Statewide Trauma Advisory Council
Birmingham Regional Emergency Medical Service System (BREMSS)
Meeting Minutes
Wednesday, January 9, 2008

In Attendance	Beth Anderson, Gary Gore, Bryan Kindred, Chief Billy Pappas, Dr. Rony Najjar, Dr. Loring Rue, Dr. John Campbell, Dr. Donald Williamson, Robin Moore, Verla Thomas, Choona Lang, Joe Acker, Alex Franklin, Glenn Davis, Dr. Elwin Crawford, Charlie Faulkner, Danne Howard, David Garmon, Denise Louthain, Dennis Blair, Greg Locklier, Michael Minor, Dr. Adam Robertson, John Reed, Steve Baldwin, Geni Smith
Members not Present	Allen Foster, Dr. John Vermillion, Dr. Alzo Preyear
Proxy Vote	Bryan Kindred for Allen Foster
Presiding	Dr. Donald Williamson

Welcome/ Call To Order

Dr. Williamson called the meeting to order with roll call of the Trauma Advisory Council/TAC.

Agenda topic added: BREMSS Update- Dr. Loring Rue

Dr. Williamson asked for any modification to last meeting minutes. Mr. Kindred stated he was not listed as participating in last meeting. Motion to add Mr. Kindred to minutes.

Motion to amend minutes Chief Pappas
Second Mr. Kindred
All was in favor

Workgroup Updates

Dr Campbell stated the council had already voted on the hospital designation criteria. The document would go to the State Committee of Public Health (SCPH) on January 16, 2008; and, because it would become part of the Trauma System Rules, it then must be sent out for public comment. It should be ready for adoption by the SCPH in March.

The Trauma staff was going to take on the commitment of doing most of the Work on the various workgroups and then send the drafts to the TAC members for review. However, several council members stated they also wanted to attend the workgroup meetings. It was decided that all members on the TAC would be sent a schedule and agenda of every workgroup meeting and would be invited to attend. The information would also be posted on the ADPH website, www.adph.org/ats.

Air Medical Protocols

At the initial meeting of the workgroup, it was suggested that two sets of Protocols are needed:

1. Protocol for 911 Dispatch with suggestions for when a helicopter might be needed at a trauma scene, and thus early activation of the helicopter would be appropriate.
2. Protocol for EMT on ground, both for when to call for early activation of the helicopter, and also for situations in which use of a helicopter would be appropriate.

Trauma Regions

Dr. Williamson gave three options for the Trauma Regions Designation:

1. Make the EMS Region match the Trauma Region
2. Make the Trauma Region match the EMS Region
3. EMS and Trauma Regions are separated and do not have to match

The workgroup had initially suggested having the Trauma Regions match the EMS Regions, but this may cause problems in the West Trauma Region. It was decided that no recommendation would be made until the workgroup meets again on Tuesday, February 12, 2008. The workgroup should have a recommendation at the next TAC meeting.

QI Committee

The QI Committee met to study the QI plans of North Alabama Trauma System (NATS) and Birmingham Regional Emergency Medical Services System (BREMSS). They also discussed how electronic patient care reports could be used to facilitate the QI process. The first meeting was preliminary to making any recommendations to the TAC but some quality markers were discussed.

The QI Committee will monitor

1. Under triage (Patient met criteria for trauma system but was not entered)
2. Over triage (Patient entered into the trauma system but was sent home from the emergency department after evaluation)
3. EMS response times, scene times and transport times. Some QI will be done at the state level and some will be done on a regional basis. The next meeting was scheduled for Wednesday, January 16, 2008.

Trauma Rules

Trauma Rules are ongoing. The hospital designation criteria will become part of the rules. Dr. Campbell stated all members of the council would be notified about all meetings. Dr. Najjar volunteered for any available slot for the workgroups. He also suggested that the minutes of each workgroup be sent our to the TAC prior to the next meeting so that everyone could be prepared.

Suggestions made by Dr. Williamson:

1. Have a link to the website with minutes and meeting schedule
2. Inform TAC members about all meetings and workgroups meeting along with any and send an agenda and any documents needed for discussion.

North Alabama Trauma System (NATS) Update:

Dr. Najjar gave a brief update on the NATS with a Power Point presentation as attached.

Birmingham Regional Emergency Medical Service System (BREMSS) Update:

Dr. Rue gave a brief update on the BREMSS as attached.

Money Distribution:

Dr. Williamson stated that approximately $40 million dollar would be needed to maintain our trauma system. He also raised the question of having subcommittees or workgroups for discussion on how to distribute money within the trauma system. (Subcommittee composes up of TAC members only. Workgroup composed whoever the council members appoint to the group).

Ms. Anderson stated would oppose creating a workgroup for money distribution discussion because of the possibility of it becoming too big and thus non-productive. Dr. Rue suggested the entire TAC should be on the subcommittee With the addition of a very limited number of other members (see below).

A motion was made to include the following workgroup members in addition to the TAC members:

1. Orthopedic Surgeon
2. Neurosurgeon
3. Oral/Facial Surgeon
4. Representative from Children's Hospital
5. A representative from level II hospital

Discussion followed. Dr. Najjar suggested that the TAC establish deadlines for decision making. Dr. Williamson stated that he would like to send a letter to the Medical Association and the Hospital Association stating the request of the TAC for their help in identifying the appropriate persons to be a part of the Trauma System money distribution work group.

The motion was seconded and carried unanimously. Dr. Williamson reiterated the importance of time frames for trauma implementation as mentioned earlier by Dr. Najjar.

Pediatric Physicians presentation regarding Children's Hospital:

Steve Baldwin gave a brief overview regarding Children's Hospital Trauma Services. Dr. Campbell stated that the TAC had discussed the need to have a list of pediatric equipment for the ED and additional pediatric training of ED staff. Dr Campbell also pointed out that pediatric patients will probably have longer transport times because of the limited number of hospitals with the capability of caring for pediatric trauma patients. A motion was made and seconded by have standing workgroup for Pediatric Trauma Care. The motion carried unanimously

Next Region to Approach:

Dr. Campbell discussed a plan to invite representatives from each hospital and EMS service in each region to attend the initial regional trauma system meeting. Dr. Williamson will discuss the makeup and functions of the Trauma System, and from that meeting will be selected the Regional Trauma Advisory Council. This council will then hold a meeting of all of the hospitals and EMS services to listen to suggestions and concerns. The council will then develop a Regional Trauma Plan.

1. Each region has a council.
2. The West and Southeast regions will be established next and quickly move into the two remaining regions. Dr. Williamson stated there is no action required for this decision.
3. A champion will be needed in each region who wants to make the system works.

Next Meeting:

Dr. Williamson suggested meeting earlier that March 11, 2008, to discuss workgroups for Trauma Regions and monetary distribution followed by a regular TAC meeting after March 11, 2008.

Dr. Najjar suggested quickly identifying people that will be brought in for the trauma money distribution workgroup and educating them about why they were Selected and what we are planning to do at the workgroup meeting before the meeting in March.

Dr. Rue suggested we gather trauma patient flow data and circulate the information before the March meeting as well as money distribution thoughts to ensure the March meeting will be as productive as possible.

Dr. Williamson stated we would gather state trauma registry data and circulate it before the March meeting.

Discussion for next meeting

1. A representative for all level of hospitals
2. Data about referral patterns in each region
3. Data information on trauma
4. Invitation for everyone to send thoughts about monetary distribution
5. Names for a neurosurgeon, orthopedic surgeon, and oral/facial surgeon from respective specialty societies.

Dr. Rue proposed for a two day retreat to discuss several issues on the table.

Dr. Williamson will check to see if a two day retreat can be arranged.

Adjournment:

There being no further business, the meeting was adjourned at approximately 12:20p.m.