

EAST ALABAMA EMS, INC.
EAST ALABAMA REGIONAL TRAUMA SYSTEM REPORT
FY 2011 QUARTER ONE



JANUARY 19, 2011

East Alabama EMS, Inc.

East Alabama Regional Trauma System

System Status & Performance Dashboard



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Quarter 1 Synopsis

East Alabama EMS, Inc. (Region 2) began the planning phase of the trauma system in January 2008. The East Region formally became operational on October 6, 2009. Since the inception through December 31, 2010, 1137 patients have been entered into the system. This total volume is near our anticipated volume based on the population of Region 2. The chart on page 6 shows that most counties are consistent with the percentage of trauma calls based on the population of the county utilizing the 2009 population estimates from the U.S. Census Bureau. The total patient volume is still growing as the system is becoming widely accepted and used.

Motor vehicle crashes are the leading cause on patient entry in the trauma system. Over 80 percent of patients entered are for motor vehicle crashes. Patients are transported by ground ambulance approximately 75 percent of the time and air medical 25 percent.

65 percent of trauma patients are treated by hospitals within the region and 35 percent are transported to out of region hospitals. 78 percent of patients placed entered into the trauma system in Region 2 are admitted to various units. Only 18 percent are discharged from the emergency department. This indicator illustrates that only 18 percent of patients are over-triaged.

The number of QI reports is currently under 8 percent. A goal set for FY 2011 is to decrease this by 2 percent or less than 6 percent. A current weakness of the East Region Trauma System is the small number of Trauma Patient Reports that are being returned to the agency. Currently 38 percent have been returned. Our goal is to increase this to 50 percent during FY 2011.

This report covers the first quarter of fiscal year 2011 which is the period of October 1, 2010 – December 31, 2010 and offers some interesting statistical information.

For more information, please contact us.

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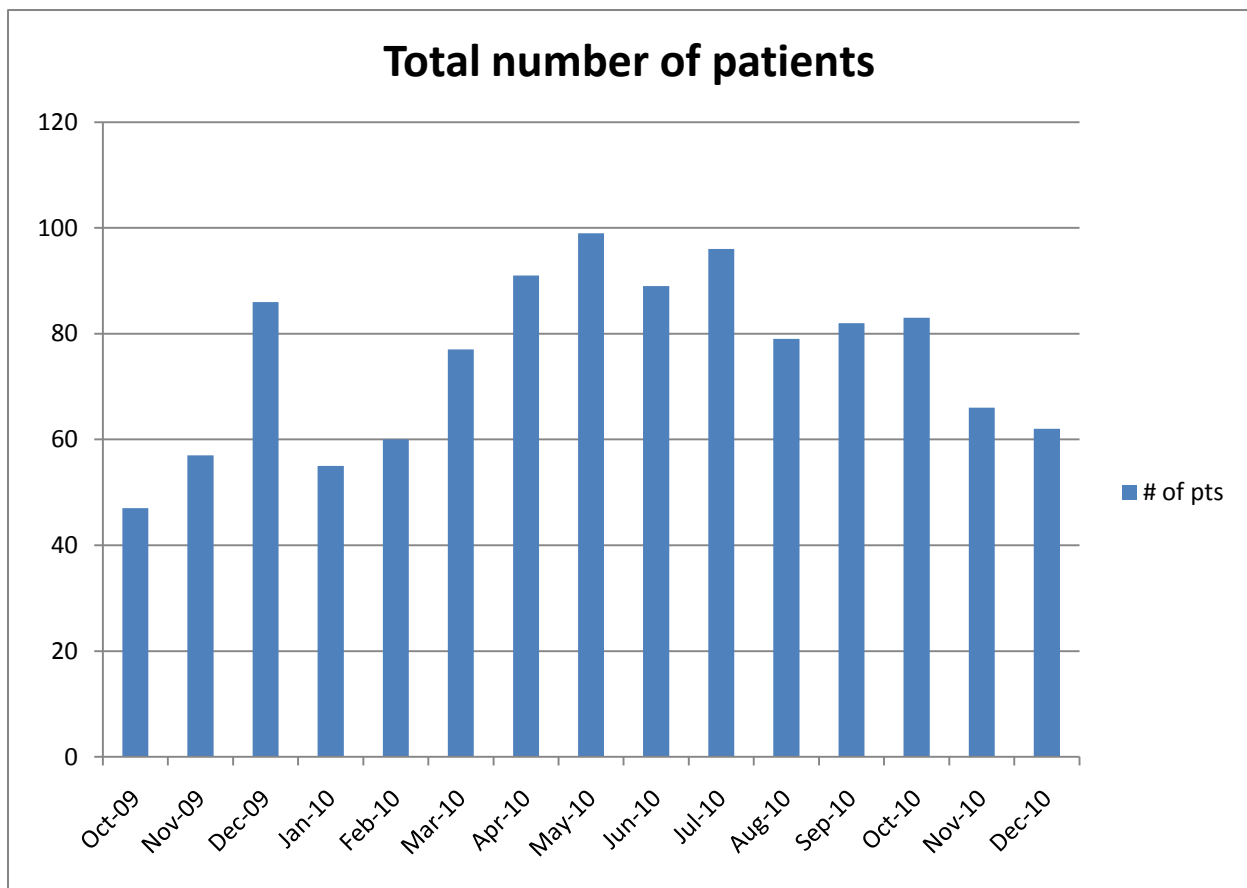
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System volume to date – Oct 2009 thru Dec 2010

Total number of patients entered into the trauma system from Region 2



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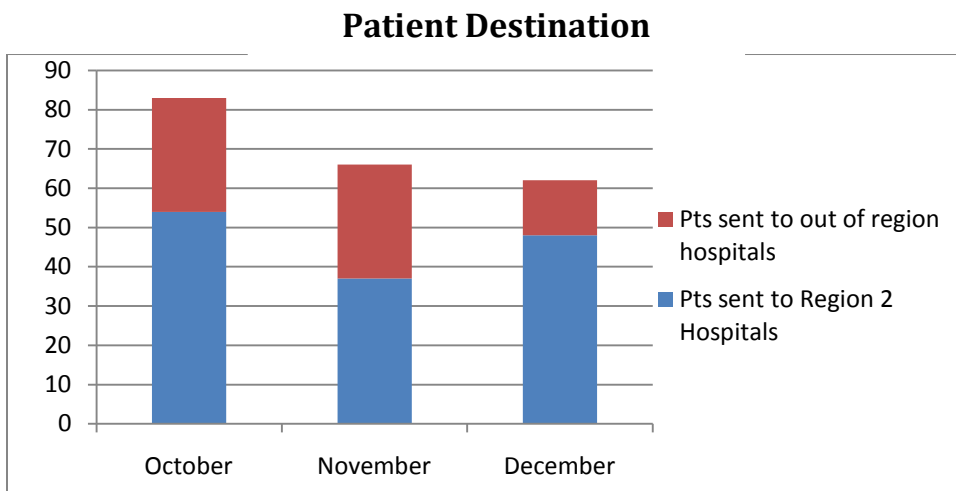
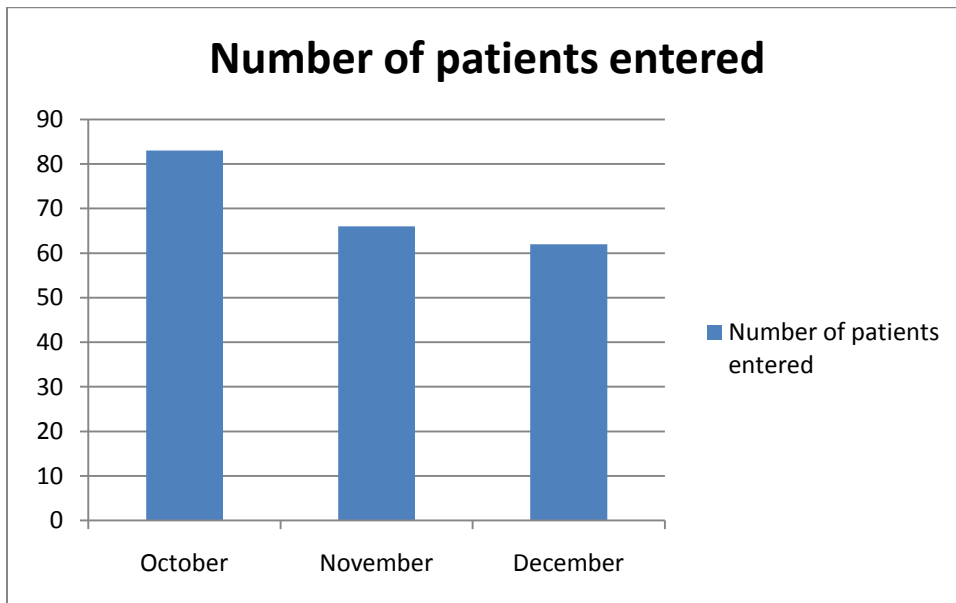
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System Volume to date – FY 2011 QTR 1 (Oct. – Dec. 2010)

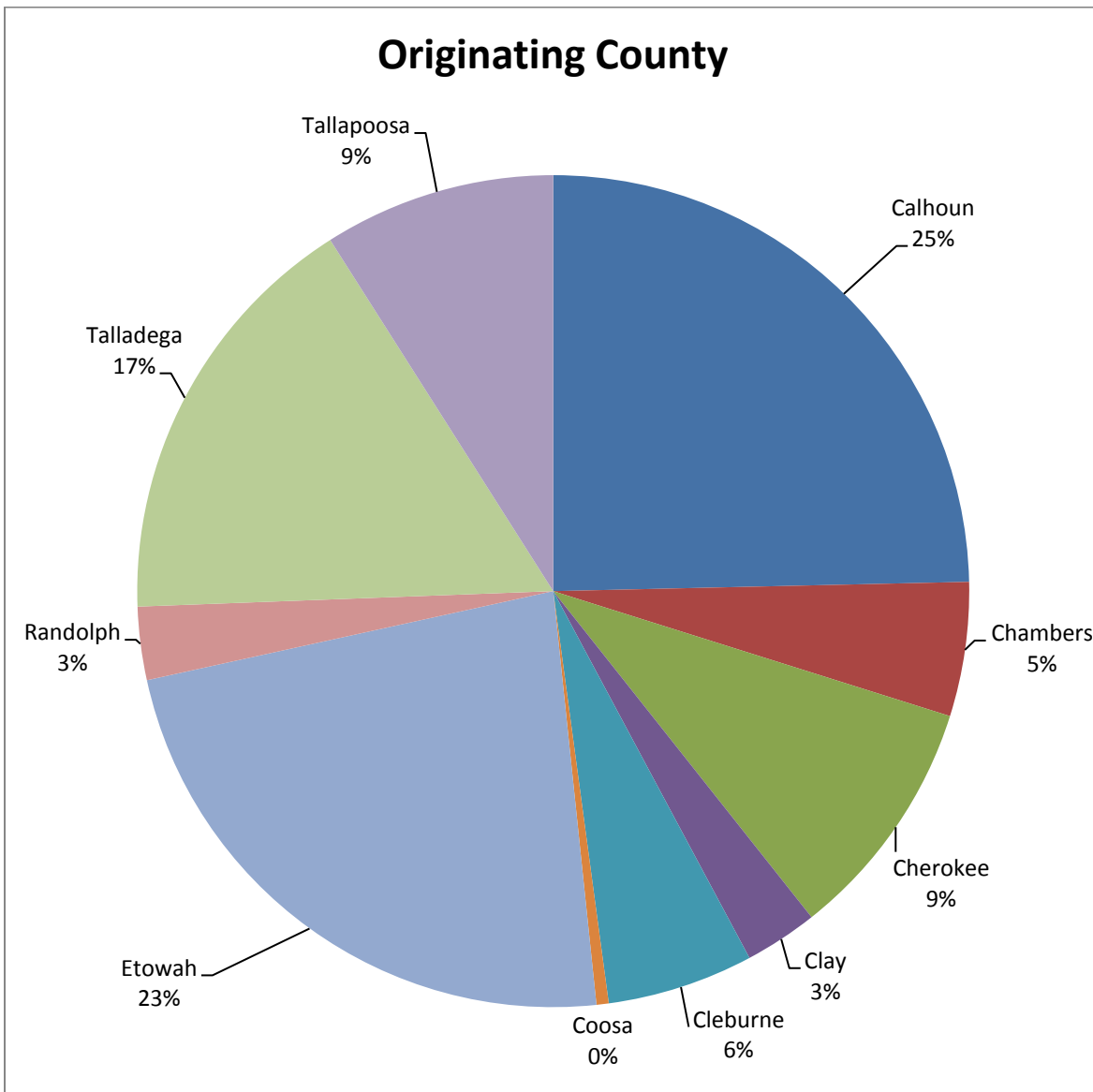
The total number of patients entered from this region into the Alabama Trauma System





Call Origination Location – FY 2011 QTR 1 (Oct. – Dec. 2010)

Originating county for Region 2 trauma system patients



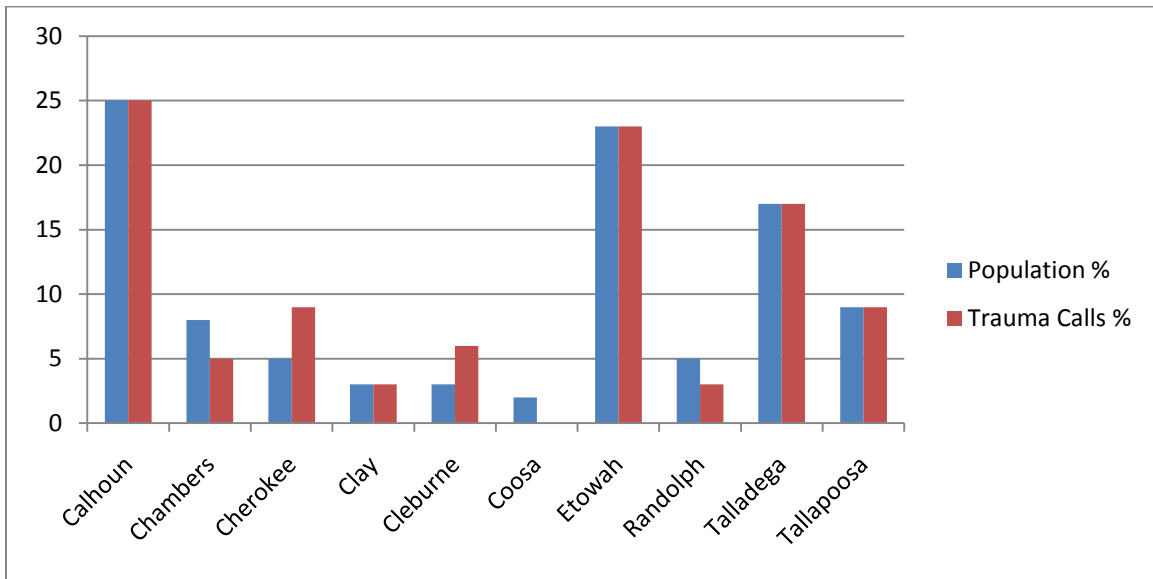
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Population vs trauma patients



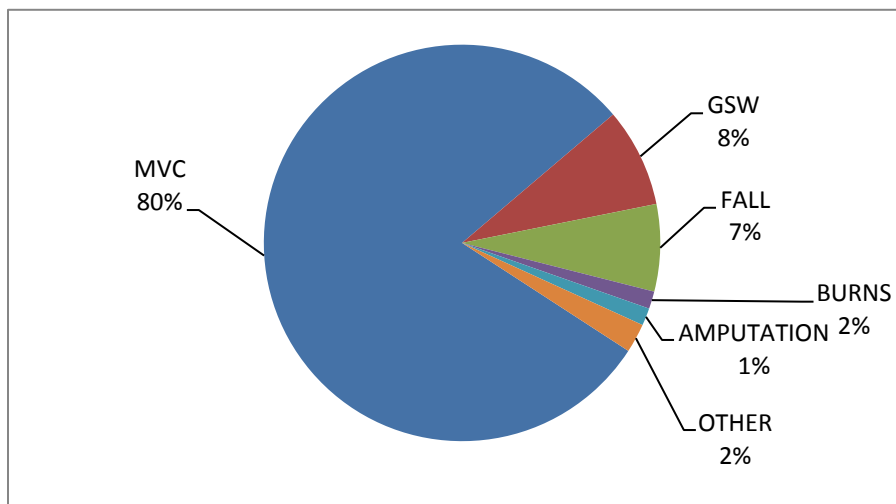
County	Population %	Trauma Calls %
Calhoun	25	25
Chambers	8	5
Cherokee	5	9
Clay	3	3
Cleburne	3	6
Coosa	2	0
Etowah	23	23
Randolph	5	3
Talladega	17	17
Tallapoosa	9	9



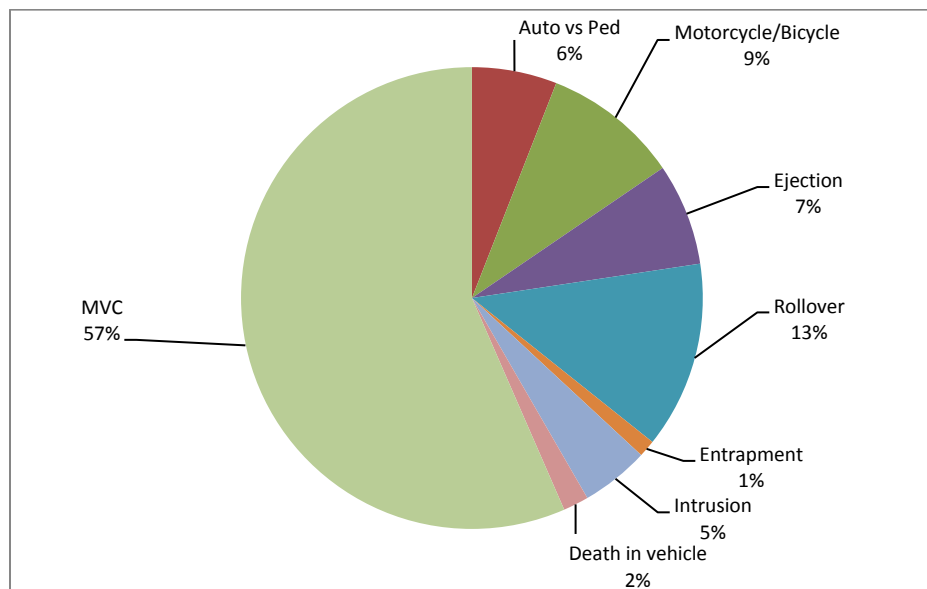
Entry Criteria Statistics – FY 2011 QTR 1 (Oct. – Dec. 2010)

Type of accident trauma patients were involved in that prompted EMS or hospital to enter them into the trauma system

Entry Criteria



MVC BREAKDOWN



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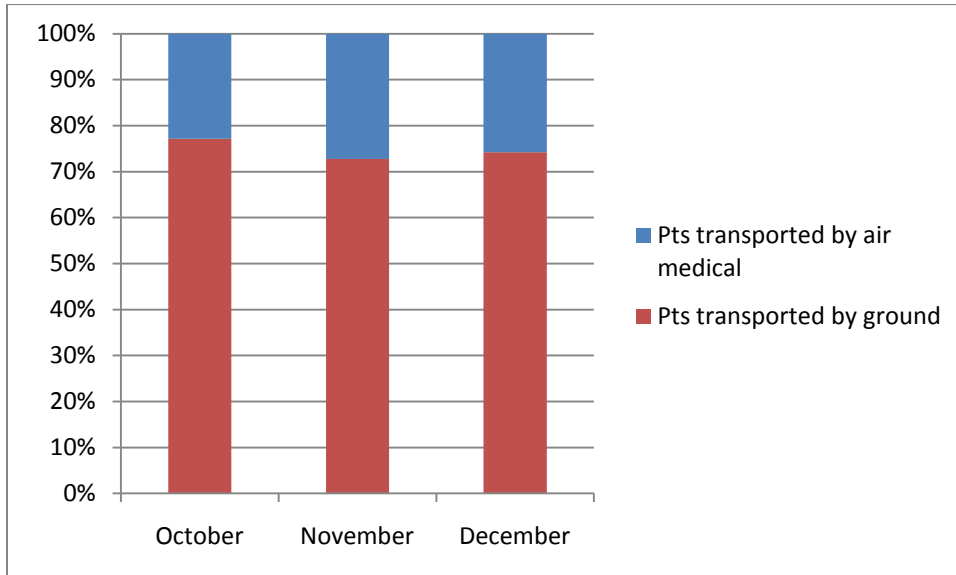
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Patient Transport Mode – FY 2011 QTR 1 (Oct. – Dec. 2010)

Patients transported by ground units versus air medical units

Transportation Mode – Air vs Ground



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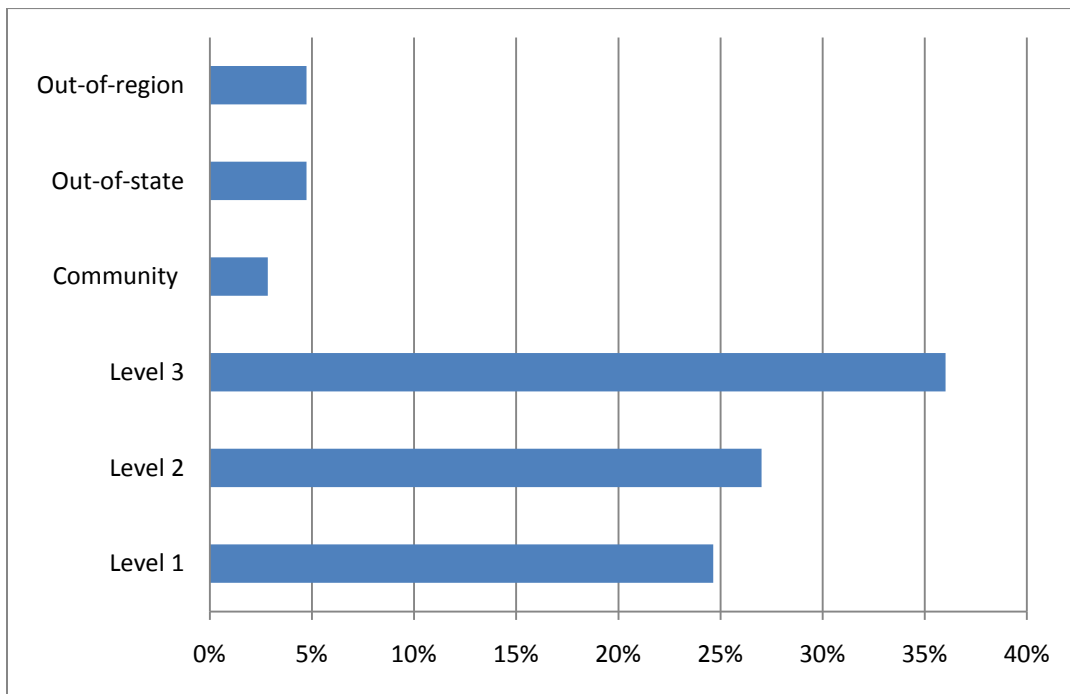
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Patient Destination – FY 2011 QTR 1 (Oct. – Dec. 2010)

Trauma system patients from Region 2 transported to various hospital destinations

Patient Destinations



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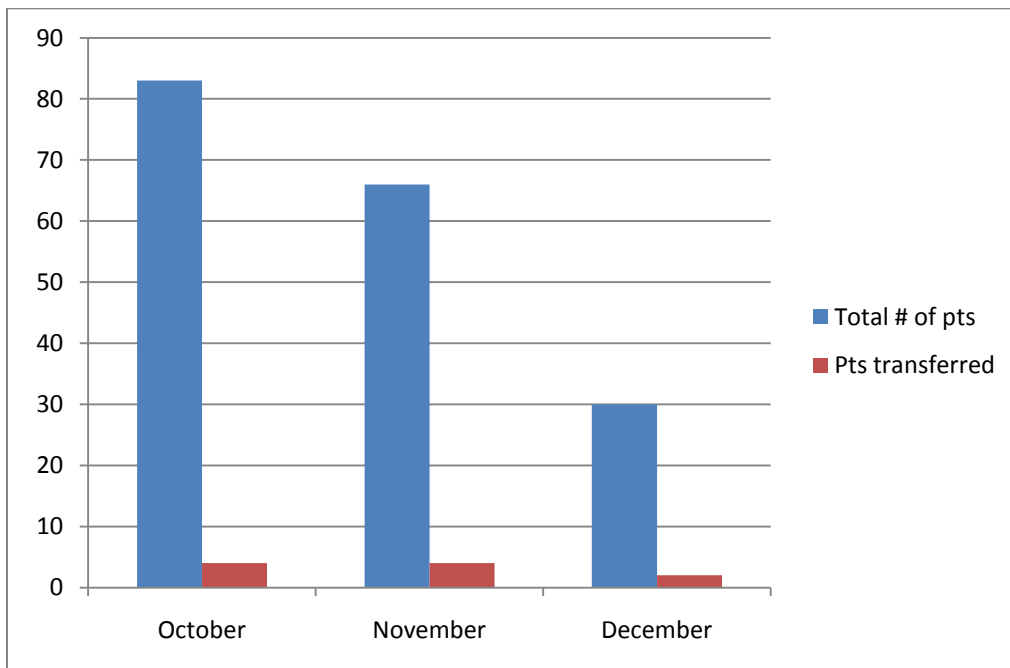
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Patient Transfers – FY 2011 QTR 1 (Oct. – Dec. 2010)

Trauma patients from Region 2 taken to a hospital within the region and then transferred to a higher level trauma center

Patients Transferred



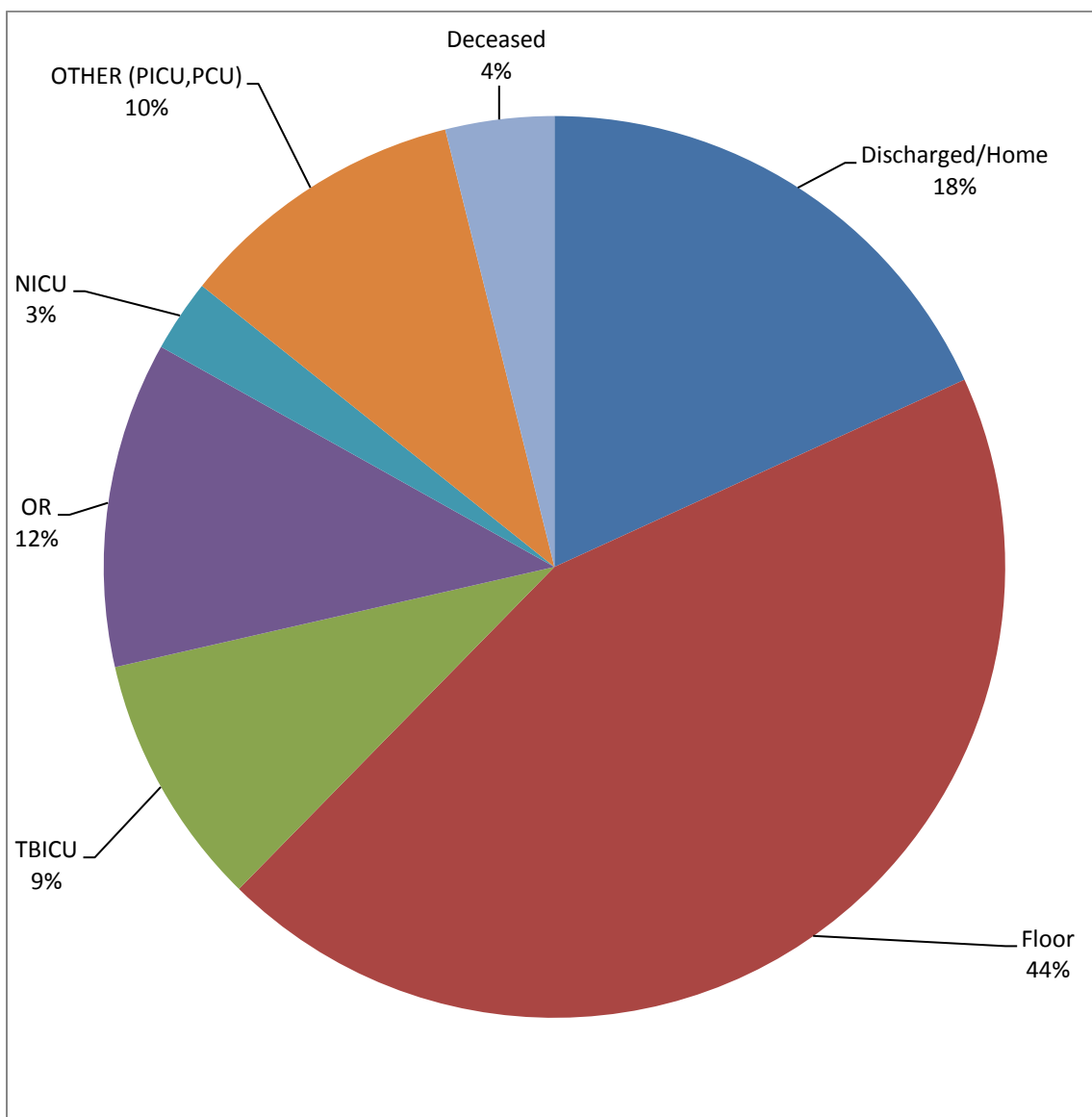
*This does not include any patients taken to closest ER because they were unstable and then transferred



Trauma Patient Outcomes – Oct 2009 thru Dec 2010

Of the total number of patients entered from Region 2, only 38% of the trauma patient reports were returned.

Trauma Patient Outcomes



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East Alabama Regional Trauma System Goals

- 1) Decrease Q.I. incidents by 2% per year during FY 2011 (currently at 8%)
- 2) Increase the number of TPRs (Trauma Patient Reports) returned to the agency to 50% during FY 2011 (currently at 38%)
- 3) Offer a trauma system training class once per quarter
- 4) Hold a meeting for ER Nurse Managers in our region once per quarter
- 5) Hold RTAC meetings once per quarter
- 6) Present trauma system update at service provider meetings each quarter and have open discussion

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Regional Trauma Advisory Committee (RTAC)

PHYSICIANS

Charles L. Newman, M.D., Chairman of East Alabama RTAC
Riverview / GRMC

Neil L. Christen, M.D., Vice-chairman of East Alabama RTAC
Regional Medical Director

Gordon T. Hardy, M.D.
Anniston Orthopedic Associates

Lucian Newman, III, M.D.
The Surgery Clinic, LLC

Steven A. Isbell, M.D.
Walker & Isbell PA

James G. White, III, M.D.
Northeast AL Neurological Services

Ron Shiver, M.D.
ED Medical Director
Lanier Health Services

John Valente, M.D.
Regional Medical Center

Michelle Goldhagen, M.D.
Russell Medical Center

Rodney Snead, M.D.
C.A.R.E.S.

David Roberts, M.D.
Citizens Hospital

Lewis Sellers, M.D.
Regional Medical Center

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PHYSICIANS continued

Henry Ruiz, M.D.
Ruiz Neurosurgery Clinic

Howard McVeigh M.D.
Chair, BOD East Alabama EMS

Buddy Smith, M.D.
Clay County Hospital

HOSPITAL REPRESENTATIVES

Patrick Trammell, CEO
Cherokee Medical Center

Linda Jordan, Administrator
Clay County Hospital

Glenn Sisk, CEO
Coosa Valley Medical Center

Stephen Pennington, CEO
Gadsden Regional Medical Center

Jim Edmonson, CEO
Jacksonville Medical Center

Agnes Wages, Administrator
Lake Martin Community Hospital

Doug Dewberry, CEO
Lanier Health Services

Bryan McCauley, Interim CEO
Riverview Regional Medical Center

Jim Peace, Administrator
Russell Medical Center

Joel Taylor, Administrator
Citizens Baptist

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HOSPITAL REPRESENTATIVES contiued

John Gallagher, CEO
Stringfellow Memorial Hospital

Jon. L. Dixon, CEO
Randolph Medical Center

Richard Daniel, Administrator
Wedowee Hospital

PREHOSPITAL EMS REPRESENTATIVES

Shane Parker, EMT-P
LifeSaver/Omniflight

Matt Knight, EMT-P
Emergency Medical Transport

Johnny Warren
Anniston EMS

ADPH REPRESENTATIVE

Dr. Williamson (Dr. John Campbell)