

Minutes of the Statewide Trauma and Health System (STHS)
Quality Assurance/Quality Improvement (QA/QI) Workgroup Meeting
April 28, 2015, 10 a.m., Room 1182
Call in Information 1-800-491-4585

In attendance: William Crawford, M.D., Augustine Amenyah, Choon Lang, Dion Schultz, Glenn Davis, Joe Acker, Leslie Morgan, Mark Jackson, MisChele White, Verla Thomas

By Phone: Allan Pace, David Garmon, Denise Louthain, Geni Smith, Jeremy White, Michael Minor

Absent: Sarah Nafziger, M.D., Andrew Lee, Spencer Howard

Dr. Crawford welcomed participants.

ATS Update

Dr. Crawford reported that the STHS survey results are being compiled and will be disseminated to the regional directors. The survey will be available to complete through 2015. Dr. Crawford asked that the regional directors continue to encourage hospitals and emergency medical services personnel (EMSP) to complete the survey. The results will continue to be compiled and disseminated as responses come in.

Dr. Crawford reported that a Trauma Managers Meeting was held on April 14, 2015, to meet quarterly meeting requirements. He indicated that attendance was good and interest in the stroke system and stroke education is increasing now that the stroke system is being activated statewide.

Ms. Lang informed the Workgroup that Jan Hill with Jackson Hospital is assisting the Office of Emergency Medical Services (OEMS) with a pilot project by collecting and entering stroke patients into the system that have arrived in the emergency department by privately operated vehicle. Ms. Hill will collect this data for a 90-day period in order to test the resources required to enter the data, check the data for over-triage of patients, and to see if this process will work statewide without placing an undue burden on hospital data registrars. The results of this pilot program will be reported to the Workgroup at the conclusion of the 90-day testing period.

Dr. Crawford informed the Workgroup that the regional directors have had 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. The STHSAC agreed that the Workgroup should consider bringing the RACs down to the original membership composition. The Workgroup discussed several suggestions such as changing the make-up of the RACs to appoint members by hospital designation level and associations, allowing Dr. Williamson's appointments to expire, and creating smaller member workgroups that would be given voting responsibilities while allowing the larger Council to submit input. The Workgroup agreed to discuss this issue with the Alabama Department of Public Health Program Integrity and the Alabama Hospital Association before making a final recommendation to STHSAC.

Transfer Feedback Reports

Mr. Acker reported that patient transfer information and feedback will now be sent to the transferring hospital and the EMS provider by the regional staff. When a transfer is required, the Alabama Trauma Communications Center (ATCC) communicator will indicate the transferring hospital in the notes section so that they will receive feedback information. Mr. Acker indicated that the process may not work smoothly at first, and asked that if they are missing any feedback reports to request them from the communicators. This transfer feedback will assist in evaluating the transfer process for inefficiencies and provide patient outcome data to the transferring hospitals.

ATS Report

Ms. White presented a brief overview of the ATS/Stroke Data Report due to technical difficulties with the reporting system. Reports for 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. Crawford reported that the stroke pilot program has been implemented for a year now and appears to be working well. He informed the Workgroup that efforts will now be focused on implementing the stroke system statewide, beginning in Region Two and Region 6. Dr. Crawford indicated that the stroke plan is the process of being updated, stroke rules are in development, and that on-site inspections will be scheduled soon.

Regional Discussion

Region One

Mr. Schultz informed the Workgroup that Region One has an RAC meeting scheduled for May 7, 2015, and the Medical Direction Accountability Council is meeting on Thursday. He reported that Region One is in the process of notifying Level III trauma centers of the requirements of their provisional designations and six-month deadline.

Region Two

Mr. Pace reported that Region Two's RAC meeting is on May 7, 2015, and the Trauma Symposium is being held at Erlanger Health System on June 4-5, 2015. His region is also hosting an EMS Workshop at Trinity Medical Center on May 19, 2015.

Region Three

Mr. Acker stated that Region Three was working on segment elevation myocardial infarction (STEMI) protocols. The University of Alabama at Birmingham (UAB) is opening Alabama's first free standing emergency department (ED), and will be called UAB Medical West on the emergency resource display. Another free standing ED will be opening soon in Hoover on Highway 280. Mr. Acker also reported that he is still having difficulty with air medical calling in their routes to the ATCC.

Region Four

Mr. Davis reported that Northwest Medical Center will receive their computer next week. Mr. Davis informed the workgroup that he continues to work with Vaughn Regional Medical Center to complete their designation packet. He reported that Druid City Hospital has hired two more trauma surgeons, and that Region Four is also experiencing problems with air medical calling their routes into the ATCC.

Region Five

Ms. Louthain informed the Workgroup that Flowers Hospital has been downgraded to a Level III and may re-apply to be inspected as a Level II in the future. She reported that the American College of Emergency Physicians Conference is coming up.

Region Six

Mr. Garmon reported improvement with air medical. He informed the Workgroup that he has received requests from hospitals to have separate workstations for STEMI and stroke. Mr. Acker responded that multiple workstations would require additional programming and would be cost prohibitive. Mr. Acker also reported that hospitals that have moved their workstations from the ED have experienced many issues and internal conflict.

Mr. Garmon informed the Workgroup that EMSP in Region Six are unhappy with the amount of time that the University of South Alabama (USA) is on diversion. Mr. Garmon reported that Mobile Fire Department tends to become non-compliant when USA is on diversion. Mr. Acker indicated that the ATCC has been testing a view of diversion on the web to see if it works, and EMSP has suggested creating a smart phone application or workstation screen for dispatch offices to view diversion. Mr. Acker indicated that a smart phone application would be unsecurable, and would discourage communication with the ATCC.

New Business

The Workgroup discussed the outbreak of the drug "spice," and how it is affecting EMS. Ms. White reported that they are tracking the number of cases and reporting as requested. The

regional directors all expressed concern at the number of calls and EMSP are reporting major issues. Dr. Crawford informed the Workgroup that protocols for “spice” have been developed and that medications are currently being examined for “spice” patients. Mr. Garmon reported that many “spice” cases are being treated as psychiatric patients, which is leading to hospital diversions. Mr. Acker reminded the Workgroup that drug overdoses should not be treated like psychiatric patients.

Ms. Smith reported an issue with the transfer of a pediatric burn patient to Children’s Hospital that resulted in an undue burden placed on the family of the child, since they had to travel to Birmingham to get treatment. Ms. Smith indicated that she felt that USA could have handled this case and the family would have been closer to home. Mr. Garmon reported that he was meeting with USA and will address and document this issue and report his findings to the Workgroup.

Ms. Lang reported a few issues with hospitals questioning EMTALA. After discussion, the Workgroup decided to handle this with focused education at the hospitals that are experiencing this problem.

Dr. Crawford reminded the Workgroup that they need to plan to physically attend QA/QI Meetings as a condition to meeting every other month.

Dr. Crawford reported that new protocols are being drafted and he hopes to present them to STHSAC in September or October. After the protocols are completed, OEMS will review the Transfer Drugs course for updating. In the meantime, OEMS will provide the regional directors with a list of the schools that are currently offering the course.

Next Meeting

The next meeting is scheduled for June 23, 2015, at 10 a.m., in Montgomery at The RSA Tower, Suite 1100.

Adjournment

The meeting was adjourned at approximately 11:47 a.m.