



Trauma Advisory Council

February 15, 2011

3:00 p.m.

Minutes

MEMBERS PRESENT

Dr. Charles Mabry
Dr. Clint Evans
Dr. Lorrie George
Dr. James Graham
Dr. Ronald Robertson
Dr. Alvin Simons
Dr. Paul Halverson (rep. by
Donnie Smith)
Myra L. Wood
Freddie Riley
Dr. Barry Pierce
R. T. Fendley
Robert T. Williams
K. C. Jones
Jon Wilkerson
Robert Atkinson
Terry Collins
Carrie Helm

MEMBERS ABSENT

Dr. Mary Aitken
Dr. John Cone
Dr. Michael Pollock
Dr. Victor Williams
Ron Peterson
Ruth Baldwin
Colonel Winford Phillips
Vanessa Davis
Jamie Carter

GUESTS

Dr. Michael Sutherland
Dr. Talmage M. Holmes
Donna Parnell-Beasley
Jon Swanson
Kathy Gray
Dr. Chuck Mason
Theresa Jordan
Carla McMillan
John Recicar
Gary Ragen
Jasper Fultz
Linda Nelson
Tim Vandiver
Jeff Tabor
Carla Jackson
Milton Teal
Shelly Wilbur
Cathee Terrell
Monica Kimbrell
Carol Cassil
Laura Guthrie
Terrell Nash
John Benjamin
Stacy Wright
Chrystal Rhone
James Smith
Terry Bracey
Barbara Riba
Dr. James Booker
Sarah Bemis
Caitlin Curl

GUESTS (Continued)

Lacey Robb
D'borai Cook
Don Adams
Marketta Roberts
Jerry Duncan
Ronald Russell
Ron Crane
Gary Meadows
Jodiane Tritt
Gary McCracken
Keri Cody
Steve Bowman
Dr. Matt Young

STAFF

Dr. Todd Maxson
Austin Porter
Bill Temple
Brian Nation
Detrich Smith
Diannia Hall-Clutts
Donnie Smith
Greg Brown
Jim C. Brown
Joe Martin
Lee Crawford
Margaret Hollaway
Marie Lewis
Norajean Miles Harrell
Rick Hogan
Renee Patrick

I. Call to Order – Dr. James Graham, Chairman

The Trauma Advisory Council (TAC) meeting was called to order on Tuesday, February 15, 2011, at 3:05 p.m. by Dr. James Graham.

II. Welcome and Introduction

Dr. Graham welcomed all guests and members. Dr. Graham introduced new and re-appointed TAC members, including informing the Council that he was re-appointed and sworn in the previous day. He also introduced new TAC members Myra L. Wood, representing the Arkansas Ambulance Association, and Freddie Riley, representing the Arkansas Emergency Nurses Association.

III. Approval of Draft Minutes From the January 18, 2010 Meeting

The TAC reviewed the January 18, 2010 minutes. A motion to approve was made by Jon Wilkerson and seconded by Dr. Charles Mabry. The previous minutes were approved.

IV. Trauma Office Report – Bill Temple

Staffing

The Registered Nurse position was reposted and closes next Monday, February 21, 2011.

Grants

EMS Services

All but two providers have been paid 2010 start-up funding, with 98% of available funds expended. Eighty-five EMS providers have completely closed out; this is up from 72 last month.

Fifty-seven have completed the grant process for 2011 sustaining funds and are ready to begin spending; this is up from 45 last month. Five EMS providers have closed out; this is up from two last month.

EMS Training Sites

The situation regarding 2010 start-up funds is the same as last month. Twenty-two of the 23 sites that have completed the grant process have been paid and 17 have closed out.

Eighteen grant applications for 2011 sustaining funds have been received; this is up from six last month. Twelve purchase orders are now in place for 2011 funds to be expended.

Hospitals

Sixty-seven of the 70 hospitals which submitted grants for 2010 start-up funds have received at least one-half of the money and 12 have completed the close-out process; this is up from nine last month. Seventy-one percent of the available funds have been expended.

Jefferson Regional Medical Center (JRMC) and The Regional Medical Center in Memphis (The Med) are the only two to close-out for 2011 sustaining funds. ADH is amending the 2010 start-up grants to allow 2011 sustaining funds to be spent this year without doing new grants. Those hospitals that close-out can go back to the date of their site review for invoicing of expenses.

Hospital Designation

Designated hospitals include The University of Arkansas for Medical Sciences (UAMS), Arkansas Children's Hospital (ACH), The Regional Medical Center in Memphis (The MED), Jefferson Regional Medical Center (JRMC) in Pine Bluff, Baptist Health – Little Rock, and St. John's Hospital in Springfield, MO.

Christus Saint Michael Health System, Texarkana, TX, had their site survey and is "in process."

There are Additional site reviews are scheduled for March (eight) and April (ten).

Communications System

Six hundred radios were delivered to Grace Communications. We are working on scheduling the installation process and hope to be finished by the end of May, 2011. Training will begin the second week in March. Motorola will train 60 "train-the-trainers" during this process. The contract actually says ten, but they increased it to 60 at no extra cost.

Other

Dr. Graham requested that Mr. Temple provide more detail on the CORE Injury Prevention grant. Mr. Temple said the grant is a five year grant for \$150,000 to \$250,000 each year. If the

grant is awarded, it would allow ADH to contract for an Injury Prevention Coordinator and two other employees to analyze data, and to engage in intervention activities.

Dr. Mabry asked again for the TRAC leadership contact information.

VARIOUS CONTRACTS AND SPECIAL ITEMS:

Image Transfers

UAMS will be meeting with ADH tomorrow to answer questions about the Memorandum of Agreement's (MOA's) budget.

Dr. Graham requested more information on a time frame for getting the MOA in place. Mr. Temple stated that once the budget is worked out, the MOA should move quickly. Donnie Smith said the value of this is unquestionable, but details just need to be finalized. Myra Wood related a situation where image transfers saved a young girl's life.

Burn Grant

This grant to ACH's Burn Center, in the amount of \$250,000, was reviewed earlier today by a legislative committee with no questions. This should allow the Burn Center to begin work on March 1.

Special initiatives:

Dr. Graham and Mr. Temple stated a group representing the TAC (Dr. Graham, Dr. Maxson, Rick Hogan and Bill Temple) had a meeting with the Pulaski County Prosecutor regarding autopsy data. The Prosecuting Attorney's Office understands the need for the trauma system to obtain this data but felt it would require a change in the law. They have developed some draft language for amending the law about State Crime Laboratory autopsy reports being available for this purpose. Currently the process to obtain information from the Crime Lab is to document the specific request in a letter to the Prosecuting Attorney's Office. A successful change to the current legislation will simplify the current cumbersome process.

The CDC CORE Injury Prevention grant was submitted on February 5, 2011, prior to the deadline of February 8th.

The tentative American College of Surgeons (ACS) Trauma System consultative visit and assessment date is June 5 – 8, 2011.

Update on Arkansas Trauma Call Center (ATCC) - Jeff Tabor

Mr. Tabor shared a PowerPoint presentation that was distributed to the TAC membership. There was discussion that the data being collected and presented by the ATCC is excellent and is beginning to show us where system improvements are needed.

V. ADH Medical Consultant Report – Dr. Todd Maxson

Dr. Maxson followed up Jeff Tabor's report. He stated that the ATLS course communicated the expectation that hospitals do not have to have a final or a complete work-up on the patient to call the Call Center. A call for a hospital-to-hospital transfer should be made as quickly as possible (i.e., as soon as the receiving hospital realizes the need for transfer and the patient is stabilized). The persons making or receiving the transfer call do not have to be physicians but rather anyone acting on behalf of the hospital.

The ACS site visit is tentatively set for early June. They came in 2008 and gave us recommendations. It has now been three years and we wish them to return and do a more exhaustive review. This will help validate our progress and good work and help us for future planning.

Training

Dr. Maxson reminded everyone that we held a reviewer credentialing meeting this morning with good success. This nearly doubles the capacity for our in-state reviewers. Dr. Maxson thanked those who participated.

VI. Trauma Registry – Marie Lewis

- Customization for nine of the 15 NTRACS hospitals has been completed and they are ready to submit. Two more hospitals will be completed by the end of the week and we are working with the remaining four to get their customization completed by the end of the month.
- The AAAM AIS Coding course will be held March 28-29, 2011. For additional information or to register e-mail or call Marie Lewis.

- The ATS Trauma Program Manager's course will be held May 5-6, 2011. For additional information or to register email or call Marie Lewis.

VII. TAC Subcommittee Meeting Reports

(Note: summaries are attached; only official action is documented in this section)

- Finance Subcommittee (R. T. Fendley – Chair) (see attached report)

Dr. Graham thanked Dr. Ron Robertson for his service as Chairman of the Finance Subcommittee and announced that he is stepping down from these duties due to his schedule. He then appointed R. T. Fendley as the new Finance Subcommittee Chairman.

Mr. Fendley advised that although no official action was taken by the Subcommittee on this date, he will convene a Subcommittee meeting between now and the next TAC meeting. He will send a letter and e-mail to this effect and will set forth what he would like the various Subcommittee chairs to consider and be prepared to discuss at that meeting. He advised that per discussion with ADH personnel, we need to have the budget finalized at the next TAC meeting so ADH staff can seek approval from the Board of Health at their April meeting. Major points of discussion at the next Subcommittee meeting will revolve around the percentage breakdowns of carry-forward funding for the four "buckets" as well as whether any Subcommittees have special projects they would like to have considered. An additional item that was discussed pertained to the possibility of having an outside organization conduct a study regarding the proper allocation of funds within a trauma system for hospitals, EMS providers, injury prevention, and other activities which provide benefits to the system. Dr. Mabry stated that a group, Bishop and Associates, did such a study for the State of Georgia.

- EMS Subcommittee (Dr. Clint Evans - Chair) (see attached report)
- Injury Prevention Subcommittee (Dr. Mary Aitken – Chair) (see attached report)
- Hospital Designation -- (Mr. Jamie Carter, Chair) (see attached report)

Dr. Maxson led the Designation Subcommittee discussion in Jamie Carter's absence. The following action was taken by this Subcommittee:

1. An intent application from the Medical Center of South Arkansas in El Dorado to become a Level III trauma center was approved.
2. Christus Saint Michael Health System in Texarkana, TX was approved as an Arkansas Level III trauma center.

- TRAC Subcommittee (Dr. Charles Mabry – Chair) (did not meet) No report.
- Rehabilitation Subcommittee (Jon Wilkerson – Chair) (did not meet) No report.

VIII. Next Meeting Date

The next meeting will be held on Tuesday, March 15, 2011, at 3:00 p.m. The meeting will be held in Room 906 (Boardroom) at the Freeway Medical Building.

IX. Other

Terry Collins reminded everyone about the Arkansas Trauma Update 2011 Conference on April 29-30, 2011 at the Crowne Plaza Hotel in Little Rock. The keynote speaker is Dr. Kenneth L. Mattox.

X. Adjournment

Without objection, Dr. Graham adjourned the meeting at 5:08 p.m.

Respectfully Submitted,

Paul K. Halverson, DrPH, FACHE
Secretary Treasurer of the Trauma Advisory Council
Director and State Health Officer, Arkansas Department of Health

**EMS Subcommittee
Meeting Summary
February 15th, 2011**

The EMS subcommittee met at 1:00 on February 15th. There were 21 people in attendance.

We started with discussion and updates on old business.

1. AWIN radios – All of the radios are at Motorola. The first radio has been installed in a Southern unit. This took several hours, but the hope is the process will speed up as it goes along. There is a training session scheduled for the week of March 8th. Sixty people will be trained on operation of the new radios, with the hope that these people can then train more people. The department assures us news of this course will be spread to all agencies.
2. Trauma Comm – Jeff gave a brief update with a more thorough update in the full TAC meeting. All is going well.
3. FY 2011 grant distributions – A majority of services have completed grant applications this year.
4. EMS data submission – Greg assures us this is still a work in progress, but feels confident this is going well. It was pointed out that the deadline for submitting 2010 run data was listed on the deliverables as 3/31/11. Greg assures us we should have accurate data by that time, so that this deliverable can be enforced as originally intended.

Discussion then moved to the backfill agreements. Rick with legal reviewed the document and suggested some wording changes. There was an additional clarification suggested and agreed on to ensure the backfill agreements are with services that transport. There was again discussion on the difference between backfill and mutual aid. Ultimately, the group feels these agreements are a good start. These will be presented to the full TAC, and should be included as a deliverable for FY 2012 funding.

The department presented the most recent version of the short form. There were again some recommended changes. The revised document will be distributed via e-mail, and this will hopefully be presented at the next TAC.

We began discussions on FY 2012 funding. It is hoped we can finish this process sooner this year, so that grants can be processed as soon as possible at the start of the fiscal year. This will ensure services have ample time to spend the money.

We will not be able to use run volume, and will use population data again. The previous two cycles have used 2008 census data. 2010 census data is now available and will be used for this grant cycle. Lee with trauma has been asked to work on a new spreadsheet. It is hoped he will have this ready by our next meeting, populated with the 2010 census data, so that we can see which cities will be pulled out from the population totals.

We initially reviewed the changes that were made last year. It was agreed that the distribution of funds seemed to work well, with 89% going to services, 7% to education, and 4% to associations. We will maintain this breakdown this year.

There was some discussion about the air services, and the issue of excluding out-of-state services was brought up. There were members present of the GAC air ambulance subcommittee, and they plan to take this issue to that committee on 2/16 and report recommendations at our next meeting.

The consensus was to continue giving ALS services twice the base rate as BLS services. Last year, this was \$8000 and \$4000 respectively. Amounts were not discussed today, but will likely not change, depending perhaps on the final amount of money allotted to EMS.

Last year, we had a rural and super rural modifier. Counties with less than 10,000 people received an extra \$2,000, and counties with populations of 10,000 to 25,000 received an extra \$1,000. There was discussion that this was perhaps too low. The suggestion was made to double these amounts.

The training committee last year suggested ALS training sites should receive twice the funding of BLS sites. This was agreed on by our subcommittee and the full TAC. Unfortunately, we found out this did not occur this year, which was apparently a clerical error. We agreed doubling the amount for ALS training sites should be done this year.

For FY 2011, we changed how training sites could use funds. They could be used for scholarships for both BLS students and ALS students, but also books and equipment. A suggestion was made that sites should be able to use these funds for advertising to target recruitment of new students. The department will investigate whether this is possible or not.

We identified areas that have been problematic in the past, but tabled further discussions on these until the next meeting. These include how to handle special services. There is also an issue of how to divide county funds where there are fire based services that do not generally respond in the county, but are getting a share of the county funding. Likewise, some private services just cover the county, but were getting a share of city funds.

Our next meeting will be March 15th.

**Trauma Advisory Council –
Injury Prevention Subcommittee Meeting Minutes
February 15, 2011, 1:30 pm**

SIPP Update

- Staff is complete, with four injury areas represented:
 - o Motor vehicle safety
 - o Home safety
 - o Recreational safety
 - o Intentional injury
- SIPP will support trauma centers and EMS agencies with programming and professional education and will partner with Hometown Health Improvement and Area Health Education Centers to implement programs
- SIPP coordinator will be making presentations at each of the seven trauma regional advisory councils on SIPP plans to date and anticipated resources
- Needs assessment is still awaiting IRB approval, but should be approved by 2/26. Letters to trauma hospitals requesting their participation have been sent. **Update: IRB approval received 2/22 and survey has been sent out.**
- SIPP has identified motor vehicle safety as a priority area because of the high injury and injury-related death rates that arise from crashes
 - o SIPP hopes to have a child passenger safety (CPS) technician in every trauma center, with priority given to birthing centers
 - o SIPP hopes to offer two CPS courses before May 1st
 - o Plans for interventions targeting adults to be determined
 - o Request for feedback from the trauma coordinators about educational needs and how to best meet these training needs.
- Strategic Planning: Preliminary draft due 3/15
 - Home safety
 - Will include falls, fires, in-home drowning, poisonings, choking/suffocation, and safe sleep
 - Possible interventions for the trauma centers include implementing home safety inspections where trained staff (e.g. EMS personnel, home health nurses) conduct a walk through and identify safety hazards in the home.
 - Motor vehicle safety
 - Will include child passenger safety, teen driving, older adult driving programs
 - Possible interventions for the trauma centers include fostering outreach to schools to promote safe teen driving, CPS technician training, and education and enforcement around the graduated drivers license

- Intentional Injury
 - Will include suicide, intimate partner violence, youth violence, child maltreatment.
- Recreational Injury
 - Will include recreation-related drowning, boating risks, TBI and sports injuries, ATVs
- Professional Education
 - Cuts across injury areas to develop outreach to professional groups, adapt materials to needs of different types of professionals
 - Will develop Injury 101 curriculum targeted to injury prevention coordinators and other professionals
 - EDs Place may be a vehicle to deliver this content over telemedicine. Program is looking to expand—will explore options with Dr. Holmes.
 - Will help build capacity in local programs

ADH Update

- Core grant proposal submitted to CDC
 - Will aid in creating a comprehensive injury data and surveillance system through ADH
 - Formation of Injury Committee Planning Group (ICPG) which will be an expanded and more structured version of the TAC IP subcommittee group
- STAT visit
 - ADH has requested Safe States to come evaluate Arkansas' injury prevention programs and are optimistic that they will be selected for a visit
- Data
 - ADH in the process of a data-heavy and alternative shorter version of a brochure detailing injury rates by race, SES, rural/urban
 - Would also like to outline the top four injury priorities
 - Newest seatbelt use rates demonstrate that AR has reached 78%. Data also shows a dramatic decline in motor vehicle fatalities among adults and teens
 - ATV hospitalizations have decreased
- American College of Surgeons are planning on doing a site visit 6/5-6/8 and will be observing/evaluating injury prevention as part of that visit

Trauma Conference April 29-30, 2011

- Injury Prevention track will be a small session introducing SIPP

Other business

- SIPP staff will soon be giving more detailed updates at IP subcommittee meetings in the future
- APHA's Public Health Week is April 4-10, 2011. The theme this year is "Safety is No Accident."
- Town Hall at ACH about TBI will feature a panel of brain injury specialists; rescheduled to March, TBA
- March is TBI Awareness Month
- Next Meeting: TBA

**Finance Sub-Committee
of the
Trauma Advisory Council**

**Meeting Notes
March 1, 2011**

The Finance Sub-Committee convened at 3:10 p.m., to discuss the recommendation for the allocation of carry-over funds for fiscal 2012. The group reviewed the written feedback from the sub-committees on EMS and Rehabilitation, as well as receiving multiple recommendations from the floor.

While there was a full discussion of many ideas and proposals, there were four actions which produced motions, seconds and affirmative votes. These items will be presented to the Trauma Advisory Council, and the recommendations are:

- 1) To set aside \$300,000 of the carry-over funds to support a cost study of the components of the delivery system (\$250,000) and to fund the development of a longitudinal assessment tool to be utilized by the trauma system to track statewide progress (\$50,000).
- 2) To establish Education as its own line-item in the budget at a level of \$700,000 for fiscal year 2012.
- 3) To make 5% of the carry-over funds available to hospitals which undertake system leadership activities and exhibit exceptional quality in key areas. These funds will be paid on the basis of "Pay for Performance."
- 4) To recommend that the "Pay for Performance" programs referred to in #3 be covered in the grant contract language, thereby avoiding mid-year contract amendments.
- 5) To distribute remaining funds according to the 2011 percentage split.

The Finance Sub-Committee will meet again on March 15th, to finalize their recommendations for presentation to the TAC that same day.

The Sub-Committee adjourned at 5:00 p.m.

Meeting Title **Designation Sub-Committee of the TAC**

Minutes

2-15-2011

2:00 pm - 3:00 PM

FREEWAY MEDICAL Building – EMS
Lobby

MEETING CALLED BY	Dr. Todd Maxson
TYPE OF MEETING	Sub-Committee
FACILITATOR	Dr. Todd Maxson
NOTE TAKER	Diannia Hall-Clutts
COMMITTEE MEMBER ATTENDEES	Dr. Todd Maxson, Robert Atkinson, Donna Parnell, Terry Collins, Dr. Michael Sutherland, Dr. Jim Booker, Dr. Barry, Alvin Simmons, Dr. Ron Robertson

Agenda topics

Baptist Performance Improvement Plan Dr. Todd Maxson

DISCUSSION	<p>1) Deficiency Type I – Section VII, E. 3 - Regular and periodic Multi-disciplinary trauma conferences included all members of the trauma team – this did not occur. Dr. Maxson feels like they need to add to their plan to correct. They need to show more of a PI plan that includes specific quality indicators and</p> <p>Performance filters that they will tract. You could not tell where a problem would go or what the authority was within the hospital to send anywhere. This seemed to be a lack of understanding on how a PI should be performed. They need a more adequate plan of action.</p>
	<p>2) Type II – Section VII, 1, 1, a Ongoing continuation education program focused on trauma provided or sponsored by the hospital - They stated they would fund physician education; the hospital will offer a minimum of 2 Trauma related grand rounds annually with CMEs. Collaborate with the hospital librarian to obtain access available computer based CME's for physicians. Letter from TMD to all trauma team members regarding trauma education requirements as defined by the ADH Trauma Section.</p>
	<p>3) Deficiency Type II –Section VII, E, 5 Documentation of severity of injury and outcome by trauma score, age, injury severity score, TRISS</p>
CONCLUSIONS	<p>1) Deficiency Type I -Recommendation 1 - they take a course that teaches PI and implement some of the principals in the course. Would like to see a statement from the hospital's leadership that demonstrates their commitment to ensuring participation of the panel members. Recommendation 2 – The review needs to be a site review and have them pull</p>

charts and show that they have identified issues and show that they were taken them to committee, the committee addresses them in a meaningful way and developed action plans and closed the loop on that. Needs to be done on site not a paper review. They should show us 6 months of performance improvement data that works. They have up to a year with the possibility of a year extension on their provisional designation if approval is given by ADH.

2) Deficiency Type II –. Feel like their plan for this piece is acceptable. Recommendation 1 -Need to be able to see certificates. This process could be verified by paper.

3) Deficiency Type II – They would purchase reference manuals for continuing education for Trauma Data Analyst, they would attend Trauma Data Analyst for all classes offered by the state, AAAM and American Trauma Society. Implement 2 levels o Trauma chart review by RNs with specialized training. Implement 2 levels of review of trauma deaths and mortality, Injury severity and mortality data, dated May 1, 2010 thru August 21, 2010, submitted for the designation application was reviewed by a Compliant Documentation Specialist and redistributed into the appropriate ISS categories. This plan for this piece is acceptable. Their action plan is acceptable and sufficient to correct the deficiency. This should be an on-site review. Recommendation 1—The hospital will be asked to produce a group of patient charts and submit the trauma band numbers to the ADH for verification that the information has been submitted to the States trauma registry. From the larger list of charts, on-site reviewers will pick at least 10. Reviewers will go through charts and look at their coding and that if they are 80% in agreement it would satisfy the requirement.

Recommendation to ADH -Documentation of CMEs, PI plan needs to be verified and abstraction coding and registry need to be verified. A physician and a nurse reviewer will provide the review. Ask Baptist to have 6 months of completed data.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Share recommendation to ADH concerning Baptist’s action plan	Dr. Todd Maxson	

Hospital Designation –Christus St.

Michael – Designation site Visit for Level III Trauma Center Dr. Todd Maxson

III Trauma Center

DISCUSSION	Christus St. Michael- Two member review team for a Level III Designation site review. The reviewers found three deficiencies:
Type II – Trauma specific education (CME or internal education program) for general, ortho, neurosurgery and emergency medicine is lacking	
Type II – Surgeon arrival within the expected timeframe for activations is less than the 80% requirement is not consistently monitored and documented by the PI process – They went from 0%, 20%, 50% to 83% of surgeons’ arrival timeframe. Two of the secondary reviewers agreed the third one did not. The reviewer	

that did not agree said her interruption of it was that it was in the aggregate for the entire period of time. This is the national standard. She felt like this was not met.

Type II – One Emergency Medicine physician has never had ATLS

CONCUSSION	The motion was made by Dr. Todd Maxson to accept the report as is and recommend to the TAC as having three Type II deficiencies which would give them a full designation as a Level III Trauma Center. The Motion was seconded by Dr. Mike Sutherland and was unopposed.
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ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Define surgeon arrival time as an aggregate for the entire 3 month period in a FAQ and bring to this subcommittee next meeting. Will give a 6-month grace starting July 1, 2011.	Dr. Todd Maxson	3/15/11

Update on Hospital Designations

Dr. Todd Maxson

DISCUSSION	We have 18 hospitals that have signed up for designation reviews.	
CONCUSSION	Two ED physician, one surgeon and four nurses were credentialed this morning, two of which are eligible to go out now. The department should have enough reviewers to meet the entire request.	
ACTION ITEMS		
Share a list of reviewers with the other reviewers	Diannia Hall-Clutts	3/15/11

Other Business – Need for pre-review of Data before Formal Site Review

Dr. Todd Maxson

DISCUSSION	A motion was made to ask ADH to put into the Special Project Budget (\$50,000 -\$100,000) enough funds to provide a nurse to verify charts (pre-review) to ensure the early and rapid accuracy of our trauma registry data. (Approximately 60 hospitals)	
CONCUSSION	Propose to ADH that we look at charts ahead of time before the review to verify that they match what was sent to the state registry, is the abstraction of data complete and is their coding accurate	

ACTION		
Meet with Bill and Renee about the need for data to be analysis by a nurse prior to the formal site review.	DR. TODD MAXSON	3/15/11