



Trauma Advisory Council

February 19, 2013

3:00 p.m.

Minutes

MEMBERS PRESENT

Dr. Mary Aitken
Dr. Charles Mabry
Dr. Clint Evans
R. T. Fendley
Kathryn Blackman
Terry Collins
Jon Wilkerson
Freddie Riley
John Gray
Keith Moore
Jamey Wallace
Tim Tackett
Christi Whatley
Carrie Helm

MEMBERS ABSENT

Dr. James Graham
Dr. Ronald Robertson
Dr. Victor Williams
Dr. Michael Pollock
Dr. Barry Pierce
Dr. Janet Curry
Dr. Viviana Suarez
Dr. Paul K. Halverson (rep.
by Donnie Smith)
Colonel J.R. Howard (rep. by
Sr. Cpl. Karen E. Clark)
K. C. Jones
Robert T. Williams
John E. Heard

GUESTS

Dr. Michael Sutherland
Dr. James Booker
Dr. Robert C. Johnson, Jr.
Dr. Chuck Mason
Dr. Stephen Bowman
Don Adams
Terri Imus
D'borai Cook
Cathee Terrell
Ron Woodard
Sidney Ward
Jeff Tabor
Cheryl Vines
Kim Brown
Donna Parnell-Beasley
Debbie Moore
Carla Jackson
Denise Carson
Kathy Gray
Kim Brown
Teresa Ferricher
Donna Ward
Carla McMillan
Sarah Bemis
Rachel Bennett
Rick Rouser
Michelle Murtha
Ferrin Vest
Scott Marrotti
Shaun Best
Amy Jo Jones

GUESTS (Cont.)

Cindy Metzger
Linda Nelson
Michael Manley
James L. Smith
Paula Lewis
Ken Kelley

STAFF

Dr. Todd Maxson
Bill Temple
Renee Joiner
Rick Hogan
Teresa Belew
Diannia Hall-Clutts
Greg Brown
Joe Martin
Austin Porter
Karis Fleming
Margaret Holaway
Katy Allison
Bethany McLaughlin
Sue Ellen Peglow
Jim C. Brown

I. Call to Order – Terry Collins, Acting Chair

The Trauma Advisory Council (TAC) meeting was called to order on Tuesday, February 19, 2013, at 3:00 p.m. by Terry Collins, Acting Chair.

II. Welcome and Introductions

Terry Collins welcomed all guests and members. Ms. Collins introduced Mr. Tim Tackett, who was recently appointed to the TAC.

III. Approval of Draft Minutes From November 20, 2012.

The TAC reviewed the November 20, 2012 minutes. A motion to approve the minutes was made by Jon Wilkerson and seconded by Freddie Riley. The minutes were approved.

IV. Trauma Office Report – Bill Temple

Personnel

- Mr. Temple introduced Karis Fleming, who was just hired as a Trauma Nurse Coordinator with the Trauma Section.

Hospital Designation

- We now have 73 participating hospitals, of which 63 are fully designated. These include five Level I, five Level II, 19 Level III and 34 Level IV facilities. There is one hospital in process of designation. We have an additional nine site surveys scheduled before March 31, 2013.

Budget

- The budget must be approved by the Board of Health at its late April meeting. This means that the budget will need to be considered for approval at the March TAC meeting. More details will be discussed in the Finance Subcommittee report.

Grants

- Mr. Temple commended the Trauma Section's Trauma Program Managers, as well as the hospitals and EMS services, for their work in submitting invoices in a more timely fashion as compared to last year.

Contracts

- Pending successful legislative review, we have an anticipated start date of July 1, 2013 for the QIO contract.
- Other contracts and agreements are in place and ready for the legislative review process.

V. ADH Medical Consultant Report – Dr. Todd Maxson

- Dr. Maxson thanked the physicians, nurses, EMS personnel and other medical personnel from around the state who have come together to work on the clinical practice guidelines. The goal is to incorporate national-level best practices for certain medical procedures into protocols utilized by medical professionals in Arkansas. Significant progress has been made in making this goal a reality in the following areas: 1) evidence-based fluid resuscitation practices, 2) protocol to look at radiographic imaging of the injured patient, 3) best practice for the management of hemothorax and occult hemothorax, 4) clearance of the pediatric cervical spine, and 5) management of the patient on anticoagulation. Dr. Maxson commented that he knows of no other state that has taken best practices and incorporated them into state level protocols.

VI. Other Reports

Trauma Registry – Sue Ellen Peglow

Registry cases for the fourth quarter of 2012 are due March 1, 2013. If anyone is having trouble or has questions, they are asked to please call the Registry Section.

Arkansas Trauma Communications Center (ATCC) – Jeff Tabor

Mr. Tabor shared a handout and reported that it is a comparison of ATCC data between 2011 and 2013. It will be sent to ADH and distributed via e-mail. (Report attached)

Arkansas Trauma Education and Research Foundation (ATERF) – Claudia Parks-Miller

Mrs. Parks-Miller reported that ATERF is planning for the next six months and she asked for course requests and input.

Trauma Image Repository – Terri Imus

Ms. Imus reported they presently have 66 sites that are sending images. Sixty have active participant agreements. Registered users now number 1,608 and 870 images have been sent since January 1, 2013. Of the 870 images, UAMS had 45 and ACH had 61.

Scorecard Report – Austin Porter

Mr. Porter shared a scorecard handout for TAC members and discussed statistical variances and comparisons on individual pages. It will be distributed via e-mail. After much discussion, Dr. Sutherland was asked to lead a work group to better define the scorecard variables for review and evaluation.

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) (See attached report)

Mr. Fendley said the subcommittee met today before the TAC meeting. A draft budget for 2014 was provided to the Subcommittee for review. Four proposals for special funding were presented. The cost for the proposals exceeds the amount of available funding. A work group, chaired by Trauma Section Chief Renee Joiner, will review the proposals and work with the individuals who proposed them to determine if the costs can be reduced. She will report back to the Subcommittee at its March meeting. The plan is for the budget to be presented to the TAC at its March 19, 2013 meeting.

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

Dr. Booker said the Subcommittee met today. They will recommend North Metro Medical Center in Jacksonville for Level IV designation. Nine hospitals are scheduled for site reviews by the end of March. The Subcommittee will next meet in April.

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

Dr. Evans said the Subcommittee has met each month for the last several months. The Electronic Patient Care Record (PCR) proposal is moving forward and the application deadline has now passed. There were many applicants. The helicopter radio proposal includes 12 helicopters with an associated cost of approximately \$500,000. The Subcommittee discussed the EMS portion of the trauma budget with Trauma Section personnel. The percentage breakdowns will remain the same: 89% to EMS providers, 7% to EMS training sites, and 4% to Association support. Of the 89%, 40% will be at the base rate and will be divided evenly by each county. ALS services will receive twice as much as BLS services within each county. The distribution formula for the remaining 60% will be as follows: 30% population, 15% trauma band data, and 15% ATCC data. The Subcommittee feels this formula will result in better distribution of the funds. On behalf of the Subcommittee, Dr. Evans made a motion that the TAC endorse this formula. Dr. Mabry seconded the motion. The motion was approved. Finally, Dr. Evans stated that the EMS deliverables are expected to remain essentially the same and the Trauma Section and Subcommittee will work to better monitor them.

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

Mr. Wilkerson reported the Subcommittee has completed and submitted its 2014 budget. Action items for the 3-year strategic plan have been finalized. Updates will be provided starting next month. The Subcommittee has commitments from all the speakers for the upcoming 2013 Trauma Rehabilitation Conference.

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

Dr. Mabry, on behalf of the Subcommittee, reported that they did not meet this month. They expect to meet in March.

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

Dr. Aitken said the Subcommittee met last Thursday. She commended each of the TRAC Injury Prevention Subcommittees that reported to the TAC's Injury Prevention Subcommittee.

VIII. Other

Dr. Maxson reminded everyone that April 12-14, 2013 is the Arkansas Trauma Update Conference. Details are being finalized. He also noted that there has been a request for a Trauma Medical Directors' course.

IX. Next Meeting Date

The next regular scheduled meeting will be March 19, 2013.

X. Adjournment

Without objection, Terry Collins adjourned the meeting at 4:27 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

ARKANSAS TRAUMA SYSTEM



Scorecard

Trauma Advisory Council

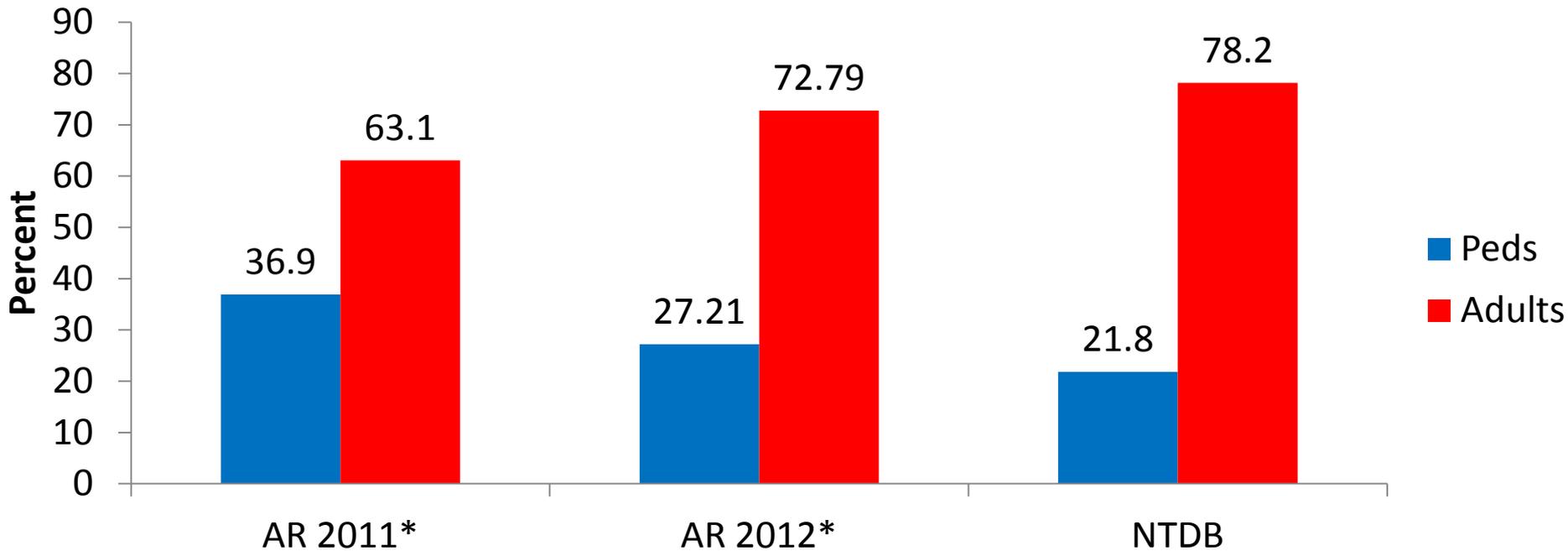
Methods

- Data may contain duplicate entries as individuals may be admitted and transferred to another hospital for complications from an injury
- Time period for reporting 2011 data was from January 1 through June 30
- Time period for reporting 2012 data was from January 1 through June 30
- Time period for reporting NTDB data was from 2010, unless otherwise specified
- Census data comparisons was from 2011 population estimates
- 2012 Trauma Registry Data as of 10/12/2012

Arkansas Trauma Registry Scorecard

Patient Transfers

Adults and Pediatric Cases, Arkansas vs. NTDB



	Arkansas, 2012					NTDB, 2010	
	All	Peds	%Peds	Adults	%Adults	%Peds	%Adults
Transfers**	1382	376	27.21%	1006	72.79%	21.80%	78.20%

* Reporting time frame Jan 1 through June 30

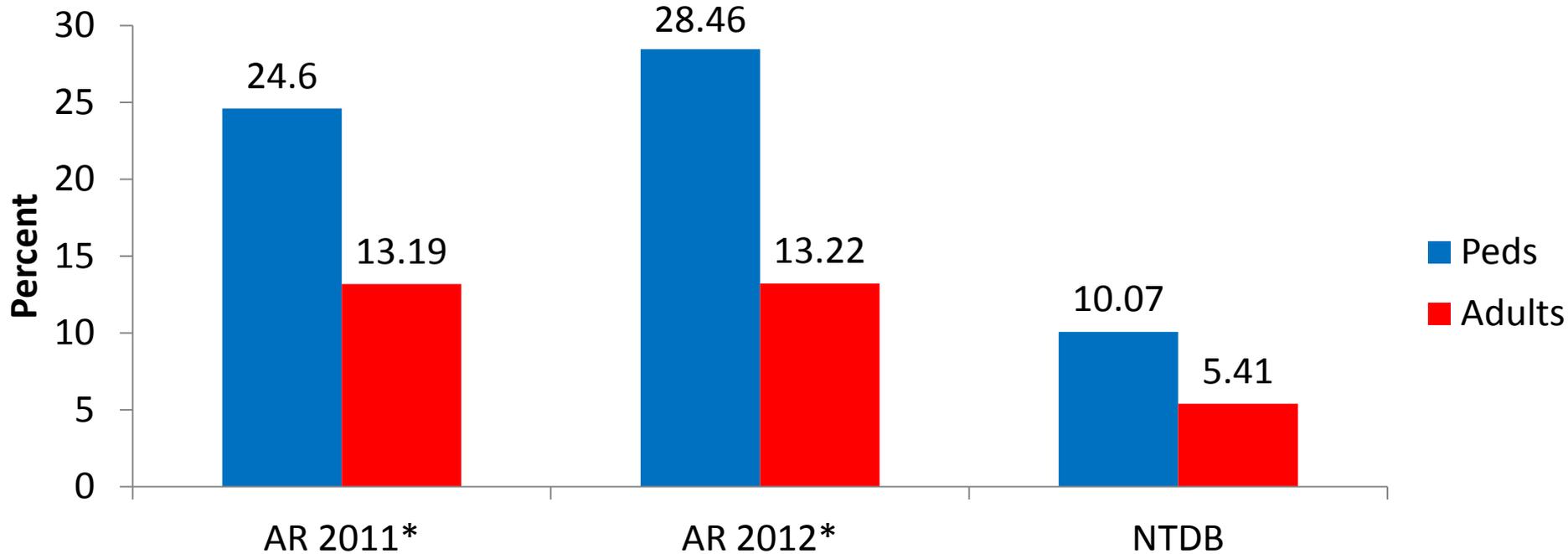
Note: Peds = 0-14 years/Adults = 15+ years

Source: Arkansas Trauma Registry, National Trauma Data Bank

**Transfers are defined as patients who are transported from one hospital to another to receive treatment

Arkansas Trauma Registry Scorecard

Patients Transferred and Discharged from the Emergency Department Adults and Pediatrics, Arkansas vs. NTDB



	Arkansas, 2012						NTDB, 2010	
	All	% of all Transfers	Peds	%Peds	Adults	%Adults	%Peds	%Adults
D/C from ED	240	17.36%	107	28.46%	133	13.22%	10.07%	5.41%
Total	1382		376		1006			

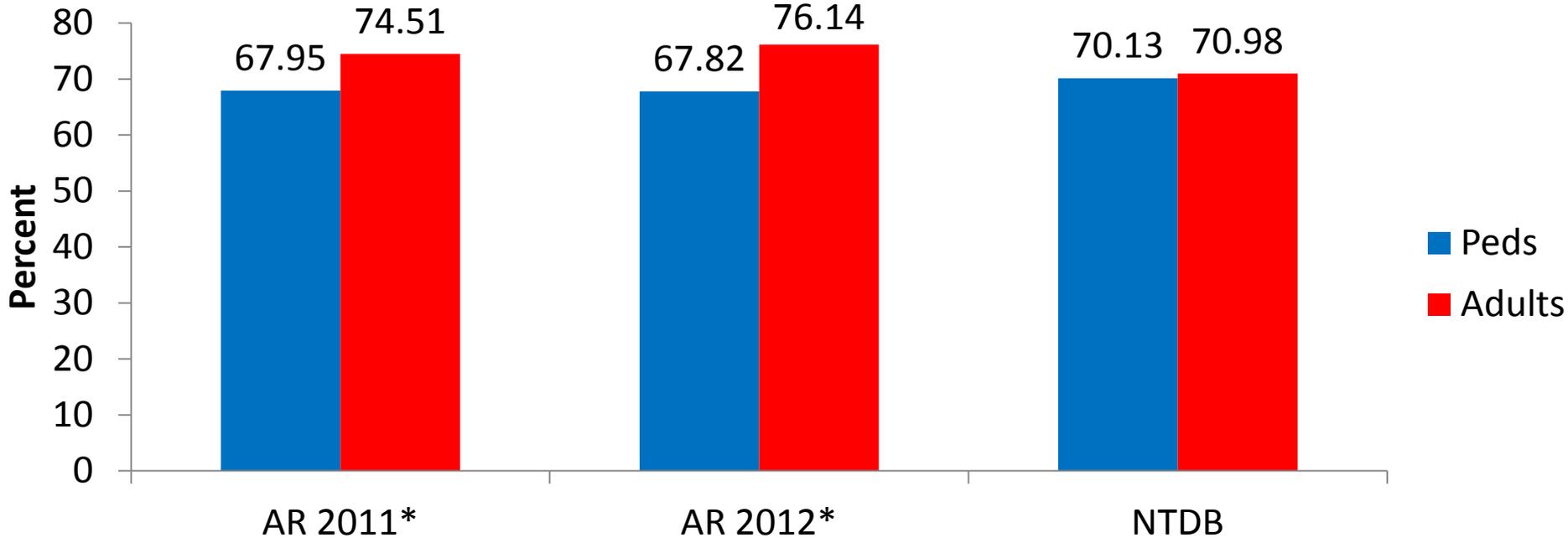
* Reporting time frame Jan 1 through June 30

Source: Arkansas Trauma Registry, National Trauma Data Bank Note: Peds = 0-14 years Adults = 15+ years

Arkansas Trauma Registry Scorecard

Patients Transferred By Ground Transport

Adults and Pediatrics, Arkansas vs. NTDB



	Arkansas, 2012						NTDB, 2010	
	All	% of all Transfers	Peds	%Peds	Adults	%Adults	%Peds	%Adults
Ground	1021	73.87%	255	67.82%	766	76.14%	70.13%	70.98%
Air	272	19.68%	90	23.94%	182	18.09%	13.55%	18.76%
Other	86	6.22%	30	7.98%	56	5.57%	16.32%	10.26%
Missing	3	0.22%	1	0.27%	2	0.20%		
Total	1382	100%	376	100%	1006	100%		

Source: Arkansas Trauma Registry, National Trauma Data Bank

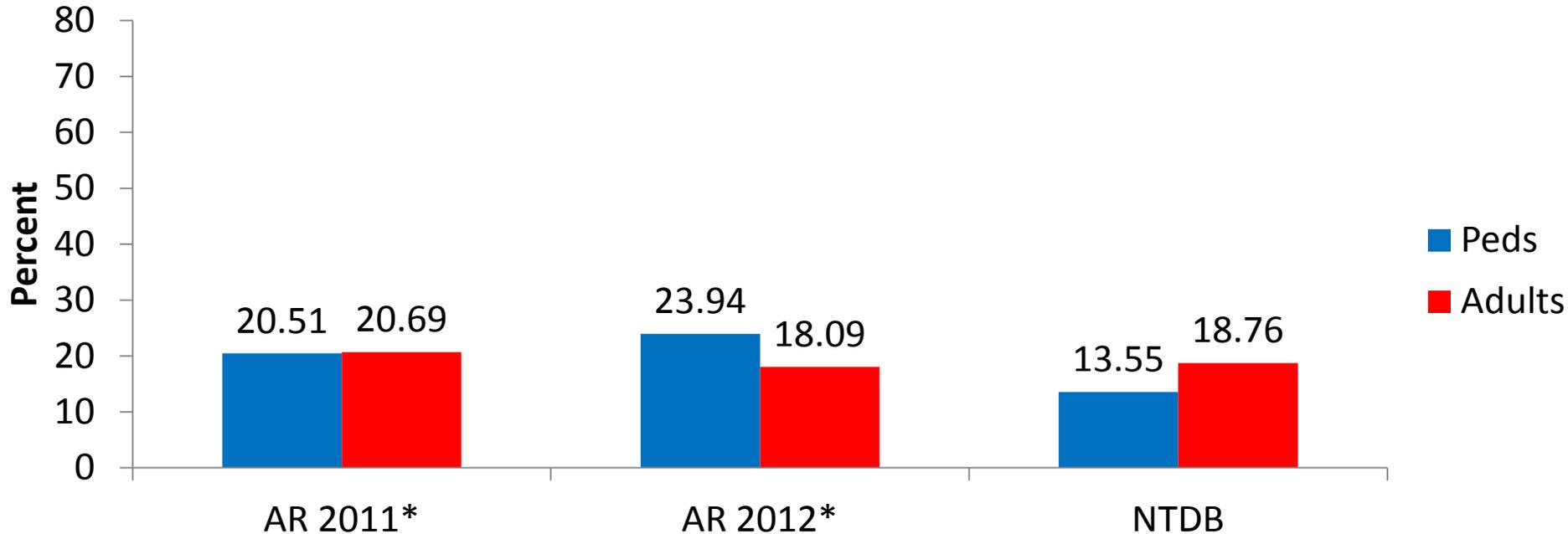
* Reporting time frame Jan 1 through June 30

Note: Peds = 0-14 years
Adults = 15+ years

Arkansas Trauma Registry Scorecard

Patients Transferred By Air Transport

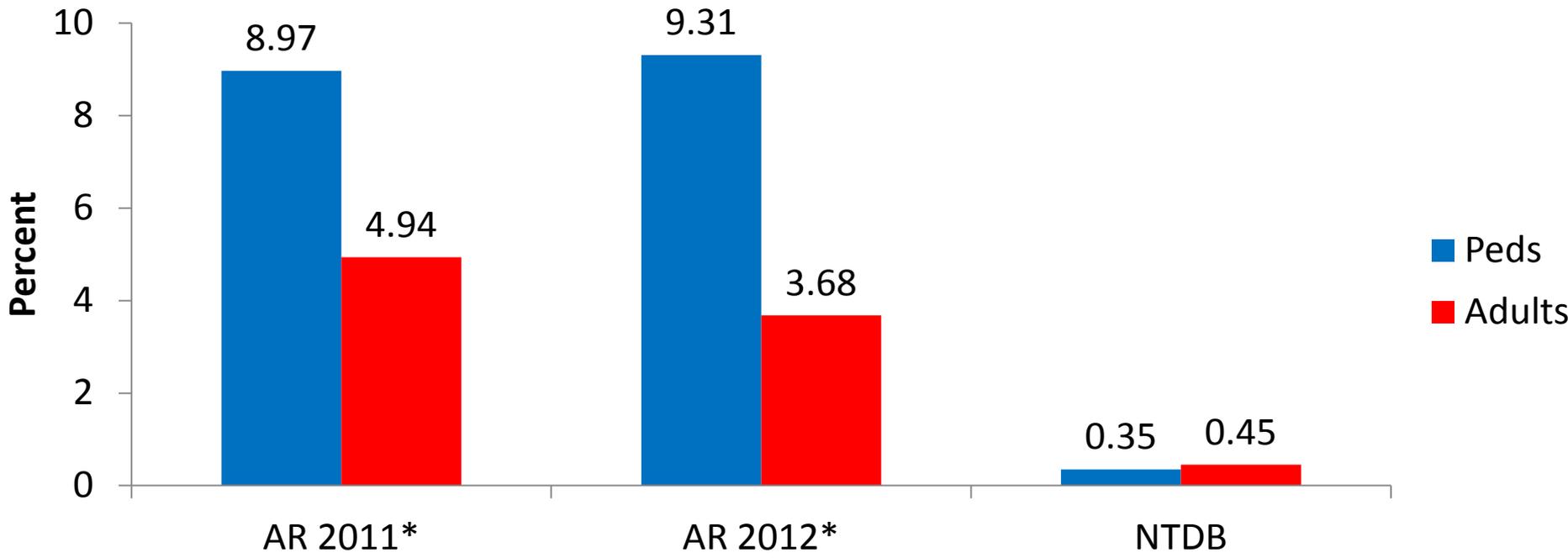
Adults and Pediatrics, Arkansas vs. NTDB



	Arkansas, 2012						NTDB, 2010	
	All	% of all Transfers	Peds	%Peds	Adults	%Adults	%Peds	%Adults
Ground	1021	73.87%	255	67.82%	766	76.14%	70.13%	70.98%
Air	272	19.68%	90	23.94%	182	18.09%	13.55%	18.76%
Other	86	6.22%	30	7.98%	56	5.57%	16.32%	10.26%
Missing	3	0.22%	1	0.27%	2	0.20%		
Total	1382	100%	376	100%	1006	100%		

Arkansas Trauma Registry Scorecard

Patients Transferred by Air with ED/Hospital LOS LE 1 Day Adults and Pediatrics, Arkansas vs. NTDB



	Arkansas, 2012						NTDB, 2010	
	All	% of Transfers	Peds	%Peds	Adults	%Adults	%Peds	%Adults
All	72	5.21%	35	9.31%	37	3.68%	0.35%	0.45%
Total	1382		376		1006			

Note: Peds = 0-14 years/Adults = 15+ years

Source: Arkansas Trauma Registry, National Trauma Data Bank

* Reporting time frame Jan 1 through June 30

Arkansas Trauma Registry Scorecard

Patients Transferred by Air w/ ED/Hospital LOS LE 1 Day Adults and Pediatrics, Arkansas vs. NTDB

	Arkansas, 2012						NTDB, 2010	
ED Disposition	All	% of Transfers	Peds	%Peds	Adults	%Adults	%Peds	%Adults
All	72	5.21%	35	9.31%	37	3.68%	0.35%	0.45%
Expired	3	4.17%	0	0%	3	8.11%	1.75%	5.57%
D/C Home	7	9.72%	2	5.71%	5	13.51%	11.60%	18.38%
Admitted	59	81.94%	33	94.28%	26	70.27%	80.39%	69.96%
Other	3	4.17%	0	0%	3	8.11%	6.26%	6.09%

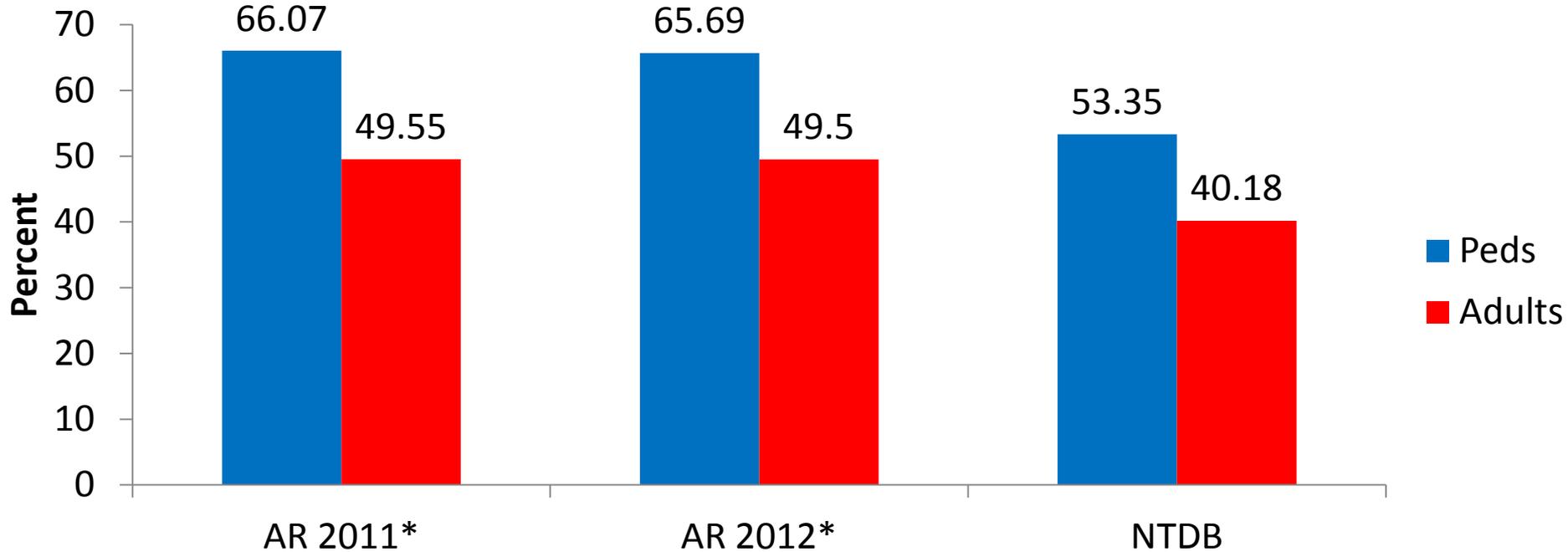
Note: Peds = 0-14 years/Adults = 15+ years

* Reporting time frame Jan 1 through June 30

Source: Arkansas Trauma Registry, National Trauma Data Bank

Arkansas Trauma Registry Scorecard

Patient Transferred with an Injury Severity Score 1 through 8 Adults and Pediatrics, Arkansas vs. NTDB



	Arkansas, 2012						NTDB, 2010	
	All	% of Transfers	Peds	%Peds	Adults	%Adults	%Peds	%Adults
ISS 1-8	745	53.91%	247	65.69%	498	49.50%	53.35%	40.18%
Missing	10	0.72%	1	0.27%	9	0.89%		
All Transfers	1382		376		1006			

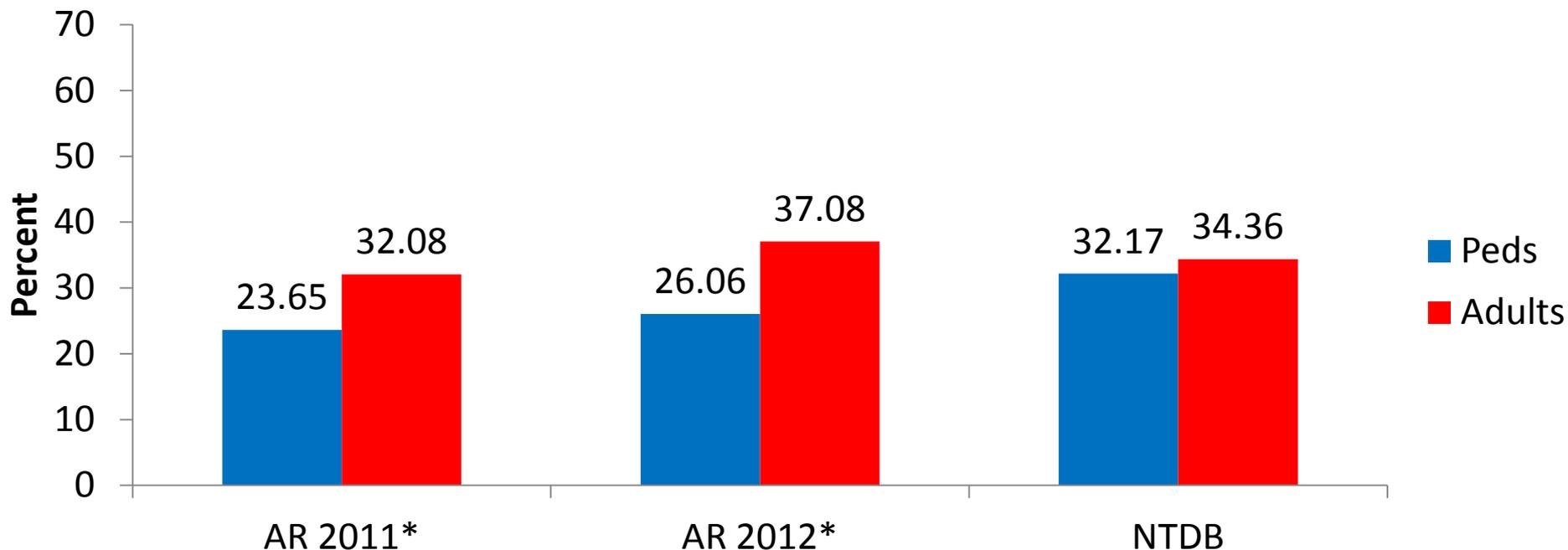
Note: Peds = 0-14 years/Adults = 15+ years

Source: Arkansas Trauma Registry, National Trauma Data Bank

* Reporting time frame Jan 1 through June 30

Arkansas Trauma Registry Scorecard

Patients Transferred with an Injury Severity Score 9 through 15 Adults and Pediatrics, Arkansas vs. NTDB



	Arkansas, 2012						NTDB, 2010	
	All	% of Transfers	Peds	%Peds	Adults	%Adults	%Peds	%Adults
ISS 9-15	441	31.91%	98	26.06%	343	37.08%	32.17%	34.36%
Missing	10	0.72%	1	0.27%	9	0.89%		
All Transfers	1382		376		1006			

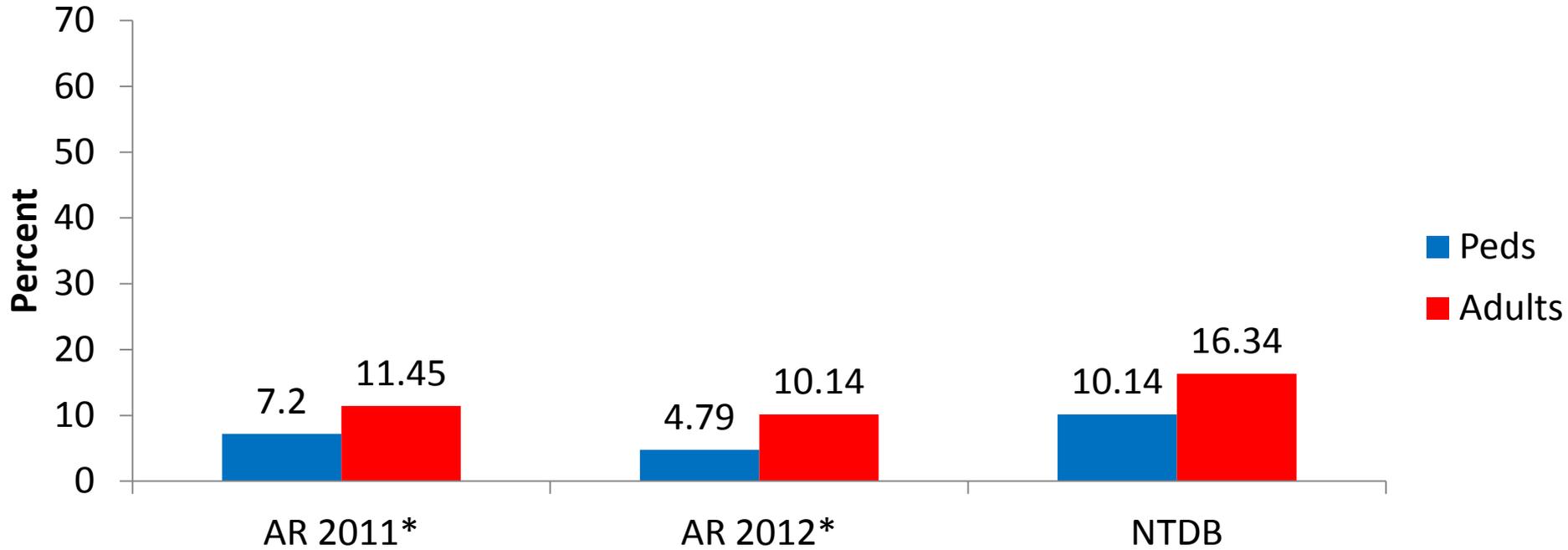
Note: Peds = 0-14 years/Adults = 15+ years

Source: Arkansas Trauma Registry, National Trauma Data Bank

* Reporting time frame Jan 1 through June 30

Arkansas Trauma Registry Scorecard

Patient Transferred with an Injury Severity Score 16 through 24 Adults and Pediatrics, Arkansas vs. NTDB



	Arkansas, 2012						NTDB, 2010	
	All	% of Transfers	Peds	%Peds	Adults	%Adults	%Peds	%Adults
ISS 16-24	120	8.68%	18	4.79%	102	10.14%	10.14%	16.34%
Missing	10	0.72%	1	0.27%	9	0.89%		
All Transfers	1382		376		1006			

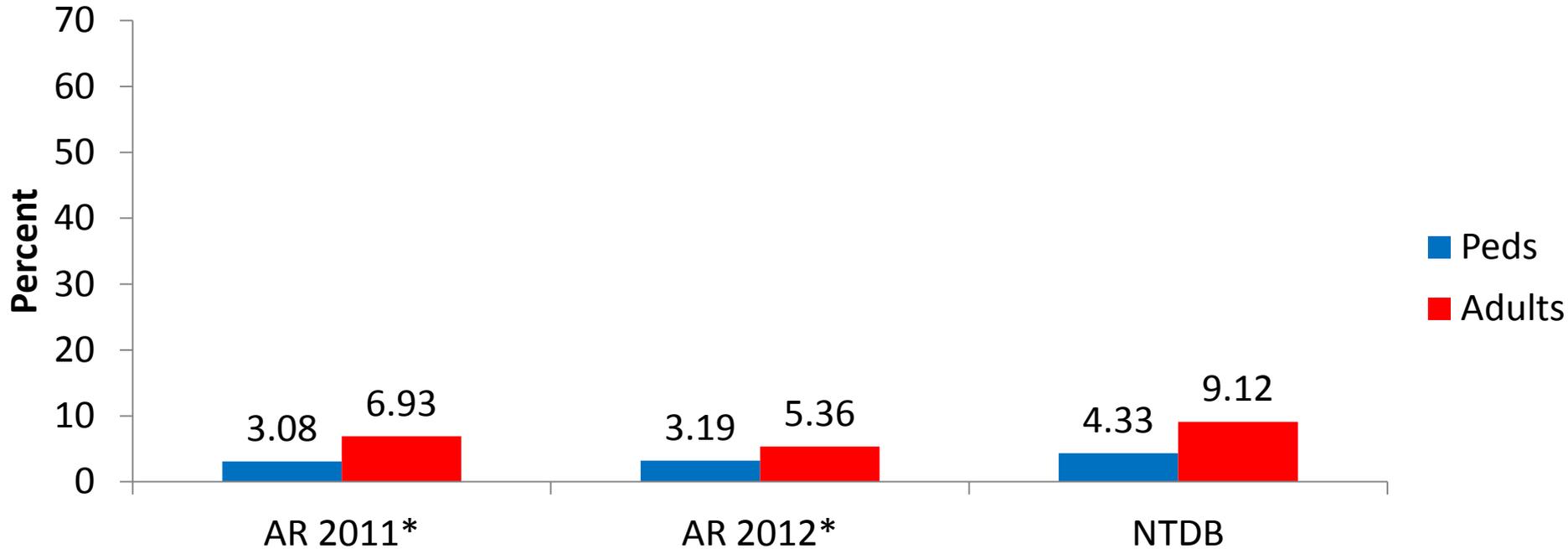
Note: Peds = 0-14 years/Adults = 15+ years

Source: Arkansas Trauma Registry, National Trauma Data Bank

* Reporting time frame Jan 1 through June 30

Arkansas Trauma Registry Scorecard

Patient Transferred with an Injury Severity Score 25+ Adults and Pediatrics, Arkansas vs. NTDB



	Arkansas, 2012						NTDB, 2010	
	All	% of Transfers	Peds	%Peds	Adults	%Adults	%Peds	%Adults
ISS 25+	66	4.78%	12	3.19%	54	5.36%	4.33%	9.12%
Missing	10	0.72%	1	0.27%	9	0.89%		
All Transfers	1382		376		1006			

Note: Peds = 0-14 years/Adults = 15+ years

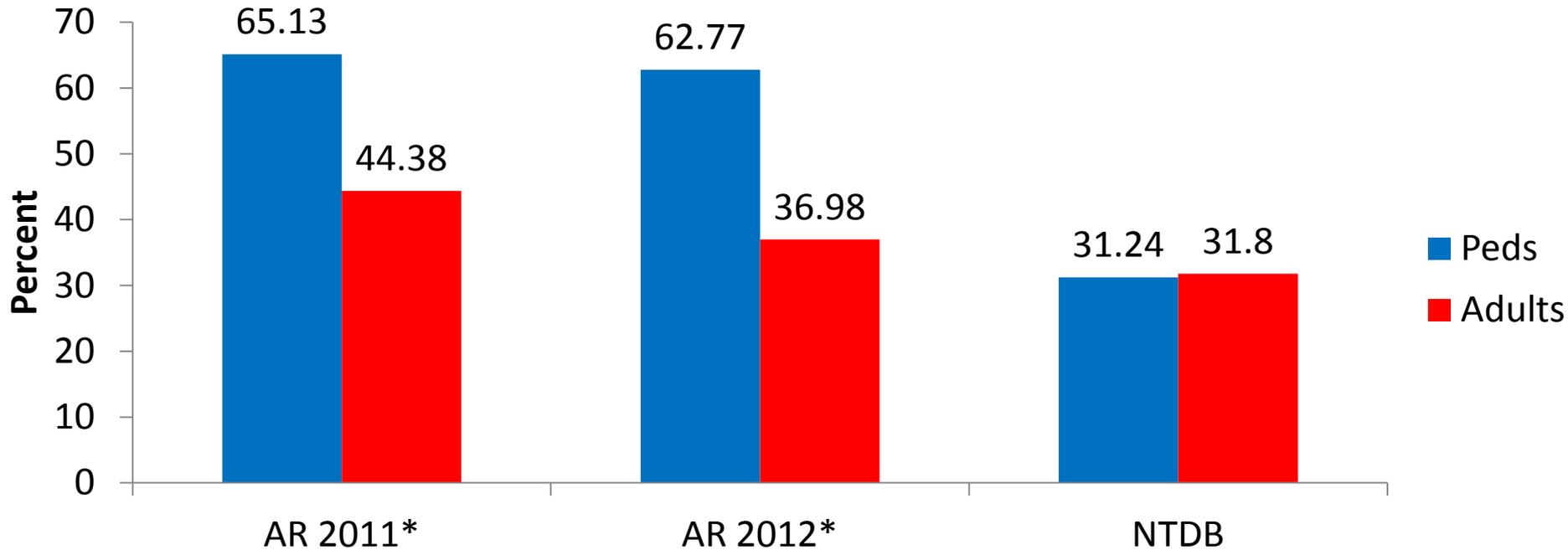
Source: Arkansas Trauma Registry, National Trauma Data Bank

* Reporting time frame Jan 1 through June 30

Arkansas Trauma Registry Scorecard

Patient Transferred into Level I or II with ISS < 9

Adults and Pediatrics, Arkansas vs. NTDB



	Arkansas, 2012						NTDB, 2010	
	All	% of Transfers	Peds	%Peds	Adults	%Adults	%Peds	%Adults
ISS < 9	608	43.99%	236	62.77%	372	36.98%	31.24%	31.80%
Total	1382		376		1006			

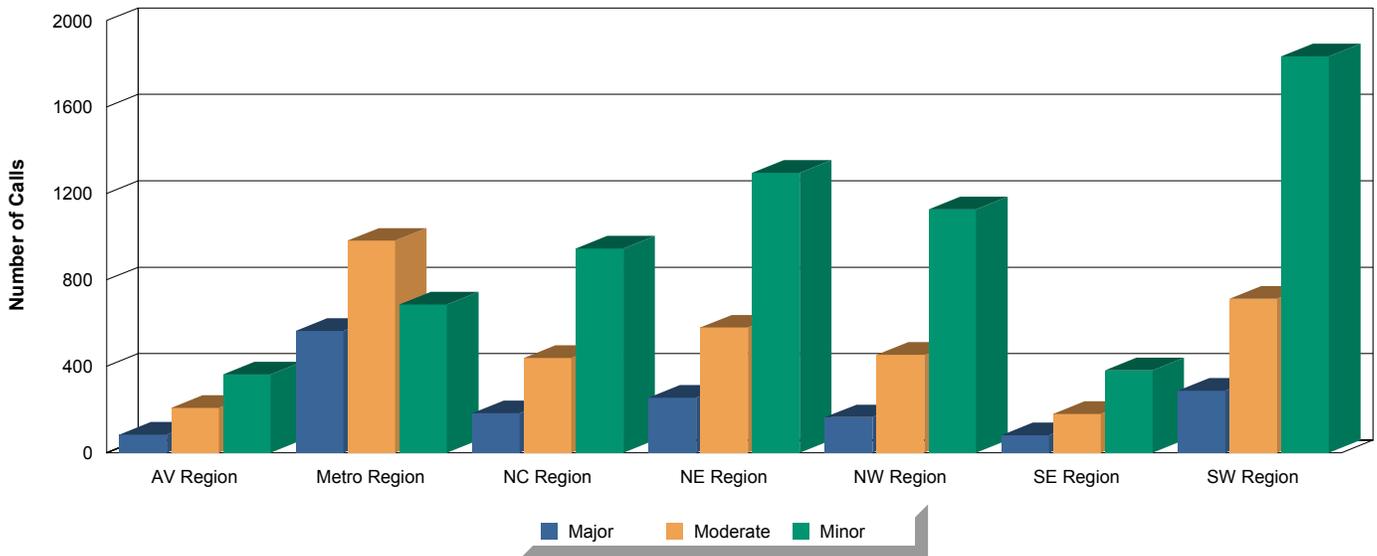
Note: Peds = 0-14 years/Adults = 15+ years

Source: Arkansas Trauma Registry, National Trauma Data Bank

* Reporting time frame Jan 1 through June 30

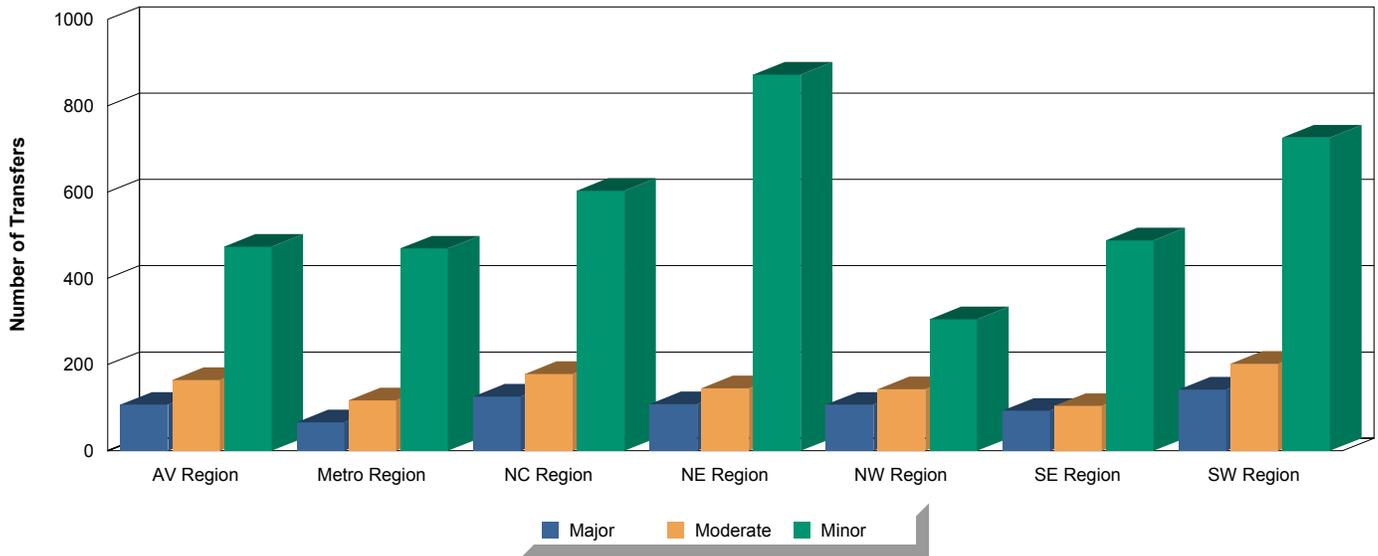
EMS Scene Calls

	Major	Moderate	Minor	Total
AV Region	84	208	362	654
Metro Region	564	981	686	2,231
NC Region	182	439	945	1,566
NE Region	255	579	1,295	2,129
NW Region	164	453	1,126	1,743
SE Region	81	179	381	641
SW Region	287	712	1,834	2,833
Total	1,617	3,551	6,629	11,797



Transfers

	Major	Moderate	Minor	Total
AV Region	107	164	473	744
Metro Region	66	117	469	652
NC Region	126	178	603	907
NE Region	108	145	872	1,125
NW Region	107	143	305	555
SE Region	93	104	488	685
SW Region	142	202	726	1,070
Total	749	1,053	3,936	5,738



EMS Trauma Subcommittee Meeting Minutes
Freeway Medical Tower, Room 801
January 8th, 2013 - 3:00 pm

Topic	Discussion
Called to order	Meeting was called to order by Dr. Clint Evans
EMS Grant Funding FY 2013	<p>Renee reported that they had a meeting between the EMS section and the Trauma section last week and both sections feel that the ATCC data also needs to be included in the calculation for the funding. She proposed to take the 30% that is allocated and split that percentage between the ATCC data and the EMS data from the state with each of them counting as 15%. The question was raised that the data should be the same except for the minor traumas and Renee said it should be the same but it is not. Using this formula would help to identify agencies that are not calling the ATCC and those that are not entering their runs into the EMS data program. Using both will help to take funding away from those agencies that are not doing one or both of the two and it will also identify the agencies that are doing both and be able to recognize those agencies for the good job that they are doing. The data that will be used for FY 2013 will be from January 1, 2012-December 31, 2012. A handout was provided to compare both ways of calculating the 30%. There were questions concerning that there might be an increase of calls coming into the ATCC for moderate traumas that are truly minor traumas. There was much discussion for FY 2015 regarding the penalty for services that are not meeting the deliverables such as calling the ATCC or entering the data into the state EMS database. By using the 15% and 15% as discussed above will help to gradually penalize the services that are not meeting the deliverables and we can look at increasing the penalties for FY 2015. A motion was made to adopt the proposal above of the 30% being divided into 15% ATCC trauma calls and 15% EMS trauma data by John and Denise Carson seconded. The motion carried with no objections.</p>

<p>Air Ambulance AWIN Radios</p>	<p>Sedley reported that the first analysis has been done and we have got the number of aircraft cut down from 34 to 21 and the dollar amount cut from 1.8 million to \$843,500.00. That is installing the Technisonic 7000 radios since 2 of the services will not be able to install the handhelds due to incapability. The handhelds also are not considered a viable option since they will not work across the system. Sedley and Cathee from the Air Ambulance Sub Committee will now plan to meet with the section of Trauma.</p>
<p>EMS ePCR Grant</p>	<p>A letter went out to all the services in regards to the ePCR grant funding. Only one service has completed the grant request on survey monkey. Greg stated that he has had multiple phone calls concerning the grant funding.</p>
<p>PHTLS</p>	<p>Renee will make sure that the information is communicated to all of the services since there is a deadline.</p>
<p>Deliverables</p>	<p>Joe and his team have looked over the deliverables and made changes as needed. Please refer to the attached handout. There was a question concerning the scholarships that have been awarded with the EMS funds that are given to the training sites.</p> <p>On the service deliverables, the trauma section moved a lot of information around but most of the deliverables did not change. The deliverables were updated to include the trauma field triage guidelines since the services were just getting familiar with these guidelines last year. A new deliverable was added to incorporate the “Urgent Transfer Guidelines” into the services existing protocols. A question was raised that if the proposed rules and regulations do not pass, will the services still be required to adhere to the urgent transfer guidelines.</p>

Dr. Maxson stated that it is the desire to get all of the rules and regs passed and not have to worry about anything, but if they did not pass or get approved then the answer is yes, the services will still have to abide by the “Urgent Transfer Guidelines”.

In regards to the TRACS, Joe stated that they took the 50% participation statement out since some TRACs require more than 50%. It would then be left up to each individual TRAC to decide. There was a lot of discussion on keeping the “at least 50% participation in the TRAC” statement in the deliverables to keep a standard for the state. If each TRAC wanted to increase that percentage they could but we would at least have a standard to go by. Everyone agreed and the statement will not be deleted from the deliverables.

Backfills: changed the wording to read for each new service they have to immediately submit 2 backfills to the EMS office to place on file. Each backfill is good until you obtain a new backfill with another service. Joe stated that anytime you want to update or change a backfill just send it in to the EMS section.

Joe stated that they incorporated the short form into the deliverables instead of having a separate one for it.

One big change: Joe stated that they would like for the services to submit their invoices quarterly instead of waiting until the end of the year since it is hard to do with the staff that they have. You can submit the invoices on a monthly or quarterly basis. Final invoices are due on June 10th instead of the 15th of the fiscal year.

The initial start date for new services has also changed from July 1st to Jan 1st to apply for funding for the following FY. There was a lot of discussion on the possibility that if a service area was up for bid and the current service that is responsible for that area is receiving funding, would the service that wins the bid, if it is different than the current one, automatically receive the funding.

<p>Deliverables</p>	<p>The thought of the group was that if an existing service wins the contract that is already servicing other counties then they would be able to get the funding. If is a new service going into business then they would have to meet the date requirements set in the deliverables.</p> <p>A question was raised about the wording in the deliverables regarding the reimbursement of an applicant in reference to abiding by all ATCC protocols. Having to abide, does that mean that the EMS services have to do what the ATCC says? Denise stated that this statement/wording was before we had the Trauma Triage Guidelines. She also brought up the point that sometimes the EMS services are not going to be able to do what the ATCC wants them to do and the wording may need to be changed to not read “by all”. Cathee suggested taking out the statement since we had the Triage Guidelines already in the deliverables. The committee agreed.</p> <p>Clint brought up the point that the deliverables state that all Fixed Wing Air Ambulance Services, Advance Response Non Transport Services, and Stretcher Services are not eligible for trauma funding. With this, he suggested that we look at adding into next years deliverables that all services that are licensed at the BLS level services and that are not submitting trauma data would only be eligible for funding at the same level as a special purpose service. This would hopefully start to addressing the problem that we have been having.</p> <p>Denise ask for the committees help to come up with ideas on how to penalize services for not meeting the deliverables. Denise and Dr. Maxson discussed maybe using a weight system with each deliverable. A lot of suggestions were brought up and the committee agreed to help by developing a work group of interested parties to help come up with guidelines.</p>
<p>Meeting Adjourned</p>	<p>Dr. Evans adjourned the meeting. The next meeting will not be a regular meeting and anyone interested in being a part of the work group to work on the guidelines for the deliverables will meet on February 12, 2013 at 3:00pm.</p>

Trauma Advisory Council – Rehabilitation Subcommittee Meeting
1:30 p.m. Thursday, January 24, 2013
Arkansas Spinal Cord Commission Conference Room

MINUTES

Members in attendance: John Bishop (BHRI)*, Cheryl Vines (ASCC), Letitia DeGraft (ADH)*, and Jon Wilkerson (Chair)

Members not in attendance: Dana Austen (BIAA), Elizabeth Eskew (Disability Rights Center), Yousef Fahoum (BIAA), Sara McDonald (Neurorestorative-Timber Ridge), Alan Phillips (ARS/ACTI), and Stacy Sawyer (St. Vincent Rehabilitation)

Guests, Staff, and Observers in attendance: Don Adams (AHA), Kim Brown (ASCC/TRP), Brad Caviness (ASCC/TRP), John Riggins (The Riggins Group), Keith Moore (BHRI)*, Jim Moreland (ARS), and Aleecia Starkey (Department of Education/Dawson Education).

Welcome, Call to Order, and Introduction of guests

Mr. Wilkerson welcomed everyone in attendance and called the meeting to order. Those present in person and via teleconference introduced themselves.

Approval of previous meeting minutes

Ms. Vines made a motion to accept the minutes of the previous meeting as submitted. Mr. Bishop seconded the motion. The motion carried on a voice vote of members present, but will have to be confirmed at the next meeting with a quorum present.

Approval of electronic vote

Mr. Wilkerson tabled the approval of the electronic vote to conduct subcommittee meetings on a bi-monthly basis for the next meeting with quorum present.

Strategic Plan Action Plan Update

Ms. Brown presented for the Subcommittee's approval the complete action plan that will chart the program's course of action for next three years. She indicated that many of the strategies are already in progress and she is using the plan to draft the budget justifications for FY2014. Mr. Wilkerson said the Subcommittee will entertain a motion to approve the plan at the next meeting with a quorum present. Ms. Vines thanked John Riggins, the strategic planning consultant, for his exemplary work in preparing the strategic and action plans.

Pay for Performance Initiatives

Ms. Brown reported that letters were sent to the chief executive and to rehabilitation administrators at every rehabilitation hospital in the trauma system inviting them to apply for pay for performance initiative to support CARF accreditation and ATP certification. Letters of intent to participate in either or both initiatives are due on January 31, 2013. She reported that a few hospitals have expressed interest, but some have reported difficulty meeting the requirement that 11% of the hospital's patients suffered traumatic injuries. Ms. Brown said the Subcommittee may need to define new criteria to make grants to hospitals that will benefit trauma patients in upcoming fiscal year.

* Attendance via teleconference.

New Subcommittee Member Recruitment

Ms. Brown stated the Subcommittee has a need to recruit more members. The bylaws call for nine voting members with five present at any meeting to achieve a quorum. Mr. Wilkerson said he will send out a copy of the bylaws to each of the current members, then contact them to discuss their membership, the new bimonthly meeting schedule and strategic plan, and solicit recommendations for new members. Ms. Starkey said she will ask the Department of Education to appoint her or another designee to serve on the Subcommittee.

Education Workgroup Report

Mr. Bishop reported that preparations are well underway for the conference to be held May 2-3, 2013. The final version of the Save The Date is almost complete. All of the speakers are in place except the keynote, who should be confirmed by the workgroup's next meeting on February 8, 2013. The next step is to get the learning objectives from the speaker to prepare the brochure by mid February.

System Analysis Workgroup Report

Ms. Vines reported that Rehabilitation hospital designation does not fall within the Trauma System enabling legislation and we will not be able to move forward on that initiative. The subcommittee will investigate other mechanisms that ensure hospitals are operating at each facility's optimum level.

TBI Registry

Ms. Vines said that legislation gives the Brain Injury Alliance of Arkansas the authority to collect traumatic brain injury registry information, however, the ASCC attorney in the Attorney General's office has drafted a Memorandum of Understanding that could delegate that authority to collect and maintain TBI registry to ASCC. Ms. Vines is in communication with the BIAA officers to discuss how BIAA could contract with the Trauma Rehab program on mutually beneficial projects.

Other Business

Ms. Vines said she is drafting a job description for a Trauma Rehab Resource Specialist that she hopes to have in place before she retires at the end of March. This position will maintain a resource database; disseminate information to people with traumatic injury, case managers and social workers, and others who utilize State trauma resources.

She also reported that Medicaid had approved our Data Utilization Agreement for the Medicaid Rehab Cost study last week. Dr. Tilford and AFMC can now begin their data collection. The cost study will determine the actual cost for Arkansans with designated traumatic injuries from emergency to acute and rehabilitation care up to one-year post-discharge. Due to the delay in the data collection, it appears that we will not complete this project in June. Dr. Tilford expects it will be at year end.

Announcements

The next meeting of the Subcommittee is scheduled for 1:30 p.m. Thursday, March 28, 2013.

Adjournment

The meeting adjourned at 2:30 p.m.

Trauma Advisory Council Finance Sub-Committee

February 19, 2013

Attending: R.T. Fendley, Chairman; Mr. Jon Wilkerson; Ms. Renee Patrick; Mr. Bill Temple; Mr. Don Adams; Ms. Terry Collins; Dr. Clint Evans; Mr. John Gray; Dr. Todd Maxson; Dr. Charlie Mabry; Ms. Kim Brown; Dr. Mike Sutherland, Ms. Cheryl Vines

I. Call to Order at 1:07 p.m. by Mr. R.T. Fendley, Chairman

II. Old Business: None

III. New Business:

Trauma System FY 2014 Budget- Renee Patrick reviewed the FY 2014 proposed budget for consideration. The anticipated carry over is \$5,175,377.03 which is distributed according to the following percentages: 15% to EMS, 50% to Trauma Centers, 15% to Injury Prevention, and 20% to System Enhancement. The Trauma Center estimated carry over will support a 20% increase to the base funding for FY 14.

Action Item: The membership was asked to carefully review the budget and be prepared to vote at the March Finance Subcommittee meeting.

FY 14 System Enhancement Proposal # 1- Dr. Marvin Leibovich presented a proposal for a rural residency rotation in Emergency Medicine. This partnership would allow UAMS to place up to 8 third year residents in a rural Arkansas Trauma Centers for one month to enhance the communities' trauma care and education. The total annual cost for 8 residents to participate in a one month rotation is \$44, 484.16. The UAMS Department of Emergency Medicine requests that the rural elective rotation receive funding for five years.

FY 14 System Enhancement Proposal # 2- Dr. Clint Evans and The Air Ambulance Subcommittee of the EMS Advisory Council requested funding for the purchase and installation of Technisonic 7000 radios for 12 of the air medical services that are currently receiving Trauma grant funding. In addition, the request includes reimbursement for the 3 air medical services that currently have radios installed. The onetime cost estimate is \$497,000.00. It was suggested by Mr. Fendley that the group might look at the cost per trauma patient transported.

FY 14 System Enhancement Proposal #3-In response to state-wide trauma provider request, Dr. Mike Sutherland discussed a proposal for the Arkansas Trauma Education and Research Foundation to add 4 additional trauma education courses for FY 2014. These classes would include education specific to Pediatric Trauma Care, Hospital Emergency Preparedness, Farm Injury Management, and Trauma Medical Director Training. The cost for this proposal is \$145,738.00.

FY 14 System Enhancement Proposal #4-Dr. Mike Sutherland submitted a proposal for performance of a state wide preventable mortality evaluation. It is felt this project will be an integral part of the ongoing process improvement program of the Arkansas Trauma System. The cost of conducting a preventable mortality evaluation will be \$500,000.00 over 3 years. Jon Wilkerson made a motion to fully fund this proposal and it was seconded by Dr. Mabry. The motion carried unanimously.

Action Item: The committee agreed that each proposal is worthy. Mr. Fendley asked that before the next meeting each group get together and attempt to shave costs from their proposals. Renee Patrick will coordinate and facilitate these group meetings. The next Finance Subcommittee will meet on March 5th at 3 p.m. and determine the priorities for funding of FY 2014 System Enhancement Proposals.

Rehabilitation Update- Cheryl Vines reported that the pay for performance program that rewards hospitals for CARF accreditation is in progress. 3 letters of intent have been received.

Hospital Cost Study Update- Don Adams reports that the hospital cost study contract has been signed.

Meeting adjourned at 2:45 p.m.

EMS Trauma Subcommittee Meeting Minutes
Freeway Medical Tower, Room 801
February 12th, 2013 - 3:00 pm

Topic	Discussion
Called to order	Meeting was called to order by Dr. Clint Evans
PHTLS Pay for Performance Incentive	Joe stated that the services received a letter explaining the incentive and how to submit a letter of intent if they want to participate. Each service that wants to participate will need to submit their letter of intent by 3/29/2013 and have 85% of their staff certified by 9/27/2013 to receive funding. They will then need to complete and submit the invoices for the funding by 11/1/2013. The funding is 100,000.00 but that will be split between all of the services that submit the letter and meet the requirements.
EMS Data Software Initiative	Letters went out to all the services in regards to the ePCR grant funding. There was some questions and confusion about the due date of the survey. The decision was made to open the survey back up to allow more services to apply.
Urgent Trauma Transfers	Renee went over the guidelines and explained the changes that the section of trauma wanted to suggest, copy provided. These changes were concerning the 20-minute language for the services and also for the hospitals to notify the services ASAP. There was much discussion about this issue. Sid brought up a concern in regards to the labor laws and having staff on call. He also brought up the question of changing the wording in this document since it is a part of the rules and regulations and they have already been approved to move forward in the legislative process. The question was also raised and discussed about getting the urgent trauma transfer information out to the level 4 hospitals. Renee and Dr. Maxson both stated that the information had been shared with those facilities. Everybody was in agreement in regards to the hospital calling ASAP but wanted the 20-minute wording taken out and going back to the original wording. John and Jeff also encouraged the services and hospitals to utilize and involve the ATCC in these urgent trauma transfers.

<p>Air Ambulance AWIN Radios</p>	<p>Sedley and Cathee presented the AWIN Radio power point presentation, hand-outs were provided. Renee suggested that we go for System Enhancement Funding for this project. A motion was made by John and seconded by Denise. There were no objections.</p>
<p>Calling the ATCC</p>	<p>Renee and Jeff reported that effective immediately services would not need to contact the ATCC after they arrive at the receiving facility with their trauma patient. They are encouraged to call the ATCC prior to or during transport so the ATCC can redirect if needed or assist the service on determining the appropriate destination. Jeff emphasized for all of the services to use the field triage guidelines to help expedite the ATCC call and communications. The ATCC will only need 1 to 2 of the criteria in a category to classify the patient minor, moderate or major.</p>
<p>Meeting Adjourned</p>	<p>Dr. Evans adjourned the meeting. The next meeting will not be a regular meeting and anyone interested in being a part of the work group to work on the guidelines for the deliverables will meet on March 12, 2013 at 3:00pm.</p>

Trauma Advisory Council – Rehabilitation Subcommittee Meeting
1:30 p.m. Thursday, February 28, 2013
Arkansas Spinal Cord Commission Conference Room

MINUTES

Members in attendance: Dana Austen* (BIAA), John Bishop* (BHRI), Letitia DeGraft* (ADH), Elizabeth Eskew (DRC), Yousef Fahoum* (BIAA), Gary Graham* (alternate for Sara McDonald - Timber Ridge), Alan Phillips* (ARS/ACTI), Stacy Sawyer* (St. Vincent's Rehab), Cheryl Vines (ASCC), and Jon Wilkerson (Chair).

Staff, guests, and observers in attendance: Kim Brown (ASCC), Brad Caviness (ASCC), Marie Lewis (ADH), Reneé Joiner (ADH), Ellen Lowery (UAMS), Aleecia Starkey (DOE), Bill Temple (ADH), and Lisa Watson* (St. Vincent's Rehab).

*Attended by teleconference.

Welcome, Introductions, and Call to Order

Mr. Wilkerson greeted everyone and called the meeting to order. He asked those present to go around the table and introduce them.

Approval of November 29, 2012, and January 24, 2013 meeting minutes

Mr. Wilkerson asked if there was a motion to accept the minutes of the previous meetings. Ms. Vines made the motion. Mr. Bishop seconded the motion. The motion was approved unanimously by a voice vote.

Approval of pending action items

Confirmation of electronic vote to adopt a bi-monthly meeting schedule

Mr. Wilkerson asked if there was a motion to approve the electronic vote. Ms. Vines moved to confirm the electronic vote. Mr. Fahoum seconded the motion. The motion was approved unanimously by a voice vote.

Approval of a motion to accept the 2013-2015 Strategic Action Plan

Mr. Wilkinson asked if there was a motion to accept the 2013-2015 Action plan. Mr. Philips made a motion to approve. Ms. Vines seconded the motion. The motion was approved unanimously by a voice vote.

TRIUMPH Ellen Lowery (UAMS)

Ms. Vines presented a proposal from UAMS for the TRIUMPH (Tele-Rehabilitation Interventions Through University-based Medicine for Promoting Healing) program to provide tele-rehabilitation (TR) care to Arkansans living with spinal cord injuries (SCI) and the physicians who care for them. Tele-rehabilitation is a concept that provides rehabilitation consultation and support through interactive video, connecting distant patients with rehabilitative specialists for real-time services, while also providing call center support to patients and providers alike. The University of Arkansas for Medical Sciences' (UAMS) Department of Physical Medicine & Rehabilitation, Area Health

Education Centers (AHECs), and the Center for Distance Health seek Arkansas Spinal Cord Commission funding support to collaboratively launch a key feature to TRIUMPH, a 24/7 call center service to serve spinal cord injury patients and their providers across Arkansas.

Ms. Vines said a pilot of the program has been successful. She reported that Dr. Kiser was able to see four patients in a three-hour window. Each patient was able to see Dr. Kiser at his or her local AHEC rather than travel to Little Rock to the regular clinic.

Ms. Lowery said program would be cost prohibitive if developed from scratch, but building on the existing infrastructure for the ANGELS OB/GYN call center, it is cost effective. She said physiatrists will provide the guidelines and information will be made available to physicians statewide. The program will also help develop relationships between rural primary care physicians and allow emergency personnel to act quickly and improve care.

Mr. Wilkerson said this program will help patients will have better outcomes in rehab and community reintegration

Ms. Vines said the program will promote good referrals for patients and directly address components of the strategic action plan.

Ms. Joiner pointed out that this program needs to demonstrate that it does not pay for uncompensated care, that it builds infrastructure, and that it gets the patient to the right place at the right time. With those assurances, she believes the TAC will look favorably upon it.

Ms. Vines said the initial project could be funded by a grant from the Trauma Rehabilitation Program. Once this piece is in place, it may seek funding for TBI and traumatic amputation components from other sources, such as Medicaid.

Ms. Lowery said she is also developing proposals to fund the software licenses and for overall funding from Medicaid to reimburse for the consults.

Ms. Vines said she envisions that everything the Rehabilitation Subcommittee creates for the spinal cord injury component the first-year will carry over to the traumatic brain injury piece. The only new component will be the TBI evidence-based guidelines. Once all of the components are in place, funding requests are likely to stabilize over time.

Ms. Joiner asked if Ms. Lowery would make a presentation on the program at a future TAC meeting. Ms. Lowery agreed.

Ms. Vines added that Dr. Kevin Means, head of the PM&R department at UAMS, Dr. Kiser, ASCC Medical Director, and Dr. Rani Lindberg, UAMS TBI specialist, are all on board.

Ms. Vines made a motion for the committee to approve moving forward on the project in concept, for the Trauma Rehabilitation Program to work collaboratively with Ms. Lowery to put together a proposal to be presented at the next Subcommittee meeting. Ms. Austen seconded the motion. The motion was approved unanimously.

Mr. Wilkerson asked the rehab hospital personnel present to look at proposal and determine what kind of information they and the physiatrists at their facilities would like to get out of the service.

Trauma Rehabilitation Program Update – K. Brown

Pay for Performance Initiatives

Ms. Brown reported progress on Pay for Performance initiatives to promote hospital accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF) and Assistive Technology Professional (ATP) certification by hospital staff. The initiatives required that 11% of the applying hospital's patients be identified as trauma patients. Baptist Health Rehabilitation Institute in Little Rock met the criteria for Comprehensive Accreditation as well as for specialty accreditation for Spinal Cord Injury, Traumatic Brain Injury, and Traumatic Amputation. The Med in Memphis met the criteria for Comprehensive Accreditation. Ms. Brown has sent the documentation for each request to the Department of Health. She anticipates payment will be made to each hospital before the end of fiscal year.

Ms. Brown said that because of the 11% threshold, many smaller hospitals did not meet the criteria to apply. She is working to determine the actual percentage of trauma patients at hospitals around the state and to develop a grant program to reimburse five hospitals for the testing fee to certify one new staff member as an ATP.

Traumatic Brain Injury Registry

Ms. Vines said that work is moving forward on the TBI registry. She said that Brain Injury Association of Arkansas is legislatively mandated to operate the registry. However, the Attorney General's office had suggested ASCC draft a memorandum of understanding with BIAA to delegate to ASCC collection and maintenance of registry data on its behalf, and share the collected information with BIAA. ASCC will also collect information on behalf of BIAA for its own purposes. Ms. Vines said the memorandum has been delivered to BIAA. Once the agreement is in place, she said that a team of experts will put together the data collection piece. She said the infrastructure of the

registry will be similar to the ASCC registry. Ms. Vines added that the legislation mandating the registry requires that information be sent to registrants once they are identified. She said it does not call for a “Brain Injury Commission”, it would allow Educational info about brain injury, resources, or rehabilitation hospital information to be delivered while the patient is still at the acute level or as soon as the patient is referred. The agreement will be presented to the Subcommittee when all of the details are in place.

Mr. Wilkerson asked about the status of the new Public Health Educator position. Ms. Vines said that the request for the position has been submitted to the Office of Personnel Management. Ms. Vines said that the Personnel Committee will consider the position as soon as March or as late as May. Her expectation is that the position will be filled at the beginning of FY2014.

FIM

Ms. Brown reported that she had just received the 2012 fourth quarter report from UDS. She has also been working with Maggie Ramirez at eRehab on the questions that will likely come up at the Data Committee meeting scheduled for March 4 to determine if eRehab will facilitate our request to get data from the six Arkansas hospitals that utilize eRehab as their depository for FIM data.

Ms. Vines added that for several key indicators, the report shows that Arkansas had better outcomes than the region and nation as a whole.

Mr. Bishop said he had examined the numbers of the quarterly report for freestanding rehabilitation hospitals and determined that less than 10 percent of patients at freestanding rehabilitation hospitals are trauma patients. He said, regarding the pay for performance projects, that requiring 11% of hospital’s patients be trauma related may be too high. Ms. Vines briefly explained how the 11% figure was determined and suggested that it be looked at in detail to increase participation.

Mr. Wilkerson urged Subcommittee members to continue to be critical of the data and evaluate why Arkansas’ outcomes are different than other places. He suggested that the Subcommittee refine the 2011 needs assessment study and conduct it again in a few years once the new programs are in place.

Ms. Vines suggested that Ms. Brown speak with Maggie Ramirez, the statistician at UDS, to shed some light on Arkansas’ higher than expected outcomes.

2014 ASCC/ADH Memorandum of Understanding – C. Vines

Ms. Vines said the FY2014 budget and justification for level funding has been submitted. She said other than adding the Public Health Educator position, the budget is level with the FY2013. One focus of the budget is on education, including conferences

and workshops. She said there is approximately \$150,000 in the budget for grants and funding special projects with which she wants to fund the TRIUMPH project.

Medicaid Cost Study – C. Vines

Ms. Vines said we have signed the agreement with Medicaid to allow us to collect data. Arkansas Foundation for Medical Care, who are Medicaid super users, are collecting the data. Dr. Mick Tilford, who is coordinating the study, is working with Austin Porter at ADH who is putting together hospital discharge data. These data sets have identifiers, so it allows examination of individual data as well as aggregate data. Dr. Tilford expects to deliver the report by June 30. Ms. Vine believes this is the kind of data that will drive other Medicaid initiatives such as episodes of care.

Work Group Reports

Education – J. Bishop

Mr. Bishop reported that the agenda for the Trauma Rehabilitation conference is in place and that the keynote speaker will be Dr. Gary Ulicny, President and CEO of the Shepherd Center in Atlanta. Dr. Ulicny's presentation will be on the effect of the Affordable Care Act on rehabilitation care. Dr. Kiser is going to speak on respiratory management. Dr. Lindberg is going to speak on TBI rehabilitation. Ms. Lowery is going to make a presentation on telerehabilitation. The Save The Date flyer has been distributed and people are already starting to sign up. The brochure will be distributed in the very near future. The conference will be held on May 2-3, 2013. Admission is \$25. Up to 9 continuing education units are available for attendees.

System Analysis – Y. Fahoum

Mr. Fahoum said that the rehabilitation hospital designation system is on hold due to a legislative issue. Mr. Wilkerson said that the Subcommittee received a lot of good information from the work that was done, and it will regroup and find another path in the near future.

Announcements

The next Subcommittee meeting will be held at 1:30 p.m. Thursday, April 25, 2013.

Mr. Wilkerson asked that all Subcommittee members take the time to read the *Time Magazine* cover story by Steve Brill on the cost of health care.

Adjourn

With all scheduled business concluded, Mr. Wilkerson entertained a motion to adjourn the meeting. Ms. Eskew made the motion to adjourn. Ms. Vines seconded the motion. The meeting adjourned at 2:44 p.m.

Trauma Advisory Council – Rehabilitation Subcommittee Meeting
February 28, 2013
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Respectfully submitted,

Bradley Caviness, Administrative Specialist III
Trauma Rehabilitation Program

TAC IP Subcommittee Meeting Minutes

Date: February 14, 2013

Attendees: Dr. Mary Aitken, Chairman, Layce Vance, Teresa Belew, Gary Ragen, Reid Parnell, Shelby Rowe, Murray Long, Katy Allison, Jack Hill, Time Atkinson, Jim Brown.

Attendees on the phone: Donnie Smith (ADH), Carla McMillan (JRMCI), Patty Braun (Summit), Terry Love (ADH), Stacey Wright (Batesville), Dr. Tal Holmes, Carla Jackson St. Vincent)

Agenda Item	Notes	Actions/Who is responsible
SIPP Update	<ul style="list-style-type: none">I. SIPP Overview – Gary Ragen<ul style="list-style-type: none">a. Data sharing with HHI process still being developedb. Down three staff during part of this quarter. Interviewing professional education, hired intentional injury and motor vehicle analysts.c. Working closely with TRAC IP subcommittees; each TRAC receives funding annually and can determine distribution, and many are open to use money for injury prevention for local activitiesd. Other projects include –safe sleep, shaken baby prevention, approached by DCFS and with IPC will develop a provide training to their employees, continuing train the trainer opportunities with safety baby showers around the state,e. Working on DVD that will contain injury prevention PSAs, informational videos, used in emergency departments and physician waiting rooms – draft within the next monthf. Presented overview of available programs to HHI state leadership – now doing same presentation to ADH regions and as neededg. Partnering with Arkansas Hospital Association – looking at issues within their facilities, prevention of falls within their hospitals and when they go home in 30 days after discharge – training for hospital personnelII. Home Safety – Reid Parnell<ul style="list-style-type: none">a. October in NW AR baby shower training of 8 peopleb. Working on Shaken Baby and Safe Sleep materials – brochures, door hangers, pamphlets on safe to sleep, developed a PowerPoint presentation	

- c. Work with Julie Price – Period of Purple crying, want to get DVD into daycares
- d. Information from Mary Aitken on “Purple” crying and managing frustration, educating families in hospitals on how to avoid abusive head trauma for infants
- e. January – SW region multiple districts doing injury prevention projects, helping them with resources and materials
- f. Aiding LR Promise Neighborhood and HIPPY on getting safety baby showers in central AR
- g. Fall prevention program development including training for master trainers

III. Intentional Injury – new staff member, Shelby Rowe

- a. Previous experience with suicide prevention hotline
- b. Want to bring more evidence-based suicide programs into hospital setting
- c. Worked with Faith Henry with Division of Behavioral Health Services for Statewide Suicide Prevention Initiative – 65 people in attendance
- d. Suicide intervention training – two day applied suicide ASIST program, offering workshop free of charge for maximum 24 individuals, want to recruit people in each TRAC, suicide CPR workshop for applied suicide prevention for 16 year olds and older, picked north central region first because have highest suicide rate, Batesville April 8 and 9, Little Rock on 19th and 20th, livingworks.net
- e. Contact info on SIPP website

IV. Motor Vehicle Safety - Maury Long

- a. Came from teen driving program in ICP, working in motor vehicle safety
- b. Community programs – Drive Smart Challenge. Teen peer-lead program, pre-observation on vehicles that come onto school grounds, do 6-8 weeks of motor vehicle safety activities and media campaigns, get post-observation data
 - i. Currently implemented in several areas of state, now working

	<p style="text-align: center;">with TRAC IP subcommittees and others to expand</p> <ul style="list-style-type: none"> c. Parent-teen education class – education on GDL, identify roles as role models and communicators, parent-teen driving contract, have developed and providing training of trainers for this program – will travel to location to train for the class d. Promoting project for prom – hangers with info on risks associated with prom e. Senior driving program – community based, hope to have it going by May f. Challenges among schools – been doing the program in Pulaski County for four years, found that it can be hard to get multiple schools on board, tweaking model for schools to have internal challenges among each grade level <p>V. Recreational Safety – Layce Vance</p> <ul style="list-style-type: none"> a. ATV safety – targeted one county to do ATV safety, now have 12 counties volunteered or chosen to have ATV safety programs, safe riding training, education on fact that children should not be riding, education on safest way to allow children to ride, leaving it up to counties to decide specifically what they want to do, helping them get resources, dealerships involved in campaign, 10-14 year old all the way up to high school age, target parents with possible town hall meetings to give them safe riding information b. Bicycle Safety - SW and AR Valley c. Water Safety – multiple TRACs interested, work with US Army Corp of Engineers for borrowing life jackets for boating – working with core lakes d. Creation of a standardized training for sports related heat illnesses – working with AETN for filming of project, will have standardized training to go out statewide for recognition or management of a heat illness to promote recovery from these injuries 	
HHI Injury Prevention Update	Future Agenda Item	

<p>TRAC IP Subcommittee Reports</p>	<p>VI. Southeast: Carla McMillan</p> <ul style="list-style-type: none"> a. Car seat event on October 3rd b. Dumas event on March 8 c. Church event on March 20 d. March 28 Cleveland county health clinic prom promise e. April 20 Monticello Family Fun Fest day <p>VII. North Central: Stacey Wright</p> <ul style="list-style-type: none"> a. Bullying, texting and driving events in schools b. 61,000 contacts (25% ideal contacts – one-on-one) c. Suicide prevention April 8-9, 3 subcommittees – injury TRAC has 18-24 members <p>VIII. Arkansas Valley: Patty Braun</p> <ul style="list-style-type: none"> d. First meeting this week e. Starting new membership drive for more participation f. Motor vehicle safety, bicycle rodeos, local fairs – 650 children, plan for the year – child safety seats in Russellville, contact for parenting classes, car safety seat education <p>IX. North West: Krisha Jech</p> <ul style="list-style-type: none"> g. Installed 119 seats h. Coordinated safety baby shower facilitator training in NW Arkansas i. NW HHI sponsored teen safety programs, j. Upcoming – water safety in Fayetteville, sponsor fall drive smart program in high schools <p>X. Southwest: Amanda Warren</p> <ul style="list-style-type: none"> k. Divided into three regions l. Money divided by each of the three regions m. West – safety baby showers n. East – TBI, education (Sean Best-survivor to each of the 19 schools) and application (helmets) o. North – water safety materials on Memorial Day weekend <p>XI. Northeast: Jerry McGill</p> <ul style="list-style-type: none"> p. Thumb-bands for texting and driving, educational program in schools for 11th and 12th graders q. IP group met last week, new chairman, money not yet committed <p>XII. Central:</p>	
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	<p>r. Has projects but no IP subcommittee established yet – ATV and motor vehicle safety projects</p> <p>XIII. SIPP Newsletter and website are both good places to post upcoming events</p>	
ADH Injury Prevention Updates	<p>a. Teresa Belew passed out “State of the States” 2011 report by Safe States – Arkansas is one of six states spending over \$1 per person on injury prevention</p> <p>b. Terry Love, Miranda Curbow, Hope Mullins, Austin Porter, and Katy Allison are working on State Strategic Plan</p> <p>c. Interim role in Prevention Conference with Office of Juvenile Justice in April 22-2013. Next year we hope to have a full injury prevention conference.</p>	
Subcommittee Update	Sports Related Concussion Policy Subcommittee met on Tuesday with good representation of stakeholders. Current draft legislation was reviewed and other state’s existing legislation.	Focus of committee will be monitoring legislative trends and identifying proven prevention strategies
Legislative Update/Announcements	<ul style="list-style-type: none"> • Dr. Aitken shared a listing tracking injury prevention legislation and related issues. She specifically cited SB107 which amends the ATV operation law to permit ATV use by EMS and other emergency personnel on paved roads during the course of a natural disaster. • Dr. Tal Holmes was very complimentary of the Ed’s Place presentations done by SIPP. • National Governors Association Prescription Drug Abuse Reduction Policy Committee meeting on March 11-12, 2013 here in Little Rock • We will continue to offer this meeting on a conference call basis. 	
Next Meeting Date	April 11, 2013 at 1:00 p.m.	