



Trauma Advisory Council

July 19, 2011

3:00 p.m.

Minutes

MEMBERS PRESENT

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

MEMBERS ABSENT

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

GUESTS

Dr. Michael Sutherland
Dr. James Booker
Donna Parnell-Beasley
Jon Swanson
Ron Woodard
Dr. Chuck Mason
Laura Guthrie
Carla McMillan
John Recicar
Gary Ragen
D'borai Cook
Don Adams
Denise Carson
Jeff Tabor
Carla Jackson
Theresa Jordan
Milton Teal
James Smith
Donald Reed
Jerry Duncan
Lacey Robb
Chris McNeal
Chris Cauthen
Heather McClanahan
Chrystal Rhone
Joe Hennington
Stacy Wright
Elizabeth Eskew
Sarah Bemis

STAFF

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

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

The Trauma Advisory Council (TAC) meeting was called to order on Tuesday, July 19, 2011, at 3:02 p.m. by Dr. James Graham.

II. Welcome and Introduction

Dr. Graham welcomed all guests and members.

III. Approval of Draft Minutes From the June 19, 2011 Meeting

The TAC reviewed the June 19, 2011 minutes. A motion to approve the minutes was made by Myra L. Wood and seconded by Dr. Barry Pierce. It was noted that K.C. Jones attended the June meeting by conference call. The previous minutes were approved as amended.

IV. Trauma Office Report – Bill Temple

American College of Surgeons (ACS) Review

The draft ACS report was received and after it is reviewed for any factual errors, it will be returned to the reviewers. We will then receive our final report.

Safe States Visit, August 1, 2011 through August 5, 2011

The Injury Prevention site review interview schedule is being finalized. Mr. Temple recognized Dr. Mary Aitken and the team at Arkansas Children's Hospital for their work in preparation for this review.

After the Safe States site review, a group of national experts on trauma system performance metrics will be in Little Rock on Monday, August 8 and Tuesday, August 9, to consult with us.

Education RFP

The Education RFP has been completed and is on the state website. Reviewer training has been conducted and the oral presentation is scheduled for in the morning. If accepted, we will be working on the contract next week.

Autopsy Bill

This legislation goes into effect July 27, 2011. We are working with the crime lab to finalize everything. We will be sending a letter along with the autopsy request form to hospitals when details are completed.

Hospital Designation Deadlines and Grant Update

Remaining Level II and III hospitals, in order to be eligible for FY12 sustaining trauma funds, must be designated by April 1, 2012. In order to be eligible to receive the second half of start-up funds, they must be designated by June 1, 2012. Level IV hospitals, since they do not receive sustaining funds, must have close-out forms to ADH by December 30, 2011. To be eligible for FY12 sustaining funds they must be designated by April 1, 2012. Don Adams requested a copy of the communication so the Arkansas Hospital Association can help to remind hospitals of these deadlines.

We currently have 19 hospitals designated as trauma centers. We expect to have three more recommended for approval today. Two more site reviews are already scheduled. This leaves 53 hospitals left to be designated. The Trauma Nurse Coordinators have called all hospitals and we expect, as of April 1, 2012, to have all Level IIIs but four designated, and all Level IVs except five designated. We believe the four Level III hospitals will be ready by June 1, 2012 so that they will not miss out on the second half of their start-up money.

In FY10, because of a number of factors, we were able to distribute a little over \$6,000,000 from our total trauma budget. However, in FY 11 we spent \$19,224,000 of the budget dollars. This is a tribute to our staff, as well as to the EMS agencies and hospitals, that we were able to get the money out and they were able to get the trauma dollars spent.

Radios

As of July 12, 2011 Motorola reported that 395 radios (out of a total of 560) have been installed in ambulances around the state. We are making progress and we are working with Motorola to expedite this process.

Call Center Report – Jeff Tabor

Through July 17, 2011, the Arkansas Trauma Communications Center coordinated 2,506 transfers and 1,979 EMS calls. The average time for acceptance of all transfers (major, moderate and minor) was seven minutes and thirty-two seconds. Process time for the call center was three minutes and two seconds. For major trauma patients, the average time for the EDs to initiate a transfer is down to fifty-eight minutes.

The Trauma Image Repository is live with seven hospitals now able to upload documents to the repository for transfer. Contracts have been sent to hospitals and these must be executed and returned for participation in the repository.

V. ADH Medical Consultant Report – Dr. Todd Maxson

Dr. Maxson shared that on August 8 – 9, 2011, ADH will have four people from around the country visiting who have evaluated trauma systems from an academic standpoint. Their focus in coming will be to help find metrics to create a “score card” as to how we will track the progress of our trauma system and benchmark our work going forward. This should provide some guidance for the TAC retreat and help to prioritize our efforts for the next couple of years.

Dr. Maxson noted that emergency medicine (EM) physicians’ participation is crucial to the designation process and we need to encourage their participation. Right now, we have four EM physicians and hopefully we will have more soon. Our Rules say that the site review EM physician must be a boarded person. We will work to get more reviewers for the increased designation site review load that we are anticipating. Dr. Graham and Dr. Evans indicated they will work to assist in obtaining more participation.

VI. Trauma Registry – Marie Lewis

- The update to the NTRACS submission module will be provided by August 15, 2011. This will allow us to capture the state custom data points, and will require some extra steps in the submission process this one time. The Registry staff will contact the hospitals to help with the August submission.
- We have been working with the CATRAC hospitals and others around the state to verify the state data and our reporting process. Once we have completed this verification we will start providing these reports to all the hospitals.
- We are starting to work with the Brain Injury Association of Arkansas on a linkage project between the Trauma Registry and the UDS and E-rehab systems.
- The DI User’s Group is scheduled for October 5-7; registration is now open.

VII. Injury Prevention Needs Analysis Summary Report – Dr. Mary Aitken

Dr. Aitken shared a PowerPoint presentation that will be sent out to TAC membership as a PDF file. This will also be the Injury Prevention subcommittee report. Dr. Aitken distributed a hard copy report to TAC members in attendance. In the trauma rules and regulations, there is a requirement that all designated trauma hospitals participate in some form of injury prevention and that this may be a collaborative effort. Recognizing that this is such a big charge, especially in the midst of a major reorganization of the system, ADH funded the Statewide Injury Prevention Program (SIPP) housed at the Injury Prevention Center at Arkansas Children’s Hospital, with an overall goal to reduce injury mortality and morbidity. The SIPP will also serve as a resource to entities involved in the trauma system and to improve coalitions already involved in injury prevention for communities around the state.

After Dr. Aitken’s presentation and the subsequent discussion, Dr. Graham thanked everyone for taking part in the injury prevention needs assessment.

VIII. 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)

Mr. Fendley shared major action items from the Finance Subcommittee meeting on July 5, 2011. He noted that performance based incentives are being looked at for improving the system as a whole. The next subcommittee meeting will be focused on deliverables involved in a cost study assessment.

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

Mr. Carter reported that the Subcommittee recommended Le Bonheur Children's Medical Center, Memphis, TN for a Level I designation. The Subcommittee motion was seconded by Bob Atkinson. The motion was approved.

St. Mary's Regional Medical Center, Russellville, AR was recommended for a Level III designation. The subcommittee motion was seconded by R.T. Fendley. The motion was approved.

Stone County Hospital was reviewed for a Level IV designation. Mr. Carter specifically cited this as a unique, exceptional story since they were recovering from a recent tornado. Their remarkable accomplishments are commendable. With a great deal of pride, the subcommittee recommended to the TAC that they be approved for a Level IV designation. Dr. Barry Pierce seconded the motion. The motion was approved.

Mr. Carter also voiced a concern about the number of ER physicians that we have available to handle the designation rush toward the end of the year. In regards to the FAQ, an issue was discussed as to when the trauma surgeon should be in the hospital when the alert is sent out for help. The FAQ is being polished and the compliance standard will be at 80%, which is in-line with ACS requirements.

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

Dr. Evans thanked Cathee Terrell for presenting the report last month. Thus far this year, 116,000 EMS runs have been submitted to the database. This is tremendous improvement from last year. The CDC trauma triage protocol wording is being revisited. Disagreements and conflicts were resolved with the Attorney General's opinion and backfills are supported by his official opinion. Some issues will still be addressed at the local level. It was noted that participation in the trauma system is not mandatory. This Attorney General opinion changes nothing that currently exists in the system. Also, the committee is considering placing weights on deliverables so that one item of lack of performance does not cause complete loss of funding. Performance based incentives are also being considered for some of the special purpose funds.

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

Mr. Wilkerson reported the Subcommittee elected officers at their previous meeting and will meet again on July 28, 2011. He mentioned numerous issues the Subcommittee is presently dealing with.

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

Terry Collins, acting chairwoman, reported the Subcommittee is working to define state performance improvement (PI) metrics. Myra Long will go to the EMS Subcommittee regarding state PI filters to improve outcomes. Dr. Maxson will compile destination protocols from the seven regions so they can be analyzed. Also, the subcommittee discussed pay for performance issues and recommendations. Dr. Graham mentioned the RFP for a QIO. It is still being evaluated and work is continuing with evaluation and meetings. Dr. Maxson noted that we are waiting to obtain the final ACS report to help better define a direction and complete this process.

- Injury Prevention Subcommittee (Dr. Mary Aitken – Chair) (Needs Assessment Report)

IX. Other

Dr. Graham shared data on the survey results about TAC retreat dates. The two dates that seem to work best are regular TAC meeting days, Tuesday, September 20, 2011, and Tuesday, October 18, 2011, both with 20 affirmative responses. Dr. Graham set the retreat for Tuesday, September 20, 2011.

X. Next Meeting Date

The next meeting will be held on Tuesday, August 16, 2011, at 3:00 p.m. The meeting will be held in Room 906 (Boardroom) at the Freeway Medical Building.

XI. Adjournment

Without objection, Dr. Graham adjourned the meeting at 4:28 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

**Finance Sub-Committee
of the
Trauma Advisory Council
Meeting Notes of July 5, 2011**

Attending: R.T. Fendley, Chair; Dr. Todd Maxson; Terry Collins; Donnie Smith; Jon Wilkerson; Renee Patrick; Richard Crawford; Joe Martin; Jacquyn Dillard; Bettye Watts; Diannia Hall-Clutts

The TAC Sub-Committee on Finance was convened at approximately 3:40 p.m. in a meeting room at the Arkansas Department of Health (ADH).

Agenda Item I: Review of Expenditures. Renee Patrick provided an updated report on actual expenditures versus budget for fiscal years 2010 and 2011 and the budget for fiscal 2012. As a part of the report, it was identified that \$3.765 million continues to be booked as the second half payments for start-up hospital funding.

Action Item: Donnie Smith will look into ADH policy on the treatment of the carry-over start up funds, to determine how an end point can be applied to those funds.

Action Item: In the report to the TAC, R.T. Fendley will enlist the help of TAC members to communicate the availability of funding for system enhancement projects. Proposals for system enhancement funding support may be submitted to this Sub-Committee for review prior to submission to the TAC.

Action Item: The report also pointed out the funding support for performance based incentives. Drs. Mabry and Maxson will develop recommendations on Performance Incentives and bring them back to the Sub-Committee for review.

Agenda Item II: Audit Process. Joe Martin reported that he has worked with the ADH Audit Section and that a review of startup grants would begin within the next two or three weeks. The focus will be a review rather than an official audit, but representatives of the ADH's Internal Audit staff will participate.

Action Item: Sub-Committee members were provided draft copies of a Monitoring Review work sheet and asked to provide comments on the form within one week.

Agenda Item III: Start Up Plan for the Cost Study. The group discussed the system cost study planned for fiscal 2012. Additional work is needed to develop a set of deliverables before engaging the work.

Action Item: Dr. Maxson will contact Dr. Fakhary to discuss the opportunities and potential deliverables of the study.

Action Item: R.T. Fendley will contact Bo Ryall to determine the Arkansas Hospital Association's willingness to play a lead role in the study.

Action Item: Renee Patrick will develop a draft set of deliverables for the study.

Action Item: R.T. Fendley will schedule the next meeting of the Sub-Committee, and the agenda will be limited to a working session on finalizing the set of deliverables for the study.

The meeting adjourned at approximately 5:00 p.m.

EMS Subcommittee Meeting Summary

July 12th, 2011

The EMS Subcommittee met on Tuesday, July 12th, at 3:00 PM. There were 14 people present, and two people on the conference call.

Old Business:

395 trauma radios have been installed in ground services. Joe provided an update on the status of AWIN for air. Air services will likely begin a trial shortly.

A total of 116,000 EMS runs have been submitted to the department year-to-date. This is a substantial increase over last year.

The CDC Trauma Triage Protocol was again briefly discussed. At the TAC meeting last month, it was suggested that the CDC guidelines be modified to better fit our system. Further action on this was tabled pending discussion with Dr. Maxson.

We then discussed the backfill agreements. The AG office has provided an opinion regarding specific questions posed by the ArAA and others as to the legality of the backfill agreement. The opinion will be included with the minutes for review. Essentially, the opinion seems to support the ability of the Trauma System to require the backfill agreements as a condition for receiving trauma grants. However, specific legal issues regarding specific franchise agreements were deferred to the local level, as there are too many contractual variables for the AG to provide an opinion.

The main revelation revealed by the AG opinion was that EMS participation in the trauma system is voluntary. This sparked a long discussion, as some present were under the impression that participation was mandatory. This idea apparently originated from an early meeting with Dr. Halverson, where the need for backfill agreements was first discussed. To be clear, EMS participation could be thought of as mandatory in the sense that EMS can't refuse to respond to a trauma victim. However, agencies also can't be forced to take the patient to a further hospital. If an agency chooses to forfeit their trauma funds by refusing to transport patients to a further trauma facility, there are currently no regulations against this. Some present expressed frustration that this had never been clearly communicated.

Joe presented a draft of a Trauma Grants Monitoring Review form which will be used by the division of trauma when they audit the EMS trauma grant usage. He also presented a form which assigns a weighted percentage to each deliverable for the current grant cycle. The thought is that if a service misses only one of the deliverables, they might not necessarily need to lose 100% of their funding for the year. For some of the deliverables, a benchmark will also need to be decided upon to determine if the service has met the deliverable. It was decided to table further discussion on these percentages until the next meeting.

We then discussed several ideas for potential special purpose projects that will benefit the EMS community. Although there were several good options discussed, two seemed to be the most feasible in the short term:

CISM training – many good medics have cut their careers short after a traumatic run, and this can often be avoided with prompt CISM. Improving access to CISM throughout the state could help with retention of medics.

Stipends for PHTLS training – Additional funds could be granted to services that have a high percentage of their medics PHTLS certified.

We will continue to expand on these ideas, and will hopefully be able to present these to the Finance committee for consideration in the near future.

Our next meeting will be August 9th at 3:00 PM.

QI/TRACs Subcommittee Meeting

July 19, 2011 - 1:00 p.m.

Members Present: Dr. Charles Mabry, Chair; Dr. James Booker; Dr. Michael Sutherland; Jamin Snarr; Dr. Todd Maxson; Jamie Carter (phone); Michael Smith; K.C. Jones; Carrie Helm; Dr. Alvin Simmons; Donna Parnell-Beasley; Terry Collins; Myra L. Wood; Dr. Barry Pierce; Monica Kimbrell; Anna Jarrett (phone); Carla McMillian; Theresa Ferricher; Milton Teal; Deb Fields;

ADH Staff: Austin Porter; Diannia Hall-Clutts; Margaret Holaway; Paula Duke; Marie Lewis; Jim Brown

The meeting was called to order at 1:09 p.m. by Terry Collins, presiding in Dr. Charles Mabry's absence.

Dr. Maxson has received the TRAC protocols and expects to have a report in September. He is also working on a meeting structure and standardized report form. Dr. Maxson wants to get the ACS report back with insights to be used in this process.

Ms. Collins solicited insights from individual TRACs and below is some notable issues.

Dr. Sutherland (SETRAC):

- Lack of participation and by-in from doctors.
- Attendance varies for the individual TRACs.
- Not working on PI at present

Myra Wood (NCTRAC):

- They have been collecting information, but struggling to get people to report.
- Experienced have high participation, but need more physician involvement.
- Need some guidance on collecting PI items.
- Consistency is important (including a regular meeting schedule) and has helped this TRAC.
- TRAC Leadership is still working to get contact information for everyone in the TRAC.
- Hospital participation has been consistent and good.

Dr. Booker (SWTRAC):

- Participation is good
- Moving the meetings around to various locations has improved participation.
- They have not addressed PI and have held off on data collection.

Dr. Maxson (CATRAC):

- The ACS report is expected to strongly encourage the TAC and ADH to provide more guidance to individual TRACs.
- The report will likely suggest a common format, common deliverables and common output to help promote consistency from all TRACs.

Ms. Collins raised the issue of a TRAC retreat to deal with some of these major issues. In regards to reports and information, inputting data and designing and getting output is a laborious process. Myra Wood raised the issue of the QIO being the aggregator of data and perhaps being paid for this service. We need standard reports for the subcommittee to review and be able to analyze.

Myra Wood informed the group that from the EMS side, information (data) can be obtained. However, this PI process needs to be improved. The interface process is not going well. Historically, the section of EMS provided a free report format. But it is not being used. This is because the report was not made a mandatory requirement. Dr. Sutherland said the interface issue is not a unique problem. The issue is more how it needs to be addressed appropriately so that we can make the process work. The bottom line is that no agency, to this point, has lost money because of lack of data submission. The trauma money is viewed as the solution because it is a common carrot and a positive deliverable.

K.C. Jones suggested that we need to show that the data is not just “data for data” sake, but that it will be used for QI and for improving the system. Dr. Maxson shared that the data should be driven by the stakeholder rather than by the state. Mr. Jones suggested, and the subcommittee concurred, that the EMS committee should drive a solution to this issue. Look for common elements and drive what the QIO folks look to provide from the registry and show usefulness of data. The conclusion was for the EMS subcommittee, in conjunction with the section of EMS, to work to decide about what the QI process should look like.

Dr. Southerland suggested that we need to publish the data, even if it is not ideal, so that we can work to improve. Not wait until it is perfect, just start using it and publishing it for view.

Deliverables need to be defined so that excess funds can be allocated based on Finance Subcommittee recommendations. This will provide a carrot to agencies and hospitals that are exceeding rules and expectations in terms for exceptional performance.

Some of the following suggestions are possibilities to focus on:

- Behaviors that exceed requirements.
- Perhaps physician participation could be rewarded.
- TQIP is available for Level I & II and they are working to provide it for Level III & IV.
- We could reward completeness of records and EMS run sheets.
- ACS verification is another possible consideration because they are now verifying for Level III hospitals.
- Registry validation is another possibility.
- The key is to focus on and reward quality behavior that is not stipulated in the rules.

This could be a challenging task, so Terry Collins suggested that we make a list and turn it over to the finance subcommittee for decisions.

Focus on the following:

- Collecting basic data
- Tracking “Sentinel” events, if and when they happen, record and report for evaluation.

Quality measurements/characteristics to reward for above and beyond:

- Physician participation in TRAC
- ATLS training
- EMS Medical Director participating
- Registry Validation

The RFP for ATLS training to be taught all over the state is in process. This should provide opportunity for hospitals to participate and at minimum cost.

State providing data to the TRAC for PI purposes many need clarification and a motion for the TAC to approve that this process is protected. Report to TAC from Terry Collins. The issue is to have the authority to release PI information to the TRACs as a subcommittee of the state. The focus should be on improving performance.

Action Plans:

- Everyone bring back comments and suggestions to subcommittee next month.
- Myra Wood will take a request to the EMS Subcommittee to ask the EMS community to provide quality metrics that they believe are pertinent and track able (4 to 6 things), then to focus on one or two most important doable metrics.
- Myra Wood will take specific items for QI to the EMS subcommittee.
- Work to get something to Finance Subcommittee in September.

Terry Collins adjourned the meeting at 2:35 p.m.

The next meeting of the QI/TRACs Subcommittee will be at 1:00 p.m., before the TAC meeting on August 16, 2011, unless announced otherwise.

**Trauma Advisory Council
Rehabilitation Subcommittee**

Meeting Minutes

Time and Date: 1:00 PM July 28, 2011

Freeway Medical Tower
Room 801
5800 West 10th St.
Little Rock, AR 72204

- I. Welcome and Introductions Jon Wilkerson
Individuals present: Jon Wilkerson (TAC), Dana Austen (BIA-AR), Austin Porter (ADH), Marie Lewis (ADH), Elizabeth Eskew (DRC), Letitia deGraft-Johnson (consumer), Cheryl Vines (ASCC), Alan Phillips (Hot Springs Rehab Ctr/AR Rehab Svcs), John Bishop (BHRI), Joyce Poole (BHRI), Karen Miller (Systemedic), Sara McDonald (NeuroRestorative Timber Ridge), Karen Delavan (Systemedic), Bill Temple (ADH), Bettye Watts (ADH), Lee Frazier (HealthSouth Rehab). Via conference call, Veronica Rowe (BIA-AR, UCA).
- II. ADH update Austin Porter
- Safe States site visit next week @ ADH 5th floor media room
- Bill reported that 19 (will be 22 soon) hospitals of the 79 in the state have been designated as level 1-4 trauma sites. In order to receive funding a hospital must be designated this year. There are 58 hospitals left to respond.
- Cheryl Vines was asked to be at the finance committee meeting with Jon Wilkerson
- III. Organizational structure Jon Wilkerson
-Jon Wilkerson motioned to add additional delegates to the list. Jon proposed that not all private hospitals be represented by one delegate but to add HealthSouth Rehab and Disability Rights Center. It was proposed at the last meeting to have a consumer and NeuroRestorative Timber Ridge representation as well. Jon Wilkerson nominated Lee Fraizer for HealthSouth Rehab, seconded by Cheryl Vines. Jon Wilkerson nominated Elizabeth Eskew for Disability Rights Center, seconded by Lee Fraizer. Dana Austen by proxy for Yousef Fahoum nominated Letitia deGraft-Johnson for consumer, seconded by Elizabeth Eskew. Jon Wilkerson nominated Sara McDonald for NeuroRestorative Timber Ridge, seconded by Elizabeth Eskew.
- IV. Priorities for fiscal year Group
a. ASCC fiduciary agreement proposal

-Budget to be submitted to Department of Health by September. \$500,000 managed by Arkansas Spinal Cord Commission (ASCC). Cheryl Vines developed a draft budget modeled after other systems including bringing on a staff member (Program Manager) to manage information referral, phone calls, manage TBI registry, etc. It is felt the ASCC is a smaller organization that could handle the everyday business and could move things along faster when needed. The preliminary budget per C. Vines includes a Rehab Program Manager who would spear head the brain injury side including the Arkansas brain injury registry, set up FIM UDS ERehab, etc. A motion for the ASCC to handle the financial aspect of the budget was presented by Lee Fraizer, seconded by Jon Bishop

b. Trauma band project/outreach

-Austin Porter reported EMS and trauma registry weren't able to connect. They have looked at other state systems such as Oregon and Washington who have used the trauma band to ID patients. The bands were applied by EMS which allowed tracking of the patient thru the continuum of care. The trauma band was started in Arkansas on January 3, 2011. Education is needed to promote the trauma bands to market to rehab facilities.

-discussion regarding using the trauma band number as the universal patient identifier
-CMSA meeting with Jon Wilkerson: CMSA offered to promote the trauma bands thru a promotional type of material and would market it to rehab facilities

c. UDS/E rehab linkage project

-Marie Lewis reported they had an initial meeting with BIA-AR to identify which system vendors utilize reporting
-Goal is to determine a cost amount of retrieving data from the systems for outcomes data
-Meeting before the Finance committee meeting next Tuesday August 2, 2011 @ 2:00

d. CM/MD continuing education

-Jon Wilkerson is scheduled to speak at the November case manager's monthly meeting about trauma system and potential of working with them for CEU. Sara McDonald mentioned the "Vendor Fangdango" at Clear Channel Metroplex on November 3, 2011. Potential for about 300 case managers/hospitals/vendors to be present.

e. Information collection from model systems

-Florida has a good model. Jon Wilkerson proposed it would be better to take a handful of people and go to the sites as opposed to bringing them to us. He feels this would allow us to get a bigger picture and be able to talk with more people/resources as

opposed to bringing one person to us. This could be a multifaceted approach to brain injury/spinal cord/trauma to collect information of how they modeled their systems. Lee Frazier asked about representation from the emergency room on the committee. An individual was named but was felt her ability to commit the time/be available would be the determining factor.

f. Other priorities
-none

V. Other Business

-Bill Temple gave a report of a success story of the trauma system. The call center has been in place since January 3rd, 2011 which has helped the ambulance get patients to the proper ER and facilitate hospital to hospital transfer. They have made about 2500 transfers so far and the time was lengthy for this to occur in the past. Currently the time is now under 7 minutes to move from lower level hospital to higher level hospital. The goal was to be under 10 minutes and emergency room medical doctor to talk to higher level ER doctor to accept/coordinate transfer

VI. Next meeting date

- Next meeting date move to 1:30 PM last Thursday of the month August 25th
a. Meeting time/Holiday meeting – split difference between November and December and have a meeting in the early part of December was placed on the table > will discuss next meeting

Cheryl Vines motioned to adjourn meeting, seconded by John Bishop

Meeting Title Designation Sub-Committee of the TAC

MINUTES

7-19-2011

11:00 AM – 12:30 AM

FREEWAY MEDICAL BUILDING – RM 906

MEETING CALLED BY	Jamie Carter
TYPE OF MEETING	Sub-Committee
FACILITATOR	Jamie Carter
NOTE TAKER	Paula Duke
COMMITTEE MEMBER ATTENDEES	Dr. Todd Maxson, Dr. Michael Sutherland, Dr. James Booker, Dr. Barry Pierce, Terry Collins, Alvin Simmons, Donna Parnell, Bob Atkinson, Bill Temple

Agenda topics

WELCOME AND HOSPITAL DESIGNATION UPDATE

JAMIE CARTER

DISCUSSION	Jamie Carter welcomed everyone and requested motion to approve prior minutes. Motion was made by Dr. Booker and seconded by Donna Parnell.
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HOSPITAL DESIGNATION UPDATE

JAMIE CARTER

DISCUSSION	<p>Designation Recommendations:</p> <p>Le Bonheur Children’s Hospital-Level 1</p> <p>Diannia Hall-Clutts presented to the sub-committee that Le Bonheur did not have a surgical attending or PGY-3 or greater surgical in hospital 24/7 hrs per day. Dr. Maxson explained that Le Bonheur had an agreement with The Med Hospital and approved by ACS with an action plan in place to send trauma patients across the street to the Med Hospital with in Shelby County during those hrs. Dr. Maxson realizes that this deficiency should be an exception and wanted to grant full designation that stipulates that all other requirements are to be met. The motion was seconded by Dr. Sutherland with documentation in the minutes and designation letter that states detailed requirements. The vote was unanimous. Jamie Carter questioned how the hospital will be funded. Dr. Maxson informed the sub-committee that Le Bonheur will be indexed off of Children’s and will receive 10% which is \$150,000.00.</p> <p>St. Mary’s Regional Medical Center- Level III</p> <p>Diannia Hall-Clutts presented to the sub-committee that St. Mary had one type II deficiency -one trauma surgeon was not in compliance with having had ATLS. The surgeon is scheduled to attend class in August 20 and 21, 2011. A motion was made to approve them as a Level III trauma center by Todd Maxson and seconded by Mike Sutherland. The vote was unanimous.</p> <p>Stone County-Level IV</p> <p>Margaret Holaway presented Stone County Medical Center with no deficiencies. Dr. Booker made a motion to designate and Bob Atkinson seconded. Dr. Maxson suggested that the newspaper cover the story including how their hospital recovered from the tornado. Dr. Booker made a motion to designate and Bob Atkinson seconded. The vote was unanimous.</p>
CONCLUSION	<p>Le Bonheur Children’s Hospital meets the requirements of an Arkansas Level I center, including surgical training in general, orthopedic and neurological surgery as well as emergency medicine, substantial published research in the area of trauma and critical care and consistently demonstrated a commitment to having faculty surgeons at the patient’s bedside within 15 minutes of activation.</p> <p>The fact that they fail to have a PGY-3 or greater resident in house between 2300 – 0600 did not impact in any way patient care. They have a substantial system in place to assure optimal care of a child who may present between those hours with a major injury.</p> <p>If, LeBonheur Children’s Hospital continues to track through their PI program the process that has been established for after hours care and consistently maintains all other Level I requirements of the State of Arkansas and the American College of Surgeons, we would offer an exception to this deficiency and therefore a full designation as a level I Center in the State of Arkansas</p>

	St. Mary Regional Medical Center will a full designation Stone Co. will be a full designation.
ACTION ITEMS	Diannia will follow up with St. Mary's Regional Medical Center to receive and send out the ATLS certification to the reviewers for approval.

HOSPITAL INTENT APPLICATIONS

JAMIE CARTER

DISCUSSION	Drew Memorial Hospital-Level III Letter of intent was accepted.	
CONCLUSION	The motion was made by Terry Collins and seconded by Dr. Sutherland. The vote was unanimous.	
ACTION ITEMS	RESPONSIBLE PERSON	DEADLINE

NEW BUSINESS

JAMIE CARTER & TODD MAXSON

DISCUSSION	<p>Proposed FAQ for the July Designation Subcommittee Q. Rule A. (Hospital Organization), section 3 a. # 3 & 4 speak to the surgeon response to the ED for a trauma patient. Does this time frame mean from request by the ED physician or from the time of activation based on pre-hospital information? A. The rules number A.3.a. #s 3 & 4 are the same, requiring the trauma surgeon to be on-call and respond to the bedside within 30 minutes of either the request to do so by the ED physician or by activation of the trauma team for the highest level of activation. **See notes</p> <p>The national standard for criteria for the highest level of trauma team activation can be found at http://www.facs.org/trauma/optimalcare.pdf (CD 6.7) and are:</p> <ol style="list-style-type: none"> 1. Confirmed blood pressure of < 90 mmHg for an adult or age appropriate hypotension for a child 2. Gunshot wound to the neck, chest, or abdomen. 3. GCS < 8 with mechanism attributable to trauma. 4. Transfer of a patient from another facility receiving blood to maintain vital signs. 5. <ol style="list-style-type: none"> a. Intubated patient from the scene OR b. Patient with respiratory compromise or obstruction <ol style="list-style-type: none"> i. Includes intubated patients transferred from another facility, with ongoing with ongoing respiratory compromise (does not include patients intubated at another facility who are now stable.) 6. Emergency Physician discretion. <p>** These are the National standard for "minimum" criteria for the highest level of activation and have been studied and found to provide the best balance of getting the right resources to a patient in a timely manner and consideration of the time and effort of the general / trauma surgeon. Adopting these as the criteria for a facility is NOT mandatory and NOT a "rule". The Arkansas "rules" do not provide guidance in this area and the facilities are left to create their own criteria. Facilities verified nationally begin with these six criteria and may choose to expand their highest level from there. Many also use just these six.</p>	
CONCLUSION	The motion was made by Dr. Maxson and seconded by Dr. Sutherland. The vote was unanimous.	
ACTION	RESPONSIBLE PERSON	DEADLINE
The above recommendations will be reported to the TAC and submitted to ADH	Jamie Carter and Dr. Maxson	Immediately
New FAQ will be added to the current FAQ document and added to the ADH website.	Diannia Hall-Clutts and Jim Brown	ASAP

ADDITIONAL BUSINESS

DR TODD MAXSON

DISCUSSION	Dr. Maxson explained that there need to be more reviewers and the state does not have enough EM boarded physicians to do the site visits. He suggested that we allow non-boarded EM physicians with ATLS certification be accepted to the rules.
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CONCLUSIONS	Justification was made that more reviewers will be needed to handle the rush in 2012.	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Get with Rick Hogan and seek an exception to the rule.	Bill Temple	ASAP

OBSERVERS	Margaret Holaway, John Recicar, Diannia Hall-Clutts, Paula Duke, Marie Lewis
NEXT MEETING	August 16, 2011 at 11:00 a.m.
	Freeway Medical Building – Room 906