



Trauma Advisory Council

September 16, 2014

1:00 p.m.

Minutes

MEMBERS PRESENT

Dr. Mary Aitken
Kathryn Blackman
Terry Collins
Dr. Clint Evans
R. T. Fendley
John Gray
Thomas Jenkins
Dr. Charles Mabry
Dr. Corey Montgomery
Michelle Murtha
Dr. Barry Pierce
Freddie Riley
Dr. Ronald Robertson
Dr. Nathaniel Smith
Dr. Viviana Suarez
Tim Tackett
Jamey Wallace
Col. Stan Witt (rep. by Sr. Cpl.
Karen E. Clark)

MEMBERS ABSENT

Janet Curry
Dr. James Graham
John E. Heard
K.C. Jones
Dr. Michael Pollock
Brian Thomas
Christi Whatley
Jon Wilkerson

GUESTS

Liberty Bailey
Dr. Steve Bowman
Kim Brown
Jennifer Carger
D'borai Cook
John Curry
John Deloach
Janie Evans
Teresa Ferricher
Amber Files
Jasper Fultz
Terri Imus
Carla Jackson
Dr. Robert Johnson
Sherry Johnson
Dr. Scott Lewis
Paula Lewis
Dr. Scott Marrotti
Carla McMillan
Susan Minge
Dr. Rosemary Nabaweesi
Jamie Pafford
Donna Parnell-Beasley
Susan Pastor
Jeff Pinto
John Recicar
Andrea Ridgeway
Patti Rogers
Keith Schaefer
Mark Sanford
James M. Smith
Rosie Smith
Ashlee Stockard

GUESTS (Cont.)

Dr. Michael Sutherland
Jeff Tabor
Annette Tatum
Cathee Terrell
Robin Terry
Allen "Bubba" Usrey
Tim Vandiver
Samuel A. Webb
Jason White
Stacy Wright
Christine Yuhas

STAFF

Katy Allison
Teresa Belew
Debbie Bertelin
Dr. James Booker
Antonette Butler
Diannia Hall-Clutts
Rick Hogan
Margaret Holaway
Renee Joiner
Gabraelle Lane
Marie Lewis
Renee Mallory
Joe Martin
Dr. Todd Maxson
Brenda Pagan
Donnie Smith
Karis Strevig
Bill Temple
Mandy Thomas

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

The Trauma Advisory Council (TAC) meeting was called to order on Tuesday, September 16, 2014, at 1:05 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 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 June 17, 2014

The TAC reviewed the June 17, 2014 minutes. A motion to approve the minutes was made by Dr. Ronald Robertson and seconded by Dr. Charles Mabry. The motion carried and the minutes were approved.

IV. TAC By-Laws – Bill Temple

Mr. Temple stated that the current TAC by-laws were drafted in 2008, prior to the passing of the Trauma System Act, and were in need of some revisions. Rick Hogan was asked to explain the changes. There being no questions, a motion to approve the new TAC by-laws was made by Dr. Mabry and seconded by Dr. Robertson. The motion carried and the by-laws were approved.

V. Trauma Section Operations Report – Bill Temple

Mr. Temple introduced the new members of the Trauma/Injury and Violence Prevention (IVP) Branch. They are Antonette Butler, Administrative Specialist; Brenda Pagan, Administrative Specialist; Katy Allison, Certified Health Education Specialist, IVP Section; Mandy Thomas, extra-help position, IVP Section; and Gabriela Lane, Centers for Disease Control Associate, IVP Section. Majida Kdeiss, Epidemiologist, has left for another position. We are working to fill this job and the Registry Analyst position.

Mr. Temple stated that the *Arkansas Trauma System Rules and Regulations (Rules)* became effective September 6, 2014. Work has begun on a new Frequently Asked Questions (FAQ) document to accompany the *Rules*. Due to the recent closing of Crittenden Regional Hospital, we have 69 designated trauma centers. The Arkansas Department of Health's (ADH) Emergency Preparedness Branch has been working on an effective way to track patients during a mass casualty incident. The trauma bands have been identified as a solution. We will know prior to September 30 if Arkansas has been selected to receive the Garrett Lee Smith Youth Suicide Prevention grant. If selected, this five-year grant at \$736,000 per year will allow three additional people to be hired in the IVP Section. A Falls Prevention grant has also been submitted by the IVP Section. The Emergency Medicine (EM) Physician Rural Residency Rotation Program is now in place. This rotation will accommodate eight third-year EM residents per year, one month at a time, in a rural emergency department. The total yearly cost of the program is \$59,026. The purpose is to generate interest in EM-boarded physicians serving in rural locations in the state.

Marie Lewis provided some historical growth data for the Trauma Registry. She stated in 2010, 47 hospitals submitted 4,670 records to the Registry. In 2013, 72 hospitals submitted 19,166 records. She and her staff are providing individual training to registrars across the state on request, as well as providing Abbreviated Injury Severity Score (ISS) coding education sessions at the Trauma Regional Advisory Councils (TRACs). The

third Arkansas Trauma Registry newsletter will be distributed this week. The next submission deadline is November 30, 2014, for the third quarter of 2014 data.

Terri Imus provided historical data regarding the two years that the Trauma Image Repository (TIR) has been in operation. She and her staff began educating users of the TIR in June 2011. The first images were received in July 2012. Now, 82 hospitals participate in the TIR with 3,901,808 images transmitted on 11,092 trauma patients. The Arkansas Hand Trauma Telemedicine Program began in January 2014. Since inception, there have been 176 hand consults coordinated with Arkansas Trauma Communications Center (ATCC) through the University of Arkansas for Medical Sciences Center for Distance Health.

VI. State Clinical Operations Report – Dr. Jim Booker

Dr. Booker reported that there have been many questions since the new *Rules* went into effect. He and Dr. Maxson are working on answering these questions with additions to the FAQ document.

In regards to the Hand Trauma Telemedicine Program, Dr. Booker referenced that there are seven hand surgeons around the state who take call through the ATCC to evaluate hand trauma injuries for the appropriateness of transfer. Since the program began in January 2014, there have been 233 patients with trauma-related hand injuries through the end of August 2014. Of these 233 patients, 176 utilized the hand telemedicine consult program. Of the 176 utilizing hand consults, 121 (or 69%) were transferred. Of the 121 transferred, 80 were transferred to hand surgeons and 41 were transferred to general surgeons or orthopedists. Only 11 patients (or 9%) were transferred out of the state. During the same time period last year, 25% of trauma hand patients were transferred out of the state. This confirms that we are able to take care of trauma-related hand injury patients closer to home and validates the importance of this program.

When looking at the efficiency of transfers, the cases involving double transfer of trauma patients were examined. In 2013, the number was lower than anticipated with only 14 double transfers. These transfers included four patients who were transferred from a Level 4 hospital to another Level 4 hospital and then to a higher level of care. All of these cases were at the patients' request. Ten of the cases were transferred to a Level 3 hospital and then to higher level of care. Of these 10 cases, some had additional injuries that were discovered at the Level 3 hospital, hence needing a higher level of care, and some of the cases suggested that the specialist did not elect to keep them. Of the 14 cases of double transfers, 11 had an ISS of <9, two had an ISS of 9-16, and one had an ISS of 25. This shows the majority of double transfers were the patients with minor injuries. Double transfers need to be evaluated at the TRAC level as they can be costly and can delay care.

VII. Case Study – Dr. Todd Maxson

Dr. Maxson introduced Rosemary Nabaweesi, Doctor of Public Health. She has recently moved to Arkansas and will be working with Dr. Steve Bowman and Dr. Mary Aitken with respect to trauma system outcomes evaluation.

The Rural Trauma Team Development Course has been taught statewide and encourages early transfer of the trauma patient when the required care exceeds the capability and capacity of a trauma center. This concept works well when there is a demonstrable injury that requires no further workup prior to transfer. However, early transfer could be taken too far in certain situations. Dr. Maxson gave an example of a trauma patient who was in a rollover motor vehicle accident and was ejected from the car. This constitutes a mechanism of

injury where serious injuries are expected. That was not the case with this patient as there was no injury. However, the hospital proceeded to immediately make plans for transfer. In this case, it would have been appropriate to run tests on the patient prior to making the decision to transfer. Hospitals should not make the decision to transfer solely on mechanism of injury or potential of injury. The trauma system has a benchmark that asks hospitals to review trauma patients who they keep in their facility longer than two hours before they transfer. It is acceptable to disregard this benchmark at times when further testing is needed to determine if there are injuries that cannot be treated at the initial hospital. When a patient is transferred, the receiving hospital cannot place conditions on the acceptance of a patient, such as requiring the initial hospital to conduct a certain test prior to transfer.

The Clinical Practice Management Guidelines (CPMG) have been distributed by the ADH to assist Arkansas hospitals and trauma providers caring for injured patients, as well as to comply with the *Rules*. The hospitals in the Arkansas trauma system must have a CPMG for the following conditions: traumatic brain injury (TBI), geriatric trauma, anticoagulant reversal, and open fracture. The hospitals can accept the guidelines as written or modify them to meet the practice needs and environment of an individual hospital. The hospitals need to track compliance with the facility's guidelines as part of their Quality Improvement (QI) process.

Dr. Maxson stated that there will be a task force to develop a set of basic procedures or conditions (minimum standards) that should be provided by the specialties of general surgery, orthopedic surgery, and neurosurgery in a trauma center if they are represented as available (on call) on the ATCC dashboard. The task force will also determine the situation(s) in which some specialists may need to view the films from the transferring facility before making the decision to accept the transfer.

The Preventable Mortality Study has reviewed over 800 trauma death records from 2009, prior to implementation of the trauma system, and placed the cases into categories of preventable, potentially preventable, and non-preventable. Any opportunities for improvement were documented. Although the review of the 2013-2014 trauma death records (post-trauma system) has just begun, there are already stunning comparisons to the pre-system records.

Dr. Maxson plans to work with Arkansas Trauma Education and Research Foundation to utilize its newsletter to highlight some of the trauma success stories that have occurred in our state. There are also plans to highlight heroes in our system. Dr. Maxson suggested that recommendations of patient success stories and heroes in our system be sent to him by email.

VIII. TAC Committee 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) (did not meet)

Mr. Fendley shared that the Committee will continue the discussion of how to restructure trauma system funding. More discussion on this topic will take place at the TAC Retreat next month.

- Hospital Committee and Site Survey and Assessment Panel (SSAP) (Dr. James Booker, Chair)

Dr. Booker shared that the SSAP met earlier today and reviewed the trauma site survey documents for Jefferson Regional Medical Center (JRMC). The panel recommends to the ADH that JRMC be designated as a Level III trauma center.

- EMS Committee (Tim Tackett - Chair)

Mr. Tackett stated the Committee met on August 19, 2014. The Committee reviewed the process for developing an online training module for EMS providers. The goal is to make the training mandatory for the re-certification of providers. The Committee made the recommendation to the Trauma Section that having the ability to encrypt trauma radios is no longer necessary. The Committee found that encryption could handicap their efforts, especially in mass casualty situations. The Committee was asked by the TAC to review the Urgent Trauma Patient Transfer protocol and determine if a defined time of response by EMS should be added to the protocol. After much discussion, the decision was made to leave the protocol as it stands since a time standard is difficult to assign to emergency calls. The EMS retreat will be September 22-23, 2014, in Hot Springs.

- Rehabilitation Committee (Patti Rogers reporting for Jon Wilkerson – Chair)

The Committee met on July 24, 2014. As of August 31, 2014, Ms. Rogers stated they have received 402 referrals to the TBI Registry. She applauded the trauma centers for their cooperation with this reporting mandate and for submitting in a timely manner. The Brain Injury Conference was held on May 22-23, 2014. It was a success with 192 attendees. Next year's conference will be held on August 7, 2015. The Arkansas Trauma Rehabilitation Program (ATRP) has been in contact with the Trauma Section and Uniform Data Systems regarding a new Acute Care Functional Independence Measure. The initial cost for implementing this instrument will be \$2500. The ATRP can cover costs for the first year and is awaiting the final decision from the Section. There are plans to host another Certified Brain Injury Specialist training this winter due to increased interest. The Arkansas Spinal Cord Commission's 2014 Spinal Cord Injury Conference will be held on September 26, 2014 at the Benton Event Center. A grant of \$1840 was provided to two students of the University of Central Arkansas' Occupational Therapy Department for the development of an upper extremity exercise video that can be utilized by persons with disabilities. The video should be available for release in September 2014. The ATRP has hired a new health educator, Ashley Lentz.

- QI/TRAC Committee (Dr. Charles Mabry – Chair)

Dr. Mabry stated that the Committee met on July 15, 2014. The pay for performance (P4P) metrics were discussed, which involves quality measures as well as their application. The QI/TRAC Committee will work closely with the Hospital Committee on these metrics. The critical event filters that the hospitals are asked to monitor were discussed. It was decided that the Trauma Registry will generate a report on many of the filters and send the report to the hospitals and TRACs. The hospitals and TRACs can then decide how to adjudicate these cases. A reporting form will still be required for all trauma patient deaths. Qsource has finished its hospital chart audits. It was asked to perform validation audits of specific data that is contained in the Registry. The data from the Registry was compared to the medical record. The final reports will be mailed to the hospital administrators and their trauma staffs.

- Injury and Violence Prevention Committee (Dr. Mary Aitken – Chair)

Dr. Aitken reported that the Committee met on August 14, 2014. Options for P4P initiatives related to IVP were discussed, but not finalized. The TRAC IVP planning retreat was held on July 10, 2014, to review the many projects completed by the TRACs in the past year. Currently, TRACs are preparing plans for fiscal year (FY) 2015 and will submit their plans to the ADH IVP for funding approval. The

evaluation data for the TRAC-led projects are under analysis and a full report should be available by the TAC Retreat. A needs assessment survey for professional training has been circulated by ADH's IVP Section. The findings will be used to develop new courses and trainings. There are some vacancies to be filled within the Statewide Injury Prevention Program (SIPP). Shelby Rowe, SIPP Intentional Injury Coordinator, was recruited by and will begin work for the national office of the American Federation for Suicide Prevention.

IX. Call for Pay for Performance – R.T. Fendley

Ms. Joiner reported that \$412,648 is available from FY14 for the P4P funding. Of the amount that will be available, 50% will go to hospitals or \$206,000; 20% to IVP or \$82,500; 15% to EMS or \$62,000; and 15% to Rehabilitation or \$62,000. The committees are being asked to identify measurable metric(s) that define performance not currently required by trauma grant deliverables. For facilities or providers that meet these metrics, the amount will be added to their next year's sub-grant as a line item.

X. Other

Dr. Smith stressed the importance of Dr. Maxson's request for trauma success stories and heroes.

XI. Next Meeting Date

The next scheduled meeting is the Strategic Planning Retreat on Tuesday, October 21, 2014, 8:30 a.m. to 4:00 p.m., at the Winthrop Rockefeller Institute.

XII. Adjournment

Without objection, Mr. Fendley adjourned the meeting at 2:55 p.m.

Respectfully Submitted,

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

**Trauma Advisory Council Finance Committee
July 15, 2014**

Attending: R.T. Fendley, Chairman; Terry Collins; Dr. Todd Maxson; Dr. James Booker, Dr. Ron Robertson; Dr. Charlie Mabry; Jon Wilkerson; Kim Brown; Karen McIntosh; Diannia Hall-Clutts; Renee Joiner; Bill Temple; John Recicar; Donnie Smith; Dr. James Booker; Margaret Holaway

I. Call to Order at 3:00 p.m. by R.T. Fendley, Chairman

II. Old Business: Approval of minutes from May 20, 2014. Motion was made and seconded to approve the Committee minutes as presented. Motion passed unanimously.

Report on Old Business Action Items:

1. Schedule FY15 contracts and grants for review with the Finance Committee.

HHI, SIPP, IVP Evaluation (Dr. Bowman), and TRAC IVP grants are scheduled to present on September 16, 2014 at 3:30p. Others are in the process of being scheduled. Those include: hospital, TRAC and EMS (service, training and association) grants; Trauma Medical Consultants; ATCC; Qsource; TIR; Rehabilitation; PMR.

III. New Business:

Arkansas Children's Hospital Burn Subgrant Review

Katy Lea presented the FY15 Burn budget and deliverables and provided a review of FY14 accomplishments. The presentation is attached. Renee Joiner gave a brief overview of the grant. In 2010 the TAC voted set aside funds to address the specific needs of the burn patient. An unsolicited proposal was accepted from the ACH Burn Center in FY 2011 to provide Advanced Burn Life Support training across the state, provide community level burn prevention/education and develop a strong peer support group across the state for patients. All these initiatives are required to be an ABA verified Burn Center. Due to concern regarding type of burn research completed using grant funds, ACH reallocated the funding for research to equipment needed to add two additional ICU beds for adult burn patients. ADH confirms that the grant deliverables were met.

Motion was made and seconded that the ACH Burn Grant provides value to the Trauma System. Motion pass unanimously.

Action Items:

- *A request was made for a burn life support course targeted to lower level trauma centers.*
- *Appropriateness of the level of funding available for burn will be included in the Trauma System funding restructure discussions.*
- *Committee recommended that ACH be able to use trauma grant funds to support efforts to obtain ABA verification.*

Arkansas Trauma Education Foundation (ATERF) Contract Review

Dr. Michael Sutherland presented the FY15 ATERF budget and deliverables and provided a review of FY14 accomplishments. The presentation is attached. Renee Joiner gave a brief overview of the contract. The first round of hospital site visits in FY2010 found that 76% of all deficiencies sited were due to not meeting the CME/CEU designation requirements. The Finance Committee voted to use System Enhancement funds to develop a comprehensive educational series that will link to service delivery and optimize trauma patient outcomes. The education is required to be provided on a regional and local level. This contract began in FY12. ADH confirms that ATERF has met all FY14 contract deliverables.

Motion was made and seconded that the ATERF contract provides value to the Trauma System. Motion passed unanimously.

Action Items:

- *A request was made for ATERF to add the Trauma Update to their course selection in FY16. The Finance Committee will consider having \$5,000 per TRAC reallocated to the ATERF contract for to fund this request.*
- *ATERF has agreed to a funding reduction of 20% in FY16 and an additional 20% in FY17.*

Cost Study Survey- Dr. Mabry discussed the status of the BKD trauma cost study. 75% of the trauma patient data has been obtained. The Arkansas Hospital Association has submitted a letter requesting an additional \$21,713 to complete the project. The original budget was a total of \$350,000. A motion was made by Kim Brown to reallocate \$21,713 out of the total project amount to go for completion of the project. The motion was seconded. Motion passed.

Action Item: The original budget for the Hospital Cost Study will be changed to reflect \$71,713 for the study and \$278,287 for the pay for performance to the hospitals. All participating hospitals will be notified of the amount available to them for this performance.

Pay for Performance (P4P)– Joe Martin reported on the use of P4P funds. Report is attached.

Scheduling of FY14 Contract Reviews – Each entity funded by the trauma system will provide a detailed report of contract/grant deliverables, how the deliverables were met, reasons the deliverables were not met, budget expenditures, program successes and lessons learned. It was suggested that ATERF be the first to organization to undergo this process. Kim Brown volunteered for the Rehabilitation agreement to be reviewed after ATERF.

Action Item: Renee Joiner will schedule the FY14 reviews.

Meeting adjourned at 5:10 p.m.

Pay for Performance Trauma System Budget

5% of available carry forward funding is set aside each fiscal year P4P funding

FY 15	Pay for Performance	
EMS	15%	\$61,897
Hospitals	50%	\$206,324
Rehabilitation	15%	\$61,897
Injury Prevention	20%	\$82,530
Total	100%	\$412,648

FY 14	Pay for Performance		Expensed
EMS	15%	\$99,979	\$55,000
Hospitals	50%	\$333,262.93	\$324,263
Rehabilitation	15%	\$99,979	\$7,000.00
Injury Prevention	20%	\$133,305	\$0
Total		\$666,526	\$437,762.93

Trauma Centers

1. Quality Data Submission Associated with Cost Study
\$278,287 available for participating hospitals
Number of participating facilities: 31
2. ACS Verification ACH \$25,000
3. TQIP Participation

EMS:

1. PHTLS/ITLS: 85% of EMSP are certified. A total of 40 EMS agencies submitted a letter of intent for these funds. A total of 22 EMS Services met this performance measure and received \$2,500.00 as a separate line item on their trauma grant.

Rehabilitation:

1. CARF Accreditation for Rehabilitation units with at least 11% of their patients being trauma patients. Baptist Little Rock \$5,000; The Med in Memphis \$2,000
2. Units meeting the 11% of their patients being trauma patients will be reimbursed for up to one staff attaining or retaining certification as a Assistive Technology Professional (ATP).
\$0

Injury Prevention:

No standards developed for FY14.

Pay for Performance Trauma System Budget

The TAC Finance Committee is accepting proposals for the FY15 Pay for Performance funds. The process to obligate and expense these funds is as follows:

1. Committees are asked to identify a *measurable* metric that defines a performance not currently required by grant deliverables or designation standards. There must be evidence that the metric will improve the trauma system. Committees should determine an amount of funding to be applied toward this metric.
2. The Committee Chair presents the recommendation to the Finance Committee for approval.
3. Once approved, the Finance Committee presents the recommendation to the full TAC for consideration.
4. The Trauma Section will announce the available funding to all stakeholders as follows:
 - a. Full description of the performance with an example of what meeting the performance will "look" like;
 - b. a description of data/documentation that is needed to show that the performance was met as intended;
 - c. a timeline to perform the metric and to provide the data/documentation to the Trauma Section for payment; and,
 - d. the timeline should include an application period for services/hospitals to submit a letter of intent to meet the performance.

The following are funds available by category/committee.

FY 15 P4P Funding			
		FY15	
EMS		\$61,897.00	15%
Hospitals		\$206,324.00	50%
IVP		\$82,530.00	20%
Rehabilitation		\$61,897.00	15%
	Total:	\$412,648.00	

Please contact Joe Martin, Trauma Section Program Manager for additional information at 501-683-0707 or joe.martin@arkansas.gov

Burn Grant

FY 2014

Katie Lea, BSN, MHA, NE-BC VP Emergency/Surgery Services
John Recicar, BSN, MBA, MHA Nursing Director Trauma Services
Arkansas Childrens Hospital

History / Leadership

- Only Burn Center in State of Arkansas
 - Admissions: 281 (+27 prior year)
 - Outpatient Visits: 1,917
- Single surgeon
- In Nov 2013, partnered with Lehigh Valley Burn Center
 - 2 physicians
 - PA model
- ~ 12.9 million operating budget. Grant is 250K or 1.9%

Deliverables FY 2014

- Provide ABLIS
- Provide Burn Specific Training Programs
- Ongoing Research Program
- Continue a statewide program with volunteers who will interact with and provide assistance to families which have a member with burn injuries
- Provide secondary education, awareness and prevention to the victims of a juvenile fire started event.

Training Budget

Budget

• ABLS Registration fees	\$14,000
• Instructor Course	\$ 6,500
• Food	\$ 2,000
• Instructor Time	\$ 4,000

Expensed

• ABLS Fees	0
• Instructor Course	0
• Food	\$316.48
• Instructor time	\$2,952.63

ABLS

- 2 ABLS courses to physicians and nurses

- ACH

22 students

- Tandberg to Heber Springs

5 students

- St. Bernard's

17 students

39 total new ABLS providers

- 1 Instructor Course

- ACH

8 new instructors

Education

- 22 Hospitals
- 11 EMS Services/Fire Departments
- 20 Schools of Nursing

Research Budget

Budget

• Nurse Researcher	\$88,943.00
• Nurse Researcher	\$10,000.00
• Research Travel	\$ 6,000.00

Expensed

• Nurse Researcher	\$73,359.87
• Nurse Researcher	\$ 8,974.03
• Research Travel	\$15,934.08

Salaries include 21% fringe

Research

- 3 Publications

- Yelvington, M., Brown, S., Castro, M. & Nick, T. G. (2013). The use of neoprene as a scar management modality. *Burns Journal*, 39, 866-875.
- Khandelwal, A., Brown, S. & Yelvington, M. (2014) Ablative Fractional Photothermolysis for the Treatment of Hypertrophic Burn Scars. Published ahead of print June 11, 2014. Accepted for publication in the *Journal of Burn Care and Research*.
- Jeffs, D., Dorman, D., Brown, S., Files, A., Graves, T., Kirk, E., Meredith-Neve, S., Sanders, J., White, B., & Swearingen, C. (2014). Effect of Virtual Reality on Adolescent Pain during Burn Wound Care. Published ahead of print June 11, 2014. Accepted for publication in the *Journal of Burn Care and Research*.

Research

- 13 Presentations at National Meetings
 - Southern Burn
 - American Burn Association
 - American Association of Critical Care Nurses National Teaching Institute

Research

- 8 Presentations at local meetings
 - UAMS Research Day
 - Arkansas Research Nursing Alliance

Research

- Ongoing Projects:
 - ISIS Burn Inhalation Trial
 - Goniometry outpatient contracture measurement study
- Manuscripts in development
 - Using GIS to map burn injuries and develop prevention education
 - Use of tranexamic acid in burn patients undergoing burn wound surgery

After Care Budget

Budget

Expensed

Salaries include 21% fringe

After Care / SOAR

- Adult Survivor Retreat
 - spring 40 fall 33
- Burn Camp
 - 130 people
- SOAR
 - Inpatient/outpatient
 - Support groups
 - Training programs
- World Burn Congress
 - 6 people
- Young Adult Congress
 - 13 people

At least 235 patients impacted

Juvenile Fire Setters Budget

Budget

- 15,132.00

Expensed

- | | |
|----------------|-------------|
| • Specialist 1 | \$10,873.52 |
| • Specialist 2 | \$12,357.66 |
| • Supplies | \$2,991.46 |

Juvenile Fire Setter Activities

- Smoke detector education
 - 900 detectors in 17 Arkansas Counties
- Individual visits 40 3-4 visits per person
- Education (active programs)
 - Middle School / High School 7
 - Booths at community events 13
 - Child care providers 5
 - Camp counselor education 2
 - Corporate Events 3

2015 Budget

- Equipment \$160,000.00
 - 2 monitors, 2 vigileos, 2 criticores

- Training \$40,000.00
 - 3 ACH ABLIS courses, 2 Springfield courses

- Outreach \$39,780.00
 - Juvenile fire setters (salaries, training, materials)

- Aftercare \$10,220.00
 - SOAR training, young adult retreat, training



**ARKANSAS TRAUMA EDUCATION
AND RESEARCH FOUNDATION**



Trauma Finance Presentation

July 15th 2014

History

- ATERF was formed in 2011 as a response to the perceived need for centralized resource for trauma specific education
- The organization brought together existing entities and content subject matter experts to provide a full spectrum of coordinated delivery of trauma education programs.
- These courses were either not available or provided by the same individuals that joined with ATERF to coordinate the delivery.

Leadership Structure

- Board of Directors
 - Chair and 4 director positions
 - Ex officio representation by Executive Director
- Executive Director
 - Bookkeeper
 - Administrative Coordinator
 - Receptionist
- Development Director
- Content Specialty Coordinator
- Research faculty

ATERF Deliverables

- The contractor must provide a comprehensive trauma education framework for all participants of the Arkansas Trauma System within three months of the contract start date.
- The contractor must provide evidence of appropriately trained, experienced and certified staff to conduct education.
- The contractor must provide evidence of infrastructure to provide the necessary course work.

Comprehensive Training Framework

- Physician
- Nursing
- Pre Hospital
- Instructor Training
- Help Desk
- Trauma Program Management Training



Physician Training

- Advanced Surgical Skills for Exposures for Trauma (ASSET)
- 5 Courses Delivered
- 1 Scheduled
- 97 Surgeons

A map of the United States with several states highlighted in dark grey. The ASSET logo is positioned at the bottom left of the map.

ASSET
ADVANCED SURGICAL SKILLS
FOR EXPOSURE IN TRAUMA

ASSET
ADVANCED SURGICAL SKILLS
FOR EXPOSURE IN TRAUMA



 **ATERF**

Physician Training

- Advanced Trauma Life Support (ATLS)
- Provider Course
 - 19 Courses Delivered
 - 2 Courses Scheduled
 - 413 Physicians



Physician Training

- Focused Abdominal Sonography for Trauma (FAST)
 - 15 Courses Delivered
 - 0 Courses Scheduled
 - 142 Physicians Trained



Nurse Training

- Trauma Nurse Core Course (TNCC)
 - 28 Courses Delivered
 - 643 Nurses Trained



Team Training



- Rural Trauma Team Development Course (RTTDC)
 - 26 Course Delivered
 - 4 Course Scheduled
 - 388 Trained (over 120 teams)



Trauma Program Management

- Trauma Leadership Meeting
 - Big Cedar Lodge 2013
 - 106 Attendees
- 2014 Meeting
 - 115 Registrants
 - 25 Faculty and staff
- Location draws attendance



Trauma Management

- Trauma Nurse Coordinator Course
 - 4 Courses Delivered
 - 82 Nurses Trained
- Trauma Performance Improvement Course
 - 5 Courses Delivered
 - 102 Nurses Trained
- Basic Trauma Coordinator Course
 - 5 Courses Delivered
 - 62 Nurses Trained

Pre Hospital Training

- Mass Casualty Incident Disaster Experience
 - 8 Courses Delivered
 - 474 Medics Trained



Pre Hospital Training

- ITLS Pediatric Provider Course
 - 2 Course Delivered
 - 22 Medics Trained
- Pre Hospital Trauma Life Support (PHTLS)
 - 13 Courses Delivered
 - 155 Medics Trained



Instructor Courses

- ATLS Instructor Course
 - 5 Courses Delivered
 - 24 Instructors
- TNCC Instructor Course
 - 4 Courses Delivered
 - 47 Instructors
- PHTLS Instructor Course
 - 1 Course
 - 8 Instructors

New Courses FY 14

- Farm Medic Course
 - First Course – Marked Tree AR
 - 11 Pre-hospital providers
- Integrating Disaster Preparedness with the Arkansas Trauma System
 - 3 Courses
 - 80 Participants
- Tactical Combat Casualty Care
 - 1 Course
 - 22 Pre hospital providers

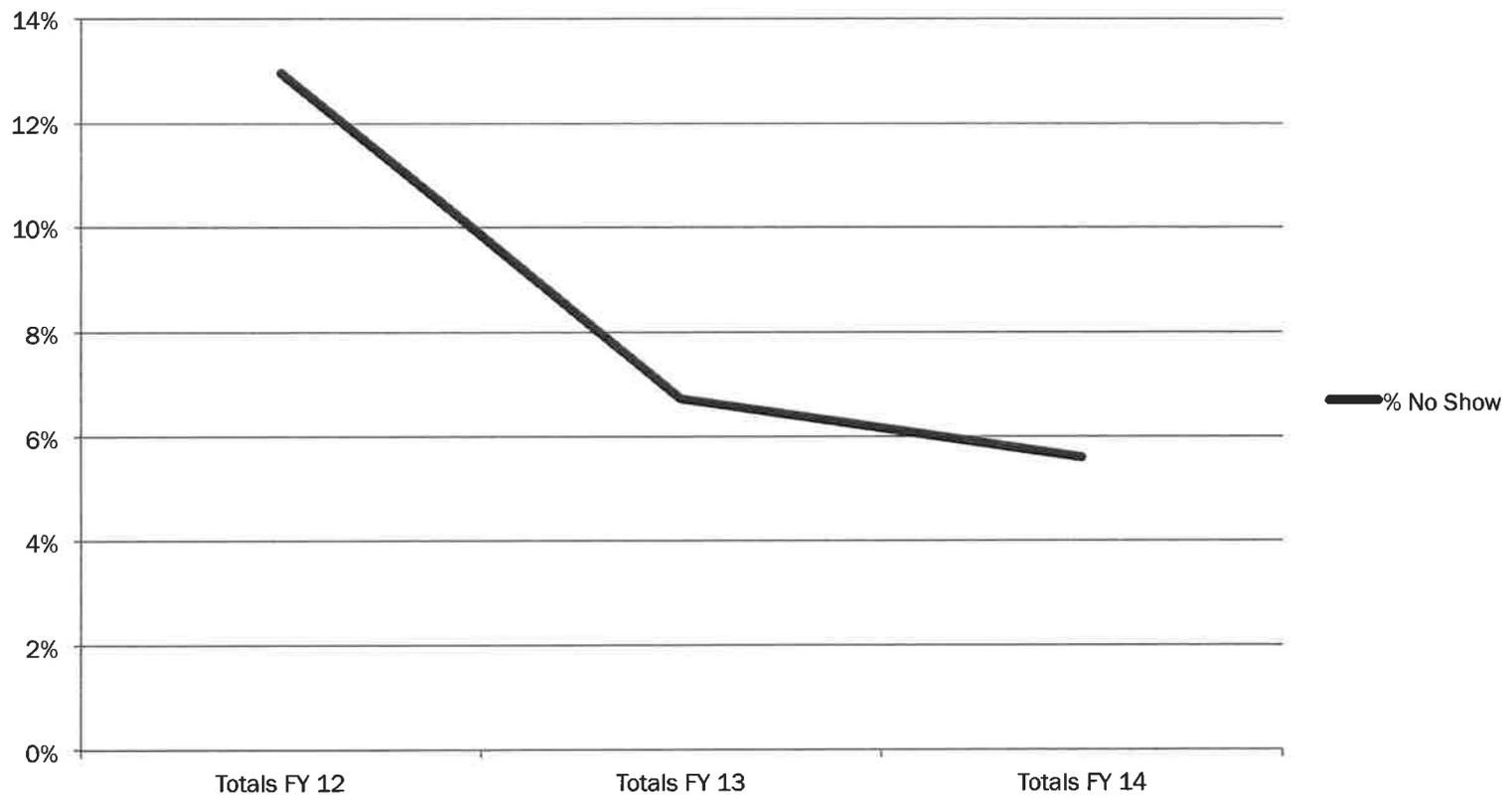
Summary

	Number	Number	Number	Number	Number	Number	Number
	Courses	Reg	Attend	Doctors	Nurses	EMS	Other
Totals FY 12	30	570	496	157	250	79	10
Totals FY 13	53	921	859	283	403	157	16
Totals FY 14	61	1070	1010	489	489	160	87
Totals Feb 2012 Through FY 14	144	2561	2365	929	1142	396	113
Trauma Update		371	356	107	198	54	12

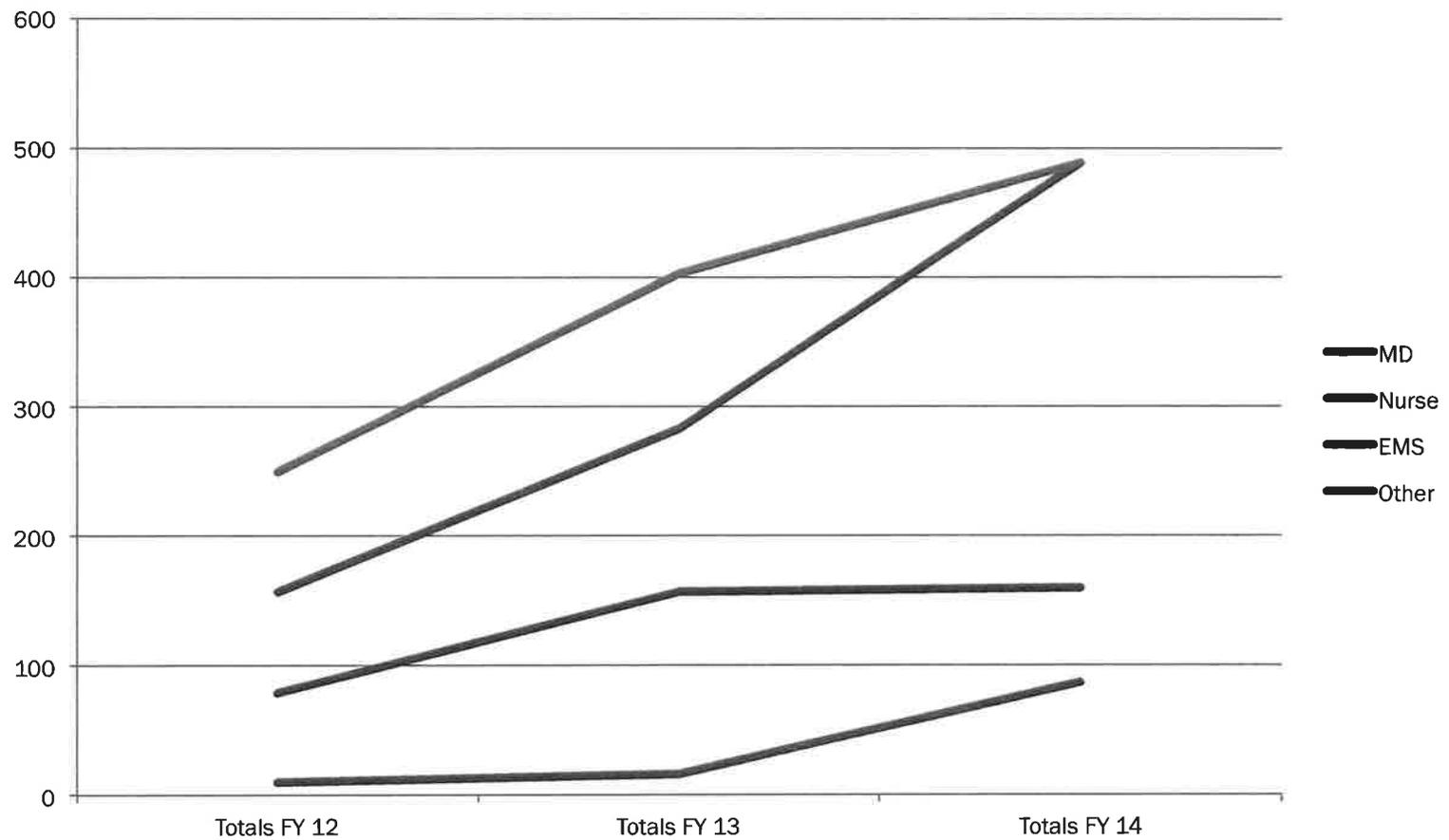
- Courses Held in over 41 Counties
- Attendees from 70 of 75 Counties

No Show Rates

% No Show



Attendance



Trauma Update

- Nationally Acclaimed Faculty
- Timely topics with focus on improving care delivery
- Pre Hospital to Injury Prevention
- Attendance increases every year
 - 2010 - 188
 - 2011 - 217
 - 2012 - 264
 - 2013 - 333
 - 2014 - 356
- ~Fifth Largest Trauma Symposium in the US

Trauma Update Funding

- NOT part of the ATERF Grant
 - Administered by ATERF with no grant funding
- Funding Sources
 - TRAC Support
 - Each TRAC Contributed \$5000 to get their TRAC members discounted rate
 - Hospital Support
 - Level I, II, and III hospitals donated \$2500 - \$5000 each
 - Industry Support
 - Exhibit space sold with significant interest from industry

Trauma Update Future Plans

- Has outgrown all the hotel meeting space in AR
- Moving to the Convention Center
 - Downtown Little Rock
 - Enhanced vendor space
- Broaden industry and corporate support
- Additional outside speakers

Preventable Mortality Study

- Trauma System Preventable Mortality Study
 - Designed to evaluate for impact of the Trauma System
 - Looks at preventable mortality in 2009 and 2013
- Primary Vendor
- ATERF sub contractor for logistical support
 - Meetings Held at ATERF Offices
 - Primary Vendor housed at ATERF
 - ATERF has video teleconferencing to facilitate remote meetings

Faculty

- Faculty are accredited by national organizations where applicable
- Course critiques are reviewed for instructor performance
- All courses have senior faculty that credential local instructors
- No instructors have been removed from teaching
- National groups have sent out of state groups to learn how to run courses from ATERF

Infrastructure



ARKANSAS TRAUMA EDUCATION AND RESEARCH FOUNDATION

[Home](#) [Mission](#) [Courses](#) [Gallery](#) [Newsletter](#) [Our Team](#) [Registration](#) [Policies](#) [Resources](#) [Blog](#) [Help Desk](#)

[Contact Us](#)



*"Improving the
delivery of care
to the trauma
patient"*

Home

Welcome to the Arkansas Trauma Education and Research Foundation (ATERF) website.

ATERF has developed and implemented a coordinated and comprehensive trauma education series for the state of Arkansas, providing educational products for prehospital providers, clinical nurses, trauma program management personnel, trauma teams, mid-level trauma providers, and

New Leadership Conference Lecture Materials Posted

Note: Copies of the slides from lectures at the Arkansas Trauma Leadership Conference can be found on the [resources page](#).



Online Registration



ARKANSAS TRAUMA EDUCATION AND RESEARCH FOUNDATION

Email Address:

Password:

Login

[Create New Account](#)
[Forgot Password?](#)

Below is a list of available courses. Please take a look and see which one(s) work best with your schedule.

	Location ▼	Date ▼	Available	
Trauma Nurse Core Course (TNCC) - Provider	Benton, AR	12/06/2013 - 12/07/2013	0	WAITING LIST
Rural Trauma Team (RTTDC) Development Course	Clinton, AR	12/10/2013	0	WAITING LIST
Trauma Coordinator Course	Hot Springs, AR	12/12/2013 - 12/13/2013	0	WAITING LIST
Advanced Trauma Life Support (ATLS) Provider Course	Little Rock, AR	02/08/2014 - 02/09/2014	13	REGISTER
Advanced Surgical Skills for Exposure in Trauma (ASSET)	Little Rock, AR	04/11/2014	16	REGISTER
Advanced Trauma Life Support (ATLS) Provider Course	Fort Smith, AR	04/26/2014 - 04/27/2014	18	REGISTER



ATERF Offices

- Located on North McKinley Street in Little Rock
- Executive Director
- 4 Support Staff
- Meeting Space for planning
- Equipment storage
- Trailer for transportation of equipment

Deliverables analysis

- ATERF is meeting or exceeding delivery on expectations from the grant
- ATERF has no expectation of changes in the grant deliverables for the following years
 - Course delivery will be adjusted to meet demand
- ATERF anticipates no material change in grant deliverables for FY 15 or 16

Funding

- ATERF has agreed to a 20% reduction in total Grant funding for FY 16
- Development director is working closely with outside funding sources
- Grant funding in place for CY 14 and renewal for CY 15 submitted

Value

- ATERF provides the highest Quality Courses
- Outstanding instructors
- Extensive CME, Nursing Education, and EMS CE
- Centralized registration location and access point
- Personalized support
- Centralized record keeping of CEU/CME
- Expanding course catalog and number of registrants
- No show rates dropping 13% 2012 – 5.6% 2014

Strengths

- ATERF is continuing to Grow
- New course offerings
- More extensive involvement in research
- Increased demand for courses
- Fewer no shows/cancellations
- Students perceive value in offerings and price

Opportunities

- Enhance extramural funding
- Partnering with other specialties to deliver courses
- Become the registration location for all trauma education
 - Registry training
 - Burn education
- Enhance research offerings to broaden work product and funding sources
- Add dedicated grant writer/investigator



ARKANSAS TRAUMA EDUCATION AND RESEARCH FOUNDATION



Trauma Advisory Council Finance Committee
August 19, 2014
Minutes

Members Present

R. T. Fendley (Chair)
Terry Collins
Stuart Hill
Dr. Charlie Mabry
Jon Recicar
Tim Tackett

Members Absent

Ron Robertson
Jon Wilkerson

Guests

Pam Adams
Liberty Bailey
Dr. Steve Bowman
Jennifer Carger
Patty Campbell
Leslie Peacock
Penny Rogers
Bo Ryall
Dr. Mike Sutherland

Staff

Dr. Jim Booker
Diannia Hall-Clutts
Margaret Holaway
Renee Joiner
Marie Lewis
Joe Martin
Dr. Todd Maxson
Donnie Smith
Karis Strevig
Bill Temple

I. Call to Order by R.T. Fendley, Chairman at 1:00 p.m.

Stewart Hill, Chief Financial Officer at White County Medical Center was introduced and welcomed to the Committee as a voting member.

II. Old Business: Approval of minutes from July 15, 2014, motion was made and seconded. Motion passed unanimously.

III. New Business:

Trauma System Funding: Current – The Trauma System is fully operational and getting good results and data after five years of sustained funding. The Finance Committee will examine the current disbursement of funds to assure continued growth and success. There was much discussion regarding how to consider the amounts dedicated to the fixed “buckets” within the current funding formula. The fixed categories and approximate funding allocations are: Trauma Centers at 50%, EMS at 15%, Rehabilitation at 15%, and Injury and Violence Prevention at 20% (attached are handouts provided by the ADH Trauma Section). Funding of each category is required by the trauma system statute. Renee Joiner reviewed each category in the budget, explained how the funding is currently allocated, and answered questions. The committee discussed the need for sustained funding of the Enhanced System Building category which is currently funded with a percentage of carryforward funds. The carryforward funds have dropped significantly due to the number of hospitals becoming designated as trauma centers. The success of the system is largely due to the availability of these funds. A motion was made and seconded that the Enhanced System Building category be renamed to System Enhancements and become a line item in the base budget. Motion passed unanimously.

Action item: Enhanced System Building category will be renamed System Enhancements and added to the base budget with a fixed funding amount yet to be determined. The Finance Committee will retain the discretion to carryforward unspent funds by line item or redistribute according to need. Motion passed unanimously.

Trauma System Funding: Future – Trauma system outcomes of reduced morbidity, mortality, and injury rates that are at or above the national average must be attained and reported in order to maintain legislative support for continued funding. The question of are we spending our money the best way possible to result in the desired outcomes is an important one. Dr. Mabry stated that looking at evidence-based outcomes would be the most valuable way to maintain funding. Most felt that it is time to move away from block grant funding to a formula that supports a base funding amount plus incentive funding for pay for performance. This funding approach supports both the minimum requirements to participate in the system and a practice of continued improvement in the care provided to trauma

patients. There was discussion that financial consideration be given to entities with a higher volume due to the infrastructure/readiness needs of the hospital or EMS agency to comply with the state requirements.

Action Item: Consider a funding formula that, over time, reduces the amount of base funding in order to increase the funding for evidence-based outcomes for trauma centers, EMS, rehabilitation, and injury and violence prevention. Motion passed unanimously.

Metrics that Define Success – The committee discussed that the EMS, Hospital, Rehabilitation, and Injury and Violence Prevention Committees should begin to define metrics to measure system outcomes and recommend how these metrics can tie into future incentive funding.

Action Item: The EMS, Hospital, Rehabilitation, and Injury and Violence Prevention Committees will be charged with obtaining and analyzing both process and outcome data that demonstrate how the various components of the system are functioning. These metrics will be used for accountability and will potentially drive changes to the current funding formula. Motion passed unanimously.

Meeting adjourned at 3:00 p.m.

TAC Rehabilitation Subcommittee

1:30 Thursday, July 24, 2014

Arkansas Spinal Cord Commission Central Office Conference Room

Members in attendance: John Bishop (BHRI), Letitia DeGraft (ADH)*, Dr. Robert Griffin (AR BCBS)*, Sara McDonald (NeuroRestorative Timber Ridge), Alan Phillips (ARS/ACTI)*, Patti Rogers (ASCC), Aleecia Starkey (AR-SERC), Esther Tompkins (ACH), and Jon Wilkerson (Chair).

Member(s) not in attendance: Stacy Sawyer (SVNLR)

Staff, Guests, and Observers in attendance: Kim Brown (ATRP), and Brad Caviness (ATRP)

Mr. Wilkerson called meeting to order at 1:30 p.m. He asked everyone in attendance to introduce him or herself.

Mr. Wilkerson called for a voice vote to confirm the electronic vote to approve the minutes of the March 27 meeting. The electronic vote was approved by unanimous consent.

Mr. Wilkerson called for a voice vote to confirm the electronic vote to suspend the contract with UDS to provide FIM Outcomes reports. The electronic vote was approved by unanimous consent.

Mr. Wilkerson called for a motion to approve the minutes of the May 29 meeting as distributed. Ms. Rogers made the motion. Ms. McDonald seconded the motion. The motion was carried on a voice vote.

Ms. Brown offered the following update of ATRP activities:

Heather Browning resigned from the Health Educator position on June 27. Ashley Lentz has been hired to take over the position. She was formerly employed as a case manager and caregiver supervisor for BOST, a private contractor for DHS for waiver services. She begins work on August 4.

To date, 356 referrals have been to the TBI Registry since November 1, 2013. With help from Marie Lewis at ADH, we are beginning to compare the TBI Registry numbers with the Trauma Registry numbers. This will allow us to determine if facilities are under-reporting. By the end of the year, we should have at least 6 months of referrals from all of the designated hospitals in the Trauma System.

A memorandum of agreement with UAMS Distance Learning Center and PM&R Department to continue the TRIUMPH Call Center has been signed for FY 2015. The clinical guidelines for TBI care will be the focus of program development this fiscal year. Those should be ready to be implemented by early Spring 2015. Once those are in place, the TBI component of the 24/7 call center will be rolled out.

Work has begun on a pay for performance proposal for the Trauma System. Approximately \$61,000 is available. These must be used for system improvements and be directly related to patient care. They cannot be used for any activities already required by the Trauma System rules and regulations. Since rehabilitation hospitals are not part of the Trauma System, she is exploring options for utilizing the money in acute care.

The Brain Injury Conference will be held on Friday, August 8, 2014, at the Convention Center in Hot Springs. About 200 attendees are anticipated.

ATRP is providing support to the ASCC Conference, which will be held on Friday, September 26, 2014, at the Event Center in Benton.

The Trauma Rehabilitation Conference was held on May 22, 2014, and was a big success. Registration was nearly identical to last year, but attendance was up significantly. There were 108 first time attendees, including a big increase of physical therapists in attendance. Over 100 attendees work outside of the rehabilitation field. More than 100 attendees traveled more than 50 miles to attend. Eleven traveled more than 200 miles.

Planning is already underway for next year's conference, which will feature a slightly different format. The conference will be held on Wednesday, May 13, and Thursday, May 14, 2015, at the Embassy Suites-Little Rock. The first day will begin at mid-day and feature breakout sessions (proposed

*Present via speakerphone.

topics include assistive technology, behavioral management, and wound care). The second day will be a day-long session on a variety of topics.

Mr. Wilkerson noted that few to none of the attendees that participated in the trauma rehab conference came from acute care facilities. He asked if there are any good strategies that can be used to market these initiatives to those facilities. Ms. Brown suggested partnering with ATERF. They do a lot of education events and have a built in audience.

Mr. Wilkerson noted that the Burn Center at Arkansas Children's Hospital is seeking accreditation by the American Burn Association.

Ms. Brown said that the Program received a request for funding from UCA Occupational Therapy Department for the development of an exercise video for people who use wheelchairs. She said the project has been funded with a \$1,840 grant. Ms. Rogers added that the creators of the video will be making a presentation at the SCI conference.

Dr. Griffin said that Arkansas Blue Cross Blue Shield's Blue and You Foundation has a fair amount of grant money to dispense each year. He said it is oriented towards small grants for activities that will benefit all Arkansans. The Foundation accepts proposals early in the calendar year and awards the grants in the latter part of the year. He added that former Congressman and current BCBS executive Vic Snider is associated with the program. Mr. Wilkerson would be interested in knowing more about the grant program.

Ms. Brown said that sometime before the end of the year she will be making a presentation to the TAC Finance Committee to justify the Program's spending. Mr. Wilkerson added that, generally speaking, the Finance Committee is satisfied with the Program's work. He said that anyone who would like to attend the meeting is welcome.

Mr. Wilkerson noted that the next Rehabilitation Committee meeting is scheduled to take place the day before the Spinal Cord Commission Conference. The November meeting is scheduled to take place on Thanksgiving Day. He suggested combining both meetings into one on October 23. Mr. Wilkerson would like to spend the first hour of that meeting conducting the Committee's regular business, and then spend two to three hours assessing the 2012-2015 strategic plan and begin drafting the 2016-2018 strategic plan. He will invite Dr. Stephen Bowman to attend those meetings to see how our committee can work with his to address some common goals.

Mr. Wilkerson announced that Dana Austen has resigned her position from the Committee. Ms. Brown said that she does not know of another representative from Brain Injury Alliance of Arkansas (BIAA) to replace her. She recommended a change to the Committee's bylaws to reflect its new constituency. She said Brain Injury is well represented among the Committee's membership, but burns and amputation are not represented. She pointed out that providing for better rehabilitation care for patients with traumatic amputations was one of the findings reported by the ACS survey. Mr. Wilkerson asked if there is a group that represents amputees? Dr. Phillips said that the VA has an amputation group. Ms. Rogers recommended that the Committee contact the VA to find a representative or advocate that works with polytrauma/amputees. Ms. Starkey recommended adding a representative or advocate for amputee or polytrauma patients in the bylaws. Dr. Tompkins asked if the VA had an emergency department that cares for trauma? Ms. McDonald explained that it has a polytrauma manager and case manager. Dr. Tompkins pointed out that the VA works outside the Trauma System and this might pose difficulties coordinating efforts. Ms. Starkey asked if it would be appropriate to determine this change in representation at the strategic planning meeting? Mr. Wilkerson said he felt the Committee should move forward with a generic definition for the role and investigate what specific part the VA could play separately. Dr. Tompkins asked if the VA makes referrals to the TBI registry? Ms. Brown said that it does not. Matthew Goodwin is the VA's TBI specialist. Ms. Brown said once we identify his Case Manager we can get them into the process.

Ms. McDonald said that she thinks Frank Snell, even though he works for a for-profit entity, is a passionate advocate for people who have had traumatic amputation, and would make a good addition

to the committee. Mr. Wilkerson said there would be value added to the committee by having someone from that discipline represented in the group. Mr. Wilkerson will reach out to him to gauge his interest. Ms. Brown said that Mandy Yelvington would be another excellent candidate, if she has time to serve.

Mr. Wilkerson asked for a motion to change the Committee's bylaws to reflect the dedicated representative from BIAA to a representative for individuals who have suffered a traumatic injury other than SCI or TBI. Ms. McDonald made the motion. Ms. Starkey seconded the motion. The motion was carried on a voice vote. Ms. Brown said a new draft of the bylaws will be prepared to approve at the next meeting.

Other Business

Ms. McDonald recounted the case of a young man admitted to a local rehab center who turned 19 while in rehab and had to apply for adult Medicaid. This has caused an interruption to his continuity of care. Mr. Wilkerson suggested consulting with Dr. Golden about fast tracking cases like this for Medicaid approval, and designating a greater number of rehab days. He added someone from Disability Determination and Social Security Administrations should be at that meeting so all parties who can address the issue are in the room. Ms. Starkey said that there is precedent for fast tracking cases like this. Ms. Brown said that other states fast track TBI and SCI patients for Medicaid. She added that the Committee consider making this part of the Strategic Plan and draft a proposal for the Legislature to fast track SSDI/Medicaid approval for TBI/SCI patients. She said the proposal will have to be clear and detailed, and an awareness of the consequences for all stakeholders should be noted.

Mr. Wilkerson suggested more discussion about the plan and that the Committee seek out someone knowledgeable who can help it set a course between now and October. Mr. Bishop will get the details of how BRI/BHRI helps its patients apply for Medicaid. Mr. Wilkerson asked Ms. Brown to lay out a roadmap with assignments for Committee members to gather information.

Mr. Wilkerson reminded everyone that the next meeting will be at 1 p.m. on October 23, 2014, and will last the entire afternoon.

With no further business to consider, Mr. Wilkerson asked for a motion to adjourn. Dr. Tompkins made a motion to adjourn the meeting. Ms. Rogers seconded the motion. The meeting was adjourned at 2:35 p.m.

*This is a **privileged and confidential** document. The contents shall not be disclosed to any person, agency or entity not directly associated with hospital peer review or the TRAC quality improvement process. The Trauma System Act (Ark. Code Ann., Section 20-13-819 et seq) authorizes this process. Violations of privacy and security requirements may lead to civil and criminal penalties pursuant to state and federal laws and regulations.*

Trauma Advisory Committee TRAC/QI Committee

July 15, 2014

Open Meeting Minutes

Members/Guests Present:

Charles Mabry, MD	TRAC/QI Subcommittee Chair
Todd Maxson	ADH Trauma Medical Consultant
Mike Sutherland, MD	SEATRAC TMD
Monica Kimbrell,	Trauma Registrar, CATRAC QI Chair
Dr. Scott Lewis, MD	NETRAC TMD
Paula Lewis, RN	NETRAC QI Chair
Jim Booker, MD	SWATRAC TMD
Terry Collins, RN	TAC
Jim Booker, MD	SWATRAC MD, CSM TMD
Barry Pierce, MD	NCTRAC MD
Lew McColgan	CATRAC TMD
Jeff Tabor	ATCC
Jon Swanson	ATCC
Stacy Wright, RN	NCTRAC Chair
Diannia Hall-Clutts, RN	ADH
Margaret Holaway, RN	ADH
Karis Strevig, RN	ADH
Jennifer Carger, RN	Qsource
Ron Robertson	UAMS TMD
D'borai Cook	BHLR TPM
Bill Temple	ADH
Renee Joiner	ADH
Terri Imus	TIR

Phone Conference:

Carla Jackson	TNC St Vincent
Debra Wright	SWATRAC QI Chair
Rob Johnson	NWTRAC TMD
Joyce Jeffries	AVTRAC QI Chair
Karen McIntosh	NWTRAC QI Chair
Linda Nelson, RN	Mercy Ft Smith TNC
Dana Bell	Washington Regional
Tonya Barnett	MCSA TNC
Dr. Robert Tommey	MCSA TMD

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

II. Old Business:

None

III. New Business:

Pay for Performance Metrics FY15:

An introduction to the Pay for Performance funding was given by Dr. Mabry. The FY15 budget has funding set aside for pay for performance funding for hospitals, EMS, and other systems including quality measures. Recommendations need to be made to the finance committee on any pay for performance metrics that the QI Committee feels should be included in this process. Dr. Mabry asked the Committee to begin thinking of possible measures that could be used for this.

TRAC Bylaws:

A brief update on the bylaw synchronization process was given by Karis Strevig. Each TRAC has given a copy of their bylaws and review has begun for the process of synchronizing all the bylaws for the TRACs. A meeting with AVATRAC Chair, Kelly Hill, AVTRAC TMD, Dr. Coleman, State QI Chair, Dr. Mabry, and State TNC for AVTRAC, Karis Strevig took place in April about the synchronization of the AVTRAC bylaws. Specifically, the meeting focused on the voting rights of their TRAC TMD. AVTRAC is currently working to restructure their TRAC's committee members' voting rights to allow their TRAC TMD to vote as a member of the committee.

Critical Event Filters:

Dr. Booker gave a report on the Critical Event tracking process. Many questions and problems have arisen in both capturing and reporting the filters on the critical event forms. Discussion ensued about inaccurate capturing for filters, specifically, on the intubation by EMS and in the ED. This filter cannot be pulled accurately due to the sequence of events and data fields in the trauma registry. Other filters were discussed for accuracy and continuation. A problem and potential filter that was identified for the future was repeat CT scans on trauma patients due to the original scan being without contrast. The health concerns that arise from this unnecessary exposure is concerning and should be addressed once the process for the critical events is remedied.

Dr. Booker identified an issue with trauma patient deaths. The critical event form is only sent in by the facility where the patient dies regardless of if it was a transfer. Dr. Booker suggested that in the future, the critical event form should be received from all hospitals involved in the care of a patient that dies.

A motion was made to take the intubation by EMS filter off of the critical event form until the data could be accurately pulled by the trauma registry. Dr. Mabry also suggested that a sub-group from the QI Committee and the ADH be formed to discuss all filters. This sub-group should construct a plan on how to proceed with each filter as well as the critical event reporting process as a whole.

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Qsource Chart Audit Report:

Jennifer Carger from Qsource gave an update on the hospital chart auditing process. The TRAC and individual hospital reports are complete and ready for approval. She reviewed the measuring metrics for ISS scoring and how the "pass/fail" labels were derived from each hospital's report. In this introduction, these metrics of ISS scoring were discussed. Some slight alterations were proposed. The committee decided that Qsource should proceed with sending the hospital reports after the discussed change to the metrics was made. The report should be sent to the respective hospitals' Trauma Program Managers and Trauma Medical Directors before sending an official report to the hospital CEO's. Feedback should be gathered from the trauma program leaders and then presented to the Committee at the next meeting.

Tornado Efforts Report:

Jon Swanson, Executive Director for MEMS, provided a brief report on the response of emergency crews to the tornado responsible for multiple casualties in April of this year. EMS crews and dispatch centers faced multiple challenges and beyond heavy volumes during this ordeal. A specific issue identified was a problem with the communications towers used by dispatch and ATCC. The ADH was challenged to search for a way to better secure the ATCC's communications aspect during a massive disaster such as the tornado. Bill Temple, Branch Chief for Trauma at ADH, informed the Committee that this issue has been addressed at the Section and is in the process of being improved. Another suggestion was to allow ATCC to be a bigger participant in "mock" disaster workshops.

Next meeting: September 9, 2014, 1:00-3:00 pm, Freeway Board Room.

IV. Action Items:

1. Feedback from the TRACs in regards to their Bylaws should continue to be gathered by Karis Strevig, staff to the QI Committee.
2. The QI Committee and ADH should form a small sub-group to address the issues identified with the critical events filtering and reporting.
3. Qsource should make some minor adjustments to the hospitals' chart auditing reports in respect to the ISS scoring.
4. Qsource should then send out the reports to the respective hospital's Trauma Program Manager and Trauma Medical Director.
5. Qsource should then gather the feedback received from sending out these reports to be presented at the next QI Committee meeting.

V. The meeting was adjourned.

Respectfully submitted,

Charles Mabry, M.D.

Sub-Committee Chair

Trauma Advisory Committee TRAC/QI Committee
Sept. 16, 2014
Open Meeting Minutes

Members/Guests:

Charles Mabry, MD	TRAC/QI Committee Chair
Todd Maxson	ADH Trauma Medical Consultant
Dr. Scott Lewis, MD	NETRAC TMD
Paula Lewis, RN	NETRAC QI Chair
Jim Booker, MD	ADH Trauma Medical Consultant, SWATRAC TMD
Terry Collins, RN	TAC Representative
Teresa Ferricher	NCTRAC QI Chair
Jeff Tabor	ATCC
Stacy Wright, RN	NCTRAC Chair
Diannia Hall-Clutts, RN	ADH
Margaret Holaway, RN	ADH
Karis Strevig, RN	ADH
Ron Robertson	UAMS TMD
Bill Temple	ADH
Renee Joiner, RN	ADH

Phone Conference:

Linda Nelson, RN	Mercy Ft Smith TNC
Chris Coleman	AVTRAC TMD

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

II. Old Business:

None

III. New Business:

The committee discussed the two preparatory meetings that took place prior to the meeting on this date. These preparatory meetings covered critical event filters and the QSource chart audit reports. Minutes from those two meetings were discussed.

Critical Events

- ***First ED GCS of < 9 without intubation within 30 minutes of arrival to the ED***
Pulling this data from the registry proved to be an issue due to hospitals capturing different “arrival” times and GCS capture times.
- ***First ED GCS of < 9 without intubation in the field***

It was found that this metric was difficult to capture from the registry. Hospitals also felt that EMS agencies should be monitoring this metric through their own internal QI process. A

recommendation was brought before the committee to pass the responsibility for this metric to the EMS agencies as well as add further metrics to the registry to allow for capturing this information in the future.

- ***All requests for urgent trauma transfer out of ED (reported by transferring center)***

A recommendation was brought to the committee that Jeff Tabor generate a report to send to the state ADH trauma section to monitor this filter. Reports would then be sent to each hospital and each TRAC per Jeff Tabor and ATCC.

- ***Lack of Top Tier Trauma Team activation for all patients with initial ED BP < 90 (age appropriate)***

Discussion centered on problems with the registry capturing this data differently for NTRACs users and web users. An update is in progress for improving this inconsistency.

- ***Trauma patients with ISS > 15 and ED length of stay > 2 hours for patients transferred out- as reported by sending trauma center....(receiving trauma centers will send follow-up (f/u) letters back to transferring centers which have transferred patients with these criteria. Centers receiving these f/u letters will submit the case with their investigation to their TRAC)***

This filter is difficult to report due to many of the tertiary facilities not reporting the ISS score of a patient back to the transporting facility. It was proposed that Marie Lewis and Jeff Tabor team up to compose a report to submit to the TRACs and hospitals so that this metric can be monitored and tracked. Hospitals should also be tracking this metric internally in their QI process.

QSource Chart Audit Report

An update was given by Jennifer Carger on the QSource chart audit process. Reports were generated and given to the hospital coordinators. Coordinators submitted feedback and the following changes were made based on that feedback:

- **Arrival and Discharge:** Since many of the hospitals had different definitions of “arrival” and “discharge”, the report will allow for a 5 minute window for calculating the percentage of both the arrival time and the discharge time for audit validation purposes. The Committee decided that the definition of “Arrival” should be when the patient first comes into contact with a medical professional at the hospital. “Discharge” should be when the patient physically leaves the ED.
- **Trauma Band:** There is no requirement for trauma bands in Level 1 and 2 facilities whose patients arrive by POV and were not transferred. The recommendation is for Level III and IV hospitals to still band all trauma patients. Therefore, for the report, Level 1 and 2 facilities whose patients arrived by POV and were not transferred did not get flagged for this filter.
- **EMS Trip Form:** The numbers for this filter were re-calculated due to NTRACS lacking field for “EMS Trip Form Received”. In addition, these numbers will now only include applicability of EMS Trip Form for patients arriving to facility by EMS.
- **ISS:** To determine ISS scores, hospitals use the AAAM coding book or the Tri-code calculations. This caused some differences in ISS scores in the hospitals vs. QSource (QSource used the AAAM coding book). Most differences >2 were found due to the hospital classifying patient injuries as “not further specified” and missed injuries. Other coding variances were in head injuries and burns. QSource allowed for a 2 point deviation in ISS scoring before labeling a derived ISS score as “incorrect”. The recommendation was for QSource to analyze the data to see if there was a natural break point between the ISS scores that could be used for future

determinations of “correct” or “incorrect”. The committee agreed that the 2 point variance was appropriate for this report.

The committee raised the question on whether or not there would be TRAC and designation level data to look at in comparison to each hospital from these chart audit reports. QSource confirmed that data related to this was used in each hospital’s report to show the facility how far from the mean they were for their TRAC and designation Level. QSource sought guidance from the committee on whether the reports should go out to the hospitals’ CEOs or trauma program managers. The committee agreed that the report should go to each hospital’s CEO.

Clinical Practice Guidelines

The expectations for the Clinical Practice Management Guidelines will be that each trauma center takes the guidelines that have been endorsed by the ADH and adjust them to fit their hospital’s needs. Each hospital will be required to have these guidelines. The guidelines will be tracked by QI and should be used as a standard for a patient’s care. Verification of these guidelines will be expected at the time of the site survey. The Hospital Committee will be reviewing these guidelines as possible metrics for pay for performance measures.

Surgical Specialties and their capabilities

Each facility should determine if it is acceptable for their surgeons to perform elective cases while on trauma call. This does not mean that the surgeons should not accept a transfer while working an elective case. It was further suggested that higher acuity facilities should have a backup surgeon when taking elective cases.

Next meeting: TBA

IV. Action Items:

1. All hospitals should continue to send in all trauma deaths to their state nurse coordinators.
2. All other Critical Events should continue to be monitored by each hospital’s QI program. The state, along with the registry and ATCC, will begin to generate reports back to the facilities and TRACs.
3. The Committee would like for QSource to move forward with sending the chart audit reports from the registry to each hospital’s CEO.
4. All hospitals should begin to develop their Clinical Practice Management Guidelines.

V. The meeting was adjourned.

Respectfully submitted,

Charles Mabry, M.D.

Committee Chair

**Trauma Advisory Council
Injury and Violence Prevention Committee
Minutes**

Time and Date: 3:00pm August 14, 2014

Location: Freeway Medical Tower

Meeting Room: Room 906

Attending: Olivia Wilson, Lacye Vance, Shelby Rowe, Maurice Long, Beverly Miller, Hope Mullins, Mary Aitken, Teresa Belew, Brian Nation, Katy Allison, Michelle Cline, Andrea Ridgeway, Sherry Johnson, & Gabrielae Lane

Call In: Stacy Wright

- I. TRAC Activities Report-
 - a. TRAC IVP planning retreat-
 - i. This meeting was a success and helped create a great start to FY2015. Minutes from meeting are attached.
 - b. Pay for Performance initiative-
 - i. There was discussion held concerning how to implement the pay for performance initiative. Suggestions revolved around signage and policy for hospitals in the TRACs concerning safe driving (seat belt use, no texting) and suicide prevention (visible hotline number). The committee will continue to work on specifics via email and phone conversations.
 - c. TRAC IVP Chair updates-
 - i. North Central IVP Committee has chosen to focus on Suicide prevention, Motor Vehicle Safety, and continuing lifejacket, bike helmet, and smoke detector education and distribution in their communities.
- II. HHI Report-
 - a. HHI staff members around the state continue to work with TRACs on Injury and Violence prevention. They have met with members of ADH to review expected deliverables and responsibilities for FY2015. They are also preparing to report to the finance committee.
- III. SIPP Activity Report-
 - a. SIPP has been focusing on creating FY2015 work plans. They have been scheduling meetings, trainings, and events to take place in the State for FY2015.
 - i. Intentional Injury Prevention- Shelby provided suicide prevention materials to use in light of the recent events and all of the media coverage. September is Suicide Prevention Month. See attached documents.
 - b. TRAC Project Evaluation for FY 14-
 - i. State total of 40 educational/product distribution projects held. State total of 1745 safety products distributed throughout communities.
 - ii. State total of 33 classes/trainings held with a total of 327 attendees trained in 19 counties.
 - iii. State total of 45% (34 counties) participated in some form of Injury and Violence prevention program.
 - iv. Summaries of evaluation results by TRACs will be provided soon.
- IV. RPE Report-
 - a. All fifty states are being refunded. There is a lot of hard work going into ensuring there are no gaps in funding and programming.
- V. ADH Injury Prevention Report –
 - a. Gabrielae Lane with ADH will be working on social media expansion. She will also take over the SIPP newsletter since Audra Walters is no longer with SIPP.
 - b. Katy Allison has the needs assessment survey ready to roll out across the state. Be looking for it soon.
 - c. Teresa Belew discussed Trauma System Funding and decreasing carry forward funding. ADH IVP branch is actively pursuing other Injury and Violence Prevention grant opportunities.
 - i. See attachment for TAC Committee Meeting Schedule

The next TAC IVP Committee meeting is scheduled for November 13, 2014 at 3pm.

**Trauma Advisory Council
Injury and Violence Prevention Committee
Minutes**

Time and Date: 3:00pm November 13, 2014

Location: Freeway Medical Tower

Meeting Room: Room 906

Attending: Lacye Vance, Beverly Miller, Mary Aitken, Teresa Belew, Brian Nation, Katy Allison, Sherry Johnson, Ashley Lentz, Jennifer Carger, Kim Brown, Mandy Thomas, Alan Mease, & Gabrielae Lane

Call In: Robert Mabe, Patty Braun, Carla McMillan, & Mandy Pender

- I. Welcome and Introductions
- II. Review of minutes-
 - a. August 14, 2014 minutes reviewed and accepted by unanimous vote
- III. TRAC Retreat Summary and Metrics
 - a. Summary-
 - i. The TAC retreat was held at Petit Jean in October 2014. This time was spent looking at outcomes of the last five years.
 - ii. The TAC also started planning for the future. This included discussing the focus of the next few years, how to measure what we do, how to prioritize metrics.
 - b. Metrics-
 - i. The TAC challenged attendees to start thinking about how to move forward including the focus of IVP efforts in the future. Metrics for IVP should include not only injury mortality and morbidity but other measures—please send suggestions to Dr. Aitken.
 - ii. ADH plans to bring in a consultant to look at IVP globally.
- IV. TRAC Activities Report-
 - a. Pay for Performance initiative-suggestions discussed:
 - i. Suicide Prevention Clinical Awareness
 1. Resources in ED
 2. Posters in staff areas
 3. Triage and evaluation guidelines
 - ii. Motor Vehicle Safety
 1. Update and enforce hospital policy on seat belt use and no texting while driving
 2. Adopt signage in parking lots
 - iii. Dr. Aitken will be sending out revised guidelines and metrics to be voted on and presented to TAC Finance Committee. All will need to be implemented by March 31, 2015 to qualify for the P4P funds.
 - b. TRAC IVP Chair updates-current plans either approved or under consideration include:
 - i. North Central has chosen two candidates to attend an ASIST T4T in the spring. There is an ASIST Workshop was scheduled to take place in December 2014 but has been postponed until spring 2015. The TRAC will also order and dispense life jackets, smoke detectors, and bike helmets to EMS. They are also interested in holding a CPS technician class.
 - ii. North East has chosen two candidates to attend an ASIST T4T in the spring. They held a Bike Safety/Helmet event in September and will plan another for the spring. The TRAC would also like to offer A Matter of Balance and Safety Baby Shower programs. They are working to schedule T4T's after the first of the New Year.
 - iii. North West has chosen two candidates to attend and ASIST T4T in the spring. They will continue to implement the KOGNITO license the purchased last fiscal year. They also plan to focus on suicide prevention and safe driving in local schools.

- iv. Arkansas Valley has purchased 130 KOGNITO license to be used in TRAC ED's. They are scheduling A Matter of Balance Classes with the coaches trained last fiscal year. AR Valley has also furnished ATV helmets purchased last year to surrounding ATV Safety Events. They have also furnished car seats to local Police Departments who have technicians.
 - v. Central has implemented two hospital based seat belt challenges.
 - vi. South East is seeking candidates to send to an ASIST T4T. They have also discussed the possibility of purchasing KOGNITO license. South East will also continue implementing CPS events in communities.
 - vii. South West considering options focusing on schools.
- V. HHI Report-
- a. New reporting system in place, this will lead to improved reporting on activities. The HHI staff around the state continues to participate in IVP activities. ADH, SIPP, and HHI are working to compile a list of HHI staff that has been trained in specific mechanism programs.
- VI. SIPP Activity Report-
- a. SIPP staff is working to find and implement IVP programs that fill in gaps of service.
 - i. CarFit program for senior adults is a one on one car evaluation for senior drivers. It focuses on improving motor vehicle education and safety practices.
 - ii. Smoke detector installation program focuses on partnerships between communities and fire departments to increase the amount of homes with working smoke detectors.
 - iii. Senior adult medication label literacy programs focus on decreasing drug misuse.
 - iv. Zac's Camp is a water safety program implemented through the Boys and Girls Clubs. Arkansas has never participated in this program and is working with interested Boys and Girls Clubs.
 - v. Suicide and Bully prevention training conducted this fall for school counsellors has created a possible link between schools and community programs.
- VII. RPE Report-
- a. No report given
- VIII. ADH Injury Prevention Report –
- a. Fifty Seven people with approximately 30,000 social medial friends participated in a Thunder Clap awareness campaign. It focused on five years of GDL and Five safety messages.
 - b. Arkansas Statewide Suicide Initiative has initiated the Arkansas Youth Suicide Prevention Project. The project will focus on 18-24 year olds with social history of military service and/or other high risk groups including LGBT. The group will meet on the first Friday of even month to continue planning and implementation of training and other activities.
 - c. Concussion protocols are online and available for use; may continue to be modified as needed. Dr. RJ Elbin sponsored a free four hour online webinar pertaining to concussions on Friday November 14, 2014. Link to the recording is: <https://ice.waltoncollege.uark.edu/Mediasite/Play/265c2579be334f3ba7b032963535a4a41d>
 - d. The Statewide IVP Conference is scheduled for April 20-22 2015. A large TRAC presence is wanted.
- IX. TBI Registry/Rehabilitation Report-
- a. Arkansas Trauma Rehabilitation Conference 2015
 - i. May 13 and 14, 2015 Embassy Suites Hotel Little Rock
 - 1. See attached conference update
 - ii. MSKTC-Model Systems Knowledge Translation Center, national center that helps make research meaningful and understandable to those with spinal cord injury, traumatic brain injury, and burn injury. www.MSKTC.org
- X. Next Meeting Date: February 12, 2015 at 3pm.