



TRAUMA ADVISORY COUNCIL STRATEGIC PLANNING MEETING

WINTHROP ROCKEFELLER INSTITUTE

PETIT JEAN MOUNTAIN

OCTOBER 21, 2014

MINUTES

The 2014 Trauma Advisory Council (TAC) Strategic Planning Meeting was different from past meetings. Heretofore, each TAC Committee had “breakout sessions” during which numerous goals and objectives were discussed. The entire group then came together to hear from each Committee. The trauma system is now five years old and, though still relatively young, is maturing. The TAC Chairman, Mr. R.T. Fendley, felt that we are now at the point at which we should begin discussing the major system components from a more focused strategic viewpoint. The system components include: injury and violence prevention (IVP), pre-hospital/emergency medical services (EMS), Arkansas Trauma Communications Center (ATCC), hospitals, and rehabilitation (represented by Dr. Mary Aitken, Mr. Tim Tackett, Mr. Jeff Tabor, Dr. James Booker, and Mr. Jon Wilkerson, respectively). In order to accomplish this, these Committee Chairpersons and component leaders were asked to complete both a “Strengths, Weaknesses, Opportunities, and Threats” analysis as well as a second document having seven questions. These documents are attached. Each of these persons gave a short presentation to the entire TAC and all attendees regarding these documents. After each presentation, the group had an in-depth discussion about the particular component.

Although wide-ranging and sometimes spirited discussions were held regarding each component, the purpose of these “Minutes” is not to attempt to capture every statement made but rather to summarize, from a high level, the major “action items” developed from the meeting. These are set forth on the following pages.



ACTION ITEMS

1. Data

This was perhaps the most widely discussed subject during the meeting. We are now at the end of year five of trauma system development. Much of the system has now been “built.” There was a clear consensus among TAC members that we are now at the point at which obtaining and analyzing both process and outcome data that demonstrate how the various components of the system are functioning is critically important.

There are two principal things that need to be done to accomplish this. First, the Arkansas Department of Health (ADH) should develop a comprehensive data management plan. For this to occur, metrics for the above-mentioned five trauma system components must be created. Four of the TAC Committees are responsible for producing these metrics (IVP, EMS, Hospital, and Rehabilitation). Once this is done, the Committee Chairs should go to the newly-created Systems Evaluation and Outcomes (SEO) Committee to present their findings. The SEO Committee will then consider the recommendations and develop a plan to be recommended to the TAC and ultimately to the ADH. The TAC also believes that whatever data/metrics analysis that is produced should be completely transparent. Second, improvement in the EMS Registry is necessary. There should be a business plan developed for procuring a completely new EMS data management system that includes sufficient staff to successfully manage the system.

2. Sustainable Funding

The trauma system is currently funded solely by money from state general revenue. The ADH should work to develop a funding plan that seeks to include financing from other sources. For instance, many states’ trauma systems receive funds from third party payers in the form of trauma activation fees. Another source which might be explored is federal grant funding. The Payment Improvement Initiative under the Affordable Care Act is yet another mechanism to consider.

3. Time-Sensitive Diseases

We have developed an excellent system to direct trauma patients to the right hospital (definitive care) in the shortest time possible. There are other time-sensitive diseases (stroke/ST elevation myocardial infarction, or STEMI) that could be better treated if they were able to be dealt with by a “trauma-like” system. There are currently groups within and outside the ADH that are considering how to make better care for stroke/STEMI patients a reality. While we should help these groups



attain their goal, we must recognize that the funding we have for trauma is critically important for trauma. That being said, the steps we should consider taking are as follows:

- 1) educate the entities that are dealing with the stroke/STEMI issues about our trauma system;
- 2) assist them when needed in organizing and identifying funding sources; and,
- 3) provide technical assistance when needed.

4. Preventable Mortality Study

This ongoing study should remain a priority. The completion of the initial pre/post-system project is expected in March 2015.

Dr. Nathaniel Smith, Secretary/Treasurer the TAC and Director of the ADH, attended the entire meeting. In his closing remarks, he largely echoed the information set forth above. His final words “JUST DO IT!” set the tone for continuing diligent action on the part of everyone working to make our trauma system the best in the nation.

ATTENDEES

TAC Members

Dr. Mary Aitken
Terry Collins
Dr. Janet Curry
Dr. Clint Evans
R.T. Fendley
Thomas Jenkins
K.C. Jones
Dr. Charles Mabry
Dr. Ronald Robertson
Dr. Nathaniel Smith
Tim Tackett
Jamey Wallace
Jon Wilkerson



Guests

Dana Bell
Kathryn Blackman
Terry Bracy
Kim Brown
Jennifer Carger
Denise Carson
Teresa Ferricher
Lew Galbraith
Jason Gartner
Mike Hines
Wes Harris
Dr. Scott Lewis
Monte McIntosh
Linda Nelson
Amanda Newton
Jeri Phillips
Cody Rainey
Kenneth Ray
John Recicar
Andrea Ridgeway
Patti Rogers
Ronald Russell
Becky Stewart
Ashlee Stockard
Jeff Tabor
Cathee Terrell
Robin Terry
Jodiane Tritt
Robert Trowbridge
Jim Vaughn
Donna Ward
Sidney Ward
James Wilson



Staff

Katy Allison
Teresa Belew
Debbie Bertelin
Dr. James Booker
Greg Brown
Melissa Foust
Diannia Hall-Clutts
Margaret Holoway
Renee Joiner
Gabraelle Lane
Marie Lewis
Renee Mallory
Joe Martin
Dr. Todd Maxson
Brenda Pagan
Austin Porter
Donnie Smith
Karis Strevig
Bill Temple
Mandy Thomas
Mike Wilson