



Trauma Advisory Council

February 21, 2012

3:00 p.m.

Minutes

MEMBERS PRESENT

Dr. Mary Aitken
Dr. Charles Mabry
Dr. Barry Pierce
Dr. Janet Curry
Dr. Paul K. Halverson
Dr. Alvin Simmons
Dr. Clint Evans
Dr. Viviana Suarez
Dr. James Graham
Dr. Ronald Robertson
Kathryn Blackman
Terry Collins
Jon Wilkerson
Freddie Riley
K.C. Jones
Colonel J.R. Howard (rep. by
Capt. Mark Allen)
Myra Looney Wood
Keith Moore
Robert T. Williams
John E. Heard
Christi Whatley

MEMBERS ABSENT

Dr. Victor Williams
Dr. Michael Pollock
Dr. John Cone
Carrie Helm
R. T. Fendley

GUESTS

Dr. Michael Sutherland
Dr. James Booker
Dr. Marney Sorenson
Kathy Gray
Tabitha Breshears
John Recicar
Michelle Murtha
Milton Teal
Cheryl Vines
D'borai Cook
Stacy Wright
Jeff Tabor
Ron Crane
Kim Brown
Gary Ragen
Stephen Lein
J. P. Rowell
James Smith
Faith Lyke
Debbie Moore
Donna Parnell-Beasley
Sarah Bemis
Don Adams
Jon Swanson
Denise Carson
Carla McMillan
Laura Guthrie
Tonya Baier
Carla Jackson
Teresa Ferricher
Mike Adams

STAFF

Dr. Todd Maxson
Donnie Smith
Bill Temple
Renee Patrick
Renee Mallory
Diannia Hall-Clutts
Marie Lewis
Reginald Rogers
Austin Porter
Paula Duke
Greg Brown
Stephen Bowman
Margaret Holaway
Teresa Belew
Jim C. Brown

DRAFT

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

The Trauma Advisory Council (TAC) meeting was called to order on Tuesday, February 21, 2012, at 3:02 p.m. by Dr. James Graham, Chairman.

II. Welcome and Introductions

Dr. Graham welcomed all guests and members. Dr. Graham asked those TAC members in attendance to introduce themselves.

III. Approval of Draft Minutes From November 15, 2011 and January 17, 2012.

The TAC reviewed the November 15, 2011 and the January 17, 2012 minutes. A motion to approve both meeting minutes was made by Dr. Charles Mabry and seconded by Dr. Ronald Robertson. The minutes were approved.

IV. Trauma Office Report – Bill Temple

Personnel

- Mr. Temple introduced Teresa Belew, the new Injury Section Chief/Grant Manager for the CORE Violence and Injury Prevention Program grant. As the former Executive Director of Mothers Against Drunk Driving, she has experience with injury prevention and extensive experience in dealing with the Arkansas legislature.
- We have two Administrative Specialist positions to be filled and these will be posted in the near future.

Hospital Designation

- Thirty-eight hospitals have now been designated, including five Level I, four Level II, nine Level III and 20 Level IV trauma centers. We presently have five hospitals that have had site surveys but have not yet been designated.
- We also have 16 hospitals scheduled for site surveys prior to June 30, 2012. That will give us a total of 59 designated hospitals by the end of the fiscal year. We have three Northwest Region Level III (Rogers, Bentonville and Springdale) hospitals that are scheduled for site reviews this week.

Contracts

- The Quality Improvement Organization contract start date is scheduled for May 1, 2012. Everything has been completed and the contract is undergoing administrative review at the Arkansas Department of Health (ADH).

Injury Community Planning Group (ICPG)

The next meeting of this group is scheduled for this Thursday, February 23, 2012 at 1:30 p.m. at ADH. Dr. Mary Aitken has agreed to co-chair the ICPG Policy Subcommittee with Meshell Ward. The Subcommittee is preparing recommendations to the ICPG to establish four injury prevention priorities that will be the focus for the group for the next five years.

Other

Donnie Smith informed the TAC that Governor Beebe announced that he will not support a reduction in the ADH budget. However, if reductions do occur it would impact all facets of ADH.

Call Center Report – Jeff Tabor

Year-to-date, Mr. Tabor reported the ATCC has coordinated the transportation of over 2,000 patients, including 614 transfers and 1,500 EMS scene calls. Transfer acceptance time continues to be good. They have met with a group of hand surgeons and progress continues on the teletriage system. Mr. Tabor is pleased to have a new full-time Data Analyst, Mike Adams, on board at ATCC.

V. ADH Medical Consultant Report – Dr. Todd Maxson

Dr. Maxson alluded to the hand surgeon meeting noted by Mr. Tabor and specifically mentioned Dr. Richard Wirges, Dr. Theresa Wyrick, and The Center for Distance Health. This coordinated effort is very important to the effective development of our trauma system. The Center for Distance Health has also been involved in the trauma image repository. We are hoping to make improvements so that it will better serve patients. We will be working on specifics in regard to coordination with the hospitals and addressing their concerns. Terry Collins noted that an educational process for the hospitals regarding the repository is needed.

Dr. Maxson recognized Dr. Jim Kessel from Missouri, who authored the Rural Trauma Training Development Course on behalf of the American College of Surgeons. This weekend there is an Asset Training Course for surgeons and other training classes. Next week is the first ultrasound course. This aggressive initiative is really going well. He complimented Dr. Michael Sutherland and Claudia Parks-Miller for their work on behalf of the Foundation.

VI. Trauma Registry – Marie Lewis

- The next submission deadline is March 1, 2012. Records for October, November, and December 2011 should be closed for web users. NTRACS users should have their records closed and the transfer files uploaded to the state.
- Two Report Writer licenses for the web registry users are available. Anyone interested should call Marie for details.

- The next Trauma Registrars' meeting will be March 29, 2012 from 10:00 a.m. – 12:00 p.m. via Tandberg. Suggestions for agenda topics should be sent to Marie.

Dr. Graham inquired about how we stand regarding the use of the data. Marie shared that they have been working with the PI Coordinators in each TRAC to identify whether or not the individual TRACS are ready to receive their PI data. We have provided quarterly data for five of the seven TRACS for the first three quarters of 2011 as we work to improve the PI process. Austin Porter shared that he and Dr. Gordon Reeve have started to go through the data and begin to evaluate what can be extracted. Dr. Graham said we would like to have some state level reporting on registry data. Dr. Halverson followed up and said he would like to see some kind of dashboard report that would include both registry and EMS data so that we can have a record of activity and progress as well as some summary reports. This will allow us to have comparable data and track it over time.

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) (Did not meet) (No report)

Dr. Mabry reported that the Subcommittee had met with the Arkansas Hospital Association regarding financial center costs survey progress and is working toward developing a good methodology. Myra Looney Wood reminded everyone that we are also conducting a pilot survey on EMS costs.

- Hospital Designation (Dr. James Booker, Chair) (See attached report)

Dr. Booker reported that the Subcommittee has met twice over the last month. There is a new FAQ on the website which better defines “core” and “non-core” surgeons. Level IV designation rules have also been revised under the leadership of Dr. Maxson, with over 40 hospital facilities participating in the process. The Subcommittee is going through the Level IV rules in preparation for presentation to the TAC. The following hospitals have been reviewed:

- Mena Regional Health System (Level IV);
- Forrest City Medical Center (Level IV);
- Saline County Medical Center (Level III);
- White River Medical Center (Level III).

All four are recommended for approval by the Subcommittee and the motion was seconded by Myra Looney Wood. The motion, with Dr. Halverson's abstention, passed; therefore, these recommendations will be sent to ADH for approval.

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

Dr. Evans reported great progress from the Subcommittee. The by-laws have been reviewed by the ADH legal department and also have been endorsed by the Governor's

Advisory Council on EMS (GAC). The motion from the Subcommittee is that the TAC also endorse these by-laws. The motion was seconded by K.C. Jones. The motion was approved.

The field triage decision scheme, also endorsed by the GAC, was presented from the Subcommittee for endorsement by the TAC. The motion from the EMS Subcommittee is that the TAC endorse this decision scheme as well. The motion was seconded by Terry Collins. After much discussion, Dr. Halverson suggested that the Arkansas Rules and Regulations for Trauma Systems (Rules) be referenced and that ADH be permitted to adopt updates/changes as necessary. Myra Looney Wood reminded the TAC that enforcement is complaint-based so the Rules would be reviewed for enforcement purposes. Communication is also a key so that this should be incorporated into training and also published on the web sites so that it can be easily referenced by providers. Greg Brown, from an EMS perspective, encouraged endorsement from the TAC. The motion was approved and it was asked that the ADH legal department review whether the triage guidelines can be issued at this time or whether ADH should wait until the Rules are revised. Dr. Evans was very complimentary of the hard work Joe Martin accomplished on these items.

He recognized Myra Looney Wood, who discussed the trauma care performance assessment plan. It was requested by the Subcommittee that the TAC approve the approach that the Subcommittee is working from so that they may proceed with confidence based on this concept. After much discussion, Myra Looney Wood made the motion for TAC endorsement of this approach. With a second by Dr. Clint Evans, the motion was approved.

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

Cheryl Vines reported for Jon Wilkerson. Kim Brown has been hired as the new Rehabilitation Program Manager. The cost and utilization study continues. Outcome measures are still being evaluated for like comparisons. She invited everyone to the Trauma Rehabilitation Conference on June 14, 15, 2012. It is being held in conjunction with Baptist Health Rehabilitation and the focus is on case managers. Dr. Todd Maxson will be the keynote speaker. Strategic Planning work also continues along with procedures for how the Subcommittee will function. Some members of the Subcommittee are planning to visit the Florida Brain and Spinal Cord Injury Program, where they have a Traumatic Brain Injury Registry and a rehabilitation hospital designation program that will be of interest. They have also developed some outcome measures that will be insightful.

- TRAC/QI Subcommittee (Dr. Charles Mabry – Chair) (See attached report)

Dr. Mabry reported that the Subcommittee met today and is focusing on taking the tools that have been built for incorporation into the QI plan for implementation throughout the state. They have a draft document in the works and are planning to present a report to the TAC for review at the next meeting.

- Injury Prevention Subcommittee (Dr. Mary Aitken – Chair) (Did not meet)

Dr. Aitken said the Injury Prevention Subcommittee is now meeting quarterly and will next meet on March 15, 2012 to continue the process of planning for injury prevention programs. Within the last quarter, there have been 298 contacts in 51 counties across the State to provide information and assist in injury prevention activities. Six of the seven TRACs now have Injury Prevention Subcommittees. The Subcommittee continues working on funding mechanisms. The Injury Prevention Program 101 has been offered five times across the state and the plan is to offer it twice a month in various locations.

VIII. Other

Terry Collins reminded everyone that the Arkansas State Trauma Update Conference is on April 13-14, 2012. It will be all day on Friday and half a day on Saturday and will include several out-of-state speakers.

Dr. Michael Sutherland shared that The Trauma Education and Research Foundation website (aterf.org) is up and running. Beginning Monday, questions may be submitted through the website by e-mail for response from The Foundation.

On April 24-26, 2012, the Arkansas Ambulance Association EMS Expo will take place at the Crown Plaza in Little Rock. The website is www.aaaintouch.com.

IX. Next Meeting Date

The next meeting will be Tuesday, March 20, 2012 at 3:00 p.m. The meeting will be held in Room 906 (Boardroom) at Freeway Medical Tower.

X. Adjournment

Without objection, Dr. Graham adjourned the meeting at 4:30 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

Trauma Advisory Committee Finance Subcommittee

February 7, 2012

Minutes

Members/Guests Present:

Charles Mabry M.D Terry Collins Clint Evans M.D.

Cheryl Vines R.T. Fendley Myra Wood Renee Patrick Bill Temple

John Recicar John Wilkerson Don Adams

Keith Moore Laura Guthrie Donnie Smith

I. Call to Order -R.T. Fendley, Chairman

II. Old Business: None

III. New Business:

EMS Costing Report

Myra Wood reports that a review of the literature reflects two relevant articles addressing EMS cost determination. The committee members and guests had an opportunity to evaluate both of these articles. Ms. Wood expressed that the EMS Subcommittee recommends that a voluntary sampling with determination of cost for ALS and BLS services be initiated. This cost survey will attempt to determine the average cost per unit hour and the average cost per EMS call.

Action Item: Myra will propose and initiate a pilot study to determine the financial impact of trauma on EMS.

Hospital Cost Survey Instrument

Dr. Mabry discussed the survey tool to be utilized to determine the financial impact of trauma care on participating hospitals in Arkansas. The costs and revenue associated with Trauma Center designation will be divided between three resource allocation areas: Trauma Readiness Resources, Trauma Center Designation and Operation Resources, and Trauma Patient Care. Mr. Fendley recommended pulling a representative group of hospital finance personnel together to discuss this study.

Action Item: Don Adams with the Arkansas Hospital Association will assemble a group to develop a common framework.

Proposal for Training and Implementation of Critical Incident Stress Management

Dr. Clint Evans presented a proposal for CISM training for Arkansas Emergency Medical Service Providers. Dr. Evans explained to the group that this training should increase EMS provider retention.

Concerns were raised by Dr. Mabry with a suggestion to broaden the scope of the proposal. In the discussion, Dr. Mabry suggested that the Arkansas Trauma Education and Research Foundation might be able to respond to the educational component of the program. Laura Guthrie stated that she had reached out to the Executive Director and one of the Board Members of the Foundation without success. Dr. Mabry recommended additional contact with the Foundation would be appropriate.

Terry Collins recommended a needs assessment be performed to identify the incidence of Critical Incident's in the State. This will help determine the number of personnel and teams that should be trained.

Action Item: Dr. Mabry will contact the Arkansas Medical Society about post event support availability. Dr. Mabry will also contact the ATERF to discuss the possibility of support for a needs assessment and educational program.

Anticipated Trauma Budget FY 2013

Renee Patrick discussed the anticipated trauma budget for FY 2013. It is anticipated the FY 2013 Base Budget of 19,739,000.00 will remain constant. The anticipated carry over is \$8,362,104.36. The Finance Subcommittee was asked by Mr. Fendley to review the anticipated budget carefully prior to the next Finance Subcommittee meeting on March 6 and be prepared to finalize the committee's recommendations for presentation to the Trauma Advisory Committee that same day.

Action Item: R.T. Fendley will limit the agenda for the next subcommittee to finalize the FY 2013 Trauma Budget recommendation.

Meeting Title Designation Sub-Committee of the TAC

MINUTES 02-21-2012

FREEWAY MEDICAL BUILDING – BOARD ROOM

| | |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| MEETING CALLED BY | Dr. Jim Booker |
| TYPE OF MEETING | Sub-Committee |
| FACILITATOR | Dr. Jim Booker |
| NOTE TAKER | Dianna Hall-Clutts |
| COMMITTEE MEMBER ATTENDEES | Dr. Jim Booker, Dr. Todd Maxson, Dr. Michael Sutherland, Dr. Barry Pierce (by phone), Terry Collins, Donna Parnell-Beasley, John Recicar, Alvin Simmons |

Agenda topics

WELCOME & MINUTE APPROVAL

Dr. Jim Booker

| | |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Dr. Jim Booker welcomed everyone. A motion was made by Terry Collins to approve the January minutes and seconded by Dr. Michael Sutherland. The motion carried. |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | |
|--|-------------------------------------|----------------|
| | HOSPITAL INTENT APPLICATIONS | Dr. Jim Booker |
|--|-------------------------------------|----------------|

| | |
|------------|------|
| DISCUSSION | None |
|------------|------|

| | | |
|--|------------------------------------|----------------|
| | Executive Committee/General | Dr. Jim Booker |
|--|------------------------------------|----------------|

| | |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DISCUSSION | There has been discussion about all hospital reviewer being members on this committee. This is a good idea because as we go through the reviews and talk about the site visits everyone can learn and improve their skills by participation in those conversations. The problem you then have is that if you include all the reviewers plus the committee members here you come up with a committee membership of 22 people and then we will get into problems having quorum and being able to vote and approve applications, so we don't want to put ourselves in a position where we have so many members where we can't vote on anything. What has been suggested is that everyone that wants to participate and provides reviews be part of the committee and that we have a executive board that is the actual voting membership and limit that to a more reasonable number, what we looked at is that over the last year we have had 8 people that have participated on a regular basis – Dr. Jim Booker, Dr. Todd Maxson, Dr. Michael Sutherland, Dr. Barry Pierce, Terry Collins, Donna Parnell-Beasley, Alvin Simmons and adding John Recicar, Paula Lewis, Teresa Ferricher, Terry Collins made a motion to form the executive committee as previously stated and add John Recicar, Paula Lewis and Teresa Ferricher to the committee. Dr. Michael Sutherland seconded the motion the motion carried. |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | |
|--|-----------------------------------------|-----------------|
| | RULES AND REGULATIONS - REVISION | Dr. Todd Maxson |
|--|-----------------------------------------|-----------------|

| | |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DISCUSSION | The intent is for the entire rules and regulations packet to be revised. This committee has been asked to revise Section VII for hospital designation pages 31 -39. We have taken the ACS rules and added some Arkansas specific rules. Each level will build upon the next; the Level III will encompass most of the Level IV with additional rules. Once we have finished we will recommend the draft to the TAC, once endorsed by the TAC, the process would be to take the entire rule packet that ADH is revising, which would include the EMS rule revision, plus Level III and IV hospitals and we would put that together as one packet and send it to the Board of Health. This is a long process. We would like to see the rule packet go to the Board of Health in July. The committee reviewed the rules with the current revisions and made comments and additional recommendations. |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|----------------|-----------------------------|
| CLOSED MEETING | HOSPITAL DESIGNATION |
|----------------|-----------------------------|

| | |
|--|--|
| | |
|--|--|

| | |
|---------------------|---------------------------------------------------------------------|
| ADJOURNMENT | Designation Sub-Committee meeting adjourned at 12:00 p.m. |
| GUESTS | Dr. James Kessel |
| OBSERVERS | Diannia Hall-Clutts, Margaret Holaway (by phone), Paula Duke, |
| NEXT MEETING | March 20, 2012, 10:00-12:00p.m. @ Freeway Medical Building Rm # 906 |

EMS Trauma Subcommittee
Meeting Summary
February 14th, 2012 - 3:00 PM

The EMS Trauma Subcommittee met on February 14th at 1500. There were 23 people in attendance, with 6 people on the conference call.

A workgroup met prior to this meeting to discuss the issue of getting AWIN radios on the helicopters. The cost estimate is still prohibitive at 3 million for 33 helicopters. No decisions were made, and it was decided the issue would be readdressed at the Air Subcommittee meeting, which is to meet on the 15th.

We discussed EMS data submission. Ryan has been working to improve the rate and accuracy of data submission. There were several services that recently completed the validation process, and have subsequently submitted all of their data. The total for the year is around 321 K. Ryan will work on a process that will flag a service for which data has not been received for an extended period of time, so that he can investigate in a timelier manner than has been done previously.

The proposed EMS Trauma Subcommittee bylaws have been reviewed by Rick Hogan. These do not conflict with any existing statutes or the TAC bylaws. These will be presented to the GAC on the 15th.

The CISM proposal was presented to the Finance Subcommittee on February 7th. There was widespread support for the concept. However, they felt there needed to be more clarity on the cost, and where the program would ultimately reside. They also requested more investigation to determine what might already exist, and how many incidents would be anticipated. Laura found out there might be a crisis response team already that is sponsored by the Hospital Association. We might investigate the possibility of separating the education and the administrative components, so that ATERF can be utilized to provide the classes. We will continue to work on this as a small group.

Myra presented a draft for a proposed “EMS Proposed Trauma Care Performance Assessment Plan.” Of note, she recommends we call this performance assessment, as opposed to performance improvement filters. This draft includes most of the items that had been discussed during prior meetings. Some elements come from the EMSCAN database, and some items will be reported as incident reports. Ryan presented us with an example of how a report will look, providing a graph featuring the total number of trauma calls by region. There were some suggestions on improvements, which Myra will make and forward the updated version. Overall, everyone was pleased with the document as a good first step at data collection and evaluation. We will be able to add other elements as we proceed. We will present this at the next TAC.

Members of the Georgia Trauma Commission visited the state last month, and they provided us with some feedback on how EMS is funded under their system. They divide their funds with an 80/20 hospital/EMS split. They used trauma funds to train over 1000 first responders. Some money is paid out to both hospitals and EMS to cover uncompensated care. They are in the

process of installing AVLS (gps) systems on all trucks. They have a grant process in place to pay for equipment, and they have also purchased ambulances for services that demonstrate need.

Joe presented the proposed deliverables for both services and training sites for the next grant cycle. There were no changes to the training site deliverables, and these were approved. For the services, the deadline to submit run data was changed to the last day of the month following the month during which the call was performed. The deadline to submit the PCR to the receiving facility was shortened to 24 hours. This sparked discussion about hospitals losing the run reports, and then blaming EMS for not leaving these. It was discussed keeping fax records are a good idea to provide proof, should this be an issue. There was also concern expressed that EMS services are being required to get multiple bids on items such as cardiac monitors or trucks. There is concern that services may be forced by the state to abandon their usual suppliers for a lower bidder in order to use their trauma funds. Joe tells us they are looking into this issue. For now, we tabled approval of the service deliverables, as this issue might alter the conditions listed.

Myra has worked on a proposal for determining costing for EMS providers. Our committee had previously reviewed and approved this. This document was presented to the Finance subcommittee earlier this month. Of note, our committee felt this reporting should be voluntary and not included as a mandatory deliverable for all services. The Finance subcommittee approved of this plan. We will be asking for volunteers to supply this data in the near future. Myra is looking into setting up a survey monkey to solicit the data.

The CDC recently released new 2012 field triage guidelines. There are not many changes to this document. Joe revised our previously approved Arkansas version of the field triage guidelines to include the 2012 changes. There was discussion as to whether this document needed to mention patient preference. Ultimately, we decided to leave patient preference off of this document. The group approved the revised version. We will present this to the TAC and the GAC for approval.

Our next meeting will be March 13th.

Trauma Advisory Council
Rehabilitation Subcommittee

Meeting Minutes

Time and Date: 11:00am February 28, 2012

Arkansas Spinal Cord Commission
Prospect Building
Suite 411
1501 N University Ave.
Little Rock, AR 72204

In Attendance: Jon Wilkerson (TAC), Mike Cranford (ASCC), Alan Phillips (HSRC), Vicki Finch (St. Vincent's Rehab), Cheryl Vines (ASCC), John Riggins (The Riggins Group), Sara McDonald (Timberidge), Elizabeth Eskew (Disability Rights Center), Kim Brown (ASCC), Austin Porter (ADH). Via conference call: Bettye Watts (ADH).

Welcome and Introductions: Meeting called to order at 11:08 AM by Jon Wilkerson.

ADH Update

Austin Porter provided update on the ICPG Core Grant priorities that were submitted to CDC. These include: (1) reduction in MVC fatalities; (2) reduce fatalities from unintentional poisoning; (3) prevent suicide; and (4) reduce sports-related injuries. Falls in the older Arkansan population is not a core recommendation, but remains a focus of ADH.

The next ICPG meeting is Tuesday, March 27th at 1:30.

Project Manager Introduction

Cheryl Vines introduced the new Rehabilitation Program Manager, Kim Brown, to the committee. Kim came on board February 6 and is quickly moving into the new role.

Strategic Planning

Cheryl Vines discussed that one of the deliverables for ADH was the development of a strategic plan to identify the committee goals and steps that will be taken to achieve those goals. It was announced that staff would begin working with John Riggins of The Riggins Group over the next several months to develop this plan. John Riggins was introduced and reported on his background and experience.

The process will begin with John meeting with Kim Brown on March 1, 2012 and overall plan for future meetings will be determined.

Education

The Trauma Symposium, co-sponsored by BHRI and TAC Traum Rehab subcommittee, is on track for June 14th and 15th dates. All speakers are arranged and include Dr. Maxson, as keynote, Dr. Joe Thompson for a report on the state of overall healthcare in Arkansas; Dr. Thomas Kiser and Dr. Igor DeCastro will speak on SCI and TBI, respectively. Other presentations include Frank Snell on amputees and Tom Jakobs on assistive technology. The primary target for this symposium is case managers, nurses and social workers. The symposium is being held at the Gilbreath Center at Baptist. Save the date mail-outs are being prepared.

System Analysis

Cheryl Vines reported that arrangements had been made with the Florida Department of Health Brain and Spinal Cord Injury Program to visit with them on March 29th and then travel on March 30th to Jacksonville to visit Brooks Rehabilitation Hospital. At this point, Cheryl, Kim and Yousef are definitely going and Jon requested Vicki Finch check on the availability of Dr. Collins for the trip.

There was also mention of a planned trip by BHRI staff to South Carolina to see their vent-dependent rehabilitation program. Cheryl Vines will be going also

TBI Registry

There has been an effort to contact other states regarding their registries. There appears to be a change in focus away from TBI surveillance and an increased focus on "trauma registries". The Brain Injury Association has a list, but it is a self-reporting list of mostly demographic data. Sara McDonald agreed to assist with this project.

FIM

Austin has provided ICD-9 codes for this project. The Florida Brain and Spinal Cord Injury Program is able to obtain a report that compares their data to National, Regional and local outcomes. The FIM does not appear to be the best trauma outcome measure for our purposes and other measures (GOS-E and DRS) are under review. Other measures are still being explored to assist in establishing the efficacy of the trauma system. The broad based areas of the FIM should be reflected in any measure chosen.

Financial/pro forma

There is a conference call schedule with Dr. Mick Tilford of UAMS and AFMC to begin discussion of obtaining Medicaid data to initiate the cost analysis for traumatic injuries. Austin Porter has provided the necessary ICD-9 codes for this project. The goal is to understand where money is being spent and the cost of providing that care in a comprehensive rehabilitation setting.

Other Business

The Arkansas Traffic Safety Committee met last week and would like to use trauma bands. This will add additional data regarding road conditions and GIS mapping data.

Dana Austen had indicated in a previous meeting that she had seen trauma bands on VA patients. It was confirmed that we are not tracking VA patients, since the VA is not a participating hospital.

Sara McDonald announced BHRI and Timberidge have re-started the TBI support group. It meets on the 3rd Wednesday of each month from 12noon to 1pm. Lunch is provided. Survivors, family and caregivers are welcome.

There will be no Rehab Subcommittee meeting in March.

Alan Phillips motioned for adjournment and Sara McDonald seconded the motion.

Respectfully Submitted,

Kim H. Brown, LCSW, CCM, CRC
Rehabilitation Program Manager

Meeting Title QI Sub-Committee of the TAC

MINUTES

2/21/2012

1:00 PM – 3:00PM

FREEWAY MEDICAL BUILDING – RM 906

| | |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MEETING CALLED BY | Dr. Charles Mabry |
| TYPE OF MEETING | Sub-Committee |
| FACILITATOR | Dr. Charles Mabry |
| NOTE TAKER | Paula Duke |
| COMMITTEE MEMBER ATTENDEES | Bill Temple; Dr. Michael Sutherland; Dr. Todd Maxson; Dr. Alvin Simmons; Terry Collins; Carla McMillan; Theresa Ferricher; Dr. James Booker; John Recicar. ADH Staff present: Margaret Holoway Diannia Hall-Clutts; Paula Duke; Marie Lewis; Jim Brown |

Agenda topics

**TRAUMA CENTER PERFORMANCE
IMPROVEMENT AND PATIENT
SAFETY PLAN**

DR. CHARLES MABRY

| | |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DISCUSSION | <p>The meeting was called to order at 1:05 p.m. by Dr. Charles Mabry.</p> <p>The meeting began with Dr. Mabry going over the status of the process of outlining the quality improvement plan for Arkansas. The initial plan came before the QI committee meeting in September and in October that was revised, sent to the TAC and approved. Since that time there have been further requests that may result in changes to the attached handout titled "Trauma Center Performance Improvement and Patient Safety Plan." (see attached)</p> <ul style="list-style-type: none"> ○ The PI plan has been further amended to provide for a process to "close the loop" on an identified concern or quality problem, both at the trauma center level and also at the TRAC level. ○ The existing process has a first and second level of review: <ol style="list-style-type: none"> 1. Trauma Program Manager reviews a case 2. Trauma Medical Director reviews any opportunity for improvement in the system or provider 3. Trauma Centers Review Committee. There are two different types of committees: peer review committee that is protected and an operational committee that deals with the structure, function and systems approach. 4. There are four outcomes that can occur for any given case: <ul style="list-style-type: none"> • Survival with Opportunity for Improvement in the care • Unanticipated Mortality with Opportunity for Improvement • Anticipated Mortality with Opportunity for Improvement • Mortality with Opportunity for Improvement ○ At that point, the local hospital will complete a Performance Action Improvement Plan and if that concern or quality improvement solution has relevance at the TRAC level, then the trauma center would send that information on to the TRAC for its review. ○ The TRAC would then review all of the concerns referred to it, and in turn make recommendations and plan performance improvement initiatives as outlined below: |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <ul style="list-style-type: none"> ○ F.8 was added to have reports from the trauma centers be sent to each respective TRAC on a quarterly basis with the following items: <ul style="list-style-type: none"> ● Summary data on items contained in Appendix B and E ● Brief summary of a PI plans relevant and referred to the TRAC <p>Further discussion focused on:</p> <ul style="list-style-type: none"> ● Appendix B that refers to the process outcome measures for each hospital ● Appendix C is a listing of the audit filters from the trauma registry ● Appendix E deals with data either hospital generated or TRAC generated. ● Section F. the TRAC would receive concerns and issues referred by the trauma centers in their region and make recommendations for quality improvement and patient safety. Also, the TRAC would review the summary reports on a quarterly basis to identify PI issues, solutions, or common trends. ● The TRAC will also review system-wide data contained in Appendix E, that looks at system flow and if they are driving past other hospitals. ● A two page form titled "Arkansas Trauma Regional Performance Improvement Form" (attached) for Trauma PI Referrals (page 1) and For TRAC Discussion and Recommendations (page 2). <p>Discussion was then held regarding what issues need to be brought to the TRACS PI Committees and the TRAC/QI Subcommittee using data from the trauma registry, EMS data and ATCC call center data. Suggested items include the measures in Appendix B, patterns of movement of patients between the hospitals, patients classified as major, moderate, minor in the ATCC, and denials of transfer.</p> |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|---------------------|------------------------------------------------------------------------------------------------------------|
| ACTION ITEMS | The committee voted to approve the revised QI plan and to forward it onto the TAC for review and approval. |
| OBSERVERS | none |
| NEXT MEETING | March 20, 2012 at 1:00 p.m. |
| | Freeway Medical Building – Room 906 |