

**Minutes of the Statewide Trauma and Health Systems (STHS)
Quality Assurance/Quality Improvement (QA/QI) Workgroup Meeting
June 23, 2015, 10 a.m., Room 1182
Call in Information 1-800-491-4585**

In attendance: Augustine Amenyah, Choona Lang, Denise Louthain, Dion Schultz, Joe Acker, Leslie Morgan, MisChele White, Verla Thomas

By Phone: William Crawford, M.D., Sarah Nafziger, M.D., Allan Pace, Andrew Lee, David Garmon, Geni Smith, John Blue, II

Absent: Glenn Davis, Jeremy White, Mark Jackson, Michael Minor, Spencer Howard

Dr. Crawford welcomed participants.

ATS Update

STHS Survey

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

Regional Advisory Council Composition

Dr. Crawford reported that, in an effort to make it more functional, North/Alabama EMS Region One (AERO) altered the composition of the Regional Advisory Council (RAC). Mr. Schultz reported that the RAC reviewed the current legislation and the number of members required and added seats for a Level I trauma center and air medical. The RAC now stands at 14 members. This new structure was reviewed and approved by the RAC, with all stakeholders being encouraged to participate but voting limited to members. Dr. Crawford indicated that this composition will now go to the Statewide Trauma and Health Systems Advisory Council (STHSAC) for approval, and may be modified for use in other regions if approved. The proposed RAC composition will be encouraged, but not required. Ms. Lang reported that the annual cycle of RAC appointments will end in August 2015. If the new RAC composition is approved, the appointments of those on the expanded RAC composition will be allowed to expire and the members will be notified. The process for adding workgroups for the additional systems of care will be decided by the STHSAC in the near future.

“Stroke Entry” Pilot Project

Ms. Lang informed the Workgroup that Jan Hill, Jackson Hospital, is assisting the Office of Emergency Medical Services (OEMS) with a pilot stroke data submission project. Currently, patients that are admitted to the emergency department by privately operated vehicle (POV) have to be added to the system by calling the Alabama Trauma Communication Center (ATCC)

and submitting information drawn from patient care reports (PCRs). Ms. Hill will be submitting a stroke patient report, via email, detailing the patients that have been admitted and arrived in the emergency department by POV into the system. Ms. Hill will test the resources required to enter the data, check the data for over-triage of patients, and evaluate the process for a 90-day period. The goal is to see if this process would streamline entry of patients that arrived by POV and were admitted, statewide, without placing an undue burden on the trauma system. The results of this pilot program will be reported to the Workgroup at the conclusion of the testing period.

Transfer Feedback Reports

Mr. Acker noted that the Alabama Trauma Communications Center now has the ability to receive outcome reports, transfer feedback, or other patient information from hospitals via text, phone, or fax for both the trauma and stroke systems. This capability seems to have eased work flow issues for the communicators. Currently registrars are pulling the relevant information and sending, as needed, but Mr. Acker plans to draft a standardized form and have the OEMS review it before approving its use. Prehospital personnel cannot use this technology yet, but a version for their use is in the testing phase. Transfer feedback is also being collected and added to outcome reports, as it is submitted, to assist in reducing the time that patients are spending in Level III trauma centers while waiting for transfer to a higher level of care. When a transfer is required, the ATCC communicator will indicate the transferring hospital in the notes section so that they will receive feedback information. 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 the ATS Report, as distributed. Ms. White will supply the regional directors with an ATCC number compliance report, broken down by region, as requested.

Regional Discussion

Region One

Mr. Schultz informed the Workgroup that an active shooter drill is planned for Madison County with the involvement of three hospitals and the police department. No further details have been provided. Mr. Schultz reported that both Erlanger Health System and Huntsville Hospital have been approved by the RAC as Level I trauma centers. His region has been tracking transfers to Level I trauma centers from Level III trauma centers, and found that out of 278 patients, 75 were transferred to a Level I trauma center with an average three hour transfer time.

Region Two

Mr. Blue reported that a letter notification of the activation of the stroke system was distributed regionally, and the explanation of the designation process was helpful. A conference on the acute care system has been planned with a focus on ST segment elevation myocardial infarction (STEMI) on September 9, 2015, and stroke on September 10, 2015. His region has

reviewed data that revealed that prehospital providers are not adequate with PCR compliance, but they are focusing on 100 percent compliance. Mr. Blue reported that emergency preparedness training is now available and the information is on the website.

Region Three

Mr. Acker reported that patient volume in Region Three has increased since the trauma system activation of Region Five. Mr. Acker indicated that adherence to protocols will make the system more efficient, and hospital and outcome reports are the only way to track some patients.

Mr. Acker requested the assistance of OEMS with air medical compliance regarding protocols. He is drafting a letter for OEMS review. Mr. Acker requested that the regional offices notify the ATCC when a QA issue has been determined not to be an issue so that the ATCC will know not to disseminate them. Mr. Acker notified the Workgroup that the ATCC now has three communicators available 24 hours a day, seven days a week.

Region Four

No report at this time.

Region Five

Ms. Louthain informed the Workgroup that stroke QAs are down by 80 percent, and trauma QAs are down by 50 percent. She reported that there will be 15-20 speakers from her region attending the International Association of Fire Chiefs' Conference in August, and she is expecting good attendance in the American College of Emergency Physicians course.

Ms. Louthain requested guidance regarding the new EMS tags that are available.

Region Six

Mr. Garmon informed the Workgroup that the University of South Alabama (USA) diversion time is still an issue, but USA is hiring more trauma surgeons in an effort to alleviate this issue.

Mr. Garmon reported that his region is using the same notification of the activation of the stroke system as Region Two, and he expects to begin receiving stroke applications soon.

Next Meeting

The next meeting is scheduled for August 25, 2015, at 10 a.m., in Montgomery at The RSA Tower, Suite 1100.

Adjournment

The meeting was adjourned at approximately 11:51 a.m.