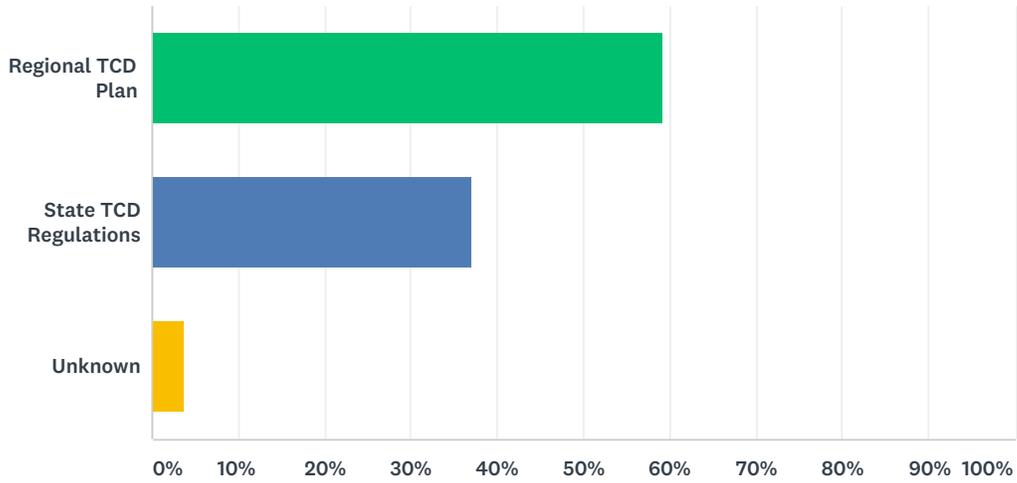


Q1 Does your EMS agency use a regional TCD plan or state TCD regulations to govern the routing of STEMI, Stroke and Trauma patients?

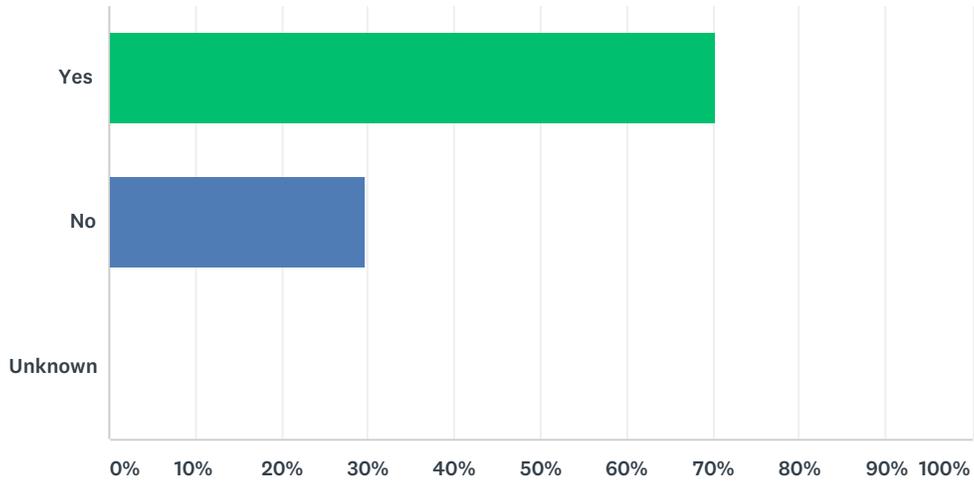
Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES	
Regional TCD Plan	59.26%	16
State TCD Regulations	37.04%	10
Unknown	3.70%	1
TOTAL		27

Q2 Does your agency get feedback on patient outcomes from hospitals regarding these patients?

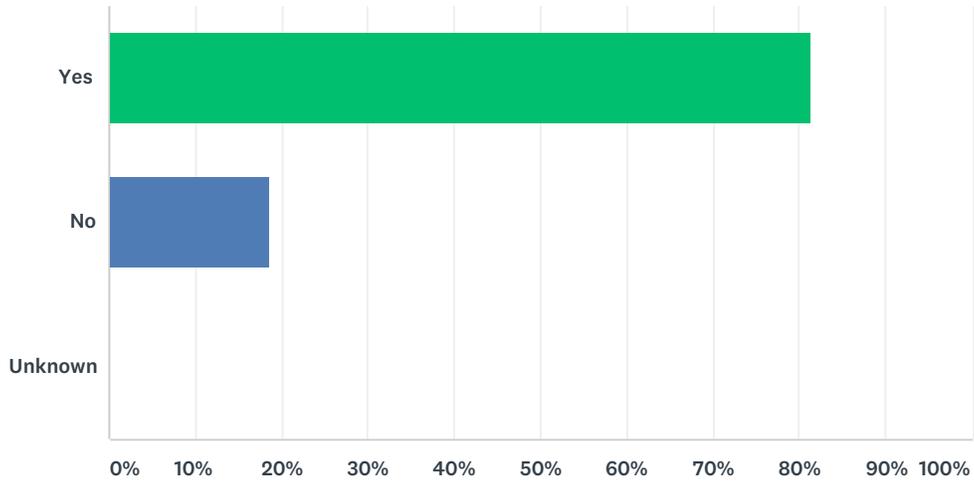
Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	70.37% 19
No	29.63% 8
Unknown	0.00% 0
TOTAL	27

Q3 Does your agency participate in local or regional meetings about the TCD system?

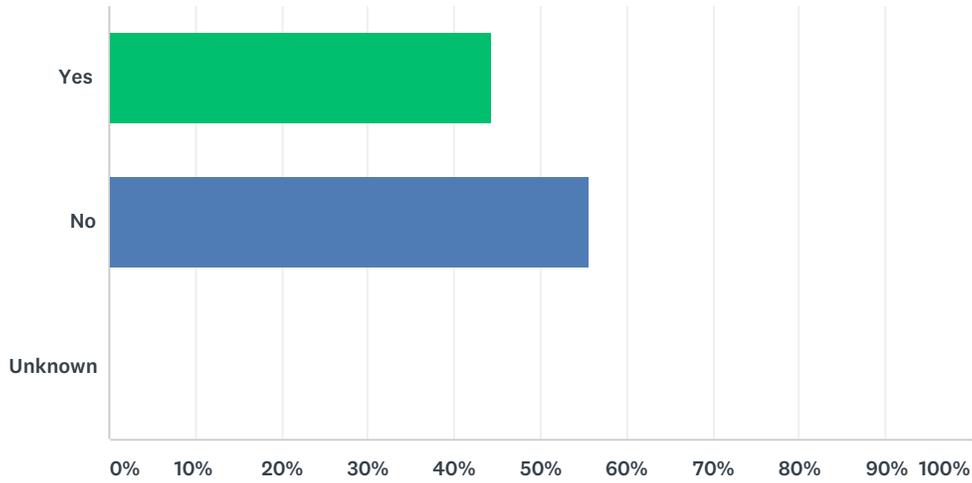
Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	81.48%	22
No	18.52%	5
Unknown	0.00%	0
TOTAL		27

Q4 Does your agency participate in local or regional meetings about individual patient outcomes?

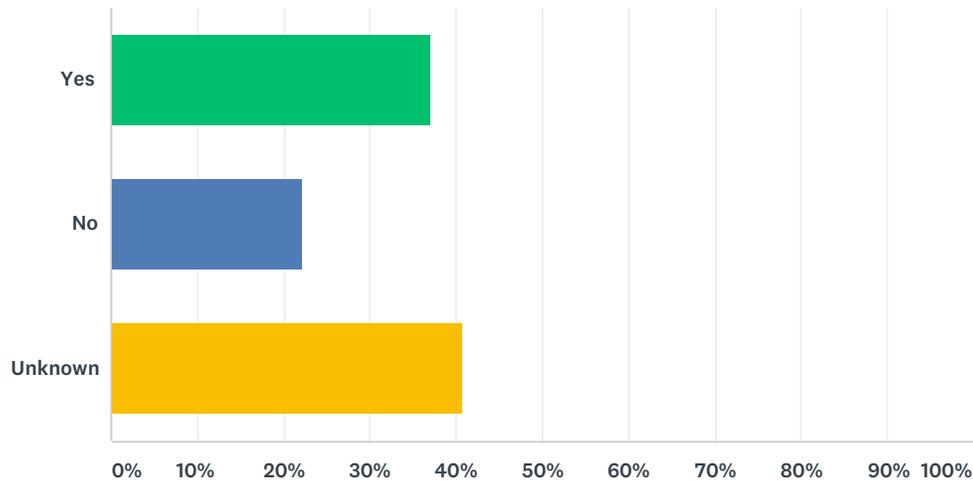
Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	44.44%	12
No	55.56%	15
Unknown	0.00%	0
TOTAL		27

Q5 Does the TCD system in your area lead to more positive patient outcomes?

Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	37.04% 10
No	22.22% 6
Unknown	40.74% 11
TOTAL	27

#	COMMENTS	DATE
1	Lot's of confusion, because the MO TCD levels of hospitals are not aligned with Joint Commission or other national certifying bodies. I think there should be a single certifying body (at the national level), and that the state should use this certification. The state has not done a good job at evaluating hospital levels--not enough man power. Should give up certification, and leave it to national organization. However, the state should enforce regulations regarding EMS traffic to these designated centers.	10/11/2018 2:44 PM
2	limited data	10/11/2018 1:48 PM
3	We here in the St Louis region, we have a physician that only cares about his hospital.	10/9/2018 12:25 PM
4	The TCD system often is lacking behind current evidence. An example would be in the changing world of stroke care where intervention is warranted in some cases out to 24 hours. The TCD system needs to be flexible enough to change and allow the medical director to do what is right for our patients.	10/9/2018 10:00 AM
5	2% drop in stroke mortality at our hospital is felt to in part be due to shorter onset to treatment times facilitated by the TCD process.	10/9/2018 9:58 AM
6	We discuss at our hospital-- reviewing system issues and patient outcomes-- no idea what gets back to the State, to EMS, or elsewhere.	10/8/2018 8:10 PM
7	Don't have system-wide data to answer that question	10/8/2018 1:15 PM
8	The East Central Region plan is followed by much less than 50% of the districts in the area.	10/8/2018 1:15 PM
9	Would need to see some data for this.	10/8/2018 11:13 AM
10	No sharing of information to improve systems and outcomes.	10/8/2018 10:19 AM

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11	The east central region has no ability to drive change for TCD since we do not require our hospitals to present their outcomes data. I want to be able to compare hospitals in my region to make them compete against each other for better outcomes.	10/8/2018 10:13 AM
12	We operate in all regions of the state and some areas are better than others in terms of improving outcomes and in terms of sharing patient data and having a cohesive system.	10/8/2018 9:44 AM

Q6 What could be done to improve the TCD system?

Answered: 18 Skipped: 9

#	RESPONSES	DATE
1	Plenty of feedback about individual good outcomes for stroke and STEMI, but little to no feedback about bad outcomes or system-wide issues	10/16/2018 3:59 PM
2	Go to national certifications or state but not a mix. The multiple different certifications breeds confusion.	10/12/2018 11:10 AM
3	Establish an evidence based joint combined coordinated "System" that seamlessly integrates disparate public safety and public health agents.	10/11/2018 5:32 PM
4	1. Single, regional stroke triage plan based upon best evidence using time and the SAME severity scale. 2. Mandatory reporting and enrollment into GWTG for all Levels, where Level 1 centers enroll in GWTG as a CSC level (or TSC). Perhaps allow AHA to be the regional super user and allow blinding hospital comparison to start then ultimately open comparison to with transparency of quality care provided and outcomes. This is the only thing that will move the bar. 3. No tolerance for partisan politics or system loyalties allowed, just do what's best for the patient. No questions, no arguments. Only winners are the patients. 4. Additional funding and metric reporting to state. State can act like superuser and release quarterly reports allowing that center to be identified in comparison to others in region. 5. Real, meaningful interval reporting/visits by state reviewers (phone call ok) and onsite visits if national certification changes (either up or down), or complaint issued, to adjust TCD leveling, if warranted.	10/11/2018 2:56 PM
5	1. Needs better medical oversight by specialists--need specialist to oversee STEMI, different specialists to oversee stroke, and other to oversee trauma. 2. Get out the business of hospital level certification. Leave that to the national organizations--there is more standardization and they do a better job. 3. State should concentrate on developing EMS protocols to keep up with the latest evidence. Standard of care is moving so rapidly, and the state TCD needs to be nimble enough to keep up rapidly. Current system is way too slow to keep up.	10/11/2018 2:44 PM
6	Consistent education. Inclusion of all stakeholders on a unified plan. Automated feedback at the agency and regional level regarding patient outcomes, as well as correct destination decisions / hospital allocations.	10/11/2018 1:21 PM
7	Not sure other than feedback from the Stroke, Stemi and Trauma Centers	10/10/2018 1:59 PM
8	Data, data that is put into the system and data that is shared to the region hospitals and EMS depts.	10/9/2018 12:25 PM
9	Reduce regulations to transport only rules and use the AHA, JCAHO or other governing bodies certifications to designate hospitals as Level 1, 2,3, 4 etc centers.	10/9/2018 9:58 AM
10	The TCD system should move towards national accreditation and designation of individual facilities (ACS, AHA). Meeting the national standard would increase the quality of care we provide and lead to accountability that is independent of in-state politics. State budget should pay for state-wide designation and data/quality systems. This data must be shared with individual facilities as well as blinded information shared with all stakeholders.	10/9/2018 8:13 AM
11	Regional connection, either WebEx meeting or email or something similar, to discuss transport or other pre-hospital issues for our STEMI pts.	10/8/2018 8:10 PM
12	Develop better regional, data-driven QI process	10/8/2018 1:15 PM
13	More EMS involvement and less hospital heads.	10/8/2018 1:15 PM
14	Continue hard work at the regional level and more feedback on pt outcomes.	10/8/2018 11:13 AM
15	Funding	10/8/2018 10:39 AM
16	Improve information sharing in a open and candid manner. Form multidisciplinary teams to assess the system. Have multidisciplinary teams find solutions to issues discovered within systems.	10/8/2018 10:19 AM
17	Require hospitals to publicize their time metrics and outcomes data	10/8/2018 10:13 AM

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DATA, DATA, DATA!!! There must be data of how each facility and agency is doing. We should be making decisions based on patient-centric outcomes.

10/8/2018 9:44 AM
