Trauma Advisory Council

August 20, 2013
3:00 p.m.
Minutes

MEMBERS PRESENT
Dr. Charles Mabry
Dr. Barry Pierce
Dr. Viviana Suarez
Dr. Nathaniel Smith
Dr. Clint Evans
Dr. Michael Pollock
Dr. Mary Aitken
R. T. Fendley
Terry Collins
Jon Wilkerson
Christi Whatley
Carrie Helm
John Gray
Tim Tackett
Jamey Wallace
Thomas Jenkins

MEMBERS ABSENT
Dr. James Graham
Dr. Victor Williams
Dr. Ronald Robertson
Dr. Janet Curry
John E. Heard
K. C. Jones
Freddie Riley
Kathryn Blackman
Colonel Stan Witt (rep. by Sr. Cpl. Karen E. Clark)
Keith Moore

GUESTS
Dr. Michael Sutherland
Dr. Lew McColgan
Dr. James Booker
Dr. Rob Johnson
Debbie Moore
Ronald Woodard
Michelle Murtha
Chris Tarkington
D'borai Cook
Allen Usrey
Terri Imus
Amber Files
Sarah Bemis
Kim Brown
Carrie Vickers
Donna Ward
Robert Fox
Ken Kelly
Tim Vandiver
John Recicar
Donna Parnell-Beasley
Carla McMillan
Laura Guthrie
Michael Perrin
Sid Ward
Nancy Archer
Donald Reed
Greg Stubblefield
Ronald L. Russell
Johnnie Schaumeffel
Stacy Wright
James M. Smith
Timothy Calicott

GUESTS (Cont.)
Patti Rogers
Brooke Tunstell
Jamie Pafford
Kim Hall
Brooke Keith
Carla Jackson
Cathee Terrell
Don Adams
Jeff Tabor
Jon Swanson
Teresa Ferricher
Jennifer Carger
Denise Carson

STAFF
Dr. Todd Maxson
Donnie Smith
Bill Temple
Teresa Belew
Renee Joiner
Rick Hogan
Greg Brown
Austin Porter
Joe Martin
Diannia Hall-Clutts
Katy Allison
Margaret Holaway
Karis Fleming
Marie Lewis
Bethany McLaughlin
Teri L. Sanddal
Jim C. Brown

I. Call to Order – Terry Collins, Acting Chairperson

The Trauma Advisory Council (TAC) meeting was called to order on Tuesday, August 20, 2013, at 3:08 p.m. by Ms. Collins.

II. Welcome and Introductions

Ms. Collins welcomed all guests and members and asked those in attendance and those on the conference call to introduce themselves. She asked that TAC members and guests on the conference call who wish their attendance noted for the official minutes to send the appropriate e-mail.

III. Approval of Draft Minutes From July 16, 2013.

The TAC reviewed the July 16, 2013 minutes. A motion to approve the minutes was made by Dr. Barry Pierce and seconded by Dr. Michael Pollock. The minutes were approved.

IV. Trauma Office Report – Bill Temple

Mr. Temple shared that he distributed via e-mail the proposed changes to the Trauma Rules and Regulations. Input and comments are welcome by September 9, 2013 during the informal review process. After this review process, the proposed Rules will go to the Board of Health for approval to begin the formal administrative process. After questions, Mr. Temple explained that two e-mails were sent. One document was the existing Rules and another was the proposed new Rules. He also sent a second e-mail with the "marked up" Rules. Mr. Temple further informed the TAC that there are significant changes on designation requirements for Level III and Level IV hospitals. Significant vetting has already occurred with regard to these sections. He noted that the American College of Surgeons has not released its new guidelines for Level I and Level II hospitals. Once released, we will further revise the Rules regarding Level I and II requirements.

The TRAC Injury and Violence Prevention (IVP) Subcommittee Chairs are coming in for an all-day meeting on Thursday, September 12, 2013. Each TRAC will receive $20,000 to be utilized for IVP. The goal is to have sub-grants in place by October 15, 2013.

The Public Health Educator position in the IVP Section is expected to be posted soon.

Over recent weeks, Mr. Temple has communicated with Governor Beebe's office and he provided an update on TAC membership. Mr. Thomas Jenkins, Fire Chief, Rogers, Arkansas is newly appointed to replace Mr. Robert Williams as Consumer Representative. Reappointed members include: Ms. Christy Whatley, Ms. Kathryn Blackman, Mr. K. C. Jones, Mr. R. T. Fendley, Ms. Terry Collins, Dr. Charles Mabry, Mr. Jon Wilkerson, Dr. Barry Pierce and Dr. Clint Evans.

V. ADH Medical Consultant Report – Dr. Todd Maxson

Dr. Maxson reminded everyone that Level I and Level II rules are expected from the American College of Surgeons in October. He also mentioned the Trauma Leadership Conference this coming weekend, and indicated it will be very valuable for the trauma system and will be an excellent opportunity for Trauma Program Managers, Trauma Medical Directors and administrators to interact and share perspectives.

Dr. Maxson informed the TAC that the Regional Trauma Medical Directors have not been named and the process is presently in a holding pattern as details are worked out. The clinical practice guidelines will be discussed at the Leadership Conference. The mortality reports are being reviewed and some interesting patterns are emerging. Specifically, there is a major problem with individuals on anti-coagulants experiencing falls, coming into the ER and dying. He asked that a little more detail be shared on the mortality reports as to how the deaths were adjudicated.

VI. Other Monthly Reports

Trauma Registry – Marie Lewis

- She had a preliminary planning meeting with DI last week regarding the update to version 5 in preparation for implementation next year.
- She is still working with the American College of Surgeons regarding the T-Quip contract.
- Sue Ellen Peglow's position is posted on the Arkansas State Jobs website as an Information Systems Coordinator.
- The next submission deadline for April, May, and June data is August 31, 2013.

Arkansas Trauma Communications Center (ATCC) – Jeff Tabor

They have coordinated almost 40,000 patient transfers since the ATCC began operations. Volume is up for both EMS scene calls and hospital transfers. Malpractice insurance for the on-call process for hand surgeons has been obtained and we are waiting on the individual contracts. We are hoping to have 11 hand surgeons participating. No exact time for implementation has been established.

Arkansas Trauma Education and Research Foundation (ATERF) – Dr. Michael Sutherland

Dr. Sutherland specifically mentioned the Arkansas Trauma Leadership Conference, which will be held August 23-24, 2013 at Big Cedar Lodge in Ridgedale, Missouri. There are 110 individuals registered. He asked those interested who have not already registered to call the ATERF office.

Trauma Image Repository (TIR) – Terri Imus

In July, there were 537 ATCC patient transfer notifications. Of the 537 transfers, 385 contained 260,850 images that passed through the TIR. A backup system is now in place. Fifty-seven of the 66 participating hospitals (86.3%) had images sent this month.

Technical work and progress continues toward the participation of Le Bonheur Children's Hospital in Memphis, Tennessee.

Scorecard Report – Austin Porter

Mr. Porter advised that he passed his comprehensive exams. He shared and discussed a PowerPoint presentation on helicopter utilization that is attached to the minutes. The report was distributed via e-mail to TAC members before the meeting, and was also sent to those on the conference call who had e-mailed their attendance notification.

VII. TAC Subcommittee Meeting Reports

(Note: Subcommittee minutes are attached, where appropriate; only official action and additional information provided to the TAC is documented in this section.)

- Finance Subcommittee (R. T. Fendley – Chair) (See attached report)

  Mr. Fendley said the Subcommittee met on August 6, 2013. He noted that the TAC has previously approved the funding of a rural rotation program for emergency medicine residents. They are working on specific requirements and criteria. The TAC approved a motion that the program be named the Marvin Leibovich Rural Emergency Medicine Residency Rotation Program. He asked Dr. Maxson and Dr. Graham to inform Doctor Leibovich and that we work to make it more official, perhaps through the Governor's office. The hospital cost study survey instrument is being refined through the pilot study group. Feedback was also provided to ADH on other funding issues. The Subcommittee will meet again on September 3, 2013.

- Hospital Designation Subcommittee and Site Survey/System Assessment Panel (Dr. James Booker, Chair) (Did not meet) (No report)

  Dr. Booker noted that the Subcommittee recommends Northwest Medical Center in Springdale, Arkansas, to ADH for approval as a Level III trauma center.

- EMS Subcommittee (Tim Tackett - Chair) (See attached report)

  Mr. Tackett reported that the Subcommittee met earlier today. The group has decided to change the traditional meeting date from the second Tuesday of the month to the third Tuesday at 10:00 a.m. in the EMS area (same day as TAC meeting). Work on fiscal year 2015 standards for deliverables for EMS agencies remains a top priority for the Subcommittee and will be discussed at their next meeting on Tuesday, September 17, 2013 at 10:00 a.m. They also discussed out-of-state trauma patients.

- Rehabilitation Subcommittee (Jon Wilkerson – Chair) (Did not meet)

  Ms. Kim Brown reported that the Subcommittee did not meet last month. They will be meeting this Thursday. They have finalized the TBI Registry referral form. They are working to finalize guidelines for the process and expect implementation on November 1, 2013. The educational process for implementation will begin with Level I and Level II hospitals. The Brain Injury Conference grew from 55 participants last year to 155 participants this year. They will be moving to the Hot Springs Convention Center for next year's conference. The Traumatic Brain Injury Report has been published to the ADH website at the link below: http://www.healthy.arkansas.gov/programsServices/injuryPreventionControl/TraumaticSystems/Documents/trauma/AFMCSpinalCordCommission.pdf

- QI/TRAC Subcommittee (Dr. Charles Mabry – Chair) (Did not meet) (No report)

  Dr. Mabry said a Subcommittee workgroup met earlier today to discuss specific audit requirements for the QSource contract as we work to implement that agreement.

- Injury and Violence Prevention Subcommittee (Dr. Mary Aitken – Chair) (See attached Report)

  Dr. Aitken reported the Subcommittee met last Thursday. The minutes from that meeting will be included with this month's TAC minutes. She noted that each TRAC has formed an Injury and Violence Prevention Subcommittee. She also shared information from a recent report reflecting a significant decrease in seat belt usage in Arkansas. This makes Arkansas the state with the lowest seat belt usage of those states with a primary seat belt law. The next meeting will be September 12, 2013 as the Subcommittee will now have monthly meetings. All of the TRAC IVP Subcommittee chairs are coming to the September meeting. Dr. Barry Pierce inquired about injury prevention funding and significant discussion ensued.

VIII. Next Meeting Date

The next regularly scheduled meeting is on Tuesday, September 17, 2013.

IX. Adjournment

Without objection, Ms. Collins adjourned the meeting at 4:37 p.m.

Respectfully Submitted,

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Nathaniel Smith, MD, MPH
Secretary Treasurer of the Trauma Advisory Council
Director and State Health Officer, Arkansas Department of Health

ARKANSAS TRAUMA SYSTEM

Scorecard

Trauma Advisory Council

ARKANSAS DEPARTMENT OF Health

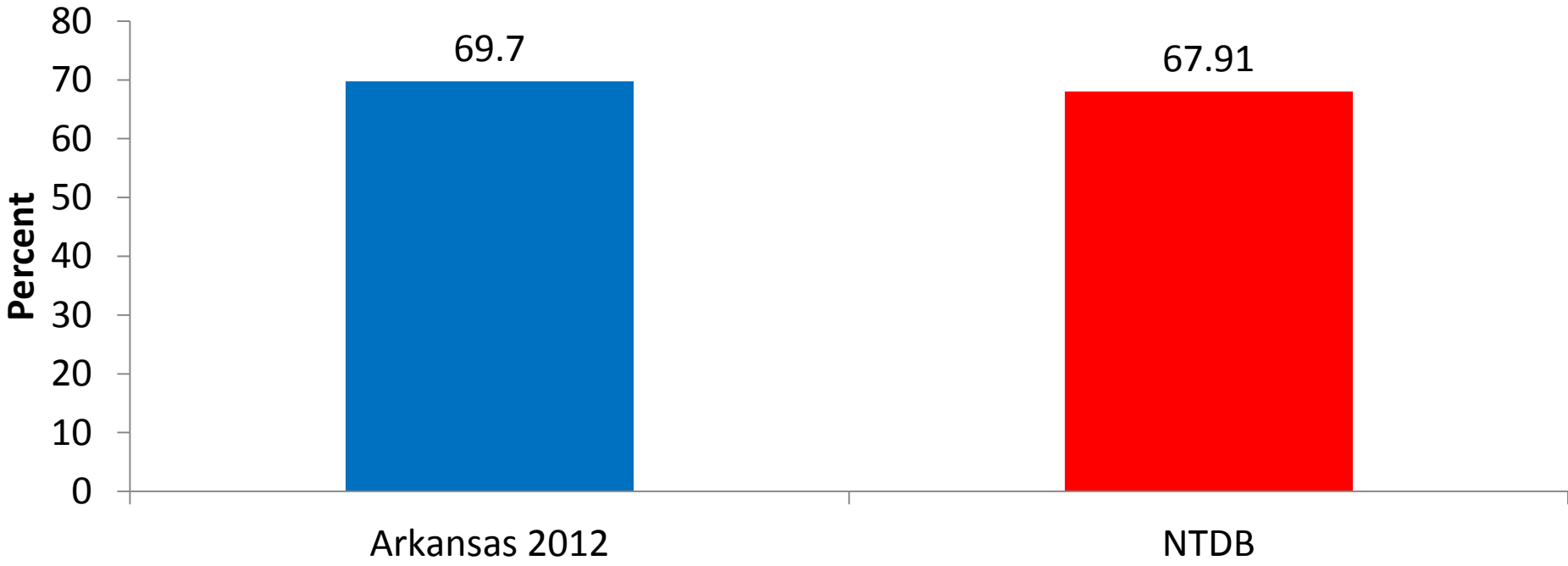
Keeping Your Hometown Healthy

Helicopter Utilization

Methods

- Patients younger than 15 years old were excluded
- Calendar year 2012 was used in reporting 2012 AR Trauma Registry data
- Time period for reporting NTDB data was from 2011, unless otherwise specified
- 2012 Trauma Registry Data as of 8/16/2013
- Data includes scene and transfer flights
- Non-severe transports do not meet any of the following criteria
  - Hypotension (SBP < 90mmHg)
  - GCS less than 9
  - ISS 16 and greater
  - Discharged from the ED to the ICU or OR

Arkansas Trauma Registry Scorecard
Helicopter Transports
Arkansas vs. NTDB



	Arkansas, 2012		NTDB, 2011
	All	% of Total	% of Total
Met any of previous criteria	636	69.7%	67.91%
Total Helicopter Transports	912		

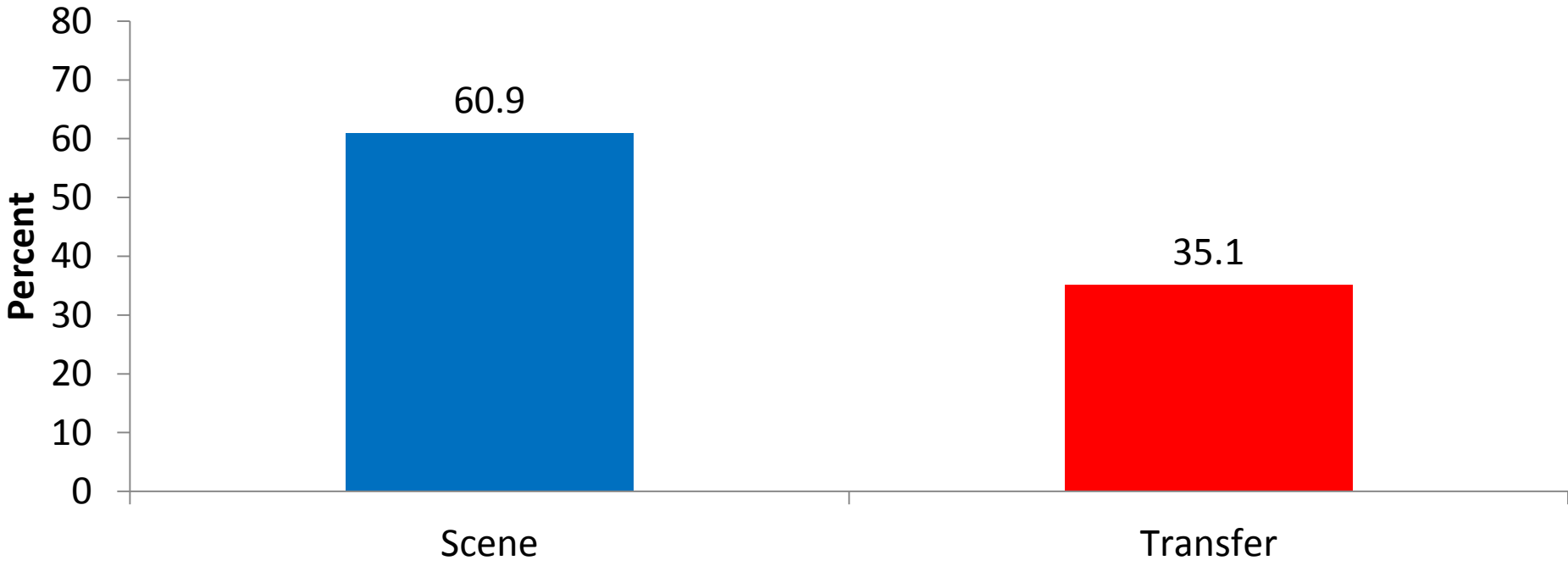
Source: Arkansas Trauma Registry, National Trauma Data Bank

Arkansas Trauma Registry Scorecard
Scene vs. Transfer Flights, By Patient Demographics and Vitals
Arkansas, 2012

Variable	Scene Flights		Transfer Flights	
	Mean	Median	Mean	Median
Age	42	41.5	44	42
ISS	7	6	7	6
Systolic Blood Pressure (ED)	139	137	137	138
GCS (ED)	14.8	15	14.8	15
Hospital LOS (days)	3	2	4	2
ICU LOS (days)	0	0	1	0

Source: Arkansas Trauma Registry

Arkansas Trauma Registry Scorecard
Helicopter Transports
Non Severe Transports, Scene vs. Transfer, Arkansas 2012

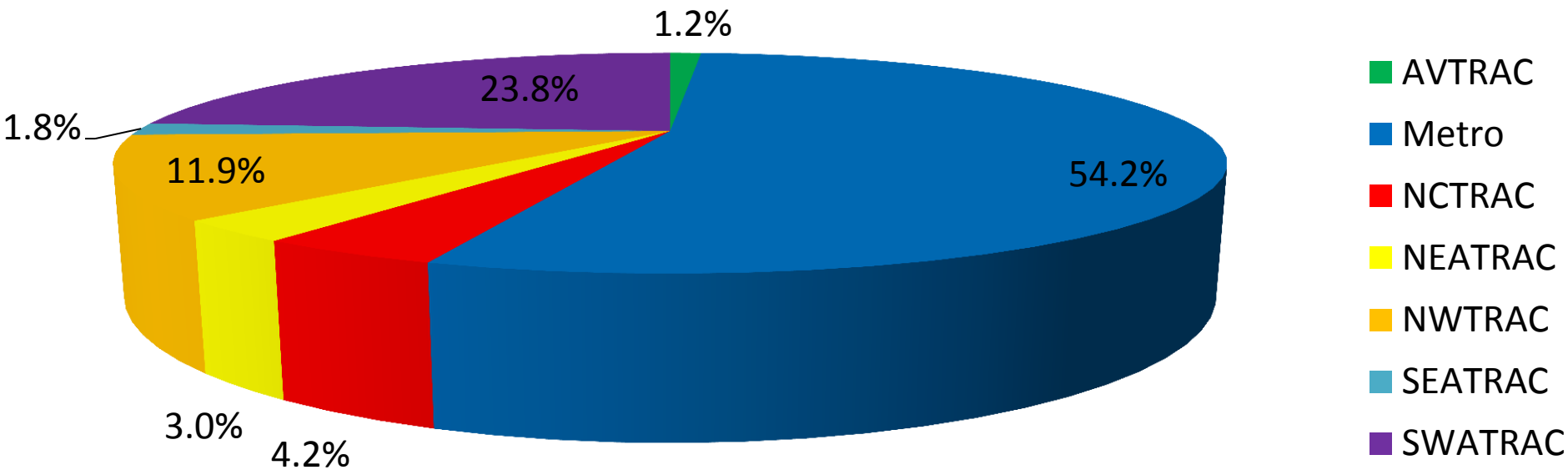


	Arkansas, 2012					
	All	% of Total	Scene	% of Non Severe Total	Transfers	% of Non Severe Total
Non Severe Helicopter Transports	276	30.3%	168	60.9%	97	35.1%
Total Helicopter Transports	912		276		276	

Source: Arkansas Trauma Registry

Note: 4% missing data

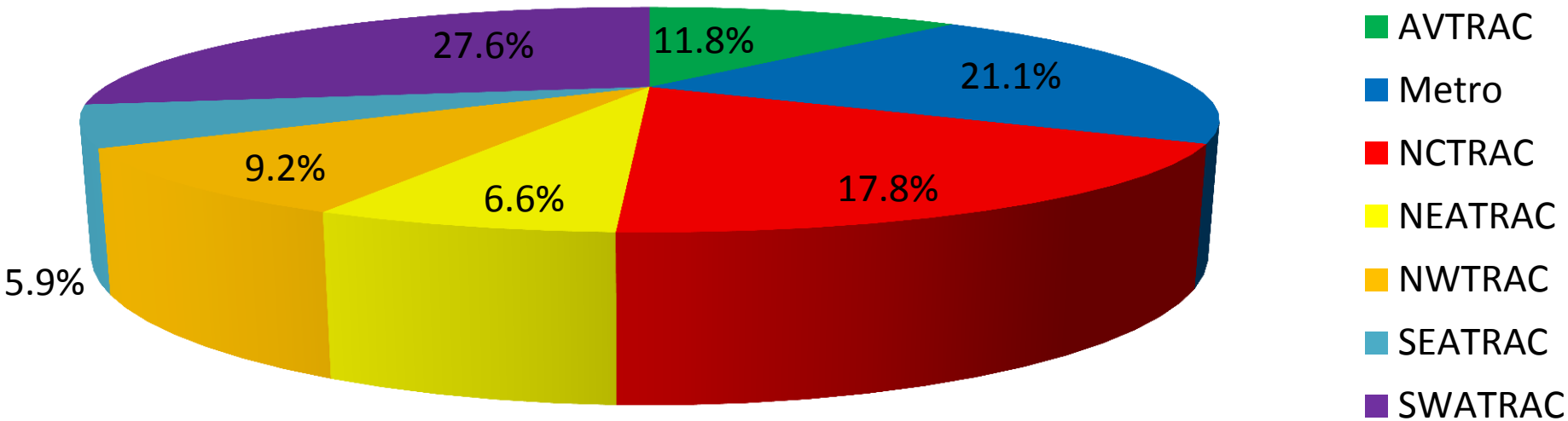
Arkansas Trauma Registry Scorecard
Helicopter Transports
Non Severe Scene Flights, By Receiving TRAC, 2012



	Non Severe Scene Flights							
	AVTRAC	Metro	NCTRAC	NEATRAC	NWTRAC	SEATRAC	SWTRAC	Total
Scene Flights	2	91	7	5	20	3	40	168

Source: Arkansas Trauma Registry

Arkansas Trauma Registry Scorecard
Helicopter Transports
Non Severe Scene Flights, By TRAC of Injury, 2012

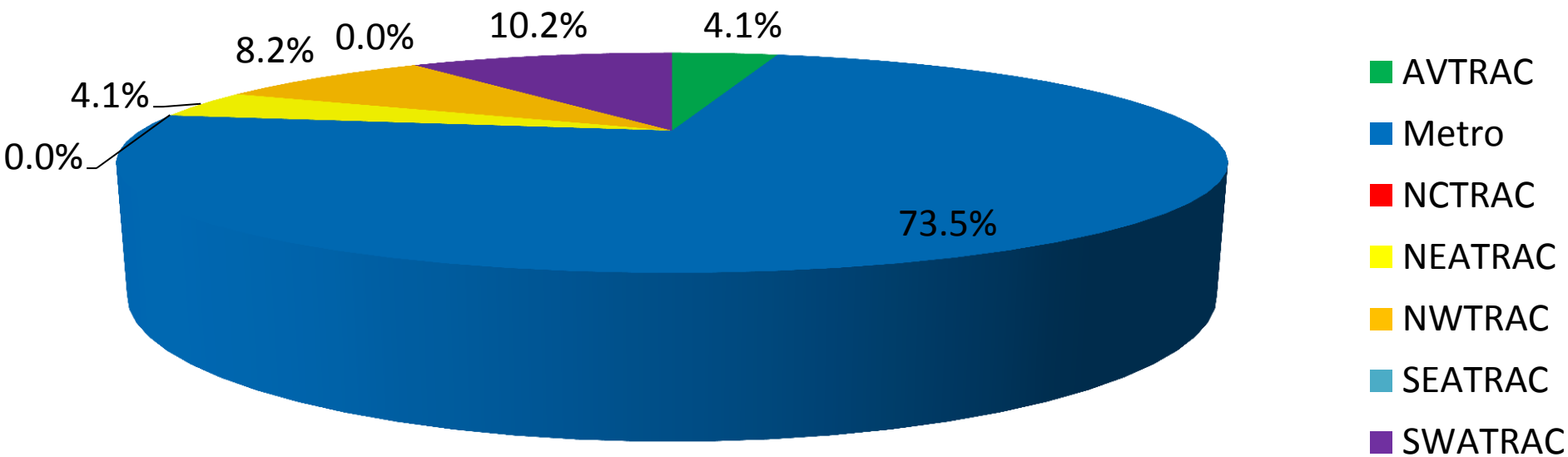


	Non Severe Scene Flights							
	AVTRAC	Metro	NCTRAC	NEATRAC	NWTRAC	SEATRAC	SWTRAC	Total
Scene Flights	18	32	27	10	14	9	42	152

Source: Arkansas Trauma Registry

Note: 16 missing observations

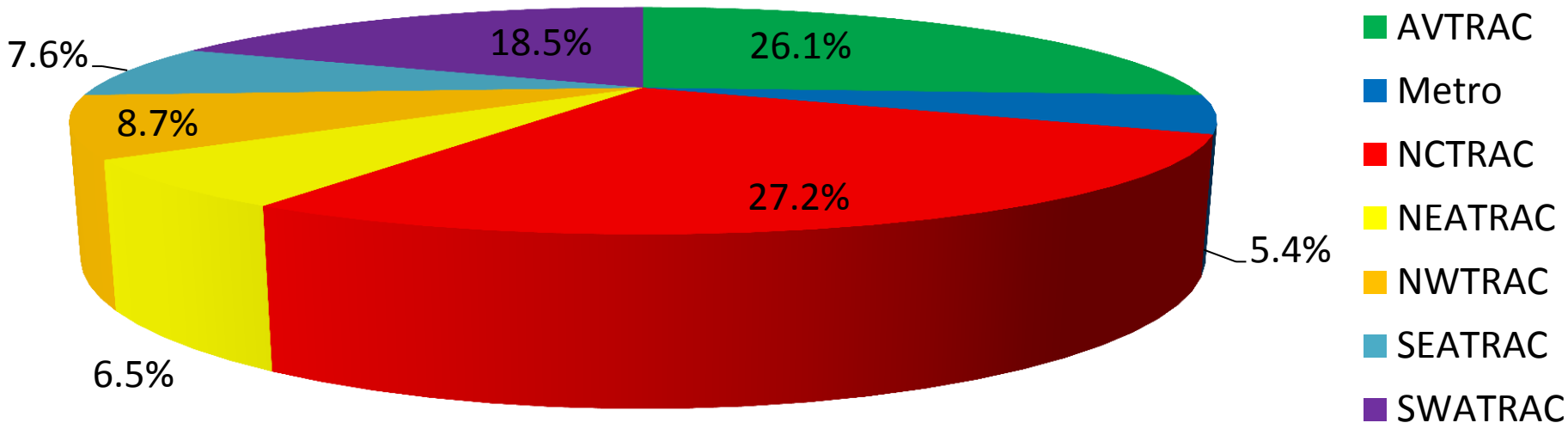
Arkansas Trauma Registry Scorecard
Helicopter Transports
Non Severe Transfer Flights, By Receiving TRAC, 2012



	Non Severe Transfer Flights							
	AVTRAC	Metro	NCTRAC	NEATRAC	NWTRAC	SEATRAC	SWTRAC	Total
Transfer Flights	4	71	0	4	8	0	10	97

Source: Arkansas Trauma Registry

Arkansas Trauma Registry Scorecard
Helicopter Transports
Non Severe Transfer Flights, By TRAC of Sending Facility, 2012



	Non Severe Transfer Flights							
	AVTRAC	Metro	NCTRAC	NEATRAC	NWTRAC	SEATRAC	SWTRAC	Total
Transfer Flights	24	5	25	6	8	7	17	92

Source: Arkansas Trauma Registry

Note: 5 missing observations

Arkansas Trauma Registry Scorecard
Scene vs. Transfer Flights, By ED Disposition Status
Arkansas, 2012

ED Discharge Disposition	Scene Flights		Transfer Flights	
	N	Percentage	N	Percentage
Floor Bed	102	60.7%	57	58.8%
Home with Services	12	7.1%	14	14.4%
AMA	0	0.0%	1	1.0%
Observation Bed	17	10.1%	10	10.3%
Other	1	0.6%	1	1.0%
Telemetry/ICU Step-down	17	10.1%	9	9.3%
Transferred	19	11.3%	3	3.1%
N/A	0	0.0%	2	2.1%
Total	**168**	**100%**	**97**	**100%**

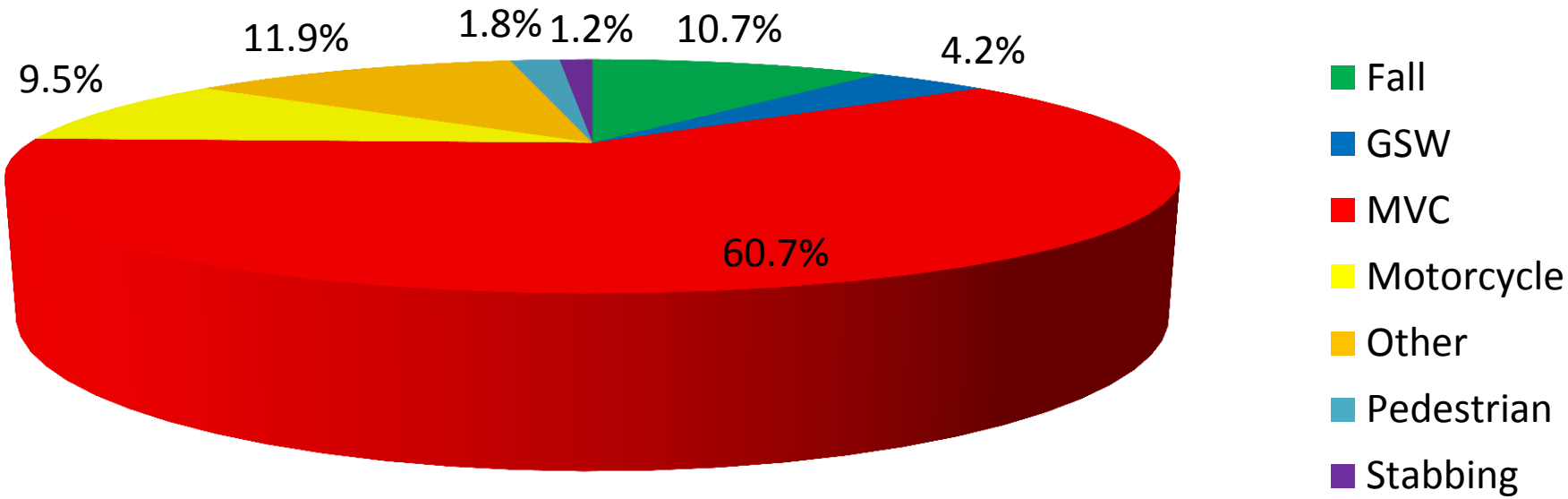
Source: Arkansas Trauma Registry

Arkansas Trauma Registry Scorecard
Scene vs. Transfer Flights, By Payment Status
Arkansas, 2012

Payment Type	Scene Flights		Transfer Flights	
	N	Percentage	N	Percentage
Blue Cross/Blue Shield	7	4.2%	5	5.3%
Medicaid	18	10.7%	9	9.5%
Medicare	25	14.9%	23	24.2%
No Fault Auto	18	10.7%	4	4.2%
Other	9	5.4%	5	5.3%
Other Government	1	0.6%	1	1.1%
Private/Commercial Insurance	24	14.3%	16	16.8%
Self Pay	58	34.5%	29	30.5%
Workers Compensation	8	4.8%	3	3.2%
Total	**168**	**100%**	**95**	**100%**

Source: Arkansas Trauma Registry

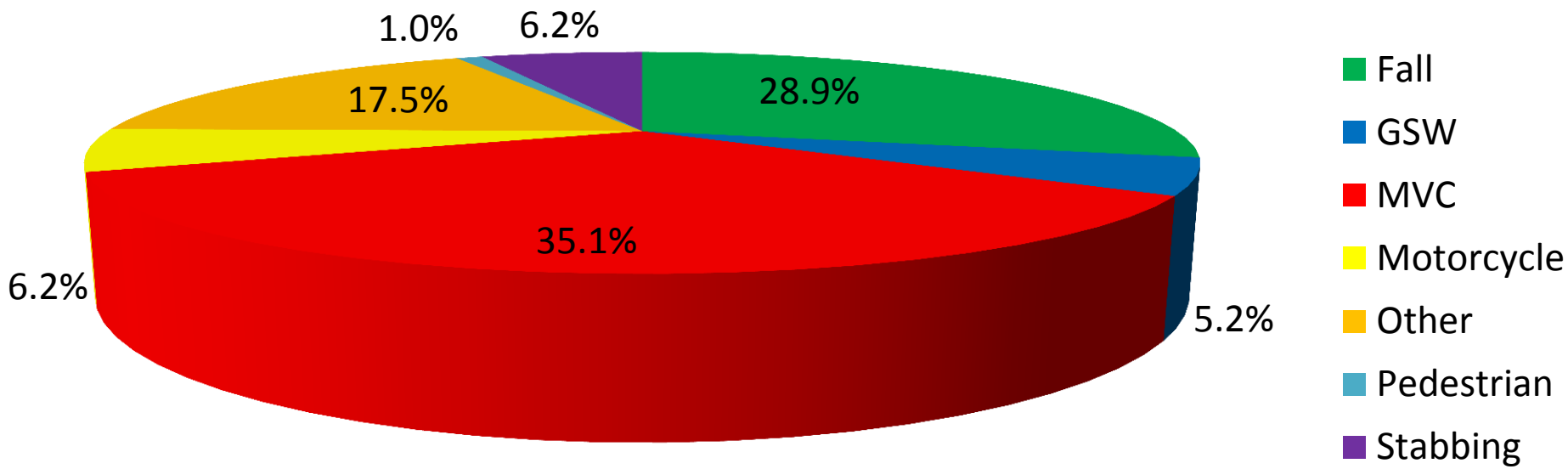
Arkansas Trauma Registry Scorecard
Helicopter Transports
Non Severe Scene Flights, By Mechanism of Injury, 2012



	Non Severe Scene Flights							
	Fall	GSW	MVC	Motorcycle	Other	Pedestrian	Stabbing	Total
Scene Flights	18	7	102	16	20	3	2	168

Source: Arkansas Trauma Registry

Arkansas Trauma Registry Scorecard
Helicopter Transports
Non Severe Transfer Flights, By Mechanism of Injury, 2012



	Non Severe Scene Flights							
	Fall	GSW	MVC	Motorcycle	Other	Pedestrian	Stabbing	Total
Transfer Flights	28	5	34	6	17	1	6	97

Source: Arkansas Trauma Registry

Trauma Advisory Council Finance Sub-Committee

August 6, 2013

Attending: R.T. Fendley, Chairman; Dr. Michael Sutherland; Mr. Don Adams; Ms. Terry Collins; Dr. Todd Maxson; Dr. Charlie Mabry; Ms. Kim Brown; Ms. Diannia Hall-Clutts; Ms. Renee Joiner; Mr. Bill Temple; Dr. Tony Seupaul, Mr. John Recicar; Mr. Chasse Conque; Mr. Donnie Smith; Mr. Brian Nation

I. Call to Order at 3:35 p.m. by Mr. R.T. Fendley, Chairman

II. Old Business: None

III. New Business:

Emergency Medicine Rural Rotation Initiative -Dr. Tony Seupaul, UAMS Chairman of Emergency Medicine, reported that additional investigation of RRC and ACGME requirements for resident supervision were indicated prior to implementation of this project. The expectation is that the EM rotation will begin this academic year. Dr. Seupaul solicited input from the committee on establishing criteria for resident placement. Some of the suggestions discussed were bed size, penetration of Emergency Medicine trained physicians, ED annual census, and MSA census bureau definition. Mr. Fendley asked that the committee formalize the naming of this rotation. This issue was discussed and it was decided to ask the Governor's office to announce this initiative once the program was better defined.

Act*ion Items: The ADH Section of Trauma will analyze ED visit data from the submitted Trauma Center PRQ documents. Dr. Seupaul will obtain Emergency Medicine practice locations and Dr. Maxson will ask Dr. Graham to contact Dr. Leibovich.*

Cost Study Survey- Dr. Mabry discussed the status of the BKD trauma cost study. The beta test with UAMS and JRMC is in process. It was noted that the determination of trauma verification and readiness costs has been difficult. Mr. Fendley asked if additional discussions with BKD, UAMS, JRMC, and BMC should occur to determine a more defined methodology.

Action Items: Dr. Mabry and Mr. Adams will facilitate a meeting at the Arkansas Hospital Association.

Hospital/EMS Subgrants- Mr. Brian Nation gave a review of the changes with FY 2014 Trauma Grants. Mr. Nation reported that invoices will be required at least quarterly. All invoices must be submitted prior to June 10th, 2014. Ms. Renee Joiner commented that these monies should be directed to trauma program enhancements and directly attributable to the care of trauma patients. Dr. Sutherland and Dr. Maxson discussed developing guidelines for both hospitals and EMS. Dr. Maxson suggested that it may be time to determine a new funding mechanism for both EMS and Hospitals that would provide an investment in improving our trauma system.

Action Items: The ADH Section of Trauma will develop guidelines for approved equipment that may be purchased with trauma funds. Dr. Maxson will work with Mr. Adams to facilitate a meeting with hospital administrators and the TCAA group.

Meeting adjourned at 5:00 p.m.

EMS Trauma Subcommittee Meeting Minutes

Freeway Medical Tower, Room 801

August 20th, 2013 - 3:00 pm

Called to order	Meeting was called to order by Tim Tackett
1. Welcome and Introductions Tim Tackett	Everyone
2. Process and Expectations Tim Tackett	Tim also shared his expectations/visions of this committee and a letter that he wrote. (See attached)
3. Old Business Air Ambulance AWIN Project Joe Martin	(See Attached) All air services except Hospital Wing are participating. None have applied for the funding yet.
PHTLS Pay for Performance Incentive Joe Martin	(See Attached) 40 services participated and will receive $2,500.00/each. None have submitted for their reimbursement yet. Training deadline is September 27, 2013 and Invoice deadline is November 1, 2013.
ePCR Project Joe Martin	Each service that is participating in the PHTLS pay for performance will need to fill out a trauma grant invoice form along with providing written proof of having the required percentage of their staff certified.
FY 2014 EMS Grants Joe Martin	(See Attached) The deadline for submission and verification is 6/30/14. 15 services have not applied for the grant and 6 of these services have not submitted their backfill agreements so they are not eligible until they complete these agreements. Only waiting on one training site to apply.
TRAC MD's Renee Joiner	Discussion in the TAC QI Sub Committee June and July meetings were focused on the need for TRAC Medical Directors. They will be from each TRAC area and will also be a very active participant in their designated TRAC. (See attached for the description of need and the role of the TRAC Medical

	Director) There was also some discussion regarding some of the TRAC's bylaws and the hiring process of the Medical Director and how involved each TRAC will be in the hiring process. The question was also raised about the possibility of the TRACs having to rewrite their bylaws. All Hospitals are designated so now the focus is on how we can approve the process of the statewide trauma system. A QI form is to be filled out and submitted to the trauma section on each trauma related death beginning January 1, 2013. EMS services do not need to fill out these forms if the patient does not arrive at a hospital. Dr. Maxson will review these forms. If the case is at the provider or institutional level and Dr. Maxson feels that the death could have been prevented or there could be opportunities for improvement, he will forward the form to the Trauma Coordinator of the facility and ask them to do a re-review of that case within their system and come up with a PI improvement plan. If it is system related, then that form will either go to your TRAC QI Chair or if it crossed TRACS, it will be submitted to the State TRAC QI meeting for review and to look for opportunities for improvement. There are 180 deaths that are being reviewed right now. This is not to point fingers at anyone; it is to help identify opportunities for improvement for our trauma system. We are also asking all of our trauma centers to look at 4 critical events: (1) Trauma patients that are seen in the hospital with an ISS > 15 and an ED length of stay of > 2 hours for patients transferred out (2) Lack of a top tier trauma team activation with an ED BP < 90 and trauma Surgeon at the bedside within 30 mins of the activation (3) All requests for urgent trauma transfers out of an ED (4) The First ED GCS < 9 without intubation either in field or within 30 mins on arrival to ED Asking the TRAC's to recommend Medical Director candidates for their TRAC and then Dr. Maxson will work with the TRACS to appointment the Medical Director. There is funding to help off set the cost that the TRAC's will spend funding the Medical Director. These funds are provided through injury prevention

	funds that the TRAC's can apply and use for injury prevention costs. Each TRAC will receive up to $20,000.00. Renee talked about the budget for injury prevention and the opportunities for EMS services to get reimbursement for Injury Prevention activities that they have provided. Cathee ask about the conference call option being offered at all of the TRAC meetings. Renee stated that they had asked the TRACs to provide this and she will follow up with them again since it is not being offered. Tim asked if the dates and times of all of the TRAC meetings were posted anywhere. Dianne stated that they were on the website.
EMS Trauma Standards Renee Joiner	List of the standards (See Attached). Looking at how the section can monitor the EMS standards for Trauma Patient Transports. Jeff shared a power point presentation/graphs regarding standard #3, following the ATCC recommendations to by-pass the local hospital 80% of the time. Greg shared some data from the state data system on the #1 standard, trauma banding all major, moderate and minor trauma patients. The data showed that only 40% of all trauma patients are being banded. Greg stated he is working with some services to make sure that it is not a vendor/technology problem with the submission of the data. He also shared some graphs from the data. Communication problems were also discussed regarding getting the information out to the field Medics/EMT's about trauma banding. Greg stressed the importance of correcting this issue and solving the problem with the reporting and banding of these trauma patients. Jamie brought up the importance of getting the needed education regarding these issues out to the medics in the field. Bubba brought up the idea of requiring this trauma education with the renewal process for all EMTs and Paramedics in the state. Scott Endres stated the Best Practice Task Force of the Training Committee should be able to help develop the trauma education needed with the help of the ADH EMS and Trauma Sections. He also suggested that this training needed to be a part of all EMT/Paramedic state-wide course curriculums. CEU's would be offered for this education. Greg also stated that him and Ryan were also working on education that they could

	put on the ATrain for anyone that would be interested. He also talked about the possibility of making this training a requirement for relicensure. John Swanson made a motion to develop a standard set of training criteria that we can use for presentation for our field staff to explain their role and responsibilities in the trauma system regarding trauma banding and proper identification of trauma criteria/status (Major/Moderate/Minor) per the ADH. The training program can also be used as CEU credit toward relicensing. Tim asked if we could make the education mandatory or if we could at least look into that possibility. Greg stated that they could not make it mandatory without going through a process and he suggested starting with the owners/operators making it mandatory for all of their employees. Greg said he would create the tool for the employers to provide the education. He also stated that the ADH would need the support of the Ambulance Association to roll it out to all of their members and inform them that the ADH and the Association endorses the trauma education. Greg also stated that they would be able to track the individuals who did and did not complete the training by service. Greg stated that him and Ryan would have something on ATrain by next month. Greg also stated that they are working on a dashboard that would give the services live reports so the owners/operators could look and see who is and is not banding trauma patients. He also stated that Ryan could provide those individual reports at anytime. Laura Guthrie seconded the motion. There were no objections and the motion carried. Greg and Renee discussed the other standards. (See attached) The section of trauma will be giving the services that are requested to attend in a focused PI review a 30-day notice. Bubba gave the Section of Trauma "Cuddos" in regards to the previous focused PI reviews that he has been a part of. Greg asked that all services with 3rd party vendors submit more of a 3.0 NEMSIS data set to the state.
4. Trauma Rules and Regulations Revisions Trauma Section Staff	Bill stated that an email went out to approximately 50 people to help disseminate the proposed Trauma Rules and Regulations for review and seek input from stakeholders. Input is needed by 9/9/2013 to be able to get the Rules and Regulations to the

	Board of Health in October. The process will take approximately 6 months. The Level 3 and 4 criteria for the hospitals have already been completed. The Level 1 and 2 criteria will be completed later. Donnie stated that their goal was to mirror the Trauma Rules and Regulations with the EMS Rules and Regulations so he really did not think that there would be any surprises or concerns but please let them know if there is.
5. 2013 Quality Improvement Process Renee Joiner	Renee stated that we had already talked a lot about this earlier. She introduced the Q-Source staff that will be working with the statewide system to help the QI process. Renee ask that the committee come up with ways that they can help the EMS side of the Trauma System. She also stated that there was a National Expert here looking at preventable mortality before and after the Trauma System was put in place. The data is from 2009. Renee stated that she might be requesting information from any of our services to complete her report.
6. ATCC Call Guidelines Jeff Tabor	Jeff passed out a handout on the ATCC preferred radio report format. (See Attached)
7. Out of State Trauma Patients John Gray	John requested some clarification regarding out of state trauma patients. Jeff Tabor stated that Austin had said that if the injury occurred out of state and the patient is taken by an Arkansas service to an out of state trauma center, the service does not have to call ATCC and the run does not need to be entered into the AR EMS data system. Even if the out of state receiving facility participates in the AR trauma system, we do not need to band this patient, call ATCC nor enter them into AR EMS data system. There was a lot of discussion regarding this issue so Tim suggested a few individuals look into and investigate the issue and report back to this committee. Jeff, John and Jamie volunteered to get together and report back.
8. Injury Prevention Grants Teresa Belew	Teresa talked about the Injury Prevention Grants that are available.

9. Next Meeting Tim Tackett	Next meeting will be September 17, 2013 at 10:00am at the Freeway Medical Tower, Section of EMS, Room 801
10. Meeting Adjourned	Motion was made by John Gray to adjourn. Cathee seconded the motion. With no objections, the motion carried.

TAC Injury and Violence Prevention Subcommittee Meeting Minutes

Date: August 8, 2013

Attendees: Dr. Mary Aitken, Chairman, Teresa Belew, Gary Ragen, Kim Brown, Heather Browning, Rev. Kenneth Myers, Dr. Tonya Thompson, Dr. Gordon Reeve, Bill Temple, Olivia Wilson, Shelby Rowe, Maurice Long, Lacye Vance, Audra Walters, Donna Parnell-Beasley, Terry Collins, Allen "Bubba" Usrey, Patty Braun, Sarah Bemis

Attendees on the phone: Sherry Johnson, Andrea Ridgway, Carla Jackson, Patty Braun, Shaun Best, Stacey Wright

Agenda Item	Notes	Actions/Who is responsible
I. Welcome and Introductions	Dr. Mary Aitken called the meeting to order. She asked for approval of the previous minutes. The April 11, 2013 minutes were approved. Dr. Aitken asked the Subcommittee to approve the name change from Injury Prevention Subcommittee to the Injury and Violence Prevention Subcommittee because this is more representative of the scope of the activities. After discussion, the name change was adopted by Subcommittee.	Dr. Mary Aitken, Chairman
II. TRAC/IVP Subcommittee Reports	1. Arkansas Valley – Patti Braun a. Participated with prom night for high school students. Information was distributed when the students purchased prom tickets. b. Bicycle safety and ATV safety programs in April c. Underage drinking prevention with Hometown Health coalition and school nurses. d. Distracted driving programs e. A large hospital provided first aid and injury prevention information to local companies to reduce injuries on the job. f. Monthly AARP Senior driving class g. Dehydration courses in the middle and high schools in Ozark. h. Occupational Health presentations i. Are presently planning new projects for the future. 2. Central Arkansas – Sarah Bemis & Carla Jackson a. The first official meeting will be held tomorrow at Arkansas Children's Hospital (ACH). 3. North Central – Stacy Wright a. We finished the year with over 66,000 contacts. b. There were several county fairs and Port Fest in Jackson County where hospitals and EMS services distributed injury prevention information. c. Working on an "out of the darkness" walk for suicide prevention.	TRAC Representatives

	d. Many things scheduled as back to school emphasis is important. e. Asked about the process for the coming $20,000 grant. f. Next TRAC meeting will be November 14, 2013 at Fairfield Bay. g. Renewed emphasis on drowning after recent events resulting in deaths. h. The Subcommittee is working to attach costs to events and activities. 4. Northeast – Jerry McGill (Gary Ragen reported) a. IP Subcommittee met yesterday. Gary shared that he, Maury Long and Shelby Rowe attended. They focused on their motor vehicle safety, suicide prevention/intervention programs. b. They are planning to focus on the Drive Smart Challenge and Periods of Purple Crying and "at risk" for suicide training program in the ED at hospitals. 5. Northwest – Krisha Jech (Gary Ragen reported) a. Water safety emphasis and education to the public, including life jacket education. 6. Southeast – Carla McMillan (Gary Ragen reported) a. CPS event in Monticello, Arkansas at the Family Fun Festival. b. June CPS event in Warren, AR at the Pink Tomato Festival. c. More CPS events are planned for the fall 7. Southwest – Amanda Warren (Gary Ragen reported) a. An emphasis on Safety Baby Showers. b. Bicycle safety and helmet fitting at 11 schools in Southwest Arkansas.	
III. SIPP Reports	A. Summary Update – Gary Ragen a. Staff development was a focus for the quarter. Additional training included community engagement, building workgroups, use of data and development of logic models, selecting strategies and evaluating programs. b. Work plans and deliverables have been redesigned. c. New software and evaluation has been implemented into SIPP. Further implementation is planned. d. He thanked Tammy Panels with ADH, who worked with them to allow reports to be standardized. e. Booth at Family Medicine Conference provided information directed toward physicians.	

	f. Worked with ADH updated injury data from 2009 through 2012 to share throughout TRACs and use for decisions on injury prevention programs. This data will also be used to set priorities for the TRACs. g. 175 different contacts were made in over 40 counties throughout the state. B. Audra Walters – Professional Education a. Ms. Walters invited everyone to attend the Injury Prevention 101 class for staff at ACH on September 6, 2013 from 9:00 a.m. to 4:00 p.m. The program will be implemented around the state for the TRACs this fall. b. Conducting a pilot program for the safe sleep outreach to shelters initiative. There were five trauma coordinators that are going to provide education and outreach to at least six shelters. This was done via Tandberg. c. Working to develop the SIPP catalog of courses and also a calendar of events. Information will include costs, target audience and a brief synopsis. d. The ACH website is expanding to include a link to the ADH SIPP site and the child death review site. e. Dr Aitken reported that regular IP programs are being done on "Ed's Place" on Thursday mornings at 7:00 a.m. These are for hospital emergency departments around the state. Every other month on a Thursday morning we are focusing on an IP topics. Audra is tracking these presentation topics. We are also planning to have programs on "Peds Place" another telemedicine program on Thursday at noontime. ADH Grand Rounds presentation is planned for October. C. Home Safety – Olivia Wilson a. Planning to attend a conference on "Matter of Balance" focused on balance and mobility for older adults in October. Evidence based "best practice" on preventing elderly falls. They hope to roll this program out this fall or early spring. D. Intentional Injury Prevention– Shelby Rowe a. Suicide assist training program launched in Batesville and Little Rock. Individual training for 42 individuals and we conducted follow up to solicit input in order to gauge success.	

	b. Will conduct training in Little Rock on September 27-28, 2013. c. In October they will partner with the Arkansas Crisis Center in Northwest Arkansas who operates the state suicide hotline. d. North Central TAC at White County Medical Center in Searcy, Arkansas on November 14-15, 2013. They will partner with the Dr. Robert E. Elliott Foundation. e. In January they will be in Hope, Arkansas for the Southwest TRAC. f. The focus is on training others to provide services, particularly suicide prevention training. g. Partnering with the Department of Education, they offered the Arkansas "Gate Keeper" program. 68 attendees at four sessions. The two day training allows them to return and present a 2 hour session to community groups and educators to identify those at risk and get resources. h. Stateside Suicide Prevention program. ADH has submitted an application for the Suicide Prevention Grant. Arkansas is the only state never to receive this grant. Funding would be $400K a year for three years. i. Suicide Awareness Week is September 8-14, 2013. National Suicide Prevention Week. Governor Beebe will be signing a proclamation on September 10, 2013 for Statewide Suicide Prevention Week. j. "At Risk in The ED" is a program developed by Kognito.com. Flyers were available at the meeting. On-line tools are available for their evidence based program for suicide screening/recognition and intervention. The Cost for the training ranges from $35 to $65 per person. k. Behavioral Health - Dennis Moore will be consulted regarding further training for family care practitioners on suicide prevention. l. Also did Ed's Place presentation on suicide prevention and a family medicine presentation. m. Also conducted Bullying and Violence Prevention program and professional development for educators. NLR Public School District will be a pilot program. n. Shelby Rowe will attend a national conference on bullying. o. Period of Purple Crying Taskforce continues to grow with an emphasis on infant safety. They have been recognized by the Period of Purple Crying, an authorized program to prevent shaken baby and abuse of infants.	

	p. Dr. Aitken will be conducting Ped's Place on "Firearm Safety and Violence" on Thursday November 21, 2013 at Noon with Dr. Warren Skaug. E. Motor Vehicle Safety – Maury Long a. The Arkansas Drive Smart Challenge is a six to eight week program on motor vehicle safety where students actually lead the program, including assessing traffic. This includes 4 to 6 weeks of activities to instruct and provide education and the complete an assessment to track progress. Some of these may be TRAC led programs. Washington Regional Medical Center is working with a competition between two high schools. b. Child passenger safety programs have been conducted in Stuttgart, Mountain Home and Bentonville. Twenty-one technicians were trained. c. Two check-up events were held in the Southeast TRAC and another two in the central TRAC. d. Nine hospitals now have CPS training equipment. e. Older adult driving program is in the works with a peer based education approach. f. Statewide child passenger safety seat data is presently being tabulated. F. Recreational Safety – Lacye Vance a. April was the ATV safety month with 300 new PSA's sent out. Every county in the state was covered with some receiving complete tool kits. Thirteen counties contacted regarding activities within their county. b. Safety presentations in over 20 schools. c. Fifteen teen peer leaders participated in the hands on safety programs. d. In April and June, bike safety focus, including 300 kids in Crawford County. e. Safe Kids event at Children's library here in Little Rock on April 27th. 130 were fitted and educated regarding helmet safety. f. May 10, 2013 the Russellville schools conducted a full scale bicycle rodeo event for approximately 200 youth. g. June 21, 2013 in Monticello the HHI in partnership with the Boys and Girls Club trained and fitted 35 youth for helmets. The second part of the training included 30 additional participants. h. All 75 counties received water safety information for Water Safety Month. i. May 4, 2013 the North West Arkansas TRAC water safety event was conducted (with snow), and approximately 400 people participated.	

		j. The SIPP staff attended the Safe States Annual Convention in Baltimore, Maryland. This included a week of intense training in best practice. k. Internal staff training was conducted, including revamping of work plans. l. Staff also attended the Underage Drinking and Injury and Violence Prevention Conference in Little Rock.	
IV.	HHI Report	Gary Ragen reported that SIPP staff is going out to all five HHI regions to meet, explain focus and services and discuss implementation.	Andrea Ridgeway/Sherry Johnson
V.	Spinal Cord Commission	Kim Brown reported that they met with workgroups regarding the TBI registry referral form. This is a partnership with the trauma coordinators and the social workers in hospitals. Details continue to be worked on for the process. They are currently working on software to search for TBI resources and disability information.	Kim Brown
VI.	RPE Report	No report	Michelle Cline
VII.	ADH Injury Prevention Report	• Press Event is scheduled on October 21, 2013 for the National Teen Safe Driving Month. With the focus on teen driving, the event will be at 9:30 a.m. at the Arkansas State Capitol. • Application for Garrett Lee Smith Youth Suicide Prevention Grant is pending. Two specific programs requested by the grant include, one in the school with at risk youth and another for military families. • Ms. Belew shared a report on seat belt usage and said usage in Arkansas has declined by 6.5%, which is the worst in the nation for all states that have a primary seat belt law. Usage declined from 78.1% to 71.9% from 2011 to 2012. • Products have been purchased including prescription drug drop boxes that will be distributed to police agencies. The focus is placing them in counties with no current drop boxes. • Reality Works kits with shaken baby resources will be going out to the TRACs, HHI and SIPP. • Period of Purple Crying resources will also be distributed. • Work on the Statewide Injury Prevention Plan continues. Health Education position in the Injury Prevention Section will be posted. • Arkansas will be hosting the SXSW Leadership team in March, 2014. • Toward Zero Deaths program is moving forward with the ASP and Arkansas	Teresa Belew

• TRAC IVP Funding Process	Highway Department. • Ms. Belew traveled to Arizona, on behalf of Safe States, and participated as a part of the STAT team evaluating the Injury Prevention program in Arizona. Ms. Belew shared draft hand-outs regarding the TRAC Injury and Violence Prevention Grant Funding with deliverables and a flow chart of the process. It is planned that funding will be in place and available beginning October 15, 2013. She discussed the process and asked for any questions. The contract will be executed for the entire $20K. A plan will need to be executed and presented to the TRAC for approval. Mr. Temple shared about the process and discussed why it was decided to handle the process as was discussed at the meeting. Stacey Wright inquired about how they decide the process for allocating the money. Ms. Belew explained the process for approval of spending and funding. The flow chart was discussed in detail. Guidance will be provided for this process. Ms. Belew discussed the flow chart and noted that she will be going into the field to attend TRAC IVP Subcommittee meetings as soon as possible to discuss and review issues about the process.	
VIII. Announcements • Pending Policy Issues • Subcommittee Meetings • Upcoming Training Opportunities • Upcoming Research opportunities and grants	The Policy Subcommittee will be meeting this fall to discuss the implementation of the new concussion protocols passed by the legislature that are to be implemented within the schools. Enforcement will continue be a priority. ATV Safety and helmets will also be a priority. The CDC issued a FOA for Injury and Control Research Centers that will be due this fall and ADH/IP will be applying as a developmental injury prevention and control research center. This will be due in November and input and assistance may be requested from members of the subcommittee. We will need to meet monthly for the next several months.	Dr. Aitken
IX. Next meeting date	Thursday, September 12, 2013 at 3:00 p.m.	