

EMS Trauma Subcommittee
Meeting Summary
February 14th, 2012 - 3:00 PM

The EMS Trauma Subcommittee met on February 14th at 1500. There were 23 people in attendance, with 6 people on the conference call.

A workgroup met prior to this meeting to discuss the issue of getting AWIN radios on the helicopters. The cost estimate is still prohibitive at 3 million for 33 helicopters. No decisions were made, and it was decided the issue would be readdressed at the Air Subcommittee meeting, which is to meet on the 15th.

We discussed EMS data submission. Ryan has been working to improve the rate and accuracy of data submission. There were several services that recently completed the validation process, and have subsequently submitted all of their data. The total for the year is around 321 K. Ryan will work on a process that will flag a service for which data has not been received for an extended period of time, so that he can investigate in a timelier manner than has been done previously.

The proposed EMS Trauma Subcommittee bylaws have been reviewed by Rick Hogan. These do not conflict with any existing statutes or the TAC bylaws. These will be presented to the GAC on the 15th.

The CISM proposal was presented to the Finance Subcommittee on February 7th. There was widespread support for the concept. However, they felt there needed to be more clarity on the cost, and where the program would ultimately reside. They also requested more investigation to determine what might already exist, and how many incidents would be anticipated. Laura found out there might be a crisis response team already that is sponsored by the Hospital Association. We might investigate the possibility of separating the education and the administrative components, so that ATERF can be utilized to provide the classes. We will continue to work on this as a small group.

Myra presented a draft for a proposed “EMS Proposed Trauma Care Performance Assessment Plan.” Of note, she recommends we call this performance assessment, as opposed to performance improvement filters. This draft includes most of the items that had been discussed during prior meetings. Some elements come from the EMSCAN database, and some items will be reported as incident reports. Ryan presented us with an example of how a report will look, providing a graph featuring the total number of trauma calls by region. There were some suggestions on improvements, which Myra will make and forward the updated version. Overall, everyone was pleased with the document as a good first step at data collection and evaluation. We will be able to add other elements as we proceed. We will present this at the next TAC.

Members of the Georgia Trauma Commission visited the state last month, and they provided us with some feedback on how EMS is funded under their system. They divide their funds with an 80/20 hospital/EMS split. They used trauma funds to train over 1000 first responders. Some money is paid out to both hospitals and EMS to cover uncompensated care. They are in the

process of installing AVLS (gps) systems on all trucks. They have a grant process in place to pay for equipment, and they have also purchased ambulances for services that demonstrate need.

Joe presented the proposed deliverables for both services and training sites for the next grant cycle. There were no changes to the training site deliverables, and these were approved. For the services, the deadline to submit run data was changed to the last day of the month following the month during which the call was performed. The deadline to submit the PCR to the receiving facility was shortened to 24 hours. This sparked discussion about hospitals losing the run reports, and then blaming EMS for not leaving these. It was discussed keeping fax records are a good idea to provide proof, should this be an issue. There was also concern expressed that EMS services are being required to get multiple bids on items such as cardiac monitors or trucks. There is concern that services may be forced by the state to abandon their usual suppliers for a lower bidder in order to use their trauma funds. Joe tells us they are looking into this issue. For now, we tabled approval of the service deliverables, as this issue might alter the conditions listed.

Myra has worked on a proposal for determining costing for EMS providers. Our committee had previously reviewed and approved this. This document was presented to the Finance subcommittee earlier this month. Of note, our committee felt this reporting should be voluntary and not included as a mandatory deliverable for all services. The Finance subcommittee approved of this plan. We will be asking for volunteers to supply this data in the near future. Myra is looking into setting up a survey monkey to solicit the data.

The CDC recently released new 2012 field triage guidelines. There are not many changes to this document. Joe revised our previously approved Arkansas version of the field triage guidelines to include the 2012 changes. There was discussion as to whether this document needed to mention patient preference. Ultimately, we decided to leave patient preference off of this document. The group approved the revised version. We will present this to the TAC and the GAC for approval.

Our next meeting will be March 13th.