



Trauma Advisory Council

June 17, 2014

1:00 p.m.

Minutes

MEMBERS PRESENT

Dr. Mary Aitken
Kathryn Blackman
Terry Collins
Dr. Janet Curry
Dr. Clint Evans
R. T. Fendley
John Gray
K.C. Jones
Dr. Charles Mabry
Freddie Riley
Dr. Ronald Robertson
Dr. Nathaniel Smith
Dr. Viviana Suarez
Tim Tackett
Brian Thomas
Jamey Wallace
Jon Wilkerson

MEMBERS ABSENT

Dr. James Graham
John E. Heard
Thomas Jenkins
Dr. Corey Montgomery
Michelle Murtha
Dr. Barry Pierce
Dr. Michael Pollock
Christi Whatley
Col. Stan Witt (rep. by Sr.
Cpl. Karen E. Clark)

GUESTS

Don Adams
Jennifer Carger
D'borai Cook
Ron Crane
John Deloach
Janie Evans
Teresa Ferricher
Amber Files
Lee Galbraith
Kelly Hill
Terri Imus
Carla Jackson
Joyce Jeffries
Dr. Lee Johnson
Katie Lee
Stephanie Long
Dr. Lew McColgan
Karen McIntosh
Carla McMillan
Debbie Mikkelson
Linda Nelson
Jamie Pafford
Donna Parnell-Beasley
John Recicar
Velvet Reed-Shoults
Patti Rogers
Ronald Russell
Kimberly Sanders
Mark Sanford
Lenora Sims
James M. Smith
Rosie Smith

GUESTS (Cont.)

Dr. Michael Sutherland
Jon Swanson
Jeff Tabor
Chris Tarkington
Annette Tatum
Cathee Terrell
Robin Terry
Brooke Tunstall
Allen "Bubba" Usrey
Tyler Vanderpool
Tim Vandiver
Carrie Vickers
Samuel A. Webb
Victoria Wheeler
Ronald Woodard

STAFF

Katy Allison
Teresa Belew
Debbie Bertelin
Dr. James Booker
Diannia Hall-Clutts
Rick Hogan
Margaret Holaway
Renee Joiner
Majida Kdeiss
Marie Lewis
Dr. Todd Maxson
Donnie Smith
Karis Strevig
Bill Temple

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

The Trauma Advisory Council (TAC) meeting was called to order on Tuesday, June 17, 2014, at 1:00 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 March 18, 2014 and April 23, 2014

The TAC reviewed the March 18, 2014 minutes. A motion to approve the minutes was made by Ms. Terry Collins and seconded by Dr. Ronald Robertson. The minutes were approved. The TAC reviewed the Specially Called Meeting minutes from April 23, 2014. A motion to approve the minutes was made by Mr. Tim Tackett and seconded by Dr. Charles Mabry. The minutes were approved.

Mr. Fendley mentioned that Don Adams will be retiring at the end of the month. He has attended many TAC meetings and has been an excellent liaison between the TAC and his employer, the Arkansas Hospital Association. Mr. Fendley noted that Dr. Marvin Leibovich is in attendance and welcomed him as a member of the Arkansas Board of Health and a distinguished trauma caregiver.

IV. Trauma Section Operations Report – Bill Temple

Mr. Temple introduced a new employee in the Trauma Section, Majida Kdeiss. Majida will replace Austin Porter as the Injury Prevention Epidemiologist. Also, Debbie Bertelin will be the new Administrative Manager for the Branch and will take over the administrative responsibilities of the TAC. There are two other administrative positions to be filled in the Section. Margaret Holaway will record minutes for the TAC.

Mr. Temple stated that the revised *Rules and Regulations for Trauma Systems (Rules)* are in the 30-day public comment period. The public hearing regarding the revised *Rules* will be this Friday, June 20, 2014, in the Arkansas Department of Health (ADH) Auditorium at 9:00 a.m. After this, the revised *Rules* will go before two legislative committees. More than likely, it will be October before the *Rules* are approved by the Board of Health. Dr. Maxson stated that hospitals will be offered a six-month period after the *Rules* are approved to prepare for their next designation site survey.

Mr. Temple reported for Marie Lewis, Trauma Registry, that she and some staff members will be attending Trauma Regional Advisory Council (TRAC) meetings to provide Injury Severity Score code training to hospital staffs. The next submission deadline is August 31, 2014, for the second quarter of 2014 data.

Mr. Temple reported for Jeff Tabor, Arkansas Trauma Communications Center (ATCC) Director, regarding the pilot project for urgent trauma transfers that began in December 2013 for the Central TRAC. The Emergency Medical Services (EMS) Rules were approved on March 22, 2014, which made

the urgent trauma transfer policy effective as of that date. Between December 25, 2013 and March 26, 2014, there were 17 urgent trauma transfer requests. Of these, 12 transfers (71%) were approved by the ATCC Medical Director. Between March 27 and June 15, 2014, there were six urgent trauma transfer requests. Of these, five transfers (83%) were approved.

Mr. Temple stated that trauma invoices, except for salary, fringe, or travel expenditures, are due to the Trauma Section by Monday, June 23, 2014. A copy of the calendar that Renee Joiner has completed for the 2014 TAC and TAC committee meeting schedule was distributed. Mr. Fendley added that the TAC committee membership is being verified for accuracy.

Jon Swanson conveyed appreciation to the hospitals for their outstanding response to both of the recent mass casualty events--the Mayflower/Vilonia tornado and the Clinton accident.

V. State Clinical Operations Report – Dr. Todd Maxson

Dr. Maxson reviewed some of the statistics that have been gleaned from the Arkansas trauma system during the first five years. The handout titled *Dashboard for the Arkansas Trauma System* is included as an attachment, and studies the following categories:

- 1) General trauma demographics
- 2) Access to trauma care
- 3) Timeliness of care
- 4) Appropriate utilization of resources
- 5) Educational preparation of providers
- 6) Outcome of patients
- 7) Injury prevention outcomes
- 8) Economic impact
- 9) Benefits of technology
- 10) Funding

Dr. Maxson also referenced the current Preventable Mortality Study that will soon provide results that we can utilize to evaluate our progress and how we will allocate future resources.

VI. Care of Burn Patients – Dr. James Booker

Dr. Booker covered some questions regarding burn care for Arkansas patients. Resources include burn centers at Arkansas Children's Hospital (ACH), Regional One Medical Center in Memphis, and Mercy Hospital in Springfield. For fiscal year (FY) 2015, trauma funds for burn care will be allocated to ACH. Future resources for burn care and education will be available to any trauma center verified by the American Burn Association.

VII. Report on Off-Campus Emergency Departments and the Trauma System – Dr. James Booker

Dr. Booker stated that there are two facilities that will be establishing off-campus emergency departments (EDs). They are White River Medical Center in Batesville and Mercy Hospital Northwest Arkansas in Rogers. Their off-campus EDs will be in Cherokee Village and Bella Vista, respectively. The off-campus ED will operate under the same facility license as the main hospital that houses the on-campus ED. Both the off-campus and on-campus EDs must meet the standards set forth for EDs in the most

recent version of the *Rules*. The off-campus ED will be listed on the ATCC dashboard for the services of ED and computerized tomography scanner. The ATCC will not recommend that EMS take major or moderate trauma patients to an off-campus ED.

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)

Mr. Fendley shared that the Committee met on May 20, 2014. After discussion at the Board of Health, the proposed trauma system budget was approved. The Finance Committee membership will be evaluated and additional members will likely be sought. The history of the current trauma system funding was discussed with considerations to modify the overall funding formula to match the continuing opportunities to decrease injury-related morbidity and mortality in our state. There will be a workgroup formed to recommend modifications to the current funding formula.

- Hospital Designation Committee and Site Survey/System Assessment Panel (Dr. James Booker, Chair) (Did not meet)

Dr. Booker shared that the Committee did not meet this month. Dr. Booker mentioned that the Trauma Leadership Conference will be held August 15-16, 2014 and will include a review of the proposed *Rules* and presentations of seven Clinical Practice Management Guidelines.

- EMS Committee (John Gray for Tim Tackett - Chair)

Mr. Gray stated that their Committee met on May 21, 2014. They are having discussions about EMS grant funding and are working toward a two-year funding cycle. The EMS grant deliverables are being evaluated to be more performance-based. Another focus of the Committee is to make trauma education more available to the medics in the field. Work has begun on the development of an online continuing education unit for trauma education. There is a joint work group involving the TAC EMS Committee and the Aeromedical Committee of the Governor's Advisory Council on EMS to seek appropriate aeromedical response and coordination. The Committee is working with Greg Brown, EMS Section Chief, to develop statewide EMS protocols. The Mayflower-Vilonia tornado response is under review to evaluate lessons learned, changes that need to be made, and to integrate changes into the Mass Casualty Incident Rules. The Committee name will change to the EMS Trauma Committee.

- Rehabilitation Committee (Jon Wilkerson – Chair)

The Trauma Rehabilitation Conference was held on May 22-23, 2014. Attendance was up with many first-time attendees. Next year's conference will be May 13-14, 2015 at Embassy Suites in Little Rock. There are 278 referrals in the Traumatic Brain Injury (TBI) Registry. At the end of this year, there will be at least six months of referrals from designated trauma centers in the state. Heather Browning has resigned. This position will be posted on June 20, 2014. The Brain Injury Conference will be held on August 8, 2014, at the Hot Springs Convention Center. A memorandum of understanding has been signed for FY 2015 with the University of Arkansas

Medical Sciences Center for Distance Learning to continue the Tele-Rehabilitation Interventions through University-based Medicine for Prevention and Health (TRIUMPH) Call Center. Clinical guidelines for TBI care will be the focus of program development with completion anticipated by the spring of 2015. At that point, telemedicine coverage will be continuous for TBI and spinal cord patients.

- **QI/TRAC Committee (Dr. Charles Mabry – Chair) (did not meet)**

Dr. Mabry stated that the Committee did not meet. After reviewing a preliminary report from Qsource, Dr. Mabry commended the quality measuring work they have done with the hospitals. The Committee will meet next month to review a report from Qsource.

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

Dr. Aitken reported that the Committee met on May 15, 2014. The TRACs have sponsored 86 statewide injury prevention projects. The 2014 Arkansas Underage Drinking and Injury Prevention Conference was held at the Crowne Plaza in Little Rock on April 14-16, 2014. There were approximately 250 persons in attendance.

IX. Call for Pay for Performance Metrics for Hospitals, EMS, IVP, and Rehabilitation – Renee Joiner

Ms. Joiner stated that five percent of available carry forward from trauma funding has been set aside each fiscal year for pay for performance (P4P). Of the amount that will be available, 50% will go to hospitals, 20% to IVP, 15% to EMS, and 15% to Rehabilitation. The total funds available at present are \$412,647.75. The committees are being asked to identify a measurable metric that defines performance not currently required by trauma grant deliverables. There must be evidence that the metric will improve the trauma system. In the past, P4P funding for hospitals has been used for such things as the hospital cost study, American College of Surgeons verification, and Total Quality Improvement Program participation. For EMS agencies, there was funding awarded to those agencies that had 85% of their staff certified in either Pre-hospital Trauma Life Support or International Trauma Life Support. Rehabilitation centers with at least 11% of their patients being trauma patients were awarded P4P funds if they gained certification from the Commission on Accreditation of Rehabilitation Facilities. No performance standards have been developed for IVP. When the metrics are in place for each area, this funding will be applied to next year's sub-grant for those that meet the metric.

X. Calendar of Upcoming Educational Opportunities – Dr. Mike Sutherland

Dr. Sutherland reviewed the upcoming courses being offered by the Arkansas Trauma Education and Research Foundation (ATERF). There is a new course for pre-hospital personnel called the FARMEDIC course. It will be held for the first time on June 27-28, 2014, in Marked Tree, Arkansas. Another new course is the Tactical Combat Casualty Care Course. The inaugural class will be held on June 23-24, 2014, in Greenwood, Arkansas.

XI. Other

Dr. Smith conveyed thanks to everyone who has helped with the revision of the *Rules*.

XII. Next Meeting Date

The next regularly scheduled meeting is on Tuesday, September 16, 2014 at 1:00 p.m.

XIII. Adjournment

Without objection, Mr. Fendley adjourned the meeting at 3:45 p.m.

Respectfully Submitted,

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



Arkansas Department of Health

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Governor Mike Beebe

Nathaniel Smith, MD, MPH, Director and State Health Officer

Dashboard for the Arkansas Trauma System

Deadlines:

March 19th	Next Meeting to Review Progress
March 31st	Assignments Completed
April 20th	Power Point Presentation Completed

Run all queries as a State, by TRAC and compare to National standards when and where they exist. , if they do not exist, see if State specific comparisons exist and find surrounding States, and other rural States (West Virginia, Kentucky, Kansas, Montana, New Mexico).

1. General Trauma Demographics – all by age, mechanism, ISS, TRAC

- Number of patients seen in the ED
- Number of trauma patients seen in the ED
- Number of trauma patients admitted
- Separate histograms for distribution of trauma patients, by Age, mechanism, ISS, TRAC
- Payer mix

2. Access to trauma care

- Map of proximity within 30 min. drive time radius to a level I, 2, 3, 4 trauma center before and after – Show this as a percentage of the population covered by I& II, I, II and III and then by any level.
- Map of 30 minute Flight time to a level I or II facility (cut level flight velocity by 25% to allow for dispatch, etc)
- Number of facilities that are designated appropriately based on their capability and capacity by level (example 24 level IIIs 4 / 24 (17%) have capability and capacity to designate at a higher level) Show how the previous map would change if those few centers went up in level (Jonesboro, Ft. Smith, Texarkana)
- Helicopter scene transports (as a percentage of all transports and transfers) by TRAC and Age (0-14=peds)

3. Timeliness of care

- a. Time from injury (or first contact with EMS) until arrival in the final destination
- b. EMS dispatch to patient arrival time
- c. EMS scene time
- d. Number of secondary transfers
- e. Number of double transfers
- f. Time from arrival in first facility to depart first facility (time to decision to transfer)
- g. Time to call acceptance at tertiary care hospital
- h. Trauma team activation for patients with ED blood pressure < 90 (adult only)
- i. Use of ATCC by EMS and Hospitals
- j. Times that EMS are bypassing local hospital by region

4. Appropriate utilization of resources (All Level I&II's; index against NTDB)

- a. Percentage of patients with AIS \geq 3 discharged from a level IV facility
- b. Percentage of patients with ISS < 3 transferred to a level I or II facility
- c. Percentage of patients transferred into a level I or II facility transferred home from the ED
- d. Percentage of transfers executed by BLS, ALS, Air, all by ISS
- e. Percentage of patients flown into a level I,II or III facilities discharged home < 24 hours - Look at peds and adults separately.
- f. GIS map – number kept in TRAC for definitive care. Of those sent out of TRAC for definitive care, to which TRAC do they go.

5. Educational preparation of providers

- a. Hospital Survey:
 - i. Number of surgeons that are current in ATLS (percent of total)
 - ii. Number of Board certified Emergency Medicine physicians (percent of total)
 - iii. Number of Emergency Medicine providers (boarded or not) that are current in ATLS (percent of total)
 - iv. Number of facilities that have participated in a rural trauma training development program
 - v. Number and percentage of nurses current in TNCC
 - vi. Jobs created (# of positions dedicated to the Trauma Program: TPMs, Registrars, etc)
- b. EMS survey:

To answer the question: Change in EMS resources since implementation of the trauma system?

 - i. Total number of providers by type; ALS, BLS, Percentage of pre-hospital providers current in PHTLS
 - ii. New ambulances purchased (dollars spent and number of ambulances)
 - iii. New equipment purchased (dollars spent)
 - iv. Number of providers with national certification (current)
 - v. Jobs created

- c. Training of EMS providers- # trained with trauma funds

6. Outcome of patients

- a. Number of out of hospital deaths by age, and TRAC
- b. Mortality by ISS, by mechanism(blunt and penetrating) and age TRAC
- c. Mortality of patients by ISS, by year and using only our level I and II centers compared to NTDB
- d. Variability in Mortality by ISS, by hospital for IIIs vs, I & II, I vs II, among IIs and among IIIs
- e. Percentage of trauma related mortality that does not make it to a hospital
- f. Percentage of mortality that is considered preventable, potentially preventable and non-preventable but with OFI, and non-preventable
- g. FIM scores of patients on discharge from the hospitals
- h. FIM scores of patients entering rehabilitation facilities
- i. Percentage of disposition of trauma patients: Dead, Home, SNF, Rehab etc, by year and by ISS

7. Injury Prevention Outcomes

- a. Effects of sponsored injury prevention initiatives
 - i. What are the areas targeted
 - ii. What are the baseline incidences of injury by those targeted mechanisms
 - iii. What are the initiatives that have been or are being done
 - iv. What are the results

8. Economic impact

- a. Jobs created

9. Benefits of Technology

- a. TIR
- b. Hand Program
- c. ATCC
- d. Burn
- e. AWIN

10. Where does the funding originate and where is it spent?

- a. Where does the funding originate?
- b. Where is it spent (by TRAC)?
- c. ATERF: \$ by TRAC; courses offered; attendance broken down by profession
- d. EMS: \$ by TRAC (broken down in big buckets)?
- e. Hospitals: \$ by TRAC (broken down by profit and non-profit)?

**Trauma Advisory Council Finance Committee
May 20, 2014**

Attending: R.T. Fendley, Chairman; Don Adams; Terry Collins; Dr. Todd Maxson; Dr. Charlie Mabry; Kim Brown; Patty Campbell; Karen McIntosh; Dianna Hall-Clutts; Renee Joiner; Bill Temple; John Recicar; Donnie Smith; Dr. Jim Booker; Jon Wilkerson; Margaret Holaway; Karis Strevig

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

II. Old Business: Approval of minutes from March 17, 2014. Motion was made and seconded to approve the Committee minutes as presented. Motion passed unanimously.

III. New Business:

Report of the Board of Health Trauma System Budget Review – Dr. Todd Maxson reported that after much discussion with the Board of Health, the proposed Trauma System Budget was approved. The allocation of grant funding of \$250,000 for the burn center was questioned during the Board of Health meeting and discussed. Clarification was provided that these funds were to be used for educational purposes in the burn center. The Board asked that the Department review both the funding for the Burn Center and Injury and Violence Prevention (IVP).

Action Items: Schedule contracts and grants for FY14 reviews with the Finance Committee.

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.

Finance Committee Membership – The group discussed the membership of the committee. A roster of membership could not be found, therefore, the discussion commenced about who should be on the committee.

Action Items: Bill Temple will meet with Rick Hogan, ADH Legal Counsel about how TAC Committee assignments should be addressed. RT will send invitations for membership to candidates who will represent a cross-section of regional and trauma system interests.

Process to Evaluate Trauma System Financing –Dr. Maxson discussed the history of how current trauma system funding was determined and asked the group to consider the following:

1. Consider the need to modify the overall funding formula to match the continuing opportunities to decrease injury related morbidity and mortality in our system.
2. Agree on a process by which we would create a new formula
3. Create a new formula with evaluation metrics
4. Make specific recommendations to the ADH for implementation

A motion was made by Dr. Mabry to form a workgroup/subcommittee of the Finance Committee to recommend modifications to the current funding formula. The motion was seconded. Motion passed unanimously.

Action Items: RT will form a subcommittee to address each item listed above and report back to the full Finance Committee.

Pay for Performance – Renee Joiner discussed the funding amounts available in FY15 for hospitals, EMS, IVP, and rehabilitation centers for pay for performance initiatives.

Action Item: The Finance Committee will charge the EMS Committee, IVP Committee, Designation Committee, and Rehabilitation Committee to develop metrics for pay for performance. These metrics will be presented to the Finance Committee for approval.

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 2:40 p.m.

Report to the Governor's EMS Advisory Council**A. 2014 TAC and EMS Committee Meeting Schedule**

MONTH	DATE	GROUP	TIME	LOCATION
June 2014	Tuesday, 17 Jun 14	TAC	1:00 pm	Freeway Medical 9 th floor
July 2014	Tuesday, 15 Jul 14	TAC EMS Committee	10:00 am	Freeway Medical 8 th floor
August 2014	Tuesday, 19 Aug 14	TAC EMS Committee	10:00 am	Freeway Medical 8 th floor
September 2014	Tuesday, 16 Sep 14	TAC	1:00 pm	Freeway Medical 9 th floor
September 2014	Tuesday, 23 Sep 14	TAC EMS Committee Retreat	9:00 am	TBD
October 2014	Tuesday, 21 Oct 14	Joint TAC & EMS Retreat	8:00 am	TBD
November 2014	Tuesday, 18 Nov 14	TAC EMS Committee	10:00 am	Freeway Medical 8 th floor
December 2014	Tuesday, 16 Dec 14	TAC	1:00 pm	Freeway Medical 9 th floor

B. Report on Current Pre-hospital / EMS Funding Formulas

METRIC	CURRENT	FY15 - FY16
Base Funding	40%	50%
Population Funding	30%	20%
ATCC	15%	10%
EMS Registry	15%	20%

1. Recognition of changes in funding for a maturing Arkansas Trauma System
 - a. Redistribution of grant funding categories recommended for FY15-16
 - b. Recognition, recommendation and implementation of 2-year funding cycles
2. Shifting vision and strategies from incentive-based deliverables to performance-based deliverables
3. Deliverables administration: discussion and intent for future grant funding

C. Current Work in Progress

1. Continuing effort for trauma education
 - a. Science and data based strategies and solutions
 - b. Pushed down to the end user
 - c. Management of the dynamic paradigm shift in trauma care
2. Development of an Online CEU Module for Trauma System education
 - a. Better understanding at the provider level of the Trauma System mission and goals
3. Aeromedical Response and Coordination
 - a. Receiving real-time dispatch and ground-to-ground times
 - b. Activating the most appropriate and most timely response resource
 - c. Exploring the potential for coordinated central dispatch and/or availability systems for trauma patients
 - d. Joint Working Group with the Aeromedical Subcommittee

Report to the Governor's EMS Advisory Council

4. Development of vision and strategies, and support for state-wide EMS protocols
 - a. Recognition and integration of National standard protocols and guidance for trauma patients
5. Development of vision and strategies, and support for ADH EMS Section medical director position
6. Lost and missing equipment used on trauma patients
 - a. Acknowledgement of fiscal burden placed on providers
 - b. Development of potential solutions and strategies
7. MCI Rules and Regulations Review: integration with Trauma System mission and goals
8. Review and update of EMS Trauma Subcommittee bylaws
 - a. Regularly scheduled meeting on Tuesday, 15 July 2014
9. Mayflower-Vilonia Tornado Response: review, discussion and recommendations
 - a. AWIN / Communication problems and failures
 - b. Use of ATCC to coordinate mutual aid responses
 - c. Capture of lessons learned
 - d. Development of a Corrective Action Plan (CAP)
 - e. Integration of CAP into Trauma System doctrine and MCI R & R Update
 - f. Potential use as catalyst to develop educational and training opportunities
10. Recognition of the great working relationship with the ADH staff:
 - a. EMS Section
 - b. Trauma Section
 - c. ADH Leadership

TAC Rehabilitation Committee Meeting
1:30 p.m. Thursday, March 27, 2014
Arkansas Spinal Cord Commission Conference Room
1501 N. University Ave., Suite 400. Little Rock, AR

MINUTES

Members present: Sara McDonald (NeuroRestorative Timber Ridge), Alan Phillips (ACTI/ARS)*, Patti Rogers (ASCC), Dr. Cygnet Schroeder (AR-BCBS, Alternate for Dr. Robert Griffin)*, Aleecia Starkey (AR-SERC), Dr. Esther Tompkins (ACH), and Jon Wilkerson (Chair).

Staff, guests, and observers present: Kim Brown (ATRP), Heather Browning (ATRP), and Bradley Caviness (ATRP)

Members not present: Dana Austen (BIAA), John Bishop (BHRI), Letitia DeGraft (ADH), and Stacy Sawyer (St. Vincent Rehabilitation)

Mr. Wilkerson called the meeting to order at 1:37 p.m. He asked everyone in attendance to introduce him or herself.

Mr. Wilkerson asked for a motion to approve the minutes of the January 23 meeting. Ms. Starkey made such a motion. Ms. McDonald seconded the motion. The minutes of the January 23 meeting were approved by a voice vote.

Ms. Brown gave the Arkansas Trauma Rehabilitation Program report.

She reminded the Committee of the upcoming conferences and continuing educational opportunities the Program is hosting or sponsoring:

The "Tools 4 Life" Assistive Technology Conference, hosted by ICAN, and sponsored by ATRP, will take place on Wednesday, April 16, 2014, at the North Little Rock Pulaski Technical College Campus Center Grand Hall and Willis Lecture Hall. Up to 200 people are expected to attend. One more registration announcement will be sent before the conference date.

The Program is holding a Certified Brain Injury Specialist Training by the Brain Injury Association of America and Association of Certified Brain Injury Specialists on April 17 and 18, 2014. Fifteen people are registered to take the training. Ms. Brown would like to schedule and hold another training session for the late Fall or early Spring.

All the preparations for the May 22 and 23, 2014, Arkansas Trauma Rehabilitation Conference are nearly complete. Ms. Brown announced that two presenters previously scheduled to speak had to drop out, but they have been replaced with colleagues who will deliver a presentation on the same topics.

Ms. Brown reported that 188 individuals have been referred to the TBI Registry to date, and new referrals are arriving at an average of one or two per day. She also met with personnel from Arkansas Children's Hospital. That facility will begin reporting to the registry on April 1. They requested modifications to the reporting guidelines to report patients who score a 14 or below on the Glasgow coma scale, and asked that "suspected abuse" be added to the Etiology options. The

* Attended via conference call.

Trauma Coordinator will be responsible for all reporting to the registry. The Program delivered 25 of the family resource guides. Dr. Mary Aitken and Ms. Starkey are working to develop a pediatric addition to the guide that will go exclusively to pediatric patients at ACH. Ms. Brown said additional changes will be made to the reporting form and distributed in October when the new ICD-10 codes are released.

Ms. Brown reported that the ATRP website is up and new resources are being added daily. Currently 454 resources are listed on the website. She said the "About Us" section also contains information about the Program's educational and resource initiatives. Publications, such as the TBI Family Resource Guide, program brochures, information about conference and continuing education events, as well as TBI Registry referral forms are all available to download. She asked committee members to please let her know about any information that they think should be added. The website's address is <http://www.atrp.ar.gov>.

Ms. Brown reported that the TAC Finance Committee is looking at funding future contracts based partly on performance measures. The committee hasn't worked out all of the details yet, but will likely implement the system over the next three years. The first year will determine the performance metric by which they wish to be measured. The second year will require performance within one standard deviation of that metric. The third year will require performance at the determined outcome level. Up to 20 percent of budgeted funds may be awarded based on performance.

Ms. Brown said she has scheduled a meeting on April 4 for her, Ms. Rogers, and Mr. Wilkerson to meet with Dr. Steve Bowman and Austin Porter to get an idea of what outcomes the Program has that can be appropriately measured. Mr. Wilkerson asked committee members to contribute outcomes that can be measured to use as possible metrics and submit those to him or Ms. Brown before the meeting date. Ms. Brown said Mr. Caviness will send out a notice for the meeting so Committee members can listen in on the conversation with Dr. Bowman and Mr. Porter via conference call.

Ms. Brown noted that the next scheduled meeting of the Committee is on the same day as the beginning of the Trauma Rehabilitation Conference. After a discussion, Mr. Wilkerson asked for a motion to hold the next Rehabilitation Committee Meeting at 1:30 p.m. Thursday, May 29, 2014. Ms. McDonald made the motion, Ms. Rogers seconded the motion, and it was approved by a voice vote. Mr. Caviness will send out a notice to all Committee members informing them of the schedule change.

In other business, Ms. Brown announced that the TAC has now designated all of its subcommittees as committees. This group will now be referred to as the Rehabilitation Committee of the Governor's Trauma Advisory Council. Mr. Caviness will make the change to the Committee's bylaws and distribute them to committee members.

Mr. Wilkerson said he has consulted with UDS and has been assured that the Arkansas FIM data is correct and representative of the standard of care being administered in the state's rehabilitation hospitals. One area he said the state could see improvement is discharge to home vs. discharge to another rehabilitation facility.

Ms. Brown added that 48 percent of trauma patients on Medicaid are readmitted to acute care within one year after discharge from rehab from the initial injury.

Mr. Wilkerson proposed discussing and developing in the near future date a programmatic outreach to rehab hospitals to make them aware of that statistic.

Ms. Brown hopes the TRIUMPH Call Center will help to diminish the number of acute care readmissions by encouraging better primary care. She added that ASCC is developing a resource guide for its new clients to help prevent secondary conditions and readmissions.

Dr. Schroeder said there is a paucity of services once someone is discharged from rehab care, and the discharge plan is not often closely followed. She recommends proactive scheduling for follow-up appointments and outpatient care for people on the TBI Registry. Ms. Brown said one issue that Medicaid patients are discharged with their coverage still pending. While they are waiting, sometimes months, for their number, they cannot see a doctor. Mr. Wilkerson added that there are educational components that factor into the lack of follow-up care as well, as was revealed in the 2011 needs assessment study.

Ms. McDonald suggested that TBI patients who qualify for Medicaid be given a "fast track" approval like spinal cord injury patients. Mr. Wilkerson agreed it is time to discuss that issue as a priority with Dr. William Golden at Arkansas Division of Medicaid Services.

Ms. Starkey asked if readmissions are coded to track whether they are for the same issue, a secondary condition, or a new incidence. Ms. Brown said that causality of breakdown is not addressed in the cost study.

Dr. Schroeder asked about the federally run rural health clinics. She asked if they are obligated to see patients whose Medicaid status is still pending? Ms. Brown said they will see them if they can get them in. Mr. Wilkerson added that those clinics are few, far between, and their schedules are backlogged. Ms. Brown noted that, while ASCC offers case management for SCI clients, ATRP does not offer case management for any other traumatic injuries. Ms. Rogers also noted that rural physicians usually have no or little knowledge on how to treat or care for a SCI patient. Mr. Wilkerson asked Dr. Schroeder to send him a link to the rural health clinics website.

Ms. Brown added that the educational level of caregivers is as important as physicians. These are issues we are trying to address in our conferences. She gave the example of Dr. Robbie Jones who will be giving a seating and positioning workshop at the assistive technology conference that will be attended by professionals, caregivers, and consumers. She added that Florida has a good model for fast tracking patients with a SCI or TBI for disability benefits and insurance coverage.

Mr. Wilkerson announced that TAC has changed its meeting schedule and will now meet quarterly. Its next meeting will be in June. Mr. Wilkerson will provide a copy of the new schedule to anyone who is interested. He said that RT Fendley, UAMS Medical Center Senior Associate Hospital Director, is the new TAC chair. Mr. Wilkerson believes he will be an excellent chair for TAC.

With no further business to conduct, the meeting was adjourned at 2:22 p.m.

TAC Rehabilitation Committee Meeting
1:30 p.m. Thursday, May 29, 2014
Arkansas Spinal Cord Commission Central Office Conference Room

MINUTES

Members present: Robert Griffin (ArBCBS), Sara McDonald (NeuroRestorative Timber Ridge), Aleecia Starkey (AR-SERC), Esther Tompkins (ACH), and Jon Wilkerson (Chair).

Guests, staff, and observers present: Kim Brown (ATRP), Heather Browning (ATRP), Brad Caviness (ATRP), Marie Lewis (ADH), and Cygnet Schroeder (ArBCBS).

Members not present: Dana Austen (BIAA), John Bishop (BHRI), Alan Phillips (ACTI/ARS), and Patti Rogers (ASCC).

Welcome, Call To Order, Introductions

Mr. Wilkerson called the meeting to order at 1:29 p.m. He welcomed everyone present and asked everyone to introduce him or herself.

Mr. Wilkerson noted that there was not a quorum present at the meeting. He suspended approval of the minutes of the March 27 meeting pending the approval of an electronic vote. Mr. Caviness will email the committee members with the motion to approve the minutes as distributed.

Program Update

Ms. Brown reported that about 100 people attended the "Tools4Life" ATP conference hosted by ICAN on April 16, and supported by ATRP. She said it was the first ATP conference in Arkansas, and she was excited about number of people who attended. Ms. Brown would like to support the conference again next year, or merge it in to the Trauma Rehabilitation Conference to add more clinical options to that event.

Ms. Brown reported that 14 of the 15 participants received credentials to become a Certified Brain Injury Specialist at the conclusion of the training held April 17 and 18. Ms. Brown said she would like to offer the training twice a year to continue to grow the number of certified brain injury specialists in the state.

Ms. Brown stated that the Trauma Rehab Conference was a great success. Over 180 people attended, about 20 more than attended last year. More of the attendees came from farther away. The response from attendees on the conference evaluations forms was uniformly positive.

Ms. Brown said the speaker roster has been finalized for the Brain Injury Conference. Dr. Griffin will be the keynote speaker. Brochures for the conference were distributed to attendees at the Trauma Rehabilitation Conference, and will be sent out by email to

almost 6,000 more recipients within the next few days. The Brain Injury Conference will be held on Friday, August 8, at the Hot Springs Convention Center.

Ms. Brown said reporting to the TBI Registry continues to improve. St. Vincent Infirmary is the best reporter, as they are reporting most of the TBI patients they admit. She would like to see other hospitals start to improve their reporting. She said there have been 275 people added to the TBI registry since November, but there were 307 TBIs referred to the Trauma registry last November alone. Another 334 were added last December. Only 78 referrals were made to the TBI registry during that time period. Ms. Lewis said some of the disparity might come from patients who are transferred from local level 3 or 4 facilities to level 1 or 2 facilities. The TBI Registry also does not report patients who are deceased.

Ms. Brown said that if referrals to the TBI registry are drastically under reported, it may necessitate a change to the TBI Referral Resource Packet for cost considerations once reporting catches up to the total number of incidences. Ms. McDonald asked if ATRP could accept donations for the referral packets. This option will be explored. Mr. Wilkerson said that a letter of intent or agreement could be drafted to set up an appropriate grant or donation for the materials. He added he would talk with ASCC Agency Fiscal Manager, Cathy Shipley, to ensure that budget considerations were met.

Ms. Brown said that each packet costs about \$19.50. That total includes a lot of material ATRP is able to source for free. She added that patients at ACH would only receive a special edition of the Family Resource Guide, with some added pediatric information, once that information is provided by Dr. Mary Aitken and Aleecia Starkey.

Ms. Brown said that resources continue to be added to the website. This will be an on-going effort. She added that she asked ASCC case managers to report their most-used resources. She also has invited hospital case managers and discharge planners to suggest resources.

Ms. Brown reported that ADH Trauma Section has renewed the memorandum of agreement to operate the program for fiscal year 2015.

Ms. Brown said she is waiting to hear that UAMS Physical Medicine and Rehabilitation Department's Center for Distance health has approved adding services to TBI patients to the TRIUMPH Call Center. She said they are writing guidelines and projected to open the call center in April 2015. She said that Ellen Lowery is meeting with hospitals to give them information about TRIUMPH.

Ms. Brown said she continues to administer the 2014 Rehab Hospital Survey to get a snapshot of how rehabilitation care has changed since 2011. She said she has not received many responses yet, but hopes to have it finished by the end of summer.

UDS Contract

Ms. Brown asked the committee if they felt it necessary to renew the ATRP contract with UDS to collect FIM data? She said UDS has collected two years of reports that indicate Arkansas' outcomes are consistently as good or better than the nation and the region in most categories. She said there may be a better use for that money in the short term, then have UDS prepare new reports in a couple of years to determine if there is any change in outcomes

Ms. Brown pointed out that the addendum to collect data will continue to exist in contracts with hospital and trauma center, and can be renewed in the future. She added that research by Dr. Bowman on community reentry might be more useful than what we collect from UDS. She said patient perceived well-being is another criteria that ought to be examined.

Dr. Schroeder said FIM scores for TBI patients are not as objective as they are other injuries; patients in Arkansas don't have access to the best rehab providers or services to prepare them to return to work. Because of this, she said, you can't truly compare patient outcomes in Arkansas to patient outcomes in other states.

Mr. Wilkerson said he would send out a request for an electronic vote to suspend the contract with UDS, to be confirmed at the next meeting.

Mr. Wilkerson congratulated the ATRP staff and Trauma Rehabilitation Conference planning committee for putting on a successful conference.

Other Business

Mr. Wilkerson encouraged committee to visit www.longitudeprize.org, the website for a challenge with a £10 million prize fund to help solve one of six great issues of our time. It is being run and developed by Nesta, with the Technology Strategy Board as launch funding partner. Mr. Wilkerson encouraged members to vote for funding for research to cure paralysis.

Ms. Brown said that the Social Security Administration is now fast tracking veterans with 100 percent disability for SSDI. She said if it can be done for veterans, it can be done for traumatic injuries. She encouraged the committee to advocate for fast track approval for people with disabling traumatic injuries.

With no further business to consider, Mr. Wilkerson adjourned the meeting at 2:15 p.m.

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

Time and Date: 3:00pm May 15, 2014

Location: Freeway Medical Tower

Meeting Room: Room 906

Attending: Olivia Wilson, Majida Kdeiss, Heather Browning, Lacye Vance, Shelby Rowe, Gary Ragen, Mary Aitken, & Teresa Belew

Call In: Carla Jackson, Amanda Newton, & Mandy Pender

- I. TRAC IVP Subcommittee Report-currently TRAC-sponsored 86 projects statewide planned or in progress
 - a. Southwest-IVP has been focusing on motor vehicle safety program implementation. There have been multiple events taking place throughout the TRAC. These include Safety Baby Showers, Drive Smart, and AARP senior adult driving. Carla reported great feedback and success from all events. The TRAC has remaining IVP money and it will be used to host more Safety Baby Showers.
 - b. Central-IVP will hold a hospital wide Drive Smart Challenge May 27 at UAMS
 - c. North Central-IVP has been focusing on home and recreational safety program implementation. There have been multiple events taking place throughout the TRAC. These include Safety Baby Showers, smoke alarm education and distribution, water safety education and lifejacket fittings/distribution, and bike safety education and helmet fitting/distribution. This TRAC also reports have a balance of about \$3,000 left over and is making plans to utilize these funds for additional events if possible.
 - d. Teresa Belew asks all TRAC IVP Subcommittees to report any changes in IVP chairs. SIPP also asks all TRAC program leads to send in the program evaluation forms after a program has been completed.
- II. HHI Report-
 - a. There are many IVP programs being implemented across the state. Please see the full report attached.
- III. TBI Registry Report-Heather Browning
 - a. There have been 201 referrals from November 2013-March 2014, with the most referrals occurring in January 2014. Please see full report attached.
- IV. SIPP Activity Report-SIPP has been focusing on providing program trainings, technical assistance with TRAC projects, ordering product for programs, and creating FY15 work plans.
 - a. All SIPP analysts assisted with facilitation of the Underage Drinking and Injury Prevention Conference. Several analysts also provided content specific presentations. Evaluation data for the conference are under analysis now.

- b. Professional Education-There have been five IP 101 sessions held with sixty-seven individuals trained. There is an IP 101 scheduled in Camden with 19 registered to attend. There have been two grant writing trainings with thirty three individuals trained. Audra Walters is also working to create and distribute a needs assessment survey for future training required by IVP partners in the state.
- c. Motor Vehicle Safety-Four Child Passenger Safety classes have been held with forty one CPS-techs trained. There have been four recertification classes held with twenty technicians recertified. There have been three Drive Smart trainings. Maury Long has also been delivering TRAC IVP products across the state. He also attended the Life Savers Conference where he became a car fit tech and has brought back new ideas for additional program implementation.
- d. Intentional Injury Prevention- There have been multiple suicide prevention presentation given throughout the state including a recent educational co-op presentation with 100 teachers trained in suicide recognition and intervention skills. There have been two trainings for Coaching Boys into Men. Shelby has also facilitated stopbully.gov training for HHI's. She attended the American Association of Suicideology Conference in California, and attended the Assist upgrade session. Arkansas's Statewide Suicide Prevention Initiative has been further developed in the past several months.
- e. Recreational Safety-In March the *A Matter of Balance* program held at A Good Shepard was completed. Lacy and Olivia also held *A Matter of Balance* coach training. This was held in Fort Smith as part of the TRAC IVP focus. There were fifteen coaches trained and will be five *A Matter of Balance* Classes taking place in the AV TRAC. There was an ATV Safety training help for law enforcement officers in southwest Arkansas with a total of twelve trained. Faulkner County 4-H recruited eight teens (16 yo) who ride ATVs as ATV Ambassadors. They completed a day-long ATV Safety training that included toolkit education, hands-on ATV Safety training and receipt of a free DOT approved ATV Helmet. Conway Regional Trauma Coordinator, Tim Vandiver, held an ATV Safety day at Conway High School. There were eleven senior high students and one teacher who signed pledges to be safe riders and role models to their peers and were fit for ATV Helmets. There have also been six bike rodeos across the state and over four hundred students and parents educated on bicycle safety and fit for bike helmets.
- f. Home Safety-In addition to leading *A Matter of Balance* implementation there have been four Safety Baby Showers in Pine Bluff and seven Safety Baby Showers in Dumas. Olivia has also trained TRAC IVP members of smoke alarm education and implementation.
- g. See attached report for additional SIPP activities.

V. RPE Report-Teresa Belew

- a. All fifty states are being refunded. There is a lot of hard work going into ensuring there are no gaps in funding.

- VI. ADH Injury Prevention Report –Majida Kdeiss is the new Injury Epidemiologist who started in her position May 12.
 - a. Teresa encourages all IVP chairs to download packets to apply for FY2015 \$20,000 IVP money. The TRAC fiscal agents should fill this out and return it ASAP.
 - b. The Underage Drinking and Injury Prevention Conference was held April 14-16 in Little Rock. There were national as well as local level speakers at this successful conference. A youth track was included for the first time with good response.
 - c. ADH has submitted a youth suicide grant. This will be a five-year grant with funding decisions made by ~August 2014.
 - d. There is a one-day planning retreat with the TRAC IVP Chairs tentatively scheduled for July 10, 2015 to plan for FY 2015 TRAC-led projects. Further information and definite date information will be shared via email soon.

- VII. Additional Announcements-Dr. Aitken
 - a. There are updated Trauma Regulations with some changes clarifying IVP roles.
 - b. Concussion management educational materials will soon be uploaded to the ADH website for review and comments.
 - c. The IVP Policy Committee will reconvene June 12 2014 at 3 PM. Notification will be sent out soon.
 - d. The next TAC IVP Committee meeting is scheduled for August 21, 2014 at 3pm.

Injury and Violence Prevention Policy Committee Meeting
Meeting Summary

Date: Thursday June 12, 2014

Location: Freeway Medical Building 9th Floor Boardroom

In attendance: Tim Atkinson, Lynda Lehing, Sherry Johnson, Rosi Smith, Suzanne McCarthy, Audra Walters, Mary Aitken, Brian Nation, Aleecia Starkey, Jack Hill, RJ Elbin, Donna Parnell, Damon Lipinski

The committee meeting was convened at 3:05 PM. Introductions were made for those present in person and on the phone.

Review of committee goals: Mary Aitken reviewed the history of the committee, formed as part of the former ADH Core Violence and Injury Prevention Grant from CDC. A summary of the four main target areas for the CORE VIPP program and policy summary from early 2013 when the committee last met was discussed. Progress in several areas toward strengthened programs and policies was noted. (See attached document.) The need for progress in other areas, including cell phone use by drivers and issues with elderly driving safety, was noted.

Concussion policy: Brian Nation led a discussion of recent concussion policy development at ADH in response to Act 1435 of 2013. <ftp://www.arkleg.state.ar.us/acts/2013/Public/ACT1435.pdf>

Copies of the Act and draft documents, also posted at:

<http://www.healthy.arkansas.gov/programsServices/injuryPreventionControl/injuryPrevention/Pages/Concussion.aspx>

Considerable discussion about how to frame and direct potential users ensued. Specific suggestions included:

- Include an overview as a landing page with links out to the various documents rather than a simple list of the documents
- Provide an overview of the background and purpose of the policy (Brian Nation noted that a draft is available but is not yet fully reviewed and on website)
- Include a list of definitions of the roles and responsibilities of different professional and lay participants in the prevention and management of the youth athlete prior to or after a concussion (coach, parent, various medical professionals)
- Include more specific guidance about what actions to take with the different documents and who is responsible for each

Next steps for review and dissemination were discussed. ADH does not have a set date or plan at this time for broad dissemination but general goal is fall 2014 with a media/press release and upload of edited final documents. Mary Aitken offered a list of youth sports organizations developed by a student for dissemination purposes. RJ Elbin offered the possibility of piloting the modified forms with youth sports organizations in NW Arkansas to evaluate acceptability in the target population. Tim Atkinson

suggested a further meeting with representatives of the AAA and ATA in order to compare existing AAA documents with these draft forms and harmonize them as much as possible. July was suggested as a good timeframe for such a meeting.

Arkansas policy environment: Rosi Smith and Suzanne McCarthy provided a general overview of the Arkansas policy environment at this time. Ms. Smith discussed recent election results and potential leadership changes in the Arkansas legislature that might impact the upcoming AR General Assembly session. She reviewed the usual procedures for budget hearings in the fall and potential changes in how rules and regulations are handled within the state.

Plans for 2014 for the group were briefly discussed. It was agreed that we would keep each other informed via email of any emerging IVP policy issues and reconvene in the fall once ADH and other IVP policy plans are further along. With no other business, the committee adjourned at 4:00.