

Alabama Department of Public Health

Office of Emergency Medical Services and Trauma

QA/QI Issues Feedback Report

QA/QI Issue: _____

Region: _____ Hospital: _____ Prehospital: _____

Service Provider: _____ Employee: _____

ATCC ID #: _____

Investigation Time Period: _____

State Office Recommendation:

Submission to Region Date

State Compliance Officer Signature

OEMS &T Medical Director Signature

OEMS & T Assistant Medical Director Signature

ATCC/Trauma System Issues QA/QI

Date: _____

ATCC#: _____

Occurrence Date: _____ Time: _____

Region: _____

Organizations Involved:

Region to Complete:

Non-Compliance Issue: IA IB

ISSUES(S):

- Patient not entered into system.
- Patient entered into system late.
- Physician did not come to telephone/radio for patient report and orders.
- Patient not transported to appropriate trauma center
- Patient transport designation issues
- Patient transport issue Statement added to document
 - Air Ground
- No PCR left at Hospital.
- Other: _____

Explain the occurrence fully below; do not just check box.

ATCC ID# _____

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 follow:
 - 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.

BREMSS/Trauma System QI

DATE:

PCR #:

Occurrence Date:

Time:

Organizations Involved:

ISSUE(S):

- Patient not entered into system.*
- Patient entered into system late.*
- Physician did not come to telephone/radio for patient report and orders.*
- Patient should have been transported to a Level One Facility.*
- No PCR left at Hospital.*
- Other: _____*

Explain the occurrence fully below; do not just check box.

TCCC:_____