

Trauma System Fund Authority Meeting Minutes February 12, 2008

Members Present: Dale Kester, MD, Chair; James Spence, MD; John Henry Sloan, MD; Jennifer Ward, RN (Via Telephone); Kyle Thornton, EMS Bureau Chief, DOH Designate; Jeff Dye; Christina r. Campos.				
Members Absent: Gerald Demarest, MD, Michael G. Miller (Excused),				
I. Call To Order: The meeting was called to order at 11:20 AM Dale Kester, MD, Chair				
Introductions of Authority members and all present were done.				
Welcome – Dale Kester, M D				
II. Review of Minutes: November 2007, reviewed minutes, passed unanimously				
TOPIC		DISCUSSION	ACTION	STATUS
III Attendance – TSFA Members				
	Dale Kester	<p>Attendance: Mike Miller, called and is still currently at Legislation, Jennifer Ward will be joining by Teleconference</p> <p>Nominations: Dr. Spence has already been approved. The other vacancy - Injury Prevention – now is vacated and currently in process but not confirmed. The statute - Article 5, of HB 266 - included 9 members, Sue Johnson Phillip was not in one of these categories, and we did have 11 positions. Dale was informed this morning that the DOH will not be replacing any positions except for Injury Prevention. We will have 10 members on the authority.</p>	None – Awaiting confirmation for Injury Prevention	Open
IV. Sub-Grants – Report 06-07				
	Liana Lujan	<p>Tracking Sheet: See handout</p> <p>Questions regarding ENMMC, continuing the process for designation. Liana Lujan will be visiting them March 7, 2008 to do a detailed evaluation of their needs, a technical site visit. It is anticipated that they will have their site verification visit in 2008. Questions arose as to the time limit previously specific as two (2) years. The Rules/Regs state in 7.27.7.9.G “ Under the developing trauma center program there is a limit of two fiscal years...” Questions as to when their monies were received came up. The Disbursement was late Liana stated it was April 2007, for the 2006-2007 disbursement (correction they received their funds June 2007). Discussion to give eastern the opportunity to give us a report/timeline.</p> <p>Dale - we will await the results of the technical site visit addressing the new timeline.</p>	<ol style="list-style-type: none"> 1. Liana to do technical site visit March 7, 2008 2. Need new time line presented at the soonest TSFA after technical site visit. 	<ol style="list-style-type: none"> 1. Open 2. Open
V. TSFA Reports				

VI.	Pediatric Regionalization – 06-07, 07-08 Report			
	Sara Skarbek-Borowska	See Power Point Presentation	None	Closed
VII.	New Position DOH			
	Kyle Thornton	Region 1 was put out for contract so that the regions are operated similar to Regions II and III. We gave up two position for this, The Region I Director, and one of the health educator position. We did not give up the FTE that was formerly the Region 1Trauma position. This FTE remains at the EMS bureau and will be used to hire a state trauma coordinator to assist the Trauma Manager in operations of the trauma program. The Region I contract recipients will still have to have to perform trauma duties, as stated in the RFP. The position will be posted within weeks. Target to be hired is by April.	None	Open
VIII.	Trauma System Development – MOA Tracking			
	Liana Lujan	See handout Some items missing, Will have clean copy for Minutes	Clean Copy to be provided for the minutes by Liana Lujan	Open
IX.	Developing Trauma Center – applications			
	Liana Lujan	See Handout A new application was handed out for review of the members.	None	Closed
X	Standardized TSFA Reports			
	Liana Lujan	See Handout TSFA reviewed the handout	Motion – Dr. Spence, to accept this format and to include additional data representing “miscellaneous”, 2 nd – Christina Campos Discussion – recommendations were made to add both a Row and a Column, Motion amended with recommendations to include a Row and A column – Motion Passed	Closed
XI	Funding Formula – Existing Trauma Centers, Developing Trauma Centers, Trauma System Development			
	Jeff Dye	See Handout –	Motion – Dr. Spence – Accept spreadsheet funding formula and set aside 1% of trauma center funding, for trauma center advancement, 2 nd – Christina Campos (see discussion)	Closed

	<p>Discussion – Is it possible to set aside funds for future use, should we make this more flexible? Kyle Thornton – EMS Fund Act has monies that sometimes remain in the fund to be used as new EMS agency start up funds. Sometimes this money remains unspent. Fund Act monies do not revert to the General Fund, however, it is unclear to Kyle how these unspent monies are handled by the Division. He expressed a concern that if TSFA sets aside money then does not spend it, how would that be handled? Dale Kester indicated that the TSFA Rules/Regs, has a provision that allows for the redistribution of unspent TSFA Funds, which Fund Act doesn't have.</p> <p>Discussion Jennifer Ward – do we have any more facilities that have sent a letter of intent? Liana – Yes, Nor-Lea for Level IV, Mimbres Memorial for Level III, Sierra Vista, Level IV, St. Vincent Regional Medical Center, from Level III to Level II. Question posed – Should we add the new facilities into the fund calculations. This is already accounted for and we are just fixing the formula. Dr. Spence, I would like to see this concept of a “set aside” be unspecified to cover contingencies.</p>	<p>Dale – Call to question – Motion Ceded</p> <p>Motion - Jeff Dye - Set aside up to 5% to allow for transition funding for transition From one level to another. Second – Christina Campos</p> <p>During discussion, Dr. Spence made a suggestion to amend the motion to state that the set aside amount be used at discretion of TSFA rather than limiting it for any one purpose.</p> <p>Jeff Dye agreed to friendly amendment of his motion. Christina Campos re-affirmed her second.</p> <p>During further discussion, Dale expressed concern of Rules/Regs allowing set asides.</p> <p>All in in favor - None opposed - Motion passes.</p>	
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XII	Trauma Registry – Report			
	Pat Hays-Moore	<p>A great deal of time has been spent on the 2005 annual report. Recommendations for revisions has been made.</p> <p>The big upgrade from version 6 to version 7 (in the trauma database) trauma basic, to trauma base is in progress. Of the first group of 8 , 7 of those upgades have been completed. The 2nd group has been distributed. There are three facilities that have been ID but have not yet received the trauma database. Less than 5 left for the 3rd group.</p> <p>For growth and re-establishment; there are two of four facilities ID'd for designation, we let them know they needed to re-establishe their registries. There is a new facility coming on: Gallup Indian Medical Center. This will help us fill a gap in the far west and north west part of the state.</p> <p>Work group meetings have been on going. The last one was in mid december. The main topics were need for standardization for case definitions data field interpretations. A rigorous review of the annual report and a pretty lively discussion about case definition and whether we were truly capturing the patients we needed to capture. This conversation will continue with the whole group meetings. The next Case definition will be March 19th - the TNCF, and TRWG will be jointly meeting from 830 to 5, at the hospital association. Because of the need for standardization we have started a workgroup subcommittee of the trauma registry. The 1st meeting occurred on Feb 4th. The areas to talk about are case definition We needed to standardized interpretation across the state of the current definition. All 7 facilities that were present agreed that it was most appropriate to discuss changes to the case definitionm, for an annual update in a larger group.</p> <p>Discussed specific data fields that were area's of confusion, or concern and wanted to prioritize those fields 1st. Volunteers from the existing trauma centers were to look at the dictionary and bring for discussion, and we will be looking forward to having that discussion in March.</p> <p>Registrar trainings. Are pending.</p> <p>There will be one more ecode training. Registrars who have not attended the training in the past 9 months will be strongly encouraged to attend as well as Those that have had staff turn over. The next training is scheduled Friday may 2nd at the Hospital Association. This was a collaborative training event with the Hospital Association and DOH injury prevention. Previous courses have had good evaluations, except for 1 or 2 facilities that did not care for it.</p> <p>There is a need for AIS training and that is currently under discussion.</p>	None	Closed
XIII	Next Meeting			

	Dale Kester	Next meeting to be March 11 th at 11:00 a.m.		
XIV	ADJOURN	Meeting was adjourned at 3:21 p.m.		

Liana Lujan, Trauma Systems Manager

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