

Montana's Approach to Trauma TEAM

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Montana's Rural Trauma & Medical Care Challenges

- Great geographic distances
- Scarcity of population
- Limited resources
- Limited Medical Providers & Staff
- 62 Medical Facilities: 47 Critical Access Hospitals
- 262 EMS Services; 73% Volunteer



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Development of TEAM

- 2003- Kim Todd/EMSTS/RTACs recognized challenges to providing RTTDC in smallest communities
- Difficult to schedule all involved local responders/providers in smaller CAH communities
- Difficult to find regional instructors for longer course, overnight stays
- Resulting costs & funding



MT TEAM Course Strategies

- Regionalize course approach; Utilize level II facility "hubs" in each Trauma Region and provide as RTAC activity, enhancing transfer process
- Utilize "referral"/regional facility instructors; EMT-P, RN Trauma Coordinator, Trauma Surgeon or ED Physician; enhancing transfer/referral process
- Involve more pre-hospital & non-hospital responders
- Allow for local "personalization" of material regarding systems, resources and issues
- 4-hour session, usually evening, working dinner, food provided



MT TEAM Course

- Initial Modules;
 - 1- Introduction
 - 2- Pre-hospital Notification
 - 3- Mobilization of Resources
 - 4- Patient Assessment
 - 5- Mock Scenario
 - 6- Transfer
 - 7- Trauma System Development



MT TEAM Course

- Several successful TEAM Courses conducted
- Issues;
 - Too much material for time allotted
 - Too much in-depth clinical material
 - Not enough time to spend on Practical Scenario & activation of local resources



Montana TEAM

- 2005/06- Level II Trauma Coordinators, Kim Todd & Consultant met to revise course
 - Streamline content w/o losing components
 - Increase time for Practical Exercise
 - Many local issues revealed, but given "short shrift" due to time constraints



Revised MT TEAM Course

- Revised Modules;
- 1- Montana Trauma System
 - 2- Pre-hospital Initiation of Care
 - 3- Mobilization of Resources
 - 4- Emergency Assessment & Treatment
 - 5- Inter-facility Transfer
 - 6- Practice Scenario



Revised MT TEAM Course

- October 2006

Trauma TEAM Instructor Course

- Paramedics, Trauma Coordinator RNs, Mid-level Providers & ED/Trauma Physicians from 3 MT Trauma Regions
- Regional perspective & able to address system issues



MT Trauma TEAM Funding

- RTAC Activity
- Funding Partnerships:
 - MT Bioterrorism Project/HRSA Grant:
enhancement of target capabilities
(Triage & Pre-Hospital Treatment, Medical Surge)
 - Hospital Preparedness/ASPR grants:
Enhancement of capabilities, Priority area
 - Rural Hospital Flexibility Grants



2008 TEAM Revisions

- Further streamline content
- Increase time for local issues
- Incorporate EP/Disaster components
- Build on Performance Improvement focus
- Allow for "adaptation" of modules
- Emphasize importance of ensuring all local involved groups participate



MT Trauma TEAM Courses

- 12 Courses conducted for CAH systems
 - 209 attendees
- Current Challenges;
- Physician Instructors
 - Time for additional revisions
 - Poor economy, other CAH issues



Benefits

- Enhanced organization of local resources and response
- Improved local system communications
- Improved recognition/activation processes
- Increase in appropriate clinical interventions
- Decreased appropriate transfer times
- Discussion/Resolution of some local issues
- Enhanced team approach and response
- Increased local and regional system development
- "Connecting the dots" for patient benefit


