

**Minutes of the Statewide Trauma and Health Systems (STHS)
Quality Assurance/Quality Improvement (QA/QI) Workgroup Meeting
August 25, 2015, 10 a.m., Room 1182
Call in Information 1-800-491-4585**

In attendance: Allan Pace, Augustine Amenyah, Choona Lang, David Garmon, Denise Louthain, Dion Schultz, Glenn Davis, Joe Acker, John Blue, II, Leslie Morgan, Mack Weaver, Mark Jackson, MisChele White, Sarah Nafziger, M.D., Stephen Wilson, Travis Parker, Verla Thomas, William Crawford, M.D.

By Phone: Geni Smith, Michael Minor

Absent: Andrew Lee, Jeremy White, Spencer Howard

Dr. Crawford welcomed participants.

ATS Update

Dr. Crawford informed the Workgroup that Vickie Turner is now the Compliance Officer for the Office of Emergency Medical Services (OEMS), replacing Mark Jackson in that role now that he is Interim EMS Director. He also reported that North Mississippi Medical Center (NMMC) applied for and was inspected as a Level II trauma center and will be included in Region Four (West). Mr. Acker suggested that secondary triage may need to be adjusted to accommodate the addition of NMMC. Dr. Crawford indicated that patients should be routed to NMMC if that is the closest available trauma center.

“Stroke Entry” Pilot Project

Dr. Crawford informed the Workgroup that Jackson Hospital is assisting the 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 Communications Center (ATCC) and submitting information drawn from patient care reports (PCRs). Jackson Hospital has been submitting stroke patient reports, via email, detailing the patients that have been admitted and arrived in the emergency department by POV. Jackson Hospital will continue to test the resources required to enter this data, check the data for over-triage of patients, and evaluate the process for an additional 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. Mr. Acker indicated that this data flow has slowed, but that the process has worked very well for the ATCC since ATCC communicators can enter the data as their workflow allows.

Regional Advisory Council Composition

Dr. Crawford reported that, in an effort to make it more functional, the Alabama EMS Region One's (AERO) proposal to reduce the composition of the Regional Advisory Council (RAC) was approved by the Statewide Trauma and Health Systems Advisory Council (STHSAC). 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.

ATS Report

Ms. White and Mr. Amenyah presented the ATS Report, as distributed.

ATCC Update

Mr. Acker reported that the equipment is in with the software vendor to update the Level Is, IIs, and Druid City Hospital (DCH). Mr. Acker reminded the Workgroup that funding is still a concern. The ATCC is already entering any ST segment elevation myocardial infarction (STEMI) and stroke patients that are called in to them. The ATCC is staffing three communicators 24 hours a day, seven days a week. Mr. Acker would like the OEMS to consider allowing the ATCC to send air medical QA issues to both the OEMS and the regions when problems occur. Mr. Acker encouraged the regions to respond when air medical QA issues are sent to them to ensure all communication gaps are closed.

Regional Discussion

Region One

Mr. Schultz informed the Workgroup that they are doing tactical planning for emergency preparedness. Mr. Schultz reported that the Medical Direction Accountability Committee Meeting is scheduled for September 14, 2015.

Region Two

Mr. Blue reported to the Workgroup that his region has been focusing on improving data entry by separating Region Two into "zones" to spotlight issues and has seen data entry improve. He is working ensure that the data is being measured and benchmarks are set, and the data at OEMS matches the data from the providers. Mr. Blue reported that the International Association of Fire Chiefs' Conference has been planned, in conjunction with the other regional directors, on September 9-10, 2015. Dr. Crawford, Dr. Williamson, and Mr. Acker will be speakers. There will be a focus on the acute care system, how it evolved from the trauma system, and its importance to patient care in Alabama. Mr. Pace reported that efforts to increase compliance with patient care records and ATCC numbers have improved with the OEMS identifying deficiencies.

Region Three

Mr. Acker reported that patient volume in Region Three is still up from previous years. He encouraged the regional directors to continue to seek 100 percent data compliance with hospitals. Funding is difficult to attain without good data to show how the system is working.

Region Four

Mr. Davis reported that a trauma center re-inspection has been scheduled for October 6, 2015, for DCH. Trauma system activation for Vaughn Regional in Selma remains pending.

Region Five

Ms. Louthain informed the Workgroup that Andalusia Regional Hospital is considering upgrading to a Level II designation for the trauma system. She reported that there will be 13 people from her region attending the International Association of Fire Chiefs' Conference in September, and she is expecting good attendance at the American College of Emergency Physicians course. Ms. Louthain also reported that there are two new helicopter services in her region.

Region Six

Mr. Garmon informed the Workgroup that the University of South Alabama (USA) diversion time is improving. USA restructured their internal diversion and bed availability rules. Mr. Garmon met with prehospital providers to encourage them to use trauma system protocols. Mr. Garmon reported that Dr. Robichaux is currently conducting continuing education for STEMI. Ms. Lang reminded the Workgroup that re-inspections for Level I and II trauma centers in Region Six needs to be coordinated soon.

Next Meeting

The next meeting was scheduled for October 27, 2015, at 10 a.m., in Montgomery at The RSA Tower, Suite 1100.

Adjournment

The meeting was adjourned at approximately 11:45 a.m.