



Trauma Advisory Council

Specially Called Meeting

April 23, 2014

2:30 p.m.

Minutes

TAC MEMBERS

PRESENT

Dr. Mary Aitken
Kathryn Blackman
Terry Collins
Dr. Janet Curry
Dr. Clint Evans
R. T. Fendley
Dr. James Graham
John Gray
Thomas Jenkins
K.C. Jones
Dr. Charles Mabry
Dr. Corey Montgomery
Michelle Murtha
Freddie Riley
Dr. Nathaniel Smith
Tim Tackett
Brian Thomas
Jamey Wallace
Christi Whatley
Jon Wilkerson

TAC MEMBERS ABSENT

John E. Heard
Dr. Barry Pierce
Dr. Michael Pollock
Dr. Ronald Robertson
Dr. Viviana Suarez
Col. Stan Witt (rep. by Sr. Cpl. Karen E. Clark)

DESIGNATION

COMMITTEE MEMBERS

PRESENT

Dr. James Booker
Terry Collins
Teresa Ferricher
Paula Lewis
Dr. Scott Lewis
Dr. Todd Maxson
John Recicar
Dr. Michael Sutherland

GUESTS

Don Adams
Shaun Best
Terry Bracy
Kim Brown
Denise Carson
D'borai Cook
Robert Fox
Laura Guthrie
Carla Jackson
Ken Kelley

GUESTS (Cont.)

Heather McClanahan
Mandy Pender
Michael Perrin
Tim Porter
Tyler Vanderpool
Sidney Ward
Stacy Wright

STAFF

Teresa Belew
Diannia Hall-Clutts
Rick Hogan
Margaret Holaway
Renee Joiner
Renee Mallory
Donnie Smith
Bill Temple

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

The Trauma Advisory Council (TAC) meeting was called to order in a combined specially called meeting with the Designation Committee on Wednesday, April 23, 2014, at 2:40 p.m. by Mr. 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 and Designation Committee members and guests on the conference call who wish their attendance noted for the official minutes to send the appropriate e-mail. Mr. Fendley stated that the TAC and Designation Committee were meeting together today with the same agenda to hear modifications to the *Rules and Regulations for Trauma Systems (Rules)* in preparation for the *Rules* going to the Arkansas Board of Health. After a review of the proposed modifications, the Designation Committee will vote whether or not to adopt the measures. If the vote is favorable, the TAC will then vote on whether or not to approve the modifications.

III. Discussion of Proposed Changes to Trauma Rules and Regulations

Dr. Maxson was asked to give a review of the modifications to the *Rules*. He stated that there are two issues that are under revision and they are as follows:

Issue 1: Full-time equivalent (FTE) for Trauma Registrars and Trauma Program Managers (TPMs)

The proposed *Rules* include FTE requirements for both Registrars and TPMs. Following negotiations with the Arkansas Hospital Association (AHA) Board of Directors, the FTE requirements for Registrars have been removed. The requirement for TPMs have also been removed with the exception of those trauma programs having a trauma patient record volume of 500 or greater. Although these requirements have been removed as noted above, the language regarding programs at all levels having adequate resources dedicated to meet all Registry and trauma program requirements under the *Rules* remains.

The following sections of the proposed *Rules* are affected:

Section VII: Trauma Center Criteria, Level I and II, Section 2., 2.18, Trauma Program Manager

Section VII: Trauma Center Criteria, Level III, Section 2., 2.19, Trauma Program Manager

Section VII: Trauma Center Criteria, Level IV, Section 2., 2.15, Trauma Program Manager

All three of these sections above will read: “Dedicate at least 1.0 FTE to trauma programs having a trauma patient record volume of 500 or greater.”

Section VIII: Pediatric Trauma Center Standards will read:

Section B., 4. A Level I pediatric trauma center shall also have the following:

- a. a pediatric TPM;
- b. a trauma registrar;

Section C., 3. A Level II pediatric trauma center shall have, at a minimum, the following specialists active on the trauma call panel and involved in the Trauma Peer Review Committee and the Trauma Program Operations Review Committee:

- g. a pediatric TPM;
- h. a trauma registrar;

As noted above, the following language remains pertaining to programs at all levels having adequate resources to address all Registry and trauma program requirements:

Trauma Program Manager

The time and resources allocated shall be sufficient for the TPM to be effective in the job of QI, community education, clinical education, IVP, and research as required.

Trauma Registrar

The facility shall have adequate resources to maintain accurate and timely collection, evaluation, and submission of trauma data.

Issue 2: Orthopedic surgical coverage requirements for Level III trauma centers

The proposed *Rules* include a requirement for 24/7 orthopedic surgical coverage. Following negotiations with the AHA Board of Directors, this language has been modified so that Level III trauma centers not meeting this requirement have two options, either of which will allow them to retain their Level III designation status:

The following section of the proposed *Rules* is affected:

Section VII: Trauma Center Criteria, Level III, Section 3., 3.9, Orthopedic Surgery Participation.

This section will read:

Shall provide 24/7 orthopedic coverage. On-call and promptly available when requested by the trauma surgeon or emergency medicine specialist. In a designation or re-designation year, Level III trauma centers that do not have 24/7 orthopedic coverage may attain the classification in one of two ways:

1. The Level III Trauma Center must transfer fewer than 50% of all the trauma patients for treatment at another facility during the first year; 55% in the second year; 60% in third year and thereafter. If the Level III Trauma Center fails to meet these thresholds in any year, the Level III Trauma Center must submit a Corrective Action Plan for approval to the Arkansas Department of Health (ADH) to be implemented within one year of the approval date. If neither the threshold nor the Corrective Action Plan is attained, the Level III designation shall be suspended and the Center must reapply for designation; or
2. The Level III Trauma Center must transfer 5% fewer trauma patients for treatment at another facility than the Center transferred in the previous year (the “index year”); 10% fewer than the index year in the next year; and 15% fewer than the index year in the third year. Facilities that remain below the 60% standard subsequent to year three must continue to improve by 5% annually until this criteria is met. If the Level III Trauma Center fails to meet these thresholds in any year, the Level III Trauma Center must submit a Corrective Action Plan for approval to the ADH to be implemented within one year of the approval date. If neither the improvement

threshold nor the Corrective Action Plan is attained, the Level III designation shall be suspended and the Center must reapply for designation.

A question followed regarding what type of trauma patients are included in the transfer percentages above. The percentages include all trauma patients, not just orthopedic patients. Without further questions or comments, Mr. Fendley asked Dr. Booker to preside over the voting of the Designation Committee on these issues (i.e., the above language for both FTEs and orthopedic surgical coverage). Dr. Booker asked the Designation Committee members to consider both of the issues above in their voting. A motion to accept both of these issues as stated was made by Dr. Sutherland. The motion was seconded by John Recicar and unanimously approved by the Designation Committee members.

Mr. Fendly asked for the TAC members to vote on acceptance of these issues. A motion was made by Dr. Graham to accept both of these issues as stated. The motion was seconded by K. C. Jones. Discussion followed regarding the national standard of care for orthopedic trauma patients. Dr. Maxson explained that the American College of Surgeons requires Level III trauma centers to provide continuous orthopedic care. The intent of this standard is to keep 75-80% of patients in the community. The AHA was not ready to accept continuous orthopedic care at Level III hospitals in our state as a few of the hospitals could not meet this standard. Dr. Maxson stated that this proposal is a good step towards the national standard. He said he has hopes to revisit this standard in the future, but we want to move the *Rules* ahead at this time. The question was raised, "Would it be acceptable for a patient to be admitted to a hospital if there was a complete trauma evaluation and care was provided by an orthopedist the next day?" Dr. Maxson stated that he will be glad to work with the ADH and write a Frequently Asked Question to this effect. Dr. Booker added that requiring Level III hospitals to transfer fewer trauma patients will likely translate to these hospitals keeping more general surgery patients as well. A vote was taken and all of the issues as stated were approved.

IV. Next Meeting Date

The next regularly scheduled meeting is on Tuesday, June 17, 2014 at 1:00 p.m

V. Adjournment

Without objection, Mr. Fendley adjourned the meeting at 4:41 p.m.

Respectfully Submitted,

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