



# Trauma Advisory Council

August 16, 2011

3:00 p.m.

Minutes

## MEMBERS PRESENT

Dr. Charles Mabry  
Dr. Barry Pierce  
Dr. James Graham  
Dr. Mary Aitken  
Dr. Alvin Simmons  
Dr. Paul K. Halverson (rep.  
by Donnie Smith)  
Dr. Clint Evans  
James R. (Jamie) Carter  
Myra Looney Wood  
Robert Atkinson  
Terry Collins  
R. T. Fendley  
Robert T. Williams  
Jon Wilkerson  
Carrie Helm  
Freddie Riley  
K. C. Jones

## MEMBERS ABSENT

Dr. John Cone  
Dr. Lorrie George  
Dr. Michael Pollock  
Dr. Ronald Robertson  
Colonel J. R. Howard (rep.  
by Capt. Mark Allen)  
Dr. Victor Williams  
Vanessa Davis  
Ruth Baldwin  
Ron Peterson

## GUESTS

Dr. Michael Sutherland  
Dr. James Booker  
Dr. Talmage M. Holmes  
Dr. Stephen Magie  
Jon Swanson  
Teresa Ferricher  
Chrystal Rhone  
Ron Crane  
John Recicar  
Donna Parnell-Beasley  
Cathee Terrell  
D'borai Cook  
Tim Vandiver  
Jeff Tabor  
Carla Jackson  
Debbie Moore  
Milton Teal  
Sidney Ward  
Donna Ward  
Tonja Kelly  
Chris Cauthen  
Carol Cassil  
Jodiane Tritt  
Sarah Bemis  
Stephen Sanford  
Robert Fox  
Barbara Riba  
Carla McMillan  
Laura Guthrie  
Keith Moore

## GUESTS (Continued)

Monica Kimbrell  
Don Adams  
Shelly Wildbur  
Davis Simmons

## STAFF

Dr. Todd Maxson  
Bill Temple  
Donnie Smith  
Diannia Hall-Clutts  
Austin Porter  
Jim C. Brown  
Greg Brown  
Steve Bowman  
Marie Lewis  
Paula Duke  
Rick Hogan  
Renee Mallory

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

The Trauma Advisory Council (TAC) meeting was called to order on Tuesday, August 16, 2011, at 3:03 p.m. by Dr. James Graham.

## **II. Welcome and Introduction**

Dr. Graham welcomed all guests and members. Dr. Stephen Magie, President of the Arkansas Medical Society (AMS), was recognized by Dr. Graham in appreciation of AMS' support in the trauma legislation process.

## **III. Approval of Draft Minutes From the July 19, 2011 Meeting**

The TAC reviewed the July 19, 2011 minutes. A motion to approve was made by Mr. Robert Atkinson and seconded by Mr. James R. (Jamie) Carter. The previous minutes were approved. Dr. Graham inquired about continuing to provide hard copies of the minutes at the TAC meeting. The TAC members said they no longer needed hard copies of the minutes since they are distributed by e-mail in advance of the meeting. Rick Hogan, ADH legal staff, said we would still want to have at least one hard copy at the meeting.

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

### **Personnel**

- Interviews for the Trauma Program Manager position (grants) are complete and the hire packet is in Human Resources.
- Our Public Health Educator, Detrich Smith, left for another position at ADH. This position is open and will be posted shortly.
- The posting will be coming out for the Injury Prevention Section Chief Position. This position is under the CORE Violence and Injury Prevention Program (VIPP) grant.
- Lynda Lehing will also be filling two data positions in relation to the CORE VIPP grant.

### **American College of Surgeons (ACS) Review**

The ACS report is final and was sent by e-mail to TAC members. Recommendations from this report and the Safe States site visit will be discussed at the TAC retreat in September.

### **Safe States STAT Visit**

We should be receiving the final report from the Safe States STAT visit soon.

### **RFPs**

The Education RFP application is currently being reviewed by Ann Purvis, ADH Deputy Director for Administration. The review is to determine whether there are any conflicts of interest of those involved in the project which might be problematic for ADH or the Department of Finance and Administration. Dr. Mabry asked whether this type of review was conducted for other grants and contracts and Donnie Smith stated that the process has been consistent.

### **Hospital Designation**

Twenty-two hospitals have now been designated. We presently have seven more site visits scheduled through December 5, 2011. We are anticipating many more during the course of this fiscal year.

### **Autopsy Legislation**

The letter from ADH that was sent to hospital CEOs and the autopsy request form were both e-mailed to TAC members. The first two requests for autopsy records under the new system have been forwarded to the Arkansas Crime Laboratory.

### **Trauma Radios**

Radio installation is progressing and we are up to 438 radios installed in ambulances around the state. We have less than 100 radios left to be installed.

### **Other**

Jonathan's Law, regarding the proper anchoring of soccer goals, was passed during the 2011 legislative session. ADH will be working with the Public Health Committee to establish guidelines, as required in the legislation.

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

Transfers: **2938**

	Transfer Decision Time	ATCC Process Time	Acceptance Time
Major:	00:56:07	00:03:11	00:06:33
Moderate:	01:48:00	00:02:56	00:07:50
Minor:	01:30:00	00:03:03	00:07:45
<b>Averages:</b>	<b>01:25:00</b>	<b>00:03:03</b>	<b>00:07:22</b>

**EMS:**

<b>Major:</b>	<b>349</b>
<b>Moderate:</b>	<b>1150</b>
<b>Minor:</b>	<b>1452</b>
<b>Total</b>	<b>2951</b>

Mr. Tabor thanked ADH for working with Motorola to handle the encryption issue. Mr. Temple commended the ATCC for their work and specifically noted the progress on transfer acceptance time.

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

Dr. Maxson said he has visited four hospitals that are working toward their designation site visits. He noted that in the last year, the number of trauma patients in Level I hospitals increased 25 – 30%. Level II and Level III hospitals need to be empowered to keep patients that they can treat effectively. Physicians are concerned that if they put patients into their facility they will be unable to move the patient into a higher level of care. Terry Collins noted reluctance in a Level III facility to take a patient into the operating room (OR) and perform damage control surgery. The issue is once they get to the OR, they are considered an in-patient and if they need to be transferred they have to go in-patient to in-patient and the system collapses. Dr. Graham shared that his understanding is that EMTALA does not apply to in-patients at all. Dr. Maxson shared that he met with a group of surgeons who expressed concern and are hesitant to do a damage control procedure for fear that they will then be stuck with the patient and not have ICU capability to provide proper care. They are further concerned they will be unable to transfer to a higher level of care. In follow-up discussion, Dr. Graham said this is a common misconception, and that patients can go from an in-patient status to the Emergency Department. Dr. Maxson said he would begin working on this issue.

A group has begun to craft some research questions as we work through trauma system implementation. The effort is to focus on and document what has and has not worked during this process. This should be helpful, not only to Arkansas, but the U.S. and the developing world. Dr. Maxson asked those who are interested in this project to let him know.

Dr. Maxson shared information about the national experts who visited Arkansas last week and said they are the leading experts on the metrics of trauma system success. He noted that we received invaluable information about how to track the progress of our trauma system.

Dr. Maxson noted that the Trauma Image Repository is up and running. There are some issues with hospitals not signing up to participate. He reminded everyone that this is about patient care and that we need all hospitals to participate in the image repository.

He expressed a plea to air ambulance companies to call the hospital and share a complete report so that appropriate teams can be activated and care can be provided. In further discussion, it was noted that the more lead time helicopters provide, the better care the patient will receive. Dr. Maxson said he would work to provide consensus activation criteria for the services involved and cited some specific examples of key things that “make a difference.” Mr. Temple noted that ADH is working on the communication issues with the air ambulance services.

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

- The NTRACS submission module update was delivered by e-mail last week and this needs to be installed before completing August submissions. The deadline for this submission is August 31, 2011, which includes the second quarter (April, May and June).
- The web registry will be down this Friday for maintenance.
- Staff has been working with several hospitals to test use of the web portal for sharing state PI reports. Once we have worked out the “kinks” and completed the necessary system updates we will start providing reports to all the web registry users.
- We are starting the 2012 National Trauma Data Bank (NTDB) update to the data dictionary. If you have questions on potential data points or additions to drop down lists, please send them to [Marie.Lewis@arkansas.gov](mailto:Marie.Lewis@arkansas.gov) for consideration.

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

(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) (See attached report)

The Finance Subcommittee met on August 2, 2011. The two areas of focus included looking at costs for the system, and to tie costs to outcomes. It will take work to get a common cost calculation/methodology (both pre-hospital and hospital) to calculate costs. The subcommittee asked Myra Wood to carry the issue back to the EMS Subcommittee and to solicit help from the Ambulance Association in this process. The subcommittee will also ask for the Arkansas Hospital Association’s involvement. Bo Ryall is scheduled to meet with the Finance Subcommittee in October.

- Hospital Designation (Mr. James R. Carter, Chair) (See attached report)

Mr. Carter reported two new intent applications. Delta Memorial Hospital requested to move from a Level IV to a Level III. Mr. Carter made the motion from the subcommittee that this request be approved. Mr. R. T. Fendley seconded the motion. The motion was approved.

Wadley Medical Center, Texarkana, TX, submitted an intent application for a Level III designation. Mr. Carter made a motion from the subcommittee that Wadley be accepted as a Level III. Bob Atkinson seconded the motion. The motion was approved.

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

Myra Wood reported that the subcommittee met on August 9, 2011. They worked on EMS PI filters. The subcommittee discussed the fact that all EMS services' AWIN radios need to be installed by October 1, 2011 or the EMS service will incur the cost of installation. They also discussed the "pay for performance" issue and how to benchmark EMS providers for funding purposes.

- Rehabilitation Subcommittee (Jon Wilkerson – Chair) (See attached report)

The subcommittee will meet next Thursday, August 25, 2011 at 1:30 p.m.

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

Dr. Mabry reported that the meeting focused on quality measures for the state as a whole. The subcommittee will act as a "sounding board" for the different quality measures. Once the measures are vetted, they will come from the subcommittee to the TAC for approval and then go to ADH. Afterwards, the individual PI programs will be developed from these measures. Dr. Mabry and Dr. Maxson will work on some formalized measures for the next meeting, which will be on the Tuesday before the retreat meeting in September. The subcommittee also will work on a report card for the legislature that will be based on the measures that are developed so we can demonstrate where the money is being spent, and any improvements we have seen to date.

- Injury Prevention Subcommittee (Dr. Mary Aitken – Chair) (See attached report)

Dr. Aitken reported the subcommittee met on Tuesday, August 9, 2011. The Statewide Injury Prevention Program plan will be sent electronically. Review and comments will be solicited. Dr. Aitken had hard copies at the meeting to share. The subcommittee also reviewed the final draft of the Injury Prevention 101 course. They continue to work with the TRACs to assist them in implementing Injury Prevention subcommittees within the TRAC structure.

## **VIII. Other**

Dr. Maxson asked how many hospitals have an activation fee for their trauma team and also inquired about their success in collecting the fee. He shared that many states subsist on trauma activation fees and noted that we have a luxury in the funding we currently have in Arkansas. Activation fees are the national standard. We need to be uniform on this issue to encourage the third parties to pay for this important aspect. R. T. Fendley has discussed this issue with two major third party payers in this market. Mr. Fendley suggested that, since the AHA will be represented at the October Finance Subcommittee meeting, this may be a good venue for the

issue to be discussed. Dr. Mabry shared information regarding the concept of mandatory medical insurance in relation to motor vehicle insurance to pay for activation fees.

**IX. Next Meeting Date**

The next regular meeting will be held on Tuesday, October 18, 2011, at 3:00 p.m. The meeting will be held in Room 906 (Boardroom) at the Freeway Medical Building. The TAC will have an all day retreat on September 20, 2011. Specific plans about the retreat will be shared later.

**X. Adjournment**

Without objection, Dr. Graham adjourned the meeting at 4:03 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

**Finance Sub-Committee**  
**of the**  
**Trauma Advisory Council**  
**Meeting Notes of August 2, 2011**

The TAC Sub-Committee on Finance was convened at approximately 3:30 p.m. in a meeting room at the Freeway Building location of the Arkansas Department of Health (ADH).

Agenda Item I: System Cost Components. The group reviewed feedback from Drs. Fakhry and Maxson regarding the project to understand the costs associated with the trauma system. There was consensus that the cost data should be utilized to enhance system performance and patient outcomes and maximize the benefits gained per dollars spent. There was also consensus that cost calculation methodology can vary by provider, and that standardized calculations will result in better cost data.

*Action Item: Myra Wood will engage the EMS Sub-Committee (and the EMS Association) in a project to develop a standardized method of calculating EMS costs associated with the care of trauma victims.*

*Action Item: R.T. Fendley will engage the leadership of the Arkansas Hospital Association in a discussion of a project to develop a standardized method of calculating hospital costs associated with the care of trauma victims.*

Agenda Item II: Performance Based Incentives. The group agreed that input surrounding performance based payments should be solicited from a broad group of individuals and entities involved in trauma care.

*Action Item: Sub-Committee members will encourage the submission of performance-based payment initiatives/proposals aimed at system improvement. The Finance Sub-Committee agrees to serve as a body to vet the proposals and forward them to the full TAC along with a recommendation regarding their adoption.*

*Action Item: Renee Patrick will explore any state restrictions regarding performance-based payments.*

The meeting adjourned at approximately 4:45 p.m.

## **EMS Subcommittee Meeting Summary August 9<sup>th</sup>, 2011**

The EMS Subcommittee met on Tuesday, August 9<sup>th</sup>, at 3:00 PM. There were 15 people present, and four people on the conference call.

438 trauma radios have been installed in ground services. There were concerns about the quality of the installers, and this has apparently caused some services to wait to have their radios installed. A deadline of October 1<sup>st</sup> has been set for the installs. After this date, services will be responsible for the install themselves.

We then had much discussion on EMS PI filters. An existing PI filter document was modified and expanded on by Myra. The thought is some items will be obtained directly from the EMS data, while some will be generated in the form of an incident report. By the next meeting, we will hopefully have three lists to discuss. One will be from Jon, and will include all of the items which can be provided by the ATCC. A second will be from Greg, and this will include items which can be obtained from the run data submitted to the State. A third list will be items which we think should be reported, but which would not be picked up by either of the above options.

Previously, we had reviewed a proposal that would assign loss percentages for non-compliance of the deliverables. After much discussion, we felt this would not be necessary at this time.

We briefly reviewed questions posed by the finance subcommittee for system cost analysis. We also briefly discussed pay for performance metrics. These topics will be discussed further at our next meeting.

Our next meeting will be September 13<sup>th</sup> at 3:00 PM.



- Discussion regarding the Nov/Dec meeting being set for the first Thursday of December 1<sup>st</sup>, 2011 @ 1:30 PM. Jim Brown will secure the meeting location.
- A group of voting and non-voting members/delegates was set during the last two meetings. Question was raised regarding if it is necessary for all committee members to be present at every meeting or just voting delegates decreasing the amount of time commitment of non-voting delegates thus increasing the efficiency of the full committee meetings. Lorrie George raised concerns regarding the meeting needing to be open to everyone and suggested talking with Bill Temple and checking on the guidelines. Jon Wilkerson stated that any meeting attended by three or more Tac members would require a freedom of information alert. Jim Brown clarified that is correct but feels that was not the intent of the suggestion to have a secluded meeting but those who are not voting delegates would not be required to be at all meetings. Any meeting to meet FOI requirements has to be sent out to health officials and the press a week in advance. Lorrie George also stated although she is not a voting member she may have a comment that would impact the discussion/decision. Jon Wilkerson clarified that all meetings would still be made available by conference call and all meetings would be open to all individuals.
- Bylaws exist for the TAC which could be used to form Rehab Subcommittee bylaws
- confirmed vote could be made by proxy with notification to Jon Wilkerson prior to meeting

#### **IV. Budget discussion**

#### **Cheryl Vines**

- Cheryl Vines and Yousef Fahoum have been working on putting together deliverables and outcomes to have plan of goals to be accomplished as well as budget to support such goals
- Still looking at having a Program Manager and Administration Specialist to help with Brain Injury Registry and support our committee
- Budget will still include funding related to educational programs including presentations to case managers, rehab community and developing educational programs to improve the skill sets of those providing trauma rehab. BHRI is willing to spear head the start of those educational programs. May need to form an education subcommittee within our subcommittee.
- may have budgeted more funds than needed for UDS but may need to buy some of Austin Porter's and Marie Lewis's time to coordinate
- ASCC to meet next week to approve rehabilitation subcommittee budget and then can send to Renee by end of next week. Plan is to be able to bring staff on by November/December and issue funds but can plan things before hand as needed. If budget is approved, Tuesday 8/30/11, Jon Wilkerson will send it out via email.

- John Bishop inquired about using some of the budget for a grant writer. Yousef Fahoum mentioned the first year budget will be different from the second year as a lot of set up cost is used the first year but could be used next year to contract out grant writing. The Program Manager could look for different grants that are available. Lorrie George inquired about the educational requirements for the administrative position. Cheryl Vines stated the position fit more of a Rehab Program Manager with general guidelines of having a masters in rehabilitation, experience with service delivery, working with developing programs, managing programs, supervising staff, and working with other organizations. She doesn't think grant management is part of the specific criteria but could be added as specific criteria. The job will be posted on the state website. The job description will need to be written and determine the specific tasks that will be expected of the individual and Cheryl Vines plans on pulling committee members to assist in writing the specific job description.

#### **V. Rehab pro forma/fact collection project                      Jon Wilkerson**

- Cheryl Vines and Jon Wilkerson visited with Dr Todd Maxson, Medical Director of Trauma System. Long term goals are based on the needs assessment completed by this committee and the ACS recommendations provided in order to establish a top notch rehab facility that supports high severity injuries. Will need to find someone to do a pro forma for our geographical area of what the need and cost is for this area. John Bishop and Lee Frazier will work together to provide some information. Cheryl Vines suggested finding someone to bring in to help with the data collect that may be familiar with the process.
- Jon Wilkerson put together a list of other states with trauma systems both funded and non funded. He suggested we call these facilities and ask a series of questions to determine a good site for a group from the committee to do a site visit.

#### **VI. Other business**

- 9/20/11 TAC Annual Retreat at Winthrop on top of Petite Jean 9-4:30. Open to the public, would need to register prior to Tuesday 8/30/11. All interested inquire with Jim Brown.
- Jon Bishop reported BHRI has done a Brain Injury Symposium in the past and could accommodate ~300 individuals in the Spring (~April 2012). Course would cover SCI, BI, traumatic amputations and could bring in a national speaker, representative from the trauma system, etc. Jon Wilkerson suggested coordinating with UAMS Grand Rounds. Ideally the cost would be small enough to increase attendance.

#### **VII. Next meeting date**

-Thursday September 22, 2011 @ 1:30 PM

- a. Meeting time/Holiday meeting
- Discussed and set earlier in the meeting for Thursday December 1, 2011 @ 1:30 PM  
(This will cover both the November and December meetings)

Meeting adjourned with motion from Jon Bishop, seconded by Cheryl Vines.

Minutes respectfully submitted,

Dana Austen, PT, DPT, LMT, CBIS  
Secretary TAC Rehabilitation Subcommittee

## TAC IP Subcommittee Meeting Minutes

Date: August 9, 2011

Attendees: Dr. Aitken, Gary Ragen, Ravina Daphtary, Nichetra Magee, Layce Vance, Megan Frederick-Usoh, Amy Witherow, Christy McCreight, Carla Jackson, Barbara Riba, Bill Temple, Austin Porter, Dr. Tal Holmes, Connie Gaines, Bettye Watts, Renee Patrick, Donnie Smith

Agenda Item	Notes	Actions/Who is responsible
Update on SIPP implementation	<p>Draft reports will be mailed to those who were unable to attend.</p> <p>Gary has been able to meet with all TRACS except one, AR Valley is scheduled for 8/18. Also met with all HHI Regional Coordinators.</p> <p>Gary attended the state EMS conference in hot Springs recently. Previously attended Basic IP training at Johns Hopkins.</p> <p>Staff has been working on content areas and doing presentations. Also interacting with hospitals and coalitions providing materials when requested</p> <p>The strategic plan is in draft form and has been handed out for review. Near completion of resource binders. Still waiting on a few materials.</p>	
SIPP Strategic Plan Update	<p>Plan will be updated yearly. It will cover the 4 core areas. Each section will show progress made, action plans with goals and objectives for implementation.</p> <p>Please send any recommendations by September 1, 2011.</p>	
IP 101 Overview/Training	<p>Ravina gave basic overview of the content and modules featured.</p> <p>CE credits will be offered to those who take the course.</p>	
Safe States STAT visit update/CORE VIPP program	<p>ADH has been approved for CORE VIPP grant, but not funded yet.</p>	
Hospital Based CPSE program	<p>Grant funds will be made available for hospitals to implement a Child Passenger Safety Program within their communities. The Request for Application (RFA) is currently under development.</p>	

# Meeting Title Designation Sub-Committee of the TAC

## MINUTES

8-16-2011

11:00 PM – 12:30 PM

FREEWAY MEDICAL BUILDING – RM 902

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

### Agenda topics

#### WELCOME & MINUTE APPROVAL

JAMIE CARTER

DISCUSSION	Jamie Carter welcomed everyone. A motion to approve July minutes was made by Terry Collins and seconded by Dr. Barry Pierce. The motion was carried.
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#### HOSPITAL INTENT APPLICATIONS

JAMIE CARTER

DISCUSSION	Delta Memorial – Requesting to change from a level IV to a level III – they now have surgical coverage. A motion was made by Dr. Barry Pierce and seconded by Donna Parnell. The motion carried. Wadley , Texarkana – Requesting designation at a Level III – well equipped to be a level three- Motion made by Terry Collins and seconded by Dr. Barry Pierce. The motion carried.
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#### OTHER BUSINESS – FAQ

JAMIE CARTER

DISCUSSION	A question has been asked if a nurse takes ATLS, would this count for their requirement to take TNCC. The committee discussed and it was unanimous that this would not be acceptable due to the fact this would not be a certification for the nurse. An FAQ regarding the “rules and regulations for trauma system” (on page 12) states the approved courses are TNCC, ATCH and TNATC. With no other business to come before the committee the meeting was adjourned at 11:20a.m.
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OBSERVERS	Bill Temple, Diannia Hall-Clutts, Paula Duke, Margaret Holaway (by phone)
NEXT MEETING	TBA - Due to TAC Retreat in September

## **QI/TRACs Subcommittee Meeting August 16, 2011 - 1:00 p.m.**

**Members Present:** Dr. Charles Mabry, Chair; Dr. James Booker; Dr. Michael Sutherland; Dr. Todd Maxson; Jamie Carter; Michael Smith; Dr. Alvin Simmons; Donna Parnell-Beasley; Terry Collins; Myra L. Wood; Monica Kimbrell; Carla McMillian; Theresa Ferricher; Jeff Tabor  
**ADH Staff:** Austin Porter; Diannia Hall-Clutts; Paula Duke; Marie Lewis

The meeting was called to order at 1:02 p.m. by Dr. Charles Mabry.

A list of potential quality improvement measures was emailed by Jim Brown along with an article to use as a backdrop with a broad discussion of quality metrics for evaluating trauma care. The article mentions 4 criteria that the national quality forum has for quality metrics:

1. Scientific acceptability
2. Feasibility
3. Usability
4. Importance

One significant task of this Subcommittee is to develop initial quality measures. The Subcommittee will review and consider the results from the different TRACs and hospitals. Then evaluate what those measures tell us and use those results to formulate/revise existing quality measures.

Last week ADH invited some national authorities on trauma measurements to Arkansas. The purpose was to develop potential measures to demonstrate trauma system progress and evaluate how the dollars are being spent. And as the trauma system progresses, work toward developing measures for potential scientific research. Potential improvements as shared by Dr. Mabry and discussed in the subcommittee meeting are outlined below:

### ***Potential Quality Improvement Measures - Arkansas Trauma System***

#### **EMS:**

1. Response time (injury to attendance at patient) (time of call) (time of call to time out the door)
2. Availability of units
3. Equipment in the units (pediatric)
4. Scene time
5. Right patient to the right center
  - a. ISS > 15 discharged from a (prospective level III or greater).
  - b. Major or moderate trauma sent to a prospective level III or greater. (greatest level)
6. Training of medics annually
7. (look at grant receipts ((closeout forms))
8. Run sheets left in the ED
9. Run sheets sent within 72
10. Arrival physiology
11. Completion of data submission
12. Accuracy of the data submission

## **Hospitals:**

1. Admission numbers by ISS by level of hospital
2. Data submission
3. Accuracy of data submitted
4. ED times for (LOS) for admitted patients
5. ED LOS for transferred patients
6. Activation for hypotension (in field and 1<sup>st</sup> ED) (define)
7. Risk adjusted mortality (TQIP)
8. Mortality by ISS vs (NTDB)
9. Mortality by age vs NTDB
10. LOS by ISS vs NTDB
11. % of Arkansans that live within one hour of a level X (do all levels)
12. ATLS certification for surgeons and ED physicians
13. Participation in Rural Trauma Team Development course
14. ISS > 15 discharged from a non-designated and level IV
15. % of hospitals (or patients) reporting outcome scores (Level I or II)

## **Rehabilitation:**

1. Head AIS > 3 discharged to rehab
2. LOS in (last) acute care facility for patients with AIS > 3 transferred to rehab
3. Number of occupied rehab beds
4. # of TBI, SCI, vent dependent rehab beds
5. Patients sent out of State for rehab
6. Public support (on-going ) after discharge from acute care facility for patients with AIS > 3, SCI
7. Employment benefits for patients with TBI (AIS> 3) one year from discharge, compare with and without rehab
8. Avoidable delays to rehab and time from referral to transfer (needs to be in the registry re-write)
9. CARF accreditation

## **Education initiatives:**

1. How were EMS training dollars allocated and how were they spent
2. How were Hospitals dollars allocated and how were they spent
3. Courses delivered
4. Number of providers trained by course

## **Administrative metrics- Arkansas Department of Health**

1. Grant deliverables.
2. Hiring and descriptive
3. Educational opportunities made available
4. Number of TRAC, TAC, Subcommittee meetings held
5. Other meetings (system metric, ACS systems committee)

6. Registry submissions
7. Designation program
8. ATCC coordination
9. Image repository images sent

**Injury Prevention:**

1. Seatbelt use
2. Protective devices (helmets, car seats)
3. DUI citations and convictions
4. BAL determination of patients seen following MVC
5. Alcohol screening and intervention programs in the trauma centers
6. Rehab beds available for substance abuse

**Action Plans:**

- Dr. Maxson will bring a list of possible indicators, a Performance Improvement (PI) plan for level III and level IV's and a outline of a annual report to the next meeting on September 13 at 1:00 p.m. The Subcommittee will work to finalize a plan for the retreat on September 20, 2011.

Dr. Mabry adjourned the meeting at 2:35 p.m.

The next meeting of the QI/TRACs Subcommittee will be at 1:00 p.m., on September 13, 2011, unless announced otherwise.