

# Trauma Advisory Council

March 11, 2010

3:00 p.m.

Minutes

## **MEMBERS PRESENT**

Dr. Alvin Simmons  
Dr. Charles Mabry  
Dr. Clint Evans  
Dr. James Graham  
Dr. Ronald Robertson  
Colonel Winford Phillips  
(Represented by Capt. Gloria Cook)  
Dr. Michael Pollock  
Jeremy Stogner  
K. C. Jones  
Mary Aitken  
R. T. Fendley  
Robert Atkinson  
Robert Williams  
Ron Peterson  
Terry Collins  
Carrie Helm

## **GUESTS**

Terry McCormack  
Dr. Michael Mercer  
Carla McMillan  
Kellie Lisenby  
Rod Barrett  
Vickie Morgan  
D'borai Cook  
Mike Sutherland  
Nadia Cheek  
Denise Carson  
Donna Parnell-Beasley  
Theresa Jordan  
Laura Guthrie  
Ron Woodard  
Jon Wilkerson

## **MEMBERS ABSENT**

Dr. Barry Pierce  
Dr. John Cone  
James Carter  
Dr. Paul Halverson  
Ken Kelley  
Ruth Baldwin  
Vanessa Davis  
Victor Williams

## **STAFF**

Dr. Todd Maxson  
Bill Temple  
Brian Nation  
Gordon Reeve  
Donnie Smith  
Lynda Lehing  
Renee Mallory  
Ricky Hogan  
Roshada Taylor  
Austin Porter  
Charles McGrew  
Jim C. Brown

***DRAFT***

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

The Trauma Advisory Council (TAC) meeting was called to order on Thursday, March 11, 2010, at 3:00 p.m. by Dr. James Graham.

## **II. Welcome and Introduction**

Dr. James Graham welcomed all guests and TAC members. Everyone introduced themselves. He expressed excitement about new Arkansas Department of Health staff.

## **III. Approval of Draft Minutes From the February 11, 2010 Meeting**

The TAC reviewed the February 11, 2010 minutes. (Correction on Trauma Registry was noted.) K. C. Jones made a motion to approve the minutes, seconded by Robert Williams. Minutes were approved.

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

### **Staffing**

The Trauma Section Chief interviews will be completed on Friday, March 12th. Mr. Temple also introduced Jim C. Brown, Administrative Specialist for the Injury Prevention and Control Branch, and Austin Porter, Epidemiologist.

### **Grants**

Seventy-two hospitals have submitted intent letters. Fifty-five have submitted grant packages and 20 have been paid. It was suggested that updated spreadsheets be shared with TAC members.

Of 117 eligible emergency medical service providers, 94 have submitted grant packages. Eight EMS providers have been paid to date.

Of the 33 eligible training sites, 26 have sent in grant applications. Two have been paid to date. It is noted that five sites have declined funding.

### **Call Center Update**

The Request For Proposals (RFP) is currently outstanding and responses are due at ADH on March 23<sup>rd</sup>. Those entities which submitted intent letters asked a total of 49 questions to which ADH staff have responded with answers.

### **Communications System**

A contract has been executed with Motorola to provide this service. The initial “Design Review” meeting will be held on March 19<sup>th</sup>. A contract has also been executed with the Arkansas Department of Information Systems to provide a project manager for system implementation.

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

Dr. Maxson just returned from a national trauma conference where he updated them on Arkansas' progress, specifically in areas of education. He has also visited The Regional Medical Center in Memphis, where he spoke with a physician about becoming a designation site surveyor. He agreed to do so. Dr. Maxson also visited West Memphis to update Representative Ingram on our progress.

Since the retreat event, various documents have been reviewed for compliance with the "Rules and Regulations for Trauma Systems." Progress continues on the designation process.

## **VI. Trauma Advisory Council Retreat – Dr. James Graham**

Dr. Graham thanked ADH personnel for logistical work and for meals. The retreat focused on one and five year goals.

A One Year Strategic Plan resulted from the focus on one-year goals. Dr. Graham stated measurable accomplishments should be seen within the next year, but declined to place target dates on items. Dr. Mabry advised he thinks it is a good document. Ron Peterson made a motion to approve the Strategic Plan and Dr. Robertson seconded. The Plan was approved.

## **VII. Overview of Injury Prevention for Arkansas – Dr. Mary Aitken**

Dr. Aitken shared a "Needs" overview PowerPoint presentation for the State of Arkansas. (It was suggested that the slide presentation be emailed to the entire TAC.)

The Arkansas death rate for injuries of all types is significantly higher than the national average. Young people are disproportionately affected. Deaths from motor vehicle accidents are of particular concern. Over 200 children die each year in Arkansas from motor vehicle crashes. Use of seatbelts in Arkansas is well below the national average. Our new primary seat belt law will help, but needs to be enforced. The new graduated driver's license law should also reduce deaths from crashes.

There is a need for statewide focus on injury prevention. Our network of hospitals and the new trauma system will play key roles in making progress, but public education and awareness programs are also of critical importance. Injury prevention strategies have proven to be extremely cost effective. The statewide trauma system should reduce deaths by 25% per year.

Intervention strategies include: education, engineering/environment, enactment/enforcement, economics, and empowerment. Dr. Aitken suggested using available data to set priorities, providing technical assistance, engaging existing community resources, and emphasizing seat belt laws and motor vehicle safety on a statewide basis. Both Dr. Aitken and Dr. Graham thought our efforts with respect to increased and proper use of child restraints can make a big difference in death rates from motor vehicle crashes.

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

- Eight Level III hospitals will be using the NTRACS software instead of the Web Registry. We are working with DI to complete the purchase and distribution of the additional software to these hospitals.

- The AIS issue has been resolved with DI. DI is currently in the process of updating their Web Registry product to work with AIS 2005. To have our Web Registry use AIS 2005 we will need to purchase a statewide AIS 2005 license that will cover both the Web Registry and the NTRACS users; ADH is working with DI to complete the purchase. The update and license purchase should be complete in time for us to implement the Web Registry using AIS 2005, a patch or license key will be provided to the NTRACS hospitals. With this update all of the hospitals will be coding using AIS 2005.
- The draft Data Dictionary is currently being formatted and will be ready for distribution by the end of the month.
- The draft abstract form has been through an internal review and will be ready for distribution with the Data Dictionary.
- The inclusion criteria algorithm is complete and will also be distributed with the Data Dictionary.
- DI is completing the updates to the Web Registry based on our testing feedback. ADH should be able to look at the updated screens and retest the corrections next week.
- We are continuing to work with the training vendors to determine possible dates for classes and to draft the paperwork for the training purchase orders. This will allow us to quickly complete the purchasing process once we have approval from the TAC to move forward. It should be noted that we are currently working to schedule classes in May and June depending on the vendor's availability.

## **IX. Draft TRAC Operating Guidelines – Dr. James Graham and Dr. Charles Mabry**

Draft guidelines were discussed by the TAC, but were sent to the TRAC Subcommittee for further work. They will be presented at the April TAC meeting. Comments were invited by other subcommittees.

## **X. TAC Meeting Schedule**

The TAC discussed changing the time of the TAC meeting. It was decided that the TAC will meet on the third Tuesday of each month. The 3:00 p.m. meeting time will remain the same. Dr. Graham will work with the subcommittee chairs to establish regular times for subcommittee meetings. He hopes to have them meet on the same day as the TAC meeting. Mr. Temple stated that he and his staff will work to try to get the same meeting room for the TAC (Room 906 at Freeway), but as of right now the room is taken by other groups on the third Tuesday of the month.

## **XI. Next Meeting Date**

The next TAC meeting will be held on Tuesday, April 20, at 3:00 p.m. The meeting will be held at a place to be determined.

## **XII. Adjournment**

Dr. James Graham adjourned the meeting at 4:55 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

**Trauma Advisory Council Retreat**  
**EMS Subcommittee Meeting**  
**Saturday, February 20, 2010**  
**Freeway Medical Center, Little Rock**

Topic	Discussion
Called to order	Meeting was called to order by Dr. Clint Evans
Welcome/Introduction	Members and guests introduced themselves.
<p>Old Business:            Trauma Funding/Grants</p>	<p>Discussion about the trauma funding</p> <p>1. Training site grants: There are 33 in the state, 5 have declined, leaving 28. Of those 28, 24 are in the grant process and 4 have not yet submitted. The state has spoken with 3 of those 4 and the other one they were unable to contact. Looking at having the 28 all done within the next 2 weeks. Denise Carson shared concerns/ideas about setting qualifications for the EMS scholarships that would be given to the students and having the training site track the student. Dr. Evans brought up the idea of having the training committee be involved in the spending of the training funds.</p> <p>2. EMS Service Grants: There are 119 services in the state, one has denied the grant, leaving 118 services. 91 have been received and being processed at the present time. Of these 91, 40 are in contract support and 2 have received their checks. The rest of the 91 have been sent back for final signatures. 27 applications have not been received by the state. The state has spoken to all 27 and they are working on the grant applications. Looking at having all 118 grants in and hopefully completed by next month.</p> <p>AEMTA has received their money and has planned to sponsor some Farm Medic Instructor classes and also has planned a North and South Trauma Symposium. The North State</p>

	<p>Symposium will be May 28-29, 2010 and the South State Symposium will be April 23-24, 2010. They are also looking at providing trauma education to first responders.</p> <p>The Arkansas Ambulance Association has also received their money and will be adding Trauma tracks to their state conference.</p>
<p>Old Business: Next Year's Budget</p>	<p>Dr. Evans shared with us that we are looking at getting 2.5 million for next years budget, but that is just a estimated amount and hopefully we will find out more in the next few weeks.</p> <p>Dr. Evans opened the discussion on if we assume we are getting the 2.5 million for next year, what do we want to look at as far as dividing it out. (i.e. modifiers, base rate, etc.) Considering modifiers, do you consider all of the ambulance service calls or just the trauma calls? Also, do you take into consideration the distance it takes the service to respond? There was much discussion on this topic.</p>
<p>New Business: Call Center</p>	<p>The letter will go out 3/3/2010 and the applications are due on 3/23/2010. They are looking at a target start date of 7/1/2010. Motorola is expected to complete the antennas in approximately 6-9 months.</p> <p>Dr. Evans discussed his handout concerning transferring a patient from one facility to another and the MD to MD contact/report (refer to page 6 of handout). He also brought up the idea of adding the designated Stroke and Chest Pain centers to the call center's list of facilities and their capabilities. This would include the facilities that could give thrombolytics for strokes and those that have cath lab availability.</p>
<p>New Business: Questions to address</p>	<p>1. What are the key steps that need to occur in the next year? Answer: (a) Reevaluate how the funding is</p>

	<p>distributed</p> <ul style="list-style-type: none"> <li>(b) Identify additional modifiers</li> <li>(c) Making sure we have adequate system reporting</li> <li>(d) Determine scholarship amounts and set criteria for recipients</li> </ul> <p>There was also discussion about getting first responders active in this aspect of the trauma system.</p> <p>2. Construct a timeline for those steps. Answer: Meeting every couple of months</p> <p>3. What are the important barriers and how can those barriers be overcome? Answer: (a) Funding (b) Recruitment and retention</p> <p>4. List the important one year and five year goals. Answer: Getting the trauma center up and running including the call center.</p> <p>Working on strengthening our trauma system also including the call center and looking at equipment failure and replacement costs.</p>
Next Meeting	April 20, 2010 at 12pm—place to be announced
Meeting Adjourned	Meeting was adjourned by Dr. Clint Evans

**Present**

**Dr. Clint Evans--Chair**

**KC Jones, AEMTA**

**Denise Carson, Arkansas Ambulance Assoc.**

**Terry Bracy, Pro Med Ambulance**

**Bob Williams, TAC**

**Danny Bercher, EMS Training Sites**

**Rod Barrett, GAC**

**Donnie Smith, ADH**

**Brian Nation, ADH**

**Dr. Victor Williams, TAC**

**Matt Brumley, Acute Stroke Care Task Force/Saline Memorial Hospital**

**Laura Gutherie, Air Medical Subcommittee**

**Joe Martin, ADH**

**Jon Swanson, MEMS**

**Keith Edmonds, AEMTA**

**Cathee Terrell, GAC**

**Trauma Advisory Council**  
**Injury Prevention Subcommittee**  
Time and Date: March 8, 2010 9:00 AM  
Summary of Meeting

I. Welcome and Introductions

Present at meeting: Bill Temple, James Graham (ex officio), Gordon Reeve, Austin Porter, Beverly Miller, Mary Aitken

II. Purpose of Subcommittee—We discussed the overall purpose and goals of the committee and agree that the main purposes are to:

- a. Advocate for ongoing inclusion of injury prevention as a priority for the trauma system
- b. Establish technical assistance for trauma centers in establishing their IP programs,
- c. Advocate for effective use of surveillance data (registry and ADH data, etc) to guide activities and track progress, and
- d. Promote efficient use of prevention funding from the trauma system.

III. Current membership and suggestions for additional members and input

Full membership of subcommittee presently:

Paul Halverson

Bill Temple

Terry Collins

Donna Parnell

Gene Shelby

Todd Maxson

Cathee Terrell

Carla Jackson

Gordon Reeve

Celeste Bryson

Beverly Miller

James Graham (ex officio)

Mary Aitken Subcommittee Chair

IV. Review of available data and surveillance activities

Review of data provided by Gordon Reeve from the Arkansas Center for Health Statistics regarding injury mortality and hospitalization. Available data sources include state and national data from the CDC/Wisqars and Wonder programs, state data from CHS including mortality, hospital discharge, EMS run data, crash data, and other sources such as BRFSS and YRBS. The group agreed that the recent hiring of Austin Porter as the injury epidemiologist will allow for much needed ongoing surveillance and regular reporting of injury data. Mr. Porter will be contacted by other groups such as the Injury Prevention Center that are already tracking some of these data.

V. Development of prevention priority area –discussion of process and timeline

The group discussed ongoing analysis to establish priority areas based on review of state-level data and analysis of data in different regions of the state. It was agreed that motor vehicle injury is the driving priority initially given the burden of these injuries in terms of both mortality and morbidity. Pediatric injury is another priority area. Both trauma system-based and state level interventions will be required to adequately address prevention needs.

VI. Technical assistance for trauma facilities

Discussion ensued about the requirement for injury prevention activities within each designated trauma center and the need for technical assistance and possibly funding to implement meaningful prevention, especially in hospitals without staff capacity or experience. Evidence-based programs and interventions are available and assistance should be made available to these hospitals to efficiently initiate and appropriately scale up prevention activities.

It was agreed that the Injury Prevention Subcommittee would make the following general recommendations at the TAC meeting in March. Initially activities for a trauma system injury prevention program should include:

- 1) Assess injury prevention programs implemented by designated centers in states with established trauma systems and existing programs within Arkansas that might be adopted for use.
- 2) Catalog current injury prevention activities among designated AR trauma centers.
- 3) Advocate for ongoing injury surveillance to help assess local, regional, and state level injury patterns. Use these analyses to set priorities for intervention. These data should be widely and regularly disseminated to increase public awareness of injury and to guide implementation and evaluation of both prevention and care aspects of the evolving system.
- 4) Provide technical assistance to newly designated trauma centers in establishing prevention activities and adoption of evidence-based strategies. The centers should be encouraged to actively engage with existing community health groups including Hometown Health Improvement Committees and other groups to build collaboration.
- 5) At the state level, encourage the TAC and ADH to actively promote collaborative approaches to motor vehicle safety, including partnership with law enforcement to increase seat belt use.

VII. Plan for regular meeting times—will determined in conjunction with TAC, likely on same afternoon as TAC to facilitate participation.

Other business—Gordon Reeve suggested ongoing activity of the subcommittee in advocacy efforts to promote enforcement and adoption further policies to decrease injury.