

Minutes of the Statewide Trauma and Health Systems Advisory Council (STHSAC) Meeting

June 14, 2017, 10 a.m.

Alabama Department of Public Health
The RSA Tower, Suite 1586
Montgomery, Alabama

Members Present: Thomas Miller, M.D., Jeffrey Kerby, M.D.

Members by Phone: Sidney Brevard, M.D., Ricky Howell, Bryan Kindred, Teresa Grimes, Rony Najjar, M.D., William Crawford, M.D.

Members Absent: Vernon Johnson, Alzo Preyear, M.D.

Staff Present: Walter Geary, M.D., Sarah Nafziger, M.D., Stephen Wilson, Choona Lang, DHEd, Stephanie Payne, Augustine Amenyah, Valeta Jones, Jamie Gray, Lori McInerney, Karen Bishop

Guests Present: Dion Schultz, Travis Parker, Joe Acker, Dennis Blair, Brian Hale, Denise Louthain, Jim Fox, Nate Horsley

Guests by Phone: Michael Minor, Allan Pace, David Garmon, John Blue II, Arthur Willis, Steven Suggs, M.D., Danne Howard, Priscilla Brewer

Welcome

Dr. Miller welcomed the participants and called the meeting to order.

Adoption of March 8, 2017, Meeting Minutes

A motion was made and seconded to approve the Minutes of March 8, 2017, as distributed; the motion carried unanimously.

Unfinished Business/Trauma System Update

Dr. Crawford reported that the pre-hospital providers need to be re-educated on the importance of using the Alabama Trauma Communications Center (ATCC) as a resource. Dr. Crawford presented a spotlight presentation on how the trauma system had advanced since legislation was passed 10 years ago and had continued to move forward with saving lives. He stated that the trauma surgeons' workgroup would continue to meet and evaluate the Statewide Trauma and Health Systems (STHS) as a whole.

Stroke System Update

Dr. Nafziger provided an update on the stroke system. She stated that the statewide stroke system continued to progress. She reported that the final stroke plans and stroke rules were approved by the Stroke Workgroup in November 2016.

Danne Howard expressed several concerns presented to her by hospital personnel. She stated that hospital personnel had concerns with overloading neurologists at higher level stroke centers because lower level stroke centers were being bypassed and stroke patients were being sent directly to the higher level stroke centers which may not be necessary. There were concerns expressed pertaining to the natural referral pattern within the regions. Lastly, she stated that hospital personnel were encouraging more robust use of tele-medicine where it would be available, and she stated there were comments encouraging more experienced Quality Assurance and Quality Issuance (QA/QI) professionals to participate in the workgroup to help observe some of the outcome measures.

Dr. Nafziger addressed the concerns of Danne Howard by stating that triage for the stroke center is opposite of triage for trauma. Trauma patients are usually triaged to the highest level facility or a Level I. Dr. Nafziger explained that in the stroke system, due to the nature of the disease process, stroke patients are triaged to the closest available stroke center. She stated that the ATCC personnel work hard to respect the natural referral patterns of the patients. Lastly, Dr. Nafziger agreed that more robust tele-health was a good way to go, especially if there were more stroke neurologists involved in patient care, at the point of care. This would be good for the Level III hospitals, but hospitals are not required to use tele-medicine in order to participate in the stroke center particularly because of the cost of tele-health. The stroke plans do encourage tele-health but it is not mandated. Dr. Nafziger stated there are provisions for 24 QA/QI professional members on the stroke workgroup that consist of 4 from each region.

Dr. Kerby stated that he would like for the Level II stroke centers to step up and participate as Level III trauma centers in the trauma system. He also discussed a possible trauma activation fee in order to help fund and improve the trauma system in saving lives. Dr. Kerby requested that other states be polled to see if they were charging trauma activation fees. Dr. Lang would poll other states and get their feedback on trauma activation fees.

Dr. Miller presented the stroke plans and stroke rules to the Council for vote. A motion was made and seconded to approve the stroke plans and stroke rules, as distributed; the motion carried unanimously.

Trauma Registry Report

Mr. Amenyah presented an overview of the Trauma Registry Report, as distributed.

Health Systems Report

Mr. Acker presented the Health Systems Report, as distributed.

Next Meeting

The next meeting was scheduled for September 6, 2017, at 10 a.m., in Montgomery at The RSA Tower, Room 1586.

Adjournment

The meeting was adjourned at approximately 11:10 a.m.

Thomas M. Miller, M.D., Chairman
Statewide Trauma and Health Systems Advisory Council

Choona Lang, Trauma Administrator
Statewide Trauma and Health Systems Advisory Council