

# Trauma Advisory Council

May 18, 2010

3:00 p.m.

Minutes

## **MEMBERS PRESENT**

Dr. Alvin Simmons  
Dr. Charles Mabry  
Dr. Clint Evans  
Dr. James Graham  
Ruth Baldwin  
Colonel Winford Phillips (represented by  
Capt. Gloria Cook)  
Dr. Paul Halverson (represented by  
Donnie Smith)  
K. C. Jones  
Dr. Mary Aitken  
R. T. Fendley  
Robert Atkinson  
Robert Williams  
Dr. John Cone  
Carrie Helm  
Vanessa Davis  
Lorrie George  
James Carter  
Jon Wilkerson  
Dr. Victor Williams  
Terry Collins

## **GUESTS**

Dr. J. Booker  
Terry McCormack  
Bo Ryall  
Carla McMillan  
Kellie Lisenby  
Rod Barrett  
C. Heath Horton  
D'borai Cook  
Michael Sutherland  
Carol Cassil  
Joe Hennington  
Donna Parnell-Beasley  
Theresa Jordan  
Laura Guthrie

## **MEMBERS ABSENT**

Ken Kelley  
Dr. Barry Pierce  
Dr. Michael Pollock  
Dr. Ronald Robertson  
Ron Peterson  
Jeremy Stogner

## **STAFF**

Bill Temple  
Brian Nation  
Donnie Smith  
Lynda Lehing  
Renee Patrick  
Marie Lewis  
Austin Porter  
Norajean Miles Harrell  
Jim C. Brown  
Reginald Rogers

## **GUESTS (continued)**

Vornetta Compton  
Ronald Russell  
Denney Russell  
Kathy Gray  
Karin Ragudo  
Dwayne Aalseth  
Carla Jackson  
Jon Swanson  
Keith Moore  
Cathee Terrell  
Gary McCracken

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

The Trauma Advisory Council (TAC) meeting was called to order on Tuesday, May 18, 2010, at 3:00 p.m. by Dr. Graham.

## **II. Welcome and Introduction**

Dr. Graham welcomed all guests and TAC members.

## **III. Approval of Draft Minutes From the April 20, 2010 Meeting**

The TAC reviewed the April 20, 2010 minutes. Dr. John Cone made a motion to approve the minutes. The motion was seconded by Terry Collins. The minutes were approved.

## **IV. Personnel Shortage Presentation – Dr. Charles Mabry**

By mutual consent, Dr. Mabry's presentation was postponed until next month.

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

### **Staffing**

Mr. Temple introduced the new Trauma Section Chief, Renee Patrick, to the TAC membership. He also shared her background and experience with the TAC. The Branch is interviewing for the Public Health Educator position this week. Mr. Temple shared that 9 of 18 positions have been filled. Brian Nation will be filling one of the Health Program Specialist positions. The Branch expects to be hiring one nurse soon and will re-advertise the other nurse positions.

### **Grants**

Seventy-two hospitals have submitted intent letters. Sixty-six have submitted grant packages and 39 have been paid.

Of 118 eligible emergency medical service (EMS) providers, 116 have submitted grant packages. Fifty one EMS providers have been paid to date.

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

Grant amendments regarding extension of time will be sent by FedEx to each hospital and EMS provider. This must be completed in order for funds to be spent next fiscal year.

Mr. Temple recognized Brian Nation, Joe Martin, and Martin Davis for their work in processing trauma grants.

## **Arkansas Trauma Call Center Update**

A five person review team met on April 22<sup>nd</sup> and reviewed technical aspects of the two submitted proposals. The two proposals were scored and the Arkansas Department of Health (ADH) has opened the included financial packets. The proposal is being further evaluated by the Injury Prevention and Control Branch and the ADH Center for Health Protection.

## **Communications System**

The ADH, the Arkansas Department of Information Systems, and Motorola all continue to work toward system implementation. Weekly meetings are now occurring. Progress is on track. Work will continue toward getting frequencies licensed. Equipment should start arriving in late July and early August.

## **Other Items**

The Trauma Video Workshop DVDs have been mailed to all 72 hospitals having submitted intent applications, as well as the additional hospitals that have not applied for Trauma designation. Access to the training is also provided on the new ADH website, to be released on May 27<sup>th</sup>.

Donnie Smith, Center Director, Center for Health Protection, reported on statewide budget reductions. There is no impact for 2010 because of carry forward funds. The third reduction, which recently occurred, will again have no adverse impact on trauma System implementation as this is a start-up year and not all funds will be expended. Mr. Smith advised the fiscal year 2011 trauma budget was recently approved by the Arkansas Board of Health.

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

- The Data Dictionary, Inclusion Algorithm, and Abstract form were distributed May 7, via email; they will be available on ADH's new website May 27.
- The AAAM AIS Coding course will be held May 19-20.
- NTRACS software for Level IIIs has been distributed.
- The Arkansas module and AIS 2005 coding instructions will be distributed by DI in mid-June.
- Web Registry training will be held June 14 at White River Medical Center in Batesville, June 15 at Johnson Regional Medical Center in Clarksville, June 16 at Baptist Medical Center in Stuttgart, and June 17 at Baptist Medical Center in Arkadelphia. User registration will be completed during the training.
- The Web Registry and Central Site will go live July 1, 2010.
- The ATS Trauma Registrar/Trauma Coordinator course will be held October 7-8.

## **VII. TAC Subcommittee Meeting Reports: –**

(Note: summaries are attached; only official action is documented in this section)

- Finance Subcommittee (Dr. Ron Robertson – Chair) (did not meet) –  
Dr. Mabry shared an updated summary from the last Finance Subcommittee meeting. This was previously sent to the Subcommittee. Dr. Mabry moved to include the revisions in the Subcommittee summary. The motion was seconded by R.T. Fendley. The motion carried.
- EMS Subcommittee (Dr. Clint Evans - Chair)  
A motion was made by Dr. Evans that EMS services, to be eligible for 2011 trauma grant funding, must submit to ADH 2009 "run data" by July 1, 2010. The motion was seconded by K.C. Jones. After much discussion, the motion passed without objection.
- Injury Prevention Subcommittee (Dr. Mary Aitken – Chair)
- TRAC Subcommittee (Dr. Charles Mabry – Chair)

### **VIII. Other Items**

Dr. Graham shared with the TAC that he is aware of a group discussing burn issues and they are working on bringing a proposal to the TAC. Hand care is another issue that a group is meeting on to formulate a proposal. Finally, Jon Wilkerson and Dr. Graham are interested in putting together a group to conduct a needs assessment for rehabilitation in the state.

Mr. Smith shared that Charles McGrew, ADH's Deputy Director, is retiring and thanked him for his work at ADH. Mr. McGrew shared that he is leaving ADH at the end of this month.

### **IX. Next Meeting Date**

The next TAC meeting will be held on Tuesday, June 15, 2010, at 3:00 p.m. The meeting will be held in Room 906 (Boardroom) at the Freeway Medical Building.

### **X. Adjournment**

Dr. Evans made a motion to adjourn, with Dr. Aitken seconding the motion. Without objection, Dr. Graham adjourned the meeting at 3:49 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

**TAC EMS subcommittee**  
**May 18, 2010**

The EMS subcommittee met on Tuesday, May 18<sup>th</sup>, from 1:00 to 3:00 PM. There were 24 people in attendance.

Reggie Rogers, one of the ADH lawyers, was kind enough to attend the meeting and provide some clarification on the departments views on releasing run volume. A copy of an e-mail was provided from 2005, when then AG Mike Beebe provided the opinion that the department should not release run volume, as this could provide a competitive advantage, and was therefore not subject to FOI requests. This opinion is non-binding and has never actually been challenged in court.

The group still feels using run volume will be a fairer way to distribute the funds. However, with the current time constraints and legal questions, it was decided to abandon run volume and revert back to a population based method for this FY. Some avenues to explore in the future: Can a subset of run volume be released, such as only trauma calls? Can a run volume range be released, grouping services by their volume range? Could we ask services to self report their run volume? Interestingly, Cathee Terrell did some research and found that other states also use population to distribute the EMS funds. She is contacting more states and will update us at a future meeting.

We discussed last year's population based distribution in detail, identifying areas which could be improved.

Air services: There is concern that out-of-state services who do very few runs in Arkansas have applied for Arkansas Trauma grants. However, some out-of-state services do a high percentage of their calls in Arkansas. In the future, it is hoped this can be better distributed with run volume. However, for this year, it was decided that, in addition to holding an Arkansas license, a service must be based within 10 miles of the Arkansas border to be eligible for FY2011 funding. This will disqualify 6 services from receiving funding that got funds last year, leaving 14 eligible services. It was then decided to keep the overall pool of funds going to air services the same. There will again be no population modifier for air services. This means eligible services will receive a flat \$9,300 in FY 2011.

Dwayne Aalseth brought up the idea of including first responders in the trauma funding. This prompted much discussion, but the group decided this was not feasible at this time. We can address the issue in the future, and the thought of applying for some of the "special purpose" grants to improve medical first response was suggested.

Each of the nine conditions for receiving the FY 2010 grants was reviewed:

- A. Fixed Wing Air Services - not eligible

We again decided it best not to include fixed wing services this year. If we have a mechanism to use run volume in the future, this can perhaps be readdressed at that time.

B. Advanced Response - Non-transport - Not eligible.

This will continue.

C. Services with multiple licenses within a single county, only one license eligible per county/per company

This will continue.

D. Services with an initial start date after July 1,2009 are not eligible

This will now be updated to reflect an initial start date of July 1, 2010

E. Eligible services must have a current license upon award of funding

This will continue.

F. Special purpose licensees will only receive base-grant - no population base except for neonatal/burn services

After further discussion, we decided it best to not fund the special service licensees this year. This will eliminate approximately 8 services that were eligible for funding last year, although interestingly, some of these were the services which were the slowest to apply last year, if at all.

G. City population threshold of 25,000 will be separated from total county population and no \$4,000 base

The city population threshold will be lowered to 20,000 this year. The most recent US census data will be used. (David used factfinder.census.gov 2008 estimates)

H. Stretcher ambulances not eligible

This will continue.

I. Services must submit calendar year 2009 EMS run data to the Department in order to be eligible for FY2011 grant funding.

This will be updated to reflect the new dates of 2010 and FY 12. Last year, there was no deadline for submission specified. We discussed including a deadline, and the general consensus was March 31, 2011. To summarize, "Services must submit calendar year 2010 EMS run data to the Department in order to be eligible for FY2012 by March 31, 2011.

After discussing the lack of deadline for submitting data last year, it was decided that we needed to come up with a deadline for budgeting purposes. As of right now, there are still 21 services that have not submitted data. After much discussion, it was decided to recommend to the full TAC that a deadline of July 1<sup>st</sup> be set for these services to get their data in, or they will not be eligible. (This was later presented to and approved by the full TAC).

