Minutes of the Alabama Trauma System (ATS)

Quality Assurance/Quality Improvement (QA/QI) Workgroup Meeting
July 23, 2014, 10 a.m., Room 1182
Call in Information 1-800-491-4585

In attendance: Choona Lang, Dion Schultz, Mark Jackson, Leslie Morgan, Verla Thomas, MisChele White, David Garmon, Denise Louthain, Joe Acker, Michael Minor, Gary Mackey

By Phone: Andrew Lee, Geni Smith

Absent: William Crawford, M.D., Sarah Nafziger, M.D., Dennis Blair, Richard Gonzalez, M.D., Jeremy White, Glenn Davis, Spencer Howard, Allan Pace

Ms. Lang welcomed participants.

ATS Update

Ms. Lang reported to the Workgroup that feedback resulting from changing the QA (Quality Assurance) form varied, but the change has had an overall positive effect on QA investigations. Ms. Lang requested that the regional directors continue to use the updated form, and continue submitting any recommendations regarding its use. She also reminded the Workgroup that patient feedback report compliance is still low. Mr. Acker suggested having the communicator at the Alabama Trauma Communications Center (ATCC) request this data when hospitals are arranging inter-facility transfers. Mr. Lee indicated that the process was labor intensive, and suggested that this issue be discussed during the Trauma Managers Meeting to encourage the trauma managers to develop "best practices," especially larger hospitals with a consistent trauma patient load. Ms. Smith suggested her method of keeping an updated spreadsheet to keep track of all trauma cases that have entered the emergency room to be sure that each has been assigned an ATCC number.

Ms. Lang informed the group that the Trauma Managers Update Meeting on June 17, 2014, was productive. In that meeting, Holly Waller noted that hospitals are typically not notified when QA/QI issues have been resolved or when an investigation is completed. She suggested that the Office of Emergency Medical Services (OEMS) develop a way to notify hospitals of the end result of QA/QI issues to close that communication gap. Ms. Lang requested the Workgroup review the hospital QA form and suggest changes, such as adding a field to enter a closure date.

The Workgroup discussed trauma system patients that are discharged from the emergency room. Mr. Acker stated that ATS entry criteria are not being properly used, resulting in the patient receiving an ATCC number. Forty percent of these patients are ending up being discharged from the emergency department. Mr. Lee agreed that confusion on entry criteria is always an issue. It is possible that in some trauma centers that hospital trauma criteria differs

from ATS criteria. Mr. Lee noted that over-triage is occurring, and Mr. Acker added that a large percentage of over-triage makes the trauma system appear inefficient. Mr. Lee has observed that staff turnover has an effect on discharged patient numbers due to the staff not being familiar with hospital entry criteria. There will always be a turnover of personnel, and despite aggressive education, over-triage happens. Mr. Garmon suggested using the ATS hospital entry criteria poster that he developed for Region Six in all regions statewide. He indicated that he has seen improvement in Region Six due to the posters being available in trauma areas for nurses to use. He will provide copies of the posters to the Regional Directors that request them.

Ms. Smith reported that she has found that inter-facility transfers are being entered twice, once at the originating hospital and again at the destination hospital. Mr. Acker suggested making it a policy in all trauma centers to not accept any transferred patient unless they have been assigned an ATCC number. The hospital will know the patient has been entered since they have already been assigned a number, reducing duplicate entries. Ms. Smith added that the issue is more complicated due to multiple points where entry into the ATS is possible. She is also finding that only four out of ten ATS patients being delivered by air ambulance are properly triaged and assigned an ATCC number. Mr. Jackson and Ms. Lang informed Ms. Smith that several issues with air ambulance services are being explored at this time.

Ms. Lang informed the Workgroup that the OEMS met with Digital Innovation (DI) to discuss the concerns trauma centers have with Version Five and the varying information that is being given. It was made clear to DI that the situation was unacceptable, and a letter will be sent to all Alabama trauma centers to clarify the program and its costs.

Ms. Lang informed the Workgroup that Regional Trauma Plans are pending Regional Advisory Council (RAC) approval before they can be presented to the Statewide Trauma and Health Systems Advisory Council for consideration.

QA/QI Update

Mr. Jackson reported that there was a motor vehicle accident in Region Three in which ground and air ambulances responded, but AirEvac transported the patient and contacted the ATCC. AirEvac was initially transporting the patient to the University of Alabama at Birmingham (UAB), but was diverted to Trinity Medical Center (TMC) because UAB was on red. AirEvac arrived at TMC, but immediately turned around and headed back to UAB, claiming that the helipad was 500 yards or more from the hospital and poorly lit. Mr. Acker explained that AirEvac did not actually contact the ATCC, but transported the patient to UAB without the direction of the ATCC. The ATCC observed the helicopter landing at UAB via security camera and initiated contact at that time. Mr. Acker indicated that this incident resulted in the trauma system being on overload for 90 minutes, and that this incident is one of several in which AirEvac did not follow ATS protocol. Mr. Jackson is still investigating. The Workgroup agreed that Mr. Jackson would alert TMC to a possible safety problem with their helicopter landing pad.

Mr. Jackson reported that a snakebite victim in Region Two that needed transport via air ambulance was first assigned a Lifesaver flight, which reported to be unavailable. Haynes

Lifeflight was contacted and indicated that they would be unable to give an estimated time of arrival. Eventually the ATCC sent Lifesaver. Haynes complained that they did not get this call, however they could not locate the pilot at the time the transport was needed. Mr. Jackson is continuing to investigate this issue.

Mr. Jackson reported that a transfer to Huntsville Hospital in Region One was diverted to Jackson, Tennessee, by AirEvac due to a hand injury. Mr. Acker explained that AirEvac did not contact the ATCC to alert them that they were diverting to Jackson, and that this patient should have been transferred to Huntsville since the hospital had the resources available to treat the injury. Mr. Acker feels that a relationship between the pilots and an orthopedic surgeon at Jackson led to this departure from protocol. Mr. Jackson is continuing to investigate this issue.

Alabama Trauma Registry (ATR) Update

Ms. White reported that collection of ATS data is on-going. An updated patient care report is being developed to assist in collecting more detailed prehospital data, and a method is being developed to capture trauma system patients from other data points that have not been assigned an ATCC number. OEMS will be able to give probability data from this change in the data system.

Ms. Thomas presented the Workgroup with a report that identifies the total number of trauma patients, with or without an ATCC number, by hospital. This report helped identify hospitals that are not entering ATCC numbers for patients that were potentially trauma system patients. These reports are available for NTracs hospitals through the web portal. Ms. Thomas also reported that DI has contacted NTracs hospitals to map the custom data fields to collect ATCC numbers, and these have gone into development. Once mapping and development for all hospitals is complete, statewide reports will be developed. A timeline for this project is being created and should be available soon. All data is going into Collector, including NTracs hospitals, except for ATCC numbers. Alternative contact information (a mailing address) is also being requested and collected for reporting by Rehabilitation.

Regional Discussion

Region One
Mr. Schultz informed the workgroup that the RAC has completed four Level III re-inspections and more have been scheduled. His region is also attempting to increase hospital compliance with patient feedback forms and increase the efficiency of transfers in Region One.

Region Two
No report at this time.

Region Three
Mr. Acker stated that he is in the process of locating the missing ATCC numbers indicated in Ms. Thomas' report, and then he will evaluate each hospital for compliance as he works toward establishing a Level III Trauma Center Re-designation Task Committee.

Region Four
Mr. Lee reported that the next Regional Advisory Council meeting will be scheduled for September, and that a new trauma surgeon will be starting at Druid City Hospital on August 1, 2014. He reported that they have encountered a few minor issues in the region that further education should resolve.

Region Five
Ms. Louthain informed the Workgroup that the ATS activation of Region Five is scheduled for August 18, 2014, and that so far there are 13 trauma centers and 17 stroke centers. The RAC voted to approve the OEMS recommendation of all 13 trauma centers.

Region Six
Mr. Garmon reported that Richard Gonzalez, M.D., is leaving the University of South Alabama (USA) Medical Center on September 1, 2014, and Mohammed Froton, M.D., will be joining USA on October 1, 2014. He added that many other doctors are leaving or retiring, so further personnel changes are expected. The RAC meeting will be held on September 11, 2014.

Next Meeting

The next meeting is scheduled for August 26, 2014, at 10 a.m., in Montgomery at The RSA Tower, Suite 1100.

Adjournment

The meeting was adjourned at approximately 11:55 a.m.