Trauma Region Workgroup Meeting Notes
12/13/2007

In attendance: Dr. Campbell, Denise Smith, Glen Davis, John Blue, David Garmon, Robin Moore, Choona Lang

- Choona Lang opened the meeting with words of welcome and agenda review.

- Robin Moore presented and explained the data listed on the 2006 Trauma Injury Region/County spreadsheet. ***(See Attachment)***

Agenda Topic:

Dr. Campbell opened the Trauma Region discussion. He explained some concerns related to adopting the current EMS regions for trauma regions. Glen Davis gave an update related those concerns. Mr. Davis stated the surgeons in the west region were concerned because of a lack of understanding of how the trauma system patients would be routed to trauma hospitals. The surgeons at DCH were concerned about the potential increase in the number of patients they would be required to see form counties that currently refer their patients to Montgomery. Thanks to the efforts of Mr. Kindred and Dr. Nunn those concerns have decreased. In addition, Mr. Davis stated that a visit from Dr. Campbell would probably help as well.

Dr. Campbell discussed the primary responsibilities for the Trauma Regions are planning and education. Patient referral patterns are not affected by regional boundaries.

Dr. Campbell open the discussion related to current patient referral patterns per region:

1. Gulf Region/David Garmon
    a. Escambia and Covington patients are usually transported to hospitals in Florida
    b. Washington county patients are transported to Mobile, Pascagoula or Mississippi
    c. Part of Baldwin County patients are transported to Pensacola, Florida
    d. Greater part of Baldwin county patients are transported to Mobile
    e. Grand Bay patients are transported to Mississippi (Singing River?)
    f. Sacred Heart in Pensacola is a Pediatric hospital
    g. USA Pediatric patients are usually transported to the adult trauma center for initial treatment and are than transferred to the pediatric hospital

2. West Region/Glen Davis
    a. Pickens County patients are usually transported to DCH or Columbus Mississippi
    b. Lamar county patients are usually transported to Columbus, Ambary or Tupelo, Mississippi
    c. Sumter County and Choctaw county patients are transported to DCH, USA, and Meridian, Mississippi
    d. Dallas and Wilcox county patients are usually transported to Montgomery

3. Southeast/Denise Smith

    Referral patterns are complicated due to the large size of this region. There are actually three sub regions: Montgomery, Dothan, and Auburn/Opelika. Dallas and Wilcox counties in the West Region usually send their patients to Montgomery. Tallapoosa and Chambers counties in the East Region usually send their patients to East Alabama Medical Center Opelika.

Dr. Campbell open the discussion related to the anticipated hospital designation levels:

1. Gulf-USA level one
2. West-DCH level one
3. Southeast-Montgomery-Baptist South level one
4. Dothan- possible that both hospitals will be level two
5. East Alabama Medical Center-Opelika level two or three
6. Regional Medical Center-Anniston level two
7. Gadsden level two

Glen Davis stated the Mississippi referral base to DCH is currently too high.

Dr. Campbell state if the trauma regions do not coincide with the EMS regions in the state, it will disrupt the ability of each regional EMS staff to support the regional trauma council and to provide education to EMS providers.

Denise Smith asked the questions related to the TCC routing plans when the travel distance is the same to an Alabama and Florida Hospital of the same trauma designation.

Dr. Campbell stated that if everything is equal, Alabama patients will always be preferentially routed to an Alabama hospital. An out-of-state hospital is usually utilized when it is the closest hospital that can provide the needed level of care.

John Blue discussed the trauma hospital funding issue and the serious problem related to medical control and other EMS educational issues related to emergency departments.

Dr. Campbell explained that when we do receive funding for trauma hospitals, the State Trauma Advisory Council will decide the distribution methodology.

Dr. Campbell gave a brief overview of the revised Hospital Designation levels and the Patient Entry Criteria. *(A copy was given to everyone for review.)*

Denise Smith requested addition training related to the hospital designation level criteria.

Based on the update information received from Glen Davis and the comments of this workgroup member, Dr. Campbell and Mrs. Lang will write a proposal to the Trauma Council recommending the current EMS regions be adopted as the Trauma regions with rational to support the proposal. The proposal will be forward to entire workgroup for comments. After the review time frame, the proposal will be revised as necessary and presented to the Trauma Council for discussion.

Next meeting is schedule for January 15, 2008 10am to 12n
This will be a Hospital Designation Criteria training meeting

Meeting Adjourned at 12:20p.m.