

Minutes of the Alabama Trauma System (ATS)

Quality Assurance/Quality Improvement (QA/QI) Workgroup Meeting

February 4, 10 a.m., Room 1182

Call in Information 1-800-491-4585

- In attendance:** Sarah Nafziger, M.D., Choona Lang, Mark Jackson, MisChele White, Verla Thomas
- By Phone:** Dion Schultz, David Garmon, Allan Pace, Glenn Davis, Denise Louthain, Michael Minor
- Absent:** William Crawford, M.D., Richard Gonzalez, M.D., Jeremy White, Dennis Blair, Spencer Howard, Geni Smith, Joe Acker, Leslie Morgan, Andrew Lee

Dr. Nafziger welcomed participants.

ATS Update

Dr. Nafziger informed the Workgroup that the ATS on-site inspection of Baptist Medical Center South will take place on February 19, 2014, and Flowers Hospital and Southeast Alabama Medical Center will take place on February 20, 2014. She announced that the quarterly meeting dates for the Statewide Trauma and Health Systems Advisory System (STHSAC) are March 10, June 16, September 22, and December 12, 2014.

Trauma Rule change 420-2-2-.10, which substitutes the use of “coordinate” with “direct”, is still on hold. Ms. Lang advised the Workgroup that the Pediatric Rule Change Public Hearing that was scheduled for January was cancelled due to inclement weather and will now take place on February 18, 2014. Once the rule has gone through the Public Comment process it will be submitted to the State Committee of Public Health for approval. Children’s Hospital will be awarded a regular Level I ATS Designation when the rule becomes effective. The provisional designation for Children’s Hospital ends on April 1, 2014.

Dr. Nafziger reminded the Regional Directors to conduct the Level III Inspections necessary to complete the re-designation of the Level III trauma centers in their respective regions. The Level III Inspection Schedule will be updated based on the new inspection dates for Regions One, Two, Three, and Four, all of which need to be completed this year.

Stroke System Update

Dr. Nafziger informed the Workgroup that over 900 patients have been entered into the stroke system so far and the process seems to be working well. There are cases of over-triage, which are normal in a new system. QA/QI issues include delivery of stroke patients to a hospital that is not designated for stroke and hospitals showing green for resources that are unavailable.

Ms. Louthain reported that she is having trouble with hospital feedback report compliance and is working on increasing it. Ms. Lang also reported that there has been interest in bringing the stroke system online in other regions, but that will depend on legislation and funding for the Alabama Trauma Communications Center (ATCC) so they are not overwhelmed.

Dr. Nafziger made the workgroup aware that Dr. Andrei Alexandrov will be leaving the University of Alabama at Birmingham (UAB) to work in Memphis. Dr. Michael Lyerly will fill in for him on the Stroke Executive Committee until a replacement can be found.

QA/QI Update

Mr. Jackson informed the workgroup of a QA issue involving a gunshot victim that was picked up from a scene still being covered by police officers. Emergency medical services personnel (EMSP) called the ATCC in route to the University of South Alabama (USA) and requested contact with the hospital. While speaking with USA, they were told that the hospital was on full divert but EMSP were already close to the facility and informed the hospital staff they were bringing the patient anyway. When EMSP arrived at the hospital, they found that there were plenty of beds. This situation (being on “red” when beds are available) has been occurring more frequently. However, bed availability does not always indicate trauma resource availability. After listening to the recordings, Mr. Jackson discovered that the ATCC operator failed to inform the EMSP that USA was on full diversion, which is why they had nearly reached the facility by the time they were notified that USA was on “red”. If they had been informed in time they would have taken the patient to Mobile Infirmary. This seems to be both a hospital and an ATCC issue. Mr. Minor has found that when the ATCC gets calls from Mobile Fire, they often ask to be patched through to USA without informing the operator that they have a trauma patient and need to be routed, so they are connected with the facility before the situation is known. Mr. Garmon is planning to address this issue with prehospital providers and hospital staff.

Mr. Garmon added that diversion is a topic of interest right now in the Gulf Region. Several of the trauma centers in Region Six have been complaining about the amount of time that USA spends on “red”. He has dropped in on USA several times when they have gone “red” and have found that beds are available. There seems to be a breakdown in communication on available resources between administration and the emergency room (ER), and it does not appear to be the fault of the ER. Ms. Anderson, Dr. Pettijohn, and Mobile Fire will meet together in February to discuss the issue. Ms. Lang requested that Mr. Garmon report the results of that meeting to Dr. Crawford.

Mr. Garmon also reported that he was recently contacted by an attorney out of Montgomery, who asked if each regional office keeps a report on the time each trauma center spends on diversion, including the reason they are on diversion. The attorney indicated that there are lawsuits being considered due to patients being transferred to a hospital with a lower standard of care. The Birmingham Regional Emergency Medical Services System has also received similar inquiries from attorneys. Mr. Minor added that the Office of Emergency Medical Services (OEMS) should be aware that just because there are available beds does not mean that the facility is on diversion for no reason. It is possible to be on “red” due to lack of surgeon or

trauma staff, so this should be considered. Mr. Garmon agreed, stating that often they are on “red” due to the surgical suite being full or understaffed. Furthermore, there is no region wide standard on diversion status, just for trauma. He suggested adding another button on the emergency resource display (ERD) for medicine. Mr. Minor responded that the infrastructure is there to do it, but it would need to be agreed to by the Regional Advisory Council. Ms. Lang added that there are two issues: Mobile Fire needs to understand that empty beds do not mean that resources are available to treat a trauma patient and, when calling the ATCC, they should first attempt to put the patient in the system before requesting to be connected with USA. Mr. Garmon agreed that further education will need to be done for Mobile Fire.

Mr. Jackson reported to the Workgroup that there was an ATV accident in Colbert County in Region One and a helicopter was called from Corinth, MS. They arrived and took the patient to Huntsville. The helicopter ran low on fuel en route to the hospital and had to land at Shoals Base to refuel, which took 15 to 20 minutes. The trauma patient was finally delivered to Huntsville after leaving Shoals Base. MediVac confirmed that the incident occurred and reported that the helicopter was experiencing strong head winds and was on the scene longer than expected. Mr. Jackson will continue to investigate this incident and Mr. Schultz will attempt to gather information on this issue from his region.

Regional Trauma Plan Update

The Workgroup discussed the regional trauma plan updates. Several RACs have not been able to meet yet, but meetings are planned. Once the regional plans are approved and adopted by the RACs, they will be submitted to the STHSAC for consideration.

Alabama Trauma Registry Update

Ms. Thomas reported that she examined data from each trauma center and compared the number of patients that were routed to the hospital to data from the Alabama Trauma Registry (ATR) and the Head and Spinal Cord Registry (HSCIR). Many hospitals did not have any data entered for 2013. The Ntracs hospitals seem to be entering their data more consistently. There are several thousand cases in the registry but only 113 patients have ATCC numbers. Compliance with entering the ATCC numbers into the system is the primary issue. Ms. Thomas will share these regional reports with the Workgroup by email. She also reported that Mr. MacClennan and Mr. Russell from UAB are meeting with OEMS on February 10, 2014, to look at the ATR data and offer their assistance, if needed. *Report is attached.*

Ms. Lang re-iterated the importance of quarterly hospital visits. Being visible and available to hospitals will encourage communication, data compliance, and educational opportunities. Solid data will help secure funding opportunities and bolster the continued success of the ATS. A demonstration, to explain in further detail how the ATR functions, will be scheduled for the Regional Directors.

Alabama Trauma System Report

Ms. White reported that a total of 9,140 ATCC numbers were assigned in 2013. She broke the numbers down by region, county of treatment, and county of origin. The feedback reports indicate a large number of EMSP Discretion cases. The ATS now has over 50 percent feedback report compliance statewide. *Report is attached.*

Regional Discussion

Regional Discussion was postponed until the next meeting due to technical difficulties.

Next Meeting

The next meeting date is scheduled for February 25, 2014, at 10 a.m., in Montgomery at The RSA Tower, Suite 1100.

Adjournment

The meeting was adjourned at approximately 11:00 a.m.