Minutes of the Statewide Trauma and Health Systems (STHS)

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

January 26, 2016, 10 a.m., Room 1182

Call in Information 1-800-491-4585

In attendance: Allan Pace, Augustine Amenyah, David Garmon, Denise Louthain, Dion Schultz, Joe Acker, John Blue, II, Leslie Morgan, Mack Weaver, Travis Parker, Stephen Wilson, William Crawford, M.D.

By Phone: Geni Smith, Glenn Davis, Jeremy White, Sarah Nafziger, M.D.

Absent: Andrew Lee, Choona Lang, Michael Minor, Mark Jackson, Spencer Howard

Dr. Crawford welcomed participants.

QA/QI Process

Trauma Alert Activation Survey

Dr. Crawford began the meeting by reviewing the Trauma Alert Survey results, which found that a 15 minute alert from the Alabama Trauma Communications Center (ATCC) seemed optimal for both Level I and II trauma centers. Participation in the survey by Level I and II trauma centers was good, with most submitting their current protocol. Dr. Crawford explained that the survey was needed to test that operational guidelines were still in line with optimal trauma center patient care.

Dr. Crawford indicated that the suggestion of the Workgroup to rotate the State Emergency Medical Control Committee (SEMCC) meeting from region to region will be put into place. This change will give the opportunity for regional input and increased participation by stakeholders. The Workgroup discussed possible sites, with the next meeting being held in Clanton, Alabama. After the Clanton meeting the SEMCC meeting will then rotate and be hosted regionally.

ATHS Education

Dr. Crawford informed the Workgroup that the STHS Educational Road Show will begin by holding town hall meetings in each region. Education will also be offered after SEMCC meetings in the afternoon. May 10, 2016, has been tentatively scheduled for updating training DVDs and power point presentations for both hospital and prehospital providers. These DVDs will include testimonials and success stories.

ATCC Late Entry or No Entry Study

Mr. Acker did a four-day study of ATCC notification by transport, as requested by Dr. Crawford, which found continued non-compliance of emergency medical services personnel (EMSP) with Protocol 1.16 and calling the ATCC for patient destination prior to leaving the scene. The Workgroup discussed the merits of changing the language in the protocol from “should call” to

"must call." Mr. Acker indicated that the change in language would not work if it could not be enforced by the Office of Emergency Medical Services (OEMS) during the QA/QI process. Mr. Acker described how important direction of patient destination is for patient health and the health of the system. Many hospitals have on-call trauma teams, which makes it difficult if a trauma alert is not given or delayed. Some patients have gone to a hospital that did not have the resources to treat the patients' injuries, resulting in lengthy transfers and adverse patient care. Mr. Blue indicated that Region Two has focused efforts on engaging emergency room doctors in the process, and Mr. Garmon added that prehospital providers have not been receptive to improving compliance. Mr. Blue added that, if the OEMS were to begin enforcement of this change he would like the support of doctors and hospitals. A suggestion to tie compliance to third party payers by submitting a report recommending they not pay based on lack of following protocol could be effective.

Mr. Acker indicated that he would like to stop submitting this non-compliance issue as a QA/QI issue, unless there was a method of enforcement to back it up. Mr. Acker also acknowledged that some counties have very limited personnel. The prehospital provider does not want to transport outside of their service area due to possibly leaving their area without any coverage at all. This creates a burden on EMSP to call especially when air medical is not always available. Dr. Crawford and Mr. Blue both expressed the need for targeted education, on "why" contact with the ATCC prior to leaving scene for transport recommendation, is paramount to system function and patient care. Mr. Acker indicated that only 50 percent of calls the ATCC receives in route are properly entered into the system. Ms. Smith expressed how frustrating it is when the trauma teams are not given proper notification so that the team is ready when the patient arrives. Mr. Acker indicated that compliance with direction by the ATCC will only become more difficult when the STEMI system is in operation, due to the limited number of STEMI centers. He indicated that 70 percent of EMSP call in route to the scene or immediately after pick-up; as a result the ATCC has re-routed 140 patients this year.

The Workgroup discussed several ways to increase compliance with calling the ATCC from the scene, including: requesting that EMSP call within a certain number of minutes of receiving a call (> ten minutes), requesting EMSP make two calls (one in route to scene for direction, then after leaving the scene to receive ATCC number), and requiring EMSP to call the ATCC for every call, whether involving a trauma patient or not. Mr. Schultz suggested changing the language to, "call to ATCC preferred in route, required before leaving scene." The Workgroup agreed to explore using this language in changing the trauma rule. Dr. Crawford will check with Alabama Department of Public Health (ADPH) General Counsel to see if the protocols will need to be changed as well.

Mr. Wilson asked the Workgroup why the stroke system seems to be better embraced by EMSP than the trauma system. The Workgroup responded that the prehospital providers do not want to transport outside of their service area, due to possibly leaving their area without any coverage. The stroke system gives immediate results to EMSP who are able to transport stroke patients within their coverage area; and, see the immediate affect that tPA has for the appropriate patient. In addition, some EMSP do not understand how unique Alabama's voluntary system is, and the need to work closely with hospitals for the benefit of patients. He

indicated that stroke is a serious medical emergency whose injuries can be quickly mitigated with the correct resources. This leads to a lack of understanding of why trauma patients need to bypass lower level trauma centers, and gives immediate results to EMSP when stroke patient outcomes are good. There is a continued need to show the success of the trauma system, as a whole. Dr. Crawford re-iterated the need for better continuing education and training that includes testimonials and success stories.

Feedback Reports

The Workgroup discussed the issue of feedback reports not making it to EMSP for review. Mr. Acker indicated that feedback reports are sent to prehospital services and are often not disseminated to EMSP. Mr. Garmon suggested posting the feedback reports to the regional websites, and Dr. Crawford suggested sending them to EMSP via email. Dr. Crawford will check with ADPH General Counsel to see if it is appropriate to post a modified feedback report online. He will also send an email notification that explains the feedback report process and where to access them. Dr. Crawford will also address the recommendation to "call to ATCC preferred in route, required before leaving scene" in the email notification for EMSP.

ATS Report

Mr. Amenyah presented the ATS Report, as distributed.

Regional Discussion

Region One

Mr. Schultz reported that Lifeguard Ambulance Service and the Hartselle Fire Department are hosting the 1st Annual EMS Symposium on February 20, 2016; Redmond Regional Medical Center is hosting the EMS Cardiac Symposium on February 11, 2016; and, the 9th Annual Trauma Symposium is being hosted by Erlanger Health Systems on June 9-10, 2016.

Region Two

Mr. Pace reported that they are in the planning phase and requesting input for the Chief's Conference that will probably be held in September.

Region Three

Mr. Acker reported that tPA administration in Region Three is the highest rate it has ever been, and that sixty percent of STEMI patients are going to the cath lab, with more STEMI cases crossing regional lines. He also reported that Region Three is holding a meeting on January 17, 2016, to address 12-lead devices. Mr. Acker also offered to train the regional directors and OEMS staff on how to run reports from LifeTrac.

Region Four

Mr. Parker reported that Region Four is hosting a Hemorrhage Control Forum on Thursday, January 28, 2016. Representatives are planning to meet with Mississippi hospitals soon to encourage them to join the health systems.

Region Five
Ms. Louthain reported that Midtown Medical Center has applied for stroke center designation. She also reported that her region is in the process of developing an education program in conjunction with EMS provider schools and hospitals in her area. Ms. Louthain informed the Workgroup that the American College of Emergency Physicians meeting will be held on June 6-9, 2016, in Destin, Florida.

Region Six
No report at this time.

Next Meeting

The next meeting will be held on April 26, 2016 at 10 a.m., in the Montgomery RSA Tower, Suite 1100.

Adjournment

The meeting was adjourned at approximately 12:30 p.m.