

Minutes of the Alabama Trauma System

QA/QI Workgroup Meeting

August 23, 2011, 10:00 a.m.

Office of EMS & Trauma (OEMST) Conference Room

Call in Information 1-800-491-4634

In attendance: Verla Thomas, Robin Moore, Leslie Morgan, Tammie Yeldell, Darwina Johnson, Denise Louthain, Mark Jackson, Choona Lang, William Crawford, M.D.

By Phone: Allan Pace, Glenn Davis, Denise Louthain, Michael Minor

Absent: Joe Acker, Alex Franklin

Choona Lang opened the meeting with a welcome.

Trauma System Update

- Ms. Lang indicated that Dr. Campbell has been chosen to be the face of the trauma system and will attend public awareness meetings on behalf of OEMST. Focus groups have been formed and they show that the public does not have enough information about the trauma system, so do not understand the need for funding it. The focus groups were also against a tax that would fund the trauma system. This indicates that more public education needs to be done. A randomly selected number of voters will be asked to complete a 20 question survey on October 1, 2011, to further gauge public perception. The results of this survey will drive how public education will be approached regarding the trauma system and its funding.
- The first Trauma Funding Committee (TFC) meeting will be held on September 29, 2011, and Dr. Crawford will chair. The public awareness project will be foremost, and will be a two year process. The goal is to be prepared to present at the 2013 legislative session.
- Mr. Pace indicated that Gadsden Hospital has neurological coverage for about half of each month, but they are a Level III trauma center so they are unable to indicate that on their resource screen. He suggested updating the software since there must be other Level III trauma centers that face the same problem. Ms. Louthain suggested exploring making this change when the stroke system is rolled out in that region.
- Mr. Minor reported that he has two more computers left to install and is very close to completion. He is also working on a user manual for the trauma system.

Stroke System Update

- Ms. Lang named Dr. Stephen Suggs, M.D., as the champion for the stroke system. The Birmingham Regional Emergency Medical Services System (BREMSS) plan will be used as a model that will be fine tuned for the southeast region, which will be the pilot area for this project. The working draft will be submitted to the Regional Trauma Advisory Council (RTAC), Southeast Regional Advisory Council (STAC), doctors, and hospital staff in an information meeting on the Troy University campus on September 28, 2011 for review. It will also go to the Regional Directors for review. The stroke system plan is receiving positive feedback, and the hope is that once it is running smoothly in the southeast region the trauma system can be added. There is no set time-frame for stroke system completion until support for it can be gauged at the informational meeting.

QA/QI Issues

- Mr. Pace had no unresolved problems to report. The process seems to be working and patients are being entered into the system. There are still some direct calls to Baptist South, but that cannot be avoided. A protocol update was recently done. In an upcoming conference there will be a station set up for trauma call and air transport demonstrations to further educate prehospital providers. At Ms. Lang's request he will attempt to record the demonstration for later use as well.
- Mr. Pace reported that having the trauma system computer in the office helps in tracking volume and running reports for RTAC. He is currently checking quality improvement (QI) versus the volume of calls to try to keep the percentage low. The QI committee has requested reports on how often the resource screen changed to make sure it is updated regularly as resource status changes. They are also training regularly on hospital entry in the region.
- Trauma Patient Reports are being entered regularly and Mr. Pace is seeing a less than 24 hour turnaround.
- Mr. Lee has only seen some small issues that stem from a turnover in the emergency department groups as they are not as familiar with protocol, as well as Norstar taking over. There has been some confusion and delays, but he feels certain that this will pass. An RTAC meeting in three weeks will examine transport and air transport times for efficiency.
- Mr. Lee has also been working on upgrading Trauma Registry reports that will have hospital data included. EPCR can be dumped into the Ntrac system without having to be entered manually, and will cut down on problems with run reports linkage.

Trauma Registry Update

- Ms. Thomas has been working on linkage between prehospitals and the Trauma Registry to improve reporting of data. Fields from the PCR will be updated every 24 hours automatically once change is made in the linkage. Alabama Trauma Communications Center (ATCC) patient numbers are not being entered due to some hospitals not having the field to enter into, and some prehospitals are simply not reporting the numbers. Eliminating this problem is important because if the ATCC patient number is not entered then the linkage will be ineffective. This project will soon start being tested in two pilot hospitals. No time-line for completion of this project has yet been decided on.

Next Meeting

The next meeting is scheduled for September 27, 2011, at 10:00 a.m., in Montgomery at the RSA Tower, 201 Monroe Street, Suite 750, Office of EMS and Trauma.

Adjournment

The meeting was adjourned at 11:20 a.m.