Trauma Advisory Council

March 17, 2015
1:00 p.m.
Minutes

MEMBERS PRESENT
Kathryn Blackman
Terry Collins
Janet Curry
Dr. Clint Evans
R. T. Fendley
Dr. James Graham
John Gray
K.C. Jones
Dr. Charles Mabry
Dr. Corey Montgomery
Michelle Murtha
Dr. Barry Pierce
Freddie Riley
Dr. Nathaniel Smith
Tim Tackett
Brian Thomas
Jon Wilkerson
Col. Stan Witt (rep. by Sr. Cpl. Karen E. Clark)

MEMBERS ABSENT
Dr. Mary Aitken
John E. Heard
Thomas Jenkins
Dr. Michael Pollock
Dr. Ronald Robertson
Dr. Viviana Suarez
Jamey Wallace
Christi Whatley

GUESTS
Liberty Bailey
Jami Blackwell
Kim Brown
Jennifer Carger
D'borai Cook
Scott Endres
Jasper Fultz
Lee Galbraith
Jeremy Ibison
Paula Lewis
Dr. Scott Lewis
Glen Lusby
Lana Martin
Tamara McKee
Carla McMillan
Debbie Moore
Dr. Rosemary Nabaweesi
Linda Nelson
Sam Norwood
Donna Parnell-Beasley
Mandy Pender
John Recicar
Velvet Reed-Shoults
Ashlee Stockard
Ronald Russell
Jeff Tabor
Chris Tarkington
Annette Tatum
Robert Trowbridge

GUESTS (Cont.)
Allen "Bubba" Usrey
Tim Vandiver
Samuel A. Webb
Jason White
Sandra Wilson
Dr. Matt Young

STAFF
Teresa Belew
Debbie Bertelin
Dr. James Booker
Greg Brown
Melissa Foust
Diannia Hall-Clutts
Rick Hogan
Margaret Holaway
Renee Joiner
Gabraelle Lane
Marie Lewis
Alia Lien
Renee Mallory
Joe Martin
Dr. Todd Maxson
Austin Porter
Donnie Smith
Karis Strevig
Bill Temple
Mandy Thomas
Vaishali Thombre

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

The Trauma Advisory Council (TAC) meeting was called to order on Tuesday, March 17, 2015, at 1:02 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 December 16, 2014

The TAC reviewed the December 16, 2014 minutes. A motion to approve the minutes was made by Dr. Charles Mabry and seconded by Ms. Terry Collins. The motion carried and the minutes were approved.

IV. Trauma/Injury and Violence Prevention Branch Operations Report – Bill Temple

Mr. Temple introduced a new member of the Trauma/Injury and Violence Prevention (IVP) Branch, Alia Lien. Alia is an Administrative Specialist with the Branch and will be coordinating TAC activities. Katy Allison, currently our Public Health Educator, will be moving to the position of Program Manager with the Garrett Lee Smith Youth Suicide Prevention grant. Marie Lewis, State Registrar, will be leaving to take a position in Nashville. We appreciate all of Marie's work with the Registry.

The contract with the Statewide Injury Prevention Program (SIPP) at Arkansas Children's Hospital ended on February 28, 2015. The IVP Section contracted with an outside specialist, Dr. Linda Degutis, former Director of the Injury Prevention Center at the Centers for Disease Control and Prevention, to do a site review/analysis of our IVP Program. Dr. Degutis was here February 3-6. Her report will follow.

A few members of the Trauma/IVP Branch met with a four-member subcommittee of the Board of Health (BOH) to review the fiscal year 2016 trauma budget. They unanimously recommended the budget and will so advise the BOH when the budget is presented to the full Board in April.

Mr. Temple asked Teresa Belew, IVP Section Chief, to give a report for her Section. Ms. Belew reported that a newsletter has been distributed regarding IVP information. Any feedback or information for the newsletter can be communicated to Gabraelle Lane. The 2013 injury statistics revealed that suicide has risen to the leading cause of death in Arkansas with 504 known suicides, followed by 463 motor vehicle crashes, 229 unintentional poisonings, 220 unintentional falls, and 201 homicides. There is a pending bill before the Legislature for a 23-member Suicide Prevention Council. This Council would assist with outreach and collaborative efforts to address suicide prevention. An application will be submitted by the IVP Section for a grant focusing on prescription drug overdose. If awarded, the grant is for four million dollars over a four year period. The focus will be on prescribing practices. With the loss of SIPP, Hometown Health Improvement staff members and Brian Nation can provide assistance with IVP issues.

Mr. Temple recognized that Lee Crawford, who holds an "Extra-Help" position in the Trauma Section, will be graduating from medical school in May. He asked Lee to report on a new technology initiative that will be available soon. Lee reported that Smart Notice is a type of software that will be available to

participants in the trauma and IVP programs. It will be used to send critical updates via text messaging. An email will be sent out with a link to sign up. Members will be able to choose what geographic areas and types of updates they will want to receive.

V. State Clinical Operations Report – Dr. Todd Maxson

Dr. Maxson reported that Austin Porter had an abstract accepted that will look at the statewide trauma system and its impact on motor vehicle crash deaths. Dr. Mabry submitted two abstracts to the American Association for the Surgery of Trauma that examine the financial impact(s) on hospitals of providing trauma care and how these impact(s) correlate to patient outcomes. Dr. Nabaweesi received acceptance of a grant proposal to focus on the Trauma Image Repository and its effect on moving patients through the system in a timely manner and limiting radiation exposure. John Recicar completed an evaluation demonstrating that some of our usual mechanistic criteria used to activate our trauma team in and of themselves don't necessarily perform very well; but, when combined with restraint status, performs at a very high level for prediction of the need for trauma team activation. For example, rollover by itself had a fair predictive value; but, rollover added to an improperly restrained patient increases the value greatly.

Dr. Maxson recognized the work of Marie Lewis with the State Trauma Registry and the addition of our Quality Improvement Organization, Qsource, in the ability to move forward with data management, quality improvement, and dashboard reporting for the state. Qsource has done contract work to validate the data in our Registry. In 2013, Qsource performed an audit with hospital-specific filters that were key elements for trauma care. They provided feedback and education to the hospitals. Now, a year later, Qsource will do another audit to look at progress since the education to see if there is improvement in the accuracy of our data. Dr. Maxson's full presentation is attached. Soon, hospitals will be able to run their own reports from the Registry. Two slides giving an example of reports on length of stay and mechanism of injury are attached. Hospitals will also be able to run the statistics needed to complete their Pre-Review Questionnaire (PRQ). Mr. Temple stated that utilizing hospital-specific data in the Trauma Regional Advisory Council (TRAC)/Quality Improvement (QI) Committee will likely require consent from the hospitals.

Dr. Maxson stated that the site surveys for re-designation of hospitals have begun. He asked for timely submission of the PRQ, which is six weeks prior to the survey date. With the new *Arkansas Trauma System Rules and Regulations,* there are many more rules. Therefore, there will be many more deficiencies expected during the surveys. There are two different types of deficiencies - Type I and Type II. Type I deficiencies affect patient care and would create an unsafe environment in the care of injured patients. A hospital cannot designate as a trauma center with any Type I deficiencies. Type II deficiencies indicate a significant problem that must be corrected within one year of the site survey. Prior to the conclusion of the provisional year, the hospital will undergo a focused review. If it is determined that the hospital has corrected the deficiencies, a full designation will be granted for an additional two years.

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

  Dr. Booker stated that both entities met today. The Hospital Committee was asked by the Finance Committee to review the process for approval of out-of-state hospital participation in our trauma system and to review the formula used to determine funding for these hospitals. After review, the Committee recommends no change to the current process or funding formula that has been in place for the past three years. A motion was made to maintain the current process and funding formula used for out-of-state hospitals. The motion was seconded and passed unanimously. The SSAP recommends the following hospitals to the ADH for designation as trauma centers: Mercy Hospital Springfield as a Level I Adult trauma center, Mercy Hospital Springfield as a Level II Pediatric trauma center, and CoxHealth, in Springfield, Missouri, as a Level I trauma center. White River Medical Center Satellite Emergency Room – Medical Complex was visited and was found to be compliant with trauma standards. They will undergo their full trauma site survey later this year with their main campus in Batesville.

- EMS Committee (Tim Tackett - Chair) (did not meet)

  Mr. Tackett reported that work is ongoing with the Arkansas Wireless Information Network repeater project with the Springdale Fire Department. The survey was modified to encourage greater input from the field regarding the project. The Committee will continue to work on several projects including the policy statement for Emergency Medical Service (EMS) personnel, the working relationship between EMS and the Arkansas Trauma Communications Center (ATCC) and the Arkansas Trauma Education and Research Foundation, and the EMS success metrics.

- System Outcomes and Evaluations Committee – (Mr. Austin Porter reported for Dr. Steve Bowman, the Committee Chair)

  Mr. Porter stated that the Committee met on February 11. There was discussion over the metrics to track for rehabilitation. A key component for this population will be to follow up with the patients after discharge. A subgroup was formed to draft a proposal for a pilot study. Metrics for EMS were discussed and will be sent to the EMS Committee for their consideration. A process was drafted for obtaining trauma data. Finalization of this process will ensue after gaining feedback from the full committee.

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

  The Committee met on February 12. Dr. Aitken's written report was covered in part in the IVP report by Ms. Belew under Section IV. of this document. Committee minutes detailing statewide IVP activities by the Trauma Regional Advisory Councils, Hometown Health Improvement, and other partners are available and will be distributed after approval by the committee at its next meeting.

- Rehabilitation Committee (Jon Wilkerson – Chair)

Mr. Wilkerson reported that Governor Hutchinson signed a proclamation naming March as Brain Injury Awareness Month in Arkansas. The proclamation was signed March 11, 2015. On this same date, there were 80 attendees at the first Brain Injury Survivors Day held at the Benton Event Center. Kim Brown attended the 2015 Brain Injury Summit at Craig Hospital in January. The summit offered an excellent opportunity for expanding knowledge in the areas of clinical practice, research, and resource identification. The Academy of Certified Brain Injury Specialists has approved the training of 14 participants for potential certification as Brain Injury Specialists. The training will take place on March 19, followed by testing on March 20. Kim Brown has been working with Margaret Holaway, Trauma Nurse Coordinator at the Arkansas Department of Health Trauma Section, to determine what data will be needed from the Spinal Cord Injury and Traumatic Brain Injury Registries for upcoming hospital site surveys. The format was finalized and reports are being sent to the Trauma Section for each hospital survey. Upcoming events include the 2015 Arkansas Trauma Rehabilitation Conference to be held May 13-14 at Embassy Suites Little Rock and the 2015 Brain Injury Conference to be held August 7 at the Hot Springs Convention Center. Chad Wann replaced Ashley Lentz as Health Educator.

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

  Dr. Mabry stated that the Committee met today. There were two cases reviewed during the closed meeting. Discussion ensued regarding the need for guidance for hospitals to determine when air versus ground transport is indicated for timely and appropriate transfer of the trauma patient. Dr. Maxson provided clarification for hospitals on Emergency Medical Treatment and Labor Act guidelines as to when a patient is considered the responsibility of the hospital. The Committee asked that this summary be sent out to all trauma centers. In the open meeting, the TRACs reported on their progress in the implementation of the TRAC restructuring and governance. The reports were favorable in the effort to bring consistency to the TRACs statewide. Dr. Maxson gave a report from the Orthopedic Society of Arkansas (OSA) in response to the question of minimum standards for an orthopedic surgeon to present as Alpha on the ATCC dashboard. The OSA suggested one modification to the standards. Dr. Maxson will amend the document and bring it back to the Committee for review. Jeff Tabor reported that ATCC will be evaluating all trauma calls to gather data and provide feedback to the agencies involved. It was decided to form a Subcommittee to assist in this important quality improvement effort.

VII. Other

Mr. Rick Hogan brought forward additional items for attention. The first issue is that Metropolitan EMS in Little Rock is requesting $49,000 to conduct up to 40 Law Enforcement and First Response Tactical Casualty Care courses with Central Arkansas law enforcement officers. The second issue is that the City of Springdale Ambulance Service is requesting $14,400 to install necessary equipment to six ambulances to make possible a call to the ATCC from their hand held radios. A motion to approve these two items was made by Dr. Mabry and seconded by Tim Tackett. A discussion followed as to which trauma fund to use for these two projects - System Enhancement or Special Projects. It was decided that these projects would be better suited under the Special Projects trauma fund. The motion carried.

Dr. Nate Smith expressed his thanks to everyone for the excellent work they are doing and looks forward to the accomplishments in the year ahead. The Department of Finance and Administration has some new systems in place regarding approval for procurements. He will communicate any anticipated problems or delays that may result from these new systems.

Ms. Terry Collins reminded everyone that the Arkansas Trauma Update is May 8-9 and will be held at the Little Rock Convention Center.

VIII. Next Meeting Date

The next regularly scheduled meeting is on Tuesday, June 16, 2015, at 1:00 p.m.

IX. Adjournment

Without objection, Mr. Fendley adjourned the meeting at 2:28 p.m.

Respectfully Submitted,

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

Arkansas Department of Health

Arkansas Trauma Registry

Reports and Dashboards

Qsource Reports

- Audit of 2013 charts with hospital specific feedback

- Upcoming audit will be of 4th calendar quarter 2014 (October, November, December)
- Charts will be requested late March 2015

- Accuracy of data
- Statistical estimates of metric

Qsource Reports

The following were evaluated in the first audit and will be repeated to allow for comparison

Validation

- ED Hospital Arrival Time
- Trauma Team Activation
- First Physician Call Time
- First Physician Arrival Time
- First ED Hospital Systolic BP
- First ED Hospital Systolic Glasgow Coma Scale
- Advanced Airway (Intubation)
- Calculated ISS
- ED Discharge Time

Percentage or Timeliness:

- Trauma Band
- Time of Arrival to ED/Hospital time to the time Call made to ATCC
- Time of Arrival to ED/Hospital time to the time Call made to Ambulance service
- Time Call made to Ambulance service to the time of ED Discharge time
- Pre-Hospital EMS Trip Form Present

Qsource Reports

- New items added for this period are:
  - ED LOS for hypotensive patient transferred out
  - Time to contact ATCC for hypotensive patient transferred out
  - ED LOS for patient with head/neck AIS >2 or GCS<9 transferred out
  - Time to Contact ATCC LOS for patient with head/neck AIS >2 or GCS<9 transferred out
  - Patient hypotensive upon arrival that did not trigger the highest level of activation

Qsource Reports

New report items con't:

- ED Disposition –Validated with Trauma Registry
  - » % of trauma patients ED disposition – admitted
  - » % of trauma patients ED disposition – transferred
  - » % of trauma patients ED disposition - discharged
  - » % of trauma patients ED disposition – dead
- Urgent Trauma transfers

Qsource Reports

New report items con't:

- Surgeon at bedside within 30 minutes timeframe for high level activations

  (Any facility with general surgery capability)
- % of intubations > 30 minutes from arrival for patients with first ED GCS < 9
- Elderly patients (> 64 years of age) with head AIS >1 time to CT. Also, CT Date/Time validated with Trauma Registry

Trauma Registry Dashboards

Title	Type	Date	Options
LOS by Injury Mechanism and ISS	Pie Chart	Calendar Year By Quarter	• Injury Mechanism • ISS Group
Admissions by Injury Type/Age and ISS	Pie Chart	Calendar Year	• Injury Type • Age Range
Admissions by Injury Mechanism and Age Group	Pie Chart	Calendar Year By Month	• Injury Mechanism • Age Range
Admissions by Injury Mechanism and ISS	Pie Chart	Calendar Year By Month	• Injury Mechanism • ISS Groups

Title	Type	Date	Options
Monthly Stats by Facility	Bar Graph	Calendar Year by Month	• Metrics
Monthly Stats by Mechanism of Injury	Bar Graph	Calendar Year by Month	• Mechanism of Injury • Metrics
Monthly Stats by Injury Type and Age Group	Bar Graph	Calendar Year by Month	• Injury Type/Age Group • Metrics
Monthly Stats by ISS Range	Bar Graph	Calendar Year by Month	• ISS Range • Metrics
Quarterly Trending Stats	Bar Graph	Calendar Year by Quarter	• Calendar Year • Metrics
Scene Time Stats by Injury Mechanism	Bar Graph	Calendar Year by Month	• Mechanism of Injury • Average Scene Time • Average Scene Response

DIY

- TPM or Registrar for hospitals
- TRAC PI chairs for Region
- State

WHY RISK ADJUSTMENT?

Risk adjustment is a process that corrects for patient severity of illness. It levels the playing field and ensures that hospital comparisons are fair.

RISK ADJUSTMENT FOR INJURY

- Age
- Co-Morbidities
  - Anti-coagulant
  - Cancer
  - Cirrhosis
- Penetrating injury
- Initial Hypotension
- Low GCS
- Abuse

MICHIGAN TRAUMA QUALITY IMPROVEMENT PROGRAM

REGIONAL COLLABORATIVE QUALITY IMPROVEMENT FOR TRAUMA REDUCES COMPLICATIONS AND COSTS

MTQIP PROGRAM OVERVIEW

- MTQIP was created in 2008 as a pilot program involving six trauma centers in Michigan.
- The objective of MTQIP is to measure and improve the quality of care provide to trauma patients in Michigan.
- This is a voluntary collaboration between all Level I and II trauma centers in the State of Michigan with funding from Blue Cross.
- Hallmarks of the program are complete and accurate data collection, data validation, risk-adjusted feedback on outcomes, and implementation of mechanisms to measure and correlate processes of care with outcomes.
- Currently all 27 Michigan Level I & II trauma centers participate.
- Members receive continuous feedback reports through the ArborMetrix reporting application
- The MTQIP registry currently contains data on nearly 80,000 patients.

MTQIP QI INITIATIVES

- Venous Thromboembolism Prophylaxis Timing and Type
- Inferior Vena Cava Filter Placement
- Hemorrhage Management and Resuscitation
- Traumatic Brain Injury Management

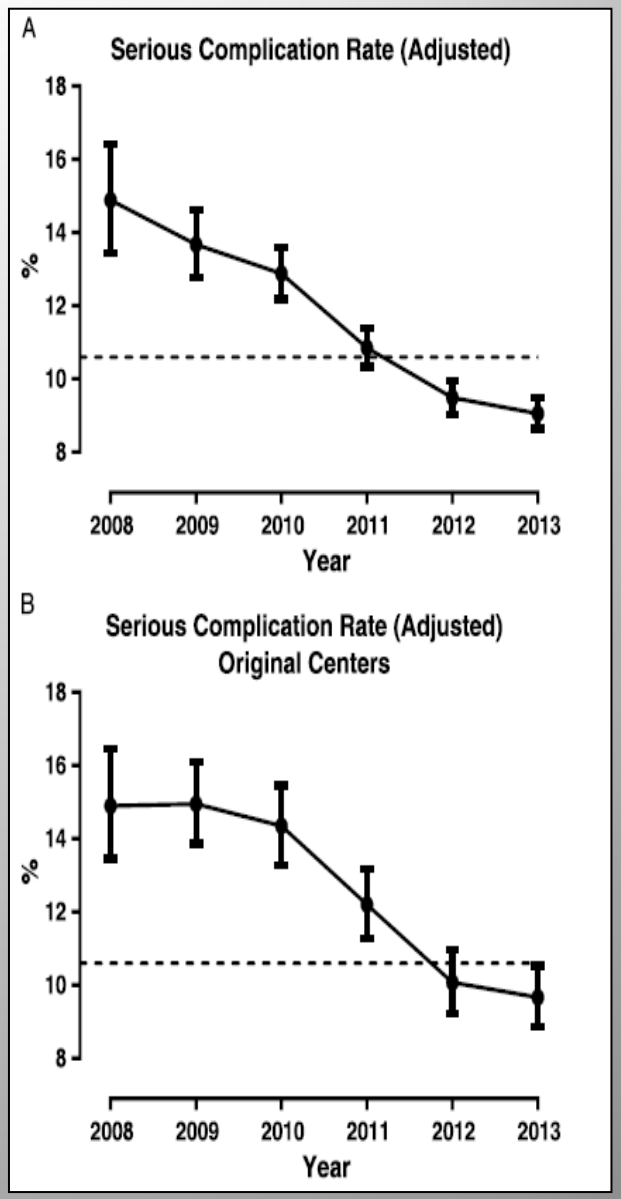


Figure 1. Risk-adjusted serious complication rate trend by year. A, All 26 MTQIP trauma centers (p G 0.001, Cochran-Armitage Trend Test). B, Seven MTQIP trauma centers in pilot study (p G 0.001, Cochran-Armitage Trend Test).

(J Trauma Acute Care Surg. 2015;78)

MTQIP RESULTS

- The risk-adjusted rate of serious complications **declined from 14.9% to 9.1%** in participating hospitals.
- Average episode payments decreased by **$2,720 (from $36,043 to $33,323)** among patients treated in Post-CQI centers, whereas patients treated at Never-CQI institutions had a significant year-to-year increase in payments (from $23,547 to $28,446).
- A **savings of $6.5 million in total episode payments** from 2010 to 2011 was achieved for payer-covered Post-CQI treated patients.

CONCLUSION

This study confirms our hypothesis that participation in a regional CQI program improves outcomes and reduces costs for trauma patients. Support of a regional CQI for trauma represents an effective investment to achieve health care value.

(J Trauma Acute Care Surg. 2015;78)

REPORTING APPLICATION

ATR Arkansas Trauma Registry

Data Filters demo Config

Dashboard // Summary

Cohort 4 (Blunt Single-System), Exclude DOAs, Central Arkansas TRAC

FILTERS

HOSPITALS
Fairview Hospital

COHORT
Cohort 4 (Blunt Single-

DEAD
ALL

NO SIGNS OF LIFE
Exclude DOAs

ISS
ALL

AGE
ALL

PERIOD
Program To Date

TRACK
Central Arkansas TRAC

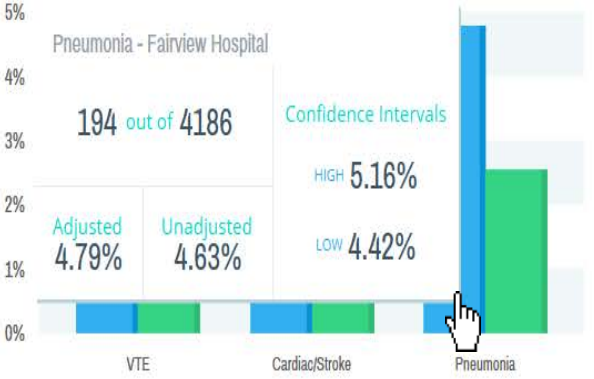
PEER GROUPS
Level 2 Centers

POWERED BY

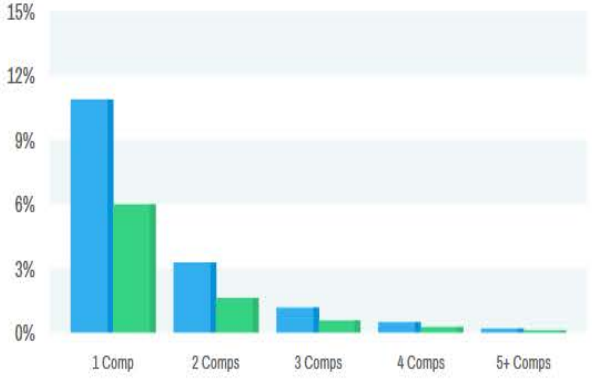
LEGEND Fairview Hospital Level 2 Centers

Outcomes Overview

Complications by Type



of Complications



Service Utilization

ATR Arkansas Trauma Registry

Data Filters demo Config

Outcomes // Trends

Cohort 4 (Blunt Single-System), Exclude DOAs, Central Arkansas TRAC, Level 2 Centers

FILTERS

HOSPITALS: Fairview Hospital

COHORT: Cohort 4 (Blunt Single-

DEAD: ALL

NO SIGNS OF LIFE: Exclude DOAs

ISS: ALL

AGE: ALL

TRENDING INTERVAL: Annual

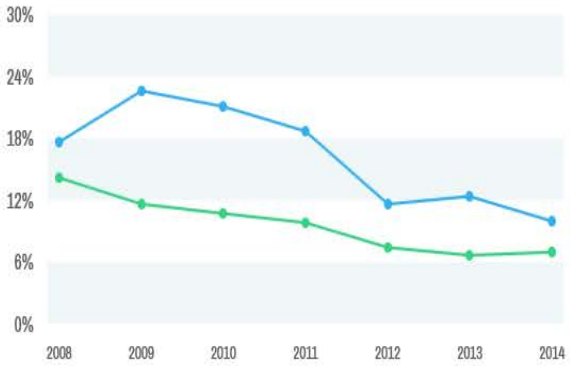
TRACK: Central Arkansas TRAC

PEER GROUPS: Level 2 Centers

LEGEND: Fairview Hospital, Level 2 Centers

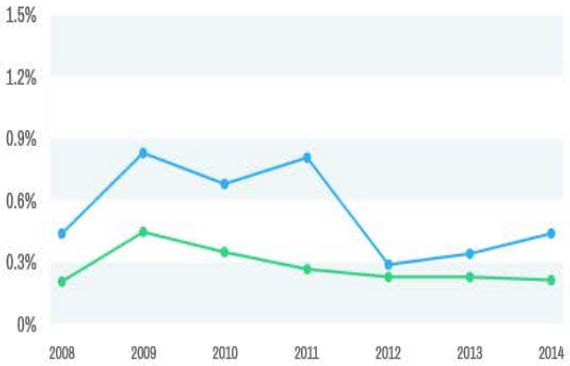
Complications by Severity

ANY COMPLICATIONS



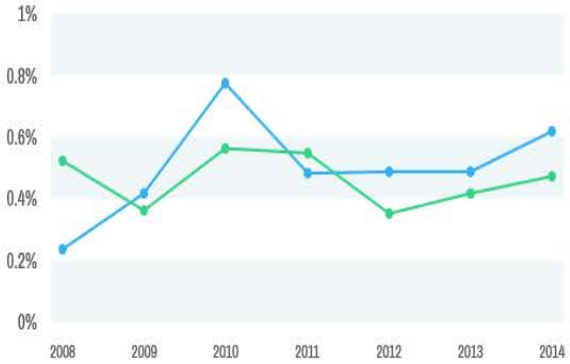
Wound/Other

ANY SSI



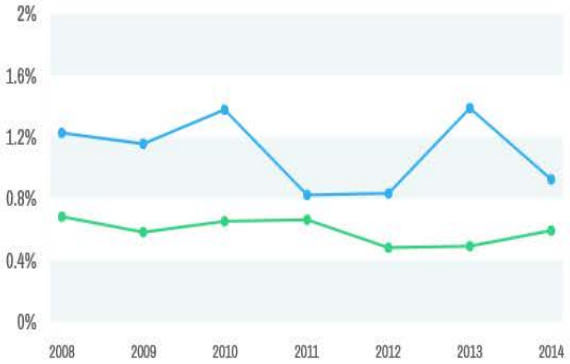
Respiratory

ACUTE LUNG INJURY/ARDS



Cardiac/Stroke/VTE

CARDIAC ARREST W. CPR



POWERED BY

ATR Arkansas Trauma Registry

Data Filters demo Config

Utilization // Rankings

Cohort 4 (Blunt Single-System), Exclude DOAs, Central Arkansas TRAC

FILTERS

HOSPITALS: Emerson Hospital

COHORT: Cohort 4 (Blunt Single-

DEAD: ALL

NO SIGNS OF LIFE: Exclude DOAs

ISS: ALL

AGE: ALL

PERIOD GROUP: Program To Date

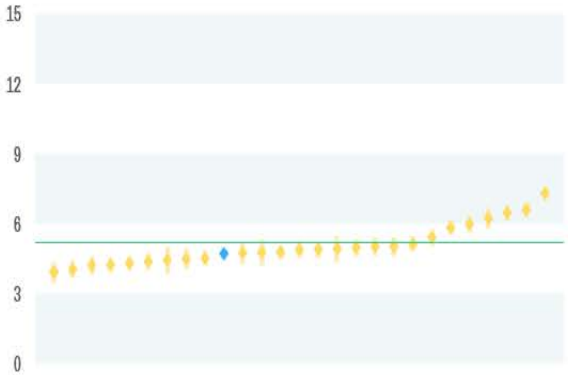
TRACK: Central Arkansas TRAC

PEER GROUPS: Level 2 Centers

LEGEND: Emerson Hospital | Other Hospitals | Level 2 Centers | 95% Confidence Interval

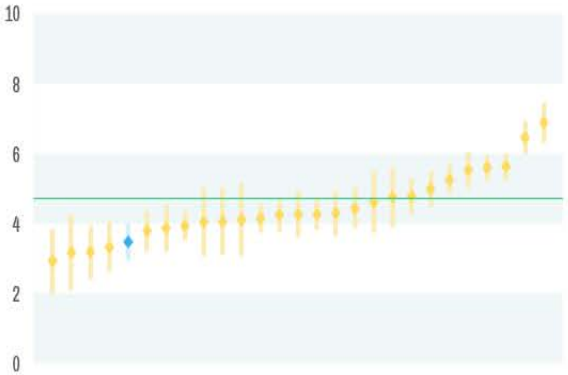
Hospital LOS

LOS (DAYS)



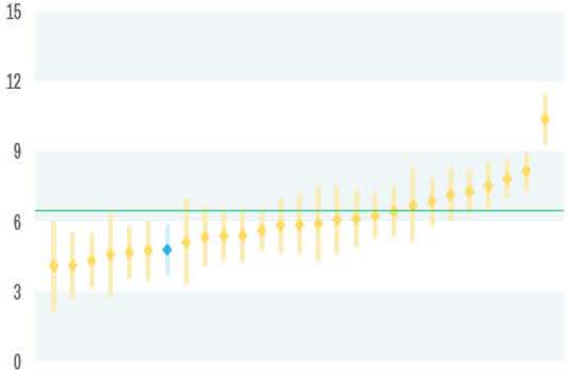
ICU Utilization

ICU LOS (DAYS)



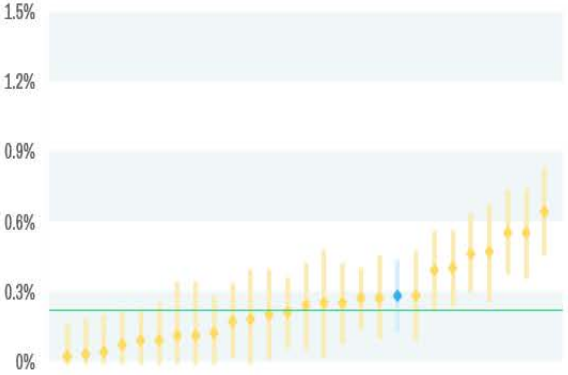
Mechanical Ventilator Utilization

VENTILATOR DAYS



Return to OR or ICU

UNPL RETURN TO OR



POWERED BY

ATR Arkansas Trauma Registry

Data Filters ▾ demo ▾ Config ▾

Outcomes // Complications Drill-Down

Cohort 4 (Blunt Single-System), Exclude DOAs, Organ/Space SSI, Central Arkansas TRAC

SHOW O/E

FILTERS

HOSPITALS: Emerson Hospital

COHORT: Cohort 4 (Blunt Single-

DEAD: ALL

NO SIGNS OF LIFE: Exclude DOAs

ISS: ALL

AGE: ALL

PERIOD: Program To Date

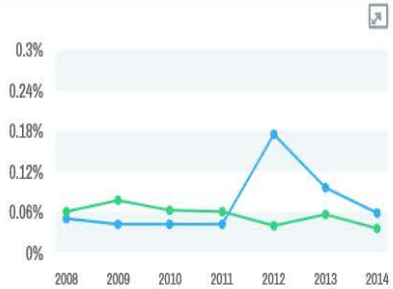
TRACK: Central Arkansas TRAC

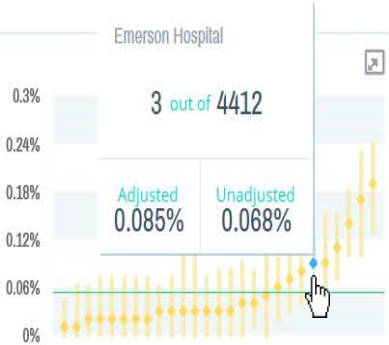
TRENDING INTERVAL: Annual

PEER GROUPS: Level 2 Centers

POWERED BY

LEGEND: Emerson Hospital | Level 2 Centers | Other Hospitals | 95% Confidence Interval





Complications Drill-Down	Cases	Emerson Hospital - Unadj	Emerson Hospital - Adj	Level 2 Centers- Adj	P Value
Dead	4412	3.24	3.56	3.04	<0.001
Failure to Rescue	216	17.6	18.2	17.4	0.68
Superficial SSI	2668	0.11	0.13	0.12	0.85
Deep SSI	2668	0.037	0.053	0.083	0.36
Organ/Space SSI	4412	0.068	0.085	0.054	0.082
Wound Disruption	4412	0	0.0055	0.031	0.033
Abd. Fascial Left Open	4412	0.023	0.032	0.024	0.38
Acute Lung Injury/ARDS	4412	0.27	0.33	0.45	0.12
Pneumonia	4412	2.40	3.04	2.55	0.0062
Unplanned Intubation	4412	0.93	1.08	0.88	0.12
Pulmonary Embolism	4412	0.52	0.5	0.39	0.14

ATR Arkansas Trauma Registry

Data Filters demo Config

Practices // TBI Management

Cohort 4 (Blunt Single-System), Exclude DOAs, Ventriculostomy, Central Arkansas TRAC

SHOW O/E

FILTERS

HOSPITALS: Fairview Hospital

COHORT: Cohort 4 (Blunt Single-

DEAD: ALL

NO SIGNS OF LIFE: Exclude DOAs

ISS: ALL

AGE: ALL

PERIOD: Program To Date

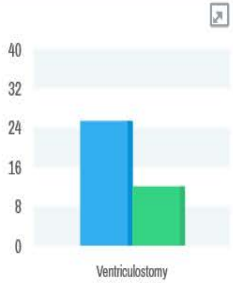
TRACK: Central Arkansas TRAC

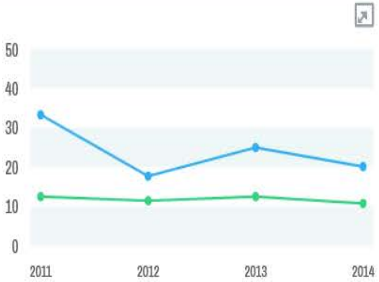
TRENDING INTERVAL: Annual

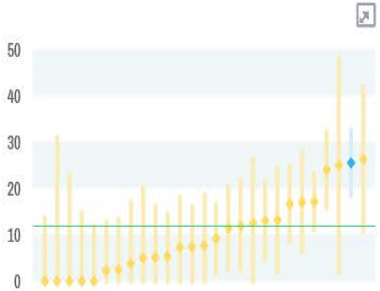
PEER GROUPS: Level 2 Centers

POWERED BY

LEGEND: Fairview Hospital | Level 2 Centers | Other Hospitals | Level 2 Centers | 95% Confidence Interval







TBI Management	Cases	Fairview Hospital - Unadj	Fairview Hospital - Adj	Level 2 Centers- Unadj	Level 2 Centers- Adj	P Value (unadj)	P Value
TBI Patients	98	98	NA	1243	NA	<0.001	NA
Dead (with TBI)	98	28.6	31.3	40.4	40.4	0.013	0.0038
Alive w/o Intervention	98	44.9	NA	37	NA	0.08	NA
Alive with Intervention	98	26.5	NA	22.6	NA	0.35	NA
Dead w/o Intervention	98	17.3	NA	24.9	NA	0.08	NA
Dead with Intervention	98	11.2	NA	15.5	NA	0.23	NA
Dead and Intervention Withheld	98	8.16	NA	9.49	NA	0.64	NA
Any Intervention	98	37.8	NA	38.1	NA	0.94	NA
Brain Operation (ICP Monitor)	98	20.4	NA	24.4	NA	0.32	NA
Any Monitor	98	30.6	NA	26	NA	0.3	NA
Ventriculostomy	98	25.5	NA	12.1	NA	<0.001	NA

ATR Arkansas Trauma Registry

Data Filters demo Config

Practices // Timing of TBI Interventions

Cohort 4 (Blunt Single-System), Exclude DOAs, Ventriculostomy, Central Arkansas TRAC

FILTERS

HOSPITALS: Fairview Hospital

COHORT: Cohort 4 (Blunt Single-

DEAD: ALL

NO SIGNS OF LIFE: Exclude DOAs

ISS: ALL

AGE: ALL

PERIOD: Program To Date

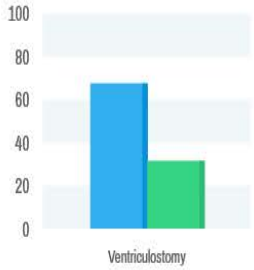
TRACK: Central Arkansas TRAC

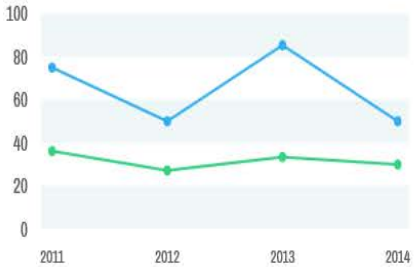
TRENDING INTERVAL: Annual

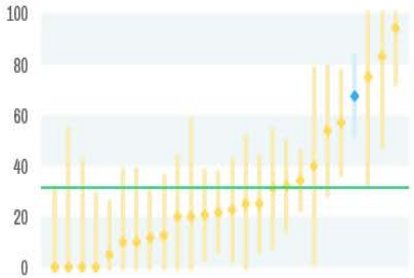
PEER GROUPS: Level 2 Centers

POWERED BY

LEGEND: Fairview Hospital | Level 2 Centers | Other Hospitals | Level 2 Centers | 95% Confidence Interval







TBI Timing of Interventions	Cases	Level 2 Centers- Unadj	Level 2 Centers- Adj	P Value (unadj)
Patients with Intervention	37	37	468	<0.001
Brain Operation (Timing)	37	54.1	63	0.25
Ventriculostomy	37	67.6	31.8	<0.001
IPPM	37	32.4	53.2	0.0065
02 Monitor	37	0	3.42	0.26
JVB	37	0	1.28	0.44
Mean Time to Placement (hrs)	37	5.23	7.06	0.32
Median Time to Placement (hrs)	37	3.72	2.82	0.63
Timely	37	83.8	77.4	0.34

ATR Arkansas Trauma Registry

Data Filters demo Config

Practices // Timing of TBI Interventions // Patient List

Back to Standard Search

SHOW

Record #	Age	ISS	Injury Date	Admit Date	Date Discharge	Expected Mortality	Death
31547	71	9	03/19/2011	03/19/2011	04/06/2011	0.16	No
31962	22	33	05/08/2011	05/08/2011	06/06/2011	0.31	No
32251	28	26	06/06/2011	06/06/2011	06/30/2011	0.39	No
32459	61	33	07/02/2011	07/02/2011	08/03/2011	0.51	No
32640	31	26	07/26/2011	07/26/2011	08/18/2011	0.48	No
32667	34	30	08/04/2011	08/04/2011	08/15/2011	0.83	Yes
32794	30	33	08/21/2011	08/21/2011	08/22/2011	0.34	Yes
32881	27	21	09/04/2011	09/04/2011	09/15/2011	0.01	No
32890	26	30	09/08/2011	09/08/2011	09/27/2011	0.39	No
32891	84	17	09/08/2011	09/09/2011	09/09/2011	0.75	Yes
33273	52	26	11/28/2011	11/28/2011	01/06/2012	0.63	No
33277	50	30	11/29/2011	11/29/2011	12/23/2011	0.64	No
33653	33	21	02/03/2012	02/03/2012	02/24/2012	0.15	No

POWERED BY

Practices // Timing of TBI Interventions // Patient List Search // Details

Record #: 33273, Age: 52, ISS: 26, Injury Date: 2011-11-28, Admit Date: 2011-11-28, Date Discharge: 2012-01-06, Expected Mortality: 0.63, Death: No

General

ADVANCED DIRECTIVE LIMITING CARE
No

ALCOHOLISM
Yes

CURRENT SMOKER
Yes

DRUG ABUSE OR DEPENDENCE
No

FUNCTIONALLY DEPENDENT HEALTH STATUS
No

Pulmonary

RESPIRATORY DISEASE
Yes

Hepatobiliary

ASCITES WITHIN 30 DAYS
No

CIRRHOSIS
No

Gastrointestinal

POWERED BY

DATA QI AND BENCHMARKING

- Accurate Data
- Meaningful reports
- Risk Adjusted Benchmarking
- Transparency in reporting

Trauma Advisory Council (TAC) Finance Committee
January 20, 2015

Members Present	**Guests**	**Staff**
R.T. Fendley (Chair)	Jennifer Carger	Teresa Belew
Terry Collins	Clayton Gartner	Dr. James Booker
Stuart Hill	KC Jones (phone)	Jacqlyn Dillard
Dr. Charles Mabry	Katie Lee (phone)	Melissa Foust
Dr. Ronald Robertson	Paula Lewis (phone)	Diannia Hall-Clutts
Tim Tackett	Dr. Scott Lewis (phone)	Renee Joiner
Jon Wilkerson (phone)	Debbie Mickelson (phone)	Joe Martin
	Velvet Reed-Shoults (phone)	Dr. Todd Maxson
Members Absent	Patti Rogers	Donnie Smith
John Recicar	Dr. Mike Sutherland	Karis Strevig
	Jon Swanson	Bill Temple
	Jeff Tabor	
	Renee Trammell	
	Brandan Watkins	

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

II. Old Business:

Approval of minutes from December 16, 2014. A motion was made and seconded to accept the minutes and passed unanimously.

III. New Business:

Quality Improvement Organization (QIO) Contract with Qsource – Jennifer Carger

Ms. Carger presented a review of QIO contract performance by reviewing the quality review reports conducted during this reporting period. The QIO has offered assistance with the development of future pay for performance metrics. There is no request for additional funding to continue with the contract deliverables as they stand. The QIO contract will include an increase in funding to support a revision of the sentinel report deliverable. The deliverable is changed to conduct an on-going review of all trauma deaths rather than a review of a death upon request. The TAC approved $145,000 for the on-going death review project on December 16, 2014. A motion was made to renew the contract. The motion was seconded and passed unanimously.

Trauma Regional Advisory Councils (TRACs) – Renee Joiner

Ms. Joiner reviewed the purpose of the TRACs and spending patterns for fiscal years (FY) 2014 and 2015. TRAC grant deliverables include the following:

- participation in the state QI process
- dissemination of information both from the TRAC to the TAC and from the TAC to the TRAC regarding system implementation

- coordination of regional educational/training needs for the public, the regional trauma system providers, and implementation of regional injury and violence prevention initiatives

A motion was made to provide funds to support the essential functions of the TRACs to include TRAC base funding be reduced to $10,000 to support $2,500 for the TRAC Secretary and $7,500 for meeting expenses and the $140,000 injury and violence prevention (IVP) funds be made available to all TRACs rather than allocating $20,000 per TRAC for this purpose. The motion was seconded and passed unanimously.

Action Item: The Trauma Section will research a method to pay the TRAC MD's directly rather than through the TRACs. The IVP Section will research methods to provide IVP funds for TRAC related initiatives through the IVP Section rather than an annual allocation of $20,000 to each TRAC for this purpose.

FY16 Budget Discussion Overview – Bill Temple

Mr. Temple announced that the contract with the Arkansas Children's Hospital (ACH) for a Statewide Injury Prevention Program will end effective February 28, 2015. This is a mutual decision made by the ACH and the IVP Section. Dr. Aitken sent a notice to all TRAC IVP Subcommittee Chairs to alert them of the change. The IVP Section has contracted with Dr. Linda Degutus, former IVP Center Director with the Centers for Disease Control, to serve as a consultant on next steps for our IVP initiatives. She will be in Arkansas the second week of February and will be meeting with a variety of stakeholders.

Ms. Joiner handed out a revised FY16 budget highlighting changes resulting from the December 2014 Finance Committee meeting. A FY15 budget with year to date expenditures was also handed out and reviewed.

The above was provided to the TAC Finance Committee for information.

FY15 Funding Formula for out-of-state (OOS) hospitals under review in March – Renee Joiner

Ms. Joiner reported that two OOS hospitals are scheduled for a designation site review in March. Cox Health Medical Center in Springfield, MO is in pursuit of a Level I designation and St. John Medical Center in Tulsa, OK is in pursuit of a Level II designation. A request was made to the committee for a recommended FY15 funding amount for each facility if they are successful with their review. Mr. Temple reminded the committee that OOS hospital funding is calculated as a proportion of Arkansas residents treated at that facility. There was a discussion regarding the need for two Level I OOS Trauma Centers in Springfield. Ms. Joiner briefly reviewed the process for an OOS to participate in our system. A question was raised regarding the close proximity of Level I and II Trauma Centers. Does this affect trauma service performance as a result of a decrease in trauma patient volume? A motion was made and seconded to table this discussion until additional information is available. The motion passed unanimously.

Action Item: The Trauma Section will provide data of Arkansas residents served by OOS hospitals to the next Finance Committee meeting. The Hospital Committee will review the current process to include OOS hospitals in the system and bring findings back to the Finance Committee.

Dedicated Funding for Burn Injury Prevention and Education Initiatives – Renee Joiner

ACH receives $250,000 for burn injury related training, outreach, education (ABLS and community), and costs associated with the pursuit of American Burn Association (ABA) designation. The Trauma Section has received a request for this funding to be available to the three Burn Centers in our system: ACH Burn Center, Region One Health - Firefighters Burn Center and Mercy Burn Center-Springfield. A motion was made and seconded to table this discussion until additional information is available. The motion passed unanimously.

Action Item: The Trauma Section will request funding proposals from each burn center for review at the next Finance Committee meeting. The request for funding must include a three year average of the number of Arkansas residents treated in their facility. These proposals will be reviewed at the next Finance Committee meeting.

System Enhancement Funding Requests – Renee Joiner

Ms. Joiner introduced two proposals for FY15 System Enhancement funding.

1. The EMS Committee presented a proposal from the Little Rock Ambulance Authority Metropolitan EMS (MEMS) for $49,000 to conduct up to 40 Law Enforcement and First Response Tactical Casualty Care courses (LEFR-TCC) with central Arkansas law enforcement officers. Jon Swanson explained that the LEFR-TCC course teaches public safety first responders basic medical care interventions to perform on trauma victims until EMS practitioners arrive on scene. These courses include training on the use of field packs which will be provided to each officer who successfully completes the course. Replacement packs will be made available in each instance when a field pack is appropriately used in the line of duty. MEMS will develop a data collection method to evaluate the effectiveness of this project with the purpose of expanding the project to other regions of the state in FY16. The funding will be used to provide 550 medical field packs for the training. A motion was made and seconded to recommend funding this proposal. The motion passed unanimously.

2. The EMS Committee presented a proposal from the City of Springdale Ambulance Service for $14,400 to install necessary equipment to six ambulances to make possible a call to the ATCC from the medic's handheld radio. Tim Tackett explained that trauma AWIN radios for EMS are installed in the ambulance which can cause a delayed call to the ATCC. For example, the City of Springdale Ambulance Service's average transport time is 8 minutes with transport distances less than 5 miles 51% of the time. The window of time to provide adequate notification to ATCC and receiving hospitals is very narrow, especially when considering the needs of the critical patient. Handheld radios will allow the medic to provide a patient report to the ATCC and the receiving hospital at the patient's side while on scene. A report will be provided to the Trauma Section at the end of the project period showing usage of the ATCC before and after implementation of this project. This will serve as a pilot project to determine the need for expanding the use of AWIN radios to handheld devices in other areas of the state. A motion was made and seconded to recommend funding this proposal. The motion passed unanimously.

The meeting was adjourned by Mr. Fendley at 3:00 p.m.