

**Minutes of the Statewide Trauma and Health System (STHS)
Quality Assurance/Quality Improvement (QA/QI) Workgroup Meeting
February 24, 2015, 10 a.m., Room 1182
Call in Information 1-800-491-4585**

In attendance: Allan Pace, Choon Lang, Denise Louthain, Leslie Morgan, Mark Jackson, MisChele White, Verla Thomas, Augustine Amenyah

By Phone: Andrew Lee, David Garmon, Dion Schultz, Geni Smith, Glenn Davis, Jeremy White, Joe Acker, Michael Minor, Sarah Nafziger, M.D., William Crawford, M.D.

Absent: Spencer Howard

Dr. Crawford welcomed participants.

ATS Update

Dr. Crawford reported that a survey for the STHS was being developed for hospitals and emergency medical services personnel (EMSP) to gauge their understanding of STHS processes. Because hospitals experience significant turnover in administration and nursing staff, continuous monitoring of their knowledge of STHS operations is necessary to maintain system standards. Ms. Lang added that because the trauma system has been operational since 2007, it is time to request feedback from stakeholders on what is working and not working, and what can be modified to improve system function. Once the drafted survey has been finalized, it will be distributed to prehospital providers, EMSP, and hospitals for completion. After discussion, the Workgroup decided that the Office of Emergency Medical Services (OEMS) will distribute the survey, compile the data, and report the results to the Workgroup before the end of 2015. The completion of the survey will be linked to the renewal of prehospital provider licensure for 2015, and regional directors will assist with the survey by including it on each regional meeting agenda and encouraging full participation.

Ms. Lang informed the Workgroup that the regional directors have reported difficulty in arranging regular Regional Advisory Council (RAC) Meetings. In 2008, the Statewide Trauma and Health Systems Advisory Council (STHSAC) approved the RAC composition, which allowed a large membership of prehospital providers and hospital representation. Regional directors have reported that they are not only having difficulty meeting with the larger council, but they are also frequently unable to reach a quorum to conduct regular business. The Workgroup recommended bringing this issue before the STHSAC to request that RAC membership composition be narrowed to alleviate these barriers to meeting attendance. Mr. Garmon reported that Region Six has considered reducing the RAC membership by splitting the Council into acute care system subcommittees, and adding surgeons, EMSP, hospital administration, and emergency room physicians specific to each system. These subcommittees would only meet when an issue from the main RAC makes it necessary. Dr. Crawford agreed that narrowing

the membership for RACs would make them more effective. Mr. Schultz added that a good cross section of stakeholders should include hospital administrators and doctors, members of the Alabama Hospital Association and the Medical Association of the State of Alabama, and EMSP for a total of 29 council members. The Region One RAC currently has 38 members.

Ms. Lang reported that a Trauma Managers Meeting has been scheduled for April 14, 2015, to meet quarterly meeting requirements.

Ms. Lang presented the Workgroup with several versions of the Regional Visitation Form that each region uses to submit grant required information to the OEMS. OEMS has requested that the regional directors present this information in a more consistent manner, and has developed a new form based on the samples presented. The improved Regional Visitation Form will be distributed for use as soon as it has been finalized.

Regional Trauma Plan Update

Dr. Crawford reported that a recent pediatric burn case has highlighted a need to change the transfer recommendations for future cases. Pediatric burns are currently routed to the nearest Level II or Level III trauma center. Dr. Crawford recommended transporting pediatric burn patients directly to the closest available Level II trauma center because they have the resources to stabilize burn patients and facilitate quicker transfers to a pediatric facility. After discussion, the Workgroup decided to discuss this issue with Dr. Ann Klasner and Dr. Donald Williamson before submitting any changes to the regional trauma plans to the STHSAC. Mr. Acker also presented some changes in wording to the regional trauma plans that were accepted by the Workgroup and would be immediately implemented.

ATS Report

Ms. White introduced Augustine Amenyah to the Workgroup, and presented a review of ATS/Stroke Data Report, as distributed. She requested that the Workgroup submit to her any feedback on the report. Reports to compare the incidence of stroke in Region Three and Region Five, overtriage, and tPA administration were requested and will be presented to the Workgroup at the next meeting.

Stroke System Update

Dr. Nafziger reported that current data indicated that the stroke system has experienced some over triage, but overall tPA administration numbers are good. A teleconference is scheduled for February 25, 2015, in Region Six (Gulf) to discuss expanding the stroke system to that region. A teleconference will also be scheduled for Region Two (East). Dr. Nafziger reported that language has been drafted to present to the legislature (House Bill 517) to add system specific subcommittees to the STHSAC, as requested by the Council members.

Regional Discussion

Region One

Mr. Schultz informed the Workgroup that Level III re-inspections are complete and a report will be submitted to the STHSAC. He indicated that Region One will recommend that most Level III's be awarded provisional designations due to a lack of formalized documentation. Mr. Schultz stated that the recent RAC meeting for Region One was unable to reach a quorum, so an electronic vote will be held so that recommendations for Level III designations can be presented to the STHSAC at the next meeting. Mr. Schultz reported that Cullman has requested a disaster drill to be held in conjunction with the Alabama Trauma Communications Center (ATCC). He will inform the workgroup once that date has been finalized.

Region Two

Mr. Pace reported that his last RAC meeting was attended by 32 members. He informed the workgroup that rural prehospital providers are reporting that they are having difficulty getting air medical to contact the ATCC to confirm the destination hospital. He is working to increase compliance with these transfers.

Region Three

Mr. Acker stated that Region Three was working to resolve several QA issues, but most have been closed.

Region Four

Mr. Davis reported that Region Four will submit their recommendation to designate Northwest Medical Center as a Level III trauma center. Mr. Davis informed the workgroup that Vaughn Regional Medical Center has a new emergency department manager.

Region Five

Ms. Louthain informed the Workgroup that MidTown Medical Center in Columbus, GA, is working on submitting paperwork to request a Level II trauma center designation. She also reported that Region Five will recommend to the STHSAC that St. Francis Hospital in Columbus, MS, receive a Level II stroke center designation.

Region Six

Mr. Garmon reported that Region Six is working on correcting QA issues with ATS education. He informed the workgroup that a stroke teleconference has been planned for February 25, 2015, and the region has expressed a lot of interest in the stroke system.

New Business

Ms. Lang informed the workgroup that Dr. Crawford and Mr. Acker will be visiting North Mississippi Medical Center in Tupelo, MS, to discuss entry into the trauma system; North Mississippi Medical Center has already been accepting trauma system patients.

Ms. Lang reported that re-inspections for Level I and II trauma centers are due. Dates for these re-inspections are being considered and will occur on the second and fourth Tuesday in the coming months, starting with Huntsville Hospital and ending with Baptist Pensacola.

Ms. Lang informed the workgroup that the University of Alabama at Birmingham will be hosting the American College of Surgeons for re-inspection as a Level II trauma center, and OEMS personnel plan to observe the visit.

Ms. Lang reported that Northeast Alabama Medical Center and Children's of Alabama are due for re-inspection in 2016. Mr. Acker added that the provisional status of Flowers Hospital should be presented to the STHSAC at the next meeting, and that STHSAC needs to be informed of the QA issues and time on RED and the need to re-inspect the facility to confirm they have the resources needed to qualify as a Level II trauma center.

Next Meeting

The next meeting is scheduled for April 28, 2015, at 10 a.m., in Montgomery at The RSA Tower, Suite 1100.

Adjournment

The meeting was adjourned at approximately 11:26 a.m.