



Trauma Advisory Council

January 21, 2014

3:00 p.m.

Minutes

MEMBERS PRESENT

Dr. Mary Aitken
Terry Collins
Kathryn Blackman
Dr. Janet Curry
Dr. Clint Evans
R. T. Fendley
Dr. James Graham
John Gray
Col. Stan Witt (rep. by Sr.
Cpl. Karen E. Clark)
K.C. Jones
Dr. Charles Mabry
Michelle Murtha
Dr. Corey Montgomery
Dr. Barry Pierce
Dr. Michael Pollock
Freddie Riley
Dr. Ronald Robertson
Dr. Nathaniel Smith (rep. by
Donnie Smith)
Dr. Viviana Suarez
Tim Tackett
Christi Whatley

MEMBERS ABSENT

Dr. Victor Williams
John E. Heard
Jamey Wallace
Thomas Jenkins

GUESTS

Don Adams
Dr. James Booker
Tabitha Breshears
Kim Brown
Jennifer Carger
Denise Carson
D'borai Cook
Teresa Ferricher
Amber Files
Robert Fox
Laura Guthrie
Greg Hammons
Terri Imus
Carla Jackson
K.C. Jones
Monica Kimbrell
Dr. Scott Lewis
Paula Lewis
Stephanie Long
Dr. Lew McColgan
Carla McMillan
Cindy Metzger
Debbie Moore
Linda Nelson
Donna Parnell-Beasley
Gary Ragen
John Recicar
Donald Reed
Dr. Mark Sanford
Johnnie Schaumleffel
Velvet Schultz
James M. Smith

GUESTS (Cont.)

Ashlee Stockard
Dr. Chris Stewart
Dr. Michael Sutherland
Jon Swanson
Jeff Tabor
Carole Tackett
Chris Tarkington
Annette Tatum
Robin Terry
Brooke Tunstall
Allen "Bubba" Usrey
Tyler Vanderpool
Tim Vandiver
Carrie Vickers
Samuel A. Webb
Rodney Walker
Ronald Woodard
Stacy Wright

STAFF

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

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

The Trauma Advisory Council (TAC) meeting was called to order on Tuesday, January 21, 2014, 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. Dr. Graham welcomed Dr. Corey Montgomery, orthopedic surgeon at UAMS, who was recently appointed to the TAC.

III. Election of TAC Officers

Dr. Graham opened the nominations for Chairman. Dr. Ronald Robertson nominated Mr. R.T. Fendley to be Chairman of the TAC and Dr. Charles Mabry seconded the motion. With no other nominations, Mr. Fendley was elected by acclamation. Dr. Graham opened nominations for Vice-Chairman. Terry Collins nominated Dr. Mabry as Vice-Chairman and Dr. Robertson seconded the motion. With no other nominations, Dr. Mabry was elected by acclamation. Dr. Graham opened the nominations for Secretary/Treasurer. Dr. Mabry re-nominated Dr. Nathaniel Smith and the nomination was seconded by Ms. Collins. With no other nominations, Dr. Smith was elected by acclamation. At the request of Mr. Fendley, Dr. Graham agreed to continue to chair today's TAC meeting.

IV. Approval of Draft Minutes From December 17, 2013

The TAC reviewed the December 17, 2013 minutes. A motion to approve the minutes was made by Dr. Mabry and seconded by Mr. Fendley. The minutes were approved.

V. Trauma Office Report – Bill Temple

Mr. Temple announced that Brian Nation is now working with Teresa Belew in the Injury and Violence Prevention (IVP) Section. The South by Southwest Conference will be held in March in Little Rock with two high-level Centers for Disease Control attendees. One of the key goals for IVP is injury and motor vehicle education to reduce morbidity and mortality. A press conference will be held next Tuesday at 10:00 a.m. at the State Capitol to announce the "Toward Zero Deaths" campaign to eliminate motor vehicle traffic deaths. The three sponsors for this campaign are the Arkansas Department of Health, the Arkansas State Police and the Arkansas Highway Department. Motor vehicle traffic deaths in Arkansas have decreased about 15% from 2012 to 2013. Preliminary data suggest that suicide deaths for 2013 may actually be greater than motor vehicle accident deaths. This is very concerning and we are working on plans to address the suicide issue.

Mr. Temple thanked grantees that have submitted their budget information for FY 2015. He noted that the estimated carry-forward for next year is expected to be approximately \$2,500,000. The carry-forward has steadily decreased, as expected, and is predicted to be at or near base level in FY 2016.

Mr. Temple stated he would like to advise the TAC where we currently stand regarding the revision of the *Rules and Regulations for Trauma Systems*. He reminded TAC members that they approved the current revision of the *Rules* at the December 17, 2013 TAC meeting. Based on this approval, the revision was sent to the Board of Health to be discussed at the Board's meeting on January 23, 2014. Subsequent to us forwarding the revised version to the Board, the Board of the Arkansas Hospital Association (AHA) met on January 10, 2014. Some AHA Board members had previously expressed some concern over the proposed requirement for full-time orthopedic coverage for Level III trauma centers. In response to this concern, Dr. Maxson made a presentation to the Board at its meeting on January 10. Ultimately, the AHA Board voted to not support the *Rules* going forward based on two concerns. At this point, Mr. Temple turned the discussion over to Donnie Smith, Director of the Arkansas Department of Health's (ADH's) Center for Health Protection. Mr. Smith set forth the following two items in the revised *Rules* that the AHA Board does not support: 1. the requirement for "full-time equivalents" (FTEs) for Trauma Program Managers and Trauma Registrars; and, 2. the requirement for full-time orthopedic coverage for Level III trauma centers. Mr. Smith then gave the ADH's stance on each of these issues. Regarding the first issue, the ADH supports deleting the requirement for FTEs (i.e., using the word "should" rather than "shall"). Regarding the second issue, after a great deal of discussion and debate, the ADH supports removing the requirement for full-time orthopedic coverage for Level III trauma centers. A lengthy and spirited debate followed Mr. Smith's remarks. Numerous TAC members and persons from the audience spoke in favor of keeping the revised version as approved at the December 17 TAC meeting (including the FTE and full-time orthopedic coverage requirements). Regarding the Level III orthopedic issue, Dr. Maxson gave the following three reasons for keeping the orthopedic requirement in the revised version: 1. having this coverage keeps patients in the community; 2. having this coverage puts less pressure on our EMS colleagues by avoiding unnecessary transfers; and, 3. having this coverage avoids an adverse/unfair impact on surrounding hospitals. At this point in the conversation, Mr. Tim Tackett made a motion that TAC support for the revised version (that deletes the FTE and orthopedic requirements as noted above) be withdrawn. Dr. Charles Mabry seconded the motion. In the discussion following this motion, Mr. Smith stated that without the TAC's support of the revised version (that deletes the FTE and orthopedic requirements), we will ask that the discussion of the *Rules* at the January 10th Board of Health meeting be tabled. Dr. Mabry stated he believes a solution can be reached during subsequent discussions with stakeholders. The motion passed.

VI. ADH Medical Consultant Report – Dr. Todd Maxson

Dr. Maxson shared that he is a little concerned by the lack of progress with the Rules process and that he needed to be working on clinical practice guidelines and getting them solidified and in a uniform format for dissemination. He noted that he has met with four of the seven TRAC Medical Directors and will set up meetings with the remaining three.

VII. Other Monthly Reports

Trauma Registry – Marie Lewis

- The Association for the Advancement of Automotive Medicine course is coming up in two weeks. As of Friday, there were two seats left for those wishing to attend.
- Earlier this month, Jamie Owens sent an e-mail regarding available Trauma Registry training. The training will be individualized as she is planning on going to the hospitals to work one-on-one with the registrars to answer questions and address any issues. Ms. Lewis encouraged hospitals to get in touch with the Registry team if they need training.
- A focus this year will be working on data validation in the Registry.
- 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 2013 numbers were down in volume from 2012. Transfers were down by 217 and EMS scene calls were down by 2,441. There have already been seven hand cases in January that used the telemedicine on-call program. The training component of this program is continuing. Mr. Temple said that he is working with Dr. Maxson to get a letter out to the Trauma Medical Directors and Trauma Program Managers regarding the hand telemedicine program.

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

Dr. Michael Sutherland said that the first Emergency Preparedness/Disaster Management course was held in Northwest Arkansas. They are working to make this more readily available within the TRAC areas. The Trauma Update will be held on May 2-3, 2014 at Embassy Suites in Little Rock. Space will be limited and he encouraged early registration on the ATERF website.

Trauma Image Repository (TIR) – Terri Imus

Ms. Imus reported that in December, the ATCC notified the TIR of 387 transfers that may have images associated with the patient. The actual number of patients with images was 219 and the total number of images for these patients was 789. Results are encouraging as the numbers are up in regards to the number of images transferred per patient.

Scorecard Report – Austin Porter

Mr. Porter shared a hand-out and discussed a brief report focused on 2013 data, specifically patient transfers. The report compared 2013 data with 2012 data. He noted that he will be sending an updated Scorecard Report with additional statistics.

VIII. 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)

Mr. Fendley shared that the Subcommittee did not meet in January. The next meeting is scheduled for Tuesday, February 4, 2014 at 3:30 p.m. Work continues with the Arkansas Hospital Association regarding the hospital cost study.

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

Dr. Booker shared that the Subcommittee did not meet in January.

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

Mr. Tackett shared that they had met this morning. The Subcommittee voted to recommend that a memorandum be prepared that provides clarity to the issue of how EMS agencies deal with out-of-state patients. The Subcommittee focused on and reviewed the proposed FY 2015 funding formula. He noted that the Subcommittee needs more details to hammer out the formula. They will be holding a special meeting before the regular meeting in February. Mr. Tackett said the Subcommittee is evaluating moving the funding cycle to two or three years so that they can spend less time with this issue.

Mr. John Gray noted that the Arkansas Ambulance Association will be having the EMS Expo in April and the focus will be on pediatric patient care, specifically trauma. He also shared that a representative from Boston EMS will be coming to speak about preparation for the Boston Marathon and how medical professionals responded to the bombing. Leadership training will also be offered as part of the Expo.

- Rehabilitation Subcommittee (Jon Wilkerson – Chair) (Did not meet) (No report)

The Subcommittee did not meet and there was no report.

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

Dr. Mabry said the Subcommittee met earlier this afternoon. He said they discussed the

TRAC by-laws. Each TRAC proposed their by-laws and the QI/TRAC Subcommittee will be working to evaluate them so that the TRACs function together with more consistency. An analysis will be distributed to the Subcommittee members for input and evaluation. Next month they plan to work toward a consensus.

Dr. Mabry explained the importance of the Critical Event Quality Improvement Form. This form is to be completed by the hospitals and turned in to the QI chairman of their respective TRAC. This form will be reviewed at the TRAC level and, if needed, it can be brought up to the state level. We are working toward a web-based report to simplify the reporting process. Dr. Mabry also mentioned that the preventable mortality study is progressing.

On behalf of the QI/TRAC Subcommittee, Dr. Mabry made a motion that the Subcommittee be permitted to ask Greg Brown, EMS Section Chief, to assist with contacting an EMS provider that is not responding to the request for a QI Plan. The motion passed.

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

Dr. Aitken reported the Subcommittee met Thursday, January 9, 2014 and that there is much IVP activity, especially at the TRAC level. Kathryn Hargis, ADH Legislative Liaison, reviewed major policy issues and potential IVP initiatives. TRAC IVP Subcommittee Chairs also reported on activities. The focus is on assisting the TRACs with the implementation of various IVP projects. Significant work on training and technical assistance with TRACs continues throughout the state.

IX. Other

Terry Collins thanked Dr. Graham for his leadership, his voice of reason, and for being a champion for the trauma system. It was noted that Dr. Graham was there from the beginning and helped to secure passage of the trauma legislation. Dr. Graham received a standing ovation from the group. Dr. Graham noted that he is not leaving, but just stepping down from the Chairman's role.

X. Next Meeting Date

The next regularly scheduled meeting is on Tuesday, February 18, 2014 at 3:00 p.m.

XI. Adjournment

Without objection, Dr. Graham adjourned the meeting at 4:45 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

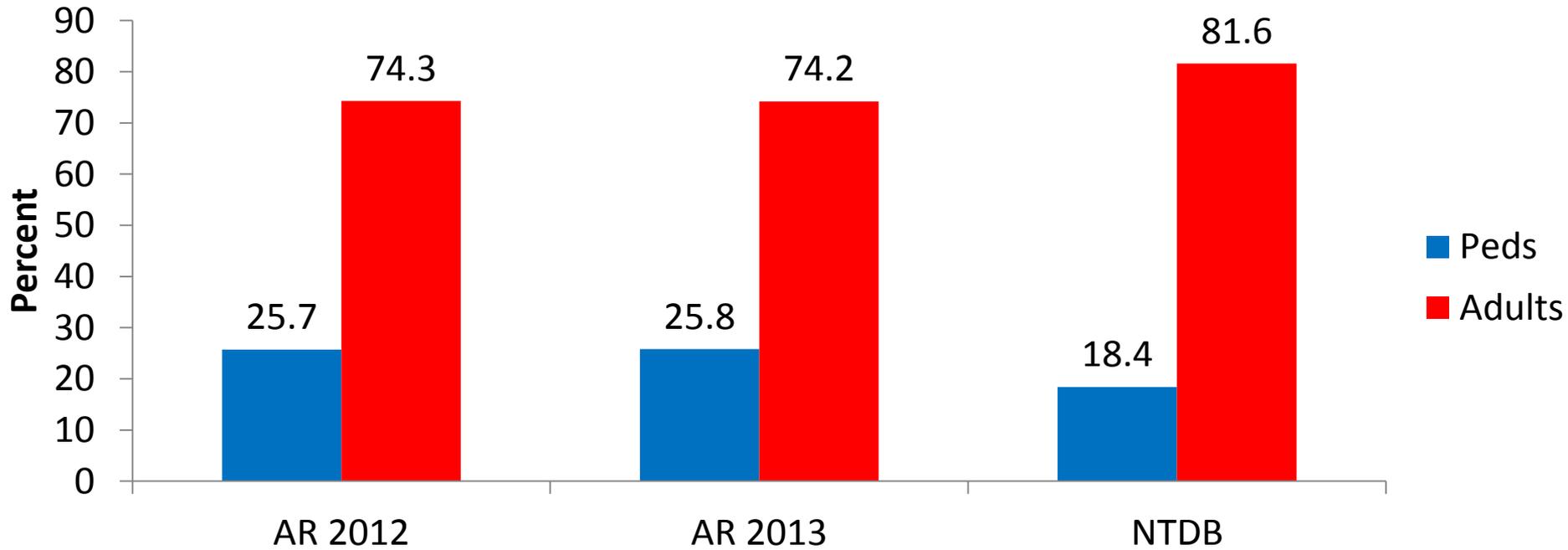
Methods

- Data may contain duplicate entries as individuals may be admitted and transferred to another hospital for complications from an injury
- 1Q-3Q of 2012 was used in reporting 2012 AR Trauma Registry data
- 1Q-3Q of 2013 was used in reporting 2013 AR Trauma Registry data
- 2013 Trauma Registry Data as of 1/7/2014
- 2011 National Trauma Data Bank used in reporting
 - Mostly comprised of Level 1 and Level 2 trauma centers

Arkansas Trauma Registry Scorecard

Patient Transfers

Adults and Pediatric Cases, Arkansas vs. NTDB



	Arkansas, 2013					NTDB, 2011	
	All	Peds	%Peds	Adults	%Adults	%Peds	%Adults
Transfers**	2292	592	25.8%	1700	74.2%	18.4%	81.6%

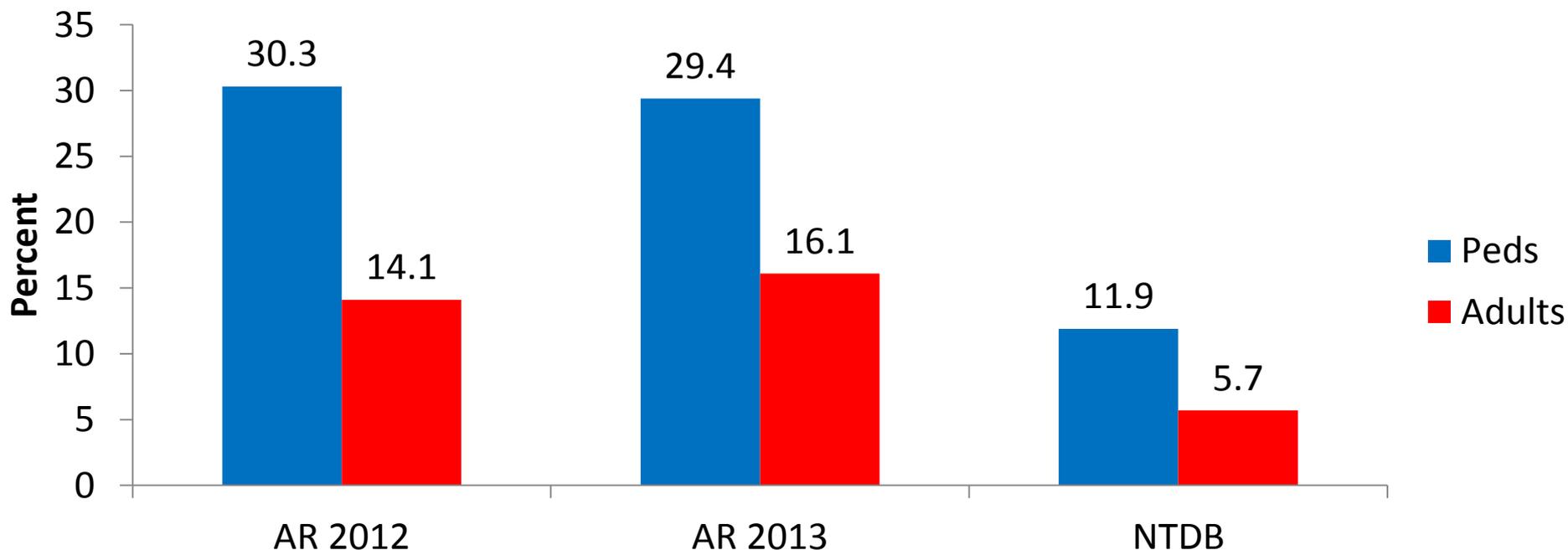
Note: Peds = 0-14 years/Adults = 15+ years

Source: Arkansas Trauma Registry, National Trauma Data Bank

**Transfers are defined as patients who are transported from one hospital to another to receive treatment

Arkansas Trauma Registry Scorecard

Patients Transferred and Discharged from the Emergency Department Adults and Pediatrics, Arkansas vs. NTDB

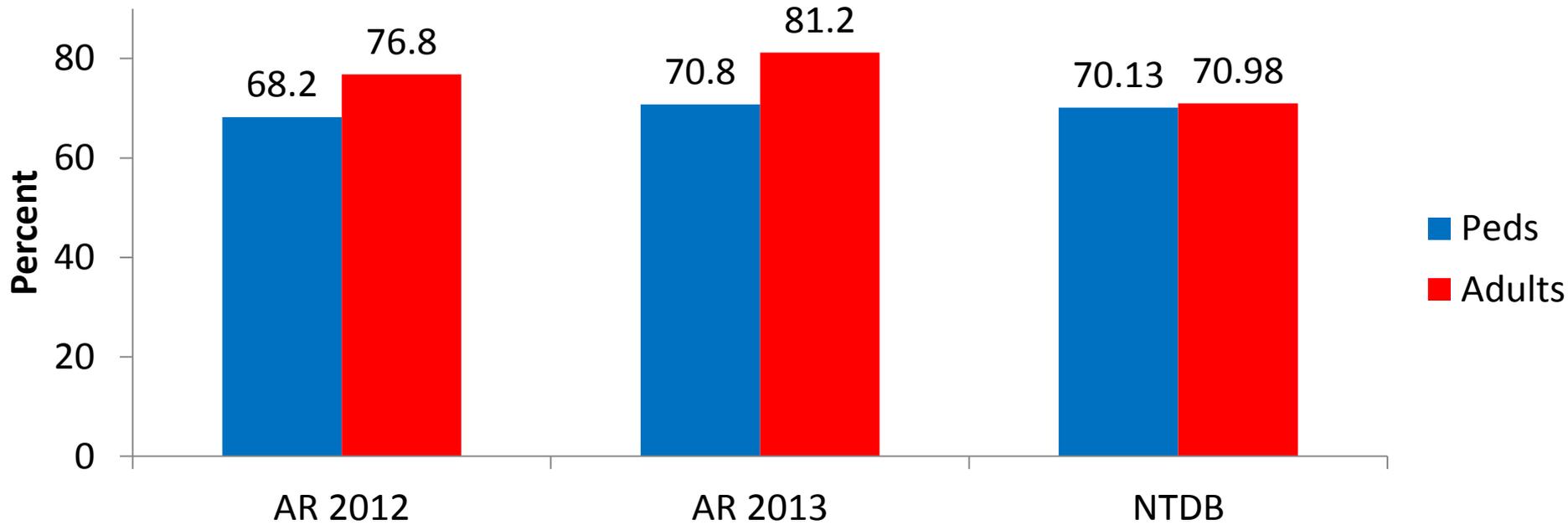


	Arkansas, 2013						NTDB, 2011	
	All	% of all Transfers	Peds	%Peds	Adults	%Adults	%Peds	%Adults
D/C from ED	448	19.5%	174	29.4%	274	16.1%	11.9%	5.7%
Total	2292		592		1700			

Arkansas Trauma Registry Scorecard

Patients Transferred By Ground Transport

Adults and Pediatrics, Arkansas vs. NTDB

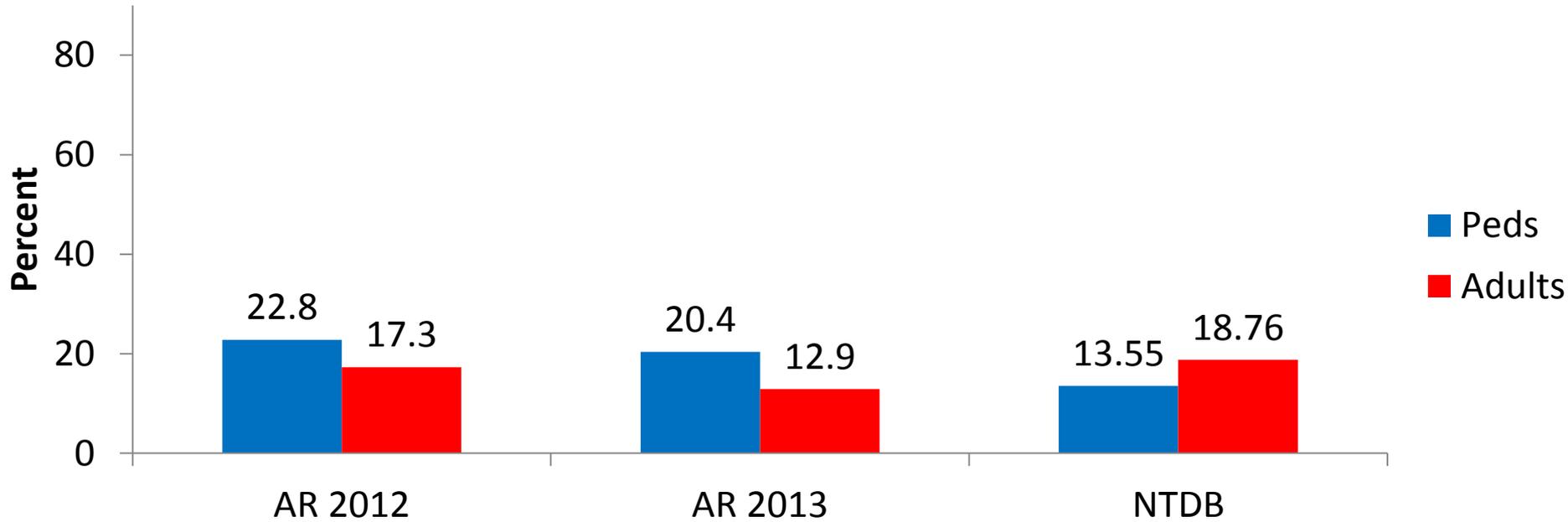


	Arkansas, 2013						NTDB, 2011	
	All	% of all Transfers	Peds	%Peds	Adults	%Adults	%Peds	%Adults
Ground	1799	78.5%	419	70.8%	1380	81.2%	69.3%	72.8%
Air	341	14.9%	121	20.4%	220	12.9%	13.6%	17.2%
Other	151	6.6%	52	8.7%	99	5.8%	17.1%	10.0%
Missing	1	0.0%	0	0.0%	1	0.0%		
Total	2292	100%	592	100%	1700	100%		

Arkansas Trauma Registry Scorecard

Patients Transferred By Air Transport

Adults and Pediatrics, Arkansas vs. NTDB



	Arkansas, 2013						NTDB, 2011	
	All	% of all Transfers	Peds	%Peds	Adults	%Adults	%Peds	%Adults
Ground	1799	78.5%	419	70.8%	1380	81.2%	69.3%	72.8%
Air	341	14.9%	121	20.4%	220	12.9%	13.6%	17.2%
Other	151	6.6%	52	8.7%	99	5.8%	17.1%	10.0%
Missing	1	0.0%	0	0.0%	1	0.0%		
Total	2292	100%	592	100%	1700	100%		

Arkansas Trauma Registry Scorecard

Mean/Median Injury Severity Score by Mode of Transport

Adults and Pediatrics, Arkansas vs. NTDB

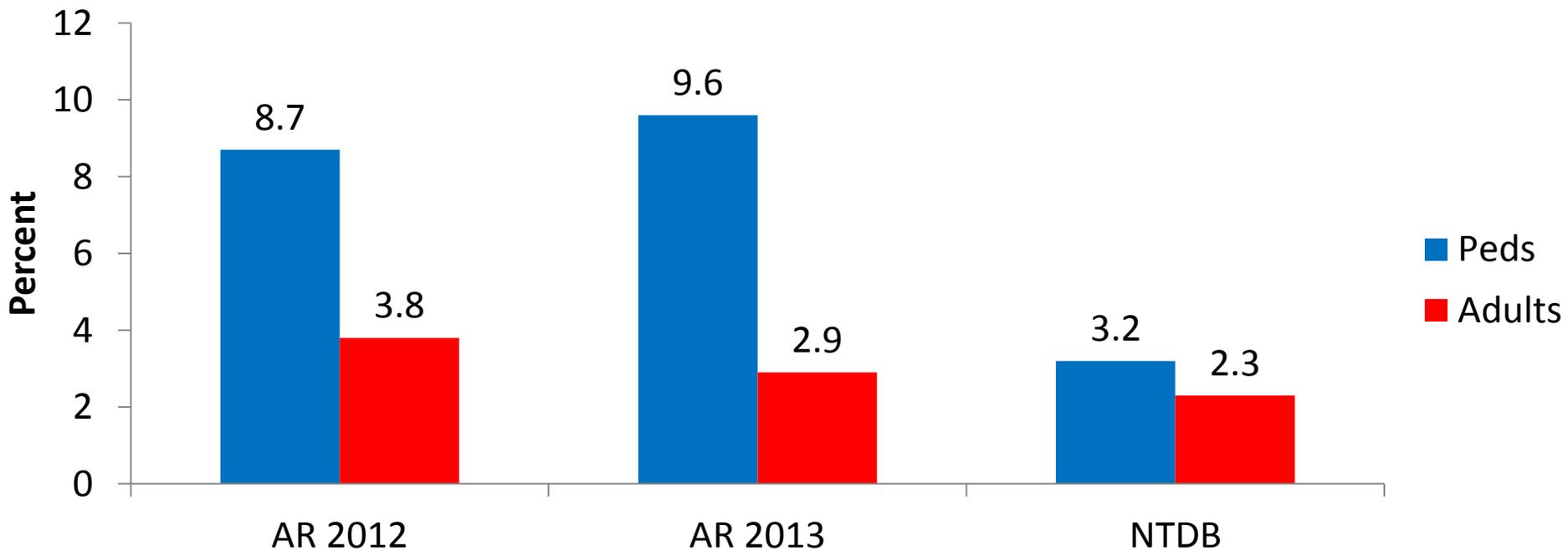
Mode of Transport	Arkansas, 2013		NTDB, 2011	
	Peds Mean (Median)	Adults	Peds Mean (Median)	Adults
Ground	5.4 (4.0)	8.4 (6.0)	6.5 (4.0)	9.5 (9.0)
Air	9.6 (9.0)	14.7 (10.0)	12.1 (9.0)	14.6 (13.0)

Note: Peds = 0-14 years/Adults = 15+ years

Source: Arkansas Trauma Registry, National Trauma Data Bank

Arkansas Trauma Registry Scorecard

Patients Transferred by Air with ED/Hospital LOS LE 1 Day Adults and Pediatrics, Arkansas vs. NTDB



	Arkansas, 2013						NTDB, 2011	
	All	% of Transfers	Peds	%Peds	Adults	%Adults	%Peds	%Adults
All	107	4.7%	57	9.6%	50	2.9%	3.2%	2.3%
Total	2292		592		1700			

Note: Peds = 0-14 years/Adults = 15+ years

Source: Arkansas Trauma Registry, National Trauma Data Bank

Arkansas Trauma Registry Scorecard

Patients Transferred by Air w/ ED/Hospital LOS LE 1 Day Adults and Pediatrics, Arkansas vs. NTDB

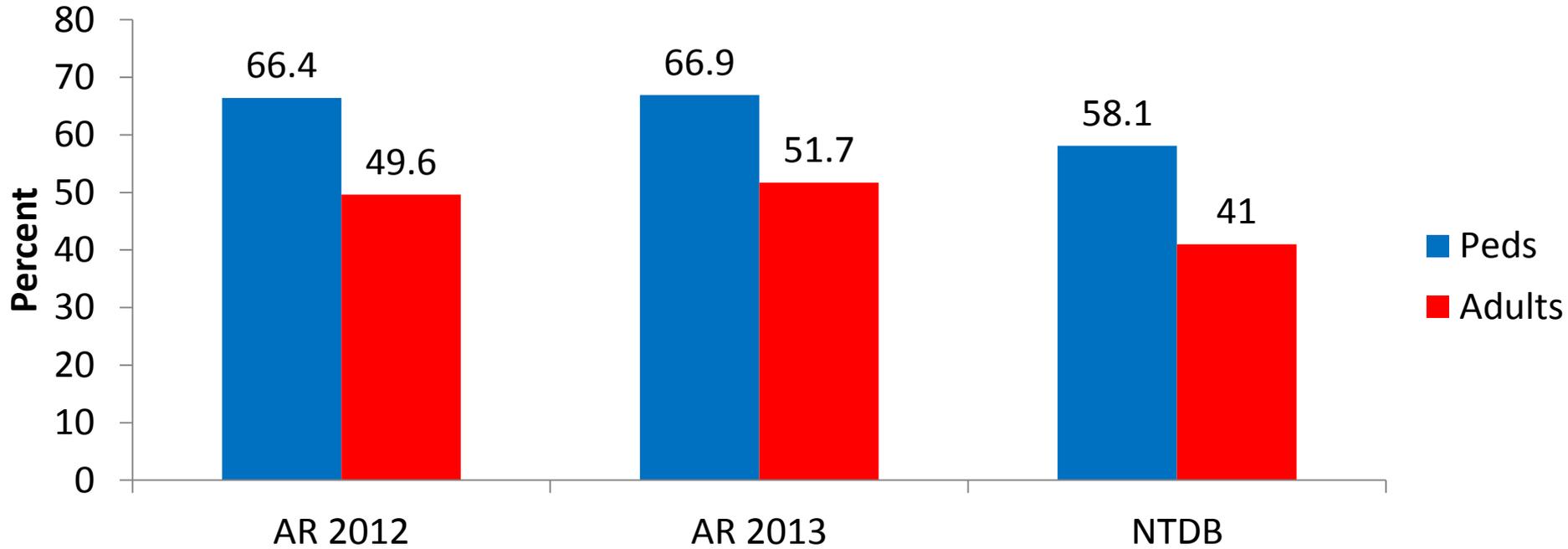
	Arkansas, 2013						NTDB, 2011	
ED Disposition	All	% of Transfers	Peds	%Peds	Adults	%Adults	%Peds	%Adults
Expired	3	2.8%	0	0.0%	3	6.0%	2.1%	6.8%
D/C Home	30	28.0%	15	26.3%	15	30.0%	11.1%	19.2%
Admitted	70	65.4%	42	73.7%	28	56.0%	81.9%	66.2%
Other	4	3.7%	0	0%	4	8.0%	4.9%	7.8%
Total	107	4.7%	57	9.6%	50	2.9%	3.2%	2.3%

Note: Peds = 0-14 years/Adults = 15+ years

Source: Arkansas Trauma Registry, National Trauma Data Bank

Arkansas Trauma Registry Scorecard

Patient Transferred with an Injury Severity Score 1 through 8 Adults and Pediatrics, Arkansas vs. NTDB



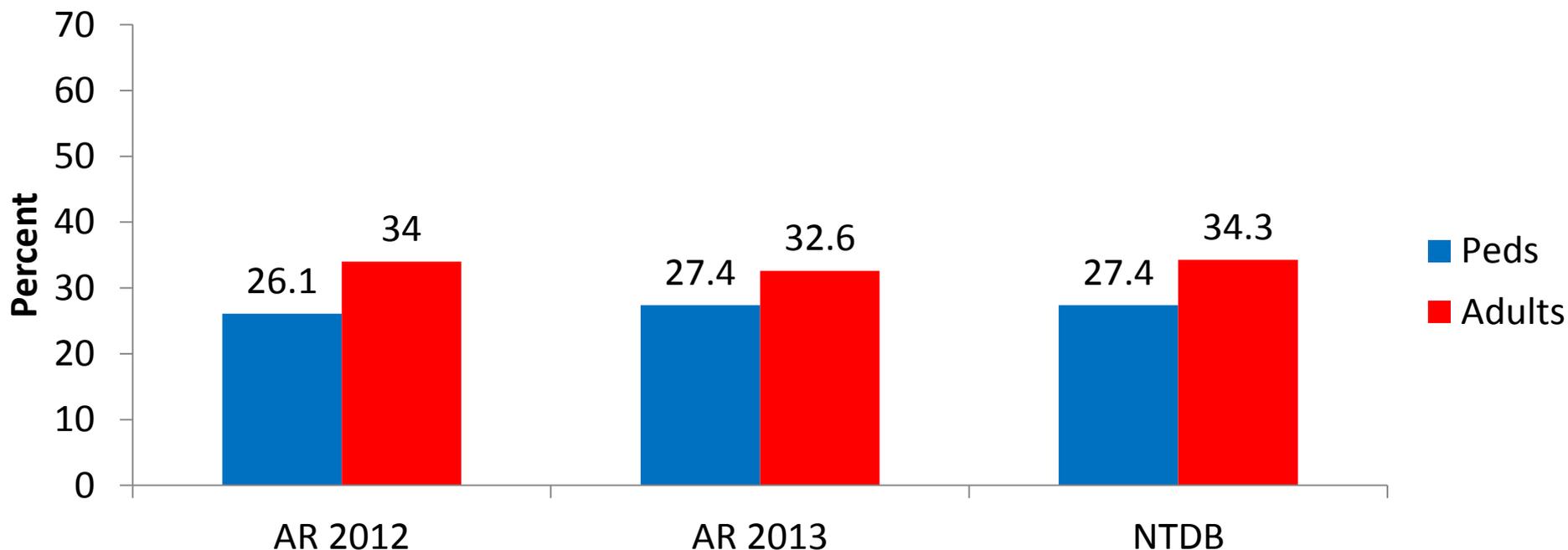
	Arkansas, 2013						NTDB, 2011	
	All	% of Transfers	Peds	%Peds	Adults	%Adults	%Peds	%Adults
ISS 1-8	1275	55.6%	396	66.9%	879	51.7%	58.1%	41.0%
Missing	3	0.0%	1	0.0%	2	0.0%		
All Transfers	2292		592		1700			

Note: Peds = 0-14 years/Adults = 15+ years

Source: Arkansas Trauma Registry, National Trauma Data Bank

Arkansas Trauma Registry Scorecard

Patients Transferred with an Injury Severity Score 9 through 15 Adults and Pediatrics, Arkansas vs. NTDB



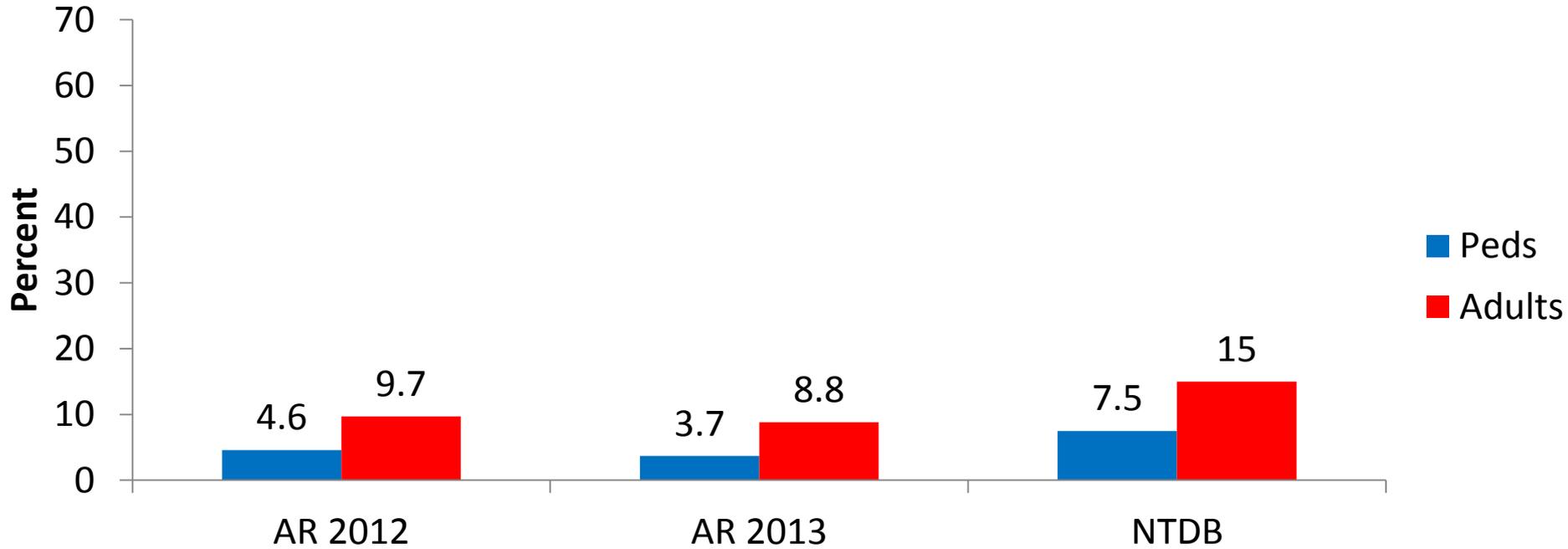
	Arkansas, 2013						NTDB, 2011	
	All	% of Transfers	Peds	%Peds	Adults	%Adults	%Peds	%Adults
ISS 9-15	716	31.2%	162	27.4%	554	32.6%	27.4%	34.3%
Missing	3	0.0%	1	0.0%	2	0.0%		
All Transfers	2292		592		1700			

Note: Peds = 0-14 years/Adults = 15+ years

Source: Arkansas Trauma Registry, National Trauma Data Bank

Arkansas Trauma Registry Scorecard

Patient Transferred with an Injury Severity Score 16 through 24 Adults and Pediatrics, Arkansas vs. NTDB



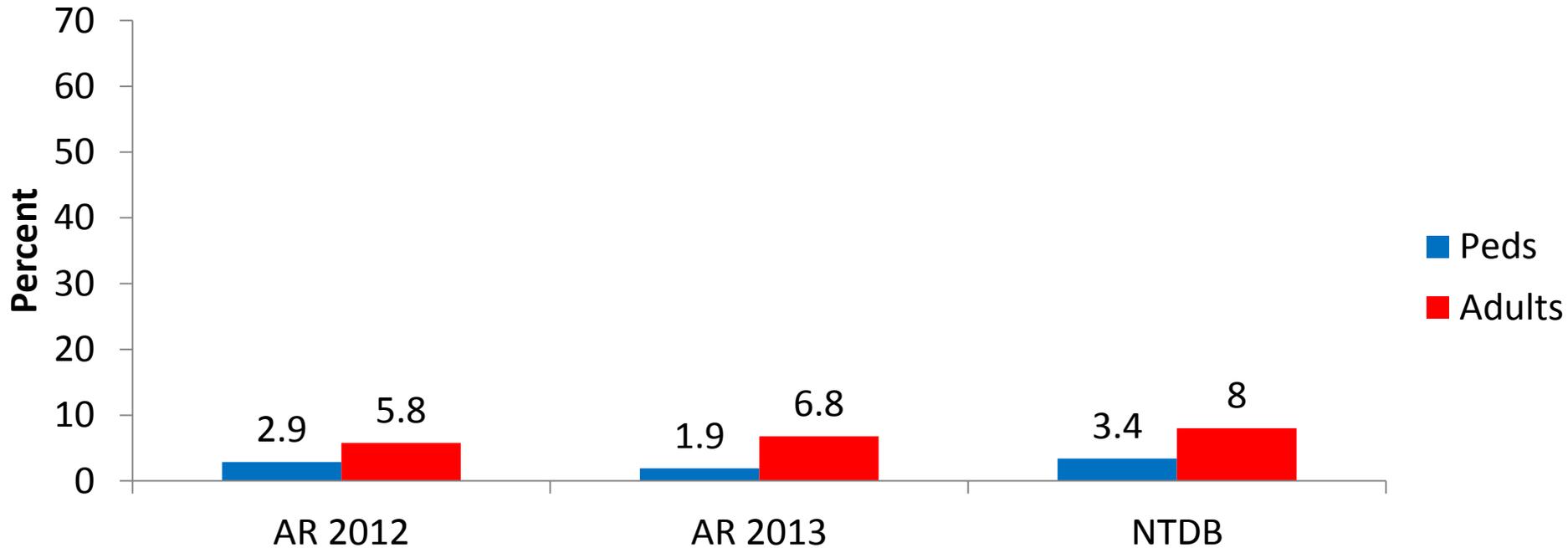
	Arkansas, 2013						NTDB, 2011	
	All	% of Transfers	Peds	%Peds	Adults	%Adults	%Peds	%Adults
ISS 16-24	171	7.4%	22	3.7%	149	8.8%	7.5%	15.0%
Missing	3	0.0%	1	0.0%	2	0.0%		
All Transfers	2292		592		1700			

Note: Peds = 0-14 years/Adults = 15+ years

Source: Arkansas Trauma Registry, National Trauma Data Bank

Arkansas Trauma Registry Scorecard

Patient Transferred with an Injury Severity Score 25+ Adults and Pediatrics, Arkansas vs. NTDB



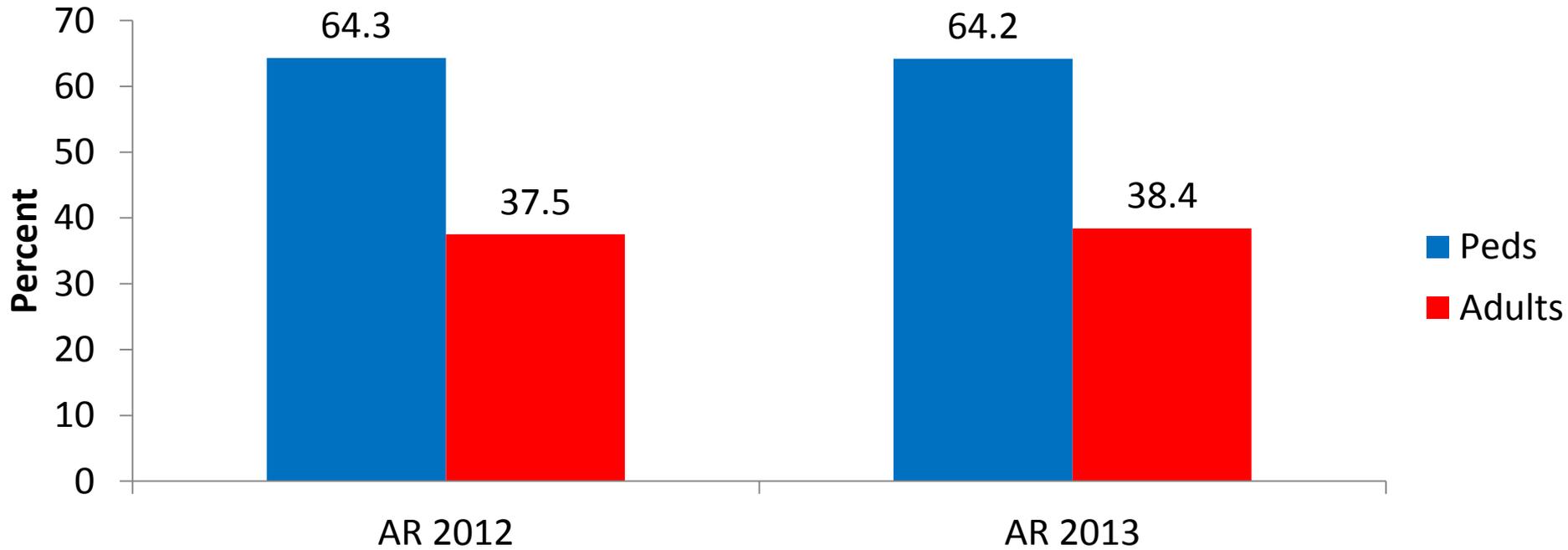
	Arkansas, 2013						NTDB, 2011	
	All	% of Transfers	Peds	%Peds	Adults	%Adults	%Peds	%Adults
ISS 25+	127	5.5%	11	1.9%	116	6.8%	3.4%	8.0%
Missing	3	0.0%	1	0.0%	2	0.0%		
All Transfers	2292		592		1700			

Note: Peds = 0-14 years/Adults = 15+ years

Source: Arkansas Trauma Registry, National Trauma Data Bank

Arkansas Trauma Registry Scorecard

Patient Transferred into Level I or II with ISS < 9 Adults and Pediatrics, Arkansas vs. NTDB



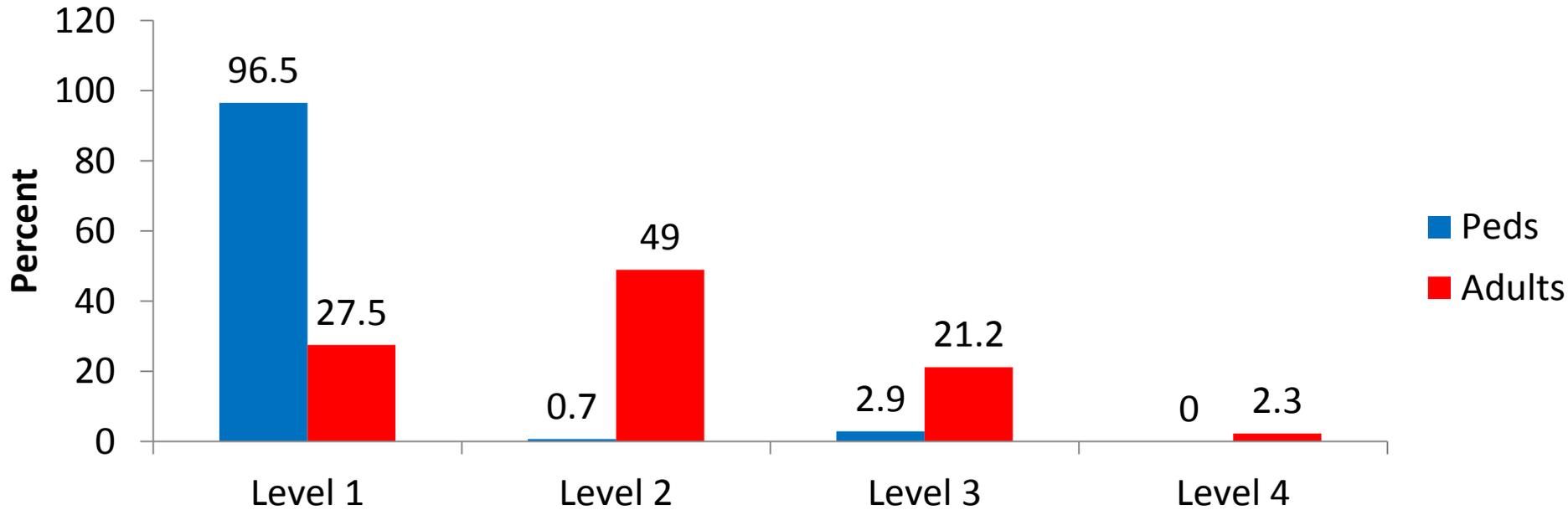
	Arkansas, 2013					
	All	% of Transfers	Peds	%Peds	Adults	%Adults
ISS < 9	1033	45.1%	380	64.2%	653	38.4%
Total	2292		592		1700	

Note: Peds = 0-14 years/Adults = 15+ years

Source: Arkansas Trauma Registry, National Trauma Data Bank

Arkansas Trauma Registry Scorecard

Receiving Hospital by Level for Patient Transfers Arkansas



	Arkansas, 2013					
	N	% of Transfers	Peds	%Peds	Adults	%Adults
Level 1	1039	45.3%	571	96.5%	468	27.5%
Level 2	837	36.5%	4	0.7%	833	49.0%
Level 3	377	16.5%	17	2.9%	360	21.2%
Level 4	39	1.7%	0	0.0%	39	2.3%
Missing	0	0.0%	0	0.0%	0	0.0%
Total	2292		592		1700	

EMS/Trauma Subcommittee

REVISED per motion passed on 18 Feb 2014

Tuesday, January 21, 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 December Meeting

Jason Gartner made a motion to accept the meeting minutes; Denise Carson 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 trial has been going well. Sid gave some feedback regarding their trial. They are putting the evaluations together and will report back to the committee. Again, he 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

Joe Martin stated that the work group met today and they drafted a letter that would go out to all EMS services explaining the process. It was developed to simplify the banding process. Joe stated that all Arkansas licensed EMS services band all major, moderate and minor trauma patients and enter them into the EMS State Data Base. They also notify the ATCC on all moderate and major trauma patients. Out of state Arkansas licensed EMS services will not be eligible for trauma funding. Out of state-non-Arkansas licensed EMS services can trauma band and may call ATCC but they do not have to. Tim ask for a recommendation from the committee to accept the document. Jon Swanson made a motion to adopt the document, Jason Gartner seconded, the motion carried with no objections.

II. Open items progress reports from September 17, 2013 meeting

A. Aeromedical Response and Coordination

Tim stated that there was problems/concerns brought to his attention at last years EMS conference in Hot Springs. He emailed the Air Ambulance Sub Committee Chair and we will meet as a group committee on February 12, 2014 during the Air Ambulance Subcommittee's regular meeting. Jeff Tabor, Bubba Ursery and Greg Brown volunteered to take the lead on this from the EMS Subcommittee but anyone is welcome to attend and participate. Tim and the group identified bullet points to be addressed in the joint meeting:

1. Response Times
2. Quickest Aircraft- the closest might not be the quickest
3. Hospital to Hospital Transfers- look at the possibility that the local ground unit could get the patient to the receiving facility quicker depending on the location of the responding aircraft.
4. Centralized Dispatch
5. Satellite Tracking for all AR Rotor Wing Aircraft located in the ATCC

Jon Swanson stated that during a couple of the TRAC meetings, it was ask if the state could utilize the Air National Guard as a resource in disaster events. There was discussion on this subject among the group. Jon suggested having a protocol within the Health Department defining their response and roles. He stated that it would be beneficial to have a protocol in place prior to having the need to utilize them.

III. Open items progress reports from December 17, 2014 meeting

A. Prehospital Trauma Funding: The Future

Greg Brown spoke on his idea of possibly including "pay for mileage" in the formula for the EMS grant funding. Greg stated that they met on 1/7/2014. He stated that when they looked at the numbers, adding this modifier would not be a good thing. He stated that the administrative record keeping would be a nightmare and the mileage would be so diluted secondary to the amount of mileage that would be used. He also looked at the ATCC data to try to see if it would be an easier way to calculate but that would also be a nightmare. He stated that having a program that would log and track mileage would make this process easier. Greg stated he pulled 10% out of the funding formula for the "pay for mileage" modifier and it equaled out to pay 0.30-0.50/mile when he worked the formula. It would be a lot of overhead work for a diluted amount of money. The committee agreed to pull this as an option and continue to work on the EMS funding formula without including

mileage. Sid suggested taking the ATCC and trauma banding out of the Helicopter funding formula. There was discussion on this issue. Cathee stated that the Helicopters should be able to include these modifiers into their formula since they are also a part of the patients care. Denise brought up the point that it would help to have the possible formulas for the funding on a spreadsheet prior to the meeting so everyone could look over them. There was a lot of discussion on this matter.

The topic was brought up again regarding special purpose and volunteer Services. Tim reminded the group of the previous discussions related to a proposed flat rate for special services and volunteer services; discussion was to fund both at a set rate: special services at 1000.00 and volunteer services at 2000.00. No recommendation related to the flat rate change was ever acted on. Sid brought up the point that if we change the volunteer funding to the same as special purpose and a service is doing a lot of calls, then that service should have the right to come to this committee and possibly get more funding. It was stated that it would be nice to know how many volunteer services that we have in the state and the amount of runs that they have done. Ryan stated that we have 12 volunteer services in the state and last year they reported 380 major, moderate and minor trauma runs. One of those services did one run.

Denise suggested the possibility of working 2-3 formulas and emailing them to the committee members so everyone would have more time to look at them and bring ideas to the table. The idea again was brought up to tie more funding to EMS data and ATCC, "pay for performance" model.

Below are the formulas that we have previously discussed:

- #1 40% - 30% - 15% - 15% (Current formula)
- #2 40% - 20% - 20% - 20%
- #3 50% - 10% - 10% - 30%
- #4 20% - 10% - 30% -40%

There was a lot of discussion on the percentage put on the ATCC. Tim suggested going around the room and let each person state what they think the percentage for the ATCC should be. Each person shared his or her percentage preference. The average percentage for the ATCC among the group was 12.5%. Tim suggested trying to narrow the formulas down to 3 possible options and work the formulas, send them out to the committee and voting at next months meeting. Jon wanted to know how we were going to address the volunteer and special purpose services. The group as a whole agreed that issue needed to be addressed before we narrow the formulas down to 3 options. Question was raised if the set \$1000.00 funding for the each volunteer and special purpose services come off the top of the funding or out of the county funding. Jon Swanson suggested to give the volunteer

services a flat rate of \$1000.00 unless they are the primary 911 provider for their county then they would be included into the base amount, population, trauma banding and ATCC modifiers. This would be calculated on the number of EMS calls entered into the registry. Tim stated that it was the Health Department's vision to not drop the ATCC percentage down below 15%. Jon Swanson suggested to consider giving every service licensed provider \$1000.00 off the top of the funding (209 in the state) which would equal to \$209,000.00. Then use the EMS data to determine each service's volume and calculate the rest of the funding based on volume. Jason Gartner ask that we have the calculated formulas in front of us prior to the next meeting so we can look over them and determine what is best. Sid ask if the helicopters would be dropped down to just their base. John Gray made a motion to stay with option #1 with the exception of giving volunteer services \$1000.00 unless they are the primary 911 response for their county then they would be calculated into the base, population, trauma banding and ATCC modifiers. He also included in his motion to drop the helicopter services to their base funding only (\$10,000.00 for in state and \$5,000.00 for out of state). They would not be included into the EMS and ATCC modifiers. Sid Ward seconded the motion. There was a lot of discussion. The motion failed to pass. Tim suggested calling a special meeting to discuss and work the formulas, submit these to the committee so we can vote at our February meeting.

5. New Business – Open Forum

6. Next Meeting

Tuesday, February 18th, 2014
10:00am – 1200pm
Freeway Medical Tower, Room 801.

7. Adjournment

Jason Gartner made a motion to adjourn, Jon Swanson seconded and the motion carried with no objections.