



# Trauma Advisory Council

April 17, 2012

3:00 p.m.

Minutes

## MEMBERS PRESENT

Dr. Mary Aitken  
Dr. Charles Mabry  
Dr. Barry Pierce  
Dr. Janet Curry  
Dr. Paul K. Halverson (rep.  
by Donnie Smith)  
Dr. Clint Evans  
Dr. Viviana Suarez  
R. T. Fendley  
Kathryn Blackman  
Terry Collins  
Carrie Helm  
Freddie Riley  
Colonel J.R. Howard (rep. by  
Capt. Mark Allen)  
Keith Moore  
John E. Heard

## MEMBERS ABSENT

Dr. Victor Williams  
Dr. Michael Pollock  
Dr. John Cone  
Dr. Alvin Simmons  
Dr. James Graham  
Dr. Ronald Robertson  
Christi Whatley  
Jon Wilkerson  
Robert T. Williams  
Myra Looney Wood  
K. C. Jones

## GUESTS

Dr. Michael Sutherland  
Dr. James Booker  
Dr. Marney Sorenson  
Dr. Pamela Tabor  
James Smith  
Don Adams  
Joe Hennington  
John Recicar  
D'borai Cook  
Cathee Terrell  
Carla Jackson  
Patty Braun  
Jeff Tabor  
Cheryl Vines  
Kim Brown  
Gary Ragen  
Debbie Moore  
Kathy Gray  
Suzanne Mallory  
Tim Vandiver  
Curt McClung  
Teresa Ferricher  
Mike Adams  
Carla McMillan  
Laura Guthrie  
Tonya Baier  
Denise Carson  
Johnnie Schaumleffel  
Jodiane Tritt  
Lance Hinds  
Amy Niemann

## GUESTS (Continued)

Greg Hammons  
Reid Parnell  
Rodney Walker  
Terrell Neal  
Gary Meadows  
Donna Parnell-Beasley  
Jon Swanson  
Carol Cassil

## STAFF

Dr. Todd Maxson  
Donnie Smith  
Bill Temple  
Renee Patrick  
Renee Mallory  
Diannia Hall-Clutts  
Greg Brown  
Rick Hogan  
Austin Porter  
Marie Lewis  
Margaret Holaway  
Sue Ellen Peglow  
Paula Duke  
Jim C. Brown

## **I. Call to Order – Terry Collins, TAC Member**

The Trauma Advisory Council (TAC) meeting was called to order on Tuesday, April 17, 2012, at 3:09 p.m. by Terry Collins, TAC Acting Chairperson.

## **II. Welcome and Introductions**

Ms. Collins welcomed all guests and members.

## **III. Approval of Draft Minutes From March 20, 2012.**

The TAC reviewed the revised March 20, 2012 minutes. A motion to approve the revised meeting minutes was made by Dr. Viviana Suarez and seconded by Dr. Mary Aitken. The minutes were approved as revised.

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

### **Personnel**

- Over 100 applicants applied for the two Administrative Specialist II positions and approximately 35 responded to the follow-up questionnaires. The questionnaire responses will be scored and we will be setting up interviews.
- The Public Health Educator position will be posted in the very near future.

### **Hospital Designation**

- Fifty hospitals have now been designated, including five Level I, four Level II, 16 Level III and 25 Level IV trauma centers. Four hospitals have had site surveys but have not yet been designated.
- One hospital has been scheduled for its site survey prior to June 30, 2012.
- Funding amounts for hospitals have been determined for next year. They are:
  - Level I -- \$1,410,000.00
  - Level II -- \$705,000.00
  - Level III -- \$176,250.00
  - Level IV -- \$35,250.00

### **Contracts**

- All contracts and sub-grants that must go for legislative review have been completed for fiscal year (FY) 13 and are scheduled for review on either the May or June legislative agendas.

- The Trauma Section has completed seven emergency medical service (EMS) monitoring visits thus far and one service must complete a performance improvement plan.
- The Quality Improvement Organization Request For Proposal (RFP) should be reissued in a couple of weeks. Our Contract Support Office has been backed up with many other RFPs, but they are working on it and are making this a priority.

### **Trauma Image Repository**

- Enhancements have been made to this system and tests have been successful with Jefferson Regional Medical Center and Arkansas Children's Hospital.

### **Injury Prevention Initiative**

- Our Procurement Section has assisted us to find a vendor with a national contract so that we will not have to go out for bid on this project. We are hopeful to obtain the car seats and have them distributed by the end of the FY.

### **Other**

- During a recent visit to the Arkansas Department of Health (ADH), Dr. Thomas Frieden, Director of the Centers for Disease Control (CDC) in Atlanta, met with Dr. Paul Halverson, Donnie Smith, Dr. James Graham, Dr. Mary Aitken, and others. During the meeting, Mr. Smith presented information on the trauma system and on injury prevention. Mr. Smith thanked Dr. Graham and Dr. Aitken for their presence and participation on behalf of the TAC. As a result of this meeting, Dr. Frieden requested an article for the **Morbidity and Mortality Weekly Report** that the CDC publishes every week. Mr. Temple noted that this is an outstanding tribute to everyone's work and the progress we have made on the trauma system.
- The Trauma Section has worked with Dr. Mabry to develop a physicians' support accounting form based on a Memorandum of Understanding between the Arkansas Hospital Association (AHA) and the Arkansas Medical Society (AMS). The document says that hospitals should have a target to spend a minimum of 25% on physician support for the trauma system. This new form will help to account for how the hospitals are spending their trauma system money for this purpose.

### **ATCC Report – Jeff Tabor**

This year we are currently at 1,236 transfers, which is up 28% from last year. There have been 2,572 scene calls, up 86% from last year. He noted, however, that during the first quarter last year not everyone had their radios installed. We have a great working relationship with the Poison Control Center, which has provided the Arkansas Trauma Communications Center with a list of hospitals that have the anti-venom for rattlesnake bites. As a result, we were able to

coordinate a call and an EMS service was willing to leave their region to transport a patient to a facility that could inject the anti-venom. We also continue to make progress with the hand surgeon group regarding teletriage coverage. We have a core group in place and they are working on documenting policies and procedures.

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

Dr. Maxson requested that program people at the hospitals assist us in helping to document progress in the trauma system so that we can provide meaningful information on the system. We are working on data reports to build a “scorecard” and will share that with the TAC. We need ways to give back in terms of meaningful information to document our progress. As part of this, we also need success stories about our trauma system. He requested that the hospitals and others help us to document these cases, keeping in mind the requirements of the Health Insurance Portability and Accountability Act. Dr. Mabry suggested that we send out communications to request the assistance of the AHA, the AMS and others.

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

- Report Writer training was held on April 5 - 6, 2012 at Baptist Health with approximately 20 attendees.
- The DI Users Conference, which includes additional Report Writing training, will be held October 17 -19, 2012 in Tampa, Florida.
- Our next Report Writer training will be on April 3 - 5, 2013. More information will be shared as the time approaches.
- The tri-code manual for the text to code functionality in both the NTRACS and Web Registry software is now available under the Support Section of the Web Portal. Instructions for accessing the document will be sent out.
- The next submission deadline for registry records is May 31, 2012 for the first quarter of 2012.

#### **VII. Arkansas Infant and Child Death Review Program – Dr. Pamela Tabor**

Dr. Tabor, Director of the Arkansas Infant and Child Death Review Program, shared a handout. She explained the program, which establishes local child death review teams. These teams are charged with reviewing every unexpected death within the state of a person under 18 years old. She specifically noted that this is not an oversight program, but one that is looking for prevention

strategies. Three teams presently cover seven Arkansas counties. We would like to have coverage for all counties. Dr. Maxson asked Dr. Tabor about her perspective on the number of reviews this year. She explained that the program received reports of 2009 infant and child death cases last year. Dr. Aitken shared that infant and child death review teams in other states have been pivotal in implementing prevention strategies and have helped to change policies. She said that we may be a little late in getting the program going, but noted the forensic experience and passion that Dr. Tabor has for this program.

### **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) (Did not meet) (No report)

Mr. Fendley reported that the subcommittee will meet in May. Work continues on the costing projects for hospitals and EMS services.

- Hospital Designation Subcommittee and Site Survey/System Assessment Panel. (Dr. James Booker, Chair) (See attached report)

Dr. Booker reported that the following hospitals have been reviewed and recommended to ADH for approval as trauma centers at the stated levels:

- Eureka Springs Hospital – Level IV
- Washington Regional Medical Center – Level II
- Summit Medical Center – Level III
- River Valley Medical Center – Level IV

Dr. Booker stated that a great deal of work has been done to revise the Level IV portion of the Arkansas “Rules and Regulations for Trauma Systems” (Rules). He noted that three sessions were held with hospital representatives and other stakeholders via TANBERG. This part of the Rules was compared with the American College of Surgeons (ACS) Rules for Level IV trauma centers. The Designation Subcommittee took the draft and had three more meetings to go through the Rules “line-by-line” to make needed revisions. That draft was sent to the TAC members about one week ago in preparation for this meeting. Input and comments were reviewed by the Subcommittee during its meeting earlier today. Dr. Booker then reviewed three specific changes that were made to the previously distributed document.

Dr. Booker submitted this document to the TAC for approval and recommendation to the Trauma Section. Dr. Evans made a motion that the Rules be approved with the following exception: Emergency Department (ED) physicians that are board-certified should not have to be current in the Advanced Trauma Life Support (ATLS) course. Due to their board certification, it should be enough that they have taken ATLS at least once. A great deal of discussion ensued. Dr. Maxson stated the opposing viewpoint and said that in his

opinion, even though board certified, ED physicians in Level IV facilities do not have the opportunity to treat a significant number of major and moderate trauma patients and should therefore remain current in ATLS certification. He made the point that the subject matter taught in the ATLS course changes over time and that in order to provide optimal care to trauma patients, ED physicians must remain current in ATLS.

Dr. Mabry seconded Dr. Evans' motion. After further discussion, a vote was taken. Ms. Collins announced that the motion passed.

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

Dr. Evans reported Subcommittee discussion focusing on hand held radios and on helicopter communications testing. Work on the EMS by-laws continues. Data submission evaluation continues and Dr. Evans complimented Greg Brown and his team for their progress and work to improve data accuracy.

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

Cheryl Vines reported for Mr. Wilkerson. The Subcommittee has begun the strategic planning process for their three-year plan that they expect to bring to the TAC by July. Work also continues on the rehabilitation cost study with the help of Dr. Mick Tilford. They are working with the Arkansas Foundation for Medical Care using Medicaid data and hospital discharge data to create the cost for state rehabilitation. Outcomes will also be analyzed for baseline establishment. A team recently visited Florida to review their systems. Florida actually designates rehabilitation hospitals. Kim Brown continues working to meet with all of the TRACs to make them aware of the on-going efforts.

The Trauma Rehabilitation Symposium/Conference will be held on June 14 and 15, 2012 at Baptist Rehabilitation Center. The cost is \$25.00. Ten continuing education units are anticipated for conference attendance. Dr. Maxson is the keynote speaker.

- QI/TRAC Subcommittee (Dr. Charles Mabry – Chair) (Did not meet) (No report)

Dr. Mabry said the subcommittee did not meet. We are still revising the state performance improvement plan to be sent to the TAC for review so that it may be approved and finalized at the next TAC meeting. As the trauma system matures, he expressed concern about how we handle generic issues, specifically transport dysfunction. He requested input from ADH, AMA, AHA, and EMS with suggestions as to how we handle these generic issues. He also requested ideas on how to handle the “pay for performance” issue and specifically regarding how this might be measured, as well as how we use this to stimulate the desired behavior and what metrics might be used for this purpose. He expects the Subcommittee to meet next month.

- Injury Prevention Subcommittee (Dr. Mary Aitken – Chair) (Did not meet) (No report)

Dr. Aitken reported that the Subcommittee will meet on June 14, 2012 at 1:00 p.m. The Injury Prevention 101 Course will be offered at locations around the state another eight times through the summer months. Dr. Aitken also noted that Injury Prevention Subcommittees have been established in all TRACs with the first Central Arkansas TRAC meeting on May 10, 2012. She mentioned a recently released report that noted a 23% national decrease in children's deaths since 2000. Arkansas experienced a 34% decrease.

## **IX. Other**

Ms. Collins thanked everyone who helped with the Arkansas Trauma Update Conference that was held last week. It was very successful and a record crowd attended.

## **IX. Next Meeting Date**

The next meeting will be Tuesday, May 15, 2012 at 3:00 p.m. The meeting will be held in Room 906 (Boardroom) at Freeway Medical Tower.

## **XI. Adjournment**

Without objection, Ms. Collins adjourned the meeting at 4:41 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

# Meeting Title Designation Sub-Committee of the TAC

MINUTES 04-17-2012

FREEWAY MEDICAL BUILDING –  
BOARD ROOM

<b>MEETING CALLED BY</b>	Dr. Jim Booker
<b>TYPE OF MEETING</b>	Sub-Committee
<b>FACILITATOR</b>	Dr. Jim Booker
<b>NOTE TAKER</b>	Diannia Hall-Clutts
<b>COMMITTEE MEMBER ATTENDEES</b>	Dr. Jim Booker, Dr. Todd Maxson, Dr. Michael Sutherland, Dr. Barry Pierce (by phone), Terry Collins, John Recicar, Teresa Ferricher, Carla Jackson (by phone), Keith Moore, Kathy Blackman (by phone), Karen McIntosh (by phone), Paula Lewis (by Phone)

## Agenda topics

### WELCOME & MINUTE APPROVAL

Dr. Jim Booker

	Dr. Jim Booker welcomed everyone. A motion was made by Terry Collins to approve the March minutes, seconded by Dr. Sutherland. The motion carried.	
	<b>HOSPITAL INTENT APPLICATIONS</b>	Dr. Jim Booker
<b>DISCUSSION</b>	None	
	<b>NEW BUSINESS</b>	Dr. Jim Booker, Dr. Todd Maxson
<b>DISCUSSION</b>	<p>Should there be a Deadline for the in-pursuit status for hospitals that have not designated. What is the statute of limitations on an intent application? There was a double jeopardy, so once hospitals in the regions were designated then those that weren't designated could not take trauma patients and show up on the dashboard. A status of in pursuit was created, so hospitals could continue to receive trauma patients while they were actively in pursuit of their trauma center designation. When created the status of in pursuit was said to be for one year. We are now into the second year and third year for the intent applications. So is there a deadline? How long do hospitals get to remain on the dashboard if they don't pursue designation? Terry Collins stated she would continue to support the one year. Do we send hospitals that are not designated a letter giving them an "x" amount of time to schedule a site survey or they will not be able to remain on the dashboard? John Recicar made a motion to send a letter to all non-designated hospitals stating they have 3 months to send the Health Department a request for a survey and after the request has been made they would have 6 months from the date of the letter to be designated. If they decide they can not commit at this time they would be taken off the dashboard for triage purposes, we still would welcome them at any point if they decide at a later date to pursue designation. As long as their intent application is still on file they would need to notify the Health Department of their intent to pursue designation once again but would not go back on the dashboard till their survey was completed. We would like to ask hospitals to let us know if they are not going to designate. Terry Collins seconded the motion. The motion carried.</p>	

	<b>RULES AND REGULATIONS REVISION –LEVEL IV</b>	Dr. Todd Maxson
<b>DISCUSSION</b>	<p>We have submitted the Level IV rules to the TAC, we sent them the final version a week ago. We have received some input from TAC members; we have highlighted sections that could potential need modifications before the final approval. We need to talk about these before the TAC meeting this afternoon.</p> <p>CMEs – The AMA does recognize Category II CME, will leave this as is. Dr. Maxson made a motion to keep as is, Terry Collins seconded the motion, motion carried.</p> <p>Change Board eligibility statement to Board eligible defined by that physician’s crediting board.</p> <p>Board certified in Emergency Medical – ACEP concerns – feels strong that by virtue of their Board certification and recognition by ACEP that they have demonstrated competence in the evaluation, management and treatment of patients with injury and that that board certification represents that competence, and to maintain that certification they have an annual requirement for CMEs some of which are trauma specific and every 10 years a maintains of certification that includes trauma. The board certified EM physicians feel that they should not be required to be current in ATLS. Dr. Maxson reminded the committee that we held three separate open Tandberg meeting with 30 hospitals in attendance and their request was that the provider be current in ATLS. Dr. Pahls stated that there is some rational in the level IV being asked to maintain it. ACEP does specifically say that it is not necessary and they recommend against it. If some of the other smaller hospitals want to say they want the requirement and we want to keep it in for a Level IV we wouldn’t support it but wouldn’t stand in the way. After much discussion a motion was made by Dr. Maxson that at Level IV trauma centers, that maintenance of current ATLS certification for physicians and mid level providers is required for those that cover the emergency department. Dr. Michael Sutherland seconded the motion the motion passed unanimously.</p> <p>Section 5. - Remove Drugs Necessary for Emergency Care from 5. and add to the bottom of Airway Control and Ventilation, to now read Airway Control &amp; Ventilation Equipment (Adult and Pediatric) including Cricothyrotomy supplies and drugs necessary for emergency intubation, Dr. Sutherland made a motion to except the above change, Dr. Maxson seconded, the motion passed.</p>	
	<b>RULES AND REGULATIONS REVISION – Level III</b>	Dr. Todd Maxson
<b>DISCUSSION</b>	The committee began looking over and making comments on the revisions of the Level III Rules and Regulations. Recommendations and changes were made.	
<b>ADJOURNMENT</b>	Designation Sub-Committee meeting adjourned at 2:50 p.m.	
<b>GUESTS</b>		
<b>OBSERVERS</b>	Diannia Hall-Clutts, Margaret Holaway, Paula Duke, Don Adams, Wendell Pahls (by phone)	
<b>NEXT MEETING</b>	May 15, 2012, 10:00-12:00p.m. @ Freeway Medical Building Rm # 906	

EMS Trauma Subcommittee  
Meeting Summary  
April 10<sup>th</sup>, 2012 - 3:00 PM

The EMS Trauma Subcommittee met on April 10<sup>th</sup> at 3:00. There were 21 people in attendance, with 3 people on the conference call.

We heard updates on the AWIN for helicopters project. There are tests in progress using handhelds. We will hear more after these tests are complete.

We are in the process of contacting the TRACS to complete the voting roster for the committee. So far, we have three voting members. We will hopefully have this complete within the next month or two, and we will elect officers at that time.

Since our last meeting, a decision has been made to eliminate the deliverable “participate in hospital training as available.” The representatives from the division of trauma brought up a proposal for a new deliverable. There have been issues with some services not attending TRAC PI meetings when an issue that relates to them is being reviewed. A new deliverable will be added requiring that services send a representative if they are advised of an issue involving them.

The majority of our meeting was spent discussing and reviewing the data reports prepared by Ryan and Greg. Since our last meeting, some data entry errors have been corrected, and this cleaned up the report somewhat. However, Greg has compared his data to the ATCC data. He has serious concerns as to the accuracy of the data. It appears some medics are not entering accurate data, and some don't seem to be entering all of their runs. We discussed ways of improving the accuracy of data submission. Greg will continue to work on this issue.

We initially decided to not meet in May, which would make our next meeting June 12<sup>th</sup> at 3:00. However, since the time of the meeting, we have decided to have a workgroup meeting at the usual time, which will be May 8<sup>th</sup>.

Trauma Advisory Council  
Rehabilitation Subcommittee

Meeting Minutes  
Time and Date: 1:30 p.m. April 26, 2012

Freeway Medical Tower Executive Board Room  
5800 W. 10<sup>th</sup> Street, Room 906  
Little Rock, AR 72204

**In Attendance:** Tim Atkinson, Arkansas Athletic Trainers Association; Dana Austen, Brain Injury Association-Arkansas; Kim Brown, ASCC; Bradley Caviness, ASCC (recorder); Letitia DeGraft, ADH; Marie Lewis, ADH; Austin Porter, ADH; John Riggins, Riggins Group; Stacy Sawyer, DTO, St. Vincent Rehab Hospital; Cheryl Vines, ASCC.

**Welcome/Call to Order**

Ms. Vines welcomed the attendees and called the meeting to order at 1:30 p.m.

**Strategic Planning**

Ms. Vines asked to deviate from the order of the agenda to move strategic planning to the front of the program.

She introduced Mr. Riggins, the strategic planning consultant, to begin strategic planning discussion. He asked the attendees to review the handout containing the recommendations of the 2011 Arkansas Spinal Cord Commission Rehabilitation Hospital Survey and the 2011 American College of Surgeons Committee on Trauma Recommendations.

Mr. Riggins posed the following questions to the group:

*What recommendations are needed but not included on the list.*

- Support for patients who are un or underinsured and lack family support.
- Community-based post-rehab care options. Many patients need continuing services and post-rehab care, but hospitals lack the ability to continue rehab care once the patient is discharged or there is a lack of reimbursement for this type of care.

*Which recommendations do you think will have the most impact in the shortest amount of time?*

- Ventilator units at rehab hospitals. Acute care hospitals can get patients weaned off ventilators, but are not equipped to do rehab, and rehab facilities are not generally equipped with ventilators and do not accept patients on ventilators at this time.

*How important is it for hospitals to be Commission on Accreditation of Rehabilitation Facilities (CARF) accredited?*

- Ms. Austen reported that the Veterans Administration (VA) Hospital is CARF accredited, but is not in the State's trauma system. She pointed out that some hospitals think the accreditation process is more cumbersome than it is useful.
- Ms. Sawyer pointed out that St. Vincent's is not CARF accredited.

*What options are available to train rehab workers in AR?*

- Ms. Austen said that the Brain Injury Association has trainers available for Certified Brain Injury Specialist.
- Case managers, Physical and Occupational Therapists, and social workers all take same training for traumatic brain injury (TBI) certification. The training is typically offered during a yearly conference held each November. Elizabeth Eskew of the Disability Rights Center is arranging another training opportunity to be offered at a conference in June. TBI training would be offered quarterly if there were enough interest.

*Is training is coordinated between different facilities?*

- Ms. Sawyer said St. Vincent's does not host much training. Most of its staff goes to Baptist Health when training opportunities are held there.

*What community-based services are available for persons with TBI/SCI?*

- There is a great need for community-based services. There are a few active support groups in Central and Northwest Arkansas. Support groups in all areas of the state lack people to organize logistics, facilities to host meetings, and funding for services/transportation.
- St Vincent's has one staff person who works in community support.
- The VA's community outreach is run by volunteers.

*What training is available for caregivers for persons with TBI/SCI?*

- Both the VA and St. Vincent's have pamphlets, videos and other materials, but no structured program.

*How important is Vocational Rehabilitation to the overall rehab process?*

- Ms. Sawyer indicated there were not many vocational rehab opportunities in the state.
- St. Vincent's does not coordinate its rehab services with Arkansas Rehabilitation Services (ARS) on a regular basis.
- The VA has no operational contact with ARS.
- Returning to work is a protector against secondary conditions.

Mr. Atkinson said the Arkansas Athletic Trainers Association (AATA) is working to increase awareness about the risks of concussions. Next year, AATA and the State Department of Education is implementing Act 1214, which deals with sports-related injuries, requires

each school to hold a meeting with parents of athletes regarding heat injury and concussions, and requires any injured athlete to be cleared by a medical professional before returning to play. The act is implemented through coaches, who are mandated to take courses on concussion, heat injury, and staph infection. AATA is working with AETN to produce a documentary on each condition. These programs will be part of coaches' mandatory continuing education. Parental education is also a component of this program. Parents are required to meet with athletic staff before practice begins to address hydration issues, concussions, and how to return to play after an injury. Mr. Atkinson pointed out that a certified athletic trainer at games and practices can make an essential difference in emergency response.

*What barriers are there to implementing these recommendations?*

- Lack of funding.
- Accurate (or mandatory) reporting of TBI to registry.
- Accurate classification of TBI (i.e., concussions or more severe injuries?).
- Communication between those with resources and those who need resources.
- Limited availability of vocational rehab professionals.

*Is there was anything else in the recommendations to discuss?*

- Long-term outcomes tracking for patients who may drop out of rehab, or who are receiving care at facilities that don't report FIM data.
- Patients who aren't injured enough for trauma registry, but do need rehab.

### **Systems Analysis**

Report of Workgroup trip to Florida

Ms. Vines reported that a small team went to study the Florida Brain and Spinal Cord Injury Program at the end of March. Florida's system is housed in the same division of the Florida Department of Health as the state's Trauma System. The team learned a great deal about how Florida's Brain and Spinal Cord Injury Program works and will present a more detailed report at the next meeting.

### **Trauma Symposium**

Ms. Vines announced that the Trauma Rehabilitation Symposium will be held June 14 and 15, 2012, at Baptist Health Medical Center, which is also a co-sponsor of the event. Ms. Brown is meeting with Regional Trauma Advisory Councils to solicit their participation. Admission to the symposium is \$25. Attendees receive 8 to 11 Continuing Education credits. Dr. Todd Maxson is the keynote speaker. A full conference brochure will be sent out in the next week.

### **Traumatic Brain Injury Registry**

Ms. Vines and Ms. Brown will visit with Marie Lewis, ADS Trauma Registry Manager, to discuss options and aspects of the registry.

**FIM**

Ms. Vines said we are awaiting a proposal from UDS to implement the new FIM data collection. Ms. Vines will have example reports to demonstrate at the next meeting. Data from 2010 and 2011 will be used as a baseline to chart the effectiveness of trauma rehabilitation in the state.

**Financial/Proforma**

Dr. Mick Tilford at the College of Public Health will be conducting a trauma rehabilitation cost study of Medicaid post-acute charges data that will give us an idea of the true cost of rehabilitation care in Arkansas. EMS and Acute care are also tracking their costs. When completed, the study should give us a complete picture of the cost of care from injury through rehabilitation.

The next meeting of the Rehabilitation Subcommittee will be held at 1:30 p.m. Thursday, May 24, 2012.

Ms. Vines asked for corrections to the minutes of the February 23 meeting. None were noted and the minutes were approved.

The meeting adjourned at 2:45

Respectfully submitted,

Bradley Caviness  
Administrative Specialist III  
Trauma Rehabilitation Program