This can be arduous in a pandemic, which continues to challenge the healthcare world in many aspects, including trauma. The hospitals in Mississippi continue to show how incredibly determined they are to deliver top-level care to trauma patients during these trying times. However, adding to the stress, TPMs are concerned with how to Stay Trauma Ready. How do we continue following the standards of care for trauma patients in the state of Mississippi while providing the highest quality of care for our trauma patients during a pandemic? Many of you probably ask that question daily. As we continue to provide great care while following the standards of care, we are faced with challenges such as staffing, education needs, and questions.

Staffing has proved to be one of the most significant challenges many hospitals are facing. Many of the hospitals are canceling education due to staffing shortages and allocating staff to areas of the hospitals in need. The trauma program is predominantly a manually run program and staffing challenges can make this seem overwhelming.

> *"Communication is probably the most important aspect to staying trauma ready during and after a pandemic."*

MTCSF and the Mississippi State Department of Health (MSDH) strive to provide consistent answers to questions and frequent updates. Some questions seem to have open answers because they may be subjective and need discussion. Many of you have reached out with questions and asked for support from MTCSF. We are grateful for your interest and eagerness to make the trauma system more efficient. MTCSF has recently expanded its communication platforms for trauma program managers.

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TPM's are invited to join monthly calls according to their facility's trauma designation level. The monthly calls are scheduled for Friday at 1 pm. Level I facilities are the first Friday of every month, Level II second Friday, Level III third Friday, and Level IV the fourth Friday. The calls are a great way to support and communicate with hospitals state-wide as we all continue to be trauma-ready amid a pandemic.

Secondly, we encourage you to keep good documentation of your program. Suppose meetings are delayed or canceled due to the COVID crisis; document the cancellation. Try to make up the meeting, if possible. Suppose you must cancel educational courses, document who was scheduled to attend, why it was canceled, and a planned make-up date. If you are taking actions, posting corrective actions, or changing the trauma care process to manage capacity, keep these records separately. Make sure you are following your disaster plan processes. The key is documentation.

The hospitals in Mississippi are doing an outstanding job providing care to trauma patients in the middle of the current pandemic. MTCSF and MSDH are aware of the amazing efforts the hospitals are displaying to continue making trauma care a top priority. The system has seen patients that continue to have car crashes, motorcycle wrecks, sports accidents, and other traumatic mishaps that require emergent care. Trauma continues to be the leading cause of death for ages 1-44. Most importantly, thank you for your perseverance and devotion to the trauma patients in Mississippi.

We are always looking for news stories. Send news and Announcements to
jgardner@mhanet.org

If your contact information changes or you have staff changes, *please notify both MTCSF and MSDH.*

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STOP THE BLEED

SAVE A LIFE

THE COMMITTEE ON TRAUMA

WWW.BLEEDINGCONTROL.ORG

Mississippi Case Reviews: Below, you find several examples of first responders providing life-saving interventions.

2019- 911 call made for a man bleeding in a dollar general. First responders from a volunteer fire department respond first on the scene. They immediately recognized life-threatening bleeding from the man's upper left extremity and applied a tourniquet. The man is transported to the hospital, where he undergoes emergency surgery and is discharged home two days later.

2020- November- 911 call made for possible gunshots. First responders arrived on the scene and

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found a man with a gunshot wound to his lower extremity. The bleeding could not be controlled with pressure, and a tourniquet was applied. The patient was transported to the hospital and survived.

2019- 911 call made for a man stuck in a PTO shaft. Volunteer first responders arrived on the scene first and found a man with both lower extremities and one upper extremity stuck in a PTO shaft. Tourniquets were applied to the lower extremities and bleeding control measures to the upper extremity. EMS transport arrived twelve minutes after first responders.

North District on October 12, 2021
Central District on November 9, 202
South District on December 14, 2021
All District Meetings begin at 10:00 am

There is growing demand to have these meetings in person. If you are interested in being the host hospital for a district meeting, contact the editor. MTCSF has returned to the ZOOM meeting until it is safe to assemble, and you have time to travel to these meetings.

With the addition of the trauma program manager calls, we facilitate a platform for trauma centers of like levels to collaborate.

The district calls will become more directed to trauma medical directors and hospital administrators, including the report from MSDH leaders, designation updates, and the content presented in the past. The calls will be one hour or less.

Immediately after the all-inclusive district call, we will allow senior leaders and physicians to drop off the call. Then, at 11:00 am, the meeting will proceed with a districted discussion of the trauma program managers and registrar. We trust this will be the most efficient for all parties.

Director's Direction

Telehealth in the Mississippi Trauma System?

The Mississippi Trauma Advisory Committee (MTAC) is a designated committee of the Emergency Medical Services Advisory Council (EMSAC), established by statute. Each member is a gubernatorial appointee. MTAC advises the Bureau of Acute Care Systems on the continued development of the Trauma System. MTAC is interested in how telehealth can help the trauma system. As a courtesy to MTAC, MTCSF has emailed a survey to trauma physicians and advanced practice professional providers. I would encourage anyone reading this to share the link with their doctors and APPs. Telehealth can offer patients, families, and providers resources and knowledge without the need to travel. The survey is to identify interests, limitations, and benefits for patient consultation using telehealth. MTAC would greatly appreciate your feedback.

https://www.surveymonkey.com/r/5SV6G55

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