Trauma Performance Improvement Committee Meeting
January 19, 2017
12:00 PM - 1:00 PM

Members Present:	Members Absent:	OEMS Staff:	Others:
Forrest Calland	Mike Aboutanos	Dwight E. Crews	
Gary Critzer	Greg Stanford		
Marilyn McLeod	Anne Mills		
Emory Altizer	Lou Ann Miller		
Valeria Mitchell	John Hyslop		
Shawn Safford	T. J. Novosel		

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Trauma Criteria	Committee discussed the inclusion and exclusion criteria with the trauma definition with the TPIC Annual Report. Committee identified categories for review; paraplegic, quadriplegic, lightning strike, abuse of children and abuse of adults. Dwight reported that lightning strikes are getting reporting with the trauma incidents. Our systems moved to new servers at the end of the year, so currently, I don't have access to running reports in our system. As soon as it is back up, then I will review the categories further and get back with the committee. Forrest asked Marilyn McLeod and Gary Critzer if they have had any comments from people concerning the total trauma numbers and if they look correct. Marilyn stated that she had questions about the criteria and people wanted the methodology which Dwight sent. Marilyn also mentioned that people were asking if ankle strains were included. Forrest mentioned that they are included. Forrest emailed out to everyone a document to review that examines using GCS, GCS motor, or a simplified GCS motor score in trauma triage; report was published by the Agency for Healthcare Research and Quality (AHRQ) titled Glasgow Coma Scale for Field Triage of Trauma: A Systematic Review. Forrest mentioned that people have problem with calculating GCS. Marilyn mentioned that the reasons why it is not documented may be that providers are not documenting GCS with minor trauma such as fractured femurs and can also be that providers are not calculating for critical trauma patients. Forrest reviewed the simplified motor scores (motor score 6 is 2 (normal), 5 is a 1 (slightly abnormal), 4 or less is 0 (grossly abdominal) and recommended circulate the document with people whose opinion matters. Marilyn stated that she will take the simplified GCS to the next Medical Direction Committee meeting.	**Send out Trauma Criteria to Committee (Dwight)**

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2015 TPIC Annual Report	Dwight reported on the results from the 2015 TPIC Annual Report. The results were essentially the same from 2014. Dwight reported on the number of trauma patients and the data quality with trauma patients. Forrest responded that he was shocked by the results that we have not moved at all. Member mentioned about the weight of children as a component with trauma triage. Forrest asked Dwight to research data. Forrest asked Marilyn if we are clear to move forward with the Data Quality Report for Step 1 Criteria with the Medical Direction Committee. Marilyn responded that that is her understanding. Forrest reviewed the report page by page. Forrest mentioned that he can review the report at the next Medical Direction Committee meeting. Forrest mentioned doing risk adjusted outcomes by council region is essential to the further development to our state program. Committee also mentioned that hospitals are not interested in becoming a trauma center. Forrest also mentioned that possibility of adding a Level IV trauma center in Virginia. He wants the committee to discuss in the future. Comments from report; Add changes from 2014 in the Executive Summary. Add sub-optimal to bullet point 5 with Executive Summary. Review page 11 for the terms optimal and sub-optimal to make sure that it is documented correctly. Add percentages with Table 8 on page 13; met 2 step 1 criteria 166 (30%), 68 (20%). Check the availability of new data for Map 4 with Wisqars. Committee agreed to de-identify the agencies with the supplemental tables with a possibility of identifying them in the future after we give them change to improve. Gary Critzer commented that council regions; board of directors and medical directors for each region, need to see actual de-identified numbers. Report should be provided for each region and allows region to only see their numbers. Forrest commented that he prefers for the report not to come back to committee and just go out. Committee agreed.	**Research data on the proportion of Patients<16 years old with weight recorded. (Dwight)** **Update 2015 TPIC Annual Report from comments. (Dwight)** **Create Individual Council Region reports. (Dwight)**
Data Quality Report	Dwight provided an update with to the data quality report. Dwight reported that EMS recently moved systems to new servers and that currently our systems are down for pulling data. Dwight reported that he does not have a time frame from IT to know how long it will be until everything is restored. Once the systems come back up, he will update the reports and get them out to everyone. Forrest mentioned adding the data quality report to the monthly compliance report.	
Automated Reports	Forrest mentioned about automated reports so that each agency can run regular reports on their individual reports that are missing vital signs. Dwight reported that he has report setup in Report Writer that they can run so that they can get the details. Forrest mentioned that we can bring to the MDC committee about a tool to give feedback to provider with individual cases.	

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Risk Adjusted Outcomes	Forrest stated that risk adjusted reports will require a statistician and the linkage of registries. Dwight reported that the goal is to get the linkages established with the registries. We are working to get data into VDH data warehouses and once that process is complete, then we can look at linking the different systems.	
Annual Reports	The 2016 TPIC Annual Report will be completed next with a target deadline date goal of 3/1/2017. Target date may be adjusted depending on the length of our system downtime. After the 2016 report is complete, then quarterly reports will be generated for 2017.	
PUBLIC COMMENT	n/a	
UNFINISHED BUSINESS		
NEW BUSINESS		
Adjournment	1:00 PM	