



Trauma Advisory Council

October 19, 2010

3:00 p.m.

Minutes

MEMBERS PRESENT

Dr. Alvin Simmons
Dr. Barry Pierce
Dr. Charles Mabry
Dr. Clint Evans
Dr. Mary Aitken
Dr. James Graham
Dr. Lorrie George
Dr. Michael Pollock
Dr. Ronald Robertson
Dr. Victor Williams
Dr. Paul Halverson
(represented by Donnie
Smith)
Carrie Helm
Colonel Winford Phillips
(represented by Capt. Gloria
Cook)
James Carter
Jon Wilkerson
Robert Atkinson
Terry Collins

MEMBERS ABSENT

Dr. John Cone
Jeremy Stogner
K. C. Jones
R. T. Fendley
Robert Williams
Ron Peterson
Ruth Baldwin

GUESTS

Dr. Michael Sutherland
D'borai Cook
Denise Carson
Don Adams
Donna Parnell-Beasley
Jon Swanson
Kathy Gray
Myra L. Wood
Terry McCormack
Theresa Jordan
Carla McMillan
John Recicar
Barbara Riba
Carol Cassil
Joe Hennington
Jasper Fultz
Kim Hall
Vornetta Compton
Tim Vandiver
Jeff Tabor
Carla Jackson
Jon Swanson
Talmage M. Holmes
Keri Cody
Louise Thornell
Michael Manley
Barbara Krump
Cathee Terrell
James Smith
Tina Bar
Sharnyetta

GUESTS (continued)

Steve Bowman
Matt Brumley
Bryan Williams

STAFF

Dr. Todd Maxson
Dr. Tim Callicott
Austin Porter
Bill Temple
Brian Nation
Detrich Smith
Diannia Hall-Clutts
Donnie Smith
Greg Brown
Jim C. Brown
Joe Martin
Lee Crawford
Lynda Lehing
Margaret Hollaway
Marie Lewis
Norajean Miles Harrell
Renee Mallory
Rick Hogan

I. Call to Order – Dr. James Graham

The Trauma Advisory Council (TAC) meeting was called to order on Tuesday, October 19, 2010, at 3:05 p.m. by Dr. Graham.

II. Welcome and Introduction

Dr. Graham welcomed all guests and members.

III. Approval of Draft Minutes From the September 20, 2010 Meeting

The TAC reviewed the September 20, 2010 minutes. Mr. Jamie Carter made a motion to approve the minutes. The motion was seconded by Dr. Charles Mabry. During discussion, Mr. Bob Atkinson brought up the point that at the September TAC meeting there was discussion to the effect there will be a shortage of trauma physicians in the future and this could have an adverse impact on the system. The minutes were approved with noted corrections regarding discussion of trauma physicians.

IV. Trauma Office Report – Bill Temple

Staffing

Mr. Temple said we now have 17 of 18 authorized positions filled. The last position for which a hire packet has been completed is the third registered nurse. We expect to have that person on-board by the next TAC meeting.

GRANTS

Hospitals

Of the 73 intent applications, we have received 69 grant packages (up from 66 at the time of the last TAC meeting). As of October, we have now paid 66 grants (up from 52) and four hospitals have completed the closeout process.

EMS Services

Of the 118 eligible EMS services, we have received 116 grant packages. One hundred fifteen have completed the grant process and 98 have now been paid (up from 73). Thirty-one of the EMS services have now completed the closeout process.

EMS Training Sites

Of the 33 eligible training sites, 26 grant packages have been received. Twenty-three have completed the grant process and 21 (up from 16) have now been paid. Eleven training sites have completed the closeout process.

Hospital Designation Site Surveys

We have the following site-survey visits scheduled: Arkansas Children's Hospital, November 8 – 9, 2010; Baptist Hospital, November 17 – 18, 2010; St. John's (Springfield, MO) – December 14 – 15, 2010. We expect to schedule Christus St. Michael's (Texarkana, TX) for January, 2011 and also anticipate an official letter from St. Vincent Hospital requesting a site visit.

Call Center

Jon Swanson, MEMS Director, is on our agenda today and will be making a presentation on the call center. Work is to begin shortly on installing infrastructure at MEMS (consoles, etc.).

Communications System

ADH has made a final decision to go with the AWIN solution. We have been working during the last week to determine the exact "specifications" for the radios and determine how many we need. Current estimates are 576. Our plan is to work through our Contract Support Office to negotiate with several vendors on the state contract which have AWIN approved radios. Cost is an important factor, but we will also consider factors such as speed of delivery, installation, services, etc. The plan is still to have at least a partial implementation of the system on January 1, 2011 (may be with EMS providers which already have AWIN radios).

Trauma Bands

We will order 100,000 trauma bands in the next couple of weeks at a cost of \$9,000.00. We are also in the process of completing requisitions for IT companies (EMS Data and DI) to add data elements to both the EMS and Trauma Registries to track the unique trauma numbers on the bands.

Trauma Regional Advisory Councils (TRACs)

Five of the seven TRAC regions have now met. Only River Valley and North Central TRACs have not met at this point.

Other

The ADH budget goes before the Joint Budget Committee on November 3, 2010.

Terry Collins asked about education regarding the trauma bands. She said that more than just an educational e-mail may be needed. We may need to define a “trauma patient,” and what type of patient should have a band put on them.

V. ADH Medical Consultant Report – Dr. Todd Maxson

Assessment of Trauma System

Dr. Maxson shared that Austin Porter, Dr. Gordon Reeve, and Dr. Steve Bowman will meet to discuss the assessment of the trauma system and what points we need to measure and document. They will also evaluate benchmarking historic points for documentation of progress.

Autopsy Reports

Dr. Paul Halverson, Dr. Graham, Dr. Maxson, Mr. Bill Temple, and Mr. Rick Hogan met with Pulaski County Prosecuting Attorney Larry Jegley regarding ADH obtaining Coroner’s autopsy reports for purposes of performance improvement. Mr. Jegley said that a current Arkansas statute limits the ability of autopsy reports to be released. He completely understands ADH’s desire to obtain this information and offered suggestions in this regard. He believes the best way to handle this in the long-term is to seek a change in the statute. His office is willing to sponsor this legislative change and requested that ADH supply him with background information in this regard. He believes this can be done relatively quickly. In the interim, he is willing to have non-homicide cases sent to him, preferably in batches, and he will review them and sign off, if appropriate, that they be released to ADH for performance improvement purposes.

Rural Education

Dr. Maxson stated that a critical need in our development of the trauma system is education for hospitals, particularly in the rural areas of the state. We should take a look at how this might be accomplished and consider obtaining subject matter experts for this purpose.

Sharing of X-Ray and Other Scanned Images

Dr. Maxson stated that tertiary care centers have an urgent need to see images prior to the patient’s arrival at the receiving hospital. This issue has been previously discussed at the TAC. He stated that there is a group within UAMS, the Center for Distance Health, which is already doing some of this type work. It may be possible to utilize them, or other appropriate groups, to help advance Arkansas’ new

trauma system. He introduced Ms. Julie Hall-Barrow, the Center's Director of Education. Ms. Barrow gave a presentation regarding the Center's activities and potential ability to assist with the transfer of trauma images.

Mr. Carter and Dr. Mabry reinforced the significance of scanned images being received at hospitals prior to the patient's arrival. Dr. Maxson and others stated that reducing the number of scans a patient undergoes would lessen the possibility of the patient developing cancer in later years. Dr. Michael Sutherland inquired about the accessibility of the current system. Ms. Hall-Barrow said that since it is web-based, anyone with internet access can utilize the system. Donnie Smith stated that with a proposal we could begin the process to accomplish this important goal.

VI. Trauma Registry – Marie Lewis

General

- 12 hospitals are currently reporting to the web registry; over 200 records have been entered to date
- Continuing to add new users/hospitals
- Report Writer for the central site installation is being coordinated with ADH IT
- 51 people from 46 hospitals attended the Trauma Registrar course
- Next AAAM course will be March 28-29
- Working with ATS to schedule the Coordinator course for May

NTRACS Updates

- Current version is 4.1
- Update to version 4.2 by the end of the calendar year
- NTDS update to 2010 version and AIS 2010 updates will also be delivered
- State submission module will be delivered to hospitals December 15. First quarterly submission will be due the end of December
- No state specific data points module will be delivered; some of the state specific data points are being included in version 4.2, the others will need to be added using custom fields. The Registry staff is looking at which fields will need to be customized and will work with each hospital to get them set up
- Drop down lists provided to DI will be set up along with the custom fields

VII. TAC Subcommittee Meeting Reports –

(Note: summaries are attached; only official action is documented in this section) Dr. Graham proposed that the TAC look at subcommittee structure and raised the issue that the TAC consider adding a couple of subcommittees. He requested comments and suggestions about subcommittee structure and will come back to the TAC with a proposal.

- Finance Subcommittee (Dr. Ron Robertson – Chair) (did not meet) – No report. Will meet next month.

- EMS Subcommittee (Dr. Clint Evans - Chair). (did not meet) –Dr. Evans said the subcommittee met on Sept 28th.
- Injury Prevention Subcommittee (Dr. Mary Aitken – Chair) (see attached reports) Previous meeting summary and summary from today are attached.
- Hospital Designation -- (Mr. Jamie Carter) (see attached report)
- TRAC Subcommittee (Dr. Charles Mabry – Chair) (see attached report).
- Trauma Registry Subcommittee – (Dr. John Cone – Chair) (did not meet) – No report.

VIII. Call Center Presentation – Jon Swanson, MEMS

Jon Swanson, MEMS Director, made a PowerPoint presentation on the call center that will also be shared with the TRACs throughout the state. He also requested comments and feedback from the TAC for suggestions to enhance the presentation. Dr. Maxson noted that Mr. Swanson and Mr. Jeff Tabor have attended every TRAC meeting that has been held.

IX. Next Meeting Date

The next TAC meeting will be held on Tuesday, November 16, 2010, at 3:00 p.m. The meeting will be held in Room 906 (Boardroom) at the Freeway Medical Building. Dr. Graham announced that Dr. Joseph Wright, an expert in injury prevention and trauma from Washington D.C., will be at Arkansas Children's Hospital on Tuesday, October 26, to give a lecture regarding emergency medical services for children. The lecture will begin at 8:00 a.m. in Chairman's Hall (Sturgis Building).

X. Adjournment

Without objection, Dr. Graham adjourned the meeting at 4:41 p.m.

Respectfully Submitted,

Paul K. Halverson, DrPH, FACHE

Secretary Treasurer of the Trauma Advisory Council
Director and State Health Officer, Arkansas Department of Health

**TRAC Subcommittee summary
October 19, 2010**

Members and guests met to discuss the current status of the TRACs and to plan for future plans for implementing TRACs for Arkansas.

Past recommendations:

A suggestion was made for recommendation to the TAC for action, to develop a general guideline / “start up kit” for those areas interested in forming a TRAC. The kit would include:

- Outline of acceptable structure of an Arkansas TRAC
- List of four or five key action items as first goals of each TRAC
- List of ADH personnel assigned to / available to help with TRAC formation and operational questions
- Outline of FOIA, regulatory rules applicable to TRAC functioning, including protection afforded quality improvement activities of the TRACs
- Outline of funding rules and mechanisms utilizing the AHA revenue flow—through pathway
- Form used to capture important contact information of providers in a given TRAC, which will be submitted to the ADH to improve their outreach services
- Examples of successful TRACs in other states and links to web resources for TRACs.

Current discussions included formalizing the charge or charter of the TRAC subcommittee and included the following:

- Inclusion of the State Call Center into the membership and organizational structure of the TRAC subcommittee.
- Expansion of the charter of the TRAC subcommittee to include 1) review of data and clinical case reviews identified by regional TRACs, 2) data from the State Call Center; and 3) other PI / QI reports from providers/ state officials, etc.
- This quality improvement review would be conducted as part of the TRAC subcommittee as a separate executive session for discussion and action, with separate minutes.
- Development of statewide and TRAC PI filters
- Development of PI filters for State Call Center
- Development of performance measures and score card
- Development and promulgation of legal guidelines / education for protection of PI processes
- QIO contract discussion and suggested deliverables
- Assist the State Call Center to define dashboard names and phrases
- Review of subcommittee membership to reflect providers and geography.

Trauma Advisory Council
Injury Prevention Subcommittee

Meeting Agenda

Time and Date: October 6, 2010 2:00 PM

- I. Present: Temple, Patrick, Wilkerson (by phone), Porter, Smith, Graham, Parnell, Collins, Holmes, Aitken Guests: Miller, Mullins

- II. Committee composition and organization was discussed. Members are to consider additional expertise that might be required for the two major tasks for the subcommittee: 1) Assistance with needs assessment being conducted by the Clinton School and 2) Review and revision of the AR Strategic Plan for Injury Prevention and Surveillance. Representatives from occupational health and additional input from intentional/abuse experts will be solicited for strategic planning. Other suggestions can be brought to next meeting.

- III. Update on SIPP planning
 - a. SIPP implementation update—The grant from ADH to the ACH IPC started October 1, 2010. Staff recruitment is underway. Space has been obtained for expansion at ACH IPC and will be occupied in October.
 - b. Clinton MPS students progress on needs assessment (handout)—Committee input on the survey under development for the needs assessment was solicited. Copies of the survey based on a previous American Trauma Society (ATS) survey were distributed. Additions and changes to be suggested should be brought to next meeting
 - c. Staffing plan –SIPP Staffing plan was discussed and will include additional content area staff, professional education staff, and an overall coordinator.
 - d. Suggestions—ongoing suggestions from the subcommittee are needed as to the SIPP implementation. Regular reports on the process will be provided to the subcommittee.

- IV. ADH update
 - a. Elderly injuries document—In progress
 - b. Data update—A trauma data group is being formed to plan for ongoing analysis. Dr. Holmes volunteered; others who are interested should contact Mr. Porter. It was suggested that a review of early registry data be undertaken soon to identify any problems in data collection or reporting.

- V. Strategic planning
 - a. Review of 2005 Strategic Plan (handout)—revision of this document will be done during fall 2010/winter 2011. Available at:
 - b. Update timeline for revision of plan—A proposed timeline for review and revision was discussed and agreed to by the group
 - c. Form review teams to report at next meeting—volunteers to be lead initial reviewers for the existing document signed up to review their chapters for preliminary reporting to the committee (and identification of tasks already accomplished) at Oct 20 meeting.
 - d. A summary of previous planned tasks that are already DONE will be presented at upcoming TAC meeting (goal of presentation in November 2010)

- VI. Upcoming visits and consultations
 - a. Dr. Steve Bowman, October 18-22 –will attend TAC IP subcommittee meeting and TAC
 - b. Dr. Joe Wright, Children’s Hospital National Medical Center and National EMSC program, October 26, 2010 at 8 AM. Grand Rounds on Trauma Systems, ACH Chairman’s Hall

- VII. Other business—
 - Dr. Holmes updated the group on availability of EDs place telemedicine outreach for Injury/trauma topics.
 - Ms. Parnell confirmed that planning for the November accreditation visit for ACH are under way.
 - Dr. Aitken provided information on recent AAP and WHO injury meetings

Next meeting: October 19, 2010 prior to TAC meeting

**Trauma Advisory Council
Designation Subcommittee Summary
October 19, 2010**

The Designation Committee of the TAC met October 19, 2010 in RM 801 of the Freeway Medical Building at 2 pm. The meeting opened with general discussion about how the Designation Committee has evolved over the past year, and the need for re-purposing the focus of the committee. It was determined, and a recommendation will be made to the TAC that the purposed of the committee will comprise the designation of hospitals, determining the distribution of funds from the budgeted amount annually, and provide consultation to hospitals seeking designation. With respect to the makeup of the committee (discussed last month as well), the need for expansion was again discussed. The solution for expansion was that as hospitals become designated, the committee chair or designee will contact those hospitals and ask for volunteers from the designated hospital to join a Verification Committee, a sub-committee of the Designation Committee. These volunteers would represent three areas: physicians, nurses, and administrative. The goal of building this committee is to build a pool of "experts" that can be called upon to review surveys of hospitals being designated, provide guidance and leadership to hospitals seeking designation, and any other consultative advice that statewide hospitals may be seeking.

The next topic of discussion was to define what a "joint application" may look like as defined in the Trauma Rules and Regulations. The joint application is a vehicle whereby two or more hospitals may join together to provide a particular level of designation in its region, i.e. three hospitals that not on their own could provide Level III service but collaboratively could offer the service. This application would have to be approved at the TRAC level before being submitted as well as the effort of the participating hospitals in the joint application would be in the best interest of the TRAC region. Additionally potential funding of a joint application was discussed. Two ideas were submitted. Examples included Hospital A and Hospital B jointly pursuing a Level III designation would be paid as a Level IV plus 50% of a Level III. The other example was Hospital A, Hospital B, and Hospital C seeking Level III designation through a joint application. In this example, each hospital would be paid at a Level IV rate plus an equal share of a Level III (in this case 1/3 of \$125,000). The goal next month is to make a recommendation to the TAC on this issue.

Two hospitals were presented, each seeking to submit intent applications to participate in the trauma system, namely Cox Health and St. John's Regional in Joplin, MO. Last month, B. Temple was directed to bring back to the subcommittee the percentage of Arkansans that were treated for trauma in these facilities. The percentages were 2.1% and 0.2% respectively. Due to the fact that other outside hospitals needed to prove at least 20% utilization or a need in the region, it was recommended that B. Temple contact both hospitals and inform them that the percentage of money (less than \$10,000) would not necessitate their inclusion in the trauma system at this time.

It was noted that approximately five hospitals are scheduled for designation surveys over the next three months. The committee also discussed and concluded after discussing with Health Department Counsel how surveys would be conducted for each level of designation. They are: Level I - full survey team, Level II - full survey team, Level III - a nurse and a physician, and Level IV - a nurse. This does not preclude for Level III and Level IV that a hospital may not ask for a full team survey, but just serve as a planning tool for the future. All surveys would then be presented to a panel of three individuals of the Designation Committee or Verification Committee appointed by the committee chair for ultimate recommendation to the Health Department.

At the next Committee meeting, it was recommended that officers be nominated for the positions of chair, vice-chair, and secretary/treasurer to bring some formality to the committee, as well as discuss at next month's meeting the number of members needed for the Designation Committee and Verification Committee.

There being no further business, the meeting was adjourned at 2:52 pm.

Jamie Carter

**Trauma Advisory Council
EMS Subcommittee
Meeting Summary
September 28, 2010**

The EMS subcommittee met on Tuesday, September 28, at 1400. There were fifteen people present, with an additional three joining us by phone.

The current version of the spreadsheet was reviewed and discussed. There were several services that had not submitted run data by the deadline, and the thought was that these services should not receive funding for this year. However, Greg informed us that there are considerable problems with the accuracy of the data. It turns out that many of these services had apparently been entering data all along, but the data had not been coming through to the Division. This problem seems to be multi-factorial. Some services have different versions of the software. Some of the problems might relate to internet or hardware issues. With the current software, the services apparently receive no confirmation, so they are often unaware that the data is not being sent properly. Representatives of several services volunteered their current 2010 run data, and this was compared with the most recent data the Division has. There was considerable discrepancy in this data for all of these services. It was decided that, with the problems with verification of the data, no services would lose funding this year due to data submission issues. There were two services for which funding was withheld this year, but this was due to these services holding multiple licenses in a single county. Both received funding last year, but on further review, it was felt that this previously approved condition had not been accurately applied for these services.

We then discussed the “short forms,” which we would ask services to leave at the receiving facility if the crew is unable to leave the full run report. We looked at examples from several services, all of which were felt to be too long. We will continue to work with Dr. Maxson to ensure that the minimum needed data is included in these forms. It is hoped that a standardized form can be used for all services.

The backfill issue was also discussed. We reaffirmed that we feel it is important actual signed agreements be obtained for the next grant cycle. We discussed ways of tracking the backfills to identify problem areas. The idea of charging for backfills was discussed, perhaps transferring some trauma grant funding from services requesting the backfill to the service providing the backfill. Greg has offered to develop a standard backfill form, which can then be used by all services when getting these agreements.

Austin updated us on the status of the trauma bands. The color orange has been chosen for these bands.

The meeting was adjourned at 1600. The next meeting is scheduled for November 16th.