

Minutes of the Statewide Trauma Advisory Council (STAC)

March 16, 2012, 10:00 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., Chief A.J. Martin, Richard Gonzalez, M.D.
Members By Phone	Loring Rue, M.D., Rony Najjar, M.D., Beth Anderson, Bryan Kindred
Members Absent	Linda Jordan, Vernon Johnson, Alzo Preyear, O.D.
Staff Present	Choona Lang, Stephanie Payne, Leslie Morgan, Gary Mackey, Sarah Nafziger, M.D., Verla Thomas, Crystal Fountain, MisChele White, Brian Hale
Guests	Joe Acker, John Campbell, M.D., Glenn Davis
Guests By Phone	Denise Louthain, Don Lilly, Michael Minor, Allan Pace, David Garmon, Michael Minor, Priscilla Brewer, Ann Klasner, M.D., Stephen Suggs, M.D.

Welcome

Dr. Williamson opened the meeting with a welcome.

Adoption of January 31, 2012, Meeting Minutes

The Council recommended approval of the minutes of January 31, 2012, as distributed; the motion carried unanimously.

Trauma Registry Report

Dr. Crawford presented a registry report that indicated 8,200 patients were entered into the Alabama Trauma System (ATS) in 2011. After discussion, the Council requested additional data, such as injury severity scores, destination hospitals, inter-facility transfers, and outcomes compiled by hospital and region. It was also requested that the number of trauma patients arriving by private vehicle and entered into the ATS by prehospital be included in the comparison as well to measure the efficacy of the ATS. Staff of the Office of EMS and Trauma are to provide that data at the next STAC meeting.

Stroke System Update

Dr. Nafziger informed the Council that the Southeast Regional Pilot Stroke System plan was near to completion. It was noted that the Quality Assurance and Quality Improvement section of the plan was being reviewed by the Department's General Counsel and the Alabama Hospital

Association to ensure that there were no outstanding issues. Language to expand the trauma system to include other systems of care was introduced in HB517. That legislation is to be discussed at the upcoming meeting of the Health Committee.

Trauma Center Designation

It was pointed out that the formal adoption of a rule change would be required to allow hospitals certified by the American College of Surgeons (ACS) to enter the ATS at their ACS designation level. Dr. Williamson requested that the Trauma System Review Subcommittee be reconvened to develop an approach for implementation of the proposed revision. Due to ATS trauma center criteria differing slightly from ACS certification criteria, on-site surveys may need to be adjusted to focus only on the differing areas rather than conducting a full inspection. Also, the Council requested that the Subcommittee consider how re-inspections, to confirm resources, should be conducted and scheduled. The Subcommittee is to submit a recommendation to the Council for approval.

Alabama Trauma System Operations Report

Mr. Acker gave a detailed review of the Alabama Trauma System Operations Report, as attached.

New Business

- Erlanger Health System successfully completed the ATS on-site survey as a Level I with no deficiencies. Since Erlanger no longer has a burn unit, consideration will need to be given in regard to the transfer of burn patients to the closest trauma center capable of handling that type of injury. A motion was made and seconded to allow Erlanger Health System into the ATS as a Level I facility; the motion carried unanimously.
- Regional Trauma Advisory Council changes were submitted to the Council for informational purposes.
- A motion was made and seconded to move the STAC meetings to a quarterly schedule; the motion carried unanimously.

Next Meeting

The next meeting is scheduled for a date to be determined in June, in Montgomery at The RSA Tower, Room 1586.

Adjournment

The meeting was adjourned at 10:40 a.m.



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



Leslie Morgan, Administrative Support Assistant II
Statewide Trauma Advisory Council

Approved: June 26, 2012

Minutes of the Statewide Trauma Advisory Council

June 26, 2012, 10:00 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., Chief A.J. Martin, Richard Gonzalez, M.D., Beth Anderson
Members By Phone	Bryan Kindred, Rony Najjar, M.D.
Members Absent	Linda Jordan, Loring Rue, M.D, Vernon Johnson, Alzo Preyear, M.D.
Staff Present	Dennis Blair, Choon Lang, Stephanie Payne, Leslie Morgan, Gary Mackey, Sarah Nafziger, M.D., Verla Thomas, MisChele White, Robin Moore
Guests	Joe Acker, John Campbell, M.D., Glenn Davis, David Garmon, Denise Louthain, Cheairs Porter, Allan Pace
Guests By Phone	John Blue, Alex Franklin, Ann Klasner, M.D., Priscilla Brewer

Welcome

Dr. Williamson opened the meeting with a welcome.

Adoption of March 16, 2012, Meeting Minutes

The Council recommended approval of the minutes of March 16, 2012, as distributed; the motion carried unanimously.

Name Change

Dr. Williamson notified the Council that the legislature approved changing the Statewide Trauma Advisory Council (STAC) to the Statewide Trauma and Health Systems Advisory Council (STHSAC).

Stroke System Update

Dr. Nafziger informed the Council that HB517, which added language to expand the trauma system to include other systems of care, was passed by the legislature. The Southeast Regional Pilot Stroke System (SRPASS) plan is almost complete. The SRPASS plan is being reviewed by legal counsel from the Department and the Alabama Hospital Association to finalize the Quality Assurance and Quality Improvement language. Rule modification for the stroke plan is also being discussed. A grant that will help fund the data management system for stroke has been applied for and the results should be available by June 30. This grant will help the SRPASS Committee determine whether Get with the Guidelines (GWTG) or Digital Innovation (DI) will be chosen to manage stroke system data. Dr. Nafziger also informed the Council that several

hospitals in the Southeast Region have received grants for telemedicine: Baptist South, Prattville Baptist, Southeast Alabama Medical Center, and Andalusia.

Dr. Najjar suggested that participation in the stroke system by other regions begin before the system goes statewide, in an effort to build communication. Dr. Williamson agreed that more regional input would be welcomed as efforts to develop the statewide stroke system continue.

Trauma Center Pediatric Criteria

Dr. Nafziger presented the Trauma Center Designation Criteria Checklist that includes pediatric criteria. In an effort to present a more accurate checklist and secure additional pediatric funding, the Alabama Trauma System (ATS) Review Subcommittee decided to modify the trauma center designation criteria to reflect procedures and equipment that are already being used and to clarify pediatric concerns. A motion to accept these changes and present them to the State Committee of Public Health for adoption was carried unanimously. *The Trauma Center Designation Criteria Checklist is attached.*

American College of Surgeons (ACS) Auto-Acceptance

Ms. Anderson and the ATS Review Subcommittee have been tasked with considering all ACS certified hospitals for automatic entry into the ATS. Discussion began with the differences between ATS designation requirements and ACS certification requirements. ACS requirements are more stringent for Level I than ATS requirements except for the ATS requirement to have an anesthesiologist in-house at all times. ACS only requires that an anesthesiologist be available on-call and available to patients within 15 minutes. After discussion, the group agreed to recommend that the Council allow automatic acceptance of an ACS certified trauma center as long as the facility can provide proof that they can fulfill the ATS requirement for in-house anesthesia. Language to reflect this was approved by the Subcommittee and presented to the Council for consideration. A motion to accept these changes and present them to the State Committee of Public Health (SCPH) for adoption was carried unanimously. *The ACS auto-acceptance language is attached.*

ATS Re-Inspection Standards

Ms. Anderson presented the Council with criteria that the ATS Review Subcommittee developed for ATS re-inspection standards. The Subcommittee decided that Level I and Level II facilities would be re-inspected on-site in a rolling three year cycle and Level III facilities would be re-inspected by a task force that will review hospital data, transfer times, mortality, and quality assurance (QA) issues. From this data, the task force will determine if an on-site re-inspection should be recommended to the Office of Emergency Medical Services (OEMS) who will give a final recommendation to STHSAC. If a hospital does not meet criteria at the time of re-inspection or decides that it no longer wants to participate in the ATS, then OEMS would give a de-designation recommendation to the STHSAC. It was also decided that including a hospital administrator from a partner hospital to the re-inspection team would be helpful. A motion to accept these changes, with the addition of a Hospital Administrator to the inspection team, and to

present them to the State Committee of Public Health (SCPH) for adoption, was carried unanimously. *The ATS Hospital Re-inspection Guidelines are attached.*

Out-of-State Trauma Center RTAC Participation

The role that out-of-state hospitals can play in Regional Trauma Advisory Council (RTAC) meetings was considered by the ATS Review Subcommittee. The Subcommittee agreed that those facilities need to have a voice and be represented as members of the ATS. Ms. Anderson presented the Council with language to amend the ATS rules to allow out-of-state hospitals to participate in RTAC meetings. A motion to accept these changes and present them to the SCPH for adoption was carried unanimously. *The Out-of-State Trauma Center RTAC Participation language is attached.*

ATS Review Subcommittee

A motion to continue the ATS Review Subcommittee was presented to the Council by Ms. Anderson, at the recommendation of Dr. Najjar, for the purpose of reviewing and standardizing Quality Assurance data and on-site re-inspection guidelines. Dr. Williamson approved the continuation of the Subcommittee without any objection from the Council.

RTAC Level I Recommendations

Dr. Najjar presented the Council with the re-inspection findings for the University of Alabama Birmingham, Sacred Heart Health System, and Baptist Pensacola. Dr. Gonzalez presented the Huntsville Hospital re-inspection findings. Level I designation was recommended for all but Baptist Pensacola. The RTAC recommended a provisional Level I designation of 180 days for Baptist Pensacola to comply with the anesthesiologist requirement, at which time a re-inspection to confirm compliance will be performed. A motion to accept these recommendations was carried unanimously.

ATS Operations Report

Mr. Acker presented a review of the ATS Operations Report, as attached. A more detailed review of EMT Discretion was requested by the Council for presentation at the next meeting.

ATS Standard Reports

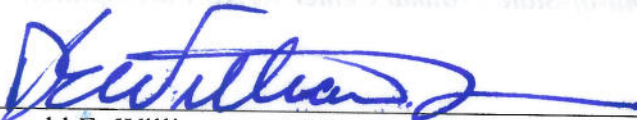
Mr. Blair gave the Council an update on data linkage and data systems projects for the ATS. Linkage between data systems is currently being finalized. University of Alabama Tuscaloosa is developing, at no cost, a new NEMESIS data system that will mirror the system in use by the Department of Public Safety. This new system will combine data from each system and make data-entry by hospital registrars easier. The lack of data entry for the trauma system is continuing to be problematic; because of this, the data collected may be less useful for analysis. To address this, education for prehospital and hospital facilities is being coordinated. Emergency Medical Services Personnel are also being encouraged to properly document ATS patients.

Next Meeting

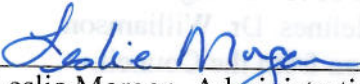
The next meeting is scheduled for September 25, 2012, in Montgomery at The RSA Tower, Room 1586.

Adjournment

The meeting was adjourned at 11:08 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: January 28, 2013

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	Choon 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.



William Crawford, M.D., for
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: 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