

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

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

	Discussion	Recommendations, Action/Follow-up; Responsible Person
Trauma Triage Quarterly Report	<p>Dwight reported that since we didn't have a quorum at the last meeting, he sent out the report to all committee members to get a virtual vote on the report format. As of today's meeting, we have 8 out of 10 current committee members. The quarterly report format is approved by the committee.</p> <p>The Q1 and Q2 reports are both complete, so since the report format is approved, we can release and present at the reports at the next State EMS Advisory Board meeting.</p> <p>The Q3 report will be for Jul-Sept 2017. Forrest reported that he had some additional comments to include in the report related to critical care ground transport. Dwight will send out the language to the committee members for approval. The new comments will be in the Q3 report.</p> <p>Forrest commented that should critical care ground transport be pre deployed in areas with no trauma centers so the patients don't have to go to community hospitals in the first place. Bryan commented that is that a temporary solution to the problem. Emory stated that he was wondering about the logistics of how it will be accomplished. Forrest mentioned that when helicopters are not flying, then critical care ground transport can be pre deployed so that response to a critically injured patient is available rapidly. When medevac crews are down for weather or maintenance issues, then the crews are sitting around with nothing to do and could provide ground transport support.</p> <p>Forrest commented that it will be helpful to know what proportion of the year are the average medevac service out of service because of weather or maintenance issues. (Dwight) - Checked with State System Administrator; data not available in pre hospital patient care reporting.</p>	Send out updated quarterly report language to committee members for approval. (Dwight)

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	Bryan commented on how do we accomplish this logically. Forrest commented that the issue could just be a gap of resources. Forrest mentioned that the comment added to the report is just recognizing the lack of resources when helicopters are not flying.	
Membership	Dwight reported that he has the names for the new committee recommendations. He asked if the people were approved by TSOMC/Mike Aboutanos. Forrest sent a recommendation from UVA for a rehabilitation representative. Forrest would like the new members to be at the next meeting. Dwight will contact Mike to check on the approval. Forrest asked if the committee has any additional names that would like for recommended members. The members on the call did not have any additional names.	Check on new membership approval with Mike. (Dwight)
Data Quality Report	<p>Dwight reported that we are still looking at the report to get it out to agencies. We wanted to look at the data more closely to analyze the different documented areas with vitals. From our last meeting, we wanted to also look at vitals documented with brain injury patients. He will be working on getting the report out to agencies. Forrest mentioned that he thought that the report would be going out monthly while we are looking at the different data points. Bryan mentioned that in previous meetings, we commented that we are sharing data to start the dialogue on missing vitals. Dwight commented that we were having issues with our vendor with shared reports so that agencies can review the records that are missing the vitals. Issues with the state vendor have been corrected. Dwight reported that the intended frequency is to get the report out monthly. Forrest commented that Dwight is already overcast. Dwight reported that he is working on a lot of different projects with different priorities. We do have a new analyst working with us that should help with the multitude of data projects. Forrest mentioned that the monthly compliance report should include the vitals data quality report as well. Dwight mentioned that it is definitely possible. Forrest stated that rolling the report to a compliance report is less effort neutral. Tim commented that it will be helpful to go about it that way.</p> <p>Forrest mentioned that we need to get a blinded report out to agencies, so that we can approach the new chair to MDC to roll this report into the compliance report. Forrest mentioned that we don't need to analyze the data further. Tim commented that we need to get the data out to allot to the Hawthorne effect. Bryan commented that we trying to share and understand the data and not being accusatory. He approves the approach.</p> <p>Forrest mentioned that he would like the data quality report to include data on the number of patients with brain injuries to go out to agencies as soon as possible. Dwight mentioned that he will get with Cam and will work on getting the report out.</p>	Send out Vitals Data Quality Report. (Dwight)
Risk Adjusted Outcomes	Forrest commented that he needs a data set for 2016 so that he can produce risk adjusted outcomes for individual hospitals. Dwight commented that he can get the data set to Forrest. Dwight commented that Forrest only wants data related to TQIP. Dwight needs a list of variables. Forrest stated that he needs an autonomized ID for each hospital, patient age, initial blood pressure, initial GCS motor, initial GCS, and a mechanism of injury. Forrest is willing to give back a risk adjusted mortality report for each hospital in Virginia showing the survival of patients. Forrest	Export Patient Data from Trauma Registry for Forrest. (Dwight)

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	mentioned that he doesn't need to know the hospital names. Dwight mentioned that he can send a list of fields to review to make sure that we have all data elements covered in the request. Tim mentioned that he was concerns with data by council region. Forrest mentioned that we can't link registries and data by council region is irrelevant.	
TQIP Collaborative	Forrest is going to send out a questionnaire for all the hospitals in TQIP in Region III to build an agenda so that we can see what problems they want to work on. ACS stated that we can only do one custom report per year. Forrest is going to have ACS collaborative meeting in Chicago in November and he will have more information to report after that.	
PUBLIC COMMENT	n/a	
UNFINISHED BUSINESS		
NEW BUSINESS		
Adjournment	1:00 PM	