



Trauma Advisory Council

February 18, 2014

3:00 p.m.

Minutes

MEMBERS PRESENT

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

MEMBERS ABSENT

Kathryn Blackman
John E. Heard
Jamey Wallace

GUESTS

Don Adams
Deborah Armstrong
Dr. James Booker
Jennifer Carger
Denise Carson
D'borai Cook
Kelly Dicks
Janie Evans
Teresa Ferricher
Amber Files
Robert J. Fox
Laura Guthrie
Kelly Hill
Mack Hutchinson
Terri Imus
Carla Jackson
Monica Kimbrell
Dr. Scott Lewis
Paula Lewis
Dr. Chuck Mason
Gary Meadows
Linda Meadows
Carla McMillan
Cindy Metzger
Debbie Moore
Linda Nelson
Amy Niemann
Dr. Joe Olivi
Donna Parnell-Beasley
John Recicar
Barbara Riba
Velvet Reed-Schultz
Dr. Mark Sanford

GUESTS (Cont.)

James M. Smith
Dr. Michael Sutherland
Jon Swanson
Jeff Tabor
Chris Tarkington
Annette Tatum
Cathee Terrell
Robin Terry
Allen "Bubba" Usrey
Tim Vandiver
Carrie Vickers
Rodney Walker
Stacy Wright
Nasir Zareen

STAFF

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

I. Call to Order – Mr. R. T. Fendley, Chairman

The Trauma Advisory Council (TAC) meeting was called to order on Tuesday, February 18, 2014, at 3:02 p.m. by Mr. R. T. Fendley.

II. Welcome and Introductions

Mr. Fendley 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 January 21, 2013

The TAC reviewed the January 21, 2013 minutes. A motion to approve the minutes was made by Mr. John Gray and seconded by Dr. Ronald Robertson. The minutes were approved.

IV. TAC Schedule for 2014

Mr. Fendley thanked the TAC members for their faithful participation and hard work and he noted that members are passionate about building an exceptional trauma system. He also noted that significant work is being done in TAC committees. He opened up discussion regarding the possibility of modifying the TAC meeting schedule. He asked for input and shared a suggested schedule in an effort to be more efficient and considerate of TAC members' time. He asked that the TAC meet as usual on March 18, 2014 and that the group then consider going to a quarterly meeting schedule such as: June 17, 2014; September, 16, 2014; a retreat on October 21, 2014; and, a final meeting December 16, 2014. He noted that the TAC may want to start meeting earlier in the day, possibly as early as 1:00 p.m., to allow travel time back home. Some TAC members thought it was a great idea, while others suggested starting with bi-monthly meetings. Questions were raised about how the committee schedule would fit with the proposed changes. Mr. Rick Hogan noted that the statute requires the Council to meet at least four times annually. Mr. Fendley asked that the committee chairs discuss and consider the best options for their committees. After significant discussion, Mr. Fendley asked for the issue to be placed on the March 18, 2014 agenda and that the TAC membership prepare to vote on the best option at the meeting.

V. Trauma Office Report – Bill Temple

Mr. Temple noted that the Trauma Section will be sending an updated contact information form for TAC members and asked that they be returned. He noted that Dr. Booker will be addressing the Rules issues in his report. The FY 2015 budget will be presented to the Finance Committee in March so that we can work to have it ready for the Board of Health in April. Mr. Temple noted that as we anticipated, the carry forward amounts are going down and they will decrease significantly next year. We are in good shape in getting all the contracts and sub-grants in place by July 1, 2014, which will avoid a break in service. We anticipate doing another trauma

brochure this summer and he requested ideas and specifically success stories. Mr. Temple asked if attendees had seen or were aware of the “Toward Zero Deaths” campaign advertisements on television. He noted that response and feedback has been very positive. This is a focused effort to reduce motor vehicle mortality in our state from approximately 500 down to less than 400 by 2017. This campaign will also include some targeted interventions and policy strategies. He shared a four minute video/audio presentation that is near completion. Finally, the 2014 Arkansas Underage Drinking and Injury Prevention Conference will be held on April 14-16, 2014 at the Crowne Plaza in Little Rock, Arkansas. For the first time, there will be a youth track at the conference. Additional information and registration is available on-line at <http://www.udipc.com>.

VI. ADH Medical Consultant Report – Dr. Todd Maxson

Dr. Maxson shared two items. He noted that some hospitals have taken certain specialty services, such as orthopedics, off the dashboard, thereby indicating that they are not available to take emergency cases that are delivered to the hospital by ambulance. However, they in some cases continue to treat patients that present to the emergency department from their local community or in other ways. The trauma Rules do not speak to this issue but this practice is in fact a violation of CMS/EMTALA guidelines. He stated that he will work on a letter to clarify this issue.

Hand surgery coverage was the second thing Dr. Maxson discussed. He thanked Jeff Tabor, the Arkansas Trauma Communications Center (ATCC) Director, and the hand surgeons in the state for making this happen. Progress is very encouraging and some hospitals have asked that the physicians be credentialed at their hospitals. He stated that this is not necessary because the purpose of the physicians is not to provide care within the hospital, but to give advice to the ATCC for triage decisions and collective decision making.

VII. Other Monthly Reports

Trauma Registry – Marie Lewis

- We continue to move toward ICD-10 implementation in October. Some hospitals have already upgraded and we have identified some issues. We have implemented a work group to address the issues.
- The Association for the Advancement of Automotive Medicine course has been rescheduled due to the weather. It is now scheduled for May 6-7, 2014.
- Work with American College of Surgeons (ACS) continues toward finalizing the Trauma Quality Improvement Program contract. We will also be planning for training sessions.
- The next submission deadline is February 28, 2014, for the fourth quarter of 2013 data.

Arkansas Trauma Communications Center (ATCC) – Jeff Tabor

Mr. Tabor shared that average acceptance times for transfers in 2013 was 07:14, up 45 seconds from the previous year but still well within expectations. The hand program continues to progress well. Of the 16 cases in January, none had to leave the state. Mr. Tabor specifically thanked Ortho Arkansas, The Department of Orthopedics at UAMS, Ozark Orthopedics in Fayetteville, Washington Regional, and Baptist in Little Rock for their teamwork. He also noted that ADH assisted with a media release. Mr. John Gray cited a specific instance of how the ATCC and the trauma system functioned extremely well, along with Christus St. Michaels and Dr. James Booker, to provide services for two major trauma patients.

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

Dr. Sutherland shared that registration is open for the Trauma Update that 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. Capacity is 300 to 350 and we have 116 already registered. A farm medic course and a wilderness medicine course are two new offerings this year. The Trauma Leadership Conference is planned for August 15-16, 2014 at Big Cedar Lodge.

Trauma Image Repository (TIR) – Terri Imus

Ms. Imus reported that in January, the ATCC notified the TIR of 354 transfers that may have images associated with the patient. About 50% actually had images. She noted that the Level II hospitals have a better percentage of getting images with their patients. She shared that since the letter has been sent for the hand trauma program she has received numerous requests for training. Results are encouraging as more hospitals are requesting information and assistance from the TIR.

Scorecard Report – Austin Porter

Mr. Porter shared a hand-out and discussed a brief report focused on comparing Registry data for 2012 with 2013. Copies were distributed at the meeting and the report was sent via e-mail to TAC members prior to the meeting.

Quality Improvement Organization (QIO) – Jennifer Carger

Ms. Carger shared that requests have been sent for samples of the records to be audited. She was very complimentary of the Trauma Program Managers and the cooperation received from them. An inquiry was made as to the number of data points being verified and Ms. Carger indicated she would share that information with the TAC at the next meeting.

VIII. TAC Committee Meeting Reports

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

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

Mr. Fendley shared that the Committee 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 (AHA) regarding the hospital cost study.

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

Dr. Booker shared that the Committee met earlier this afternoon. There were specific discussions about revising the current Rules regarding pediatric trauma centers as well as the ongoing controversy regarding the overall Rules revision. The Committee has three recommendations concerning these issues.

First, he made a motion on behalf of the Committee that a provision be added to the Rules to ensure that Level I and II trauma centers that meet the pediatric standards already set forth in the Rules can be designated as pediatric Level I and II centers as well as adult centers. This could be a dual designation and might include a scenario in which a hospital could be designated as a Level I adult facility and a Level II pediatric center. The motion passed.

Second, on behalf of the Committee, he made a motion that patients under the age of 15 who meet either the trauma center's Level I activation criteria or the CDC's Step I or Step II activation criteria, if transferred, must go to a Level I or II pediatric trauma center. The intent is to ensure that severely injured children are taken to the most appropriate trauma centers. Performance in this regard can be evaluated by the TRACs. Dr. Mabry suggested that this could be added to the existing tracking form. The motion passed.

Third, Dr. Booker, on behalf of the Committee, stated that a recent meeting occurred between ADH and AHA personnel in an attempt to come to some resolution concerning the full-time equivalent (FTE) and Level III orthopedic coverage requirement issues. A middle ground was discussed but the AHA Board later met and voted not to accept a middle ground and instead voted to oppose the FTE and Level III orthopedic requirements altogether. This being the case, he made a motion that the Rules be approved by the TAC as previously written (i.e., including the FTE and Level III orthopedic requirements). The motion passed.

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

Mr. Tackett shared that the Committee met this morning. There were several EMS funding formulas issues discussed. The first proposal deals with trauma transport and on behalf of the Committee, Mr. Tackett moved that: 1. all license holders making zero trauma transports be funded at the “flat rate” equal to the special services license holders; 2. all license holders making 1-30 trauma transports per year be funded at a “flat rate” of two times the special services license holders; 3. all license holders making greater than 30 trauma transports be funded at the standard provider rate as approved, following the funding formula for all other providers; 4. the Section of EMS and the Trauma Section will have discretionary oversight authority for those license holders currently in the validation process; and 5. trauma transports will be defined as those trauma runs properly recorded and submitted to the EMS Registry via normal protocols and procedures. The motion was approved.

The second motion presented by Mr. Tackett, on behalf of the Committee, concerned the adjustment of the fixed funding formulas related to aeromedical services, special services and all other services/license holders receiving a “flat rate” grant. These adjustments are: 1. modifying monies available in this category with a percentage-based adjustment relative to annual changes in the total available monies; 2. the fixed-funded or “flat rate” grant recipients will have the total amount of dollars available for distribution in this category adjusted by the same percentage as the change in grand total dollars available before distribution occurs; and 3. benchmarks for baseline funding will be based on FY 2014 funding. The motion was approved.

The third motion was to approve the new funding formula (in blue below). The motion was approved.

METRIC	CURRENT	NEW
Base Funding	40%	50%
Population Funding	30%	20%
ATCC	15%	10%
EMS Registry	15%	20%

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

Mr. Wilkerson shared that work continues on the new disability resource website, <http://www.atrp.ar.gov>, which is a clearinghouse of available resources for all Arkansans

with traumatic injuries. The Traumatic Brain Injury Registry is live and we are receiving about one entry a day. There are currently 125 entries in the Registry. They will be supporting a non-profit group, Increasing Capabilities Access Network, with a conference at Pulaski Tech in North Little Rock, Arkansas on April 16, 2014 called “Tools for Life”, which will promote technology accessibility. He also noted that the Committee has experienced turnover in voting membership.

- QI/TRAC Committee (Dr. Charles Mabry – Chair) (Did not meet) (No report)
Dr. Mabry said the Committee did not meet. They will, however, meet in March.
- Injury and Violence Prevention Committee (Dr. Mary Aitken – Chair) (See attached report)
Dr. Aitken reported the Committee did not meet in February. However, she noted much activity and training opportunities. A needs assessment survey will go out this spring. She also noted that the 2014 Arkansas Underage Drinking and Injury Prevention Conference will be held at the Crowne Plaza in Little Rock on April 14-16, 2014. Registration is available on-line at <http://www.udipc.com>.

IX. Other

Dr. Maxson discussed designation of out-of-state hospitals. He noted that ACS and Arkansas designation can occur at the same time. One pre-review questionnaire is acceptable and both ACS and Arkansas reviewers can be present during the survey. He also noted that substantive changes in hospital trauma programs, such as a change in ownership of the hospital or changes in the Trauma Medical Director or Trauma Program Manager, must be submitted to the Trauma Section via letter to outline what those changes are and the impact on the trauma system. The Trauma Section reserves the right to require a new site survey within one year of the changes, depending on the nature of the changes and their potential impact on the system.

Dr. Smith, Director of the ADH and State Health Officer, revisited the situation with the AHA regarding the trauma Rules revision and said dialogue will continue. He noted a conversation with a hospital CEO who expressed tremendous appreciation for the trauma system and the support his hospital has received. The CEO also expressed concern about more requirements being placed on hospitals with possible fewer resources to meet the requirements. Work and dialogue with the AHA will continue in an attempt to resolve this issue.

X. Next Meeting Date

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

XI. Adjournment

Without objection, Mr. Fendley adjourned the meeting at 4:56 p.m.

Respectfully Submitted,

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