

Minutes of the Alabama Trauma System (ATS)

QA/QI Workgroup Meeting

May 21, 2012, 10:00 a.m., Room 744

Call in Information 1-800-491-4634

In attendance: Choona Lang, Verla Thomas, Robin Moore, MisChele White, Sarah Nafziger, M.D., Leslie Morgan

By Phone: Alex Franklin, Allan Pace, David Garmon, Denise Louthain, Geni Smith, Glenn Davis, Jeremy White, Joe Acker, Richard Gonzalez, M.D.

Absent: Mark Jackson, Andrew Lee, Dennis Blair, Spencer Howard, William Crawford, M.D.

Choona Lang opened the meeting with a welcome.

Statewide Trauma Health Systems Advisory Council (STHSAC) Update

Dr. Nafziger reported that on-site re-inspections have been successfully completed for Baptist Pensacola, Sacred Heart, and the University of Alabama at Birmingham. There were several issues at Baptist Pensacola. The respective Regional Advisory Council (RAC) will review the results and report their findings to STHSAC. Re-inspections have been scheduled for Huntsville Hospital and Decatur General. Children's Hospital of Alabama will schedule their re-inspection once the facility has completed their upcoming move. The Office of Emergency Medical Services (OEMS) is currently in the process of scheduling a re-inspection for Northeast Alabama Regional Medical Center.

ATS Review Subcommittee

In the last ATS Review Subcommittee meeting, language was decided on regarding the trauma rule change to allow automatic acceptance of American College of Surgeons (ACS) certified trauma centers. This language will be recommended to the STHSAC. In addition, guidelines for re-inspection and a rolling three year re-inspection calendar were developed. Also, the role of out-of-state trauma centers in RACs was discussed and it was decided that those facilities would be allowed full representation in their corresponding region. Pediatric workgroup criteria was also discussed and added to the ATS designation criteria. All of these recommendations will be submitted to the STHSAC for consideration.

ATS Trauma Plan/ATS Manual Update

Ms. Lang updated the subcommittee on the progress made on the ATS Manual and ATS Trauma Plan. A third draft of the ATS Manual is currently being edited and a final draft should be completed soon. The ATS Trauma Plan is a more involved process, since the regional plans are being updated and then collated into a single statewide plan. The ATS Trauma Plan also needs language updated to reflect that the system is now fully operational. Ms. Lang expects that both projects will be completed by the end of the calendar year.

ATS Reports

Ms. White presented the group with a selection of ATS reports from the LifeTrac software. Ms. White reported that currently 42 percent of electronic patient care records (e-PCRs) include the Alabama Trauma Communications Center (ATCC) number that is needed to effectively follow a patient through the trauma system. This leaves much of the collected data unusable. Methods to increase data compliance are being discussed, such as education for Emergency Medical Services providers and trauma registrars. Ms. White reported that until data compliance can be addressed and rectified, pulling reports will be difficult and time consuming and the reports will continue to be inaccurate at best.

Alabama Trauma Registry (ATR) Compliance Project

Ms. Thomas is currently conducting training visits to trauma centers and has already seen some improvement in trauma patient entry. Some smaller trauma centers have been able to go back through their PCRs and submit their patient data into the ATR. Larger trauma centers will be unable to do this, due to the large volume of PCRs, so they must work with the data currently being collected

Several patient identifiers were discussed by the workgroup but all agree that, because each trauma center handles patients differently, they will each have to come up with their own way to ensure fewer errors and omissions. Each region were asked to work with the prehospital providers in their areas to encourage the use of the ATCC number on e-PCRs. Mr. Franklin reported that Huntsville trauma center in Region One is piloting a method of adding a label to the patient care record received from the ATCC. Patient identification information is then removed before being forwarded to the ATCC. Each regional office is encouraged to foster ATR data compliance whenever contact is made with ATS Trauma Centers. Also, Ms. Thomas is looking more closely at trauma centers with a history of not being compliant with trauma registry entry to see what methods can be used to encourage compliance.

Regional Discussion

Region One

Mr. Franklin reports that his region is currently working with ER physicians on improving their regional plan for inclusion in the ATS Plan. He reports that scheduled trauma classes are not well attended and that training done at service locations seems to have more in attendance.

Region Two

Mr. Pace reported that trauma centers in his region are also adding a removable label to trauma system PCRs received from the ATCC with some success and that he is making monthly visits to ATS trauma centers. Mr. Pace is also working on transfer times for air ambulances. He reported that the trauma classes being held in his region are not well attended and the regional agency is considering holding classes quarterly. Mr. Pace reported that Barry Keel is the new CEO of Stringfellow Memorial Hospital effective May 7, 2012.

Region Three

Mr. Acker submitted his Quality Assurance (QA) report for March and April. *The report is attached.*

Region Four

Mr. Davis reported that he is still working with Selma and plans to meet with Ms. Sanchez this week at Vaughn Regional Medical Center.

Region Five

Ms. Louthain reported that Region Five is currently waiting on the Alabama Hospital Association and the Alabama Department of Public Health legal staff to review the QA language in the Southeast Regional Pilot Acute Stroke System (SRPASS) Plan so that it can be presented to the RAC for consideration. Ms. Lang added that OEMS can soon begin to schedule on-site inspections and collect stroke system applications.

Baptist South, Prattville Baptist, and Andalusia Hospital were awarded a telemedicine grant. Baptist South will be the “hub” and Prattville Baptist and Andalusia Hospital will be spokes.

Region Six

Mr. Garmon reported that he and Mr. White are making trauma center visits monthly and as needed. Also, the RAC will be consider the findings of OEMS on-site inspections of Baptist Pensacola and Sacred Heart and will make their recommendation to the STHSAC.

Other Issues

Dr. Nafziger asked the subcommittee if a goal for inter-facility transfers should be considered. Mr. Acker stated that this would not be feasible statewide, but could be done regionally. Mr. Franklin agreed that each region has unique challenges, including transfer times, geography, and communication, which would make a statewide goal impossible. Mr. Pace suggested using the QA process to keep inter-facility transfers under 10 percent. Ms. Lang suggested that this issue be discussed in the next ATS Trauma Plan Subcommittee meeting.

Next Meeting

The next meeting will be held on June 26, 2012, at 1 p.m.

Adjournment

The meeting was adjourned at 11:10 a.m.

Region Three QA Report for March and April

# of Issues	Type	Open/Closed
5	No patient entered	1/4
3	Late entry	0/3
1	Info	0/1
2	Notification	1/1
1	Care	0/1
1	Time not given	0/1
3	Out-of-region transport	0/3

Mr. Acker reports that out of 489 patients in this time frame only 3% triggered a QA. 87.5% of QA issues are now closed.