TRAUMA ADVISORY COUNCIL RETREAT

Saturday, February 20, 2010
Freeway Medical Tower
Suite 900

Minutes

MEMBERS PRESENT
Dr. James Graham
Dr. Clint Evans
Dr. Ronald Robertson
James Carter
Dr. Michael Pollock
Dr. Mary Aitken
Terry Collins
Jon Wilkerson
K.C. Jones
R.T. Fendley
Robert Atkinson – via conference call

MEMBERS ABSENT
Dr. Charles Mabry
Dr. John Cone
Dr. Alvin Simmons
Dr. Paul Halverson
Dr. Alvin Simmons
Dr. Barry Pierce
Dr. Victor Williams
Ken Kelly
Robert Williams
Colonel Winford Phillips
Ron Peterson
Carrie Helm
Jeremy Stogner
Ruth Baldwin
Vanessa Davis

GUESTS
Cathee Terrell
Keith Edmonds
Laura Guthrie
Rod Barrett
Danny Bercher
Gordon Reeve
Laura George

STAFF
Bill Temple
Brian Nation
Renee Mallory
Donnie Smith
Sonya Sampson
Joe Martin

Welcome/Opening Introductions

The Trauma Advisory Council (TAC) Retreat was called to order on Saturday, February 20, 2010 at 9:05 a.m. by Dr. James Graham. Dr. Graham welcomed the group and thanked everyone in attendance and via conference call for taking time from their Saturday to participate in the retreat.

Trauma in Arkansas

Dr. Graham conducted a PowerPoint presentation on trauma in Arkansas and discussed the following topics: Where are we going? What do we need? What are the most important one year and five year goals for Arkansas' Trauma System? What are the key short and long-term system needs?

Dr. Graham presented many statistics during the presentation. These statistics, taken as a whole, show that the Arkansas death rate for all injuries has consistently been higher than the national average. As an example, in 2006, Arkansas was ranked fifth nationally in motor vehicle deaths. He stated that we can make significant improvements in many areas and the Trauma System will play a key role in this endeavor.

Milestones in Arkansas' Trauma System:

- 1993: Act 559
- 1993: TAC formed, first rules/regulations written
- 1993: One hospital designated
- 2007: Trauma funding proposed in legislature
- 2008: First dedicated funding by Governor Beebe for trauma dashboard
- 2009: Trauma funding passed by General Assembly, signed by Governor Beebe

Major Trauma System accomplishments:

- 2009: Intent applications received from 72 hospitals
- 2009: RFP for Trauma Registry software issued and awarded
- 2009: Injury Prevention and Control Branch established in Department of Health
- 2010: First hospital startup grant awarded
- 2010: First EMS trauma grants awarded
- 2010: Call Center RFP issued

A discussion was held and the following ideas were brought forth as to what we need to be concentrating our efforts on in the short term: establish the Trauma Regional Advisory Councils (TRACs), credential surveyors, award the Call Center contract, establish designation protocols, implement a statewide injury prevention program, and provide education regarding Trauma Centers and the Trauma Registry.

The following ideas were discussed regarding longer term (five year) goals: build system capacity (trauma surgeons, emergency medical service (EMS) providers, etc.), reduce motor vehicle accident mortality by 20%, increase rehabilitation capacity and access to rehabilitation facilities, and ensure that a robust performance improvement system is in place.

Breakout Sessions:

The Council broke out in the following sessions:

- Hospital Designation – Jamie Carter
- Prehospital Care/EMS – Dr. Clint Evans
- Injury Prevention – Dr. Mary Aitken

The Council broke for lunch at 12:15 p.m. The following breakout sessions began at 1:15 p.m.:

- TRACs/Quality Improvement – Dr. James Graham
- Trauma Registry – Terry Collins
- Finance – Dr. Ron Robertson

The full TAC reconvened at 3 p.m. The emphasis of this session was to establish important items to accomplish in one year and five year timeframes. The following were set forth as goals:

<u>One Year Goals</u>

1. Establish TRACs

2. Education
    a. Registry
    b. Trauma Center
    c. Ongoing for physicians, etc.

3. Statewide Injury Prevention Program

<u>Five Year Goals</u>

1. Build system capacity (trauma surgeons, EMS, etc.)

2. 20% reduction in motor vehicle accident mortality

3. Revision of Rules and Regulations for Trauma Systems, to include pre-hospital protocols

4. Award Call Center contract

5. Credentialing of surveyors

6. Increase physiatrists on TAC

7. Development of a statewide performance improvement process

4. Increase rehabilitation capacity and access to facilities

5. Robust TRACs and a mature performance improvement system

A discussion was then held regarding funding. Donnie Smith stated that base funding for the Trauma System will be the same in fiscal year (FY) 2011 as it is for FY 2010. Dr. Todd Maxson suggested that percentages be applied to certain priority areas for unbudgeted funds. The following areas and percentages were discussed without a final decision being made:

Hospitals: 50%
EMS: 15%
Injury Prevention: 15%
Special Projects: 20%
Rehabilitation: This was recognized as an important area but no percentage was assigned.

Finally, it was agreed that the Finance Subcommittee will develop a scoring system to evaluate proposals for Special Projects.

The retreat was adjourned at 4:00 p.m. by Dr. Graham.