

Trauma Advisory Council

May 2, 2006

3:00 p.m.

Minutes

MEMEBERS PRESENT

Dr. Clint Evans

Dr. James Graham

Terry Collins

Renee Mallory

Dr. Johannes Gruenwald

K.C. Jones

Ken Kelly

Jim Maddox

Dr. Judy Borland

Dr. Karen Konarski-Hart

Jeremy Stogner

Don Adams

STAFF

Brian Nation

David Taylor

Roshada Taylor

MEMBERS ABSENT

Dr. Wendell Pahls

Sheila Taylor

Dr. Michael Pollock

Kim Baxter

Dr. Roger Cagle

Robert Williams

Ronald Robertson

Donna Parnell

Bo Ryall w/ AR Heart Assoc.

Dr. Johannes Gruenwald called the Trauma Advisory Council meeting to order on May 2, 2006 at 3:04 p.m.

All Council members introduced themselves.

Brian Nation reviewed March 7, 2006 minutes.

The minutes were motioned for approval by Dr. Clint Evans and Terry Collins.

Planning the Legislative Working Group:

Dr. Gruenwald posed a question, “Why do we need to create more groups and what would we gain? Are these groups necessary?”

The Council addressed the need for working groups and discussed forming the Legislative Working Group.

Brian Nation stated having the working groups meet more often would get more accomplished and getting people from a variety of hospitals and organizations could help aid in getting a wider range of data.

David Taylor also added to that statement that looking at more data and being up to par on current data collections would be a greater asset.

Brian Nation announced to the Council that Kim Baxter was the Legislature’s appointed liaison.

Dr. Evans and Terry Collins made a motion to form the new Legislative Working Group, which will meet on Friday, May 5, 2006 at 2:00p.m.

Ongoing Review of current AR Trauma System:

All Council members requested the draft report to be available visually. Brian Nation will transcribe the report by May 22, 2006.

Report on added interest in the Trauma System “A Faster Approach”:

David Taylor advised, looking at the original advisory council to determine what it is going to take to establish the plan as a whole?

Dr. Gruenwald suggested approaching the management side in hospitals and asked how many people will we need to cover our grounds?

Having enough manpower to cover what we are doing, so funds can be distributed timely, and sending two people out to help form groups will help drive the system.

There are 7 regions in the Hospital Association. Lowering death rates in the communities, response time, and the transport of patients is what our focal point should be voiced David Taylor.

Terry Collins implied using the research on quality verses performance improvement based on the data received. Starting a teaching implement with a variety group of hospitals and causing a chain reaction that will ignite the training of other hospitals to get to the goal.

A posed comment by David Taylor was to make it mandatory for hospitals to train on Trauma level.

Dr. Gruenwald asked would coverage of physican care improve if a funding source were implemented?

The physician coverage is a large issue factor and without Neuro Surgeons can you go any further down the line? The main issue is the point of reimbursement.

The Council addressed the ambulance service perspective and their need to keep a certain level of coverage. The ambulance service defines their service area. Going past the closest care center can put medics at risk.

The group also discussed the decision medics make on which facility to take patients to. Taking a patient to the nearest hospital may or may not be advisable depending on the extent of their injury.

Brain Nation reviewed speeding tickets in Arkansas:

- 1-5 miles: totaled 103
- State Police: totaled 92,496
- Traffic records: totaled 88,047

Approved 6/6/2006

The Trauma Advisory Council will meet on Tuesday, June 6, 2006 at 3:00 p.m.

Dr. Gruenwald adjourned the meeting at 4:15 p.m.