

Minutes of the Alabama Trauma System (ATS)

Quality Assurance/Quality Improvement (QA/QI) Workgroup Meeting

August 26, 2014, 10 a.m., Room 1182

Call in Information 1-800-491-4585

In attendance: Choona Lang, Dennis Blair, Dion Schultz, Glenn Davis, Joe Acker, Leslie Morgan, Mark Jackson, MisChele White, Spencer Howard, Verla Thomas, Vicki Turner

By Phone: William Crawford, M.D., Sarah Nafziger, M.D., Allan Pace, David Garmon, Denise Louthain, Geni Smith, Michael Minor

Absent: Andrew Lee, Jeremy White

Dr. Crawford welcomed participants.

ATS Update

Dr. Crawford reported that the Southeast Region (Region Five) joined the ATS on August 21, 2014. He congratulated regional and departmental staff on this accomplishment, and the dedication it required. He reported that there have been no major issues to date. He encouraged the Workgroup, noting that ATS QA issues have been trending downward. He reminded the Workgroup that there is more work to be done, with the goal of expanding the stroke and stemi systems statewide.

Dr. Nafziger updated the Workgroup on the success of the stroke system in the Southeast Region. Ms. Louthain reported that recently there were two stroke patients inbound to Southeast Alabama Medical Center, with the assistance of the Alabama Trauma Communications Center (ATCC), one of the patients was diverted to Flowers Hospital. The system worked as it was designed to, by ensuring both patients received appropriate medical care. After the August 21, 2014, press conference, Dr. Nafziger informed Dr. Crawford that she would like to move forward with expanding the stroke system statewide, and begin adding the stemi system as well. Language has been approved to change the health systems legislation HB517 to split the Statewide Trauma and Health Systems Advisory Council (STHSAC) by health system, as STHSAC requested. Dr. Williamson stated that funding for the added systems will be available when it is needed.

QA/QI Meeting Schedule

Ms. Lang proposed that the QA/QI Workgroup change scheduled meetings to every other month, and asked the Workgroup for suggestions or comments. Mr. Acker requested that this change be accompanied by a commitment from each Workgroup member to make every effort to have the meetings face to face, rather than by telephone. Dr. Crawford suggested adding the Regional Director's Meeting to that day's schedule, to more effectively manage everyone's

time. Ms. Smith suggested doing the same with the Trauma Manager's Meeting. The Workgroup agreed to adopt all of the ideas suggested, and Ms. Lang assured them that the Office of Emergency Medical Services (OEMS) would work out the logistics of coordinating the meetings, and meeting spaces, to accommodate everyone.

QA/QI Trend Report

Mr. Jackson presented an overview of the QA issues that OEMS has investigated since the inception of the trauma system. Ms. Lang explained that she requested this overview to give the Workgroup an idea of how well the QA process works, and to determine in which direction the Workgroup should go to continue to decrease the incidence of and increase the resolution of QA issues.

Mr. Jackson reported that the average breakdown of QA issues since April of 2007, to October of 2013, shows a trend of three prevalent QA issues: patients entered into the system late (17.5 percent), patients not entered into the system (27.5 percent), and patients not transported to the appropriate trauma center (31 percent). Other issues include: ATCC operations, ATCC transfer process, "other" ATCC issues, and patient transport designation. Since 2013, patients not transported out of region has become prevalent. Ms. Lang reminded the Workgroup to continue to focus on QA issues in their respective regions, and to focus on education as a means of improvement. Mr. Schultz inquired if there was a way to tie ATS education to the Alabama licensure renewal process. Mr. Blair responded that OEMS is working with the National Registry on the number and types of continuing education hours that will be required, including specifying four hours each of protocol, acute care, and CPR training.

Mr. Garmon added that he is seeing fewer emergency medical services personnel taking pediatric advanced life support (PALS), and asked if it was still required. Mr. Blair responded that a PALS self-assessment goes to the training office and the Alabama Department of Public Health, but he can recommend further PALS education if necessary.

Dr. Nafziger relayed to the Workgroup that she is asking for any suggestions on reports produced from the patient care report (PCR) data that OEMS is collecting. Ms. Lang added that she would like to redirect the reporting focus to work with the available data, rather than focusing on the data that is not available, so that conclusions may be drawn in an effort to improve system function.

Regional Trauma Plan Update

Ms. Lang reported that the two-year process to review and update the regional trauma plans is near completion. Several of the regions have already sought and received RAC approval, and those that have not yet been approved will be soon. Dr. Crawford explained that the review effort has focused on standardizing the plans as much as possible, but some differences will be necessary. Ms. Lang added that the particular needs of each region are being considered during the review process. Mr. Acker requested the inclusion of the background history that was previously in the plan for Region Three. He also recommended that the regional directors closely review the secondary triage times in each plan, to be sure that the ATCC has proper

direction when routing patient transfers. Ms. Lang concluded the discussion by informing the Workgroup that the finalized regional trauma plans will be forwarded to the STHSAC for review.

Regional Discussion

Region One

Mr. Schultz informed the Workgroup that Level III re-inspections are on-going. The RAC is finding that many Level III trauma centers have not maintained paperwork specifying trauma plans and procedures. Mr. Schultz reported that Helen Keller Hospital has indicated that they are ready to submit an ATS application. Mr. Schultz stated that the Medical Direction and Accountability Council (MDAC) is meeting to investigate instances where patients insurance was not covering long distance transports. Mr. Blair added that OEMS is also investigating the same situation with Blue Cross/Blue Shield. Mr. Schultz also reported protocol instructors in Region One are working towards the pass rate for protocol testing to be higher than 80 percent, and the refresher class is scheduled for September 2-5, 2014. He informed the Workgroup that the RAC meeting is scheduled for September 18, 2014.

Region Two

Mr. Pace reported that the RAC meeting is scheduled for August 28, 2014, and that the trauma plan will be examined at that time. He relayed that Level III re-inspections and computer system checks are on-going. Mr. Pace reported that protocol education takes place on the second Friday of each month. He reported that most of the QA issues in his region are trauma patients not entered or entered late into the system. Region Two is currently planning the 2015 education calendar.

Region Three

Mr. Acker stated that the ATCC is working to alleviate a programming issue in Region Five with the electronic resource display (ERD), in which trauma resources were over-riding listed stroke resources and not displaying correctly. Stroke centers in Region Five contacted the ATCC directly while the problem was being diagnosed, and once a resolution is vetted it will be applied to the whole region. Mr. Schultz reported to Mr. Acker that Eliza Coffee Memorial Hospital is faxing its resource changes, and requested that Mr. Acker check on this to be sure that they are properly logging resource changes.

Mr. Acker reported that Haynes Air Ambulance, from Elmore County, is now on the ERD. There is still no status for AirEvac or AirMethod. He also informed the Workgroup that he is meeting with the Georgia Trauma Commission, who has requested an ATS workstation be installed. This partnership will enhance trauma patient routing and could be used during any mass casualty incident. However, this pending partnership will not include Columbus, Georgia hospitals because they are currently not in Georgia's trauma system. Additional efforts will be made to reach out to Columbus, Georgia, and Mississippi hospitals. He will update the Workgroup as the meetings with the Georgia Trauma Commission take place.

Region Four

Mr. Davis reported that he has visited Northwest Medical Center to assist them with preparing for inspection to enter the ATS, and an inspection date will be requested soon. He reported that Vaughan Regional Medical Center remains in pending status.

Region Five

Ms. Louthain informed the Workgroup that, since the activation of the stroke system in Region Five one year ago, 75 QA issues have been reported, many related to trauma patients not being entered into the system or entered late. She also informed the Workgroup that the trauma system is now online in Region Five.

Region Six

Mr. Garmon reported that the RAC and MDAC meetings will be held on September 11, 2014. He reported that a Level III trauma center in Region Six is requesting that its neurological coverage be displayed as a resource on the ERD, but neurological coverage is a Level II resource. Mr. Garmon relayed to the Workgroup the success of the QA issue meeting with Sacred Heart Hospital; all presented issues resolved. Mr. Acker reported that trauma alert phone issues are being resolved, and personnel changes at Sacred Heart are on-going.

Next Meeting

The next meeting is scheduled for October 28, 2014, at 10 a.m., in Montgomery at The RSA Tower, Suite 1100.

Adjournment

The meeting was adjourned at approximately 11:21 a.m.