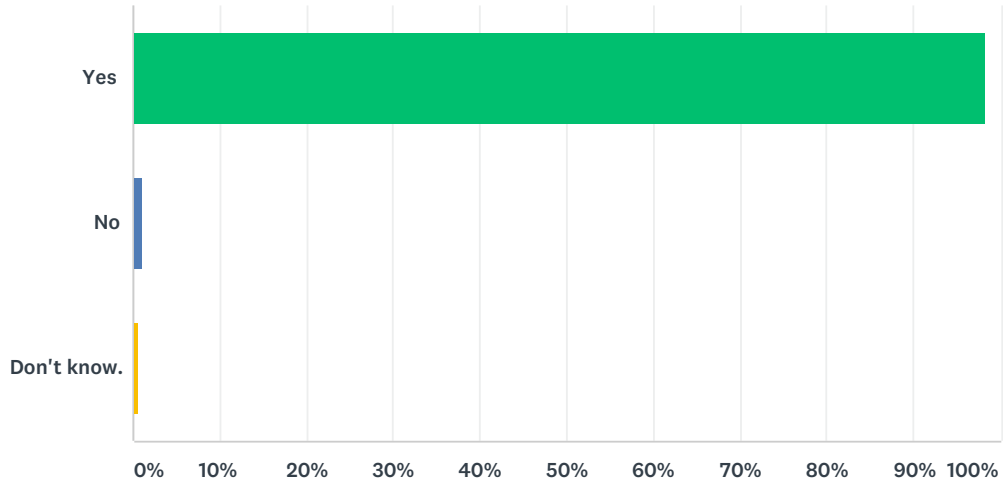


Q1 Does your agency have field protocols for STEMI, Stroke & Trauma?

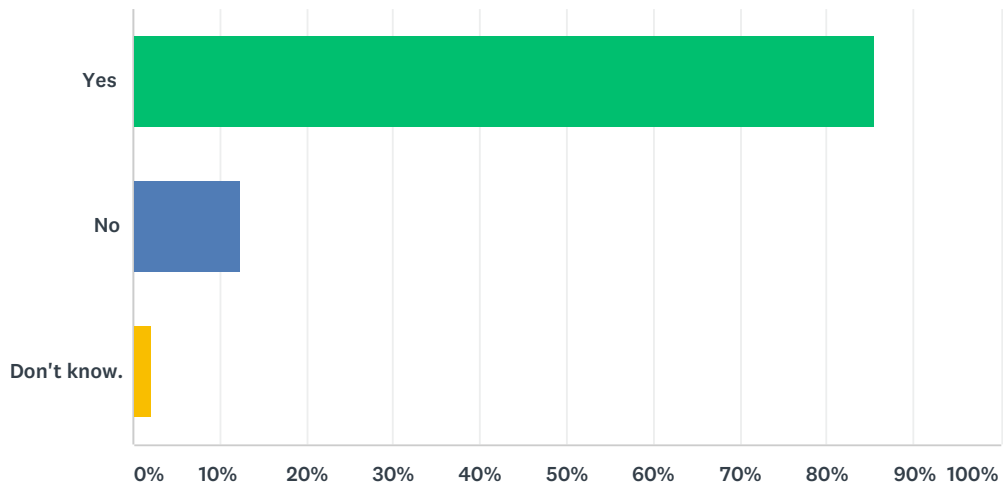
Answered: 349 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	98.28%	343
No	1.15%	4
Don't know.	0.57%	2
TOTAL		349

Q2 Do your STEMI protocols define which hospitals should be receiving these patients?

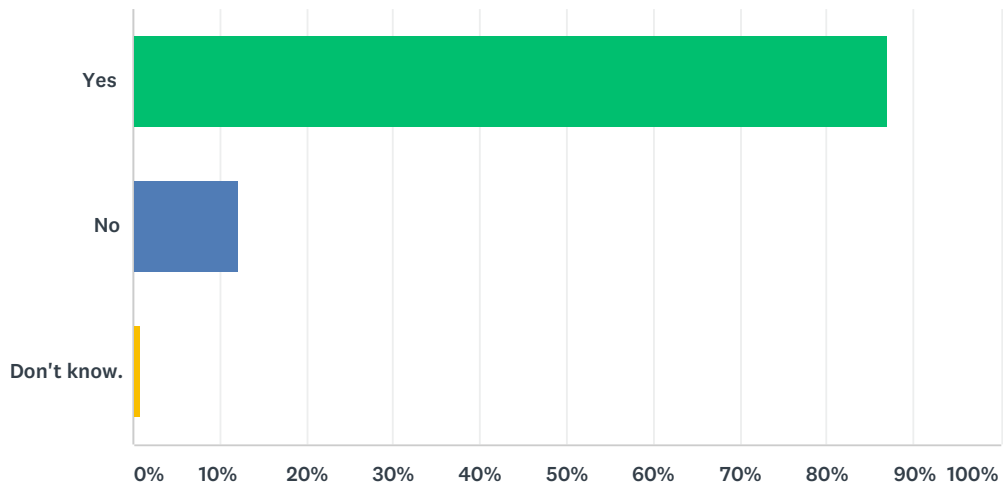
Answered: 348 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	85.63%	298
No	12.36%	43
Don't know.	2.01%	7
TOTAL		348

Q3 Do your Stroke protocols define which hospitals should be receiving these patients?

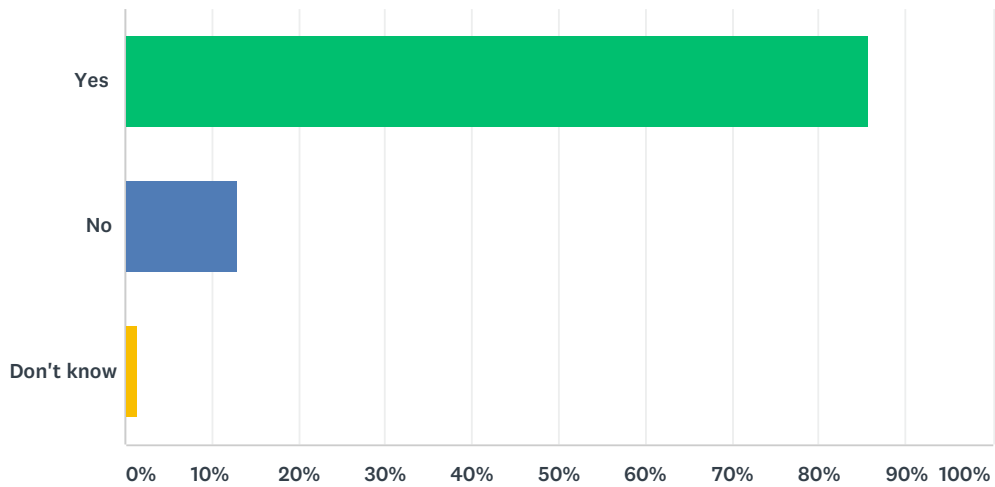
Answered: 348 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	87.07%	303
No	12.07%	42
Don't know.	0.86%	3
TOTAL		348

Q4 Do your Trauma protocols define which hospitals should be receiving these patients?

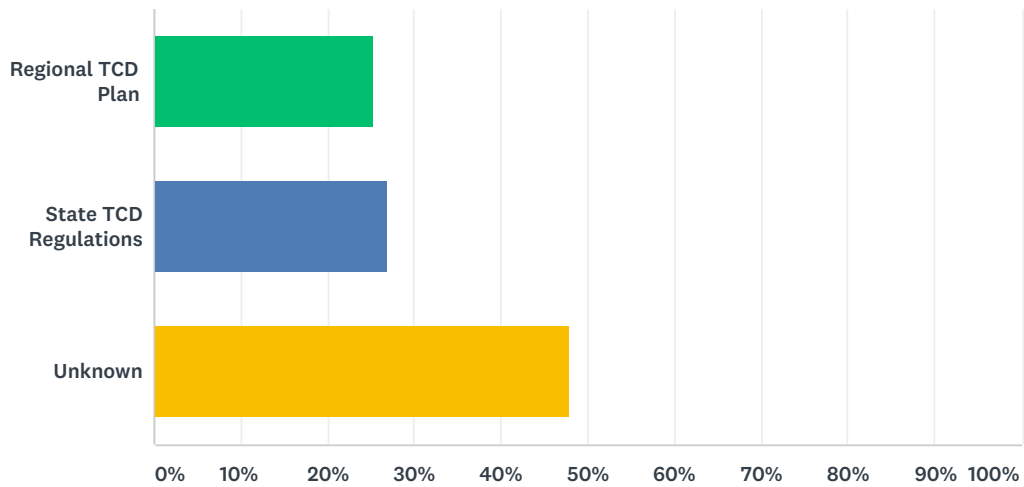
Answered: 349 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	85.67%	299
No	12.89%	45
Don't know	1.43%	5
TOTAL		349

Q5 Are these transport protocols based upon a regional TCD plan or the state TCD regulations?

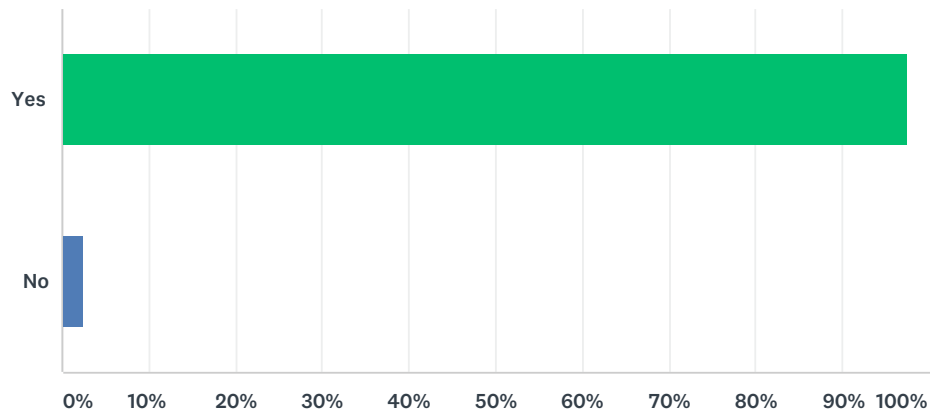
Answered: 349 Skipped: 1



ANSWER CHOICES	RESPONSES	
Regional TCD Plan	25.21%	88
State TCD Regulations	26.93%	94
Unknown	47.85%	167
TOTAL		349

Q6 Do you follow your agency's protocols regarding patient transport of TCD patients ?

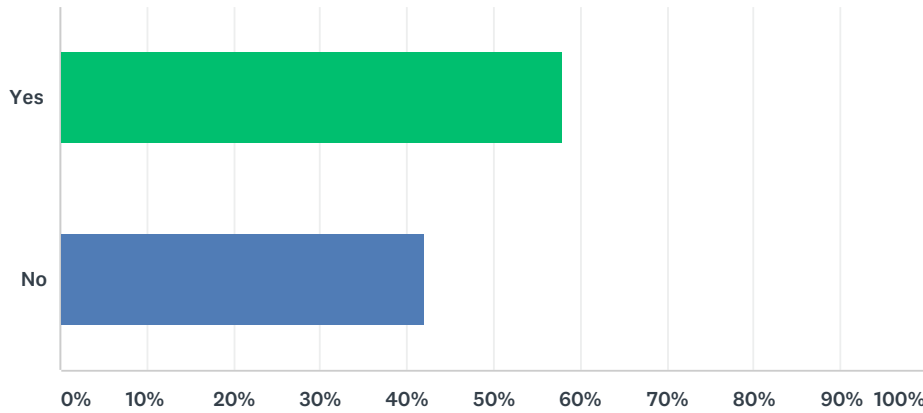
Answered: 348 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	97.41%	339
No	2.59%	9
TOTAL		348

Q7 Do you regularly get feedback on patient outcomes from the hospital regarding STEMI patients?

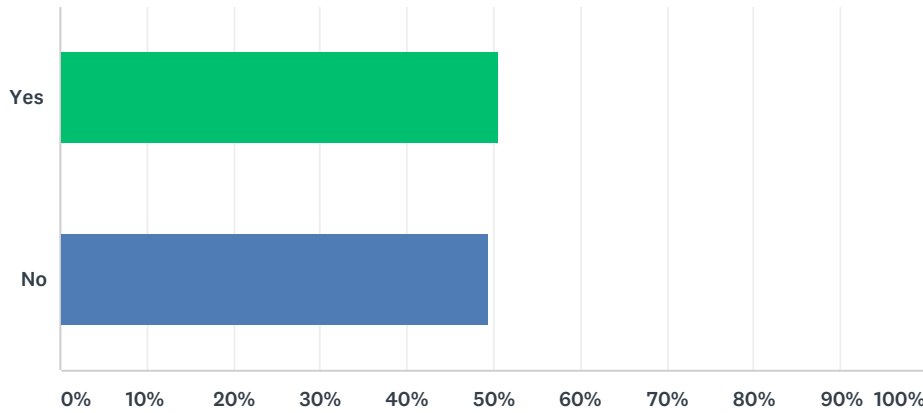
Answered: 349 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	57.88%	202
No	42.12%	147
TOTAL		349

Q8 Do you regularly get feedback on patient outcomes from the hospital regarding Stroke patients?

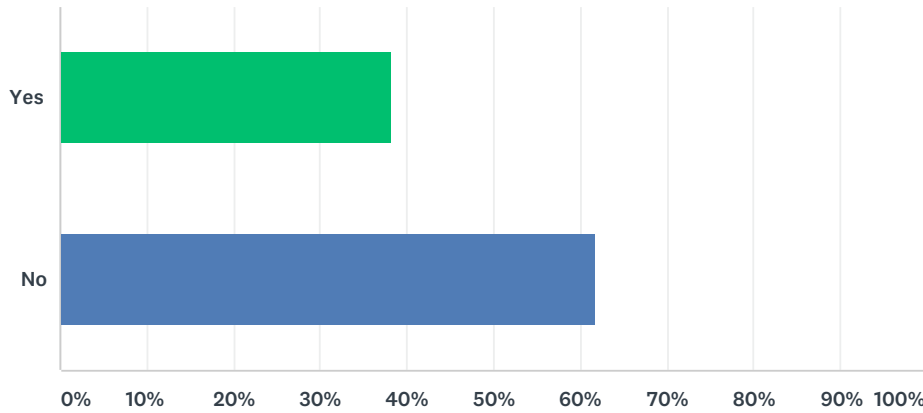
Answered: 348 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	50.57%	176
No	49.43%	172
TOTAL		348

Q9 Do you regularly get feedback on patient outcomes from the hospital regarding Trauma patients?

Answered: 348 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	38.22%	133
No	61.78%	215
TOTAL		348

Q10 What electronic patient care reporting system do you use?

Answered: 338 Skipped: 12

#	RESPONSES	DATE
1	Image Trend Elite	10/20/2018 6:44 PM
2	Image trend	10/20/2018 2:44 PM
3	Ambupro	10/19/2018 10:50 PM
4	ESO	10/19/2018 9:32 PM
5	Image Trend Elite	10/19/2018 3:32 PM
6	Aims	10/19/2018 1:14 AM
7	AIM	10/18/2018 4:23 PM
8	Aims	10/18/2018 3:09 PM
9	AIM (Ambulance Information Management)	10/18/2018 1:13 PM
10	ESO	10/18/2018 3:32 AM
11	ESO	10/17/2018 11:54 AM
12	ImageTrend	10/17/2018 10:52 AM
13	ESO	10/16/2018 5:38 PM
14	ESO	10/16/2018 2:55 PM
15	Ambupro	10/16/2018 12:51 PM
16	Pcr	10/16/2018 11:49 AM
17	ESO	10/16/2018 11:47 AM
18	ePCR	10/16/2018 10:34 AM
19	ESO	10/16/2018 7:22 AM
20	ESO	10/16/2018 7:11 AM
21	ECore	10/15/2018 8:43 PM
22	image trend	10/15/2018 7:03 PM
23	ITE (piece of crap)	10/15/2018 6:42 PM
24	ESO	10/15/2018 5:12 PM
25	Image trend	10/15/2018 4:01 PM
26	ESO	10/15/2018 3:26 PM
27	ESO	10/15/2018 3:05 PM
28	ESO	10/15/2018 2:07 PM
29	imagetrend	10/15/2018 11:16 AM
30	aim and eso	10/15/2018 10:42 AM
31	Zoll	10/15/2018 10:31 AM
32	Image Trend	10/15/2018 10:06 AM
33	MARS	10/15/2018 10:01 AM
34	Image trend	10/15/2018 8:47 AM
35	ESO	10/15/2018 8:42 AM

Missouri TCD Survey - Field Paramedics

36	ESO	10/15/2018 4:21 AM
37	ESO	10/14/2018 7:52 PM
38	ESO suite	10/14/2018 7:46 PM
39	ImageTrend	10/14/2018 7:09 PM
40	ESO	10/14/2018 6:53 PM
41	Image Trend	10/14/2018 4:59 PM
42	ESO	10/14/2018 1:04 PM
43	Image Trend	10/14/2018 12:38 PM
44	Aims	10/14/2018 12:33 PM
45	ESO	10/14/2018 12:30 PM
46	ESO	10/14/2018 12:01 PM
47	ESO	10/14/2018 11:40 AM
48	Image trend	10/14/2018 11:32 AM
49	ESO	10/14/2018 11:30 AM
50	ems charts	10/14/2018 11:08 AM
51	Image Trend Elite	10/14/2018 10:56 AM
52	Image Trend	10/14/2018 10:53 AM
53	emscharts	10/14/2018 10:03 AM
54	image trend	10/14/2018 8:19 AM
55	ems charts	10/14/2018 7:59 AM
56	imagetrend elite	10/14/2018 1:26 AM
57	Imagetrend	10/13/2018 10:24 PM
58	imagetrend, emscharts	10/13/2018 6:24 PM
59	eso	10/13/2018 2:48 PM
60	ESO	10/13/2018 11:30 AM
61	Image trends elite	10/13/2018 7:16 AM
62	Ambupro	10/12/2018 8:38 PM
63	ESO	10/12/2018 6:01 PM
64	ESO	10/12/2018 5:15 PM
65	ESO	10/12/2018 1:56 PM
66	ESO	10/12/2018 11:56 AM
67	Elite	10/12/2018 11:13 AM
68	Zoll epcr	10/12/2018 11:05 AM
69	????	10/12/2018 11:04 AM
70	????	10/12/2018 11:04 AM
71	ESO	10/12/2018 10:54 AM
72	MARS	10/12/2018 9:17 AM
73	ESO	10/12/2018 8:51 AM
74	Eso	10/11/2018 11:31 PM
75	Eso	10/11/2018 10:28 PM
76	ESO	10/11/2018 9:32 PM

Missouri TCD Survey - Field Paramedics

77	Eso	10/11/2018 7:27 PM
78	Image Trend	10/11/2018 7:14 PM
79	ESO	10/11/2018 6:56 PM
80	imagine trends elite	10/11/2018 5:41 PM
81	Image trends elite	10/11/2018 5:41 PM
82	Imagetrend	10/11/2018 5:29 PM
83	Image trends	10/11/2018 5:19 PM
84	lpcr	10/11/2018 5:11 PM
85	Image trend	10/11/2018 4:42 PM
86	ESO	10/11/2018 4:31 PM
87	ESO	10/11/2018 4:20 PM
88	Eso	10/11/2018 4:16 PM
89	ESO	10/11/2018 3:54 PM
90	ImageTrend & Ambupro	10/11/2018 3:45 PM
91	Image trend	10/11/2018 3:25 PM
92	Image Trend	10/11/2018 3:20 PM
93	imagetrend	10/11/2018 3:14 PM
94	Image trend	10/11/2018 2:49 PM
95	Image trend	10/11/2018 2:48 PM
96	Imagetrend	10/11/2018 2:47 PM
97	Image Trend	10/11/2018 2:43 PM
98	Zoll	10/11/2018 2:42 PM
99	ESO Solutions	10/11/2018 2:41 PM
100	eso	10/11/2018 2:05 PM
101	iPCR	10/11/2018 1:03 PM
102	Zoll	10/11/2018 12:45 PM
103	imagetrend	10/11/2018 12:24 PM
104	Rescue Net Tablet PCR	10/11/2018 11:47 AM
105	Imagetrend	10/11/2018 11:33 AM
106	Image Trend	10/11/2018 11:28 AM
107	power chart and imagine trend	10/11/2018 10:42 AM
108	Image Trande Elite	10/11/2018 9:10 AM
109	Image Trend	10/11/2018 8:27 AM
110	Mars	10/11/2018 7:58 AM
111	ESO	10/11/2018 7:21 AM
112	eso	10/11/2018 6:27 AM
113	Zoll Tablet PCR	10/11/2018 4:52 AM
114	Ambupro	10/10/2018 11:45 PM
115	AmbuPro	10/10/2018 11:22 PM
116	Mars	10/10/2018 11:05 PM
117	EMS charts	10/10/2018 11:02 PM

Missouri TCD Survey - Field Paramedics

118	ESO	10/10/2018 10:07 PM
119	I	10/10/2018 8:18 PM
120	ESO Solutions	10/10/2018 8:16 PM
121	ESO Solutions	10/10/2018 8:15 PM
122	MARS	10/10/2018 8:15 PM
123	Ambupro	10/10/2018 7:49 PM
124	ESO	10/10/2018 6:00 PM
125	AmbuPro	10/10/2018 5:35 PM
126	Zoll	10/10/2018 5:32 PM
127	Image Trend	10/10/2018 5:16 PM
128	Zoll	10/10/2018 4:10 PM
129	Epcr	10/10/2018 3:41 PM
130	Zoll	10/10/2018 3:37 PM
131	Operative IQ	10/10/2018 3:32 PM
132	ESO	10/10/2018 2:17 PM
133	ESO	10/10/2018 1:53 PM
134	Aladtech, eso, i forget the one at my third job	10/10/2018 1:46 PM
135	ESO	10/10/2018 1:36 PM
136	ESO	10/10/2018 1:35 PM
137	Image trend elite	10/10/2018 1:23 PM
138	Image Trend Field Bridge	10/10/2018 1:12 PM
139	Imagetrend	10/10/2018 12:56 PM
140	Ambupro	10/10/2018 12:52 PM
141	AmbuPro	10/10/2018 12:20 PM
142	ESO	10/10/2018 12:03 PM
143	Ambu pro	10/10/2018 11:31 AM
144	Ambopro	10/10/2018 11:28 AM
145	HealthEMS switching to ESO	10/10/2018 10:20 AM
146	ESO	10/10/2018 9:19 AM
147	Image Trend Elite	10/10/2018 9:17 AM
148	Image Trend	10/10/2018 9:16 AM
149	Image Trend Elite	10/10/2018 9:05 AM
150	image trend	10/10/2018 8:26 AM
151	ESO	10/10/2018 8:10 AM
152	Image trend	10/10/2018 8:01 AM
153	Health EMS	10/10/2018 6:53 AM
154	ESO	10/10/2018 6:52 AM
155	ESO	10/10/2018 2:36 AM
156	ESO	10/9/2018 11:34 PM
157	Elite.	10/9/2018 11:31 PM
158	iPCR	10/9/2018 10:33 PM

Missouri TCD Survey - Field Paramedics

159	Image trend	10/9/2018 9:02 PM
160	Image trend elite	10/9/2018 8:58 PM
161	ESO	10/9/2018 8:34 PM
162	unknown	10/9/2018 8:22 PM
163	ESO	10/9/2018 8:13 PM
164	Image Trend, previously had Golden Hour	10/9/2018 7:05 PM
165	Image Trend Elite	10/9/2018 6:08 PM
166	code red	10/9/2018 6:00 PM
167	ESO	10/9/2018 5:57 PM
168	ESO	10/9/2018 5:41 PM
169	Eso	10/9/2018 4:15 PM
170	Eso	10/9/2018 4:15 PM
171	ESO	10/9/2018 4:09 PM
172	Imagetrend	10/9/2018 4:05 PM
173	Image trend elite	10/9/2018 3:52 PM
174	AIM/RAM	10/9/2018 3:41 PM
175	ESO	10/9/2018 3:19 PM
176	Image trend	10/9/2018 2:34 PM
177	Image Trend Elite	10/9/2018 2:27 PM
178	Zoll	10/9/2018 2:25 PM
179	I forget	10/9/2018 2:17 PM
180	Image trend	10/9/2018 2:13 PM
181	Image trend elite	10/9/2018 1:52 PM
182	IPCR	10/9/2018 1:48 PM
183	ESO	10/9/2018 1:46 PM
184	ImageTrend	10/9/2018 1:05 PM
185	Physio Control Health EMS	10/9/2018 1:03 PM
186	Image Trend	10/9/2018 1:03 PM
187	ESO	10/9/2018 12:57 PM
188	ESO	10/9/2018 12:45 PM
189	ESO	10/9/2018 12:42 PM
190	Image trend elite	10/9/2018 12:40 PM
191	Elite	10/9/2018 12:40 PM
192	ESO	10/9/2018 12:32 PM
193	ImageTrend	10/9/2018 12:27 PM
194	ImageTrend	10/9/2018 12:26 PM
195	ESO	10/9/2018 12:19 PM
196	Image Trend Elite	10/9/2018 12:15 PM
197	Image Trend Elite	10/9/2018 12:15 PM
198	Image trend	10/9/2018 12:14 PM
199	Imagetrend	10/9/2018 12:12 PM

Missouri TCD Survey - Field Paramedics

200	ImageTrend	10/9/2018 12:02 PM
201	Image Trend Elite	10/9/2018 11:48 AM
202	Elite	10/9/2018 11:34 AM
203	Zoll tablet PCR	10/9/2018 11:28 AM
204	ePCR	10/9/2018 11:26 AM
205	ESO	10/9/2018 10:51 AM
206	Image Trend Elite	10/9/2018 10:17 AM
207	ESO	10/9/2018 10:16 AM
208	ImageTrend	10/9/2018 10:10 AM
209	Unsure	10/9/2018 9:36 AM
210	image trend elite	10/9/2018 9:35 AM
211	MEDS	10/9/2018 9:18 AM
212	ePCR	10/9/2018 9:18 AM
213	ldk	10/9/2018 9:02 AM
214	ipcr	10/9/2018 8:29 AM
215	ESO	10/9/2018 7:49 AM
216	ESO	10/9/2018 7:07 AM
217	ESO	10/9/2018 6:57 AM
218	ESO	10/9/2018 6:44 AM
219	Image Trend	10/9/2018 6:41 AM
220	AmbuPro and Image Trend	10/9/2018 12:12 AM
221	ESO	10/8/2018 11:28 PM
222	Mars	10/8/2018 10:42 PM
223	Zoll	10/8/2018 10:15 PM
224	ESO	10/8/2018 10:14 PM
225	Image Trend	10/8/2018 9:29 PM
226	We is eso which is very hard to record accurate data	10/8/2018 9:27 PM
227	HealthEMS	10/8/2018 9:01 PM
228	Image Trend	10/8/2018 9:00 PM
229	imagetrend	10/8/2018 8:41 PM
230	State EMS bridge (Imagetrend)	10/8/2018 8:28 PM
231	Image Trend Executive	10/8/2018 8:25 PM
232	ESO	10/8/2018 8:17 PM
233	Field bridge	10/8/2018 8:09 PM
234	ESO	10/8/2018 7:56 PM
235	ESO	10/8/2018 7:44 PM
236	Eso	10/8/2018 7:36 PM
237	Health EMS	10/8/2018 7:19 PM
238	Code Red	10/8/2018 6:52 PM
239	Epcr	10/8/2018 6:45 PM
240	ESO	10/8/2018 6:41 PM

Missouri TCD Survey - Field Paramedics

241	ESO Suite	10/8/2018 6:35 PM
242	ESO	10/8/2018 6:31 PM
243	Eso	10/8/2018 6:02 PM
244	ImageTrend	10/8/2018 5:58 PM
245	ESO	10/8/2018 5:55 PM
246	Trubridge	10/8/2018 5:47 PM
247	EMS Charts	10/8/2018 5:22 PM
248	Zoll	10/8/2018 5:08 PM
249	Missouri State Bridge (MARS)	10/8/2018 4:27 PM
250	ESO	10/8/2018 4:26 PM
251	Image trend, MARS	10/8/2018 4:14 PM
252	imiagetrend	10/8/2018 4:01 PM
253	AIM	10/8/2018 3:54 PM
254	Field Bridge	10/8/2018 3:41 PM
255	Elite	10/8/2018 3:41 PM
256	Zoll	10/8/2018 3:34 PM
257	ESO	10/8/2018 3:25 PM
258	field bridge	10/8/2018 3:10 PM
259	Firehouse	10/8/2018 3:02 PM
260	Imagetrend	10/8/2018 2:23 PM
261	MEDS 4	10/8/2018 2:20 PM
262	ESO	10/8/2018 2:15 PM
263	Zoll, Ambu Pro	10/8/2018 2:12 PM
264	Image Trend	10/8/2018 2:11 PM
265	Eso	10/8/2018 2:10 PM
266	Image trend	10/8/2018 1:59 PM
267	ePCR	10/8/2018 1:45 PM
268	zoll epcr	10/8/2018 1:42 PM
269	Zoll	10/8/2018 1:33 PM
270	Zoll	10/8/2018 1:32 PM
271	Health EMS	10/8/2018 1:18 PM
272	MARS	10/8/2018 1:17 PM
273	State based Image Trend	10/8/2018 1:15 PM
274	Healthems	10/8/2018 1:11 PM
275	AMBUPRO	10/8/2018 1:10 PM
276	MARS	10/8/2018 1:10 PM
277	Zoll	10/8/2018 1:00 PM
278	Imagetrend	10/8/2018 12:57 PM
279	Imagetrend	10/8/2018 12:54 PM
280	ESO	10/8/2018 12:48 PM
281	ESO	10/8/2018 12:42 PM

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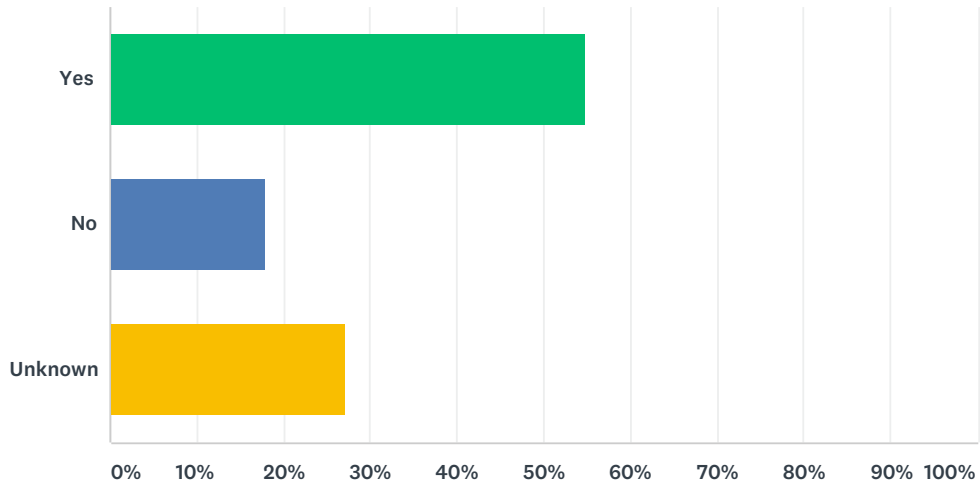
282	ESO	10/8/2018 12:36 PM
283	ESO	10/8/2018 12:35 PM
284	Meds	10/8/2018 12:33 PM
285	ESO	10/8/2018 12:31 PM
286	MARS	10/8/2018 12:30 PM
287	Ambu Pro EMS Software	10/8/2018 12:28 PM
288	iPCR	10/8/2018 12:25 PM
289	Cerner (hospital), ImageTrend (ambulance)	10/8/2018 12:24 PM
290	ESO	10/8/2018 12:18 PM
291	ESO	10/8/2018 12:14 PM
292	Firehouse	10/8/2018 12:13 PM
293	Fieldbridge	10/8/2018 12:12 PM
294	Imagetrend Elite	10/8/2018 12:12 PM
295	MEDS	10/8/2018 12:06 PM
296	HealthEMS Mobile Touch	10/8/2018 12:04 PM
297	Image Trend	10/8/2018 12:01 PM
298	Many	10/8/2018 12:01 PM
299	Mars	10/8/2018 11:59 AM
300	ImageTrend	10/8/2018 11:57 AM
301	Missouri bridge	10/8/2018 11:46 AM
302	Ambu Pro	10/8/2018 11:35 AM
303	Elite image trend	10/8/2018 11:34 AM
304	ESO	10/8/2018 11:34 AM
305	Image Trend	10/8/2018 11:33 AM
306	ESO	10/8/2018 11:28 AM
307	Imagetrend	10/8/2018 11:27 AM
308	Image Trend	10/8/2018 11:25 AM
309	Image Trend	10/8/2018 11:24 AM
310	Imagetrend	10/8/2018 11:23 AM
311	Just changed to Image Trend	10/8/2018 11:22 AM
312	Zoll	10/8/2018 11:20 AM
313	Eso	10/8/2018 11:17 AM
314	ESO	10/8/2018 11:12 AM
315	MEDS American Medical Response	10/8/2018 11:11 AM
316	ESO	10/8/2018 11:08 AM
317	ESO	10/8/2018 10:59 AM
318	Code Red	10/8/2018 10:56 AM
319	eso	10/8/2018 10:51 AM
320	Image Trend Elite	10/8/2018 10:50 AM
321	ESO	10/8/2018 10:46 AM
322	Zoll	10/8/2018 10:46 AM

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323	ImageTrend	10/8/2018 10:45 AM
324	Imagetrend	10/8/2018 10:45 AM
325	Code Red	10/8/2018 10:44 AM
326	Trend	10/8/2018 10:44 AM
327	Sansio HealthEMS	10/8/2018 10:42 AM
328	Health EMS	10/8/2018 10:41 AM
329	ESO	10/8/2018 10:40 AM
330	Ambu pro	10/8/2018 10:38 AM
331	Imagetrend	10/8/2018 10:28 AM
332	Image trend	10/8/2018 10:20 AM
333	EPCR	10/8/2018 10:16 AM
334	Image Trend	10/8/2018 10:10 AM
335	ESO	10/8/2018 10:00 AM
336	ImageTrend	10/8/2018 9:55 AM
337	ESO	10/8/2018 9:54 AM
338	ImageTrend Elite	10/8/2018 9:47 AM

Q11 Do your patient care reports get electronically submitted to the STEMI, Stroke or Trauma center?

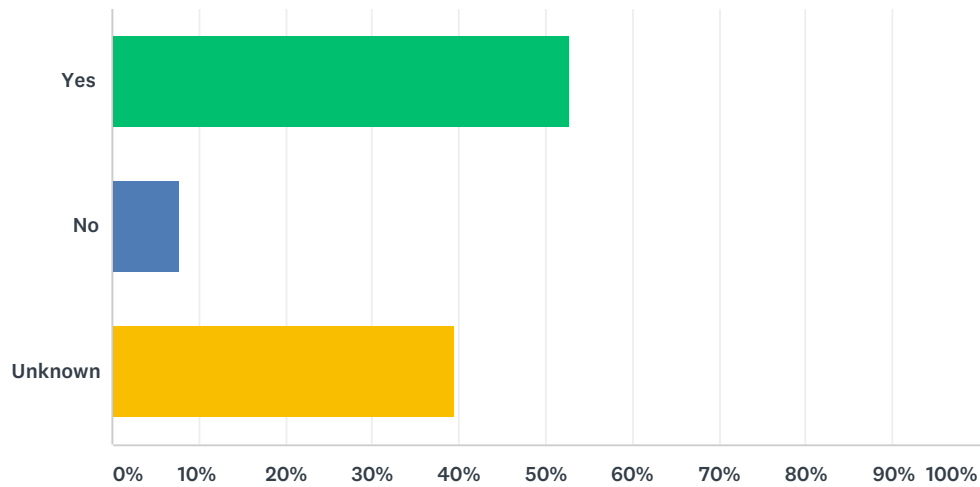
Answered: 346 Skipped: 4



ANSWER CHOICES	RESPONSES	
Yes	54.91%	190
No	17.92%	62
Unknown	27.17%	94
TOTAL		346

Q12 Does the TCD system in your area help improve the outcome of patients?

Answered: 349 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	52.72%	184
No	7.74%	27
Unknown	39.54%	138
TOTAL		349

#	COMMENTS	DATE
1	observation is that There is still a "prove to me your sick" attitude in the Receiving facilities and the disconnect between EMS and Receiving facilities creates a delay in care. EMS can advise of a Stroke, STEMI or Trauma ALERT but there is not always follow through on the ER side. They want to evaluate the patient further before calling the Alert and moving the patient into definitive care. There needs to be some type of team building and collaboration between the two agencies to build trust such that if one feels like this is a stroke or this is a STEMI or this patient is worthy of calling a trauma alert then the receiving facility makes it so. I feel like if all players are not on the same page there can be no improvement in patient outcomes. Also regarding the collection of Data... If the receiving hospital is collecting the Data from the EMS service it should be more accurate and it is should be a more linear system.	10/18/2018 3:32 AM
2	The right PT to the right hospital.	10/16/2018 2:55 PM
3	Hospital does not have the proper staff standing by when we call a pre-hospital report	10/16/2018 7:11 AM
4	Our system only addresses the hospitals in the same system as our medical direction.	10/15/2018 6:42 PM
5	Some collaboration is completed.	10/15/2018 5:12 PM
6	Probably.	10/14/2018 7:52 PM
7	We have hospitals that claim to be "level 3" trauma centers but no one in the city trusts them	10/14/2018 1:04 PM
8	No feedback on outcomes.	10/14/2018 12:01 PM
9	..	10/14/2018 7:59 AM
10	I think it does where the local personnel are properly trained on the proper destination for patients.	10/13/2018 6:24 PM
11	But still more feedback would be helpful.	10/12/2018 11:05 AM

Missouri TCD Survey - Field Paramedics

12	I have always taken patients o the most appropriate hospital before TCD. I continue to do so when the patient allows transport to the best closest facility.	10/11/2018 5:29 PM
13	We have a level 3 cardiac and stroke center in our area that has not be beneficial for our patients. They continue to ask "Why are you coming here with these patients."	10/11/2018 11:33 AM
14	I work for ... in St. Louis County and even though our protocols do not specifically state which hospitals we should take our TCD patients to, we have a listing of all the hospitals within our St. Louis region regarding their TCD status (i.e. Level 1 Trauma, STEMI, Stroke). This is how we base the most appropriate TCD facility to transport our patients.	10/11/2018 11:28 AM
15	most of the time	10/11/2018 9:10 AM
16	n/a	10/11/2018 4:52 AM
17	Not at ... where field stemi's don't go to cath lab, they stop in ER and from what i have seen 20 to 40 minutes later they go to cath.	10/10/2018 1:46 PM
18	I would assume yes but we do not get sufficient feedback on our patients and only have regional comparisons which may not be similar to our type of service. We only get feedback on a very small portion of our calls.	10/10/2018 12:52 PM
19	Some of your questions that you had that asked if you get Feedback on your patient you should have also included sometime I do and sometimes I don't. On the Out Come of the pt going to a TCD system you should also have sometimes. There are too many factors in the out come of the patient who has went to the TCD system hospital that should be included in the survey.	10/10/2018 9:05 AM
20	Patients getting the medical treatment that they need at hospitals that specialize in Stroke, STEMI, and Trauma. There are less unnecessary transfers between small community hospitals and specialty hospitals. General outcome is better due to fast diagnosis and treatment.	10/9/2018 6:08 PM
21	The hospital does not follow TCD guidelines like they should and will not activate the cath lab 100% of the time also it is a rare occasion to go straight to CT. The hospital believes registering a patient can not wait and must be done in the room beforehand.	10/9/2018 1:48 PM
22	Only 1 hospital in area, can handle STEMI, usually we fly Trauma and Strokes due to transport distances of over 100 miles to....	10/9/2018 1:46 PM
23	I believe if all region, regional and State's SOG or protocols where inline with TCD system we would see more patients benefiting	10/9/2018 1:03 PM
24	Taking TCD Stemi, Stroke, and Trauma pt's to a Class 3 center that is 30 min away, when a Class 1 is 50-60 minutes away is an absolute waste of time and Delays better pt care and more advanced treatment.	10/9/2018 12:40 PM
25	Our small local hospital does the best they can, all TCD pts do end up being transferred to larger hospitals	10/9/2018 12:40 PM
26	our hospital gives us great feedback on stroke and stemi. We have to call and wait a week to hear about our trauma calls	10/9/2018 12:27 PM
27	Absolutely	10/9/2018 12:15 PM
28	By identifying the key factors that make for the transportation of the appropriate facility I do believe that we are making a difference in the patient outcome.	10/9/2018 12:15 PM
29	I would assume so, given that we're taking these patients directly to definitive care instead of critical access hospitals that can't intervene quickly.	10/9/2018 12:02 PM
30	NA	10/9/2018 10:17 AM
31	too many times that I have done all the things asked of us, recognize, treat and activate, the hospitals redo the same steps and the patient spends 20 minutes or more in an ER room or worse gets transferred to another facility for "more definitive care."	10/9/2018 9:35 AM
32	In regards to stroke patients..If they are outside the window for TPA that facility should be able to be bypassed to get them to a retrieval facility. Having to stop and have them evaluated only to be transferred out shortly after is a detriment when you consider an additional 5-10 minutes transport to a retrieval center could have been alleviated the patient undue time loss.	10/9/2018 6:41 AM
33	Many times in our area TCD for strokes stopping at our local Level 3 facilities delays definitive treatment to patients having an acute stroke.	10/8/2018 10:42 PM

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34	We have quarterly meetings with them at which we Express concerns and many times go unanswered	10/8/2018 9:27 PM
35	I have no understanding of how the TCD system works. It's not well explained or utilized at my agency. We have protocols that are in line with TCD recommendations but it's a one way street.	10/8/2018 6:31 PM
36	We follow specific guidelines based on assessment and history triggers identified during patient contact. Our geography and transport times to other tcd centers make triage of these patients crucial. Transport to the closest appropriate facility is the underlying theme in our protocols	10/8/2018 6:02 PM
37	Sometimes. No all hospitals follow TCD practice appropriately. As I understand it, the TCD system is designed to expedite intervention to time-critical diagnosis. When prehospital personnel identify a TCD emergency in the field and report it to the hospital, certain centers choose to transfer care in an ED room, re-perform all the diagnostics the paramedics have already done and then initiate TCD activations (e.g. STEMI's don't go straight to the cath lab, strokes don't go straight to CT, etc.).	10/8/2018 5:22 PM
38	All our pts usually go to the same hospitial and getting feed back is next to impossible from ...	10/8/2018 3:54 PM
39	Our reports are faxed electronically to all hospitals. If they do not receive them then they call and ask for them and we fax them to the Stemi/Stroke Centers.	10/8/2018 12:28 PM
40	More districts need to work on utilizing TCD. They have a problem with knowing the difference between the closest appropriate facility vs the closest facility.	10/8/2018 12:14 PM
41	I work in a very special section of Missouri, I work full time in ... the local hospital is not a TCD facility for anything, we are 65-70 miles from a level 1 stroke, trauma and cardiac facility but, we have a level 3 trauma, level 3 stroke and a level 4 cardiac facility 30 miles in the opposite direction. Due to the Current TCD guidelines we have to transport pts to a facility 30 miles in the opposite direction of most of there Doctors when they get to that facility they are then transferred to ... , I believe we are doing these pts a disservice by delaying definitive care when a level three (has to have a plan to get pts to definitive care) we are that plan prehospital is the plan. I know level three trauma centers are supposed to take the strain off the bigger hospitals but it creates problems for services like mine. I propose all hospitals with a transport agency that runs transfers for that hospital be granted Level 3 status that way we are not passing appropriate hospitals to take pts 30 miles from home in the wrong direction. If you have questions you can call me 660-631-0019 I would love to speak to someone about this issue.	10/8/2018 12:12 PM
42	Due to regulations we are forced to take patients to the local lever II facility which does not have an on-site neuro or cardiologist 24/7. This means the stroke/stemi team has to be activated and has a "window" to respond versus getting them to a facility that is turn-key and ready to go. The local level II facility transports a lot of patients via helicopter due to their lack of facilities/staff therefore wasting time and dumping extra expense on the patient.	10/8/2018 12:01 PM
43	All TCD patient care is driven by these protocols	10/8/2018 11:34 AM
44	I believe so, only by what I see in terms of talking with other people and TCD managers.	10/8/2018 11:28 AM
45	I doubt it. People seem to go to the closesy hospital no matter what. It is a level 2 trauma but level 1 stroke and STEMI.	10/8/2018 10:46 AM
46	Sometimes yes sometimes no. Depends on if ... actually does what's in the best interest of the patient (which rarely happens) instead of sitting on them in the ER for hours on end so they can milk the pt for as much money as possible.	10/8/2018 10:44 AM
47	Several areas of improvement. Feedback is the largest area of deficit. Would also like feedback on patients that may not be STEMI, stroke, or trauma, but we transported to a TCD center because they were borderline.	10/8/2018 10:42 AM
48	We don't really get much feedback from the hospital on what impact our work truly does for these patients and their outcomes. I feel having protocols on facility selection for tcd has helped many of our newer staff. The phrase "appropriate facility" comes up and we've had lots of conversation about what makes it appropriate per condition and why each facility is a good or bad option for this case.	10/8/2018 10:41 AM
49	Since ... is not a TCD center...	10/8/2018 10:28 AM

Q13 What could be done to improve the TCD system?

Answered: 202 Skipped: 148

#	RESPONSES	DATE
1	Many times we are diverted from going straight to cath lab at some of the reviving centers. On stemi patients. Stream line this to decrease the delays.	10/20/2018 2:44 PM
2	Develop one in the first place.	10/19/2018 10:50 PM
3	Get information about patient outcomes.	10/19/2018 9:32 PM
4	N/A	10/19/2018 3:32 PM
5	To have better mutual respect between ambulance agencies and the emergency medical staff at the receiving hospital. This is mainly ground work that needs to be established by ambulance personnel in quick and accurate diagnosis and transport to the appropriate facility and giving the hospital plenty of time to activate its resources. There are many ambulance services that fail to recognize, activate hospital resources, and provide adequate pre hospital care to the patient to allow the hospital the means to get the patient were they need to go quickly. Also a lack of communication from the hospital effects this due to there being a lack of information on if the hospital has cardiac intervention available with out having to call and wait which delays transport or transport is began to said facility and it does not have interventional cardiac or stroke team that day. Better communication between ems and hospital is paramount and better education and recognition for ems personnel is important	10/19/2018 1:14 AM
6	Better feedback on patient visiting and status as well as automatic chart QA/QI	10/18/2018 4:23 PM
7	Better educations of the regions together as a group so that all players are on the same page. Stroke centers need to be better defined some lower level stroke centers can do very little to intervene on the patients behalf but feel obligated to see them which further delays care. We need to resolve the fear of liability and discoverable evidence by the legal community with EMS, it puts a roadblock in the path of improving the system and does not allow for open communication. Receiving TCD facilities should be required to follow through on EMS recommendations for calling an alert at least at some level. Are in house strokes tracked and followed in the sytem records? If not they should be. If they are allowed to fall out of the tracking system somehow that is a problem.	10/18/2018 3:32 AM
8	Better feedback. Knowledge of ground service persons and how and where to transport TCD patient's to.	10/17/2018 10:52 AM
9	HELP THE RURAL SERVICES SO WE DONT HAVE TO TRANSPORT AN HOUR TO TWO HOURS TO STEMI ,STROKE AND TRAUMA	10/16/2018 5:38 PM
10	Assign permanent funding to manage the program.	10/16/2018 2:55 PM
11	Make pt care reports more easier to share with other medical professional and easier to access from the field.	10/16/2018 12:51 PM
12	Not sure	10/16/2018 11:49 AM
13	NA	10/16/2018 10:34 AM
14	Provide more training on TCD involving the TCD system from first responders to those involved in patient recovery, I.E. surgeons, ER Doctors, ICU etc.	10/16/2018 7:22 AM
15	Hospital's must listen to the field medics and trust their judgment when they call in a MI or CVA instead of waiting for the hospital staff to make the call.	10/16/2018 7:11 AM
16	Public and easily accessible information on hospital ratings in different TCD areas.	10/15/2018 6:42 PM
17	Regional training opportunities	10/15/2018 5:12 PM
18	More info to the Street medics	10/15/2018 3:26 PM
19	Did not know it existed	10/15/2018 10:42 AM
20	Better patient follow up	10/15/2018 8:47 AM

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21	Trust of hospitals for the field providers and their field impression.	10/14/2018 7:52 PM
22	More feed back from hospitals on what happened to the patient and what could be done better	10/14/2018 7:46 PM
23	N/C	10/14/2018 6:53 PM
24	level two trauma centers are kinda pointless. Most of them have a twenty minute response time for a trauma surgeon. I can get a patient transported to a level one that has a surgeon on site in the same time or less	10/14/2018 1:04 PM
25	Have the health insurance companies lose their in and out of network rules	10/14/2018 12:38 PM
26	Update stroke/stemi to the point where these patients aren't being transferred out immediately to their parent hospital. i.e. receiving a stroke/STEMI pt then immediately transferring them ... We could've taken the pt directly to a more appropriate hospital in the first place. During the transfer the patient is passing closer appropriate hospitals because ... wants them kept in their system for monetary reasons. This isn't fair to the pt or family. This is just an example, it happens with several hospital systems.	10/14/2018 12:30 PM
27	ER physicians putting more trust in the findings and opinions of EMS.	10/14/2018 12:01 PM
28	Nothing	10/14/2018 11:32 AM
29	Actively involving EMS providers in planning or development of future Protocols. Not managers, but the actual boots on the ground.	10/14/2018 11:30 AM
30	n/a	10/14/2018 11:08 AM
31	N/A	10/14/2018 10:56 AM
32	The implementation of Pulsara State wide, or a similar platform that allows prehospital and the hospital all immediate access to all pertinent information.	10/14/2018 10:04 AM
33	Have nurses listen to EMS while giving report rather than just pass us off like we don't know what we are doing. It seems like every time we give report we are having to give it 3 or 4 times bc they missed it or were not paying attention. Trust EMS on our treatment and not change what the trauma criteria is depending on the RN who is taking radio report.	10/14/2018 8:19 AM
34	..	10/14/2018 7:59 AM
35	Better communication across the board along with updated education regularly on the ever changing matter. System specific improvements of TCD would be best improved with easy access to statistic of patient outcomes per district, hospitals, ect.	10/14/2018 1:26 AM
36	Better education of personnel on where patients should be transported in time critical patients. Better education of emergency room personnel at hospital. Many times I have taken patients past STEMI or stroke appropriate hospitals to go to another hospital further away during hospital to hospital transfers of those patients.	10/13/2018 6:24 PM
37	I'm not sure	10/12/2018 6:01 PM
38	none	10/12/2018 1:56 PM
39	I Don't Know	10/12/2018 11:56 AM
40	The hospitals could pay better attention to patient reports on arrival. They do no listen and then we are stuck at the hospital for 30 minutes answering questions that were answered in the transfer of care report but they were not paying attention.	10/12/2018 11:13 AM
41	Would like more feedback on trauma patients as they go thru process see their outcome.	10/12/2018 11:05 AM
42	???	10/12/2018 11:04 AM
43	???	10/12/2018 11:04 AM
44	From my experience it is working fine.	10/12/2018 9:17 AM
45	Unknown	10/12/2018 8:51 AM
46	Issue the guidelines clearly on a website	10/11/2018 10:28 PM
47	Have the doctors and rn listen to our call reports and diagnostics rather than wait and reevaluate everything after we get there	10/11/2018 7:27 PM

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48	Keep the program EMS centered and not hospital centered. It should be about pt outcomes and improving pt. outcomes not money or status.	10/11/2018 7:14 PM
49	Re evaluate whether the government really needs to be involved.	10/11/2018 5:29 PM
50	Ability to read troponin levels in the field	10/11/2018 5:19 PM
51	Force patients that call 911 to go to the closest appropriate facility!!	10/11/2018 4:42 PM
52	Taking patients straight to cath lab would be better. I have found that when calling in a stroke alert we go to CT-scan right away more often even when not 100% sure on the stroke. I've had positive stemi signs on the 12 lead and still gone straight into a ER room.	10/11/2018 4:31 PM
53	When we call in and give patient info have the hospital enter him in the system. This way we don't have to stop so they can enter him in the computer before treatment. And accept the blood taken by the paramedics.	10/11/2018 4:20 PM
54	The main hospital we transport to, which is a trauma, stemi and stroke center, is very poor on their activation and often times are not prepared when we arrive.	10/11/2018 4:16 PM
55	?	10/11/2018 3:54 PM
56	List hospital names that handle particular types of patients	10/11/2018 3:45 PM
57	Nothing	10/11/2018 3:25 PM
58	No comment at this time.	10/11/2018 2:49 PM
59	No comment at this time.	10/11/2018 2:48 PM
60	None	10/11/2018 2:43 PM
61	Streamlining process for regional plans to be adopted and approved. Increasing EMS involvement in the process.	10/11/2018 2:42 PM
62	Better communication between the hospitals and EMS in our region.	10/11/2018 2:41 PM
63	Better feedback	10/11/2018 12:45 PM
64	standard protocols between all ems agencies and receiving facilities	10/11/2018 12:24 PM
65	Improved pt outcomes post pre-hospital medical care. Example pt care report of pt after being at the hospital per outcome.	10/11/2018 11:47 AM
66	Hospitals that are determined to be level 3 centers need to be held accountable for this service.	10/11/2018 11:33 AM
67	I would like to see an updated listing of hospitals that can handle specific TCD patients. We hear rumors that certain hospitals have received their TCD credentialing but it's just that rumors. Having actual facts would make it easier for all EMS agencies to be on the same page.	10/11/2018 11:28 AM
68	More consistency from the receiving hospitals on activations	10/11/2018 9:10 AM
69	Additional education for outlying hospitals	10/11/2018 7:58 AM
70	n/a	10/11/2018 4:52 AM
71	N/A	10/10/2018 11:45 PM
72	Feedback from trauma would be nice to know what injuries were found	10/10/2018 11:05 PM
73	Shorter times and more paramedics	10/10/2018 8:16 PM
74	Shorter times and more paramedics	10/10/2018 8:15 PM
75	Better feedback about patient outcomes	10/10/2018 7:49 PM
76	n/a	10/10/2018 6:00 PM
77	More common sense in time to TCD hospital	10/10/2018 5:32 PM
78	N/A	10/10/2018 4:10 PM
79	The need to get more critical hospital and facility in the rural area to decrease the amount of time that some patient are on the road. The air medical transport is not always available. The focused need to be more on improving outling Hospital to become comparable to the large hoptials.	10/10/2018 3:41 PM
80	Nothing at this tome	10/10/2018 3:32 PM

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81	Ensure we get feedback on our patients so we can ensure the care we give is making a difference.	10/10/2018 1:53 PM
82	I'd a medic calls in a stemi it should go right to the cath lab. If medics are calling false stemi they need education, don't make the patient suffer because the hospital doesn't trust medic decision	10/10/2018 1:46 PM
83	Use of more in-depth pre hospital scoring systems to ultimately determine what level of facility is most appropriate for the PT. This should be standardized scoring acrossed the board not just individual provider, facility, or system preference. Too many times PT's are taken to low level stemi/stroke centers that will not provide dafinative care. Also too many facilities miss represent their capabilities. Provider judgment should be allowed to bypass a low level facility for a level 1 site.	10/10/2018 1:36 PM
84	Use of more in-depth pre hospital scoring systems to ultimately determine what level of facility is most appropriate for the PT. This should be standardized scoring acrossed the board not just individual provider, facility, or system preference. Too many times PT's are taken to low level stemi/stroke centers that will not provide dafinative care. Also too many facilities miss represent their capabilities. Provider judgment should be allowed to bypass a low level facility for a level 1 site.	10/10/2018 1:35 PM
85	Get more hospitals on board, even if they dont have the capability to do a lot. Small hospitals in rural areas can still start initial treatments before sending to a larger facility. To me this gets unstable patients help, faster. Its hard to justify taking someone an hour or two away by ground when you have a Dr and hospital within 15 minutes.	10/10/2018 1:12 PM
86	more rated hospitals in the area	10/10/2018 12:56 PM
87	Regular Qi/Qa sessions with liaisons to provide feedback and training on our calls and expected performance.	10/10/2018 12:52 PM
88	N/A	10/10/2018 12:20 PM
89	Continued research	10/10/2018 12:03 PM
90	More feedback to improve future outcomes and transport decisions	10/10/2018 11:31 AM
91	Stop Diversions	10/10/2018 10:20 AM
92	Feedback on patient's transferred. We never hear anything back from the receiving facility and if we call to ask we are told they can not tell us any information.	10/10/2018 9:17 AM
93	Continual Education Updates Public Education	10/10/2018 9:16 AM
94	I believe that some of the hospital that are level three abuse the system when shipping patient out to higher level TCD hospital just because they want to get rid of them. I believe that if you send a TCD transfer from a level three out that the patient is going to emergent care right way such as cath lab, surgery, or some form of emergent care that will help them but most of the TCD transfer I have been on are a direct admit to a floor with no definitive or emergent care being given to the patient.	10/10/2018 9:05 AM
95	... Hospital ER doctors activate when we radio in a stemi instead of waiting for us to arrive and see for themselves.	10/10/2018 6:52 AM
96	Give us more freedom to decide where to take them.	10/9/2018 11:31 PM
97	Realistic time limits and not beating people up with rude remarks on review. Training would help most of all, not following numbers. Let the provider focus on the pt care and teach them how	10/9/2018 10:33 PM
98	Have equipment that tells troponin levels in the field that can be given to ER prior to arrival.	10/9/2018 9:02 PM
99	N/A	10/9/2018 8:22 PM
100	I am unfamiliar with the TCD system	10/9/2018 8:13 PM
101	On the TCD website beside just having their state classification a list of what procedures they can perform. (Mechanical Thrombectomy, Cardiac Cath Lab, Any traumas that they do not take care of). Seems that I take patients to Level II and III facilities with minor injuries and they are shipped out to higher level care almost immediately.	10/9/2018 7:05 PM

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102	I have been working in EMS for 15 years and I think the TCD system does exactly what it is designed to do. Patients with Stroke, STEMI, and Trauma receive fast diagnosis and treatment at specialized hospital. Outcome is improved, because of the fast treatment time and decreased time for patients sitting in ERs that can not meet the need of the patient. Insurance benefits are noted too due to no necessary transfers to the specialty hospital. The system is a great improvement in the care, transport, and outcome of the patient.	10/9/2018 6:08 PM
103	?	10/9/2018 5:41 PM
104	Na	10/9/2018 4:15 PM
105	Feedback	10/9/2018 3:52 PM
106	Implement like regulations on non TCD facilities to move quicker on transferring TCD patients tp TCD facilities	10/9/2018 3:41 PM
107	N/A	10/9/2018 3:19 PM
108	Nothing	10/9/2018 2:34 PM
109	More consistent and reliable updates on patient condition would be appreciated. As of now I just kind of hope that I manage to catch or at least not miss these critical diagnoses	10/9/2018 2:27 PM
110	Nap	10/9/2018 2:17 PM
111	Not sure	10/9/2018 2:13 PM
112	Hospitals should be held to a stricter standard on obiding to TCD rules.	10/9/2018 1:48 PM
113	Everyone in the state on the same page.	10/9/2018 1:05 PM
114	Nationally standardize!	10/9/2018 1:03 PM
115	Unknown	10/9/2018 1:03 PM
116	A	10/9/2018 12:45 PM
117	Quit using Class 3 centers.	10/9/2018 12:40 PM
118	.	10/9/2018 12:32 PM
119	forget our regional plan, our plan only wants to use ...	10/9/2018 12:27 PM
120	Make sure every one follows them	10/9/2018 12:26 PM
121	EMS at the table to build the program, not hospital systems.	10/9/2018 12:19 PM
122	Better feedback/follow up on patients to ground crews.	10/9/2018 12:15 PM
123	Better feedback on stroke/stemi patients	10/9/2018 12:14 PM
124	More hospitals with the ability to treat these patients. My service has to take patients out of the county we operate in to a facility with a level 3 designation for TCD diagnoses, and an hour for level 1 designated care.	10/9/2018 12:02 PM
125	Better info to nursing home administrators / non-designated hospitals needs to be distributed. They feel as though TCD takes their rights away	10/9/2018 11:48 AM
126	There is a huge disconnect between the hospital and EMS. It is impossible to get feedback from TCD calls, good or back. That would be my biggest complaint. How are we going to get better if we can't learn from our TCD activations.	10/9/2018 11:34 AM
127	Needs to be made clear to EMS personnel that the closest facility is not always the MOST appropriate facility. People are conditioned to think they must go to the closest facility regardless of the lack in capabilities of that facility.	10/9/2018 10:51 AM
128	None	10/9/2018 10:17 AM
129	Unknown	10/9/2018 10:10 AM
130	Unknoen	10/9/2018 9:36 AM
131	Allow us to by-pass to go to more appropriate and definitive care facilities if available. Get the hospitals to trust our judgment and not repeat our assessments.	10/9/2018 9:35 AM
132	ELECTRONIC ACCESS TO FEEDBACK	10/9/2018 9:18 AM

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133	ldk	10/9/2018 9:02 AM
134	Add trauma/fall criteria to LAMBs to aid in selection of facility for stroke TCD	10/9/2018 8:29 AM
135	We, meaning those of us in the rural areas need better communication systems to alert the receiving facilities and get live feedback from them.	10/9/2018 7:49 AM
136	Cant think of anything at this time	10/9/2018 7:07 AM
137	Do not complicate what works, why is this even an issue?	10/9/2018 6:44 AM
138	Get more feedback from those that use the system daily (Paramedics) to help improve patient destinations. Having personnel that directly do not provide direct patient care can overlook the true needs of a patient and their appropriate destination.	10/9/2018 6:41 AM
139	Automatic review with feedback to the crews with pt outcome	10/8/2018 11:28 PM
140	I believe the elimination of level 3 stroke centers are needed. Patients should be going straight to a level 2 or higher in case of an acute stroke. Level 3 facilities are not providing interventions and are only delaying treatment in many cases.	10/8/2018 10:42 PM
141	Remove the outdated Left Bundle Branch Block information within this document and the Missouri State Regulations. The ACC and the AHA in 2013 provided information to show that the LBBB is no longer considered to be a "STEMI" equivalent. http://www.onlinejacc.org/content/61/4/e78	10/8/2018 10:14 PM
142	Increased feedback and training	10/8/2018 9:29 PM
143	Availability to take patients to other facilities with greater level of care of than a critical access hospital where we know they will be transferred. We can do care in the back of an ambulance such as nitro drips and paste. Many times it prolongs definitive care and does not help long term prognosis of the patients.	10/8/2018 9:27 PM
144	More specific outline of which hospital should be used. Level 2 and 3 facilities generally are a waste of time and will end up transferring the patient out anyway with no interventions done.	10/8/2018 8:28 PM
145	Consistent and updated capabilities of the TCD hospitals published for all to see with the public being made aware of these designations	10/8/2018 8:25 PM
146	Take Level 3 & 4 systems out of the picture	10/8/2018 8:17 PM
147	All hospitals allowed for electronic follow ups	10/8/2018 7:56 PM
148	Better feedback, long term outcome feedback, more resources available in outlying ares	10/8/2018 7:36 PM
149	Unknown	10/8/2018 6:35 PM
150	More feedback to field level providers. Proactive, not reactive information. Work on developing and issuing prehospital best practice recommendations.	10/8/2018 6:31 PM
151	Make it mandatory that if a credentialed facility loses that credentialing they should be required to report it to ems agencies that use them as tcd centers. This should not be arbitrarily left to agencies to check a list of approved centers that may or may not be current	10/8/2018 6:02 PM
152	Nothing	10/8/2018 5:55 PM
153	Can't think of anything at this time	10/8/2018 5:47 PM
154	The problem is that ED physicians do not trust or rely upon pre-hospital TCD activations. Bolstered education for prehospital personnel is necessary for less false-activations. Physicians need to follow through with TCD design and be held accountable for delays in patient care, whether by their centers or otherwise.	10/8/2018 5:22 PM
155	Being able to carry certain drugs or blood product that could really make a difference in transport and outcomes	10/8/2018 4:27 PM
156	N/A	10/8/2018 4:26 PM
157	In stroke protocols allow the medical director and the service to use the screening method that they deem best for the patient mend, lamb etc.	10/8/2018 4:01 PM
158	See #12	10/8/2018 3:54 PM
159	If more local hospitals had a higher TCD rating. our pts have to travail a long distance for higher care	10/8/2018 3:10 PM

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160	Better enforcement in rural counties. Education has been done, but we have a lot of agencies that take patients to the closest hospital or refuse to fly time critical patients like strokes.	10/8/2018 2:23 PM
161	Better determination in the field, followed by allowing pre-hospital crew to determine appropriate receiving hospital vs protocol that directs pt to a facility that eventually transfers due to inability to provide care or to one that does not keep up with current best practices.....treats out to 3.5-4 hours when another facility within reasonable ground transport times performs interventions up to 24 hours out or cares for wake-up strokes.	10/8/2018 2:15 PM
162	More pediatric trauma credentialing	10/8/2018 2:10 PM
163	Better public/responder awareness of the TCD system, hospital classification and capabilities.	10/8/2018 1:59 PM
164	Upgrade smaller hospitals to be able to handle a wider range of TCD pts of all types.	10/8/2018 1:45 PM
165	there is still to much confusion on information coming back from the TCD centers. They demand info from the field and then refuse to provide info back on the pts	10/8/2018 1:42 PM
166	Na	10/8/2018 1:33 PM
167	Not sure	10/8/2018 1:32 PM
168	Unknown.	10/8/2018 1:11 PM
169	Less repetitive, too much emphasis on billing	10/8/2018 1:10 PM
170	Unknown	10/8/2018 12:54 PM
171	Have level two stroke centers send patient s that need extraction to level one.	10/8/2018 12:42 PM
172	Better TCD patient feedback from the hospitals for STEMI and Trauma patients, especially those where HEMS rendezvous was involved.	10/8/2018 12:36 PM
173	The ER actually activating the Cath lab when we have a confirmed stemi in the field. It is known that one cardiologist refuses to come in unless it's "worth" his time. This attitude puts our patients at risk.	10/8/2018 12:31 PM
174	My biggest challenge is the inconsistent approach. Sometimes strokes go straight to CT. Sometimes STEMI activates off my prehospital report. Trauma activation is straight forward. Also struggle with providers being at bedside in a timely manner, causing communication breakdowns as report has to be stopped and restarted	10/8/2018 12:30 PM
175	Better definitions of what a drip and ship center is and what benefits are their to going to a Level III Stroke Center vs Comprehensive Stroke Centers.	10/8/2018 12:28 PM
176	Implement hospital designation into protocols like your questions asked.	10/8/2018 12:18 PM
177	More training	10/8/2018 12:14 PM
178	Better regulations on trauma centers	10/8/2018 12:13 PM
179	More TCD centers, my closest are an hour transport by ground	10/8/2018 12:12 PM
180	Either open up your lower levels ie 3s and 4s or get rid of them all together.	10/8/2018 12:12 PM
181	Better Follow Up as well as a list of centers and what patients they will accept	10/8/2018 12:04 PM
182	Do away with it completely and let the local Medical Directors create protocols to determine what is best for the p;patient. Why did we have to create a law to do what was right?	10/8/2018 12:01 PM
183	Information pushed from BEMS to licensed providers instead of down the chain.	10/8/2018 12:01 PM
184	Automatic pt acceptance to these centers. When we have to wait on accepting physician transfers are delayed	10/8/2018 11:59 AM
185	Make sure all EMS follows the same TCD procedures.	10/8/2018 11:35 AM
186	fund it in perpetuity	10/8/2018 11:34 AM
187	FUND IT	10/8/2018 11:28 AM
188	Let EMS departments help in making the recommendations.	10/8/2018 11:27 AM

Missouri TCD Survey - Field Paramedics

189	Question why an ambulance drops patients off at an inappropriate facility because it is out of their service area. An example would be an ambulance having a level 1 trauma patient and unable to utilize helicopter services dropping a patient off at a hospital ER with NO trauma designation because this hospital is the farthest one they can go to on their way to a level 1 trauma center. Supervisors won't let them go any farther.	10/8/2018 11:24 AM
190	More teaching with hospital staff on why transport decisions were made. More learning opportunities in TCD areas	10/8/2018 11:20 AM
191	Learn from hospitals which questions and treatments could EMS gather and perform in order to make things more seamless at the receiving hospital.	10/8/2018 11:11 AM
192	Increased doctor-EMS crew communications with STROKE and STEMI patients.	10/8/2018 10:56 AM
193	no comment	10/8/2018 10:51 AM
194	Work together for the common good	10/8/2018 10:50 AM
195	More clear guidelines on when to pass up closest level 2 for a slightly farther level 1. Big debate in the STL region.	10/8/2018 10:46 AM
196	Not be controlled by ... Would be better to be controlled by an agency that actually cares about patient care and outcomes and less about getting into the patients wallet.	10/8/2018 10:44 AM
197	more information	10/8/2018 10:44 AM
198	Feedback on all patients (not just TCD) relative to whether the chosen destination facility and the mode of transport (air vs. ground) was appropriate.	10/8/2018 10:42 AM
199	Feedback to the EMS crews. What can we do better, what are we doing well? Keep learning and keep moving forward.	10/8/2018 10:41 AM
200	Make medical directors follow laws and not have EMS transport to local non certified hospitals because they are "my patients"	10/8/2018 10:40 AM
201	Keep people involved informed..keep doing what you are doing now...	10/8/2018 10:28 AM
202	Better communication needed to EMS Departments. We rarely get feedback from hospitals even though they say they are providing it.	10/8/2018 10:20 AM