

Alabama Trauma System

QA/QI Workgroup Meeting

November 18, 2010, 10:00 a.m.

Office of EMS & Trauma Conference Room

Call in Information 1-800-491-4634

In attendance: Alex Franklin, Allan Pace, Joe Acker, Michael Minor, Glenn Davis, Andrew Lee, Denise Louthain, David Garmon, Richard Gonzalez, M.D. Mark Jackson, John Campbell, M.D., Choon Lang, Verla Thomas, Robin Moore, Tammie Yeldell, Mark Jackson

Not Attendance: Geni Smith, Beth Anderson, William Crawford, M.D., Loring Rue, M.D.

Dr. John Campbell opened the meeting with a welcome

Trauma System Update

- The proposed trauma funding rule was approved for public comment by State Committee of Public Health on November 17, 2010.
- Sacred Heart and Baptist Pensacola Hospitals' trauma system phone number and VPNs have been installed into the computers that are ready for installation at each trauma center. The Office of EMS & Trauma is waiting to coordinate an installation date with both hospitals. The QA/QI workgroup will receive an activation date via e-mail when the date is confirmed.
- There are current inconsistencies with proper submission of the ATCC/Trauma System Issues form for QA/QI 1b issues to the State Compliance Officer. All 1b trauma system QA/QI issues must be properly documented on the ATCC/Trauma System Issues form and forwarded to the State Compliance Officer as required by the trauma system QA/QI process.
- The Trauma Managers contact information is in its final phase of completion before posting to the trauma system website.
- Lakeland Trauma Center MOU was approved by Alabama Department of Public Health General Counsel. It has been mailed to the facility for signature.
- Wiregrass Medical Center's recommendation to be accepted into the trauma system as a Level III Trauma Center in the Southeast Region is pending the submission of the surgeon support statement and the ED doctor's ATLS certification verification.

QA/QI Issues Update

Mark Jackson gave an overview of the current QA/QI issues that were recently processed.

- BREMSS has two current issues. The first the issue is related to a direct service provider under new management with same employees seem to be having some repeat problem with the corporate personnel decisions which conflicts with the trauma system protocols. This issue was handled with the corporate staff and shouldn't be repeated. This situation resulted in ground ambulance transport delay because of miscommunication.

- The second issue involves a paramedic not entering a patient into the trauma system. The paramedic stated that, she did not have time to enter the patient into the trauma system because of patient care.
- The last issue has multiple parts involving a gunshot victim from the East Region which was transferred to Huntsville hospital. One complaint was that the patient was routed to Huntsville hospital in a brain dead state. The investigation indicated that the patient was routed appropriately to Huntsville hospital. The second complaint is that the Lifesavers dispatcher did not notify ATCC of the call so the patient was not entered into the trauma system. In addition, the ground medics did not relay the good assessment of that patient from the field.

Dr. Gonzalez expounded on the importance of routing the victim with a gunshot wound to the head to the higher level trauma center to receive the appropriate assessment and care that could result in survival of the patient and/or organs. In addition, Dr. Gonzalez stated that the medics are not licensed to determine if a patient is brain-dead. Some over triage rate will be routed to a lower level trauma center. However, the state trauma system protocol requires that victim with a gunshot to the head be routed to a Level I Trauma Center.

Dr. Gonzalez asked if we are harvesting organs from Level III Trauma Centers. Joe Acker answered yes.

The workgroup agreed that all gunshot wounds to the head will be routed to a Level I Trauma Center as long as the transport time is within the trauma plan's routing transport time frame.

- Mr. Jackson introduced the new QA/QI tracking spreadsheet related to trauma system issues which indicate that 40% of the issues are related to not entering the patients into the systems or a delayed entry. Mr. Franklin asked if the workgroup would open the issue relating to who should enter the patients into the system. Dr. Campbell explained that the transporting provider service is ultimately responsible for entering the patient into the system. In addition, it does not have to be the paramedic that actually initiates the call. This is an issue that we will be addressed with a protocol change which will state that the first licensed service and the last licensed provider services will enter the patient into the trauma system.

EMS & Trauma QA/QI Update:

The Mission Statement of the State EMS & Trauma QA/QI is to continue to improve delivery of appropriate pre-hospital care for the citizens and visitors of Alabama. The original meeting of key EMS stakeholders established a list of over 20 desired reports. From the list of more than 20 reports the committee reduced the list to a more manageable list to review and study. EMS provider services started submitting electronic patient care reports in 2009. The committees' review of the report received from the direct provider services indicate many issues with the quality of data currently received. In order for the table to give true conclusions, the workgroup needs to address the quality of data that is being reported. The EMS QA/QI brainstorming committee has completed two studies, one

is related to chest pain in black males ages 45-65, and the other is pediatric intubation. The third study in process is traumatic intubation. The goal is to have all of our EMS and Trauma data collection systems communicating electronically to tell a complete story of patient care from beginning to end.

Trauma Register/Dashboard Update

There are currently 33 trauma system reports designed. There is having some issues with quality of data that is entered into the trauma registry. We are currently reviewing duplicate reports within the system which indicate a set of duplicate information entered by different trauma registrars at the same trauma centers for the same patients. In addition, there is statewide problem with collecting the ATCC numbers and identifying the ATCC numbers on the run sheet. There are some educational issues that need to be addressed. Direction is needed to help ensure the appropriate information is documented for the trauma registrars to enter and clarity of location related to the ATCC number. Robin Moore gave an example of the report capability based on ISS categories.

Dr. Gonzalez stated that he had a lengthy conversation with Dr. Najjar related to establishing the QA/QI ad-hoc committee to identify statewide and regional filters for prehospital and hospital for review by the State Trauma Advisory Council. He stated that the regions will regionalize some of their reports but we consistency and standardization is needed to review the data and compare region to region.

Robin Moore suggested review of the American College of Surgeon annual report data base as a point of reference for the ad-hoc committee.

Dr. Melton submitted a request to be a member of the trauma system QA/QI ad-hoc committee.

NATS Update

Alex Franklin stated he is currently working to determine why Athen Limestone trauma system's computer is not operational. Dr. Najjar requested three years worth of trauma system data for the North region to be presented to a group of physicians during a conference. There has been a significant reduction of duplicate patient reporting submission, from ATCC to Huntsville hospital. There is a new issue related to the trauma center stating they cannot locate the patients on the feedback report. They are working on a process to resolve this issue.

EAST Update

Allan Pace continues to visit the trauma centers in East region once a week. His next visit will focus on cleaning the dust build-up from the trauma system computers. He is planning a visit to Gadsden Regional Trauma Center to discuss the inconsistencies relating to submitting the patient feedback reports to ATCC.

BREMSS

Joe Acker stated, “The lifetrac data system is working periodically as of today but we hope to have a completion time line after the holidays. Once the lifetrac software reports are updated we will have a face to face QA/QI meeting. Reminder to David Garmon related Pensacola Trauma Centers Trauma training; Pensacola will enter only Alabama trauma patients into the trauma systems and not Florida’s trauma patients”.

WEST Update

There were no issues to report at this meeting.

SOUTHEAST Update

As of November 18, 2010, the Alabama Trauma System has not yet been activated in the Southeast Region.

GULF Update

The meeting at Jackson Medical Center Trauma Center related to routing of trauma patient was very productive. Jackson Medical doctors seem to understand the routing process better. There are some misunderstandings related to the definition of new Traumatic System Overload (TSO) process implemented by University of South Alabama. Some of the other local trauma centers are requesting clarity to explain what type of patients USA will continue to receive when they are on TSO. Dr. Gonzalez and David Garmon are working on a letter to be sent to all stakeholders to explain the process. Once the letter is completed, it will be distributed to all stakeholders. In addition, they are stepping up our process for visiting trauma centers to offer trauma system education. On December 1, 2010, the regional staff and the OEMST staff will meet with local EMS staff to discuss the trauma system operations. There is some current 1a trauma system QA/QI pending. Jeremy White is processing these issues with cooperation from everyone involved. Mr. Garmon and Jeremy White are currently working on the QA/QI issue with Springhill Trauma Center and will submit the written report to the OEMST state upon completion. Gulf RTAC will also need to discuss the appropriate routing process when USA goes on divert in the counties where there is greater than one hour transport time to Pensacola, FL.

Next Meeting

The meeting was adjourned at 11:30 a.m.