# QI Plan Meeting Notes 12/11/2007 10a.m.

## I. Prospective and retrospective components

A. **Prospective components**

1. Must determine standards- threshold values
2. Decide how much of system will be centralized and how much regionalized and the role of each part.

    a. Will have Office of EMS & Trauma
    b. Regional
    c. Local hospital and EMS service

3. We will have to figure out what to measure
   (Example: Triage-what is acceptable under and over triage?)
    a. It is common to set under triage as no more than 3% of trauma system patients
    b. It is common to set over triage as no more than 40% of trauma system patients
    c. Must have definition
        1. Under triage is a patient who met criteria to be a trauma system patient but was not entered.
        2. Over triage is a patient who did not need to be in the system sent home from ER or possible admitted to a floor bed and no trauma recourses used.

4. We will have to decide where we will get data and how to identify

    a. EMSIS— can it identify trauma system criteria?
    b. Is there a way to tell if patient was entered into the system? (Yes, the unique identification number)
    c. Can it pick up transfers (under triage)? Can it link air, ground transfers, hospitals, TCC and Trauma registry

B. **Retrospective Components**

1. Selection of screens: are they open (checked) all of the time or just so many months per year (close)?
2. Demand outcomes: Deaths in first 24 hours, deaths between scenes and hospital, air transport scene times beyond (15) minutes.
3. Complaints categories: Pre hospital, hospital, transfer, public

## II. Response to outliers

A. Education
B. When do you use sanctions such as suspend EMT license
C. Contract Severance
D. Purpose of QI: Improve quality of system (Look for positives and not just negatives).

## III. BREMSS Current QI Process

A. Over triage reports are generated and reviewed the first 6 months of every year
B. We need to know out data before we can define it
C. Joe does a manual QI review of PCR; the findings are keyed into a data base which is 5 years old
D. Joe pulls monthly divert, stroke and trauma reports monthly for review
E. The Trauma Operation Committee has some sanction control in BREMSS And should have in NATS. Joe stated he would also like to see the sanction responsibility remains at the region level.
F. Data flow process including frequency must be decided are we going to expected to start at the local providers____Regions____State____Reports generated for Trauma Council
G. We should consider adding a local Trauma Registry person to our QI Work group
H. Joe also recommended that Choona Lang should attend all QI meeting around the State as we implement each region some hospital M&M would probably be worth attending as well.
I. Take one data element and research it so we can define the expected outcome and determine the role at each level.
J. Joe will forward us a copy of a contract between the hospitals and the regions
K. Joe suggested we meet at BREMSS in January so he can give more QI training. This will allow us the opportunity to visualize the tool and discuss the process in more detail

## IV. Meeting was adjourned at 12:45p.m.