

Statewide Trauma Advisory Council
The RSA Tower, Teleconference
Meeting Minutes
Monday, December 3, 2007

In attendance	Beth Anderson, Dr. Alzo Preyear, Danne Howard, Gary Gore, Dr. John Vermillion, Choona Lang, Verla Thomas, Dr. John Campbell, Dennis Blair, Dr. Loring Rue, Allen Foster, Chief Billy Pappas, Dr. George Nunn, Bryan Kindred, Gregg Locklier
Member not Present	Dr. Rony Najjar
Presiding	Dr. Donald Williamson

Agenda Topic: Welcome/Introduction

Dr. Williamson opened the meeting with roll call of everyone in attendance for the teleconference.

Agenda Topic: CME Requirements

Dr. Loring Rue made a motion that there be a requirement that general/trauma surgeons, neurosurgeons, orthopedic surgeons, and emergency physicians at a Level I trauma center obtain a total of 18hrs of trauma related CME in each three-year period
Dr. Rue seconded the motion.
All were in favor.

After extensive discussion, Dr. Campbell made a motion that all emergency physician staff at all levels of trauma centers be required to maintain ATLS certification. There will be a three-year grace period to comply with this requirement.
Dr. Preyear seconded the motion
All were in favor.

Agenda Topic: Primary Triage Criteria

Dr. Campbell suggested changing the Glasgow Coma Scale for head trauma. (a patient with head trauma and a Glasgow Coma Scale score of 13 or less will be entered into the trauma system). The decision as to what Glasgow Coma Scale score will be used to determine secondary triage to a Level One Trauma Center will be up to the regional trauma councils.
Dr. Vermillion made the motion and Dr Rue seconded.
All were in favor

Agenda Topic:

Hospital Proposed Trauma Designation

Dr. Campbell went over changes that were suggested and made from the last meeting on the Trauma Center Designations.

See Alabama Trauma Center Designation attachment

Dr. Williamson summarized changes that were made and discussed by the council members. Then he called roll to confirm the vote:

Dr. Rue	Yes	Dr. Vermillion	Yes
Anderson	Yes	Foster	Yes
Dr. Preyear	Yes	Chief Pappas	Yes
Kindred	Yes	Dr. Campbell	Yes
Gore	Yes		

Agenda Topic:

Software/BREMSS

Dr. Williamson clarified the role and responsibilities for the implementation of the statewide trauma system.

The State Board of Health, through the Alabama Department of Public Health, will develop and manage the statewide trauma system. BREMSS will be contracted to provide technical support for the development of the system.

Ms. Anderson made the motion to allow ADPH to contract with BREMSS to provide this service.

Dr. Vermillion seconded the motion.

All were in favor to contract with BREMSS.

Agenda Topic:

Workgroup Volunteers Update

Dr. Campbell stated more volunteers were needed for the empty workgroup slots.

- Dr. Rue volunteered for the QI Plan workgroup.
- Dr. Preyear volunteered for the Trauma Region Designation workgroup.
- Allen Foster and Dr. Vermillion volunteered for the Air Ambulance Protocol workgroup.

Agenda Topic:

Take Back Agreement

Dr. Williamson explained the Take Back Agreement and the council tabled for later discussion.

Agenda Topic:

Next Meeting

Next Meeting is scheduled for January 9, 2007

10:00a.m. – 12n BREMSS in Birmingham. Also

A TCC walk through will schedule for this meeting. Also, there may be a presentation from a pediatric emergency physician about Children

Hospital's trauma service.

Motion to Adjourn

12:00n

Statewide Trauma Advisory Council

The RSA Tower, Conference Room 1586

Meeting Minutes

Monday, November 5, 2007

Advisory Council	Chief Billy Pappas, Dr. John Vermillion, Dr. Rony Najjar, Dr. Loring Rue, Dr. Alzo Preyear, Beth Anderson, Allen Foster, Gary Gore, Dr. John Campbell, Dr. Donald Williamson
Phone	Bryan Kindred
Guest	Chris Osborne, benefactor of the Trauma System
Presiding	Dr. Donald Williamson

Agenda Topic:

Welcome/Introduction

Dr. Williamson opened meeting with a welcome.

Each council member introduce themselves and the association they are representing.

Dr. Williamson introduced Chris Osborne, a benefactor of the Trauma System in the Birmingham Region. Chris was struck by a hit & run driver and was left for dead on July 15, 2004. A good samaritan stopped to help by calling 911. Within minutes the ambulance was on the scene, a helicopter was on standby and he survived this tragic ordeal. Chris had his left leg amputated above the knee and now works for the Red Cross.

The floor was opened for the questions for Chris.

Agenda Topic:

Trauma System Overview

Dr. Williamson turned this part of the meeting over to Dr. Campbell to give an overview of the Trauma System. Dr. Campbell used a power point presentation to give key points about the system.

- ❖ The model trauma system is a voluntary system started 1996 in Birmingham
- ❖ Trauma centers are selected hospitals that provide full range of care
- ❖ The trauma system involves EMS team working together to get the patient to the hospital in a short time frame.
- ❖ A trauma patient is any patient injured with head trauma, Shock and other identified trauma conditions that need care within the first hour (the golden hour).
- ❖ Alabama Trauma is 4th highest in rank with highway trauma death in the USA per year with 30% happening in rural areas.
- ❖ What needed in the trauma system?
 - A. network of hospitals (voluntary)
 - B. a plan
 - C. constant monitoring
- ❖ Statewide Trauma Communication Center (TCC)

- A. Will route patients to closest appropriate ready Trauma Center
- B. all hospitals will be connected
- C. arrange transportation air or ground

Alabama will be on the only state that will have a TCC.

The floor was opened to address Dr Campbell's power point related to the Trauma System.

Dr. Campbell used a power point presentation to show who qualifies to go into the Trauma System.

The floor was open for questions.

Agenda Topic:

Establish Meeting Rules

- ❖ All were in favor to use the Alice Sturgis Code of Parliamentary Procedure.
Dr. Preyear seconds the motion.
- ❖ And all were in favor of the Draft Proxy Rules. (A written proxy must be submitted one day prior to the meeting.) Bryan Kindred second the motion.
- ❖ Ms. Anderson motion to vote on the Patient Protocol at the next meeting.
- ❖ Dr. Najjar motion to amend #3 on the Patient Protocol to the language used by BREMSS & North about the Glasgow Coma Scale in the Patient criteria

Agenda Topic:

Target deadline for system to be operational

The target deadline for the system to be operational is 18 months.

Break

10 min

After the break, Dr. Campbell went over more details regarding the Trauma System operations. Then he covered the differences noted between the American College of Surgeons verses the NATS hospital designations requirement.

Agenda Topic: Software Discussion

Dr. Williamson motions for the board to approve to use the BREMSS to be used as the vehicle to implementing the statewide system since the process have already begun.

Dr. Vermillion motion no contract be entered into without board approval.

Dr. Williamson motion for the attorneys to determine if BREMSS could be used as a turn-key operation (including the software) and report back to the Trauma Council.

Joe Acker was on hand to speak on the type of equipment that is used by BREMSS.

Agenda Topic: Schedule for Next Meeting

Dr. Williamson made a motion to vote on the Patient Protocol and the proposed Alabama Hospital designation by the first week of December. A teleconference will be set for Monday, December 3, 2007 10a.m.

The next face to face Trauma Advisory Council meeting will be held Wednesday, January 9, 2008 10am-12n in Birmingham to view the BREMSS TCC system and its functions.

Work groups will also need to be established to address:

- a. Air ambulance & dispatch requirements
- b. QI Plan
- c. Trauma Region
- d. Trauma Operation Rules

Agenda Topic: Funding

We currently have funding for operation but there is a plan to ask the legislators for 40 million dollars during the next session. These funds will be used for on call payment indigent care and assist the hospital with their resource needs

Motion to Adjourn 12:20p.m.