



# Trauma Advisory Council

April 19, 2011

3:00 p.m.

Minutes

## MEMBERS PRESENT

Dr. Charles Mabry  
Dr. Clint Evans  
Dr. Lorrie George  
Dr. James Graham  
Dr. Alvin Simmons  
Dr. Mary Aitken  
Dr. Paul Halverson  
Dr. Michael Pollock  
Dr. Ronald Robertson  
Jamie Carter  
Myra Looney Wood  
Freddie Riley  
Robert Atkinson  
Terry Collins  
R. T. Fendley  
Robert T. Williams  
K. C. Jones  
Jon Wilkerson  
Carrie Helm  
Dr. Victor Williams

## MEMBERS ABSENT

Dr. John Cone  
Dr. Barry Pierce  
Ron Peterson  
Ruth Baldwin  
Colonel JR Howard  
Vanessa Davis

## GUESTS

Dr. Michael Sutherland  
Ron Woodard  
Donna Parnell-Beasley  
Jon Swanson  
Jasper Fultz  
Dr. Chuck Mason  
Theresa Jordan  
Denise Carson  
John Recicar  
Gary Ragen  
Cathee Terrell  
Dwayne Aalseth  
Tim Vandiver  
Jeff Tabor  
Carla Jackson  
Milton Teal  
John Badgley  
Gary Meadows  
Monica Kimbrell  
Jamin Snarr  
Terrell Neal  
Curt McClung  
John Benjamin  
Jodiane Tritt  
Chrystal Rhone  
Lisa Williams  
Terry Bracey  
Barbara Riba  
Mark K. Sanford  
Sarah Bemis  
Keith Moore

## GUESTS (Continued)

Amy Niemann  
D'borai Cook  
Don Adams  
Ronald L. Russell  
Jarrod Johnson  
Carla McMillan  
Kathy Gray  
Julia Ponder  
Dr. Jim Booker

## STAFF

Dr. Todd Maxson  
Greg Brown  
Bill Temple  
Brian Nation  
Detrich Smith  
Diannia Hall-Clutts  
Donnie Smith  
Renee Mallory  
Jim C. Brown  
Joe Martin  
Lee Crawford  
Margaret Hollaway  
Marie Lewis  
Lynda Lehing  
Jamie Owens  
Rick Hogan  
Renee Patrick  
Steve Bowman

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

The Trauma Advisory Council (TAC) meeting was called to order on Tuesday, April 19, 2011, at 3:05 p.m. by Dr. James Graham.

## **II. Welcome and Introduction**

Dr. Graham welcomed all guests and members.

## **III. Approval of Draft Minutes From the March 15, 2011 Meeting**

The TAC reviewed the March 15, 2011 minutes. A motion to approve was made by Dr. Michael Pollock and seconded by Freddie Riley. The previous minutes were approved.

## **IV. Trauma Office Report – Bill Temple**

### **Staffing**

The Injury Prevention and Control Branch is now fully staffed. Our new Registered Nurse, Paula Duke, was introduced to the TAC by Mr. Temple.

### **Grants**

Mr. Temple e-mailed a report to the TAC membership prior to the meeting. There were no major issues to discuss at the meeting.

Mr. Temple reported on our Injury Prevention Core grant application. We were approved but not funded. There were 41 states that applied for the grant. The 20 states that were previously funded under the grant were funded again. Only one state was added (North Carolina). Applications from 18 states were approved but not funded, and we were among those. Two states were viewed as non-responsive and were rejected. Should money become available under the grant, we could possibly receive funding but this is not likely. Mr. Temple thanked everyone for their work on the Core grant application, especially Dr. Mary Aitken and her staff.

The American College of Surgeons' site visit is still on for June 5, 2011 through June 8, 2011 to review our trauma program. We are working to finalize our PRQ responses and get them submitted by the end of the week. We will begin work this Friday on the Safe States STAT visit application for their site visit the first week of August.

One hundred thirty-five trauma radios of the total of approximately 560 have been installed as of last Friday.

Mr. Temple announced that Austin Porter was accepted in the Public Health Doctoral Program at UAMS. Mr. Porter will remain at the Arkansas Department of Health (ADH) during his course of study. Also, Lee Crawford was accepted into the UAMS School of Medicine for the upcoming fall semester. Mr. Crawford will resign his position at ADH effective July 1, 2011.

R.T. Fendley inquired about grant time frames and expressed concern about the tight timeframe. Specifically, he mentioned the June 15<sup>th</sup> close out deadline. Bill Temple and Donnie Smith said this is indeed a challenge. Mr. Smith said we would try to work on a case by case basis, but payments after July 1, 2011 would come from next year's appropriation.

### **Call Center Report – Jeff Tabor**

Two more consoles have been installed at the call center. From January 3, 2011 through March 31, 2011 we have had 1,200 trauma patients through the call center. Approximately 850 of the calls related to hospital-to-hospital transfers.

### **V. ADH Medical Consultant Report – Dr. Todd Maxson**

Dr. Maxson mentioned that we have completed 13 designation site visits and four or five more are set in the next few weeks. It is possible that by the end of July we could have 20 designated hospitals within the state.

The opportunities for improvement at hospitals are consistent. Every hospital is having the same issues. Most hospitals are brand new at performance improvement, abstracting and coding patients, and getting ISS done correctly. When a hospital calls and asks about designation they will be sent a questionnaire consisting of six questions. It will address the six things we are finding to be the most common deficiencies or opportunities for improvement at hospitals. If hospitals will fill that out and return it promptly, it will allow the Trauma Nurse Coordinators at ADH to do a quick evaluation to determine if the hospital is ready for the site survey. At that point, discussions with the hospital can take place regarding the questionnaire. The final decision to delay or proceed with the survey will rest with the hospital.

Dr. Maxson mentioned that he recently provided performance improvement information to hospitals on a Tanberg video conference.

### **ACS Site Visit**

Dr. Graham asked about the ACS site visit and mentioned subcommittee chairs' involvement in the process. He asked for Dr. Maxson's perspective. He stated that although we do not have a specific schedule yet, there are three phases to the site review. There will be a dinner on the first night to discuss generic issues and for introductions. The next day will involve a more detailed schedule with interviews of a variety of stakeholders, including some TAC members. The following day they will review and discuss their findings. The exit interview will take place Wednesday, June 8, 2011, and should be open to TAC members.

### **VI. Trauma Registry – Marie Lewis**

- In March we completed our third AIS class with very positive feedback from both the participants and the instructors
- Our first DI Report Writer course was in March, also with positive feedback
- The May 5-6 Trauma Coordinator's course is full and there is a waiting list, so if someone is unable to attend please let Marie know as soon as possible
- The next NTRACS submission deadline is May 30. A submission guide is being developed and will be available on the website the first week in May
- The American Trauma Society is hosting the 2011 Trauma Educational Seminar in St. Louis June 13-18
- The Digital Innovation User's Group meeting will be October 5-7 in San Diego

### **VII. TAC Subcommittee Meeting Reports**

#### **Subcommittee Meeting Times**

Dr. Graham suggested that subcommittee chairs find a regular meeting time that is not on TAC meeting day and we would work to set up either telephone conferencing or video conferencing capabilities. We would like to have the meetings on a different day. Some subcommittees have already had meetings by teleconference. Dr. Graham will leave this to the subcommittee chairs and we will work to accommodate them. We would like to get most meetings off the TAC meeting day. Dr. Evans suggested we set up some revolving system so, if desired, each subcommittee could meet on TAC day some months. Dr. Graham will set up a draft schedule that he will distribute to the subcommittee chairs.

(Note: summaries are attached; only official action and additional information provided to the TAC is documented in this section)

- Finance Subcommittee (R. T. Fendley – Chair) (Did not meet) (No report)
- Hospital Designation (Mr. Jamie Carter, Chair) (see attached report)

Mr. Carter, on behalf of the subcommittee, recommended Crittenden Regional Hospital as a provisional Level IV and Baptist NLR as a provisional as a Level III. The motion from the committee was seconded by Terry Collins. The recommendation to ADH was approved.

- EMS Subcommittee (Dr. Clint Evans - Chair) (see attached report)

Dr. Evans shared a hard copy budget report to the TAC members and reviewed and pointed out changes. He recommended the budget on behalf of the subcommittee to the TAC. The motion was seconded by Freddie Riley. The motion to recommend the budget to ADH was approved.

Dr. Halverson asked about EMS run reports and inquired about all ambulance services' electronic submissions. Mr. Greg Brown reported that 2010 data submissions were closed out on March 31, 2011. He is presently working to finalize the import and compile the data of about 100,000 runs. We have a total of approximately 310,000 runs for 2010.

Dr. Halverson also inquired about EMS data being able to link directly to the trauma registry. Marie Lewis said she will be working with vendors to link the data. Mr. Brown said we are looking at monthly deadlines for the future and this will be proposed in the new EMS rules and regulations. Dr. Halverson noted that two written backfill agreements are required for EMS services. Because concerns have been expressed, this has been submitted to the Arkansas Attorney General for comment. Dr. Halverson was very complimentary of how far EMS has come and the progress that has been made.

Dr. Maxson asked Greg Brown about rules and regulations revisions. Mr. Brown indicated the rules are currently under review and he would like to have the paperwork ready to work on revised rules and regulations by this fall.

- Rehabilitation Subcommittee (Jon Wilkerson – Chair) (did not ) (No report)

Mr. Wilkerson informed the TAC that the needs assessment was complete. Cheryl Vines, the Arkansas Spinal Cord Commission, will present a summary report to the TAC next month. The Subcommittee will meet on the second Monday of each month, as needed. They will meet on the second Monday in May. He would like for the needs assessment report to be on agenda for next month's TAC meeting.

- TRACs/QI Subcommittee (Dr. Charles Mabry – Chair) (see attached report)
- Injury Prevention Subcommittee (Dr. Mary Aitken – Chair) (see attached report)

Dr. Aitken reported that her subcommittee wishes to meet on the second Tuesday of each

month at 1:30 p.m. starting in June. Dr. Aitken will coordinate this with Dr. Graham. The needs assessment being conducted by the Clinton School students is almost complete. The subcommittee would like to present this to the TAC next month, if possible.

### **VIII. Other**

Dr. Graham reminded the TAC of the February, 2010 council retreat. He said most of the goals listed and prioritized were met and many were exceeded within the year. He proposed another TAC retreat. With the upcoming ACS and Safe States site visits, this fall would be a better time frame.

#### **Autopsy bill update from Dr. Halverson**

This legislation was a change to the current law and was strongly supported by the Prosecuting Attorneys' Association. There was no objection and it will become law in August. The statute will allow ADH access to autopsy reports for subsequent use by hospitals for performance improvement purposes. Dr. Graham thanked Rick Hogan, ADH legal counsel, who spearheaded this initiative. Mr. Hogan said that Representative John Edwards carried the bill in the legislature and asked the TAC to acknowledge his efforts.

### **IX. Next Meeting Date**

The next meeting will be held on Tuesday, May 17, 2011, at 3:00 p.m. The meeting will be held in Room 906 (Boardroom) at the Freeway Medical Building.

### **X. Adjournment**

Without objection, Dr. Graham adjourned the meeting at 4:22 p.m.

Respectfully Submitted,

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

## **TRACs/QI Subcommittee Meeting**

### **April 19, 2011 - 1:00 p.m.**

**Members Present:** Dr. Charles Mabry, Chair; Dr. Jim Booker; Dr. Michael Sutherland; Myra Looney Wood; Jamin Snarr; Dr. Todd Maxson; Jamie Carter; Michael Smith; Monica Kimbrell  
**ADH Staff:** Bill Temple; Renee Patrick; Diannia Hall-Clutts; Margaret Holaway; Paula Duke; Marie Lewis; Jim Brown

The meeting focused on following topics:

- We should have quality measures in place across the state. The function of the TRACS Subcommittee is to function as the committee that deals with quality measures for the trauma system and delivers them to the TAC for final review and recommendations to ADH. The committee discussed two different types of quality metrics. One is a metric based on data, such as ambulance runs and hospital statistical data. The other is a sentinel event, (dramatic or rare events that occur). Incident reports could track these “sentinel” events and can then be evaluated and tracked. Once the proposed measures are sent to the TRACs for discussion, they will then come back to the TRAC Subcommittee to develop a final set of measures. The thought is to have a retreat to iron out the metrics and develop a strategy as to how to best communicate them to the various TRACS. We could then develop the educational piece to go along with them to educate the hospitals and the pre-hospital providers as to how to implement those quality improvement measures.
- The functional structure of each TRAC is very important. The thought is to develop some guidelines regarding by-laws to share with the TRACs. Dr. Mabry will discuss this with Rick Hogan, ADH Legal Counsel. There are guidelines within the existing rules and regulations that should be followed.
- The QIO should have both an educational piece and a data analysis function. Key parts include the interaction of the QIO contractor in the various measurements and how they will interact with the various TRACs regarding quality metrics. Also, consider who will develop metrics and specific tasks that will be needed. Data analysis and being able to aggregate data and drawing conclusions from the information is a key part of quality improvement.
- Part of the strategic planning session would be for ADH to advise when the rules, by-laws/guidelines, and proposed QIO RFP are being written. A needs assessment might also be considered to help facilitate the planning session. The planning session could also be used to provide input and to offer advice to ADH on specific tasks the subcommittee would like to see the QIO handle.

The next meeting of the TRACs Subcommittee will be at 1:00 p.m., before the TAC meeting on May 19, 2011, unless announced otherwise.

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

**Minutes**

4-15-2011

1:00 pm – 3:00 PM

ADH Lab Library/conference Call

<b>MEETING CALLED BY</b>	Jamie Carter
<b>TYPE OF MEETING</b>	Sub-Committee
<b>FACILITATOR</b>	Jamie Carter
<b>NOTE TAKER</b>	Diannia Hall-Clutts
<b>COMMITTEE MEMBER ATTENDEES</b>	Dr. Todd Maxson, Donna Parnell, Dr. Michael Sutherland, Dr. Barry, Jamie Carter, Dr. James Booker, Dr. Barry Pierce
<b>WELCOME APPROVAL OF MINUTES</b>	Jamie Carter welcomed everyone and called the meeting to order. Jamie asked for a motion to approve the March subcommittee minutes. Upon a motion by Donna Parnell, seconded by Todd Maxson, the vote was passed unanimously.

**Agenda topics**

*Level iii & IV – Emergency Medicine Physicians qualified and experienced Requirements*

Jamie Carter

<b>DICUSSION</b>	EM physicians at Level IIIs & IVs that hospitals have to pull from are not of the same skill set as a Level I & II. What do we want to see Level IIIs and IVs deliver to the system? A decision needs to be made on defining what is “qualified and experienced” pertaining to Level III & IV Emergency Medicine physicians. Does an emergency medicine physician being current in ATLS suffice and would this define “qualified and experienced”? Would we like to see the TMD or the leader of trauma at the hospital attest to the competence in trauma care? If he/she is non-boarded or has not had ATLS what criteria do we use to decide whether he clears the rule? Would a way to verify his/her competence be through chart review/peer review? Nationally, they consider being boarded, proof that someone else has declared you competent, short of being boarded than current in ATLS is accepted as being checked off as competent.
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<b>CONCUSSION</b>	<b>Recommendation:</b> EM physicians are either board certified (any board certification) or current in ATLS, if non-boarded or not current in ATLS than the hospital is subject to a reviewer’s review of all that practitioner’s cases. After the review and it is of the opinion of the reviewer that the practitioner is competent, than they would pass this requirement. A motion was made to define a physician as “ <b>qualified and experienced</b> ” as a physician who is board certified in any specialty and has had ATLS at least once and if non-boarded ATLS has to be current.
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<b>ACTION</b>	
	<b>HOSPITAL DESIGNATION</b> JAMIE CARTER

<b>DICUSSION</b>	Baptist NLR -The committee agreed with the primary and secondary reviewers. The committee’s recommendation to the Department of Health will be to give Baptist North Little a provisional designation. The vote was unanimous.
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	Crittenden Regional - The committee agreed with the primary and secondary reviewers. The committee’s recommendation to the Department of Health will be to give Crittenden Regional a provisional designation. The vote was unanimous.
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St. Vincent Infirmiry Medical Center - The committee discussed the Type I deficiency sited by that primary reviewers. This deficiency leads to a difference in the review between the primary review and a secondary reviewer. A secondary reviewer also felt an additional Type II deficiency should be sited on inaccuracies in documentation of severity of injury and outcome by trauma score. This would be an additional Type II deficiency. The Type I deficiency was sited based on the rule and not the FAQ which was put in place to more clearly define the rule Section VII 3.3-5. The hospital met the 3 month aggregate response time of 80%. The committee agreed to recommend removing this Type I deficiency. One secondary reviewer felt like the CME requirements for general surgeons, neuro and ortho needs to be broken out into separate deficiencies. This would add three Type II deficiencies. The committee voted to agree with the 5 Type II deficiencies which would give them a provisional designation. The vote was unanimous.

<b>CONCUSSION</b>	The above recommendations will be presented to ADH		
<b>ACTION</b>			
The above recommendations will be reported to the TAC and submitted to ADH	Jamie Carter	Immediately	

**HOSPITAL FUNDING FOR SHARED LEVELS**

Jamie carter

<b>DISCUSSION</b>	<p>Previous discussion – If a facility was sharing a designation and only participating to the percentage that they are sharing, example if two hospitals are sharing 50/50, three facilities 33% then each hospital would get the funded at the lower level and they would split the higher level between them. If each facility provided services at 80% then each would get the higher level.</p> <p>Another idea – Each hospital would get the lower level funding and then to determine what percentage of time they qualified at the higher level would be determined that through the dashboard. At the end of the funding year we would go back and look at their coverage at the higher level and pay them for the percentage they operated at the higher level. Make each of the facilities submit to the TRAC their accounting and have the TRAC collate it and send it to ADH. The submission of data from the (ATCC) dashboard will need to be decided on whether to submit quarterly or biannually.</p>
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**LEVEL III & IV SECONDARY REVIEWERS**

JAMIE CARTER

<b>DISCUSSION</b>	The rules state that the survey team will consist of a surgeon, ED physician and a trauma program manager/coordinator. Does not say they have to be a primary reviewer physically at the site visit, but they need to be involved in the process.
<b>CONCUSSION</b>	The committee was in agreement that all three disciplines need to be involved with the review process whether it is as a primary reviewer or secondary reviewer.

**REVISION OF THE RULES AND REGULATIONS**

DR. TODD MAXSON

<b>DISCUSSION</b>	Time for the committee to begin thinking about the need to rewrite the rules, they do not speak to how we want trauma centers to perform. The college does not have a process (product) for Level IV. We probably need to start looking at Level IIIs and IVs first. This committee should be responsible for this. Maybe we need to appoint an ad hoc committee to help with the process. Dr. Todd will call and discuss with Jim Kessler who sits on a committee nationally who is writing Level IV criteria.
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<b>ADJOURNMENT</b>	With no other business the meeting was adjourned at 3:15 p.m.
<b>OBSERVERS</b>	Margaret Holaway, John Recicar, Bill Temple, Renee Patrick, Diannia Hall-Clutts, Joe Martin
<b>NEXT MEETING</b>	April 17, 2011 at 2:00 p.m. – 3:00 p.m.
	Freeway Medical Building

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

**Minutes**

4-17-2011

2:00 pm – 3:00 PM

Freeway Medical building – 9th Floor

MEETING CALLED BY	Jamie Carter
TYPE OF MEETING	Sub-Committee
FACILITATOR	Jamie Carter
NOTE TAKER	Diannia Hall-Clutts
COMMITTEE MEMBER ATTENDEES	Dr. Todd Maxson, Donna Parnell, Dr. Michael Sutherland, Jamie Carter, Dr. James Booker, Pierce, Terry Collins

**Agenda topics**

*Hospital Designation – St. Vincent*

Jamie Carter

DICUSSION	St. Vincent Infirmiry Medical Center – Due to some questions regarding the deficiencies sited the Designation Subcommittee agreed to meet and revisit the committee’s recommendation. St. Vincent’s TMD did have the requirements for CME, which brings their deficiencies to four Type II. This would give them a full designation. What do we want the designation process to look like? We want reviewers to be blind to the consequences of their review and a comparison to other hospitals. We don’t want the reviewers in the position to judge just verify.
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CONCUSSION	A motion was made by Terry Collins and seconded by Michael Sutherland to send the review back to Deb Brown for re-review given the changes in the interpretation of their critical deficiency and the identification of the registry errors for them to revise the report as necessary to reflect the intent of their review. The report will come back to the Health Department. The committee recommends that this designation should be a provisional designation. The motion was carried unanimously. Need to look at elevating the level of deficiency for the registry requirement. We need to aggregate all the deficiencies this far and look at what the weaknesses are see what the impact would be.
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ACTION	
	Lead Reviewer will be contacted about re-reviewing the report before submitting to the Health Department Todd Maxson
	Aggregate the deficiencies from all review and report back to the committee. Diannia Hall-Clutts

OBSERVERS	Margaret Holaway, John Recicar, Bill Temple, Renee Patrick, Diannia Hall-Clutts
NEXT MEETING	May 17, 2011 at 9:00 a.m. – 10:30 a.m.
	Freeway Medical Building Room 906

TAC IP Subcommittee Meeting Minutes

Date: April 12, 2011

Attendees: Dr. Aitken, Gary Ragen, Ravina Daphtary, Nichetra Magee, Layce Vance, Megan Frederick-Usoh, Amy Witherow, Christy McCreight, (by phone) Carla Jackson, Barbara Riba, Monica Kimbrell, Bill Temple, Jamie Owens, John Wilkerson, Detrich Smith, Austin Porter, Bettye Watts, Dr. Tal Holmes, Debbie Moore

Agenda Item	Notes	Actions/Who is responsible
Update on SIPP implementation and Strategic Planning	<p>Gary has met with 5 of the 7 TRAC's.</p> <p>We are building a database of contacts.</p> <p>Gary is getting with Austin to get Hospital discharge data updated. Then we will know which hospitals have/don't have and be able to ask them to get program into place.</p> <p>Standard reports will be put together for hospitals. This will include hospital discharge and mortality data information.</p> <p>Clinton School Projects will be done by the end of the month. There was about a 30-40% response rate.</p> <p>SIPP staff continues to work on plans and development of tool kits. All information will be ready for implementation on July 1.</p>	
Injury Prevention Staff Update	<p>Amy Witherow – Motor Vehicle Safety – includes child passenger safety, teen driving, older adult driving, and distracted driving. There are not a lot of established programs focusing in older adult driving, however have been able to access AARP and NHTSA.</p> <p>Nichetra Magee- Intentional Injury – been working closely with local suicide prevention group and making contacts. Recently attended conference regarding “emergency preparedness” (how to not place yourself in certain situations) Working with High Schools and local organizations to distribute materials.</p>	
ADH Injury Update	<p>CDC Proposal – Awaiting notification on Core funding request</p> <p>Formation of ICPG –Gary will meet with Bettye regarding previous CPG. SIPP will work with ADH to begin reforming</p>	

	<p>ICPG</p> <p>ACS site visit will be June 5-8.</p> <p>Safe States STAT visit to assess injury prevention program– August 1<sup>st</sup> -5<sup>th</sup>.</p>	
Trauma Conference	Conference scheduled for April 29 <sup>th</sup> and 30 <sup>th</sup> . Gary will be session on SIPP formation.	
SAVIR/Safe States Meeting	This year was a combined meeting. Dr. Aitken was able to bring back several pieces of information to hand out.	
New Injury Prevention Projects	<p>Child Fatality Review – most states have an investigation process that is followed when there is a child fatality, however there are no teams actively working in AR.</p> <p>New program is being formed with support from ADH. Currently recruiting a coordinator. Prevention-orientation will be adopted for the program.</p> <p>Teen Driving Program – A new teen driving program is under development in the southern part of state.</p>	
Other Business	June 6 <sup>th</sup> and 7 <sup>th</sup> a national expert on human trafficking will be here doing grand rounds and presenting a lecture the night before. Other topics for fall 2011 TBA.	