Minutes of the Alabama Trauma System

QA/QI Workgroup Meeting
March 27, 2012, 10:00 a.m.
Office of EMS & Trauma (OEMST) Conference Room
Call in Information 1-800-491-4634

In attendance: William Crawford, M.D., Choona Lang, Dennis Blair, Verla Thomas, Robin Moore, MisChele White, Sarah Nafziger, M.D., Leslie Morgan, Allan Pace, Denise Louthain, Glenn Davis, Michael Minor

By Phone: Andrew Lee, Alex Franklin, Gwen West

Absent: Richard Gonzalez, M.D., Mark Jackson, Gary Mackey, Geni Smith, David Garmon

Choona Lang opened the meeting with a welcome.

Statewide Trauma Advisory Council (STAC) Update

Dr. Crawford informed the workgroup of Erlanger Health Systems acceptance into the Alabama Trauma System (ATS) effective March 16, 2012. Also, the STAC council approved a motion to meet quarterly to more effectively prepare for each meeting date.

Dates for Level I and Level II on-site survey re-visits are being coordinated now. A rule change to allow Alabama College of Surgeons certified hospitals to enter the ATS at their ACS designation level will require formal adoption. Dr. Williamson requested that the ATS Review subcommittee be reconvened to look into the best way to implement this change. Also, the Council has requested that the subcommittee consider how re-visits, to confirm resources, should be conducted and scheduled. The subcommittee agreed to research the issue and submit a recommendation to the Council.

Language to expand the trauma system, to include other systems of care, was introduced in HB517 and is hoping to pass this spring. This will allow the Southeast Regional Pilot Acute Stroke System to begin rolling out in the fall of 2012.

Regional Trauma Plans/ATS Manual

Ms. Lang reminded the workgroup that each Regional Trauma Advisory Councils (RTAC) should meet twice a year to review their Quality Assurance/Quality Improvement Plan (QA/QI) and non-compliance issues within each region. She requested that each RTAC review their regional plan and submit their recommendations to the Office of EMS and Trauma (OEMST). A subcommittee was formed to address the Regional Trauma Plans. Glenn Davis, David Garmon, and Alex Franklin have volunteered for this subcommittee.

Ms. Lang also requested that the workgroup submit their feedback on the Master ATS Manual. She would like this project to be completed by the end of the year. A subcommittee was formed

to address the ATS Manual. Allan Pace, Denise Louthain, and Michael Minor have volunteered for this subcommittee.

ATS Reports

Mr. Moore presented the workgroup with a report that shows trauma mortality rates by region based on death certificate information provided by Vital Statistics. It shows a significant decrease in trauma morality since 2007. Mr. Moore described the difficulty of pulling reports from the ATS because of reporting gaps.

Ms. White went on to explain that these gaps are due to staff turnover, lack of training for ATS entry, lack of identifiable information on the feedback form, lack of ATCC number fields for some NTracs hospitals, and a lack of prehospital ATCC number compliance. Multiple data systems are being linked to provide patient data and a patient identifier such as the ATCC number being used consistently is vital to link ATCC numbers to patient care records (PCRs). Trauma system reports are currently being generated but the data is incomplete.

Mr. Blair added that though a new data collection system is desired it is not financially feasible. Therefore, we must work to improve and streamline the current data system. Hospitals and prehospitals that are not complying with ATS patient entry protocol must be identified so that further education and training can be provided to help ensure compliance. Mr. Blair and Ms. White also encouraged each region to let OEMST know if data is incorrect so that errors can be identified and corrected.

Alabama Trauma Registry (ATR) Compliance Project

Ms. Thomas is currently doing training visits to hospitals and has already seen improvement in trauma patient entry. Ntrac hospitals have created a field for the ATCC number, which will put an end to entry of that number into the patient record narrative. Some smaller hospitals have been able to go back through their PCRs and submit their patient data into the ATR. Larger hospitals will be unable to do this due to the large volume of PCRs, so they must work with the data currently being collected. Ms. Lang suggested that the trauma patient entry training video be reviewed to determine if it needs to be updated so that it can be provided to hospitals when staffing changes to be sure everyone knows correct patient entry process. Dr. Nafziger suggested that the QA/QI ATS Review Subcommittee review the training video to consider the best way to keep training consistent through hospital staffing changes.

Several patient identifiers were discussed by the workgroup, but all agree that because each hospital handles patients differently they will each have to come up with their own way to ensure fewer errors and omissions. Each region was encouraged to work with the prehospital providers in their areas to encourage the use of the ATCC number on PCRs. Please see the attached explanation of the ATR.

Mr. Franklin suggested that benchmarks need to be developed so that the efficacy of the ATS can be proven. Ms. Lang reminded the workgroup that the STAC was asked to submit any suggestions for these benchmarks so they could be clearly identified, but none have been submitted. Mr. Franklin indicated that Dr. Najjar has already developed benchmarks for use in Region One. He offered to send examples of the data points identified by Dr. Najjar to each

STAC member with a request to send feedback to Dr. Crawford. Mr. Crawford also suggested that the RTACs should be involved in the process as well.

Regional Discussion

Region Three

Mr. Minor reported that all trauma centers in the state are now actively communicating with the ATCC servers. Also, the trauma registry, and the transfer report are now being beta tested on ATCC workstations. They will continue to test until the end of this week and then will be pushed out statewide along with the report manual. The ATCC is currently in discussion with their software vender Forte to be able to differentiate ATS patients from stroke patients by assigning separate characters. The ATCC recently identified a problem between the state and ATCC workstations. It seems to be an operating system key problem. A plan for addressing this is being developed.

Next Meeting

The next meeting will be held on May 22, 2012, at 10 a.m.

Adjournment

The meeting was adjourned at 11:25 a.m.