Trauma Performance Improvement Committee Meeting
June 1, 2017
8:00 AM - 9:00 AM

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

	Discussion	Recommendations, Action/Follow-up; Responsible Person
Membership	Forrest commented and brought up members who are present and would like to be a part of the committee. Also, Forrest noted that we need to bring up the composition of the committee and noted gaps with the membership. Cam commented that the committee membership is approved by the Chair of the Advisory Board and that we are under the QA umbrella which means non-public meetings and no minutes sharing. Cam introduced Chief Eddie Ferguson with Goochland Fire from the Pre Hospital work group. Forrest asked about our membership and if we have slots available for members. Forrest proposed having Bryan Collier here today and to include that this group put in a request for members and terms. In the interim, Mike will decide if we can invite Bryan and have a formal invitation. Forrest mentioned that Cam will research the bylaws and we can talk about committee representatives and tenure. Next time we meet, we will talk about how our committee can be more inclusive.	
2016 TPIC Annual Report	Cam mentioned that she sent the 2016 TPIC Annual Report to Dr. McLeod for comments from MDC and she just recently received comments from Allen Yee. He had questions about the criteria and the methodology in the report. Forrest mentioned that are we not expected to document GCS for minor injuries such as bee stings and scraped knees. Marilyn mentioned if patients who have a scraped toes do not have GCS, then does that mean we were not doing our job. Forrest mentioned that agencies should be aware of their data quality percentages. Cam mentioned linking the data to ISS score. Forrest commented that medical directors are going to wonder why am I getting comments and why do we need to know Forrest commented that the agencies are going to comment that I am doing a great job as an agency and I'm sure that the injuries with missing vitals are from bee stings. Marilyn commented that the data needs to be cleaned up. Forrest mentioned that we can compare the data by ISS levels. The challenge is that ISS is calculated after discharge. Mike mentioned that agencies need to look at their data and make discoveries on their own. Marilyn mentioned that we should look at patients who should have had a GCS and then figure out how to make things better. Forrest asked if we know what patients should have a GCS. The grouped mentioned that anything other than a trivial	

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	injury should have a GCS. Forrest mentioned that we have to look at GCS to decide when do we need to record. Marilyn wants to show which records do not have a GCS. Forrest and Cam mentioned restricting and narrowing the data with ICD-10 codes. Cam mentioned that we are looking at EMS performance and that we need to have more EMS representation. Mike questioned that we are talking about pre-hospital data and yet we are not talking about hospital data and pre-hospital providers are not at the table. We have dictated what data that we want and we are telling the pre-hospital providers what to do. Forrest commented that Mike is totally right and that we started working on the first point of care getting the patient to the right center. We now have the chair of the MDC committee and are better now than where we have been historically. But, we still have a ways to go.	
Risk-Adjusted Mortality By Center / TQIP Collaborative	Forrest commented that we are committed to having risk adjusted reports by 2019 on individual trauma centers. We have challenges with linking the registries. In 2018, we are going to have data from the TQIP Collaborative. By 2019, we will have data to produce regression models of mortality and look at ODE rations by individual hospitals. Forrest mentioned that at a MDC meeting we are going to discuss how we can provide filtered data that is more meaningful. Forrest mentioned that death is when GCS should be documented. Cam mentioned that GCS should be documented with any intubated patient. Cam mentioned that we can look at the data with VSTR and look at patients who were transferred to trauma centers and who have null or blank pre-hospital vital signs data. We have to also look at the data quality. Forrest mentioned looking at data in which a patient had one vital that meets step 1, then you should have all other data entered. Forrest summarized if you are transferred to a trauma center, if you have an ICD-9, 10 code that is altered mental status, if you meet a tier 1 criteria, if you died or if you had a craniotomy, then you should have GCS. Marilyn commented that how much change that a patient shows with GCS is important from pre-hospital to hospital.	
Q1 2017 Quarterly Report	Dwight commented that he is working on compiling the report and plans to have the quarterly report ready on Jun 15. Forrest mentioned reporting a rolling 12 month report. Marilyn said that the last quarter will be good and can discuss with MDC. Cam mentioned that the quarterly reports with made available to the advisory board. Forrest mentioned that the report should trend data. Forrest mentioned to stay with the same format. We will look at the quarterly report next month. Forrest will work on a plan of producing risk adjusted reports for hospitals. Forrest commented on the ability of linking our registries. Cam mentioned that no one nationally has actually done it and that a lot of groups are working on. The TQIP Collaborative requires signing an addendum and providing a $500 payment. Hospitals are not required to participate. There will be a group of people to discuss the data in a quarter.	
PUBLIC COMMENT	n/a	
UNFINISHED BUSINESS		
NEW BUSINESS		

	Discussion	Recommendations, Action/Follow-up; Responsible Person
Adjournment	9:00 AM	