



Trauma Advisory Council

July 17, 2012

3:00 p.m.

Minutes

MEMBERS PRESENT

Dr. James Graham
Dr. Barry Pierce
Dr. Charles Mabry
Dr. Clint Evans
Dr. Paul K. Halverson (rep.
by Donnie Smith)
Dr. Viviana Suarez
Dr. Janet Curry
Carrie Helm
Col. J.R. Howard (rep. by
Cpl. Karen Clarke)
Freddie Riley
Kathryn Blackman
Terry Collins
Jon Wilkerson
K.C. Jones
John E. Heard
Myra Looney Wood

MEMBERS ABSENT

Dr. Alvin Simmons
Dr. John Cone
Dr. Mary Aitken
Dr. Michael Pollock
Dr. Ronald Robertson
Dr. Victor Williams
Keith Moore
R. T. Fendley
Robert T. Williams
Christi Whatley

GUESTS

Dr. Michael Sutherland
Dr. Talmage M. Holmes
Dr. Timothy Calicott
Don Adams
Jeff Tabor
James Smith
Cheryl Vines
Kim Brown
Gary Ragen
D'borai Cook
Cathee Terrell
Carla Jackson
Kathy Gray
Tim Vandiver
Donna Parnell-Beasley
Reed Parnell
John Riggins
John Gray
Robert Fox
David Simmons
Sarah Bemis
Teresa Ferricher
Michelle Murtha
Carla McMillan
Laura Guthrie
Denise Carson
Rodney Walker
Joe Hennington
Debbie Moore
Melissa Morgan

GUESTS (cont.)

Cindy Metzger
Tonya Baier
Donald Reed
Lawana Bradley
Gary Meadows

STAFF

Donnie Smith
Bill Temple
Renee Patrick
Renee Mallory
Diannia Hall-Clutts
Greg Brown
Austin Porter
Marie Lewis
Margaret Holaway
Katy Allison
Bethany McLaughlin
Bettye Watts
Jim C. Brown

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

The Trauma Advisory Council (TAC) meeting was called to order on Tuesday, July 17, 2012, at 3:00 p.m. by Dr. James Graham, Chairman.

II. Welcome and Introductions

Dr. Graham welcomed all guests and members. Because of time constraints, Dr. Graham requested that all TAC members on the telephone conference call send an e-mail, as requested in the meeting notice, so their attendance can be noted.

III. Approval of Draft Minutes From June 19, 2012

The TAC reviewed the June 19, 2012 minutes. A motion to approve the minutes was made by Terry Collins and seconded by Dr. Charles Mabry. The minutes were approved.

IV. Trauma Office Report – Bill Temple

Personnel

- Mr. Temple said the hire packet has been completed for the Public Health Educator position. Renee Patrick will also be working on the posting for our Trauma Nurse Coordinator position.

Hospital Designation

- Fifty-five hospitals have now been designated.
- Based on the letter to the remaining hospitals, we have thus far heard from nine that they intend to designate, including three Level III hospitals (Sparks Regional in Fort Smith, South Arkansas Regional in El Dorado and St. Bernards in Jonesboro).

Contracts

- The Quality Improvement Organization applications are due by 3:00 p.m. this Friday and the evaluation panel may begin work as early as next week.

EMS Backfill Agreements

- Twenty EMS agencies still have no backfill agreements. This is down from over 50 last month. Six EMS services have only one backfill agreement. Two other services have two backfill agreements, but none from adjoining counties.

Urgent Transfer Language

- We have been working with Dr. Clint Evans on the “urgent transfer” language which we will seek to place in both the Trauma and EMS Rules and Regulations. Significant work and extensive reviews have been completed on the document passed out to TAC members. This was also distributed by e-mail on Friday. Mr. Temple requested that the TAC endorse this language to be included in the Rules revisions currently being worked on. Dr. Evans made a motion from the EMS Subcommittee that the TAC endorse the “urgent transfer” language as presented. With a second by Freddie Riley, the motion was approved.

“Scorecard” Issue

- Work continues, with the third or fourth meeting next week, on the “scorecard”, which will report on process and/or outcome measures within the system that we can track and analyze. Austin Porter shared that the plan is to report to the TAC on whatever time frame the TAC prefers. The measures of patient demographics include age, gender, and injury severity scores. Every six months we will report on transfers by ground vs. air. Transfers to Level I and Level II hospitals will be broken down by major and moderate trauma cases. On a quarterly basis, we will review ED arrival times and decision time to transfer a patient out on major and moderate levels. Many more items will be included in the reports. Mr. Porter requested that if anyone has specific items they wish to add to the “scorecard”, to please let Mr. Temple and/or himself know. Dr. Graham asked about a timeframe for starting and Mr. Porter said that some reporting could start next month.

Injury Prevention

- Mr. Temple shared the good news that significant progress has been made on car seat distribution and installation. All car seats have now been distributed. Mr. Temple noted that 200 were installed in Pocahontas a few days ago. A video news story from KAIT Channel 8 in Jonesboro about the event in Pocahontas was shared with the TAC. Gary Ragen noted that Black River Technical College and the Hometown Health Coalition were the hosts for this event.
- Mr. Temple said he received a call from our program officer from the CDC regarding the Core Violence and Injury Prevention Program Grant. Arkansas, along with seven other states, have lost the grant due to lack of funding and will not be able to continue for the next four years. Six other states lost the motor vehicle portion of their grants. We are just about to complete the first year. CDC has provided instructions on how to apply for up to a 12-month extension to use any unspent dollars from year one. Fortunately, we do have unspent funds. Our intention is to apply for the extension and that is due by Friday. From a longer term perspective, we are hopeful to keep the infrastructure going with our

Injury Prevention Section funds. Donnie Smith, Center for Health Protection Director, added that the decision by the CDC affected all newly funded states and did not include a review of the quality of work being done. Furthermore, he said the CDC was complimentary of our work thus far.

Press Coverage

- Mr. Temple noted a recent article in the Arkansas Democrat Gazette about the trauma system saving lives. An Associated Press article that has statewide distribution was distributed by e-mail. Mr. Temple also said he had interviewed with Channel 4 earlier today on backfill agreements and urgent transfers.

V. ADH Medical Consultant Report – Dr. Todd Maxson

Dr. Maxson is out of town and there will therefore be no Medical Consultant Report.

VI. Trauma Registry – Marie Lewis

- The next submission deadline is August 30, 2012 for the second quarter, including the months of April, May and June.
- The DI Users Conference that will focus on the ICD 10 conversion and its impacts on the Trauma Registry and Report Writer training will be October 17 – 19, 2012 in Tampa, Florida.

VII. TAC Subcommittee Meeting Reports

(Note: Summaries are attached; only official action and additional information provided to the TAC is documented in this section.)

- Finance Subcommittee (R. T. Fendley – Chair) (Did not meet) (No report)
- Hospital Designation Subcommittee and Site Survey/System Assessment Panel (Dr. James Booker, Chair) (Did not meet) (No report)
- EMS Subcommittee (Dr. Clint Evans - Chair) (See attached report)

Dr. Evans reported that work continues on several items, but he has nothing to bring before the TAC for action at this time.

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

Mr. Wilkerson said that John Riggins would be presenting the strategic plan. He reported that work has begun on the cost study for the Rehabilitation Subcommittee. Work also continues on outcome measure studies for acute care hospitals. He also noted that much time and work has gone into the strategic plan that will be presented.

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

Dr. Mabry, on behalf of the Subcommittee, said a performance improvement (PI) session is in the works. He noted that the PI processes that are in place are working well. Dr. Graham said he has appointed individuals, via personal letter, to serve on behalf of the TAC in the PI process, and thanked them for their service.

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

Dr. Aitken is not able to be present, but Gary Ragen reported on the meeting. He mentioned four Injury Prevention 101 classes that trained 56 attendees. Other scheduled classes continue. He informed everyone that they are developing a distribution list and asked those who wish to be on the distribution list to contact Kristie Taylor at the Statewide Injury Prevention Program (SIPP). They are offering a grant writing class on August 3, 2012 with additional classes to meet demand. The Arkansas Educational Television Network has offered to video the training sessions and post them to their website for use by teachers, who could receive professional education credits, as well as for use by others. Twenty-eight new child passenger technicians have also been trained. Mr. Ragen noted that Reed Parnell has joined the SIPP staff and that he will focus on home safety issues. Mr. Parnell is certified as a Child Safety Technician. Later in the year, there will be a focus on the prevention of senior falls. Donnie Smith shared that a press conference will be held on July 26, 2012 that will review the impact of the graduated drivers license law in Arkansas.

VIII. Rehabilitation Strategic Plan – John Riggins

Dr. Graham noted that the “Trauma Rehabilitation Strategic Plan 2012 -2015” was previously e-mailed to the TAC members and a printed copy was distributed for members present at the meeting. He introduced Mr. John Riggins. Mr. Riggins discussed the process involved in producing the strategic plan. He further reviewed the four major goals, which are:

1. Ensure Arkansans who sustain traumatic disabling injuries have access to high quality, comprehensive rehabilitation in our state.
2. Create a systematic approach to capture acute, rehabilitation, and community data metrics to determine areas of improvement in trauma patient outcomes.

3. Build the capacities of healthcare providers to deliver quality rehabilitative care.
4. Increase individuals' options to integrate successfully into the community.

Discussion, feedback and very positive comments from TAC members followed the presentation by Mr. Riggins. Mr. Wilkerson, on behalf of the Rehabilitation Subcommittee, made a motion that the TAC endorse and recommend the "Trauma Rehabilitation Strategic Plan 2012 – 2015" to the Arkansas Department of Health. Terry Collins seconded the motion and it was approved.

IX. Next Meeting Date

The next meeting will be Tuesday, August 21, 2012 at 3:00 p.m. The meeting will be held in Room 906 (Boardroom) at Freeway Medical Tower. Dr. Graham asked the TAC membership for input and feedback and specifically to start thinking about a TAC retreat meeting location and timeframe.

X. Adjournment

Without objection, Dr. Graham adjourned the meeting at 4:30 p.m.

Respectfully Submitted,

Paul K. Halverson, DrPH, FACHE
Secretary Treasurer of the Trauma Advisory Council
Director and State Health Officer, Arkansas Department of Health

EMS Trauma Subcommittee
Meeting Summary
July 10th, 2012 - 3:00 PM

The EMS Trauma Subcommittee met on July 10th at 1500. There were 26 people in attendance, with 6 people on the conference call.

There was no update from air regarding AWIN for helicopters. We are still waiting on a cost analysis.

We continue to try and complete the voting membership for the committee. We have 9 of 13 positions filled.

The majority of services have submitted their backfill agreements. There are around 30 services which still need to send their backfill agreements. All of the services have been contacted by Joe. Most have them, but haven't mailed them yet.

There were no new updates on data submission. Greg mentioned starting a self audit process for services to improve the quality of their data submission. A workgroup meeting has been set up to begin working on the NEMSIS 3.0 dataset.

We decided to table the AVLS project for now.

Regarding the pay for performance initiative, we presently have endorsed using our funds to encourage PHTLS training. John Gray suggested we should look into the state providing funding for services to purchase tablets and software for electronic PCR's. This would greatly improve the quality of data submitted to the state. Everyone agreed this was a good idea. However, we decided it would be best to pursue funds from the special project budget for this. Greg volunteered to draft a proposal.

We reviewed the current draft of the urgent trauma transfer policy. This had previously been worked on by several individuals in workgroup meetings. After much more discussion, we decided to endorse the policy as is. Bill mentioned this would now be sent to the hospitals for feedback. The policy can hopefully be presented to the TAC at the next meeting.

Joe asked for some feedback on what categories would be appropriate for the use of trauma funds. Some examples of what had previously been rejected were mentioned. It was recommended that a FAQ be prepared with examples of what has been considered appropriate in the past, as well some examples of what has been deemed inappropriate.

Our next meeting will be August 14th at 1500.

Trauma Advisory Council
Rehabilitation Subcommittee

Meeting Minutes

1:30 p.m. Thursday, July 26, 2012

Arkansas Spinal Cord Commission Conference Room
1501 N. University, Room 411
Little Rock, AR 72207

Members in attendance: John Bishop (BHRI – by teleconference), Yousef Fahoum (BIA-by teleconference), Alan Phillips (ARS - by teleconference), Jon Wilkerson (Chair).

Members not in attendance: Dana Austen (BIA), Letitia DeGraft (ADH), Elizabeth Eskew (BIA), Stacy Sawyer (St. Vincent Rehab NLR), Cheryl Vines (ASCC).

Others in attendance: Kim Brown (ASCC), Bradley Caviness (ASCC), Marie Lewis (ADH), Austen Porter (ADH), Bettye Watts (ICP – by teleconference).

Welcome and Call to Order

Mr. Wilkerson called the meeting to order and welcomed everyone.

Mr. Wilkerson noted that the meeting was short of a quorum and asked that the approval of the previous meeting's minutes be tabled until the August meeting.

Mr. Wilkerson asked Ms. Brown to give a report on the rehabilitation program's activities.

Ms. Brown reported that work has begun on determining outcome measures for trauma rehab patients. Agreements are in place with 7 facilities that report to UDS. The Alpha FIM is being explored. Alpha FIM is widely used in Canada and is a predictor of success and burden of care if a patient does not go to rehab. Work has also begun drafting the Subcommittee's bylaws, which will be discussed later. Mr. Fahoum has also started examining hospital designation systems, which he will also report on later. Ms. Brown will also represent the Trauma System at a TBI conference in Hot Springs on July 27.

Discussion of Bylaws

Ms. Brown reported that she has reviewed the bylaws for the Emergency Medical Services subcommittee, which are similar in scope and function to what is needed for the Rehabilitation Subcommittee. She has prepared a draft of the bylaws and sent it to Mr. Wilkerson, but they are not ready to present to the full subcommittee yet.

After some discussion of issues that needed to be addressed for a workable draft of the bylaws, Ms. Brown agreed to send out a memo to Subcommittee members with the issues that had been discussed, including:

- Voting membership,
- Meeting frequency,
- Size of the committee,
- Which entities should be represented on the committee,
- Establishment of officers,
- Length of terms for officers and members,
- Proxies for meeting attendance, and
- Voting by proxy or email.

Currently, the rehabilitation subcommittee is chartered to include a representative from Trauma Advisory Council, Brain Injury Alliance of Arkansas, Arkansas Spinal Cord Commission, a consumer representative, two inpatient rehabilitation facilities (Baptist Health and St. Vincent's/HealthSouth currently represented), an outpatient facility, and a state-run facility. Per Mr. Wilkerson, Disability Rights Center may not have been included in the original charter, but they have been included in practice and their official inclusion should be noted at the next meeting when there is a quorum present.

Mr. Wilkerson suggested the Subcommittee also take this as an opportunity to examine its voting membership and/or propose other entities that should be represented on the Subcommittee (pediatrics, vocational rehabilitation, etc.). He also said that workgroups will meet more frequently as the action plan is executed, and those meetings should be taken into consideration when determining the meeting frequency for the entire Subcommittee.

Work Group Reports

Education

Mr. Bishop reported that the Trauma Rehabilitation Conference Planning Committee held a post mortem meeting to evaluate the premier conference. Planning for the next conference, which is tentatively scheduled for late April or early May 2013, begins in September. Once dates are determined, the committee can begin recruiting people to help develop the conference.

System Analysis

Mr. Fahoum reported that a meeting will be held August 17 for stakeholders in the trauma rehabilitation system to present other states' designation models and determine the next steps for designating Arkansas' rehab hospitals. The meeting will be held at the ASCC conference room. The reimbursement amount for stakeholders who have to travel to attend will be determined when Ms. Vines returns to her office on August 1.

Ms. Brown and Mr. Caviness will check out hotel availability for August 17. Subcommittee members recommended to stakeholders who should attend the meeting. Mr. Wilkerson said he expects that the website that Mr. Fahoum proposed in the previous meeting could be a vital part of the action plan.

TBI Registry

Ms. Brown reported on the progress that has been made on the TBI Registry since the last meeting. An ongoing concern is determining how to define TBI for the purpose of the registry. Mr. Porter is putting together data for Ms. Brown on incidence rates. It also needs to be determined which TBI patients will be listed on the registry: Patients with an ISS score of mild, moderate, or severe? Will the determination be made Pre-hospitalization? Ms. Lewis pointed out that ISS determinations are usually assigned post-discharge. Mr. Fahoum suggested making registry eligibility and TBI definitions an agenda point for the August 17 meeting with stakeholders. Ms. Brown asked if GOS-E scores need to be examined to determine eligibility?

Ms. Brown suggested the Subcommittee might examine Florida's registry referral form and note its criteria, to obtain a starting point. Several questions must be answered prior to establishing a new registry: Once TBI is defined, how should the information be obtained? From trauma registry? Will a special agreement with ADH be required? Can the TBI registry be housed along side ASCC registry? Ms. Brown pointed out that the spinal cord injury registry is mandated by legislation, and is a living, service connected registry that is updated constantly by case managers. A TBI registry at this time would be a passive registry due to lack of resources and manpower.

Mr. Wilkerson recommended using the data collection to determine outcome data to justify increased manpower and a legislative mandate to collect the data.

Mr. Porter said hospital primary diagnosis and discharge data are also good sources of outcome data. Mr. Fahoum pointed out a problem with discharge and mortality data is that it often does not include TBI data. Mr. Wilkerson said education efforts in the near future by the Subcommittee should focus on TBI to encourage collection of TBI diagnoses in discharge data.

FIM

Ms. Brown presented a proposed pilot program to add outcome measures to the Arkansas Trauma Registry beginning January 1, 2013. The program will be piloted at Level I and Level II hospitals only, without making any changes to the web-based tool that Level III and Level IV hospitals currently use. Mr. Wilkerson further explained that a goal of the program is to get FIM training and appropriate personnel to perform assessments.

As Ms. Vines had approved the proposal memorandum, it was determined that a quorum existed to vote on the proposal. Mr. Fahoum made a motion to accept and submit the proposal Mr. Phillips seconded the motion. The motion was approved on a voice vote.

Financial Analysis

Ms. Brown reported that Dr. Tilford is currently out of the country. She will contact him upon his return and request an update for the next meeting.

Other Business

Mr. Wilkerson reported that, with respect to the trauma systems Pay-for-Performance initiative, ADH was reluctant to pay for reporting. He said hospital designation may be the best bet to initiate a pay for performance project.

Mr. Bishop reported that Dr. Kiser and other BHRI personnel as well as Ms. Vines went to Charlotte, NC, to observe a vent-dependent rehabilitation program. The team saw no hurdles to creating a vent dependent program at BHRI. What must be addressed, however, is a lack of resources, such as a step-down care facility, to patients discharged from acute care. Baptist Health is willing to help with training personnel, but must come up with an incentive for facilities that do not take vent dependent patients to admit them. Mr. Wilkerson said this could also be a possible pay for performance project. Ms. Brown is going to visit a couple of nursing facilities to check on their current admission criteria, turnover and capabilities.

Adjourn

With no further business to discuss, the meeting adjourned at 2:43 p.m.

Respectfully submitted,

Bradley Caviness
Administrative Specialist III