

Minutes of the Alabama Trauma System

QA/QI Workgroup Meeting

January 24, 2012, 10:00 a.m.

Office of EMS & Trauma (OEMST) Conference Room

Call in Information 1-800-491-4634

In attendance: Dennis Blair, Choona Lang, Robin Moore, Mischele White, David Garmon, Sarah Nafziger, M.D., Alex Franklin, Verla Thomas, Mark Jackson, Glen Davis, Denise Louthain

By Phone: Allan Pace, Geni Smith, Michael Minor, William Crawford, M.D., Richard Gonzalez, M.D., Joe Acker, Andrew Lee

Absent: Jeremy White

Choona Lang opened the meeting with a welcome.

QA/QI Objectives

Ms. Lang began the meeting with an overview of the objectives for the workgroup for the upcoming year. One of the first tasks this year is to collect and collate the data collected from LifeTrac to highlight the challenges, benefits, and efficacy of the trauma system. There will also be a focus on creating reports that can present this data in a concise manner. Tracking prehospital compliance with trauma system protocols through QA data and identifying trending issues will also be a goal. The Office of EMS and Trauma (OEMST) will also work this year to compile and complete an Alabama Trauma System (ATS) master manual for use as an educational tool at the state and regional levels. Due to changes since the ATS was implemented, Ms. Lang also requested that each region work through their Regional Trauma Advisory Councils (RTAC) and review each regional trauma plan for any adjustments or updates that may apply.

State Compliance Officer Update

Mr. Jackson reported that he has identified three separate cases where transfers by air ambulances were done incorrectly. One case resulted in a patient transfer to a hospital that was not designated as a Level I trauma center due to "pilot flying time". A second QI issue related to a Mississippi aircraft transporting a patient back to Mississippi instead of an Alabama trauma center as directed by the ATCC because the pilot was operating under Mississippi protocol rather than Alabama protocol. He is currently working to be sure that any Alabama patient is treated under ATS protocol. The third issue was when an AIR EVAC transported a trauma patient and there was equal distance between trauma centers in different regions. This case was resolved due to patient choice. The last issue involved a patient that was originally taken to Marshall South and then transferred to Huntsville, but the Alabama Trauma Communications Center (ATCC) was not notified of the transfer. Mr. Jackson and Mr. Crawford report that the ATCC is doing a

good job of routing patients under difficult circumstances, and that compliance issues are being addressed as necessary.

Region One Update

Mr. Franklin in Region One is still working on perfecting their reporting process. He has created an explanation page to accompany each report requested that includes answers to commonly asked questions, including sources, performance measures, who requested the report, etc.

Mr. Franklin also indicated that Hartselle Hospital is closing at the end of January. Huntsville Hospital is adding Madison Hospital and will need to add that location to the RTAC in the place of Hartselle. He will be looking into what other changes need to be made such as MOU's. Ms. Lang requested that those membership updates be submitted before the next Statewide Trauma Advisory Council (STAC) meeting on January 31.

Region Two Update

Mr. Pace in Region Two stated that the RTAC meeting held last week went well. He also met with the director of nursing at Tanner Hospital in Georgia. They are opening a clinic in Wedowee and are interested in considering ATS information. He will meeting with them again in February.

His region is also reviewing landing zones county by county to accommodate new aircraft that was activated yesterday. They are creating easy-to-use county maps to facilitate inter-county transfers and reduce delays.

Region Three Update

Mr. Acker reported 20 total QA issues with 18 being resolved since the previous QA/QI meeting held. He indicated that less than five percent of total calls to the ATCC result in a QA issue.

Region Four Update

Mr. Davis in Region Four reported that Vaughn Regional Medical Center in Dallas County is currently in the process of having a workstation installed and he is in the process of formalizing training procedures for the staff. He has noted an increase in QA issues, mostly related to the need for education and system entry. His region will start ATS computer terminal inspections this month and begin re-education for hospital staff.

Region Six Update

Mr. Garmon in Region Six indicated that most hospitals are cooperative so there are few problems. The only concern he has is routing and nurses' understanding as to why patients are routed to other hospitals.

Infirmery West has been on red for an extended period of time and recently withdrew from the Alabama Hospital Association (AlaHA) due to a financial shortfall. He feels that it is likely that they will withdraw from the ATS in time.

Other Updates

- The subdivision of Region Five has been approved.
- The Southeast Regional Pilot Acute Stroke System (SRPASS) plan draft is almost complete and we are planning to present it to the southeast RTAC and STAC in February.
- OEMST is currently working to add stroke to the current legislation for trauma. Stroke will be a part of the STAC with a dedicated sub-committee for stroke.

To Do

- The calendar for designation on-site visits is being compiled as the forms are received from each hospital. Ms. Lang requested that each RTAC encourage the hospitals in their region to comply and return their completed forms by January 31, 2012.
- QA/QI data points are continuing to be looked at for ATS. Feedback will be given at a later date.
- Each regional trauma plan should be reviewed by their corresponding RTAC for any changes that need to be made. These recommendations should be forwarded to OEMST.
- RTAC membership updates need to be submitted to OEMST as soon as possible.
- Ms. Lang requested that each region review the ATS manual for errors or additions, including adding any protocols that may be needed.
- The ATS training DVD needs to be reviewed for any needed changes.
- Discussion needs to be held within the workgroup to address the need for additional members and begin the selection process.

QA/QI Objectives for 2012

- By the end of the calendar year, we will be able to demonstrate the benefits and challenges of ATS related patient care, and show data to support our findings by developing standard reports that draw from all data sources available (ATCC, trauma registry, PCR's). Furthermore, we will continue the data linkage project to make all these data sources easily accessible.
- By the end of the calendar year, we will be able to demonstrate trauma system compliance by using QI data tracking reports.
- By the end of the calendar year, we will have a master ATS manual that will include state and regional ATS procedures and components.
- By the end of the calendar year, we will revisit all Regional Trauma Plans and revise as needed, including OEMST staff and regional staff review.

Next Meeting

The next meeting will be held on February 28, 2012.

Adjournment

The meeting was adjourned at 11:15 p.m.