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## **MEMSA BOARD RESOLUTION POSITION STATEMENT ON TCD PROGRAM**

**WHEREAS**, THE FUNDING OF THE TIME CRITICAL DIAGNOSIS (TCD) PROGRAM HAS BECOME UNCERTAIN AND PROBLEMATIC, AND

**WHEREAS**, THE HOUSE OF REPRESENTATIVES PASSED THIS LEGISLATION UNANIMOUSLY IN RECOGNITION OF THE CRITICALITY OF THIS PROGRAM TO THE PUBLIC HEALTH AND SAFETY, AND

**WHEREAS**, THE MISSOURI EMERGENCY MEDICAL SERVICES AGENCY (MEMSA) HAS DEVELOPED A POSITION STATEMENT ON TCD ADDRESSING STATE SUPPORT, SYSTEM DESIGN, ROLE OF EMS REGIONS IN TCD, ROLE OF LOCAL PLANS IN TCD, DATA TRACKING AND ACCOUNTABILITY, AND

**WHEREAS**, THE BOARD HAS DETERMINED THAT THE PUBLIC, LEGISLATORS, STATE OFFICIALS, AND OTHER PARTIES IN THE HEALTH CARE COMMUNITY MUST BE INFORMED OF THE ISSUE SURROUNDING THE TCD PROGRAM, AND

**WHEREFORE**, ON **8 NOVEMBER 2018** THE BOARD OF MEMSA WITH A QUORUM PRESENT BY ROLL CALL VOTE OFFICIALLY ADOPTED THE FOLLOWING POSITION STATEMENT WHICH IS HEREBY INCORPORATED INTO THIS RESOLUTION BY REFERENCE AS IF FULLY SET OUT HEREIN:

AS THE PROFESSIONAL ORGANIZATION WHO REPRESENTS EMERGENCY MEDICAL SERVICES PROVIDERS IN THE STATE OF MISSOURI, WE OFFER THE FOLLOWING POSITION WITH REGARDS TO THE TIME CRITICAL DIAGNOSIS SYSTEM.

### **STATE SUPPORT**

- FUNDING IS IMPERATIVE TO CONTINUE THE EFFORTS OF THE TCD SYSTEM IN MISSOURI TO SUPPORT: DATA TRACKING, ADMINISTRATION, FACILITY DESIGNATION, RURAL HOSPITALS AND UNCOMPENSATED CARE
- THE TCD SYSTEM SHOULD BE A SUB-SECTION OF THE BUREAU OF EMS OR PERHAPS A STAND-ALONE ENTITY THAT HAS REGULATORY AUTHORITY OVER EMS AND HOSPITALS
- REQUIRE ALL HOSPITALS TO GET DESIGNATED AS A STEMI, STROKE & TRAUMA CENTER OR PARTICIPATE IN THE TCD SYSTEM IF NOT MANDATED TO BECOME DESIGNATED

## **SYSTEM DESIGN**

- GUIDELINE AND FRAMEWORK BASED APPROACH TO ALLOW FOR SPECIFIC GEOGRAPHIC NEEDS TO BE MET WHILE ACHIEVING AN OVER-ALL GOAL
- REGULATIONS TO SUPPORT BEST PRACTICES
- BEST PRACTICES DETERMINED BY EVIDENCE AND OUTCOME-BASED RESEARCH

## **REGIONAL PROCESSES**

- REGIONAL NEEDS SHOULD BE ADDRESSED AT THE REGIONAL LEVEL
- DOWNTOWN ST. LOUIS WILL HAVE DIFFERENT PRACTICES THAT RURAL MISSOURI
- IN ABSENCE OF REGIONAL PROCESS, FOLLOW STATE REGULATIONS

## **LOCAL PLANS**

- LOCAL COMMUNITY-BASED PLANS SHOULD BE STRONGLY ENCOURAGED TO ENSURE LOCAL HOSPITAL SYSTEMS AND LOCAL EMS ARE ALL ON THE SAME PAGE
- LOCAL / COMMUNITY-BASED PLANS SHOULD BE THE MOST ENCOURAGED AS THEY WILL BE MOST "CUSTOM TAILORED" TO MEET THE NEEDS OF THE SPECIFIC AREA
- IN ABSENCE OF LOCAL PLAN, FOLLOW REGIONAL PROCESS

## **DATA TRACKING**

- TO ENSURE BEST PRACTICES DETERMINED BY EVIDENCE AND OUTCOME-BASED RESEARCH, WE MUST HAVE DATA THAT IS TRACKED AND TRENDED
- DATA TO EVALUATE HOW THE SYSTEM IS FUNCTIONING AND DETERMINE AREAS FOR PROCESS IMPROVEMENT
- DATA THAT IS STARTED WITH EMS AND FOLLOWS THROUGHOUT THE PATIENT THROUGH THEIR ENTIRE PROCESS (HOSPITALIZATION, REHABILITATION, ETC.)

## **ACCOUNTABILITY**

- WE HAVE STATED WE WILL HOLD EMS ACCOUNTABLE FOR FOLLOWING TCD PROCESSES, WHICH IS SUPPORTED
- WE MUST HOLD HOSPITALS ACCOUNTABLE FOR FOLLOWING TCD AS WELL
- EMS OR A CRITICAL ACCESS HOSPITAL OR LOCAL COMMUNITY HOSPITAL SHOULD NOT BE PRESSURED TO BYPASS SEVERAL L1 STEMI CENTERS TO GO TO ANOTHER FACILITY "IN THE SAME SYSTEM" OR "BECAUSE IT'S EASIER"
- APPROPRIATE FEEDBACK MUST BE PROVIDED TO EMS IN A TIMELY MANNER FOR THE PURPOSE OF LOOP CLOSURE AND QUALITY IMPROVEMENT PROCESSES

THIS RESOLUTION SHALL REMAIN EFFECTIVE UNTIL REVOKED OR AMENDED.

THIS RESOLUTION IS HEREBY ADOPTED ON THIS 12TH DAY OF NOVEMBER 2018.



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RUBY MEHRER, PRESIDENT  
MISSOURI EMS ASSOCIATION

November 12, 2018

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DATE