



Trauma Advisory Council

January 18, 2011

3:00 p.m.

Minutes

MEMBERS PRESENT

Dr. Charles Mabry
Dr. Clint Evans
Dr. Mary Aitken
Dr. James Graham
Dr. Michael Pollock
Dr. Alvin Simons
Dr. Paul Halverson (rep. by
Donnie Smith)
Colonel Winford Phillips
(rep. by Capt. Gloria Cook)
Dr. Barry Pierce
R. T. Fendley
Robert Williams
K. C. Jones
Jamie Carter
Jon Wilkerson
Robert Atkinson
Terry Collins
Carrie Helm

MEMBERS ABSENT

Dr. Lorrie George
Dr. John Cone
Dr. Ronald Robertson
Dr. Victor Williams
Ron Peterson
Ruth Baldwin
Colonel Winford Phillips
Jeremy Stogner
Vanessa Davis

GUESTS

Dr. Michael Sutherland
Denise Carson
Donna Parnell-Beasley
Jon Swanson
Kathy Gray
Myra L. Wood
Dr. Chuck Mason
Theresa Jordan
Carla McMillan
John Recicar
Gary Ragen
Jasper Fultz
Vornetta Compton
Tim Vandiver
Jeff Tabor
Carla Jackson
Milton Teal
Matt Brumley
Cathee Terrell
Monica Kimbrell
Carol Cassil
Laura Guthrie
Terrell Nash
Amy Witherow
Megan Frederick
Chrystal Rhone
Gary Padgett
Terry Bracey
Ravina Daphtary
Dr. James Booker
Sarah Bemis
Ron Woodard

GUESTS (Continued)

Lacey Robb
D'borai Cook
Don Adams
Nichetra Magee
Jerry Duncan
Kristen Scalia

STAFF

Dr. Todd Maxson
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
Renee Mallory
Norajean Miles Harrell
Rick Hogan
Sue Ellen Peglow
Bettye Watts
Renee Patrick

I. Call to Order – Dr. James Graham, Chairman

The Trauma Advisory Council (TAC) meeting was called to order on Tuesday, January 18, 2011, at 3:05 p.m. by Dr. James Graham.

II. Welcome and Introduction

Dr. Graham welcomed all guests and members.

III. Approval of Draft Minutes From the November 16, 2010 Meeting

The TAC reviewed the November 16, 2010 minutes. Dr. Mabry made a motion to approve the minutes. The motion was seconded by K. C. Jones. The previous minutes were approved.

IV. Trauma Office Report – Bill Temple

Staffing

Mr. Temple said the last Registered Nurse position is to be re-posted. Seventeen of the eighteen staff positions are currently on-board.

Grants

Hospitals

For FY 2010 start-up funding, 67 of 69 hospitals which submitted grant applications have been paid at least half their start-up funding with 71% of available funds having been expended.

Those hospitals receiving all their 2010 start-up funds are: University of Arkansas for Medical Sciences (UAMS), Arkansas Children's Hospital (ACH), The Regional Medical Center in Memphis (The MED), and Jefferson Regional Medical Center (JRMC) in Pine Bluff.

Regarding 2011 sustaining grants, no hospital is yet eligible since none have closed-out their 2010 start-up funding.

The issue of the FY 2011 sustaining funds not being available to designated centers was raised by Dr. Michael Sutherland and addressed by Donnie Smith. Dr. Sutherland expressed that the understanding of the hospitals is that all FY 11 funds would be available upon designation. Mr.

Smith said that ADH will work to resolve this issue, research the legislation and the legal aspects, and report back to the TAC. Dr. Graham asked that ADH staff work with the Finance Subcommittee and Don Adams, Arkansas Hospital Association, in this process.

EMS Services

All but two EMS services have been paid and 98% of available funds have been expended for FY 2010. Seventy-two grants have been completely closed out.

Forty-five of 111 eligible services have completed the grant application process for the FY 2011 sustaining grants. Two EMS services have already closed out.

EMS Training Sites

Twenty-two of the twenty-three sites that completed the grant process have been paid 2010 start-up funds. Seventeen of those have closed-out.

We have received 27 intent applications and six grant packages for FY 2011 sustaining grants.

Hospital Designation

UAMS, ACH, The MED, JRMC, and Baptist Health - Little Rock have each received their Trauma Center designation.

St. John's Regional Health Center in Springfield, MO completed its site survey and it is under review.

Site surveys are scheduled for Christus St. Michael Health System, Texarkana, TX – January 25, 2011; Baptist Health Medical Center, North Little Rock – April; North Logan Mercy Hospital, Paris – April; and St. Joseph's Mercy Health Center, Hot Springs – April.

Call Center

The Call Center went “live” on January 3rd. Jeff Tabor will provide additional details later in this meeting.

The Arkansas Department of Information Systems (DIS) has helped produce two training videos that are on the ADH website.

Communications System

600 XTL 2500 radios were delivered to Grace Communications in North Little Rock late last week. Motorola was unable to deliver XTL 1500s under the original contract, so they provided the higher capability XTL 2500s at no extra cost. The XTL 2500s have 870 channel capability whereas the XTL 1500s have 48 channel capacity. This will allow for each region to have all the other regions' channels loaded into their radios, which will be useful in an MCI situation. ADH will meet with all parties next week to discuss the final programming template and installation plan.

VARIOUS CONTRACTS AND SPECIAL ITEMS:

Rehabilitation

A Professional Services Contract was executed with the Arkansas Spinal Cord Commission (Cheryl Vines, Director), which enabled them to begin the rehabilitation needs assessment on January 1, 2011.

Epidemiology

A Professional Services Contract has been signed with Steve Bowman at John's Hopkins University in Baltimore, effective February 1, 2011, for epidemiology services.

Image Transfers

A Memorandum of Agreement (MOA) regarding imaging transfer has been written between ADH and the UAMS Center for Distance Health. This will provide for system capacity to do more image transfers. Presently, they transfer CTs for stroke patients only. This will enable them to increase image transfers to all CTs, X-rays, MRIs, and ultrasounds. The MOA is currently in the review process at ADH.

Burn Grant

A burn grant to Arkansas Children's Hospital is signed and is on the February legislative review agenda. The plan is for a March 1, 2011 start date.

Special initiatives:

1. We have applied for a Safe States Alliance "Technical Assessment Team" site visit to assess our Injury Prevention (IP) Program.
2. We may seek an ACS Trauma System Assessment visit (Dr. Maxson will start work on this application.) ACS conducted an abbreviated site visit prior to the Trauma System Act being passed.
3. We are in the process of applying for a CORE injury prevention grant from the CDC. It

is a five year grant for between \$150,000 and \$250,000 per year.

There has been a concern expressed by some that trauma grants to hospitals preclude them from billing a “trauma activation or readiness fee” to third parties. ADH grants never intended to preclude this, as long as it is a legitimate trauma expense that has not already been paid for by the trauma grant. Rick Hogan, ADH legal counsel, confirmed this perspective.

Update on Arkansas Trauma Call Center (ATCC) - Jeff Tabor

Mr. Tabor said the ATCC has received 190 calls during the first two weeks of operation. One hundred four of these have been hospital-to-hospital transfers, with the remainder being EMS runs. He said many facilities are calling the ATCC. Mr. Tabor said the average time for a doctor or facility to accept a transfer is 9.33 minutes. The hospitals seem excited and willing to work with us. He noted that in terms of performance improvement (PI), there are a couple of triggers which require a call back from a facility after the transfer is complete to find out what is happening in specific instances. He also reminded everyone about the video and teleconference on Tuesday mornings at 10:00 a.m. Mr. Tabor thanked the hospitals and said things are working well.

Dr. Todd Maxson thanked the ATCC and said he was encouraged by the progress. He specifically noted the PI diligence and the data collection efforts. Bill Temple reinforced Dr. Maxson’s remarks.

V. ADH Medical Consultant Report – Dr. Todd Maxson

Trauma Regional Advisory Councils (TRACs)

Dr. Maxson said that tomorrow is a milestone for the trauma system in Arkansas. The first meeting of our last TRAC, the Arkansas River Valley TRAC, occurs tomorrow afternoon.

With respect to hospital designation, he stated that hospitals may need help before the site visit and we are willing to assist with a consultation visit from an educational perspective. This “verification consultation” will be made available through ADH. Dr. Maxson reminded everyone that we still need applications in to ADH six weeks before the planned site visit. He also asked that in requesting a site visit, everyone provide a range of dates to include a 3-4 week period, with noted “black-out” dates that do not work for the hospital.

Dr. Maxson noted that a “Reviewers” meeting will be held in February prior to the TAC to prepare more site reviewers within the state of Arkansas.

Dr. Maxson also talked about the dashboard and call center process. DIS assisted ADH in producing a video which explains the transfer process that has been published to the ADH website.

Training Needs

There was an inquiry about a Trauma Coordinator class. Dr. Maxson said we need to emphasize training issues. In regards to required training, it was noted that the American Trauma Society training course will be here in the summer. Dr. Maxson said the Rural Trauma Development course guides the participant through resuscitation, up to a certain level of care. We must work to find instructors and address these specific needs. Further discussion was that the education needs in Arkansas are trauma infrastructure courses that will need to be addressed and provided in every region of the state. Dr. Maxson said we will need “trauma specific” people to teach trauma courses. The TAC needs to propose an educational plan to meet the needs so that funding can be considered. Dr. Graham suggested the TAC might consider a TAC Educational Subcommittee. Dr. Mabry said the TRACs Subcommittee would work to address the educational issue. However, the need may be more immediate. There was also discussion about how many ATLS courses are taught in Arkansas in a given year. There are typically 10 ATLS courses taught per year, with 24 slots in each class. This means that a maximum of 240 individuals can be served in a given year. There was consensus that the TAC should recommend a plan for on-going educational funding capacity to be increased.

Dr. Maxson cited the TAC Retreat in February 2010, and said the document, including goals and objectives, needs to be revisited. Furthermore, he said the need for increased trauma education should be addressed.

ATLS Infrastructure Course

A motion was made by Terry Collins to recommend a plan on educational structure be put together to further educational goals and improve infrastructure within the state. Bob Atkinson seconded the motion. In the discussion, Donnie Smith asked whether there is an existing group that could contract with the state to provide this educational piece. If so, these potential vendors would need to submit a request/proposal, possibly in response to an RFP. Dr. Maxson thinks there are vendors that could respond to this request and meet the need. The motion was

approved. Robert Williams said one TRAC (NWTRAC) is working to focus on the educational piece.

VI. Trauma Registry – Marie Lewis

- The first Registrar users' group meeting was held December 8, 2010. Fifty-seven attendees representing more than 30 hospitals participated. The group identified some gray areas in the inclusion criteria; these questions have been posed to the Registry Subcommittee and responses are being compiled. A final review will be completed before publishing the clarified criteria.
- The central site Report Writer is installed and running. Twenty-three hospitals have reported nearly 1200 records to the web registry. We will be working on developing the standard PI reports for the Level III and IV hospitals in the next month.
- We are working with the NTRACS hospitals to complete their upgrades to version 4.2 and add the custom elements for the state data points.

VII. TAC Subcommittee Meeting Reports

(Note: summaries are attached; only official action is documented in this section)

- Finance Subcommittee (Dr. Ron Robertson – Chair) (did not meet) – No report
- EMS Subcommittee (Dr. Clint Evans - Chair) (see attached report)
- Injury Prevention Subcommittee (Dr. Mary Aitken – Chair) (see attached report)

Terry Collins questioned whether each hospital needs to have an individual IP plan or if they could work through the TRACs. Dr. Maxson stated each hospital needs a plan, but they can work through the TRACs. He further said this is addressed in the FAQ for hospitals to work with TRACs and that the TRACs should work to identify hospitals to take the lead on specific IP issues.

- Hospital Designation -- (Mr. Jamie Carter, Chair) (see attached report)

Mr. Carter stated the Subcommittee reviewed the recommendations from the primary and secondary reviewers for St. John's Regional Health Center in Springfield, MO. Based on this review, Mr. Carter made a motion that St. John's be recommended to ADH for Level I trauma center designation. The motion was seconded by Dr. Mabry. The motion was approved.

Siloam Springs Memorial Hospital's intent application was approved as a Level IV.

Eureka Springs Hospital and Booneville Hospital were already approved for Level IV participation but they sent in new intent applications and were "re-approved."

Based on the above subcommittee action, the number of participating hospitals now stands at 74 (up from 73).

- TRAC Subcommittee (Dr. Charles Mabry – Chair) (did not meet) No report.

Dr. Mabry asked for a list of TRAC leadership in order to invite them to TRAC Subcommittee meetings. Myra Wood reported on the North Central TRAC and provided a handout to the TAC members.

Trauma Bands

If a patient does not need the services of another physician they do not need a trauma band. The purpose of the trauma bands is to be able to link records in the Trauma Registry. Dr. Graham asked for a recommendation from ADH (IP, Marie Lewis [Trauma Registry Manager], and the ATCC) for presentation at next month's meeting.

Revisiting the Strategic Planning Retreat

Dr. Graham noted the significant progress toward meeting the goals listed in the TACs "One-Year Strategic Plan," which was formulated during the TAC Retreat on February 20, 2010. Excellent progress has been made on most of the goals, including establishing the TRACs, beginning a statewide IP Program, beginning the hospital designation process, working on the rehabilitation area through the statewide needs assessment, and progress in the area of quality improvement. An area which needs more emphasis and direction is trauma education in the state.

Dr. Graham again requested for more TAC members to participate in TAC subcommittees. He provided a list of subcommittee membership. Dr. Graham also announced a formal Rehabilitation Subcommittee and appointed Jon Wilkerson as Chairman.

VIII. Election of Officers

Chairman

Dr. Clint Evans nominated Dr. James Graham and the nomination was seconded by Dr. Charles Mabry. There were no other nominations. Dr. Graham was then unanimously elected as Chairman.

Vice Chairman

Dr. Ron Robertson was nominated by Terry Collins and the nomination was seconded by Dr. Barry Pierce. There were no other nominations. Dr. Robertson was then unanimously elected as Vice-Chairman.

Secretary/Treasurer

Dr. Graham pointed out that Dr. Paul Halverson, ADH Director and State Health Officer, is now serving in this capacity. Dr. Mabry nominated Dr. Halverson. The nomination was seconded by K.C. Jones and R.T. Fendley, simultaneously. There were no other nominations. Dr. Halverson was then unanimously elected as Secretary/Treasurer.

IX. Next Meeting Date

The next meeting will be held on Tuesday, February 15, 2011, at 3:00 p.m. The meeting will be held in Room 906 (Boardroom) at the Freeway Medical Building. Dr. Graham asked that subcommittee chairs let ADH staff know of any subcommittee meetings so that FOI requirements regarding public notices can be met.

X. Other

UAMS is sponsoring the Arkansas Trauma Update 2011 Conference, April 29th and 30th, at The Crowne Plaza in Little Rock. Dr. Kim Maddox will be the keynote speaker.

There was a phone inquiry from Great River Medical Center, Blytheville, asking about their intent application. Diannia Hall-Clutts will follow up with them.

XI. Adjournment

Without objection, Dr. Graham adjourned the meeting at 5:08 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

January 18, 2011
Trauma Advisory Council
Injury Prevention Sub Committee

- I. Introductions
 - a. Explanation of the role of the SIPP staff

- II. SIPP Implementation
 - a. During the first few months the SIPP staff will be/are networking, building content expertise, identifying needs of trauma centers and EMS facilities, etc.
 - b. Clinton School Needs Assessment- through a web-based survey, graduate students will collect data from trauma centers and EMS providers regarding their role with injury prevention as it currently stands with their organization. Survey should go out to trauma system affiliated hospitals and EMS agencies in February. Participating agencies are strongly encouraged to participate to help with the formation of an effective SIPP.
 - c. Gary will meet with the Trauma Regional Advisory Councils (TRACS) to explain more about the program and offer services from the SIPP team.

- III. Strategic Plan
 - a. Goal: have draft in place by the end of April
 - b. Gary created a proposed structure for the plan, consistent with several other states to give the freedom to adapt as the need arises.
 - c. Plan will include specific goals and objectives with the utilization of some data, but the full supporting data will be in separate supporting documents.
 - d. Public commentary on the draft will be open from the end of April through the end of the fiscal year.
 - e. Changes will be made and a finalized plan will be submitted and disseminated.
 - f. Sub-committee members, if you have information to include in the plan, email that information to the SIPP member for that particular discipline.

- IV. Core Injury Prevention Grant
 - a. Application submitted for a Safe States Technical Site visit
 - i. Dates requested: July 18-22, August 1-5, or August 15-19.
 - ii. Notification of acceptance will happen in the Spring.
 - b. Core Grant-due Feb. 8th
 - i. Budget completed
 - ii. Push to finalize application for the next couple of weeks.

- V. Data/Surveillance
 - a. Further meetings to be held to determine priorities for ongoing surveillance, but not until later in 2011
 - b. Updated Teen Driving data will be released later this year (# of deaths, seat belt laws, etc.)
 - c. Heather Williamson and Ravina Daphtary will be tracking the legislative session and will get the information to the group as needed.

- VI. Other Business:
 - a. What interactions do trauma centers need from this committee?
 - i. Need the foundation information to start injury prevention programs
 - ii. Capacity Building and Sustainability
 - b. 3 educational videos were created to disseminate information about the trauma system to applicants. This resource is still available if needed as background for new staff. Similar videos may be produced to share information about injury prevention.

- VII. Next Meeting Date
 - a. February 15th
 - b. Injury Prevention Subcommittee 2pm, TAC 3pm.

Submitted by,

Amy Witherow

Motor Vehicle Safety Project Analyst

SIPP

Meeting Title Designation Sub-Committee of the TAC

Minutes

1-18-2011

1:00 pm – 3:00 PM

FREEWAY MEDICAL Building Room
801

MEETING CALLED BY	Jamie Carter
TYPE OF MEETING	Sub-Committee
FACILITATOR	Jamie Carter
NOTE TAKER	Diannia Hall-Clutts
ATTENDEES	Jamie Carter, Dr. Todd Maxson, Robert Atkinson, Donna Parnell, Terry Collins, Dr. Michael Sutherland, Dr. Jim Booker, Dr. Barry, Dr. John Recicar, Bill Temple, Diannia Hall-Clutts, Margaret Holaway, Lee Crawford,

Agenda topics

Hospital Designation –St. John’s Regional Health Center Jamie Carter, Todd Maxson & Terry Collins

DISCUSSION	<p>Terry Collins stated that St. John’s had one Type I deficiency –no longer have a general surgery residency program. They train Emergency Medicine residents; they have other residents that rotate throughout the hospital but due to the residents work hours the training facilities pulled back the general residency program. No other deficiencies were noted. This is not a deficiency under the Missouri rules and regulations. The one Type I deficiency will give them a provisional year designation. They intend to look at some creative ways that they can meet this requirement. Dr. Maxson commented that this trauma program is a great model. Their participation in the Arkansas Trauma System is welcomed.</p> <p>This brings up the opportunity for a FAQ or clarification; this may be one that has to go to the board. We might consider expanding the definition of general surgery residency program. Even at the college level general surgery residency programs can be in the form of orthopedics, neurosurgery or emergency medicine. As long as it is ACGME surgical training, it counts. St. John’s would have the one year plus the possibility if granted by the ADH of a second year to put a program in place. They are also looking at a fellowship.</p>
CONCLUSIONS	A motion was made and seconded to recommend to the ADH that St. John’s Regional Health

	Center be given a Provisional Level I designation status. The motion carried.	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Discuss when to start meeting and who needs to be involved in revising the rules and regulations	Committee	Revisit
Separate the FAQ to include a proposed rule change list and keep as a running document	ADH	Ongoing

Hospital Designation Intent Applications Jamie Carter, Diannia Hall-Clutts,
Margaret Holaway

DISCUSSION	Siloam Springs Memorial Hospital – Level IV -Approved	
	Eureka Springs Hospital – Level IV – Approved	
	Booneville Hospital – Level IV –Approved	
	Hot Spring Medical Center – Change from a Level IV to a III	
	Ashley Co. Hospital – Change from a Level IV to a shared III	
	Chicot Co. Hospital – Change from a Level IV to a shared III	
CONCLUSIONS	Siloam Springs Memorial Hospital – Level IV – Approved by the committee	
	Booneville Hospital – Level IV – Approved by the committee	
	Hot Spring Medical Center - Only one surgeon how could they cover 24-7 surgical cover criteria for a Level III? Dr. Todd Maxson made a motion to send back to them to ask for further clarification before approval, should work through TRAC on a solution. They have to cover their regional 100% of the time. Terry Collins seconded the motion.	
	Ashley Co. Hospital – Non-Board certified Surgeon – Meets alternative criteria – Letter has been written to endorse the sharing of Surgeons to create Level III coverage for that region. Dr. Todd Maxson made a motion that this will be approved contingent upon receiving the letter of endorsement from the TRAC which will be attached to the minutes. Donna Parnell seconded the motion. The motion carried.	
	Chicot – Two surgeons – one is board certified, one is not. Approval pending on receiving the TRAC endorsed letter above.	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Will send back to Hot Spring Medical Center for clarification	Margaret Holaway	

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Frequently Asked Questions

Dr. Todd Maxson

DISCUSSION	Question 1: Full-time emergency medicine practitioner with special competence in the care of the critically injured patient. Define "special competence"	
Question 2: What is an "Organized quality improvement program"?		
Question 3: Does the TMD need to be a surgeon or can he/she be a board certified ED physician for a Level III?		
CONCLUSIONS	Question 1: Proposed by Dr. Todd Maxson If you are boarded in emergency medicine that speaks to your competence, by virtue of your boards you have had training and experience in caring for injured patients. If you are not boarded then A through G (on the hand out) would be the requirements to demonstrate competence. This would not affect hospitals that have already gone through designation till next designation period. Delete "A" and change what was "G" to "F" to read - Performance assessment by the trauma medical director that attests that the non-board certified EM physician's care of injured patients is acceptable to or as judged by the hospital's peer review process. (This is typically done by periodic assessment of the practitioners cases.)	
Question 2: Committee felt like no changes were needed.		
A motion was made and seconded to add both Questions 1 (after changes) & 2 to the FAQ's, no opposed, motion carried.		
Question 3: Does the TMD need to be a surgeon or can he/she be a board certified ED physician for a Level III? This is allowable if the TMD who is not a surgeon; has a co-director one in which has to be a surgeon.		
Question 4: Can a facility meet the requirements of a level III facility with less than 100% coverage in all of the critical specialties (general surgery) if the TRAC endorses a plan to ensure coverage for patients requiring such services within the region? (45 min. drive) Yes, a TRAC specific plan should be formulated and approved by the TRAC and submitted to the designation committee of the TAC prior to designation application.		
A motion was made and seconded to add both Questions 3 & 4 (after proposed changes) to the FAQ's, no opposed, motion carried.		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

[Time allotted]

Additional Business

Jamie Carter

DISCUSSION	Jamie would like to ask Michael Sutherland to formally join this committee. Dr. Sutherland excepted	
CONCLUSIONS	A motion was made and seconded, no opposed. Motion carried.	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Dr. Michael Sutherland will be added to the distribution list and receive all business of this committee	Diannia Hall-Clutts	Immediately

NEXT MEETING	February 15, 2011 at 2:00 p.m. – 3:00 p.m.
	Freeway Medical Building – Room 801

EMS Subcommittee Meeting

January 18th, 2011

AWIN Radios: Per Renee, all 620 radios are in and they were able to get a more expensive radio for the same price. The Service Centers for Motorola around the state will contact the services for installation.

ATCC: Mr. Swanson and Jeff Tabor gave the update. There are two data points that are being collected from the ATCC:

- a. How long did it take for the hospital to get a receiving physician?
- b. When was EMS notified of the transfer, when did they arrive and depart the transferring facility and when did they arrive at the receiving facility? The ATCC will be contacting these facilities and agencies to gather the information for these data points. There was some discussion about communicating this information to all of the EMS agencies regarding the data points and the questions that will be asked. Jeff stated the call center is going well. They have had several changes but since the start date, they have handled 104 hospital to hospital transfers and 86 EMS runs.

2011 Fiscal Year Funding: Bill Temple will present in the Trauma Advisory Committee. We are ahead of the game this year, > 50% of the grants have been written. Still need some of the close out forms from some services for the 2010 fiscal year. Those services will be contacted. As of date:

- a. 110 EMS services are eligible; 54 have received 55-60 grants and 40-50 purchase orders
- b. Training site grants are starting to come in.

EMS Data: Greg is still looking at the data, states we are receiving a lot more than before and he feels it is going well. The trauma band data point will be added to the EMS program soon. Greg will continue to monitor.

Backfill Agreements: There was a lot of discussion concerning the contracts in regards to a service breaking the contract and what the repercussions would be. Would or should there be a penalty involved? At this time, there are no repercussions. Also, much discussion concerning services setting their own price, a decision was made to leave the cost area blank at this time and leave it as negotiable between the services. The point was made that we need to stay focused on our primary mission of saving lives by staying focused on the care and transport of our patients. Mr. Swanson brought up the need to define the difference regarding backfill vs. mutual aid, will get revised form from Greg to review definition. Each licensed service will need to have two signed backfill agreements with neighboring services. These agreements should be with a service providing equal or higher level of service. Dr. Evans stated that we need a starting point and that we could adjust these agreements as needed.

Short Form: There were several forms passed around for review. After much discussion, the short/short form from the state was the one that was liked the best by all. Minor changes will be made to the short form and brought back for review. All EMS services throughout the state will be required to leave this patient report short form after transporting to a facility if they are unable to leave their official patient report.

Next Meeting: February 15, 2011

Attendees:

KC Jones

Matt Young, MD

Austin Porter

Laura Guthrie

Terry Bracy

Gary Padget

Myra Wood

Donnie Smith

Jerry Duncan

Chuck Mason, MD

Marie Lewis

Jon Swanson

Renee Mallory

Jeff Tabor

Renee Patrick

Cathee Terrell

Brian Nation

Denise Carson

Joe Martin

Clint Evans, MD

Judy Dyke

Ronald Russell

Jim Vaughan

Milton Teal

Sedley Tomlinson

