



Trauma Advisory Council

November 15, 2011

3:00 p.m.

Minutes

MEMBERS PRESENT

Dr. Ronald Robertson
Dr. Charles Mabry
Dr. Barry Pierce
Dr. James Graham
Dr. Paul K. Halverson (rep.
by Donnie Smith)
Dr. Clint Evans
Dr. Viviana Suarez
Dr. Mary Aitken
James R. (Jamie) Carter
Robert Atkinson
Terry Collins
Robert T. Williams
Jon Wilkerson
Carrie Helm
Freddie Riley
K.C. Jones
Colonel J.R. Howard (rep. by
Capt. Mark Allen)
Myra Looney Wood

MEMBERS ABSENT

Dr. John Cone
Dr. Lorrie George
Dr. Michael Pollock
Dr. Alvin Simmons
R. T. Fendley
Dr. Victor Williams
John E. Heard
Vanessa Davis
Ron Peterson

GUESTS

Dr. Michael Sutherland
Dr. James Booker
Dr. Talmage M. Holmes
Kerry Cody
Jon Swanson
Denise Carson
Kathy Gray
Theresa Jordan
John Recicar
Kathy Dickerson
Leigh Ann Scates
Cheryl Vines
D'borai Cook
Tim Vandiver
Jeff Tabor
Julia Ponder
Cathee Terrell
Joe Hennington
Chuck Mason
Liberty Bailey
Tonja Kelly
Faith Lyke
Johnnie Schaumleffel
Keith Moore
Sarah Bemis
Don Adams
Shelly Wildbur
Carla McMillan
Laura Guthrie
Donald Reed
Carla Jackson

GUESTS (Continued)

Dr. Marney Sorenson
Barbara Riba

STAFF

Dr. Todd Maxson
Donnie Smith
Bill Temple
Renee Patrick
Renee Mallory
Diannia Hall-Clutts
Joe Martin
Marie Lewis
Reginald A. Rogers
Sue Ellen Peglow
Austin Porter
Paula Duke
Margaret Holaway
Jim C. Brown

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

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

II. Welcome and Introduction

Dr. Graham welcomed all guests and members. He recognized Bill Temple for having received the Odyssey Award from Hendrix College last month. The medal recognizes distinguished alumni for their outstanding life achievements. James R. (Jamie) Carter, who has accepted a position with a hospital in Memphis, was recognized for his commitment to improving trauma care throughout Arkansas. Dr. Graham specifically cited his contributions to the TAC and the significant progress the Designation Subcommittee has achieved under his leadership.

III. Approval of Draft Minutes From the October 18, 2011 Meeting

The TAC reviewed the October 18, 2011 minutes. A motion to approve was made by Jamie Carter and seconded by Dr. Ron Robertson. The previous minutes were approved.

IV. Trauma Office Report – Bill Temple

Personnel

The CORE Grant Coordinator and Injury Prevention Section Chief positions are being worked on diligently. The Public Health Educator position will be reposted.

RFPs

- The Quality Improvement Organization contract is now posted to the Arkansas Department of Health (ADH) and the Office of State Procurement websites. Bids are due by January 9, 2012.
- The Education and Rehabilitation contracts are ready to be executed today. We are anticipating legislative review in January and February start dates. Mr. Temple recognized Renee Patrick for her commitment and work to get these contracts in place.

Hospital Designation

Twenty-nine hospitals have now been designated, including five Level I, four Level II, six Level III and 14 Level IV trauma centers. We presently have 30 that have site reviews scheduled between now and March.

Injury Community Planning Group (ICPG)

The initial meeting for this group will be tomorrow at 10:00 a.m. at ADH. The ICPG will work closely with the Injury Prevention and Control Branch at ADH under the CORE Violence and Injury Prevention grant. We are expecting between 30 and 35 attendees.

Trauma Radios

- Ambulance radios have been installed in 510 ambulances. We have about 15 yet to install when the ambulances return from repair shops in their respective areas. Motorola will bring in an outside consultant to inspect about 32 ambulances (randomly selected by ADH) regarding installation issues and to see if there are other problems. This is expected to be completed by the end of 2011.
- Trauma radio installation for the 33 helicopter units serving the state is our next initiative. The cost for each radio is expected to be significantly more than what was paid for the ambulance radios.

Other

Mr. Temple reminded those in attendance that we have new conference call numbers to be used for the TAC and subcommittee meetings. He cautioned everyone to please pay attention to the meeting notices for the correct conference call numbers.

Call Center Report – Jeff Tabor

From January 3, 2011 through November 14, 2011, 10,856 patients have been coordinated through the ATCC. There have been 4,336 hospital-to-hospital transfers, with an average acceptance time of 6 minutes 26 seconds. During this time there were 6,420 scene calls, or 64 calls to the ATCC per day.

Of concern for the ATCC is the ever increasing amount of “minor” EMS scene calls that are coming into the ATCC. Thus far, 57% of the radio calls have been for “minor” patients. Only “major” and “moderate” trauma should be called in to the ATCC. We will begin an education push at TRAC meetings to reinforce this policy.

Secondly, we must better define what a “head injury” is and still need microvascular and reattachment call schedules for hand injuries.

V. ADH Medical Consultant Report – Dr. Todd Maxson

Dr. Maxson asked Dr. Booker to introduce our guests from hospitals in Texarkana, Texas. Dr. Booker introduced Liberty Bailey, Trauma Nurse Coordinator at Christus St. Michael's; Leeann

Scathe, Trauma Nurse Coordinator at Wadley; and Dr. Marney Sorenson, Trauma Medical Director at Wadley.

Dr. Maxson emphasized the significance of communications for the air ambulances. He noted that present communication is limited and that as a result entire trauma teams are on stand-by unnecessarily for significant periods of time. He encouraged those involved to strive for better communication as we continue to work on this issue.

He further expressed concern about ambulances by-passing hospitals and transporting for long periods of time when they have patients who might have head injuries. He said we do not have the neurosurgical coverage within the state to by-pass hospitals and cautioned against transporting patients long distances away from their home area because of “what-if” situations. This issue needs to be addressed and the situation further analyzed. Dr. Maxson indicated this is also true for the hand surgeon issue that is still being worked on in terms of triage and case management. Dr. Mabry further reinforced Dr. Maxson’s concerns and suggested that the TAC may want to have published guidelines for triage and management of head injury patients. This could help reduce and minimize the perceived risk involved with these issues. Dr. Evans shared that the neurosurgery and head injury protocol is not a new issue and that a protocol is already in place. He suggested that the existing protocol be reviewed, and if appropriate, enforced. Jamie Carter asked that the existing protocol be shared with the TRAC Chairpersons because they are presently dealing with these kinds of issues at that level. Dr. Maxson suggested that at some point the TAC may want to consider having a subcommittee focused on protocol or pathway development for delivery of trauma care. Dr. Tal Holmes is bringing together a group to consider these kinds of system questions and issues. The initial meeting of this group is tomorrow at UAMS, College of Public Health, Room #226, at 4:30 p.m.

Dr. Maxson shared that as part of the performance improvement process, we need to work to validate the data that has been submitted to the Trauma Registry. This process is being developed so data can be validated during the designation site review.

He requested that any reviewers who are present at this meeting and who were unable to attend the update session to please contact Diannia Hall-Clutts. We can schedule another meeting or work with you personally to cover these important updates.

VI. Trauma Registry – Marie Lewis

- The data submission deadline for July, August, and September discharges is November 30, 2011. Web registry users need to close their records for the record to be considered submitted.

- We will have a Registrar's meeting December 15, from 10:00 a.m. to 3:00 p.m., in the ADH Auditorium and via Tandberg. Current agenda items include a review of the inclusion criteria, updates to the data dictionary, and new functionality for 2012. Please send any suggestions for additional agenda topics to Marie. The final agenda and Tandberg information will be distributed one week prior to the meeting.

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) (Committee did not meet) (No report)
- Hospital Designation (Mr. James R. Carter, Chair) (See attached report)

Mr. Carter reported that the Subcommittee reviewed HSC Hospital, Malvern, AR for a Level IV designation. He made a motion from the subcommittee to the TAC that HSC Hospital be approved as a Level IV. The motion was approved.

Washington Regional Hospital has submitted an intent application as a Level II trauma center. With much pride, the Subcommittee recommends to ADH approval of this intent application.

The subcommittee continues to work on forms for the trauma website as well as in other areas to facilitate and improve the designation process. Dr. Graham asked that TAC members who have any interest in being chairperson for this subcommittee to please let him know.

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

Dr. Evans reported the Subcommittee met and discussed the helicopter trauma radio issue. He also mentioned that Austin Porter's report on EMS data was shared with the Subcommittee and noted that 229,000 runs had been submitted to the state database to date. Dr. Evans suggested e-mailing Mr. Porter's report to the entire TAC membership and Dr. Graham requested that it be shared. Discussion regarding performance improvement filters continues within the Subcommittee. Dr. Evans presented the new by-laws to the TAC. The document was immediately e-mailed to the membership for review. Consideration of the by-laws will be placed on the agenda for the next TAC meeting.

- Rehabilitation Subcommittee (Jon Wilkerson – Chair) (Did not meet)

Mr. Wilkerson reported that work continues on the state rehabilitation plan. Our partners at Baptist Hospital are hosting a case management education seminar for trauma specific rehabilitation on June 14 – 15, 2012. Mr. Wilkerson spoke with a healthcare economist

at the national rehabilitation center in Washington, D.C. regarding the cost analysis issue. This is a joint effort with the Finance Subcommittee. The Subcommittee will be investigating functional outcome measurement tools.

- TRAC/QI Subcommittee (Dr. Charles Mabry – Chair) (Did not meet)

Dr. Mabry reported that the documents from last month's meeting were shared by e-mail and he recommended them, from the Subcommittee, to the TAC for approval. These include both the statewide performance improvement plan and the audit filters. The motion was seconded by Myra Looney Wood. The motion was approved.

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

Dr. Aitken reported on the Subcommittee meeting earlier today and shared that most all of the TRACs have now appointed IP Subcommittee Chairpersons. We look forward to their participation with the TAC IP Subcommittee. The Statewide Injury Prevention Program Strategic Plan was approved for the upcoming year.

VIII. Other

Myra Looney Wood recommended a formalized process for each subcommittee in regards to voting, etc. Dr. Graham asked the membership, specifically subcommittee chairs, to think about this issue and asked that it be placed on the agenda for the next TAC meeting.

IX. Next Meeting Date

Myra Looney Wood made a motion that the TAC not meet in December. The motion was seconded by K. C. Jones. The motion was approved. The next TAC meeting will be held on Tuesday, January 17, 2012, 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 4:20 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

Meeting Title Designation Sub-Committee of the TAC

MINUTES

11-15-2011

FREEWAY MEDICAL BUILDING – BOARD ROOM

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 by phone, Dr. Barry Pierce by phone Dr. Michael Sutherland,

Agenda topics

WELCOME & MINUTE APPROVAL

JAMIE CARTER

DISCUSSION	Jamie Carter welcomed everyone. A motion to approve the September minutes was made by Dr. James Booker and seconded by Terry Collins. The motion carried.
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HOSPITAL DESIGNATIONS

JAMIE CARTER

DISCUSSION	Hot Spring County – Level IV – No deficiencies – A motion was made by Dr. Michael Sutherland to recommend Hot Spring County for a full designation as a Level IV Trauma Center. Dr. James Booker seconded the motion, the motion carried.
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HOSPITAL INTENT APPLICATIONS

JAMIE CARTER

DISCUSSION	Washington Regional – has submitted a new intent application to move their intent to a Level II Designated Trauma Center. Dr. Michael Sutherland made a motion to recommend to the TAC that Washington Regional's intent application be approved to be a Level II Trauma Center, Dr. James Booker seconded the motion, the motion carried.
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REVIEWERS EXECUTIVE SUMMARY & CHART REVIEW TEMPLATES

DISCUSSION	Executive Summary and Chart Review - the department has placed a standard format (template) for reviewers on the website.
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RULES AND REGULATIONS - REVISION

JAMIE CARTER

DISCUSSION	Several of the committee members have not had a chance to review the revisions. Terry's only concern is the rule change that requires all ED physicians to be current in ATLS, we will have a lot of physicians that will need this class and we may not have the man power to get them all current before the next reviews take place. Renee stated that the board of health will have the biggest impact on the timeframe. Getting these rules ready and over to them will take at least a year. July 2013 is a reasonable timeframe. This likely will not impact any level IV that is currently in the application process. Dr. Maxson would like to go ahead a get the Level IV approved by this committee so that we can then begin working on Level III, II and I. Jamie will be rolling off as the designation subcommittee chairman and this will need to be tabled until the January meeting. Jamie asked that the committee members be reminded by the Department to look over and review the rules before the January meeting. Diannia will send out the reminder.
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THE ADJOURN	Jamie adjourned the meeting at 2:45 p.m.
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OBSERVERS	Renee Patrick, Diannia Hall-Clutts, Margaret Holaway, Paula Duke, John Recicar, Marney Sorenson
NEXT MEETING	December 13, 2011 @ 2:00 – teleconference – Hospital Designations only, this will be a closed meeting.

EMS Trauma Subcommittee
Meeting Summary
November 8th, 2011

The EMS Trauma Subcommittee met on November 8th at 1500. There were 16 people in attendance, with three people present on the conference call.

The installation of trauma radios for ground services is complete. The deadline for having these installed and paid for by the state has passed, but there are still some radios available. Since our last meeting, it appears the cost estimate for installing the AWIN radios in helicopters has gone up drastically. The most recent estimate for purchasing and installing radios in 33 helicopters is 1.8 million. Joe will be investigating this further.

Greg updated us on EMS data submission. To date there have been 229 K runs submitted. Greg introduced Ryan as the new data specialist, and Ryan will begin conducting audits soon.

Greg then updated us on NEMSIS 3.0. The new data dictionary was released on October 31st. There are over 500 data points available with the new data set, but we will likely only use around 190 of these. This is a nationwide change, and all software vendors will have to move towards compliance with 3.0. The final transition won't occur until 2014. We will need to decide what data points are beneficial for us.

Austin then presented an EMS data report. He compiled data from 13,850 injury related runs submitted from January 1st through September 1st. The report primarily features various time intervals, including time to scene, scene times, and transport times. These are broken down by different TRACS. It was mentioned that, with the transition towards 3.0 and more data points, we will have the ability to gather more information from the state data, but it will be interesting to monitor and trend some of these time intervals at the TRAC level. (The complete report was sent as a separate attachment)

The above data discussion led to further discussion on PI filters. We had planned on having a workgroup meeting to refine our list of suggested PI filters, but we were unable to find an acceptable time for this meeting. We will convene this workgroup prior to the next meeting, likely by conference call. With the addition of this data report, it does appear our PI filters will likely include time intervals obtained from state data and ATCC data, as well as patient specific data such as arrival vital signs from the hospital database.

The proposed bylaws for this committee were then reviewed. As a result of the discussion, several improvements were made to the bylaws. The bylaws will need approval by both the TAC and the GAC. The next GAC meeting is in February, but the bylaws will hopefully be presented to the GAC on Tuesday, November 15th. The revisions have been made, and the updated copy sent to all members for review and comment prior to this TAC meeting.

Laura then updated us on the status of the CISM project. Initially, the thought was this project would be funded through special project funds. Laura presented us a proposal from CISM Perspectives for a comprehensive training program, which would cost around \$17,175 for twenty

responders. However, at the last meeting, we decided to explore the possibility of including this training under the education line item, meaning the group that is contracting with the state will provide the training. This provides the benefit of this training being available on a recurring basis, as opposed to a onetime special projects expenditure. Since the last meeting, we found out the training will likely be available from the group contracting with the state. However, the general consensus was that the training they offer looked inferior to that proposed by CISM Perspectives. It would be ideal if the state education company would subcontract with the CISM Perspective to provide this training, which would provide the additional benefit of avoiding the rfp process that would be needed if we opted to pursue the special project money, but who they subcontract with is beyond our control. We decided to table this for now, but Laura hopes to speak with a representative from the education group, as she will update us at the next meeting.

Our time was running short, so we briefly touched on items that we will address at our next meeting. The Trauma division would like to finalize the FY 2013 budget much earlier than we have done in prior years. We need to review the funding formula we used last year, as well as the deliverables. An ongoing agenda item has been pay for performance metrics, and this discussion will likely be integral to budget discussions, as we may wish to include these metrics in the funding formula for next year.

Our next meeting will be Tuesday, December 13th, at 1500.

TAC IP Subcommittee Meeting Minutes

Date: November 15, 2011

Attendees: Dr. Aitken, Gary Ragen, Nichetra Magee, Layce Vance, Megan Frederick-Usoh, Christy McCreight, Kathy Dickerson, Leigh Ann Scates, Liberty Bailey, Theresa Jordan, Shelly Wildbur, Johnnie Schaumleffel, Bill Temple, Talmage Holmes, Hudson Hallum, Tony Tackett, Patricia Scott, Timothy Calicott, Donnie Smith, Denise Carson, Tim Vandiver, Faith Lyke

Agenda Item	Notes	Actions/Who is responsible
SIPP Update	<p>Since July 1, the 4 SIPP Project Analysts have been visiting throughout the state helping to introduce and implement programs in 24 counties. Gary has met with all 7 TRACs. Currently 6 TRACs have formed IP subcommittees.</p> <p>Resource Folders were handed out. Please provide feedback on the content. Discussed first quarter data summary.</p> <p>CDC Mortality/AR Hospital Discharge Data has been presented to each TRAC. It has been broken out to show a clear picture of injury in each region. Falls and motor vehicle injuries are most prevalent.</p> <p>No specific guidelines have been established for applying for the injury prevention supplemental funding yet. ADH is still working on an application. The amount will be \$5000 or less for this fiscal year.</p> <p>IP 101 class was held in October. 22 people attended. The 6 course module covers theory and best practices for injury prevention. SIPP will be holding more training courses throughout the year. Currently, next class is slotted for early December.</p>	
SIPP Strategic Plan Update	<p>Committee approved SIPP Strategic Plan. Staff will continue to implement the plan.</p>	
ADH Injury Update	<p>Funding for ICPG started August 1. ICPG group is to be established and the first meeting is scheduled for November 16. The ICPG will establish a policy subcommittee as a priority activity.</p> <p>STAT/ACS site visitor recommendations were discussed at the Trauma Advisory Council retreat and 6 key recommendations have been chosen to focus on this year regarding injury prevention. Working on revising trauma rules and regulations.</p>	
Next Meeting	<p>Gary will contact committee members with available date.</p>	