



# Trauma Advisory Council

June 21, 2011

3:00 p.m.

Minutes

## **MEMBERS PRESENT**

Dr. Charles Mabry  
Dr. Barry Pierce  
Dr. James Graham  
Colonel J.R. Howard (rep. by  
Captain Mark Allen)  
Dr. Alvin Simmons  
Dr. Paul K. Halverson (rep.  
by Bill Temple)  
James R. (Jamie) Carter  
Ron Peterson  
Myra Looney Wood  
Robert Atkinson  
Terry Collins  
R. T. Fendley  
Robert T. Williams  
Jon Wilkerson  
Carrie Helm  
K. C. Jones

## **MEMBERS ABSENT**

Dr. John Cone  
Dr. Lorrie George  
Dr. Michael Pollock  
Dr. Ronald Robertson  
Dr. Clint Evans  
Dr. Victor Williams  
Dr. Mary Aitken  
Freddie Riley  
Vanessa Davis  
Ruth Baldwin

## **GUESTS**

Dr. Michael Sutherland  
Monica Kimbrell  
Rosi Smith  
Jon Swanson  
Denise Carson  
Teresa Ferricher  
Chrystal Rhone  
Ron Crane  
John Recicar  
Kim Hall  
Cathee Terrell  
Liberty Bailey  
Tim Vandiver  
Jeff Tabor  
Carla Jackson  
Debbie Moore  
Rachel Williams  
Hope Mullins  
Jerry Duncan  
Lacey Robb  
Cameron Wright  
Lew McColgan  
Jodiane Tritt  
Hannah Altomar  
Ron Woodard  
Stacy Wright  
Barbara Riba  
Carla McMillan  
Laura Guthrie  
Keith Moore  
Don Adams

## **GUESTS (Continued)**

Dr. James Booker  
Kristin Scalia  
Shelly Wildbur  
Kathy Gray  
Theresa Jordan  
Heather McClanahan

## **STAFF**

Dr. Todd Maxson  
Bill Temple  
Detrich Smith  
Diannia Hall-Clutts  
Austin Porter  
Jim C. Brown  
Lee Crawford  
Margaret Holaway  
Marie Lewis  
Paula Duke  
Rick Hogan  
Renee Patrick  
Renee Mallory  
Brian Nation

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

The Trauma Advisory Council (TAC) meeting was called to order on Tuesday, June 21, 2011, at 3:00 p.m. by Dr. James Graham.

## **II. Welcome and Introduction**

Dr. Graham welcomed all guests and members.

## **III. Approval of Draft Minutes From the May 17, 2011 Meeting**

The TAC reviewed the May 17, 2011 minutes. A motion to approve was made by Mr. James R. (Jamie) Carter and seconded by Dr. Charles Mabry. The previous minutes were approved.

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

### **American College of Surgeons (ACS) Review**

Mr. Temple informed the TAC that the ACS site survey team visit went very well and they were extremely impressed with our progress over the last year and a half. More specifics, including some recommendations, will come from Dr. Todd Maxson's report. We should have the final written report about six weeks from now with recommendations, which we can review, prioritize and work on implementing.

### **Safe States Visit: August 1 - 5, 2011**

The Injury Prevention site review is set and our PRQ response was mailed today to the nine reviewers. Mr. Temple recognized ADH staff as well as Dr. Mary Aitken and her team at Arkansas Children's Hospital for their work in preparing the response.

### **Performance Improvement Team Visit: August 7 - 8, 2011**

Mr. Temple shared that a team of national experts in PI will be coming to visit immediately after Safe States for a day and a half to provide advice on how to proceed in this area.

### **RFPs**

The Education RFP has been completed and is on the State website. Letters of intent are due on Friday, June 24, 2011. The QIO RFP is being worked on and Dr. Mabry is helping with that initiative.

## **Hospital Designation**

We now have 19 hospitals designated. Four more designation site visits are scheduled through October and we expect this number to increase. We are planning to contact the remaining hospitals that do not have designation site visits already scheduled.

## **Autopsy Legislation**

This bill provides ADH the authority to access autopsy records for the purposes of performance improvement. We have recently met with the State Crime Lab Director, Deputy Director, and Dr. Charles Kokes – State Medical Examiner. They have been most accommodating and we will work to get forms and procedures in place by July 27, 2011, the date the legislation goes into effect. Once our procedures are in place, we will be working with the hospitals to obtain autopsy records they request for PI purposes. Dr. Kokes said that if we (trauma system) think we need some specific, routine information from autopsies, let them know and they will try to accommodate us on a consistent basis. Furthermore, if a hospital has someone die and the hospital needs something specific for that particular individual's autopsy, we can call them by 8:00 a.m. on the day of the autopsy and they will look for specifics.

## **Other**

Radio installation is progressing as we are up to 361 radios installed in ambulances around the state. We still have approximately 200 radios to get installed.

## **Grant Update – Renee Patrick**

Renee Patrick reported on grants and provided a handout to the TAC members. Ms. Patrick thanked the trauma system participants for getting invoices into the Trauma Section and said that we processed 7.75 million dollars in invoices last month. We have completed sustaining sub-grants for the current 18 designated trauma centers. Other key points included:

- Level III hospitals will need to be designated this year to receive the second half of the startup funding and it is important to note that startup funds will not be available for the following fiscal year. We will work to make the Level III site visits a priority in fiscal year 2012 (ending June 30, 2012). Startup funds will not go into FY 2013; they will only be available for FY 2012.
- Ms. Patrick reminded everyone that hospital designation can be handled successfully at a maximum of 10 per month and that there are 59 hospitals left to designate. ADH staff, and especially the available reviewers, will not be able to handle all of them in a three

month period at the end of the FY. She encouraged hospitals to please get their PRQs in and schedule site visits so they can successfully get through the process during FY 2012.

- For those hospitals that have been designated this year and have received the second half of startup funding, all expenses must be invoiced and a close out form must be submitted by December 30, 2011.
- For those hospitals that are trying to get ready for designation site visits for this next FY, the last date for a site visit is April 1, 2012. This means that the PRQ must be completed and submitted to ADH by February 17, 2012. A request for the site visit must be submitted to the Trauma Section by December 30, 2011. To facilitate this, the Trauma Nurse Coordinators will be contacting hospitals and working on schedules.
- For the upcoming FY, EMS agencies will be receiving informational letters within the next two weeks that will have both the award amount for each agency and the deliverables for FY 12. On the letter will be a web site URL so that pre-grant forms may be completed through a web-based survey tool.

Terry Collins requested that this information go out to the hospitals in a letter format. Further discussion resulted in Mr. Don Adams' offer to get a fact sheet out to the hospitals through the Arkansas Hospital Association. Dr. Michael Sutherland and Mr. James Carter also suggested we communicate this information directly to the Trauma Program Coordinators at hospitals with intent applications that have no site visit scheduled.

### **Call Center Report – Jeff Tabor**

Year to date, through June 20, 2011, the ATCC has coordinated 2,077 hospital-to-hospital trauma transfers. The average ATCC processing time for the call center is now two minutes and forty-two seconds (2:42). This is the time from when the transferring hospital first calls the ATCC until the ATCC reaches the hospital that ultimately accepts the patient. The average time to actual acceptance for major, moderate and minor trauma patients is now seven minutes and forty-eight seconds (7:48). Eighty-two percent of the transfers have been accepted in less than the 10 minute goal. EMS is coming on-line more each day. The ATCC has handled 1,243 scene calls for the year with 486 last month. Almost 2,700 EMS radio communications were handled last month. Testing for the image repository system began last week. Mr. Tabor introduced Adam Taylor, who has been with the call center since its inception.

Further discussion included Terry Collins asking about the number of denials/refusals on the first call. Mr. Tabor said the information is collected and he can report it, but that it does not occur frequently.

## **Other**

Dr. Graham commented on behalf of the TAC and thanked ADH staff, other individuals and organizations that participated in the ACS site review and expressed appreciation for all the hard work to make the visit a success. Mr. Temple said it involved a large team effort and thanked Dr. Graham for his comments.

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

Dr. Maxson echoed Dr. Graham's appreciation for the ACS site visit success. Furthermore, he said it takes a tremendous amount of work and courage to invite nine national experts in the trauma field and share detailed information with them. The consistent comment was that no state has come this far this fast in building a trauma system. Another consistent message was that the funding from the legislature has been essential to the success so far, and the continued support of the legislature and the Governor will be key factors going forward. They affirmed that we are moving in the right direction in our efforts. They also provided us a list of things we need to work on to move to the next level. Points that were cited as the major successes include:

- The integration and the way the TAC, stakeholders and the ADH have worked together.
- The ATCC and its coordination of patient movement and care.
- Our initiation of the performance improvement process in the state.

Significant suggestions and major concepts as we move to the next level include:

- Integration between the EMS services and the hospital services, both administratively and programmatically.
- The TRACs, while valuable for creating local protocol, need more guidance in developing because some have a lot of trauma specific resources and others do not.
- Improved integration between the trauma system and disaster/community preparedness.
- The performance improvement process needs to be a little more prescriptive. Decisions need to be made regarding crucial data to track and processes to follow. The TRACs need assistance with this process. They suggested we use a benchmarking tool for self assessment, which already exists.

- They recommend that a multi-disciplinary group, such as the TAC, retreat periodically to assess progress on specific goals and maintain benchmarks to stay focused in achieving the documented goals (current year, three year and five years from now). This group should also recommend how the budget might be constructed to meet those goals.

The ACS site review team will provide a detailed report to ADH in approximately three weeks. The report will contain many recommendations which will help us construct goals and objectives. Dr. Maxson noted there are people across the country who have taken on assessment of trauma systems in an academic way. A group of six or seven people, who have done this on a national level in the past, have agreed to come to Arkansas in early August to help with the creation of next steps, early benchmarks, and metrics of success.

As additional hospitals schedule site surveys, we will need to have more reviewers (surgeons, emergency medicine physicians and trauma nurse coordinators/managers) to ensure we can keep up with the requested visits. We will be having additional training classes so please let the Trauma Nurse Coordinators know if you are willing to participate in this process.

In follow-up discussion, Dr. Mabry mentioned communication with Governor Beebe and the legislators. Mr. Temple informed the TAC that a letter went from Dr. Halverson to Governor Beebe and that many legislators, Dr. Graham, and others received a copy of the letter. ADH made a presentation to the legislature last month regarding trauma system progress. ADH also plans to share insights from the ACS report with the legislature and Governor Beebe. Dr. Graham shared that we have started initial work on some of the issues brought to our attention as a result of the ACS site visit, specifically the integration issue as it relates to the EMS and Trauma Rules and Regulations. Dr. Graham reminded the TAC of the February, 2010 retreat and raised the issue of having another retreat sometime this fall. With the assistance of ADH staff, Dr. Graham will poll the council to plan for the retreat.

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

- The ACS recommended that we go ahead and start using the data we have collected even though we know it is immature. Based on this recommendation, we will start talking with small groups of stakeholders to determine what the needs are for these initial reports. We are also still working on developing the standard reports for the State PI filters to provide to the Level III and IV hospitals.
- We are still working with a few hospitals to complete their May submissions.
- Jamie Owens sent an e-mail requesting feedback to assist with the planning of the next Registrar's Group meeting. If you have not already done so please respond to the e-mail.

## **VII. Image Repository Update – Dr. Julie Hall-Barrow**

Dr. Hall-Barrow, with the Center for Distance Health at UAMS, shared a PowerPoint presentation and updated the TAC on progress for the Trauma Image Repository (TIR) initiative. The goal is to create a state-wide imaging repository to allow for the sharing of critical images between unaffiliated emergency departments. To date, most sharing of images has been between affiliated organizations. Other key points included:

- 27 initial sites received “Trust” agreements and they are in the process of being signed and returned.
- Images are being tested and the system is working.
- The entire system works with the trauma band numbers and does not use patient names.
- The system includes a “Break the Glass” scenario for urgent access.
- Surgeons may use the system through VPN access.
- Dr. Hall-Barrow will work to add the 1-800 phone number for assistance on each screen of the system.

## **VIII. 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)
- Hospital Designation (Mr. Jamie Carter, Chair) (See attached report)

Mr. Carter reported that Ozark Health Medical Center has been reviewed for a Level IV designation and on behalf of the subcommittee, Mr. Carter recommended them to ADH for approval. Myra Looney Wood seconded the motion and the motion was approved. The subcommittee received a request from Drew Memorial Hospital that their intent application be changed from a Level IV to a Level III, which was approved. The subcommittee then received a request on behalf of the Southeast Trauma Regional Advisory Council for Ashley County Medical Center, Drew Memorial Medical Center and Chico Memorial Medical Center to share a Level III designation. Noting that all three hospitals’ intent applications for Level III status had been approved, the Subcommittee approved their plan to share Level III status.

- EMS Subcommittee (Dr. Clint Evans - Chair) (See attached report)
- Rehabilitation Subcommittee (Jon Wilkerson – Chair) (See attached report)

The subcommittee meeting date and time will be changed and coordinated with ADH.

- TRACs/QI Subcommittee (Dr. Charles Mabry – Chair) (see attached report)
- Injury Prevention Subcommittee (Dr. Mary Aitken – Chair) (Did not meet) (No Report)

Hope Mullins, ACH staff, reported that at the next TAC they will present the summary of the statewide Injury Prevention Needs Assessment and provided some insight on some major recommendations.

## **IX. Other**

Dr. Graham noted that 12 members' terms expire July 1, 2011. He reminded the members that they may be reappointed or replaced. If replaced, they will continue to serve until their replacements have been sworn in.

## **X. Next Meeting Date**

The next meeting will be held on Tuesday, July 19, 2011, at 3:00 p.m. The meeting will be held in Room 906 (Boardroom) at the Freeway Medical Building.

## **XI. Adjournment**

Without objection, Dr. Graham adjourned the meeting at 4:50 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

**EMS Subcommittee  
Meeting Summary  
June 14, 2011**

The EMS subcommittee met at 3:00 PM on June 14<sup>th</sup> with approximately 25 people present in person and on the conference call.

Old business:

As of last week 330 Trauma radios have been installed in ground EMS units across the state. The ATCC continues to have an increasing volume of traffic from EMS agencies.

Greg assured us data submission continues to improve. There is a dedicated specialist in the division of EMS working to improve data collection.

The Attorney General's office was contacted regarding the backfill agreements. It is hoped we will hear from the AG office within 7-10 days.

The short forms are currently not on the web, but should be posted to both the trauma website and EMS website within the week.

FY 12 funding was briefly reviewed. The spreadsheet has been reworked, pulling the city and county population shares out for around six services that cover one area exclusively. The spreadsheet should be available for review in the next few days.

New business:

EMS specific recommendations from the recent ACS site survey were reviewed. One recommendation was for there to be a joint subcommittee of the GAC and TAC for EMS, and it was pointed out our subcommittee already has attendees from both bodies. Donnie pointed out the spirit of this recommendation was for there to be consensus between the EMS and Trauma rules and regs, as both of these documents should be revised in the near future. We had previously discussed formalizing a voting membership core for our subcommittee, and this will likely need to be readdressed, with input from the GAC and TAC chairs.

An additional recommendation from the ACS survey team was that the triage and destination protocols be updated to mirror the current CDC recommendations. Fortunately, this was already on our agenda. We reviewed the current CDC field triage protocol, which is available online at [www.cdc.gov/fieldtriage](http://www.cdc.gov/fieldtriage). After much discussion, it was felt that our subcommittee should recommend the adoption of this triage protocol for use statewide, and the current protocol should be included in the EMS and trauma rules revisions. It was also felt the use of the terms "major" and "moderate" to describe trauma victims should be standardized. Our current thought is that patients who meet criteria to be "transported preferentially to the highest level of care within the trauma system," as specified in steps one and two of the triage protocol, should be deemed major

traumas. This includes victims with physiologic derangements and specific anatomic injuries. Patients that fall under the protocol based on mechanism and other factors would be deemed moderate traumas.

There was much discussion on actual destination protocols. The above discussions and nomenclature really do nothing to determine destination under our current system. As it stands now, we ideally can use the ATCC to help determine appropriate destination based on the capacity and capability of the receiving facility, and not necessarily their designation level. It was mentioned that this is not ideal, and there is continued confusion on the part of the medics as to the appropriate destination for their patients. It was recommended that there be a workgroup to discuss these issues which should have representation from the hospitals and EMS agencies. It was pointed out that this is exactly what the designation subcommittees of the TRACS are intended to do. We agree there is further work to be done on this issue.

We then had a presentation from representatives for the ArAA. Previously, the trauma money that went to the associations was divided 2/3 to the AEMTA, and 1/3 to the ArAA. This money is meant to support trauma related prehospital education. This was initially divided this way because the AEMTA had two conferences per year, and the ArAA had one conference per year. Since that time, there have actually been educational offerings independent of these conferences. The ArAA points out they have expanded their educational offerings considerably since this arrangement was first made. In fact, they note they are at risk of going over budget from the expanded classes. It was mentioned that there is now dedicated money in the trauma budget for education. This money will be granted to a third party, and the RFP was recently released. However, the associations could potentially have access to more money for specific classes such as PHTLS. After much discussion from all involved, a motion was made by Dwayne and seconded by Keith to divide the monies evenly this year. We will reassess this each year to ensure these monies are being used to educate the most providers possible.

There is still untouched special purpose money, and we then turned our attention to potential EMS related projects that could encourage and reward better participation in the trauma system. One idea involves paying a stipend to services that bypass their local hospital to transport a trauma victim to a more appropriate further destination. There would be numerous details that would need to be worked out to make this feasible. We also discussed paying an extra amount to services that had a high percentage of their medics PHTLS certified. We also discussed paying a bonus based on the quality of the data submitted by the service. Further discussion on these ideas was tabled until our next meeting, but we will continue to discuss and refine some of these ideas in hopes of applying for some special purpose money in the near future.

Our next meeting will be at 3:00 PM on Tuesday, July 12<sup>th</sup>. The location is yet to be determined.

**Trauma Advisory Council  
Rehabilitation Subcommittee  
Meeting Minutes  
June 13, 2011**

**Present:**

John Wilkerson, Chair, John Bishop, Lee Gentry, Cheryl Vines, Karen Miller, Alan Phillips, Dana Austen, Kortney Coats, Lorrie George, Lee Frazier, Debbie Taylor, James Saviers, Vicki Finch, Bettye Watts.

1. Introductions

Mr. Wilkerson called the meeting to order, and began with introductions by those present.

2. Mr. Wilkerson provided an update of the American College of Surgeons site review visit which occurred June 5-8, 2011. The preliminary report stated that an enormous amount of work had occurred within a short time. Among the major accomplishments thus far are the designation of 18 hospitals as trauma centers, the initiation of a statewide trauma communications call center, the creation of a trauma registry that will allow for the collection and analysis of trauma-related data and the establishment of seven trauma regional advisory councils throughout the state.

Although the final document is to be released in approximately two months, there were three recommendations which are applicable to the purposes of the Rehabilitation Committee. Mr. Wilkerson will assure that subcommittee members will receive a copy of their recommendations. ACS Review recommendations were: 1) Continuing Education with CEU's offered to Rehabilitation professionals regarding the Trauma System and how it works; 2) Determination of Centralized vs. Regional programs, although this was not specific to the Rehabilitation subcommittee, but for the entire Trauma System; and 3) Development of a Rehabilitation Hospital, although in Arkansas this may be possible only through accessing existing rehabilitation hospitals.

It was agreed upon that a group of Rehabilitation stakeholders be identified. These stakeholders would potentially become voting members of the TAC. A discussion ensued, with a motion made to approve: Yousef Fahoum, BIA-AR; Cheryl Vines, Arkansas Spinal Cord Commission; Alan Phillips, Career Services Training Center, formerly Hot Springs Rehabilitation Center, Sara McDonald, TimberRidge NeuroRestorative; John Bishop, Baptist Health Rehabilitation Institute; and a consumer representative to be identified at a later time. Mr. Wilkerson asked that if those elected to the TAC were unable to attend TAC meetings, they notify him and send a proxy. This issue may need to be in the form of a formal motion, at a later date.

3. The next order of business was organizational structure of the subcommittee. Alan Phillips was elected by acclamation to the position of Vice Chairman, to assist with the organization of the committee, and Dana Austen was elected by acclamation to serve as secretary.

4. Mr. Wilkerson stated that the next order of business was discussion of a consultant from another state with a trauma system with a rehabilitation component to provide information on what has worked in their states. There is a need for a Model Trauma Rehabilitation Program from another state. Of particular interest is what activities they conduct and information specific to their reimbursement for services. The states of Wisconsin, Georgia and Pennsylvania were mentioned, with potential recommendations coming from Systemedic Corporation, a managed care and case management services that has information from all states' service

providers. Wilkerson requested subcommittee to come up with examples of states with trauma systems with required rehabilitation services for injured individuals requiring rehabilitation.

Further, the issue of rehabilitation of persons who are ventilator-dependent was discussed, as well as CEU's on trauma/rehabilitation for providers of medical and case management.

5. Mr. Wilkerson stated that the subcommittee needs to think about budget priorities, as he wants to have next fiscal year's funding outlined. He stressed that the subcommittee make the most effective use of funds available.

A proposal was made for the Arkansas Spinal Cord Commission to continue to provide technical assistance to the Rehabilitation Subcommittee to carry out its recommendations. The motion was seconded and carried.

6. The need for a different meeting time to not conflict with other TAC Subcommittees was discussed with the next meeting being the second Tuesday of the month, from 2:00pm-4:00pm. This may be changed due to availability of meeting space.

There being no further business at this time, the meeting was adjourned.

**TRACs/QI Subcommittee Meeting**  
**June 21, 2011 - 1:00 p.m.**  
**Freeway Medical Building, Board Room # 906**

**Members Present:** Dr. Charles Mabry, Chair; Dr. James Booker; Dr. Michael Sutherland; Jamin Snarr; Dr. Todd Maxson; Jamie Carter (phone); Dr. Alvin Simmons; Terry Collins; Myra L. Wood; Monica Kimbrell; Anna Jarrett (phone); Carla McMillan; Theresa Ferricher

**ADH Staff:** Austin Porter; Diannia Hall-Clutts; Margaret Holaway; Paula Duke; Marie Lewis; Jim Brown

Dr. Mabry welcomed everyone and called the meeting to order at 1:10 p.m.

James R. (Jamie) Carter motioned that the previous minutes be accepted. The motion was seconded by Dr. Michael Sutherland. The motion to accept the May 17, 2011 minutes was approved.

Dr. Maxson provided a review of the ACS site visit. He said the review team was incredibly impressed with the work that has been done. He mentioned a couple of specific recommendations applicable to the QI/TRACs subcommittee:

- To resolve the differences within the TRACs of the destination protocols because they look significantly different. Their specific suggestion was to bring all the TRAC protocols to a central body and create a state destination protocol for everyone to follow. All TRACs should fit within an overall state destination protocol. The ATCC should act as a control, but we need a set of guidelines with input from every TRAC.
- They also suggested that performance improvement needs to be addressed more centrally and guidance provided. Specific filters should be defined so that reports sent to State will be more formalized and in a consistent format.

The meeting discussion focused on standardization, uniformity and assistance for those that need help. Specifically, the meeting focused on taking protocols and getting them in a common uniform platform at the state level so that they can be shared with all seven TRACs.

Major points of emphasis included:

- There are many Level IV hospitals, specifically in the Northeast TRAC, which creates challenges because they are not on INTRACS. They use the web-based registry for submitting data.
- It was pointed out that the CATRAC does destination protocols on an open basis and PI is a closed session with separate minutes and attendance.
- With seven separate TRACs, they need assistance and guidance so that data collection and PI can be more uniform and useful.
- ATCC data needs to be collated together with hospital data.

- Registry's need to be connected together.
- Myra Wood shared a two page spreadsheet regarding PI indicators with the subcommittee. She reviewed the information that focused on EMS data collection. Many EMS services have not been historically submitting data. This is being addressed through the EMS subcommittee and the fact that not submitting data now has consequences.
- It was suggested that the subcommittee work for the common good and focus on PI filters that we must have to be successful in implementing the statewide trauma system.

The goal is to review PI filters and have an action plan for getting data collected and reported by September, 2011 in working toward a statewide protocol based on input from the seven TRACs.

#### ACTION ITEM:

- Dr. Maxson will get with Jack Hill, the EMS data person, and see what information is available. He will consult with Marie Lewis, Monica Kimbrell, Austin Porter and Greg Brown to evaluate possibilities and report back to the subcommittee.
- Dr. Maxson will distribute a compilation of destination protocols received from all the TRACs out to the TRACs for input. Dr. Maxson will provide a template/feedback for the Subcommittee to review and work from at the July meeting.
- ADH and Dr. Maxson will work to provide input in this process to include a TRAC meeting schedule and meeting format structure and also a standardized report form to come back to the subcommittee.
- Monica Kimbrell and Marie Lewis will work together to explore how information/reports can be obtained and provided to participants.

Dr. Mabry adjourned the subcommittee meeting at 2:14 p.m.

The next meeting of the TRACs Subcommittee will be at 1:00 p.m., before the TAC meeting on July 19, 2011, unless announced otherwise.

# Meeting Title Designation Sub-Committee of the TAC

## MINUTES

6-21-2011

10:00 AM – 11:00 AM

FREEWAY MEDICAL BUILDING – RM 902

MEETING CALLED BY	Jamie Carter
TYPE OF MEETING	Sub-Committee
FACILITATOR	Jamie Carter
NOTE TAKER	Paula Duke
COMMITTEE MEMBER ATTENDEES	Dr. Michael Sutherland, Dr. Booker, Dr. Barry Pierce, Terry Collins

### Agenda topics

#### WELCOME AND HOSPITAL DESIGNATION UPDATE

JAMIE CARTER

DISCUSSION	Jamie Carter welcomed everyone and requested motion to approve prior minutes. Motion was seconded by Dr. Pierce.
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#### HOSPITAL DESIGNATION UPDATE

JAMIE CARTER

DISCUSSION	Designation Recommendations: Ozark Health Medical Center-Level IV-The committee discussed the Type 1 deficiency cited by the primary reviewer. At that time, the definition for qualified and experienced had not fully been defined. The guidelines at the time were boarded/ATLS at least once or non-boarded/ATLS current. One ED physician had let his boarding expire and had ATLS at least once. The committee discussed that the new FAQ defined “qualified and experienced” by the hospital with a letter from the TMD attesting to the MD’s quality of care of the trauma patient. Since the review, Dr. Bill Pittman MD, TMD has sent the letter. With the letter in hand, the committee voted to agree to remove the previous type 1 deficiency. The committee’s recommendation to the Department of Health will be to give Ozark Health Medical Center a full designation.
CONCLUSION	The motion was made by Dr. Booker and seconded by Dr. Sutherland. The vote was unanimous.

#### HOSPITAL INTENT APPLICATIONS

JAMIE CARTER

DISCUSSION	Drew Memorial Hospital-Level III Letter of intent was accepted.	
CONCLUSION	The motion was made by Terry Sutherland and seconded by Dr. Sutherland. The vote was unanimous.	
ACTION ITEMS	RESPONSIBLE PERSON	DEADLINE

#### ADDITIONAL HOSPITAL DESIGNATION BUSINESS

JAMIE CARTER

DISCUSSION	Southeast shared Level III plan—with the 3 hospitals now onboard (Drew, Ashley, Chicot), the committee reviewed the letter, submitted from Dr. Sutherland in Jan 2011 that outlined the details of the plan. After a brief discussion, the plan was confirmed to be in place for these 3 hospitals. The FAQ, adopted 4/1/11, was referenced that alludes to this TRAC plan. It is found under Section VII. A. 3.a. of the FAQ document. All three will be Level III funded and will share Level III designation.	
CONCLUSION	The motion was made by Dr. Sutherland and seconded by Terry Sutherland. The vote was unanimous.	
ACTION	RESPONSIBLE PERSON	DEADLINE
The above recommendations will be reported to the TAC and submitted to ADH	Jamie Carter	Immediately

<b>OBSERVERS</b>	Margaret Holaway, John Recicar, Diannia Hall-Clutts, Paula Duke, Monica Kimbrell, Marie Lewis
<b>NEXT MEETING</b>	July 17, 2011 at 11:00 a.m.
	Freeway Medical Building – Room 902