

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

December 13, 2016, 10 a.m.

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

Members Present: William Crawford, M.D.

Members by Phone: Beth Anderson, Ricky Howell, Bryan Kindred, M.D.,
Rony Najjar, M.D., Douglas Tanner, Jeffrey Kerby, M.D.,
Sidney Brevard, M.D.

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

Staff Present: Choona Lang, DHEd, Augustine Amenyah, Stephanie Payne,
Jamie Gray, Valeta Jones, Lori McInerney, Stephen Wilson,
Beverly Edwards, Walter Geary, M.D., Katherine Hert

Guests Present: Dion Schultz, Travis Parker, Darwina Johnson, Joe Acker

Guests by Phone: Michael Minor, Denise Louthain, David Garmon, Allan Pace, John Blue II,
Ann Klasner, M.D., Sarah Nafziger, M.D., Lynn Morrison, Priscilla Brewer

Welcome

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

Adoption of September 13, 2016, Meeting Minutes

A motion was made and seconded to approve the Minutes of September 13, 2016, as distributed; the motion carried unanimously.

Unfinished Business/Trauma System Update

Dr. Crawford reported that the trauma surgeons would continue to meet periodically to discuss data and trauma system issues that are monitored by the Office of Emergency Medical Services (OEMS) staff. Northeast Regional Medical Center (RMC) in Anniston had requested to down-grade from a Level II to a Level III due to lack of required resources to function at a Level II. The request was approved by the STHSAC.

New Business

Dr. Crawford opened the floor for any issues that needed to be addressed by the Council. Ms. Anderson stated that the Trauma System Overload (TSO) was limited and did not accurately reflect the University of South Alabama's hospital status. She stated that her region would like to activate the divert system software to reflect issues such as emergency department (ED) overcrowding and the availability of intensive care unit beds. The Alabama Trauma Communications Center (ATCC) would then be able to observe the types of patients the hospitals could receive. Mr. Acker added that the utilization of the divert system and its components would have to be approved and coordinated by the local hospital council. He also added that the setting of the definitions should be discussed with their Regional Advisory Council (RAC) and local hospital counsel as well.

Mr. Acker stated that the TSO was never designed to handle anything except trauma service lines. Mr. Acker explained to the Council that the divert system was put into place in the Birmingham Regional Emergency Medical Services System (BREMSS) in 2000. It was not tied into the private network of the trauma and stroke systems. The goal of the divert system was for hospitals to display their status to other hospitals, their service line availability for critical care patients in the ED and Obstetrics, and the availability of Computerized Axial Tomography Scans. It would operate and provide an accountability process for monthly reports which would give the hospital administration the ability to look at the system, as a whole, and make decisions on which service line is non-trauma, non-stroke, and non-STEMI.

Dr. Najjar asked Ms. Anderson how the divert system would assist the hospitals. Ms. Anderson explained that the emergency medical services personnel do not always communicate with ATCC, and the divert system would help explain why the hospital could, or could not, accept patients. It would also give more flexibility than the TSO. Ms. Anderson noted that she and Mr. Garmon had planned to send out an email to explain and vote on the divert system within their region. A regional meeting would be held in January to share the results.

Stroke System Update

Dr. Nafziger provided an update on the stroke system. She stated that the stroke system had progressed tremendously. The site visits had been completed for the North, East, and Gulf Regions. The West Region was still pending, but they were actively working on scheduling the site visit. The West Region site visits would be completed by February or March, 2017. The North Region completed their stroke system training on December 9, 2016. The East Region stroke system training was completed on December 14, 2016, and the Gulf Region stroke system training was completed on December 19, 2016.

The OEMS and the regional EMS directors hosted a State Stroke System Education Meeting in the BREMSS Region to discuss required paperwork to convert BREMSS to the statewide multi-tiered system. The OEMS was in the process of converting the BREMSS Region into the statewide multi-tiered stroke system upon completion of the applications and required

documentation from the participating hospitals. Over half of the required documentation to convert the BREMSS Region had been received.

The RAC approved the stroke recommendations for the North and East Regions. The Gulf Region continues the process for their RAC recommendation approvals. In addition, the Stroke Workgroup continued to work on finalizing the revised stroke plans to be presented to the STHSAC for approval before March 2017.

Trauma Registry Report

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

Next Meeting

The next meeting was to be announced. A schedule of the 2017 meetings would be sent to the Council.

Adjournment

The meeting was adjourned at approximately 10:40 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