Minutes of the Statewide Trauma and Health Systems Advisory Council (STHSAC) Meeting March 11, 2024 – 10 a.m. Via Phone/WebEx

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

Members Absent: Alzo Preyear, D.O., Jon Simmons, M.D.

Staff Present: Alice Floyd, Jamie Gray, Chris Palmer

Guests Present: Will Montalban

Guests by Phone/WebEx: Michele Jones, Michael Minor, Dion Schultz, Sean Gibson, John E. Blue, II, Allan Pace, Stephanie Spain, Lynn Morrison, Klmberly Coley, Priscilla Bode, April Turner, Jim Fox, Alex Varnam, Brian Hale, Renee Mills, Kate Rogers, Emily Allen, Jackie Owens

Welcome

Dr. Harris welcomed all participants and called the meeting to order.

Adoption of December 13, 2023, Meeting Minutes

Dr. Harris asked for a motion to approve the Minutes of the December 13, 2023, meeting. The motion was made and seconded. The Minutes were approved without objection.

Trauma System

Dr. Kerby reported that during the training sessions for Accelerated Transfer (AT) education throughout the state, several trauma center representatives requested a letter from the Centers for Medicare & Medicaid Services (CMS) to confirm that AT was EMTALA (Emergency Medical Treatment and Labor Act) compliant. The implementation of AT was paused. CMS was contacted and relayed that it was not their policy to provide letters for EMTALA compliance. CMS offered to provide EMTALA training, which would include a question and answer session. The Alabama Department of Public Health (ADPH) coordinated with the Alabama Hospital Association and CMS to schedule the training for March 25. The training will provide the opportunity for discussion of the concerns. The training will be recorded and made available for future viewing.

Dr. Kerby reported that HCA Fort Walton-Destin came into the trauma system in 2022 as a Level II Trauma Center. The facility did not meet the anesthesiologist requirement for a Level I Trauma Center because the anesthesiologist was not required to be in-house 24 hours a day. The Alabama criteria for this requirement is more stringent than the American College of Surgeons criteria, therefore, the facility requested a waiver, which was approved. HCA Fort Walton-Destin's status was changed from a Level II Trauma Center to a Level I Trauma Center in the Alabama Trauma System.

Dr. Najjar shared his concerns about the consistency of how waivers are processed since the request did not come to the Council for review and approval, and this was the first waiver of which he was aware during the many years he had been on the Council. Dr. Crawford explained that the Council does not have authority to grant variances and waivers; those are approved by the State Health Officer, following input by ADPH's Office of General Counsel, and presented to the State Committee of Public Health for Information. Dr. Harris further explained that waivers are handled through a defined legal process which is consistent and is handled on a case-by-case basis, after obtaining appropriate input. Dr. Crawford further clarified that for this waiver, information from other state trauma systems was collected and reviewed, and physician input had been received. Dr. Najjar thanked those who commented on the waiver process.

Dr. Kerby reported that the Gulf Region revised their trauma plan. The trauma protocols were updated and hospital destination specifics were for a 1-hour time frame from scene of injury to the hospital. The revised plan was approved by the Gulf Region Regional Advisory Council (RAC). There were no questions about the revised trauma plan. A motion was made and seconded to accept the revised trauma plan. The motion carried unanimously.

Stroke System

Dr. Crawford commented that there was a lot of activity in the stroke system during the past few months which included several stroke site-visits and stroke symposiums. The Gulf Region Stroke Symposium was conducted in January. The East Region Stroke Symposium is scheduled for April. Severity Based Stroke Triage (SBST) routing began in February in the Southeast Region on December 20 and in the North Region on February 26. There have been some challenges with routing due to patient volume (seasonal respiratory issues and flu) in the hospitals. Dr. Crawford commented that routing has been without major issues.

Dr. Crawford stated that the initial stroke routing was to get a stroke system patient to the closest available stroke center, regardless of level, to assess for thrombolytic therapy. There have been advances made in stroke care, including mechanical thrombectomy for Large Vessel Occlusion (LVO) stroke. The stroke plan was updated to include routing for potential LVO strokes identified in the field. These patients may be routed past an available Level III or Level II Stroke Center to an available mechanical thrombectomy capable stroke center for treatment. The plan was updated with input from the Stroke Workgroup which is an advisory council to this committee. A motion was made and seconded to accept the revised stroke plan. Mr. Hughes asked if there was a time or distance included for bypassing a stroke center. Dr. Crawford confirmed that a 1-hour time frame was included after other time frames were considered. There were no further questions or discussion. There were no objections.

Dr. Crawford reported that USA Health University Hospital submitted an application to continue in the Alabama Stroke System as a Level I Stroke Center. They are DNV Certified as a Level I Comprehensive Stroke Center. The Gulf Region RAC voted to approve. A motion was made and seconded to accept the application for Level I Stroke Center. The motion carried unanimously.

Dr. Crawford reported a site visit was conducted at Piedmont in Columbus, GA. They are currently a Level II Stroke Center in the Alabama Stroke System and have applied to become a Level IIa Stroke Center. They are DNV Certified as a Primary Stroke Center Plus (thrombectomy capable). The Southeast Region RAC voted to approve the stroke center change from a Level II to a Level IIa in the stroke system. A motion was made and seconded to accept the change from a Level II Stroke Center to a Level IIa Stroke Center in the stroke system. The motion carried unanimously. Dr. Crawford mentioned that during the stroke site visit, there was discussion about the facility coming into the Alabama Trauma System as a Level II Trauma Center.

Acute Health Systems (AHS) Report

Dr. Crawford commented that during the STHSAC planning meeting there was discussion on how useful the information presented in the AHS Report is to the group. He asked if the data presented was useful and if there is other data the group would want to see.

Dr. Najjar stated the data is useful and it is important that it be correct and complete. He continued that he would like the Level I Trauma Centers, including out-of-state centers, to compare to each other Injury Severity Scores, admissions, length of stay, morbidity, and mortality.

Dr. Kerby replied that this type of data comparison is done by states that have statewide benchmarking collaboratives. He said this type of data would be helpful in addition to the AHS Report to improve the quality outcomes. Dr. Najjar commented he was also interested in Level III Trauma Center data. And, that Level I Trauma Centers should reach out to Level III Trauma Centers and educate them on how to approach care for complex trauma patients, as recommended in the American College of Surgeons (ACS) Rural Trauma Course.

Dr. Kerby stated one of the major efforts in his time as the Chair for the ACS Committee on Trauma has been to develop the Rural Trauma Program, which has been approved for investment. There is very little visibility of outcome data from the rural centers.

Mr. Minor presented the AHS Report.

Next Meeting

The next meeting is scheduled for June 12 at 10 a.m.

The meeting was adjourned at approximately 10:35 a.m.

Scott Harris, M.D., M.P.H., Chairman

Statewide Trauma and Health Systems Advisory Council

Alice B. Floyd, B.S.N., R.N., EMT-P

Acute Health Systems Manager