

1. Secondary Triage (use of system protocols to determine Trauma Center destination).

Secondary triage involves a determination of the severity status once a decision has already been made that a patient is to be entered into the system (primary triage). Secondary triage is used in conjunction with estimated transport time and current trauma center activity status to determine Trauma Center destination. The ATCC coordinates the application of the approved secondary triage protocols utilizing the patient assessment and transport time estimate by the field EMS provider combined with the current Trauma Center activity status as noted on the Emergency Resource Display to determine the trauma center destination. Secondary triage is based on physiologic status, mechanism of injury, and anatomic criteria, plus the potential use of EMS provider discretion and evaluation of co-morbid factors. Secondary triage standards are:

A. Physiologic entry criteria

- 1) Physiologic entry criteria take precedence over other criteria, except GCS, even if patients also meet mechanism and/or anatomic criteria.
- 2) Any patient entered into the system meeting physiologic criteria is to be transported to a Level I Trauma Center if the transport time is under 30 minutes. If the Level I Trauma Center is yellow because of no trauma surgeon (backup surgeon green), the patient should still be taken there unless a closer Level II Trauma Center is within 10 minutes transport time. If the Level I Trauma Center is yellow due to Neurosurgical services or CT is red, then transport the patient to the closest Level II Trauma Center or Level III Trauma Center enrolled in the stroke system with green neurosurgical services and CT.
- 3) Any patient who is entered under the altered CNS status physiologic criteria with a $GCS \leq 9$ is to be transported to a Level I trauma center if transport time ≤ 30 minutes. If the patient is $GCS > 9$, then the patient is to be transported to a Level II or III. If transport time is > 30 minutes, then to the closest Level II or III.
- 4) In the following situations, the patient should be transported IMMEDIATELY to the closest hospital with full-time emergency physician coverage (Trauma Center preferably) as coordinated by the ATCC:
 1. The EMS provider is unable to effectively manage the airway or ventilate the unstable patient.
 2. The EMS provider is unable to stop the bleeding of a patient with severe hemorrhage.

3. The EMS provider is unable to establish/maintain an IV to provide volume resuscitation in an unstable hypovolemic patient.
- B. Anatomic Criteria - for patients with stable vital signs (for unstable patients see A. Physiologic Entry Criteria above):
- 1) Flail Chest
 - a. Closest Level I if <30 minutes total transport time
 - b. Closest Level II or III if >30 min total transport time to Level I
 - 2) Long bone fracture
 - a. Closest Level I if <30 minutes total transport time
 - b. Closest Level II or III if 30 min total transport time to Level I
 - 3) Penetrating head injury: (Intracranial penetration thought present)
 - a. Closest Level I if <30 minutes total transport time
 - b. Closest Level II or III if 30 min total transport time to Level I
 - 4) Combination of burn and trauma
 - a. Closest Level I if <30 minutes total transport time
 - b. Closest Level II or III if 30 min total transport time to Level I
 - 5) Amputation (amputated part recovered and not mangled)
 - a. Closest Level I with Implant Service if <30 minutes transport
 - b. Closest Level II or III if >30 minutes total transport time to Level I
 - 6) Amputation (amputated part not recovered or is mangled)
 - a. Closest Level I if < 30 minutes transport

- b. Closest Level II or III if >30 minutes transport
 - 7) Paralyzed limb(s)
 - a. Closest Level I if <30 minutes total transport time
 - b. Closest Level II or III if >30 min total transport time to Level I
 - 8) Pelvic fracture
 - a. Closest Level I if <30 minutes total transport time
 - b. Closest Level II or III if >30 min total transport time to Level I
- C. Mechanism of injury criteria - for stable patients (for unstable patients see A. Physiologic Entry Criteria above):
 - 1) Death in same passenger area
 - a. Closest Level I if <30 minutes total transport time
 - b. Closest Level II or III if >30 min total transport time to Level I
 - 2) Ejection
 - a. Closest Level I if <30 minutes total transport time
 - b. Closest Level II or III if >30 min total transport time to Level I
 - 3) Motorcycle/bicycle
 - a. Closest Level I, II, or III
 - 4) Auto versus pedestrian
 - a. Closest Level I, II, or III
 - 5) Fall
 - a. Closest Level I if <30 minutes total transport time
 - b. Closest Level II or III if >30 min total transport time to Level I

420-2-2-0--- Trauma Center Designation For Out-of-State Hospitals

Out of State Hospitals requesting to be a designated hospital in the Alabama Trauma System will follow the same process as outlined in 420-2-2-.03. Out of State Hospitals will be required to meet the same standards as Alabama hospitals and follow the same survey and reporting processes.

(1) Types of Designation.

~~(a) Regular Designation For Out-of-State Hospitals That Have Been Inspected and Certified by Their States Using American College of Surgeons (ACS) Level I, II, or III Trauma Center Standards~~

~~A regular designation may be issued by the Board after it has determined that an applicant hospital has been certified by strict ACS standards at a level of I, II, or III trauma center by the state in which the hospital is located and the hospital is otherwise in substantial compliance with these rules. The designation will be at the same level as certified by the state in which the hospital is located. If the Out-of-State hospital wishes to be certified at a higher level than their state has certified them or if their state did not use strict ACS standards when certifying them, the hospital must follow the same certification procedure as In-State hospitals.~~

~~(b) Provisional Designation. At its discretion, the Board may issue a provisional designation to an applicant hospital that has met all requirements to be designated as a trauma center at the level applied for, with exception to minor deviations from these requirements that do not impact patient care or the operation of a trauma region.~~

~~1. The provisional designation may be used for an initial designation or for an interim change in designation status to a lower level due to a trauma center's temporary loss of a component necessary to maintain a higher designation level.~~

~~2. A trauma center must submit a written corrective plan and interim operation plan for the provisional designation period including a timeline for corrective action to the Office of EMS and Trauma within 30 days of receiving a provisional designation.~~

~~3. A provisional designation shall not extend beyond 15 months.~~

~~4. A trauma center may submit a written request to the Office of EMS and Trauma that a provisional designation be removed once all components of its corrective plan have been achieved. Following its receipt of such a request, the Department will conduct a focused survey on the trauma center. A regular designation shall be granted in the event it is confirmed that all components of the corrective plan have been achieved.~~

~~**(2) Levels of Designation.** There shall be three levels of trauma center designation. The criteria of each level is set out in Appendix A.~~

~~**(3) Application Provision.** In order to become a trauma center, a hospital must submit an application (attached to these rules as Appendix B) and follow the application process provided in paragraph (4) below.~~

~~**(4) The Application Process.** To become designated as a trauma center, an applicant hospital and its medical staff shall indicate on the Department's "Application for Trauma~~

Center Designation” whether designation is to be by Inspection or designation is to be by Previous Certification. An applicant hospital shall submit the completed application via mail or hand delivery to the address listed on the application. Within 30 days of receipt of the application, the Department shall provide written notification to the applicant hospital of the following:

- (a) That the application has been received by the Department;
- (b) Whether the Department accepts or rejects the application for incomplete information;
- (c) If accepted, the date scheduled for hospital inspection by the Department or an MOU if application is by documented previous certification by ACS standards;
- (d) If rejected, the reason for rejection and a deadline for submission of a corrected “Application for Trauma Center Designation” to the Department;
- (e) Upon receipt of a completed application for inspection by the Department, an application packet containing a pre-inspection questionnaire will be provided to the applicant hospital. The pre-inspection questionnaire must be returned to the Department one month prior to the scheduled inspection.
- (f) The trauma center post-inspection process will proceed as listed below:
 1. The inspection report will be completed two weeks after completion of the inspection.
 2. A State and Regional review of the inspection report and a recommendation for or against designation will be made thirty days after completion of the inspection.
 3. A final decision will be made known to the applicant hospital within x weeks of the completion of the inspection.
 4. Focus visits may be conducted by the Department as needed.

(5) The Inspection Process. Each hospital that applies for designation by inspection by the Department will receive an onsite inspection to ensure the hospital meets the minimum standards for the desired trauma center designation level as required by these rules. The Department's Office of EMS and Trauma staff will coordinate the hospital inspection process to include the inspection team and a scheduled time for the inspection. The hospital will receive written notification of the onsite inspection results from the Office of EMS and Trauma.

(6) Designation Certificates.

(a) A designation certificate will be issued after an applicant hospital has successfully completed the application and Alabama inspection process or upon application and proper documentation of previous certification by their state using strict ACS standards. The designation certificate issued by the Office of EMS and Trauma shall set forth the name and location of the trauma center, and the type and level of designation. The form of the designation certificate is attached to these rules as Appendix C.

(b) **Separate Designations.** A separate designation certificate shall be required for each hospital when more than one hospital is operated under the same management.

(7) Designation Memorandum of Understanding (MOU).

~~(a) A designation MOU will be completed after the applicant hospital has produced documentation that the state in which they are located has certified them as a level I, II, or III trauma center using strict ACS standards or the hospital has successfully completed the application and Alabama inspection process. The designation MOU shall be issued by the Office EMS and Trauma. It shall set forth the name and location of the trauma center and the type and level of designation.~~

~~(b) Separate Designation MOUs. A separate designation MOU shall be required for each hospital when more than one hospital is operated under the same management.~~

~~(c) The form of the designation MOU is attached to these rules as Appendix D.~~

~~6~~

~~**(8) Basis for Denial of a Designation.**~~

~~The Department shall deny a hospital application for trauma center designation if the application remains incomplete after an opportunity for correction has been made, or if the applicant hospital has failed to meet the trauma center designation criteria as determined during the inspection.~~

~~**(9) Suspension, Modification, and Revocation of a Designation.**~~

~~(a) A trauma center's designation may be suspended, modified, or revoked by the Board for an inability or refusal to comply with these rules.~~

~~(b) The Board's denial, suspension, modification or revocation of a trauma center designation shall be governed by the Alabama Administrative Procedure Act, §41-22-1, et seq., Ala. Admin. Code.~~

~~(c) Hearings. Contested case hearings shall be provided in accordance with the Alabama Administrative Procedure Act, §41-22-1, et seq., and the Board's Contested Case Hearing Rules, Chapter 420-1-3, Ala Admin. Code.~~

~~(d) Informal settlement conferences may be conducted as provided by the Board's Contested Case Hearing Rules, Chapter 420-1-3, Ala. Admin. Code.~~

Authors: John Campbell, M.D., and Choona Lang

Statutory Authority: Code of Alabama, 1975, §22-11D-5

History:

**REGIONAL TRAUMA ADVISORY COMMITTEE (RTAC)
WEST REGION (4)**

DR. WILLIAMSON

ALHA APPOINTEES

Luke Standeffer, Administrator - Northport Medical Center
4 years

Mike Marshall, CEO, Bryan W. Whitfield Memorial Hospital
3 years

Kathy Jordan, Administrator, Hill Hospital of Sumter County
2 years

Barry Cochran, Administrator, Fayette Medical Center
1 year

MASA APPOINTEES

George W. Nunn, M.D. General Surgery
4 Years

Rick L. McKenzie, M.D. Neurosurgery
3 years

Bryan S. Givhan, M.D. Neurosurgery
2 years

James M. Corder, III, M.D. General Surgery
1 year

DR. WILLIAMSON APPOINTEE

Bill McDonald, EMT
4 years

REGIONAL MEDICAL DIRECTOR

W. Elwin Crawford, M.D. Emergency Medicine
4 years

RTAC APPOINTEES BY THE STAC

HOSPITAL REPRESENTATIVES (11)

Joseph Marchant, Administrator - Bibb Medical Center
4 years

Bryan Kindred, President - DCH Health System

3 years

Robert J. Coker, Jr., Administrator - Greene County Hospital

2 years

Replaced by Mark Chustz, Administrator

Richard McGill, Administrator - Hale County Hospital

1 year

Replaced by Vickie King, Co-Interim Administrator

Donald Jones, Administrator - Marion Regional Medical Center

4 years

Bill Cassels, Administrator – DCH Health System

3 years

Chuck Spann, Administrator - Northwest Medical Center

2 years

Wayne McElroy, Administrator - Pickens County Medical Center

1 year

Dona Prophitt – DCH RMC Trauma ICU Manager

4 years

Chuck Lacey – DCH RMC Director of Emergency Services

3 years

Sharron Allen – DCH RMC Emergency Department Staff Nurse

2 years

PHYSICIANS (11)

Robert Brook, M.D. – Pickens Medical Center Emergency Department

4 years

Alex Curtis, M.D. – Bryan W. Whitfield Memorial Hospital

3 years

Andrew Duerr, M.D. – Fayette Medical Center

2 years

Tim Jordan, M.D. - Northwest Medical Center Emergency Department

01/25/2010

1 year

Eugene Marsh, M.D. Requested By Elwin Crawford, M.D

4 years

John Meigs, M.D. – Bibb Medical Center

3 years

Jeremy Pepper, M.D. - DCH Emergency Department

2 years

Barry Newsom, M.D. – Tuscaloosa Vascular Surgeon Private Practice

1 year

Brian Claytor, M.D. – Tuscaloosa Orthopaedic Surgeon Private Practice

4 years

Lee Thomas, M.D. – Tuscaloosa General Surgeon Private Practice

3 years

William Pridgen, M.D. – Tuscaloosa General Surgeon Private Practice

2 years

PREHOSPITAL EMS REPRESENTATIVES

Travis Parker, EMS Supervisor Tuscaloosa Fire and Rescue Service

4 years

Andrew Lee, RN, EMT – Air Evac Lifeteam

3 years

**REGIONAL TRAUMA ADVISORY COMMITTEE (RTAC)
SOUTHEAST REGION (5)**

DR. WILLIAMSON

AlaHA APPOINTEES

Russ Tyner, CEO
4 years

Baptist Health - Montgomery

Jennie Rhinehart, Administrator
3 years

Community Hospital
Tallassee

Ron Owen, CEO
2 years

Southeast Alabama Regional Medical Center
Dothan

Bobby Ginn, Administrator
1 year

LV Stabler Memorial Hospital
Greenville

MASA APPOINTEES

John M. Vermillion, M.D. chair
Montgomery Surgical Associates
2055 E South Blvd Ste 603
Montgomery, AL 36116-2014
4 years

Gen. Surgery/Trauma Surgery

John D. Moorehouse, M.D.
AERAS
4770 Woodmere Blvd Ste B
Montgomery, AL 36106-3084
3 years

Emergency Medicine

F. Donovan Kendrick, M.D.
Neurosurgery Associates of Central Alabama
2065 E South Blvd Ste 204
Montgomery, AL 36116-2460
2 years

Neurosurgery

Todd Michael Sheils, M.D.
PO Box 2125
Opelika, AL 36803-2125
1 year

Orthopedic Surgery

DR. WILLIAMSON APPOINTEE

Larry Williams EMT-P

01/25/2010 C. Fountain

Dothan
4 years

REGIONAL MEDICAL DIRECTOR

Rick M. Weber, M.D. vice chair Emergency Medicine
PO Box 6907
Dothan, AL 36302-6907
4 years

RTAC APPOINTEES BY STAC HOSPITAL REPRESENTATIVES (22)

Libby Kennedy, Administrator-John Paul Jones
4 years

Barry Keel, CEO-Vaughn Regional
3 years

Mark Dooley, Administrator-Andalusia Regional
2 years

Lynne Parker, Administrator-Baptist Medical Center South
1 year

Peter Selman, Administrator-Baptist Medical Center East
4 years

Jacques Jarry, Administrator-Bullock County Hospital
3 years

Brad Eisemann, Administrator-Crenshaw Baptist
2 years

Vernon Johnson, CEO-Dale Medical Center
1 year

Terry Andrus, CEO-East Alabama Medical Center
4 years

Gil McKenzie, CEO-Troy Regional Medical Center
3 years

Replaced by Teresa Grimes, CEO

Ellen Briley, CEO-Elba General
2 years

01/25/2010 C. Fountain

Gordon Faulk, Administrator-Elmore Community Hosp
1 year

Blair Henson, Administrator-Floral Memorial
4 years

L. Keith Granger, President/CEO-Flowers Hospital
3 years
Replaced by Suzanna Woods, CEO

Harry Cole, Jr., Administrator-Georgiana Hospital
2 years

Donald Henderson, CEO-Jackson Hospital
1 year

Allen Foster, Administrator-Mizell Memorial
4 years
Mr. Foster will be retiring effect March 2010. He is replaced by Jana Wyatt, Administrator

Ralph Clark, CEO-Medical Center Barbour
3 years

Jeff Brannon, CEO-Medical Center Enterprise
2 years

Mark Baker, Interim CEO, Jack Hughston Memorial Hospital Phenix City
1 year

Ginger Henry, Administrator-Prattville Baptist
4 years

John Rainey, CEO-Wiregrass Medical Center
3 years

PHYSICIANS (22)

Carl W. Barlow, M.D. Emergency Medicine
305 Dunleith Blvd
Dothan, AL 36303-2981
4 years

Allen W. Lazenby, M.D. General Surgery
Surgical Clinic PC
121 N 20th St Ste 3
Opelika, AL 36801-5454
01/25/2010 C. Fountain

3 years

Alan L. Moore, M.D.
1866 Hilton Ct
Auburn, AL 36830-2692
2 years

Emergency Medicine

James K. York, M.D.
126 Wentworth Drive
Dothan, AL 36305-6906
1 year

Anesthesiology

Wallace Falero, M.D.
Baptist Medical Center East
Montgomery
4 years

Emergency Medicine

Sam Sawyer, M.D.
Medical Center Enterprise
Enterprise
3 years

General Surgery

John Drew, D.O.
Medical Center Enterprise
Enterprise
2 years

Emergency Medicine

Andy Gammill, M.D.
Medical Center Enterprise
Enterprise
1 year

Emergency Medicine

Roland Hester, M.D.
Baptist Medical Center South
Montgomery
4 years

Orthopedic Surgery

Adolfo Robledo
Troy Regional Hospital
Troy
3 years

Emergency Medicine

Jonathan Vukovich, M.D.
Southeast Alabama Medical Center
Dothan
2 years

Urological Surgery

<p>Alzo Preyear, D.O. Andalusia Regional Hospital Andalusia 1 year</p>	<p>Emergency Medicine</p>
--	---------------------------

<p>Clay Harper, M.D. East Alabama Medical Center Opelika 4 years</p>	<p>General Surgery</p>
--	------------------------

<p>James Jones, D.O. Southeast Alabama Medical Center Dothan 3 years</p>	<p>Emergency Medicine</p>
--	---------------------------

<p>Jonathan Skinner, M.D. Southeast Alabama Medical Center Dothan 2 years</p>	<p>General Surgery</p>
---	------------------------

<p>Mark McDonald, M.D. Dale Medical Center Ozark 1 year</p>	<p>Emergency Medicine</p>
---	---------------------------

<p>Jeffrey Whitehurst, M.D. Flowers Hospital Dothan 4 years</p>	<p>General Surgery</p>
---	------------------------

<p>Ronald Shaw, M.D. Baptist Medical Center South Montgomery 3 years</p>	<p>Emergency Medicine</p>
--	---------------------------

<p>Fleming Brooks, M.D. Medical Center Enterprise 2 years</p>	<p>Orthopedic Surgery</p>
---	---------------------------

<p>Steven O'Mara, ED Medical Director Jackson Hospital Montgomery 1 year</p>	<p>Emergency Medicine</p>
---	---------------------------

<p>Danny Hood, M.D. L.V. Stabler Memorial Hospital Greenville</p>	<p>Emergency Medicine</p>
---	---------------------------

4 years

Allen Hicks, M.D.
Vaughan Regional Medical Center
Selma
3 years

Emergency Medicine

PREHOSPITAL EMS REPRESENTATIVES

Michael Whaley EMT-P
Prattville Fire
4 years

Steve Kennedy, EMT-P
AirEvac Lifeteam
Wetumpka
3 years

The background is a dark blue field filled with various shades of blue gears of different sizes, some overlapping. On the left side, there is a vertical strip of a colorful, abstract image featuring gears in shades of orange, yellow, and white.

STAC ATCC OPERATIONS REPORT

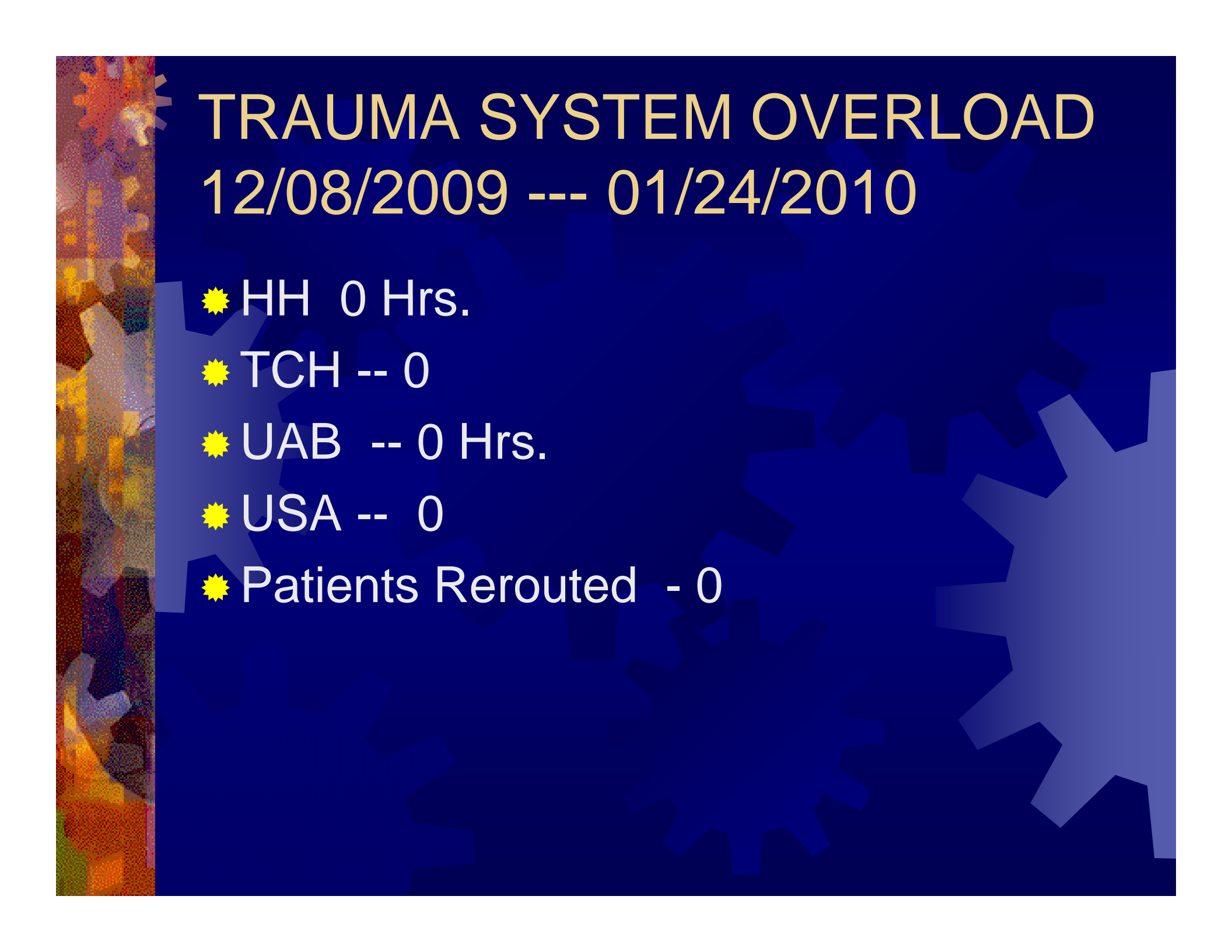
January 26, 2010

Trauma System --- Volume --- 12/08/2009 --- 01/24/2010

- ★ Total System Volume – 995
- ★ NATS 186 --HH 120 ,DGH 1,
Three's 42 , Erlanger 1 , NMMC 0
- ★ BREMSS 517 ,UAB 397, TCH 38,
Three's 68
- ★ EAST 74 -- Two 34, Three's 40, OOS 8
- ★ GULF 218, -- USA 159 , Two's
20,Three's 43 ,OOS 8

TRAUMA SYSTEM VOLUME

- ✦ 01/24/2009 to date 01/24/2010
- ✦ NATS 1868 (1466)
- ✦ BREMSS 3793
- ✦ 08/09- patients - 3547
- ✦ 06/07 - patients - 3557



TRAUMA SYSTEM OVERLOAD

12/08/2009 --- 01/24/2010

- ★ HH 0 Hrs.
- ★ TCH -- 0
- ★ UAB -- 0 Hrs.
- ★ USA -- 0
- ★ Patients Rerouted - 0



Trauma System --- Overload

TBO 10/22/2009 -- 01/24/2009

- ✱ HH --- 10.3 Hours
- ✱ TCH--- 0 Hours
- ✱ UAB --- 94.9 Hours (1)
- ✱ USA --- 0 Hours
- ✱ Patients rerouted - 1

TRAUMA SYSTEM ---- RED

- ☀ HH 0 Hrs
- ☀ TCH – 0
- ☀ UAB -- 8.3 Hours (0)
- ☀ USA -- 75.9 Hours (4)
- ☀ Patients Rerouted – 4

ANY OTHER REPORTS ?

LifeTrac™ Version 4.0 © 1996- 2008 by LifeTrac Technologies - Observer- Status

[Status](#)
[Patients](#)
[Bio/Chemical](#)
[Reports](#)
[EPI](#)
[Disaster](#)
[About](#)
ALL

Systems **Cardiac, Stroke & Trauma System Resources**

	T	S	C	ED-T	ED	ANES	OR	X-RAY	TICU	TS	SS	OS	NS	CT	SICU	Neuro	CCU	Card	CLab
Brookwood	3	1																	
Carraway	3	1																	
Childrens	1																		
Cooper Green	4																		
St Vincents East	3	1																	
Princeton	3																		
Shelby	3	1																	
St. Vincents																			
Trinity	3																		
UAB Highlands		1																	
UAB Medical West	3																		
University	1																		
VA Bham	4																		
Walker	3	1																	
Athens-Limestone	3																		
Crestwood Med Center	3																		
Cullman Regional	3																		
Decatur General	2																		
Eliza Coffee	3																		
Huntsville Hospital	1																		
Marshall North	3																		
Marshall South	3																		
Parkway Medical	3																		
Russellville Hospital	3																		

System Started: 03/07/2008 08:07:38 03/07/2008 08:09:19