

## EMS Trauma Subcommittee Meeting Minutes

Freeway Medical Tower, Room 801

October 9th, 2012 - 3:00 pm

Topic	Discussion
Called to order	Meeting was called to order by Dr. Clint Evans
Backfill Agreements	Have 5 services left without backfills. Joe stated one of the five have one agreement on file and waiting on the other one. He has also talked with two other services and they were hoping to have theirs soon. Hoping to be down to 2-3 services by next week.

EMS Data Submission

ADH presently doing audits. Ryan is requesting logs from the services and double checking to make sure that the number of runs on the service's log matches the number of runs submitted to the state.

Ryan stated that they had one service that had submitted their log and had roughly 700 runs and when they looked at the data submitted, they had only one service that submitted approximately 44% of their runs. Ryan stated that they have had good feedback from the services about the audits. Some services stated that they are submitting the runs but are not going back and double checking that they have actually been submitted to the state by their service.

Greg stated that some of the services did not respond to the audit and if they do not, they will do a personal site audit at the end of the year at their location. Ryan stated that the data was getting better.

Meeting with Finance Committee

Paid for Performance:

Dr. Evans attended the Finance Committee concerning the paid for performance project money which this year for EMS is approximately \$100,000. Finance committee wanted us to come up with a cost analysis for what it cost us to provide trauma care, but for this year we are not going to pursue that, we are going to go back to the PHTLS piece that we have talked about. What was decided for this fiscal year was that every service that has 85% of their personnel (full time, part time, and prn) certified in PHTLS, ITLS or the basic version for the EMT's by 4/1/2013, will be able to participate in this incentive. It was decided that instead of paying each individual person that was certified, which would be approximately \$20.00/per person, the funds will be divided amongst the number of services that choose to participate. This incentive would be added to the EMS grant funding for the next fiscal year.

The next item we discussed was if this paid for performance measure would become a new deliverable then each service would need to maintain the 85% certification of their personal to be able to participate and be eligible for their trauma funding. There was a lot of discussion and concern that services would not participate in the trauma system if this became one of the deliverables. The concern was the cost of the class and covering staff to obtain and maintain the certification.

Meeting with Finance Committee  
(con't)

Renee Patrick spoke to the rationale of adding this as a deliverable and that it was felt that this would help to develop a standard of care and help to improve trauma care in Arkansas. She also stated that the services could use their grant funding to cover the costs of obtaining and maintaining the certifications. Others voiced the concern that we are still adding deliverables and that the services would have to use their funding to meet these deliverable. There was also the concern that the cost of trucks are going up next year and that would be an additional cost to the services. Renee requested to hear from the services other ideas to improve and standardized trauma care in Arkansas.

Special Project: Dr. Evans thanked Greg for all of his hard work on the EMS Data Software Initiative. Greg presented this last month to the finance committee and overall there were pretty good feelings. They requested that it be tied to deliverables. Greg provided the finance committee with a copy of the initiative that is attached. The process would first be initiated with a letter of intent to participate in the initiative. Each service will be responsible in contracting with their vendor of choice and paying for installation. After installation, the service would then start submitting data to the state. After the state validates the service's data, the state EMS office would send a validation letter to the service and the service would then submit the letter to the Section of Trauma to receive funding as outlined in the EMS Data Software Initiative.

<p>Meeting with Finance Committee (con't)</p>	<p>There was a concern that some companies might not be able to fund the cost upfront. It was stated that some of the vendors will work with services so they do not have to come up with all of the funds up front.</p> <p>This initiative has been expanded to all services. For services that already have ePCR's in place, they will need to submit a validation letter from the state EMS office to be eligible for funding.</p> <p>A deadline for the software initiative was set for 10/31/2013. This deadline may be extended for folks that are in the validation process. The services must submit their letter of intent to participate in the software initiative by 4/01/2013.</p>
<p>Scheduling a Retreat</p>	<p>Cathee and Denise will plan our November retreat/meeting for November 13, 2012 from 12pm-4pm. Details will follow and be emailed. Renee Patrick stated that the Section of Trauma might be able to pay for lunch. Cathee and Denise will check out locations and costs and be in touch with Renee.</p>
<p>Fiscal Year 2014 Funding</p>	<p>There was a lot of discussion concerning the EMS funding for 2014. Discussed getting away from using population modifiers and not using trauma runs. Dr. Evans gave an overview of how the funding is distributed</p> <p>Some went to associations, training facilities and then to the services. There is a fixed amount that the services get: \$4000.00 for BLS, \$8000.00 for ALS, \$4000.00 for transport only, \$2000.00 for special purpose and \$2000.00 for volunteer services. Also talked about the rural modifier and how we could use trauma runs to also distribute funding. Every service</p>

Fiscal Year 2014 Funding (con't)	<p>will still get their base. Concerns were voiced that using the trauma bands for funding will lead to services banding some patients even if they didn't fit into the minor guidelines. Dr. Evans suggested using the states EMS data for trauma banded runs for each service. There was much discussion on the trauma band issue and we will discuss this further in our Nov meeting. There was a suggestion made to decrease the base rate from \$4000.00 to \$2000.00 for transport only services. Greg stated there is not a license for "transport only" services, so it would be hard to say how many services in the state do transports only. Dr. Evans stated that using the trauma bands would help to distribute the funding fairly. Dr. Evans suggested that we have the information put into a spread sheet for our November so everyone can see how it would impact the services. Greg will also get trauma data from the state to help with our decision. We will discuss the funding for 2014 further at the November meeting/retreat.</p>
First Responders	<p>The question was raised concerning how do we incorporate the first responders in the trauma system? A concern was brought up about agencies doing extrication that are not properly trained, do not have proper equipment or do not maintain their equipment. The concern is that these extrication issues are affecting the outcome of the trauma patient. An example of the concern was given. Dr. Evans brought up the idea of ATERF providing extricating classes throughout the state. It was stated that AEMTA just completed 4 extrication classes and had minimal to no attendance from areas that are in need of the education. There was much discussion about this issue. Greg reinforced that</p>

	<p>it is a state requirement that each service have a letter in their file regarding the agency that will be providing the extrication for each EMS service. It was also brought up that it should be the responsibility of the EMS service to discuss any issues or problems that might occur with their extrication provider and work the problem from there.</p>
<p>Meeting Adjournment</p> <p>Next Meeting</p>	<p>The meeting was adjourned with no objections.</p> <p>Our next meeting will be November 13, 2012. Details to be announced at a later date.</p>