



# Trauma Advisory Council

October 18, 2011

3:00 p.m.

Minutes

## MEMBERS PRESENT

Dr. Ronald Robertson  
Dr. Charles Mabry  
Dr. Barry Pierce  
Dr. Alvin Simmons  
Dr. Paul K. Halverson (rep.  
by Donnie Smith)  
Dr. Clint Evans  
Dr. Viviana Suarez  
Robert Atkinson  
Terry Collins  
R. T. Fendley  
Jon Wilkerson  
Carrie Helm  
K.C. Jones

## MEMBERS ABSENT

Dr. John Cone  
Dr. Lorrie George  
Dr. Michael Pollock  
Dr. James Graham  
Dr. Mary Aitken  
Dr. Victor Williams  
Colonel J. R. Howard (rep.  
by Capt. Mark Allen)  
Myra Looney Wood  
John E. Heard  
Vanessa Davis  
Ron Peterson  
James R. (Jamie) Carter  
Robert T. Williams  
Freddie Riley

## GUESTS

Dr. Michael Sutherland  
Dr. James Booker  
Sarah Bemis  
Joe Hennington  
Jon Swanson  
Teresa Ferricher  
Chrystal Rhone  
Ron Crane  
John Recicar  
D'borai Cook  
Keri Cody  
Julia Ponder  
Lance Hinds  
Tim Vandiver  
Jeff Tabor  
Cheryl Vines  
Lisa Williams  
Milton Teal  
Kathy Gray  
Denise Carson  
Don Adams  
Chris Cauthen  
Keith Moore  
Carla McMillan  
Gary Ragen  
Faith Lyke  
Monica Kimbrell

## STAFF

Dr. Todd Maxson  
Donnie Smith  
Bill Temple  
Diannia Hall-Clutts  
Austin Porter  
Greg Brown  
Steve Bowman  
Marie Lewis  
Melissa Foust  
Paula Duke  
Jim C. Brown  
Renee Mallory  
Rick Hogan  
Joe Martin  
Margaret Holaway  
Norajean Miles-Harrell

## **I. Call to Order – Dr. Ronald Robertson, Vice-Chairman**

The Trauma Advisory Council (TAC) meeting was called to order on Tuesday, October 18, 2011, at 3:00 p.m. by Dr. Ronald Robertson.

## **II. Welcome and Introduction**

Dr. Robertson welcomed all guests and members. Dr. Robertson announced that the Speaker of the House has appointed two new members, Dr. Viviana Suarez and Mr. John E. Heard. Dr. Suarez, who was in attendance, was introduced to those present and on the phone.

## **III. Approval of Draft Minutes From the August 16, 2011 Meeting**

The TAC reviewed the August 16, 2011 minutes. A motion to approve was made by Dr. Charles Mabry and seconded by R. T. Fendley. The previous minutes were approved.

## **IV. Discussion and Approval of Retreat Minutes from September 20, 2011**

The TAC discussed and reviewed the Retreat minutes from September 20, 2011. A motion to approve was made by Dr. Charles Mabry and seconded by K.C. Jones. The Retreat minutes were approved.

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

### **Personnel**

- Mr. Temple introduced Melissa Foust, Trauma Program Manager, who joined us from our ADH Preparedness Section. Melissa is working with grants, replacing Lee Crawford.
- Public Health Educator – We received well over 100 applications. We completed the interview process and we are working to complete the hire packet.
- We received 32 applications for the Injury Prevention Section Chief and will be working to schedule interviews.
- ADH made a decision to attempt to obtain an additional position to be the CORE Grant Project Coordinator. We are working on the necessary paperwork to begin this process.

### **Hospital Designation**

Twenty-five hospitals have now been designated. Three more hospital site reviews have been completed. We presently have 28 additional hospitals scheduled for site surveys during fiscal year 2012.

### **CORE grant - Injury Community Planning Group**

We mailed an invitation letter to approximately 55 people and are planning for a November initial meeting. To date, 25 have responded affirmatively.

### **RFPs**

**Education Contract** - We have completed negotiations with the chosen entity and the contract is being prepared. It will need to go through the legislative review process.

**Quality Improvement Organization RFP** – This has been written and is being reviewed by our Contract Support Branch. The next step is for it to be placed on the Office of State Procurement website.

### **Trauma Radios**

Radio installation is progressing and we are up to 500 radios installed in ambulances around the state. We have 18 radios left to be installed (these 18 ambulances are currently in the shop). We will now begin the project to install trauma radios in helicopters.

### **Other**

Through the use of the trauma bands, Austin Porter has been able to merge the EMS and Trauma Registry data. He is also doing a report on the completeness and accuracy of the EMS data, which will allow us to identify gaps, etc.

Our web site calendar has been completed and is available for on-line submissions for all trauma related events (meetings, training and conferences) associated with our trauma system. If anyone has something to be included on the calendar, please go to the website, complete the requested information and submit the form electronically. Jim Brown will review it and it will be approved at the Trauma Section level. (It is noted that the calendar was demonstrated on-line during the TAC meeting). Dr. Maxson asked if documents could be included on postings to the calendar. We will follow up on this issue.

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

Dr. Maxson said this next weekend is the American College of Surgeons meeting and during this meeting he has set up a couple of appointments. One appointment is to work with the creators of the National Trauma Databases' Trauma Quality Improvement Program (TQIP) to explore the possibility of Arkansas being the first state to benchmark our performance. TQIP has typically used individual hospitals and to date has not used a state as an entity. We will also discuss the participation of all our hospitals in the TQIP system. The purpose of the second meeting is to further discuss research involving our trauma system outcomes, which will document the progress of our system.

In follow-up discussion of hand coverage, Dr. Maxson mentioned the challenge of having just a few hand surgeons available within the state. This has caused denials or refusals of patients when a hospital lacks a hand specialist. Dr. Rick Rogers, Baptist Hospital, has taken the lead on

this issue and is in the process of contacting all hand surgeons in Arkansas in an effort to put together a consolidated on-call coverage schedule. The plan is for the ATCC to have the schedule for coordination purposes.

As we progress with the education contract, the TRACs should begin to identify their education needs. At the same time we need to know of available training and trainers, especially TNCC courses. It would be helpful for the TRACs to start compiling this information, including which facilities could serve as hosts and the best sites for training to take place.

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

- We have been working with UAMS and have completed the first draft for the PI filters report. The filters were approved at the QI/TRAC Subcommittee meeting this afternoon and they will be distributed.
- We are still working on some report issues. If initial numbers do not seem correct, please let us know and we will work with you to figure out what is happening.
- The next submission deadline is November 30, 2011 for July, August and September data.
- We are working on a revision to the data dictionary. We have solicited input and if you have additional suggestions or input, please send them to [Marie.Lewis@arkansas.gov](mailto:Marie.Lewis@arkansas.gov) for consideration. Our goal is to have an update for the Web Registry by January 1, 2012.
- We had a good DI Conference two weeks ago. We discussed the upcoming ICD 10 Registry conversion. DI is working on a plan for us and we will then work with the hospitals regarding implementation.

## **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 mentioned the Finance Subcommittee notes that were distributed. They are working to identify costs (readiness, administration and clinical care) involved with the trauma system. Dr. Mabry is working to identify hospital costs. Don Adams, Arkansas Hospital Association, will work with us in this process. Myra Wood is working on the pre-hospital (EMS) costs. Jon Wilkerson is heading the effort for Rehabilitation costs through his subcommittee. This effort is being made to come up with a common methodology for costing.

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

Dr. Maxson reported for Mr. Carter. Old business includes an issue regarding the necessity for secondary reviewers to review site survey reports prior to consideration by

the Designation Subcommittee. We have realized that this step has not impacted the process and there have been no significant changes from the primary reviewers' recommendations regarding designation. The Subcommittee recommends to ADH that secondary reviews be eliminated as part of the designation process.

St. Vincent's North is recommended by the Subcommittee to ADH for designation as a Level IV Trauma Center. St. John's Berryville is recommended by the Subcommittee for approval as a Level III Trauma Center. White Count Medical Center, Searcy, is also recommended for approval as a Level III Trauma Center.

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

Dr. Evans reported on-going agenda items, including adopting the current CDC triage protocol and guidelines. With minor changes the Subcommittee recommends that ADH adopt the presented protocol as distributed at the meeting and that it be distributed statewide. This will need to be incorporated in the Rules revisions. The Subcommittee is continuing to work on the EMS PI filters. The Subcommittee is also working on recommending a formalized committee structure to integrate the EMS Governor's Advisory Council and the TAC EMS Subcommittee. They are working on the by-laws for implementation.

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

Mr. Wilkerson reported that, as a result of the TAC Retreat, the short term goal is to develop a statewide rehabilitation plan. Priorities have been subdivided into workgroups: Education workgroup (John Bishop); FIM (Cheryl Vines); System Analysis (Yousef Fahoum); TBI Registry (Yousef Fahoum); and Financial Analysis (Jon Wilkerson). The subcommittee will meet next on Thursday, October 27, 2011 at 1:30 p.m.

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

Dr. Mabry reported on two major items. First, improvement of the trauma center PI Plan in terms of a common platform for use within the trauma system was discussed. Issues would be referred up through the PI process. This PI Plan was voted upon within the subcommittee to come before the TAC for consideration. The Subcommittee also considered Registry report items, including PI filters and a common report format to publish PI information to the public. Action on these items was deferred so that the TAC could get the items electronically for review in preparation for action at the next TAC meeting.

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

Gary Ragen reported that staff continues to build call volume as part of the Statewide Injury Prevention Program (SIPP) and activity is increasing with hospitals requesting assistance and materials. The CDC mortality and hospital discharge data set has been completed and delivered to at least two sites for use. Mr. Ragen continues to visit the TRACs to coordinate injury prevention programs, specifically to ensure that each TRAC includes an Injury Prevention Subcommittee. An Injury Prevention 101 course has been developed and the initial session included 22 people. The Injury Prevention Subcommittee will be meeting on November 15, 2011.

**IX. Other**

Terry Collins discussed the special edition of Ed's Place at UAMS coming up on Thursday morning.

**X. Next Meeting Date**

The next TAC meeting will be held on Tuesday, November 15, 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. Robertson 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 October 4, 2011**

Present:        Don Adams                Terry Collins                R.T. Fendley  
                     Charles Mabry, MD    Todd Maxson, MD    Renee Patrick  
                     Donnie Smith                Bill Temple                Jon Wilkerson  
                     Cheryl Vines

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: Hospital Cost Calculation. With Don Adams as a staff representative of the Arkansas Hospital Association, the group discussed the process under which hospital system costs could be determined. Dr. Maxson pointed out that, for each of the components of the trauma system, it is important to determine costs driven by the statewide system versus costs of clinical care of trauma patients.

*Action Item: Terry Collins will contact Trauma Centers of America, to determine if that group has any studies or tools which might be beneficial for use in Arkansas.*

*Action Item: Dr. Mabry will convene a smaller work group which will utilize the cost calculation sheets developed in Georgia to draft calculation sheets for Arkansas. These drafts will then be reviewed by the sub-committee.*

*Action Item: When the work is completed on the above two items, Don Adams will convene the Chief Financial Officers from facilities participating in the trauma system in an effort to finalize the cost calculation model for hospitals.*

*Action Item: Drs. Mabry and Maxson expect to be attending a meeting at which Dr. Fakhry will be present. They will ask Fakhry's potential to assist us in the cost calculation project.*

Agenda Item II: Rehabilitation Cost Calculation. As with hospitals, the goal will be to separate the costs of system participation from the costs of clinical care. In addition, attempts will be made to identify costs borne in acute care facilities due to trauma patients awaiting rehabilitation.

*Action Item: Jon Wilkerson will ask the Rehabilitation sub-committee to begin development of a survey instrument to identify post-acute care costs.*

Agenda Item III: Emergency Medical Services Cost Calculation: Myra Wood could not attend this meeting, but retains responsibility to work with the EMS sub-committee to develop a plan for identifying system costs for pre-hospital services.

The meeting adjourned at approximately 4:50 p.m.

# Meeting Title Designation Sub-Committee of the TAC

MINUTES

10-18-2011

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 –by phone, Terry Collins, Dr. Michael Sutherland, Dr. Todd Maxson, Alvin Simmons

## Agenda topics

### WELCOME & MINUTE APPROVAL

JAMIE CARTER

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

JAMIE CARTER

DISCUSSION	<p>St. Vincent Medical Center North – Level IV John Recicar (lead reviewer) gave a report on his verification of St. Vincent North. They received two Type II deficiencies for community health education and one Type II deficiency for not meeting the 80% expectation for the RN in the emergency department. Since the review the hospital was able to send an additional 5 nurses verification cards of taking TNCC to the Department of Health, this brings the percentage up to 88%. John agreed to remove this deficiency with the new information. Dr. Maxson would like to make a motion that the community outreach education rule (Section VII., I., 1. a., b., c., d., and e.) be all inclusive versus 5 separate deficiencies. Terry Collins seconded the motion. No hospitals in the past reviews would be affected by this change. All first reviews will still be responsible for 2 hours of CME’s. All hospital will be held to the 16 hours every 4 years thereafter. With the changes above this leaves one Type II deficiency, a motion was made by Dr. Maxson to recommend a full designation to the Health Department. A second was made by Terry Collins. The motion carried</p> <p>White County – Level III Dr. Todd Maxson was the lead reviewer and during his verification found no deficiencies, great program. A motion was made to recommend full designation to the Health Department by Dr. Michael Sutherland, seconded by Alvin Simmon, motion carried.</p> <p>St. John’s Berryville Level III– Dr. Graham was the lead reviewer; Monica Kimbrell was the nurse reviewer. A Type II deficiency was cited for not having a temporary transvenous pacemaker. If no ICU, are they required to have the ICU equipment of an ICU? There is no rule that speaks to a place called an ICU, just speaks to staffing and equipment.</p> <p>The reviewer cited a Type II deficiency due to the PI program did not document the trauma surgeon response nor was there a plan in place to track this item. Their protocol was not clear. They had not had any major activation to test the activation protocol.</p> <p>A critical deficiency was cited for a trauma surgery on-call and promptly available to the patient upon activation of the trauma protocol. Dr. Graham talked with the hospital and they were going to change their protocol to make it more clear so Dr. Graham recommended a Type I versus the Critical deficiency. He explained that their activation protocol didn’t include the activation of the trauma surgeon. They agree to change their protocol to include this requirement. They changed their policy during the site visit. The committee stated that this hospital has not successful demonstrated performance at the Level III capacity.</p> <p>The committee recommended a Type I deficiency for not clearly defined criteria for activation of the trauma team and remove the E., 3. The committee asked that Dr. Graham be asked for his opinion before the recommended is given to the Health Department. The committee recommended to give a provisional designation and to be revisited in one year. A motion was made by Dr. Maxson and seconded by Dr. Michael Sutherland, motion carried.</p>
	<p><b>NEW BUSINESS</b></p> <p>JAMIE CARTER</p>

<b>DISCUSSION</b>	Effectiveness of a single person being a Program Manager at multiple institutions. We need a rule that speaks to a program manger being effective in her role. Is her time allocation appropriate to the task? We would need to have some guidelines, ACS has wording on what constitutes effectiveness. Dr. Maxson will bring some wording back next month to be discussed; this issue will be tabled till the November meeting.		
<b>CONCLUSIONS</b>	Dr. Maxson will look at the ACS wording and include into the new rule rewrites.		
<b>ACTION ITEMS</b>	<b>PERSON RESPONSIBLE</b>	<b>DEADLINE</b>	
Will bring back some language to next month's meeting to propose (follow ACS) this motion to add into the rule and regulations rewrites	Dr. Todd Maxson	11/15/2011	
<b>DISCUSSION</b>	Combine the deficiencies for Trauma Education Program (Section VII, I., 1., a-e) into one Type II deficiency versus 5 separate deficiencies. See Motion made by Dr. Maxson under the Hospital Designation section of the minutes.		
<b>DISCUSSION</b>	ADH choosing charts from the registry to be reviewed at a site visit. There would be several benefits in doing this. The Department would have the opportunity to send ahead of time chart numbers to be pulled and have ready. This would give the reviewer the opportunity to look at charts not just picked by the hospital but any chart that has been entered into the registry. The hospital will pull all the charts and the reviewer will have the registry list and be able to compare the two. Trauma Registry Manager could pull charts from the seven categories and send to the reviewer prior to the designation sit visit. The hospitals have 60 days to close their data collection. Hospitals submit quarterly and have 60 days to complete. So they could be 5 months behind. Trauma Registry Manger can accept an additional upload and request this at the time the hospital submits their PRQ, they would closed out those charts for that review period and uploaded them to the state registry. This could be a part of the getting ready for the visit. The Department of Health would need to write a procedure. Motion by Dr. Michael Sutherland - This committee would like to see Trauma Registry Manger generate current data out of the registry for the reviewers to indicate which charts should fall into these categories. Seconded by Dr. Todd Maxson, motion carried.		
<b>DISCUSSION</b>	St. John's (Springfield) submitted a letter requesting a one year extension to their provisional designation to get in place a surgical residency program. A motion was made by Dr. Michael Sutherland, seconded by Dr. Todd Maxson, motion carried. The Department of Health will send them a letter to notify them of their one year extension.		
<b>DISCUSSION</b>	Southeast TRAC – Three hospitals wanting to share designation at Level III, how are we advising these hospitals and any further potential scenarios to proceed in verification? Can one hospital independently verify as long as the others two are in process and they are meeting the requirement of available and capability and capacity, or do all three hospitals have to verify within a timeframe in order then to grant the shared designation at the same time. They are asking for a fraction of a designation, but the whole designation has to be in effect for their piece to be effective. The ideal way would be to do all three reviews all together and they all either pass or don't pass, you could do the site review separate but the designation would not be granted until the last one was completed. The hospital that completed early could invoice back to their designation site visit date when all hospital have designated. The date of your site visit would be your invoice date. No additional funds would not be available till all were designated, but the hospital could invoice back to designation site visit date. There is a rule that addresses Joint Trauma Service Applications Section XIV., 2., a.,b.,c.,d.,e.,f.,g. They need to meet together and coordinate the joint trauma service. Dr. Maxson made a motion for joint designation that 1) hospitals may go through the verification process independently but designation will not be granted until all parties involved have met the criteria to be designation, 2) date of invoice will go back to each individual hospital's date of successful site review, 3) that each group of hospitals meet the requirement set forth in the rules for joint designation. They will need to submit separate PRQ to validate their capability to meet the requirements of the Level III. Dr. Michael Sutherland seconded, motion carried.		
<b>DISCUSSION</b>	Level IV Rules and Regulations – Rewrite -The rules were emailed out to everyone, Dr. Maxson would like to see everyone look at these and review carefully and send out with a cover letter to every Level IV TMD and TNC in the state that has been designated explaining what we are doing and what the goal is. Give them one week to send their comments back. We will table this discussion till the designation subcommittee meeting next month.		
<b>FAQ</b>	Is participation in the TRAC PI an expectation of the hospitals? This is procedural; the legal department from a hospital is stating that they don't want their cases discussed outside their hospital. The TAC voted that the TRAC and state PI processes were sanctioned ADH venues therefore enjoyed the peer review protection and indemnification from discoverability. The attorney general did rule on the indemnification. Todd made a motion to adoption this FAQ, seconded by Dr. Michael Sutherland, motion carried.		

**OTHER BUSINESS**

JAMIE CARTER

<b>DISCUSSION</b>	Secondary Reviewers– What is their role and are secondary reviews providing a service that the committee itself could provide during the regular monthly meetings? From a secondary reviewer standpoint a procedure will need to be changed stating this committee will serve as the secondary review for the designation site reviews. Is it the committees desire to have one of the reviewers or ADH nurse
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	<p>coordinator from the region present the review, discuss any issues at the private meeting and any issues that have come up since then and the committee will discuss and vote. This committee will hear the presentation and any new issues and vote on a final recommendation on deficiencies, recommendations and level of designations to ADH. The committee member will received the executive summary and reviewer's checklist a week before the meeting. It would be helpful if the committee also gave for provisional or non designations and a recommendation on how they would remedy (what should we ask them to do.) Before the meeting the nurse coordinator will send out the executive summary and reviewer's checklist to each committee member.</p> <p>The department will place a standard format form (template) on the website for the Executive Summary and Reviewers Chart Review. A motion was made by Dr. Todd Maxson to change the procedure for secondary reviews and seconded by Terry Collins, the motion carried.</p>
<b>THE ADJOURN</b>	Jamie adjourned the meeting at 12:45 p.m.
<b>OBSERVERS</b>	Bill Temple, Diannia Hall-Clutts, Margaret Holaway, Paula Duke, John Recicar
<b>NEXT MEETING</b>	November 18, 2011 @ 11:00 – 12:30 p.m.

## EMS Subcommittee Summary October 11<sup>th</sup>, 2011

The EMS subcommittee met on October 11<sup>th</sup> at 1500. There were 25 people in attendance, with two people present on the conference call.

Trauma radios – Joe reported that the installs on ground units are essentially complete, with a few exceptions which should be done shortly. Medflight is currently the only air service utilizing a trauma radio, but this is a work in progress.

EMS data submission – Greg is still looking for a new specialist to serve as a data manager. Greg was not present for the meeting, but reported via e-mail that there would need to be some discussion in the near future about a transition to the NEMESIS 3.0 data set. The current data set has 87 elements, and the new data set will contain 167 data points. Eventually, there will be a transition to an HL7 dataset. Greg will explain this at our next meeting.

We then discussed performance improvement filters. We had previously discussed three potential sources to obtain data. These are the EMS data submitted by services, the time and transport data from the ATCC, and self-reported exceptions by individual medics or services. We also can potentially obtain useful EMS relevant data from the hospital registry. Dr. Maxson pointed out, based on discussions with a national expert, we should be looking at and trending the hospital arrival vital signs as an EMS metric. Jeff provided us with a report detailing some of the data available from ATCC, which includes number of scene calls, as well as time stamps for scene times and various intervals. We should also be tracking secondary transports, as this might help identify patients which should have been transported to a different destination initially. Austin will bring us a report next month demonstrating what can be obtained from the EMS data submitted by services. We also discussed tracking the number of TRAC meetings attended by services. The importance of an individual service internal review process was also mentioned, which could potentially be a pay for performance item. We decided compiling these ideas can best be accomplished in a small workgroup, and we will hopefully have a list available for review at the next meeting.

We then reviewed and discussed an Arkansas specific field triage scheme. We had previously recommended we adopt the current CDC triage guidelines. The revised version is essentially the same, but provides definitions for major, moderate, and minor trauma. It also includes Arkansas specific transport guidelines, including contacting the ATCC. The group approved this document, and we will recommend this be included in the upcoming revisions of both the trauma rules and regs, and the EMS rules and regs.

In an effort to formalize this group as a subcommittee of both the TAC and GAC, we began discussions on what the voting core should be. Ultimately, we decided there should be 15 voting members as follows: One rep appointed by the GAC chair, one rep appointed by the TAC chair, an ATCC rep, an EMS representative from each TRAC, one rep from the Health Dept EMS division, one from the Health Dept Trauma division, and ArAA rep, an AEMTA rep, and a training center rep appointed by the training subcommittee. A workgroup will begin work on bylaws, and a first draft will hopefully be available by our next meeting.

Laura updated us on the status of our CISM proposal. The group decided we would like to train at least 20 people in each TRAC. Renee suggested this training could potentially be provided through the education budget, which would mean this could be offered on a continuing basis, as opposed to a onetime special project item.

Our next meeting is Tuesday, November 8<sup>th</sup>, at 1500.

**Trauma Advisory Council  
Rehabilitation Subcommittee**

Meeting Minutes

Time and Date: 1:30 PM October 27, 2011

Freeway Medical Tower  
Room 906  
5800 West 10<sup>th</sup> St.  
Little Rock, AR 72204

In Attendance: Jon Wilkerson, (TAC), Dana Austen (BIA-AR), Austin Porter (ADH), Marie Lewis (ADH), Letitia degraft-Johnson (ADH), Cheryl Vines (ASCC), Joyce Poole (BHRI), John Bishop (BHRI), Betty Watts (ADH), Elizabeth Eskew (DRC)

- I. Welcome and Introductions Jon Wilkerson  
Jon Wilkerson called the meeting to order. Minutes from last meeting reviewed and motion to approve from John Bishop, second by Cheryl Vines.
- II. ADH update Austin Porter  
Austin Porter reported there are no updates to report. Jon enquired about updates on hospital designations. Per Marie Lewis, the hospital designation committee met last week and there were 3 recommended for designation and another 3 site visits this month and expect to be 40 by the end of the fiscal year. March is full for the number of site visits they are able to complete. The three hospitals that were designated were St Vincent North, Helena and White County in Searcy.
- III. Budget update Cheryl Vines  
Department of Health has had our contract for 2 months and they may have it another 2 months. It should go through TAC the first week of November and then it can go to legislative peer committee first week in December to be approved by mid December by legislative counsel to be ready to go in January 2012. Cheryl Vines is working with Office of Budget and has to get a letter from ADH saying Rehab Subcommittee of TAC is getting the money so we can budget and spend the money. There isn't much we can do at this point until we actually have funding. If we have expenses related to education or other items that relate to collecting information from other states, there is some funding in the TAC budget that can be used until our funds were available.
- IV. Project workgroups  
a. Education John Bishop

June 14-15, 2012 (Thurs/Fri) has been set for the symposium that will be held at BHRI. This will give about 10-11 CEUs which will make it more attractive. An education subcommittee meeting is scheduled for 10:00 a.m. on Friday November 4, 2011 in the conference room on the first floor next to administration at BHRI to discuss details of the conference. BHRI will be able to handle any start up, printing, mailing cost, etc. Jon Wilkerson met with Nan Ellen West and Elizabeth Eskew at DRC last week about collaborating between BHRI, DRC and BIA-AR. John Bishop stated TimberRidge also wanted to be involved. Jon Wilkerson suggesting getting a national speaker to speak about trauma rehab at the conference. Cheryl Vines suggested doing some mini regional educational events in the fall. Discussion regarding the case manager monthly meeting date so that someone (?Bill Temple/ADH voice) can speak. The Fandango is also coming up 11/03/11 at the Clear Channel Metroplex in Little Rock.

- b. System analysis Fahoum/DeGraft  
Letitia DeGraft did not have any updates, they are meeting next week. Cheryl Vines stated there is a brain injury conference in Denver January 2012 where brain injury professionals will be in one place and maybe a group can go to that and gather information in various areas in one location. John Bishop/BHRI is also conducting a system analysis.

- c. FIM Cheryl Vines  
Cheryl Vines visited with Dr Kortebein and Dr Lindberg who are physiatrist at UAMS. Dr Kortebein in on UAMS faculty and has written some articles on the efficacy on the FIM and outcome measures of FIM. Dr Lindberg is a new physician who will be doing most of the consults at UAMS. There is a gap in getting patients to the trauma beds and we can work with Dr Lindberg to establish protocols at UAMS that will eventually help us look at other facilities too. Cheryl Vines also visited with Terry Collins who is the Trauma Program Director at UAMS who stated they used the FIM but they actually use 3 terms of the FIM and used a different scale that the 1-7 and they used the same scale on locomotion as they did on expression. Marie Lewis reported data points had been collected to add to the registry including locomotion, expression, feeding and Glasgow coma scale and had been put forward for consideration, however, they decided to pull them back and continue to talk about FIM and see how to make this work the best. Other data elements to move ahead with are Glasgow Coma Scale and Glasgow Coma Scale Extended. Other data points include:  
1) the facility patient initially referred  
2) the delay getting the patient to that facility

3) the reason for delay which will be a pick list and they will need input as to what those options need to be

4) the number of days between initial referral and actual arrival date of patient

5) the rehab facility that actually accepts the patient.

These have all been recommended for inclusion into the registry as of January 1, 2012.

Jon Wilkerson inquired about ASIA or Rancho scales. Cheryl Vines stated educating the trauma docs in using the scale would be necessary. There are online resources for training.

We now have a database of all the licensed physicians in the state. Cheryl Vines also got a list of all 35 physiatrist in the state of Arkansas. They don't meet at all but it was recommended getting those doctors involved in the TRACs (trauma regional advisory councils) so they can get the referral process going. The TRACs are open public meetings. The list can be given to the TRACs chairs. There are 7 TRACs which meet at different times. Some meet quarterly and others monthly. Cheryl Vines would like to get a meeting set up the week of November 7<sup>th</sup> to actually talk about the FIM study and figure out the next steps with UDS and ERehab. Get the agreements in place so that we can actually collect and use the hospitals data with identifies. Maybe by early in the year we can pull data for 2011 and Austin Porter could start matching up as appropriate. UDS can either send us data or they can create reports including our state compared to other states. It may be beneficial to do both initially to compare ourselves with other states as we move forward.

Jon Wilkerson asked Marie Lewis about the PI thing where there were ~9 rehab elements. He questioned whether we are going to be able to get all the data to collect those points on this year's report. Marie reported as long as it's the ones that came out on the statewide score card then they should be able to pull those from UDS.

Jon Wilkerson questioned whether GCS and Rancho should both be collected. Typically a facility is going to use one or the other.

d. Financial/pro forma

Jon Wilkerson

Jon Wilkerson has been in contact with Dr. Gerben DeJong at the National Rehab Center in Washington D.C. Jon described to him what we're doing, where we're at and what we need. Basically someone to look at our demographics and our capacity at this time and tell us where to proceed. He is currently looking at the data we've collected thus far including the Spinal Cord Commission rehab survey, ACS review, Department of Health website information about our history as a trauma system. He is to get back with Jon this week. Jon is inviting him down on

our dime for a day or two. Hopefully this can be coordinated with Dr Maxson and few other key people.

BHRI is also moving forward with their own financial analysis regarding taking ventilator dependent patients. They plan on visit other facilities that provide that type of care and see their set up and handling of those type of patients. They're looking at start up and maintenance cost related to providing this type of care. Jon Wilkerson inquired about having someone from our committee go with them to the site visits.

e. TBI registry

Yousef Fahoum

No report at this time. Jon asked what needed to be done between now and January to get the process going. Cheryl Vines mentioned the company ADH uses actually has a brain injury registry product that could interface with the trauma registry. The same data elements are being collected for the trauma registry thus eliminating the need for people to call twice. Marie reported the annual maintenance depends on the type of system; the web based system is a onetime cost ~\$7000.00/year plus money for changes. The vendor is Digital Innovation website dicorp.com who offers a number of products. Cheryl Vines reported this is already legislation on the books mandating reporting of brain injuries such as there is for spinal cord but it's never been activated.

V. Other business

Marie Lewis reported on the ICD-10. October 2013 is the implementation date. The ICD-9 codes are being expanding vastly to very specific codes in the ICD-10. You can specifically define an injury, illness or what happened. E codes may not necessarily go away as they also include data such as where (location) the injury occurred. They are also planning how to update all the systems as well as the mapping for reporting purposes.

VI. Next meeting date

December 1, 2011 @ 1:30

Meeting called to order @ 2:25 by Cheryl Vines, second by John Bishop

## **TRACs/QI Subcommittee Meeting October 18, 2011 - 1:30 p.m.**

**Members Present:** Dr. Charles Mabry, Chair; Bill Temple; Dr. Michael Sutherland; Dr. Todd Maxson; Jamie Carter; Dr. Alvin Simmons; Terry Collins; Carla McMillan; Theresa Ferricher; Myra Woods, Dr. James Booker

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

The meeting was called to order at 1:32 p.m. by Dr. Charles Mabry.

James R. (Jamie) Carter motioned that the previous minutes be accepted and motion seconded by Dr. Michael Sutherland. The motion to accept July 19, 2011 minutes was approved.

The meeting focused on the following topics:

- New quality Indicators and audit filters were presented at the Trauma Advisory Council Retreat on September 20, 2011. (See attached) The TRAC QI/Subcommittee discussed changes that needed to be addressed. A formal discussion led to a need for Level I through IV designated centers to have different reports and audit filters. The TRAC Subcommittee requested that each Trauma Center record, audit, track and report to each of their regional TRAC's. The EMS Audit Filters on the back of the form will also be reported. Column G clarifies that the red lettering is the denominator and is used to calculate the statistics. A motion to approve new filters with the changes was passed and seconded. The motion to accept the changes on the Arkansas Trauma Registry Report Items was approved. (See attached)
- A new Trauma Center Performance Improvement and Patient Safety Plan was also discussed at the TAC Retreat. The TRAC QI/Subcommittee discussed the need to adapt the performance improvement plan as a uniform plan across the state. The motion was approved. (See Attached)
- Once the proposed State Trauma Statistical Report and Audit Filters are approved by the TAC, Marie Lewis and staff will begin distributing reports back to each individual hospital, as well as an aggregate report for each TRAC to the TRAC PI subcommittee chairs. Dr. Maxson suggested benchmarking the second reporting period against historical data and like hospitals in our state for appropriate comparison. Moving forward we should also benchmark against NTDB and the TRACs historical data. This method identifies true trends. Dr. Maxson plans to communication with National Trauma Data Bank next week about our participation in TQIP which will provide additional benchmarking opportunities.
- Discussion of by-passing appropriate hospitals led to several questions:
  1. Is there a way to track this?
  2. How do we measure it?
  3. What would be the mechanism to measure?
  4. What metric do we use to measure?
  5. How do we track facilities not using the ATCC?

6. The issue of creating a PI infrastructure between different TRAC PI Chair's was discussed:
  - a. Dr. Maxson discussed the need for data to be reviewed when a hospital is non-compliant and to use ATCC to request time sensitive responses.
  - b. Training on the Tandberg was suggested.
  - c. Dr. Mabry suggested that hospitals should use the Trauma Center Performance Improvement and Patient Safety Plan to take any issues to the hospital and use the committee structure of each trauma center to review, distill, and then forward recommendations or action items to each TRAC. This will allow for remediation, education, etc. to occur at a local and regional level, and then if concerns remain, the TRAC can forward those concerns onto the TAC QI/TRAC subcommittee for further review and action.

**Action Plans:**

Austin Porter will:

Merge ATCC registry and EMS registry trauma band number by 2 phase process:

- Trauma band numbers
- Probabilistic linkage data- county, age, date, and hospital

To address the problem of inappropriate bypassing of trauma centers that appears to be occurring, Dr Maxson will write up a process for taking an issue through the hospital committees and referring it to the TRAC. A sheet will be designed to show:

- Appropriate ATCC advice
- Non-compliance with ATCC
- ATCC did not get involved

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 November 12, 2011, unless announced otherwise.