



Trauma Advisory Council

August 17, 2010

3:00 p.m.

Minutes

MEMBERS PRESENT

Dr. Ronal Robertson
Dr. Charles Mabry
Dr. Clint Evans
Dr. James Graham
Colonel Winford Phillips (represented by Capt. Gloria Cook)
Dr. Paul Halverson (represented by Donnie Smith)
K. C. Jones
Dr. Barry Pierce
R. T. Fendley
Robert Williams
Terry Collins
Dr. Mary Aitken
Dr. Alvin Simmons
Dr. Lorrie George
James Carter
Jon Wilkerson
Robert Atkinson

GUESTS

Dr. J. Booker
Terry McCormack
Bo Ryall
Carla McMillan
John Recicar
Rod Barrett
Gary McCracken
D'borai Cook
Dr. Michael Sutherland
Carol Cassil
Denise Carson
Donna Parnell-Beasley
Theresa Jordan
Laura Guthrie
Myra Looney Wood
G. Wheelen
Terry Bracy

MEMBERS ABSENT

Dr. Michael Pollock
Vanessa Davis
Dr. Victor Williams
Ron Peterson
Vanessa Davis
Ruth Baldwin
Dr. John Cone

STAFF

Bill Temple
Brian Nation
Lynda Lehing
Marie Lewis
Austin Porter
Diannia Hall-Clutts
Jim C. Brown
Dr. Todd Maxson
Renee Patrick
Rick Hogan
Gregg Brown
Tatiana Hicks
Tonisha Allen

GUESTS (continued)

Ronald L. Russell
Tim Vandiver
Jasper Fultz
Kathy Gray
Jeff Tabor
Keri Cody
Addie Grisby-Roshell
Jon Swanson
Keith Moore
Cathee Terrell
Dr. Tim Callicott
Gary Padgett
Ron Woodard

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

The Trauma Advisory Council (TAC) meeting was called to order on Tuesday, August 17, 2010, at 3:02 p.m. by Dr. Graham.

II. Welcome and Introduction

Dr. Graham welcomed all guests and TAC members.

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

The TAC reviewed the July 20, 2010 minutes. Dr. Mabry made a motion to approve the minutes. The motion was seconded by Dr. Lorrie George. Dr. George asked to correct the minutes to reflect that it was Jon Wilkerson who presented the motion for the Injury Prevention Subcommittee to approve the present Injury Prevention Plan, and not herself. The July minutes will be amended to reflect this change.

The minutes were approved as amended.

IV. Trauma Office Report – Bill Temple

Staffing

Mr. Temple introduced Greg Brown, the new EMS Section Chief. Tonesha Allen and Tatiana Hicks were also introduced as new Administrative Specialists for the Injury Prevention and Control Branch. This brings the total on-board staffing level to 12 (of 18 authorized positions). The Branch has been notified that three other recent hires now have starting dates. These are as follows: Margaret Holaway, Registered Nurse; Joe Martin, Health Program Specialist; and Lee Crawford, Health Program Specialist. There are only three positions left to be filled. The interviews for the last Health Program Specialist are scheduled for this week. The second reposting for the final Registered Nurse position closes this week, as does the advertisement for the Budget Analyst.

Sub-grants

There has been no change from the numbers given at last month's TAC meeting. The Contract Support Office at ADH is working on new Purchase Orders (POs) for FY 2011, which must be done before hospitals and EMS providers can invoice for the remainder of the FY 2010 money. It is expected that the POs will be completed by the end of August and payments should be made during September.

Call Center

The contract with MEMS has been signed and, following a review by the legislature, is expected to be in place for a start date of October 1.

Communications System

ADH personnel met with our independent consultant, Buford Goff and Associates (BGA), twice last week regarding their research for the two communications system options (VHF vs. AWIN). The schedule calls for BGA to have a “pros and cons” document to us by the end of this week and a final document by the end of next week. ADH expects to make a decision about which way to proceed within the very near future.

Injury Prevention

The Injury Prevention sub-grant for just under \$500,000 for the Injury Prevention Center at Arkansas Children’s Hospital has been signed. Pending legislative review, it is expected to be in place for a start date of October 1. A great deal of work was done last week by Dr. Aitken and members of the ADH Injury Prevention and Control Branch to get this sub-grant in place.

Hospital Designation Site Surveys

Site surveys are still scheduled for Jefferson Regional in Pine Bluff (August 25-26) and UAMS in Little Rock (August 26-27).

Dr. Graham asked about the Arkansas Trauma Call Center (ATCC) contract. ADH expects the ATCC to be operational by mid January. Donnie Smith concurred and noted that there are additional barriers to consider than anticipated last month.

V. ADH Medical Consultant Report – Dr. Todd Maxson

Dr. Maxson noted that this next week is exciting because of the upcoming site visits. He thanked Keith Moore for bringing together a large group of Baptist Hospital stakeholders to discuss Trauma designation process. Jim Booker coordinated a group discussion in Texarkana last Friday. The first Central Arkansas TRAC meeting was held July 28th at the Arkansas Hospital Association. Next Central Arkansas TRAC will be 5:00 p.m. on August 30, 2010.

Please watch the ADH web site for postings of new documents regarding the designation process.

VI. Trauma Registry – Marie Lewis

- 16 hospitals are reporting through the web portal and have entered over 160 records
- The AAAM AIS Coding Course is scheduled for September 1-2; there is only one seat left
- The ATS Trauma Registrar course is scheduled for October 7-8; there are still seats available but please get your registration request in to Marie

The Digital Innovation, our software vendor, User Group meeting is October 14-15 in Nashville, TN. This will be a great training opportunity for those with DI Report Writer to learn tips and techniques for getting their data out of the registry in the best formats.

VII. TAC Subcommittee Meeting Reports –

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

- Finance Subcommittee (Dr. Ron Robertson – Chair) (did not meet) – No report.
- EMS Subcommittee (Dr. Clint Evans - Chair).
Dr. Evans made a motion from the subcommittee that the TAC endorses the bands for use in the Trauma System. The motion was seconded by Dr. Mabry. After much discussion, the motion was approved. Dr. Evans thanked Austin Porter for his work.
- Injury Prevention Subcommittee (Dr. Mary Aitken – Chair) (did not meet) – No report.
- Hospital Designation -- (Jamie Carter) (see attached report)
- TRAC Subcommittee (Dr. Charles Mabry – Chair) (see attached report)
- Trauma Registry Subcommittee – (did not meet) (did not meet) – No report.

Dr. Graham stated that, as chair, he would like to form a Rehabilitation Subcommittee. He asked for a motion and Terry Collins so moved with a second from Dr. Lorrie George. With no further discussion, the motion was approved. The Rehabilitation Subcommittee will be established. Dr. Graham asked for volunteers to serve on this subcommittee.

Other Business

- Most other states provide autopsy report information, but current Arkansas law does not require this information to be provided. Currently, Medical Examiner's office will release no information. Acquisition of this data may require a legislative change, Dr. Graham suggested that ADH work with him to explore the issue.
- The difference in requirements for level 2 and level 3 designation as it relates to the availability of a surgeon was discussed. Dr. Mabry and Dr Sutherland explained that Jefferson Regional has developed a "multi-level" activation response category. Dr. Sutherland said there is a subset of patients that will benefit and further stated they review data on month-to-month basis and that results are encouraging. Dr. Maxson said the system has been successful in other parts for the country and that surgeons are trained to make these decisions and results are positive. His concern is that data may be good but outcomes may be poor. Dr. Mabry specifically questioned the "30 minute" rule. Dr. Maxson reminded the TAC of the rules and said 30 minutes is the present rule that came through the Designation subcommittee (Jamie Carter noted that it was two meetings ago when the subcommittee acted on the rules).
- R.T. Fendley inquired about overall budget and wanted to know what is available for year two.

Donnie Smith said the existing budget does include the carry forward. He said now is the time to review the budget and it would be revisited during the year as the FY 10 books are closed.

VIII. Next Meeting Date

The next TAC meeting will be held on Tuesday, September 21, 2010, at 3:00 p.m. The meeting will be held in Room 906 (Boardroom) at the Freeway Medical Building.

IX. Adjournment

Without objection, Dr. Graham adjourned the meeting at 4:32 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

**Designation Subcommittee
Meeting Summary
August 17, 2010**

The Designation Committee of the Trauma Advisory Council met on August 17, 2010 at 10 am to discuss several designation issues for Arkansas Hospitals. Two out of state hospitals (Missouri) presented intent applications for considerations. Discussion revolved around how out of state hospitals would be considered for inclusion in the State's trauma system. Based on two other hospitals already considered for inclusion are The Med and LeBonheur Children's Hospital, both based out of Memphis, TN. It was concluded that more data needed to be collected with respect to volume of Arkansas residents seen in the two Missouri hospitals. It was further concluded that two factors would be applied toward consideration of any out of state hospital, including:

- 1) Level of financial participation would be indexed against the average number of Arkansas trauma patients seen in Level I, II, and III hospitals in Arkansas, and
- 2) The trauma hospitals included in each region of the State of Arkansas needed to provide input on the out of state hospital to be included in that particular region.

There was also further discussion about expanding the Designation Committee in order to review survey findings of hospitals seeking designation. The purpose of the committee expansion is due to the volume of survey reviews that will occur as hospitals seek to designate, the workload will need to be taken on by the committee. Also, to keep from any conflict of interest, the committee expansion is necessary. Carter and Maxson committed to submitting names to Temple for consideration.

The committee was presented with a proposed equipment list for pediatric trauma patients. Trauma rules and regulations stipulate that appropriate pediatric equipment is required by hospitals seeking trauma designation, but the rules and regulations are silent on specific equipment. The committee was asked to consider the list of equipment before next month's meeting. The intent is to approve the equipment list at next month's meeting, then post the recommended equipment on the on-line FAQ.

Lastly, a two and a half page list of clarification questions was submitted to the committee for consideration. Each question was addressed and is attached to these minutes. Temple stated that the on-line FAQ would be updated with these being added.

There being no further business brought before the committee, the meeting was adjourned at 11:05 am.

Jamie Carter

**EMS Subcommittee
Meeting Summary
August 17, 2010**

The EMS subcommittee met on August 17, 2010. Our primary topic of discussion was how to link pre-hospital data with hospital data. Austin Porter with the Dept of Health presented a proposal to use trauma bands. These bands had previously been discussed by the registry subcommittee, and the GAC voted unanimously to support the use of these bands at their meeting earlier this month. The bands will contain a unique number, and this number will be entered on the EMS run form and reported to the state with data submission. Medics will be asked to place the bands on trauma patients, ideally during transport or after arrival at the destination if not feasible during transport. There was much discussion about the bands, but ultimately, the group felt this was a cost effective and relatively simple solution to the problem.

Bill Temple and Donnie Smith with the Dept. of Health briefed us on a problem with the proposed communication system. Previously, the plan had been to use the existing VHF radios to contact the Call Center. However, many of the towers initially proposed for this plan failed, and there will therefore be a large expense to remediate these towers. An alternate proposal has been made to use the AWIN system instead. This will also require a large expense to supply all EMS agencies with the AWIN radios, although our friends with the Dept. of Health assure us this cost would not come from existing EMS grants. These options are currently under review by a consultant, who should provide a report within the next two weeks. We will discuss these options at our next meeting, or perhaps call an earlier meeting if need be.

We then addressed an issue with education. Although the TRAC setup is not completely known, there will likely be an educational component of the TRACS. We were asked about EMS education at the TRAC level. The consensus was that our EMS organizations have done a great job with our education grants, and we will continue doing this. However, if there are educational subcommittees of the TRACS, we would like an EMS representative to serve on these subcommittees. We would also like to be invited to hospital sponsored training events, and would request that EMS continuing education hours be applied for with the Division of EMS.

Lastly, we discussed the backfill issue. This issue is important to the proper functioning of the trauma system, and it is clear we need to make improvements with this issue this year. Some options include having the Call Center help track these backfills and identify problem areas. We also discussed requiring agencies to both give and receive agreements, which should help alleviate the concern that some agencies could penalize their neighbors by not participating in agreements. Another idea was proposed which would allow for a set number of backfills between agencies, but if this number was exceeded, some of the EMS grant money might be shifted to the agency which was providing the backfills. We came to no conclusions on the backfill issues, but did identify areas for discussion at our next meeting.

TRAC Subcommittee summary

August 17, 2010

Members and guests met to discuss the current status of the TRACs and to plan for future plans for implementing TRACs for Arkansas.

A brief review of TRACs, including the strategic theory of TRACS, legislative history, inclusion of Quality Improvement Organization (QIO) contractor into the structure and functioning of each TRAC.

Dr. Maxson, Dr. Calicott, Jamie Carter, and KC Jones each gave a brief summary of their experience with TRACS in other states, as well as some current sentiment for the formation of TRACs in Arkansas.

Preliminary meetings of those interested parties in the TRAC was encouraged in order to help develop regional trauma coordination, institution of official TRAC meetings in each area, and to help foster mentoring in the TRAC.

A suggestion was made for recommendation to the TAC for action, to develop a general guideline / “start up kit” for those areas interested in forming a TRAC. The kit would include:

- Outline of acceptable structure of an Arkansas TRAC
- List of four or five key action items as first goals of each TRAC
- List of ADH personnel assigned to / available to help with TRAC formation and operational questions
- Outline of FOIA, regulatory rules applicable to TRAC functioning, including protection afforded quality improvement activities of the TRACs
- Outline of funding rules and mechanisms utilizing the AHA revenue flow—through pathway
- Form used to capture important contact information of providers in a given TRAC, which will be submitted to the ADH to improve their outreach services
- Examples of successful TRACs in other states and links to web resources for TRACs.