

Minutes of the Alabama Trauma System (ATS)

QA/QI Workgroup Meeting

July 30, 2013, 10 a.m., Room 1182

Call in Information 1-800-491-4585

In attendance: Choona Lang, Verla Thomas, Sarah Nafziger, M.D., Leslie Morgan, Glenn Davis, Mark Jackson, Joe Acker, Dion Schultz, Spencer Howard,

By Phone: William Crawford, M.D., Allan Pace, Andrew Lee, David Garmon, MisChele White, Geni Smith, Michael Minor

Absent: Richard Gonzalez, M.D., Jeremy White

Choona Lang welcomed participants.

Quarterly Reports

Ms. Lang encouraged each region to report any equipment and compliance issues to the Alabama Trauma Communications Center (ATCC) and to follow up with Michael Minor and Joe Acker to be sure all outstanding issues are resolved.

Level III Re-designation Process

Ms. Lang reminded the workgroup that Level III trauma centers in Region One and Two were selected for re-designation inspections. All designated trauma centers were surveyed by letter in 2011 to verify the resources needed to maintain their current designation. Each region should have a committee selected from their respective Regional Advisory Council (RAC) to conduct the Level III Chart Reviews, which should be completed by the end of 2013. The workgroup reexamined the Chart Review Guidelines and Protocols and requested that those related documents be consolidated into a single file for ease of use. Ms. Morgan will complete that project and present the new consolidated document at the next workgroup meeting. Regions One and Two will notify the other regions of the dates for Chart Reviews at the Level III trauma centers to give them an opportunity to observe the process.

Alabama Trauma Registry Update

Ms. Thomas informed the workgroup that Huntsville Hospital, DCH Regional Medical, and Children's of Alabama are in the process of linking to Collector. The University of South Alabama, Baptist South, and University of Alabama Birmingham are next. ATCC number compliance is still an issue, especially in Level III trauma centers with high staff turnover. Efforts to encourage ATCC compliance are on-going. Training videos have been provided for new hires on Alabama Trauma System (ATS) protocols and processes. Compliance with ATCC numbers has declined without continued reminders. Ms. Thomas will provide each region with compliance reports so the regional offices can assist as needed with data entry and ATCC number compliance issues.

Regional Discussion

Region One

Mr. Howard reported that he is seeing poor outcomes in cases where Emergency Medical Services Personnel (EMSP) are transporting badly injured ATS patients to Level III trauma centers and then to a Level I trauma center for more definitive care. He suggested creating a card for EMSP use that covers the process of selecting the appropriate level trauma center and proper entry of a patient into the ATS. Dr. Nafziger added that protocol education and standardization may need to be addressed again.

Mr. Acker added that many EMSP are not receiving patient feedback reports that are delivered to the EMS Providers. He stated that EMSP find the patient feedback reports invaluable as a learning tool because they often do not know the patients final outcome. EMS providers should be encouraged to share this information with EMSP whenever possible, and to review the Quality Assurance (QA) process when it is triggered. An article dealing with these issues will be included in the next EMS newsletter in an effort to educate EMSP and encourage discussion.

Region Two

Mr. Pace reported that the next RAC Meeting for Region Two is August 29, 2013, and an EMS conference will also be held on September 12-13, 2013. The RAC will plan to encourage air ambulances to contact the ATCC before leaving the scene, which has recently become an issue. The September meeting will be a "Train the Trainer" educational session that will focus on EMS and upcoming changes. Mr. Pace also reported that he has had good feedback on their lecture series, and hands-on face-to-face educational opportunities have been very well received.

Region Three

Mr. Acker reported that Aubrey Bolack will be leaving their organization for other opportunities on August 9, 2013, and he is working to find and train a replacement for her. Mr. Acker reports that he is concerned about how air ambulances are operating and how patient care is suffering as a result. He has noted an increase in transport of ATS patients to out of region non-ATS facilities. Dr. Nafziger informed the workgroup that Dr. Williamson is examining protocols for EMSP and air ambulances in an effort to address this issue.

Region Four

Mr. Lee reported that his RAC is considering changing secondary transfer times in their regional trauma plan to 60 minutes. Care Ambulance is opening a new service that will operate in Northport and Tuscaloosa County but will not operate within the Tuscaloosa city limits.

Region Five

Ms. Louthain reported that the Southeast Regional Pilot Acute Stroke System will be officially activated on August 26, 2013.

Region Six

Mr. Garmon reported that ATS protocol education is being offered every semester in each school. He would like to see ATS protocol education standardized across regions. His region also sends patient feedback reports to EMS providers, but not all providers disseminate that information to EMSP.

Mr. Garmon reported that he is seeing an increase in QA issues recently, and it seems to be related to the University of South Alabama (USA) increased time on red for lack of resources such as available beds. This is creating frustration with EMSP and local hospitals. EMSP are forced to send ATS patients to Level III trauma centers to wait for transfer to a Level I, which they believe is compromising patient care. There is a case study being conducted concerning an ATS patient with a Glasgow Coma Scale of 13 (head trauma) who was declared brain dead after finally being transferred from a Level III to a Level I trauma center.

Mr. Garmon is also reporting issues with air ambulances not following ATS protocols. He would like to see air ambulance protocols made more stringent and processes concerning patient choice and air ambulance costs become more transparent.

Next Meeting

The next meeting date is to be determined.

Adjournment

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