

# Trauma Advisory Council

September 21, 2006

3:00 p.m.

Minutes

## **MEMBERS PRESENT**

Robert Williams

Dr. Johannes Gruenwald

Dr. James Graham

Jeremy Stogner

Terry Collins

Randall Fale

## **GUESTS**

Don Adams

Donna Parnell-Beasley

Dr. Judy Borland

Kim Hall

Laura Guthrie

Renee Mallory

Eva Brewer

John Neal

Loretta Duncan

Becky Pratt

Mark Cameron

Bo Ryall

Scott Smith

## **STAFF**

Brian Nation

David Taylor

Roshada Taylor

**MEMBERS ABSENT**

K.C. Jones

Ken Kelley

Michael Pollock

Dr. Clint Evans

Dr. Roger Cagle

Ronald Robertson

Dr. Wendell Pahls

Dr. Johannes Gruenwald called the Trauma Advisory Council meeting to order on September 21, 2006 at 3:10 p.m.

All group members and guests introduced themselves.

Brian Nation reviewed the August 17, 2006 minutes.

Minutes were motioned for approval by Loretta Duncan and Jeremy Stogner.

**Legislative Working Group Report:**

Dr. Johannes Gruenwald summarized key elements from the working group.

- Brian Nation updated the group on the second survey that has gone out in the mail, but he is still collecting data at this time.
- The results from the first mail out, stating 34 hospitals say they are definitely Trauma Care. This leaves 64 million for ICD 9 Codes.
- Remarks were made that the Governors Advisory Council having a Neurology Group that is also on the same path as The Legislative Working Group and the possibility of “Piggy Backing” these groups together.
- Review of a handout from The Hospital Association and Ambulance Medical Society, which covers the key principles for a statewide Trauma System.

## **Public Relations Efforts Report:**

Dr. Gruenwald briefly reviewed the Public Relations Efforts report.

- Dr. Joe Thompson is the head of The Arkansas Center for Health Improvement (ACHI). He works with a key business group of people that meet quarterly to discuss insurance topics. Dr. Johannes Gruenwald has made plans to attend the next meeting, which will be held on September 22, 2006.
- Dr. Thompson advised to the Legislative Group to go forward with a degree of reality, do not expect the Legislature process to be rational. Have prepared three (3) versions of the Trauma plan instead of one.

## **Discussion of System Development:**

Dr. Gruenwald stated the question: *How do we want to run our system/group?*

- Raise awareness of Trauma Care Centers to the public and the fact that Arkansas is the only state that does not have a Trauma Unit (instead of bringing dollar amounts).
- Find someone with a lot of passion to be a Trauma Sponsor.
- How will we fund the cause and what are we going to do with the money once we have access to it (how will we distribute it out).
- Possibility of Rehab Services becoming part of the plan and funding.
- Deciding what is the patients' best outcome.

## **Strategy Discussion:**

*What do we definitely need for a Trauma Center? What can we NOT do without?*

- Distance: ground time and air times.

Ex. Where an ambulance can transport a patient in 2 hours, an aircraft can cut that time in half, depending on the weather. In some instances ground is more efficient. There are currently 15 licensed aircrafts in the state.

- Level 1 and Level 2 Trauma Centers are in higher demand.
- Level 3 thru Level 5 Trauma Centers getting more professional training.

### **Trauma Plan- Small, Medium, or Large:**

The group went more thoroughly in depth discussing Levels of Trauma Units. The caseload will be a balancing act if you make multiple hospital services equal levels. How would services/ clients decide which hospital to go to?

Hospitals ranked as a level 1, would not have any problems getting service, but hospitals with lower levels such as level 2 thru level 5 might have to work harder to keep their caseload.

Different regions have different needs; this may help aid in determining how many level 2, level 3, ect. will be needed in each region.

### **Arkansas Map:**

The group decided on getting a map of the state to pin point areas where hospital and ambulance services are located.

David Taylor said that the Section of EMS and Trauma Systems would provide a map showing the services locations. This will help to visually aid in designating where possible hospital levels will be and there surroundings.

The Trauma Advisory Council will meet on Wednesday, October 18, 2006 at 3:00 p.m.

Dr. Johannes Gruenwald adjourned the meeting at 4:09 p.m.