

**Minutes of the Statewide Trauma and Health Systems
Advisory Council (STHSAC) Meeting
March 13, 2023 – 2 p.m.
ADPH Training Center and Administrative Annex
208 Legends Court
Prattville, Alabama 36066**

Members Present by Phone/WebEx: Jon Howell, Teresa Grimes, David Hughes, Tracy Doughty, Jeffrey Kerby, M.D., Rony Najjar, M.D., Shannon Scaturro, Jon Simmons, M.D., Elwin Crawford, M.D.

Members Absent: Scott Harris, M.D., Alzo Preyear, D.O.

Staff Present: Alice Floyd, Karen Digmon, Sara Matthews, Chris Palmer

Staff by Phone/WebEx: Jamie Gray, Kimberly Wilson

Guests by Phone/WebEx: David Garmon, Michael Minor, Sean Gibson, April Turner, Stephanie Spain, Renee Mills, Emily Allen, Carolyn Bern, Kristy Jones, John E. Blue, II, Dion Schultz, Jim Fox, Nate Horsley

Welcome

In Dr. Harris' absence, Dr. Crawford welcomed all participants and called the meeting to order.

Adoption of December 13, 2022, Meeting Minutes

Dr. Crawford asked for a motion to approve the Minutes of the December 13, 2022, meeting. The motion was made and seconded. The Minutes were approved without objection.

System Updates

Trauma System

Trauma Site Visits

Dr. Kerby reported that 13 trauma site visits were completed in 2022. He reported that 14,632 patients were entered into the trauma system for the calendar year 2022. He mentioned that, overall, the most common mechanism of injury is motor vehicle accidents. He stated that this is fairly consistent year to year for trauma system entries. Dr. Kerby also mentioned that the issue still is that about 80 percent of those patients eventually end up at a Level I trauma center, one of the three in Huntsville, Birmingham, or Mobile. He commented that Acute Health Systems (AHS) has some work to do on the system to make it more of an inclusive system so that some of those patients can be cared for in their communities. He commented that one of those mechanisms would be working on teletrauma or telehealth to work with those facilities to prevent the potentially avoidable transfers that are happening. He stated that there was some mention of telehealth funding within American Rescue Plan Act and that it would be nice to receive some of that money, or allocate some of that money to a teletrauma network system that is being worked on but has not been implemented.

Rescue Stop/Accelerated Transfer Process

Dr. Kerby stated that sometimes a trauma patient gets to a hospital that does not have the proper resources to take care of that patient and the patient needs to be moved to a higher level of care expeditiously. He mentioned that AHS had identified some criteria for accelerated transfer. Dr. Kerby stated that the form was attached to the STHSAC packet. He commented that AHS staff had talked to the Alabama Hospital Association. He stated that the ADPH staff had legal counsel to review and address all the concerns there. He stated that this form would basically be used for internal QI process. He mentioned that every one of the accelerated transfers would be reviewed. He further stated that the form would be reviewed to make sure that it is appropriate and that accelerated transfers are being used for the right reasons. Dr. Kerby mentioned that an education module had been put together to educate emergency medical services (EMS), hospitals, and physicians. He stated that this would not be launched until that education process is complete. He also stated that AHS staff had been working on this for a long time and there had been a lot of discussion around it.

Dr. Crawford asked for a motion to accept the Accelerated Transfer form to assist in moving those most critical patients through the trauma system. A motion was made and seconded to approve the form as presented; the motion carried unanimously.

Trauma Funding

Dr. Simmons stated that the Committee had met multiple times and had put together a formal plan which was submitted to Dr. Harris. Dr. Simmons asked what the status was on presenting it to the Legislature. Dr. Kerby stated that he had not heard an update about scheduling a visit. He mentioned that the next step would be to try to get these visits scheduled to try to educate and build a larger coalition of legislators that understand the need for trauma system funding and the need for a broader trauma system. Dr. Kerby commented that the Committee is hoping to get those visits scheduled during this Legislative session but he had not heard an update.

Dr. Crawford stated that ADPH Administration, Michele Jones, Chief of Staff, informed ADPH staff that Dr. Harris and Carolyn Bern, the Legislative liaison for ADPH, were actively working to schedule those appointments with the legislators. He stated that is being worked on at the administrative level of ADPH.

Dr. Kerby stated that to make trauma funding work sustainable funding was needed. Dr. Kerby mentioned that the goal is to try to build a larger coalition around the need for sustainable trauma system funding.

Trauma Site Visits

Dr. Crawford reported that AHS staff had conducted a site visit to Baptist Pensacola and Ascension Sacred Heart both in Pensacola in December. AHS staff also visited USA Health University Hospital on February 28. He mentioned that both Baptist Pensacola and Sacred Heart were action items for consideration. The Gulf Regional Advisory Council (RAC) met and approved continuing USA Health University Hospital as a Level 1 Trauma Center in the region. Dr. Crawford mentioned that all three were action items. He reported that AHS staff had no issues with any of those hospitals at the state level, and they had been approved by their RAC.

Dr. Crawford stated that he would entertain a motion to accept all three of those hospitals as continuing members at their respective levels within the Alabama Trauma System.

A motion was made and seconded to approve the hospitals as presented; the motion carried unanimously.

Stroke System

Severity Based Triage Update

Dr. Crawford reported that AHS staff was continuing work on the Severity Based Triage System within the Alabama Stroke System. He stated that the Emergency Medical Stroke Assessment (EMSA) scale is being used and that AHS staff had worked closely with UAB and other stakeholders to identify large vessel occlusions (LVO) in the field. Dr. Crawford stated that eventually those LVO patients would be routed to a mechanical thrombectomy center, as that is becoming increasingly more common throughout the nation. He commented that since the last meeting of this body, AHS staff had met with the Stroke Workgroup and came up with a time limit at 45 minutes. He stated that if less than 45 minutes to a mechanical thrombectomy center, the patient would probably be routed to that center and bypass a lytic capable hospital; if greater than 45 minutes, the patient would be routed to the closest nonmechanical thrombectomy center that is still within the stroke system for lytics. Dr. Crawford mentioned that there had been a lot of discussion within the Workgroup, but the Workgroup finally approved a time limit of 45 minutes. He commented that it may be necessary to shorten or extend that time limit, but as for now, that 45 minute time limit had been identified. He stated that AHS is not routing for LVO, at this point in time, and is making sure that all of the EMS personnel are able to adequately assess a patient using the EMSA scale. He mentioned that it is more of a data collection right now and making sure that everyone is well trained on the EMSA scale.

Stroke Site Visits

Dr. Crawford reported that AHS staff had made several visits to stroke centers. Baptist Hospital in Pensacola and Mobile Infirmary in Mobile, both in the Gulf region, had requested a change from a Level II to a Level IIa thrombectomy capable stroke center. He stated that AHS staff had surveyed those hospitals and they met the criteria. He commented that Saraland Freestanding Emergency Department (FED), which is part of Mobile Infirmary, met the criteria for a Level III lytic capable stroke center. He mentioned that those hospitals had been surveyed recently and had gone before the RAC in the Gulf region. The RAC had approved both Baptist Pensacola and Mobile Infirmary for a change from a Level II to a Level IIa and Saraland FED as a new Level III in the system. Dr. Crawford asked for a motion to accept all three with the respective designations within the stroke system. A motion was made and seconded to approve the hospitals and FED as presented; the motion carried unanimously.

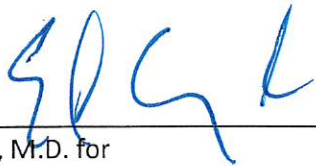
Acute Health Systems Report

Michael Minor presented the AHS report, as distributed. There were no questions about the report.

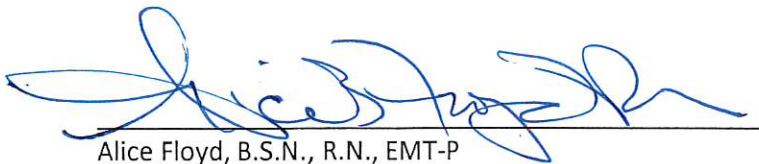
Next Meeting

The date of the next meeting is June 12, 2023.

The meeting was adjourned at approximately 2:40 p.m.



Elwin Crawford, M.D. for
Scott Harris, M.D., M.P.H.
Statewide Trauma and Health Systems Advisory Council



Alice Floyd, B.S.N., R.N., EMT-P
Acute Health Systems Manager