



Trauma Advisory Council

May 21, 2013

3:00 p.m.

Minutes

MEMBERS PRESENT

Dr. James Graham
Dr. Barry Pierce
Dr. Viviana Suarez
Dr. Nathaniel Smith
Dr. Clint Evans
Dr. Charles Mabry
Dr. Michael Pollock
Dr. Mary Aitken
Dr. Janet Curry
R. T. Fendley
Terry Collins
Jon Wilkerson
Freddie Riley
John Gray
Keith Moore
Tim Tackett
K. C. Jones
Carrie Helm
Kathryn Blackman

MEMBERS ABSENT

Dr. Victor Williams
Dr. Ronald Robertson
Colonel Stan Witt (rep. by Sr.
Cpl. Karen E. Clark)
Christi Whatley
John E. Heard
Jamey Wallace

GUESTS

Dr. James Booker
Dr. Talmage M. Holmes
Dr. Lew McColgan
Dr. Michael Sutherland
Don Adams
Terry Imus
Carla McMillan
Jon Swanson
Carla Jackson
D'borai Cook
Teresa Ferricher
Cathee Terrell
Amber Files
Jeff Tabor
Kim Brown
Johnnie Schaumleffel
Danna Bell
James M. Smith
Rachel Bennett
Tim Vandiver
Valerie Warne
Greg Hammons
Kim Hall
Laura Guthrie

STAFF

Dr. Todd Maxson
Stephanie Williams
Donnie Smith
Bill Temple
Rick Hogan
Renee Joiner
Renee Mallory
Teresa Belew-Sproles
Diannia Hall-Clutts
Greg Brown
Joe Martin
Austin Porter
Marie Lewis
Margaret Holaway
Karis Fleming
Terry Love
Debbie Bertelin
Jim C. Brown

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

The Trauma Advisory Council (TAC) meeting was called to order on Tuesday, May 21, 2013, at 3:05 p.m. by Dr. James Graham, Chairman.

II. Welcome and Introductions

Dr. Graham welcomed all guests and members. He asked the TAC members and guests on the conference call to introduce themselves. He introduced Dr. Nate Smith, Interim Director and State Health Officer, Arkansas Department of Health (ADH). He advised that Dr. Smith replaces Dr. Paul Halverson on the TAC. He also recognized Stephanie Williams, Deputy Director at ADH.

III. Approval of Draft Minutes From the April 16, 2013 TAC Meeting

The TAC reviewed the April 16, 2013 minutes. A motion to approve the minutes was made by Ms. Terry Collins and seconded by Mr. R. T. Fendley. The minutes were approved.

IV. Trauma Office Report – Bill Temple

- We have four contracts going before the legislature this week for review. They are:
 - Statewide Injury Prevention Program (SIPP)
 - Burn Contract at Arkansas Children’s Hospital (ACH)
 - Arkansas Trauma Communications Center (ATCC)
 - Arkansas Trauma Education and Research Foundation (ATERF)
- Dr. Todd Maxson’s contract and the Quality Improvement Organization (QIO) will be up for legislative review in June.
- The FY 2014 grant applications for training sites, hospitals, EMS providers and Trauma Regional Advisory Councils (TRACs) are all now on the website. Applications should be completed on-line. We still have 10 EMS services that do not have their backfill agreements in place. Without these agreements, these services will not be eligible for FY 2014 grants.
- We are working hard to complete the revision of the Trauma Rules and Regulations. It is likely that we will seek Board of Health approval in October for the revised Rules to go forward for public comment.
- We are working on logistics for the October TAC retreat.
- Renee Joiner and Mr. Temple have been making a concerted effort to attend all TRAC meetings so that a wide variety of information can be disseminated.

Injury Prevention – Teresa Belew

- Mrs. Belew-Sproles shared that Terry Love will be leaving ADH and relocating to Spring Hill, Tennessee as his wife has already accepted a position in Nashville. She thanked Mr. Love for his significant contributions on behalf of the Injury and Violence Prevention (IVP) Section.
- She noted that the IVP Section has met the benchmarks for the Core Violence and Injury Prevention CDC grant. We will be having our first statewide IVP conference July 16 – 18, 2013 in Little Rock. This conference will include 74 sessions focusing on various aspects of injury prevention and, as of this afternoon, we have 224 individuals registered to attend.
- Five injury prevention focus areas have been established. These include falls, suicide, motor vehicle crashes, prescription drug overdose, and concussions. We want to implement a statewide project on motor vehicle crash reduction as we support the “Toward Zero Death” program. We are focusing on providing the necessary technical support by working on documented community-level change. To facilitate this we are implementing evidence-based interventions that document a process, its effective impact, and outcome evaluation.

V. ADH Medical Consultant Report – Dr. Todd Maxson

- Dr. Maxson stated he is pleased that, as part of our evolution, IVP is now part of the TAC meeting reports. He noted that the TRACs are spending resources on IVP, and discussed the possibility of realignment of funding priorities. He suggested we could implement funding changes within the TRACs to help support the Regional Medical Directors at the TRAC level.
- ATERF is developing a course specifically for trauma leadership within the state with a target audience to include Trauma Medical Directors, Trauma Program Managers, and responsible Administrators. This will be a two-day conference led by individuals from the state with input from out-of-state experts. A wide range of topics relevant to these individuals will be covered. This is planned for August 23-24, 2013.

VI. Other Monthly Reports

Trauma Registry – Marie Lewis

- We are continuing to work with the American College of Surgeons on the Trauma Quality Improvement Program (TQIP) contract.

- Report Writer training is scheduled for Wednesday, Thursday and Friday of this week at ADH.
- The web portal will be down for updates this Friday, May 24, 2013. Training for the updates will be scheduled for next week.
- The next submission deadline is May 31, 2013 for the first quarter of 2013 (January, February and March 2013).

Arkansas Trauma Communications Center (ATCC) – Jeff Tabor

Mr. Tabor said they are working to complete the hiring process to fill the recently vacated Data Analyst position. The new software has automated some of the reports Mr. Tabor is able to do for the EMS agencies and ADH's Trauma Nurse Coordinators. The hand coverage issue is being worked on and there will be 11 physicians participating on the on-call list. Regarding patient transfers, we are working with receiving hospitals to get a disposition report for the sending hospitals to provide them a better understanding of what is happening with their patients. Mr. Tabor said he recently presented at a conference in Denver, Colorado. He said everyone was interested in what is going on in Arkansas because no one else in the country is doing what we are doing.

Arkansas Trauma Education and Research Foundation (ATERF) – Dr. Michael Sutherland

Dr. Sutherland said that they continue with a wide selection of courses and that they are always published to the website. Many of the courses for the second half of this calendar year are already on the website. He encouraged interested parties to visit the website for updated information on all the courses being offered.

Trauma Image Repository (TIR) – Terri Imus

For the month of April, the ATCC made 396 notifications to the TIR of hospital-to-hospital transfers. For those 396 transfers, there were 655 images "pushed" to the receiving trauma centers. Fifty-five of the 70 hospitals are currently using the TIR on a regular basis. Ms. Imus has presented a proposal to Dr. Maxson for \$25,000 toward expanding the program to all pediatric and orthopedic transfer cases. This money would not come from trauma funding.

Scorecard Report – Austin Porter

Mr. Porter discussed the scorecard report that was e-mailed to TAC members before the meeting. He pointed out findings regarding patient mortality and injury severity scores from the 2011 and 2012 calendar years within the report (which is attached to the minutes). He discussed findings and variances, including those having no significant statistical differences. He also discussed findings on helicopter utilization and said that Arkansas' helicopter utilization for trauma

patients is in line with the national average. Mr. Porter's report sparked questions and significant discussion.

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) (See attached report)

Mr. Fendley said the Subcommittee met May 7, 2013 and reviewed the hospital costing project. In addition, the Rehabilitation and Burn contracts were reviewed. The Subcommittee concluded the trauma system is receiving solid value from the Rehabilitation contract. With respect to the Burn contract, while there was generally a good feeling, some members expressed concern regarding the fact that the sub-grantee is spending funds on injury prevention when this subject is covered by another contract. They will meet again in June to review the additional contracts. He noted that the Subcommittee anticipates not meeting in July.

- Hospital Designation Subcommittee and Site Survey/System Assessment Panel (Dr. James Booker, Chair) (See attached report)

Dr. Booker said that the Subcommittee met today and discussed the re-designation process. The process timeline for re-designation was discussed. The Subcommittee determined that ADH would send letter notifications to each facility regarding specifics of the process and would include deadline dates in that communication.

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

Dr. Evans said the Subcommittee met and reviewed the EMS funding formula. The formula for FY 2014 includes funding for calls made to the ATCC and EMS data submission, which is different from previous years.

Dr. Evans informed the TAC he is resigning from his position as Chairman of the EMS Subcommittee. Dr. Graham thanked Dr. Evans for his hard work and noted that he has been the Chairman of this subcommittee since its inception. Mr. Temple also thanked Dr. Evans and noted some of the significant accomplishments under his leadership.

- Rehabilitation Subcommittee (Jon Wilkerson – Chair) (Did not meet) (No report)

Mr. Jon Wilkerson reported that the second annual Trauma Rehabilitation Conference, which was held May 2-3, 2013 with over 200 attendees, was a great success. A Traumatic Brain Injury conference will be held in August at the Embassy Suites in Hot Springs, Arkansas. The next subcommittee meeting is scheduled for June 27, 2013.

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

Dr. Mabry reported the Subcommittee met today and discussed the process for defining

the statewide QI plan. They discussed turning data into action and trying to organize reporting around the state. They will meet in June to continue this work.

- Injury Prevention Subcommittee (Dr. Mary Aitken – Chair) (See attached report)

Dr. Aitken reported that the IVP Subcommittee did not meet in May. The April minutes contain an update on all the TRACs as well as statewide activity. The next meeting will be in June.

VIII. Next Meeting Date

The next regularly scheduled meeting is on Tuesday, June 18, 2013. It was noted that the annual retreat meeting is being planned for the usual meeting date in October.

IX. Adjournment

Without objection, Dr. Graham adjourned the meeting at 4:35 p.m.

Respectfully Submitted,

Nathaniel Smith, MD, MPH
Secretary Treasurer of the Trauma Advisory Council
Interim Director and State Health Officer, Arkansas Department of Health

ARKANSAS TRAUMA SYSTEM



Scorecard

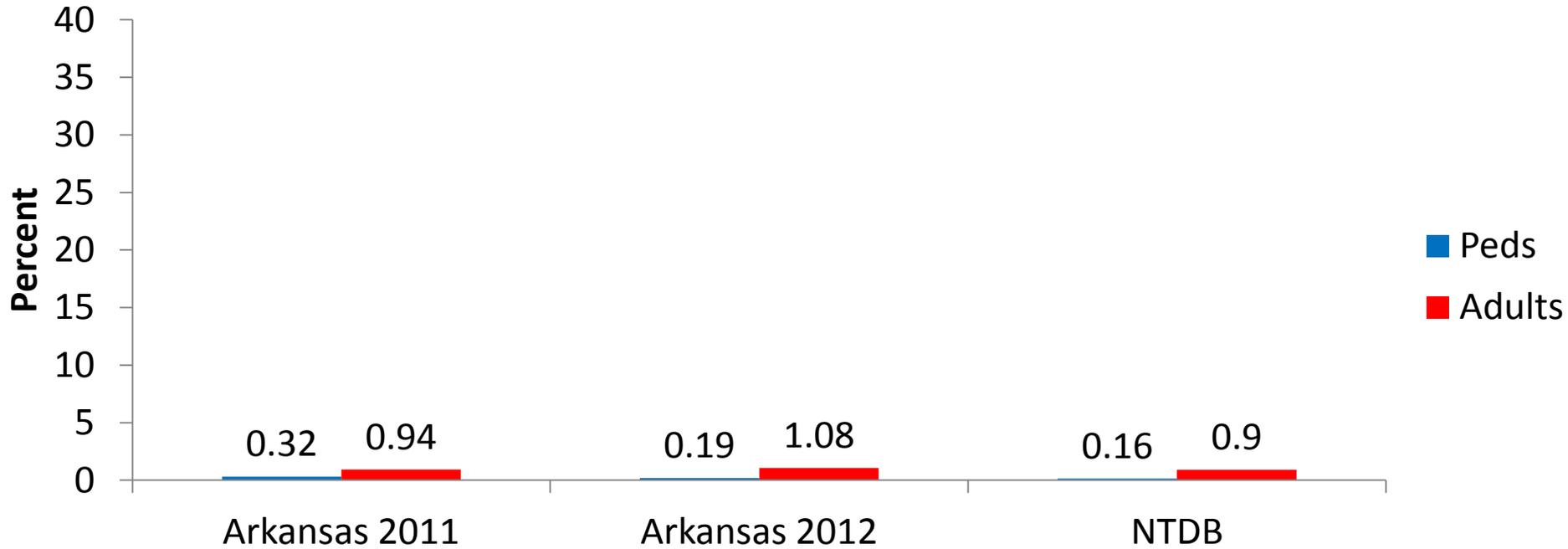
Trauma Advisory Council

Methods

- Data may contain duplicate entries as individuals may be admitted and transferred to another hospital for complications from an injury
- Calendar year 2011 was used in reporting 2011 AR Trauma Registry data
- Calendar year 2012 was used in reporting 2012 AR Trauma Registry data
- Time period for reporting NTDB data was from 2011, unless otherwise specified
- 2012 Trauma Registry Data as of 4/9/2013

Arkansas Trauma Registry Scorecard

Patient Mortality with an Injury Severity Score 1 through 8 Adults and Pediatrics, Arkansas vs. NTDB



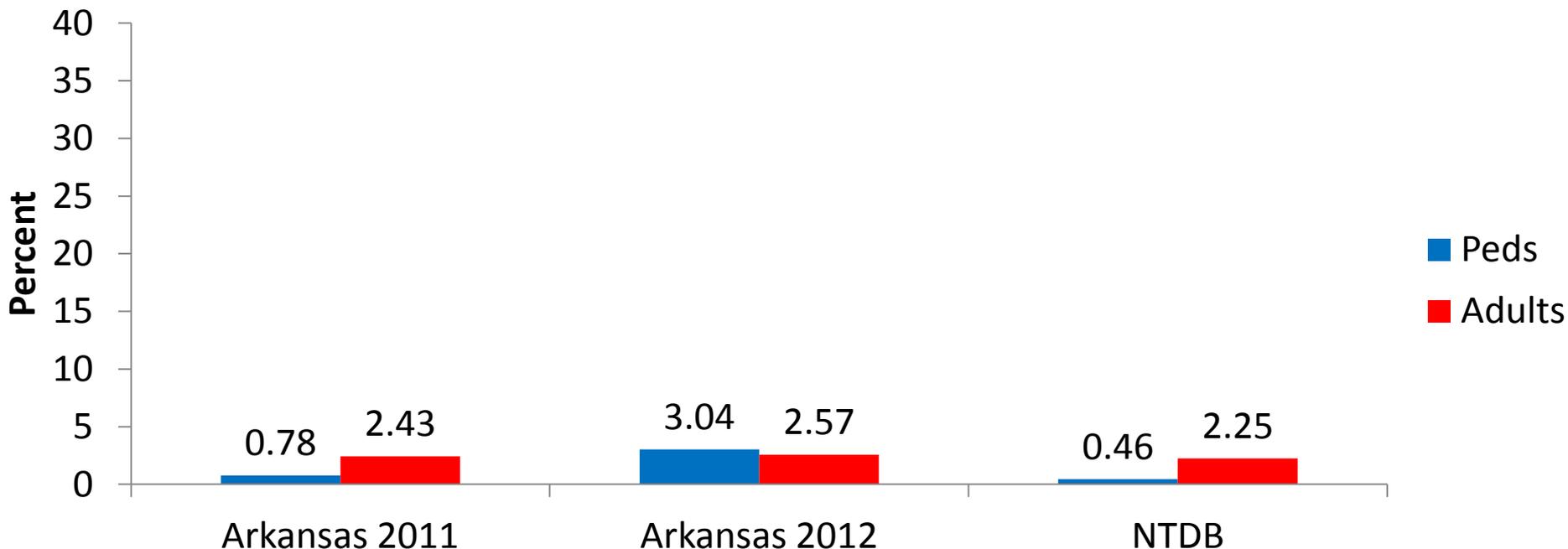
	Arkansas, 2012						NTDB, 2011	
	All	% of Total	Peds	%Peds	Adults	%Adults	%Peds	%Adults
Expired ISS 1-8	109	0.92%	4	0.19%	105	0.94%	0.16%	0.90%
All Patients w/ ISS 1-8	11786		2068		9718			

Note: Peds = 0-14 years/Adults = 15+ years

Source: Arkansas Trauma Registry, National Trauma Data Bank

Arkansas Trauma Registry Scorecard

Patient Mortality with an Injury Severity Score 9 through 15 Adults and Pediatrics, Arkansas vs. NTDB



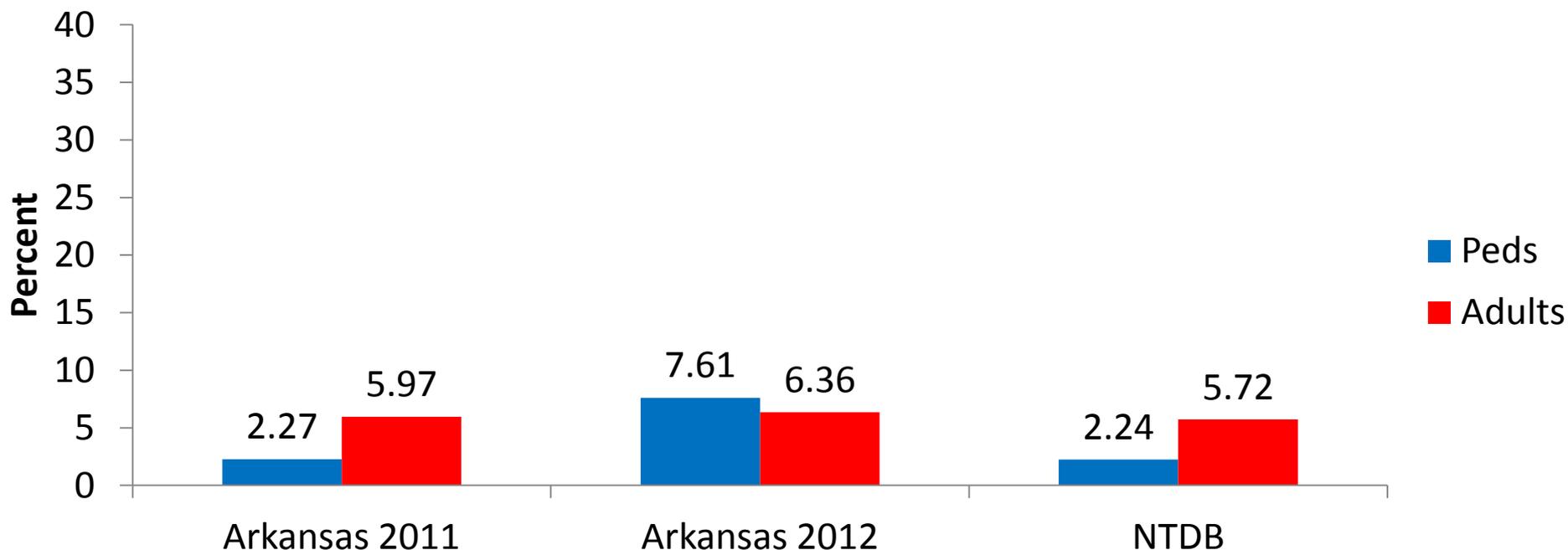
	Arkansas, 2012						NTDB, 2011	
	All	% of Total	Peds	%Peds	Adults	%Adults	%Peds	%Adults
Expired ISS 9-15	139	2.63%	19	3.04%	120	2.57%	0.16%	2.25%
All Patients w/ ISS 9-15	5292		624		4668			

Note: Peds = 0-14 years/Adults = 15+ years

Source: Arkansas Trauma Registry, National Trauma Data Bank

Arkansas Trauma Registry Scorecard

Patient Mortality with an Injury Severity Score 16 through 24 Adults and Pediatrics, Arkansas vs. NTDB



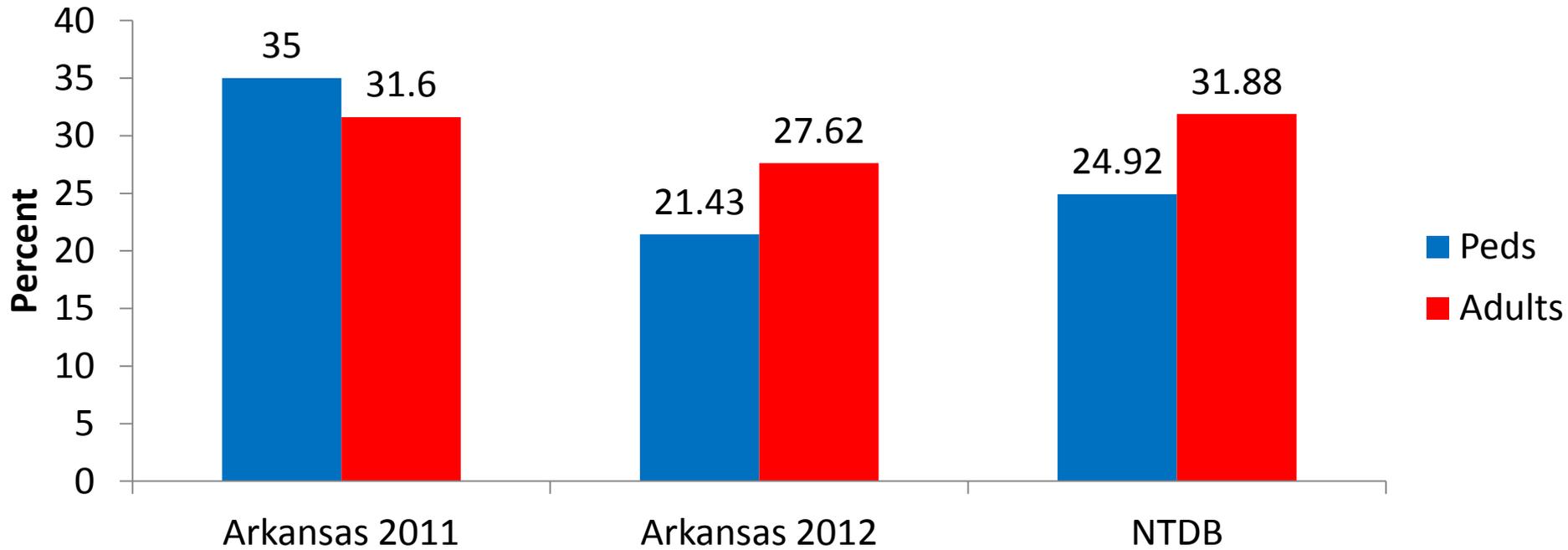
	Arkansas, 2012						NTDB, 2011	
	All	% of Total	Peds	%Peds	Adults	%Adults	%Peds	%Adults
Expired ISS 16-24	80	6.45%	7	7.61%	73	6.36%	2.24%	5.72%
All Patients w/ ISS 16-24	1239		92		1147			

Note: Peds = 0-14 years/Adults = 15+ years

Source: Arkansas Trauma Registry, National Trauma Data Bank

Arkansas Trauma Registry Scorecard

Patient Mortality with an Injury Severity Score 25+ Adults and Pediatrics, Arkansas vs. NTDB



	Arkansas, 2012						NTDB, 2011	
	All	% of Total	Peds	%Peds	Adults	%Adults	%Peds	%Adults
Expired ISS 25+	231	27.11%	15	21.43%	216	27.62%	24.92%	31.88%
All Patients w/ ISS 25+	852		70		782			

Note: Peds = 0-14 years/Adults = 15+ years

Source: Arkansas Trauma Registry, National Trauma Data Bank

Hospital Discharge Status by Injury Severity Score Arkansas, 2012

	ISS 1-8	ISS 9-15	ISS 16-24	ISS 25+
Unknown	11.87%	11.77%	9.77%	9.52%
Expired	0.82%	2.53%	6.30%	26.56%
Discharged Home	56.54%	43.02%	41.60%	21.03%
Discharged to Hospice	0.25%	0.93%	0.65%	1.65%
Left against medical advice	0.49%	0.43%	0.24%	0.24%
Transferred to Skilled Nursing Facility	2.74%	3.95%	2.42%	2.12%
Transferred to Intermediate Care Facility	3.88%	2.68%	2.83%	5.76%
Transferred to Home Health	3.95%	5.14%	5.25%	5.17%
Transferred to short term hospital	12.66%	14.25%	15.35%	13.51%
Transferred to rehab	6.79%	15.29%	15.59%	14.45%
Total	100%	100%	100%	100%

Hospital Discharge Status by Injury Severity Score NTDB, 2011

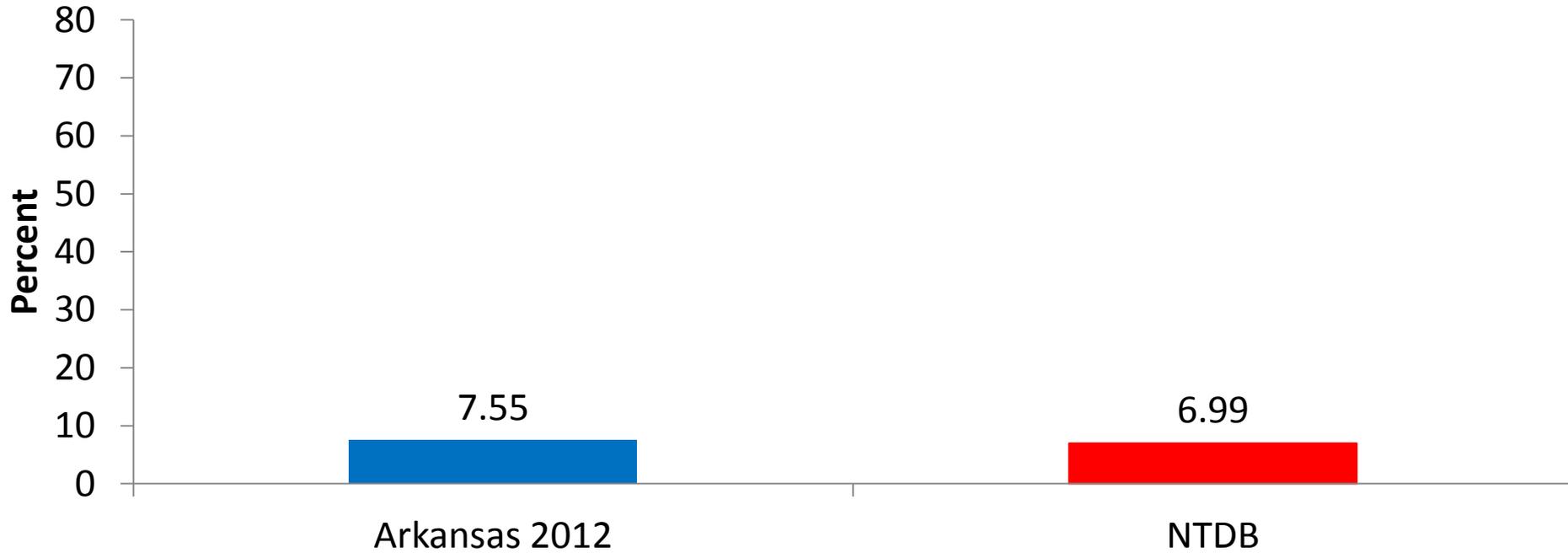
	ISS 1-8	ISS 9-15	ISS 16-24	ISS 25+
Unknown	21.59%	6.45%	6.32%	11.68%
Expired	0.38%	1.56%	4.16%	22.97%
Discharged Home	61.47%	54.81%	53.71%	25.80%
Discharged to Hospice	0.16%	0.50%	0.55%	1.05%
Left against medical advice	0.71%	0.54%	0.62%	0.34%
Transferred to Skilled Nursing Facility	6.88%	16.45%	9.82%	7.95%
Transferred to Intermediate Care Facility	0.94%	2.85%	3.62%	5.11%
Transferred to Home Health	3.63%	5.14%	5.29%	3.26%
Transferred to short term hospital	0.83%	1.52%	2.28%	3.16%
Transferred to rehab	3.40%	10.16%	13.62%	18.69%
Total	100%	100%	100%	100%

Helicopter Utilization

Methods

- Patients younger than 15 years old were excluded
- Calendar year 2012 was used in reporting 2012 AR Trauma Registry data
- Time period for reporting NTDB data was from 2011, unless otherwise specified
- 2012 Trauma Registry Data as of 2/20/2013
- Data includes scene and transfer flights

Arkansas Trauma Registry Scorecard Helicopter Transports Hypotensive Patients, Arkansas vs. NTDB



	Arkansas, 2012		NTDB, 2011
	All	% of Total	% of Total
Hypotensive	72	7.55%	6.99%
Total Helicopter Transports	954		

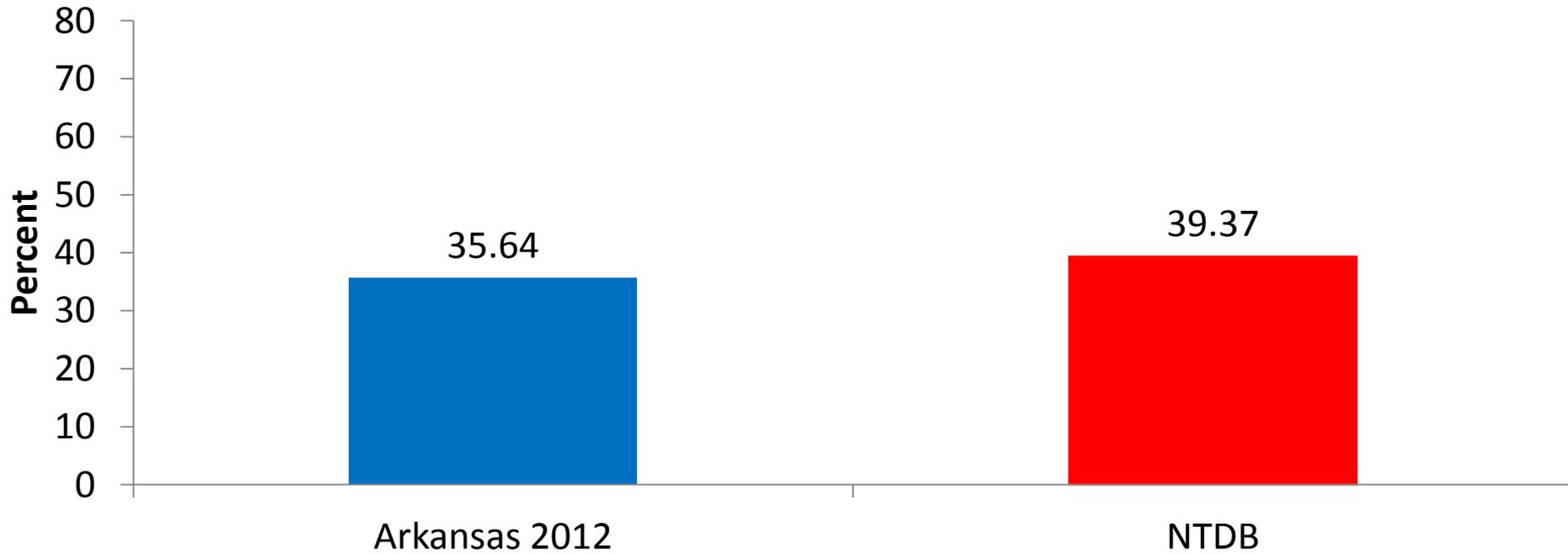
Hypotension is defined as patients with SBP less than 90

Source: Arkansas Trauma Registry, National Trauma Data Bank

Arkansas Trauma Registry Scorecard

Helicopter Transports

ISS 16+, Arkansas vs. NTDB

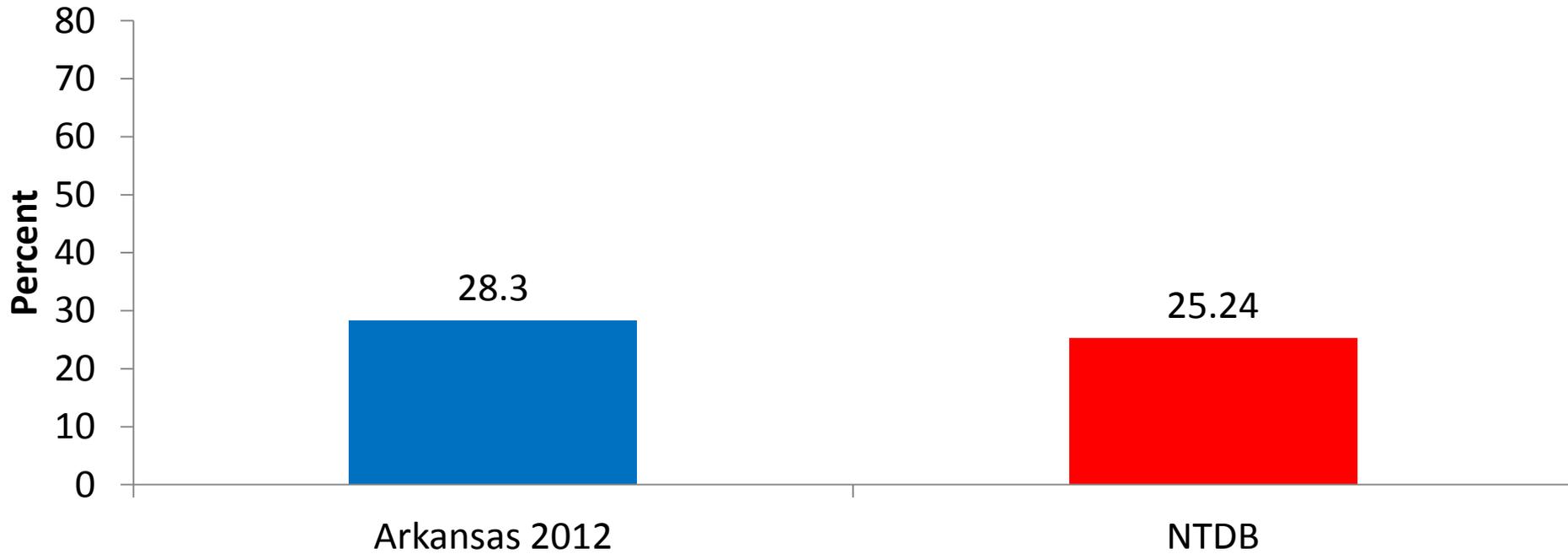


	Arkansas, 2012		NTDB, 2011
	All	% of Total	% of Total
ISS 16+	340	35.64%	39.37%
Total Helicopter Transports	954		

Arkansas Trauma Registry Scorecard

Helicopter Transports

GCS less than 9, Arkansas vs. NTDB

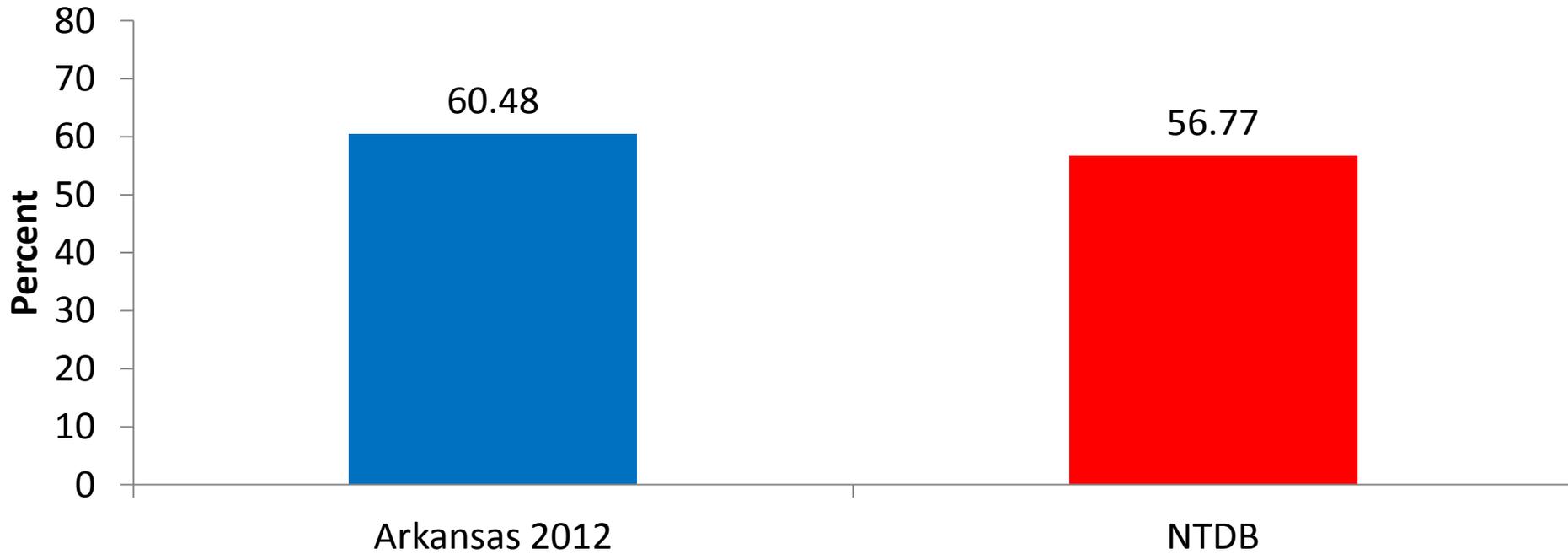


	Arkansas, 2012		NTDB, 2011
	All	% of Total	% of Total
GCS < 9	270	28.30%	25.24%
Total Helicopter Transports	954		

Arkansas Trauma Registry Scorecard

Helicopter Transports

D/C to ICU or OR from the ED, Arkansas vs. NTDB

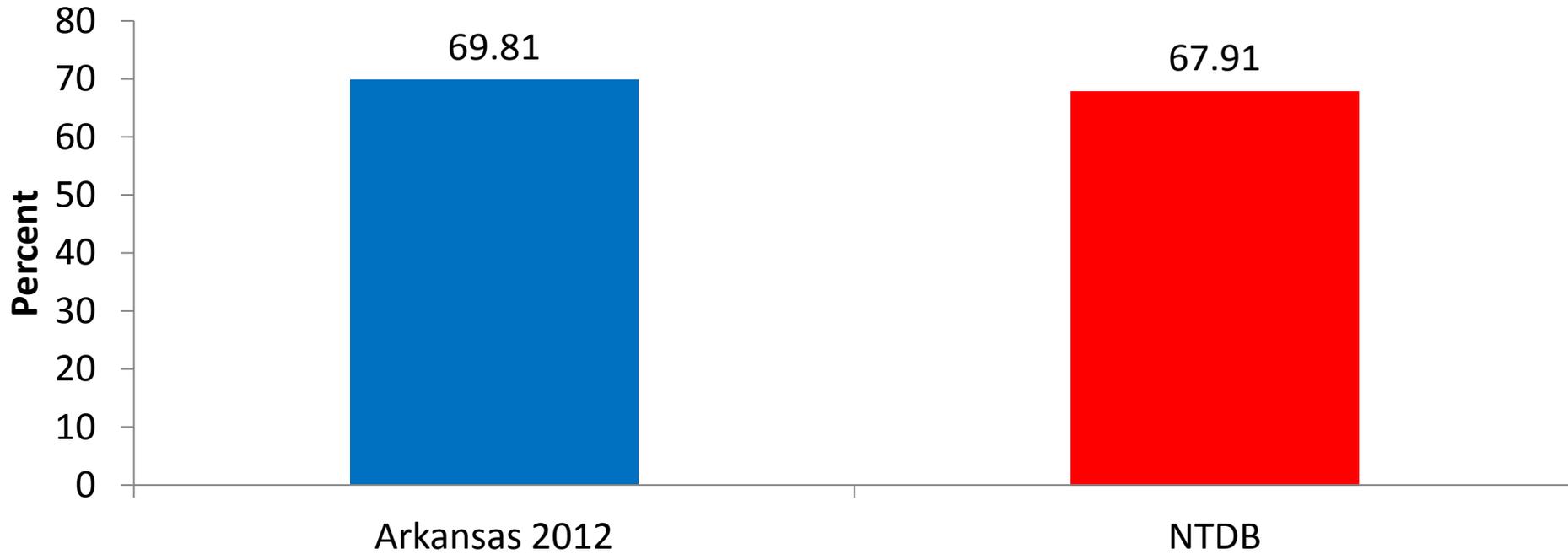


	Arkansas, 2012		NTDB, 2011
	All	% of Total	% of Total
D/C to ICU or OR from ED	577	60.48%	56.77%
Total Helicopter Transports	954		

Arkansas Trauma Registry Scorecard

Helicopter Transports

Arkansas vs. NTDB



	Arkansas, 2012		NTDB, 2011
	All	% of Total	% of Total
Met any of previous criteria	666	69.81%	67.91%
Total Helicopter Transports	954		

Trauma Advisory Council Finance Sub-Committee

May 7, 2013

Attending: R.T. Fendley, Chairman; Mr. Jon Wilkerson; Mr. Don Adams; Ms. Terry Collins; Dr. Todd Maxson; Dr. Charlie Mabry; Mr. John Recicar; Ms. Diannia Hall-Clutts; Ms. Tami Graves

I. Call to Order at 3:30 p.m. by Mr. R.T. Fendley, Chairman

II. Old Business:

Action Item Follow-up-The process for travel expense payment for the Medical Consultant has not been resolved. Mr. Fendley will contact Renee Joiner to facilitate resolution.

III. New Business:

Contract Evaluations and Value Analysis #3-Mr. Jon Wilkerson led the presentation for the Rehabilitation Contract. The 5 deliverables for this program were reviewed and discussed by the committee. Jon explained to the group that implementation of two additional modified FIM scoring measures have been added to the NTRACS Trauma Registry. Training has been completed and a one year pilot was begun on May 1, 2013. The group was informed that the implementation of a traumatic brain injury registry is in process. An agreement has been signed with the Brain Injury Alliance of Arkansas allowing the Arkansas Spinal Cord Commission to become the collector of data for the state. In addition, Jon noted that the 2nd annual trauma rehabilitation conference was a big success with over 200 participants. Jon explained that work continues in developing centers of excellence in rehabilitation. Examples include, Dr. Tilford's Medicaid cost study and the development for the TRIUMPH call center.

Action Items: The committee will report to the Trauma Advisory Council that value under the Rehabilitation contract is demonstrated.

Contract Evaluation and Value Analysis # 4- The Arkansas Children's Hospital Burn Center contract review was presented by Tami Graves. The 3 contracted deliverables were reviewed and discussed by the committee. Tami reported that 46 providers have received Advance Burn Life Support training. In addition, 4 burn education programs have been offered via telemedicine with 340 participants attending the sessions. It was related that 1 full time employee and 1 part-time research associate have been hired and examples of poster and podium presentations were highlighted for the group. Ms. Graves discussed several additional injury prevention initiatives developed and implemented by the burn center. The group was informed of a statewide program utilizing the Phoenix Society's Soar Program which has been implemented to assist families with burn victims. Dr. Maxson noted that the research, outreach, education and injury prevention activities were requirements of all ABA designated burn centers. He asked the group to consider the efficacy of utilizing trauma system monies to support this requirement. Dr. Mabry questioned where burn injury ranks in causes of mortality and morbidity and whether allocation of money from the injury prevention budget should be used to support burn prevention activities. John Recicar and Todd Maxson recused themselves of any action item voting due to a conflict of interest.

Action Items: The committee will ask the ADH Section of Trauma to clarify the purpose of the ACH burn contract and ask for clarification of the use of additional monies for injury prevention in light of the specific injury prevention line item in the trauma budget.

Hospital Cost Study Update- Don Adams reports that this contract will need to rollover to the next fiscal year. Dr. Mabry informed the group that JRMC and UAMS have met with BKD and are pulling data to submit for a trial run.

Calendar of Future Meetings-The committee agreed that the July meeting will be cancelled.

Meeting adjourned at 5:00 p.m.

Meeting Title Designation Sub-Committee of the TAC

MINUTES 05-21-2013

FREEWAY MEDICAL BUILDING –
BOARD ROOM

MEETING CALLED BY	Dr. Jim Booker
TYPE OF MEETING	Sub-Committee
FACILITATOR	Dr. Jim Booker
NOTE TAKER	Diannia Hall-Clutts
COMMITTEE MEMBER ATTENDEES	Dr. Todd Maxson , Dr. Jim Booker, Dr. Barry Pierce(by phone), Dr. Michael Sutherland, Terry Collins, John Recicar, Teresa Ferricher, Donna Parnell-Beasley(by phone), Paula Lewis (by Phone), Kathy Blackman, Don Adams,

Agenda topics

WELCOME & MINUTE APPROVAL		Dr. Jim Booker
	Dr. Jim Booker welcomed everyone.	
	HOSPITAL INTENT APPLICATIONS	Dr. Jim Booker
DISCUSSION	None	
	OLD BUSINESS	Dr. Jim Booker
DISCUSSION	None	
	NEW BUSINESS	Dr. Jim Booker
DISCUSSION	<p>Process for Re-Designation</p> <p>The key difference from the initial designation to re-designation is in the first site survey we looked at only 3 months of data. The re-designation is 1 years of data prior to the visit. The designation period for the first designation was for 4 years. The new rules the period of designation will be for 3 years. All your records will have to be submitted to the registry with the submission of your PRQ. The ADH will send registry number for charts to have pulled. Provisional or Full designations have the same expiration date of 4 years from your original designation date. Charts can't be older than 3 months from your survey date. The nurses from ADH will send out to the hospital time lines for re-designation. The process for designation will be the exactly the same with the exception of questions will need to be answered about your previous site survey. CMEs – you can have 4 hours annually or 16 hours during the 4 year period. You have to have 16 hours in a 4 year period, 16 in one year or 4 hours annually. Someone that is new to the staff will only be required to have CMEs that are prorated for the time they have been in your organization. Same thing with meeting attendance to QI meetings. The next designation period the reviewers will only look at the previous year of data, the site surveys subsequent to that the reviewers can look at the entire time 4years or 3 years when the new rules are put into place. Provisional reviews have been handled where we go in and look at what the deficiencies where but in the process of looking at those we realize</p>	

	<p>that there was a related problem then we have explored those related problems. We should be “continuously ready”. Hospitals are required to meet the requirements the total 4 years. We want the hospitals to have a consistence process. We need to have this discussion again before the first hospitals go through their next designation. This is at the ADH discretion. The first re-designation will be in September 2014. The hospital will define when the review period is. Chart Categories to be pulled – some patients will be included in more than one category. ADH will send a list of charts to the reviewer to choose which ones will be reviewed. There is something in each one of the category that the reviewer needs to verify. The best 3 cases of QI will be added to be pulled. ISS greater than 9 with another category for the elderly.</p> <p>Out of State Hospitals Reviews ADH has done reviews for hospitals in MO, TX and TN. TN two processes happened, one hospital had an ACS designation and we sent an Arkansas reviewer to it. The other TN hospital we took MS and TN rules reviews and put them up against the Arkansas Rules to make sure all rules were covered, this was difficulty but doable. The Med- we will ask them to submit a PRQ early and let us come to one of their other reviews and provide our review. If you the hospital can work it out where we can tag along then we will come and review at the same time even though it’s early. LeBonheur is an ACS designated hospital, then we can go early and they would then get 4 more years of designated. If you want to be designated in Arkansas you fill out an application and expect a review. ADH and the designation committee can decide what the response will be, if they are simultaneously being reviewed by another entity we would take that into consideration as to the makeup of the team we send. We can send a spot reviewer to verify or a complete team. There was comment that it should be the hospital’s responsible to ask for a duel state review and then how that works out would be the hospitals decision. What about an ACS designated hospital, do we need to be on site survey? Our rules are different presently, the new rules are closer. Dr. Maxson would like to table this till the Level Is and Level IIs rules have been revised.</p> <p>Provisional focus verses on-site When the reviewers finish the review they are going to list whether they identified deficiencies or not to this subcommittee. When they report their findings the reviewer showed report how that deficiency could and should be verified. Then the subcommittee recommends to the ADH how the deficiencies should be verified at a focus review.</p> <p>CME Requirements The goal is for physicians to be continuously educated in the last trends in trauma care. They can do that by going to a meeting and obtain the documentation of CME or develop an ongoing education process in your hospital and verify that your physicians participate in it. This needs to be better defined. One could argue Category 1 CME is a better educational tool than self-directed or institutionally offered non-verifiable internal educational opportunities. The benefit to the system and to the provider is proportionate. Dr. Sutherland made a motion to send this to the department to change to CME requirement to Category I only. As long as it is a credited CME it doesn’t matter whether it is internal or external.</p>
	<p style="text-align: right;">Dr. Jim Booker</p>
ADJOURNMENT	Designation Sub-Committee meeting adjourned at 12:00 p.m.
GUESTS	Lee Lessenberry, Patty Braum, Dana Hicks, Ted Shockley, Rob Johnson, Donna Parnell, Joy Escue, Donna Schultz, Valeria Warne, Carla Jackson, Carla McMillan, Tim Vandiver, Chloe Bradley, Karen McIntosh, Velvet Reed,
OBSERVERS	Diannia Hall-Clutts, Margaret Holaway, Karis Fleming
NEXT MEETING	June 18, 2013, 10:00-12:00p.m. @ Freeway Medical Building Rm # 906

EMS Trauma Subcommittee Meeting Minutes
Freeway Medical Tower, Room 801
May 14, 2013 – 3:00 p.m.

Topic	Discussion
Called to order	Meeting was called to order by Dr. Clint Evans
Old Business: Pay for Performance Initiative	Joe stated that a line item will be added to the EMS Grant for the PHTLS pay for performance initiative. There are 40 services participating and each will receive approximately \$2,300.00. Training must be completed by 9/27/2013 and it must be invoiced by 11/01/2013. There were approximately 114 services that could have participated. Sid brought up the concern that there are no classes available and none are currently posted on the ATERF website calendar.
ePCR	Joe states that several services have invoiced for their money but there will be some services applying for amendments due to being unable to complete the validation process before the June 30, 2013 deadline. Brian sent out an email letting services know about the amendment process.
EMS Data	<p>Ryan stated that the data committee has come up with 220 elements to be collected with NEMSIS 3. Currently we are collecting around 60. This will help to get a better look at patient care in Arkansas and help to make changes as needed in the scope of practice. Ryan talked about some problems that the state noticed by running audits in the EMS data that is currently being submitted. He stated that emails were and will be sent out as needed to services that needed to fix/correct their data. Greg stated that a lot of the 220 elements are already being entered by the services currently so it should not be a big change. Those services that are using the ePCR currently have the NEMSIS 2 and will get an upgrade to NEMSIS 3 in 2014.</p> <p>Greg mentioned that one of the biggest issues that they are having has to do with funding. When they count the EMS data for the grant funding for each service, this count includes all major, moderate and minor trauma scene calls along with hospital transfers. In the 2012 report, there was the potential for 97,515 missing trauma patients from the data base and 20,261 already for 2013. These amounts could potentially make a big difference for some services.</p>

<p>EMS Data (cont.)</p>	<p>Clint asked how they got the numbers for 2012 and 2013. Greg stated they ran a report on the EMS calls that were entered as a MVC, Fall, etc., but did not have a trauma band entered into the EMS data base. Denise voiced that there has been a lot of confusion about banding these patients and that the information regarding trauma banding was not making it to the front line. Questions were also voiced about whose responsibility it was to trauma band the patient.</p> <p>Sid brought up the point that in the rural areas that don't have as many trauma calls and travel longer distances to their trauma destinations, they receive the same amount per trauma call as the urban services that do more trauma calls and travel less distances. He also suggested for the next budget that the rural services receive more money per call than the urban. Clint stated that we would talk more on this issue and others that were voiced when we get to the FY2014 budget.</p>
<p>AWIN Radios for Helicopters</p>	<p>Clint asked how they got the numbers for 2012 and 2013. Greg stated they ran a report on the EMS calls that were entered as a MVC, Fall, etc., but did not have a trauma band entered into the EMS data base. Denise voiced that there has been a lot of confusion about banding these patients and that the information regarding trauma banding was not making it to the front line. Questions were also voiced about whose responsibility it was to trauma band the patient.</p> <p>Sid brought up the point that in the rural areas that don't have as many trauma calls and travel longer distances to their trauma destinations, they receive the same amount per trauma call as the urban services that do more trauma calls and travel less distances. He also suggested for the next budget that the rural services receive more money per call than the urban. Clint stated that we would talk more on this issue and others that were voiced when we get to the FY2014 budget.</p> <p>Sedley stated that the Air Medical Services have been approved the Finance Subcommittee and the TAC for \$372,750.00. This will be a line item on the EMS grant for the services that wish to participate just like the PHTLS incentive. This funding covers all equipment for 11 aircraft and reimbursements for 3 aircraft.</p> <p>The deadline to complete installation is June 2014. Installation costs will be each service's responsibility.</p>

<p>AWIN Radios for Helicopters (cont.)</p>	<p>Questions were asked about communication problems between ground and air and the possibility of having a dedicated channel for this communication. John Swanson stated that we could use the Trauma Comm channel assigned for these communications. Cathee brought up using the MAC channels also for air and ground communications. Some police and fire agencies have the MAC channels so this will help enhance communications not only concerning landing zone information but also for patient information.</p>
<p>FY 2014 Budget</p>	<p>Clint discussed and went over the budget. Renee went over the budget sheet and answered questions and concerns. Clint voiced that this budget will not change for this coming year but we can look at issues and concerns and make changes as needed for the FY 2015 budget. The rural versus urban topic was discussed along with the helicopters being able to participate in the trauma band and call center modifiers. Also there was a lot of discussion about calling the call center. A question was asked if there was any way to monitor and know when your crews are not calling trauma comm. Since there is funding attached and it is also a deliverable, they would like to be able to identify the individuals who were not calling.</p> <p>Austin shared and explained his report. This report does not include the call center data. This report indicated that some agencies are under utilizing the call center. Time brought up the possibility of looking at rural versus urban services. Austin stated he used the EMS data from the state registry and this did not include services that are currently using third party software. Clint stated that his process could be used as a way to enforce the deliverables.</p> <p>Matt reinforced that the goal of the ATCC and the trauma system as a whole is getting the right patient to the right place. He voiced his concern about not getting funding for calling the ATCC after arriving at the receiving facility due to not being able to call prior to arriving. There was a lot of discussion on this matter. Renee stated that they would relook at this and let us know.</p> <p>There were many ideas brought up for discussion for next FY 2014 budget. We will talk about these ideas at a later date.</p>

<p>Deliverables</p>	<p>Renee discussed and explained the changes that were made to the deliverables. Each item was brought up and discussed in depth. After much discussion, Renee suggested to get a small group together to work on these deliverables one by one in detail.</p> <p>Several individuals volunteered and Renee will work on getting them together. A question was raised also about having the capability to call into the TRAC meetings to get credit for attending; Renee will check into this and get back with us.</p>
<p>Adjournment</p>	<p>Dr. Clint Evans</p>
<p>Next Meeting</p>	<p>June 11, 2013 at 3:00 p.m.</p>

Trauma Advisory Committee TRAC/QI Subcommittee
May 21, 2013
Minutes

Members/Guests Present:

Charles Mabry, MD	TRAC/QI Subcommittee Chair
Todd Maxson, MD	Trauma Section Medical Consultant
Jim Booker, MD	SWATRAC Committee Chair
Mike Sutherland, MD	SEATRAC Committee Chair
Monica Kimbrell, Trauma Registrar	CATRAC PI Chair
Karen McIntosh, RN	NWTRAC PI Chair
Carla McMillan, RN	SEATRAC PI Chair
Teresa Ferricher, RN	NCTRAC PI Chair
Carla Jackson, RN	
Linda Nelson, RN	
Valerie Warne, RN	
Bill Temple, JD	
Renee Patrick, RN	
Diannia Hall-Clutts, RN	
Margaret Holaway, RN	
Karis Fleming, RN	
Marie Lewis	
Debbie Bertelin	
Jim Brown	

Phone Conference:

Paula Lewis, RN	NEATRAC PI Chair
KC Jones	TAC Member

I. Call to Order –Charles Mabry, M.D., Chairman

II. Old Business: None

III. New Business:

CY 2013 Trauma Performance Improvement (PI) State Plan

The committee agreed that a more prescribed process be used at the trauma center, TRAC, and state level to conduct routine PI reviews. The following criteria was discussed and accepted:

- Trauma patients with ISS>15 and ED length of stay>2 hours for patients transferred out as reported by sending Trauma Center
- Lack of top tier trauma team activation for all patients with initial ED BP<90/age
- All requests for urgent trauma transfer out of ED
- First ED GCS of <9 without intubation, either in-field or within 30 minutes of arrival at ED
- All trauma deaths

Timelines for Submitting CY 2013 PI filters:

1. All trauma deaths from Jan 1- Mar 31, 2013 should be submitted to your state Trauma Nurse Coordinator (TNC) by July 1, 2013. Later deaths may be submitted to your state TNC as they complete your QI process within the hospital.
2. Start collection of the other four clinical indicators on July 1, 2013.

FY14 TRAC Deliverables:

The FY14 TRAC deliverables will require each TRAC to allocate \$20,000 for a TRAC Medical Director. This position will lead the new PI process at the TRAC level and will be required to participate in the state QI/TRAC Subcommittee meetings. The job description for the position is included with these minutes. Those interested in the position should email Dr. Maxson with their credentials.

The FY14 TRAC deliverables also requires each TRAC to have a formal subcommittee for the following: Injury and Violence Prevention (IVP), EMS, and PI.

IVP Activities:

A \$20,000 sub-grant will be available to each TRAC to conduct IVP initiatives. These funds must comply with the FY14 IVP state plan currently under development. The state plan will include a list of the state's five top reasons for injury morbidity/mortality across the state with a menu of evidence based prevention initiatives to choose from. The plan will allow for emerging issues that are not among the top five to be funded. All regional IVP activities must be coordinated through the TRAC IVP Subcommittee.

Trauma Rule and Regulations Revisions:

A copy of proposed rule and regulation revisions that relate to TRAC activities will be sent in an email to committee members. Please review and submit comments to the Trauma Section.

IV. Action Items:

1. Develop reporting forms and instructions for TRAC critical event filters and trauma deaths and a key to assure complete and consistent information is submitted.
2. Develop a spreadsheet for aggregating TRAC critical event filters and trauma deaths.
3. Develop a calendar of timeframes for reporting.
4. Develop a secure web-portal for submission of PI data reports.
5. Send the following to committee members for review before the next subcommittee meeting:
 - Revised PI forms and instructions

- TRAC rule and regulation proposed revisions
- TRAC MD job description
- FY14 TRAC grant deliverables
- FY14 IVP grant deliverables

V. The meeting was adjourned.

Respectfully submitted,

Charles Mabry, M.D.

Committee Chair