

## **Benchmark Indicator 202.4 Worksheet**

**200. Policy Development.** Promoting the use of scientific knowledge in decision making that includes building constituencies; identifying needs and setting priorities; legislative authority and funding to develop plans and policies to address needs; and ensuring the public's health and safety

**Benchmark 202.** Alabama Trauma System leaders, i.e. lead agency, trauma center personnel, and other stakeholders, use a process to establish, maintain, and constantly evaluate and improve a comprehensive trauma system in cooperation with medical, professional, governmental, and citizen organizations.

Essential Service: *Inform, Educate, Empower*

**Indicator 202.4** Trauma system leaders have adopted and use goals and time-specific quantifiable and measurable objectives for the ATS.

MTSPE Indicator Scoring Descriptor best defining **current status = 4**

ATS leaders have adopted goals and time-specific, quantifiable, measurable objectives that guide system performance.

MTSPE Indicator Scoring Descriptor best defining **goal status = 5**

ATS leaders, in consultation with their trauma-specific, statewide multidisciplinary, multi-agency advisory committee, have established measurable program goals and outcome-based, time-specific, quantifiable, and measurable objectives that guide system effectiveness and system performance.

Tasks to achieve **goal status**:

- 1) Who:** State Trauma Advisory Committee members and ADPH State Trauma Office staff as well as others in the Office of EMS and Trauma. Regional QA/QI Coordinators and RTAC members who help coordinate efforts with local hospitals.
- 2) What:** Measurable program goals and outcome-based, time-specific, quantifiable, and measurable objectives that guide system effectiveness and system performance.
- 3) When:** January 2012. While goals and objectives have been adopted by the ATS and most Trauma Regions in the state, other regions have only just begun to participate in the ATS. At least 12 full months in operation should be allowed for data collection and analysis before each region can be expected use their QA/QI activities in order to make the goals and objectives appropriate for maximally effective operation of the ATS.
- 4) Where:** Statewide on State and Regional trauma levels.
- 5) How:** Implementation of existing trauma system policies in all six trauma regions in the state. After implementation, encourage regions to use ATS QA/QI benchmarking processes, such as this MTSPE-based benchmark indicator worksheet as tools for achieving goals and objectives in a consistent manner.
- 6) Barriers:** Lack of compliance with data collection, completion, and timeliness guidelines. Failure to establish, staff, and cooperate with regional QA/QI committees. Insufficient data to make decisions and establish timelines.

**7) Potential Strategy for Overcoming Barriers:** Allow for at least a year's worth of operational data accumulation to evaluate progress in achieving goals and objectives. Use of ATS Benchmark Indicator Scoring methodology to build regional system.

**8) Resources Required:** Enough data from the operation of regional systems to make decisions that are realistic when measuring progress in operational outcomes, timelines, and system efficiency. Regional and State Trauma Advisory and QA/QI Committees that are well-manned and dedicated to the achievement of the established goals and objectives. Cooperation of providers when attempting to improve System services. Funding to establish a consistent, workable Regional QA/QI Committee.

## Benchmark Indicator 203.1 Worksheet

200. Policy Development. Promoting the use of scientific knowledge in decision making that includes building constituencies; identifying needs and setting priorities; legislative authority and funding to develop plans and policies to address needs; and ensuring the public's health and safety

Benchmark 203. The Alabama Department of Public Health OEMST, i.e. the lead agency, has a comprehensive written trauma system plan based on national guidelines. The plan integrates the Trauma System with the EMS, Public Health, Emergency Preparedness, and incident management systems. The written trauma system plan is developed in collaboration with community partners and stakeholders.

Essential Service: Inform, Educate, Empower

Indicator 203.1 The ADPH, in concert with a trauma-specific multidisciplinary, multi-agency advisory committee, has adopted a trauma system plan.

MTSPE Indicator Scoring Descriptor best defining current status = 4

A trauma system plan has been adopted, developed with multi-agency groups, and endorsed by those agencies.

MTSPE Indicator Scoring Descriptor best defining goal status = 5

A comprehensive trauma system plan has been developed, adopted in conjunction with trauma stakeholders, and includes the integration of other systems (e.g. EMS, public health, and emergency preparedness).

Tasks to achieve goal status:

- 1) Who: ADPH OEMS&T, Regional Trauma Advisory Councils, Fire Departments, EMS Agencies, Community Hospitals, Trauma Centers, and Emergency Management Agencies (both state and county).
- 2) What: a trauma-specific multidisciplinary, multiagency trauma system plan.
- 3) When: integration with all systems, e.g. county EMA's and community hospitals, should be within a two year period ending in summer 2012.
- 4) Where: Statewide on state, regional, trauma center, and community hospital levels coordinated through the lead agency.
- 5) How: Primarily through planned coordination of the activities of each type of stakeholder under the guidance of the lead agency, the ADPH OEMS&T. By using MTSPE planning techniques, a plan consistent with national guidelines is being established by the lead agency. Applying the standards and measurement tools developed through the use of decades of experience on the national level will result in an optimally functioning trauma system in Alabama.
- 6) Barriers: Stakeholders that have not worked closely together in the past must be brought together. A statewide network which involves multiple agencies is difficult to administer. There are varying degrees of expertise and funding available to each region. Regions without adequate

funding, equipment and experienced staff must be supported and improved so that their particular trauma response system will meet the standards of regions that have overcome these barriers.

7) Potential Strategy for Overcoming Barriers: There are resources within the APDH that have been developing a statewide system which describes the Department's proper role in response to mass casualty incidents. Coordination of relevant ATS activities with other stakeholders should be addressed after extensive, comprehensive meetings with these other resources. The role(s) of the ATS can be described in more precise detail with the assistance of these departmental resources. The period of time required to put the system in place in all regions can be reduced with the help of trauma regions that have proven workable, relatively seamless relationships with most or all elements of the emergency response system, e.g. the BREMSS and North Alabama regions.

8) Resources Required: This stage of trauma system development requires personnel, equipment, and inter-regional coordination. Goals and objectives in this area must be built on a statewide trauma system with proven effectiveness, and, because of this, completion of this benchmark is a far reaching, exceedingly important undertaking with many factors that have yet to be explored extensively. Once all regions have been operational for several months, this benchmark should be immediately addressed.

April 07, 2010

Name  
Provider Name  
Address  
City, Town, Zip

Dear: \_\_\_\_\_

The enactment of Act No. 07-299, establishing a statewide trauma system in March 2007, offers us the unique opportunity to positively impact the lives of the citizens of Alabama. To ensure the system is functioning to reach intended outcome of saving lives and reducing mortality, we have implemented a strict QA process.

Per Contractual agreement, the Regional Agency shall assist the State EMS and Trauma Staff as requested to collect information and formulate responses to local EMS Providers related to EMS concerns and issues. The Regional Agency will also provide the services as needed to allow the regional QA Committee to function in the ATS QA plan including receiving Quality Control reports and Quality Improvement issues from the ATCC and the OEMS&T. In addition, the regional agency is required to provide educational follow-up as needed for each QA case.

In order to fulfill the QA function as listed above, the Regional Agency may need a copy of the PCR report from the local service providers.

The OEMS&T approves the release of specific PCR to Regional Agency related to Alabama Trauma System QA issues only.

Thank you for your commitment to the development of the Statewide Trauma System in Alabama.

Sincerely,

John Campbell, M.D.  
EMS&T Medical Director

JC: CF  
Enclosure

# **Alabama EMS & Trauma System Quality Assurance/ Quality Improvement Plan**

## **Quality Assurance Plan**

The mission of the quality assurance/quality improvement (QA/QI) plan is to assure optimal care of injured patients in the state of Alabama.

To accomplish this mission the QA/QI committee will continuously monitor the Statewide EMS & Trauma System utilizing system operation standards, system performance criteria, and data. The QA/QI process also includes development of system operation protocols, system performance standards, and system benchmarks. The process also includes the coordination of educational initiatives, system changes and enforcement as necessary.

QA/QI is made up of three component areas:

- 1) Standard Setting - the establishment of system operation protocols, system performance standards, and system benchmarks.
- 2) Quality Control - the “real time” operations of intervention by on-line medical direction, ADPH/OEMS&T, or the Alabama Trauma Communications Center (ATCC) to prevent sub-standard performance in any component of the ATS.
- 3) Quality Improvement - the use of system standards, quality control incidents, and data to determine the need for system change, provider education, or contract/regulatory action by the ADPH/OEMS&T.

The process is designed to allow all participants to recognize optimal as well as sub-standard performance. The process may use direct intervention, educational initiatives, system changes, and enforcement as necessary.

### **Alabama Trauma System QA/QI consists of the following:**

- 1) Trauma Center
  - A. Quarterly internal audits
  - B. Alabama Trauma System Registry reports
  - C. Participation in quarterly regional QA/QI committee meetings
- 2) Pre Hospital
  - A. Air
    1. Internal Audits
    2. Participation in quarterly regional QA/QI committee meetings
    3. Participation in quarterly Aero-Medical QA/QI committee
  - B. Ground
    1. Internal Audits
    2. Participation in quarterly regional QA/QI committee meetings
    3. Participation in quarterly Aero-Medical QA/QI committee

- 3) ATCC
  1. Assist all appropriate parties with their responsibilities as detailed in this plan.
  2. Provide Quality Control to assure ATS system operation protocols and ATS system performance standards are met with intervention as appropriate and incident reports made as necessary.
  
- 4) On-Line Medical Direction
  1. Provides on-line medical direction as necessary to assure compliance with ATS system operation protocols and ATS system performance standards.
  2. Provides incident reports as necessary to the appropriate RTAC(s).
  
- 5) System
 

The Alabama Department of Public Health's Office of EMS and Trauma is responsible for direct oversight and operation of the QA/QI plan:

  - A. Assumes responsibility and accountability for the implementation and ongoing activities of the QA/QI process.
  - B. Establishes, maintains and provides guidance to STAC, RTAC, EMS Regional Staff and ATS QA/QI Committees.
  - C. Integrates the QA/QI process into activities for all levels of participation within the ATS.
  - D. Utilizes the QA/QI data to identify the need to make any changes to the ATS to ensure its success.
  - E. Communicates and cooperates with appointed RTAC QA/QI committee members to operate their QA/QI plan.
  - F. Reports all QA/QI plan activities to STAC and the State Committee of Public Health.
  - G. Establishes and maintains a systematic QA/QI assessment process.
  - H. Establishes a culture of excellence through leadership, education, communication and teamwork.
  - I. Forwards complaints received at the State level to the Regional staff for follow-up according to steps I, II, III and IV of the Trauma System noncompliance process listed under **Regional Trauma Advisory Council: Number 8.**

### **Regional Trauma Advisory Council (Staffed by Regional EMS Agency)**

1. Utilizes regional level quality assurance/improvement, data process to identify the need to maintain/change trauma system processes by reporting findings to OEMS&T.
2. Communicates and cooperates with the direct services providers, ADPH/OEMS & T staff and all appropriate trauma system personnel to ensure Trauma System information is shared including the return of outcome data to the prehospital agencies involved in each patients care.
3. Promotes, coordinates and conducts ongoing prehospital and hospital ATS education.
4. Follows up with direct services providers to ensure trauma processes are performed.
5. Participates in all levels of the QA/QI process.
6. Meets quarterly with the ATS QA/QI committee to discuss ways to improve the ATS processes.
7. Receives all ATS QA/QI issues and then forwards to the ADPH/OEMS&T as well as State & Regional QI committees.

## Non-Compliance Assurance

Reports **noncompliance** issues to the Regional Trauma Advisory Council as listed below for the ATS prehospital component:

- I. **First Issue**
  - A. Minor issues (misunderstanding, not yet trained, etc.): Explanation of issue and remedial education, documentation by regional staff. These non compliance issues will be resolved on a regional level only. All information pertaining to non compliance issues is due within a 30 day time frame. Information not received in the 30 day time frame will become a B issue and forward to the State OEMS&T Compliance Officer for further review.
  - B. Issues where service or provider does not respond or is uncooperative: to be forwarded to the OEMS & T Compliance Officer/Offline Medical Director. (For appropriate actions by Compliance Officer).
- II. **Second Issue**-Verbal/written warning by regional staff. Issue will be forwarded to State OEMS & T Compliance Officer. State OEMS & T Compliance Officer will notify service provider and individual involved to schedule a face to face/verbal meeting (at the discretion of the Compliance Officer).
- III. **Third Issue**-Verbal/written report will be forwarded to State OEMS & T Compliance Officer for investigation with possible licensure action taken.
- IV. State OEMS & T Compliance Officer will report all outcomes from findings to RTAC via email. A summary will be provided to the STAC.

## EMS & Trauma Regions Noncompliance:

All regional EMS Agency noncompliance issues related to trauma system issues will be handled by the Director of the Office of EMS & Trauma.

## Trauma Center Noncompliance:

Report noncompliance issues to the OEMS&T Program Administrator or designee for ATS Trauma Center component:

- I. The noncompliance issue will be evaluated by the state and region staff
- II. All valid unresolved noncompliance issues will be submitted to the STAC for review.
- III. All valid unresolved hospital noncompliance trauma system issues will be processed as follow:
  - A. The first breach of activity standard will result in a letter of explanation indicating there has been a breach of activity standard with an explanation and an indication that there is a need to corrective action. A one-month period for corrective action implementation will be allowed.
  - B. If a second breach of the same activity occur a letter to the responsible entity indicating that a second breach has occurred with a warning that a third breach in that activity standard will result in suspension from the Trauma System for a 30-day period of time. A one-month period for corrective action implementation.
  - C. A third breach of the same activity will result in MOU failure and suspension of that facility from the Trauma System for a period of 30 days as per decision of the Alabama Statewide Trauma Advisory Council with the suspension time doubled from subsequent deviations of the same standard.

*(Note: Since the wording above is no longer in the revised MOU, we need to add it to our QA/QI plan?)*

**Community Hospital Noncompliance:**

Community Hospital noncompliance will be reported to OEMS&T Program Administrator for review. Educational information will be provided as needed.

**ATCC Noncompliance:**

All ATCC noncompliance issues will be processed by the Director of the Office of EMS & Trauma and the ATCC Director.

**RTAC QA/QI Committee Make Up**

**I. Representation-**

Each RTAC QA/QI committee will have the following minimum trauma system components represented:

- E911
- ATCC
- BLS First Responder
- ALS First Responder
- ALS Transport Provider
- BLS Transport Provider (Only if BLS responds to 911 calls)
- Trauma Hospital of each level in the Region
- Community Hospital
- Emergency Medicine
- Emergency Nursing
- Trauma Surgeon
- General Surgeon
- Orthopedic Surgeon (if level 1 or 2 in Region)
- Neurosurgeon (if level 1 in Region)
- Trauma Coordinator from each level hospital in the ATS Region

**II. Membership**

Each RTAC will determine and select the RTAC QA/QI membership to assure the above are represented. The Vice-Chair of the RTAC is to be the Chair of the RTAC QA/QI Committee.

**III. Meetings**

The RTAC QA/QI committee must meet at least once quarterly. All meetings will be advertised to ATS staff.

Alabama Department of Public Health  
**Trauma System/Trauma Center/Hospital**  
QA/QI Issue Tracking Log

**Trauma Center/Hospital:** \_\_\_\_\_

Date of Occurrence: \_\_\_\_\_ **Trauma Center/Hospital Notification Date:** \_\_\_\_\_

**Trauma Center/Hospital Staff Involved** \_\_\_\_\_

Contact Person: \_\_\_\_\_

Noncompliance Issue: \_\_\_1 \_\_\_2 \_\_\_3                      Region \_\_\_\_\_

Issue: \_\_\_\_\_  
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Findings: \_\_\_\_\_  
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Resolution: \_\_\_\_\_  
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Resolution Date: \_\_\_\_\_

\_\_\_\_\_  
**State Staff Signature**

\_\_\_\_\_  
Date