



TRAUMA ADVISORY COUNCIL RETREAT

September 20, 2011

University of Arkansas Winthrop Rockefeller Institute

Petit Jean Mountain

9:00 a.m. – 5:00 p.m.

Minutes

MEMBERS PRESENT

Dr. James Graham
Dr. Clint Evans
Dr. Charles Mabry
Dr. Paul K. Halverson
Dr. Clint Evans
Dr. Mary Aitken
Dr. Barry Pierce
Terry Collins
Jon Wilkerson
K.C. Jones
R.T. Fendley
Captain Mark E. Allen
Freddie Riley
James R. (Jamie) Carter
Myra Looney Wood
Robert Williams

MEMBERS ABSENT

Dr. Alvin Simmons
Dr. John Cone
Dr. Lorrie George
Dr. Michael Pollock
Dr. Ron Robertson
Dr. Victor Williams
Robert Atkinson
Carrie Helm
Ruth Baldwin
Vanessa Davis
Ron Peterson

GUESTS

Dr. Michael Sutherland
Dr. James Booker
Dr. Chuck Mason
Don Adams
Jon Swanson
Keith Moore
Cheryl Vines
Jodiane Tritt
John Recicar
Elizabeth R. Eskew
Chris Cauthen
Laura Guthrie
Cathee Terrell
Rick Rauser
Keri Cody
Denise Carson

STAFF

Dr. Stephen Bowman
Dr. Todd Maxson
Dr. Gordon Reeve
Donnie Smith
Bill Temple
Renee Patrick
Renee Mallory
Austin Porter
Joe Martin
Greg Brown
Brian Nation
Margaret Holaway
Marie Lewis
Melissa Foust
Paula Duke
Diannia Hall-Clutts
Jim C. Brown

The Trauma Advisory Council (TAC) held a Strategic Planning Retreat at the Winthrop Rockefeller Institute, 1 Rockefeller Drive, Morrilton, Arkansas 72110 (Petit Jean Mountain) on Tuesday, September 20, 2011, from 9:00 a.m. to 5:00 p.m.

The purpose of the Retreat was to set trauma system goals for the next year. The Retreat was structured as follows:

1. Review of “where we are now” – Dr. James Graham
2. Review of key recommendations made by the American College of Surgeons (ACS) and Safe States Alliance (Safe States) review teams – Dr. Todd Maxson
3. Discussion of trauma center issues with preliminary recommendations for goals – Dr. Todd Maxson and Jamie Carter
4. Discussion of emergency medical services (EMS) issues with preliminary recommendations for goals – Dr. Clint Evans and Myra Wood
5. Discussion of quality improvement (QI) issues with preliminary recommendations for goals – Dr. Charles Mabry
6. Discussion of injury prevention issues with preliminary recommendations for goals – Dr. Mary Aitken
7. Discussion of advocacy/public awareness/education issues with preliminary recommendations for goals – Bill Temple
8. Discussion of rehabilitation issues with preliminary recommendations for goals – Jon Wilkerson and Cheryl Vines
9. Discussion of finance issues with preliminary recommendations for goals – R.T. Fendley
10. Prioritization of preliminary issues and choice of issues for final list – Dr. Todd Maxson

Dr. Graham began the discussion by listing the trauma system goals set at the February, 2010 Retreat, which are as follows:

One year goals:

1. Establish Trauma Regional Advisory Councils (TRACs)
2. Develop/provide education
 - a. Registry
 - b. Trauma Centers
 - c. Providers
3. Begin a Statewide Injury Prevention Program
4. Award a call center contract

5. Credential enough hospital designation surveyors
6. Increase involvement of physiatrists on the TAC
7. Development of a statewide performance improvement process

Five year goals:

1. Build system capacity (trauma surgeons, EMS, etc.)
2. 20% reduction in motor vehicle accident mortality
3. Revision of the Arkansas *Rules and Regulations for Trauma Systems*, to include pre-hospital protocols
4. Increase rehabilitation capacity and access to facilities
5. Robust TRACs and a mature performance improvement system

Dr. Graham made several general comments about our progress to date. He stated that we have generally done quite well with respect to the one year goals set last year. Our TRACs have been established and are functional, we have provided a great deal of Trauma Registry education and some training to trauma centers and providers, and a call center is fully operational. A Statewide Injury Prevention Program has begun, with excellent cooperation between the Arkansas Department of Health and the Injury Prevention Center (IPC) at Arkansas Children's Hospital (ACH). Although there is quite understandably still more work to be done, Dr. Maxson has worked extremely hard to credential enough hospital designation surveyors so that we now have 21 designated trauma centers. An education RFP was issued and we are close to having an entity in place to provide quality education to hospitals and other providers. The only area where no progress was made was in increasing involvement of physiatrists on the TAC. He also cited the following as significant achievements during the past year: a. installation of trauma radios in ambulances throughout the state; b. Trauma Image Repository was initiated; c. injury prevention and rehabilitation needs assessments were completed; d. funding through sub-grants to hospitals and EMS providers; e. grant to the IPC at ACH for injury prevention activities; and, f. consultations by the ACS and Safe States to evaluate the trauma system and ADH's Injury Prevention Program, respectively.

Based on the ACS' and Safe States' recommendations and discussion concerning these issues, the following goals were set for the next year in the various areas listed above:

Trauma Centers

1. Rewrite the Arkansas *Rules and Regulations for Trauma Systems* to align, as closely as possible recognizing Arkansas' specific needs, with the ACS' *Resources for the Optimal Care of the Injured Patient – 2006*, or the updated version of this document when completed. Ensure coordination with the group rewriting the Arkansas *Rules and Regulations for Emergency Medical Services*.

2. Create a strategy to ensure hospital designation at the appropriate level within a geographic region, to include possible use of the following tools:
 - a. pay for performance;
 - b. “play or pay” (Mississippi model);
 - c. use of trauma activation fees;
 - d. creation of an additional level of designation (i.e., “Lead Level III”);
 - e. restructuring payment formula based on number of trauma patients seen; and,
 - f. soliciting support from the community, hospitals’ boards of trustees, and/or legislators.

3. Examine the financial incentives and disincentives for non-participating hospitals and create a strategy to deal with this issue **(three year goal)**.

EMS

1. Rewrite the Arkansas *Rules and Regulations for Emergency Medical Services* and ensure coordination with the group rewriting the Arkansas *Rules and Regulations for Trauma Systems*.
2. Adopt the Centers for Disease Control (CDC) EMS triage criteria.
3. Establish criteria for an EMS Medical Director and ensure his/her participation at the TRAC level.
4. Engage an EMS Medical Director, either through the hiring process or as a consultant.
5. Develop a joint committee of the Governor’s EMS Advisory Council and the TAC.
6. Begin a QI program.
7. Develop a process to validate the accuracy and completeness of EMS data, and ensure linkage between this data and the Trauma Registry.
8. Investigate the possibility of having a National Highway Traffic Safety Administration assessment conducted for Arkansas.
9. Develop a standardized EMS Registry that is amenable to QI studies **(three year goal)**.
10. Improve the accuracy and completeness of data in the EMS Registry **(three year goal)**.
11. Develop a routine, systematic method to modify data elements collected for the EMS Registry **(three year goal)**

QI

1. Develop a Quality Improvement Organization (QIO) Request for Proposal (RFP) and award a contract to a qualified entity.

2. Develop a QI “scorecard” for distribution to stakeholders at the state, TRAC, and hospital/agency levels.
3. Develop a process for the TAC to review QI “benchmarks” by each TRAC.

Finance

1. Investigate and, if possible, secure supplemental revenue streams (e.g., trauma activation fees, etc.)
2. Develop metrics and benchmarks for a pay for performance system.
3. Collect and analyze data on the cost of trauma care.
4. Analyze the allocation of trauma funding vs. the cost of trauma care at the EMS, hospital, and rehabilitation levels and modify funding allocation levels if necessary (**three year goal**).
5. Enhance/modify pay for performance metrics and benchmarks (**three year goal**).

Injury Prevention

1. Establish a discrete injury prevention infrastructure within the Arkansas Department of Health.
2. Secure, at the appropriate level, an Injury Prevention Section Chief.
3. Establish an injury prevention training program for staff and other stakeholders.
4. Reestablish the Injury Community Planning Group (ICPG).
5. Form a Policy Subcommittee of the ICPG.
6. Update the Injury Prevention Strategic Plan.

Advocacy/Public Awareness/Education

1. Award a trauma education contract to a qualified entity.
2. Develop and implement a public and legislative education/advocacy plan.

Rehabilitation

1. Create a rehabilitation strategic plan for the state
2. Determine what rehabilitation outcome data should be linked to the Trauma Registry and, if possible, begin the process to link the data.
3. Hold a statewide Trauma Rehabilitation Conference.
4. Create a Traumatic Brain Injury Registry (**three year goal**).
5. Study the feasibility of developing a comprehensive adult rehabilitation center within the state (**three year goal**).
6. Assess the need for rehabilitation centers in the state to have “Commission of Accreditation of Rehabilitation Facilities” (CARF) accreditation and fund appropriate centers (**three year goal**).

Other - Hand

1. Develop and implement a triage protocol for hand injuries.

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

9-20-2011

WINTHROP ROCKEFER INSTITUTE
PETIT JEAN – MORRILTON, AR

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, Dr. Barry Pierce, Dr. Michael Sutherland, Dr. Todd Maxson

Agenda topics

WELCOME & MINUTE APPROVAL

JAMIE CARTER

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

HOSPITAL DESIGNATIONS

JAMIE CARTER

DISCUSSION	<p>St. Vincent Morrilton – Diannia presented the information, all secondary reviewers agreed with the primary reviewers finding. No deficiencies - Motion made to approve Level IV Trauma Designation by Terry and seconded by Dr. Mike Sutherland, the motion carried.</p> <p>Conway Regional – Diannia presented the information, secondary reviewers agreed with the primary reviewers finding. No deficiencies – Motion made to approve Level III Trauma Designation by Terry Collins and seconded by Dr. Mike Sutherland, the motion carried.</p> <p>St. Joseph – Terry presented the information as one of the reviewers, two secondary reviewers agreed with the primary reviewers one did not agree. St. Joseph was sited with 2-Type II and 1-Type I deficiencies. After further discussion a motion was made to approve a Level II Provisional Designation by Dr. Barry Pierce and seconded Dr. Todd Maxson, the motion carried.</p>
------------	--

OTHER BUSINESS

JAMIE CARTER

DISCUSSION	<p>Secondary Reviewers– What is their role and are secondary reviews providing a service that the committee itself could provide during the regular monthly meetings? Each designation site visit is being brought to the meeting each month and discussed at length. It was felt by several committee members that most secondary reviews are being provided by individual committee members, to streamline the process, could the committee as a whole provide the secondary reviews? Dr. Maxson made a suggestion to have the primary reviewer of each site visit come to the meeting and give a report either in person or by phone.</p> <p>Due to the meeting time being cut short it was suggested to table this discussion till the October meeting. All members were in favor.</p>
ADJOURN	Jamie adjourned the meeting at 11:10 a.m.

OBSERVERS	Diannia Hall-Clutts, Margaret Holaway, Paula Duke
NEXT MEETING	October 18, 2011 @ 11:00 – 12:30 p.m.

EMS Subcommittee Summary

September 13th, 2011

The EMS Subcommittee met on September 13th at 1500. There were 16 people in attendance, with four people present on the conference call.

Trauma radios – 485 radios have been installed in ground services to date. The estimated total number of units is 530, although the final number will likely change. The deadline for the installs for ground services remains Oct. 1st. Medflight will begin testing their radio with ATCC. Additional details for air services are still being addressed.

EMS data submission – a total of 193,000 runs have been submitted year-to-date. Greg is still looking for a new specialist to serve as a data manager.

The final report from the ACS was reviewed, with special attention given to the EMS specific recommendations. In preparation for the retreat scheduled for the 20th, the group prioritized these recommendations.

1. Formalize this committee as a joint committee of the TAC and GAC. It was pointed out that this group technically is a joint subcommittee of these councils, as the chairs of both the GAC and TAC have appointed representatives to this group. However, there is no formal group structure, bylaws, or voting membership. It is felt that formalizing this joint subcommittee will be a beneficial and readily attainable goal.
2. Statewide EMS Medical director. A recurring theme throughout the ACS report is the need for a statewide EMS medical director. There was unanimous support from the attendees for this idea. How this will be funded, as well as the requirements and responsibilities for this position are unclear. It is also possible the authority for this position might be limited until a rules and regulation rewrite, and could potentially even require new legislation.
3. Adopt and implement the CDC trauma triage guidelines for statewide use. This committee has already discussed and approved this concept, but it was mentioned that these needed to be more customized to match the Arkansas system.
4. Complete revision of the EMS Rules and Regs. The GAC has been working on a revision for quite a while now, but the need to complete this was stressed. It is also important that the rules agree with the Trauma system Rules and Regs.

We then discussed EMS performance filters. At our last meeting, we discussed some filters that could hopefully be obtained easily from the existing data already submitted to the state, as well

as data generated from the ATCC. Greg will bring us a report at our next meeting which details some of the data we have available from the state's data. We will revisit this at our next meeting.

There is concern that the existing data system is inadequate for our purposes. Greg fears that the existing system is inadequate for monitoring our trauma care and documenting improvements. Many states apparently require medics to use a web-based, dynamic application to submit data. This allows for easy modification of the requested data points. As it stands now, it is virtually impossible to make a change to the data we collect, as many providers have contracted with third party vendors, and the cost to add a data point, and then ensure it meshes with the state system, is prohibitive, as well as quite time consuming. Greg fears the usefulness of the existing dataset is minimal. We will need to consider this seriously, as many services have already invested thousands of dollars with their own ePCR providers.

Time was running short, but we briefly discussed the pay for performance metrics again. Several ideas were mentioned, including PHTLS, Advanced Disaster Life Support, Basic Disaster Life Support, EMD, and CAAS accreditation. We would also like to include some clinical guidelines. We will discuss these ideas in more detail at the next meeting.

Laura updated us on the CISM special project idea. She has spoken with a vendor who will be providing an estimate for CISM training. This ultimately might have to go to bid, but this estimate will give us some idea of the cost and logistics of providing this training. It was suggested that the training should be made available through each TRAC so CISM providers would be readily available throughout the state.

We will meet again on Tuesday, October 11th, at 1500.

Trauma Advisory Council Rehabilitation Subcommittee

Meeting Minutes

September 22, 2011

Jon Wilkerson, PT (Chair)

In Attendance: Jon Wilkerson, (TAC), Dana Austen (BIA-AR), Austin Porter (ADH), Marie Lewis (ADH), Letitia degraft-Johnson (ADH), Cheryl Vines (ASCC), John Bishop (BHRI), Kortney Matlock (BHRI), Renee Patrick (ADH), Bill Temple (ADH), Betty Watts (ADH). Via teleconference: Yousef Fahoum (BIA-AR, ANC)

I. Welcome and Introductions Jon Wilkerson

-Jon Wilkerson welcomed everyone to the meeting.

II. ADH update Austin Porter

-Bill Temple reported the TAC Retreat was held at Petit Jean with about 50 individual in attendance. Goals set for next year in about 7 different areas. There were 36 goals set with 9 being three year goals and 27 one year goals. The rehab goals include:

One year goals:

1. Establish rehabilitation plan for the state
2. Develop a plan to get the rehab outcome data elements hooked into the registry
3. Have a state trauma rehab conference > BHRI (Jon Bishop) is planning a conference for late Spring of 2012 (Apr-May)

Three year goals:

1. Accreditation for rehab hospitals (CARF)
2. Develop a TBI registry for the state
3. Feasibility of developing a comprehensive adult rehab center within the state (5 year goal)

III. Budget Cheryl Vines

-Cheryl Vines and Yousef Fahoum have finalized the budget. The commission has approved it but additional items (desks/computers) had to be included as to not have the commission have associated cost. There are plenty of funds available to go towards contracts and grants to carry out projects that need to be carried out such as visits to other systems, conferences, etc.

IV. TAC retreat Jon Wilkerson

-covered earlier in the meeting

V. Project workgroups

Jon Wilkerson

Expectations/Goals prior to January 2012 meeting

- a. Education: John Bishop > Goal to have all speakers and event scheduled. Needs to be planned and advertised. Yousef Fahoum offered the BIA-AR (Dana Austen) to be involved as well as Sara McDonald (Timber Ridge Neurorestorative). Everyone needs to offer their mailing lists to Baptist with focus on case managers and social workers.
- b. System analysis: Yousef Fahoum/Letitia Degraft-Johnson > Goal to set precedence and identify potential state systems. Cheryl Vines can offer assistance as she has talked with other systems and Jon Wilkerson can also help as he has researched model systems in other states. Yousef Fahoum is also able to obtain input from the BIA list serves.
- c. FIM: Cheryl Vines > Goal to get agreements between two compositories so that agreements can be in place with the hospitals so they can give us the data that we need. Then determine how the FIM data is going to be collected.
- d. Financial/pro forma: Jon Wilkerson > Goal to investigate, identify and contact individuals to look at the financial feasibility of maintaining a higher level trauma rehab unit with vent capabilities for adults. Gerben Dejong (sp?) may be of assistance.
- e. TBI Registry: Yousef Fahoum > Goal to find examples of different registries as well as what data is currently being collected by the BIAA. C. Vines volunteered their new information guy that is managing the SCI registry, Jason Frances. Austin Porter also offered his assistance.
- f. Policies and Procedures/Performance Improvement: Rehab Coordinator> pertinent topics to be handled by program coordinator once that person is hired after the new year.

VI. Other business: none

VII. Next meeting date: October 27, 2011

Meeting adjourned at 3:04 PM with motion from Cheryl Vines, seconded by Jon Bishop.

Minutes respectfully submitted,

Dana Austen, PT, DPT, LMT, CBIS

Secretary TAC Rehabilitation Subcommittee