

ALASKA NATIVE MEDICAL CENTER
Anchorage, Alaska
MULTIDISCIPLINARY TRAUMA QAI PEER REVIEW COMMITTEE

DATE:
TIME: .

PARTICIPANTS:

APPROVED BY: _____
SUBMITTED BY: _____

I. Trauma Reports:

Admissions: October 63, November 58, and December 53 => total: 174.

Trauma Response Activations: 3 trauma team activations; 28 trauma alerts; 32 trauma consults

Type of Injury: 86% blunt, 11% penetrating, 3% burn

II. Old Business:

Aspiration Pneumonia Workgroup: No information available. **(open)**

Cervical Spine Clearance Guidelines: [REDACTED] review of cervical spine clearance not available. **(open)**

Massive Blood Transfusion Procedure: 100% review of all trauma activations with MBTP initiated. No major issues identified. **(open)**

Standardized Burn Orders: In process of review and approval. **(open)**

III. Current Clinical Issues: (Refer to attached annual trauma report)

Diversion Hours: (Refer to the attached graph)

Minutes to OR for Critically Injured Patients: [REDACTED]% of critically injured patients to OR within 120 minutes.

Surgeon Response Time: [REDACTED]% surgeon arrival within 5 minutes; [REDACTED]% surgeon arrival within 15 minutes.

Spinal Stabilization: (Refer to the attached graph)

Spinal Cord Rehabilitation: (Refer to the attached graph)

ADATT Referrals: Referrals made to ADATT resulted in contact/plan: October [REDACTED]%, November [REDACTED]%, and December [REDACTED]%.

Solid Organ Grading: [REDACTED] solid organ injuries during three-month period – all graded by trauma surgeon.

IV. Death Summary: One trauma-related death during three-month period (Please see attached review).

V. Patient Care Summary: (Please see attached reviews).

VI. Adjournment: 0825 Next meeting is April [REDACTED], 2005 at [REDACTED] in Conference Room 2.

Case Summary:

[REDACTED]: **ARDS; Pneumonia; Sepsis; Readmit to CCU; Delay in Diagnosis:** 45 y/o female admitted [REDACTED] after a passenger injury MVA with neck pain, facial trauma, right chest pain, and right chest tube. Transferred from [REDACTED] Hospital after MVA. 2310 Arrived ANMC ED. CT scan: C6 facet fracture/subluxation.

/19/04 Chest tube discontinued.
/21/04 Increased shortness of breath; septic. Transferred to CCU and intubated – pressors started.
/22/04 Right chest effusion on CT scan.
/23/04 Ortho evaluated patient for fracture in foot.
/28/04 Patient extubated.
/31/04 Transferred back to floor.
/7/04 Orbital fracture on facial CT scan. + partial facial paralysis.
/10/04 To OR: open reduction of perched facet.
/12/04 Discharged home.

Assessment: Complications secondary to patient's disease. Patient was managed appropriately. Delay in Diagnosis: Toe fracture.
Plan/Action: No further review indicated.

Death Review:

[REDACTED]: 26 y/o male riding motorcycle that hit light pole at high rate of speed amputating both legs. Agonal respirations and no pulse, but electrical activity @ scene. Brought to ANMC with ongoing CPR.

2151 Met on arrival in ED by Trauma Surgeon and ED Physician. No blood pressure.
2155 Left femoral line placed.
2200 Cross-clamp to Aorta. MBTP initiated.
2204 Open cardiac massage performed. Total of 8 liters crystalloid and 2 units 0 neg PRBCs.
2215 CPR stopped. Patient pronounced dead.

Assessment: Non-preventable death.

Plan/Action: Issues identified and discussed: Scalpel blades not in ED Thoracotomy tray. Issue resolved: CSS has placed disposable scalpel #15 inside tray and non-disposable knife handle on the tray in sterile packaging. The stringer was extremely stiff and was replaced as well. No further review indicated.