Alabama Trauma System
QI Workgroup Meeting
December 17, 2009 08:30 a.m. - 10:00 a.m.
Office of EMS & Trauma Conference Room
Montgomery, Alabama
Call in Information: 1800-491-4634

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

By Phone: Allan Pace, Denise Louthain, Joe Acker, Michael Minor, and David
                        Garmon

Not in attendance: Beth Anderson, Spencer Howard, Alex Franklin, Geni Smith

Choona opened the meeting with a welcome.

Trauma System Update

> There are 98 hospitals in Alabama and 52 are currently activated in the Alabama Trauma
> System (4 Level I; 4 Level II; 44 Level III) with hopes of adding four more Level II
> hospitals. The projected date for the ATS to be fully activated is January 2010.

EMTALA Issues

> The Emergency Medical Treatment and Active Labor Act is a statute which governs
> when and how a patient may be (1) refused treatment or (2) transferred from one hospital
> to another when he is in an unstable medical condition.

> Dr. Campbell, Choona Lang and Joe Acker participated in a teleconference with Dr.
> Richard Wild, CMO/CMS regarding concerns related interfacility transfers and ensuring
> hospitals follow the regulatory provisions according to EMTALA.

> Dr. Campbell will revise the Patient Criteria for Hospitals to Enter Patients into the
> Trauma System DVD and it will be re-distributed to the regions, after meeting with
> Provider Standards staff and CMS to clarify the appropriate EMTALA reporting process.

E-PCR Request for QI Research

> E-PCR request for QI research will be made available for each regional director to have
> when researching QI issues in their regions. Tammie will handle all requests for
> information.

QI Report Project Update

Tammie gave an overview of the ATCC# Usage per Trauma Registry ID Data Point Alabama Electronic Patient Care Reports (ePCR) (See attached).

Trauma Registry/DI Software Update

The software testing has been completed and we are in the process of planning training for ADPH staff and hospital registrars.

December 31, 2009   End date for entering data into the old system

January 19, 2010   Training for ADPH Staff

January 20-22, 2010 Training for Hospitals

February 1, 2010   The new software will be operational

Training will take place at the WIC Training Center in Montgomery. Training will also be available through the web.

Benchmark Update

Robin gave a brief overview of the Trauma System Planning Tool for Indicator 302.1 (See attached).

LifeTrac Software Update

The LifeTrac system is currently on hold due to change in staff. (Another issue addressed was could not generated a report on where the patient was originated.)

BREMSS Update

Joe gave a brief overview of the Alabama Trauma System for the active regions. (See attached)

EAST Update

Allan gave a brief update on the Alabama Trauma System in the East Region. Joe will keep track of all transfers coming out of East to the North Region, related to the neurosurgeon issue in North.

GULF Update

David gave a brief update on the Alabama Trauma System in the Gulf Region. Two hospitals are currently not returning the trauma system feedback reports to Joe and the ATCC. (Thomas Hospital and Springhill Memorial Hospital).

SOUTHEAST Update

Denise gave a brief update of the Alabama Trauma System in the Southeast Region. Ten hospitals have been surveyed so far. We are currently waiting on application from the Dothan and Montgomery hospitals.

WEST Update

Dr. Crawford gave a brief update of the Alabama Trauma System in the West Region. DCH Regional Medical Center has submitted their ATS application for a Level III and will be surveyed early January 2010.

Next Meeting

The next QA/QI meeting will be coordinated with the Trauma Registry training.

January 21, 2010 10:00am-12:00p.m.

Meeting Adjourned   10:55 a.m.
Meeting Recording   WS111686

ATCC# Usage Per the Trauma Registry ID Data Point
Alabama Electronic Patient Care Reports (ePCRs)
September 1, 2009 thru September 30, 2009
OEMS&T Region 1 - North

- More than 150 ATCC Numbers were identified in Life Trac during the designated study period.
- In the ePCR database for the designated study period, almost 350 records, where the Trauma Registry ID was greater than zero, were found.
- Of these approximately 350 records found in the ePCR database, slightly more than 26% had actual values.
- 17 emergency medical services providers requested the ATCC Numbers which were captured via the Trauma Registry ID datapoint in the ePCR database during the designated study period: #108(10), #124(12), #136(2), #157(4), #168(1), #195(1), #252(8), #253(2), #254(27), #270(3), #725(2), #904(1), #914(1), #943(3), #944(3), #946(4), and #968(5).
- For those records where actual values were not entered into the Trauma Registry ID datapoint, the following is a listing of the other options entered: "555465", "909803", "N/A", "Not Applicable", "Not Known" and "Unknown".
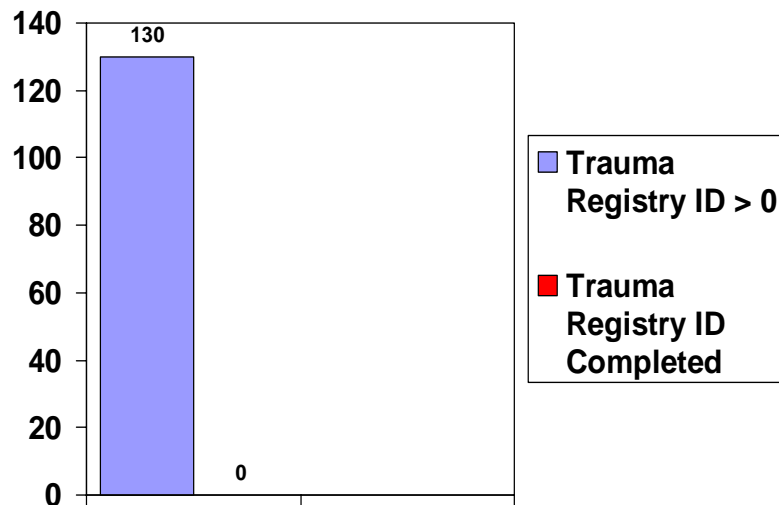

ATCC# Usage Per the Trauma Registry ID Data Point
Alabama Electronic Patient Care Reports (ePCRs)
September 1, 2009 thru September 30, 2009
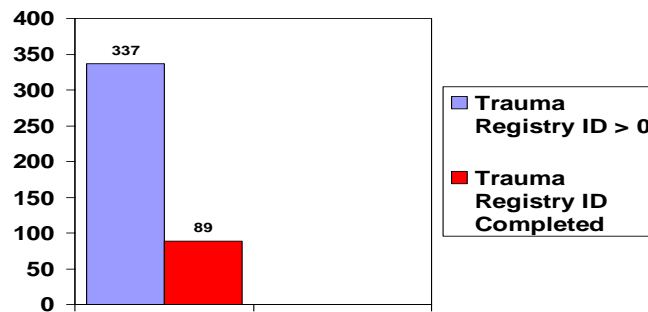
ATCC# Usage Per the Trauma Registry ID Data Point
Alabama Electronic Patient Care Reports (ePCRs)
September 1, 2009 thru September 30, 2009
OEMS&T Region 2 - East

- There were no ATCC Numbers identified in Life Trac during the designated study period.
- In the ePCR database for the designated study period, 130 records, where the Trauma Registry ID was greater than zero, were found.
- Of the 130 records found in the ePCR database, none had actual values.
- No emergency medical services providers requested ATCC Numbers which were to be captured via the Trauma Registry ID datapoint in the ePCR database during the designated study period.
- For those records where actual values were not entered into the Trauma Registry ID datapoint, the following is a listing of the other options entered "NN", "Not Applicable" and "Not Known".

ATCC# Usage per the Trauma Registry ID Data Point
Alabama Electronic Patient Care Reports (ePCRs)
September 1, 2009 thru September 30, 2009

ATCC# Usage Per the Trauma Registry ID Data Point
Alabama Electronic Patient Care Reports (ePCRs)
September 1, 2009 thru September 30, 2009
OEMS&T Region 6 - Gulf

- Approximately 90 ATCC Numbers were identified in Life Trac during the designated study period.
- In the ePCR database for the designated study period, almost 70 records, where the Trauma Registry ID was greater than zero, were found.
- Of these approximately 70 records found in the ePCR database, slightly more than 48% had actual values.
- 9 emergency medical services providers requested the ATCC Numbers which were captured via the Trauma Registry ID datapoint in the ePCR database during the designated study period: #310(3), #311(7), #360(2), #570(3), #809(1), #818(8), #876(1), #966(3) and #971(3).
- For those records where actual values were not entered into the Trauma Registry ID datapoint, the following is a listing of the other options entered: "1440", "Not Applicable" and "Not Known".

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Alabama Electronic Patient Care Reports (ePCRs)
September 1, 2009 thru September 30, 2009

OEMS&T Region 6 - Gulf
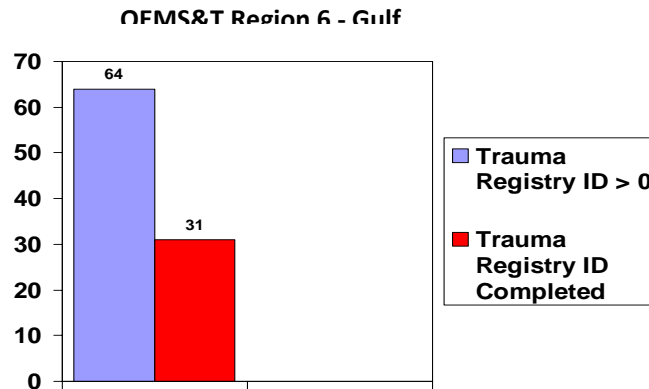
Trauma System Planning Tool for Indicator 302.1

Core Function 300. ASSURANCE. Assurance to constituents that services necessary to achieve agreed-on goals are provided by encouraging actions of others (public or private), requiring action through regulation, or providing services directly.

Benchmark 302. The trauma system is supported by an EMS system that includes communications, medical oversight, prehospital triage, and transportation. The trauma system, EMS system, and public health agency are well integrated.

Indicator 302.1 There **is well-defined trauma system medical oversight integrating the specialty needs of the trauma system with the medical oversight of the overall EMS prehospital performance as a part of the ATS. This medical oversight extends to investigations of specific incidents where the system fails or falls well short of established system outcome parameters.**

- MTSPE Indicator Scoring Descriptor best defining **current status** = **4 (**Medical oversight is routinely given to EMS providers caring for trauma patients. The ATS has integrated medical oversight for prehospital providers and routinely evaluates the effectiveness of both on-line and off-line medical oversight.)
- MTSPE Indicator Scoring Descriptor best describing **goal status** = **5 (**The EMS and trauma system fully integrate the most up-to-date medical oversight and regularly evaluate program effectiveness. ATS providers are included in the development of medical oversight policies.)

Tasks to achieve **goal status**:

1. **Who:** State Trauma Advisory Council, State QA/QI Committee, State Trauma QA/QI Workgroup, Regional Trauma Advisory Councils, Regional QI Committees, incident reporting via ePCR and ATR, State Trauma Communications Center Medical Director, Hospital Trauma Program Medical Directors and peer review committees of all related specialties, EMS Medical Directors, State EMS/Trauma Medical Director.

2. **What:** Concurrent and retrospective medical review of Alabama Trauma System performance including overall System performance and individual case review as well as licensure, certification, and continuing advanced training oversight.
3. **When:** Upon initiation of System operation within a trauma service region.
4. **Where:** Within each trauma center, EMS provider agency, trauma service region, and the Alabama Department of Public Health along within associated appointed advisory councils and committees.
5. *How:*   Medical and program advice related to, and enforcement of, the Alabama Trauma System.
6. *Barriers:* Inclusion of an insufficient number of hospitals within each region to provide levels of care required to conform to #5. Lack of participation and cooperation of a sufficient number of medical trauma specialists required for proper medical oversight. Data submission and processing that is not prompt and complete.
7. *Potential Strategy for Overcoming Barriers:* A functional hierarchy that provides for the coordination and expertise needed to ensure oversight is being performed at all levels. Active participation by stakeholders including the Alabama Hospital Association and the Medical Association of the State of Alabama. Compliance monitoring of data submission and completeness.
8. **Resources Required:** Medical staff, pre-hospital investigation personnel, case data, and data processing software.

ATCC# Usage Per the Trauma Registry ID Data Point
Alabama Electronic Patient Care Reports (ePCRs)
September 1, 2009 thru September 30, 2009
OEMS&T Region 3 - BREMSS

- Almost 300 ATCC Numbers were identified in Life Trac during the designated study period.
- In the ePCR database for the designated study period, almost 70 records, where the Trauma Registry ID was greater than zero, were found.
- Of these approximately 70 records found in the ePCR database, almost 88% had actual values.
- 22 emergency medical services providers requested the ATCC Numbers which were captured via the Trauma Registry ID datapoint in the ePCR database during the designated study period: #139(2), #154(1), #271(2), #277(2), #291(3), #317(2), #326(1), #338(2), #339(2), #346(1), #352(1), #356(2), 374(3), #377(1), #397(2), #410(2), #484(1), #861(1), #887(1), #911(16), #924(6) and #944(2).
- For those records where actual values were not entered into the Trauma Registry ID datapoint, the following is a listing of the other options entered: "554821", "Not Applicable" and "Not Known".

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OEMS&T Region 3 - BREMSS