

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

January 28, 2013, 10 a.m.

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

Members Present	Donald E. Williamson, M.D., Chairman, William Crawford, M.D.
Members By Phone	Richard Gonzalez, M.D., Loring Rue, M.D., Beth Anderson, Bryan Kindred, Rony Najjar, M.D., Chief A.J. Martin, Douglas Tanner
Members Absent	Vernon Johnson, Alzo Preyear, O.D.
Staff Present	Sarah Nafziger, M.D., Dennis Blair, Choona Lang, Stephanie Payne, Leslie Morgan, Verla Thomas, MisChele White, Sarah Nafziger, M.D., David Garmon, Katherine Hert, Gary Mackey, Tom Miller, M.D., Michele Jones
Guests	William Franklin, Joe Acker, John Campbell, M.D., Glenn Davis, Spencer Howard, Dion Schultz, Denise Louthain, Allan Pace, Brian Hale, Michael Minor
Guests By Phone	Alex Franklin, John Blue, Priscilla Brewer, Jeremy White, Kristen McKenna, Ann Klasner, M.D.

## Welcome

Dr. Williamson welcomed participants.

## Adoption of June 26, 2012, and September 25, 2012, Meeting Minutes

A motion was made and seconded to approve the Minutes of June 26, 2012, and September 25, 2012, as distributed; the motion carried unanimously.

## Stroke System Update

Dr. Nafziger provided an update on the Southeast Regional Pilot Acute Stroke System (SRPASS). She noted that neurologists from each of the six emergency medical services (EMS) regions joined the Stroke Planning Committee to increase communication and assist in encouraging participation, as efforts to develop the statewide stroke system continued. Fourteen applications were submitted and one is pending. All 14 applicant hospitals appeared to qualify for the level for which they have applied. It was noted that inspections were currently being conducted and would be completed in February. Dr. Nafziger advised that a result of introducing the stroke system into the Southeast Region, interest in joining the Alabama Trauma System (ATS) was increasing.

It was noted that the budget for the stroke system was limited due to budget constraints; however, money continued to be collected in an effort to purchase computers and software. Computer systems would be installed and training would begin for hospital and prehospital providers. This training should be completed in March.

## **Alabama Trauma Communications Center (ATCC) Budget Shortfall**

Dr. Williamson reported that budgets for all Alabama Department of Public Health (ADPH) projects were limited. He advised that due to a 40 percent decrease of the ADPH General Fund Budget for 2013, there would be a 21 percent reduction to the ATCC budget. The entire agency would be affected, and the impact of the budget cuts would continue to be closely monitored.

## **Level I and II Recommendations**

Dr Nafziger reported that the re-inspection of Northeast Alabama Regional Medical Center revealed that the facility did not have a formalized trauma service and lacked a formalized trauma multi-disciplinary committee meeting process. The inspection team and the East Regional Advisory Council (RAC) recommended that this facility be given a 180-day provisional designation as a Level II trauma center.

The Gulf RAC recommended a Level I designation for USA Medical Center, and the North RAC recommended a Level III designation for Decatur Morgan. A motion was made and seconded to accept all three recommendations; the motion carried unanimously.

## **STHSAC Review Workgroup Update**

Ms. Anderson reported that alternate language regarding routing versus coordination in Trauma Rule 420-2-2-.10 had been drafted by the workgroup and approved by the Department's Office of General Counsel. This language would more clearly define the ATCC's responsibility to direct patients to the appropriate hospital and enable the ATCC to give better direction to air and ground medical services. A motion was made and seconded to accept the proposed revision and to begin the rule change process; the motion carried unanimously.

Ms Anderson noted that in order to clearly define the inspection process, an outline for Level I and II Alabama Trauma System (ATS) on-site inspections had been developed and that the outline for Level III on-site inspections was being created. A letter and date request form for implementation of the rolling three-year Level III ATS inspection calendar was submitted to the Council for approval.

Ms. Anderson advised that the Chart Review Audit Tool was updated to include a disclosure statement recommended by the Department's Office of General Counsel. The audit tool was already in use and was found to be very effective. She advised that a Chart Review Audit Tool for Level III on-site inspections was being developed. A motion was made and seconded to adopt the Level I and II on-site inspection agenda, the letter and date request form for Level III inspections, and the Chart Review Audit Tool as presented; the motion carried unanimously.

Provisional designation language was drafted for Trauma Rule 420-2-2-.03 by the workgroup and the Department's Office of General Counsel. This language would make ATS rules comparable to rules of other certifying bodies who handle instances of failure to meet designation standards after a provisional designation period. This process would allow the Office of Emergency Medical Services (OEMS) to ensure that hospitals participating in Alabama's systems of care were qualified as currently designated and to maintain patient care standards. A motion was made and seconded to accept this language and to begin the rule change process; the motion carried unanimously.

### **ATS Rules Revision Update**

Dr. Williamson informed the Council that the revised ATS rules went into effect on October 25, 2012. He commented that the ATS Quality Assurance and Quality Improvement process for rule violations would be reviewed before the next STHSAC Meeting.

### **Baptist Pensacola Provisional Designation Update**

Dr. Crawford informed the Council that Baptist Pensacola requested to change from a Level I to a Level II due to failure to meet the anesthesiologist requirement during provisional designation. This change would become effective January 28, 2013.

### **Pediatric Readiness**

Dr. Klasner informed the Council that the Health Resources and Services Administration had developed a national survey on pediatric readiness that would be distributed to hospitals by email. The Emergency Medical Services for Children grant project managers were charged with ensuring that all Alabama hospitals complete and submit this survey. The survey is to be distributed in March and must be completed within three months.

### **ATS Operations Report**

Mr. Minor presented a review of the ATS Operations Report and a report on ATS EMT Discretion Entry Criteria.

### **New Business**

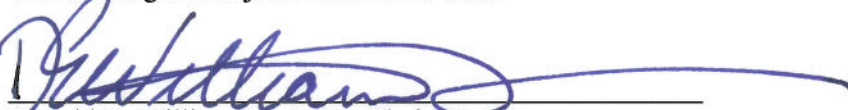
The OEMS is to examine the possibility of the State Emergency Medical Control Committee providing some type of leadership role to the stroke system.

### **Next Meeting**

The next meeting was scheduled for March 13, 2013, in Montgomery at The RSA Tower, Room 1586, at 10 a.m.

### **Adjournment**

The meeting was adjourned at 10:47 a.m.



Donald E. Williamson, M.D., Chairman  
Statewide Trauma and Health Systems Advisory Council



Leslie Morgan, Administrative Support Assistant II  
Statewide Trauma and Health Systems Advisory Council

Approved: March 13, 2013

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

March 14, 2013, 10 a.m.

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

- Members Present:** William Crawford, M.D., Acting Chairman, Chief A. J. Martin
- Members by Phone:** Loring Rue, M.D., Beth Anderson, Rony Najjar, M.D., Douglas Tanner, Alzo Preyear, M.D.
- Members Absent:** Donald Williamson, M.D., Richard Gonzalez, M.D., Vernon Johnson, Bryan Kindred
- Staff Present:** Sarah Nafziger, M.D., Tom Miller, M.D., Dennis Blair, Choona Lang, Stephanie Payne, Leslie Morgan, Verla Thomas, MisChele White, Katherine Hert, Darwina Johnson, Brian Hale, Braden Pace
- Guests:** Joe Acker, Glenn Davis, Dion Schultz, Denise Louthain
- Guests by Phone:** Alex Franklin, Priscilla Brewer, Allan Pace, David Garmon, Michael Minor, John Campbell, M.D., Sherry Melton, M.D., Ann Klasner, M.D.

## Welcome

Dr. Crawford welcomed participants.

## Adoption of January 28, 2013, Meeting Minutes

A motion was made and seconded to approve the Minutes of January 28, 2013, as distributed; the motion carried unanimously.

## Southeast Regional Pilot Acute Stroke System Update

Dr. Nafziger provided an update on the Southeast Regional Pilot Acute Stroke System (SRPASS). She informed the group that the On-site Inspection Team had completed 15 hospital visits and training had been completed for over 1,700 emergency medical services personnel (EMSP). Amendments for purchasing software and hardware were in the process of being implemented and the Alabama Trauma Communication Center (ATCC) continued to address staffing concerns. Dr. Nafziger noted that in addition to there being strong support in the Southeast Region for the stroke system, interest in joining the Alabama Trauma System (ATS) was increasing. The goal date for stroke system activation is April 15, 2013. The suggestion for direct oversight of the stroke system of care to be handled by the State Emergency Medical

Control Committee (SEMCC) was reviewed by the Alabama Department of Public Health Office of General Counsel. It was determined that SEMCC could not make decisions on stroke at the present time.

### **ATS Level I Recommendation**

Dr Nafziger reported that the ATS re-inspection of Children's of Alabama revealed three items of concern for the On-site Inspection Team: Children's trauma service needed to be restructured and separated from other services, Quality Assurance (QA) meetings needed to be better documented and increased to occur monthly, and anesthesia coverage was not in-house full-time, as required by ATS standards for Level I trauma centers. The Inspection Team and the Regional Advisory Council decided that because Children's of Alabama is a pediatric facility and does not perform the same number of surgeries as an adult trauma center, the full-time anesthesia coverage requirement should not be as stringent as it is for adult Level I trauma centers. It was noted that a Level I trauma center recently voluntarily reduced its designation from Level I to Level II based upon its inability to meet the full-time anesthesia requirement for Level I facilities.

After discussion, the Council agreed to grant Children's of Alabama a 180-day provisional Level I designation until the STHSAC Review Workgroup could meet to draft requirements specific to pediatric facilities regarding in-house full-time anesthesia coverage. A representative from Children's of Alabama would also be invited to join the workgroup to assist in drafting the pediatric requirements. A motion was made and seconded to accept the 180-day provisional designation recommendation for Children's of Alabama; the motion carried unanimously.

### **Out of Region Routing**

Dr. Crawford reported that Region One had requested that the STHSAC examine instances of out of region trauma patients being disproportionately sent into Region One. Specifically, Region One wanted to address maximization of resources available and whether or not regional plans need adjustment. Since the data did not seem to indicate that Region One was receiving an inordinate number of ATS patients routed from other regions, personnel from Region One and the Office of Emergency Medical Services agreed to meet to discuss this issue in more detail and will present their recommendations to the Council.

### **ATS Quality Assurance/Quality Improvement (QA/QI) Process**

Dr. Crawford informed the Council that the QA/QI Committee continued to meet monthly and has a written plan to address and resolve each QA issue.

### **ATS Operations Report**

Mr. Acker presented a review of the ATS Operations Report and presented the Alabama Hospital Association's ATS Public Service Announcement to the Council.

### **New Business**

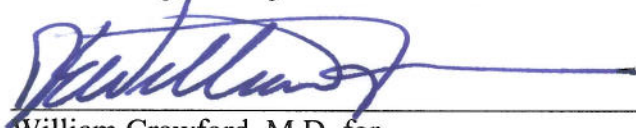
Chief Martin reported to the Council that EMSP had requested an increased role and representation in the ATS. Chief Martin agreed to lead this workgroup to better include and educate EMSP in all facets of ATS implementation and to submit a report to the Council.

### **Next Meeting**

The next meeting was scheduled for June 13, 2013, at 10 a.m., in Montgomery at The RSA Tower, Room 1586.

### **Adjournment**

The meeting was adjourned at 11:02 a.m.

A handwritten signature in blue ink, appearing to read 'William Crawford', is written over a horizontal line.

William Crawford, M.D. for  
Donald E. Williamson, M.D., Chairman  
Statewide Trauma and Health Systems Advisory Council

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Leslie Morgan, Administrative Support Assistant II  
Statewide Trauma and Health Systems Advisory Council

Approved: June 13, 2013

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

May 9, 2013, 10:00 a.m., Room 1182

Call in Information 1-800-491-4634

In Attendance: Choona Lang, Robert Russell, M.D., Leslie Morgan,  
Katherine Hert

By Phone: Beth Anderson, Sarah Nafziger, M.D., William Crawford, M.D.,  
Rony Najjar, M.D., Sherry Melton, M.D., Joe Acker, Sheryl Falkos, M.D.,  
Ann Klasner, M.D., Michael Minor, Geni Smith

Absent: Richard Gonzalez, M.D., Dennis Blair

Beth Anderson opened the meeting with a welcome and introduction of new members to the Subcommittee.

## **Pediatric Trauma Center Resource Criteria**

Ms. Anderson began the meeting by explaining the directive from STHSAC to review the pediatric criteria included in the Alabama Trauma Center Designation Criteria to ensure accuracy and completeness. The current criteria for anesthesia coverage for Level I trauma centers requires an anesthesiologist in-house 24-hours a day, which supports the level of resources available at the University of Alabama Birmingham, University of South Alabama, and Huntsville Hospital. This requirement, which is more stringent, led to a Level I out-of-state trauma center downgrading to a Level II trauma center. During the on-site inspection of Children's Hospital this same deficiency was observed. It was noted that Children's Hospital is a pediatric facility and only handles a small number of children's trauma cases each year. Children's Hospital currently covers anesthesiology in trauma cases with fourth year residents backed up by pediatric anesthesia attending physicians in the operating room.

The subcommittee discussed the possibility of creating separate criteria for pediatric facilities that will take into account the specific resources needed to provide quality pediatric trauma patient care. Dr. Falkos added that special requirements for treating pediatric patients, such as managing airways, are already in place due to Children's Hospital treating children exclusively. The subcommittee decided to explore the possibility of allowing fourth year fellows to take trauma calls with an anesthesiologist back-up on-call. Dr. Klasner, Ms. Smith, and Dr. Russell agreed to provide further information and draft language for pediatric criteria for consideration by the Subcommittee at the next meeting.

## **Trauma Rule 420-2.2.-10**

Dr. Nafziger began discussion with the Subcommittee regarding this rule change which was proposed at the last STHSAC Meeting but did not move forward. She explained that there was pushback, not only from Huntsville Hospital neurological staff, but comments were received from prehospital providers. The main concern is that Huntsville Hospital neurosurgeons believe

that they have received an inordinate number of inappropriate out of region trauma calls and if the Alabama Trauma Communications Center (ATCC) is allowed to direct, rather than recommend ATS patients that they will be overwhelmed. Dr. Don Williamson, State Health Officer, requested that the Subcommittee address these concerns before taking the rule change to the State Board of Health for consideration.

Ms. Anderson related that she felt that the Office of Emergency Medical Services (OEMS) responses to each of the concerns were more than sufficient and that this change is necessary so that prehospital providers understand that they must follow decisions made by the ATCC regarding patient destination. The change will also increase understanding of prehospital and the role of emergency medical services personnel within the ATS. Dr. Najjar explained that there is a lack of understanding of the ATS within the neurological staff at Huntsville Hospital. The hospital receives inter-facility transfers from all over the region that are not ATS patients or by the direction of the ATCC. Mr. Acker indicated that his research into North Region data does not indicate an undue burden of transfers to Huntsville Hospital. Dr. Melton added that, without the ATCC directing patient destination, Huntsville Hospital would be overwhelmed because the ATCC only sends patients to Huntsville when they have the resources available to treat them. Dr. Najjar is concerned that this lack of understanding may lead the hospital to request removal from the ATS entirely. The Subcommittee agreed that the ATS must be strengthened by the use of the Quality Improvement process and enforcement of ATS rules and protocols. The Subcommittee agreed to coordinate follow-up meetings between OEMS, Mr. Acker, Dr. Najjar, and the neurological staff at Huntsville Hospital in an effort to explain how the transfer of ATS patients is accomplished and hopefully alleviate any other concerns.

**The following agenda items were tabled until the next meeting date:**

- Acceptance of Changes to Chart Review and Inspection Process Tools
- Pediatric Trauma Center Resource Revisions
- Alabama Trauma Registry Entry of Patients Discharged from the Emergency Department

**Next Meeting**

The next meeting date to be determined based on scheduling of ATCC and Huntsville Hospital Neurological Staff Meeting.

**Adjournment**

The meeting was adjourned at 11:07 a.m.

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

September 25, 2012, 10 a.m.

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

Members Present	William Crawford, M.D., Acting Chairman
Members By Phone	Richard Gonzalez, M.D., Loring Rue, M.D., Beth Anderson, Bryan Kindred, Rony Najjar, M.D.
Members Absent	Donald Williamson, M.D., Linda Jordan, Vernon Johnson, Alzo Preyear, O.D., Chief A.J. Martin
Staff Present	Choona Lang, Stephanie Payne, Leslie Morgan, Verla Thomas, MisChele White, Robin Moore
Staff By Phone	Sarah Nafziger, M.D.
Guests	William Franklin, Joe Acker, John Campbell, M.D., Glenn Davis, Spencer Howard, Lamar Higgins, Danne Howard, Melanie Bridgeforth, Darin Johnson, Andrew Lee, David Garmon, John Campbell, M.D., Denise Louthain, Allan Pace, Brian Hale, Michele Jones
Guests By Phone	Amy Herrington, David Garmon, Michael Minor, John Reid, Sherry Melton, M.D.

## Welcome

Dr. Crawford opened the meeting with a welcome. He noted that this meeting would only be for informational purposes, due to the lack of a quorum.

## Adoption of June 26, 2012, Meeting Minutes

The minutes of June 26, 2012, will be reviewed at the next meeting.

## Stroke System Update

Dr. Campbell provided an update on the Southeast Regional Pilot Acute Stroke System (SRPASS). This voluntary pilot plan would have three levels, although the Southeast Region would only have Level II and III stroke centers. The Southeast Regional Advisory Committee (RAC) approved the SRPASS plan and applications are being accepted. It is expected that on-site inspections would begin in a few months and hospital staff training would follow. Funding is currently being sought to assist with the purchase of the computers for each hospital. The SRPASS would be activated in early 2013. Dr. Crawford added that members of the State

Stroke Executive Board are recruiting neurologists from each region to serve on the board and give guidance as the process moves forward.

### **STHSAC Review Subcommittee Update**

Ms. Anderson updated the Council on the work of the Subcommittee. The Subcommittee reviewed criteria for Level I and II on-site inspections and developed a Chart Review Tool and Medical Record Review Guideline for Level I and II trauma centers. A Level III Chart Review Tool and a Medical Record Review Guideline still need to be drafted. The Subcommittee also reviewed trauma registry entry requirements related to entering all patients with an Alabama Trauma Communications Center number, including those patients discharged from the emergency department.

### **Alabama Trauma System (ATS) Rules Revision/Baptist Pensacola Provisional Designation Update**

Dr. Crawford updated the Council on the status of ATS rule revisions recently submitted to the State Committee of Public Health for approval. The rule changes would include American College of Surgeons Auto-Acceptance; ATS Re-inspection Standards, which clarified pediatric resources; and Out-of-State Trauma Center RAC Participation. One public comment was received from Baptist Pensacola opposing the 24-hour in-house anesthesiology requirement. A response letter was sent to Baptist Pensacola stating a lack of sufficient data to alter the recommended rule change. Dr. Crawford reported that the rule changes and the provisional designation of Baptist Pensacola were approved on September 19, 2012, and become effective October 25, 2012.

### **Level I and II Recommendations**

Dr. Najjar reported that the re-inspection of the University of South Alabama Medical Center revealed a minor deficiency of "committee attendance less than 50 percent" for neurology. Because this minor deficiency does not affect patient care, the inspection team recommended that the facility move forward as a Level I trauma center. This recommendation will be brought forth for consideration at the next Council meeting.

Dr. Melton reported that the re-inspection of Northeast Alabama Regional Medical Center revealed that the facility did not have a formalized trauma service and lacked a formalized trauma multi-disciplinary committee meeting process. The inspection team recommended that the facility be given a 180-day provisional designation as a Level II trauma center and the RAC agreed. This recommendation will be brought forth for consideration at the next Council meeting.

### **ATS Public Awareness Campaign**

Dr. Campbell informed the Council that the ATS Public Awareness Campaign would begin around the second week of October 2012.

## **ATS Operations Report**

Mr. Acker presented a review of the ATS Operations Report and a report on Discretion Entry Criteria, as attached.

## **New Business**


Dr. Najjar and Dr. Rue expressed concern over the name change of the Council from Statewide Trauma Advisory Council to Statewide Trauma and Health Systems Advisory Council. Dr. Crawford stated that the name change was announced by Dr. Williamson in the last Council meeting, as reflected in the minutes. Dr. Najjar stated his concern of how additional health systems of care to the Council would be carried out and how it would affect the trauma program. Dr. Najjar, Dr. Rue, and Dr. Gonzalez also expressed frustration with the lack of ATS data and the quality assurance process. Dr. Crawford offered to facilitate a meeting with Dr. Williamson to address their concerns.

## **Next Meeting**

The next meeting is scheduled for December 7, 2012, in Montgomery at The RSA Tower, Room 1586, at 10 a.m.


## **Adjournment**

The meeting was adjourned at 11:14 a.m.



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William Crawford, M.D., for  
Donald E. Williamson, M.D., Chairman  
Statewide Trauma and Health Systems Advisory Council



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Leslie Morgan, Administrative Support Assistant II  
Statewide Trauma and Health Systems Advisory Council

Approved: January 28, 2013

### **"Discretion" Entry Criteria**

6/1/12-8/31/12

Total number of records 1,139

Information from reviewing the records:

- 100 were Glasgow Coma Score of 13 or less, these should have not been entered as Discretion and were due to a problem with the software --- remedy, will educate Alabama Trauma Communication Center Communicators (ATCCC) to enter in such a manner that these will not be EMT-D in the future
- 36 were entered mistakenly, ATCCC or by field description mistake --- remedy, will educate ATCCCs and also do QA on this record area
- 815 from Motor Vehicle Crash, upon exam these do not meet any other criteria --- no remedy needed
- 110 Falls (from less than twenty feet), no other criteria present --- no remedy needed
- 55 Assaults, do not meet any other criteria --- no remedy needed
- 21 Burns, did not meet burns/trauma or burn entry, do not meet any other criteria --- no remedy needed
- 11 Motorcycle, met no other criteria and not thrown ten or more feet --- no remedy needed
- 11 Sports, do not meet any other criteria --- no remedy needed
- 9 All-Terrain Vehicle, do not meet any other criteria --- no remedy needed
- 9 Horse, do not meet any other criteria --- no remedy needed
- 9 Industrial, do not meet any other criteria --- no remedy needed
- 7 Lawnmower, do not meet any other criteria --- no remedy needed
- 6 Boating, do not meet any other criteria --- no remedy needed
- OTHER: do not meet any other criteria --- no remedy needed
  - 1 Bull
  - 2 Lightening
  - 2 Skill Saw
  - 3 Amputate Digits
  - 2 Diving

- 6 Crush injury
- 1 Bicycle
- 1 Hanging
- 1 Tractor
- 1 Dog