Break Out Session: Quality Improvement

- Every hospitalized trauma patient transported by EMS agency will have a hard copy run sheet present.
- applying ACS overtriage and undertriage model to the region, obtain data from LEMSA, and hospital ED discharge data.
- interfacility transfers will meet 6 hour window
- Time of patient arrival to and arrival of trauma surgeon at bedside for highest activation. Do not have consensus on “immediately available”, but definitely within 15 minutes.
- Time to OR for open fractures (6 hours from EDA), time to OR for craniotomies (2 hours from EDA).
- System issue: hours of trauma bypass and ED diversion as a sign of system strain (OR, L&D, ICU, MRI/CT, etc).
- Algorithm care practice guideline, first thought is to encompass entire

continuum: fluids and blood products 1:1:1 – MDs and blood bank people to work on in future.

- Meetings: conference calls monthly, 1 hour, Wednesday at 10 AM (to be determined which Wednesday). Membership inclusive as possible, hoping to have one person from each trauma and nontrauma center, and prehospital.
- We'll do a face-to-face meeting with data presentation and case review (spectacular saves, challenging cases), maybe every six months.