

Alabama Trauma System
QI Workgroup Meeting
April 15, 2010 10:00 a.m.
Office of EMS & Trauma Conference Room
Montgomery, Alabama
Call in Information: 1-800-491-4634

In attendance: Tammie Yeldell, Verla Thomas, Choona Lang, Dr. Campbell,
Robin Moore

Attending by Phone: Denise Louthain, E. Allan Pace, David Garmon, Joe Acker,
Alex Franklin, Andrew Lee

Not in attendance: Beth Anderson, Spencer Howard, Dr. Crawford, Geni Smith, Glen Davis

Choona Lang opened the meeting with a welcome.

Trauma System Update

Dr. Campbell gave a brief update on the Alabama Trauma System.

- Alabama Trauma System recently received national media coverage regarding the progress we have made and the challenges we are facing during the implementation phase of our trauma system.
- Baptist Hospital Pensacola and Sacred Heart hospital located in Pensacola, Florida will be surveyed for a Level I on April 28, 2010.
- A meeting was held in Huntsville to discuss interfacility transfers. No decision has been made regarding this issue.
- The Legislator will not be approached for funding until the ATS is fully activated statewide. A retreat is scheduled for May 4, 2010, to discuss distribution of funding.
- Currently working on a plan to grandfather in Columbus Regional Medical Center in Columbus, GA and Erlanger Medical Center, Chattanooga.

Trauma Center QA/QI Project Update

Choona Lang gave a brief review of the revised Alabama EMS & Trauma QA/QI Plan Process and the other QA/QI forms. (See changes below)

**Alabama EMS & Trauma System
Quality Assurance/ Quality Improvement Plan**

Quality Assurance Plan

The mission of the quality assurance/quality improvement (QA/QI) plan is to assure optimal care of injured patients in the state of Alabama.

To accomplish this mission the QA/QI committee will continuously monitor the Statewide EMS & Trauma System utilizing system operation standards, system performance criteria, and data. The QA/QI process also includes development of system operation protocols, system performance standards, and system benchmarks. The process also includes the coordination of educational initiatives, system changes and enforcement as necessary.

QA/QI is made up of three component areas:

- 1) Standard Setting - the establishment of system operation protocols, system performance standards, and system benchmarks.
- 2) Quality Control - the “real time” operations of intervention by on-line medical direction, ADPH/OEMS&T, or the Alabama Trauma Communications Center (ATCC) to prevent sub-standard performance in any component of the ATS.
- 3) Quality Improvement - the use of system standards, quality control incidents, and data to determine the need for system change, provider education, or contract/regulatory action by the ADPH/OEMS&T.

The process is designed to allow all participants to recognize optimal as well as sub-standard performance. The process may use direct intervention, educational initiatives, system changes, and enforcement as necessary.

Alabama Trauma System QA/QI consists of the following:

- 1) Trauma Center
 - A. Quarterly internal audits
 - B. Alabama Trauma System Registry reports
 - C. Participation in quarterly regional QA/QI committee meetings
- 2) Pre Hospital
 - A. Air
 1. Internal Audits
 2. Participation in quarterly regional QA/QI committee meetings
 3. Participation in quarterly Aero-Medical QA/QI committee
 - B. Ground
 1. Internal Audits
 2. Participation in quarterly regional QA/QI committee meetings
 3. Participation in quarterly Aero-Medical QA/QI committee
- 3) ATCC
 1. Assist all appropriate parties with their responsibilities as detailed in this plan.
 2. Provide Quality Control to assure ATS system operation protocols and ATS system performance standards are met with intervention as appropriate and incident reports made as necessary.
- 4) On-Line Medical Direction
 1. Provides on-line medical direction as necessary to assure compliance with ATS system operation protocols and ATS system performance standards.
 2. Provides incident reports as necessary to the appropriate RTAC(s).

5) System

The Alabama Department of Public Health's Office of EMS and Trauma is responsible for direct oversight and operation of the QA/QI plan:

- A. Assumes responsibility and accountability for the implementation and ongoing activities of the QA/QI process.
- B. Establishes, maintains and provides guidance to STAC, RTAC, EMS Regional Staff and ATS QA/QI Committees.
- C. Integrates the QA/QI process into activities for all levels of participation within the ATS.
- D. Utilizes the QA/QI data to identify the need to make any changes to the ATS to ensure its success.
- E. Communicates and cooperates with appointed RTAC QA/QI committee members to operate their QA/QI plan.
- F. Reports all QA/QI plan activities to STAC and the State Committee of Public Health.
- G. Establishes and maintains a systematic QA/QI assessment process.
- H. Establishes a culture of excellence through leadership, education, communication and teamwork.
- I. Forwards complaints received at the State level to the Regional staff for follow-up according to steps I, II, III and IV of the Trauma System noncompliance process listed under **Regional Trauma Advisory Council: Number 8**.

Regional Trauma Advisory Council (Staffed by Regional EMS Agency)

1. Utilizes regional level quality assurance/improvement, data process to identify the need to maintain/change trauma system processes by reporting findings to OEMS&T.
2. Communicates and cooperates with the direct services providers, ADPH/OEMS & T staff and all appropriate trauma system personnel to ensure Trauma System information is shared including the return of outcome data to the prehospital agencies involved in each patients care.
3. Promotes, coordinates and conducts ongoing prehospital and hospital ATS education.
4. Follows up with direct services providers to ensure trauma processes are performed.
5. Participates in all levels of the QA/QI process.
6. Meets quarterly with the ATS QA/QI committee to discuss ways to improve the ATS processes.
7. Receives all ATS QA/QI issues and then forwards to the ADPH/OEMS&T as well as State & Regional QI committees.

Non-Compliance Assurance

Reports **noncompliance** issues to the Regional Trauma Advisory Council as listed below for the ATS prehospital component:

- I. **First Issue**
 - A. Minor issues (misunderstanding, not yet trained, etc.): Explanation of issue and remedial education, documentation by regional staff. These non compliance issues will be resolved on a regional level only. All information pertaining to non compliance issues is due within a 30 day time frame. Information not received in the 30 day time frame will become a B issue and forward to the State OEMS&T Compliance Officer for further review.
 - B. Issues where service or provider does not respond or is uncooperative: to be forwarded to the OEMS & T Compliance Officer/Offline Medical Director. (For appropriate actions by Compliance Officer).
- II. **Second Issue**-Verbal/written warning by regional staff. Issue will be forwarded to State OEMS & T Compliance Officer. State OEMS & T Compliance Officer will notify service provider and individual involved to schedule a face to face/verbal meeting (at the discretion of the Compliance Officer).
- III. **Third Issue**-Verbal/written report will be forwarded to State OEMS & T Compliance Officer for investigation with possible licensure action taken.

- IV. State OEMS & T Compliance Officer will report all outcomes from findings to RTAC via email. A summary will be provided to the STAC.

EMS & Trauma Regions Noncompliance:

All regional EMS Agency noncompliance issues related to trauma system issues will be handled by the Director of the Office of EMS & Trauma.

Trauma Center Noncompliance:

Report noncompliance issues to the OEMS&T Program Administrator or designee for ATS Trauma Center component:

- I. The noncompliance issue will be evaluated by the state and region staff
- II. All valid unresolved noncompliance issues will be submitted to the STAC for review.
- III. All valid unresolved hospital noncompliance trauma system issues will be processed as follows:
 - A. The first breach of activity standard will result in a letter of explanation indicating there has been a breach of activity standard with an explanation and an indication that there is a need to corrective action. A one-month period for corrective action implementation will be allowed.
 - B. If a second breach of the same activity occur a letter to the responsible entity indicating that a second breach has occurred with a warning that a third breach in that activity standard will result in suspension from the Trauma System for a 30-day period of time. A one-month period for corrective action implementation.
 - C. A third breach of the same activity will result in MOU failure and suspension of that facility from the Trauma System for a period of 30 days as per decision of the Alabama Statewide Trauma Advisory Council with the suspension time doubled from subsequent deviations of the same standard.

Community Hospital Noncompliance:

Community Hospital noncompliance will be reported to OEMS&T Program Administrator for review. Educational information will be provided as needed.

ATCC Noncompliance:

All ATCC noncompliance issues will be processed by the Director of the Office of EMS & Trauma and the ATCC Director.

RTAC QA/QI Committee Make Up

I. Representation-

Each RTAC QA/QI committee will have the following minimum trauma system components represented:

- E911
- ATCC
- BLS First Responder
- ALS First Responder
- ALS Transport Provider
- BLS Transport Provider (Only if BLS responds to 911 calls)
- Trauma Hospital of each level in the Region
- Community Hospital
- Emergency Medicine
- Emergency Nursing
- Trauma Surgeon
- General Surgeon
- Orthopedic Surgeon (if level 1 or 2 in Region)

Neurosurgeon (if level 1 in Region)
Trauma Coordinator from each level hospital in the ATS Region

II. Membership

Each RTAC will determine and select the RTAC QA/QI membership to assure the above are represented. The Vice-Chair of the RTAC is to be the Chair of the RTAC QA/QI Committee.

III. Meetings

The RTAC QA/QI committee must meet at least once quarterly. All meetings will be advertised to ATS staff.

Alabama Department of Public Health
Trauma System/Trauma Center/Hospital
QA/QI Issue Tracking Log

Trauma Center/Hospital: _____

Date of Occurrence: _____ Trauma Center/Hospital Notification Date: _____

Trauma Center/Hospital Staff Involved _____

Contact Person: _____

Noncompliance Issue: ___1 ___2 ___3 Region _____

Issue: _____

Findings: _____

Resolution: _____

Resolution Date: _____

State Staff Signature

Date

All Trauma Center noncompliance issues will be reported to the OEMS&T Program Administrator or designee.

QA/QI Report Project Update

Tammie Yeldell gave a brief follow up of the EMS Active Licensure Providers with 3rd party software vendors from Regions 1, 2, 3 and 6. The information was queried from the AlaCert database.

Trauma Registry Update

Verla Thomas gave a brief update on the Alabama Trauma Registry. Verla is currently in the stage of working on the trauma dashboard component of the Trauma Registry. Thus far 40 hospitals have entered data into the registry and some Level III trauma centers have submitted "No Trauma Case". DI is working with the 5 NTRACS hospitals so they can enter data into the ATR system.

Benchmark Update

Robin gave a brief summary of Benchmark Indicator 202.4 and 203.1 Worksheets (See attached).

LifeTrac Software/Feedback reports/BREMSS Update

Joe gave a brief overview of the Alabama Trauma System for the active regions (See attached power point). UAB was in trauma system overloads for 2 days and has stayed on red until 9:00 a .m. this morning (04/15/2010) from the night before.

NATS Update

Alex Franklin gave a brief overview of the Alabama Trauma System in North Region.

- Regional Trauma Advisory Council meeting April 16, 2010
- MDAC meeting was held in March 2010 to discuss under triage cases with the service providers in Region 1:
 - 42 open cases on under triage unresolved
 - 12 cases returned
 - 5 closed (1A QA/QI issues)
 - 2 patient records not found
 - 4 cases need to identify issues
 - 7 cases reported by hospital, provider unknown

Interfacility Transfers

- 189 trauma cases transferred to Huntsville Hospital (23% out of region/state)
- 150 trauma patients transferred from the beginning of 2010 (Alex will review to determine which patients are trauma system patients)

- 35 possible trauma system patients (Alex have to contact hospitals to find out how patients were transported)

Highlands Medical Center and DeKalb Regional Medical Center will be surveyed May 13, 2010 as Level III trauma centers.

EAST Update

Allan Pace gave a brief overview of the Alabama Trauma System in the East Region.

- Year to date (from January 2010) 207 trauma patients entered into the trauma system.
- From 2/8/10 to 4/8/10 125 trauma patients entered into the trauma system.

Annual EMS Conference will be held May 14, 2010.

Gulf Update

David Garmon gave a brief overview of the Alabama Trauma System in the Gulf Region. Mr. Garmon is currently working on some outstanding QI issues.

SOUTHEAST Update

System not activated.

WEST Update

Andrew Lee gave a brief overview of the Alabama Trauma System for the West Region. Mr. Lee is the Trauma Coordinator at DCH Regional Medical Center in Tuscaloosa, Alabama. Thus far 60 patients have been entered into the trauma system. The only QA/QI issue experiencing is getting use to the trauma system operations.

Reminder:

- [Trauma Managers contact information](#)
- [RTAC Membership](#)

Next Meeting May 20, 2010

Meeting Adjourned

Meeting Recording WS118874