

Trauma Advisory Council

June 15, 2010

3:00 p.m.

Minutes

MEMBERS PRESENT

Dr. Alvin Simmons
Dr. Charles Mabry
Dr. Clint Evans
Dr. James Graham
Jeremy Stogner
Colonel Winford Phillips (represented by
Capt. Gloria Cook)
Dr. Paul Halverson
K. C. Jones
Dr. Mary Aitken
R. T. Fendley
Robert Atkinson
Robert Williams
Ken Kelley
Carrie Helm
Dr. Michael Pollock
Jamie Carter
Dr. Barry Pierce
Terry Collins

GUESTS

Gary McCracken
Terry McCormack
Kathryn Stewart
Carla McMillan
Kim Hau
Rod Barrett
Ron Woodard
D'borai Cook
Stephen Sanford
Carol Cassil
Joe Hennington
Barbara Ribia
Matt Brumley
Laura Guthrie
Louise Thornell
Theresa Jordan

MEMBERS ABSENT

Dr. John Cone
Dr. Victor Williams
Vanessa Davis
Dr. Ronald Robertson
Ron Peterson
Lorrie George
Ruth Baldwin
Jon Wilkerson

STAFF

Mary Leath
Donnie Smith
Bill Temple
Brian Nation
Lynda Lehing
Rick Hogan
Marie Lewis
Austin Porter
Norajean Miles Harrell
Jim C. Brown
Dr. Timothy Calicott

GUESTS (continued)

Vornetta Compton
Ronald Russell
Kathy Gray
Carla Jackson
Keith Moore
Myra Looney Wood

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

The Trauma Advisory Council (TAC) meeting was called to order on Tuesday, June 15, 2010, at 3:02 p.m. by Dr. Graham.

II. Welcome and Introduction

Dr. Graham welcomed all guests and TAC members.

III. Approval of Draft Minutes From the May 18, 2010 Meeting

The TAC reviewed the May 18, 2010 minutes. Terry Collins made a motion to approve the minutes. The motion was seconded by R.T. Fendley. The minutes were approved.

IV. PowerPoint Presentation: Trauma Workforce: An Arkansas Priority – Dr. Charles Mabry

V. Trauma Office Report – Bill Temple, Branch Chief, Injury Prevention and Control

Staffing

Mr. Temple informed the TAC that the Branch has hired a registered nurse, Diannia Hall-Clutts, who will join us on June 27th. The Branch has posted the eight remaining positions. We are in the final stages of hiring a Public Health Educator. Mr. Temple shared that nine of 18 positions have now been filled.

Grants

Seventy-one hospitals have submitted intent letters. One hospital, which had submitted an intent letter, has lost its license and is not eligible to participate. Sixty-six have submitted grant packages and 42 have been paid.

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

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

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

Mr. Temple informed the TAC that the first two hospitals are set for site surveys. Review dates have been set for Jefferson Regional in Pine Bluff (August 25 and 26) and UAMS in Little Rock (August 26 and 27). Dr. Mabry raised an issue about the length of the survey for hospitals to complete in the review process. Dr. Graham reminded the TAC that this document had been reviewed and approved by the Designation Subcommittee.

Arkansas Trauma Call Center Update

Two vendors responded to the Request for Proposal. The Injury Prevention and Control Branch and the ADH Center for Health Protection are working hard to come to a final resolution of this matter. The process will likely take several more weeks to complete.

Communications System

Weekly meetings continue with Motorola. Progress is on track. There is a concern about all of the towers passing the initial survey process. The potential of a few failures was anticipated from the outset and are not unexpected with a new system. Work will continue toward getting frequencies licensed and equipment should start arriving in late July or early August.

VI. Trauma Registry – Marie Lewis, Section Chief, Trauma Registry

(Will add summary from Renee on Monday)

VII. TAC Subcommittee Meeting Reports –

(Note: Summaries of Subcommittee meetings which occurred prior to the TAC meeting are attached; only official actions and comments are mentioned below.)

- Finance Subcommittee (Dr. Ron Robertson – Chair) (Though a meeting was scheduled, Dr. Robertson was not able to attend, and so the subcommittee did not have an official meeting.)
- EMS Subcommittee (Dr. Clint Evans - Chair)

The Subcommittee met on June 1, 2010. Dr. Evans presented the proposed EMS budget for next fiscal year. Dr. Evans reviewed the “Summary of Changes” document with the TAC. This document, which revises the formula for funding EMS agencies for fiscal year 2011, is attached to these minutes. After much discussion, Dr. Evans, on behalf of the subcommittee, made a motion that the funding proposal be approved. Terry Collins seconded the motion. After additional discussion and specific questions from Dr. Halverson, the motion was approved.
- Hospital Designation -- (Jamie Carter - Chair) -- This Subcommittee did not meet prior to the TAC meeting. Mr. Carter brought up the issue of out-of-state hospitals being designated under the Arkansas “Rules and Regulations for Trauma Systems (Rules) and how this should be procedurally handled. He suggested that if an out-of-state hospital has already received designation from either the ACS or its home state, it could receive an Arkansas designation if, after ADH review of its state rules and its designation documents, it meets all the criteria under the Arkansas Rules. If there are areas which are unclear or the hospital does not meet the Arkansas standards in certain areas, at least from an initial review, ADH would require the hospital to respond in writing. If the response is adequate to satisfy the Arkansas Rules, the hospital would be designated in Arkansas under the principle of reciprocity. Mr. Carter advised

that this concept is used in many other states. He specifically mentioned the case of the Regional Medical Center at Memphis (MED), which is seeking to have the principle of reciprocity applied to its facility.

Dr. Halverson stated he agrees with the concept in principle but that we should exercise care in approaching this issue. One concern relates to fairness among states and ensuring that equivalency is maintained. In addition, consideration should be given regarding what would happen if a state changes its regulations after one of its hospitals received Arkansas designation and the changes conflict with the Arkansas Rules. He suggested that Rick Hogan, ADH legal counsel, look at how other states handle reciprocity, as well as other issues, and bring a proposal which the TAC could consider at the July meeting. Mr. Hogan advised he will do so.

Other Items

Dr. Graham shared that an ad hoc group has discussed “hand trauma” issues and expects to come forward with a proposal. Another group will look at rehabilitation issues within the trauma system. They are anticipating a late June or early July meeting.

Dr. Graham specifically noted that Ken Kelley, a current member of TAC, whose term expires at the end of this month, has asked the Arkansas Ambulance Association to provide the name of another person to serve on the TAC. Dr. Graham thanked Mr. Kelley for his service on the Governor’s Trauma Advisory Council.

X. Next Meeting Date

The next TAC meeting will be held on Tuesday, July 20, 2010, at 3:00 p.m. The meeting will be held in Room 906 (Boardroom) at the Freeway Medical Building.

IX. Adjournment

Without objection, Dr. Graham adjourned the meeting at 5:03 p.m.

Respectfully Submitted,

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

EMS Subcommittee Meeting
Minutes
6/1/10

The EMS subcommittee met on 6/1/10 from 1:00 to 4:30.

We had previously decided 7% of available funds would go to training sites, which is \$245,000 this year. The training committee recommends that ALS sites should receive twice what BLS sites get. There are presently 15 BLS sites and 18 ALS sites. This would be \$4804 for BLS sites and \$9,608 for ALS sites. However, five sites elected not to receive funds last year. The individual totals will be adjusted if sites do not wish to receive funds this year.

During our prior meeting, we decided to not fund special purpose licensees this year. However, we have received feedback from several sources that felt industrial services should receive at least some funding. There was also concern that it wasn't practical or fair to assess need on an individual basis. After much discussion, we decided to give all special purpose licensees a grant of \$1,000 this year. This includes ACH and St. Edwards, who also got a share of population modifier last year, but will not this year.

We had previously decided to lower population threshold to 20K. This results in five additional cities being pulled out from their respective county totals: Paragould, Sherwood, Cabot, Van Buren, Searcy. After reviewing the source we used last year for population totals, we decided to lower this threshold to 15K, pulling out five additional cities: El Dorado, Bella Vista, Maumelle, Blytheville, and Bryant.

We reviewed the list of deliverables required last year. We decided to keep "participate in hospital sponsored training," but added "when available." Instead of requiring services to "submit backfill agreements", we will change the wording to "submit a backfill plan." We also will add a deliverable requiring that run forms be given to the receiving facility within 24 hours of patient transport.

We would like to give ALS services a higher base rate than BLS services. It was decided ALS services will get a base of \$8,000, and BLS services will get a base of \$4,000.

At a prior meeting, we discussed requiring services to participate in the 911 system to be eligible for funding. There is concern that some private services pick and choose transfers, but get the same amount as the primary 911 services in the area. However, after much discussion, it was decided we will continue to fund these services equally. There is no equitable way to decide which services should be left out, and these services are still vital to the trauma system, in that they are the ones performing the inter-facility transfers of the trauma patients. Most of these services also do assist with emergencies when the primary service is unable.

There was then much discussion on how to compensate rural services for the higher cost of giving care in rural areas. We decided services in counties with total populations less than 10K will receive \$2,000 more to their base. Services in counties with populations of 10K to 25K will receive an additional \$1,000 base.

Summary of Changes for FY2011

1. Total increased to 3.5 million
2. Grants will now be rounded, dropping cents.
3. 89% to services = \$3,115,000
 - a. Air Services: Total amount kept same as last year (rounded to \$130,200)
 - i. Services no longer eligible if base is greater than 10 miles from Arkansas border, which removed seven services funded last year. However, one new service was added (Greenville), for a total of 14 services receiving \$9,300
 - b. Ground Services: 152 eligible services
 - i. Base remains \$4,000 for BLS services, but increases to \$8,000 for ALS services
 - ii. Rural modifier: Counties with less than 10,000 population get an extra \$2,000 to base. Counties with population between 10,000 and 25,000 receive an extra \$1,000 to base.
 - iii. City population level pull-out range decreased from 25,000 to 15,000, adding 10 additional cities to be pulled out from county totals.
 - iv. Special purpose licensees: All special purpose licensees will get a base of \$1,000 with no population modifier.
4. 7% to education = \$245,000
 - a. ALS sites will get twice as much as BLS sites
 - i. 15 BLS sites at \$4,804
 - ii. 18 ALS sites at \$9,608
 - b. Above numbers will be changed if some sites elect not to participate
 - c. No longer will sites be limited to using funds for EMT students only. May now use funds for BLS students, ALS students, books, or equipment.
5. 4% for associations = \$140,000
 - a. AEMTA \$93,332
 - b. ArAA \$46,668
6. Changes to conditions:
 - a. Updated date ranges for current fiscal year.
 - b. Updated to reflect city population threshold of 15,000
 - c. A deadline for submitting run data has been added - Services must submit calendar year 2010 EMS run data to the Department by March 31, 2011 to be eligible for FY 2012 grant funding
7. Changes to deliverables:
 - a. Changed some wording
 - i. Participate in hospital sponsored training when available.

- ii. Establish and submit a backfill plan (instead of agreement) to the Department with completed grant award documentation.
- b. Added new deliverable to address services leaving run forms at receiving facility