Trauma Advisory Council

November 19, 2013
3:00 p.m.
Minutes

MEMBERS PRESENT
Dr. Charles Mabry
Dr. Ronald Robertson
Dr. Viviana Suarez
Dr. Nathaniel Smith
Dr. Clint Evans
Dr. Michael Pollock
Dr. Mary Aitken
Terry Collins
Jon Wilkerson
Christi Whatley
Freddie Riley
Kathryn Blackman
Thomas Jenkins
Michelle Murtha

MEMBERS ABSENT
Dr. James Graham
Dr. Victor Williams
Dr. Janet Curry
Dr. Barry Pierce
R.T. Fendley
John E. Heard
Jamey Wallace
John Gray
K. C. Jones
Tim Tackett
Colonel Stan Witt (rep. by Sr. Cpl. Karen E. Clark)

GUESTS
Dr. Michael Sutherland
Dr. James Booker
Dr. Rob Johnson
Dr. Chris Coleman
Dr. Scott Lewis
Kelly Hill
Debbie Moore
D'borai Cook
Allen "Bubba" Usrey
Terri Imus
Amber Files
Lew Bracy
Samuel Webb
Kim Brown
Carrie Vickers
Linda Nelson
Robert Fox
Stephanie Long
Tim Vandiver
Ronald Woodard
Donna Parnell-Beasley
Carla McMillan
Velvet Schultz
Shannon Purvis
Joyce Jefferies
Nancy Archer
Lacey Robb
Ronald L. Russell
David Simmons
James M. Smith
Jennifer Carger
Jasper Fultz

GUESTS (Cont.)
Robin Terry
Brooke Tunstell
Greg Hammons
Carla Jackson
Cathee Terrell
Don Adams
Jeff Tabor
Jon Swanson
Teresa Ferricher
Mark Sanford
Denise Carson
Paula Lewis
Tim Porter

STAFF
Dr. Todd Maxson
Donnie Smith
Bill Temple
Renee Joiner
Rick Hogan
Teresa Belew
Renee Mallory
Diannia Hall-Clutts
Katy Allison
Margaret Holaway
Karis Strevig
Greg Brown
Joe Martin
Melissa Foust
Jim C. Brown

I. Call to Order – Dr. Ronald Robertson, Vice-Chairman

The Trauma Advisory Council (TAC) meeting was called to order on Tuesday, November 19, 2013, at 3:00 p.m. by Dr. Ronald Robertson, Vice-Chairman.

II. Welcome and Introductions

Dr. Robertson welcomed all guests and members and asked those on the conference call to introduce themselves. He also asked everyone in the room to introduce themselves and asked TAC members and guests on the conference call, who desire their attendance noted for the official minutes, to send the appropriate e-mail.

III. Approval of Draft Minutes From the September 19, 2013 TAC Meeting and the October 15, 2013 TAC Retreat

The TAC reviewed the minutes from the September 19, 2013 TAC meeting and the October 15, 2013 TAC Retreat. A motion to approve both sets of minutes was made by Dr. Charles Mabry and seconded by Ms. Terry Collins. The minutes were approved.

IV. Trauma Office Report – Bill Temple

Mr. Temple shared that one administrative position is open in the Trauma Section at ADH and that it will close on Friday, November 22, 2013. The Public Health Educator position will be reposted. Regarding invoicing, he noted that hospitals have been notified to invoice quarterly. This is a change from past years and we have received invoices from 50 of our 70 hospitals. He encouraged the remaining 20 hospitals to submit their invoices. We have 104 EMS providers that have received funding. Of these, 33 have invoiced and 71 have not invoiced. He finally stated that the goal is to get these entities paid, and to do that we need the invoices.

Injury and Violence Prevention (IVP)

TRAC IVP funding of $20,000 is available to each TRAC. All seven TRACs have decided to focus on motor vehicle crashes as their number one priority. All the evidence-based interventions have been chosen. Also, we have received a one year (renewable each year) grant from the National Highway Transportation Safety Administration through the Arkansas State Police. ADH will be able to hire a person to execute the grant deliverables. This will fit well with the TRAC priorities. In March, Little Rock will be hosting a 13 state injury prevention conference, comprised of CDC South by Southwest (SXSW) Regional Initiative members. Teresa Belew, ADH IVP Section Chief, serves on the board of SXSW.

V. ADH Medical Consultant Report – Dr. Todd Maxson

Dr. Maxson reminded everyone that the Level I and Level II Rules are being revised. Dr. Booker will coordinate a meeting during which they will be reviewed with the Trauma Medical Directors. Work with respect to pathways and guidelines is ongoing. We expect to have a

coordinated meeting with TRAC Medical Directors, Performance Improvement Coordinators, and Chairs to further define roles and responsibilities.

VI. Other Monthly Reports

Trauma Registry – Bill Temple

- The Registrars' meeting will be held December 4, 2013 from 9:00 a.m. to noon. The agenda and Tandberg information have already been disseminated.
- The submission deadline for July, August, and September discharges is November 30, 2013.

Arkansas Trauma Communications Center (ATCC) – Jeff Tabor

Mr. Tabor shared that they have started publishing new reports for the TRACs and have received good feedback as a result. They are still working on the hand on-call program; specifically, waiting on the administrative process, completing policy and protocol with surgeons, and receiving executed contracts. Ms. Terry Collins asked about the timeframe for starting and also asked about education. Mr. Tabor said they will be filming a video concerning this topic and that it will be available for download from the ADH Trauma website. Some of the 11 hand surgeons that we expect to participate have already returned contracts and are ready to begin. We may also have a Tandberg educational session.

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

Dr. Sutherland asked everyone to check the ATERF website as upcoming courses will be listed and available for registration. If there are any questions or problems, please contact the ATERF office and they will assist with registration, if necessary.

Trauma Image Repository (TIR) – Terri Imus

Ms. Imus reported in October that ATCC transfers were over 400 and the number of images that were sent to the repository was almost 1,000. Overall, we are still at less than 50% of sites sending images. Cox Health, which just started, is already at 80% in this area. To-date, almost 7,000 patients have had images sent to the TIR. She indicated that every hospital in the state has the ability to send and receive images, but we need improved consistency. Dr. Maxson inquired about including a request for images in the ATCC script. Mr. Tabor said it is already being done, but that some transfers do not involve images.

Scorecard Report – Austin Porter

There was no scorecard report this month.

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

  Dr. Booker noted that the Subcommittee did not meet in November. The Subcommittee will plan to meet on December 9, 2013 to focus on the Level I and Level II Rules in order to bring them to the TAC for approval.

- EMS Subcommittee (Tim Tackett - Chair) (Did not meet) (No report)

  Dr. Evans mentioned that they had a meeting and that information regarding that meeting will be coming from the Subcommittee.

- Rehabilitation Subcommittee (Jon Wilkerson – Chair) (See attached report)

  Mr. Wilkerson reported that they went on-line with the Traumatic Brain Injury Registry this month. So far, we are averaging one referral per day and are continuing to work issues out. He thanked the hospital social workers and trauma coordinator staffs for their cooperation. The contract from ReferNet was received and we are proceeding with review of the contract and development of the resource website. Work has begun on co-sponsoring an assistive technology conference in conjunction with the Increasing Capabilities Access Network and Arkansas Career Education, to be held in April 2014. Work also continues on the May 2014 Trauma Rehabilitation Conference and the Brain Injury Conference to be held in August 2014. Fifteen individuals are scheduled to complete Certified Brain Injury Specialist training on December 5-6, 2013. The Subcommittee will not be meeting in December with the next meeting scheduled for January 23, 2014.

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

  Dr. Mabry said a workgroup of the Subcommittee met earlier this afternoon. Every TRAC was represented, including several of the TRAC Medical Directors. The FY 2014 deliverables were reviewed. The focus was on TRAC functionality and subcommittees with an effort to work toward a unified governing structure. They also discussed a consistent reporting mechanism. They will work toward unified data reporting of critical events at the hospital level within the next six months. This will involve our Quality Improvement Organization, Qsource, which will assist with the reporting. The workgroup also discussed what to report and the reporting timeline to make the process work more efficiently. They approved a TRAC secretary for each TRAC for up to $2,500.00 a year to help expedite the TRAC reporting process. It was estimated that the secretary would spend approximately 10 hours per month on his/her duties. They also discussed the preventable mortality study. Per the Subcommittee recommendation, Dr. Mabry made a motion that the TAC approve, for each TRAC, a secretary at a cost not to exceed $2,500.00 per year. The motion passed.

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

  Dr. Aitken reported the Subcommittee did not meet though there has been much injury prevention activity.

VIII. Next Meeting Date

The next regularly scheduled meeting is on Tuesday, December 17, 2013 at 3:00 p.m.

IX. Adjournment

Without objection, Dr. Robertson adjourned the meeting at 3:36 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

Trauma Advisory Council Finance Sub-Committee

October 1, 2013

Attending: R.T. Fendley, Chairman; Dr. Michael Sutherland; Mr. Don Adams; Ms. Terry Collins; Dr. Todd Maxson; Dr. Charlie Mabry; Ms. Diannia Hall-Clutts; Ms. Renee Joiner; Mr. Bill Temple; Dr. Jim Booker; Mr. Donnie Smith; Mr. Brian Nation; Mr. John Wilkerson; Ms. Jennifer Carger; Mr. Tim Porter

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

II. Old Business: None

III. New Business:

Injury/Violence Prevention Initiative Mr. Bill Temple discussed the FAQ that has been developed to explain the procedure for funding of injury and violence prevention activities. Each TRAC will receive $20,000 to support evidence based programs based on regional morbidity and mortality data. In addition, each Level I and II Trauma Center will be allowed to expend up to $2,000 per year from their trauma grant monies for injury prevention and each Level III, IV, and EMS provider will be allowed to expend up to $1,000 per year. This allowance will be retroactive to the beginning of FY14.

Level III and IV Trauma Center Funding The ADH Section of Trauma and Injury Prevention has requested that the finance committee consider a new funding mechanism for current Level III trauma centers that will be re- designated as level IV trauma centers under the new trauma system rules and regulations requiring Orthopedic capability. This rule change will affect 4 level III trauma centers. Dr. Mabry suggested that the group develop a formula type approach to supplement those hospitals who maintain general surgeon capability that would augment the base funding for a Level IV facility. Mr. Fendley recommended that a small work group meet and develop compensation models for the full committee to consider.

Action Items: *R.T. Fendley and the ADH Section of Trauma will convene a work group to develop compensation recommendations.*

The ADH Section of Trauma will meet with the Arkansas Hospital Association to clarify the impact of the proposed Trauma System Rules and Regulations.

Pay-For- Performance Funding, Fiscal Year 2014 Ms. Joiner reviewed with the group the carry forward P4P funding available for FY2014. There is $228,762.93 available. Dr. Maxson suggested that each subcommittee should be charged with developing standards for pay for performance activities.

Action Items: The ADH Section of Trauma will work with each subcommittee to develop standards for pay for performance funding.

The next meeting is scheduled for November 5, 2013. Meeting adjourned at 5:00 p.m.

Trauma Advisory Committee TRAC/QI Subcommittee
November 19, 2013
Minutes

Members/Guests Present:

Charles Mabry, MD	TRAC/QI Subcommittee Chair
Todd Maxson, MD	Trauma Section Medical Consultant
Mike Sutherland, MD	SEATRAC Committee Chair
Monica Kimbrell,	Trauma Registrar, CATRAC PI Chair
Karen McIntosh, RN	NWTRAC PI Chair
Carla McMillan, RN	SEATRAC PI Chair
Teresa Ferricher, RN	NCTRAC PI Chair
Terry Collins, RN	UAMS TNC
Bill Temple	ADH
Linda Nelson, RN	Mercy Ft Smith TNC
Renee Joiner, RN	ADH
Diannia Hall-Clutts, RN	ADH
Margaret Holaway, RN	ADH
Karis Strevig, RN	ADH
Jim Brown	ADH
Chris Coleman, MD	AVTRAC TMD
Jennifer Carger, RN	Qsource
Lacey Rob	Qsource
Tim Porter	Qsource
James Smith, RN	Lifenet EMS, SWATRAC education chair
Joyce Jeffries	AVTRAC QI Chair

Phone Conference:

Kelly Hill	AVTRAC Chair
Rob Johnson	NWTRAC TMD

I. Call to Order –Charles Mabry, M.D., Chairman

II. Old Business: None

III. New Business:

TRAC Medical Directors:
The seven TRAC Medical Directors (MD) have been named by the ADH, and each has accepted the position. The TRAC MD's will participate in Quality Improvement (QI) in their region and are the liaison between the QI processes at the TRAC level and the regional physicians. They will be serving as the trauma medical expert in QI reviews, as well as helping communicate and translate the state rules and regulations down to a regional and local level. TRAC MD's will also assist in the development of protocols for the TRAC's as the Trauma System continues to grow.

Governance of TRAC's:

In the future, TRAC bylaws will need to become more standardized so local and state TRAC / QI governance documents do not contradict. As a first step, it was asked that all of the TRAC's send their bylaws to the QI Subcommittee so the committee can review and identify major conflicts or beneficial attributes of the various governance documents. The subcommittee can then begin to create a uniform governance structure to then send to the TRACS for their consideration and adoption.

TRAC Subcommittees:

A representative from each TRAC was asked to discuss what subcommittees were meeting in their regions.

SETRAC – Hospital/QI, EMS, Injury Prevention

AVTRAC – QI, Injury Prevention, EMS, Executive Board (for voting purposes)

CATRAC – QI, Injury Prevention/Education, Disaster

NCTRAC – QI (EMS & Hospital), Injury Prevention, EMS, Board

NWTRAC – EMS, Injury Prevention, QI

NETRAC – EMS, Injury Prevention, Education, QI, Executive Board

SWATRAC – QI, Injury Prevention, EMS, Executive Board

Data Quality, Reporting, Consistency of Data Capture:

Old Measures

Dr. Todd Maxson reported that the ongoing Mortality Study has been very successful and has already been fundamental in identifying mortality trends.

It was decided that clarification was needed on the process for critical events. Uniform reporting of the critical events by the trauma centers and TRACS needs to be established. The Trauma Registry and Arkansas Trauma Communications Center can run a report on 3 indicators on the Critical Event Form. The report could be used as a "checks and balance" and as a tool for the hospitals to assure that all critical events were being looked at and reviewed.

Qsource of Arkansas gave an overview of what their role in this process of identifying and reporting critical events could be. They are equipped to receive the reports and identify trends from these results. Education or action items could then be provided to those hospitals for which negative trends are identified. The review process will give an overview of what aspects of the medical records aren't getting entered into the registry. The first registry report of critical events should be ready by early January to send to the hospitals and then available quarterly. Qsource's suggested that their initial audit will begin in January, starting with Level I, to compare the registry with what is in the medical records. Other committee members felt that they it may be more useful for Qsource to start with Level IV and Level III hospitals.

There were considerable discussions, questions, and concerns about the Critical Event Forms and the processes involved in turning in those forms. Dr. Maxson emphasized that the Critical Event

Forms still need to be going through the hospitals' QI. It was decided that further discussion was still needed in upcoming QI Subcommittee meetings about the process and that a follow up teleconference would be held to help develop more consensus and plan going forward.

Lastly, the committee discussed the need to move towards data and quality measure transparency. The goal should be to have full transparency of the quality measures at the TRAC level within one to two years, in order to drive positive change. It was noted that in some TRACS, the reports are unblended and are transparent to the attendees. Other TRACS still had reports that were blinded as to the hospitals' identity. The process noted above, consisting of ADH and Qsource identifying both the level and accuracy of reporting critical events to the individual hospitals, would help the hospitals improve by providing individual reports. This process would help the hospitals identify areas for performance improvement and help improve data quality,

New Measures

New potential measures were discussed so that the committee could begin to think about how useful they may be and to define each new criterion.

- Timely and appropriate transfer of patients to higher levels of care
- Appropriate use of helicopter transport
- Appropriate use of field triage guidelines
- Region specific transfer quality measures
- New clinical outcomes measures (as opposed to process measures)

After discussion, it was felt that these measures had merit, but that attention should first be devoted to the current critical event measures and the TRAC not introduce any new measures until consistent reporting of the current critical events measures has been achieved.

TRAC Secretary Role:

The benefits of having a TRAC secretary to monitor the flow and process of QI data were discussed. The estimated time commitment to perform such functions is approximately 8-10 hours a month. A motion was made by Dr. Todd Maxson that funds be allotted for a TRAC secretary to spend 8-10 hours performing these duties. The motion was seconded by Dr. Charles Mabry. This individual should be chosen by the TRAC MD, the TRAC QI Chair, and the TRAC Chair. Each TRAC will receive $2,500 of new funds for this purpose.

IV. Action Items:

1. All TRACs should send in their Bylaws to the state, where they will be analyzed and collated and then presented to the TRAC / QI for further review and analysis.

2. A report from the registry of the critical events indicators should be given to individual hospitals for their own QI reviews as a first step towards data transparency. Qsource will help assist in that role.

3. A motion to be brought before the TAC for the funding of a TRAC secretary to monitor and process the QI data for approximately 8-10 hours a month

4. The ADH will create a flowchart for the QI process from the hospitals to the state

5. A meeting between the QI Chairs and the TRAC MD's will be scheduled to discuss each individual's role

V. The meeting was adjourned.

Respectfully submitted,

Charles Mabry, M.D.

Sub-Committee Chair