



Trauma Advisory Council

December 17, 2013

3:00 p.m.

Minutes

MEMBERS PRESENT

Dr. Charles Mabry
Dr. James Graham
Dr. Nathaniel Smith (rep. by
Donnie Smith)
Dr. Barry Pierce
Dr. Clint Evans
Dr. Michael Pollock
Dr. Mary Aitken
Terry Collins
Jon Wilkerson
Tim Tackett
R.T. Fendley
Freddie Riley
Kathryn Blackman
John Gray
Michelle Murtha

MEMBERS ABSENT

Dr. Victor Williams
Dr. Janet Curry
Dr. Viviana Suarez
Dr. Ronald Robertson
John E. Heard
Jamey Wallace
K. C. Jones
Christy Whatley
Thomas Jenkins
Colonel Stan Witt (rep. by Sr.
Cpl. Karen E. Clark)

GUESTS

Dr. Michael Sutherland
Dr. James Booker
Dr. Rob Johnson, Jr.
Dr. Chuck Mason
Dr. Scott Lewis
Dr. Bob Warner
Dr. Mark Sanford
Dr. Chris Coleman
Ronald Woodard
Kim Brown
John Recicar
D'borai Cook
Allen "Bubba" Usrey
Terri Imus
Patti Rogers
Travis Cates
Kenneth Ray
Tyler Vanderpool
Linda Nelson
Robert Fox
Michael Hines
Tim Vandiver
Jasper Fultz
Carla McMillan
Velvet Schultz
Ashley Stockard
Cindy Metzger
Ronald L. Russell
David Simmons

GUESTS (Cont.)

Brooke Tunstell
Don Adams
James M. Smith
Jennifer Carger
Jeff Tabor
Jon Swanson
Donald Reed
Paula Lewis

STAFF

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

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

The Trauma Advisory Council (TAC) meeting was called to order on Tuesday, December 17, 2013, at 3:04 p.m. by Dr. James Graham.

II. Welcome and Introductions

Dr. Graham welcomed all guests and members and asked those on the conference call to introduce themselves. He 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 November 19, 2013

The TAC reviewed the November 19, 2013 minutes. A motion to approve the minutes was made by Mr. Freddie Riley and seconded by Mr. Tim Tackett. The minutes were approved.

IV. Trauma Office Report – Bill Temple

Mr. Temple shared a video on the value of an inclusive trauma system with emphasis on getting the patient to the “right place at the right time.” He noted that strategies to reduce motor vehicle accidents are the number one priority for each of the seven Trauma Regional Advisory Councils (TRACs). He reminded subcontractors and grantees of the e-mail reminder from Renee Joiner that budgets should be submitted to the Trauma Section by January 15, 2014.

Mr. Temple introduced Jennifer Carger with Qsource, our quality improvement organization (QIO), to share a report. Ms. Carger updated the TAC and shared that Qsource is working on scheduling visits with Trauma Nurse Coordinators throughout the state. After January 1, 2014, Qsource will begin with the random validation audits of Level I and Level II trauma centers. The reviews will consist of the third calendar quarter (July, August and September 2013) data. Requests for records from Level III and Level IV centers will go out in February 2014.

V. ADH Medical Consultant Report – Dr. Todd Maxson

Dr. Maxson noted that the Regional Medical Directors have been named for each of the seven TRACs. He expects to meet with them on January 21, 2014 in conjunction with the next TAC meeting to discuss roles and responsibilities within the regional QI process. He noted good progress on pathway development and said Dr. Rob Johnson was instrumental in working on the pathway of patients on anti-coagulants and rapid reversal for agents that can be reversed. He shared that this is a significant factor in preventable mortality within the state. As we have worked on the Rules, we have also found other pathways to develop consistency. The Preventable Mortality Study has begun and the intent is to track all deaths within the state that involved patients who reached the trauma center prior to expiring, evaluate their care, and determine opportunities for improvement.

VI. Other Monthly Reports

Trauma Registry – Marie Lewis

- The Trauma Registry Senior Analyst position has been filled by Austin Porter.
- The version five update for the NTRAC software is available. She asked hospitals to let her know if DI has not contacted them regarding a time for implementation.
- The next submission deadline is February 28, 2014, for the last quarter of 2013 data.

Arkansas Trauma Communications Center (ATCC) – Jeff Tabor

Mr. Tabor shared that the hand telemedicine on-call program is live and functioning, but we have not used the video conferencing capability to-date. Dr. Maxson asked those present to help get the word out about this service. He noted that all of the participating hand surgeons have TANDBERG capability and that the greatest value will come from using this telemedicine service. Dr. Graham asked about notification to the trauma centers and Mr. Tabor informed the TAC that the ATCC is working on a joint media release with ADH. In response, Mr. Temple said we should also send letters to the hospitals.

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

Dr. Sutherland said that courses for the new year are on the website. ATERF will also have the dates for the 2014 leadership conference finalized soon. The Arkansas Trauma System Update will be held on May 2-3, 2014, at Embassy Suites Hotel in Little Rock. An Emergency Preparedness/Disaster Management Course will be held in Northwest Arkansas on January 10, 2014. Additional plans are for a farm medic course and a wilderness medicine course to be offered.

Trauma Image Repository (TIR) – Terri Imus

Ms. Imus reported that in November, ATCC transfers were 418, with 177 of those patients having images. Terry Collins asked about the possibility of developing a performance improvement program to identify hospitals where images are not being sent and work to get changes implemented. Additional discussion focused on expanding the timeframe for images to be available on the TIR from 12 to 24 hours. Dr. Maxson inquired about including a request for images to be sent in the ATCC script.

Scorecard Report – Austin Porter

Mr. Porter shared a hand-out and discussed a brief report focused on 2013 data, specifically patient demographics. The report compared the first six months of 2013 data with the first six

months of 2012 data and how it relates to the U. S. Census and the national trauma database. The next scorecard report will focus on patient transfers.

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 shared that the most recent meeting included a review of the ATERF contract. The Subcommittee is in agreement that the contract has great value and is impressed with the training being offered by ATERF. Work continues with the Arkansas Hospital Association regarding the cost study in relation to the way hospitals are funded.

- Hospital Designation Subcommittee and Site Survey/System Assessment Panel (Dr. James Booker, Chair) (See attached report)

Dr. Booker reminded the TAC that it was the recommendation of the American College of Surgeons' Site Review Committee that the Arkansas Trauma Rules be rewritten. With that in mind, the Subcommittee has led a review of the Rules over the last two years. He reviewed changes that were made to the Level I and Level II Rules today in the Subcommittee because they were not reflected on the copy that was previously distributed via e-mail to TAC members. On behalf of the Subcommittee, Dr. Booker made a motion to approve the Rules (all four levels) as submitted and reviewed, with the noted changes. Discussion included Mr. Donnie Smith reviewing the process. Mr. Smith shared that if the TAC approves these Rules, they will go to the Board of Health, at which time ADH will request permission from the Board to begin the review process under the Administrative Procedures Act. Once the process is completed, the Rules would go back to the Board of Health for final approval. Dr. Charles Mabry shared that he was not involved in the Rules review process, but noted that there was a conscience effort to reduce some of the requirements, not absolutely essential for patient care, that actually reduces the costs to hospitals. The motion was approved without objection.

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

Mr. Tackett recognized Mr. Ronnie Russell as the new President of the Arkansas EMT Association. He said the Subcommittee met earlier today and the focus of the meeting was a review of the funding formula. He thanked ADH personnel for their help and support and specifically mentioned that the data provided was very beneficial.

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

Mr. Wilkerson reported that “save-the-date” notices have been sent for the 2014 Trauma Rehabilitation Conference, which will be held Thursday and Friday, May 22 - 23, 2014, at the Embassy Suites Hotel Conference Center in Little Rock. A “Tools 4 Life” conference, sponsored by ICAN (Increasing Capabilities Access Network), the Arkansas Department of Career Education, and the Arkansas Trauma Rehabilitation Program, will be held at Pulaski Technical College, North Little Rock campus, on April 16, 2014. Work also continues on the Brain Injury Conference to be held in August 2014. The scheduled Certified Brain Injury Specialist training on December 5-6, 2013 was postponed because of weather. The Subcommittee will meet next on January 23, 2014, at the Arkansas Spinal Cord Commission.

- QI/TRAC Subcommittee (Dr. Charles Mabry – Chair) (See attached report)

Dr. Mabry said the Subcommittee met earlier this afternoon. They discussed the Preventable Mortality Study, as well as having a unified and consistent set of “critical event” forms for use throughout the state in this separate process. Qsource, our QIO contractor, will be involved in ensuring the accuracy of the data submitted. Registry data will then be used to provide data and information to each hospital.

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

Dr. Aitken reported the Subcommittee met last Thursday, December 12, 2013 and that there is significant activity, especially at the TRAC level. Training and technical assistance from the Statewide Injury Prevention Program is continuing.

Mr. Donnie Smith echoed the appreciation expressed during the meeting toward ADH staff. Furthermore, he recognized the exceptional volunteer work that has been done over the past several years by TAC members and other stakeholders.

Mr. R. T. Fendley requested that the TAC revisit the time for subcommittee meetings considering the previously agreed upon rotation schedule.

VIII. Next Meeting Date

The next regularly scheduled meeting is on Tuesday, January 21, 2014 at 3:00 p.m.

IX. Adjournment

Without objection, Dr. Graham adjourned the meeting at 4:25 p.m.

Respectfully Submitted,

Nathaniel Smith, MD, MPH

Secretary Treasurer of the Trauma Advisory Council

Director and State Health Officer, Arkansas Department of Health

ARKANSAS TRAUMA SYSTEM

Scorecard

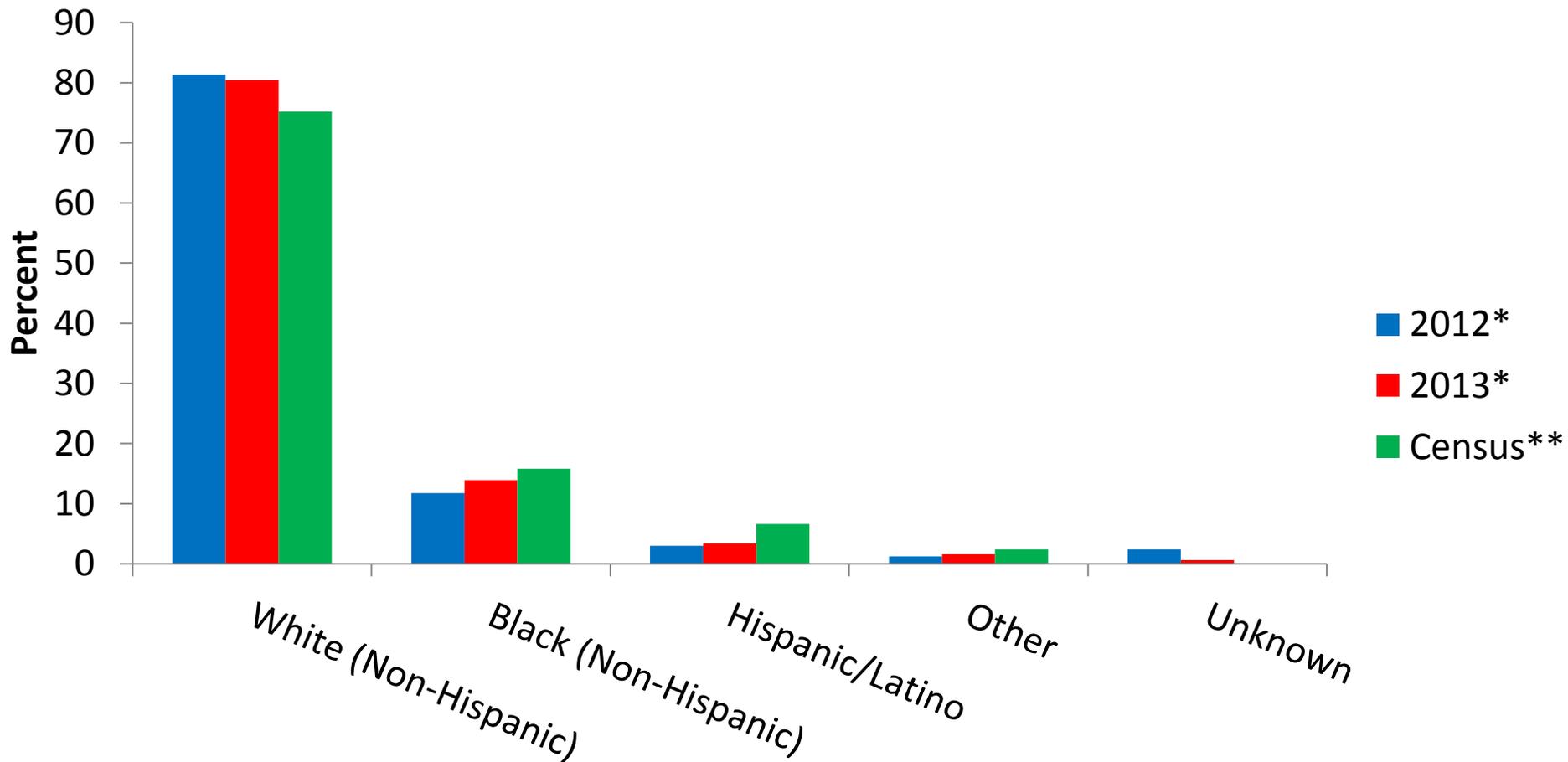
Trauma Advisory Council

December 2013

Methods

- Data may contain duplicate entries as individuals may be admitted and transferred to another hospital for complications from an injury
- Time period for reporting 2012 data was from January 1 through June 30
- Time period for reporting 2013 data was from January 1 through June 30
- Time period for reporting NTDB data was from 2011, unless otherwise specified
- Census data comparisons was from 2012 population estimates

Trauma Registry Scorecard, Patient Demographics By Race, Statewide

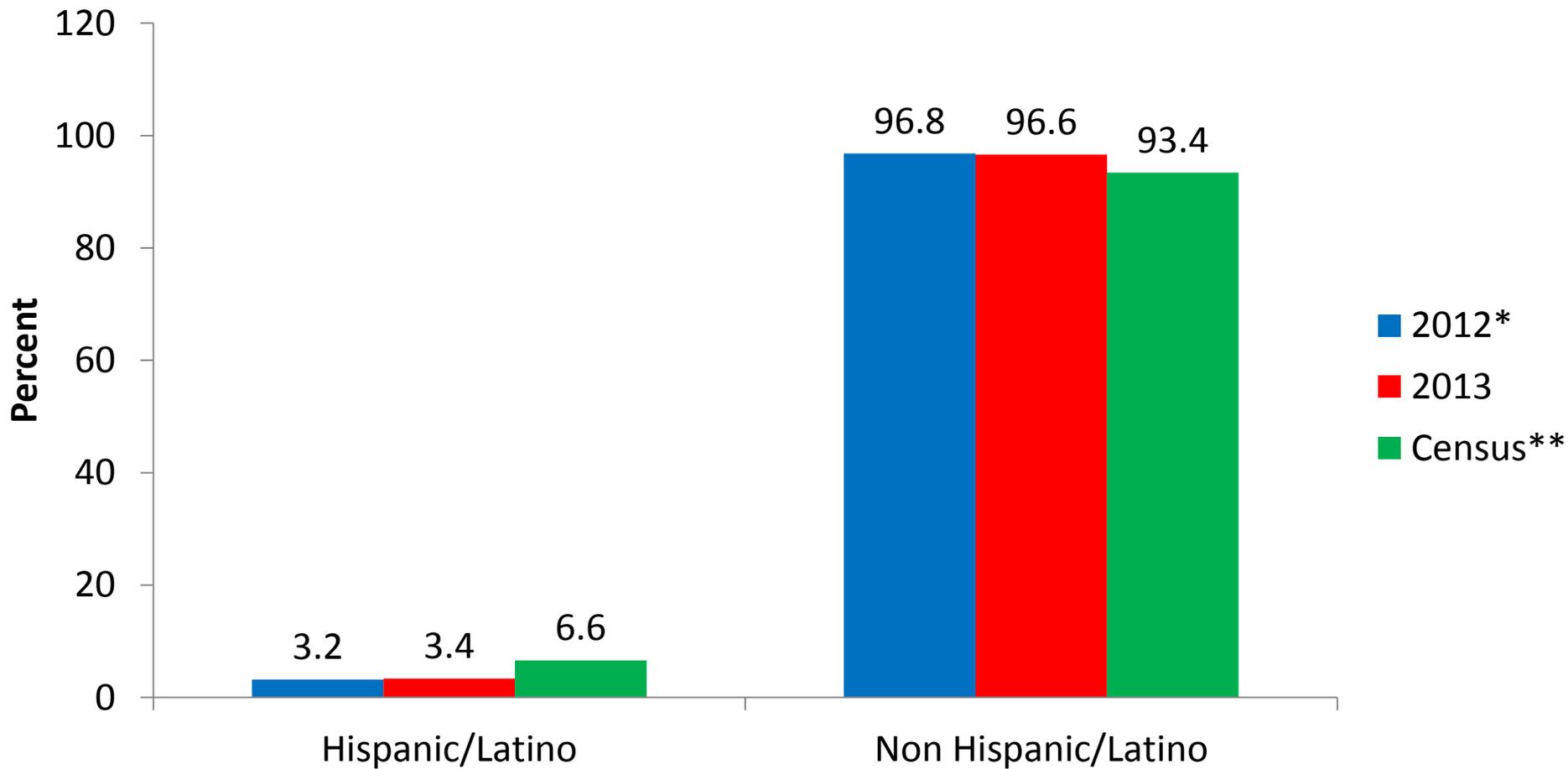


* Reporting time frame Jan 1 through June 30

**2012 Census population estimate

Source: Arkansas Trauma Registry

Trauma Registry Scorecard, Patient Demographics By Ethnicity, Statewide

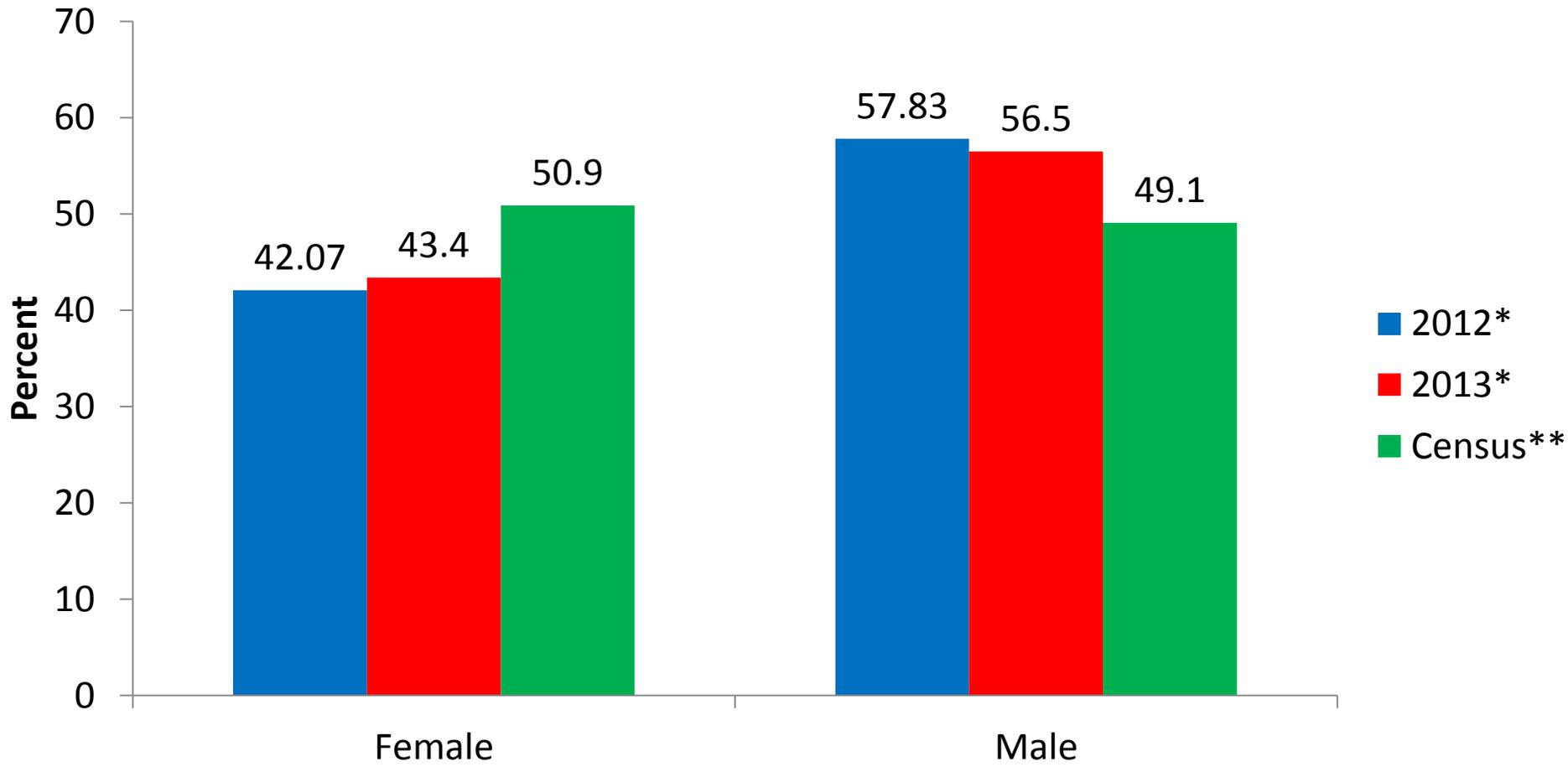


* Reporting time frame Jan 1 through June 30

**2012 Census population estimate

Source: Arkansas Trauma Registry

Trauma Registry Scorecard, Patient Demographics By Gender, Statewide



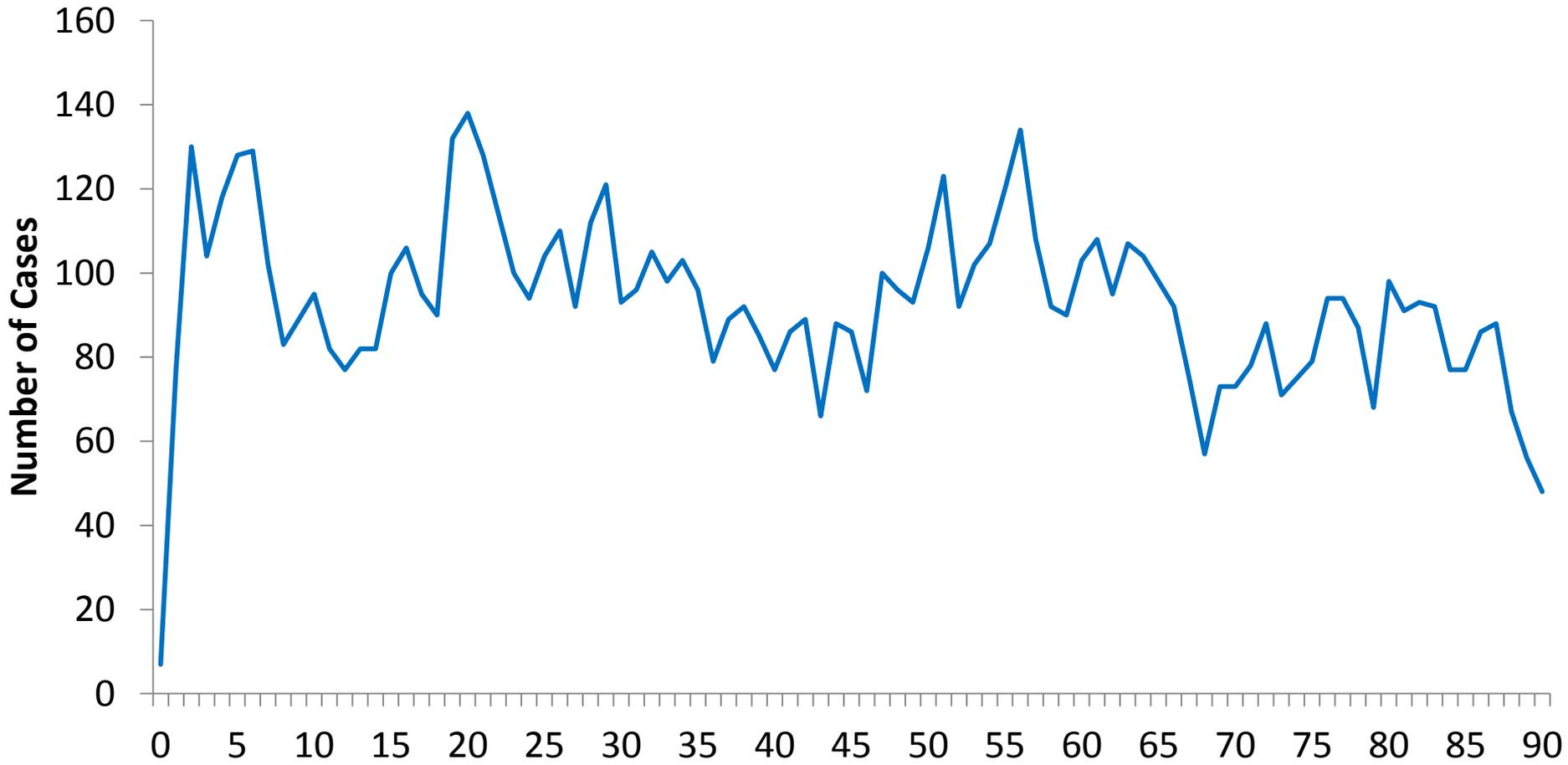
* Reporting time frame Jan 1 through June 30

**2012 Census population estimate

Source: Arkansas Trauma Registry

Trauma Registry Scorecard, Patient Demographics

Trauma Case Count by Age, Statewide 2013

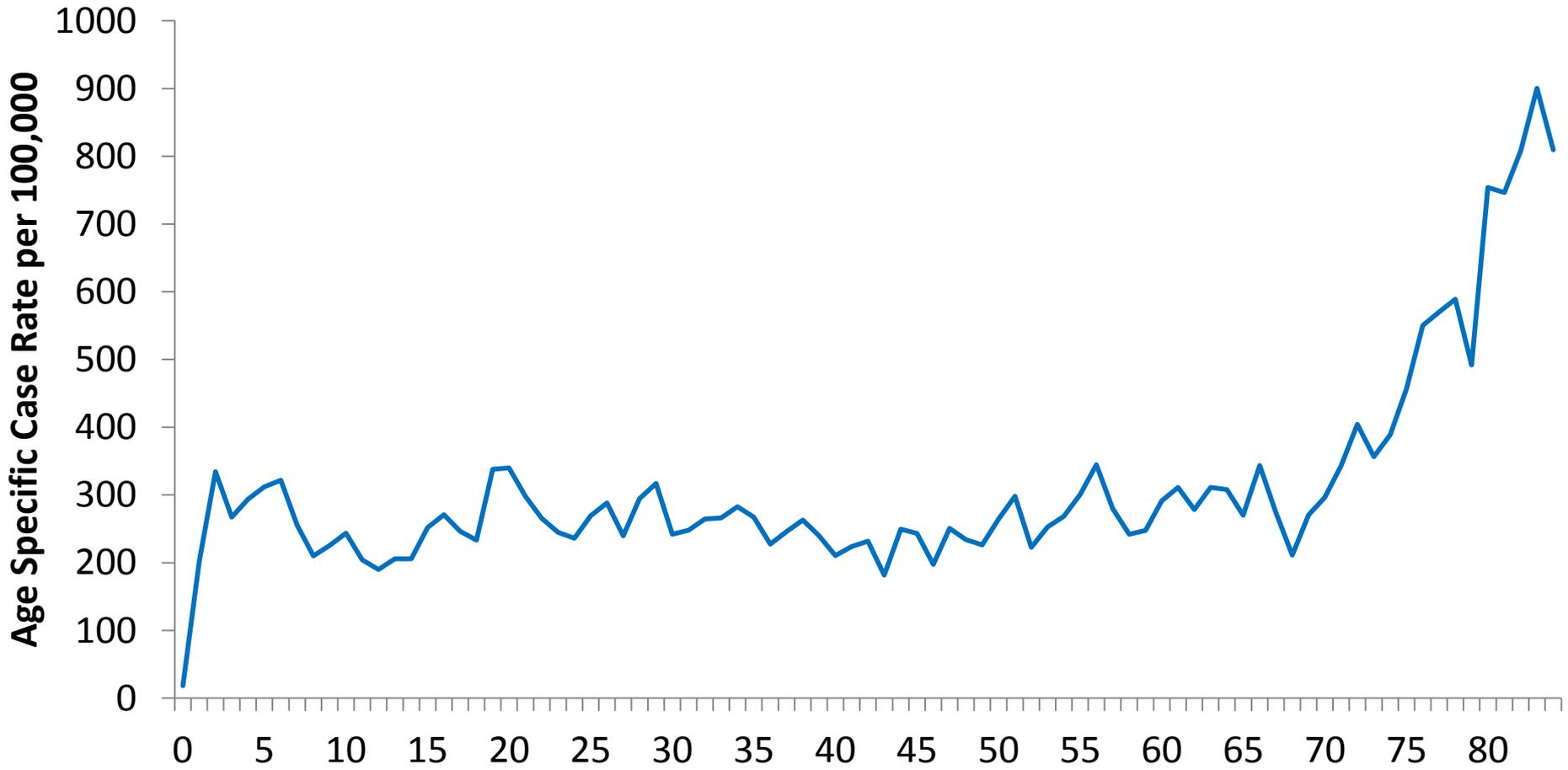


* Reporting time frame Jan 1 through June 30

Source: Arkansas Trauma Registry

Trauma Registry Scorecard, Patient Demographics

Trauma Case Rate by Age, Statewide 2013

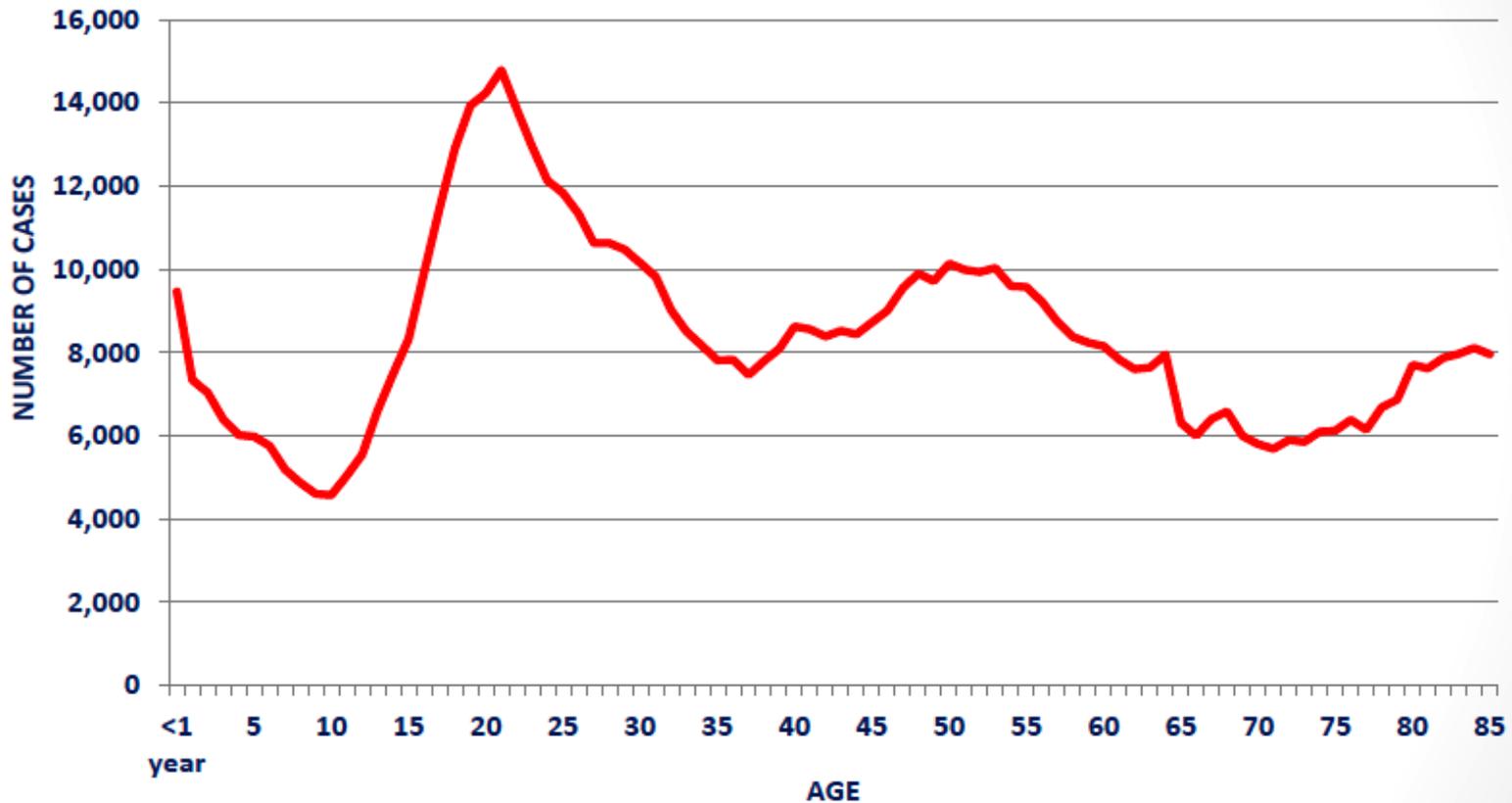


* Reporting time frame Jan 1 through June 30

Source: Arkansas Trauma Registry

Figure 11

Incidents by Age

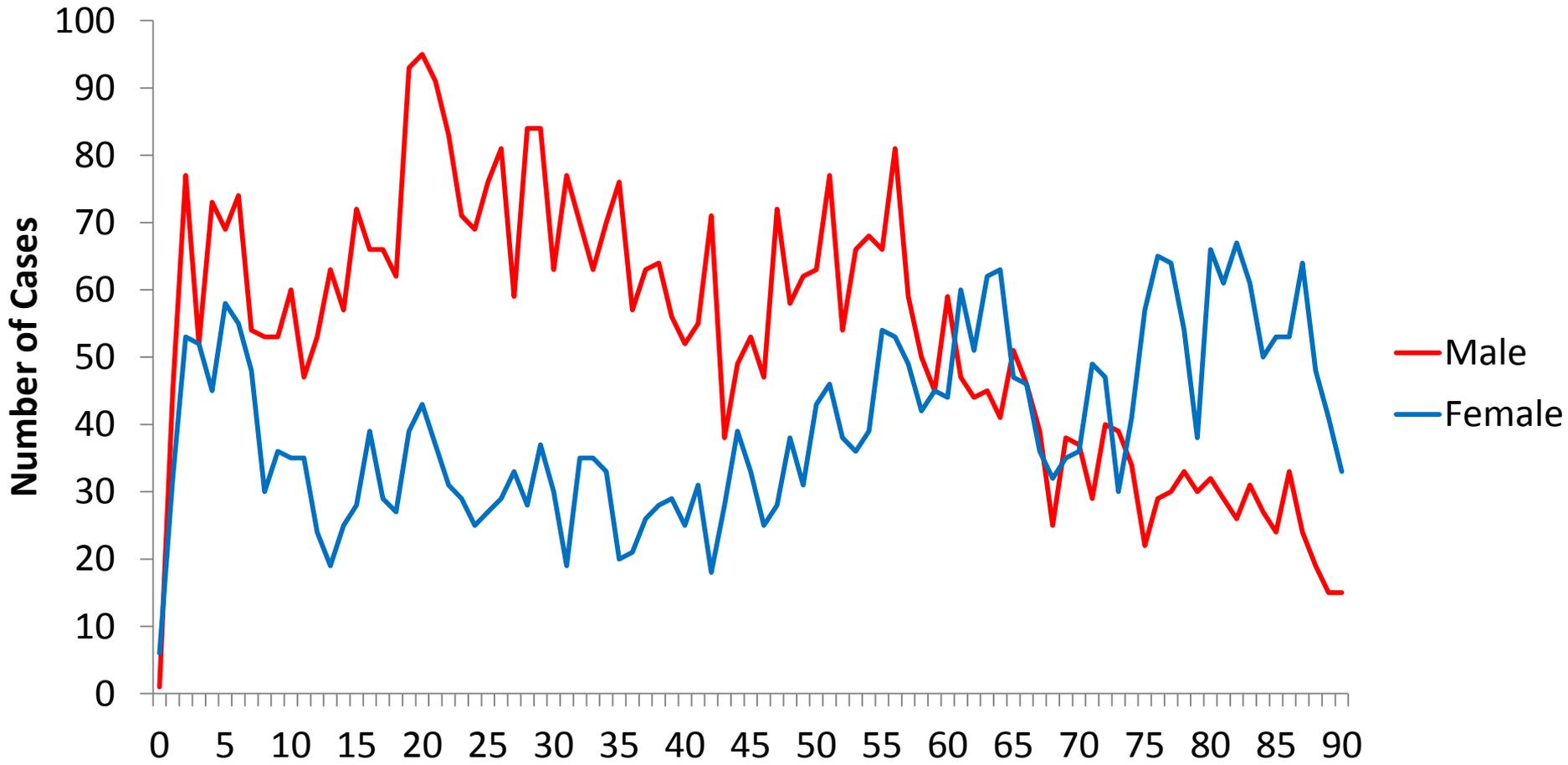


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Trauma Registry Scorecard, Patient Demographics

Trauma Case Count by Age and Gender, Statewide 2013

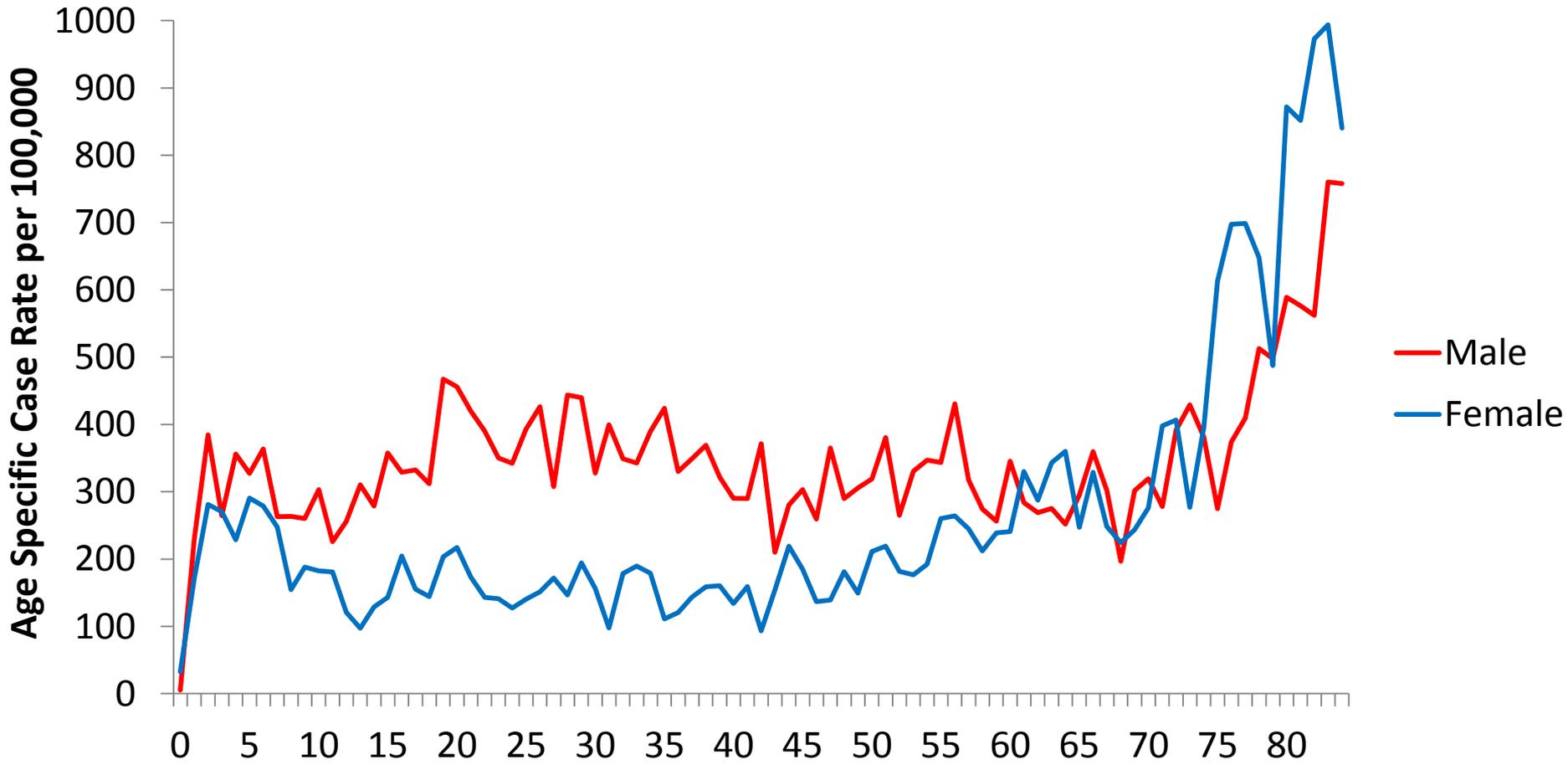


* Reporting time frame Jan 1 through June 30

Source: Arkansas Trauma Registry

Trauma Registry Scorecard, Patient Demographics

Trauma Case Rate by Age and Gender, Statewide 2013

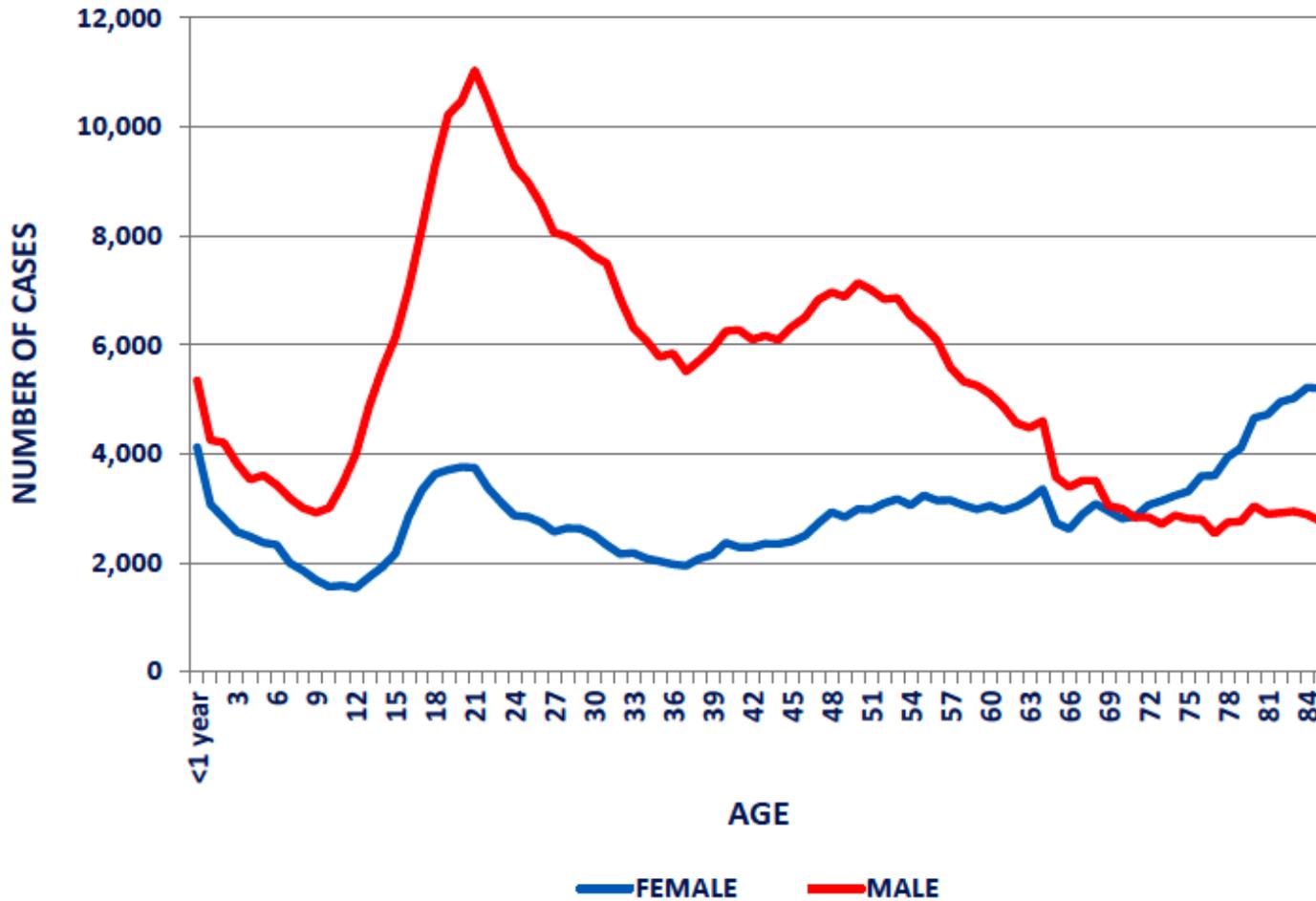


* Reporting time frame Jan 1 through June 30

Source: Arkansas Trauma Registry

Figure 13

Incidents by Age and Gender

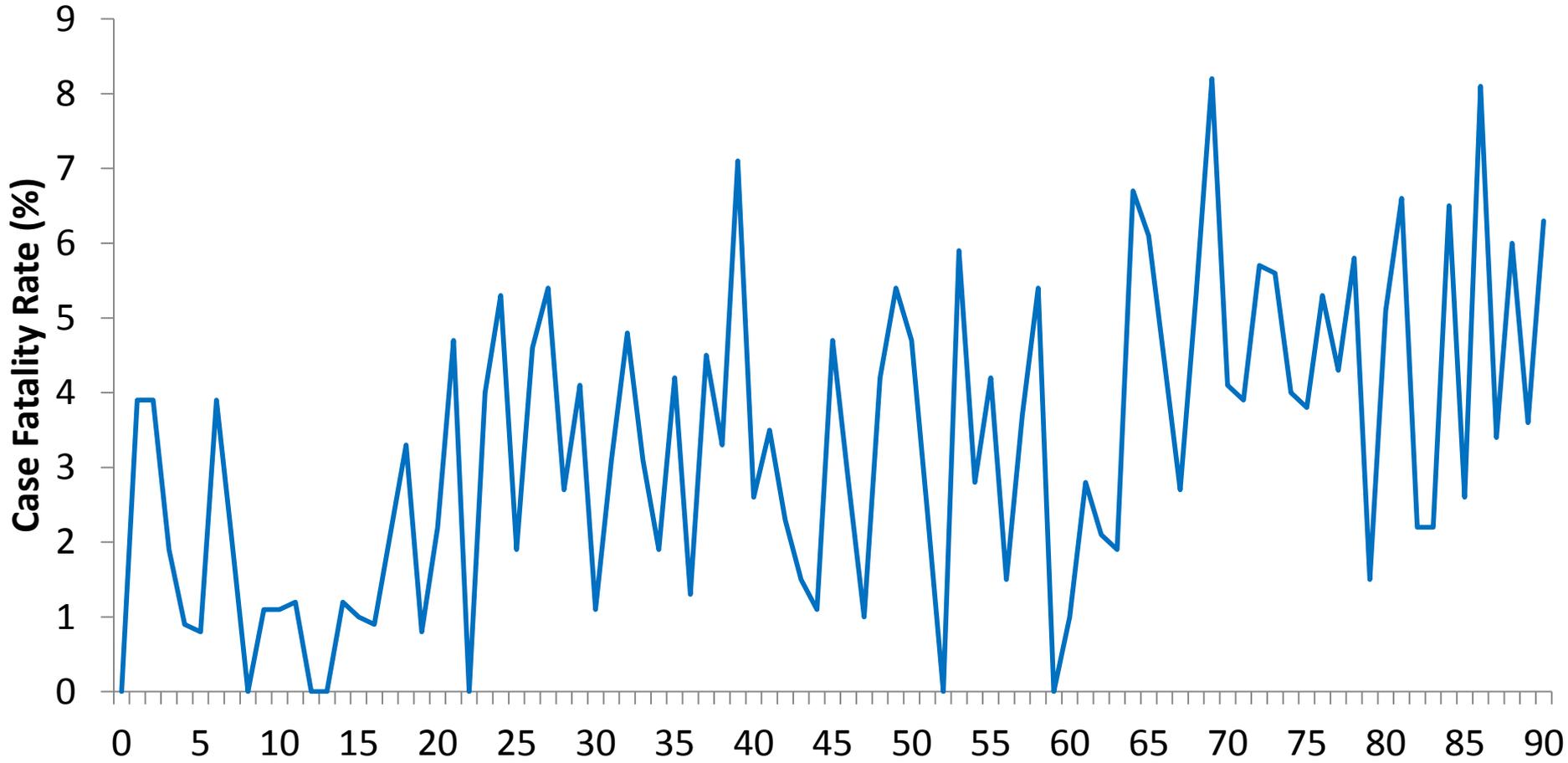


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Trauma Registry Scorecard, Patient Demographics

Case Fatality Rate by Age, Statewide 2013

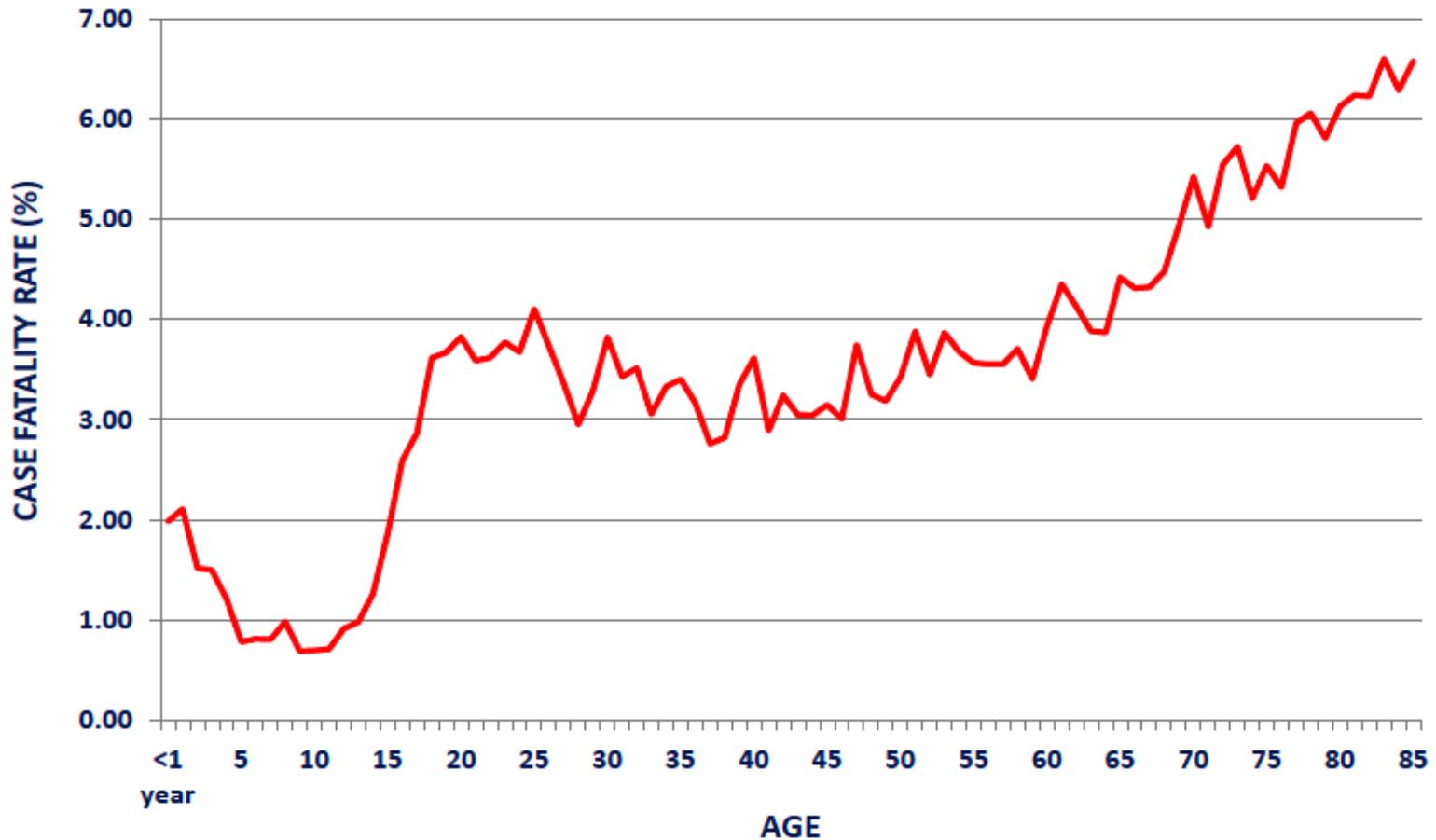


* Reporting time frame Jan 1 through June 30

Source: Arkansas Trauma Registry

Figure 12

Case Fatality Rate by Age



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Highest Standards, Better Outcomes

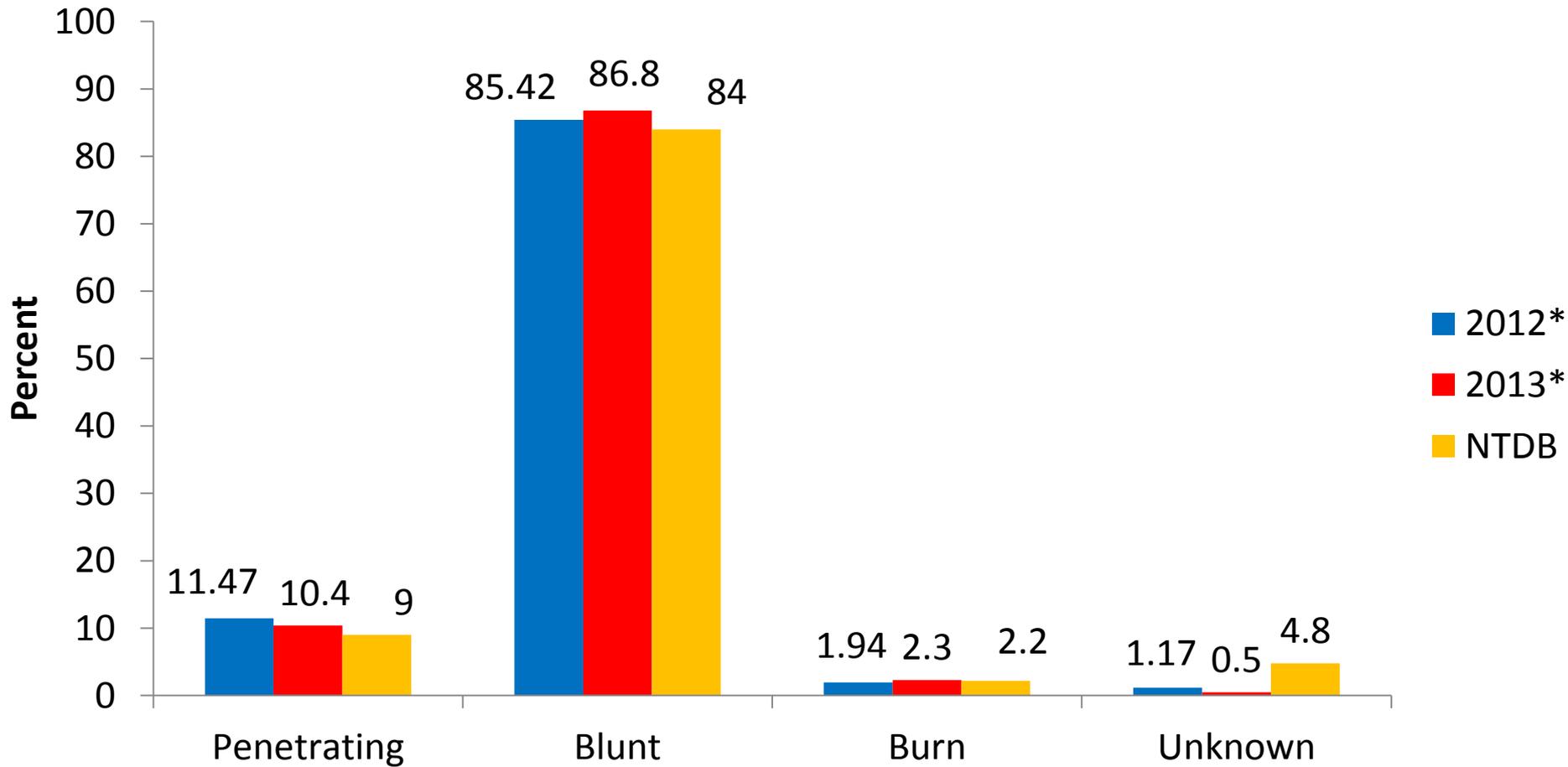
Trauma Registry Scorecard, Patient Demographics Average and Mean Age, Statewide

Average and Median Age				
	Average 2012	Average 2013	Median 2012	Median 2013
Statewide	44.6	44.5	44	44

* Reporting time frame Jan 1 through June 30

Source: Arkansas Trauma Registry

Trauma Registry Scorecard, Patient Demographics By Injury Type, Statewide



* Reporting time frame Jan 1 through June 30

Source: Arkansas Trauma Registry

Trauma Registry Scorecard, Patient Demographics By Age Group and Mechanism, NTDB vs Statewide

Age by Mechanism – Statewide 2013

	0-19		20-44		45-64		65+		All	
	NTDB	State*								
Fall	32.4%	38.1%	16.0%	16.9%	38.5%	43.8%	78.6%	78.5%	40.2%	44.0%
Gunshot	4.6%	3.1%	8.6%	8.6%	2.4%	2.7%	0.5%	0.5%	4.4%	3.9%
MVC	19.2%	23.4%	28.6%	35.6%	20.4%	21.7%	10.5%	11.3%	20.3%	23.2%
Motorcycle	1.4%	1.4%	7.0%	4.9%	7.5%	6.4%	1.0%	0.8%	4.5%	3.4%
Other	33.9%	30.2%	27.3%	26.1%	23.1%	21.3%	7.0%	7.5%	22.4%	21.0%
Pedestrian	4.9%	1.8%	3.9%	2.1%	4.1%	1.7%	1.8%	0.9%	3.6%	1.6%
Stabbing	3.6%	1.7%	8.6%	5.6%	4.0%	2.1%	0.6%	0.5%	4.6%	2.6%

* Reporting time frame Jan 1 through June 30

Source: Arkansas Trauma Registry, National Trauma Database (2010)

Trauma Registry Scorecard, Patient Demographics By Age Group and Mechanism, Statewide

Age by Mechanism – Statewide 2013

	0-19	20-44	45-64	65+	All
Fall	38.1% (6.2%*)	16.9% (1.3%)	43.8% (4.4%)	78.5% (0.4%)	44.0% (2.7%)
Gunshot	3.1% (-0.1%)	8.6% (0.3%)	2.7% (0.1%)	0.5% (-0.1%)	3.9% (0.1%)
MVC	23.4% (-1.8%)	35.6% (1.1%)	21.7% (0.0%)	11.3% (2.7%)	23.2% (0.6%)
Motorcycle	1.4% (0.4%)	4.9% (-2.9%)	6.4% (-2.4%)	0.8% (-1.1%)	3.4% (-1.6%)
Other	30.2% (-3.5%)	26.1% (0.2%)	21.3% (-1.6%)	7.5% (-1.6%)	21.0% (-1.4%)
Pedestrian	1.8% (-0.8%)	2.1% (0.4%)	1.7% (-0.2%)	0.9% (0.2%)	1.6% (-0.1%)
Stabbing	1.7% (-0.6%)	5.6% (-0.4%)	2.1% (-0.4%)	0.5% (-0.2%)	2.6% (-0.4%)

*Numbers in parentheses indicate change from 2012 to 2013

** Reporting time frame Jan 1 through June 30

Source: Arkansas Trauma Registry

Trauma Registry Scorecard, Patient Demographics By Age Group and Mechanism, Statewide

Age by Mechanism – Statewide 2013

	0-19	20-44	45-64	65+	All
Fall	728	414	892	1,789	3,823
Gunshot	60	212	55	11	338
MVC	446	873	442	257	2,018
Motorcycle	27	120	131	19	297
Other	576	641	433	171	1,821
Pedestrian	34	51	35	20	140
Stabbing	33	138	43	11	225

* Reporting time frame Jan 1 through June 30

Source: Arkansas Trauma Registry

Meeting Title Designation Sub-Committee of the TAC

MINUTES 12-17-2013

MEETING CALLED BY	Dr. Jim Booker
TYPE OF MEETING	Sub-Committee
FACILITATOR	Dr. Jim Booker
NOTE TAKER	Diannia Hall-Clutts
COMMITTEE MEMBER ATTENDEES	Dr. Jim Booker, Dr. Todd Maxson, Dr. Michael Sutherland, Dr. Barry Pierce, Dr. Scott Lewis, Dr. Mike Pollock, Dr. Charles Mabry, Carla Jackson, Carla McMillian, D'borai Cook, Paula Lewis, John Recicar, Teresa Ferricher, Terry Collins, Karen McIntosh - Tandberg

Agenda topics

WELCOME

Dr. Jim Booker

Dr. Jim Booker welcomed everyone.

Review of Rules and Regulations Revision

Dr. Jim Booker

DISCUSSION

- 1) Level I facilities shall have EM providers who are Board-certified/Board-eligible recognized by ABEM, AOBEM, **need to add ABP** in the ED 24/7. For Level I only.
- 2) Trauma Patient definition – leave as is
- 3) Triage Requirements for Trauma Centers – B. 4 – changed from Reevaluation of trauma ~~score~~ to **patient**, C. d. changed penetrating to gunshot wound, C.4.e add **pressure support** after receiving blood, D.2. Add **when requested by the burn center** after telemedicine.
- 4) Trauma Center Designation – 3. Six months ~~the~~ a suspension/revocation of designation as outline in Section IV.B.2.d., the facility may reapply for designation at the discretion of the Trauma Section. Add **at the time of the suspension/revocation, the facility has the option to designate at a lower level with the approval of the Trauma Section.**
- 5) Level I and II (2.3) Add **or attendance and documentation of self-assessment CME at an ADH-approved national trauma meeting** after instructor, (2.19) add after IVP, **and research as requiring**, (1.35) change faculty to **FACS**, (3.20) 1., all cases requiring the backup to be called in or the ~~patient to be diverted~~ **trauma center is Charlie Temp or bypassed** due to unavailability of the neurosurgeon on-call, (4.18) delete - **The maximum acceptable response time is 30 minutes tracked from time of activation.** (7.3) Add **and participates in the QI program after** relates to trauma ICU patients, Title – Geriatric Care add **/Special Needs**, (6.4) care of geriatric add **/special needs**
- 6) Level III (1.34) delete ~~core and non-core~~, (1.35) delete ~~faculty~~ change to **FACS** (1.39) Take ~~core~~ out (3.6) add at the end of the sentence **if neurosurgery services are provided**

Dr. Todd Maxson made a motion to accept the Arkansas Trauma System Rules and Regulations with the changes included, Dr. Michael Sutherland seconded the motion. The motion carried.

ADJOURNMENT	Designation Sub-Committee meeting adjourned at 1:55 p.m.
GUESTS	
OBSERVERS	Renee Joiner, Diannia Hall-Clutts, Margaret Holaway, Karis Fleming,
NEXT MEETING	TBA

**Trauma Advisory Committee TRAC/QI Subcommittee
December 17, 2013
Minutes**

Members/Guests Present:

Charles Mabry, MD	TRAC/QI Subcommittee Chair
Jim Booker, MD	SWATRAC MD, CSM TMD
Todd Maxson, MD	Trauma Section Medical Consultant
Mike Sutherland, MD	SEATRAC Committee Chair
Carla McMillan, RN	SEATRAC PI Chair
Teresa Ferricher, RN	NCTRAC PI Chair
Barry Pierce, MD	NCTRAC MD
Scott Lewis, MD	NETRAC MD
Paula Lewis, RN	NETRAC PI Chair
Terry Collins, RN	UAMS TNC
John Recicar, RN	ACH TNC
Bill Temple	ADH
Renee Joiner, RN	ADH
Diannia Hall-Clutts, RN	ADH
Margaret Holaway, RN	ADH
Karis Strevig, RN	ADH
Marie Lewis	ADH
Jennifer Carger, RN	Qsource
James Smith, RN	Lifenet EMS, SWATRAC education chair

Phone Conference:

Rob Johnson	NWTRAC TMD
Linda Nelson, RN	Mercy Ft Smith TNC
Chris Coleman, MD	AVTRAC TMD
Karen McIntosh, RN	NWTRAC PI Chair

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

II. Old Business:

Minutes from November 19, 2013 were approved.

Preventable Mortality Study:

An update was given on the Preventable Mortality Study and its progress. The first review meeting has already taken place. Practitioners from all areas of patient care met with national experts to review the first set of charts. Systematic opportunities for improvement are already being identified, and the group is expected to continue meeting over the next year.

TRAC Bylaws:

At the last QI subcommittee meeting, it was discussed that every TRAC should submit their bylaws for review. Each TRAC has given a copy of their bylaws and review will begin for the process of synchronizing all the bylaws for the TRACs.

III. New Business:

Trauma Financial Survey:

A survey in which data from the data registry through the BKD firm is being gathered that contains both financial information as well as clinical data from the trauma database.. The subcommittee discussed whether the QI subcommittee should have access to this information for Quality Improvement purposes. It was decided by the Committee that "Quality Improvement" would need to be clearly defined to encompass the need for access to this financial data so that the outcome of any access or committee discussion would be for the improvement of patient care. Improvement of patient care was felt to also encompass reduction in costs for the care of the trauma patient, and thus, the financial information contained in the Trauma Financial Survey would be germane for the Committee to have access to in order to promote quality improvement.

Trauma Critical Event Tracking Process:

The previous Critical Event Reporting process was modified by a workgroup of the Committee between meetings. The new forms were then presented to the subcommittee for discussion and input. The new *Critical Event Form* along with the other forms should be sent out to the hospitals' TNCs and put on the website as soon as possible so it can begin to be used.

The *AR Trauma Critical Event Tracking Process* outlines what should happen to a "critical event" after it is identified by the hospital. There are 6 essential critical events, and any other events deemed "critical" by the hospital should be included as well. All Critical Events should go through a hospital's QI process first, and then be referred to the TRAC QI chair and TRAC MD for review. They will collaborate and discuss whether the event will be closed and recorded, further discussed with the submitting hospital, reviewed at the TRAC, or reviewed at the State. The ADH will be giving all TRACs a spreadsheet on which they can record the data collected from the Critical Events Tracking Form.

There will be a check and balance system to assure that all critical events from each hospital are being reported. The Trauma Registry will submit a quarterly report of all critical events to the TRAC MD and to the hospitals for their review and comparison with their internal reporting processes. This report's process and timing is outlined in the *Trauma Registry Quarterly Critical Event Reports* document. If a hospital is continuously neglectful in sending in *Critical Event Forms*, this could be cited as a deficiency.

The new *Critical Event Form* includes death along with the other 5 quality indicators. Trauma deaths should follow the same pattern as the rest of the indicators along with an additional step of sending in a copy of the form to the respective state TNC. This additional step is a temporary one, as Dr. Maxson, is training the new TRAC MD's to assist in the trauma death reviews.

The *QI Timeline for Data Collection* is a timeline that should be used when a QI Chair or TRAC MD needs assistance from our QIO in getting a case ready for presentation. The form outlines when certain information and documents should be submitted to Qsource so that they have adequate

time to create maps, timelines, dictations, etc for the presentation. Assistance from Qsource is optional, however, but valuable.

A motion was made and seconded to accept the documents and processes as written. Next meeting is January 21, 2014 at 1:00-2:30 PM. It was proposed that, at the next meeting, all the past QI meeting action items and OFI's identified need to be reviewed, re-evaluated, followed-up on, and discussed for loop closure.

IV. Action Items:

1. Review of all the TRAC bylaws for synchronization will begin.
2. The Committee felt that financial data within the State Trauma Financial Survey can and should be used for quality improvement purposes, and thus it was proper for the committee to have access to this data in order to help reduce the cost of trauma care.
3. All TRACs and hospital TNCs need to be given a spreadsheet on which they can record Critical Events.
4. The new Critical Event forms should be sent out and put on the website.

V. The meeting was adjourned.

Respectfully submitted,

Charles Mabry, M.D.

Sub-Committee Chair

EMS/Trauma Subcommittee
Tuesday, December 17th, 2013
EMS Conference Room 801, Freeway Medical Building
Little Rock, AR
1000-1200

1. Call to Order at 1000 -- Tim Tackett, Chair
2. Welcome and Introductions -- Group
3. Approval of Draft Minutes from Oct Retreat

Laura Guthrie made a motion to accept the meeting minutes; Jason Gartner seconded the motion, the motion carried with no objections.

4. Old Business

- I. Open items progress reports from August 20, 2013 meeting
 - A. EMS Trauma Standards

Greg Brown reported that a CEU course/module has been developed with customization with the ESO, for those that currently use ESO. They have an educational module online regarding the state program and had two services trial the module. Sidney Ward reported from Yell County EMS that it was a good learning tool regarding submitting EMS data correctly. Greg is waiting to complete the trial and get the feedback needed for evaluation and then roll it out statewide. He also stated that there are so many different software vendors that are being used throughout the state that they could not customize the module for each vendor.

- B. Out of State Trauma Patient Banding

Jeff Tabor felt like we were ready to close this item. Ronnie stated that there were some concerns regarding this issue in the Southeast TRAC. Jeff read the letter that had been circulated throughout the TRACs regarding this issue and Greg Brown had a lot of questions about the letter. There was much discussion on this matter. Greg clarified that it is the dispatch location and not the pick-up location that determines which state the EMS run is entered into the state's database. Jeff, the Section of Trauma and the Section of EMS will get together to clarify the concerns and report back at our next meeting.

- II. Open items progress reports from September 17, 2013 meeting
 - A. Aeromedical Response and Coordination

Tim stated that he met with the Air Medical Sub Committee on Nov 6, 2013 and shared the concerns that had been brought out in the EMS Sub Committee meetings. The Air Medical Committee was more than willing to work with the EMS Sub Committee to help to resolve these concerns. We will look after the first of the year to pick a date and get members of both Sub Committees together, away from their regular scheduled meetings.

5. Review and Update from TAC Retreat

Tim gave an overview of the TAC retreat and the EMS Sub Committee breakout session. He stated that there was much talk about moving away from incentive based funding to performance based funding. He also reviewed our mission and vision that we had developed at the retreat.

6. Prehospital Trauma Funding: The Future

Tim reviewed the current Fiscal year funding formulas for the group.

- A. 40% Base
- B. 30% Population
- C. 15% EMS Data
- D. 15% ATCC

Tim went over and reviewed the ideas for considerations for the 2015 FY Budget that the EMS Sub Committee came up with at the retreat:

- a. Pay for readiness
- b. Pay for mileage
- c. Modifier for 911 operators
- d. Pay for playing by the rules
- e. 911 operators doing the majority of the work should be getting the majority of the funding
- f. Flat rate for volunteer and special purpose
- g. No data, no dollars

Tim opened the floor for discussion. There was a lot of discussion about the volunteer services getting a percentage of the population and not doing the work. Bubba brought up that there are volunteer services that do runs and transports and should get paid. There were ideas that were brought up on how we could identify these services and reward these services that are doing the work. There was also discussion that more money needs to go to the rural services. The idea of utilizing the EMS Trauma money to off set

uncompensated care was also brought up. There was much discussion regarding keeping the funding topics as they are but changing the percentages so there is more money going for performance. Again, we discussed focusing on the individual services that are doing the majority of the work and allowing them to get more of the money and again, focusing on getting more funding to the rural services. Looking at one of the options we had suggested at the retreat:

- A. Base 20%
- B. Population 30%
- C. EMS Data 30%
- D. ATCC 20%

With the above option, Ken suggested taking the 30% population and splitting it between the EMS Data and ATCC. He suggested increasing EMS Data to 50% and ATCC to 30%. Jon Swanson suggested changing the above option to the one below to at least keep a small % for population:

- A. Base 20%
- B. Population 10%
- C. EMS Data 40%
- D. ATCC 30%

Greg suggested adding another category for mileage, as below. The mileage modifier would be calculated by the mileage and the number of transports a service completes that requires them to go out of their service area to transport trauma patients to a Level I or Level II Trauma Facility. There was a lot of discussion regarding the possibility of including Level III Facilities as well since several of these patients can be treated at a Level III. A suggestion was made to add the statement “transporting the patient to a higher level of care requiring the service to leave their service area” rather than listing the facility levels.

- A. Base 20%
- B. Population 10%
- C. EMS Data 30%
- D. ATCC 20%
- E. Mileage 20%

Jon suggested obtaining more data and taking a closer look at Greg’s suggestion. Greg agreed to obtain the data from 2013 that is currently in the EMS database and work it into the above mileage modifier to see how it would play out. Denise also suggested taking the EMS Data and ATCC piece out of the deliverables since they are in the Rules and Regulations and now part of our funding calculation.

7. Review of Current EMS Deliverables

Bubba asked what is expected from the EMS services as far as attending the TRAC meetings. He asked if a service is required to attend every TRAC that is in their service area or can they just attend one. Joe stated that each service is supposed to attend each TRAC meeting that is in their service area and they receive a roster from each TRAC to determine attendance. There was also a lot of discussion about applying percentages to each deliverable, holding services accountable to meet these deliverables and the possibility of being able to take away money from services not being compliant with the deliverables.

8. Next Meeting

Tuesday, January 21st, 2014
10:00am – 1200pm
Freeway Medical Tower, Room 801.

9. Adjournment

Ken made a motion to adjourn, Laura seconded and the motion carried with no objections.

TAC Injury and Violence Prevention Subcommittee Meeting Minutes

Date: December 12, 2013

Attendees: Dr. Mary Aitken, Chair, Brian Nation, Gary Ragen, Shelby Rowe, Heather Browning, Beverly Miller, Audra Walters, Robin Terry, Donna Parnell-Beasley.

Attendees on the phone: Patty Braun (AVTRAC), Dr. Tal Holmes (UAMS), Carla McMillian (JRMC), Teresa Belew (ADH), Sharon Johnson (HHI).

Agenda Item	Notes	Actions/Who is responsible
I. Welcome and Introductions	Dr. Mary Aitken called the meeting to order and welcomed everyone. She asked everyone including those on the phone to introduce themselves	Dr. Mary Aitken, Chair
II. TRAC/IVP Subcommittee Reports	<ol style="list-style-type: none"> 1. Arkansas Valley – Patti Braun <ol style="list-style-type: none"> a. The major focus continues on Motor Vehicle Safety because it continues to be the major issue. b. Hosting car seat installation training in February c. Safety Baby Showers are in the works d. A hospital will also be hosting the Matter of Balance for falls prevention. 2. Central Arkansas – Barbara 3. North Central – Stacey Wright 4. Northeast – Jerry McGill 5. Northwest – Krisha Jech 6. Southeast – Carla McMillan <ol style="list-style-type: none"> a. Sponsored the CPS Tech class in Crossett and because of the weather, completion was delayed until tomorrow. b. Present plans include, Car Seats, ATV, Baby Showers and Safe Driving Challenge 7. Southwest – Amanda Warren Newton <p>Since some TRACs were not represented or present on the conference call, Dr. Aitken provided a general summary: The major focus for all TRACs is on Motor Vehicle Safety, which is consistent with the available region specific data. This includes, Drive Smart Challenge, AARP Older Driver Intervention, and Child Passenger Safety. Specifically, the Northeast and North Central TRACs are also doing work in suicide prevention. North Central TRAC also plans to focus on recreational injuries.</p>	TRAC Representatives
III. SIPP Reports	<ol style="list-style-type: none"> A. Intentional Injury Prevention– Shelby Rowe <ol style="list-style-type: none"> a. We have a request from the CHIPS/CHINS groups to provide training and guidance on how best to use the Reality Works “Shaken Baby Syndrome” doll kits for demonstration purposes. The first session is scheduled in 	SIPP Staff

	<p>Hope on January 17, 2014. Another session is planned for Little Rock.</p> <p>B. Motor Vehicle Safety – Maury Long</p> <ol style="list-style-type: none"> a. Conducted a safer teen driving “train-the-trainer” program in Harrison, AR. b. Assisting Hampton High School to implement their drive smart challenge. c. Conducted a Child Passenger Safety training class for 12 technicians. <p>C. Quarterly Summary/Announcements – Gary Ragen</p> <p>Dr. Aitken reported that the focus since the last meeting has been to support the development of the contracts and streamline the process for working with the TRAC committees as they develop their projects. This has also involved training the trainers and technicians. . Audra Walters is also working on a revision of the Injury 101 course.</p> <p>Gary Ragen followed up to say that the focus has been on working with ADH on TRAC budget templates to help resolve budgetary issues before the official roll out to individual TRACs. Mr. Ragen said he would provide the additional budget templates to ADH by the end of next week.</p>	
IV. HHI Report	<p>HHI groups throughout the state have been working on doing presentations on ATV Safety at area high schools. They have also focused on Safe Teen Driver for Junior High and Senior High Schools. Other presentations have focused on co-sleeping with babies, infant safe sleeping habits and car seat safety.</p> <p>Sebastian County and UAMS have partnered to bring safe sleep outreach to area shelters. Dr. Aitken noted that this program has resulted from needs discovered from previous experience and data. Through this program the Crisis Intervention Center will receive education on communities for safe sleeping toolkits.</p> <p>Madison County did a teen summit with approximately 235 participants and 50 volunteers. Presentations included Drinking and Driving, ATV safety and other injury prevention issues. The Southeast Region held two-day gate-keeper training on suicide prevention training with school districts.</p>	Andrea Ridgeway/Sherry Johnson
V. RPE Report	<p>Teresa Belew reported that the Rape Prevention Education grant funds have been extended through February and we are expecting that we will be picked back up again starting March 1, 2014 with a slight increase in funding.</p>	Michelle Cline

VI. Traumatic Brain Injury (TBI) Registry	<p>They have started a TBI Registry referral program. For the November, they have 36 referrals. It is a slow process and progress continues as hospitals around the state are getting adjusted to the process. The have prepared a TBI referral packet of information for Trauma Coordinators and Social Workers. She passed around the packet for those present to review. Multiple copies have been distributed to Level I and Level II hospitals and single copies to the others.</p>	Heather Browning
VII. ADH Injury and Violence Prevention Report	<p>Brian Nation reported that all of the grantees now have their budget changes implemented and the funds are ready to be utilized at the individual TRAC level. However, the TRACs should work with their fiduciary member. The next major step is to establish the baselines for each TRAC.</p> <p>The SXSW Conference will be held in Little Rock March 16-18 in Little Rock, Arkansas. The State-wide Injury Prevention Conference will be held in April either the 3rd or 4th week.</p> <p>The Policy Subcommittee will be contacted regarding a meeting in January on the pending issues.</p>	Teresa Belew/Brian Nation
VIII. Announcements <ul style="list-style-type: none"> • Upcoming Training Opportunities 	<p>Donna Parnell-Beasley reported that their trauma program is working through the Emergency Department (ED) is providing some additional injury prevention (IVP) information to the patients who come to the ED. This includes flyers in English and Spanish in each room. They would like to expand this and provide a complete packet of IVP materials. They are working on strategies to make the information more readily available. Dr. Aitken noted that the materials are available in the resource packets that were distributed, and downloadable PDF's are available on the SIPP/ADH and ACH websites. Susan will be coming to share an overview with the IVP Subcommittee.</p> <p>Audra Walters is doing a weekly injury prevention digest that is distributed via e-mail. It includes highlights of awareness observances, upcoming TRAC events, webinars and additional resources. She also offered for those present, who are not currently receiving the digest, to sign up to receive it via e-mail. She also noted that grant writing training will be offered soon.</p>	Dr. Aitken
IX. Next meeting date	Thursday, January 9, 2014 at 3:00 p.m.	