

Statewide Trauma Advisory Council (STAC) Meeting
January 26, 2010, 10 a.m.

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

Members Present	Dr. John Campbell (Proxy for Dr. Donald Williamson)
Members By Phone	Mr. Bryan Kindred, Dr. Loring Rue, Mr. John Rainey, Ms. Beth Anderson, Mr. Vernon Johnson, Chief Billy Pappas, Dr. Alzo Preyear
Members Absent	Dr. John Mark Vermillion
Staff Present	Dennis Blair, Choona Lang, Verla Thomas, Robin Moore, Brian Hale, Tammie Yeldell
Guests	Joe Acker, Denise Louthain, Glen Davis
Guests By Phone	Allan Pace, Bryan Grout, David Garmon , Alex Franklin, Ben Patterson, Michael Minor, Cindy Hiedon, Larry Thorn, Kathy Gillis Parker, Molly Nobles, John Read

Welcome

Dr. Campbell called the meeting to order with a welcome and roll call. Dr. Campbell also welcomed new member, Mr. Vernon Johnson, CEO of Dale Medical Center.

Consideration of Minutes of December 10, 2009

The Council recommended approval of the Minutes of December 10, 2009, as distributed; the motion carried unanimously.

Trauma System Activation Updates for West/Southeast Regions

The West Region is to begin trauma system training for the pre hospital service providers next week. Plans to complete the training by the end of February.

DCH Regional Hospital in Tuscaloosa was surveyed as a Level III Trauma Center.

Montgomery and Dothan hospitals have yet to submit applications to participate in the Alabama Trauma System. There is a meeting scheduled for February 19, 2010 to discuss this issue.

West Regional Trauma Plan Revisions

The Council recommended approval of changes to the West Region Trauma Plan's secondary triage, as distributed; the motion carried unanimously.

See attached document.

DCH Trauma Center Level III Recommendations

The Council recommended approval for DCH Regional Medical Center to participate as a Level III Trauma Center, as distributed; the motion carried unanimously.

Trauma Funding Workgroup Update

The state will not request funding from the Legislature until the Alabama Trauma System is fully operational throughout the state. The STAC will plan a one-day retreat to discuss funding will be distribution.

Emergency Medical Treatment and Labor Act (EMTALA) Issues

The neurosurgeons in Huntsville were concerned about inappropriate transfers that should be reported as EMTALA violations. The current backlog of reports at CMS has prolonged response time to EMTALA violation reports. Also, the neurosurgeons wanted to ensure that they would have input regarding hospitals entering patients into the Trauma System in the North Region.

Alabama Trauma System Operation Report

Joe Acker gave a brief Trauma System Operation Report from December 08, 2009 through January 24, 2010.

Out-of-State Trauma System Designation Process

The Council recommended approval of the motion by Ms. Anderson pertaining to the Out-of-State Trauma System Designation Process, as distributed; the motion carried unanimously.

See attached document.

Electronic Trauma Image Sharing Process

The consortium of hospitals in BREMSS has obtained the grant to develop a medical imaging sharing process and are ready to begin testing the process.

RTAC Membership Revisions

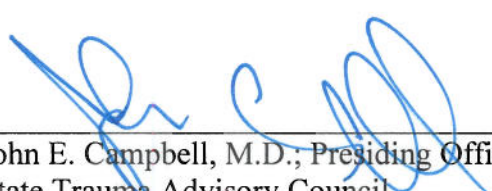
The Council recommended approval of membership changes to the West and Southeast RTACs, as distributed; the motion carried unanimously.

See attached documents.

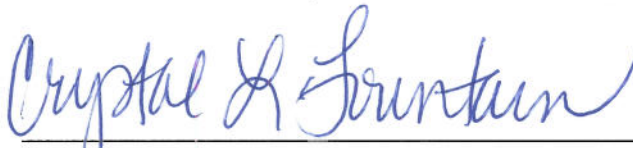
Next Meeting

The next STAC meeting is scheduled at 10 a.m., February 26, 2010, The RSA Tower, Suite 1586; 201 Monroe Street; Montgomery, Alabama.

The meeting was adjourned at 10:50a.m.



John E. Campbell, M.D.; Presiding Officer
State Trauma Advisory Council



Crystal L. Fountain, Administrative Support Assistant II
State Trauma Advisory Council

Approved July 26, 2010

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 those 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. 4 Years	General Surgery
---------------------------------	-----------------

Rick L. McKenzie, M.D. 3 years	Neurosurgery
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Bryan S. Givhan, M.D. 2 years	Neurosurgery
----------------------------------	--------------

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

DR. WILLIAMSON APPOINTEE

Bill McDonald, EMT
4 years

REGIONAL MEDICAL DIRECTOR

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

RTAC APPOINTEES BY THE STAC

HOSPITAL REPRESENTATIVES (11)

Joseph Marchant, Administrator - Bibb Medical Center
4 years

01/25/2010

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 Talladega
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
PO Box 6907
Dothan, AL 36302-6907
4 years

Emergency Medicine

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

Alzo Preyear, D.O.
Andalusia Regional Hospital
Andalusia
1 year

Emergency Medicine

Clay Harper, M.D.
East Alabama Medical Center
Opelika
4 years

General Surgery

James Jones, D.O.
Southeast Alabama Medical Center
Dothan
3 years

Emergency Medicine

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

General Surgery

Mark McDonald, M.D.
Dale Medical Center
Ozark
1 year

Emergency Medicine

Jeffrey Whitehurst, M.D.
Flowers Hospital
Dothan
4 years

General Surgery

Ronald Shaw, M.D.
Baptist Medical Center South
Montgomery
3 years

Emergency Medicine

Fleming Brooks, M.D.
Medical Center Enterprise
2 years

Orthopedic Surgery

Steven O'Mara, **ED Medical Director**
Jackson Hospital
Montgomery
1 year

Emergency Medicine

Danny Hood, M.D.
L.V. Stabler Memorial Hospital
Greenville

Emergency Medicine

01/25/2010 C. Fountain

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



STAC ATCC OPERATIONS REPORT

January 26, 2010



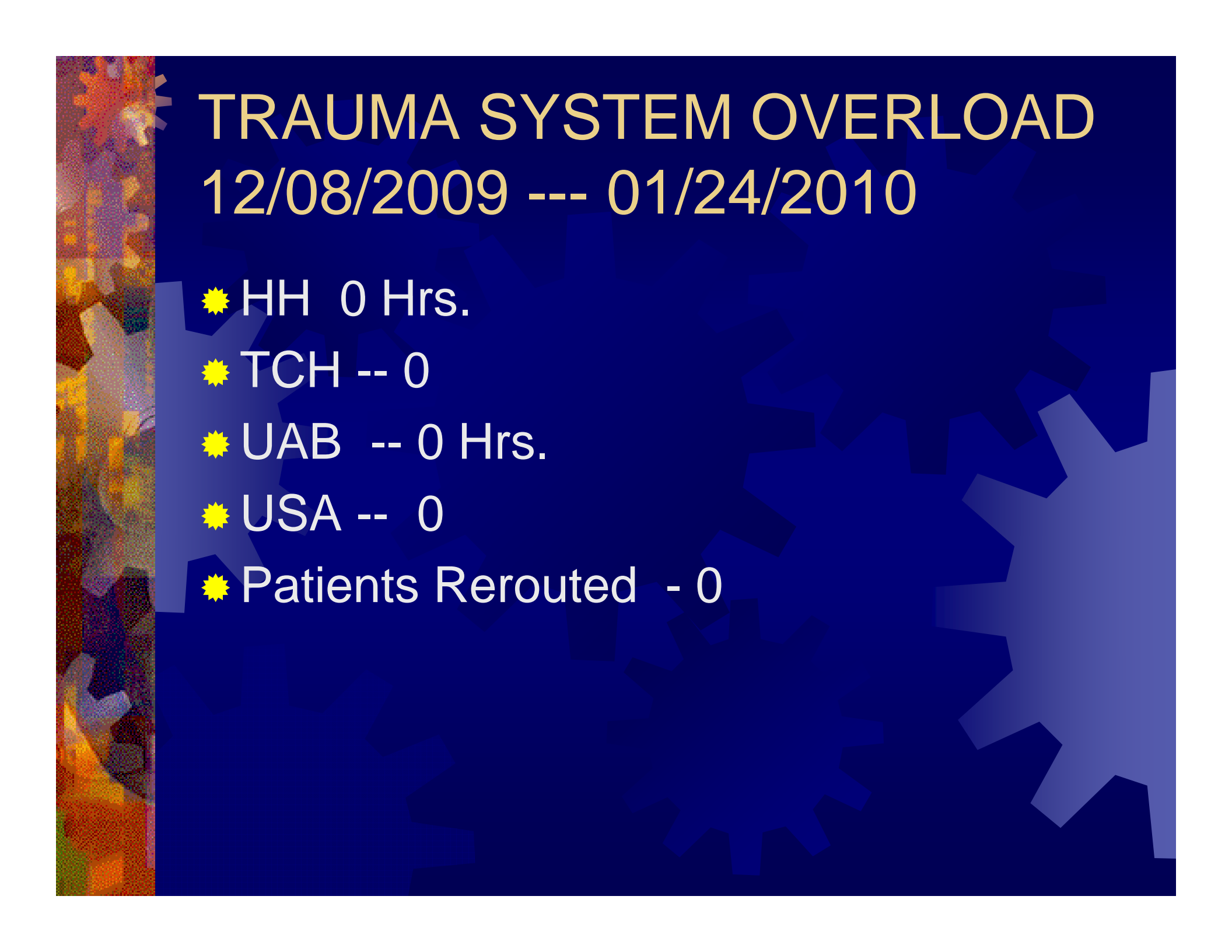
Trauma System --- Volume --- 12/08/2009 --- 01/24/2010

- ★ 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

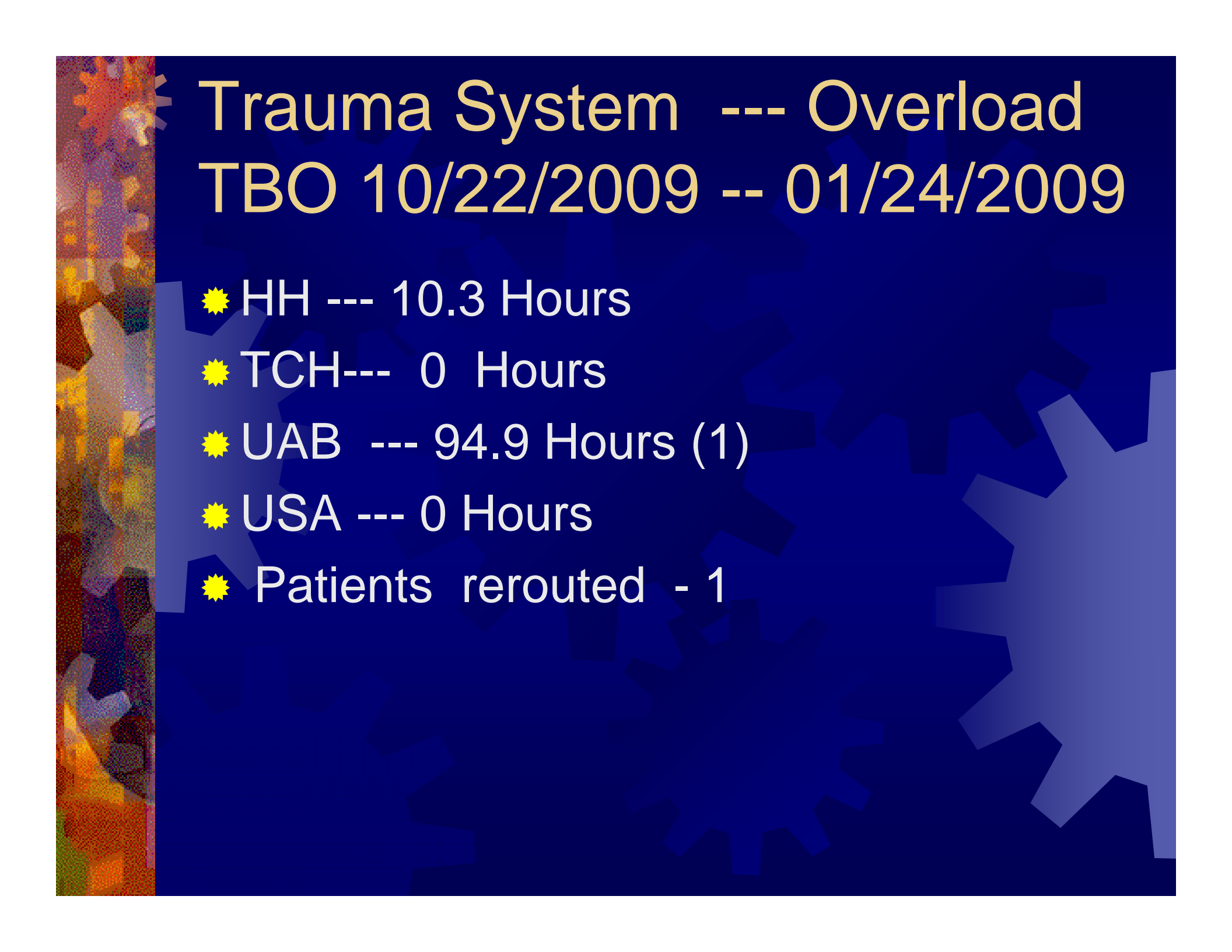
- ✱ 01/24/2009 to date 01/24/2010
- ✱ NATS 1868 (1466)
- ✱ BREMSS 3793
- ✱ 08/09- patients - 3547
- ✱ 06/07 - patients - 3557



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																		
Carraway	3																		
Childrens	1																		
Cooper Green	4																		
St Vincents East	3																		
Princeton	3																		
Shelby	3																		
St. Vincents																			
Trinity	3																		
UAB Highlands																			
UAB Medical West	3																		
University	1																		
VA Bham	4																		
Walker	3																		
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																		

Divert Details
 Log Off

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

Minutes of Statewide Trauma Advisory Council (STAC) Meeting
July 26, 2010, 10 a.m.

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

Members Present	Dr. Donald Williamson, Chairman, Dr. John Campbell, Dr. Richard Gonzalez, Chief Billy Pappas
Members By Phone	Dr. Loring Rue, Dr. John Mark Vermillion, Mr. Bryan Kindred
Members Absent	Mr. Vernon Johnson, Dr. Alzo Preyear, Ms. Linda Jordan
Staff Present	Dennis Blair, Choona Lang, Verla Thomas, Robin Moore, Tammie Yeldell, Greg Locklier
Guests	Denise Louthain, Logan Gray, Michael Whaley
Guests By Phone	Dr. Sherry Melton, Joe Acker, Alan Pace, David Garmon

Welcome

Dr. Williamson called the meeting to order with a welcome and roll call. Dr. Williamson announced new member, Ms. Linda Jordan, Administrator of Clay County Hospital.

Consideration of Minutes of January 26, 2010

The Council recommended approval of the Minutes of January 26, 2010, as distributed; the motion carried unanimously.

Birmingham Regional Emergency Medical Services System

The State Committee of Public Health (SCPH) approved the revision to the BREMSS trauma plan which states that if the Level I trauma center is on divert (red status) no patient will be routed outside the region.

Trauma Funding Retreat Summary Recommendation

The Trauma Funding Retreat Summary was distributed, as attached. The discussion was tabled until the next meeting to give members that were absent time to review the Trauma Funding Summary.

Trauma System Activation Updates for Southeast Region/Next Step

Southeast Alabama Hospital's application was received but was returned because there was no surgeon signature.

Russ Tyner, CEO of Baptist Medical Center South, has hired an outside orthopedic consultation group to evaluate the orthopedic work load which seems to be the primary concern at this point. Dr. Williamson will contact Mr. Tyner to discuss this matter.

Highlands Medical Center

Highlands Medical Center was surveyed as a potential Level III trauma center but is currently on hold due to their surgeons refusal to sign the Surgeon Support Statement. Highlands Medical Center will remain a community hospital.

DeKalb Regional Medical Center

The Council recommended approval for DeKalb Regional Medical Center as a Level III trauma center; as distributed; the motion carried unanimously.

Pediatric Workgroup Update

The Pediatric Workgroup discussed the need to develop a pediatric trauma short course for physicians. Dr. Campbell will review Seattle, Washington's pediatric trauma course as a guideline to establish the course in Alabama.

Trauma Registry Update

Verla Thomas gave a brief overview of the Alabama Trauma Registry dashboards. Eight dashboards are being tested and five more will be designed. Four of the eight dashboards are being tested: (1) Monthly Stats by Region, (2) Monthly Stats by Facility, (3) EMS Stats by Day of Week, (4) Injury by Mechanism of Injury (Blunt, Burn, and Penetrating).

Alabama Trauma System Trauma Registry Compliance

	Trauma Facilities	Compliant	Non Compliant
North Region	12	9	3
East Region	8	4	4
BREMSS Region	9	7	2
West Region	1	1	0
Gulf Region	15	10	5
70% Statewide Compliance			

Alabama Trauma System Operation Report

Joe Acker gave a brief Trauma System Operation Report from January 24, 2010 through July 19, 2010, as attached.

RTAC Membership Revisions

The Council recommended approval of membership changes to the North RTACs as distributed; the motion carried unanimously.

The Council agreed to approve changes to the East, BREMSS, Southeast, and Gulf RTACs upon submission of those changes to the Office of EMS and Trauma.

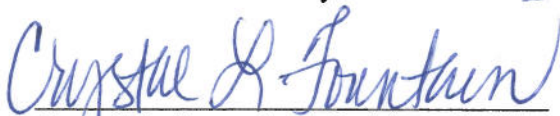
Next Meeting

The next STAC meeting is scheduled at 10 a.m., September 13, 2010, The RSA Tower, Suite 1586; 201 Monroe Street; Montgomery, Alabama.

The meeting was adjourned at 10:56 a.m.



Donald E. Williamson, M.D., Chairman
State Trauma Advisory Council



Crystal L. Fountain, Administrative Support Assistant II
State Trauma Advisory Council

Alabama Trauma System

Trauma Funding Distribution Retreat

May 4, 2010
9:15 a. m. - 2 p.m.

The Marriott Legends Capitol Hill
Prattville, Alabama

Members Present: Dr. Donald Williamson, Dr. John Campbell, Dr. Loring Rue,
Dr. Richard Gonzalez, Mr. Vernon Johnson, Ms. Beth Anderson

Members by Phone: Mr. Bryan Kindred

Members Absent: Chief Billy Pappas, Dr. Alzo Preyear, Dr. John Mark Vermillion

Funding Workgroup Member: Dr. Rony Najjar

ADPH Staff Present: Dennis Blair, Choona Lang, Tammie Yeldell

Guest: Glenn Davis, Kathy Gillison-Parker, E. Allan Pace, Joe Acker,
Michael Minor, Denise Louthain, Danne Howard, Carol Brown

Welcome

Dr. Williamson called the meeting to order with a welcome.

Trauma Funding Retreat Objectives

Dr. Williamson opened the meeting with a summary of goals of the Trauma Funding Retreat. The 2010 Legislative session passed on referendum to appoint a Trauma Funding Committee. The primary focus of this group will be to identify Trauma Funding sources. The committee has not been appointed at this point. The STAC members will be notified once the committee members have been chosen.

Current ATCC Operation Costs

Joe Acker gave a review of the current ATCC operation costs. (See attached power point)

Additional ATS Points of Discussion during the ATCC Operation Costs Discussion

Two weeks prior to this meeting, ATCC entered 50 patients in a 12-hour period. The projection of the number of patients we can expect in the trauma system once we are

statewide. There is a current problem with retrieving true out-of-state Trauma System patients because most states have injury registries which capture all trauma patients. Two levels of backup, with no cost to the hospitals are BREMSS Ford Excursion and Hoover's 911 dispatch office.

Georgia has released an RFI for adoption for the LifeTrac Software. BREMSS has an agreement with Forte, the LifeTrac Software vendor, which will allow Alabama to receive all system upgrades for a new customer at no cost to the Alabama Trauma System. If Georgia selects the LifeTrac system, this will allow for a direct like between Alabama's and Georgia's systems.

BREMSS system was funded by the local hospitals and grant money. Once the Alabama Trauma System funds is available, there will be discussion regarding removing the hospitals in Birmingham from funding responsibilities.

Trauma money should be separated from other components of the system which are planned for the future components (i.e.: Stroke and Cardiac). Current State trauma office personnel cost is \$495,382.

The STAC can adopt a rule to establish guidelines related to minimal criteria needed to receive the Trauma Funding.

Sample Trauma System Funding Hypothetical Examples

Dr. Campbell discussed the Sample Trauma System Funding Hypothetical Examples for Distribution by Physician Workgroup Suggestions (See attachments).

Arkansas and Mississippi Funding Distribution

Ms. Beth Anderson gave a summary of Arkansas and Mississippi Funding Distributions (See attachments).

Trauma Funding Distribution Formula and Equation Suggestions from Funding Retreat Workgroup

\$60,000,000 to \$80,000,000 in trauma funding.

If we were to get \$60,000,000, the funds would be distributed this way:

- Trauma Administrative Cost plus ATCC = \$2,000,000
- EMS to get 5% of remaining (\$58,000,000) = \$3,000,000
- Trauma Centers would share the remainder = \$55,000,000
 - These funds would be distributed in this way:
 - 50% of the \$55,000,000 would be distributed based on level of care = \$27,500,000
 - 50% of the \$55,000,000 would be distributed on number of patients treated and their acuity (ISS score) = \$27,500,000

Legislative Language Suggestions:

- Not less than 30% of hospital funds to be used to pay on-call stipends to surgical specialties taking trauma calls and to help offset the cost of Trauma CME and Malpractice insurance.

- General/Trauma Surgeons, Orthopedic Surgeons, Neurosurgeons, and Facial Surgeons (ENT or Plastics) taking trauma call would be eligible for these funds
 - Reimbursement of portion of time the physician's practice is devoted to trauma care.
 - Reimbursement for taking call in-hospital versus at home
- Emergency Medicine Physicians would not receive on-call stipends but would receive funds to help offset Trauma CME and Malpractice insurance
- In-State Trauma Centers will participate in the Level of Care Pool and the Patient Volume/Acuity Pool
- Out-of-State Trauma Centers will participate in only the Patient Volume /Acuity Pool
- A portion of the funds for volume/acuity will be for trauma patients treated in the emergency department and either sent home or transferred. The funds will be distributed on volume only. Patients discharged from the Emergency Department or transferred will not count for the volume/acuity funding.

EXAMPLE OF DISTRIBUTION OF FUNDS USING THIS MODEL

(The STAC may want to manipulate the percentages. They were assigned as a “best guess.”)

1. \$27,500,000 (50% of \$55,000,000) distributed based on the Level of trauma care provided
 - a. Level One hospitals (currently 4 adult and one children): \$2,000,000 per hospital for total of \$8,000,000
 - b. Level Two hospitals (Project total of 7): \$1,250,000 per hospital for total of \$8,750,000
 - c. Level Three hospitals (Projected 46): \$230,000 per hospital for total for \$10,580,000

This totals \$27,330,000

2. \$27,500,000 (50% of \$55,000,000) distributed based on Volume and Acuity
 - a. 10% for patients sent home from Emergency Department or Transferred to another hospital. This pool would total \$2,750,000
 - b. 40% for admitted patients with ISS score ≥ 15 . The pool would total \$11,000,000
 - c. 50% for patients with ISS scores < 15 . This pool would total \$13,750,000
3. Estimated that there would be yearly total of about 11,250 patients
 - a. 30% sent home form ED or transferred: 3,375 patients
 - i. \$2,750,000 divided by 3, 375 patients = \$815 per patient for discharged from Ed or transferred to another hospital

b. 70% admitted: 7875 patients

- i. 30% of admitted patients with ISS score of ≥ 15 : 2,363 patients
 - a. \$11,000,000 divided by 2,363 patients = \$4,655 per patient
- ii. 70% if admitted patients with ISS score of < 15 : 5,512 patients
 - a. \$13,750,000 divided by 5,512 patients = \$2,495 per patient

EXAMPLE OF FUNDING FRO A LEVEL ONE TRAUMA CENTER

Given \$2,000,000 for level of care provided

Treat 700 Patients per quarter or 2,800 patients per year.

30% sent home form ED = 840 patients times \$815 per patient for total of \$684,600

70% admitted for total of 1960 patients

30% with ISS ≥ 15 = 588 patients times \$4,655 per patient = \$2,737,140

70% with ISS < 15 = 1372 patients times \$2,495 per patient = \$3,423,140

Total funds for year = \$2,000,000

\$684,000

\$2,737,140

\$3,423,140

Grand total = \$8,844,280

Of this at least 30% (\$2,653,284) must go to the physicians.

EXAMPLE OF FUNDING FOR A LEVEL THREE TRAUMA CENTER

Given \$230,000 for level of care provided

Treat 27 patients per quarter or 108 patients per year

50% discharged from ED or transferred = 54 patients times \$815 per patient for total of \$44,010

50% admitted = 54 patients

30% with ISS > 15 = 16 patients times \$4,655 = \$74,480

70% with ISS < 15 = 38 patients times \$2,495 = \$94,810

Total funds for year = \$230,000

\$44,010

\$74,480

\$94,810

Grant Total = \$443,300

Meeting of the Statewide Trauma Advisory Council (STAC)
September 13, 2010, 10:00 a.m.

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

Members Present	Donald Williamson, M.D., Chairman, John Campbell, M.D., Richard Gonzalez, M.D., Chief Billy Pappas, Ms. Linda Jordan, Ms. Beth Anderson
Members By Phone	Mr. Bryan Kindred, Loring Rue, M.D., John Mark Vermillion, M.D. Mr. Vernon Johnson
Members Absent	Alzo Preyear, M.D.
Staff Present	Dennis Blair, Choona Lang, Verla Thomas, Robin Moore, Brian Hale, Tammie Yeldell
Guests	Priscilla Brewer, Cindy Heidron, Carol Brown, Danne Howard, Denise Louthain, Michael Whaley, Joe Acker
Guests By Phone	Allan Pace, David Garmon, Alex Franklin, Rony Najjar, M.D.

Welcome

Dr. Williamson called the meeting to order with a welcome and roll call. He introduced a new member, Ms. Linda Jordan, Administrator of Clay County Hospital.

Consideration of Minutes of July 26, 2010

The Council recommended approval of the Minutes of July 26, 2010, as distributed; the motion carried unanimously.

Update on Pensacola Hospitals

The Council recommended approval of Baptist Pensacola and Sacred Heart Hospitals as Level I Trauma Centers in the Alabama Trauma System; the motion carried unanimously.

Trauma Funding Rule Proposal

Dr. Williamson gave a brief overview of the proposed trauma funding distribution formula. Funding will be divided based on the level of care and acuity. Before the trauma funding can be proposed to the legislature, a Trauma Funding Distribution rule must be established. Ms. Anderson will forward Mississippi's funding distribution formula to Dr. Campbell so that a new draft of the distribution formula using the Mississippi Injury Severity Score (ISS) format can be developed. The new draft will be considered at the next STAC meeting.

Trauma System Activation Updates for Southeast/Next Step

Dr. Williamson discussed the concerns of the orthopedic doctors with Mr. Russ Tyner, Baptist South CEO. An orthopedic consultant has been hired to advise the orthopedic doctors on the trauma system.

The Council recommended approval of the ten hospitals in the Southeast Region as Level III Trauma Centers, as distributed; the motion carried unanimously.

Trauma Registry Update

Verla Thomas gave an overview of the Alabama Trauma Registry dashboards. The trauma dashboards enable the graphical presentation of a variety of trauma indicators. Visual configurations can be displayed by navigating through individual areas of graphs and tables. Eight dashboards are being tested and five more will be designed.

Alabama Trauma System Trauma Registry Usage

	Trauma Facilities	Reporting	Pending
North Region	11	8	3
East Region	8	5	3
BREMSS Region	9	8	1
West Region	1	1	0
Gulf Region	14	10	4
75% Statewide Compliance			

**Table does not include the ten hospitals in the Southeast Region*

Alabama Trauma System Operation Report

Joe Acker gave a brief Trauma System Operation Report for the period July 19, 2010, through September 6, 2010, as attached.

RTAC Membership Revisions

The Council recommended approval of membership changes to the Southeast RTAC, as distributed; the motion carried unanimously.

The Council recommended approval of the Hospital CEO's automatic appointment to the RTAC, as distributed; the motion carried unanimously.

Trauma Center Designation Revision

The Council recommended approval to establish a review subcommittee to review the Trauma Center Designation Criteria, as distributed; the motion carried unanimously.

Dr. Campbell will organize a workgroup to review the Trauma Center Designation Criteria and suggest any changes needed. If changes are made in the criteria, all hospitals that are currently in the trauma system will be notified of the new criteria. Hospitals would then be given a grace period to meet the new criteria before being re-surveyed.

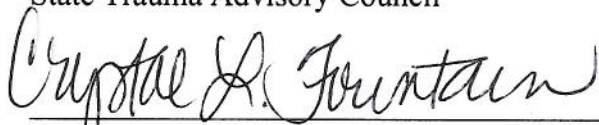
Next Meeting

The next STAC meeting was scheduled for November 1, 2010, at 10:00 a.m., at The RSA Tower, Suite 1586, 201 Monroe Street, Montgomery, Alabama.

The meeting was adjourned at 11:17 a.m.



Donald E. Williamson, M.D., Chairman
State Trauma Advisory Council



Crystal L. Fountain, Administrative Support Assistant II
State Trauma Advisory Council

Approved November 1, 2010

**Minutes of the Meeting of the Statewide Trauma Advisory Council
(STAC)
November 1, 2010, 10 a.m.**

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

Members Present	Donald Williamson, M.D., Chairman, John Campbell, M.D., Richard Gonzalez, M.D., (Proxy for Ms. Beth Anderson)
Members By Phone	Mr. Bryan Kindred, Loring Rue, M.D., Rony Najjar, M.D., Mr. Vernon Johnson, Ms. Linda Jordan
Members Absent	Alzo Preyear, M.D., Chief Billy Pappas
Staff Present	Dennis Blair, Choona Lang, Verla Thomas, Brian Hale, Tammie Yeldell
Guests	Denise Louthain, Carol Brown
Guests By Phone	Allan Pace, David Garmon, Alex Franklin, Joe Acker

Welcome

Dr. Williamson called the meeting to order with a welcome and roll call. He welcomed Rony Najjar, M.D., back on the Council.

Consideration of the Minutes of September 13, 2010

The Council recommended approval of the Minutes of September 13, 2010, as distributed. It was noted that the minutes should be amended to indicate that Mr. Vernon Johnson attended by phone. The minutes were approved as corrected.

Trauma Funding Rule Proposal

The Council recommended approval of the Statewide Trauma System Fund Rule 420-2-2-.14, as distributed; the motion carried unanimously.

Trauma Registry Standardized Reports

Dr. Campbell and Dr. Gonzalez discussed the need to identify QA/QI trauma data filters to develop standardized reports for STAC review. The standardized reports would be used to measure the effectiveness of the trauma system and the challenges that would require follow up. Dr. Campbell stated that most of the reports reviewed from the Alabama Trauma Registry have focused on pre-hospital data. Since a large percentage of trauma centers are entering trauma system data, the Council needs to decide what type of standardized reports should be generated from the trauma registry. Dr. Gonzalez

suggested an ad-hoc committee to discuss this issue. Dr. Williamson agreed that an ad-hoc committee should be formed with Dr. Gonzalez as the chair. He also stated that all STAC members will be invited to participate and, if participation is insufficient, volunteers will be drafted.

Alabama Trauma System Operation Report

Joe Acker gave a brief review of the Trauma System. DeKalb Regional Medical Center, in the North Region, is currently on-line as a Level III Trauma Center. Mr. Acker stated that he is currently awaiting phone line and VPN information from Sacred Heart to proceed with activation. Dr. Williamson suggested that, if the required information is not received from Sacred Heart Hospital by November 15, 2010, the activation process for Baptist Pensacola Hospital should begin.

Regional Trauma Advisory Council (RTAC) Membership Revision

The STAC received current RTAC revisions as attached.

Trauma Center Designation Revision Committee Update

The first meeting of the Trauma Center Designation Revision Committee is scheduled for January 5, 2011, at 1p.m., in Montgomery at the Office of EMS and Trauma. The committee will discuss the criteria revisions for all levels of trauma centers.

Lakeland Community Hospital Recommendation

The Birmingham Regional EMS System RTAC considered the site review evaluation of Lakeland Community Hospital and recommended that the STAC grant them recognition as a Level III Alabama Trauma System Hospital.

The Council recommended approval to accept Lakeland Community Hospital as a Level III Trauma Center, as distributed; the motion carried unanimously.

Wiregrass Hospital, in the Southeast Region, is scheduled for an on-site visit on November 16, 2010.

Next Meeting

The next STAC meeting was scheduled for January 5, 2011, at 10:00 a.m., in Montgomery at The RSA Tower, 201 Monroe Street, Room 1586.

The meeting was adjourned at 10:26 a.m.

Donald E. Williamson, M.D., Chairman
State Trauma Advisory Council

Crystal L. Fountain, Administrative Support Assistant II
State Trauma Advisory Council

Approved January 5, 2011